



CANS

NEWSLETTER

California Association of Neurological Surgeons

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President's Message: Election 2008

Moustapha Abou-Samra, M.D., F.I.C.S., F.A.C.S.

Even though not endorsing a candidate may kill me, I am going to behave as presidential as you would expect me to be; since CANS is a non political organization, I will not mention the presidential candidate to whom my vote will go on November 4 ... Let's just say that I am ready for change!

I will urge each of you, however, to vote!

You all know that I was not born in this Country, but some may not know that I grew up and spent my formative years, in Syria, a beautiful little country that is controlled by a brutal dictatorship. And save for a short period in the early sixties when there was an attempt to build a Democracy there, my memories of being in Damascus, were of Jasmin, orange blossoms, Damascene roses, family gatherings and delicious food flavors on the one hand and dictators and corrupt governments on the other. In fact, I remember that one of the last things I did in Damascus prior to leaving forever to come to my new Home, was voting for the late president Asaad twice ... in the same day! That was, of course, because of the coercion of many heavy handed people. He won the election with an amazing and laughable 99.99% plurality.

This presidential election will be a lot closer. And each of our voices will matter.

I recall 1976.

I wanted, so badly, to vote for Gerry Ford. I did not like Jimmy Carter, I thought he was depressing. But I was not yet a US citizen, so I could not vote. It was a close election. Ford lost and I blamed myself: had I applied for citizenship earlier, I would have been able to vote and make a difference. The fact was, I did not apply for citizenship as soon as I was eligible for it because I did not want to become American just for the convenience and safety that such a citizenship offered. I only wanted to be American when I became convinced beyond doubt that this is the Country where I wanted to spend the rest of my life and where I wanted to raise my children.

And convinced, I became!

It has been an unbelievable home. I was accepted as an American, virtually from the day I arrived in 1972, despite my accent and alien name ... and here I am the president of the largest and best state neurosurgical society in this Great Country!

My children are as American as apple pie and no one thinks of them as "different" despite being called: Omar Brian, Leyla Jane, Jason Chafik, Jamil Susan and Patricia Riad.

Last weekend we celebrated the wedding of our eldest, Omar, who married Nancy Moser in Walnut Grove, California. It was a beautiful and warm ceremony that was made even more special because it was held at the home of Nancy's 94 year old grandmother and namesake Mrs. Nancy P. Moser. Now the Abou-Samras and the Mosers are a blended family and a part of the beautiful fabric of this Great Country. We are much honored that Nancy decided to take the Abou-Samra name as her own.

In 1980, I waited in a long line in San Antonio Texas, to vote for Ronald Reagan who impressed me by his sunny optimism and his all American can-do attitude. And I felt as a member of a winning team.

I have voted in every election since ... without exception.

I realize that using an absentee ballot to vote may be more convenient and even more modern, but, for me, going to the polls in my own neighborhood at 7 AM-sometimes waiting for the polls to open-sometimes with my kids in tow- voting and then going to work always feels good. It reminds me of how great is this Country. I usually pin on my lapel with pride, one of the stubs that say: "I have voted-Have you?" And I wear it all day along with my American Flag bow tie. And if I have to operate, don't worry I have my American flag surgical cap to wear.

I also remember that our forefathers fought for, and some even sacrificed their lives, so that we may enjoy the right to vote.

So, on November 4, please vote: you will enjoy the experience, I know I will! ❖

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No More ED Balance Billing

Randall W. Smith, M.D., Editor

As near as we can tell, the California Department of Managed Health Care (DMHC) has outlawed balance billing of ED patients by docs who do not have a contract with the patient's medical insurance carrier. Heretofore, when the insurance company decided to pay you at contracted rates for ED and subsequent care you delivered, you could bill the patient for the difference between the contracted rate and what you felt was usual and customary. This of course was a maneuver by us docs to have the patient put pressure on the insurance company as well as establishing that the patient was the recipient of your care for which they were ultimately responsible. The DMHC ruling absolves the patient of any personal responsibility and limits your remedies to arguing with the insurance company or taking them to court. It remains to be seen if such a state agency ruling (the result of a July 25, 2006, executive order issued by Gov. Arnold Schwarzenegger directing the agency to take "all steps necessary" to protect Californians from balance billing for ER services) can trump state contract law. The CMA is pursuing a legal challenge to this ruling which CANS is supporting. ❖

