



CANS

NEWSLETTER

California Association of Neurological Surgeons

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President's Message

Kenneth Ott, M.D.

We had a very informative and thought-provoking meeting at the Grand California Hotel in Disneyland on MLK weekend. I am beginning to like the Arts and Crafts style of architecture. Fantastic kudos to CANS for revisiting the site. Fantastic kudos to the hotel for maintaining such quality on such a scale. Meeting speakers included Jack Lewin, the President of the American College of Cardiology, James Rothenberg, the Treasurer of Harvard University, Tom Campbell, now candidate for the US Senate and Adam Schiff, US Representative from Pasadena. Troy Tippet, the President of AANS charmed the audience with his "take" on the House and Senate health care bills...soon to pass?

It seems likely that some health care law will pass the Senate and House and be signed by the President in time for bragging rights during the State of the Union address in a few weeks. (This is being written on the night of the Massachusetts election for the "Kennedy Senate seat.") The bill does nothing to truly reform health care spending or bend the cost curve downward. In fact it bends it upward. It merely redistributes costs from the wealthy to the uninsured and doubles the Medicaid recipient rolls. Not only that, but there is no stopping health care inflation! The problem is named Baumol's cost disease...named after the economist William J. Baumol (NYT January 18, 2010). In brief, health care spending, like the performing arts, does not greatly benefit from advances in efficiency and therefore productivity. Robots build a million cars a minute, but a convexity meningioma still takes 3 hours of the neurosurgeon's time and five days in the hospital, and the Ninth Symphony still takes 90 minutes and 120 artists as it did in Beethoven's time. The result in all western societies is continuing increases in health care costs above the rate of inflation. The challenge is to increase the GDP.

One interesting thought: what the hell is wrong with spending 20% of the GDP on health care? Our unemployment rate is 10% to 17% and not going down soon. Health care is the largest employer in San Diego County. Health care employs more people in Detroit than the auto industry. It is the largest employer in the nation. The Bureau of Labor Statistics recently released a list of 10 top employment positions...number one was RN positions; other health care related positions were also featured. Health care spending impacts our nation in a positive fashion.

The question in all of our minds, of course, is what does the future hold for our craft. I asked several of the speakers this question and there seemed to be a consensus: solutions are local...what will work in Redding, California, may not work in Fresno or La Jolla, California. Solo practitioners are at a great disadvantage. Groups of several neurosurgeons, perhaps in an IPA or practicing within large, multispecialty groups of physicians have the advantage of cooperating with insurance carriers and hospital systems to negotiate fee systems and, most importantly of all, to manage the quality of care of our patients.

Our 2011 meeting will be at the Ritz-Carlton Hotel, near the top of Nob Hill in San Francisco. Inside every problem is a solution. We have imposing problems. Support Tom Campbell (www.campbell.org) ...he speaks for us. ❖

INSIDE THIS ISSUE:

Magic Kingdom not for kids – page 2

Letter to Editor/Dr. Koenig – page 5

Letter to Editor/Dr. Clark – page 5

SF Neurological Society Annual Meeting – page 5

What is Wrong with the Picture? – page 6

Medicare goodies – page 6

MBC wants Neurosurgeons – page 7

CA Hospital Rankings – page 7

Thought of the Month – page 7

Exhibitors – page 8-9

Magic Kingdom meeting wasn't for kids

Randall W. Smith, M.D., Editor

The CANS Board meeting and the annual meeting held at the Disneyland Grand Hotel in Anaheim on January 15th and 16th was informative to say the least.

The Board noted a slight net loss of active membership but did extend membership to 5 recent applicants: **Christopher Duma** from Newport Beach and **Samer Ghostine, Hector Ho, Michael Muhonen** and **Laura Paré** all from Orange. The total membership, which includes 53 academicians, 9 from Kaiser and 130 residents, now is 401.

The results of the membership vote for officers for 2010 was: President: **Ken Ott** (San Diego); President-elect: **Marc Vanefsky** (Anaheim); 1st Vice President: **Austin Colohan** (Loma Linda); 2nd Vice President: **Ted Kaczmar** (Salinas); Secretary: **Kimberly Page** (Redding). **Mike Robbins** (Sacramento) remains as Treasurer. The Board appointed Dr. **Ken Blumenfeld** (San Jose) to fill the Northern Director vacancy created by the election of Dr. Page to the secretarial position. The other northern directors are: **Marshal Rosario** (Campbell) and **Praveen Mummaneni** (UCSF). The 4 southern directors are: **Deborah Henry** (Loma Linda); **J. Patrick Johnson** (Los Angeles); **Phillip Kissel** (San Luis Obispo) and **Haig Minassian** (Whittier).

