

AMERICAN ASSOCIATION OF
NEUROLOGICAL SURGEONS

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American
Association of
Neurological
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Congress of
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CONGRESS OF
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Submitted via: macra-cost-measures-info@acumenllc.com

SUBJECT: 2024 Total Per Capita Cost Measure Re-evaluation

To whom it concerns:

On behalf of the American Association of Neurological Surgeons (AANS) and the Congress of Neurological Surgeons (CNS), representing more than 4,000 neurosurgeons in the United States, we appreciate the opportunity to provide feedback in response to Acumen's effort to re-evaluate the Total Per Capita Cost (TPCC) measure currently in use under the Merit-based Incentive Payment System (MIPS).

Although neurosurgeons, as a specialty, are excluded from the TPCC measure, we are opposed to any measure that creates perverse incentives to undertreat patients. The TPCC is fundamentally flawed because it not only holds physician accountable for costs outside of their reasonable control but is based exclusively on administrative claims data and inadequate risk adjustment methodologies that fail to assess the appropriateness of surgery accurately. As a result, primary care physicians may avoid or delay referring a patient to a surgeon, even when such care is indicated, for fear of getting penalized for the high cost of surgical services. For any given spine surgery, there is tremendous variation in cost. While some might be warranted and some might not, this is impossible to discern from claims data. The TPCC measure inaccurately assumes that surgery is a uniform treatment.

It is critical that cost measures account for the fact that "surgical diagnoses" do not necessarily predict surgical spending. For a given spine diagnosis, there are a number of potential surgical treatments. In other cases, the patient might not even be a candidate for surgery despite having the diagnosis coded. Additionally, diagnosis codes for the spine do not usually indicate the severity of the disease and symptoms, which makes it even more challenging to predict who will have surgery based on diagnosis codes alone. Again, administrative claims data is limited in its ability to discern nuances of care and often results in incomplete and flawed assessments of cost. Risk adjustment methods applied to claims-derived data also perform poorly due to the underlying data's limitations.

On the quality side, measure stewards are increasingly developing registry and electronic/digital quality measures because they offer much richer and more granular sources of data and allow for more accurate determinations of how and why care was provided. The AANS and CNS strongly urge CMS to consider alternative sources of data when calculating cost measures along with more nuanced risk adjustment methodologies. We oppose the use of total per capita cost measures for purposes of physician-level accountability until the accuracy of these analyses and associated perverse incentives have been addressed.

The AANS and CNS thank Acumen for its ongoing work with relevant stakeholders to develop, monitor and refine cost measures to ensure they are clinically accurate and appropriate. We look forward to continuing to collaborate with Acumen on this ongoing initiative. In the meantime, if you have any questions or need additional information, please feel free to contact us.

Sincerely,



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