



Neurosurgeons Taking Action



Neurosurgeons Taking Action is an E-newsletter from the American Association of Neurological Surgeons (AANS). The purpose of this E-publication is to provide you with timely updates on socio-economic and political issues facing neurosurgeons. **Neurosurgeons Taking Action** is sent out as news and events warrant your attention so that our members can stay on top of the issues that affect them.

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Legislative Affairs

■ House Committee Passes SGR Reform Legislation

On July 31, 2013, by a vote of 51 to zero, the House Energy and Commerce Committee unanimously passed H.R. 2810, the [Medicare Patient Access and Quality Improvement Act](#). This bipartisan legislation to repeal and replace Medicare's sustainable growth rate (SGR) payment system is sponsored by committee leaders Reps. Michael Burgess, MD (R-TX); Frank Pallone (D-NJ); Fred Upton (R-MI); Henry Waxman (D-CA); Joe Pitts (R-PA); and John Dingell (D-MI). The AANS and CNS have been actively involved in developing this bill, and while the bill is not perfect, the committee has been remarkably responsive and addressed many of our ongoing concerns. The current version of the bill is a vast improvement over previous iterations and reflects many of neurosurgery's core principles, including:

- Repeals the SGR and includes a five-year period of stability in Medicare physician payments, with positive updates during the transition period and each year thereafter;
- Encourages physician-led quality improvement that allows the medical specialty societies to determine the most appropriate and clinically relevant quality improvement metrics and strategies for use in future quality initiatives;
- Adopts flexible criteria that allow physician participation and engagement in delivery and payment models that are meaningful to their practices and patient populations, including preserving a viable fee-for-service option and recognizing the value of clinical data registries for improving quality; and
- Establishes legal protections making it clear that the development, recognition, or implementation of any guideline, quality improvement program or other payment standard under Federal healthcare law does not establish a new standard of care in any medical malpractice claim.

The AANS and CNS do have several outstanding concerns, however, which we hope to address as the legislative process continues. These include:

- Payment updates should keep pace with medical practice cost inflation to allow physicians to support their practices, including quality improvement infrastructure such as electronic health records (EHR) and clinical data registry participation;
- Any new quality update incentive program should replace the current Physician Quality Reporting System (PQRS), EHR, and Value-Based Payment Modifier (VBPM) programs and penalties;
- It is unnecessary and duplicative to include provisions related to misvalued codes, as the mechanisms in current law adequately address this issue; and
- Patients and physicians should be allowed to privately contract on a case-by-case basis, with beneficiaries receiving the Medicare allowable fee.

The House Ways and Means Committee is expected to address SGR legislation sometime in September, and the Senate Finance Committee is also evaluating options for reform. Finding bipartisan budget offsets to pay for the legislation remains a potential sticking point, but momentum for repealing the SGR continues to build, and the AANS and CNS are cautiously optimistic that Congress will finally deal with this challenge once and for all.

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■ Support for Medical Liability Reform Grows

Earlier this year, Reps. Phil Gingrey, MD (R-GA), and Henry Cuellar (D-TX) introduced H.R. 1473, the [Standard of Care Protection Act](#). The [Affordable Care](#)

[Act](#) and other federal healthcare programs create quality measures and payment methodologies that may have the potential for expanding the risk of lawsuits against physicians — despite the fact that these guidelines were never intended to measure medical negligence. The Standard of Care Protection Act would ensure federal healthcare programs are not misused to create new standards of care for medical liability lawsuits. The bill clarifies that lawsuits could not be based simply on whether physicians followed the national guidelines and quality standards in federal healthcare laws. Through our leadership in the [Health Coalition on Liability and Access \(HCLA\)](#), the AANS and CNS have not only endorsed this legislation, but were successful in getting it included in H.R. 2810 — the [Medicare Patient Access and Quality Improvement Act](#) — the House Energy and Commerce Committee's bill for repealing Medicare's sustainable growth rate (SGR) formula.

