CANS NEWSLETTER

California Association of Neurological Surgeons Volume 37 Number 9 September 2010

President's Message:

"When I hear that train a comin'…I hang my head and cry…"

Kenneth Ott, M.D., F.A.C.S.

When I hear that train a comin'…I hang my head and cry…"

Let's face it a freight train is coming toward surgeons in the near future. Governor Schwarzenegger just signed into law SB900 and AB1602 which provides for the nation's first insurance exchange helping to insure 6.7 million uninsured Californians.

According to a recent Wall Street Journal report this exchange will be governed by a commission chosen by politicians and will have the ability of choosing carriers at will. The benefits have been largely legislated in the new health care bill to take complete effect in 2014. Differences among insurance carriers will be the hospital and physician networks bonded to the insurance plan (no you will not be able to pick your own surgeon!). Another hurdle for insurance companies will be the inability to raise rates. Those who have excessive rate increases will not be invited by the politicians to join the party…the party being subsidized by the government (code for you and me). Can you imagine the potential for corruption and abuse in this plan?

Since insurers will be attracted by nearly 7 million subsidized enrollees, and small employers will be attracted to lower rates, it seem likely a significant number of Californians will eventually be enrolled. This occurs in the setting of dire predictions of the increased cost of medical care as a result of new legislation. One prediction from the CMS is a 6.3% increase over 10 years, rather than 6.1% decrease (oops, the health care cost curve is going up, not down). Kathleen Sebelius, HHS Chief, recently decried threats from insurance carriers to radically raise rates, threatening to prohibit carriers from participating in state run exchanges unless rate increased were severely limited. Well, there is no federal law which currently enables this threat. Why bother, with California and Massachusetts's leadership, the states will carry out this threat.

With predicted health care costs at more than triple the increase of the cost of living, and unable to pass these costs onto the insured, the insurance industry will turn to the medical industry to preserve profits by lowering payments. Most of the burden will be borne by hospitals, but surgeons are headed for a big train wreck in terms of income in the future.

Neurosurgeons face complex issues wrought by the new healthcare legislation which will fundamentally and perhaps drastically change the way we all practice surgery. Please join us at the Ritz-Carlton Hotel on Nob Hill, San Francisco Saturday, January 15th and Sunday,16th as we answer the question of "***The Future of Your Neurosurgical Practice After Healthcare Reform."*** On Sunday we will sponsor a half day seminar addressing the implementation of Electronic Health Care records in your practice. We invite your office staff to attend the Sunday brunch-seminar at no cost to surgeons who register for the CANS annual meeting. ❖

See page 7 for Annual Meeting info

INSIDE THIS ISSUE:

Dear Editor:

I recently attended a health care conference sponsored by the Hill Physicians Medical Group, a large IPA to which I belong and on whose Board of Directors I serve, on where we are and where we may be headed in the future. I thought I would share some thoughts I collected with you, my brethren.

It is very clear that all of the people in the government (Dems. and Reps.) have concluded that "our current model of health care delivery is a non-sustainable model". Read that statement again because this is the reality we face and it is being discussed in every meeting. Healthcare has been determined to be a Homeland Security imperative! The costs are crushing our global competitiveness in industry. The costs are bankrupting states, diverting resources from education, and other infrastructure expenditures.

It is also clear that solo or small group practices with no alliances to accountable care organizations will not survive! Lone wolf practices will be compelled to join "something."

There will not be one model of delivery that will become the standard or forced system in all communities. Local differences will help shape the landscape. Full service organizations such as the Mayo Clinic model, hospital employed physician programs on a regional or urban setting, and large IPA's with full primary and specialty services will all have a place in the new order.

Lastly, electronic connectivity will be deemed crucial to survive. We WILL be held accountable for our outcomes, be expected to follow evidence based recommendations for care and this data WILL be made available to your colleagues and peers.