Last year's budget showed a \$600 surplus; the 2010 budget is expected to show a 4K surplus predominantly due to a profit from the meeting as well as income from newsletter advertisements. The meeting profit will be in large part due to the 19 exhibitors (*see pages 8-9*) as well as a generous educational and speaker grant from **Precision Biologics**.

The Board continued to support CAPP (**Californians Allied for Patient Protection**) which is the pro-MICRA watchdog to the tune of \$500, keeping \$1870 in CANS' CAPP account in reserve. It was noted that CAPP has become more transparent and communicative recently felt in part to be due to a request by CANS for such action.

The Board voted not to support a CSNS resolution presented by Don Prolo to ask the AANS/CNS to withdraw from the AMA but did support his other resolution encouraging political support for those running for the US Congress who are committed to repeal the anticipated Healthcare Reform bill currently in negotiation between the House and Senate versions.

Finally, the Board grappled with the apparent maneuver by Blue Shield to disallow **Vertebroplasty** for the treatment of vertebral fractures, presumably because of some recent articles in the NEJM and from Australia indicating that it wasn't better than simple waiting or placebo. Those Board members who do the procedure certainly felt vertebroplasty was very helpful in selected cases and a response to Blue Shield supporting its continued use will be created.

As to the actual annual meeting entitled "**Healthcare Reform 2010: Chaos or Progress?**", a series of informative presentations were given:

Jack Lewin, MD, CEO of the American College of Cardiology and former CEO of the CMA, felt chaos was more likely than not as the current healthcare reform measures in Congress don't really take effect until 2014, the increased pay for GP's isn't enough to attract more to the field and that the insurance mandate won't attract the young as the penalty for carrying no insurance is so low they will just opt to pay it and go without insurance. He did feel that the insurance exchange idea was good if created on a national basis thus allowing more competition into local markets where docs could bargain with carriers rather than the current situation where one or two insurance companies control local markets. He found fault with current payment practices feeling that fee-for-service leads to excess care, capitation leads to denial of care and salaried docs lead to laziness. He felt that future doc income models will be of the large multispecialty groups like Kaiser docs, the Mayo Clinic and the Cleveland Clinic; the Foundation model where docs are employed by the foundation (which is legal in CA but apparently not working well) and the large IPA aligned with hospitals and even insurers to create an insurance product (such as the Hill Medical Group in Sacramento which together with a hospital system and an insurer offers an insurance plan competitive with Kaiser rates).

James Rothenberg, Chairman of a large investment company, treasurer of Harvard University as well as a director of the Huntington Memorial Hospital, the Rand Corporation and CalTech, felt that Obamacare costs are underestimated and will increase at an unsustainable rate much as happened in Massachusetts. He estimated our economy will recover at a slow rate as the American consumer proceeds cautiously and banking, which accounted for 40% of the GDP in 2006, is reigned in. He feels that the reasons for medical care spending in the US being the highest in the world are due to our high drug costs, the cost of malpractice/defensive medicine, over utilization of resources in some areas of the country, our FFS payment system and the amount we spend on folks in the last years of life. He estimated that the leadership in life science research will shift to Asia as the US economy contracts but that healthcare in the US will

continue to be a growing business. He also noted the coming hospital fiscal crunch as more and more hospital business will be Medicare (baby boomers and Obamacare) which only covers 85% of hospital costs and Medicaid (Obamacare) which covers 60%. The only laudable business is private insurance which does allow a 25% profit.

Troy Tippett, President of the AANS, felt that the healthcare debate was clouded by the concepts that healthcare has become a right, that all insurance companies are evil, that our system is mediocre to poor and that healthcare spending reaching 20% of the GDP is unacceptable, none of which he accepted as really true. He noted that the AANS had been very consistent in its support of limited portions of the Congressional healthcare bills (mandatory insurance for all with premium help for the poor, national insurance exchanges) and also very consistent in opposition to the public option health plan and the Independent Payment Advisory Board while continuing to lobby for the right to privately contract and meaningful tort reform. He deprecated the endorsement of the congressional plans by the AMA and the ACS. He also lauded the AANS/CNS Washington Committee's Quality Improvement Workgroup and Guidelines Committee as trying to help us all deal with QIW and Guidelines publications. He further pointed out that the AANS NeuroPoint Alliance helps all docs collect their practice data for MOC and puts them in a position to join in clinical research to hopefully demonstrate that what we do works well and is cost effective.