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■ **Alliance of Specialty Medicine Hosts Successful Capitol Hill Advocacy Conference**

Earlier this month, the [Alliance of Specialty Medicine](#) held its annual Capitol Hill Advocacy Conference. More than 100 participants from 13 medical societies — including the AANS and CNS — attended the three-day event in Washington, D.C. During the conference attendees heard presentations from, and exchanged ideas with, leaders in health policy from Congress and the Centers for Medicare and Medicaid Services (CMS). Congressional speakers included: Senators Roy Blunt (R-MO); Rand Paul, MD (R-KY); and Ron Wyden (D-OR); and Representatives Kevin Brady (R-TX); Michael Burgess, MD (R-TX); Bill Cassidy, MD (R-LA); Jim Matheson (D-UT); Tom Price, MD (R-GA); and Raul Ruiz, MD (D-CA). Kate Goodrich MD appeared on behalf of CMS.

Conference participants also went to Capitol Hill to meet with members of Congress to discuss important healthcare issues. The advocacy topics broached included repealing the Independent Payment Advisory Board (IPAB), graduate medical education funding, medical liability reform, and fair Medicare physician payment by repealing the flawed sustainable growth rate (SGR) formula and allowing patients and physicians to privately contract without penalty.

Neurosurgeons attending the conference included: Frederick A. Boop, MD, FAANS, FACS; Alexander A. Khalessi, MD; John J. Knightly, MD, FAANS; Gregory J. Przybylski, MD, FAANS; Daniel K. Resnick, MD, FAANS; Clemens M. Schirmer, MD, PhD; Mark A. Spatola, MD, FAANS; Alex B. Valadka, MD, FAANS, FACS; and John A. Wilson, MD, FAANS, FACS. Together, they met with dozens of congressional offices on behalf of organized neurosurgery and the Alliance.

There has never been a more critical time for America's specialty physicians to have a clear and effective voice before policymakers in Washington. With greater numbers of uninsured individuals, skyrocketing healthcare costs, an increasing senior population, the physician workforce in jeopardy, and issues of quality, privacy and access on the line, the stakes for specialty physicians and their patients are high. Thankfully, the Alliance gives all of specialty medicine a voice, which is being carried through the halls of Congress.

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Grassroots Action Alert

■ **Contact Congress to Fix the Flawed Medicare Physician Payment System**

On Jan. 1, 2014, physicians face a 27-percent Medicare pay cut unless

Congress acts. These cuts primarily result from Medicare's flawed sustainable growth rate (SGR) formula. In the past, Congress has repeatedly intervened to prevent similar cuts from going into effect; however, these stop-gap measures have exacerbated the problem by increasing the severity of future cuts and making the cost of permanent Medicare payment reform more expensive. Recently, a bipartisan bill to permanently repeal the SGR, H.R. 2810, the [Medicare Patient Access and Quality Improvement Act](#), was introduced. While not perfect, it is an important legislative marker and contains many of neurosurgery's core principles for reform.

Neurosurgeons are highly encouraged to contact Congress and urge your elected officials to support legislation to replace the SGR with a new system that encompasses neurosurgery's principles. [Click here](#) to send an e-mail message to Congress. We have created a draft letter that you can personalize. (This is highly encouraged.)

In addition to the SGR, neurosurgeons should visit the AANS/CNS Legislative Action Center where you can find Action Alerts on several other important topics, including graduate medical education, medical liability reform, repeal of the Independent Payment Advisory Board, stopping the implementation of ICD-10 diagnosis codes and Medicare private contracting. [Click here](#) to contact your elected officials on these issues.