These are volatile times my brothers and sisters and I suggest you get educated. The January meeting of YOUR state organization will be focusing on where health care as it affects neurosurgery is headed is a good place to start. I suggest you attend. ❖

Michael Robbins, M.D.
Sacramento, CANS Treasurer

Dear Editor:

I would like to point out to the CANS members that there is an Internet Journal entitled SURGICAL NEUROLOGY INTERNATIONAL (www.surgicalneurologyint.com or Google: Surgical Neurology International) It is FREE to everyone. Not only does it have peer reviewed papers that are indexed on PubMed but it also has a lecture series of 100 lectures on neurosurgery from UCLA Neurosurgery. It has "How I do it" videos, a monthly journal club from the University of Chicago, Forums to discuss cases, a Market place for volunteers, equipment and fellowships, APPS for IPhone and social networking, and new features constantly. There is no subscription fee and you can receive a free e-mail of each month's table of contents and daily feeds to twitter, and other social networks. Neurosurgeons in California should know of this resource. In the past 6 months since the journal was launched it was read by 8000 neurosurgeons in 124 countries. Take a look at it. ❖

James I. Ausman, MD, PhD
Professor, Neurosurgery, UCLA
Editor SURGICAL NEUROLOGY INTERNATIONAL

Dear Editor:

The article by Ken Ott, M.D. (President's article in August CANS newsletter—on Web site *cans1.org*) re-emphasizes what a turmoil the practice of medicine has become and emphasizes the fear of discussing reimbursements for our services. What can be done?

There are some truths that are universal truths that can be relied upon and are time tested. For example, we all know that patients with post office boxes as addresses, those patients with hyphenated last names, those patients who you have to dial *82 to get through the blocked call, patients with high pain thresholds, a spouse of a physician, an attorney, etc., all do poorly from surgery. We know that any time there is a buy-out or take-over of an insurance company or IPA we can expect lower reimbursement rates with the new owners. We know that we are all criminals and can at any time be thrown into prison as we unknowingly over-code, under-code, under prescribe or over prescribe medications, can't define what is a partial corpectomy, bundle codes for billing all without knowledge of what we are doing. We all know that capitation doesn't make sense and is the next step to socialized medicine, yet we are powerless to argue the point with our IPA groups or insurance companies. What other business is capitated? Our services are needed and demanded, but we have no control over what we do or when we do it as we are constantly at the whim of the patient with any of their life and death issues. We are required by law to get up in the middle of the night only to try and make the best of a horrible situation, not be paid and yet potentially sued with all the mental anguish that goes along with court cases. These are all things we know and realize, but may disagree with, and are powerless to change anything.

Why is it that insurance companies and almost any other industry are able to collectively bargain for rates and increase fees as they deem necessary. We all know that if we happen to treat a patient with whose insurance company we are not a contracted physician (provider), then we should be able to get full fee for service. We all realize that we are lucky to get 100% of Medicare for those patients and we are powerless for any recourse in the matter since suing an insurance company cost more money than we would potentially stand to make and takes time out of our busy schedules. We all have experienced the bankrupt IPA who may owe hundreds of thousands of dollars for our services who then are at no obligation to pay for our already reduced fee for service. It's any wonder any of us can still afford to work.

What are our options? We can't own hospitals any longer. We can't own too much of a medical company whose implants we may use. We all know that kickbacks are illegal on federally funded patients, as they should be due to widespread abuse potentials. However, what other industry mandates that a report be made for any gifts or enticements over $100 with those we potentially do business with? What other industry has to comply with so much bureaucracy and roadblocks?

