Can the “Doc Fix” Fix Congress?
By Dr. Gary Kirsh, The Urology Group, and Dr. Pradeep Bekal, Ohio Gastroenterology and Liver Institute

With Congressional dysfunction the norm for longer than most of us can remember, it’s refreshing that a bipartisan agreement to resolve a years-long problem in Medicare payments to physicians now seems possible. The House will vote on a historic bill this month to permanently repeal and replace the deeply flawed Sustainable Growth Rate (SGR) formula – a solution which Congress has already deferred into the future 17 times.  https://www.congress.gov/bill/113th-congress/house-bill/4015

The issue is that the SGR formula ties physician reimbursement not to any medical parameter, but to Gross Domestic Product (GDP). This doesn’t take into account costs of care or the effect of an aging population. To make matters worse, the payment cuts to physicians for services provided which are required by this SGR formula are cumulative and have ballooned over time from just 5 percent to about 21 percent – an amount so substantial that nearly every health care policy expert and patient group believes that a large number of physicians would simply drop out of the Medicare program thereby undermining both access to and quality of care for all Medicare patients.

A permanent solution on physician payments is good for our nation’s health care system. By replacing SGR, the perennial fiscal cliff faced by doctors due to the ever-present threat of colossal cuts to Medicare reimbursements would be eliminated. This would provide important certainty that would allow physicians to invest in staff and new technologies and to focus on delivering state-of-the-art care to their patients. And it would do so while also reforming the payment system in order to reward high quality care.

Payment cuts required by SGR are across-the-board and completely unrelated to any medical metrics; as such, they would do nothing to encourage physicians to be more careful in prescribing or delivering treatment options that could save the overall health care system resources over the long-term. The bill upon which that Congress is poised to vote rewards innovative payment models that encourage value over volume while streamlining onerous regulations and promoting physician-developed best practices and outcomes.

Unfortunately, politics complicates even this common sense solution. Congress has considered the phantom payment cuts to physicians an unpaid debt and has used this as a budget gimmick to reduce the deficit. Rather than tackle the problem when it arose a dozen years ago there have been 17 temporary patches that have resulted in payment cuts of over $150 billion – nearly the cost of a permanent solution! While legislators have lurched from “doc fix patch” to “doc fix patch” those of us practicing medicine face a perennial sword of Damocles, unsure from year-to-year and sometimes even from quarter-to-quarter whether Medicare will fulfill its obligations to our nation’s seniors and fund their healthcare.

Permanently jettisoning a broken Medicare payment formula not only would improve our health care delivery system, but could serve as a beacon of the bipartisanship that the electorate wants and should reasonably expect from Congress. A permanent “doc fix” might also be the catalyst this Congress needs to improve the working relationship between the two parties and, as a result, help restore the nation’s confidence in the legislative process. With Congress seemingly as polarized as ever, could this bipartisan legislative package also serve as a thaw in the Congressional gridlock for which voters yearn? In that sense, maybe the “doc fix” can also begin a Congressional fix?

On behalf of our medical practices which serve approximately 37,000 Medicare patients annually we urge Congress to seize this unique opportunity to enact sensible bipartisan legislation that will help physicians continue providing the best care possible for our patients.