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# Neurosurgeons Taking Action



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*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. To ensure that our members stay on top of the issues that affect them, **Neurosurgeons Taking Action** is sent out when news and/or events warrant their attention.

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## Special Announcements

### **Special Message from John D. Davis IV, MD, FAANS**

Neurosurgery needs you. We have a great team in Washington, D.C., but we need your help to maximize organized neurosurgery's effectiveness. [Click here](#) for a special message from NeurosurgeryPAC chair, **John D. Davis IV, MD, FAANS**.

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### **Contribute to NeurosurgeryPAC Today**

During the 2016 election cycle, organized neurosurgery's advocacy efforts put more than \$85,000 in most neurosurgeons' bank accounts! Yet, to date, NeurosurgeryPAC has only raised a total of \$98,000 towards our \$250,000 fundraising goal. We need your help to continue making progress on our advocacy agenda. Given that it is an election year, it is doubly imperative that neurosurgeons support your political action committee. Please contribute to NeurosurgeryPAC today. Contributing is easy and can be done online at

[MyAANS](#).

[Click here](#) for more information about NeurosurgeryPAC, including the current list of donors, candidates receiving NeurosurgeryPAC support and to read more about your PAC in action.

*Editor's Note: AANS members who are citizens of the United States and pay dues or have voting privileges may contribute to NeurosurgeryPAC, as may AANS candidate members. All contributions must be drawn on personal accounts and any corporate contributions to NeurosurgeryPAC will be used for administrative expenses and other activities permissible under federal law. Contributions are not tax-deductible. Federal law requires NeurosurgeryPAC to use its best efforts to collect and report the name, mailing address, occupation, and the name of the employer of every individual whose contributions exceed \$200 in a calendar year.*

If you have questions about NeurosurgeryPAC, please contact Adrienne Roberts, senior manager of legislative affairs in the AANS/CNS Washington Office, at [aroberts@neurosurgery.org](mailto:aroberts@neurosurgery.org).

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## Legislative Affairs

### **AANS and CNS Endorse the HEALTH Act**

On March 21, 2016, organized neurosurgery joined the [Alliance of Specialty Medicine](#) and the [Health Coalition on Liability and Access](#) (HCLA) in endorsing [H.R. 4771](#), the Help Efficient, Accessible, Low-cost Timely Healthcare (HEALTH) Act. Sponsored by Rep. **Trent Franks** (R-Ariz.), this legislation is based on proven state reforms that have improved the medical liability climate in states like California and Texas. Additionally, the [Congressional Budget Office](#) (CBO) has shown that comprehensive medical liability reform would save the federal government nearly \$70 billion over 10 years; thus, aiding in the efforts to reduce the national deficit.

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### **Congress Holds Medicare Physician Payment Hearing**

On April 19, 2016, the [House Energy and Commerce Committee's](#) Subcommittee on Health, chaired by Rep. **Joseph Pitts** (R-Pa.), held a [hearing](#) examining the implementation of Medicare payment reforms included in the [Medicare Access and CHIP Reauthorization Act](#) (MACRA). The hearing examined how physician organizations and their members are preparing for the MACRA's implementation. In March 2015, the subcommittee held a [hearing](#) featuring **Patrick Conway**, MD, deputy administrator for innovation and quality and chief medical officer of the [Centers for Medicare & Medicaid Services](#) (CMS). The hearing focused on CMS' progress in developing the rules for implementation. The draft proposed rule implementing MACRA, and its [Merit-based Incentive Payment System](#) (MIPS) and [Alternative Payment Model](#) (APM) programs, [was released](#) on April 27, 2016. The AANS and CNS are reviewing this detailed proposal and will provide neurosurgeons with more details in the near future. The AANS and CNS joined the [Alliance of Specialty Medicine](#) in submitting a [statement](#) for the record. Additional information about the hearing, including a background memo, witness testimony and an archived video, can be found on the subcommittee's

website [here](#).

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### **Legislation to Shorten 2016 Meaningful Use Reporting Period Introduced**

On April 20, 2016, House and Senate lawmakers introduced legislation to shorten [Medicare' Electronic Health Record \(EHR\) Incentive Program's](#) meaningful use (MU) 2016 reporting period from a full year to 90 days. The AANS and CNS have been pushing for this change. Sponsored by Rep. **Renee Ellmers** (R-N.C.) in the House and Sen. **Rob Portman** (R-Ohio) in the Senate, the "Flexibility in Electronic Health Record (EHR) Reporting Act" (H.R. 5001/S. 2822) would require the secretary of the U.S. Department of Health and Human Services to continue using a three-month EHR reporting period to demonstrate meaningful use — regardless of the stage of meaningful use criteria involved. Additional original cosponsors of the legislation included Reps. **Tom Price**, MD (R-Ga.); **Marsha Blackburn** (R-Tenn.); **Ron Kind** (D-Wis.); **Bobby Rush** (D-Ill.); **Doris Matsui** (D-Calif.); and Senator **Michael Bennet** (D-Colo.).

