

# Working for You in Washington



## A Snapshot of Neurosurgery's Advocacy Successes in 2012-13



Prepared by the  
**AANS/CNS Washington Office**  
March 2013

## Coding and Reimbursement

- ❖ In an ever challenging environment, the AANS and CNS continue to fight for fair reimbursement for our members. Replacing Medicare's flawed sustainable growth rate, or SGR, formula and preventing steep cuts is a top priority. With the passage of the American Taxpayer Relief Act, neurosurgery's advocacy efforts helped prevent a 26.5 percent pay cut in 2013. **This translates into over \$155 million dollars, or roughly \$43,000 per neurosurgeon.**<sup>1</sup>
- ❖ The assault on reimbursement for many neurosurgical procedures, including most notably spine fusion, is never-ending, and the AANS and CNS, through their Coding and Reimbursement Committee and Rapid Response Team, continue to successfully fight against restrictive insurance coverage policies issued by Blue Cross-Blue Shield, Aetna, CIGNA, United Health Care, Wellpoint, various state healthcare authorities, Medicare, and others. **With over \$65 million in Medicare funds alone at risk for lumbar spine fusion procedures**, the value of the neurosurgery's advocacy efforts in this area cannot be understated.

Past Washington Committee chair, Alex B. Valadka, MD, FAANS, with Rep. Jeb Hensarling (R-TX), former House Republican Conference Chair.



<sup>1</sup> Note all monetary calculations in this list are based on the following: Neurosurgery's portion of Medicare is approximately \$587 million annually. Calculations based on an estimate of 3600 practicing neurosurgeons in the US.

## Quality Improvement

- ❖ Due in large part to the advocacy efforts of the AANS and CNS, Congress directed the Centers for Medicaid and Medicare Services (CMS) to allow physicians to satisfy Physician Quality Reporting System (PQRS) requirements by participating in clinical data registries. Per neurosurgery's suggestion, CMS is considering allowing such participation to also satisfy Medicare's Electronic Health Record (EHR) Program's meaningful use requirements. This will allow neurosurgeons to participate in the National Neurosurgery Quality Outcomes Database (N<sup>2</sup>QOD) or other similar initiatives, thereby avoiding Medicare payment cuts of 34 percent from 2016 through 2021. **This could prevent penalties in the amount of approximately \$204 million, or almost \$57,000 per neurosurgeon.**
- ❖ The AANS and CNS continue to strongly advocate for improvements to the ineffective and largely irrelevant quality improvement programs currently mandated by Medicare and other third party payers. The AANS and CNS, through their Quality Improvement Workgroup, have successfully advocated for changes that will minimize the application of reimbursement penalties. These changes included:
  - Medicare adopted additional hardship exemptions to the electronic prescribing mandate to recognize state limits on e-prescribing of narcotics.
  - The Centers for Medicare and Medicaid Services, or CMS, also made favorable changes to Medicare's Physician Quality Reporting System, making it easier for neurosurgeons to comply with PQRS mandates and avoid additional pay cuts.

## Quality Improvement (cont'd)

- CMS agreed to delay the start of stage 2 of the electronic health record program, with its so-called “meaningful use” requirements until 2013.
- CMS has limited the scope of its value-based payment modifier to very large practices, largely eliminating the potential for neurosurgeons to receive even more reductions in their reimbursement.

**The estimated sum total value of these AANS/CNS efforts is approximately \$42 million, or nearly \$12,000 per neurosurgeon.**

## Emergency Neurosurgical Care

Working to improve the emergency medical system, neurosurgery has advocated for passage of the Pandemic and All-Hazards Preparedness Act, or PAHPA. On March 13, 2013, President Obama signed into law H.R. 307, which included language suggested by the AANS and CNS calling for funding to improve the regionalization of emergency care.

## Graduate Medical Education

An appropriate supply of well-educated and trained physicians is an essential element to ensure access to quality healthcare services for all Americans. Through the continued advocacy of the AANS and CNS, policymakers are beginning to understand that there are significant shortages of physicians in both primary *and* specialty care. Working with our champions in the House and Senate, legislation that recognizes the shortages in neurosurgery, has been introduced. Bills include: H.R. 1201, the Training Tomorrow’s Doctors Today Act and S.577/H.R. 1180, the Resident Physician Shortage Reduction Act. Additionally, in early 2013, the House of Representatives passed H.R. 297, the Children’s Hospital GME Support Reauthorization Act.

