



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

- **AANS and CNS Unveil 2013 Legislative Agenda**

The American Association of Neurological Surgeons (AANS) and the Congress of Neurological Surgeons (CNS) released their 2013 legislative agenda, which includes items such as abolishing the Independent Payment Advisory Board (IPAB), alleviating the medical liability crisis, expanding support for quality resident training and education, and championing an improved Medicare reimbursement system. Neurosurgeons can read the full agenda by [clicking here](#).

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- **Budget Sequestration Hits Neurosurgeons**

On March 1, 2013, the budget sequester took effect, and physicians will face a two-percent reduction in Medicare payments beginning on April 1, 2013, unless Congress can reach a bipartisan agreement to prevent across-the-board cuts. The two percent Medicare cut is part of the [Budget Control Act of 2011 \(BCA\)](#) which requires \$1.2 trillion in cuts over the next 10 years. Although it remains to be seen how this will play out, at press time, it appeared that Congress will not act in time to head off the sequester cuts. Throughout the negotiations, organized neurosurgery has continued to advocate the importance of reaching a bipartisan agreement to prevent indiscriminant budget sequestration cuts that would threaten funding for critical health programs, including Medicare, the National Institutes of Health (NIH), and the Centers for Disease Control and Prevention (CDC).

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- **SGR Reform Talks Heat Up in Washington**

In recent weeks, the topic of reforming Medicare's sustainable growth rate (SGR) has begun to heat up, giving rise to hope that Congress will fix the SGR problem once and for all. An important first step occurred on Feb. 5, 2013, when the Congressional Budget Office (CBO) released "[The Budget and Economic Outlook: Fiscal Years 2013 to 2023](#)," which significantly lowered the estimated costs of permanently repealing the SGR formula. Under the projections, the cost of repealing the SGR has dropped dramatically due to lower than expected growth in Medicare physician spending, and the new cost of freezing payments for 10 years is \$138 billion – more than \$100 billion less than the previous projection.

But repealing the SGR is only one-half of the equation. Congress also must agree on a replacement policy. To that end, on Feb. 7, 2013, the House [Ways and Means](#) and [Energy and Commerce](#) Committees released a framework for SGR reform entitled, "[Overview of SGR Repeal and Reform Proposal](#)." In a

nutshell, the proposal would repeal the SGR and replace it with a new fee-for-service program that would be based on the quality and efficiency of care. The draft proposal contains the following key elements:

- o Several years of stable payments, fixed by law.
- o After this initial period, each physician would receive a base payment that is 5-15 percent lower than the top rate.
- o Participating physicians would be able to earn additional reimbursement by participating in a menu of quality-improvement options, such as reporting to clinical data registries, such as the [National Neurosurgery Quality and Outcomes Database \(N²OOD\)](#). The quality options would be developed by individual specialties, rather than by the federal government or other third parties
- o Non-participating physicians would only receive the base payment rate.
- o This new reimbursement program also would replace the current Physician Quality Reporting System (PQRS), Electronic Health Record (EHR) and Value-Based Payment Modifier (VBPM) programs.
- o In the out years, physicians also would be eligible for additional financial rewards for achieving efficiency targets.

The new program would allow physicians to opt-out of fee-for-service and participate in other Medicare-approved delivery models, such as accountable care organizations (ACOs). Finally, the proposal calls for the repeal of IPAB, medical liability reform and Medicare private contracting/balance billing.

Other Members of Congress are likewise working on solutions for fixing the SGR. In late January, Rep. Bill Cassidy, MD (R-LA) floated an unpublished White Paper entitled "SGR and Medicare Payment Reform: Thoughts for Consideration," and on Feb. 6, 2013, Reps. Allyson Schwartz (D-PA) and Joe Heck, DO, (R-NV) reintroduced H.R. 574, the "[Medicare Physician Payment Innovation Act of 2013](#)." This legislation seeks to end the SGR formula, reward high-quality care, lower healthcare costs and provide primary care with increased payments relative to specialty physicians. Both of these efforts will not likely garner as much attention with the release of the joint committee proposal.

