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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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## Neurosurgeons Taking Action News

### Special Announcements

#### **CMS Proposes Major Overhaul of Medicare Physician Payment System**

On April 27, 2016, the Centers for Medicare & Medicaid Services (CMS) issued a [proposal](#) to overhaul the way Medicare pays physicians. The proposed rule implements key elements of the [Medicare Access and CHIP Reauthorization Act \(MACRA\)](#). This legislation repealed Medicare's sustainable growth rate (SGR) formula and replaced it with a new payment system. Through a single framework called the "[Quality Payment Program](#)," the new payment paradigm has two paths — the Merit-based Incentive Payment System (MIPS) and the Advanced Alternative Payment Models (APMs). The new program consolidates components of three existing Medicare penalty programs — [Physician Quality Reporting System \(PQRS\)](#), [Electronic Health Record \(EHR\)](#) and [Value-Based Payment Modifier \(VM\)](#) — and creates an opportunity for neurosurgeons to earn quality improvement bonus payments.

Initially, most neurosurgeons will likely participate in the Quality Payment Program through MIPS, which will allocate payments based on performance in four categories: quality, Advancing Care Information (formerly EHR meaningful use), clinical practice improvement activities and cost/resource use. CMS would begin measuring performance for physicians through MIPS in 2017, with payments based on those measures starting in 2019.

Neurosurgeons participating to a sufficient extent in risk-based APMs would be exempt from MIPS reporting requirements and qualify for financial bonuses in addition to any shared-savings earned through the APMs.

On June 7, 2016, AANS/CNS Washington Office staff met with senior staff from CMS, including acting administrator **Andy Slavitt**, to discuss a number of topics related to the proposed rule. Members of the AANS/CNS Neurosurgery Quality Council (NQC) and Washington Office staff developed a detailed comment letter, which was submitted on June 27, 2016. In the letter, organized neurosurgery expressed serious concerns with the new proposed payment rules and urged CMS to make substantial change before finalizing the payment overhaul.

In a release coinciding with the submission of comments, AANS president, **Frederick A. Boop**, MD, FAANS, chair of the department of neurosurgery at the University of Tennessee remarked, "MACRA presents an unprecedented opportunity to fix the currently broken and burdensome Medicare quality programs, which have little meaningful impact on quality and have been extremely disruptive to physician practices."

CNS president, **Russell R. Lonser**, MD, FAANS, chair of the department of neurosurgery at The Ohio State University, stated, "CMS should seize this moment and make substantial changes to the proposed rule to ensure that the new quality payment program is patient-centered, flexible and meaningful for physicians and patients alike." Dr. Lonser added, "The AANS and CNS recognize the enormity of the task to overhaul the Medicare physician

payment system. Nevertheless, it is essential that CMS establish the programmatic building blocks that will ensure the quality payment program's success into the future."

Copies of the press release and letters neurosurgery-supported are available by clicking the links below:

- AANS/CNS [Press Release](#)
- AANS/CNS [Comment Letter](#)
- AMA-Coalition [Comment Letter](#)
- Alliance of Specialty Medicine [Comment Letter](#)
- Council of Medical Specialty Societies [Comment Letter](#)
- Physician Clinical Registry [Coalition Letter](#)

In the coming weeks and months, the AANS and CNS will be publishing a variety of educational materials to ensure that neurosurgeons are "MACRA ready" and can thrive under the new quality payment program.

[Click here](#) for more information from CMS. Stay tuned for more details from the AANS and CNS.

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## Legislative Affairs

### **Congress Holds Hearing on MACRA Implementation**

On May 11, 2016, the [House Ways and Means Health Subcommittee](#) held a [hearing](#) entitled "Implementation of Medicare Access & CHIP Reauthorization Act of 2015 (MACRA)." [Centers for Medicare & Medicaid Services](#) (CMS) Acting Administrator, [Andy Slavitt](#), testified before the House Ways and Means Health Subcommittee on implementation of MACRA, legislation that repealed the sustainable growth rate (SGR) formula and reformed Medicare physician reimbursement payments.

