



# North American Neuromodulation Society

## NEWSLETTER



### President's Message

Ashwini D. Sharan, MD

Greetings, NANS members. I hope your summer has been enjoyable thus far. I wanted to take this opportunity to update our membership on the various activities and initiatives the NANS Board and committees have been engaged in over these past months. As we have moved through this summer, we have made significant headway in accomplishing major goals that have been laid out by the NANS leadership.

This past May, the NANS Advocacy and Policy Committee conducted its second annual Leadership Development Course. Led by David Kloth, MD, and Joshua Prager, MD, NANS was able to bring together 14 physician members for a day-long seminar. Those who attended had indicated their interest in becoming more involved in advocacy activities for neuromodulation as well as NANS. During the seminar, participants engaged in group discussions and heard lectures from both NANS leadership and industry partners highlighting the issues that neuromodulation practitioners are facing. Attendees also participated in a media training session to learn how to be more effective in speaking about and promoting neuromodulation. The NANS Board hopes that many of the attendees will become future leaders of the society and advocates for this therapy. We look forward to getting these participants more involved in NANS's activities in the future.

I'm also delighted to report on the successful completion of another initiative the board has been working on for some time. Members may recall a stated objective of increased collaboration not only with other related medical specialty societies, but also with nonclinician groups working in the neuromodulation space. In late June, NANS and the Neural Interfaces Conference (NIC) conducted the NANS<sup>2</sup> NIC joint meeting, *Where Science Meets Innovation*. The goal of this first-ever collaborative meeting was to bring together scientists, engineers, and clinicians representing the

basic and applied science aspects of neural interfaces and neuromodulation. Through this, the organizing committee aimed to foster collaboration between these groups and provide an in-depth overview on the research and development of implantable medical devices and techniques along with their eventual integration into clinical practice. We are delighted to report that, for this first effort, more than 550 attendees, consisting of clinicians, basic scientists, engineers, and researchers, attended and participated in a dynamic and fascinating program. Sessions covered such topics as neuroplasticity, closed-loop deep brain stimulation, neural imaging, and nanotechnology and optical interfaces, to name just a few. A hands-on cadaver course was held for residents and fellows with a dedicated track for engineers and more than 200 posters highlighting new research were presented. I'd like to extend a special thanks to Steven Falowski, MD, and Parag Patil, MD PhD, who co-chaired this event with Joe Pancrazio, PhD, from the NIC. The NANS Board hopes to collaborate again with the NIC on a future meeting of this type. A more in-depth summary of the joint meeting is located on pages 3–4.

Throughout the summer, our Advocacy and Policy Committee collaborated with several other specialty societies to form a working group focused on crafting a comment letter to the Centers for Medicare & Medicaid Services (CMS) regarding the forthcoming MACRA and MIPS legislation. Together with guidance from legal counsel and a healthcare consultant, the working group crafted a letter outlining no fewer than 11 specific concerns regarding the proposed legislation that will have a direct impact on neuromodulation practitioners. We hope to receive a response from the CMS in due course offering clarity on the issues that have been raised. A summary of the pending legislation and the activities the Advocacy and Policy Committee is engaged in is located on page 10. Additionally, a copy of the comment letter is available on the NANS website.

Over the summer, NANS Foundation leadership held a strategy session to discuss a formal rebranding of the organization. Leadership expressed a desire to craft a more focused and concise mission and vision for the organization that would have a broader appeal than what was initially envisioned. The revised mission of the organization will focus on the promotion of research and innovation to advance the field of neuromodulation to improve health and quality of life for patients. With the change in mission, the group also elected to change the name of the NANS Foundation to the *Institute of Neuromodulation (ION)*. Currently, Past NANS President Ali Rezai, MD, is serving as the president of ION.

The ION team has held multiple meetings and crafted several interesting workgroups to focus on new initiatives. One such project will focus on the feasibility of standardizing exchangeable parts between different neuromodulation devices. Several manufacturers have explored this idea in the past, and the group feels there is potential for ION's involvement here as a catalyst to further these efforts. The second idea in development will focus on how to better

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## President's Message *continued from page 1*

direct basic science participation in study design and Food and Drug Administration device development workshops. Review and possible comment on guidelines for study designs across pain, Parkinson's disease, and epilepsy are some of the problems that they intend to tackle. ION has engaged a consultant to help coordinate these efforts and offer guidance on the various avenues that can be explored in order to successfully achieve them. As the rebranding takes greater shape, updates will be made available on the NANS website.

