



# 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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## SPECIAL ANNOUNCEMENT

- **Pediatric Neurosurgeon Announces Campaign for U.S. Senate**

On Oct. 29, 2013, Monica C. Wehby, MD, FAANS, a pediatric neurosurgeon from Portland, Ore., announced her campaign for the U.S. Senate in the state of Oregon. She joins a growing list of Republicans hoping to unseat Senator Jeff Merkley (D-Ore.). As a practicing neurosurgeon for 15 years, Dr. Wehby has held numerous leadership positions at the local, state and national level. She served on the board of directors at the American Association of Neurological Surgeons, as a trustee for the American Medical Association, and is a past-president of the Oregon Medical Association. Dr. Wehby has also received the congressional medal of distinction for improving children's health.

When asked why she decided to run for office, Dr. Wehby stated, "I have spent my entire professional career helping others and solving complex medical problems. I'm not a career politician. I'm a pediatric neurosurgeon and mother of four who is concerned about the future of our country. Every day, I talk with parents who are worried about their job, their finances, their ability to pay for health care, but who push all those worries aside to focus only on doing what it takes to care for their loved ones. I am ready to serve the people of Oregon in the U.S. Senate, to be their voice, to stick up for their futures." With healthcare issues continuing to be at the top of our nation's political and policy agenda, it is essential to have more physicians serving in the U.S. Senate, and Dr. Wehby would certainly bring common sense, competence and compassion to the Congress.

"I will never stop being a doctor," said Dr. Wehby on her website. "Serving as your Senator will simply be an extension of the work that I have done my entire adult life — listening to the patient, looking at data, figuring out the problem and fixing it."

In [accepting her resignation](#) from the AANS Board of Directors, AANS President, William T. Couldwell, MD, PhD, FAANS, thanked Dr. Wehby for all her hard work, noting "There is no question that Dr. Wehby is eminently qualified, as she proved so adeptly through her leadership on the AANS Board." He added, "It will be through people like her that we can achieve positive change in our nation's healthcare system, and we wish her well in her quest to claim a seat in the U.S. Senate."

For more information about the campaign, [click here](#). Additionally, you can view her video announcement where she introduces herself to the voters of Oregon by [clicking here](#).

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## Legislative Affairs

- **Congressional Committees Release Framework for Repealing the SGR**

On Oct. 31, 2013, the [Senate Finance](#) and [House Ways and Means](#) Committees released a bipartisan, bicameral [draft proposal](#) to repeal and replace Medicare's sustainable growth rate (SGR) formula. The proposal would permanently repeal the SGR update mechanism, reform the fee-for-service payment system through greater focus on value over volume, and encourage participation in alternative payment models. Key provisions in the draft include:

- Repeal the SGR formula;
- Freeze annual fee schedule payment updates for 10 years, with positive updates beginning in 2024;
- Avoid payment differentials between primary care physicians and specialists;
- Combine Medicare's current incentive and penalty programs, including the [Physician Quality Reporting System](#) (PQRS), [Electronic Health Record](#) (EHR), and [Value-Based Payment Modifier](#) (VBPM) programs and penalties, to create a single budget-neutral program for evaluating physician performance;
- Establish a new "value-based performance (VBP) payment program," which would adjust payments beginning in 2017;
- Allow physicians to participate in alternative payment models, such as accountable care organizations, rather than the VBP payment program;
- Require an assessment of medical services, including the global surgical package, to "ensure accurate valuation of services" under the physician fee schedule; misvalued codes would be adjusted to achieve roughly \$3 billion in total fee schedule savings;
- Instruct the Secretary of the Department of Health and Human Services (HHS) to require physicians to submit data on resource use or face a one-year, 10 percent payment reduction
- Utilize appropriate use criteria for certain imaging services—prior authorization requirements would be imposed on physicians ordering too many tests and
- Direct the Department of Health and Human Services to publish utilization and payment data for physicians on the [Physician Compare](#) website.

The AANS and CNS have significant concerns about this proposal, as outlined in our [comments](#) to the committees. Stay tuned for more details.

