

**UPDATE**



# neurosurgery

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## **Neurosurgeons Join Alliance of Specialty Medicine in Expressing Serious Concerns About Medicare's New Physician Quality Payment Program**

***Urge Senate Finance Committee to Press CMS to Make Substantial Changes Before Finalizing Payment Overhaul***

Washington, DC—The American Association of Neurological Surgeons (AANS) and Congress of Neurological Surgeons (CNS) joined the [Alliance of Specialty Medicine](#) in expressing concerns about the Centers for Medicare & Medicaid Services' [proposal](#) to overhaul the way Medicare pays physicians at today's U.S. Senate Finance Committee hearing, "Medicare Access and CHIP Reauthorization Act of 2015: Ensuring Successful Implementation of Physician Payment Reforms." The proposed rule implements key elements of the [Medicare Access and CHIP Reauthorization Act](#) (MACRA), which repealed Medicare's sustainable growth rate (SGR) formula and replaced it with a new quality payment program — the Merit-based Incentive Payment System (MIPS) and Alternative Payment Models (APM). The Alliance [submitted a statement](#) for the hearing record.

"MACRA presents an unprecedented opportunity to fix the currently broken and burdensome Medicare quality programs, which have little meaningful impact on quality and have been extremely disruptive to physician practices," remarked Shelly D. Timmons, MD, PhD, chair of the AANS/CNS Washington Committee and a practicing neurosurgeon at Penn State Hershey. "We are pleased that the Senate Finance Committee is conducting this oversight hearing to ensure that CMS implements the new quality payment program as originally envisioned by Congress."

Key points raised in the Alliance statement include:

- CMS should modify the initial start date of MIPS, so physicians and practices have adequate time to prepare for the new program. MIPS should start no earlier than July 1, 2017, allowing CMS to establish a shorter performance period — such as a 6-month performance period — in the first year of the quality payment program.
- CMS should minimize the reporting burden, particularly during the initial transition period, by maintaining the current Physician Quality Reporting System (PQRS) reporting thresholds. Additionally, CMS should retain measures groups.
- There are very few activities that create a pathway for specialists to earn credit for their engagement in clinical practice improvement activities, and it is essential that CMS expand its list of recognized activities for this MIPS category.
- CMS should eliminate the "all or nothing" scoring in the electronic health records (now known as "advancing care information") category.
- The proposed quality program scoring methodology is incredibly complex. CMS should make modifications that would standardize and streamline the system, so it is easily understood by physicians.

Dr. Timmons concluded, "The AANS and CNS recognize the enormity of the task to overhaul the Medicare physician payment system. Nevertheless, it is essential that CMS make substantial changes to the proposed rule and establish the programmatic building blocks that will ensure the quality payment program's success into the future."

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The **American Association of Neurological Surgeons** (AANS), founded in 1931, and the **Congress of Neurological Surgeons** (CNS), founded in 1951, are the two largest scientific and educational associations for neurosurgical professionals in the world. These groups represent over 8,000 neurosurgeons worldwide. Neurological surgery is the medical specialty concerned with the prevention, diagnosis, treatment and rehabilitation of disorders that affect the entire nervous system, including the spinal column, spinal cord, brain and peripheral nerves. For more information, please visit [www.aans.org](http://www.aans.org) or [www.cns.org](http://www.cns.org) or [www.neurosurgeryblog.org](http://www.neurosurgeryblog.org).