CSNS Update Fall 2016, San Diego, CA

VIEW FROM THE CHAIR

Dr. Stroink gave a rousing welcome to all the delegates to the Fall 2016 CSNS Meeting in San Diego, Ca. This year’s theme was “Advance, Adapt, Achieve”. She started her Chair Report by reviewing all the resolution outcomes and assignments.

She highlighted the impact of the CSNS educational programming for the 2016 CNS scientific meeting. There were multiple abstract and paper submissions as well as speaker contributions from CSNS members. There are new practical courses focused on varied topics such as eneurosurgery, MIPS, malpractice and CPT coding/ICD 10. There is also a new dinner seminar that would be informative and exciting for attendees. There are 2 days dedicated to CSNS section abstracts and oral presentations, with featured talks on Leadership and Education in Neurosurgery and Malpractice and Defensive Practices.

Dr. Stroink congratulated Dr. Silky Chotai the winner of the 2016 Julius Goodman Resident Award and Dr. Kimon Bekelis the winner of the 2016 Samuel Hassenbusch Young Neurosurgeon Award for their winning abstracts focused on socioeconomic topics.

She acknowledged the pivotal role played by all CSNS liaisons, and thanked all of the liaisons for representing the CSNS. Dr. Sharon Webb at the American College of Surgeons, Drs. Kimon Bekelis and Bharat Guthikonda in the communications and public relations committee. Drs. Curtis Rozzelle, Krystal Tomei and Maya Babu at the Joint Guidelines Committee. Scientific Committee liaisons at the CNS – Drs. Maya Babu, Clemens Schirmer, and Sharon Webb and Dr. Brian Nahed at the AANS.

Dr. Stroink congratulated the newly selected members to serve on the socioeconomic portal of the Society of Neurological Surgeons: Brian Nahed, Ed Vates, Darlene Lobel and Clemens Schirmer. We look forward to their contributions for faculty and young residents.
Dr. Stroink noted that the new meeting format has been well received and will likely result in increased attendance at future meetings. She also noted that it will allow for decreased cost for individual attendees and the CSNS.

Dr. Stroink’s message demonstrates the strides we have made as an organization in achieving our core mission focused on education, policy and advocacy. The CSNS has had a tremendous impact on the lives of all neurosurgeons nationwide.

Above: Drs. Stroink, Batjer and Rosenow during the plenary session.
Above: Dr. Gregory Murad, Dr. Silky Chotai winner of the 2016 Julius Goodman Resident Award, and Dr. Maya Babu
Above: Dr. Stroink and Hesam Akbarian-Tefaghi the CSNS Medical Student Fellowship Recipient
RESOLUTIONS

The Fall 2016 CSNS Meeting was the epicenter of spirited debate on 11 resolutions. Each resolution generated interest and discourse amongst all attendees.

The resolutions spanned topics such as patient and provider safety, patient satisfaction, resident education, collaboration amongst neurosurgeons and medical centers.

The first resolution called for the generation of a formal letter by the parent bodies of the CSNS recommending mandatory Automobile Ignition-Seatbelt Interlocks on all new cars produced and sold in the United States. The spirit of the resolution was supported as it pertains to advocacy for head injury prevention but the resolution was referred to committee for further refinement.

Resolution II and III were not approved by the body after all overwhelming opposition to both resolutions. Resolution II sought a ban on personal electronic device engagement in CSNS Plenary Sessions and Resolution III recommended CAST certification in Spinal Surgery for all graduating Neurosurgery residents.

The fourth resolution called for the creation of a Web forum for retired neurosurgeons to share experiences and provide assistance/information with active neurosurgeons. The Council body supported the resolution and suggested that this portal could be incorporated into the existing CNS e-Rounds app.

Resolution V focused on workplace violence towards practitioners in neurosurgery and the development of strategies to decrease and mitigate such events. The resolution passed with unanimous support from the entire Council body.

Resolution VI highlighted the phenomenon of “narrow” networks whereby health insurance providers limit which physicians may participate in such networks and called for an in depth study of possible barriers to patient access that may arise as a result of such networks. The resolution passed handily.

Resolution VII, which was passed in amended form, called for a survey of Neurosurgeons by the CSNS to assess the prevalence of restricted vendor contracting and physician involvement in the vendor selection process. The Medical Legal committee will look into the liability implications when using mandated vendor equipment.

The eight resolution called for collaboration among comprehensive stroke centers by establishing an initial model in a single state to serve as a proof of principle. There was spirited debate about the scope of the project and if the CSNS was the appropriate platform for this initiative. The resolution was referred to committee for further evaluation and refinement.

Resolution IX, written on behalf of the Young Neurosurgeons Representative Section, called for the CSNS to explore the implications of modifying the timeline of the resident fellowship to achieve a staggered start-date as well as any other options for improving continuity between fellowship classes. This resolution brought forth spirited debate and ideas about how to improve the fellowship. The Council body agreed that the fellowship was of immense value to the organization and passed the resolution to look into opportunities to further improve the fellowship.
Resolution X and XI were both referred to committee for further refinement. Resolution X, called for the CSNS to study the issues regarding patient satisfaction and healthcare resource utilization. Resolution XI, called for the CSNS to study the implications of the terms “co-surgeon” vs “assistant surgeon” both in terms of insurance claims and on surgical outcomes and that these findings be communicated back to the CSNS as a white paper.

Overall, the debate process was thorough with active participation by all members of the Council body. The resolutions that were adopted will have a lasting impact on the way neurosurgeons practice and take care of patients.