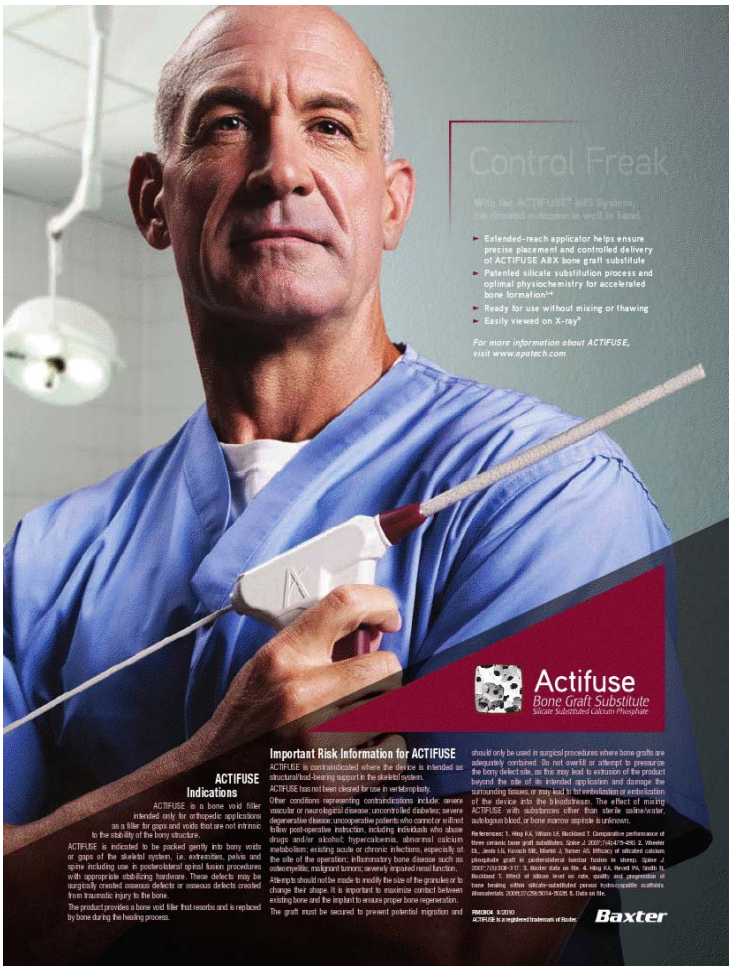
It would seem that our only recourse in this whole mess would be a revision in the anti-trust rules. The anti-trust laws were designed to maintain competition and prevent price gouging. This has gone way beyond the intent of the anti-trust laws. We are not legally able to determine, as a group, what a fair reimbursement would be for our services. We are not trying to gouge anyone, but what is fair and reasonable? Why couldn't a fair reimbursement schedule be defined? What other business or group has had declines in reimbursement for the last 30+ years and yet increase in overhead and a overburdening by the feds. I used to look forward to seeing patients, listening to their problems and doing what could be done to treat the patient and do what would be best for that patient. Being a physician is now a business that has taken the decisions away from the docs and the patients and left for insurance companies to oversee and determine what they will allow us to do to their patients. Look at how work comp has deteriorated to the point that many injured workers can't get treated due to the bureaucracy. If we had the ability to fight the anti-trust laws and get a reasonable reimbursement across the board then all these negative issues would be non-issues. ❖

Scott Lederhaus, M.D.
Pomona

CANS Board Meeting 10/2/2010

The CANS Board held its fall meeting on 10/2/2010 near LAX. In attendance were 5 officers (Ott, Vanefsky, Kaczmar, Robbins, Caton), 4 directors (Henry, Minassian, Mummaneni, Rosario), 3 consultants (Abou-Samra, Bonner, Smith) and Executive Secretary Janine Tash. The Board took the following actions:

1. Noted current membership of 410 (185 active, 129 resident, 66 senior, 24 other) and voted to accept the applications of **Bob Carter** (San Diego), **Thomas Jones** (Santa Barbara) and **Donald Blaskiewicz** (San Diego) for active membership.
2. Voted to invite one resident from each CA training program to attend annual meeting at CANS' expense.
3. Voted to bestow the Pevehouse award for 2011 upon **Gerald Silverberg** of Stanford and to change the Ablin Award for public service to the Distinguished Service Award in Medicine in memory of George Ablin. Eligibility and criteria for the DSA to be recommended by the Awards Committee
4. Voted to hold the annual meeting in even numbered years at the Grand Californian Hotel at Disneyland.
5. Voted to contribute $1000 for two years to the California Physician Health Program, a non-profit which is being formed by physicians, to provide monitoring services to those docs in a rehab program regarding drug abuse, mental issues, etc. Ultimate goal is to have the program funded by an increase in our license fees.
6. Noted that the association will end 2010 in the black due to profit from the annual meeting and a reduction in general operating expenses.
7. Voted to distribute the next newsletter, containing details about the annual meeting in January in San Francisco, in printed and electronic form to improve the likelihood of being read.



