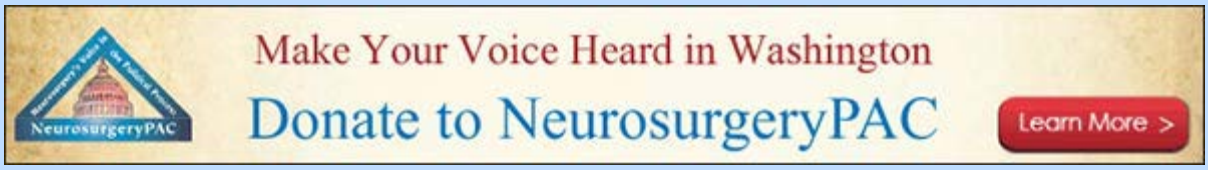

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Neurosurgeons Taking Action is an E-newsletter from the American Association of Neurological Surgeons (AANS). The purpose of this E-publication is to provide you with timely updates on socio-economic and political issues facing neurosurgeons. To ensure 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 Announcement

Tom Price, MD, Becomes New HHS Secretary

On Feb. 10, 2017, the U.S. Senate voted by a margin of 52 to 47 to confirm **Tom Price**, MD, to become the next secretary of the U.S. Department of Health and Human Services (HHS). Dr. Price, an orthopaedic surgeon, has served as a member of the House of Representatives from Georgia's 6th congressional district since 2005. Before going to Washington, D.C., Dr. Price served four terms in the Georgia State Senate — two as Minority Whip and rising to become the first Republican Senate Majority Leader in the history of Georgia. For nearly 20 years, Dr. Price was in private practice as an orthopaedic surgeon. He also served as an assistant professor at the Emory University School of Medicine and as medical director of the orthopaedic clinic at Grady Memorial Hospital in Atlanta. Dr. Price received his bachelor and doctor of medicine degrees from the University of Michigan and completed his orthopaedic surgery residency at Emory University.

The AANS and CNS strongly supported Dr. Price's nomination for HHS Secretary. In a letter to Senate Majority Leader **Mitch McConnell** (R-Ky.), we noted that throughout his time, Dr.

Price "has been a staunch advocate for the preservation of the doctor-patient relationship, a fierce protector of private practice, and a stalwart supporter of academic medicine." Our letter went on to add that as "a practicing physician, and because of his work on key congressional committees with jurisdiction over health care issues, he understands all aspects of the health care system, which is essential to run HHS effectively." Organized neurosurgery has every confidence that Dr. Price will work tirelessly to create a health care delivery system that promotes high-quality, high-value, and better-coordinated care for our nation's patients.

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Legislative Affairs

115th Congress Sworn In

On Jan. 3, 2017, ceremonies were held in both the U.S. House of Representatives and Senate chambers to swear in the members of the 115th Congress. Staff from the AANS/CNS Washington Office used events surrounding the swearing-in ceremonies to meet with new and returning lawmakers and their staffs to foster the relationships that are essential to advancing organized neurosurgery's legislative and regulatory priorities. Click here for an overview of the 115th Congress prepared by Hart Health Strategies.

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Bipartisan Legislation to Repeal IPAB Introduced

During the week of Jan. 30, 2017, bipartisan legislation to repeal the Independent Payment Advisory Board (IPAB) was introduced in the House and Senate. The IPAB was created by the Affordable Care Act (ACA) and is a board of 15 unelected and largely unaccountable government bureaucrats whose primary purpose is to cut Medicare spending. Legislation introduced included the following:

- H.R. 849, the Protection Seniors' Access to Medicare Act, is sponsored by Reps. **Phil Roe** (R-Tenn.) and **Raul Ruiz** (D-Calif.);
- H.J. Res. 51, sponsored by Reps. Roe and Ruiz, is a joint resolution discontinuing IPAB;
- S.251, the Protecting Medicare from Executive Action Act, is sponsored by Sen. **Ron Wyden** (D-Ore);
- S.260, the Protecting Seniors' Access to Medicare Act, is sponsored by Sen. **John Cornyn** (R-Texas);
- S.J.Res.16, sponsored by Sen. Wyden, is a joint resolution discontinuing IPAB; and
- S.J.Res.17, sponsored by Sen. Cornyn, is a joint resolution discontinuing IPAB.

