Survey on Medicare Participation Among Neurosurgeons

Report on the State of Medicare Physician Payment and the Affect on Neurosurgeons and their Patients

American Association of Neurological Surgeons

Congress of Neurological Surgeons

Council of State Neurosurgical Societies

February 2010

Nationwide Survey Confirms Further Cuts in Medicare Payments for Neurosurgeons Will Affect Patients' Access to Care

Neurosurgeons are deeply concerned about the current Medicare physician payment system and how to fix it. There is widespread agreement that this payment system, known as the sustainable growth rate (SGR) formula, is fatally flawed and fails to accurately reflect the costs of sustaining medical practices. If the road is not altered, Medicare beneficiaries will be greatly affected as access to care will continue to be curtailed. To better ascertain the gravity of the problem for patients seeking neurosurgical care, and to establish a baseline data set, the American Association of Neurological Surgeons (AANS), Congress of Neurological Surgeons (CNS) and the Council of State Neurosurgical Societies (CSNS) recently conducted a nationwide survey of neurosurgeons. Data collected from this survey confirm that neurosurgeons will make significant practice changes and timely access to neurosurgical care will be jeopardized care if Medicare payments continue to decline.

Patients Will Lose Access to Care…

The results of the survey paint a troubling picture for seniors if cuts in Medicare payments continue. While most neurosurgeons do currently participate in Medicare (96.8%) and in the past year did in fact provide services to Medicare patients (97.3%), many are now limiting their Medicare practice in some way. Indeed, only three-quarters of respondents now treat all new Medicare patients, and nearly half of these are contractually obligated to do so. A significant number of respondents acknowledged that if there are further cuts in Medicare reimbursement, they will have no choice but to reduce the number of Medicare patients they treat and/or make other changes in their practices that will affect seniors' timely access to neurosurgical care. Key findings related to Medicare patients' access to care show that:

- Nearly forty percent of respondents indicated that if Medicare payments continue to decline, they will decrease the number of new Medicare patients and over eighteen percent will no longer take any new Medicare patients.
- Twenty-seven percent indicated that they will decrease the number of established Medicare patients and approximately eight percent will stop taking any established Medicare patients.
- Approximately one-fifth of neurosurgeons currently limit the number of appointment slots for new Medicare patients.

In addition, over the past three to five years there have been a number of changes in the environment for Medicare patients. Table 1 highlights some of the key changes that neurosurgeons have observed.

Changes in the Environment for Medicare Patients	
It has gotten harder to refer patients to certain medical and surgical specialists	**67.2%**
More physicians are referring Medicare patients with complex problems to other doctors	**64.8%**
Many Medicare patients now have to travel further to get needed care	**63.7%**
More physicians are sending Medicare patients to tertiary medical centers	**60.5%**
More physicians are sending even fairly routine cases to other doctors	**52.4%**
More Medicare patients have put off needed care because they couldn't find a doctor	**48.4%**

Table 1 -- Numbers reflect percentage of respondents who agreed with each statement. Respondents could select more than one answer.

Waiting for Appointments

Despite the fact that a majority of neurosurgeons do not limit the number of Medicare patients they treat, timely access to neurosurgical care is a growing problem. Of note, when respondents were asked, "If you treat Medicare patients, what is the average waiting time for a patient appointment?" The average response was 24.1 days for new patients and 19.5 days for established patients. More specifically:

The wait time for new Medicare patients to see a neurosurgeon:

- In a faculty practice plan - 28.8 days
- In a multi-specialty group - 25.9 days
- In a single specialty group – 22.3 days
- For a solo practitioner – 22.9 days

The wait time for established Medicare patients to see a neurosurgeon:

- In a faculty practice plan – 24.3 days
- In a multi-specialty group – 19.7 days
- In a single specialty group – 17.1 days
- Solo practitioner – 18.9 days

As Figure 1 illustrates, neurosurgeons who limit the number of Medicare patients they treat are doing so by employing a number of approaches, including: scheduling appointments later in the day; limiting the overall number of patients; selecting patients based on their geographic location; and delaying appointments or referring patients to other neurosurgeons.