Lastly, as we move toward the fall, the NANS staff and Planning Committee members have been gearing up to put together all of the key ingredients for the 2017 Annual Meeting. Please note that this is not a misprint! In an effort to accommodate end-of-year scheduling conflicts and holidays, the NANS Board elected to change the meeting dates for our Annual Meeting going forward. Annual Meetings will now take place in January instead of December. Our first meeting under this new schedule is set to take place January 19–22, 2017, at the Caesars Palace Convention Center in Las Vegas, NV. Much more information regarding this will be forthcoming.

The NANS Annual Meeting Scientific Program Committee members—led by Lawrence Poree, MD PhD, and Parag Patil, MD PhD—have been putting together an outstanding program for our next meeting. A phenomenal group of additional meeting co-chairs for the scientific program have volunteered a significant amount of their time and talents to help bring the program to reality. Specifically, we are focusing tremendous efforts this year to reshape and expand our preconference workshop offerings to meet the needs and expanding interests of our attendees. Our Annual Meeting Co-Chairs Steven Falowski, MD, and Jason Pope, MD, are focusing on integrating our program into our new venue to provide an optimal learning and networking experience and are also collaborating with vendors to ensure that attendees have an opportunity to see what is on the horizon. Please stay tuned for more information and descriptions of meeting courses and other meeting components throughout the upcoming months. We hope to bring you a full preview of the Annual Meeting in our fall newsletter.

Thank you for your support of NANS, and we look forward to seeing you soon.

Sincerely,

Ash



Ashwini D. Sharan, MD

President, North American Neuromodulation Society

# A Review on NANS<sup>2</sup>: NANS's First Midyear Meeting

Steven Falowski, MD; Parag Patil, MD PhD; Joseph Pancrazio, PhD

The initiative for integration and collaboration of NANS led to the effort of joining forces with the Neural Interfaces Conference and hosting a joint meeting June 25–29, 2016, in Baltimore, MD. It was an outstanding experience and resounding success.

The tremendous growth and popularity of the NANS Annual Meeting led to the desire to integrate specialties and collaborate, prompting the planning of a midyear meeting. The collaboration brought together physicians, scientists, engineers, and industry. Chairs of the meeting included Steven Falowski, MD; Parag Patil, MD PhD; and Joseph Pancrazio, PhD. Dr. Falowski is a member of the NANS board and on the NANS Annual Meeting planning committee. He is head of functional neurosurgery at St. Luke's University Health Network in Bethlehem, PA. Dr. Patil is on the NANS board and Annual Meeting scientific committee. He is associate professor of neurosurgery, neurology, anesthesiology, and biomedical engineering at the University of Michigan. Dr. Pancrazio is professor of bioengineering and associate provost at University of Texas at Dallas.

The meeting provided an amazing platform for presentation of innovative neuromodulation research, as well as the ability for scientists and engineers to network and engage with physicians in the field. In addition, engineers and scientists were able to take part in physician sessions that dealt with practicality and use of neuromodulation in your practice for physicians. There were more than 520 attendees at the meeting. This group consisted of a blend of clinicians (including residents and fellows) as well as engineers and scientists. This mix was evident at the standing-room-only opening plenary session on Saturday, which was geared toward physicians with practicality and use of neuromodulation in practice, but was attended by physicians, engineers, scientists, government attendees, and industry representatives. This start led to engagement with one another and set the tone for the remainder of the meeting in which the recurring themes were a diverse audience and engaging plenary sessions.

Sessions each day were filled to capacity with discussion, question-and-answer portions, and panels of physicians and engineers. The clinical evidence portion of the plenary session