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#### ■ **Neurosurgery Urges Adoption of Liability Protections in SGR Bill**

On Oct. 9, 2013, the AANS and CNS joined forces with the [Health Coalition on Liability and Access](#) (HCLA) in sending a [letter](#) to the [House Ways and Means Committee](#) urging the committee to adopt the medical liability protections included in the [Medicare Patient Access and Quality Improvement Act of 2013](#) (H.R. 2810) in legislation it is drafting to replace Medicare's sustainable growth rate (SGR) payment formula. The letter points out that this provision is necessary to ensure that federal quality measurements will not be confused with questions about medical negligence as it will clarify that federal healthcare guidelines or regulations, which were not specifically designed to establish a standard of care, should not be interpreted as creating a standard of care.

Unfortunately, the initial [discussion draft proposal](#) for replacing the SGR does not include this basic medical liability protection. The AANS and CNS will continue advocating for its inclusion in any payment reform legislation considered by Congress.

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#### ■ **Pennsylvania Adopts "I'm Sorry" Law**

Physician apologies are now protected in Pennsylvania, when on Oct. 25, 2013, Gov. Tom Corbett signed into law legislation preventing most physician apologies from being used against them in a medical liability lawsuit. Senate Bill 379 will protect most physician apologies except for admissions of negligence, which would remain admissible. The new law removes a barrier to open communication between physicians and patients after a poor outcome, without taking any legal right away from injured patients or impair their ability to file a personal injury action against a healthcare provider should they choose to do so.

If you have questions about these or other legislative issues, please contact Katie Orrico, director of the AANS/CNS Washington Office at [korrico@neurosurgery.org](mailto:korrico@neurosurgery.org).

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## NeurosurgeryPAC

### ■ **Contribute to NeurosurgeryPAC Today**

NeurosurgeryPAC's fundraising continues, and as of Oct. 28, 2013, NeurosurgeryPAC has raised a total of \$213,321. This includes \$17,100 that was recently raised at the CNS Annual Meeting in San Francisco. Thanks to all our contributors!!

To date, the NeurosurgeryPAC has donated a total of \$218,000 to 62 candidates and national political committees. We still have a long way to go to reach our \$250,000 fundraising goal for 2013 and we need your help! As always, you can contribute using our online donation option by logging onto MyAANS.org.

Most recently, at its October meeting, the NeurosurgeryPAC Board approved a \$5,000 contribution for Oregon pediatric neurosurgeon Monica C. Wehby, MD, FAANS. Dr. Wehby is challenging Sen. Jeff Merkley (D-Ore.). Her candidacy provides a unique opportunity for NeurosurgeryPAC to support one of its own for a seat in the U.S. Senate.

[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](mailto: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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## Coding and Reimbursement

### ■ **Washington State Considers Coverage Policy for Carotid Artery Stenting**

On Sept. 20, 2013, Luis J. Kim, MD, FAANS, [presented comments](#) on behalf of the [Washington State Association of Neurological Surgeons](#) (WSANS), AANS and CNS during the [Washington State Healthcare Authority Health Technology Clinical Committee's \(HTCC\)](#) consideration of coverage for carotid artery stenting (CAS). Dr. Kim emphasized that in light of the recent publication of

the Carotid Revascularization Endarterectomy vs. Stenting Trial (CREST), the FDA expansion of indications for CAS systems, and published recommendations from multiple physician specialties, organized neurosurgery supports CAS as a reasonable alternative to carotid endarterectomy (CEA) treatment for younger, symptomatic patients with standard surgical risk. For asymptomatic patients, Dr. Kim stated that, although current rates of stroke and death for CEA and CAS are below the American Heart Association guideline of three percent, a randomized trial with modern medical therapy, such as CREST II, is warranted prior to expansion of coverage. In addition, Dr. Kim recommended that intracranial stenting be considered separately from CAS.

