



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

■ Congress Holds Multiple Hearings on Medicare Physician Payment

During the month of July, multiple congressional committees conducted hearings pertaining to Medicare physician payment reform. First out of the box was the Senate Finance Committee, which held the third of a series of payment reform-related hearings on July 11, 2012. Entitled "[Medicare Physician Payments: Perspectives from Physicians](#)," the hearing sought input from physicians on potential replacements for the current Medicare physician payment sustainable growth rate (SGR) system. Chairman Max Baucus (D-MT) said the committee will have to act one way or another to avoid the 27 percent cut in 2013 Medicare physician payments and "improving the physician payment system is no easy task."

On July 18, 2012, the House Energy and Commerce Health Subcommittee held a hearing entitled "[Using Innovation to Reform Medicare Physician Payments](#)." This hearing explored possible options for how innovative payment and delivery models from the private sector can be adopted to reform Medicare's current physician payment system. Additionally, Energy and Commerce Health Subcommittee Vice Chair Rep. Michael Burgess (R-TX) announced his newly introduced legislation, "[Assuring Medicare Stability and Access for Seniors Act of 2012](#)" (H.R. 6142). This bill would delay the pending 27 percent Medicare physician pay cut by one year. Rep. Burgess acknowledged that this is only a temporary solution, but he noted that this would give Congress time to further develop options for replacing the SGR.

Finally, on July 24, 2012, the House Ways and Means Health Subcommittee held a hearing entitled "[Physician Organization Efforts to Promote High Quality Care and Implications for Medicare Physician Payment Reform](#)." At the hearing, physician organizations focused their testimony on quality improvement and ways to reform the payment formula so that quality, efficiency, and patient outcomes are accounted for in a fair and fiscally responsible manner. Health Subcommittee Chairman Wally Herger (R-CA) said that "this committee must do more than just repeal the SGR. Many are concerned about the lack of alignment of incentives and programs such as E-prescribing, meaningful use of electronic health records, and the use of value-based modifiers." In late May, the AANS and CNS submitted [comments](#) regarding Medicare reform to the Ways and Means Committee.

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■ Alliance of Specialty Medicine Hosts Successful Capitol Hill Advocacy Conference

Last 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, the Alliance heard presentations from, and exchanged ideas with, House and Senate healthcare policy leaders and the Centers of Medicare and Medicaid Services (CMS). Congressional speakers included Senators Rand Paul, MD (R-KY); and Pat Roberts (R-KS); and Representatives Michael Burgess, MD (R-TX); Jim Matheson (D-UT); Frank Pallone (D-NJ); and Tom Price, MD (R-GA). Michael Wroblewski appeared on behalf of CMS.

Conference participants also went to Capitol Hill to meet with their own Members of Congress to discuss important healthcare issues. These advocacy topics included repealing the Independent Payment Advisory Board (IPAB), adopting medical liability reform, delaying implementation of Medicare's Value-Based Payment Modifier Program, and advocating for fair Medicare physician reimbursement by repealing the flawed sustainable growth rate (SGR) formula and allowing patients and physicians to privately contract without penalty.

Neurosurgery's conference attendees included AANS/CNS Washington Committee Chairman Alex B. Valadka, MD, FAANS, FACS; AANS President-Elect William T. Couldwell, MD, PhD, FAANS; NeurosurgeryPAC Board Member Mark Spatola, MD, FAANS; and Zachary Litvack, MD. Together, they met with dozens of congressional offices on behalf of organized neurosurgery and the Alliance.

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NeurosurgeryPAC

■ **November Elections Are Just Around the Corner – Contribute to NeurosurgeryPAC Today**

With the November elections just around the corner, NeurosurgeryPAC will launch its Election-Year Fundraising Drive to raise money to support pro-neurosurgery candidates running for the U.S. House and Senate. As of July 27, 2012, your PAC has raised a total of \$197,050 – thank you contributors! That said, we still have not achieved our \$250,000 fundraising goal for the year. Time is of the essence, so please DONATE TODAY so NeurosurgeryPAC can maximize these resources to continue to make progress on the key advocacy priorities. Contributing is easy with our [online donation option](#).

[Click here](#) for more information on the NeurosurgeryPAC, and [click here](#) to read about your NeurosurgeryPAC in action. Thanks to all those who have [contributed](#) to NeurosurgeryPAC.

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 U.S. 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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■ **NeurosurgeryPAC Display Travels across America**

Introduced at the AANS Annual Scientific Meeting in Miami earlier this year, NeurosurgeryPAC's travel display has been working its way across the country. Recently, it was displayed at the Neurosurgical Society of Alabama, Georgia Neurosurgical Society and Pennsylvania Neurological Society meetings, and it is off to Florida and Tennessee later this month. The tabletop-size travel PAC display can be sent to any state or regional neurosurgical society meeting to raise awareness about NeurosurgeryPAC and organized neurosurgery's advocacy efforts. Societies interested in the NeurosurgeryPAC display for your meetings should contact Adrienne Roberts at ARoberts@neurosurgery.org or (202) 446-2029; the display, PAC contribution envelopes and other information will be sent to you at no cost.

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Coding and Reimbursement

■ **CMS Issues 2013 Medicare Physician Fee Schedule Proposed Rule**

On July 6, 2012, the [Centers for Medicare and Medicaid Services \(CMS\)](#) issued

the 2013 Medicare Physician Fee Schedule (MPFS) Proposed Rule. Following the comment period, the final fee schedule regulation will take effect on Jan. 1, 2013. Overall, neurosurgical reimbursement is expected to drop by 1 percent in 2013. It should be noted, however, that this payment reduction does not include any cuts related to Medicare's sustainable growth rate (SGR) system. Absent Congressional action, SGR-related cuts are estimated to be 27 percent.