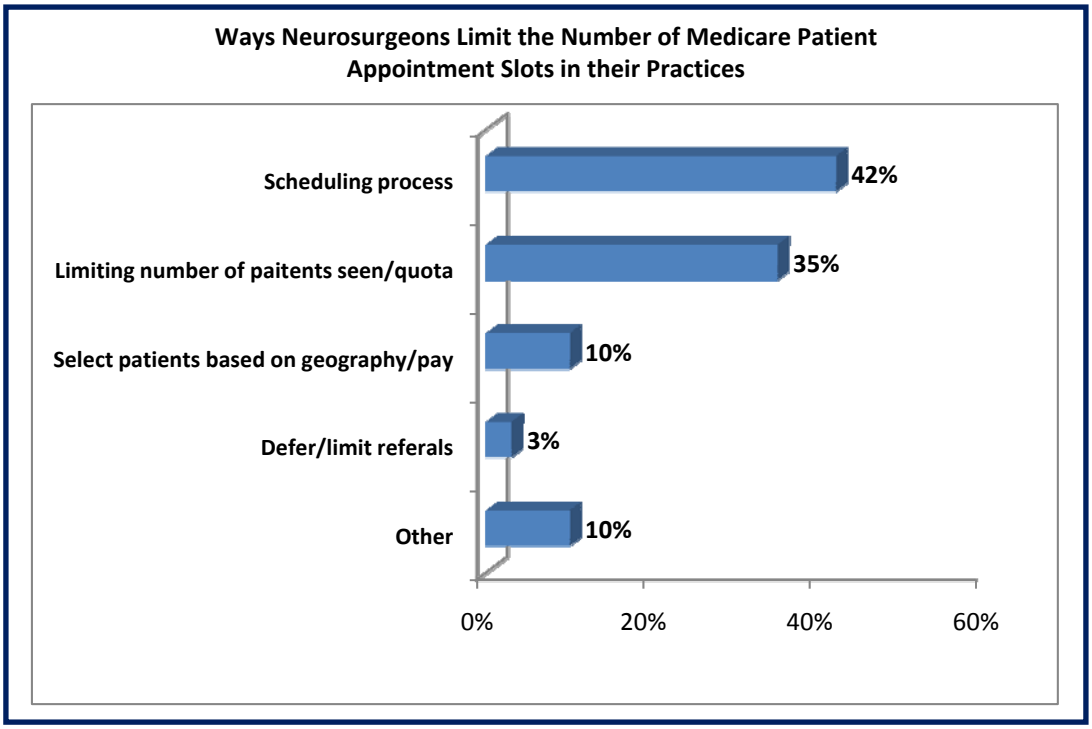
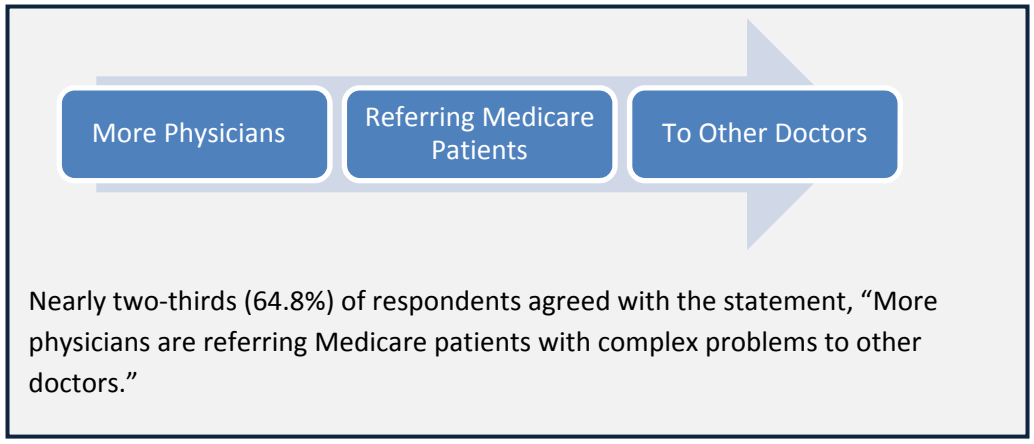
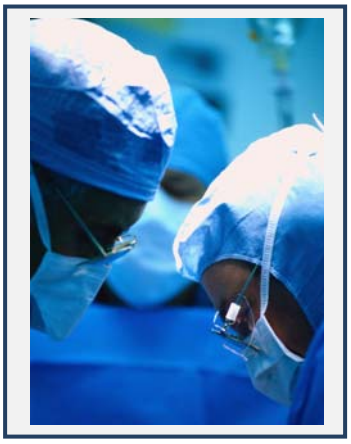


Figure 1



Nearly two-thirds (64.8%) of respondents agreed with the statement, "More physicians are referring Medicare patients with complex problems to other doctors."



