

we could very well be making the same mistake as we did when treating patients with asymptomatic cardiac arrhythmias with antiarrhythmic medications. In that instance, the treatment was associated with an increased risk of death.¹³⁻¹⁶ The use of unproven technology in cervical cancer screening could have similar significant costs and risks without any benefit. The impact of cervical cancer on women will be reduced to a greater degree by providing more access to screening than by repeating all of the smears lacking some marker thought to intuitively improve the accuracy of the smear.

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1. Ruffin MT. Cervical cancer screening: issues of collection tools and reporting. *Arch Fam Med.* 1993;2:261-263.
2. McCord ML, Stovall TG, Meric JL, Summit RL, Coleman SA. Cervical cytology: a randomized comparison of four sampling methods. *Am J Obstet Gynecol.* 1992;166:1772-1779.
3. Hutchinson M, Feriitta I, Goldbaum B, Hamza M, Vanerian F, Isenstein L. Cervix-Brush and cytobrush: a comparison of their ability to sample abnormal cells for cervical smears. *J Reprod Med.* 1991;36:581-586.
4. Ferris DG, Berrey MN, Ellis KE, Petry LJ, Voxnaes J, Beatie RT. The optimal technique for obtaining a Papanicolaou smear with a Cervix-Brush. *J Fam Pract.* 1992;34:276-280.
5. Boon ME, Alons-van Kordelaar JJ, Rietveld-Scheffers PE. Consequences of the introduction of combined spatula and cytobrush sampling for cervical cytology: improvements in smear quality and detection rates. *Acta Cytol.* 1986;30:264-270.
6. Boon ME, de Graff-Guilloud JC, Rietveld WJ. Analysis of five sampling methods for the preparation of cervical smears. *Acta Cytol.* 1988;33:843-848.
7. Davey DD, Nielsen ML, Rosenstock W, Kline TS. Terminology and specimen adequacy in cervicovaginal cytology: the College of American Pathologists Interlaboratory Comparison Program experience. *Arch Pathol Lab Med.* 1992;116:903-907.
8. Selvaggi SM. Spatula/cytobrush vs spatula/cotton swab detection of cervical condylomatous lesions. *J Reprod Med.* 1989;34:629-633.
9. Gupta JW, Gupta PK, Rosenshein N, Shah KV. Detection of human papillomavirus in cervical smears: a comparison of in situ hybridization, immunocytochemistry and cytopathology. *Acta Cytol.* 1987;31:387-396.
10. Boras VF, Duggan MA. Cervical dyskeratotic cells as predictors of condylomatous changes on biopsy. *Acta Cytol.* 1989;33:223-227.
11. Schiffman MH, Bauer HM, Hoover RN, et al. Epidemiologic evidence showing that human papillomavirus infection causes most cervical intraepithelial neoplasia. *J Natl Cancer Inst.* 1993;85:958-964.
12. Alons-van Kordelaar JJ, Boon ME. Diagnostic accuracy of squamous cervical lesions studied in spatula-cytobrush smears. *Acta Cytol.* 1988;32:801-804.
13. Gottlieb SS. The use of antiarrhythmic agents in heart failure: implications of CAST. *Am Heart J.* 1989;118:1074-1077.
14. Reiffel JA, Cook JT. Physician attitudes toward the use of type IC antiarrhythmics after the Cardiac Arrhythmia Suppression Trial (CAST). *Am J Cardiol.* 1990;66:1262-1264.
15. The Cardiac Arrhythmia Suppression Trial (CAST) investigators. Preliminary report: effect of encainide and flecainide on mortality in a randomized trial of arrhythmia suppression after myocardial infarction. *N Engl J Med.* 1989;321:406-412.
16. Ruskin JN. The cardiac arrhythmia suppression trial (CAST). *N Engl J Med.* 1989;321:386-388.

Home-Health-Care Providers

I read with considerable interest the article by the American Medical Association Home Care Advisory Panel published in the February issue of the ARCHIVES.¹ My fee for

a house call is \$40, of which Medicare approves \$30 and pays \$24. Visiting nurses, whom I authorize, receive over \$60 for making the call, plus extras for any services they provide.

