

MEDICARE CUTS

Increasing Consolidation and Threatening Access and Quality Care

AT A GLANCE

Through the years, continued Medicare payment cuts have begun to threaten access to hip and knee replacement for Medicare patients.

TAKE ACTION

Help us pass H.R. 2474, the *Strengthening Medicare for Patients and Providers Act*

WHY SHOULD YOU CARE?

Financial strain and cost-cutting measures resulting from reduced reimbursement may result in:

- Fewer surgeons that can see Medicare patients.
- Longer in-office wait times
- Longer telephone wait times
- Abbreviated visits
- Reduced provider access
- Stretched staffing resources

WHAT IS CAUSING THIS?

Surgeon payments have steadily decreased as costs continue to rise

The amount Medicare pays surgeons for total hip arthroplasty (THA) and total knee arthroplasty (TKA) surgeries has decreased significantly from 1990 to today (Fig. 1) and represents only 6% of the total amount Medicare pays for THA or TKA (Fig. 2).

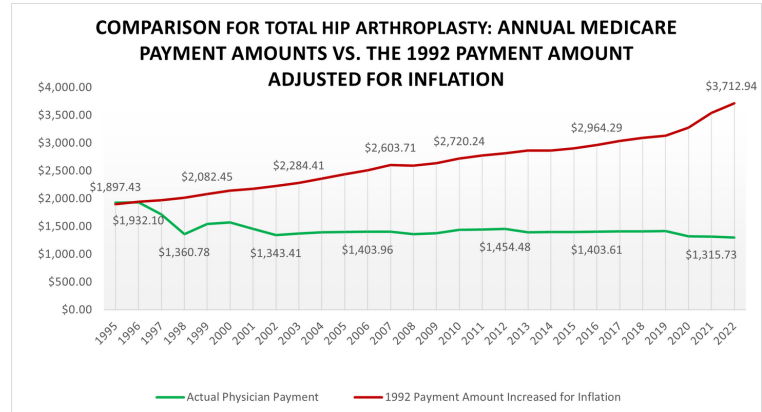


Figure 1. Surgeon reimbursement for TKA

WHAT IS AT STAKE?

- Surgeons have been and will continue to be challenged to participate in Medicare, due to their inability to cover the cost of care.
- This trend will limit access to high quality hip and knee replacement care, and lead to consolidation in the healthcare market.

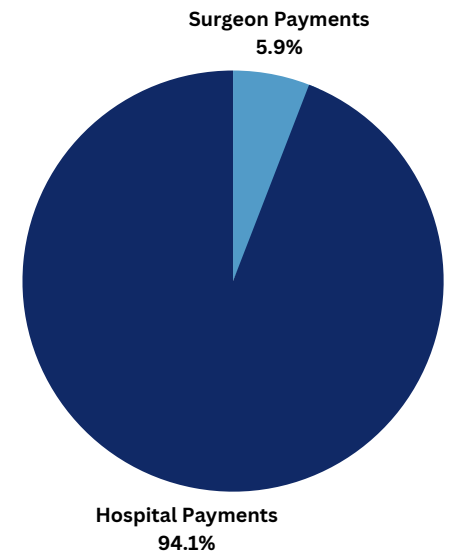


Figure 2. Percent of Medicare reimbursement that goes to the surgeon vs. the hospital

Services that are at risk due to these cuts

ADMINISTRATIVE SERVICES

- Billing services
- Prior authorization processing
- Practice management & operations

HEALTHCARE SERVICES

- Pre-op preparation, education classes, exercises, visits, and clearances
- Surgery
- Coordination of care with other providers

OTHER EXPENSES

- Salaries of care team
- Medical records
- Technology
- Buildings and office space

INTERESTED IN TAKING ACTION?

CONTACT YOUR CONGRESSIONAL REPRESENTATIVE USING THIS QR CODE