NEUROSURGEON WANTED

Board Certified/Eligible Neurosurgeon needed to join busy neurosurgical practice and trauma center in **Northern California**. FT or PT position will be considered for qualified individual. Competitive salary, bonus and benefits. Please fax or email resume to: 916/773-8702 or laura@snamg.com, www.snamg.com. ❖

CANS Members Serve on CMA Committees

When the *California Medical Association* calls for nominations of CMA members to serve on its various committees, CANS responds with our members who we feel would best serve the interests of California physicians, particularly neurosurgeons. Without CANS, neurosurgery's voice would essentially be unheard. For 2009, the following CANS members will serve on the listed CMA Committees:

Moustapha Abou-Samra, MD
COUNCIL ON ETHICAL AFFAIRS

Robert Meredith, MD
COUNCIL ON LEGISLATION

Patrick Wade, MD
**COMMITTEE ON PROFESSIONAL
LIABILITY**

Philipp Lippe, MD
WORKERS' COMPENSATION TAC

OIG Report Finds Financial Interest Among Some Surgeons Ordering MRIs

Randall W. Smith, M.D.

Federal investigators Sept. 25 released a report finding that at least one-quarter of magnetic resonance (MR) services ordered by physicians under the Medicare program had either a medical practice or other business connection to one or more of the parties involved in providing the service. The report by the Department of Health and Human Services Office of Inspector General concluded that as more MR services are paid for under the Medicare physician fee schedule, "doctors are increasingly in a position to order services from parties with which they have a medical practice or other business relationship." In those situations, the OIG said, "doctors may have conflicts of interest, financial, or otherwise."

The OIG's Office of Evaluation and Inspections, which prepared the report, said it wanted to determine how MR services paid under the Medicare physician fee schedule are provided and whether there is a relationship between utilization levels of services and how they are provided. Inspectors found that how MR services were furnished and billed to Medicare "differed significantly" between diagnostic exams when the MR was ordered by a physician with a business connection to the service provider (Connected Services) and those exams where there was no connection.

Additional findings of the OIG were that connected services were associated with high use of MR services and more likely to have been ordered by orthopedic surgeons. ❖

More News from the Editor

The CDC Study Demonstrates that Adoption of the Brain Trauma Foundation's Guidelines Could Save Lives

An independent analysis of the effect of the Brain Trauma Foundation's (BTF) guidelines on traumatic brain injury (TBI) outcome and cost savings by the Centers for Disease Control and Prevention (CDC) found that if the BTF guidelines were used more routinely, there would be a 50% decrease in deaths, improved quality of life and a savings of \$288 million a year in medical and rehabilitation costs.

According to the study published in the *Journal of Trauma: Injury, Infection, and Critical Care*, when the BTF guidelines are followed, the proportion of patients with good outcomes increased substantially from 35% to 66%, and the proportion of patients with poor outcomes decreased from 34% to 19%.

"The BTF guidelines were put forth to improve the quality of care of TBI patient. This study demonstrates that adoption of these guidelines could result in a substantial reduction in deaths and a simultaneous reduction in medical, rehabilitation, and societal costs," states CDC's Richard C. Hunt, MD, FACEP, director of the Division of Injury Response at the National Center for Injury Prevention and Control.

The initial BTF Guidelines were developed, in collaboration with the American Association of Neurological Surgeons (AANS) over 10 years ago to improve treatment of patients with severe TBI. Although disseminated widely, the Guidelines need far greater implementation.

"We hope that CDC's analysis of the impact of the BTF Guidelines will catalyze medical personnel, trauma centers and state and federal agencies to action," said Jamshid Ghajar MD, PhD, FACS, president of the Brain Trauma Foundation. "Halving mortality, doubling good outcomes and saving \$288 million dollars in medical and rehabilitation costs a year at the same time is unheard of in these days of advanced U.S. medicine. We can achieve these results with improved adoption and implementation of the BTF Guidelines for TBI, a leading cause of death and disability in young people and the signature injury in the Iraq and Afghanistan war." ❖

Word to the Wise from CMA

For those of you who are not CMA members, the following was recently distributed by the CMA and makes for some interesting reading, particularly if you get the CCHRI letter. If you believe that this kind of "performance" data will not be made public at some point and/or used to control patient flow, I have a bridge in New York I would like to sell you.

In the coming days and weeks, more than 20,000 California physicians will receive a letter from the California Cooperative Healthcare Reporting Initiative (CCHRI). This letter will include a report detailing the physician's "performance score" on a limited set of quality measures for Medicare patients and private PPO patients from Anthem Blue Cross, Blue Shield of California, and United Healthcare.

