Booss Named Viste Patient Advocate of the Year

John Booss, MD, FAAN, Emeritus Professor of Neurology at Yale Medical School and former National Director of Neurology in the Department of Veterans Affairs, has been named the 2012 Kenneth M. Viste, Jr., MD, Patient Advocate of the Year.

“Ken Viste was a remarkable man,” said Booss. “He was successful at all levels in which he participated and turned that capacity to helping others. An Academy leader, Ken showed us all how to weigh political realities to advance idealistic goals. I am greatly honored and humbled to receive an award given in his name.”

Booss was nominated for the award by Glenn D. Graham, MD, PhD, Deputy National Director for Neurology at the Veterans Health Administration.

“I have known Dr. Booss for over 20 years, starting when he was my attending physician as a beginning neurology resident,” said Graham. “I worked with Dr. Booss as a VA neurologist during the time when he was the VA’s neurology National Director. For several years, we served together on the AAN’s Legislative Affairs Committee (now the Government Relations Committee). I truly can’t think of anyone more qualified to receive an advocacy award from the Academy than Dr. Booss. He has served as a mentor and an exemplar in neurology public service to several generations of neurologists. As the leading neurologist for the largest health care system and largest employer of neurologists in the United States, the Department of Veterans Affairs, Dr. Booss was an effective advocate for neurology in this large and complex health care system. Among his accomplishments were the establishment of Centers of Excellence in Multiple Sclerosis and Parkinson’s Disease and the advent of guideline and quality improvement efforts in acute stroke care and in stroke rehabilitation. Dr. Booss was also instrumental in the creation of the Stroke QUERI, an organization unique to the VA dedicated to quality improvement, education, and the advancement of implementation science in this condition of high prevalence and impact on older veterans.

“Dr. Booss was the instigator and engineer of one of the greatest legislative successes that the AAN has enjoyed in recent years, the passage by an act of Congress legislation establishing Epilepsy Centers of Excellence in the VA to serve the veteran community. These Centers are especially well suited to serve those veterans returning from conflicts in Iraq and Afghanistan with traumatic Iraq and Afghanistan with traumatic brain injury. I think it is clear that without Dr. Booss’ leadership in championing this issue, the legislation passed to establish these Centers would never have been written or come to a vote. Dr. Booss personally testified before Congress in support of this measure, educated Academy staff and members on this important issue, and partnered with AAN and VA staff to shepherd the bill through the legislative process.”

Booss has had an intensive involvement with the AAN's advocacy activities, including attending the 2006 Palatucci Advocacy Leadership Forum, serving as an advisor the following year, and being named 2007 Palatucci Advocate of the Year. He attended Neurology on the Hill from 2006 to 2009. Along with his successful advocacy on the federal level, he also persuaded his home state of Connecticut to adopt a home-based waiver for HIV patients, and a pilot program for home and community care for MS patients.

Booss said, “If one considers the number of patients whose lives have been improved by the different medical activities including clinical practice, teaching, research, health care administration and advocacy, oft times the greatest good is achieved by successful advocacy. It is a startling realization.”

If you only participated in the Medicare EHR Incentive Program in 2012, you still are subject to the eRx penalties for not meeting the minimum requirements to the eRx program.

Penalties are currently only in place for the eRx Incentive Program; the EHR Incentive Program will not begin penalizing until 2015. However, if an eligible professional chooses to only participate in the eRx Incentive Program in 2012 and wait until 2013 to begin participation in the EHR Incentive Program, the maximum amount he or she can earn for the EHR Incentive Program will decrease to $39,000 over a four-year period.

Eligible professionals can, however, participate in the Medicaid EHR Incentive Program and the Medicare eRx Incentive Program and earn incentives from both programs.

Get answers to your questions about this and other CMS incentive programs at the free “Incentive Programs and Penalties: What Do They Mean for My Practice?” webinar offered online on Thursday, April 12 (see cover for information). For the most up-to-date details on the Medicare EHR Incentive Program, visit www.aan.com/go/practice/pay/ehr or contact Christi Kokaisel at ckokaisel@aan.com.