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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

Legislative Affairs

Neurosurgery Urges Congress to Pass 21st Century Cures Legislation

On Aug. 11, 2016, the AANS and CNS joined forces with 25 other medical specialty groups in sending a [letter](#) to U.S. House of Representatives Speaker **Paul Ryan** (R-Wis.) applauding him for his commitment to move a compromise [21st Century Cures](#) bill in the fall. In the letter, the groups noted that the “ultimate goal of both the House and the Senate bills is to accelerate innovation, boost research, streamline drug and device approvals, and enhance health information technology (HIT) interoperability. We believe these things individually and combined will ultimately improve patient care and improve outcomes. They will also increase the quality, safety, and efficiency of health care delivery.”

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AANS and CNS Thank Lawmakers for Sponsoring Medical Liability Legislation

On Aug. 5, 2016, the AANS and CNS joined the [Health Coalition on Liability and Access](#) (HCLA) in sending [letters](#) to Reps. **Bill Cassidy**, MD, (R-La.) and **Angus King** (I-Maine) thanking them for sponsoring [S. 3101](#), the Good Samaritan Health Professionals Act of 2016. This legislation would ensure that health professionals who provide voluntary care in response to a federally declared disaster can do so without facing unwarranted lawsuits.

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.

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NeurosurgeryPAC

The Elections Are Coming: Donate to NeurosurgeryPAC Today!

So far this year, NeurosurgeryPAC has raised approximately \$175,000. 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. Since Election Day is less than three months away, 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 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.

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Coding and Reimbursement

Neurosurgery Joins Epilepsy Society in Objecting to Restrictive VNS Coverage Criteria

On July 27, 2016, the AANS, CNS and AANS/CNS Joint Section on Stereotactic and Functional Neurosurgery joined the [American Epilepsy Society](#) in sending a [letter](#) to [Total Health Care](#) regarding restrictive [criteria](#) for coverage of vagus nerve stimulation (VNS) for intractable epilepsy. While the societies concur that VNS should be reserved for patients who have demonstrable intractable epilepsy, we emphasized that a trial of two appropriately chosen medications is sufficient, as the likelihood of a third medication achieving seizure freedom is very low. The letter recommends several additional revisions to the criteria, based on current literature, to describe patients for whom the proven effective therapy should be an option.

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.

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Quality Improvement

2015 PQRS Feedback Reports and Annual Quality and Resource Use Reports Soon Available

The [Centers for Medicare & Medicaid Services](#) (CMS) will be releasing two reports in early fall that will require Enterprise Identity Management (EIDM) accounts to access. The reports scheduled for release are:

- **2015 Physician Quality Reporting System (PQRS) feedback reports**, which detail physician PQRS reporting results — including any 2017 payment adjustments; and
- **2015 Annual Quality and Resource Use Reports (QRURs)**, show how groups and solo practitioners performed on the quality and cost measures used to calculate the 2017 value-based payment modifier (VM).

EIDM accounts are required for participants to obtain the 2015 PQRS feedback reports and 2015 Annual QRURs, so neurosurgeons should prepare now by either signing up for an EIDM account or ensuring that your existing account is active. The same EIDM account can be used to access both reports. To register for an EIDM account, visit the [CMS Enterprise Portal](#), and click “New User Registration” under “Login to CMS Secure Portal.” For additional assistance regarding EIDM, contact the QualityNet Help Desk at 866.288.8912 from 7 a.m.-7 p.m. CDT, Monday through Friday, or via email at qnetsupport@hcqis.org.

If you have any questions regarding this, 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.

Graduate Medical Education

Neurosurgeon Announces Candidacy for AMA Council on Medical Education

In July 2016, CNS alternate delegate to the American Medical Association (AMA), Krystal L. Tomei, MD, PhD, launched a campaign for a position on the American Medical Association's (AMA) Council on Medical Education (CME). The CME formulates policy on medical education — including graduate medical education financing, medical student debt and physician workforce — and is also responsible for recommending the appointments of representatives to medical education organizations, accrediting bodies and certification boards. The election will be held in June 2017.

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

Drugs and Devices

Participate in Neurosurgery's Open Payments (Physician Sunshine Act) Survey

As previously reported, the [Open Payments](#) (Physician Sunshine Act) program requires manufacturers of drugs, medical devices and biologicals to report certain payments and items of value given to physicians and teaching hospitals. Each year, physicians have an opportunity to review data reported about them during a 45-day review and dispute period. Following this review period, the [Centers for Medicare & Medicaid Services](#) (CMS) make this information available to the public.