## NANS<sup>2</sup>-NIC Meeting: Where Science Meets Innovation *continued from page 3*

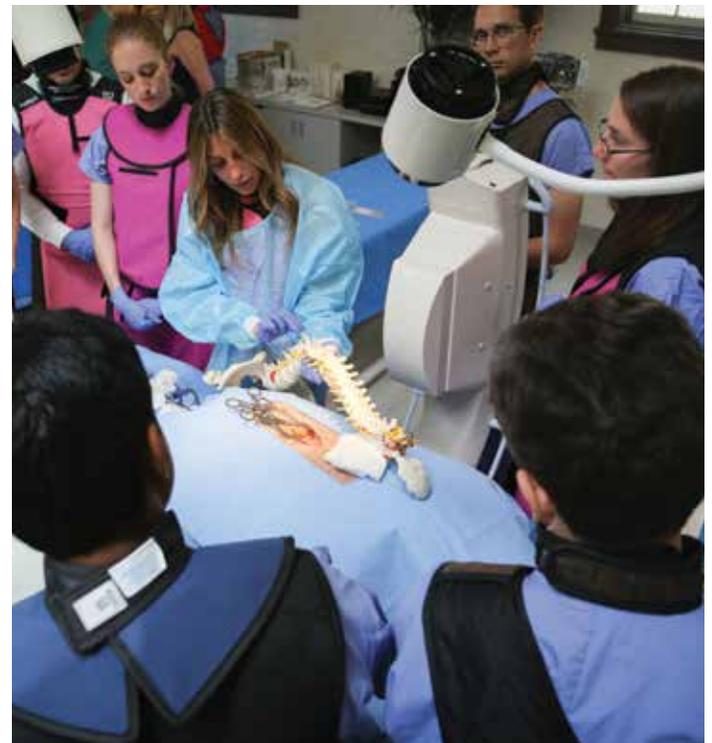
during the opening of the meeting was a highlight. Physicians received focused summaries of the latest technology, including burst stimulation, high-frequency stimulation, and dorsal root ganglion stimulation, as well as a concise review of the literature pertaining to peripheral nerve stimulation, intracranial stimulation, intrathecal therapy, and spinal injections. It was all brought together nicely with an open panel discussion on choosing therapies in your practice. The engagement especially was evident at the Neural Interfaces Conference where a new audience of physicians engaged and connected.

An opening reception was held on Saturday at the Hyatt Pisces room with a rooftop setting overlooking the inner harbor at night. It was a beautiful landscape to open the meeting and was filled to capacity with a diverse crowd. This was followed on Sunday by the open event at the American Visionary Art Museum, providing a great atmosphere in which attendees could mingle and engage with one another in insightful discussions.

Education is paramount in the field of neuromodulation and is a focal point of the direction of NANS. Given the high demand for the premeeting workshop held annually in Las Vegas, NV, and the success of the Resident Fellow section, a workshop was created at this meeting to provide an additional opportunity for residents and fellows to gain more hands-on experience with neuromodulation techniques and provide a presence in the eastern United States. Unique to this course, the cadaver section of the workshop was a novel training opportunity for the attendees and provided exposure to the neuromodulation options currently available in the United States. It had a focused approach on the clinical utilization of neuromodulation therapies for patients. Topics included basics of the therapy as well as implementing neuromodulation in a practice, and billing and coding of the therapies. Didactic sessions were reinforced with hands-on cadaver exposure with a low participant-to-faculty ratio. Given the success of the Certificate of Attendance program that started 2 years ago at the NANS Annual Meeting, it was continued at this meeting. Sessions included incorporation of pain therapies into a practice as well as personalized training on implantation and management technique with a near 1:1 participant-to-faculty ratio on cadavers.

In the first-of-its-kind undertaking, a workshop also was crafted specific to engineers that included didactic and hands-on experience with cadavers and the latest industry products. It allowed physicians to work closely with the engineers and scientists and gain real-world experience with implantable technologies. The course was filled to capacity, and remained true to the educational, innovative, and collaborative direction of NANS. It received rave reviews and gave attendees an opportunity to see the technology that is researched and worked on applied to human anatomy.

The joint NANS-NIC midyear meeting resulted from tireless efforts by many contributors. The organizing committee thanks the NANS executive committee and staff; the Neural Interfaces Steering Committee; Jason Pope, MD, who also helped organize the Sunday workshop offerings; and Collaborative Business Communications. In addition, we thank our faculty, the National Institutes of Health, the Craig H. Neilsen Foundation, St. Jude Medical, Nevro, Medtronic, and all other sponsors and contributors. This success of the joint NANS-NIC meeting affirms that multisociety collaboration can be achieved and provide a platform for innovation and networking that can advance the field of neuromodulation.



# Opioid Abuse and Chronic Pain: Twin Epidemics

Mehul J. Desai, MD MPH

*This article originally was published April 19, 2016, on The Hill at <http://thehill.com/blogs/congress-blog/healthcare/276843-opioid-abuse-and-chronic-pain-twin-epidemics>.*

We are all aware of the serious opioid misuse, abuse, diversion, and overdose issue in our country and the devastating effect it is having on communities across the United States. Consider this alarming statistic—overdoses (>50,000) have now surpassed car accidents as the number one cause of injury-related deaths nationwide.