Repealing the IPAB is one of organized neurosurgery's top legislative priorities, and the AANS and CNS are leading a physician coalition representing more than 400,000 physicians across 26 specialty physician groups dedicated to this mission. Additionally, we joined the Alliance of Specialty Medicine in sending letters of support to Sens. Cornyn and Wyden, and Reps. Roe and Ruiz.

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House Passes Sports Medicine Legislation

On Jan. 9, 2017, the U.S. House of Representatives passed by voice vote H.R. 302, the Sports Medicine Licensure Clarity Act. Sponsored by Reps. **Brett Guthrie** (R-Ky.) and **Cedric Richmond** (D-La.), the bill would ensure that sports medicine professionals are covered by their medical liability insurance when providing care to their athletes or teams in states other than where they are licensed. The legislation applies to team physicians who travel as part of their contract to provide services to a team or league. The AANS and CNS have endorsed this bill, which also passed the House in September 2016. The legislation now moves to the U.S. Senate for consideration.

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Neurosurgery Urges Congress to Increase Brain Aneurysm Research Funding
On Jan.11, 2017, organized neurosurgery sent letters to House and Senate appropriators urging them to increase funding in FY 2018 for brain aneurysm research and other aneurysm-related activities. In our letter we stated:

An estimated six million people in the United States, or one in 50 people, have an unruptured brain aneurysm. Each year, an estimated 30,000 individuals in the U.S. suffer a ruptured brain aneurysm, 40 percent of which are fatal. Despite its widespread prevalence and high costs, the federal government spends less than one dollar per year on brain aneurysm research for each person afflicted. Organized neurosurgery is, therefore, very concerned about the current lack of federal funding devoted to this disease. New and exciting medical technologies and techniques are enhancing neurosurgeons' ability to treat this devastating condition. With enhanced support, additional breakthroughs can be achieved, saving thousands of lives each year.

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

NeurosurgeryPAC — Thank You, 2016 Donors!
In 2016, NeurosurgeryPAC raised a total of $220,146 from 241 neurosurgeons. Thanks to all those who contributed to NeurosurgeryPAC in 2016. Be on the lookout for your 2017 PAC renewal statement, which was mailed in mid-January. Your PAC continues to spend your contributions strategically to best advance organized neurosurgery's policy agenda. In 2016, NeurosurgeryPAC donated funds to 73 members of Congress and candidates for federal office and supported five national party PACs who share organized neurosurgery's views on health care policy. NeurosurgeryPAC is a nonpartisan political action committee and does not base its decisions on party affiliation, but instead, focuses on the voting records and campaign pledges of the candidates. 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.

We hope you will consider supporting your political action committee, which is easier than ever! Simply use our online donation option by logging into MyAANS.org.

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

CMS Announces Plans for Global Surgery Code Data Collection Initiative
As previously reported, on Nov. 15, 2016, the Centers for Medicare & Medicaid Services (CMS) published the final 2017 Medicare Physician Fee Schedule. Included in the rule was the final policy related to global surgery payments. Rather than implementing the sweeping mandate that would require surgeons to use an entirely new set of "G-codes" to document the type, level and number of every pre- and postoperative visit furnished during the global surgery period for every surgical procedure in 10-minute increments, CMS will implement a less onerous data collection process. While not perfect, it is a significant improvement over the initial proposal. On Jan. 6, 2017, CMS published the details of this data collection effort on its website.

Beginning on July 1, 2017, neurosurgeons in **Florida**, **Kentucky**, **Louisiana**, **Nevada**, **New Jersey**, **North Dakota**, **Ohio**, **Oregon** and **Rhode Island** are required to report information on post-operative visits furnished during the 10- and 90-day global period of certain specified procedures using CPT code 99024. These procedures include those that are reported annually by more than 100 practitioners and that are either reported more than 10,000 times annually or have more than $10 million in annual allowed charges. Neurosurgeons who practice in practices with fewer than 10 practitioners (including physicians and qualified non-physician practitioners) are exempted from required reporting. Click here for the full list of codes subject to reporting.