Seeing Fewer Medicare Patients

On average, Medicare patients comprise approximately one-third of neurosurgical practices. Compared to three years ago, some neurosurgeons are seeing a lower percentage of Medicare patients for a number of reasons, including:

- Deliberately reduced the number of Medicare patients in their practice due to low reimbursement (59.2%)
- Patient mix has changed due to demographic changes in the community (8.2%)
- Patient mix has changed due to changes in technology, practice location, or development of specialized clinical expertise (28.6%)
- Other (10.2%)

Those neurosurgeons (21.7%) who only accept some new Medicare patients do so in the following ways:

- Treat referrals only (57.2%)
- Give lower priority to Medicare patients than private pay (39.9%)
- Accept only patients with "special circumstances" such as having been a previous patient or the parent of a current patient (22.5%)
- Only see those Medicare patients who require care for a certain subspecialty/academic interest (37.0%)
- Other (16.7%)

If Medicare cuts continue, neurosurgical practices with five or less surgeons would:

60.9%	•Stop providing certain services
57%	•Begin referring complex cases

***Troy M. Tippett, MD, AANS President, explains**, "These results really do paint a bleak path we are going down. Many neurosurgeons in our survey indicated that if Medicare payments continue to decline, they would stop providing certain services, reduce staff, defer purchase of new medical equipment, and/or reduce time spent with Medicare patients. It is crucial that Congress pass legislation to address the decline in Medicare payments so we can alter this course."*

Comments:

When asked, "Why do you currently agree to treat only some new Medicare patients who contact you?" replies included:

I accept Medicare but will move them on the schedule for working patients.

I avoid high risk or complex procedures that end up paying under my cost.

I cannot see all as reimbursement is lower than overhead expenses.

Reimbursement is poor and I don't see Medicare Advantage patients… because prior authorization/ paperwork is not worth it.

I will go bankrupt if we see unlimited Medicare patients.

When asked, "How do you limit the number of Medicare Patient appointment slots in your practice?" replies included:

I will see no more than two new Medicare patients per week. Such patients may wait 1-2 months for an appointment. Patients with better insurance are seen the same week.

I limit appointments for non-urgent problems to a certain number of referrals a month.

I fill new patient slots with non-Medicare patients first.

I review their studies and try to prioritize, leaving openings for regular commercial patients.

Neurosurgeons' Practices Have Been Affected…

In addition to the direct affects on Medicare patients' access to care, there are a number of additional serious consequences that will result from further reductions in Medicare payments. If Medicare payments are cut, the data demonstrate that more than half of the nation's brain and spine surgeons will make some change to their practice. Table 2 highlights additional ways in which neurosurgeons will respond if Medicare payments are cut.

Consequences of Further Reductions in Medicare Payments to Neurosurgeons	
Stop providing certain services	54.0%
Defer purchase of new equipment	53.8%
Reduce time spent with Medicare patients	52.9%
Reduce staff	50.8%
Begin referring complex cases	46.6%
Defer purchase of HIT	40.9%
Close satellite offices or discontinue rural outreach services	27.5%
Stop providing patient care	14.4%

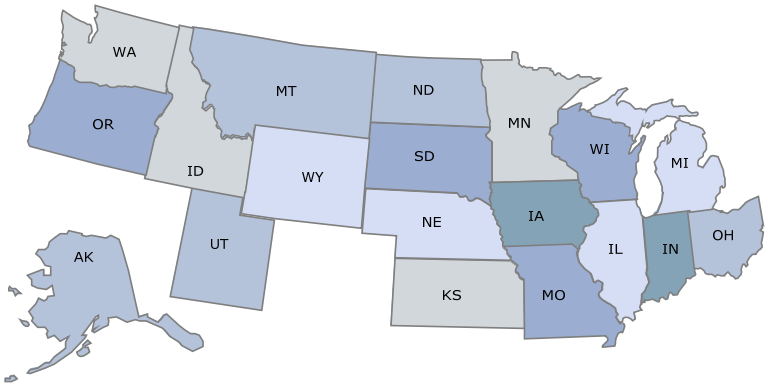
Table 2 -- Numbers reflect percentage of respondents who agreed with each statement. Respondents could select more than one answer.