Less familiar to the public and to policymakers are the millions of Americans suffering from debilitating chronic pain; however, the statistics are just as alarming. The Institute of Medicine (IOM) has called chronic pain a public health problem of epidemic proportions. According to the IOM's *Relieving Pain in America* report, 1 in 3 Americans suffer from chronic pain; 100 million Americans suffer from back pain, headaches, and arthritis; chronic pain is the number one cause of adult disability, and it costs the United States economy more than \$600 billion in direct healthcare costs and lost productivity every year.

The opioid epidemic has appropriately caught the attention of the media, policymakers, and the public; but unfortunately, we still have a lot of work to do to raise awareness about the chronic pain crisis in America. As policymakers and healthcare professionals in Washington, DC, and across the country grapple with how to address pain management and alternatives to opioid therapies, it is critical to address chronic pain as well.

Reducing overreliance on opioids for both acute and chronic pain will help reduce the negative consequences of abuse and diversion overall. I believe a balanced approach to manage pain—providing structured, well-thought-out policies that focus on interdisciplinary management that preserves access to the full range of medical options with appropriate screening and educational tools in place—is the ideal means by which to reform and revitalize the treatment of chronic pain and reduce opioid prescriptions overall.

As a board-certified, practicing pain physician here in Washington, DC, I recently testified before the U.S. House of Representatives' Bipartisan Task Force to Combat the Heroin Epidemic. I spoke about caring for patients every day who suffer from severe and debilitating chronic pain, and how every treatment solution should be different and individualized to the needs of that patient.

While opioids can and should be used as one form of pain management, there are many alternative solutions that should be promoted and explored further, including medical devices. It is important to note that there are numerous FDA-approved, non-pharmacological, evidence-based, cost-effective products currently on the market that are often overlooked. Examples of technology that help patients manage chronic pain include spinal cord stimulation, radiofrequency ablation, and implantable drug pumps.

The healthcare system needs to better understand which treatments are currently available to treat pain, whether or not they have strong evidence for efficacy, and the positive, long-term impact they have on cost of care and outcomes. Opioids may continue to play a role in helping certain patients manage both acute and chronic pain, but learning about and employing additional treatment options, including medical devices, physical therapy, acupuncture, and other alternatives, can provide patients with the comprehensive care they need—and possibly reduce the risk of opioid misuse, abuse, and overdose overall.

The House Energy & Commerce Committee will mark up several pieces of opioid legislation this week, including HR 4641 sponsored by Representatives Susan Brooks and Joseph Kennedy. This legislation takes steps to address the challenges associated with chronic pain care, promote best practices, and encourage adoption of alternative therapies—including medical technologies—to replace or to augment opioids. Substance abuse disorders and chronic pain are interrelated public health crises that must be addressed simultaneously and with equality. One without the other is tantamount to worsening each individual crisis. Passage of the Brooks Kennedy Pain Best Practices bill is an important advancement in addressing these two public health crises.

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*Mehul Desai, MD MPH, is board certified in Pain Medicine and Physical Medicine & Rehabilitation and President of the International Spine, Pain & Performance Center in Washington, DC. He is an instructor at The George Washington University School of Medicine and Health Sciences. Dr. Desai is also the former Director, Pain Medicine & Non-Operative Spine Services at The George Washington University/Medical Faculty Associates.*

# Resident Fellows Section Committee Update: From the Bench to the Bedside and Preparing for the Next Step in Fellowship Training

Nick El-Baridi, MD PT; Michael Fishman MD MBA; Samuel Grodofsky, MD; Jason Pope, MD; Steven Falowski, MD

The training cycle for most residency and fellowship programs takes another turn this summer, marking the progression in the careers of many members of NANS's Resident & Fellows Section (RFS). Outgoing residents starting their fellowship program and graduating fellows facing the "real world" of medicine walk the balance of excitement and uncertainty. This critical juncture, on opposite ends of the fellowship spectrum, underscores the incredible value of the RFS, whose mission to provide professional development resources and a sense of community helps ensure a soft landing.

One of the major highlights for the RFS in 2016 included hosting a cadaver and lecture course for trainees in Baltimore, MD, at the inaugural NANS<sup>2</sup>:NIC. On June 25, along with co-chairs by Steven Falowski, MD, and Jason Pope, MD, RFS organized a full-day lecture series and cadaver lab for residents and fellows. The faculty included a diverse array of clinicians from neurosurgery to anesthesiology, across a variety of different practice models. They covered topics that detailed evidence-based data and expert opinion supporting neuromodulation and intrathecal drug delivery, as well as priceless insight into practice management and contracts. The cadaver lab was proctored by well-published faculty, who instructed participants in a variety of neuromodulation approaches, from conventional stimulation to targeted drug delivery and also dorsal root ganglion (DRG) stimulation.