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### **Neurosurgery Advocates for Pediatric Trauma Care**

On May 24, 2016, the AANS, CNS, AANS/CNS Joint Section on Neurotrauma and Critical Care and the AANS/CNS Joint Section on Pediatric Neurosurgery participated in a "Day on the Hill." Additionally, we participated at a [Congressional briefing](#) convened to highlight the challenges facing pediatric trauma patients and the need to find bipartisan solutions to ensure adequate trauma care for children. **P. David Adelson**, MD, FAANS, director of Barrow Neurological Institute at Phoenix's Children's Hospital and chief of pediatric neurosurgery at Phoenix's Children's Hospital, represented the AANS and CNS. Throughout the day, he met with several members of Congress and joined with other pediatric experts in raising awareness about the number one killer of children in the U.S. Also, as part of this effort, Reps. **Richard Hudson** (R-N.C.) and **G.K. Butterfield** (D-N.C.) announced the establishment of the Pediatric Trauma Caucus.

To aid in awareness, the AANS and CNS convened an expert workgroup of prominent

pediatric neurosurgeons. Led by Dr. Adelson, the group — which included **Douglas L. Brockmeyer**, MD, FAANS; **Ann-Christine Duhaime**, MD, FAANS; **Gerald A. Grant**, MD, FAANS; **Leon E. Moores**, MD, FAANS; and **Nathan R. Selden**, MD, PhD, FAANS — developed a [background paper](#) titled “Pediatric Trauma in the United States: Challenges of Ensuring Adequate Trauma Care for the Pediatric Patient.”

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### **House Subcommittee Advances Sports Liability Bill**

On June 8, 2016, the [House Energy & Commerce Subcommittee on Health](#) marked up [H.R. 921](#), the Sports Medicine Licensure Clarity Act of 2015. Introduced by Rep. **Brett Guthrie** (R-Ky.), this legislation aims to preserve the access of athletes and athletic teams to sports medicine professionals who provide high-quality, continuous health care services. The bill stipulates that health care services provided by covered sports medicine professionals who travel to a secondary state with an athlete, athletic team or staff member will be covered by the professional’s medical liability insurance provider. For the purposes of liability, health care services provided by a covered sports medicine professional will be deemed to have been provided in the professional’s primary state of licensure. The bill currently has 168 cosponsors and is pending further action by the full committee.

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### **Congress Holds Hearing on Concussions in Youth Sports**

On May 11, 2016, the [House Energy & Commerce Subcommittee on Oversight and Investigations](#), chaired by Rep. **Tim Murphy** (R-Pa.), held a [hearing](#) entitled “Concussions in Youth Sports: Evaluating Prevention and Research,” which examined concussions in youth sports, as part of the [committee’s broad review of concussions](#). The hearing followed the committee’s first [roundtable discussion](#) held in March 2016. The goal of the review is to bring experts from a wide variety of fields — medical, military, sports leagues and other stakeholders — to advance the understanding of these complex and traumatic brain injuries.

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### **Neurosurgery Endorses the Ensuring Children’s Access to Specialty Care Act**

On June 7, 2016, organized neurosurgery joined forces with 67 other groups in endorsing H.R. 1859/S.2782, the [Ensuring Children’s Access to Specialty Care Act](#). Sponsored by Rep. **Chris Collins** (R-N.Y.) in the House and Sen. **Roy Blunt** (R-Mo.) in the Senate, this legislation would modify the National Health Service Corps (NHSC) loan repayment program to allow pediatric subspecialists working in underserved area to participate. This bill recognizes the serious shortages that exist in pediatric subspecialties and will give the [Health Resources and Services Administration](#) (HRSA) the ability to begin to address this in a meaningful way. The House bill currently has 69 cosponsors.

