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

- **Neurosurgery Meets with Congress during Alliance of Specialty Medicine's Legislative Conference**

In July 2014, the Alliance of Specialty Medicine held its annual Capitol Hill Advocacy Conference. More than 100 participants, from 35 states and 13 medical societies — including the American Association of Neurological Surgeons (AANS) and Congress of Neurological Surgeons (CNS) — attended the three-day event in Washington, D.C. Congressional speakers included Sen. Tom Coburn (R-Okla.) and Reps. Ami Bera, MD (D-Calif.); Michelle Lujan Grisham (D-N.M.); Raul Ruiz, MD (D-Calif.); and Fred Upton (R-Mich.), chairman of the House Energy and Commerce Committee.

Patrick Conway, MD, Deputy Administrator for Innovation and Quality, and Chief Medical Office of the Centers for Medicare & Medicaid Services (CMS), and Will Robinson, Manager of Public Policy for the National Committee for Quality Assurance (NCQA) provided insight on physician-network adequacy and quality-related programs required by Medicare and the Affordable Care Act (ACA). Attendees also gained valuable insights about the upcoming November elections from Nathan Klein of the National Republican Senatorial Committee (NRSC) and Anne Caprata from the Democratic Senatorial Campaign Committee (DSCC).

Conference participants went to Capitol Hill to meet with members of Congress to discuss important healthcare issues, including repeal of Medicare's sustainable growth rate formula (SGR); medical liability reform; regulatory relief and graduate medical education (GME) funding. Neurosurgeons attending the conference were Maya Babu, MD, MBA; Frederick A. Boop, MD, FAANS; Robert E. Harbaugh, MD, FAANS; Brian T. Ragel, MD, FAANS; Daniel K. Resnick, MD, FAANS; Clemens M. Schirmer, MD, PhD; Konstantin V. Slavin, MD, FAANS; Mark A. Spatola, MD, FAANS; Alex B. Valadka, MD, FAANS; and John A. Wilson, MD, FAANS. Together, they met with dozens of congressional offices on behalf of organized neurosurgery and the Alliance.

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- **House Approves Trauma and Emergency Care Bill**

On June 24, 2014, H.R. 4080, the "Trauma Systems and Regionalization of Emergency Care Reauthorization Act," was passed by the U.S. House of Representatives by voice vote. Introduced in February by Reps. Michael Burgess, MD (R- Texas); and Gene Green (D- Texas), this legislation would reauthorize crucial programs that provide grants to states for planning, implementing and developing trauma care systems, and establish pilot projects to design, implement and evaluate innovative models of emergency care systems. Sens. Jack Reed (D-R.I.) and Mark Kirk (R- Ill.) introduced the Senate companion legislation, S. 2405. The Senate will soon consider the legislation and President Obama is expected to sign the bill into law.

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- **Children's EMS Bills Moving through Congress**

Introduced in March by Reps. Jim Matheson(D-Utah) and Peter King (R-N.Y.), H.R. 4290, the "Wakefield Act of 2014," would reauthorize the Emergency Medical Services for Children (EMSC) Program at a rate of $30.4 million per year through 2019. The companion bill, S. 2154, is sponsored by Sens. Robert Casey (D-Pa) and Orrin Hatch (R-Utah). The EMSC Program is celebrating its 30th anniversary, marking three decades of driving key improvements in emergency medical services for children. Its mission is to reduce child and youth morbidity and mortality by supporting improvements in the quality of all emergency medical and surgical care children receive. These bills would reauthorize grant programs that support the expansion, improvement and evaluation of emergency medical services for children. On July 24, 2014, the House bill was reported out of committee and the Senate is expected to pass its version of the bill.

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- **Energy and Commerce Committee Launches 21st Century Cures Initiative**

The House Energy and Commerce Committee has launched a new initiative called the 21st Century Cures Initiative. The mission is to take a comprehensive look at what steps are needed to accelerate the pace of cures in America. The committee is looking at the full arc of this process — from the discoveries made in basic science, to streamlining the drug and device development process, to enhancing the power of digital medicine, and other aspects of the treatment-delivery phase. Sponsored by committee chair, Rep. Fred Upton (R-Mich.) and Rep. Diana DeGette (D-Colo.), the committee will be collecting data on this broad topic over the course of the next several months, with an eye towards unveiling legislation to implement the initiative in the 115th Congress. The AANS and CNS will be submitting comments to the committee later this fall. More information about the project is available by clicking here.