The proposal contains several provisions related to payment policies that are of interest to neurosurgeons. In addition, the regulation proposes changes to several of the quality reporting initiatives that are associated with MPFS payments, including the [Physician Quality Reporting System](#) (PQRS), the [Electronic Prescribing \(eRx\) Incentive Program](#) and Medicare's [Physician Compare](#) tool. Finally, the proposed rule includes recommendations for developing and implementing the [Physician Value Based Payment Modifier Program](#), which is required by the Affordable Care Act (ACA). This new Value Modifier is "budget neutral" and will adjust payment rates to physicians based on the quality and cost of care they furnish to beneficiaries enrolled in traditional Medicare fee-for-service.

[Click here](#) for a summary of the proposed regulation. Additionally, to review the entire proposed rule, visit the [CMS website](#).

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■ **Washington State Reviews Stereotactic Radiosurgery Coverage Policy**

The [Washington State Health Care Authority](#) (HCA) Health Technology Clinical Committee (HTCC) is in the process of reviewing [coverage policy](#) for stereotactic radiosurgery (SRS) and stereotactic body radiotherapy (SBRT). On July 2, 2012, the AANS and CNS submitted [comments](#) on "key questions" that will be used in the development of a technical assessment of these procedures. A draft technical assessment is planned for public posting on Aug. 31, 2012, and a 30-day comment period will be provided. The AANS and CNS are working with the Washington State Association of Neurological Surgeons to respond to coverage issues proposed by the HCA.

If you have any questions regarding these or other coding and reimbursement issues, please contact Cathy Hill, AANS/CNS Senior Manager for Regulatory Affairs, at chill@neurosurgery.org.

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Quality Improvement

■ **Neurosurgery Aims to Make Meaningful Use Less Burdensome for Small Practices**

The burdens of meeting Medicare's meaningful use requirements for the [Electronic Health Record \(EHR\) Incentive Program](#) are increasingly apparent – particularly for smaller medical practices. In an effort to address these burdens, the AANS and CNS are collaborating with the American College of Surgeons and other medical groups to seek relief. To this end, the medical societies recently [sent a letter](#) asking Congress to create a small practice exemption from Medicare's EHR program penalties, prohibit the application of Medicare penalties to physicians who successfully participate in the Medicaid EHR program and eliminate the application of penalties for those physicians who are nearing retirement. Additionally, the letter urged Congress to require that Centers for Medicare and Medicaid Services align the reporting and penalty years closer to one another to minimize the lag time between the two phases. Currently, to avoid the 2015 penalty, neurosurgeons must adopt electronic health records and comply with meaningful use requirements by 2013. For more information, please contact Koryn Rubin, AANS/CNS Senior

Manager of Quality Improvement, at krubin@neurosurgery.org.

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Academic Medical Issues

■ American College of Surgeons Updates Surgical Workforce Maps

The American College of Surgeons' (ACS') [Health Policy Research Institute \(HPRI\)](#) recently released [updated maps](#) that illustrate the distribution of surgeons across the U.S. The maps evaluate the surgical workforce per 100,000 population in 2006 and 2011. They also track both the "absolute" and "percentage" change in surgeons per population for the same period. According to the ACS HPRI, the data are reflective of all 3,107 counties in the U.S., and similar maps for surgical subspecialties will be added later this year. Finally, the ACS HPRI is working to distribute an updated [Surgery Workforce Atlas](#), which is a Web-based set of county and state maps developed to help physicians, policymakers, and patients anticipate the current and future distribution of surgeons, and identify places with limited access to surgical services.

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Of Note

■ Missouri State Supreme Court Overturns Medical Malpractice Caps

On July 31, 2012, the Missouri State Supreme Court overturned the state's \$350,000 limit on noneconomic damages awarded in malpractice suits. The damage caps were a cornerstone of its 2005 medical liability reform law. The state's highest court ruled 4-3 in [Watts v. Cox Medical Center](#) that limits on noneconomic damages were unconstitutional according to the Missouri constitution because they violated a citizen's right to a jury trial. In making this ruling, the court overruled its own 1992 decision that upheld the constitutionality of limits on noneconomic damages in medical malpractice cases, stating that the precedent was flawed in its reasoning. This time around, the justices pointed to similar cases in other states, including Florida and Washington, where courts overturned caps on medical malpractice damage awards.

The [Missouri State Medical Association \(MSMA\)](#) condemned the ruling, noting that it "eviscerates one of the nation's most successful tort reform laws." MSMA noted that since the cap on noneconomic damages went into effect, the number of lawsuits filed against physicians has dropped by nearly 58 percent, the state has added 1,000 physicians, and medical liability insurance premiums have decreased by \$27 million.

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Communications

■ Neurosurgery Joins the Public Affairs Council to Strengthen Digital Advocacy Efforts

In yet another move to expand organized neurosurgery's communications program and increase our reach to external audiences – particularly those in the Washington, D.C., digital advocacy arena – the AANS and CNS recently joined the [Public Affairs Council](#), a nonpartisan, nonpolitical association for public affairs professionals. Through the Council, more than 600 member

companies and associations work together to enhance the value and professionalism of the public affairs practice, and to provide thoughtful leadership as corporate citizens.

On July 24, 2012, AANS/CNS Washington Office staff participated – alongside other key digital advocacy players – in the Council's Social Media Advocacy Summit. Importantly, this summit meeting allowed neurosurgery to engage with top individuals from Twitter, Facebook, Google, and digital communications staff from the offices of House Speaker John Boehner (R-OH) and Democratic Whip Steny Hoyer (D-MD). Throughout the conference, we provided live updates through the Washington Office's [@Neurosurgery](#) Twitter account, reaching thousands of people over the course of the day.

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
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