CNS President Gerald E. Rodts, MD states,
"It's obvious from the responses we received in this survey that low Medicare payments to neurosurgeons is ultimately having a significant effect on the very patients who truly need neurosurgical care. Lawmakers need to ask, 'Is this the future we want for America's seniors?' and take action immediately."

Geographic Differences Abound…

Not all geographic locations are alike, and Medicare patients in the Southwest, in particular, are finding it more difficult to find neurosurgeons currently treating Medicare patients. In the future, access to neurosurgical care for new and established Medicare patients in the Southwest and Southeast, will also be a challenge if Medicare payments continue to decline.

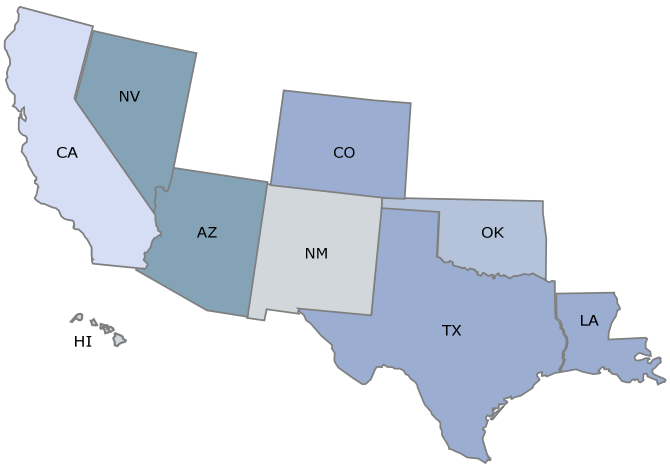
In the Northwest Quadrant



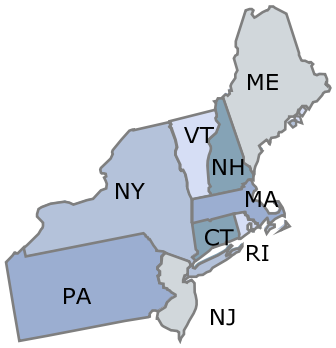
- 82.7% of neurosurgeons currently treat all Medicare patients
- If Medicare payments continue to decline, 38.9% will decrease the number of NEW Medicare patients and 13% would stop taking any NEW Medicare patients
- If Medicare payments continue to decline, 21.6% will decrease the number of ESTABLISHED Medicare patients 5.6% will stop taking any ESTABLISHED Medicare patients
- 50% of neurosurgeons seeing fewer Medicare patients have deliberately reduced the number in their practice due to low Medicare payment
- 72% of neurosurgeons treating only some new Medicare patients will only take referrals

In the Southwest Quadrant

- 71.2% of neurosurgeons currently treat all Medicare patients
- If Medicare payments continue to decline, 36.3% will decrease the number of NEW Medicare patients and 26% would stop taking any NEW Medicare patients
- If Medicare payments continue to decline, 30.1% will decrease the number of ESTABLISHED Medicare patients 8.2% will stop taking any ESTABLISHED Medicare patients
- 50% of neurosurgeons seeing fewer Medicare patients have deliberately reduced the number in their practice due to low Medicare payment
- 61.5% of neurosurgeons treating only some new Medicare patients will only take referrals