If you have questions about these or other legislative issues, please contact Katie Orrico, director of the AANS/CNS Washington Office at korrico@neurosurgery.org.

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Grassroots Action Alert

- **Ask Congress to Support Brain Aneurysm Awareness Month**

Earlier this year, Reps. Pat Tiberi (R-Ohio) and Richard Neal (D-Mass.) introduced a resolution, H. Res. 522, which would designate September 2014 as "National Brain Aneurysm Awareness Month." A similar resolution, S. Res. 353, was introduced by Sen. Ed Markey (D-Mass.). Since neurosurgeons play a crucial role in the treatment of brain aneurysms, the AANS and CNS have endorsed these resolutions and are encouraging neurosurgeons to urge their elected officials to co-sponsor this initiative. Click here to go to the AANS/CNS Legislative Action Center where you can send an email message to Congress. We have created a draft letter that you can personalize. (This is highly encouraged.)

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NeurosurgeryPAC

- **The Elections are Coming, The Elections are Coming**

The 2014 elections are less than 100 days away, and NeurosurgeryPAC still has a long way to go to reach its annual fundraising goal of $250,000. As of July 1, 2014, NeurosurgeryPAC has raised $148,475 from 188 neurosurgeons. These funds are given to candidates who support neurosurgery and our priority issues, and due to the generous support of neurosurgeons from across the country, NeurosurgeryPAC has been able to support candidates who have helped us achieve the following recent legislative and regulatory achievements:

- Legislation preventing a 24-percent cut in Medicare payments to physicians passed Congress;
- The implementation of the new and expanded ICD-10 coding system was delayed for another year until Oct. 1, 2015;
- Bills that would increase funding for graduate medical education continue to gain co-sponsors in both the House and Senate;
- Legislation to repeal and replace the flawed SGR has strong bi-partisan support and is poised for a vote later in 2014;
- Congress is pressing CMS to be more transparent and fair, and to cease making arbitrary cuts to physician services; and
- Congress passed legislation to fund children's hospital GME and research for pediatric brain tumors.

To help us get across the fundraising goal line this year, we need your help! Please make your online contribution today by logging onto MyAANS.

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- **NeurosurgeryPAC Supports Additional Candidates**

Recently, NeurosurgeryPAC has made contributions to the following candidates for the U.S. House: Charlie Dent (R-Pa.); Kevin McCarthy (R-Calif.); Aaron Schock (R-IL); and Brad Wenstrup (R-Ohio). In addition, your political action committee provided additional support for Monica C. Wehby, MD, FAANS; a pediatric neurosurgeon from Portland, Ore., who is running for the U.S. Senate.

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. To see how the candidates stand on the issues, go to the AANS/CNS Legislative Action Center.

If you have questions about NeurosurgeryPAC, please contact Adrienne Roberts, senior manager for legislative affairs in the AANS/CNS Washington Office at aroberts@neurosurgery.org.

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

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Coding and Reimbursement

CMS Releases Proposed 2015 Medicare Physician Fee Schedule Rule

On July 11, 2014, the Centers for Medicare & Medicaid Services (CMS) published the proposed 2015 Medicare Physician Fee Schedule. Overall, the changes result in a net one-percent increase in payments to neurosurgeons, not including any changes that may be required by the sustainable growth rate (SGR) formula. Absent action by Congress, physicians face a 21-percent SGR-related pay cut on April 1, 2015.

In the regulation, CMS proposes to eliminate the current 10- and 90-day global surgery package. Medically reasonable and necessary visits would be billed separately during the pre- and post-operative periods outside of the day of the surgical procedure. CMS proposes to eliminate the 10-day global codes in 2017 and the 90-day global codes in 2018, pending the availability of data on which to base new values for the global codes. The proposal also includes suggested changes to several of the physician quality reporting initiatives, including the Physician Quality Reporting System (PQRS), Medicare Electronic Health Record (EHR) Incentive Program, and the Medicare Shared Savings Program, as well as changes to the Physician Compare tool on the Medicare.gov website.