In a [statement](#), Rep. Ellmers expressed her frustration with the [Centers for Medicare & Medicaid Services](#) (CMS) and the agency's "continued procrastination" to provide physicians with "relief from the tough and inflexible deadlines" within the MU program. She added that this legislation would "deliver flexibility to hospitals and doctors facing stiff penalties from unmanageable requirements."

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### **Congress Introduces Resolution Designating Brain Aneurysm Awareness Month**

On March 23, 2016, Reps. **Pat Tiberi** (R-Ohio) and **Richard Neal** (D-Mass.) introduced a resolution, [H. Res. 667](#), which would designate September 2016 as "National Brain Aneurysm Awareness Month." Since neurosurgeons play a crucial role in the treatment of brain aneurysms, the AANS and CNS support this resolution and are encouraging neurosurgeons to urge their elected officials to co-sponsor this initiative.

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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## **Coding and Reimbursement**

### **Washington State Requires Appointment of Clinical Expert on Technology Committee**

In a significant victory for patients and physicians in Washington State, on March 28, 2016, the Washington State Senate voted to override Governor Jay Inslee's veto of [ESSB 5145](#). The House followed suit on March 29, 2016. The new law requires the Washington State Healthcare [Health Technology Assessment Program](#) (HTAP) to appoint at least one member of its [Health Technology Clinical Committee](#) (HTCC) from nominations submitted by the [Washington State Medical Association](#) (WSMA) or the [Washington State Osteopathic Medical Association](#) (WOMA). The designated physician does not have a vote but will be a relevant clinical expert permitted to participating in panel discussions. The AANS, CNS and [Washington State Association of Neurological Surgeons](#) (WSANS) have long supported

improved physician representation on the HTCC. We joined a variety of stakeholders, including physicians, patient advocacy groups, unions, medical device industry and others in pushing for the inclusion of an additional physician slot on this important panel.

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### **CMS Drops Controversial “Two-Midnight” Rule**

On April 18, 2016, the [Centers for Medicare & Medicaid Services](#) (CMS) [released](#) its proposed rule to update the 2017 Medicare hospital payment rates. In this proposal, CMS stated that the agency will no longer enforce inpatient payment cuts under the controversial "two-midnight" rule. Instead of continuing plans for a 0.2 percent cut in Medicare reimbursement, CMS plans a temporary increase of 0.6 percent in fiscal year 2017 to offset the estimated cost of the "two-midnight" rule policy. This announcement comes after CMS has faced ongoing industry criticism and a legal challenge.

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**

### **Medicare PQRS Experience Report Sheds Light on Neurosurgical Participation Patterns**

In April 2016, the [Centers for Medicare & Medicaid Services](#) (CMS) released its [2014 Physician Quality Reporting System \(PQRS\) Experience Report](#), which summarizes the historical reporting experience of eligible professionals (EPs) and group practices in Medicare's [Physician Quality Reporting System](#) (PQRS) through program year 2014. The report also provides preliminary PQRS data for the 2015 program year.

Overall, nearly two-thirds of all EPs are now participating in PQRS; however, less than half of those eligible received a bonus payment, while more than one-half avoided a 2.0 percent pay cut in 2016 — leaving 558,885 EPs subject to the penalty. The report also provided limited data regarding specialty participation rates and trends. Regarding neurosurgery:

- 66 percent of neurosurgeons participated in the PQRS in 2014 compared to 56 percent in 2013. Claims-based reporting remained the most popular reporting mechanism among neurosurgeons in 2014;
- 1,635 neurosurgeons (or 31.7 percent) of neurosurgeons were subject to a PQRS penalty in 2015 while 2,239 (or 38.4 percent) will receive a penalty in 2016. By comparison, the specialty with the smallest proportion of EPs subject to the payment adjustment was pathology at 16 percent, and the specialties with the highest proportion of EPs subject to the penalty were oral/maxillofacial surgery and general practice — both at 72 percent; and
- Among participating EPs, 74.6 percent of neurosurgeons were eligible for an incentive in 2014.

The current PQRS program will be phased-out when CMS rolls-out the new Merit-based

Incentive Payment System (MIPS) on Jan. 1, 2017.

