

MISCELLANEOUS

Institute of Medicine Work Hours Study

On December 2, 2008, the Institute of Medicine released its report entitled: "Resident Duty Hours: Enhancing Sleep, Supervision, and Safety." The report was funded the Agency for Healthcare Research and Quality (AHRQ), which was asked to investigate physician work hour issues by Rep. John Dingell (D-MI), Joe Barton (R-TX) and others on the House Energy and Commerce Committee. The IOM is expected to deliver its report by year's end.

Organized neurosurgery – including the AANS, CNS, ABNS, Senior Society and Neurosurgery RRC – worked diligently for a year to shape the report.

Key Recommendations Included in the Report

While we dodged a bullet and the IOM did not recommend further reductions on TOTAL work hours, the committee did nevertheless recommend some restrictions that may prove difficult for neurosurgery.

- Maximum shift length is 16 hours with no protected sleep; 30 hours (admitting patients for up to 16 hours, plus 5-hours protected sleep between 10:00 pm and 8:00 am)
- Maximum in-hospital on-call frequency, is every 3rd night, no averaging
- Minimum time off between shifts: 10 hours after day shift; 12 hours after night shift; 14 hours after extended period of 30 hours
- Maximum frequency of in-hospital night shifts is 4 nights, with 48 hours off after 3 or 4 nights of consecutive duty
- Mandatory time off duty is 5 days per month, 1 day per week, no averaging
- ACGME should develop criteria for granting ***individual programs*** (*not specialties*) waivers from the above scheduling parameters, but "such criteria should be formulated *only* to accommodate rare, well-documented circumstance..."
- Centers for Medicare and Medicaid Services (CMS) and JCAHO "should take an active oversight role," although the ACGME should maintain responsibility for implementing and monitoring compliance with the duty hour rules.
- ACGME should require each RRC to define and then require appropriate limits on the caseload (e.g., number of admissions and surgical cases per day) that can be assigned to a resident at a given time
- Teaching hospitals should implement and institutionalize structured handover processes, including scheduling overlap times when teams transition on and off duty.
- ACGME should convene a meeting of stakeholders and potential funders to set priorities for research and evaluation projects.

For more information about the report go to: <http://www.iom.edu/CMS/3809/48553/60449.aspx>

Follow-up Activities

The ACGME is now in the process of evaluating the IOM report and recommendations from key stakeholders. The AANS, CNS, SNS, ABNS and representatives from the Neurosurgery RRC are all working together to coordinate our response to the ACGME. The ACGME convened a conference on March 4-5 in Dallas, TX entitled "*Promoting Good Learning and Safe, Effective Care: A Five-Year Review of the ACGME's Common Duty Hour Standards.*" Ralph Dacey, Hunt Batjer, Dennis Spencer, Bob Harbaugh and Katie Orrico attended. Organized neurosurgery is also finalizing a comprehensive document outlining our detailed proposal for neurosurgical resident training. This will be presented to the

ACGME and it, along with other organizations' recommendations, will be discussed at a 2-day meeting that the ACGME is sponsoring in June.

FTC Red-Flag Rule

In November 2007, the Federal Trade Commission (FTC) issued a set of regulations, known as the "Red Flags Rule," requiring that certain entities develop and implement written identity theft prevention and detection programs to protect consumers from identity theft. In response to FTC staff indications that the rule will apply to physician practices. The AANS and CNS, along with the AMA and others, are continuing our efforts to persuade the FTC that physicians are not "creditors," and therefore should not be subject to the Red Flags Rule. In the interim, the AMA has prepared a guidance document, along with sample policies, so that physicians can incorporate a simple identity theft prevention and detection program into their existing compliance and HIPAA security and privacy policies.

Go to: <http://www.ama-assn.org/ama/no-index/physician-resources/red-flags-rule.shtml> to access the new AMA resource, "Protect your patients, protect your practice: What you need to know about the Red Flags Rule," and a sample practice policy.

Joint Surgical Advocacy Conference

The AANS and CNS, along with over 15 surgical societies, co-sponsored the Joint Surgical Advocacy Conference on March 22-24, 2009. Over 400 surgeons from across the country came to Washington, DC for this 3-day conference. The conference began with a neurosurgery-only meeting, the Leibrock Leadership Development Conference, which was attended by nearly 40 neurosurgeons. JSAC featured topics and speakers included:

- Advocacy Training – Michael Dunn
- Understanding Congress – Judy Schneider from the Congressional Research Service
- Communications and Message Development – Patricia Clark
- Keynote – Paul Begala, CNN Policy Analyst and Commentator
- Obama Administration Quality Improvement Program – Carolyn Clancy, MD, Director, Agency for Healthcare Research and Quality
- Individual Members of Congress, including:
 - Representative Roy Blunt (R-MO)
 - Representative Shelley Berkley (D-NV)
 - Senator Tom Carper (D-DE)
 - Representative John Shadegg (R-AZ)
 - Senator Ben Cardin (D-MD)
 - Representative Diana DeGette (D-CO)
 - Representative Frank Pallone (D-NJ)

NeurosurgeryPAC, along with the PACs from the American College of Surgeons, American Academy of Otolaryngology and American Society of Plastic Surgeons, held a specialty fundraiser event at a rooftop venue with a spectacular view of the U.S. Capitol building and the National Mall.

Most of the attendees spent Tuesday, the 24th on the Hill meeting with their Senators and Representatives. Key topics discussed included: reforming the Medicare physician payment system; exploring innovative Medicare payment options; improving trauma and emergency care; enhancing quality improvement initiatives; investing in healthcare research; improving surgical workforce and maintaining quality resident training; and alleviating the medical liability crisis.

2009 Legislative Agenda

The AANS and CNS have established their 2009 Legislative Agenda (see attached).