On July 15, 2016, CMS released the CY 2017 Medicare Physician Fee Schedule [proposed rule](#). In that document, CMS asked for feedback from stakeholders about the Open Payments program because the agency is considering whether or not to make changes to these rules in the future. So we may respond appropriately, the AANS and CNS would like to gain insight into neurosurgeons' experience with the program. To that end, we are conducting a brief survey. Please help us by [clicking here](#) to complete this short survey. [Click here](#) for more information on the Open Payments program. To look up Open Payments data by physician name, [click here](#).

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.

Emergency Neurosurgical Services

Neurosurgery Supports CDC's TBI Surveillance System

On Aug. 3, 2016, the AANS and CNS send a letter to the Centers for Disease Control and Prevention (CDC) supporting their proposed "Traumatic Brain Injury (TBI) Surveillance System." In our letter, we applauded the agency for focusing on injuries related to youth sports and recreation. We noted that there have been vast improvements in our knowledge of youth sports-related concussions and injuries over the past decade, and "more information will lead to a better understanding of the long-term health outcomes and identify better preventative measures."

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Of Note

Neurosurgical Resident Picked for White House Fellow Program

Lindsey B. Ross, MD, a neurosurgical resident at [Cedars-Sinai Medical Center](#) has been named to the [2016-2017 class](#) of White House Fellows. The [White House Fellows Program](#) was created in 1964 by President **Lyndon B. Johnson** to give promising American leaders "first hand, high-level experience with the workings of the Federal government, and to increase their sense of participation in national affairs." She joins 15 other individuals selected to participate in this prestigious program and follows in the footsteps of neurosurgeons **Anand Veeravagu, MD**, and **Sanjay K. Gupta, MD, FAANS**, who also served as White House Fellows in the Obama Administration (2012-13) and Clinton Administration (1997-98), respectively.

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Neurosurgeon Selected to Serve on Committee to Medicare Resource Use Measures

Nominated by the AANS and CNS, **Mohamed Bydon, MD**, has been named to the Medicare Access and CHIP Reauthorization Act ([MACRA](#)) Episode-Based Resource Use Measures Clinical Committee. The committee, formed through a partnership between the [Centers for Medicare & Medicaid Services](#) (CMS) and [Acumen, LLC](#), is charged with developing episode-based resource use measures for use in MACRA's Merit-Based Incentive Payment System (MIPS). Dr. Bydon, a practicing neurosurgeon at the [Mayo Clinic](#) in Rochester, Minn., is the vice director of the [Quality Outcomes Database](#) (QOD), which serves as a continuous national clinical registry for neurosurgical procedures and practice patterns. [Click here](#) for more information about this committee.

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Communications

Neurosurgery Pain Management Curricular Breakthroughs Featured in AMA Wire

On Aug. 2, 2016, the [AMA Wire](#), collaborated with **Christopher J. Winfree**, MD, FAANS — a neurosurgeon from [Columbia University](#) and past chair of the AANS/CNS [Section on Pain](#) — to publish an article that discusses how neurosurgery is leading the way to train neurosurgical residents about pain management. [Click here](#) to read the post.

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Neurosurgery Pens Letter to New York Times Regarding Spine Surgery

On Aug. 8, 2016, the AANS sent a [letter](#) to the editor of the *New York Times* in response to the Aug. 3, 2016, article “[Why 'Useless' Surgery is Still Unpopular](#).” In the letter, **Frederick A. Boop**, MD, FAANS, AANS president stated:

We were disappointed to read the Aug. 3, 2016, article by Gina Colata, “Why ‘Useless’ Surgery Is Still Popular,” which does your readers and the public a disservice. The article inappropriately compares two widely different procedures in an attempt to vilify two surgical techniques that, when done for the right indications, clearly have proven track records of providing marked improvement in patients’ quality of life. The author’s conclusion that spine surgery was no better than alternative nonsurgical treatments is misleading and neglects to recognize several seminal randomized controlled clinical trials — including the SPORT study — demonstrating the efficacy of spine surgery.

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

The American Association of Neurological Surgeons, and its Quality Outcomes Database (QOD), is leading the way to evaluate real-world clinical practice to improve the delivery of quality patient-centered care. For example, Spine Surgery QOD is the largest spine registry in North America. Using aggregated patient-reported outcomes data for lumbar surgery for degenerative spine diseases from patients nationwide, we are developing a “calculator” to help predict individualized patient outcomes. Shared-decision making tools such as this will help prevent ineffective care before it occurs, by providing patients with the best information available so they can decide if surgery is right for them.

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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.

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Questions or comments? Please contact Katie Orrico at 202-446-2024 or
korrico@neurosurgery.org.

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