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 Supports SGR Transition Plan**

It is no secret that Congress has employed 16 temporary fixes to override Medicare's sustainable growth rate (SGR) pay cuts over the last 10 years. The time for a permanent, workable and sustainable solution is therefore long overdue. To that end, neurosurgery recently joined with the American Medical Association (AMA) and more than 100 state and national medical societies in providing Congress with a set of driving principles and core elements for transitioning to a higher-performing Medicare program. The principles are intended to serve as a foundation for a transition plan, which focuses on the need for successful delivery reforms that address patient needs and choice, investment and support for physician infrastructure, and payment updates that reflect changes in practice costs and progress on improvements. Importantly, the principles respect the concept that one size does not fit all, noting that new delivery systems must "reflect the diversity of physician practices and provide opportunities for physicians to choose payment models that work for their patients, practice, specialty and region." In addition, the principles "recognize the central role of the profession in determining and measuring quality," and that physicians should be credited for participating in specialty society initiatives. Neurosurgery's own NeuroPoint Alliance (NPA) and National Neurosurgical Quality and Outcomes Database (N^2QOD) are perfect examples of how our specialty is working to provide neurosurgeons with the tools to demonstrate the quality of care that they provide to their patients.

Unless Congress acts soon, physicians face a 26.5 percent Medicare SGR-related pay cut on Jan. 1, 2013. An additional two percent cut will result from the automatic budget sequestration, unless overridden by legislation. Congress is currently holding a lame-duck session to resolve these and other issues.

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- **Neurosurgeons Make Their 'Mark' at AMA Meeting**

The 2012 Interim Meeting of the American Medical Association (AMA) just concluded, and once again, neurosurgery's small, but mighty, delegation made its mark. In recognition of his longstanding service to his patients and the profession, the AMA honored one of neurosurgery's own — Mark J. Kubala, MD, FAANS — with its Distinguished Service Award. In addition, the AMA House of Delegates considered several key reports and resolutions of interest to neurosurgery on such topics as Medicare reform, sequestration budget cuts, ICD-10 coding, Medicare quality and resource reports, electronic health records, and expanding Medicaid eligibility. Below is a brief overview of the actions taken on these topics:

- Strengthening Medicare for Current and Future Generations. The House of Delegates unanimously adopted policy (in line with neurosurgery's own views) calling for the modernization of Medicare from a defined benefit to a defined contribution program. Such a program would enable

beneficiaries to purchase coverage of their choice from among competing health insurance plans, while preserving traditional Medicare as one option. The government's contribution should vary based on beneficiary age, income and health status, with lower income and sicker beneficiaries receiving larger contributions. Any efforts to strengthen the Medicare program must also ensure that mechanisms are in place for financing graduate medical education to ensure an adequate supply of physicians to care for all Americans. Additionally, the AMA reaffirmed its policies supporting Medicare private contracting and balance billing.

- Sequestration Budget Cuts. Emerging from its meeting, the AMA will urge Congress to develop a fiscally responsible alternative that would prevent the automatic budget sequestration cuts — which would endanger critical programs related to medical research, public health, workforce, food and drug safety, and health care for uniformed service members, as well as trigger cuts in Medicare payments to graduate medical education programs, hospitals, and physicians that will endanger access to care and training of physicians.
- Eliminating ICD-10. Physicians attending the meeting passionately expressed their belief that implementation of the new ICD-10 coding system will create unnecessary and significant financial and workflow disruptions for physicians, especially at a time when physicians are in various stages of trying to implement electronic health records into their practices. The House of Delegates therefore voted to "vigorously advocate that the Centers for Medicare & Medicaid Services (CMS) eliminate the implementation of ICD-10." The AMA will immediately reiterate to CMS and Congress that the burdens imposed by ICD-10 will force many physicians in small practices out of business.
- Medicare Quality and Resource Use Reports. Recognizing the many flaws with Medicare's current Quality and Resource Use Reports (QRURs), the House of Delegates voted to continue to work with CMS to improve the design, content and performance indicators included in the physician QRURs, so that the reports reflect the quality and cost data associated with calculating the Value-Based Payment Modifier (VBPM). Moreover, the AMA will continue to seek to delay implementation of the VBPM program.
- Medicare Penalties for Non-Adoption of EHR. The AMA reaffirmed its existing policy, strongly expressing that penalties should be removed from Medicare's electronic health record (EHR) programs, positive incentives are needed, and funds should be provided to physicians to cover all costs of implementation and maintenance of EHR systems.
- Medicaid Expansion. If asked by a state medical society, the AMA will work with state and specialty medical societies to advocate at the state level to expand Medicaid eligibility to 133 percent of the Federal Poverty Level as authorized by the Affordable Care Act (ACA).