CCHRI is sending this letter as part of the California Physician Performance Initiative (CPPI), one of six pilot programs in the nation initiated and funded by Medicare in 2007. It is intended to measure and report the quality of health care provided by physicians and to be an educational tool for physicians. The report will provide physicians with a confidential percentile rank compared to their physician peers, performance scores by measure, and performance scores for each patient group (Medicare only, private PPO only, and both Medicare and private PPO combined).

All physician scores will be kept confidential at this point. CMA strongly urges physicians who receive this report to verify the accuracy of the data used to calculate their scores. To do so, physicians should request the private health plan patient lists at the CCHRI website. Requests should be made via the "Physician Comment and Request for Information Period Process" available at <http://www.cchri.org/cppi>.

It is important to note that the Medicare patient lists will not be available to physicians for verification due to strict federal confidentiality and privacy laws. However, this also means that the physician-specific Medicare quality data will not at any time be released to the public by either Medicare or CCHRI, and it will be destroyed upon completion of the CPPI pilot.

While CCHRI does not intend to make these results public and future use of the results by payors is unclear at this point, CMA has serious concerns about CCHRI's long-term plans to make future results public and how payors will use the results. It should be noted that these two issues- public release and use of results- will not be determined until CCHRI's Steering Committee has received feedback from physicians and CMA. Therefore, it is absolutely critical that all physicians verify the accuracy of the data used to calculate their scores by logging on the CCHRI website mentioned above. ❖

Letter to the Editor

Transitions in Neurosurgery: CANS Historian

John T. Bonner, M.D., CANS Past President and Former Historian, Western Neurosurgical Society

CANS, as you may know, will now have a Historian. This is very important as it is very easy to lose our past. History is very important. If we do not preserve our past it will be lost.

I am concerned and annoyed when I speak to some of our younger neurosurgeons and find out how little they know of the development of neurosurgery and our past. Neurological surgery is not that old a specialty, with the first meeting of the AANS being May 6, 1932. When such pioneers as Harvey Cushing and Walter Dandy are mentioned or discussed, they are recognized but not much is known about them. This is even more notable when early great neurosurgeons are discussed, such as Penfield, Bucy, German, French, Kahn, let alone Scoville, Sweet, Walker, Donaghy, Odem, Ray, Evans and Mullan (plus many more that I could mention).

I do appreciate that I grew up in the era of vinyl records, sun shields, fender skirts, curb feelers, bug deflectors and tubed tires; but I also appreciate turbo chargers, GPS, run flat tires and neuronavigation. The modern neurological surgeons are more concerned about the contemporary organization leaders, service chiefs and technological advances. Many of us were quite surprised and impressed when steroids were introduced for cerebral edema (mid 1960s), along with the surgical microscope and the EMI scanner, let alone MRI, PET, etc. All this should be recorded for posterity; otherwise, as noted above, it may be lost. ❖

Executive Office Report

Janine Tash

By now, all CANS members should have received (by mail) the Registration Forms for the January 16-18, 2009 Annual Meeting in Carmel. Please contact me at 916 457-2267 or janinetash@sbcglobal.net if you have not received this material or if you need more information.

Remember that the reservation deadline for the \$160.00 contracted group rate is **December 15, 2008**; after this date, reservations will be made based upon the hotel's availability and at the hotel's prevailing rate. Call Quail Lodge at 888.828.8787. ❖



REGISTERED EXHIBITORS

Aesculap

Aloka

Bayer

BrainLab

Mizuho America

Synthes

Please contact CANS at 916 457-2267 or janinetash@sbcglobal.net to receive the exhibit registration material. ❖

College of Osteopathic Medicine of the Pacific (COMP) Neurosurgery Training Program



(Each month we plan to feature one of the California Neurosurgery residency programs. It is hoped these program highlights will acquaint our readers with our colleagues, how they are running their programs, their interests and some of their clinical research projects to which you might want to refer a patient. The programs will be presented in an order totally at the whim of the editor. This month: COMP. –Ed.)

The COMP program is spread over four large hospitals: Arrowhead Regional Medical Center (ARMC), Riverside County Regional Medical Center (RCRMC), Desert Regional Medical Center (DRMC), and Kaiser Permanente Fontana Medical Center. ARMC is the flagship and is a level 2 trauma center transitioning into a level 1 trauma center in 2009. ARMC is the second busiest trauma center and the second busiest emergency department in the state of California and the only county hospital in the geographically largest county in the United States, San Bernardino County. RCRMC is also an important base hospital for this residency program.

