



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

■ House Votes to Repeal the Health Reform Law — Again

On May 16, 2013, the U.S. House [voted](#) 229-195 to pass H.R. 45, the [Patient's Rights Repeal Act](#), which would fully repeal all aspects of the [Affordable Care Act \(ACA\)](#). This action marks the 37th time that the U.S. House has voted to repeal all or part of the health reform law. Although a symbolic move, this vote gave House freshmen their first opportunity to vote on the law. It's highly unlikely that the Senate will follow suit.

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■ House Committee Releases Draft Legislative Framework to Replace the SGR

On May 28, 2013, the House Energy and Commerce Committee [unveiled a draft legislative proposal](#) for repealing Medicare's sustainable growth rate (SGR) formula. While this skeleton discussion draft bill is very preliminary, it provides a legislative outline for replacing the current Medicare payment system with an "improved fee for service system in which providers — working with the Secretary of Health and Human Services — develop quality measures that will lead to better care in a more efficient manner." According to the committee, the new system will be implemented in three phases as follows:

- Phase 1: Repeal the SGR and replace it with a period of stable payments, during which time the quality infrastructure ramps up. Quality measures will be based on core competencies for each peer cohort (e.g., neurosurgeons), and will be developed by medical specialty societies and others.
- Phase 2: The new Competency Update Incentive Program is implemented. Under this system, physicians would be paid a "base" rate per service, which would be some percentage of the full fee-schedule rate. To earn the full fee-schedule rate, physicians must successfully meet the peer cohort quality program requirements. Physicians can opt out of this enhanced fee-for-service program, and instead participate in alternative payment models, such as accountable care organizations.
- Phase 3: At some point in the future, physician payments may also be based in part on compliance with efficiency measures.

Many questions remain. For example, while the legislation calls for the Secretary of Health and Human Services to align this program with the existing [Physician Quality Reporting System](#) (PQRS), [Electronic Health Record](#) (EHR) and [Value Based Payment Modifier](#) (VBPM) programs, it is not clear whether existing PQRS, EHR and VBPM program penalties will remain in force on top of this new SGR quality payment withhold. The committee has scheduled a [hearing](#) on the draft legislation for June 5. In April, the AANS and CNS joined with the Alliance of Specialty Medicine in submitting [comments](#) on the original framework.

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■ EMTALA-Related Medical Liability Protection Legislation Introduced in the Senate

Working with the Trauma Coalition, the AANS and CNS were successful in

having legislation introduced that would provide medical liability protections to all physicians providing emergency care pursuant to the [Emergency Medical Treatment and Labor Act](#) (EMTALA). On May 15, 2013, Senator Roy Blunt (R-MO) introduced [S. 961](#), the Health Care Safety Net Enhancement Act of 2013. As previously reported, the House companion bill, [H.R. 36](#), was introduced by Reps. Charlie Dent (R-PA) and Pete Sessions (R-TX) on Jan. 3, 2013.

This legislation would provide medical liability protections for physicians, including neurosurgeons, who deliver EMTALA-related emergency care — including the initial emergency medical condition screening, stabilization and post-stabilization services. Under the bill, a hospital or physician providing EMTALA-mandated emergency care services would be deemed an employee of the Public Health Service and protected under the Federal Tort Claims Act (FTCA). Under the FTCA, the United States, rather than an individual healthcare provider, is liable in the same manner and to the same extent as a private individual under similar circumstances.

Alleviating the medical liability crisis is one of organized neurosurgery's top legislative priorities. To this end, the AANS and CNS sent a [letter](#) to Sen. Blunt endorsing the bill.

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Grassroots Action Alert

■ Urge Congress to Repeal Independent Medicare Board

With 184 cosponsors in the U.S. House of Representatives and 34 in the Senate, support for repealing the Independent Payment Advisory Board, or IPAB, is growing. To keep up the momentum, neurosurgeons are encouraged to contact Congress and urge your elected officials to cosponsor [H.R. 351](#) and [S. 351](#), the "Protecting Seniors' Access to Medicare Act." [Click here](#) to go to the AANS/CNS Legislative Action Center and send an e-mail message to Congress. We have created a draft letter that you can personalize. (This is highly encouraged.) Just enter your contact information and push "Send Message," and in less than 2-5 minutes, you will have helped advance neurosurgery's grassroots advocacy efforts!

Please visit the AANS/CNS Legislative Action Center to send your letter today!