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NeurosurgeryPAC

■ **Contribute to NeurosurgeryPAC Today**

NeurosurgeryPAC's fundraising continues with donations from 203 neurosurgeons so far this year! As of July 25, 2013, NeurosurgeryPAC has raised \$153,771 in personal funds and \$19,150 in corporate donations for a total of \$172,921. Thanks to all our contributors! To date, the NeurosurgeryPAC has donated nearly \$200,000 to 54 candidates and national political committees. We still have a long way to go to reach our \$500,000 fundraising goal, and we need your help! As always, you can contribute using our online donation option by logging onto [MyAANS.org](#). NeurosurgeryPAC will also soon launch our mid-year advocacy education and fundraising campaign.

[Click here](#) for more information on the NeurosurgeryPAC, including the current complete list of donors, candidates receiving NeurosurgeryPAC support and to read more about your PAC in action. If you have questions about how you can get more involved, please contact Adrienne Roberts in the Washington Office at aroberts@neurosurgery.org.

Editor's Note: All contributions to NeurosurgeryPAC must be drawn on personal accounts. Contributions are not tax-deductible. AANS members who are citizens of the United States and pay dues or have voting privileges may contribute to NeurosurgeryPAC. All corporate contributions to NeurosurgeryPAC will be used for administrative expenses and other activities permissible under federal law. Federal law requires NeurosurgeryPAC to use its best efforts to collect and report the name, mailing address, occupation, and employer name of every individual whose contributions exceed \$200 in a calendar year.

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Coding and Reimbursement

■ **Medicare Releases Proposed Fee Schedules for 2014**

The [2014 Medicare Physician Fee Schedule](#) (MPFS) Notice of Proposed Rulemaking (NPRM) and the [2014 Hospital Outpatient Prospective Payment](#)

[System/Ambulatory Surgery Center](#) (NPRM) were published in the Federal Register on July 19, 2013. Total payments under the 2014 MPFS will be approximately \$87 billion. The overall impact of the changes for neurosurgery, not taking into consideration a potential change in the conversion factor, is predicted to be a one-percent increase. [Click here](#) for a more detailed summary of the rules. The AANS/CNS will submit comments on these proposals later this month.

If you have any questions regarding these developments, please contact Cathy Hill, AANS/CNS Senior Manager for Regulatory Affairs, at chill@neurosurgery.org.

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Quality Improvement

■ CMS Proposes Changes to Physician Quality Reporting Programs

The [2014 Medicare Physician Fee Schedule](#) (MPFS) Notice of Proposed Rulemaking (NPRM) was published in the Federal Register on July 19, 2013. In addition to a number of policy proposals related to reimbursement, the draft rule also includes many policy changes to the various Medicare quality improvement programs, including the Physician Quality Reporting System (PQRS), the Medicare Electronic Health Record (EHR) Incentive program, as well as changes to the Physician Compare tool on the Medicare.gov website. Finally, the rule continues the phased-in implementation of the physician value-based payment modifier (VBPM). [Click here](#) for a more detailed summary of the rule. The AANS/CNS will submit comments on this proposal later this month.

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■ CMS Launches Updated Physician Compare Website

In June, the Centers for Medicare and Medicaid Services (CMS) announced the redesign of its [Physician Compare](#) website, which helps patients to search for and select physicians and other healthcare professionals enrolled in the Medicare program. On Physician Compare, patients can find information concerning the specialty care services that physicians offer, Medicare participation status, medical school education and residency information, board certification, practice address, hospital affiliation and whether the individual or group participations in certain CMS quality programs. In 2014, CMS intends to provide patients with information on quality measurement compliance.

Unfortunately, the updated website continues to be fraught with errors, so neurosurgeons are encouraged to verify their profiles. The AANS/CNS Washington Office is compiling a list of these inaccuracies.

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■ Comparative Effectiveness Advocacy Group Launches New Website

The Partnership to Improve Patient Care (PIPC), of which the AANS and CNS are members, recently launched a [new website](#). PIPC's mission is to raise awareness about the value of well-designed comparative clinical effectiveness research, the important role of continued medical innovation as part of the solution to cost and quality challenges in health care, and the need to ensure that comparative clinical effectiveness research conducted by the [Patient-Centered Outcomes Research Institute](#) (PCORI) are centered on patient and

provider needs. Neurosurgeons are encouraged to visit this site for more information about comparative effectiveness research.