## Health Reform

Efforts to “reform the reform” are ongoing, and a work in progress. Recent successes include:

- ❖ The AANS and CNS chair a coalition to repeal the Independent Payment Advisory Board, which gives a handful of government bureaucrats sweeping authority over Medicare policy. This 450,000 physician-led effort contributed to the passage of the H.R. 5, the Protecting Access to Healthcare (PATH) Act, in the House of Representatives in 2012. Momentum for IPAB repeal continues, with the introduction of S.351/H.R. 351, the Protecting Seniors Access to Medicare Act in early 2013.
- ❖ America has a long tradition of excellence and innovation in patient care, and neurosurgeons have been on the cutting edge of these advancements. To ensure continued forward progress with medical innovations, the AANS and CNS have joined the fight to repeal the 2.3 percent excise tax levied on the sales of medical devices. In a major breakthrough, by a margin of 79-20, the Senate passed a bipartisan amendment to the fiscal year 2014 Senate Budget Resolution, calling for the repeal of this irrational tax.

Washington Committee member, Ann R. Stroink, MD, FAANS, with Rep. Aaron Schock (R-IL). Rep. Shock is the lead sponsor of H.R. 1201, the Training Tomorrow’s Doctors Today Act, which would provide funding for additional residency slots.



## Medical Liability Reform

- ❖ Leading the Health Coalition on Liability and Access, neurosurgery's ongoing efforts to promote medical liability reform led to the passage of the H.R. 5, the Protecting Access to Healthcare (PATH) Act in 2012. The medical liability provisions of the PATH Act are based on California's MICRA, including a \$250,000 cap on non-economic damages, a 3-year statute of limitations, and contingency fee reforms.
- ❖ At the request of the AANS and CNS, Congress voted on H.R. 157, the Health Care Safety Net Enhancement Act, as an amendment to the PATH Act. The amendment, which passed, would provide crucial medical liability protections to neurosurgeons that provide EMTALA-related care. H.R. 3586, the Good Samaritan Health Professionals Act, was another amendment that passed Promoted by the AANS and CNS, this provision of the PATH Act would provide liability protections for physicians providing services during a declared national emergency/disaster.



AANS president elect, William T. Couldwell, MD, PhD, FAANS, with Rep. Jim Matheson (D-UT). Rep. Matheson is a leading sponsor of several medical liability reform bills.

## Communications and Public Relations

- ❖ In its first year, the AANS/CNS digital media communications platforms – including Neurosurgery Blog, Twitter, Facebook and LinkedIn -- **reached nearly 3.6 million individual impressions.** This number takes on great significance with the understanding that neurosurgery does not market its social media messages to a broad, national audience, but rather to a targeted audience of trade and political media, Capitol Hill staff and policy influencers.
- ❖ Even just one “tweet” can be heard around the world! The AANS and CNS reached thousands of influencers with just one “tweet” when *Roll Call* newspaper tweeted out a guest opinion piece written by Washington Committee chairman, Alex B. Valadka, MD, FAANS, on Twitter. The article was re-tweeted ten times by key health policy influencers, including House Speaker John Boehner (R-OH), and **reached an audience of 297,525 people within a day.**
- ❖ Increasing recognition for neurosurgery's advocacy efforts also includes using traditional media tools, and the AANS and CNS have reached millions through press releases, letters to the editor, interviews with reporters, and the like. **Since January 2012, the AANS/CNS Washington Office has generated 39 traditional media hits reaching a circulation of nearly 2.5 million.** Reaching beyond our specialty, neurosurgeons also serve as spokespersons for several Washington, DC-based coalitions, including the Alliance of Specialty Medicine and Partners for Healthy Dialogues. This has allowed the AANS and CNS to expand our reach well beyond our small specialty.



**For more information about the AANS/CNS health policy and advocacy activities, please contact:**

Katie O. Orrico, Director  
AANS/CNS Washington Office  
725 15<sup>th</sup> Street, NW, Suite 500  
Washington, DC 20005  
Phone: 202-446-2024  
Fax: 202-628-5264  
Email: [korrico@neurosurgery.org](mailto:korrico@neurosurgery.org)



Neurosurgeons participate at the Alliance of Specialty Medicine's Annual Advocacy Conference.