To gain further insight on this topic, the House Energy and Commerce Health Subcommittee held a hearing on Feb. 14, 2013, entitled, "[SGR: Data, Measures and Models: Building a Future Medicare Physician Payment System](#)." The AANS and CNS are in the process of reviewing all these proposals and will provide Congress with comments on these plans. Neurosurgery continues to advocate that Congress needs to avoid band-aid solutions for fixing the physician payment system, and once and for all replace the Medicare SGR formula with a stable mechanism for reimbursing physicians.

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■ **Neurosurgeons Endorse the Medicare Patient Empowerment Act; Sign the MPEA Petition**

Organized neurosurgery joined the Alliance of Specialty Medicine in [endorsing](#) S. 236, the "[Medicare Patient Empowerment Act](#)" (MPEA). Sponsored by Sen. Lisa Murkowski (R-AK), this legislation would permit patients and physicians to privately contract for Medicare-covered services without penalty to either party. Rep. Tom Price, MD (R-GA), is expected to introduce the companion bill in the House sometime in March.

Neurosurgeons are highly encouraged to take a moment to visit www.MyMedicare-MyChoice.org, where you can add your name to a petition supporting the Medicare Patient Empowerment Act and obtain additional education materials about the MPEA.

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■ Efforts to Repeal Medicare Board Progress in the Senate

On Feb. 14, 2013, Sens. John Cornyn (R-TX) and Orrin Hatch (R-UT) introduced S. 351, the "Protecting Seniors' Access to Medicare Act," which is identical to its House companion bill of the same name and bill number – H.R. 351, the "[Protecting Seniors' Access to Medicare Act](#)." Both bills would repeal the Independent Payment Advisory Board (IPAB), a government board created by the [Patient Protection and Affordable Care Act](#) to cut Medicare spending. Repealing the IPAB is one of organized neurosurgery's top legislative priorities, and the AANS and CNS are leading a physician coalition representing more than 350,000 physicians across 26 specialty physician groups who are dedicated to this mission. Upon introduction, the coalition sent a [letter](#) to Sen. Cornyn endorsing the bill. As of Feb. 22, 2013, S. 351 had 31 cosponsors and H.R. 351 had 123 bipartisan cosponsors.

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Coding and Reimbursement

■ AANS/CNS Lead Response to Washington State on Cervical Fusion Coverage

Speaking for the AANS, CNS, and other interested neurosurgical and orthopaedic spine organizations, Joseph Cheng, MD, MS, FAANS, will make a presentation to the Washington State Health Care Authority's Health Technology Clinical Committee (HTCC) on Mar. 22, 2013, regarding coverage for cervical fusion for degenerative disc disease (DDD). On Feb. 14, 2013, AANS and CNS [submitted a multi-society letter](#) responding to key issues posed in a draft technical assessment on the issue. The letter, spearheaded by the AANS/CNS Rapid Response Team, was signed by the following organizations: Washington State Association of Neurological Surgeons, Washington State Orthopaedic Association, American Association of Neurological Surgeons, American Association of Orthopaedic Surgeons, AOSpine North America, Cervical Spine Research Society, Congress of Neurological Surgeons, AANS/CNS Joint Section on Disorders of the Spine and Peripheral Nerves, and North American Spine Society. In the letter, the groups raise a number of concerns about the technical assessment, such as the imprecise definition of DDD, the questionable choice of papers upon which the report is based and an inadequate assessment of the risks of alternatives to fusion.

Neurosurgeons who made significant contributions to this effort included John K. Ratliff, MD, FAANS; Karin R. Swartz, MD, FAANS; Matthew J. McGirt, MD; Charles Sansur, MD, MHSc; and Daniel J. Hoh, MD. More information on the cervical fusion consideration is available [here](#).

If you have any questions regarding this 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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Drugs and Devices

■ CMS Releases Physician Payments Sunshine Act Rules

On Feb. 1, 2013, the Centers for Medicare & Medicaid Services (CMS) issued the [final regulations](#) implementing the Physician Payments Sunshine Act – a provision of the [Patient Protection and Affordable Care Act](#) – which will provide greater transparency of certain physician-industry interactions. According to CMS, the goal of this increased transparency is to raise awareness about financial relationships between biopharmaceutical companies, device

manufacturers and healthcare providers. CMS will publish information on payments or other transfers of value – including gifts, consulting fees, research activities, speaking fees, meals and travel – from manufacturers of drug, device, biologic and medical-supply companies. In addition, CMS also will make information publicly available about physicians' or immediate family members' ownership or investment interests in applicable manufacturers and group purchasing organizations.