RFS member Ajay Anthony, MD, who was one of the 22 trainees who attended the course, stated, "the lectures were interesting and covered many topics that I did not learn in my training. ... It was fun spending the day with so many experts from all over the

country." A highlight of all NANS educational offerings is the low faculty-to-participant ratio.

The RFS also continues to supplement member training with the mentorship program. Trainees involved continue to provide excellent reviews of their partnership with high-profile experts in the field as they hold phone conversations and site visits to discuss best practices in neuromodulation and other practical discussion points such as billing, marketing, and contract negotiations. To illustrate the success of the program, Bradley Stovall, MD, and his mentor Corey Hunter, MD, used the pairing to complete a publication together. Much of the positive feedback has focused on the personalized discussion format and the opportunity to learn from knowledgeable and experienced physicians.

RFS activities also include the upkeep of a landmark publications database and an educational resource website.

The RFS is committed to enhancing neuromodulation education and provides a network of support for members during the early impressionable stages of their careers. Future endeavors for the RFS include preparation for the 2017 NANS Annual Meeting in Las Vegas, which will include the popular cadaver course and lecture series as well as the organization of a job fair. Please stay tuned for more activities organized by the RFS. There will be opportunities for established providers interested in mentorship and trainee members to enrich their neuromodulation education during their residency and fellowship.

## News from the International Neuromodulation Society

Timothy Deer, MD, INS President

The new committee structure for activities of the International Neuromodulation Society (INS) is well underway.

I am heartened by the growth in the field and in our endeavors that makes it timely for us to undertake this additional layer of organization for our efforts to advance the field and spread knowledge about this family of therapies.

I thank all of you for your involvement at the global level. Your participation is a key part of the coordinated effort by the international, multidisciplinary community. NANS members play a critical role in this process, and much like the structure at NANS, this new member-driven approach is increasing diversity, reducing bias, and improving the scientific validity of the INS.

I am looking forward to previewing the site of our 13th World Congress in Edinburgh.

The Congress, from May 27 to June 1, 2017, will be the first time the INS has convened its scientific meetings at a conference center rather than within a single meeting hotel.

Not only am I enthused about holding this important meeting in state-of-the-art facilities in a city with a rich and fascinating medical

history, but we were also pleased to learn the Edinburgh Marathon takes place May 28, 2017. We will try to incorporate involvement in conjunction with our meeting. Details of joining our INS marathon team will be coming in the next few months.

There are many direct flights from North America to Scotland and other European destinations (<https://www.visitscotland.com/travel/getting-to-scotland/overseas/>). With that in mind, you may want to extend your stay to continue to explore the area.

We recently sent out surveys for our Advocacy and Society Outreach Committee (which closed June 17), and the International Women in Neuromodulation Committee (sent June 20). Input from these surveys will inform our activities, and I, the INS board, and the committee chairs and committee volunteers thank you heartily for your involvement. We appreciate the role NANS plays in treating patients and being a critical piece of the INS.

Have a great summer and best wishes to all.

**New Date  
& Location**

**From Frontier to Front Line**  
**NANS 20th Annual Meeting**



**Save the Date**

**January 19–22, 2017**

**Caesars Palace | Las Vegas, NV**



# In Memoriam

## Dr. P. Prithvi Raj

*Richard Rauck, MD*

P. Prithvi Raj, MD, one of the true pioneers of regional anesthesia and pain medicine, passed away on February 27, 2016, at the age of 84. He died peacefully of natural causes, surrounded by his wife Susan and many members of his family.

Dr. Raj has left behind a legacy unmatched in regional anesthesia and pain medicine. He was a pioneer and innovator in both fields. Dr. Raj is credited with the discovery and innovative application of nerve stimulation for the localization of nerves during regional anesthesia. This technique significantly improved the efficacy of regional anesthesia in many applications and proved the gold standard for many practitioners of regional anesthesia.

Dr. Raj was one of the founding fathers of the American Society of Regional Anesthesia and Pain Medicine in 1975, understanding the need for the field to develop a society that would further the teaching and education of regional anesthesia and pain medicine.

During his later years of practice, Dr. Raj teamed with Gabor Racz, MD, to become a formidable duo in interventional pain medicine. Their approach was scientific, and their ideas were both innovative and far-reaching. They formed a deep and lasting friendship.

