

AMERICAN ASSOCIATION OF
NEUROLOGICAL SURGEONS

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July 12, 2017

The Honorable Mike Kelly
U. S. House of Representatives
1707 Longworth House Office Building
Washington, DC 20515

The Honorable Vern Buchanan
U.S. House of Representatives
2104 Rayburn House Office Building
Washington, DC 20515

SUBJECT: H.R. 2373, Medical Residency Training Accreditation

Dear Representatives Kelly and Buchanan,

On behalf of the American Association of Neurological Surgeons (AANS) and Congress of Neurological Surgeons (CNS), we are writing to express our concerns about H.R. 2373, which would make changes to the process for approving medical residency training programs with respect to graduate medical education (GME) payments under the Medicare program. Rather than maintaining the existing single accreditation system, per the legislation, the Centers for Medicare & Medicaid Services (CMS) would be required to certify at least two organizations for accrediting medical residency training programs in allopathic and osteopathic medicine. In addition, the legislation fails to acknowledge by name in the Medicare statute the role of the Accreditation Council for Graduate Medical Education (ACGME) as the national accreditation body for residency training. We believe that both of these aspects of the bill would be detrimental to patient care.

Neurosurgical Residency Training in a Nutshell

Neurosurgical surgery constitutes a medical discipline and surgical specialty that provides care for adult and pediatric patients in the treatment of pain or pathological processes that may modify the function or activity of the central nervous system (e.g., brain, hypophysis and spinal cord), the peripheral nervous system (e.g., cranial, spinal, and peripheral nerves), the autonomic nervous system, the supporting structures of these systems (e.g., meninges, skull and skull base, and vertebral column), and their vascular supply (e.g., intracranial, extracranial and spinal vasculature). Treatment encompasses both non-operative management (e.g., prevention, diagnosis — including image interpretation — and treatments such as, but not limited to, neurocritical intensive care and rehabilitation) and operative management (e.g., endovascular surgery, functional and restorative surgery, stereotactic radiosurgery, and spinal fusion — including its instrumentation).

There are 110 accredited neurosurgical residency programs in the U.S., including two that were formerly accredited by the American Osteopathic Association (AOA). An additional six osteopathic programs that are currently AOA accredited have pre-accreditation status under the new single accreditation program. Last year, there were 1,368 neurosurgical residents in an ACGME-approved program, and 186 graduates completed their residency. Neurosurgical training is rigorous, and the length of post-graduate residency training for neurosurgeons is among the longest, now at seven years. Subspecialty fellowship training, which many neurosurgical residents pursue, adds an additional one to two years.

To become board certified by the American Board of Neurological Surgery (ABNS), an individual must have graduated from an accredited medical school and have completed a neurosurgical residency training in a program that is **accredited by the ACGME**. There is a prescribed formula of minimal requirements for neurosurgical residency and training, as follows:

- 54 months of core clinical neurosurgery, including:
 - Three months of basic neuroscience (neurology, neuro-otology, neuroradiology, neuropathology, etc.);
 - Three months of critical care relevant to neurosurgery patients;
 - A minimum of six months of structured education in general patient care (trauma, general surgery, neurosurgery, orthopaedic surgery, otolaryngology, plastic surgery, etc.); and
 - 12 months as chief resident during the last two years of training.
- 30 months of electives (neuropathology, neuroradiology, research and/or more neurosurgery) possibly in areas of special interest such as complex spine surgery, endovascular or pediatric neurosurgery and/or clinical and non-clinical neurosciences.

The broad aim of the ABNS is to encourage the study, improve the practice, elevate the standards, and advance the science of neurological surgery; thereby serving the cause of public health. Thus, we believe that comprehensive quality training in neurological surgery, which is accountable to the public, is only available at institutions accredited by the ACGME.

Single Accreditation System Sets High Quality, Uniform Standards

Established in 2014 through an agreement between the ACGME, AOA and the American Association of Colleges of Osteopathic Medicine (AACOM), the purpose of the single graduate medical education (GME) accreditation system is to align medical residency and fellowship standards and improve the health of the public in the United States. A single GME accreditation system provides **all** medical graduates — whether from allopathic (MD) or osteopathic (DO) schools — uniform GME pathways to practice and allows them to seek admission into any residency and fellowship program.

The single system is a vast improvement over the previous two track approach to residency training and is essential to eliminate unnecessary duplication, to adequately prepare physicians for practice in the 21st century based on educational outcomes, and to ensure consistency and the highest quality of medical training. The AANS and CNS also think it is particularly compelling that the osteopathic community — including neurosurgical osteopaths — firmly believes that this single accreditation system will foster greater accountability to the American public and provides the greatest opportunity for optimizing GME resources and maximizing opportunities for the residents of today and tomorrow.

ACGME is the Preeminent Organization for Residency Training

Because GME is a public good and financed with federal dollars, the GME system must be accountable to the needs of the public. The ACGME, which serves as the accrediting body for more than 10,000 medical residency and fellowship programs, is charged with setting and enforcing standards to ensure that trainees obtain the needed skill sets through innovative training that will better prepare residents for a changing practice environment.

Organized neurosurgery firmly believes that the ACGME has demonstrated time and time again that it is the single most appropriately qualified entity to oversee and govern GME in the United States. Working with its Residency Review Committees and other stakeholders in the GME enterprise, the ACGME is a dynamic body that continues to promote an education and training paradigm that is patient-centered,

efficient, effective, and adaptable to the ever-changing needs of a diverse population. It is, therefore, essential that the ACGME retain its preeminent role in overseeing graduate medical education, which can best be accomplished if the organization is acknowledged in the Medicare statute.

Conclusion

It is essential that our country support the education of physicians to provide care for all Americans now and well into the future. This will require a learning environment that meets the needs of the public and carries physicians forth into a lifetime of practice in medicine. We must encourage high-performing programs to innovate and work to create a system that will raise the quality bar for all residents and training programs. Neurosurgery has taken steps in this direction, and it is important that the entire GME system be capable of embracing these changes.

There is no question that a single accreditation system will promote improved health care for the public by enhancing the education of the next generation of physicians. We also firmly believe that the ACGME is in the best position to oversee this accreditation system. The AANS and CNS, therefore, respectfully encourage you to reconsider your legislation, H.R. 2373.

Thank you for considering our views. We would welcome the opportunity to discuss this topic further; thus, if you have any questions or need additional information, please do not hesitate to contact us.

Sincerely,



Alex B. Valadka, MD, President
American Association of Neurological Surgeons



Alan M. Scarrow, MD, President
Congress of Neurological Surgeons

cc: Members, House Ways and Means Committee
Members, Energy and Commerce Committee

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