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American Medical News ceases publication after 55-year run

Unsustainable financial losses forced the move despite the newspaper's editorial quality, the AMA's senior management says. The Association's other news operations will be enhanced.

KEVIN B. O'REILLY

A dramatic drop in medical-publishing revenues has resulted in the closure of *American Medical News*, effective with this final edition of the

newspaper. Published for more than five decades, *AMNews* was hit hard by industrywide trends.

The newspaper's revenue fell by two-thirds during the last decade, said Thomas J. Easley, senior vice president and publisher of periodic publications at the American Medical Association.

"Over a 10-year period of time, we were not able to generate an operating surplus for *AMNews*," Easley said. "For some of those years, we were closer to break-even, and in others, we were further away. The last three

years saw us get further and further from reaching break-even."

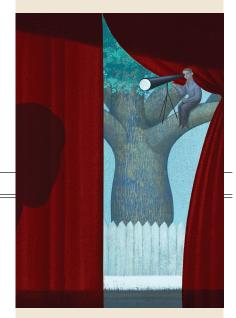
In 2009, the tabloid newspaper's print run was cut in half, from 48 times a year to 24, while new stories were published each weekday at the *AMNews* website, amednews.com. But that change was not enough to turn the tide because of steeply declining ad dollars, Easley said.

The AMA publishing division, which includes *AMNews*, saw 2012 revenues drop 14.4% to \$55.8 million. That was down from \$65.2 million in

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Policing staff after work

Doctors can try to regulate actions outside the office, but they should proceed carefully. **Business, page 27**

Confronting bias against the obese

Medical educators raise awareness about how weightrelated stigma can affect care. **Professional Issues. page 16**

Insurers shift to credit card pay

The move from direct deposit can cut physician pay by as much as 5% after fees.

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Medicare sticks to clock-watching on hospital observation rule Government & Medicine, page 5

Work-hour limits don't increase mortality risk **Professional Issues**, page 19

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AMA readies campaign for Medicare SGR repeal

Physicians are rallying for the remaining months of the legislative year to overhaul the formula and build a new payment system based more on quality.

CHARLES FIEGL AMNEWS STAFF

Washington Medicare needs to be transformed, and now more than ever is the time for Washington to act.

That is the message the American Medical Association and other physician organizations are carrying to Congress and the public as lawmakers return from their summer recess. The AMA is planning to continue its legislative work to eliminate the Medicare sustainable growth rate formula, with the price of repeal now at a bargain rate, and craft a new system that focuses on patient care.

The cycle of temporary patches to the SGR needs to stop, said AMA President Ardis Dee Hoven, MD, in an Aug. 26 interview with *American Medical News*. Physicians stand ready to move on new innovative pay models that best serve patients instead of strategies that continue to repeat the mistakes of the past, she said.

The AMA is launching a website, FixMedicareNow.org, scheduled for Sept. 3, to serve as a resource for patients, physicians and policymakers. Physicians hope to communicate how

MORE PROFESSIONALS ENROLLING IN MEDICARE

The Centers for Medicare & Medicaid Services has detected a slight uptick in physicians opting out of Medicare, but those leaving have been more than offset by increasing numbers of health professionals enrolling. More than 650,000 physicians and 330,000 nonphysician practitioners participate in Medicare today.

YEAR	PARTICIPATING	BILLING MEDICARE	PARTICIPATION RATE
2007	871,865	931,579	93.6%
2008	883,316	930,474	94.9%
2009	912,578	956,271	95.4%
2010	932,737	973,299	95.8%
2011	981,644	1,022,909	96.0%

NOTE: FIGURES INCLUDE LIMITED-LICENSE AND NONPHYSICIAN PRACTITIONERS.

SOURCE: "MEDICARE PARTICIPATING PHYSICIAN PROGRAM," DATA COMPENDIUM, CENTERS FOR MEDICARE & MEDICAID SERVICES, 2007-2011 EDITIONS

harmful Medicare payment policy has been on the program, especially for participating practices.

Physicians treating Medicare beneficiaries have been in a precarious position for years. The SGR first cut Medicare rates by 4.8% in 2002. In 2003, Congress enacted the first of 15 temporary patches to the Medicare payment system — some retroactive — that otherwise would have reduced pay for patient services. Short-term solutions to SGR cuts have stopped payments from falling off a cliff, but they also have contributed to ongoing uncertainty in the program.

2010 had been a tipping point of

sorts for physicians as practices were destabilized under the constant threat of SGR cuts, Dr. Hoven said. Congress

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