Dr. Raj was a founder and inspiration behind the World Institute of Pain (WIP) along with international leaders, including David Niv, MD (deceased, Tel Aviv, Israel), Dr. Racz (Lubbock, TX), Serdar Erdine, MD (Istanbul, Turkey), and Ricardo Ruiz-Lopez, MD (Barcelona, Spain). Under the early presidency of Dr. Raj and his fellow founders, WIP grew into a major international society with a multi-faceted exam, the Fellow in Interventional Pain Practice (FIPP) for practitioners of interventional pain medicine.

Susan Raj was both wife and soul mate. It is hard to imagine Dr. Raj without thinking of Susan and their family. She meant everything to Dr. Raj and it was reciprocated in every way. Their union was one of a most special kind and uniquely endearing.

I had the special privilege to train under Dr. Raj, first as a resident in 1983 and then as a fellow in 1985–1986, during his time at the University of Cincinnati. Those years in Cincinnati seemed magical to me, as a young resident and fellow. I appreciated the phenomenally inquisitive and creative mind that Dr. Raj possessed. He was a taskmaster to all of us who were young. However, he was also incredibly giving of his time and knowledge. Dr. Raj became a mentor in my life.

Dr. Raj possessed a unique passion for the field of medicine and particularly regional anesthesia and pain medicine. That passion was there until his last breath. He continued to challenge himself and others despite his own failing body. His mind remained sharp, and he continued to push the frontiers of our beloved fields of medicine. Dr. Raj will be missed dearly by all of those who he touched in so many ways. His legacy is assured and his place in our hearts secure for all time.

## Alfred E. Mann



Alfred E. Mann, who started medical device companies that developed pacemakers, insulin pumps for diabetics, cochlear implants, and retinal implants, died in February 2016 in Las Vegas. He was 90.

In 1993, Mann founded MiniMed, which develops glucose monitoring systems that deliver insulin throughout the day to help with the treatment of type 1 diabetes. He also founded and funded Medical Research Group, which was developing an artificial pancreas. Mann also was behind Advanced Bionics, a manufacturer of neurostimulation devices for various neural deficits. Another company, Second Sight Medical Products, created a system to help restore sight to the blind. He also started the Alfred Mann Foundation, a research organization devoted to the development of advanced medical devices, and founded Pacesetter Systems, which introduced pacemakers with rechargeable batteries.

He is survived by his wife, seven children, brother and sister, and 10 grandchildren.

### Get involved in NANS activities and make a difference for the field of neuromodulation

**NANS needs you!** If you are a current NANS member and you are interested in becoming more involved with the organization or within the growing field of neuromodulation in general, whether through a committee or other volunteer position, please contact our office and we will be sure to connect you appropriately. Members of any level are able to become involved. NANS is successful because of the involvement of our member volunteers. **Please e-mail us at [info@neuromodulation.org](mailto:info@neuromodulation.org) or call 847.375.4714 for more information.**

# WIN In the News

Julie Pilitsis, MD PhD

Over the course of the past year, Women in Neuromodulation (WIN) Treasurer **Jennifer Sweet, MD**, has worked with the American Medical Association (AMA) Opioid Task Force as the Neurosurgical Liaison. The Opioid Task Force is committed to thoughtfully addressing our role, as physicians, in the nation's growing opioid addiction epidemic. As prescribers, we face a challenge in advocating for our patients and treating those suffering from chronic pain, while still maintaining safe and responsible prescription patterns. She states that her "work with the AMA has not only been rewarding but also humbling, as we take on an enormous endeavor and hope that our efforts represent the views of healthcare providers as a whole, as well as those of our patients." She is an assistant professor of neurosurgery at Case Western Reserve University School of Medicine. She is the recipient of a National Institutes of Health K Award for her work titled "Deep brain stimulation of the rostral dorsal cingulum bundle for the treatment of bipolar disorder."

Many WIN members presented at NANS 2015, and we are hoping for an even greater number at the 2017 meeting as we continue to push the field forward. In this picture, we see WIN member and UCSF Anesthesia Pain Fellow **Lauren Friedman, MD**, presents her case study to NANS 2015 lifetime achievement award winner Tony Yaksh, MD, who recommended publication of case in peer reviewed journal.