Click here for full details from the meeting.

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Neurosurgery Urges Congress to Repeal Medical Device Tax

On Nov. 13, 2012, the AANS and CNS joined more than 800 medical device companies and organizations in sending a letter to Senate Majority Leader Harry Reid (D-NV), Assistant Majority Leader Richard Durbin (D-IL), Minority Leader Mitch McConnell (R-KY) and Assistant Minority Leader Jon Kyl (R-AZ). The letter stressed that as "Congress explores policies to grow the economy and encourage job creation and innovation, we respectfully request that you add the repeal of the medical device excise tax to your list of priorities that should be acted on this year." The groups emphasized that implementation of the $30 billion excise tax will adversely affect patient care and innovation, and will substantially increase the costs of health care. A study by the Advanced Medical Technology Association (AdvaMed) on the cost of the excise tax on the medical device industry found that "the tax could reduce employment in the industry by cutting back on the demand for medical devices and by encouraging American firms to shift production overseas."

Last July the House of Representatives passed H.R. 436, the "Health Care Cost Reduction Act of 2012," which would repeal the medical device tax, but the Senate has yet to consider the matter.

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- **Neurosurgery Meets with GAO Staff on Trauma Care**

On Nov. 7, 2012, organized neurosurgery's staff, along with several other organizations, met with Shana Deitch, MPH, Senior Health Care Analyst with the Government Accountability Office (GAO) to discuss an upcoming GAO report on trauma-EMS systems. This report is a result of a request letter submitted in January 2012 by Reps. Fred Upton (R-MI) and Henry Waxman (D-CA), Chair and Ranking Member of the House Energy & Commerce Committee, to conduct a study on the availability, capacity and preparedness of health systems to provide surge capacity to address public health emergencies. This will include ambulatory, hospital, emergency and trauma care systems. The GAO currently is analyzing how best to complete this study under the current fiscal constraints and lack of available state data. This data collection will take some time, but GAO expects to complete the study by spring of 2013.

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NeurosurgeryPAC

- **Election Update – No Changes in the Balance of Power; NeurosurgeryPAC Posts Election Successes**

Status quo. Déjà vu. After billions of dollars were spent on the campaigns of 2012, these phrases best describe the outcome of the 2012 elections. President Barack Obama was reelected; the Democrats retained control of the Senate, actually gaining two seats in a year in which they should have, by all accounts, lost control of the Senate to Republicans; and the Republicans will continue to control the House of Representatives, albeit by a slightly smaller majority. The country remains as divided as ever, and no one party or branch of government was handed a clear mandate for governing for the next two to four years.

Neurosurgery scored many key victories, with 87 percent of NeurosurgeryPAC-backed candidates winning their general election bids (as compared to 89 percent in the 2010 election cycle). The overall success rate, including primary and general elections, was 85 percent (as compared to 84 percent in 2010). As of this writing, one race in which NeurosurgeryPAC was involved — Rep. Charles Boustany, MD (R-LA), and David Rouzer (R-NC) — was still undecided.

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- **Congratulations to the 2012 Leibrock State Leadership Award Winners**

At the October CSNS Meeting, the Leibrock State Leadership Award was presented to California and Mississippi. California won the award for highest total contributions made to the PAC, and Mississippi won for the highest percentage of contributions. Congratulations to both of these states!

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New NeurosurgeryPAC Board Members Selected

During its meeting at the CNS Annual Meeting in Chicago, NeurosurgeryPAC Board Members voted to approve two additional positions on the Board for young neurosurgeons who have shown an interest in advocacy and political affairs. Krystal L. Tomei, MD, MPH, and Carrie R. Muh, MD, MS, were nominated and approved by the Board.

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There's Still Time to Donate in 2012

For those members who have not yet done do so, there still is time to contribute to NeurosurgeryPAC in 2012! Your continued support has been instrumental in helping achieve recent legislative successes such as the repeal of the Independent Payment Advisory Board (IPAB) and adoption of federal medical liability reform in the House of Representatives. Please donate to the PAC so we can continue making progress on the advocacy front. Contributing is easy with our new online donation option.

As of Nov. 16, 2012, NeurosurgeryPAC has raised a total of $280,875 from 335 contributors in 2012. Combined with the $251,075 raised in 2011, NeurosurgeryPAC has raised a total of $531,950 in this cycle, exceeding our goal by more than $30,000 — an 8.7 percent increase from the 2010 cycle. Thanks to all those who have contributed to NeurosurgeryPAC. Click here for more information on the NeurosurgeryPAC, and read more about your NeurosurgeryPAC in action.