Following review and debate, the HTCC recommended no coverage for intracranial stenting and supported covering CAS with conditions. Per the recommendations, CAS will be covered "for patients who are at high risk for CEA with symptomatic carotid artery stenosis equal or greater than 50 percent and coverage of CAS for patients at high risk for CAE with asymptomatic carotid artery stenosis greater than or equal to 80 percent. Embolic protection would be required. Facility accreditation by ACC or the Intersocietal Accreditation Commission would also be required." The HTCC will vote and finalize the decision at its meeting on Nov. 15, 2013.

If you have any questions regarding this or other reimbursement issues, please contact Cathy Hill, AANS/CNS Senior Manager for Regulatory Affairs, at [chill@neurosurgery.org](mailto:chill@neurosurgery.org).

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## Quality Improvement

### ■ 2013 PQRS Interim Feedback Now Available

Neurosurgeons who reported at least one valid 2013 [Physician Quality Reporting System](#) (PQRS) measure via claims can now review their first quarter data submissions online. The 2013 Interim Feedback Dashboard, available through [CMS' Quality Reporting Portal](#), can help neurosurgeons monitor their progress toward avoiding the 2015 PQRS penalty, and possibly help assess prospects for earning a 2013 PQRS bonus payment. Neurosurgeons who satisfy PQRS reporting requirements in 2013 are eligible to earn an incentive payment of 0.5 percent of total covered Medicare Part B charges, while those who do not comply with the requirements are subject to a 1.5 percent penalty in 2015.

The Dashboard allows neurosurgeons to access interim PQRS data on a quarterly basis. Prior Dashboard data are available for up to two years. The interim feedback reports do not provide the final data analysis for full-year reporting, nor do they indicate PQRS incentive eligibility. It also should be noted that data submitted via a qualified registry, electronic health record (EHR), or through the Group Practice Reporting Option (GPRO) in 2013, is not available through the dashboard, but instead through PQRS feedback reports issued in the fall of 2014.

[CMS offers a User Guide](#) with instructions for accessing the Dashboard and additional information on the types of data available.

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### ■ Time Remains to Avoid the 2015 PQRS Penalty

Neurosurgeons who missed the Oct. 18, 2013, Administrative Claims deadline still have the opportunity to avoid a 1.5 percent 2015 [Physician Quality Reporting System](#) (PQRS) penalty. To do so, neurosurgeons must report by Dec. 31, 2013:

- One valid measure via claims, participating register, or qualified EHR; or
- One valid measure in a measures group via claims or participating registry.

Neurosurgeons who successfully participate in PQRS in 2013 will automatically avoid the 2015 PQRS penalty.

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#### ■ **Access Your 2012 PQRS Feedback Report Today**

Feedback reports are now available for neurosurgeons who submitted [Physician Quality Reporting System](#) (PQRS) data between Jan. 1 and Dec. 31, 2012. Reports can be retrieved using the following options:

- National Provider Identifier (NPI)-level reports can be requested through the [Communication Support Page](#) by creating a NPI-level feedback report request.
- Taxpayer Identification Number (TIN)-level reports, which contain NPI-level detail, are available for download on the Physician and Other Health Care Professionals Quality Reporting Portal available via [QualityNet](#).
- Group Practice Reporting Option (GPRO) participants can access PQRS feedback through the 2012 Quality and Resource Use Reports (QRURs). Authorized representatives of practices with 25 or more eligible professionals can access the QRURs at <https://portal.cms.gov>.

For more information on locating and interpreting data provided in the feedback report, review the [2012 PQRS Feedback Report User Guide](#).

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#### ■ **Request a Review of 2012 PQRS Participation Results**

Neurosurgeons who submitted data for the 2012 [Physician Quality Reporting System](#) (PQRS) program can now request to have an informal review of their 2012 PQRS reporting performance. An informal review may be requested if the [feedback report](#) reveals that the neurosurgeon or group practice did not earn the 2012 PQRS incentive payment when they believe they should have, or when they believe the payment amount was incorrect. Informal review requests will be accepted from Nov. 1, 2013, through Feb. 28, 2014.

To request an informal review, CMS must receive a valid informal review request via the web-based tool, [Quality Reporting Communications Support Page](#). For more information about the informal review, see the [2012 PQRS Informal Review Made Simple](#).

