



neurosurgery

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Neurosurgeons Join Surgical Community in Opposing Legislation to Repeal Medicare’s Physician Payment System

Letters to House and Senate Committees Raise Concerns with Current SGR Reform Proposal and Urge Delay of Markup

Washington, DC – The American Association of Neurological Surgeons (AANS) and Congress of Neurological Surgeons (CNS) joined 14 other surgical societies in sending letters to the U.S. [Senate Finance](#) and [House Ways and Means](#) Committees opposing the their proposed legislation to repeal and replace Medicare’s flawed sustainable growth rate (SGR) physician payment formula.

While organized neurosurgery greatly appreciates the efforts by both committees to repeal the SGR, the AANS and CNS cannot support the “SGR Repeal and Medicare Beneficiary Access Improvement Act of 2013” in its current form for several critical reasons:

- **Payments to physicians will be frozen for ten more years** — coming on the heels of more than a decade of flat Medicare pay rates. Over this same time frame, practice costs will have risen by nearly 50 percent and physicians simply cannot continue to stay in practice under these circumstances.
- **Creating a new budget-neutral, tiered quality payment program is unacceptable.** Improving quality in healthcare must be a collaborative process and not a head-to-head competition. Tournament style performance rankings that measure an individual’s performance relative to others, instead of recognizing personal achievement or the attainment of certain thresholds regardless of how others perform is not only unfair, but ultimately will ensure that physicians become competitors, rather than collaborators, on quality improvement.
- **A viable fee-for-service system is not assured.** While we understand that policymakers favor moving to a new value-based purchasing payment system, such an approach will not work for all physicians and patients. It is essential that a *viable* fee-for-service option remain in place, which is not achieved with pay freezes and additional cuts under the proposed pay-for-performance scheme.
- **Targets for misvalued services are unnecessary.** The AMA/Specialty Society RVS Update Committee (RUC) — led by physician experts, rather than Washington bureaucrats — is already engaged in a multi-year program to identify misvalued services. Through this program, neurosurgery and other specialties have experienced significant reductions. Additional cuts — which, according to the draft could be as high as 20 percent — would severely affect patient access to neurosurgical care.

“The time to fix the flawed SGR is long overdue, but to hastily pass legislation that contains many unresolved and controversial issues doesn’t fix the problem,” said Dr. John A. Wilson, a neurosurgeon from Winston-Salem, NC and chairman of the AANS/CNS Washington Committee. “Therefore, we are urging the committees to postpone the markup of the current legislation until early 2014 so we can continue to work with the committees to improve it.”

In the interim, neurosurgery supports passage of a short term “bridge” to prevent the looming 24 percent Medicare pay cut and allow for the additional time needed to continue work on the permanent SGR replacement policy to ensure we achieve an appropriate new payment policy that works for all patients and physicians.

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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 or www.cns.org or www.neurosurgeryblog.org.