I complained to Medicare and was informed that the nurses did not get that money, their company did, and their company paid the nurses and had to supply automobiles, office space, telephones, and support. My reply to them, "My office had the same overhead if not more," did not elicit a response.

I receive no money for taking care of patients who are being seen by the home-health-care nurses, and yet every month I must sign all sorts of papers authorizing this, that, and the other thing in the continued care of the patient. I do not feel that this is justified because each of us is responsible for those patients, legally as well as morally. These people, the home-health-care nurses, are practicing medicine on our licenses, and we are not being compensated. Not only will Medicare not pay us, no other insurance company will, the home-health-care companies obviously have not so far, and I refuse to make a house call to see a patient for less money than the home-health-care nurse gets.

Perhaps you have a solution for this dilemma.

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1. American Medical Association Home Care Advisory Panel. Guidelines for the medical management of the home-care patient. *Arch Fam Med.* 1993;2:194-206.

in reply

The problem presented by Dr Cannon is a very real and serious one that has been of continuing concern to the American Medical Association. In 1990, the American Medical Association conducted telephone interviews with over 1100 primary care physicians in a national survey of physician attitudes toward and experiences with home care.¹

The survey collected the first hard data on physician home care practice, the time spent on telephone case management of home care patients and on paperwork, the poor reimbursement for house calls, and the many other problems that are increasing with the growth of the frail, homebound, elderly population. The information was presented to the Health Care Financing Administration and incorporated in the adjustments to the physician fee schedule so that there has been a 20% increase in the reimbursement rate for home visits from 1991 to 1993 (Table).

At the present time, the Health Care Financing Administration does not recognize physician case management work as separate from that covered during an office or home visit. The American Medical Association will continue to raise this issue and work toward resolution.

Payment to Physicians for Home Visits: Effects of Physician Payment Reforms and Relative Value Unit (RVU) Refinement*

| 1991 | | 1992 | | 1993 | | |
|----------|---------------------|----------|------|---------------------|------|---------------------|
| CPT Code | Average Payment, \$ | CPT Code | RVU | Average Payment, \$ | RVU | Average Payment, \$ |
| 90100 | 37 | 99341 | 1.58 | 48.98 | 1.72 | 54.38 |
| 90110 | 42 | 99342 | 2.00 | 62.00 | 2.30 | 71.88 |
| 90115 | 47 | 99342 | 2.59 | 80.29 | 3.00 | 93.75 |
| 90130 | 29 | 99351 | 1.22 | 37.82 | 1.36 | 42.50 |
| 90140 | 36 | 99352 | 1.61 | 49.91 | 1.74 | 54.38 |
| 90150 | 37 | 99353 | 2.02 | 62.62 | 2.22 | 69.38 |
| 90160† | 42 | | | | | |
| 90170† | 50 | | | | | |

*CPT indicates current procedural terminology.

†Code was dropped from the current CPT.

This year the American Society for Internal Medicine (Washington, DC) has taken the lead in working with many other physician organizations to develop and put forward a current procedural terminology (CPT) code for physician "Oversight of Care Plan." It is too soon in the process to know whether this particular code will be acceptable to all the groups involved. The Health Care Financing Administration is very aware of this issue and will continue to work with physician organizations toward an equitable solution.

Until then, the growing frail, elderly, homebound population and their families will continue to need access to direct physician care as well as physician supervision of other health

care professionals and paraprofessionals providing patient care in the home.

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1. Keenan JM, Boling PE, Schwartzberg JG, et al. A national survey of home visiting practice and attitudes of family physicians and internists. *Arch Intern Med.* 1992;152:2025-2032.

Editorial Note

The specialty journals of the American Medical Association and the *Journal of the American Medical Association* have dedicated the November 1993 issues to genetics. The ARCHIVES is pleased to present the following articles on this subject: "Incorporation of Genetics in Primary Care Practice: Will Physicians Do the Counseling and Will They Be Directive?" page 1119, "Ethical and Practical Implications of the Human Genome Initiative for Family Medicine," page 1158, "Primary Care and the Human Genome Project: Into the Breach," page 1179, and "Tomorrow's Prenatal Genetic Testing: Should We Test for 'Minor Diseases?'" page 1187.

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