**Meghan Wilock, PA-C**, the current WIN membership chair, has taken on the effort of restructuring the NANS 2017 Midlevel course. See below for her advertisement for the event:



## Don't miss out, there is something for EVERYONE!

This year's NANS 2017 Midlevel course will offer a wide variety of topics that will cover subject matter amendable to any Midlevel or RN with a special focus for those in the areas of Neurosurgery, Neurology, PM&R, Pain Management, and Orthopedics. The course will offer reviews of Neuro and Spine imaging, Pain Management Therapies, Neuromodulation (SCS, DBS, and Intrathecal pumps), Epilepsy, Movement Disorders, a Crash Course on Pump Management, and a Final Jeopardy Board Review. Come by yourself or bring a whole team, we look forward to seeing you there!

Meghan Wilock, PA-C, works as a PA specializing in DBS and SCS at Albany Medical College, where she is on faculty. If you are interested in helping with the Midlevel course, please contact Julia Prusik at [prusikj@mail.amc.edu](mailto:prusikj@mail.amc.edu).

# Healthcare Policy: The Medicare Access and CHIP Reauthorization Act of 2015—What It Means and What NANS Has Done for You

David Provenzano, MD; Jason E. Pope, MD; David Kloth, MD

In April 2016, the Department of Health and Human Services issued a Notice of Proposed Rulemaking to implement provisions of the Medicare Access and CHIP Reauthorization Act of 2015 (MACRA). The new legislation replaces the sustainable growth rate formula with goals of paying healthcare providers based on the value and quality of care provided to covered participants. Under the Quality Payment Program, two paths will exist: The Merit-Based Incentive Payment System (MIPS) and Advanced Alternative Payment Models (APMs). These new reimbursement platforms will significantly affect healthcare delivery and reimbursement. Furthermore, physicians will face clinical, staffing, administrative, and financial challenges integrating and implementing these new program requirements.

A majority of physicians will participate in the Quality Payment Program through MIPS, as NANS believes that more than 98% of our doctors will be assigned to MIPS (for more information regarding requirements of pathway entry, please visit the Centers for Medicare & Medicaid Services [CMS] website). It is important to note that the program is budget neutral and includes an adjustment to fee-for-service payments that ranges from  $\pm$  4% in 2019 (reflecting 2017 reporting year data) to  $\pm$  9% in 2022 and beyond. Previously, Medicare measured the value and quality of care provided by healthcare providers through the following programs: the Physician Quality Reporting System (PQRS), the Value Modifier Program, and the Medicare Electronic Health Record (EHR) incentive program. Under MIPS, physicians will be scored in four performance categories including cost, quality, clinical practice improvement activities, and advancing care information. The cost category will represent 10% of the total score in year 1 and it will replace the cost component (resource use) of the value modifier program. The quality category will make up 50% of the total score in year 1 and it replaces PQRS and the quality component of the Value Modifier Program. The clinical practice improvement activities will make up 15% of the total score in year 1. The final 25% of the total score in year 1 will be determined by the advancing care information category, which replaces the Medicare EHR incentive program (meaningful use). The calculated MIPS score would be used to compute a positive, negative, or neutral adjustment to a healthcare provider's Medicare payments.

The other model that clinicians could fit into, although very few will meet the model requirements, would be an APM. If a healthcare provider participates in an APM, then the provider would be exempt from the MIPS payment adjustments and qualify for a 5% Medicare part B incentive payment. In order to participate in an APM, the model requirements have to be met (this model requires the physician to participate in a true risk sharing model that can be either positive or negative) and the physician has to receive a sufficient share of their revenue from an APM. In 2019, the qualifying share of revenue required begins at 25% of Medicare part B payment. The share of revenue will increase in future years and include revenue from other payers.

Medicare recognizes and admits that approximately 90% of the penalties under MIPS will be paid by small practices that cannot

possibly meet the technological requirements of the program. Small practices are defined as 15 physicians or less and therefore represent the majority of our membership's practices. Given that CMS recognizes the significant disadvantage that our members will face, we have requested that they consider exempting our physicians from the program.

Recognizing the importance of the MACRA legislation, NANS reached out to multiple other societies to provide comments to CMS. The NANS Advocacy and Policy Committee developed a MACRA subcommittee to work with these multisociety groups. David Kloth, MD; Jason Pope, MD; David Provenzano, MD; and Phillip Kim, MD, provided significant time and effort to this project included. The six other pain organizations to sign the joint letter to CMS included the American Academy of Pain Medicine (AAPM), American Academy of Physical Medicine and Rehabilitation (AAPMR), American Society of Anesthesiologists (ASA), American Society of Interventional Pain Physicians (ASIPP), American Society of Regional Anesthesia and Pain Medicine (ASRA), and Spine Intervention Society (SIS). In the letter, 11 specific points were outlined for CMS, including concerns regarding the MIPS low volume threshold and participation by solo practitioners and small group practices and the burden placed on practices for reporting the MIPS quality performance measurements. For further details on the response, please refer to the multisociety letter, which can be viewed at <http://www.neuromodulation.org/Media/Newsroom.aspx>.

