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

- **White House Releases Detailed Report on Budget Sequestration Cuts; AANS/CNS Urge Congress to Prevent Medicare Cuts**

  Last year, Congress passed the Budget Control Act (BCA), which, starting Jan. 1, 2013, requires $1.2 trillion in federal spending cuts over the next 10 years. While certain programs were spared (e.g., Social Security), unless Congress intervenes to prevent them, federal healthcare programs will see significant reductions. Earlier this summer, Congress also passed the Sequestration Transparency Act, which required President Obama to release a report specifying in detail how these cuts will be made. The full report is available here.

  Under the sequester, Medicare spending will bear the brunt of the hit; however, medical research, public health programs and some Affordable Care Act (ACA) initiatives also will experience reductions. Cuts totaling $11.6 billion will affect both mandatory and discretionary spending in Medicare Parts A, B, and the prescription drug program. The report also outlines deep reductions in other healthcare programs, including the National Institutes of Health, which will suffer a $2.5 billion cut. The ACA's state insurance exchange grants and Prevention and Public Health Fund will be trimmed, as well. The subsidies to help people get coverage in the exchanges — which won't begin until 2014 — aren't affected. The cuts will escalate each year, reaching approximately $16.4 billion in 2021.

  On Sept. 12, 2012, prior to the release of the White House's report, the AANS and CNS joined the AMA and more than 100 state medical and national specialty societies in sending a letter to Congress urging lawmakers to prevent the two percent Medicare cut required under the BCA as well as the 27 percent SGR-related cut that also will go into effect Jan. 1, 2013. Congress will address both of these issues when it convenes the lame duck sessions following the November elections.

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- **Institute of Medicine Releases New Report on Healthcare Reform**

  On Sept. 6, 2012, the Institute of Medicine (IOM) released a new report entitled "Best Care at Lower Cost: The Path to Continuously Learning Health Care in America." The report reinforces current themes in healthcare delivery reform, including the need for improved data collection and sharing mechanisms; improved patient-centered care/decision making; improved mechanisms for clinical decision support; and payment for quality/outcomes. The report was generated by a committee that included representatives from third-party payers, healthcare delivery systems, business, industry and consumers, and the recommendations in the report stand a good chance of being implemented (many already have been) over time. Unfortunately, the report does not reflect meaningful physician or other provider input.

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- **Please Tell Us About your Neurosurgical Advocacy Needs**

With the national elections heading into the homestretch, a little more than 30 days remain before our country chooses its next leaders in Washington, D.C., and in your own state and local governments. The stakes are as high as ever, and it is critical that organized neurosurgery is ready to hit the ground running in 2013 when these policymakers take office. Decreasing reimbursement, medical liability reform, unfair third-party payer policies, oppressive state and federal government regulations, and healthcare-reform implementation and refinement are but a few of the challenges facing our specialty.

Please take a few moments to complete a brief survey to help the AANS and CNS better assess your advocacy needs. In today's healthcare environment, being prepared may be our best chance to deal with all its "unknowns," so it is important for us to have member feedback. Thank you in advance for taking a few moments to respond to this important survey. You won't regret your time commitment.

Click here to access the survey.

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NeurosurgeryPAC

- **November Elections are One Month Away – Contribute to NeurosurgeryPAC Today**

As of Sept. 18, NeurosurgeryPAC has raised a total of $257,900 from 303 contributors in 2012. Combined with the $251,075 raised in 2011, NeurosurgeryPAC raised a total of $508,975 in this election cycle — a four percent increase over the 2010 cycle. With the November elections a month away, NeurosurgeryPAC continues to raise money to support pro-neurosurgery U.S. House and Senate candidates, so it isn't too late to DONATE. With your help, NeurosurgeryPAC will be able to 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 to read more 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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Coding and Reimbursement

- **AANS/CNS Comment on 2013 Medicare Physician Fee Schedule Proposed Rule**

On Sept. 4, 2012, the AANS and CNS submitted comments on a number of payment and quality reporting provisions of interest to neurosurgeons included in the 2013 Medicare physician fee schedule proposed rule. Most of the provisions, if finalized, will take effect Jan. 1, 2013. A complete summary of the rule is available here. Overall, neurosurgical reimbursement is expected to drop by one percent in 2013, due primarily to increased payment for care

coordination to primary care physicians. It should be noted, however, that this payment reduction does not include any cuts related to Medicare's sustainable growth rate (SGR) system or the budget sequester. Absent Congressional action, these cuts are estimated to be 29 percent.

In terms of the quality-related provisions, neurosurgeons should note that starting in 2015, physicians who do not successfully participate in the Physician Quality and Reporting System (PQRS) will receive a two percent payment cut. The rule also sets out CMS' proposed framework and timeline the agency intends to use for the budget neutral Value-Based Payment Modifier (VBPM). The VBPM would apply to the payments of group practice with 25 or more eligible professionals (including physicians, nurses and physician assistants) starting in 2015 and to all physicians by 2017. Any payment adjustment will be applied to 2015 and 2016 Medicare payments, respectively. The AANS and CNS have many concerns about this fee-adjuster, and we will continue to advocate for changes to the program.

