An Issue of Quality

In an effort to improve quality, the Center for Medicare and Medicaid Services can create non-sensical measures

BY DAVID AIZUSS, MD

AS WE MONITOR the battle over health care reform and pay heed to the proposals of President Obama and the Congress it is important that we continue to pay attention to ongoing government oversight of medical practice. Many physicians including me feel that health insurance reform is critically needed to ensure the wide availability of medical insurance to our patients without excluding individuals for insignificant preexisting conditions. On a daily basis I have patients asking me to write letters on their behalf seeking to overturn health insurance exclusions of future medical care for their eyes because they had a single episodic eye problem, for example a contact lens associated acute infection or an incipient cataract that may take forty years to mature or an episode of ocular inflammation. However, we must also be vigilant to monitor current government initiatives to restrict our patients' access to care under the guise of cost containment.

Recently, the Center for Medicare and Medicaid Services contracted with Optimal Solutions Group, LLC which in conjunction with the Oklahoma Foundation for Medical Quality, a Medicare quality improvement organization developed a cataract outcome measure that would require hospital outpatient departments and ambulatory surgery centers to determine whether a patient planning to undergo cataract surgery would achieve a 20 percent improvement in vision and if not, disallow the procedure. First, arbitrarily pulling the standard of "a 20 percent improvement in vision" out of the proverbial hat has no epidemiologic or evidence based support. Why 20 percent and not 30 percent or 15 percent? Nor can I as an ophthalmologist even know what that means. Is it a 20 percent improvement in snellen acuity? Is it a 20 percent improvement in contrast sensitivity? Is it a 20 percent improvement in visual tasks that affect activities of daily living and if so, how do we as clinicians measure this?

The CMS based their proposal on two studies both over 15 years old. Neither paper cited methods of cataract surgery employed and even if they had, they become irrelevant since techniques in use today bear little semblance to those used 15 years ago. Instrumentation, intraocular lens implants and patient expectations are very different than they were over a decade ago.

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Interestingly, 20 years ago Medicare required preauthorization for cataract surgery in an effort to reduce costs and surgical volume. That program failed when the cost of monitoring for unnecessary surgery turned out to be far greater than the savings accrued from preventing such supposedly unnecessary surgery!

As President Obama and Congress hope to pay for health care reform from so called Medicare savings, we all expect such savings will come from reduced physician fees and strictures on purported unnecessary procedures and medical care. We must be vigilant that CMS does not impose restrictions now without factual evidence-based studies that demonstrate how savings can be achieved without diminishing our patients' care or access to care.

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Comment

In what purports to be a straight forward report of the San Bernardino County Medical Society hosted Healthcare Reform Town Hall meeting of Aug. 12, the authors were either unintentionally disingenuous or intentionally deceptive. I am referring to the fact that Congressman Lewis—who apparently roundly criticized the Democrats, President Obama, House Speaker Pelosi and Representative Waxman as not "listening to what you want" in the issue of health care reform—was never identified by his Republican party affiliation. Thus, this "news report" is in actuality presenting an editorialized position.

Robert G. Lerner, MD
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Response

Robert G. Lerner, MD, suggests that SBCMS President Rodney Borger, MD, in his report of our "Healthcare Reform Town Hall" (September 2009 [ital]Southern California Physician[ital]), was either unintentionally disingenuous or intentionally deceptive in not identifying Congressman Jerry Lewis by his Republican Party affiliation.

Please let us assure Dr. Lerner and your readers that there was no intention to be disingenuous or deceptive. In our eagerness to report on our Town Hall and meet your deadline, we inadvertently neglected to include the political affiliation of U.S. Representative Jerry Lewis. While Rep. Lewis is very well known as a fixture in San Bernardino County politics and widely known in our area as Republican, we regret that the omission offended our colleague. It is true that Rep. Lewis delivered a strong Republican message that voiced opposition to President Barack Obama's initiative, but we also had speakers supporting portions of HR 3200.

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