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NeurosurgeryPAC

■ Contribute to NeurosurgeryPAC Today

NeurosurgeryPAC's 2013 fundraising cycle is well underway, and as of May 21, 2013, NeurosurgeryPAC has raised a total of \$171,596 from 198 neurosurgeons — thank you, contributors! We still have a long way to go to reach our \$500,000 fundraising goal and we need your help, so please donate today! As always, you can always contribute using our online donation option by logging onto [MyAANS.org](#).

To date, the NeurosurgeryPAC has donated a total of \$154,000 to 39 candidates and national political committees. Most recently, we participated in events for the following candidates: Reps. Diane Black (R-TN); Kevin Brady (R-TX); Vern Buchanan (R-FL); Michael Burgess, MD (R-TX); Charles Dent (R-PA); Brett Guthrie (R-KY); Bill Johnson (R-OH); Ron Kind (D-WI); Kevin McCarthy (R-CA); Mike Rogers (R-MI); Peter Roskam (R-IL); Raul Ruiz, MD (D-CA); Paul Ryan (R-WI); Pete Sessions (R-TX); John Shimkus (R-IL); Aaron Schock (R-IL); and Senators Lamar Alexander (R-TN) and Mitch McConnell (R-KY).

[Click here](#) for more information on the NeurosurgeryPAC, including the current complete list of donors, candidates receiving NeurosurgeryPAC support, and to read more about your PAC in action. If you have questions about how you can get more involved, please contact Adrienne Roberts in the Washington Office at aroberts@neurosurgery.org.

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 United States 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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Quality Improvement

■ **Seventeen Percent of Neurosurgeons Receive 2011 PQRS Bonus Payments**

The [Center for Medicare and Medicaid Services](#) (CMS) recently released the 2011 [Physician Quality Reporting System](#) (PQRS) Experience Report. The report's [appendix](#) includes comparative data from 2008-2011. According to CMS, there were 4,476 eligible neurosurgeons who could have participated in the PQRS program in 2011. Of these eligible neurosurgeons, 21.4 percent participated in PQRS, but only 17 percent received a bonus payment. The median incentive amount was \$1,601.85, and the maximum amount received by an individual neurosurgeon was \$9,461.25.

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■ **CMS to Conduct Provider PQRS Education Calls in June**

In an effort to increase participation in the [Physician Quality Reporting System](#) (PQRS) program, CMS will conduct two PQRS provider education calls in June for those interested in learning more about the program and the options available for avoiding the 2015 PQRS penalty. On June 5, 2013, from 1:30-2:30 p.m. EDT, CMS officials will provide an overview on the Administrative Claims reporting mechanism for 2013. On June 18, 2013, from 1:30-3 p.m. EDT, CMS will provide a general overview on the PQRS payment adjustment and the Electronic Prescribing (eRx) Incentive Program payment adjustment. The call will also provide specifics on the 2015 PQRS and 2014 eRx penalties, including eligibility, how to avoid future payment penalties, key points and tips for successful participation. To register for either call, please [click here](#).

For more information about these or other quality information topics, please contact Koryn Rubin, AANS/CNS Senior Manager of Quality Improvement, at krubin@neurosurgery.org.

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Drugs and Devices

■ **FDA Panel Recommends Down-Classification for Pedicle Screws**

On May 22, 2013, the Food and Drug Administration (FDA) Orthopaedic and

Rehabilitation Devices Panel met to discuss and make recommendations for, among other things, pedicle screw spinal systems used to treat degenerative disc disease and spondylolisthesis. The AANS, CNS, and the [Joint Section on Disorders of the Spine and Peripheral Nerves](#) sent a [letter](#) supporting the "down-classification" to the less onerous Class II designation, and William C. Welch, MD, FAANS, FACS, presented our comments at the meeting. The FDA will take the panel recommendations into account, but is not required to follow them. More information on the topic is available [here](#).

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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Academic Medical Issues

■ AAMC Hosts Briefing on Providing and Advancing Trauma Care

On May 7, 2013, the [Association of American Medical Colleges \(AAMC\)](#) hosted a briefing on Capitol Hill to highlight the impact a Level I trauma center can have on a city or community. From car accidents to large-scale disasters, access to trauma care can mean the difference between life and death. Major teaching hospitals operate more than 80 percent of the country's highest-level trauma centers, guaranteeing that a full team of physicians and other health professionals is available and equipped to spring into action at any moment, for any patient.