In conclusion, new payment models proposed through MACRA could have significant consequences for all healthcare providers. NANS will continue to work with the other societies to provide a common voice to ensure that the pain community's concerns are heard and to try to best alleviate the burdens of the new payment models. The pain societies plan to meet with CMS in the near future as a follow-up to our comments and to reinforce that the current proposals will unfairly affect our membership, most of whom will never be eligible for an APM and who practice under the small group criteria. November 1 is the final ruling date. This collaborative effort among our space societies is unprecedented, and ushers in a new age of unification. We will continue to keep members informed of important changes. Please reach out to us if you have any concerns or recommendations.

## NANS members: Please update your profile

**Attention NANS members:** In an effort to be current and keep members engaged and updated with the latest information, NANS would like to ask each of you to please be sure and access your online membership account to update your profile. Updating your profile regularly will ensure that you do not miss out on any announcements or materials coming from the society, including uninterrupted access to the online journal page. Updated profiles also allow NANS to ensure that we are adequately serving the various specialties represented within our membership. Please access your member profile today at [www.neuromodulation.org](http://www.neuromodulation.org) and provide any updates.

If you have **any questions** or would like **more information**, please e-mail NANS at [info@neuromodulation.org](mailto:info@neuromodulation.org) or call 847.375.4714.

## In the Next Issue

### NANS 20th Annual Meeting Preview

#### Including:

- Keynote highlight
- Premeeting workshops, including a new neuromodulation coding workshop
- I<sup>3</sup> spotlight
- Meeting concurrent tracks

## NANS 20th Annual Meeting

January 19–22, 2017 | Las Vegas, NV



## Meetings of Interest

NANS members are encouraged to attend these meetings of interest presented by other pain, spine, and neurology associations. Please see the following websites for more information.

### September

#### 2016 CNS Annual Meeting

Congress of Neurological Surgeons

September 24–28, 2016

San Diego, CA

<https://www.cns.org/>

#### 16<sup>th</sup> World Congress on Pain

International Association for the Study of Pain

September 26–30, 2016

Yokohama, Japan

<http://www.iasp-pain.org/>

#### 9<sup>th</sup> Annual Meeting

Canadian Neuromodulation Society

September 30–October 2, 2016

Regina, SK, Canada

<http://www.neuromodulation.ca/>

### October

#### 2016 Annual Assembly

American Academy of Physical Medicine and Rehabilitation

October 20–23, 2016

New Orleans, LA

<http://aapmr.org/assembly>

#### 2016 European Congress

Spine Intervention Society

October 21–23, 2016

Lisbon, Portugal

<http://www.spinalinjection.org/page/eurocon>

#### 2016 Annual Meeting

North American Spine Society

October 26–29, 2016

Boston, MA

<http://www.nassannualmeeting.org/AM2016/public/enter.aspx>

### November

#### 15<sup>th</sup> Annual Pain Medicine Meeting

American Society of Regional Anesthesia and Pain Medicine

November 17–19, 2016

San Diego, CA

<https://www.asra.com/>

### December

#### AES 2016 Annual Meeting

American Epilepsy Society

December 2–6, 2016

Houston, TX

<https://www.aesnet.org/>



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# Save the Date

## NANS 20th Annual Meeting

January 19–22, 2017

Caesars Palace | Las Vegas, NV



To accommodate the growing number of attendees, speakers, and exhibitors, we are moving the 2017 NANS Meeting to a **new date** and **new host** hotel.

### Join leaders in the field of neuromodulation to

- learn about the principles and use of neuromodulation in the management of chronic pain, cancer pain, craniofacial pain, deep brain stimulation, and spinal disorders
- visit exhibitor booths featuring cutting-edge technology and glimpses into future developments and network with leaders in the field
- participate in sessions focused on challenges, opportunities, and solutions facing practitioners in the field
- learn about the latest advances, emerging indications, and research in the expanding field of neuromodulation.



Please visit [www.neuromodulation.org](http://www.neuromodulation.org) for more information.