*Dr. Troy Tippett (l) with
Dr. Moustapha Abou-Samra*

Tom Campbell, a Harvard Law trained attorney with a PhD in economics, former 5 term US Congressman and current candidate for US Senate (Boxer), reiterated his disagreement with the Sherman Antitrust Act being applied to docs and the McCarran-Ferguson Act which exempted insurance companies from the Sherman Act. He continues to favor docs getting the same exemption as the insurance companies. The tort reform bill he got passed in the House of Representatives died at the time in the Republican controlled Senate due to hesitation by conservatives to have a national tort reform measure overrule state tort laws because malpractice torts are brought in state courts. He felt that the most viable avenue for tort reform would be to limit frivolous law suits by requiring torts losers to pay for some of the costs of the winners. He discussed his day-old switch from the CA Governor's race to the Senate race and requested our support.

Jean-Lou Chameau, President of Caltech, presented an overview of higher education in California and the impact the current economic downturn is having on educational institutions. He called attention to the reduction in educational funding by the economy stressed state, foundations and endowments but that research grants are holding up fairly well. He noted most institutions are reacting by cutting back on capital expenditures, laying off administrators and raising tuition while trying to find support for an increasingly large number of students who need aid. He reported that 75% of those enrolled in US colleges/universities are in large public institutions and 25% in smaller private schools. He called attention to the 62 public and private research intensive institutions in the US among which are UCLA, USC and Caltech. He cited the plight of Community Colleges that generally have no endowment, little or no research budget and are experiencing sharply reduced funding from cities, counties and the state. Those CCs have little recourse but to cut faculty and staff, limit enrollment and increase tuition.

Adam B. Schiff, Congressman from the 29th Congressional District and introduced as a blue-dog democrat by his constituent CANS President Caton, gave a very honest appraisal of the current healthcare reform bills before Congress. He characterized the work product as imperfect but better than nothing (which the audience courteously didn't challenge). He felt there were aspects of the bills that were very legitimate and had broad support such as insurance reforms and health insurance exchanges. He noted the demise of the public insurance option which, with the insurance mandate, would put millions more citizens into Medicare and Medicaid and that the costs of that haven't been adequately addressed. He defended the Medicare Independent Payment Advisory Board as a necessity if costs are going to be reduced and likened it to the BRAC which removed the issue of military base closings from the political heat of local politicians and got those bases we neither needed nor could continue to afford actually closed.

The penultimate program item was a panel discussion about the future of medical practice. The panel, made up of **Stephen Ralph**, CEO of Huntington Memorial Hospital, **Barton Wald**, Regional Medical Director of Healthcare Partners (IPA networks and staff model clinics), **Ken Ott**, incoming CANS President and



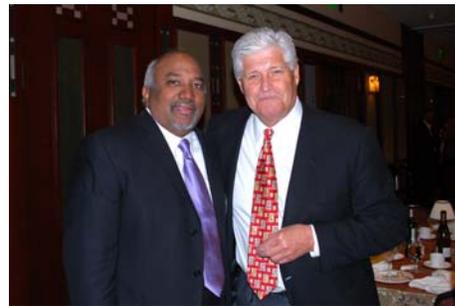
*Dr. Patrick Wade (l) and
Congressman Adam Schiff*

Bill Caton generally agreed that the days of one and two man neurosurgical groups are over. Consolidation of docs into the staff clinic model (like Mayo and the Cleveland Clinic), large multispecialty IPAs or as employees of a hospital medical foundation (gets around CA ban on corporate practice of medicine) will be the options for a neurosurgeon entering practice in the future. Mr. Ralph was not optimistic docs would form effective staff clinic models or large efficient IPAs with which a hospital could contract and defended the foundation model as a viable way for a hospital system to remain competitive. Dr. Wald felt that each community would use the approach best suited to it and in those locales where docs were organized, the IPA/staff clinic concept would work. Dr. Ott broached the concept of large IPAs partnering with an insurance company and hiring hospitals as necessary for inpatient services.

A final panel discussion was led by Drs. Lewin and Tippet about the future of political activism by physician organizations. Both men, with long histories of working with the AMA, felt that the AMA, warts and all but with a century of cache, would continue to be the best way for docs to attain their goals. Dr. Lewin opined that the 450 person House of Delegates (HOD) is a dysfunctional way to set AMA policy and brought up the specter of having the AMA become an organization of organizations (state societies like the CMA and professional organizations like the AANS and CNS and the College of Cardiology). Dr. Tippet felt there were many things the AMA does well and that its oft criticized income from its CPT and ICD copyrights actually enables it to be as effective as it has. He felt that the HOD was true democracy in action and that if the AMA hierarchy doesn't follow the policies established by the HOD, it's time to get a new hierarchy. *(Editor's Note: None of the speakers charged for their presentations and the AANS paid for Dr. Tippet's airfare.)* ❖



Dr. Caton (r) presents the CANS Pevehouse Award to Dr. Donald Becker at the banquet.