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### **2015 Mid-Year Quality and Resource Use Reports Now Available**

In April 2016, the [Centers for Medicare & Medicaid Services](#) (CMS) released the 2015 Mid-Year Quality and Resource Use Reports (QRURs) to physician solo practitioners and groups of physicians nationwide who bill for Medicare-covered services under a single tax identification number (TIN). The reports contain information on cost and quality measures used to calculate the 2017 [Value-Based Payment Modifier](#) (VM). The mid-year reports are for informational purposes only and will not affect physician payments under the Medicare Physician Fee Schedule. [Click here](#) for general information about the reports. Individual physicians and group practices can access their reports on the [CMS Enterprise Portal](#) using an Enterprise Identity Management (EIDM) account. [Click here](#) for additional information on how to obtain a QRUR.

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, via email at [rgroman@hhs.com](mailto:rgroman@hhs.com).

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## **Graduate Medical Education**

### **New AAMC Research Confirms Looming Physician Shortage**

On April 5, 2016, the [Association of American Medical Colleges](#) (AAMC) released its updated 2016 report titled "[The Complexities of Physician Supply and Demand: Projections from 2014 to 2025](#)." According to the report, physician demand continues to grow faster than supply leading to a projected total physician shortfall of between 61,700 and 94,700 physicians by 2025. This projection exceeds the 46,100 to 90,400 physician shortfall estimated by the 2015 study. The projected shortfalls in primary care range between 14,900 and 35,600 physicians by 2025, greater than last year's 12,500 to 31,100 projected shortage. Similarly, under almost all scenarios, the supply of surgical specialists is expected to decline, although projections for individual surgical specialties will likely vary. In the aggregate, the AAMC projects a shortfall of between 25,200 and 33,200 surgeons by 2025, slightly higher than the 2015 report, which projected a shortfall of between 23,100 and 31,600 surgeons.

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

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## **Drugs and Devices**

### **Open Payment Data Review and Dispute Period Ends on May 15**

The Physician Payments Sunshine Act requires manufacturers of drugs, medical devices and



biologicals that participate in U.S. federal health care programs to report certain payments and items of value — including money for research, gifts, speaking fees, meals and travel — given to physicians and teaching hospitals. The [Centers for Medicare & Medicaid Services](#) (CMS) has been charged with implementing the Sunshine Act and has called it the Open Payments Program. On April 1, 2016, the CMS announced the beginning of the 45-day Open Payments review and dispute period, which concludes on May 15, 2016. On June 30, 2016, CMS will publish the 2015 payment data and any corrections or updates to the 2013 and 2014 data. Physicians wishing to review their 2015 Open Payments Data should go to their CMS Enterprise Portal. [Click here](#) for additional information about the Enterprise Portal and the Enterprise Identity Management (EDIM) system. Details about the Open Payments program is available on the [CMS Open Payments Website](#).

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### **CDC Releases Guideline for Prescribing Opioids for Chronic Pain; FDA Releases Enhanced Labeling for IR Opioids**

On March 15, 2016, the [Centers for Disease Control and Prevention](#) (CDC) released a final [Guideline for Prescribing Opioids for Chronic Pain](#) that focuses on treating chronic pain outside end-of-life care. The guideline provides recommendations for primary care clinicians who are prescribing opioids for chronic pain unrelated to active cancer treatment, palliative care and end-of-life care. The document addresses the following major topics:

- When to initiate or continue opioids for chronic pain;
- Opioid selection, dosage, duration, follow-up and discontinuation; and
- Assessing risk and addressing harms of opioid use.

On Jan. 13, 2016, the AANS and CNS [submitted comments](#) on several aspects of the draft guidelines. Additionally, on March 22, 2016, the U.S. [Food and Drug Administration](#) (FDA) [announced](#) enhanced labeling requirements for immediate release opioids, including additional warnings and safety information similar to those implemented in 2013 for extended-release/long-acting opioid analgesics. The agency expects that 87 branded products and 147 generic products will be affected by the label changes and has begun sending letters to manufacturers to inform them of the new requirements.

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### **Neurosurgery Supports Medication-Assisted Treatment for Opioid Use Disorders**

On April 5, 2016, the AANS, CNS, AANS/CNS Section on Pain and AANS/CNS Section on Disorders of the Spine and Peripheral Nerves sent a [letter](#) to the [Substance Abuse and Mental Health Services Administration](#) supporting a medication-assisted treatment for opioid use disorders proposal, that was [published](#) in the March 30, 2016, *Federal Register*. In our comments, we noted that if adopted, "this rule should improve patient access to appropriately trained practitioners for opioid use disorders."