In late August 2014, the AANS and CNS will submit detailed comments responding to the proposal. An initial overview of the major provisions of concern to neurosurgery is available by clicking here.

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Neurosurgery Comments on 2015 Medicare Hospital IPPS Proposed Rule

The Centers for Medicare & Medicaid Services (CMS) published the 2015 Medicare Hospital IPPS proposed rule in the Federal Register on May 15, 2014. The proposed rule contains a number of payment and quality provisions of interest to neurosurgeons. On June 30, 2014, organized neurosurgery sent a letter to CMS, urging CMS to adopt the following:

- Recognize the Responsive Neurostimulator System (RNS) as a substantial clinical improvement that meets eligibility for the new technology add-on payment;
- Remove intracranial-extracranial bypass procedures from the non-covered procedure list edit;
- Exclude from the CMS Hospital Readmission Reduction Program readmissions for conditions that are related to the original hospitalization;
- Exclude patients with a diagnosis of cancer, brain tumors or trauma from the AHRQ PSI-12 (Postoperative PE/DVT rate) quality measure because these patients represent a very high-risk group due to their underlying medical condition; and
- Acknowledge issues surrounding lumbar spinal fusion, which are significantly different and more complex than other procedures with episode-based cost measures, such as hip and knee procedures, in the development of future measures.

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Neurosurgery Contests Noridian's Non-coverage Policies for Cervical Spine Artificial Disc Surgery and Stereotactic Radiosurgery

On June 23, 2014, the AANS and CNS, along with the California Association of Neurological Surgeons (CANS), sent a letter to Noridian Healthcare Solutions, objecting to a recent draft non-coverage proposal for cervical disc arthroplasty, which was reviewed by the Noridian California Carrier Advisory Committee (CAC) on May 14, 2014. Specifically, Noridian said that cervical and lumbar artificial spinal disc procedures do "not meet medically necessary criteria for individuals under 60 years of age." Organized neurosurgery's letter cited literature supporting the treatment and emphasized that the data supporting cervical disc arthroplasty are more robust than for lumbar disc arthroplasty. In addition, the letter pointed out that the existing national Medicare non-coverage policy applies only for artificial disc procedures in the lumbar spine, not to cervical procedures. More information is available by clicking here.

The AANS and CNS also sent a letter to Noridian opposing its draft coverage proposal, which would restrict coverage for stereotactic radiosurgery (SRS) to three lesions. Specifically, the Noridian policy stated, "In patients with more than three (3) primary or metastatic lesions SRS is inappropriate and consideration should be given to whole brain irradiation..." The AANS and CNS letter emphasized the literature supporting SRS treatment for more than three lesions. In addition, the letter noted that neurosurgery has begun to collect data on SRS procedures through the NeuroPoint Alliance (NPA). The Noridian proposal contradicts current CPT coding structure, which specifically permits reporting SRS for the initial lesion code (CPT Code 61796 or 61798) and up to four additional lesions (CPT Codes 61797 or 61799) treated in a single SRS session.

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AANS and CNS Object to BlueCross BlueShield of North Carolina Endovascular Coverage Policy

On July 2, 2014, the AANS, CNS, North Carolina Neurosurgical Society, American Society of Neuroradiology and the Society of Neurointerventional Surgery, submitted a letter to BlueCross BlueShield of North Carolina, objecting to a new non-coverage policy for endovascular procedures. Implemented on July 1, 2014, the policy considers the follow procedures as investigational:

- Intracranial stent placement for the treatment of intracranial aneurysms;
- Intracranial percutaneous transluminal angioplasty with or without stenting;
- Atherosclerotic cerebrovascular disease and cerebral vasospasm after aneurysmal subarachnoid hemorrhage;
- Use of intracranial aneurysm flow diverter systems (i.e., Pipeline® Embolization Device) for the endovascular treatment of adults (22 years of age or older) with large or giant wide-necked intracranial aneurysms; and
- Endovascular interventions (mechanical embolectomy, angioplasty, stenting) in the treatment of acute stroke.