If you have any questions regarding these or other quality-related issues, please contact Rachel Groman, Vice President for Clinical Affairs and Quality Improvement at Hart Health Strategies at [rgroman@hhs.com](mailto:rgroman@hhs.com).

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### **Drugs and Devices**

#### ■ **FDA Releases Unique Device Identifier (UDI) Final Rule**

On Sept. 20, 2013, the [Food and Drug Administration](#) (FDA) released the

[Unique Device Identifier \(UDI\) Final Rule](#), which establishes a system to adequately identify devices through distribution and use. This rule requires the label of medical devices to include a unique device identifier (UDI), except where the rule provides for an exception or alternative placement. In addition, manufacturers must submit product information concerning devices to the FDA's Global Unique Device Identification Database (GUDID). The UDI will be required to be directly marked on the device itself if the device is intended to be used more than once and reprocessed before each use. On Nov. 7, 2012, the AANS and CNS sent a [letter](#) in response to the proposed UDI rule, generally supporting the initiative, but recommending that implantable devices not be subject to direct marking. In a significant change from the proposed rule, the FDA agreed not to require direct marking of implantable devices.

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#### ■ **Sign-up for Education Sessions on Sunshine Act**

As previously reported, the Physician Payments Sunshine Act, which was part of the [Affordable Care Act \(ACA\)](#), will require the [Centers for Medicare & Medicaid Services \(CMS\)](#) to publicly release data collected on payments and transfers of value paid or given to physicians starting in September 2014. This data will be tracked using National Provider Identifier (NPI) profiles, so it is important that neurosurgeons review their NPI profile to ensure that the information CMS has on file is accurate. To that end, the [Partners for Healthy Dialogues](#) recently released a helpful video which provides information on how to update your NPI.

In addition, neurosurgeons may want to participate in one of the webinars that the CMS is offering. Below for information on each webinar:

CMS Regions 9 and 10

Date: Thursday, November 14

Time: 3:00 p.m. – 4:00 p.m. EST

Webinar Link: <https://webinar.cms.hhs.gov/ro9-10openpayment/>

Dial-In: 1-877-267-1577

Meeting ID Number (no password required): 994 209 357

CMS Regions 1, 2, 3 and 4

Date: Tuesday, November 19

Time: 12:00 p.m. – 1:00 p.m. EST

Webinar Link: <https://webinar.cms.hhs.gov/ro1-4openpayment/>

Dial-In: 1-877-267-1577

Meeting ID Number (no password required): 998 023 973

CMS Regions 5, 6, 7 and 8

Date: Wednesday, November 20

Time: 1:00 p.m. – 2:00 p.m. EST

Webinar Link: <https://webinar.cms.hhs.gov/r05-8openpayment/>

Dial-In: 1-877-267-1577

Meeting ID Number (no password required): 997 589 431

[Click here](#) for more information on the CMS Open Payments program.

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

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#### **Academic Medical Issues**

#### ■ **New AAMC Video Highlights Physician Shortage Issue**

To illustrate the problem of the looming physician workforce shortage, the [Association of American Medical Colleges \(AAMC\)](#) recently released a [motion graphic](#), which explains the physician shortage issue and the policy behind the growing shortage of residency positions for medical school graduates. This short video provides a concise depiction of the physician shortage and the need for Congress to increase the number of federally funded residency training positions.

Experts estimate that there is a looming shortage of neurosurgeons. This finding was recently confirmed in a study published in the November issue of the journal [Health Affairs](#). In this paper, "[An Aging Population And Growing Disease Burden Will Require A Large And Specialized Health Care Workforce By 2025](#)," the authors estimate that demand for neurosurgical services will increase by 18 percent, and market indicators such as long wait times (nearly 25 days) to obtain non-emergent neurosurgical appointment, suggest that the current supply is inadequate.

Legislation is pending before Congress that would increase the number of Medicare supported residency positions by 3,000 each year for the next five years for a total of 15,000 new residency slots. One-half of these positions are required to be used for shortage specialty residency programs, of which neurosurgery qualifies.