In addition to the claims-based data collection, CMS will conduct a survey of practitioners to gain information on postoperative activities to supplement the claims-based data collection method. CMS anticipates that approximately 10,000 physicians will be surveyed, yielding a 50 percent response rate. The survey should be in the field by mid-2017. We expect further details shortly.

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Washington State Reviews Artificial Disc Replacement Coverage Policy
On Jan. 20, 2017, the Washington State Health Care Authority's (HCA) Health Technology Clinical Committee (HTCC) reviewed a 2008 policy decision on artificial disc replacement

(ADR). The committee voted not to cover lumbar ADR for degenerative disc disease for low back pain in the absence of other clinical symptoms and instead decided to expanded coverage for cervical ADR to two levels. **Daniel P. Elskens**, MD, FAANS, and **Jens Chapman**, MD, made a presentation at the meeting on behalf of the AANS, CNS, Washington State Association of Neurological Surgeons (WSANS), International Society for the Advancement of Spine Surgery (ISASS) and the North American Spine Society (NASS). The societies support maintaining the current coverage for lumbar ADR and expanding the policy to permit replacement of two discs in the cervical spine. **Rod J. Oskouian** Jr., MD, FAANS**,** served on the committee as an invited clinical expert. On May 19, 2016, the AANS, CNS, AANS/CNS Joint Section on Disorders of the 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. Overall, the specialty societies who attended the meeting in January believe that the technology assessment prepared by Spectrum Research over-emphasized a Norwegian study on lumbar artificial disc that described the technique and a patient population that differs significantly from the typical patient in Washington State and excluded some recent data on cervical ADR. For more information about this topic, click here.

If you have any questions regarding these 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

Medicare's New Merit-based Incentive Payment System Now in Effect
Medicare's new Merit-based Incentive Payment System (MIPS) went into effect on Jan. 1, 2017. Created by the Medicare Access and CHIP Reauthorization Act of 2015 (MACRA), this new quality payment program combines aspects of the Medicare Electronic Health Records (EHR) Incentive Program, Physician Quality Reporting System (PQRS) and Value-Based Payment Modifier (VM) programs into the new system. Unlike these programs, under MIPS, neurosurgeons have the opportunity to earn bonus payments. Any payment adjustments (whether bonuses or penalties) will not be made until 2019, based on 2017 reporting.

MIPS quality scores are based on four weighted performance categories:

- Quality;
- Advancing Care Information (previously known as EHR meaningful use);
- Clinical Practice Improvement Activities; and
- Cost.

For more information on MIPS, including fact sheets and other informational downloads, visit the Quality Payment Program (QPP) website. Also, stay tuned for more detailed announcements from the AANS and CNS about what neurosurgeons need to do to prepare for MIPS.

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Medicare's 2016 EHR Meaningful Use Attestation Deadline Extended
CMS announced that it has extended the attestation deadline for meaningful users participating in the Medicare Electronic Health Records (EHR) Incentive Program. Physicians now have until March 13, 2017, to attest to the 2016 program requirements and avoid 2018 penalties. Physicians participating in the Medicaid EHR Incentive Program should refer to your state's deadlines for attestation information. Click here for more information. For questions about the Registration and Attestation System, contact the EHR Information Center at 1-888-734-6433 (press option 1).

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ICD-10 Code Updates Impact PQRS Penalty
On Oct. 1, 2016, new ICD-10-CM and ICD-10-PCS code sets went into effect. Updating these codes traditionally occurs on an annual basis; however, during the immediate years leading up to the ICD-9 to ICD-10 transition, there was an extended freeze to code updates to support a smooth transition. Therefore, for FY 2017, updates and revisions include changes since the last completed update which occurred on Oct. 1, 2013.

