



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 Passes Bill to Stave-off Fiscal Cliff; Prevent Medicare Physician Pay Cuts

On Jan. 1, 2013, Congress passed H.R. 8, the [American Taxpayer Relief Act of 2012](#). The legislation includes a mix of tax measures and healthcare provisions. President Obama signed the bill into law on Jan. 2. The Senate passed the measure by a [margin of 89-8](#), and the bill cleared the House of Representatives by a [vote of 257-167](#). Key health-related provisions of interest to neurosurgery include:

- Prevents the 26.5 percent Medicare physician pay cut, extending current Medicare payment rates through Dec. 31, 2013.
- Allows physicians to participate in clinical data registries to meet Medicare's quality reporting requirements.
- Extends the geographic work adjustment through Dec. 31, 2013, preventing additional payment reductions for physicians practicing in rural areas.
- Reduces hospital outpatient reimbursement for gamma knife stereotactic radiosurgery to the same level as radiosurgery performed with a linear accelerator.
- Adjusts the equipment utilization rate for advanced imaging services, which may reduce reimbursement to physicians who own imaging equipment.

[Click here](#) for a complete summary of the health-related provisions.

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■ AANS and CNS Urge Congress to Prevent Sequestration Cuts

On Dec. 21, 2012, organized neurosurgery joined the American Medical Association (AMA) and more than 100 state and specialty medical societies in [sending a letter](#) to urge Congress to reach a bipartisan agreement to prevent the two percent cut in payments to physicians who treat Medicare patients called for under the Budget Control Act's sequestration provision.

The [American Taxpayer Relief Act of 2012](#) also included a two-month delay of budget sequestration cuts. Given this, in the coming months, the AANS and CNS will continue to advocate the importance of reaching a bipartisan agreement to prevent budget sequestration cuts that would threaten critical health programs, including [Medicare](#), funding for the [National Institutes of Health \(NIH\)](#), and the [Centers for Disease Control and Prevention \(CDC\)](#).

Additional details about the budget sequester are available on [Neurosurgery Blog](#).

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■ Please Tell Us about Your Neurosurgical Advocacy Needs

As we enter the New Year, organized neurosurgery is getting ready to hit the ground running when the 113th Congress convenes. 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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Academic Medical Issues

■ **Neurosurgery Warns IOM Committee about Looming Physician Shortages**

Ralph G. Dacey Jr., MD, FAANS, President of the [Society of Neurological Surgeons](#), [testified in December](#) on behalf of organized neurosurgery at an [Institute of Medicine \(IOM\) committee hearing](#) concerning the need to ensure an adequate neurosurgical workforce for the 21st Century. The hearing was one in a series that an IOM consensus committee is holding to evaluate the current governance and financing of the Graduate Medical Education (GME) system, which currently is facing an array of challenges.

Organized neurosurgery recognized that the GME system must be accountable to the public. As such, Dr. Dacey noted that as a specialty, neurosurgery has re-engineered training programs, instituting a patient-centered education program that is focused on patient safety, clinical care outcomes, and advancement of the science and practice of neurological surgery.

Furthermore, to address the growing physician workforce shortage and ensure that the GME system is fully accountable to the public, organized neurosurgery recommended the following:

- Ensure a physician workforce that is of sufficient size and specialty mix, and strengthen the linkage of GME funding to ACGME-approved training programs, including expanding GME funding to fully cover the entire length of training and eliminating Medicare's caps on GME financing;
- Provide additional financial support for GME through an all-payer fund and maintain funding for children's hospitals and;
- Ensure that ACGME retains its prominent role in overseeing resident training and education.

Neurosurgery will continue to advocate how critical it is that we take the best of the current GME system and enhance it with sustainable financing as well as a learning environment that meets the needs of the public and carries physicians forth into a lifetime of practice in medicine.

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Coding and Reimbursement

■ **Neurosurgery Urges CMS to Scrap Implementation of ICD-10**

On Dec. 20, 2012, the AANS and CNS, along with a host of other groups, [sent a letter](#) to the acting administrator for the Centers for Medicare and Medicaid Services (CMS), Marilyn B. Tavenner, asking CMS to eliminate the implementation of ICD-10 and reiterating that the burdens imposed by ICD-10

may force many physicians out of practice. Among other things, the letter addressed the high costs of implementing ICD-10 and how it will disrupt physicians' efforts to adopt health information technology, and participate in new delivery and payment reform models.