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

Know Your Medicare Participation Options

It is that time of year when neurosurgeons may wish to consider whether or not to participate in Medicare. There are three basic contractual options for physicians:

- Sign a Medicare participation agreement. Participating physicians agree to accept Medicare's allowed charge as payment in full for all of their Medicare patients.
- Elect non-participation. Non-participating physicians may, on a case-by-case basis, either accept the Medicare rate (which is set at 95 percent of the PAR amount) as payment in full or balance bill patients up to 115 percent of the non-PAR rate.
- Become a privately contracting physician. Physicians who elect this status must opt-out of the Medicare program for two full years, and their Medicare patients are responsible for paying for any services provided by their physician under a private contract.

Neurosurgeons will have until Dec. 31, 2012, to modify their status with the Medicare program. Any change in status will be effective Jan. 1, 2013. To help physicians decide which option best meets their individual needs, the AMA has prepared a "Medicare Participation Kit."

Editor's Note: The AANS and CNS do not endorse, encourage or support one particular Medicare option over another. It is up to individual neurosurgeons to make their own decisions about which option best meets the needs of their practices and patients.

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- **CMS Releases 2013 Medicare Physician Fee Schedule Final Rule**

The 2013 Medicare Physician Fee Schedule (MPFS) Final Rule was published in the Federal Register on Nov. 16, 2012. The overall impact of the changes for neurosurgery, not taking into consideration any potential cuts related to the SGR or budget sequestration, is estimated to be zero percent. Medicare payments to family physicians are expected to increase by approximately seven percent, and payments to other practitioners providing primary care services will see increases of between three percent and five percent. Specialties that are heavily dependent upon imaging services — including radiation oncology, nuclear medicine and cardiology — saw the deepest cuts, ranging from three percent to 14 percent.

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- **AANS and CNS Respond to Washington State Cervical Fusion for Degenerative Disc Disease**

On March 22, 2013, the Washington State Health Care Association (HCA) Health Technology Clinical Committee (HTCC) will consider coverage for Cervical Fusion for degenerative disc disease (DDD). In preparation for the meeting, the agency released draft questions to be used in the development of a technology assessment. On Sept. 5, 2012, organized neurosurgery and the AANS/CNS Section on Disorders of the Spine and Peripheral Nerves sent a letter recommending changes to the questions. The draft technology assessment will be released on or before Jan. 14, 2013, followed by a 30-day comment period. More information on the cervical fusion consideration is available here.

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- **Washington State Continues Coverage for Stereotactic Radiosurgery**

On Nov. 16, 2012, the Washington State Health Care Authority (HCA) Health Technology Clinical Committee (HTCC) met to consider coverage of Stereotactic Radiosurgery (SRS) and Stereotactic Body Radiotherapy (SBRT) for programs under the state's purview. The discussion focused on a health technology assessment report released on Aug. 28, 2012. Jason P. Sheehan, MD, PhD, FAANS, drafted neurosurgery's comments on the report, and Trent L. Tredway, MD, FAANS, represented the AANS, CNS, and the Washington State Association of Neurological Surgeons (WSANS) at the committee hearing. The HTCC voted to cover SRS for intracranial tumors when surgical input is included in the decision to treat with SRS and the patient has a Karnofsky function score of 50 or greater. For SBRT, the HTCC voted to cover tumors of spine/paraspinal structures and non-small cell lung cancer stage 1 inoperable. As with SRS, SBRT coverage would require a multidisciplinary team analysis,

including surgical input. SBRT for other indications is not covered. The technology assessment, Dr. Tredway's presentation and more information are available here.

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

- **AHRQ Reviewing Effectiveness of Lumbar Fusion**

On Nov. 20, 2012, the Agency for Healthcare Research and Quality (AHRQ) issued a draft comparative effectiveness review, entitled "Spinal Fusion for Treating Painful Lumbar Degenerative Discs or Joints." The objective of the review is to "assess whether previous research is sufficient to support evidence-based conclusions about the benefits and harms of lumbar fusion relative to nonsurgical treatments or other invasive treatments or to support conclusions about outcomes following the use of different fusion strategies." The AANS and CNS are preparing comments on this document. The agency will accept comments until Dec. 18, 2012.

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- **Final 2013 Medicare Physician Fee Schedule Includes Quality Improvement Requirements**

The 2013 Medicare Physician Fee Schedule (MPFS) Final Rule published in the Federal Register on Nov. 16, 2012, contained a number of quality-related provisions, including policy related to the new value-based payment modifier (VBPM) and the Physician Quality Reporting System (PQRS). The AANS and CNS had previously submitted comments to the Centers for Medicare & Medicaid Services (CMS) on these topics, and, based on our comments, CMS made slight changes in the final 2013 MPFS Final Rule.