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### **House Passes Multiple Opioid-Related Bills**

On May 11, 2016, the House passed a bipartisan package of opioid-related bills, including [H.R. 4641](#), legislation to establish an inter-agency task force to review, modify and update best practices for pain management and how pain medication is prescribed. Other bills in this series included:

- [H.R. 3680](#), the Co-Prescribing to Reduce Overdoses Act;
- [H.R. 4063](#), the Promoting Responsible Opioid Management and Incorporating Scientific Expertise Act;
- [H.R. 4586](#), the Lali's Law;
- [H.R. 4599](#), the Reducing Unused Medications Act;
- [H.R. 4969](#), the John Thomas Decker Act;
- [H.R. 4976](#), the Opioid Review Modernization Act;
- [H.R. 4978](#), the NAS Healthy Babies Act;
- [H.R. 4981](#), the Opioid Use Disorder Treatment Expansion and Modernization Act;
- [H.R. 4982](#), the Examining Opioid Treatment Infrastructure Act;
- [H.R. 5046](#), the Comprehensive Opioid Abuse Reduction Act;
- [H.R. 5048](#), the Good Samaritan Assessment Act; and
- [H.R. 5052](#), the OPEN Act.

Earlier this year, on March 10, 2016, the U.S. Senate passed S. 524, the Comprehensive Addiction and Recovery Act, or CARA. The bill authorizes the attorney general to provide grants to states, local governments and non-profit groups for programs to strengthen prescription drug monitoring, improve treatment for addicts and expand prevention, education and law enforcement initiatives. A House-Senate conference committee has been appointed to develop a single legislative package.

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

### **NeurosurgeryPAC Has Strong Showing at AANS Annual Meeting**

So far this year, NeurosurgeryPAC has raised \$172,125 from 184 neurosurgeons. This includes nearly \$50,000 raised at the 2016 AANS Annual Scientific Meeting in Chicago. Thanks to all our contributors! We still have a long way to go to meet our goal of \$250,000 for the 2016 calendar year, and 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 their political action committee. Please contribute to NeurosurgeryPAC today. Contributing is easy and can be done online at [MyAANS](#).

[Click here](#) for a special message from NeurosurgeryPAC chair, 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 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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## Coding and Reimbursement

### **Neurosurgery Supports Candidates for Washington State Health Care Panel**

On May 2, 2016, the Washington State Health Care [Health Technology Assessment Program](#) (HTAP) issued a [notice](#) requesting nominations for the program's [Health Technology Clinical Committee](#) (HTCC). Washington State neurosurgeons **Jean-Christophe A. Leveque**, MD, and **Abhineet Chowdhary**, MD, FAANS, have applied for open positions. On June 1, 2016, the AANS, CNS and [Washington State Association of Neurological Surgeons](#) (WSANS) sent a [letter](#) of support for Drs. Leveque and Chowdhary. The letter stated, "Given the many issues discussed by this committee related to the nervous system, we believe the process would be greatly enhanced with the addition of neurosurgical expertise on the panel."

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### **Neurosurgery Responds to Washington State HTA Plan for Re-review of Artificial Disc Policy**

On April 18, 2016, the [Washington State Health Care Authority](#) (HCA) issued a [notice](#) listing technologies to be reviewed by the Washington State HCA [Health Technology Clinical Committee](#) (HTCC) in the coming year. Included on the list was a re-review of coverage for cervical and lumbar artificial discs citing new indications and new literature. On May 19, 2016, the AANS, CNS, AANS/CNS [Joint Section on Spine and Peripheral Nerves](#) and [WSANS](#) sent a [letter](#) highlighting new studies that support two-level cervical disc arthroplasty and the cost effectiveness of artificial discs. In addition, the letter urges the agency to include neurosurgeons in the review of the clinical data for the technology.