CMS recently determined that the ICD-10 code updates will impact its ability to process data reported on certain quality measures for the fourth quarter of CY 2016. Therefore, CMS will ***not*** apply 2017 or 2018 PQRS penalties to any physician or group practice that fails to satisfactorily report for 2016 solely as a result of the impact of ICD-10 code updates on quality data reported for the fourth quarter of CY 2016. The following physicians and groups could be affected:

- Those reporting measures in 2016 to avoid a 2018 penalty under both the Physician Quality Reporting System (PQRS) and Value-Based Payment Modifier (VM) programs
- Physicians who were part of a Shared Savings Program Accountable Care Organization (ACO) in 2015 and who are reporting outside their ACO for a special secondary reporting period in 2016 because their ACO failed to report on their behalf for the 2015 PQRS performance period
- Those who avoid the PQRS penalties based on this policy will also avoid the automatic downward payment adjustment under the VM

For more information about this policy, please see CMS's ICD-10-CM FAQs document.

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.

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Drugs and Devices

FDA Issues Final Order to Classify Pedicle Screw Systems as Class II Devices
On Dec. 30, 2016, the Food and Drugs Administration (FDA) issued a *Federal Register* notice detailing the agency's final order on pedicle screw system classification. The AANS and CNS support the FDA's plan to classify the devices as class II; a position we have

espoused to the FDA on multiple occasions.

Under this final order:

- Pedicle screw systems, when used as an adjunct to spinal fusion procedures, are reclassified from class III, preamendment, to class II. Pedicle screw systems will be renamed as “thoracolumbosacral pedicle screw systems.”
- Dynamic stabilization systems, a subtype of pedicle screw systems, when used to maintain spinal stability during spinal fusion surgery are also reclassified from class III to class II with special controls. Dynamic stabilization systems will be renamed to “semi-rigid systems” (SRSs).
- The device identification of pedicle screw systems will be clearly defined to distinguish between rigid pedicle screw systems and semi-rigid systems.

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CMS Updates June 2016 Open Payment Data
On Jan. 17, 2017, CMS updated the Open Payments dataset to reflect changes to the data that took place since the last publication on June 30, 2016. Click here, to view the updated dataset. Every year, CMS “refreshes” the Open Payments data at least once to include updates from disputes and other data corrections made since June’s annual publication. CMS will publish 2016 data on June 30, 2017. Manufacturers will submit 2016 data to CMS in February and March 2017. Physicians will be able to review and dispute their 2016 data in April and early May of 2017, and manufacturers will correct data in May and June of 2017.

If you have any questions regarding these or other drug and device issues, please contact Cathy Hill, AANS/CNS senior manager for regulatory affairs, at chill@neurosurgery.org.

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Communications

Neurosurgery Sends Letter to Washington Post Regarding Medical Liability Article
On Dec. 30, 2016, *The Washington Post* published a Kaiser Health News article, “Top Republicans say there’s a medical malpractice crisis. Experts say there isn’t.” The article failed to address patient access problems that may result from the current medical liability system. Thus, the Health Coalition on Liability and Access (HCLA), led by the AANS and CNS, submitted a letter to the editor, stating:

> States like California and Texas have been successful in compensating patients fairly, controlling costs, and increasing access. Thirteen years after passing reforms in Texas, 118 counties saw net gains in emergency room physicians — including 53 counties that previously had ***none***.
>
> Nationwide, however, women’s healthcare suffers as surveys indicate that liability concerns forced 40 percent of all OB/GYNs to make changes to their practices and drove nearly four percent to stop delivering babies.

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

Healthcare costs linked to a broken system continue to rise as well. The nonpartisan Congressional Budget Office found that $55 billion in federal health savings and $62 billion in deficit reductions could be achieved over 10 years, if the federal government passed reforms like those in California and Texas.

Lawmakers, policy experts, and the public agree reform is needed. When 75% of claims are meritless, and 33% of the money intended for deserving patients goes to personal injury lawyers, it isn't a false alarm. It's fair warning that without reform, the medical liability system benefits lawyers — not patients.

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The mission of Neurosurgery Blog is to investigate and report on how health care policy affects patients, physicians and medical practice, and to illustrate how the art and science of neurosurgery encompass much more than brain surgery. 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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