

SGR Cut Delayed Again, but Only Until June 1

BY ALICIA AULT

President Obama signed legislation on April 15 giving physicians another temporary reprieve from the 21% Medicare pay cut that, for all intents and purposes, was scheduled to go into effect at midnight.

The reduction in pay has now been deferred until June 1.

The fate of Medicare's physician fees

was in doubt as late as the afternoon of the 15th.

The Senate spent most of the week debating a bill (H.R. 4851) that would delay the cuts mandated by the Medicare sustainable growth rate (SGR) formula as well as extend unemployment benefits and federal subsidies for COBRA benefits.

The Senate finally approved the bill, with the House doing so in quick suc-

cession. The President signed it shortly thereafter.

The Congressional Budget Office estimated the cost of this brief delay in the pay cuts at \$2.1 billion, the second most costly aspect of the bill after unemployment benefits extension, at almost \$12 billion.

The pay cut technically went into effect on April 1, but the Centers for Medicare and Medicaid Services (CMS)

held all claims submitted from that date until April 15, in anticipation that Congress would reverse the SGR cuts retroactively.

But on the afternoon of the 15th, CMS officials noted in a statement that claims with dates of service on or after April 1 would be processed at the lower rate "as soon as systems are fully tested to ensure proper claims payment."

Physician groups were not pleased and began chiding members of Congress for their lack of action.

After the cut was delayed again, Dr. J. James Rohack, president of the American Medical Association, said in a statement, "Congress must now turn toward solving this problem once and for all through repeal of the broken payment formula that will hurt seniors, military families, and the physicians who care for them."

Dr. Rohack also warned—again—that physicians are starting to limit new Medicare patients.

"It is impossible for physicians to continue to care for all seniors when Medicare payments fall so far below the cost of providing care," he said.

"If the formula is not repealed, the problem will continue to grow," he added. ■



JUST LIKE THE PANCREAS

By the time of diagnosis, patients may have lost up to 50% of β -cell function, and it may continue to decline, on average, by ~5% annually.¹

Patients may not know that their pancreas is no longer making enough insulin and that their disease has progressed.²

Based on data from 2003-2004, about 40% of patients with diabetes nationwide were not adequately controlled^a—and may have spent an average of 5 years with an A1C >8% from diagnosis to insulin initiation.^{3,4}

You may be surprised that in a survey, about 80% of patients with type 2 diabetes taking OADs said they would consider taking insulin based on your recommendation.⁵

Patients may focus on blaming themselves for their uncontrolled blood glucose, but you can help them focus on turning this negative mindset into positive action for managing their disease.²

Insulin may help make a difference. According to the ADA, insulin is the most effective way to lower blood glucose.⁶ It works as part of an overall treatment plan.^b

Helping patients get their blood glucose under control earlier in the disease process may help reduce their risk of long-term complications.⁷

So, consider prescribing insulin today to help lower blood glucose for your appropriate patients.

INSULIN

IMPROVING BLOOD GLUCOSE CONTROL SHOULDN'T WAIT

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