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- **CMS Delays ICD-10 Implementation**

At the request of the AANS, CNS and other medical groups, on Sept. 5, 2012, the Center for Medicare and Medicaid Services' (CMS) issued a final rule announcing a one-year delay for implementing the ICD-10 diagnosis and procedure codes. The new compliance date is Oct. 1, 2014. In addition to supporting a delay, the AANS and CNS recommended that CMS seriously consider eliminating ICD-10 altogether and move forward to implement the improved ICD-11 system, which will be adopted worldwide in a few years. Unfortunately, CMS did not agree to bypass ICD-10, stating that the financial investment in implementation of that version was too great. More information on ICD-10 is available here.

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- **Medicare Accepts AANS/CNS Spine Coding Recommendation**

The AANS and CNS recently objected to a proposed Medicare policy that would prohibit the reporting of CPT code 63075 with CPT Code 63078. On Sept. 14, 2012, staff from Medicare's National Correct Coding Initiative (NCCI) sent a letter to the AANS and CNS stating that they had accepted the recommendation of organized neurosurgery and would not implement the proposal. A copy of the letter is available here.

The NCCI program was established in 1996 to prevent improper Medicare payment. The NCCI includes two types of coding edits. One set – the comprehensive/component edits – identifies code pairs that should not be billed together because one service inherently includes the other. The second type – the mutually exclusive edits – identifies code pairs that, for clinical reasons, are unlikely to be performed on the same patient on the same day. Organized neurosurgery is periodically asked to comment on edits as they pertain to neurosurgical procedures. More information on NCCI is available on the CMS website.

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

Medicare to Penalize Hospitals for Excess Readmissions

Starting in Oct. 2012, more than 2,000 hospitals will forfeit approximately $280 million in Medicare reimbursement over the next year due to unacceptably high readmission rates. The penalties, authorized by the Affordable Care Act (ACA), are part of a multipronged effort by Medicare to use its financial power to force improvements in hospital quality and one of several efforts by the government to start paying healthcare providers based on the quality of care they provide. According to a recent report, the penalties will fall heaviest on hospitals in New Jersey, New York, the District of Columbia, Arkansas, Kentucky, Mississippi, Illinois and Massachusetts. Hospitals that treat the most low-income patients will be hit particularly hard. To view a list of hospitals and how the penalty will apply, click here.

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CMS Releases 2013 Hospital Inpatient Rule; Expands Quality Program

The Center for Medicare and Medicaid Services' (CMS') Hospital Inpatient Prospective Payment System (IPPS) final rule implements significant elements of the Affordable Care Act's (ACA) hospital value-based purchasing (VBP) and hospital readmissions reductions programs. The VBP program will adjust hospital payments beginning in FY 2013, and annually thereafter, based on how well hospitals perform or improve their performance on a set of quality measures. The Inpatient Quality Reporting (IQR) program also is strengthened under the final rule. Over neurosurgery's and others' objections, CMS will continue to move forward with measures related to hospital uses of safe surgery checklists and measures associated with readmissions. The final rule also increases the number of quality measures hospitals will need to report in FY 2013.

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CMS Releases Stage 2 EHR Incentive Final Rule

On Aug. 23, 2012, the Center for Medicare and Medicaid Services (CMS) finalized its Stage 2 Electronic Health Record (EHR) final rule. On a positive note, after numerous complaints by the physician community, CMS has finalized its proposal to delay the start of stage 2 until 2014; originally, it was slated to start in 2013. Much to neurosurgery's dismay, however, the rule mandates that physicians must meet a larger number of core objectives during this phase of the three-stage program. Physicians also must adopt and demonstrate meaningful use of EHR systems by Oct. 1, 2014, or they face a one percent cut in Medicare payments.

The AANS and CNS continue to work collaboratively with specialty societies to engage the administration to achieve a more reasonable approach to incentivizing the use of health information technology. In the meantime, more information about Medicare's EHR program, including the Stage 2 final rule, is available on CMS' website at http://go.cms.gov/Jq0GTf. In addition, the American Medical Association has developed a detailed summary of the rule and side-by-side analysis of Stage 1 versus Stage 2.

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Neurosurgeon Appointed to AHRQ Quality Indicators Panel

Congratulations to Jeffrey W. Cozzens, MD, FAANS, FACS, who recently was selected as an expert panelist to serve on the Agency for Healthcare Research

and Quality's (AHRQ) ICD-10-CM/PCS Quality Indicators (QI) Neurology Group. The workgroup process will lead to recommendations regarding how the existing AHRQ QIs should be re-specified using the new ICD–10–CM/PCS codes.