In 2015, the VBPM will only apply to groups of physicians of 100 or more, rather than 25 or more. Practices of 100 or more now have until October 2013 to inform CMS of whether they would like no adjustment or to participate in a downward or upward incentive. Originally, practices had to inform CMS by the end of January. Those groups opting to participate in the program may earn up to two percent in additional reimbursement, although those who provide low-quality, high-cost health care may receive a one percent pay cut. Unfortunately, CMS still plans on using 2013 to determine the 2015 VBPM. By 2017, the VBPM will apply to all physicians regardless of practice size. Information about the VBPM is available here.

Regrettably, CMS also still plans on using 2013 data to determine whether physicians receive a PQRS payment adjustment in 2015. Physicians who do not participate in PQRS in 2013 will receive a 1.5 percent Medicare pay cut. In order to avoid the penalty, physicians must report at least one PQRS measure on at least 80 percent of applicable cases during calendar year 2013. Physicians may also elect to use the administrative claims reporting option to avoid the penalty. If a physician elects the administrative option they must inform CMS by October 2013. Click here for details related to the PQRS program.

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CMS Distributes 2011 PQRS and Electronic Prescribing Incentives and Reports

The Centers for Medicare & Medicaid Services (CMS) has begun distributing its 2011 Physician Quality Reporting System (PQRS) and Electronic Prescribing (e-Rx) incentive payments and feedback reports. Incentive payments for both programs amount to one percent each of total estimated 2011 Medicare Part B Physician Fee Schedule allowed charges furnished during the reporting period. For more information about how to successfully participate in either the e-Rx or PQRS programs, please review a CMS presentation here. To access 2011 PQRS and e-Rx feedback reports, please visit the CMS Quality Net portal.

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- **CMS Gives Physicians More Time to File for e-Prescribing Hardship to Avoid 2013 Penalty**

For those physicians who may have missed the June 30 deadline to file for a Medicare e-prescribing hardship, the Centers for Medicare and Medicaid Services (CMS) has reopened applications through Jan. 31, 2013. If accepted, a hardship exemption allows physicians to avoid a 1.5 percent penalty in 2013. Current hardship exemptions include: the inability to prescribe due to state, federal or local law/regulation; fewer than 100 prescriptions written between Jan. 1, 2012, and June 30, 2012; your practice being located in a rural area without sufficient high-speed Internet access; and not having enough pharmacies able to accept e-prescribing in your area. For more information and to file your 2013 hardship request, visit the CMS website.

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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Of Note

- **Neurosurgeon Nominated for IOM Committee on Youth Sports-Related Concussions**

Geoff T. Manley, MD, PhD, FAANS, has been nominated to serve on the Institute of Medicine (IOM) Committee on Sports-Related Concussions in Youth. According to the IOM website, this committee has been tasked with conducting a study on sports-related concussions. Among other things, the committee with be investigating potential causes, effectiveness of protective devices, concussion risk factors, treatment and long-term consequences. For more details about this effort, click here.

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Communications

- **Dr. Alex Valadka Submits Letter to New York Times**

On Nov. 20, 2012, Alex Valadka, MD, FAANS, FACS, spokesperson for the Alliance of Specialty Medicine and chair of the AANS/CNS Washington Committee, penned a letter to The New York Times on behalf of the Alliance in response to its editorial criticizing efforts to repeal the Independent Payment Advisory Board (IPAB). The letter stressed that the IPAB cuts will fall squarely on the shoulders of physicians, further limiting their ability to treat Medicare

patients.

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Recent Posts from Neurosurgery Blog

The mission of Neurosurgery Blog is to investigate and report on how health-care policy affects patients, physicians and medical practice, and to illustrate that the art and science of neurosurgery encompasses much more than brain surgery. Listed below are some recent blog posts on topics including the Independent Payment Advisory Board (IPAB), medical liability reform, health-care social media and health reform in general.

- What Drives U.S. Healthcare Spending?
- What's this Sequester Mumbo-jumbo? Turns Out, Not Mumbo-jumbo at All.
- New System for Patients to Report Medical Mistakes Could Be Potential Disaster
- The Impending IPAB Deadline
- Five Unanswered Questions About Health Reform
- Social Media Adds Valuable Knowledge to a Physician's Toolbox

Additionally, Neurosurgery's Washington office has begun using more social media platforms to expand the reach of its message. We invite you to visit and subscribe to the blog, as well as connect with us on our various social media platforms, so that you can keep your pulse on the many health-policy activities happening in the nation's capital.

- 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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