The multi-specialty letter, initiated by neurosurgery, provided an analysis of clinical literature for the procedures and objected to the non-coverage policy. It made the point that the procedures are reasonable for the appropriate patients, who often have no other options for treatment. The groups will be meeting with the medical director later this summer.

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ICD-10 Preparation, Dual Coding and Dual Processing Clarification

Earlier this year, Congress delayed the implementation of ICD-10 to Oct. 15, 2014. Neurosurgeons should nevertheless be actively preparing for the transition. To this end, practices should identify their top codes and begin to understand how those procedures will be coded under ICD-10. Since there is no formal transition period planned for ICD-10, some confusion has arisen surrounding the terms “dual processing” and “dual coding.”

For clarification purposes, “dual coding” or “dual processing” are useful tools to prepare for ICD-10, but can only be used for testing purposes before the Oct.1, 2015, compliance date. Providers and payers cannot use ICD-10 in “live” transactions before the ICD-10 compliance date. While providers and payers must be able to use both ICD-9 and ICD-10 codes after the compliance date to accommodate backlogs in claims and other transactions, the date of service determines whether ICD-9 or ICD-10 is to be used. In other words, ICD-9 will be used for services provided before Oct. 1, 2015, and ICD-10 for services provided on or after Oct. 1, 2015. Additional information is available by clicking here.

If you have any questions regarding these or other reimbursement issues, please contact Cathy Hill, AANS/CNS senior manager for regulatory affairs, at chill@neurosurgery.org.

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Drugs and Devices

- **AANS and CNS Comment on CMS Physician Sunshine Open Payment Implementation**

On June 1, 2014, the Centers for Medicare & Medicaid Services (CMS) launched the first step of the process for physician registration for the Open Payments Program, which was established by the Sunshine Act provisions of the Patient Protection and Affordable Care Act. Subsequently, on July 14, 2014, CMS issued instructions completing the second step of the registration process. Registration, although voluntary, is required for neurosurgeons to review and correct their data and must be completed by Aug. 27, 2014. Data will be released to the public on Sept. 30, 2014.

Given the burdensome registration process, organized neurosurgery continues to work with the Alliance of Specialty Medicine (Alliance) and other stakeholders on implementation issues. To this end, on June 2, 2014, the AANS and CNS submitted a comment letter to CMS in response to a May 5, 2015, CMS Federal Register notice announcing details of the process by which CMS plans to manage and resolve physician disputes of errors in information reported by manufacturers to the CMS Open Payments reporting system. Additionally, on July 22, 2014, we joined the Alliance in sending a letter to CMS registering our concern that, among other things, CMS has abrogated its responsibility to ensure the validity of published data by requiring physicians to address disputes directly with industry. CMS has acknowledged the concerns of physician specialty societies, particularly regarding the publication of disputed data. Despite these concerns, the agency is nevertheless moving forward to launch the initial Open Payments data on schedule. CMS staff have stated, however, that they will “refresh” the data at some point during the reporting year, allowing updates on disputed data to be published more than once per year.

Step-by-step instructions on how to register for the Open Payments system are available on the AANS and CNS websites. Stay tuned for additional communications regarding the Open Payments registration process, which will be forthcoming in AANS and CNS publications.

If you have any questions regarding this or other drug and device issues, please contact Cathy Hill, AANS/CNS senior manager for regulatory affairs, at chill@neurosurgery.org.

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Fraud and Abuse

- **Neurosurgery Submits Comments on OIG EMTALA Proposal**

The Department of Health and Human Services' Office of Inspector General (OIG) recently issued a proposed rule making certain revisions to Medicare's fraud and abuse civil monetary penalty rules. One provision would revise the definition of "responsible physician" under the Emergency Medical Treatment and Labor Act (EMTALA). The AANS and CNS submitted comments urging the OIG to ensure that the new penalty rules remain consistent with current EMTALA regulations and interpretive guidelines. In our comments we noted:

> [I]t is the obligation of the hospital, not the on-call physician, to have an adequate back-up plan in place when the physician is not available to respond for the many legitimate reasons recognized by the EMTALA regulations and interpretive guidelines. From our reading of the proposal, this fact needs to be further clarified when defining "reasonable physician."