As part of the Board meeting, the resolutions to be considered at the Council of State Neurosurgical Societies meeting in San Francisco on October 15-16 were discussed and noted positions taken as CANS' official posture. Any CANS member wishing to express an opinion about any of the resolutions should contact our CSNS California delegation leader Ken Ott at janinetash @sbcglobal.net.

RESOLUTION I-2010F (support—keeps the away from practice time to one weekend)
Title: CSNS Meeting Timing and the Delegate
Submitted by: Randall Smith, M.D., Thomas Francavilla, M.D
BE IT RESOLVED, that the CSNS meeting begin Saturday afternoon at 2 PM (preceded by ad hoc committee, EC and orientation sessions as necessary) with standing committee and representative section meetings followed by the first plenary session concentrating on resolution debate and that the Sunday agenda commence with quadrant and caucus meetings followed by the second plenary session addressing resolution debate and vote and then all informational items deemed appropriate by the Executive Committee.

RESOLUTION II-2010F (not supported—spine section already doing meta-analysis on this topic)
Title: Comparing Decompression in Degenerative Lumbar Stenosis With and Without Fusion
Submitted by: Neurosurgical Society of Alabama
BE IT RESOLVED, the CNS and AANS promote the establishment of a clinical study which answers the question "In the surgical treatment of degenerative lumbar stenosis without a spondylolithesis, deformity or preexisting instability, what patient criteria should be present to suggest that a lumbar decompression with arthrodesis would be superior to a decompression alone in producing the best patient outcome?".

RESOLUTION III-2010F (not supported—NeuroPoint Alliance already in place; too expensive)
Title: Neurosurgery Patient Registries
Submitted by: AANS Caucus
BE IT RESOLVED, that the CSNS and its parent organizations, the AANS and the CNS, coordinate the development of prospective patient registries to help determine best neurosurgical patient practices.

RESOLUTION IV-2010F (not supported—science unclear on benefit in all cases)
Title: CSNS Support for Intraoperative Neurophysiologic Monitoring
Submitted by: Jeffrey Oppenheim, M.D.; New York Neurosurgical Society
BE IT RESOLVED, that the CSNS facilitate a joint statement from the AANS and CNS supporting the use of and reimbursement for intraoperative monitoring when appropriate as determined by the treating neurosurgeon; and
BE IT FURTHER RESOLVED, that the AANS and CNS disseminate this statement to their memberships for use in fighting in appropriate insurance denials for intraoperative monitoring services.

RESOLUTION V- 2010F (supported—good for patient safety)
Title: Exploring the format, duration, and standardization of hand-offs across neurosurgical residencies
Submitted by: Robert Heary, M.D., Brian Nahed, M.D., Maya Babu
BE IT RESOLVED, that the CSNS study the elements necessary for adequate hand-offs between neurosurgical trainees; and
BE IT FURTHER RESOLVED, that the CSNS develop its own recommendations for how hand-offs can be standardized across neurosurgical programs.

RESOLUTION VI-2010F (not supported—single payer not best for large countries like USA)
Title: Advocacy for Healthcare Reform
Submitted by: Erich P. Marchand, M.D.
BE IT RESOLVED, that the CSNS request the Washington Committee change its focus of advocacy in the area of healthcare system reform to support for a single-payer healthcare system for the USA.

RESOLUTION VII-2010F (no position—need to hear debate and learn more about Project)
Title: CSNS Website Link to the Online Emergency Department Neurosurgery Coverage Regionalization Project
Submitted by: Namath Hussain, M.D.; J.Adair Prall, M.D.
BE IT RESOLVED, that the CSNS create a link on its current homepage (http://www.csnsonline.org/) the provide online access to the Emergency Department Neurosurgery Coverage Regionalization Project; and
BE IT FURTHER RESOLVED, that CSNS will provide communications consistent with the goals of dissemination of accurate information regarding the neurosurgical workforce and to encourage council members and residents to volunteer updated data for the website.