Above: The Reference Committee during the Resolution Debate/Vote Session
Above: Delegates assembling for the Plenary session.
Above: Dr. Joseph Cheng making his point during the Resolution Debate/Voting session.
MEETING HIGHLIGHTS

CNS Update:

The CNS President, Dr. Russell Lonser gave the CNS update. He noted that the Oral Board Exam Course has exceeded expectations with great reviews. New subspecialty webinars have been developed for the online learning portal. He highlighted mCase Exchange – a private mobile and web based community for CNS members to foster collaboration and share insights on cases.

AANS Update:

The AANS President, Dr. Frederick Boop gave the AANS update. There is a new AANS member survey evaluating practice patterns. He highlighted the successful communications outreach effort by the AANS with the development of a new website geared towards medical students and resident applicants and the NPA cooperative registries in Spine and Stereotactic Radiosurgery that have been successful established. He welcomed all members to join him in Los Angeles in April for the 2017 scientific meeting.
AMA Update:

Dr. Krystal Tomei is running for AMA Council on Medical Education.

PAC Update:

2016 Fundraising Goal: $250,000. Only 4% of Neurosurgery are currently donating to the PAC. Please donate to both NREF and PAC. Contribute and do so generously. Reach out to your sphere of influence. Go to myaans.org and donate!

WASHINGTON UPDATES

The Washington Committee Update was given by Dr. Shelly Timmons, Chair of the Washington Committee. She highlighted the importance of the Washington Committee as the center point were all facets of organized neurosurgery come together. She noted that prior to MACRA (Medicare Access and CHIP Reauthorization Act) and the repeal of SGR we were facing significant cuts and that MACRA saved Neurosurgeons almost $100,000 each.

The MACRA Quality Payment Program (QPP) provides incentive payments, and providers will be in one of two possible paths, either Merit-Based Incentive Payment System (MIPS) or Alternative Payment Models (APM). Providers in 1st year of practice or less than $10,000 in Medicare billing will not be subjected to MIPS. The MIPS composite score (0-100) is based on four weighted factors (quality, resource use, clinical practice improvement, and meaningful use of certified EHR technology) and adjustments will be budget neutral. Solo/small practices will be hardest hit based on projections. Top concerns are the impractical January 1st, 2017 implementation date and the long delay between the performance period and the payment adjustment. The final regulation will be published by November 1st, 2016. The Washington Committee is currently working on developing a MACRA resource page, CME programs and compliance tools.

Dr. Timmons also gave an update on the status of the Global Surgery G-Code Mandate. The Washington Committee has prevented CMS from implementing a policy to eliminate 10- and 90-day global surgery payments. A multispecialty surgery survey with over 7,000 responses with 40% of respondents noting it would cost them $25,000 - $100,000 to implement the mandate as currently designed. A congressional sign-on letter was organized and sent to CMS by the Washington Committee.

LUNCHEON SPEAKER

Dr. Robert Hertzka, the former President of the California Medical Association and a Healthcare Reform Expert gave a lively and informative talk on The Affordable Care Act (ACA). He outlined the three pillars of healthcare – Access, Cost and Quality and that all 3 factors have to be taken into account in the healthcare paradigm. He reviewed the 4 silos of healthcare based on insurance coverage – Private sector, Public Sector (Medicare), Public Sector (Medicaid) and the Uninsured.

Dr. Hertzka noted that after the recession approximately 9% of likely voters were going to be uninsured, and that this fact resulted in bipartisan support for some form of healthcare reform. He explained that a weak “individual mandate” combined with “guaranteed access” would lead to a “death spiral”. He
pointed out that the Congressional Budget Office (CBO) had projections of 13 million people enrolling in the ACA exchanges for 2016, with the actual 2016 enrollees currently at 11 million. The projected funding for the 1st 10 years of the ACA are from new taxes on higher earners, investment income, Individual and Employee penalties, Cadillac tax, $500 billion in Medicare payment reductions, and taxes on the health sector.

He revealed that 92% of the people that signed up for the exchanges make less than $22,000 a year, and that Insurance companies participating in the exchanges lost $400 per enrollee in 2014, $1,000 per enrollee in 2015, and that 2017 premiums are projected to increase by 25%. He noted that the ACA projected cost for the 1st 10 years was $1 trillion, with the actual cost likely at $800 billion but with only 50% of the projected enrollees. He stated that the ACA may never help more than 25 million people, 92% of those who directly benefit make less than $20,000 a year, and it will likely add $1 trillion to the national debt in the next decade. He answered many questions from an engaged audience after his talk.
ANNOUNCEMENTS

Don't miss this opportunity and Join the list!

The Council of State Neurosurgical Societies (CSNS) is working in cooperation with the AANS to create a listserv to expeditiously communicate important changes impacting neurosurgery in the rapidly evolving landscape of healthcare reform. This listserv will allow your CSNS representatives and state delegates to more effectively share pertinent information with you.

As an example, the CSNS is working in collaboration with the AANS/CNS Washington Committee and Coding and Reimbursement Committee to produce quarterly updates on payor policy changes affecting neurosurgery. We will also be sending periodic information to help you and your practice deal with impending healthcare reform mandates and programs. Navigating current and future regulations is becoming increasingly complex, and we are here to help.

If you are interested in receiving notifications regarding these important issues, please click on the link above and follow the instructions.
UPCOMING MEETINGS

Georgia Neurosurgical Society
Dec 2-4, 2016
Reynolds Plantation, GA

Neurosurgical Society of the Virginias
Jan 19-21, 2017
White Sulphur Springs, WV

Southern Neurosurgical Society
Feb 22-25, 2017
Orlando, FL

CSNS Spring Meeting
April 21-22, 2017
Los Angeles, CA

AANS Annual Meeting
April 22-26, 2017
Los Angeles, CA

CSNS Fall Meeting
October 6-7, 2017
Boston, MA

CNS Annual Meeting
October 7-11, 2017
Boston, MA