Under the final rule, industry and applicable group purchasing organizations will have to start collecting data on their financial relationships with physicians on Aug. 1, 2013, and report the data for August through the end of 2013 to CMS by March 31, 2014. According to the agency, CMS will release the data on a public website by Sep. 30, 2014. Physicians will have an opportunity to review the disclosure information and appeal any disputes about the accuracy of the data prior to its posting to the website. Any dispute will be resolved directly between the doctor and the manufacturer or GPO, and if no agreement can be reached, CMS will post the company's data.

Finally, the regulation preempts any state or local laws requiring reporting of the same types of information regarding payments or other transfers of value made by applicable manufacturers to covered recipients, negating the need for filing multiple reports. More details on the Sunshine Act are available [here](#).

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■ **AANS and CNS Address FDA on Neurostimulator Use for Epilepsy**

On Feb. 22, 2013, CNS Executive Committee member, Ashwini D. Sharan, MD, FAANS, presented information to the Food and Drug Administration's (FDA's) [Neurological Devices Advisory Committee](#) on behalf of the AANS, CNS, and the American Society for Stereotactic and Functional Neurosurgery. The Committee considered a premarket approval application for the use of neurostimulation as an adjunctive therapy in reducing the frequency of seizures in individuals 18 years of age or older with partial onset seizures from no more than two foci that are refractory to two or more antiepileptic medications. On Feb. 14, 2013, organized neurosurgery [sent a letter](#) to the FDA outlining literature regarding the use of the technology in patients who were refractory to medical and surgical management. The panel unanimously voted in favor of the NeuroPace® RNS® System.

If you have any questions regarding these developments, please contact Cathy Hill, AANS/CNS Senior Manager for Regulatory Affairs, at chill@neurosurgery.org.

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Quality Improvement

■ **CMS Announces Participants for the Bundled Payments for Care Improvement (BPCI) Initiative**

On Jan. 31, 2013, the Centers for Medicare & Medicaid Services (CMS) announced that more than 500 organizations will begin participating in Medicare's [Bundled Payments for Care Improvement \(BPCI\) initiative](#). The initiative includes four bundled payment models covering various elements of hospital, physician and post-acute services and payments targeting 48 diseases and conditions. Spine and stroke are part of the 48 diseases and conditions. Based on conversations with participating sites, it does not appear that CMS will apply a risk-adjustment methodology and will instead determine rates based on historic Medicare data. Organized neurosurgery, therefore, is concerned the models will lead to cherry picking and physicians will only enroll healthy patients, sending sicker patients to tertiary care or academic facilities.

More details on the participating healthcare facilities are available [here](#).

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■ **Reduction of Hospital Readmission Rates Continue to Make Little Progress**

According to a recent Robert Wood Johnson report entitled "[The Revolving Door: A Report on U.S. Hospital Readmissions](#)," hospital readmissions rates have changed very little up to 2010. Rates for both medical and surgical readmissions dropped by less than one percentage point each between 2008 and 2010, and the overall lack of improvement in readmissions extends back to 2004. Even though hospitals who currently are facing the Centers for Medicare & Medicaid Services (CMS) penalties for high rates have become actively engaged in efforts to reduce avoidable readmissions, the success of their overall efforts on patient outcomes and costs continue to be unknown. The report features a detailed [interactive map](#) which displays the report data on percent of patients readmitted within 30 days of discharge in 2010 by region.