Quotation for the month:

"I always wanted to be somebody, but I see, now, I should've been more specific." **- Lily Tomlin**

TIDBITS from the Editors

Another of the Thousand Cuts—Part II

Last month this newsletter pointed out the new Work Comp requirements an employer must observe starting October 8th (see archived August newsletter on Website cans1.org). One required document was the MPN notice that had yet to be finalized. A sample notice can now be downloaded from the DWC Web site at http://www.dir.ca.gov.dwc/mpn/MPN_SampleInitialWrittenEmployeeNotificationLetter.doc. They also have some FAQ's at http://www.dir.ca.gov.dwc/mpn/DWC_MPN_FAQ.html. ❖

The Gov Deep Sixes Comp UR Change

Governor Schwarzenegger vetoed AB 933 which would have required all Utilization Review done in Work Comp cases to be performed by docs licensed to practice in California. He stated in his veto message that such a "requirement would be inconsistent with how utilization review is conducted in other areas of medicine and not in line with best practices nationwide. The proponents of this measure have not demonstrated a need for this disparity in treatment." One presumes this is Arnie-speak for "I just don't like it" since the syntax makes little sense. What do "other areas of medicine" have to do with Work Comp and what "best practices" could he be referring to? "Disparity in treatment . . ."-good heavens! This has got to be a response written by a first year poly-sci major who is smoking something.

The goal of the bill was to improve the likelihood that the reviewer would be familiar with the comp treatment rules in California which have some unique aspects beyond the required use of the ACOEM guidelines (chronic pain treatment, post-op PT allowances) as well as providing an avenue to reign in the not rare egregious UR denial since an inappropriate denial of care could be cause for a complaint filed with the Medical Board of California who considers giving medical opinions, in UR or in court, part of the practice of medicine.

Not surprisingly, the American Insurance Association, who dearly love certain remote denial docs who always say what the insurers want to hear, thought the veto was a great idea and said they felt AB 933 would have "added costs and delays to the treatment of injured workers ..." What evidence is there that CA UR docs would charge more than the nice folks in Texas or Illinois and among the many thousands of docs in California, there wouldn't be enough to do this work comp task? Come now. They simply like the snipers they have now who deliver the kills.

Let's see—who is the AIA supporting in the Governors' race? Vote the other way. ❖

City of Hope: Comments on Recent LA Times article

"City of Hope, Physicians at Odds Over Plan" was the lead article in the LATEXTRA section of the LA TIMES (Wednesday, September 22, 2010, pAA1). According to the article and to sources familiar with the situation, The City of Hope Medical Group, an independent association that supplies 90% of the physician work power at City of Hope, filed suit against the hospital's attempt at a new "master plan" that would have the CEO of City of Hope, Dr. Alexandra Levine, running the new physician's group. In March of this year, City of Hope's board approved the creation of a new foundation in order to selectively hire physicians and thus side-step California's bar against hospitals hiring physicians directly.

However, not only is the physician group, whose contract with the hospital expires in January, at odds with the hospital, but they are at odds with each other. According to the article, the head of the surgery department, chair of anesthesiology, and the director of the women's cancer program have filed suit against the medical group in fear that the group's actions will lead to the loss of jobs, grants and research posts.

According to sources on CANS board familiar with the situation, certain hard-working physicians at the Medical Group started an additional separate practice in a different city outside of their work at City of Hope, a move which apparently the hospital considered as a competitive (hostile?) action. Though non-compete laws exist in California, they do not hold for certain partnerships. This battle may further define non-compete laws and corporate bar in California. ❖

Editorial: BRAIN WAVES

Deborah Henry, M.D., Associate Editor

My aunt called me last week wondering if my dad had decided yet where he would like to be buried when he dies. She had purchased a family plot in their hometown many years ago and is saving a space for him. My dad is 83 years old and is in fair health. He is also very superstitious. Somehow deciding where he is going to be buried means he is going to die. So I called him up to talk about this rather sensitive subject and found that he had already thought a lot about it. His decision where to be buried partly surrounds how much it would cost to ship his body to Ohio for burial—close to $9000. My dad, a depression era child, always said while I was growing up that "money doesn't grow on trees," so I was not surprised to hear his concern on the amount it may cost him to get to his final physical resting place.