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Quality Improvement

- **Neurosurgery Launches Choosing Wisely® Initiative List**

In June 2014, the AANS and CNS released a list of specific tests or procedures that are commonly ordered but not always necessary in neurosurgery as part of Choosing Wisely® , an initiative of the ABIM Foundation. The list identified five targeted, evidence-based recommendations that can support physicians in working with their patients to make wise choices about their care. Neurosurgery's list includes the following five recommendations:

1. Don't administer steroids after severe traumatic brain injury.
2. Don't obtain imaging (plain radiographs, magnetic resonance imaging, computed tomography [CT], or other advanced imaging) of the spine in patients with non-specific acute low back pain and without red flags.
3. Don't routinely obtain CT scanning of children with mild head injuries.
4. Don't routinely screen for brain aneurysms in asymptomatic patients without a family or personal history of brain aneurysms, subarachnoid hemorrhage (SAH) or genetic disorders that may predispose to aneurysm formation.
5. Don't routinely use seizure prophylaxis in patients following ischemic stroke.

To promote this effort, the Washington Office disseminated a press release that generated multiple media hits. Additionally, John K. Ratliff, MD, FAANS, authored a guest blog post, which was featured on Neurosurgery Blog and circulated across neurosurgery's various social media platforms. Neurosurgeons are encouraged to consider these suggestions when evaluating patients in need of neurosurgical services.

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- **Neurosurgery Comments on CMS' Proposed Modifications to the EHR Incentive Program**

In May 2014, the Centers for Medicare & Medicaid Services (CMS) published a proposed rule on modifications to the 2014 Electronic Health Record (EHR) Incentive Program, which seeks to revise the definition of certified EHR technology, provides eligible professionals (EPs) an additional year to upgrade their certified EHRs (CEHRTs) and revises the meaningful use timeline. The proposed rule would allow EPs to use 2011 Edition CEHRT or a combination of 2011 and 2014 Edition CEHRT for the 2014 EHR reporting period to

demonstrate meaningful use. EPs scheduled to begin Stage 2 in 2014 will not be required to begin Stage 2 until 2015 if they attest that they could not fully implement 2014 Edition CEHRT, due to delays in availability of 2014 Edition CEHRT, for the 2014 reporting period. The proposed rule would also revise the meaningful use timeline for Stage 3 to begin in 2017 for EPs. Despite this proposed accommodation, all providers, beginning in 2015, would be required to report using 2014 Edition CEHRT to successfully demonstrate meaningful use. To this end, on July 21, 2014, the AANS and CNS submitted comments which supported this delay and reminded CMS of the continuing lack of interoperability standards and program objectives that are relevant to specialty medicine.

If you have any questions regarding these or other quality-related issues, please contact Rachel Groman, Vice President for Clinical Affairs and Quality Improvement at Hart Health Strategies, via email at rgroman@hhs.com

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Of Note

- **Sylvia Mathews Burwell Confirmed As HHS Secretary**

In June 2014, the Senate voted 78-17 to confirm the nomination of Sylvia Mathews Burwell to become the next Secretary of the Department of Health and Human Services (HHS). Burwell assumed her position on June 9, 2014.

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- **Courts Issue Dueling Rulings on Obamacare Premium Subsidies**

On July 22, 2014, two U.S. appeals courts issued conflicting opinions on health insurance premium subsidies provided to individuals enrolled in federal health exchange plans. In Halbig v. Burwell, the U.S. Court of Appeals for the D.C. Circuit ruled in a 2-1 decision that subsidies or tax credits are only available to individuals enrolled in state exchanges. An estimated 7.3 million people — about 62 percent of those expected to enroll in federal exchanges by 2016 — could lose approximately $36 billion in premium subsidies if this ruling ultimately prevails. The Obama administration has indicated that it will ask the full court for an en banc review. Just two hours after the Halbig decision was announced, the U.S. Court of Appeals for the Fourth Circuit, issued a conflicting opinion in in King v. Burwell, ruling unanimously that people can get insurance subsidies under the Affordable Care Act through exchanges being run by either states or the federal government.

State officials have filed similar lawsuits in Indiana and Oklahoma, but neither case has yet been heard in court. Experts predict that this issue will ultimately be decided by the U.S. Supreme Court.