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#### ■ **Senate Committee Approves Children's Hospital GME Bill**

On Oct. 30, 2013, the Senate Health, Education, Labor, and Pensions (HELP) Committee passed S. 1557, the [Children's Hospital GME Support Reauthorization Act of 2013](#). The bill would reauthorize the [Children's Hospital Graduate Medical Education Payment Program](#) for five years at \$300 million per year. The program provides funding to help train pediatricians and other residents at approximately 55 freestanding children's hospitals in 30 states. These hospitals train more than 45 percent of general pediatricians, 51 percent of pediatric specialists, and the majority of pediatric researchers.

A similar measure passed the House of Representatives on Feb. 4, 2013, by a [vote of 352 to 50](#).

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#### **Of Note**

#### ■ **RAND Corporation Publishes New Study on Physician Professional Satisfaction**

According to a new RAND Corporation [study](#), a primary driver of job satisfaction among physicians is being able to provide high-quality healthcare. However, the study also notes obstacles to quality patient care are a source of stress for doctors. Particularly, as it relates to cumbersome electronic health records (EHR) systems.

The findings are from a project, sponsored by the [American Medical Association](#) (AMA), designed to identify the factors that influence physicians' professional satisfaction. The issue is of increasing importance as health reform and other forces in the U.S. healthcare system alter contemporary delivery and payment models.

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## ■ New Washington Office Personnel

The AANS and CNS have engaged the services of the firm, [Hart Health Strategies \(HHS\)](#), to provide staff support for neurosurgery's quality improvement and guidelines activities. HHS is a consulting and lobbying firm specializing in legislative and regulatory healthcare issues. Neurosurgery has worked with HHS for many years in their capacity of the outside consultants of the [Alliance of Specialty Medicine](#). While we will have access to the entire HHS team, three individuals will serve as the primary consultants on our account. For quality improvement-related activities, we will have the benefit of the expertise of Emily L. Graham, RHIA, CCS-P and Rachel Groman, MPH. Both have extensive experience working on quality issues and have spent much of their careers working for or on behalf of physician organizations. With regard to guidelines activities, Shana Christrup, MPH, will be assigned to our account. Their full bios are available [here](#).

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## Communications

### ■ Neurosurgery in the News

During the debate over legislation to address the federal budget and debt ceiling, the newspaper, The Hill, reached out to the AANS and CNS for our insight on the potential of incorporating the medical device excise tax repeal as part of this fiscal legislation. In the article, "Lobbyists: ObamaCare tax repeal within reach," Katie O. Orrico, director of the AANS/CNS Washington Office, told The Hill that, "We are thrilled that the issue has been able to get more of a public airing so that the public has more of a understanding of the issue." Ms. Orrico also highlighted the growing support for repealing the medical device tax amongst key stakeholders and congressional leaders, which in turn increases the possibility for its repeal. Ultimately, the provision was dropped from the final agreement, but the AANS and CNS continue to advocate for repeal of this innovation-killing tax.

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### ■ Recent Neurosurgery Blog Posts

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. Listed below are some recent blog posts on SGR repeal, Graduate Medical Education (GME), Physician Sunshine Act, and the federal budget.

- [New AAMC Motion Graphic Highlights Physician Shortage Issue](#)
- [Portland Neurosurgeon, Monica C. Wehby, MD, Announces Campaign for U.S. Senate in Oregon](#)
- [AANS and CNS Release Position Statement on Hydrocodone Prescribing](#)
- [Dr. Robert E. Harbaugh Talks Sunshine Act](#)
- [What's New in the World of GME?](#)
- [Efforts to Repeal the SGR Continue](#)
- [CBO Releases its "Not So Pretty" 2013 Long-Term Budget Outlook](#)

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](mailto:adye@neurosurgery.org).

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**Questions or comments? Please contact Katie Orrico  
at 202-446-2024 or [korrico@neurosurgery.org](mailto:korrico@neurosurgery.org).**

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