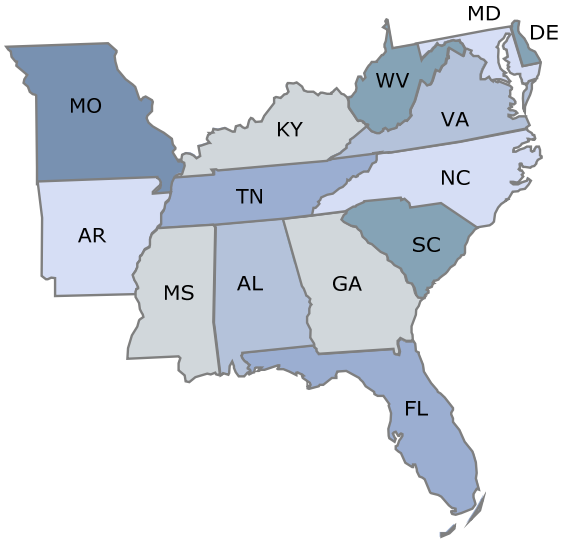
In the Northeast Quadrant



- 80% of neurosurgeons currently treat all Medicare patients
- If Medicare payments continue to decline, 40% will decrease the number of NEW Medicare patients and 14.3% would stop taking any NEW Medicare patients
- If Medicare payments continue to decline, 21.9% will decrease the number of ESTABLISHED Medicare patients 7.6% will stop taking any ESTABLISHED Medicare patients
- 66.7% of neurosurgeons seeing fewer Medicare patients have deliberately reduced the number in their practice due to low Medicare payment
- 45% of neurosurgeons treating only some new Medicare patients will only take referrals

In the Southeast Quadrant

- 76.9% of neurosurgeons currently treat all Medicare patients
- If Medicare payments continue to decline, 41.5% will decrease the number of NEW Medicare patients and 21% would stop taking any NEW Medicare patients
- If Medicare payments continue to decline, 32.8% will decrease the number of ESTABLISHED Medicare patients 10.8% will stop taking any ESTABLISHED Medicare patients
- 73.3% of neurosurgeons seeing fewer Medicare patients have deliberately reduced the number in their practice due to low Medicare payment
- 56.8% of neurosurgeons treating only some new Medicare patients will only take referrals



***William E. Bingaman, MD, Chair of the CSNS, adds**, "When we asked neurosurgeons how they limit the number of new Medicare patients they see, we received responses like, 'I personally screen new Medicare patients' or 'I will see no more than two new Medicare patients a week' or 'I only see referrals.' Medicare payment rates are an important issue that most neurosurgeons have to deal with and strategize for on a daily basis. Our current payment system is clearly not working for patients and physicians alike, and the AANS, CNS, and CSNS study simply reinforces that notion."*

Differences Between Rural vs. Urban Practices…

Neurosurgeons were asked: "If Medicare payments continue to decline, how will this affect the number of new Medicare patients you treat?" and Figure 2 demonstrates the breakdown in **rural vs. urban practice location** responses:

