

AMERICAN ASSOCIATION OF
NEUROLOGICAL SURGEONS

THOMAS A. MARSHALL, *Executive Director*
5550 Meadowbrook Drive
Rolling Meadows, IL 60008
Phone: 888-566-AANS
Fax: 847-378-0600
info@aans.org



American
Association of
Neurological
Surgeons



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CONGRESS OF
NEUROLOGICAL SURGEONS

DAVID A. WESTMAN, *Executive Director*
10 North Martingale Road, Suite 190
Schaumburg, IL 60173
Phone: 877-517-1CNS
FAX: 847-240-0804
info@1CNS.org

President

WILLIAM T. COULDWELL, MD PHD
Salt Lake City, Utah

President

ALI R. REZAI, MD
Columbus, Ohio

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Editor, Washington Monthly
1200 18th Street NW, Suite 330
Washington, DC 20036

Dear Editor:

In the July/August edition of *Washington Monthly* an article by Haley Sweetland Edwards entitled, "Special Deal" is completely outrageous in its attempt to paint specialists as a "shadowy cartel of doctors that control Medicare."

Ms. Edwards' efforts to vilify the AMA/Specialty Society Relative Value Scale Update Committee (RUC) are misleading, inaccurate, and misguided. The idea that the American Medical Association (AMA) or the members of the RUC are "price-fixing" is absurd and represents a deep lack of understanding, if not intentional misrepresentation, of the process. The sensationalist and conspiracy theorist tone of the article does a disservice to your readers. Furthermore, replacing the RUC with an expensive government panel, as suggested by recent legislation, will not address the real concerns in our healthcare system, including the looming shortages of *both* primary and specialty care physicians.

Perhaps, Ms. Edwards isn't aware that the Resourced Based Relative Value Scale (RBRVS) was sold to Congress in the late 1980s by the American Society of Internal Medicine as a solution to the perceived inequities of the previous usual, customary, and reasonable system in place at that time. The principle responsibility of the RUC is to analyze new and revised medical services, nearly all of which are procedures, and most of its current members are in fact primary care physicians, or primary care specialties — not surgeons. And, contrary to what Ms. Edwards implies in her article, since that time, primary care office visit payments have increased while payment for, and volume of, major procedures have not. Additionally, merely adding more money to visit services as Ms. Edwards suggests is not the answer to better care for patients and will not automatically increase the quality or effectiveness of primary care services to patients.

It is also important to note that healthcare delivery system issues are not the purview of the RUC and addressing them has little to do with changing the RBRVS; thus the author makes the mistake of confusing delivery system reform with the valuation of physician work. While we understand that there are flaws in the healthcare system, the solutions Ms. Edwards puts forward — using the Independent Payment Advisory Board and abolishing fee for service — will generate just as many, if not more problems. Both will further erode the doctor-patient relationship and place medical decisions in the hands of the federal government, rather than in the hands of physicians and their patients. There is a huge difference in what should be done for the patient versus how to assign value to the services provided. The RUC only deals with the latter, but this article confuses the two.

It is important that the RUC remain in place for the purpose of making recommendations about the relative work of medical and surgical services. Medicare has a number of projects currently underway to

WASHINGTON OFFICE
KATIE O. ORRICO, *Director*

725 Fifteenth Street, NW, Suite 500
Phone: 202-628-2072 Fax: 202-628-5264

Washington, DC 20005
E-mail: korricco@neurosurgery.org

address the quality and effectiveness of medical care and examine alternative delivery systems. These are separate from the task of updating the relative values in the RBRVS system.

The bottom line is this, sticking American taxpayers with an additional bill for a new government funded panel to update the Medicare physician fee schedule, is redundant and unnecessary. Replacing the RUC with paid consultants, with more potential conflicts of interest than any of the practicing physicians serving on the RUC, will not do a better job of assessing the relative work in the Medicare Fee Schedule. Indeed, when taking a second look at the sources Ms. Edwards quotes in her article, they include notable healthcare consultants in Washington who might have a vested interest in eliminating the RUC. After all, they are the ones who would benefit by getting a "special deal" that lets them call the shots.

Sincerely,



William T. Couldwell, MD, President
American Association of Neurological Surgeons



Ali R. Rezai, MD, President
Congress of Neurological Surgeons

Contact:

Alison Dye, Senior Manager, Communications
AANS/CNS Washington Office
725 15th Street, NW, Suite 500
Washington, DC 20005
Direct: 202-446-2028
Fax: 202-628-5264
Email: ady@neurosurgery.org