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■ **Congratulations to AANS/CNS Washington Office Staff Member Koryn Rubin**

For nearly two years, organized neurosurgery has been privileged to have Koryn Rubin serve as the senior manager for quality improvement in the AANS/CNS Washington Office. Koryn has accepted a position at the American Medical Association (AMA) and will continue her work on quality-related policy on behalf of all physicians. Words cannot describe how valuable she has been for our specialty, and those who have worked with her realize how fortunate we have been to have had Koryn on our team. Please join us in wishing Koryn all the best!

For more information about quality information topics, please contact Katie O. Orrico, director, AANS/CNS Washington Office at korrico@neurosurgery.org.

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Drugs and Devices

■ **Implementation of Physician Payments Sunshine Act Begins**

Starting on Aug. 1, 2013, the Physician Payments Sunshine Act, which was part of the [Affordable Care Act](#) (ACA), will require manufacturers of drugs, medical devices and biologics to report certain payments and items of value given to physicians and teaching hospitals. In addition, the Centers for Medicare and Medicaid Services (CMS) also will make information publicly available about physicians' or immediate family members' ownership or investment interests in applicable manufacturers and group purchasing organizations. Physicians are not required to take any action under this legislation, but will have the right to review and challenge their reports. Key deadlines are as follows:

- Aug. 1, 2013 - Dec. 31, 2013: Manufacturers start tracking payments to physicians.
- Jan. 1, 2014: Physicians will be able to register for a CMS online portal used to view reports.
- March 31, 2014: Manufacturers will start reporting to CMS.
- June 2014: CMS will provide physicians with access to their reports via the CMS portal.

More details on the Sunshine Act are available on the following websites:

- Center for Medicare & Medicaid Services' [Open Payments](#)
- American Medical Association's [Resource for Financial Transparency Reports](#)
- AdvaMed's [Physician Payment Sunshine Law](#)
- PhRMA's [Partnership for Healthy Dialogues](#)

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Communications

■ **Neurosurgery Blog: Ms. Sanger-Katz: Come Spend a Week in My Scrubs**

Neurosurgery Blog was born out of the idea that it's imperative to always give

an honest take on key health policy discussions — whether it's good, bad or just plain ugly — even if, in some cases, it makes us unpopular or ruffles a few political feathers. As such, Neurosurgery Blog recently posted a response to National Journal's article by Margot Sanger-Katz, titled, "[Doctors Already Make More Than Enough Money](#)" because it did a complete disservice to the entire physician community.

Not only was Ms. Sanger-Katz clearly misinformed, she also ridiculed physicians across the country by calling us "actors in health care." Which is exactly why in our response, "[Ms. Sanger-Katz: Come Spend a Week in My Scrubs](#)," we invited Ms. Sanger-Katz to come spend a week on-call with a neurosurgeon in order to gain a better understanding of why we are not in this profession for the money.

As a result of our post, on July 13, 2013, National Journal published organized neurosurgery's response in their weekly magazine. Additionally, on July 25, 2013, the Association of American Medical Colleges' blog Wing of Zock [cross-posted](#) our piece as well.

We invite you to visit the blog and subscribe to it, as well as connect with us on our various social media platforms, so that you can keep your pulse on the many health-policy activities happening in the nation's capital.

- [Neurosurgery Blog: More Than Just Brain Surgery](#)
- [Neurosurgery's Twitter Feed: @Neurosurgery](#)
- [Neurosurgery's Facebook Page](#)
- [Neurosurgery's LinkedIn Group](#)

If you are interested in these communications activities, please contact Alison Dye, AANS/CNS Senior Manager of Communications, at adye@neurosurgery.org.

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**Questions or comments? Please contact Katie Orrico
at 202-446-2024 or korrico@neurosurgery.org.**

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