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

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Academic Medical Issues

■ **AANS and CNS Join Groups Calling on Congress to Preserve GME Funding**

"If there's no doctor, what will you do?" reads the headline on an [advocacy advertisement](#) supported by the AANS, CNS and 22 other medical organizations. The ad, published in Politico, Roll Call and other Washington, D.C., media outlets, goes on to state: "Reducing the deficit is essential but America is running out of doctors. The nation faces a projected shortage of 90,000 doctors – from primary care physicians to surgeons to specialists for children – by 2020. Cutting federal funding that supports doctor training at teaching hospitals will exacerbate the shortages of physicians and other healthcare providers and jeopardize the life-saving care and critical services that teaching hospitals provide in their communities." Finally, the ad calls on Congress to preserve funding for graduate medical education.

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■ **NINDS Announces New Funding Opportunities for Stroke**

Recently, the [National Institute of Neurological Disorders and Stroke \(NINDS\)](#) [announced](#) that the [National Advisory Neurological Disorders and Stroke \(NANDS\)](#) Council approved a proposal to set up a U.S. stroke trial network. The NINDS is hopeful that this will be a major force for improving stroke research and patient outcomes. This clinical network will provide infrastructure and intellectual capital for prevention and recovery research, as well as acute treatment research – the latter when appropriate in concert with the [Neurological Emergency Treatment Trials \(NETT\)](#).

Links to the funding announcements for the request for applications (RFAs) for the National Clinical Coordinating Center and the Regional Coordinating Stroke Centers for the NINDS Stroke Trials Network are listed below:

- o Regional Coordinating Stroke Centers – <http://1.usa.gov/XANzHi>
- o National Clinical Coordinating Center – <http://1.usa.gov/XANF1C>

Letters of intent are due by April 1, 2013; Regional Coordinating Stroke Center applications are due by May 15, 2013, and National Clinical Coordinating Center applications are due by June 4, 2013. The RFA for the Data Management Center will be released shortly, with an anticipated publication date by April.

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■ **Neurosurgery Sends OMB Letter Regarding Pediatric Subspecialty Loan Repayment Program**

On Feb. 1, 2013, organized neurosurgery joined the American Academy of Pediatrics and 18 other professional medical and public health advocacy groups in [sending a letter](#) to the Office of Management and Budget (OMB) regarding the Pediatric Subspecialty Loan Repayment Program. Among other things, the letter stressed the need for the Pediatric Subspecialty Loan Repayment Program, as it will help to ameliorate workforce shortages and urged for an appropriation within the Health Resources and Services Administration to provide initial funding for the program.

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■ **The Association of American Medical Colleges Holds GME Briefing**

On Feb. 21, 2013, the [Association of American Medical Colleges \(AAMC\)](#) hosted a briefing for physician organizations to discuss the future of Medicare graduate medical education (GME) funding, the challenges physicians face in the deficit reduction debate and the potential impact on physician training. Led by Atul Grover, MD, PhD, AAMC's Chief Public Policy Officer, the briefing updated organizations on the current physician shortage crisis and the legislative efforts spearheaded by the AAMC. While most of the physician shortage dialogue has been focused on primary care, Dr. Grover highlighted that the projected shortages by 2025 for specialty care physicians are just as acute – 65,800 shortage for primary care vs. 64,800 for specialists.

It also was reported that the "Resident Physician Shortage Reduction and Graduate Medical Education Accountability and Transparency Act," will be reintroduced on Mar. 11, 2013, by Reps. Aaron Schock (R-IL) and Allyson Schwartz (D-PA), in conjunction with National Resident Match Day. This legislation would provide an increase of 15,000 new residency slots across the country at a rate of 3,000 per year over five years. Half of these slots are required to be used for shortage specialty residency programs, of which neurosurgery qualifies. Similar legislation is expected in the Senate. The AANS and CNS endorsed this legislation last year.

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NeurosurgeryPAC

■ **Contribute by March 31 for Donor Recognition at the 81st AANS Annual Scientific Meeting**

On Feb. 1, 2013, NeurosurgeryPAC sent out renewal statements. Neurosurgeons contributing to the PAC will be included on the PAC Booth Donor Board at the 81st AANS Annual Scientific Meeting in New Orleans.

Additionally, individuals who contribute \$2,500 or more by this date will be invited to attend the President's Reception and Cushing Luncheon. Thus far this year, NeurosurgeryPAC has raised a total of \$24,270, so we have a long way to go to reach our \$500,000 fundraising goal! As always, you can always contribute using our online donation option by logging onto MyANNS.org.