As in many programs, the greatest amount of clinical material is in cranial and spinal trauma and complex spine surgery; however, the residents are exposed to all the major areas of neurosurgical treatment including skull base, cerebrovascular, cerebral and spinal tumors, congenital spine, epilepsy and peripheral nerve disease. The residents are exposed to the private-practice community neurosurgery model at DRMC, to the academic county practice model at ARMC and RCRMC, and to HMO practice at Kaiser Fontana so that by the time of graduation, COMP residents have a good idea about the “lay of the land” for neurosurgery practices. The training program, which runs the neuro-intensive care unit at ARMC, has recently implemented a stroke service at ARMC and DRMC and plans to implement a movement disorder program at DRMC. Currently, the research activities of the program are concentrated in brain and spinal cord injury and stroke.

The program, 2nd largest among the nine neurosurgery residency programs in California, takes 2 to 3 residents annually under the guidance of the Osteopathic Medical Board (The ABNS does not govern osteopathic training programs). The percentage graduating from this 5-6 year program is around 66%, with a consequent 33% attrition rate. Of the last 4 graduates, two have stayed in California (both in academic settings), one is in Pennsylvania, and one is in North Carolina. The current fellow will be graduating in June 2009 and will be moving to Illinois in July to start his practice in a rural setting. The ARMC Neurosurgery Residency program is extremely diverse. Of the current crop of 15 residents 4 are female and 11 are males. They represent multiple medical schools: Western University, Nova South East, Oklahoma State University, Midwestern University, Philadelphia College of Osteopathic Medicine and others. The group is racially and ethnically diverse as reflected by the languages spoken: English, French, Gujrati, Spanish, Vietnamese, Panjabi, Portuguese, Farsi, Hindi, Korean, Telugu, and Urdu. The residents are taught to integrate osteopathic philosophy in their patient care and training is of broad scope, mainstream, with an emphasis on producing clinically competent and technically proficient neurosurgeons with excellent judgment.

Javed Siddiqi, MD, PhD, FACS, who is the Program Director & Chief of Neurosurgery) adheres strictly to the 80 hour work week for the residents. Neurosurgery Nurse Practitioners have been added to the program to help with the limitations created by the work hour rules. Dr. Siddiqi insists on all his graduates pursuing post-graduate fellowship training in any neurosurgical subspecialty of their choice. His graduates (irrespective of their ultimate choice of private or academic practice) have gone on to fellowship training in nationally and internationally recognized institutions such as Mayfield Clinic and St. Louis University. The current three Chief Residents will pursue these fellowships: one at COMP, the second at UC Davis for a spine fellowship and the third at the Mayfield Clinic for a combined Ortho/Neuro Spine fellowship.

The faculty of the program:

Javed Siddiqi, MD, PhD, FACS (Program Director & Chief of Neurosurgery)		
Dennis Cramer, DO	Bruce Everett, MD, FACS	Todd Goldenberg, MD, FACS
Silvio Hoshek, MD	Rosalinda Menoni, MD	Dan Miulli, DO
Jon Taveau, DO, MS	Margaret Wacker, MD	Daryl Warner, DO
Daniel Won, MD, FACS	Shokei Yamada, MD, FACS	Paulino Yanez, MD
Alexander Zouros, MD ❖		

Neurosurgical Position

Any CANS member who is looking for a new associate/partner/PA/NP or who is looking for a position (all California neurosurgery residents are CANS members and get this newsletter) is free to submit a 150 word summary of a position available or of one's qualifications for a one time posting in this newsletter. Submit your text to me by E-mail (rws-avopro@sbcglobal.net) or fax (858 683-2022). ❖

ATTN Vendors: CANS is now accepting newsletter ads. Please contact the executive office for complete price list and details.

Questions or comments can be sent to the editor, Randall W. Smith, M.D., at rws-avopro@sbcglobal.net or to the CANS office at janinetash@sbcglobal.net. Past issues of the monthly newsletter are available on the CANS website at www.cans1.org.

The newsletter is a mix of fact, rumor and opinion. The facts are hopefully clearly stated. The rest is open to interpretation. The opinion is mine. R.S. The assistance of Janine Tash and Moustapha Abou-Samra, M.D. in the preparation of this newsletter is acknowledged and appreciated. If you do not wish to receive this newsletter in the future, please E-mail or fax Janine Tash janinetash@sbcglobal.net, (916-457-8202) with the word "unsubscribe" in the subject line.

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