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- **California's MICRA is Under Attack**

California's Medical Injury Compensation Reform Act, or MICRA, is under attack this fall with a very disingenuous ballot initiative that professes to address issues related to impaired physicians, but is really an effort to gut the state's successful medical liability reform law. Proposition 46 would, among other things, increase MICRA's cap on non-economic damages from $250,000 to more than $1.1 million in 2015. The cap would be tied to inflation and could continue to rise each year thereafter. Despite high-profile support from U.S. Sen. Barbara Boxer (D-Calif.) and House Minority Leader Nancy Pelosi (D-Calif.), the California Democratic Party will remain neutral on Proposition 46.

Organized neurosurgery maintains strong support for MICRA, which, for nearly 40 years, has held down premiums and led to the speedier resolution of true malpractice claims. The AANS and CNS are supporting the "No on 46" initiative.

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Communications

- **Neurosurgery Advocates in the News**

Organized neurosurgery continues to work closely with several healthcare coalitions — including the Partners for Healthy Dialogues initiative — to bring attention to the many benefits of physician-industry collaboration. To this end, on June 3, 2014, The Hill newspaper published an editorial from AANS president, Robert E. Harbaugh, MD, FAANS. The article, "Don't throw the baby out with the bathwater," addresses the notion that collaboration between physicians and industry is essential to improve the diagnosis and treatment of neurosurgical patients.

Additionally, on July 16, 2014, the Bureau of National Affairs (BNA) reached out to the AANS and CNS for our insight on the 2015 Medicare Physician Fee Schedule proposed rule released by the Centers for Medicare & Medicaid Services (CMS). In the BNA Medicare Report article, "Proposed Doctor Fee Schedule Would Change Process for Setting New Payments," Katie O. Orrico, director of the AANS/CNS Washington Office, commented on the proposal to eliminate Medicare's global surgical package. She told BNA that organized neurosurgery has "significant concerns that this approach will result in inappropriate cuts for surgical services." She added, "If CMS decides to move forward, it is essential that we do not lose value in the malpractice component, in particular, as risk is associated with the surgical procedure itself, rather than with the follow-up visits."

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- **AANS and CNS Partners with AdvaMed on Stroke Awareness**

In May 2014, organized neurosurgery partnered with AdvaMed for National Stroke Awareness Month. As a result, Neurosurgery Blog featured a guest post by Wanda Moebius, senior vice president for public affairs at AdvaMed. The post highlighted how medical technology provides life-changing solutions for stroke patients. Additionally, Clemens M. Schirmer, MD, PhD, authored a blog highlighting the important role that neurosurgeons play in the treatment of stroke. It was featured on AdvaMed's website and pushed out through a variety of that trade association's own communication tools; thus allowing us to leverage the public reach of this message.

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- **Neurosurgery Spotlighted in Specialty Medicine On-Call**

In July 2014, the Alliance of Specialty Medicine featured neurosurgery in its summer 2014 e-newsletter On-Call. The publication was circulated to all members of Congress, select media and others. Each issue spotlights a specialty and this issue looks at neurosurgery and concussions; drawing on a previous post we featured on Neurosurgery Blog about this topic. It is yet another way in which we try to get our advocacy messages out to policymakers, media and the general public.

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Subscribe to Neurosurgery Blog Today!

The mission of Neurosurgery Blog is to investigate and report on how healthcare policy affects patients, physicians and medical practice, and to illustrate that the art and science of neurosurgery encompasses much more than brain surgery. Over the past few months, Neurosurgery Blog has ramped up its reporting efforts to include multiple guest blog posts from key thought leaders and members of the neurosurgical community. Listed below are some recent blog posts on topics including the Obama and Ryan budget proposals, medical technology, Independent Payment Advisory Board (IPAB), and healthcare reform in general.

- Right on the Money
- Neurosurgery Meets with Congress during Alliance of Specialty Medicine's Legislative Conference
- Independence Day: New Freedom for those w/ Back Pain
- Neurosurgery Contributes to Choosing Wisely Campaign
- AANS Spotlight: Icons, Inventions and Innovations
- Faces of Neurosurgery: Access Always
- Cross Post: Neurosurgeons Play a Pivotal Role in the Treatment of Stroke

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

- 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.