Moderated by AAMC Chief Public Policy Officer Atul Grover, MD, participants heard presentations from Mary Devine, MPH, Emergency Management Coordinator, Conference of Boston Teaching Hospitals, Boston, who coordinated the Boston Marathon trauma responses; Bill Mileski, MD, Director, Level I Trauma Center, University of Texas Medical Branch, Galveston, Texas; and Sandy Murdock, DrPH, Vice President, Health System and Service Line Operations, University of Texas Medical Branch, Galveston. Dr. Mileski and Dr. Murdock, a trauma surgeon and administrator, dealt with the patients severely injured during the 2010 BP oil rig explosions and fires off the coast of Texas. Dr. Mileski also discussed the state-wide negative impact of completely closing the UMTB-Galveston Level I trauma center for more than a year when it was destroyed by Hurricane Ike. Its closure had huge implications for Texas and placed enormous strains on the capacities of the state's remaining trauma centers. Overall, the briefing provided an opportunity to explain why federal support for teaching hospitals and health services such as trauma is critical and should be preserved.

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■ American Heart Association and American Stroke Association Host Hill Briefing

On May 22, 2013, the [American Heart Association](#) and [American Stroke Association](#) (AHA/ASA) hosted a briefing on Capitol Hill: "The BRAIN (Brain Research Through Advancing Innovative Neurotechnologies) Initiative: What is it and What Does It Mean for Stroke and Other Neurological Conditions?" The event was moderated by Sue Nelson, Vice President of Federal Advocacy, AHA/ASA, and additional speakers included: Bruce Ovbiagele, MD, Chair, Department of Neurology, Medical University of South Carolina; Kathy Hudson, PhD, Deputy Director for Science, Outreach and Policy, NIH; Story Landis, PhD, Director, NIH National Institute of Neurological Disorders and Stroke (NINDS); and Jose Maldonado, stroke survivor.

In a [policy statement](#) released at the briefing, the AHA/ASA predicts the cost of

stroke may double by 2030 largely due to the aging U.S. population. Additionally, they forecast that by 2030:

- Almost four percent of U.S. adults — nearly one in 25 — will have a stroke. This translates into an additional 3.4 million people with stroke in 2030.
- Costs to treat stroke may increase from \$71.55 billion in 2010 to \$183.13 billion.
- Annual costs due to lost productivity could rise from \$33.65 billion to \$56.54 billion.
- Americans currently 45-64 years old are expected to have the highest increase in stroke at 5.1 percent.
- Stroke prevalence is projected to increase the most among Hispanic men between now and 2030, and the cost of treating stroke in Hispanic women is expected to triple.

Drs. Landis and Hudson also provided an update on current research that is being funded by the [BRAIN Initiative](#). The BRAIN Initiative has provided \$110 million in funding to public institutions (NIH, National Science Foundation, etc.) and \$122 million to private institutions.

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Of Note

■ Marilyn Tavenner Confirmed as Permanent CMS Administrator

On March 15, 2013, the U.S. Senate voted 91-7 to confirm Marilyn Tavenner as the new administrator for the [Centers for Medicare and Medicaid Services](#) (CMS). This action ends a nearly seven-year stretch during which the agency lacked a confirmed leader. Tavenner has been serving as acting administrator since December 2011 and will have a huge role in carrying out major provisions of the new healthcare law. Prior to coming to CMS, Tavenner served as Virginia's secretary of health and human resources and was a hospital executive for more than 25 years.

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Communications

■ Washington Committee Chair Featured in American Medical News Article on Neurosurgery Revenue

On May 20, 2013, the American Medical News featured an article on the findings of a new Merritt Hawkins [survey](#) on hospital inpatient and outpatient revenue. According to the survey referenced in the article "[Seismic shift lifts primary care's impact on hospital revenues](#)," net neurosurgical revenue was down from \$2,364,864 in 2002 to \$1,684,523 in 2013. Conversely, primary care revenue was up from \$1,272,862 in 2002 to \$1,566,165 in 2013. John A. Wilson, MD, FAANS, chair of the AANS/CNS Washington Committee, told American Medical News, "It's likely that the rise of employed physicians is driving up primary care physician revenue for hospitals, but some declines by specialties might be overblown, because small hospitals were overrepresented in the survey. Merritt Hawkins said 62 percent of respondents represented hospitals with 100 beds or fewer, compared with a national percentage of 51 percent. Small hospitals usually don't have a lot of neurosurgeons on staff."

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■ Recent Neurosurgery Blog Posts

Every week, Neurosurgery Blog reports on hot topics and investigates how healthcare policy affects patients, physicians and medical practice. Listed below are some of the latest posts on the AANS Annual Scientific Meeting, medical liability, workforce shortage issues and healthcare reform in general.

- [CNS Spotlight: 2013 Spring Congress Quarterly Released](#)
- [Moot Point: IPAB Triggers Won't Happen This Year](#)
- [Obamacare is Raising the Cost of Healthcare](#)
- [Efforts to Fix the SGR Continue](#)

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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