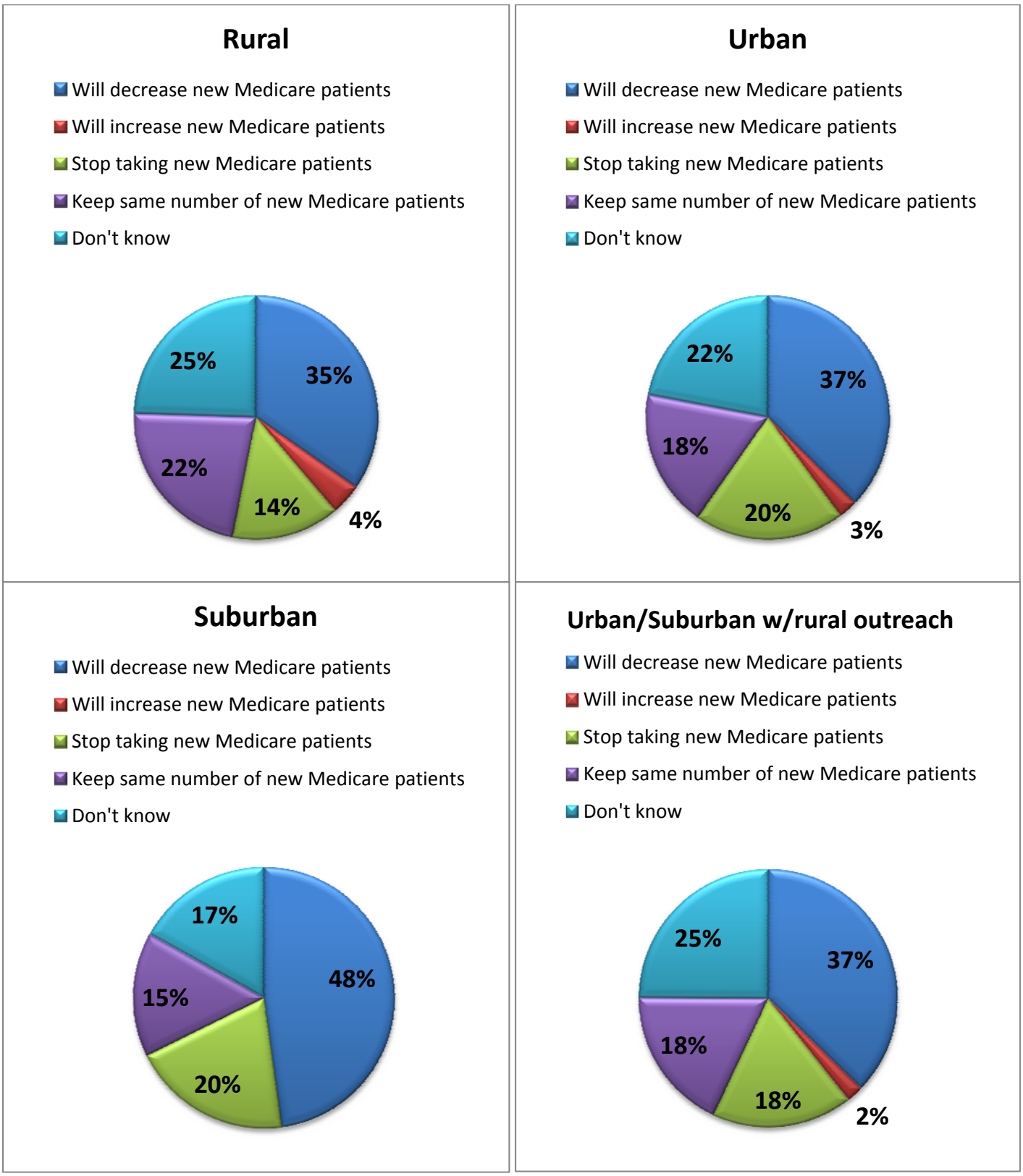


Figure 2

"I only see one new Medicare patient per day. I lose (money) on every one. I see them because I don't want to disenfranchise referring doctors. I also feel responsible for seniors who are not themselves responsible for the system being awful." -- Comment from Survey Respondent

Conclusion

If Congress does not take action soon to permanently fix the current Medicare physician payment system, patients in need of specialty care – including neurosurgical services -- will ultimately pay the price. As the findings of this new study reveal, a significant number of the nation's neurosurgeons will have no choice but to limit access and curtail services to new and existing Medicare patients ***if*** deep cuts in Medicare payments continue. Simply put, these data show that if this problem is not dealt with quickly and effectively, neurosurgeons will see fewer Medicare patients, or cease seeing them altogether; Medicare patients will wait even longer for neurosurgical appointments; and Medicare patients in rural areas will have to travel even further to receive neurosurgical care.

Notes about the Methodology and Participants' Profile

Methodology

In September 2009, an online survey was conducted to better understand practice issues related to Medicare patients. Approximately 3,400 neurosurgeons with valid email addresses were sent a request to complete the survey. A total of 678 neurosurgeons completed the on-line survey resulting in a 20% return rate and a 95% confidence that responses are accurate within +/-5%.

Participants Profile

More than 38% of survey respondents practiced in urban areas while 32% practiced in urban/suburban areas with rural outreach. About 37% of respondents were from single specialty groups, 23% were from multi-specialty groups, and 19% were from faculty practice plans. Of those in a group or faculty practice plan, over 36% indicated to have 5 or fewer physicians, while 25% had 5 to 10 physicians.

General Neurosurgery, Spine and Peripheral Nerve, and Tumor were the top three practices or subspecialties. California, Florida, Georgia, Illinois, North Carolina, New York, Ohio, Pennsylvania, Tennessee, and Texas were top 10 states where survey respondents were located. Chicago, New York, Atlanta, Houston, and Los Angeles were top 5 cities where survey respondents were located.

For more information about the statistics and findings contained in this report, please contact:

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