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### **Neurosurgery Maintains Stance on Percutaneous Image-guided Lumbar Decompression (PILD) for Lumbar Spinal Stenosis**

On May 13, 2016, the AANS and CNS submitted a [letter](#) to the [Centers for Medicare & Medicaid Services](#) (CMS) in response to notice regarding a [request](#) from Vertos Medical, Inc. for reconsideration of the current CMS policy not to cover percutaneous image-guided lumbar decompression (PILD) for lumbar spinal stenosis (LSS) except in a clinical trial. On April 13, 2016, CMS issued a reconsideration [notice](#) in response to the request. In our letter, we reaffirmed previous concerns about PILD procedures and stated that CMS should not widen the coverage for the procedure until 12 full months of clinical data are available and have been thoroughly reviewed.

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

### **Hardship Exception Applications Due by July 1 for the Medicare EHR Incentive Program**

Neurosurgeons must apply for Medicare's [Electronic Health Records \(EHR\) Incentive Program](#)'s hardship exception by July 1, 2016, for eligible professionals (EPs), eligible hospitals and critical access hospitals (CAHs). The Medicare EHR Incentive Program 2017 hardship exception [instructions](#) and [application](#) for EPs and eligible hospitals are available on the Payment Adjustments & Hardship Information [webpage](#) of the EHR Incentive Programs [website](#). Please visit the EHR Incentive Program's [FAQs page](#) for answers to [specific hardship exception questions](#).

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### **Practices Have Until June 30 to Register for PQRS GPRO**

Time is running out for group practices to register to participate in the [2016 Physician Quality Reporting System \(PQRS\) Group Practice Reporting Option \(GPRO\)](#). PQRS GPRO is an option available to groups with two or more [eligible professionals](#) (EPs). Alternatively, EPs can participate in PQRS as individuals. The benefit of participating as a group is that billing and reporting staff may report one set of quality measures data on behalf of all EPs within the group, reducing the need to keep track of EPs' reporting efforts separately.

Keep in mind that 2016 marks the first year that CMS will permit group practice reporting through Qualified Clinical Data Registries (QCDRs). Organized neurosurgery's [Quality Outcomes Database](#) (QOD) has been approved as a QCDR and can accommodate both individual and group practice reporting in 2016.

Regardless of whether you choose to participate in the PQRS as an individual or group practice, all EPs must satisfactorily participate in PQRS in 2016 to avoid a -2.0 percent payment adjustment in 2018. Failure to do so will also result in an additional automatic payment adjustment of -2.0 percent or -4.0 percent in 2018, depending on the group's size, pursuant to the [Value-Based Payment Modifier](#) (VM).

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### **New PQRS and Value-Based Payment Modifier Resources Available for Neurosurgeons**

The Medicare [Physician Quality Reporting System](#) (PQRS) is a federal quality reporting program that penalizes physicians who do not satisfactorily submit quality data to the [Centers for Medicare & Medicaid Services](#) (CMS). PQRS compliance also has implications for a separate Medicare payment adjustment, known as the [Value-Based Payment Modifier](#) (VM). Starting in 2017, CMS will begin applying the VM to Medicare physician fee schedule payments for all neurosurgeons. The VM adjusts payments to groups of physicians based on

their performance on a composite of quality and cost measures. Given the complexity of these programs, the Washington Office has developed new educational resources for neurosurgeons on [participating in the PQRS](#) and [participating in the VM](#).

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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## Drugs and Devices

### **Organized Neurosurgery Participates in FDA Network of Experts Open House**

On May 25, 2016, **Maya Babu**, MD, MBA — a member of AANS/CNS Drugs and Devices Committee — and Washington Office staff attended an open house for [FDA Network of Experts](#) partner organizations. The AANS and CNS have participated in the program since its inception in 2012. The FDA Network of Experts is currently made up of 54 organizations that have contracted with the FDA to provide rapid access to “real world” scientific, engineering and clinical expertise regarding the use of devices.