NeurosurgeryPAC has gotten off to an early start, contributing to the following Members of Congress who are standing for election in 2014: House Speaker John Boehner (R-OH); House Majority Leader Eric Cantor (R-VA); House Ways & Means Health Subcommittee Chair Kevin Brady (R-TX); House Energy & Commerce Health Subcommittee Vice-Chair Rep. Michael Burgess, MD (R-TX); Senate Candidate Rep. Shelly M. Capito (R-WV); Rep. Phil Gingrey, MD (R-GA); Rep. Andy Harris, MD (R-MD); Rep. Joe Heck (R-NV); Rep. Tom Price, MD (R-GA); and Rep. Phil Roe, MD (R-TN).

[Click here](#) for more information on the NeurosurgeryPAC and to [read more](#) about your NeurosurgeryPAC in action. Thanks to all those who [contributed](#) to NeurosurgeryPAC in 2013.

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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Communications

■ **Washington Committee Chair John A. Wilson, MD, FAANS, in the News**

Organized neurosurgery continues to work closely with other healthcare organizations, including the Alliance of Specialty Medicine, to promote our collective health-policy positions to the media. To that end, on Feb. 11, 2013, the American Medical News published an article featuring neurosurgery's John A. Wilson, MD, FAANS, chair of the AANS/CNS Washington Committee. The story, "[Lawmakers Warned Primary Care Can't Absorb ACA Expansions](#)," focused on the shortage of primary care physicians, but Dr. Wilson pointed out that it is not just primary care facing shortages and more attention needs to be given to the fact that there is an equal shortage of specialty physicians. He noted that the Association of American Medical Colleges also has predicted a shortage of specialists such as neurosurgeons, cardiologists and gastroenterologists, so "no matter how you look at it, a shortage of that magnitude of any of these critical specialties is going to affect the health care of the U.S. population."

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■ **Robert E. Harbaugh, MD, FAANS, to Serve as Spokesperson for Healthy Dialogues Campaign**

The AANS has joined the '[Partners for Healthy Dialogue](#)' campaign, an initiative aimed at educating physicians and patients about the Physician Payments Sunshine Act, and the benefits of appropriate industry and physician interaction and collaboration. To that end, AANS Treasurer Robert E. Harbaugh, MD, FAANS, has been selected to serve as a spokesperson for this outreach initiative. In this role, Dr. Harbaugh will be a media spokesperson and on occasion, speak to other organizations including non-media audiences about this effort. Most recently, Dr. Harbaugh contributed to a joint letter to the The New York Times in response to its [editorial](#) on the Sunshine Act. The letter, signed by representatives from the Partners campaign, [was published](#) on March 4, 2013, stressed that there is great value of interactions between

physicians and biopharmaceutical companies as it leads to better patient care and advancing medical innovation.

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■ **Neurosurgery Blog: The Primary Care Shibboleth: Debunking the Myth**

If you are not already reading Neurosurgery Blog, you should be, because every week we report on hot topics and investigate how healthcare policy affects patients, physicians, and medical practice. This month, instead of giving you a list of recent blog posts, we would like to draw your attention to a single post entitled "[The Primary Care Shibboleth: Debunking the Myth](#)." The piece was written as a direct response to comments former CMS (then the Health Care Financing Administration, or HCFA) Administrator Bruce Vladeck made about specialists at a recent Kaiser Family Foundation event on Medicare physician payment reform:

Vladeck said concerns about Medicare spending are more of a demographic problem posed by the baby boomers than one intrinsic to the program and that much could be controlled by changing what Medicare pays for different services. Primary and chronic care is poorly paid, while specialists are overpaid, and Congress "should quit treating Medicare as an entitlement program for providers."

While organized neurosurgery recognizes the value of primary care, for the past several years, policymakers and others have continued to push the notion that specialists are overpaid, bad for the healthcare system and the root cause of our current healthcare spending problem. Moving forward, we will continue to push back on these notions by using our various communication vehicles to help promote our message.

As always, we invite you to visit the blog and encourage you to contribute on critical health-policy topics, 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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