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■ **AANS and CNS Comment on Carotid Artery Stenting Technology Assessment**

On Dec. 11, 2012, the AANS and CNS [submitted a letter](#) to the [Washington State Health Care Authority \(HCA\)](#) commenting on proposed key questions for a technology assessment for Carotid Artery Stenting (CAS). The tech assessment is expected to be published on or before June 28, 2013. In the letter, the AANS and CNS stated the importance of distinguishing between primary and secondary stroke prevention. Moreover, organized neurosurgery suggested that the key questions must separate consideration of extracranial and intracranial atherosclerotic disease, because blurring carotid disease, intracranial atherosclerotic disease (ICAD), and materially different catheter-based treatments will ultimately limit the HCA's ability to draw meaningful conclusions from the technical assessment. The HCA Health Technology Clinical Committee (HTCC) will meet to determine coverage policy for CAS on Sep. 20, 2013. [Click here](#) for more information about the carotid stenting tech assessment.

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

■ **AANS/CNS Spine Section Raises Concerns about AHRQ Draft Review on the Effectiveness of Spinal Fusion**

In late November, the Agency for Healthcare Research and Quality (AHRQ) released its draft report on "[Spinal Fusion for Treating Painful Lumbar Degenerated Discs or Joints](#)." Essentially, the AHRQ document stated that lumbar spine fusion is not necessarily superior to conservative management and is not superior to decompression alone, and alluded to a potential contraindication of spine fusion in patients over the age of 65. AHRQ research summaries are frequently utilized as a basis for payor guidelines and policies. The AANS/CNS Joint Section on Disorders of the Spine and Peripheral Nerves' Rapid Response Team reviewed the draft document and noted that the AHRQ draft shed an overall poor impression on the utility of instrumentation and fusion for the treatment of degenerative lumbar spine disease, and that the assessment of the cited literature and conclusions drawn may not be reflective of real-world clinical experience. Based on the work of the Rapid Response Committee, the AANS, CNS, AANS/CNS Joint Section on Disorders of the Spine and Peripheral Nerves, and the Scoliosis Research Society (SRS) submitted a [response letter](#) raising concerns about the AHRQ document. A final report is expected sometime later this year.

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■ **REMINDER: 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 until 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 from Jan. 1, 2012 to Jun. 30, 2012; your practice being located in a rural area without sufficient high-speed Internet access; and there not being enough pharmacies able to accept e-prescribing in your area. For more information and to file your 2013 hardship request, visit the CMS website [here](#).

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- **PQRS Penalties: You Must Report in 2013 to Avoid a 1.5 Percent Cut in 2015**

Beginning in 2015, the Centers for Medicare and Medicaid Services (CMS) will apply a negative payment adjustment to eligible professionals who do not satisfactorily report data on quality measures for covered professional services. Reporting during the 2013 [Physician Quality Reporting System \(PQRS\)](#) program year will be used to determine whether a PQRS payment adjustment applies in 2015. In order to avoid the 1.5 percent penalty in 2015, physicians will only have to report on one PQRS measure successfully between Jan. 1 and Dec. 31, 2013. The proposed criteria for satisfactorily reporting data on quality measures to avoid the 2015 PQRS payment adjustment is detailed in the 2013 [Medicare Physician Fee Schedule \(MPFS\) Final Rule](#), which was published in the Federal Register on Nov. 16, 2012.

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

- **AANS Joins 'Partners for Healthy Dialogues' Campaign**

The AANS has joined the new "[Partners for Healthy Dialogues](#)" campaign, an initiative aimed at educating physicians and patients about the Sunshine Act and the benefits of appropriate industry and physician interaction and collaboration. The Physician Payments Sunshine Act, which was part of the Affordable Care Act (ACA), requires manufacturers of drugs, medical devices, and biologics to report certain payments and items of value given to physicians and teaching hospitals. Regulations for implementing the Sunshine Act are in final review and will be published in early 2013. Reporting is the responsibility of manufacturers.

[Click here](#) for additional information about physician financial transparency reports from the American Medical Association. [Downloadable information brochures](#) for physicians also are available from the Advanced Technology Association (AdvaMed).

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Communications

- **Neurosurgery Blog Gets Top Blog Nod from Online Surgical Technician Courses**

The AANS/CNS Neurosurgery Blog was named the fourth top spine-

neurosurgery blog for 2012 by the folks at Online Surgical Technician Courses. While we have not yet had an official launch, it is great to see that we are being read! Listed below are some recent blog posts on the fiscal cliff, workforce shortages, emergency on-call payments and health reform in general.

- [Neurosurgeons Urge Congress to Prevent Sequestration Cuts](#)
- [Going Over the Fiscal Cliff will Hurt Patients](#)
- [Neurosurgeons Warn IOM Committee about Looming Physician Shortages](#)
- [HHS Office of Inspector General Issues Opinion Regarding On-Call Payments to Physicians](#)
- [Neurosurgery and 800 Other Groups Urge Congress to Repeal the Medical Device Excise Tax](#)

We invite you to visit the blog and subscribe to it, 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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**Questions or comments? Please contact Katie Orrico
at 202-446-2024 or korrico@neurosurgery.org.**

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