Dr. Kern Guppy (l) and Dr. Ken Ott



Dr. Ott welcomes new CANS member Dr. Christopher Duma



*From left:
Drs. Michael Robbins, Randy Smith and Phillip Kissel*



Dr. Marc Vanefsky (l) and Dr. Abou-Samra



NORCAL's Christa Manning speaks with Dr. John Seelig and Dr. Smith about MICRA.

Letter to the Editor

Dear Editor:

I noted a resolution apparently to be submitted by one of our delegates to the Council of State Neurosurgical Societies that encourages the AANS & CNS withdraw from the AMA. I would argue strongly against neurosurgery's withdrawal. First, you may recall that the College of Surgeons withdrew some years ago - only to return some time thereafter. The role of the College at AMA has been viewed with distrust ever since and it is doubtful that it will ever play any significant role, its self-image notwithstanding. Once the damage was done it might have been just as effective for the College to stay out.

Although the number of representatives from AANS and CNS is small there are a number of neurosurgeons in state and other delegations. Some of them have reasonable stature in their groups. Our membership also allows Katie Orricco (AANS/CNS lobbyist) to conduct her advocacy within the house of medicine, at times to the irritation of the AMA powers. It has been because of Katie and her colleagues that widespread opposition within AMA to the Board's actions has been so well publicized, probably better than if the same opposition had been leveled from outside the AMA.

I doubt that anyone in neurosurgery has many expectations from AMA and clearly the image of AMA in Washington would appear sadly tarnished. Admittedly attending the AMA House of Delegates is a very long walk for a very short ride. I still think, however, that it is better to remain in it than to abandon both the organization and the numerous friends we have within it. Who was the old Chinese sage who suggested that one keep one's friends close and one's enemies closer? ❖

George Koenig

MEETING ANNOUNCEMENT

The **San Francisco Neurological Society (SFNS)** will be having its 62nd Annual Meeting at the **Sonoma Lodge** on February 26th - 28th. Dr Kern Guppy is the current President of the Society, a neurosurgeon and a member of CANS.

The agenda has a large number of neurosurgeons giving lectures including Dr. Fredric Meyer from Mayo Clinic, Dr. Gary Steinberg from Stanford, Dr. Michael McDermott, Dr. Praveen Mummaneni and Dr. Phillip Weinstein from UCSF and many more. Sonoma is a great place to bring the family, enjoy great wine, see old friends and learn new advances in Neurosurgery. SFNS website is www.sfneurological.org. ❖

Dear Editor:

I read with interest the June 2009 "Wanted..." item under Bill Caton's Presidential message. For those interested, I would like to call attention to the neurosurgical residency training program in Addis Ababa, Ethiopia. I recently completed my 14th tour of duty in Addis Ababa. We (FIENS) need more manpower. Most of us keeping the training program thriving serve at least one month; that commitment will enable FIENS to pay for transportation. There is an apartment for the neurosurgical consultant on the Black Lion Hospital campus. I encourage those who might be interested (from senior level neurosurgical resident on upward) to contact me for further details. ❖

John R Clark MD

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TIDBITS from the EDITOR

What is wrong with this picture?

A number of civil lawsuits have been filed against hospitals in New Orleans alleging negligence of the hospitals and their staffs in Katrina's aftermath. The suits have been declared negligence suits rather than malpractice suits by the Louisiana Supreme Court thus removing any cap on an award for pain and suffering. Plaintiff's lawyers are alleging the hospitals failed to adequately plan for the impending hurricane and are asking for millions in damages. Attorneys for the hospitals say the event was an unforeseen disaster and beyond anyone's control. One prime issue is that the hospitals' emergency generators, which were all flooded out, should have been able to withstand the 15 foot flood that occurred when the levees gave way.

The lawsuits, if successful, could make hospitals across the country liable if their power gets knocked out by snowstorms, tornadoes or other calamities. In California, read calamity as earthquake. And if there is anyone left in

America who doubts that attorneys constitute a significant proportion of the costs of doing business one only needs to note the most recent winner of the Stella Awards. For those unfamiliar with these awards, they are named after 81-year-old Stella Liebeck who spilled hot coffee on herself and successfully sued the McDonald's in New Mexico where she purchased coffee. You may remember, she took the lid off the coffee and put it between her knees while she was driving. These are awards for the most outlandish lawsuits and verdicts in the U.S.

