

# Our Political Leaders Need Their Eyes Examined

Proposed “values base payment modifier” systems do not make logical sense

BY DRs. BRAD ELKINS AND DAVID AIZUSS

**S**ADLY, President Obama is reportedly enamored with Ronald Brownstein’s blog, “A Milestone in the Health Care Journey,” which glowingly reviews Senator Harry Reid’s 2,000 page health care bill. The blog is supposedly required reading by all of the White House staff. Mr. Brownstein praises “the attempt in all these ideas to nudge the medical system away from fee-for-service medicine toward an approach that ties compensation more closely to results.” Furthermore, he champions a system that “establishes a ‘values based payment modifier’ that would, in a budget-neutral manner, increase reimbursements for physicians found to deliver high-quality care at lower cost, and reduce them for physicians at the other end of that spectrum.” This could be the most ironic statement ever made!

One just has to examine what has happened to surgeon reimbursements for cataract surgery over the last 40 years to see how Mr. Brownstein’s opinions about the Reid Senate Plan make absolutely no sense. In the 1970s, ophthalmologists would be paid almost \$3,000 to perform cataract surgery that by today’s standards would be deemed barbaric—taking over 1 hour to perform and being so technically difficult that an assistant surgeon routinely received over \$500 to help during the procedure. Furthermore, cataract surgery had high rates of postoperative complications like infections and retinal detachments, and involved overnight stays in the hospital.

In fact, the entire third floor of UCLA’s Jules Stein Eye Institute (built in 1966) was meant to be a state of the art hospital to provide the finest postoperative care for cataract surgery patients who were at strict bed rest for sometimes up to 2 weeks. Now, the 3rd floor is empty. There is no need for those beds anymore. Patients can resume normal activities immediately upon leaving the outpatient surgery center. Cataract surgery takes around 10 to 20 minutes, provides almost instant visual recovery, is pain free, and has the lowest complication rate of any major surgical procedure in this country. Fewer complications

means fewer referrals to other specialists for further expensive surgeries and costly tests. Basically, modern cataract surgery epitomizes what President Obama, Mr. Brownstein, and Senator Reid are striving for... nearly medical perfection.

Most ophthalmologists have already achieved exactly what our President wants “delivering high-quality care at a lower cost.” As thanks, Medicare now pays us \$650 for cataract surgery which is about what the *assistant* received back in the 1970s and less than a quarter of the surgical fee 25 years ago. Using an abundance of incredible technological advances in intraocular lenses, viscoelastics, phacoemulsification equipment, and diamond knives, cataract surgery is something that our patients often look

**“Although it sounds fantastic in principle, saving money by ‘value based payment modifier’ is comical”**

forward to rather than fear. All of this innovation stimulated exceptional growth in a large number of biomedical companies most of which began in the United States. Do any of these economists realize the number of jobs in the biomedical field that have been created by this one procedure’s evolution? Furthermore, less competent surgeons get exactly the same reimbursement regardless of the complication rate or surgical time. Perhaps I’m a bit cynical but I have a hard time believing that under Senator Reid’s plan, my partners and I will be reimbursed more because of our exceptional surgical skills and lower complication rates than some of our colleagues down the street.

Mr. Brownstein clearly needs to rethink his analysis. The example just given above could be easily substituted with heart bypass surgery and hip replacement surgery or a variety of other medical procedures. Given that most ophthalmologists are already provid-

ing the best quality of care at the lowest price, the only way for the government to save money is to either further slash reimbursements or ration care. Slashing Medicare reimbursements for cataract surgery may be difficult unless President Obama thinks that a plumber snaking the shower drain is worth more than a procedure that can cause blindness in literally a split second. Rationing will ensue. It’s the only answer for these bean counters. As the baby boomers age into their 70s and require cataract surgery, hip replacement, and cardiac stents at a much higher rate, our health care dilemma will only exponentially worsen. Cataract surgeries are now performed on cataracts that are not as dense or advanced as the ones being operated on back in the 1970s. Whereas a patient in the 1960s would have to be nearly blind before having cataract surgery, now we often will operate on a patient who has complaints of difficulty with night driving or inability to see street signs well. We are able to do this because the surgery is so much safer and effective. There is abundant scientific literature documenting dramatic improvements in quality of life after cataract surgery as well as dramatic reductions in motor vehicle accidents for seniors who have had cataract surgery. Our leaders will just have to say too bad. We can’t afford it anymore.

Although it sounds fantastic in principle, saving money by “value based payment modifier” is comical. Don’t our leaders see that this result based system has already taken place in a free market system over the last 40 years? Don’t they see the wonderful economic growth and the huge number of jobs created by a system that is soon to be destroyed? Don’t they see that what the public fears most, rationing, will ultimately be the only possible solution? We must assume that they unfortunately don’t see these things. These economists and our political leaders need their eyes examined!

*Brad Elkins, MD, and David Aizuss, MD, are ophthalmologists in private practice in Encino and West Hill. Dr. Aizuss is also a past president of the Los Angeles County Medical Association. ■*