For more information about any of the aforementioned quality improvement topics, please contact Koryn Rubin, AANS/CNS Senior Manager of Quality Improvement, at krubin@neurosurgery.org.

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Drugs and Devices

- **Neurosurgery Comments on FDA Review of Cervical Spine Screws**

On Sept. 21, 2012, William C. Welch, MD, FAANS, FACS, FICS, represented organized neurosurgery at a meeting of the Food and Drug Administration's (FDA) Orthopaedic Devices Panel. The panel meeting was convened in response to a petition filed by the Orthopaedic Surgical Manufacturers Association (OSMA) regarding the classification of posterior cervical screws, including pedicle and lateral mass screws. The AANS and CNS sent a letter to the FDA on Aug. 28, 2012, requesting that posterior cervical screws, including pedicle and lateral mass screws, remain FDA Class II devices and recommending that the manufacturers provide data to the FDA for indications of on-label use of these screws used in the posterior cervical spine. Dr. Welch highlighted the key points in the letter at the meeting. More information on this topic is available here.

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Academic Medical Issues

- **New Legislation Increases Number of GME Slots by 15K Over Five Years**

On Aug. 2, 2012, Reps. Aaron Schock (R-IL) and Allyson Schwartz (D-PA) introduced bipartisan legislation to address the physician shortage facing the U.S. The Physician Shortage Reduction and Graduate Medical Education Accountability and Transparency Act H.R. 6352) would increase the number of Medicare-supported medical residency slots by 15,000 over the next five years. Concerns of a physician shortage intensified with passage of the Affordable Care Act (ACA), which will increase the number of people seeking medical care. The legislation would produce 4,000 more physicians per year — about a third of the estimated number needed to avert the shortage. It also would establish measures that show how well residency programs meet a number of objectives, including training doctors in a variety of both in-patient and out-patient settings, using health information technology, and working in interdisciplinary teams.

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- **IOM GME Committee Holds First Meeting**

Pursuant to a Congressional request in December 2011, the Institute of Medicine (IOM) has launched a review of the graduate medical education (GME) system. An IOM committee has been convened to: (1) assess current regulation, financing, content, governance and organization of U.S. graduate medical education (GME), and (2) recommend how to modify GME to produce a physician workforce for a 21st century U.S. healthcare system that provides high-quality preventive, acute and chronic care, and meets the needs of an aging and more diverse population. Information about the study is available at

http://bit.ly/HMpyZf.

The study began on June 1, 2012, and the committee held its first meeting in early September 2012. Most of this initial two-day meeting was closed to the public, but the committee did convene a brief open session that included representatives from the Centers for Medicare & Medicaid Services (CMS), Health Resources & Services Administration (HRSA), Department of Veterans' Affairs (VA) and Department of Defense (DOD). In addition, a panel of seven congressional staff members also presented their views on GME. Click here for the public meeting agenda.

The study is funded for 16 months, and public hearings will be held Dec. 20-21. Organized neurosurgery has requested the opportunity to appear before the committee, and will present detailed testimony on our views and recommendations about residency training.

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Of Note

- **The Mark Levin and Jeff the 'Brain Surgeon' Saga Continues**

In November 2011, an individual claiming to be a "brain surgeon" called into the Mark Levin radio program and declared that while he was attending a neurosurgical meeting in Washington, D.C. (we believe he was referencing last October's Congress of Neurological Surgeons' Annual Meeting), he learned that the Obama Administration was planning to restrict the availability of advanced neurosurgical care for individuals over the age of 70. The individual, who identified himself as a brain surgeon named "Jeff," claimed that a document was circulated at this meeting stating that individuals over the age of 70 who come to an emergency room and are on government-supported healthcare will only get "comfort care."

Immediately after this program aired, the AANS and CNS investigated the claims made by this individual and found them to be totally false. In addition, we were able to ascertain that the individual is not a neurosurgeon, but rather is an interventional neuroradiologist. We published several statements condemning the false assertions and, ultimately, issued a press release that was picked up by numerous media and other outlets that ran stories clarifying that the assertions by "Jeff" were in fact false.

In the past month, the AANS and CNS Washington Office has seen an increased amount of traffic about this phone call, which we believe is likely due to the pending presidential elections in November. We have posted a Neurosurgery Blog post to reiterate the facts.

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Communications

- **Neurosurgery Blog: More Than Just Brain Surgery Goes Live**

On Sept. 10, 2012, Neurosurgery Blog officially went live. 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. In our first blog posts, we have blogged on topics such as the SGR, the Independent Payment Advisory Board (IPAB), medical liability reform and health reform in general. We invite you to visit the blog and subscribe to it so that you can keep your pulse on the many health-policy activities happening in the nation's capital. Neurosurgery Blog's recent posts include:

Mark Levin, Jeff the "Brain Surgeon" and the Big Lie
- Patients Are Not a Piece of Cheesecake
- Health Reform 2.0
- Welcome to Neurosurgery Blog

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.