This year's top winner was Mrs. Merv Grazinski, of Oklahoma City, Oklahoma, who purchased a new 32-foot Winnebago motor home. On her first trip home, from an OU football game, having driven on to the freeway, she set the cruise control at 70 mph and calmly left the driver's seat to go to the back of the Winnebago to make herself a sandwich. Not surprisingly, the motor home left the freeway, crashed and overturned. Also not surprisingly, Mrs. Grazinski sued Winnebago for not putting in the owner's manual that she couldn't actually leave the driver's seat while the cruise control was set. The Oklahoma jury awarded her, \$1,750,000 PLUS a new motor home.

Advice to California hospitals: Move the hospital at least 100 miles away from the San Andreas fault - preferably to Nevada or Arizona. ❖

Medicare: When a consultation isn't and other goodies

As most readers of this newsletter probably know, the Feds have decided that there will be no more Medicare consultation codes and we consultants must now use standard E&M codes for our consultations. Other forms of insurance may continue use of the consultation codes but no more for Medicare. A very nice summary of what all this means and what codes to use now for consultations is provided by the CMA and the ACS and those documents are attached as files (MEDICARE CONSULTATION CODES, ACS Consultation Article) to the announcement of this newsletter.

The AANS also calls attention to the following:

Physicians should contact their Medicare carrier to make certain that they are signed up properly with Medicare's new enrollment system, the Provider, Enrollment, Chain and Ownership System (PECOS). In particular, physicians who have not updated their Medicare enrollment record since November 2003 should contact Medicare to check the status of

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their enrollment. Physicians who are not enrolled by April 5, 2010 will face penalties. Beginning in October 2009, CMS has included informational edits on all claims from physicians who were not correctly enrolled in PECOS. However, physicians may not have realized the importance of the informational notes. More information about the online Medicare Enrollment Process is on the CMS Web site. ❖

MBC looking for a few good neurosurgeons

The Medical Board of California is looking for expert reviewers in neurosurgery. Requirements for participating in the Board's program are:

1. Possess a current California medical license in good standing; no prior discipline; no Accusation pending; no complaint history within the last three years;
2. Board certification in one of the 24 ABMS specialties (the American Board of Facial Plastic & Reconstructive Surgery, the American Board of Pain Medicine, the American Board of Sleep Medicine and the American Board of Spine Surgery are also recognized) with a minimum of three years of practice in the specialty area after obtaining Board certification;
3. Have an active practice (defined as at least 80 hours a month in direct patient care, clinical activity, or teaching, at least 40 hours of which is in direct patient care) or have been non-active or retired from practice no more than two years.

Participating physicians are reimbursed \$150 per hour for conducting case reviews and oral competency exams, \$200 an hour for providing expert testimony, and usual and customary fees for physical or psychiatric exams.

Those interested in applying should go to www.mbc.ca.gov/licensee/expert_reviewer.html to download an application form. ❖

CA Hospital Rankings

Hearthgrades, an outfit in Colorado, ranks all 5,000+ US hospitals using the Medicare database and compares outcomes and complications associated with 26 different diagnoses and procedures including spine surgery. They have just published their list of 269 Distinguished Hospitals (top 5%) which are those that collectively had a 29% lower mortality rate and 9% lower complication rate compared with all other hospitals. Interestingly, only 25 CA hospitals got on the list which included all the Scripps hospitals in the San Diego area and none of the UC hospitals save the Santa Monica - UCLA Medical Center. The complete list of the 25 CA hospitals can be viewed at www.healthgrades.com.

Before you arrange to go from Sacramento to San Diego for your surgery, a study appearing in the January issue of the Journal of the American College of Surgeons, found that any local hospital that had high volumes of 4 cardiac procedures did about as well as the elite 269 in conducting those procedures. If patients had access to local hospital volume data like they do to the Healthgrades study, they might approach an informed decision. ❖

THOUGHT OF THE MONTH

Six Myths:

1. **Patient choice equals quality. No. They don't know enough about doc efficiency or outcomes.**
2. **High quality reduces costs. No. Other than for smoking cessation, top notch care is more costly.**
3. **Market forces control costs. No. Most patients don't have enough cost info to choose best value.**
4. **Single payer will solve problems. No. Our FFS system is too fragmented.**
5. **Doc autonomy guarantees best quality. No. Docs hewing to the group think do better.**
6. **You have a fairy godmother. No. Just ask the cardiologists.**



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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). ❖

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.

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

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 Dr. Ken Ott 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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