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# neurosurgery

**FOR IMMEDIATE RELEASE**

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**Contact:**

Katie Orrico

(202) 446-2024

[korrico@neurosurgery.org](mailto:korrico@neurosurgery.org)

## **Neurosurgeons Provide Feedback to CMS on New Medicare Physician Payment System**

*AANS and CNS Identify Key Principles Critical to the Success of Implementation*

WASHINGTON—The American Association of Neurological Surgeons (AANS) and Congress of Neurological Surgeons (CNS) [submitted feedback](#) to the Centers for Medicare and Medicaid Services (CMS) in response to the agency’s Request for Information (RFI) seeking input from stakeholders on the Medicare Access and CHIP Reauthorization Act (MACRA). Developed by the AANS/CNS Neurosurgery Quality Council (NQC), the letter discussed several issues pertaining to the implementation of MACRA’s Merit-based Incentive Payment System (MIPS) and Alternative Payment Model (APM) programs. The comment letter addressed the following overarching principles that neurosurgeons believe are critical to the success of MACRA implementation:

- **Gradual, thoughtful implementation will be key to success.** The Physician Quality Reporting System (PQRS), the Electronic Health Record (EHR) Incentive Program, and the Value-Based Payment Modifier were all well-intentioned programs, but implemented via strategies that were flawed on many levels. As a result, these programs are unnecessarily burdensome and have resulted in largely meaningless data. Given the detail of the provisions that need to be addressed under MACRA, AANS and CNS urged CMS to proceed cautiously so that the transition to this new system will be as seamless and as undisruptive to clinical practice as possible.
- **Flexibility will ensure meaningful engagement.** When developing MIPS and APM policies, it is essential that CMS take a flexible, rather than prescriptive, approach. This will help to not only ease the transition to these new systems, but to foster innovation, trust, and ultimately widespread stakeholder engagement among acute care surgical specialties such as ours. The AANS and CNS also believe it is crucial that CMS give individual physicians who practice in larger groups or systems more autonomy over the selection of the most appropriate measures and participation strategies.
- **Investment in measure gaps must occur expeditiously.** For many specialties, the most significant barrier to meaningful participation in current programs is an ongoing lack of relevant quality and cost measures. The AANS and CNS believe CMS must quickly allocate MACRA-authorized funding to working closely with specialties to close these measure gaps. As part of this effort, CMS must accelerate the development of more specific episode-based cost measures to replace the severely flawed set of cost measures now used to calculate the Value-Based Payment Modifier (VM).
- **Meaningful use must be redefined.** Current strategies for incentivizing meaningful use of EHRs are impractical and unsustainable. Going forward, meaningful use mandates must not rely on all-or-nothing, pass-fail strategies, and instead account for varying practice circumstances and varying levels of physician control over EHR choice and functionalities. The AANS and CNS are steadfast in the notion that neither MIPS nor APMs can succeed without a more strongly enforced national mandate for true and widespread interoperability between EHRs and between EHRs and registries.
- **Continue to promote the value of clinical data registries.** The AANS and CNS strongly support CMS’ investment and promotion of qualified clinical data registries (QCDRs) to date, and requested that the agency continue to recognize the value of clinical data and encourage investments in the production of more robust data through such mechanisms.
- **CMS must monitor the regulatory burden of these new programs.** Over both the short and long term, the AANS and CNS believe it is vital that CMS carefully monitor the regulatory burden of these new policies on practicing physicians to ensure that compliance does not breed frustration, “meaningless” engagement, or otherwise interfere with direct patient care.

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*The American Association of Neurological Surgeons (AANS), founded in 1931, and the Congress of Neurological Surgeons (CNS), founded in 1951, are the two largest scientific and educational associations for neurosurgical professionals in the world. These groups represent over 8,000 neurosurgeons worldwide. Neurological surgery is the medical specialty concerned with the prevention, diagnosis, treatment and rehabilitation of disorders that affect the entire nervous system, including the spinal column, spinal cord, brain and peripheral nerves. For more information, please visit [www.aans.org](http://www.aans.org) or [www.cns.org](http://www.cns.org), read our blog [www.neurosurgeryblog.org](http://www.neurosurgeryblog.org), follow us on [Twitter](#) or connect with us on [Facebook](#).*