If you have any questions regarding this, or other drug and device issues, please contact Cathy Hill, AANS/CNS senior manager for regulatory affairs, at [chill@neurosurgery.org](mailto:chill@neurosurgery.org).

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## Of Note

### **Drs. Mitchel S. Berger and Neal F. Kassell Named to White House Cancer Moonshot Expert Panel**

On April 4, 2016, the [National Cancer Institute](#) (NCI), part of the [National Institutes of Health](#) (NIH), announced a [Blue Ribbon Panel](#) of scientific experts, cancer leaders and patient advocates that will inform the scientific direction and goals of Vice President **Joe Biden's National Cancer Moonshot** initiative. Neurosurgeons **Mitchel S. Berger**, MD, FAANS, and **Neal F. Kassell**, MD, FAANS, have been appointed to this panel, which will serve as a working group of the presidentially appointed [National Cancer Advisory Board](#) (NCAB) and will provide scientific guidance from thought-leaders in the cancer community.

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## Communications

### **Dr. H. Hunt Batjer Drafts Opinion Piece for Morning Consult**

On April 5, 2016, *Morning Consult* published an [op-ed](#) by **H. Hunt Batjer**, MD, FAANS, AANS president, which gave a detailed account of the key issues regarding graduate medical education (GME). In the piece, Dr. Batjer wrote:

An appropriate supply of well educated and trained physicians is essential to ensure timely access to quality health care services for all Americans. America's specialty physicians challenge Congress to meet these needs by adopting legislation to increase the number of Medicare-supported residency positions.

Additionally, on April 5, 2016, Dr. Batjer's *Morning Consult* piece was re-purposed in *Becker's Spine Review*. [Click here](#) to read the article.

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### **Neurosurgery Hosts Successful GME Awareness Campaign**

Throughout the months of March (and part of April), [Neurosurgery Blog](#) hosted a graduate medical education (GME) awareness campaign. To maximize attention on GME and physician workforce issues, we planned our efforts around [Match Day](#), which occurred on March 18, 2016. Dubbing March as "[GME Month](#)," the AANS and CNS utilized the hashtags #GMEMonth and #GMEMatters on Twitter. Neurosurgery Blog and other AANS/CNS communications outlets focused on GME-related topics with multiple guest blog posts. **Atul Grover**, MD, PhD, executive vice president of the Association of American Medical Colleges, authored our first [guest post](#). Rep. **Joe Crowley** (D-N.Y.), vice chair of the House Democratic Caucus and a member of the powerful Ways and Means Committee, authored another [guest post](#). Many others in the neurosurgical community took the time to contribute additional blog posts on this important topic. In addition, Neurosurgery Blog created an [engaging animation](#) on GME-related issues and developed [two infographics](#) to clearly illustrate the facts about the physician workforce shortage and how it affects patient access to specialty care.



We invite all neurosurgeons to continue the conversation — using the #GMEMatters hashtag — so we can grow awareness through social media. In the meantime, if you have not already done so, we also encourage you to subscribe to Neurosurgery Blog to stay informed on this and other important topics facing neurosurgery. Just [click here](#) to enter your email address, confirm your subscription and away you go!

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### **AANS and CNS Send Letter to New York Times Regarding Concussion Article**

On March 27, 2016, [The New York Times](#) published an article, "[On C.T.E. and Athletes, Science Remains in Its Infancy](#)," highlighting that much of the science on chronic traumatic encephalopathy (CTE) is unsettled and still needs to evolve. In a [letter to the editor](#), the AANS and CNS agreed with this point and issued a cautionary message to the media, stating:

Unfortunately, instead of a measured and reasonable analysis of the relative risks and benefits of participating in contact sports, the prevailing narrative in the media has produced the perception that sports-related concussion is a "crisis" affecting American youth. This perception is inaccurate and potentially dangerous, particularly if it limits opportunities for vigorous exercise and sports, a loss which will contribute to a real youth health crisis — childhood obesity. We believe that exercise through sports is one of the best forms of medicine and neurosurgeons have worked to help make sports safer through education, advocacy and legislation.

The letter, which was not published by the paper, went on to point out that:

Neurosurgeons have also long been involved in the diagnosis and care of individuals with sports-related injuries. We have made a significant contribution to clinical and basic science research on the subject and have shaped current guidelines for evaluation and treatment. CTE is a real pathological entity, but likely a rare clinical phenomenon; the actual incidence and prevalence of clinical or pathological CTE has yet to be elucidated in sports or other traumatic brain injury-related activities. Many variables occurring over a lifetime may contribute and advanced research needs to be done with very carefully designed prospective databases and longitudinal studies over an extended period to better understand this disease.

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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