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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## Fraud and Abuse

### **AANS and CNS join AMA and others in Letter to CMS on Provider Enrollment**

On April 25, 2016, AANS and CNS joined the [American Medical Association](#) (AMA) and 24 other physician specialty societies in a [letter](#) to the [Centers for Medicare & Medicaid Services](#) (CMS) providing comments on a [proposed rule](#) implementing new provisions to the provider enrollment process for Medicare, Medicaid and the Children’s Health Insurance Program (CHIP). Specifically, the letter objects to inappropriately long “look back” periods for disclosable events and reporting of alleged events for which an appeal is pending. In addition, the groups expressed concern about the proposal to extend the maximum re-enrollment bar from three years to 10, and in some cases, up to 20 years. The letter supports the goal of CMS to protect patients, but urges CMS to consider the regulatory burden and cost to physicians.

### **Senate Finance Committee Publishes Updated Physician Owned Distributors Report**

On May 10, 2016, the [Senate Committee on Finance](#) published an [updated version](#) of its 2011 report on Physician Owned Distributors (PODs). According to the report, PODs have been most prevalent for spinal surgery devices, but may be used to market other medical devices. The document includes concerns about lack of hospital transparency regarding the use of PODs to procure devices and recommends measures to strengthen disclosure requirements and increase enforcement of current law regarding the business arrangements.

The [Department of Health and Human Services Office of Inspector General](#) (HHS OIG) has also highlighted concerns with PODs and, in 2013, [issued](#) a special fraud alert regarding the arrangements followed by a [report](#) detailing the prevalence and use of PODs.

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

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## Communications

### **Neurosurgery and Other Societies Send Letter to NEJM Regarding Fusion for Degenerative Spondylolisthesis**

On May 1, 2016, organized neurosurgery led an effort responding to a series of articles published in the [New England Journal of Medicine](#) (NEJM) regarding spine fusion. To that end, the AANS, along with the [American Academy of Orthopaedic Surgeons](#) (AAOS) and the [North American Spine Society](#) (NASS), submitted a [letter](#) to the NEJM editor commenting on the articles.

In our letter, the AANS, AAOS and NASS said:

Clinical guidelines recommend spinal stenosis without instability, intraoperative destabilization or deformity typically should be treated with decompression alone. Despite the widespread acceptance of these principles, [Försth](#) performed an RCT evaluating whether fusion improves outcomes in a mixed population with spinal stenosis. As expected, the study showed no benefit to fusion. Subgroup analysis of a heterogeneous population with degenerative spondylolisthesis also failed to show a significant benefit of fusion; however two-year follow-up was only 56%, and the study was underpowered to detect a clinically important difference in ODI.

Simultaneously, [Ghogawala](#) published a RCT looking specifically at “stable” degenerative spondylolisthesis patients. They excluded patients with >3 mm of motion and therefore examined a population where the necessity of fusion is controversial. Decompression with fusion improved outcomes and resulted in fewer reoperations than decompression alone. Not every patient with degenerative spondylolisthesis requires fusion. However, many patients achieve better outcomes and more durable results as a result of fusion. Neurosurgery and orthopaedic surgery leadership disagree with the conclusion that instrumented fusion does not create any value for patients.

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

Not every patient with degenerative spondylolisthesis requires fusion. However, many patients achieve better outcomes and more durable results as a result of fusion. Neurosurgery and orthopaedic surgery leadership disagree with the conclusion that instrumented fusion does not [create any value](#) for patients.

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The mission of [Neurosurgery Blog](#) is to investigate and report on how healthcare policy affects patients, physicians and medical practice and to illustrate how the art and science of neurosurgery encompass much more than brain surgery. Over the past few months, Neurosurgery Blog has ramped up its reporting efforts to include multiple guest blog posts from key thought leaders and members of the neurosurgical community. We invite you to visit the blog and subscribe to it, as well as connect with us on our various social media platforms. This will allow you to keep up with the many health-policy activities happening in the nation's capital and beyond the Beltway.

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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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