Two weeks ago, I took care of a 94 year-old gentleman with a severe closed head injury after a fall. Initially, the family wanted nothing done, but he perked up a bit, so then they decided to partially treat him: TPN, antibiotics for his aspiration pneumonia, but no intubation. Needless to say, he did not do well. As we neurosurgeons know, it is hard to get good results doing everything in a 94 year-old, but it is almost impossible to do so with selective treatment. As an intensivist I once worked with said, "This will only change the date on the death certificate."

The cost of the elderly dying in the hospital was apparently 50 billion Medicare dollars in 2008 for the last two months of life. The average funeral cost is around $8000, not including the burial site. In a small town in Germany, burial sites are actually leased, and when the lease is up, the bones are collected and placed in a collective mound behind a gate. Dealing with the grief of death is bad enough. All the rest makes it overwhelming. Dying just shouldn't be so hard. ❖

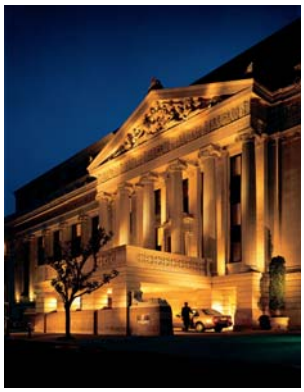
CANS ANNUAL MEETING

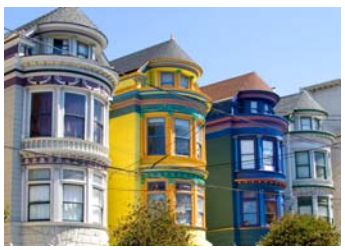
and EHR Seminar (free for office staff personnel)

Ritz-Carlton Hotel, San Francisco, January 14-16, 2011

"The Future of Your Neurosurgical Practice after Health Care Reform"

Reservations can be made by phone (800-241-3333) or via the link below:
https://www.ritzcarlton.com/en/Properties/SanFrancisco/Reservations/Default.htm?gc=cnscnsa&nr=1&ng=1.
The contracted hotel room rate is $225(suites $325).





The Ritz-Carlton San Francisco is nestled in the heart of this amazing city, but miles away from an ordinary experience. This San Francisco luxury hotel recently completed a $12.5 million renovation and now features 336 guestrooms and suites, Mobil Five-Star fine dining, and much more - all just blocks from mainstay landmarks. Escape to this luxury hotel in San Francisco today.

Meeting registration material will be included in the next issue of this newsletter.

EXECUTIVE OFFICE REPORT

Janine Tash

The CANS Board of Directors has approved the Slate of Officers and Directors prepared by the Nominating Committee *(chair Marc Vanefsky, M.D., Moustapha Abou-Samra, M.D., J.P. Muizelaar, M.D., Michael H. Robbins, M.D. and Javed Siddiqi, M.D.) after reviewing all nominations submitted by the membership.*

(New officers are in ***bold, italic***)

Marc Vanefsky, MD	***President***
Austin R.T. Colohan, MD	***President-Elect***
Theodore Kaczmar, Jr., MD	***1st Vice President***
Michael H. Robbins, MD	***2nd Vice President***
Kimberly Page, MD	Secretary
Phillip Kissel	***Treasurer***
Kenneth Blumenfeld, MD	***Director-North***
Deborah C. Henry, MD	Director-South
Langston Holly, MD	***Director-South***
Patrick Rhoten, MD	***Director-South***
Haig Minassian, MD	Director-South
Praveen Mummaneni, MD	Director-North
Marshal Rosario, MD	Director-North

Nominating Committee: Austin Colohan, MD (chair), ***J. Patrick Johnson, MD (southern Cal) , J.P. Muizelaar, MD (northern Cal); Javed Siddiqi, MD (southern Cal) Kimberly Page, MD (northern Cal)***

Further nominations to the slate of officers will be accepted until November 25, 2010. According to the CANS bylaws, each of these nominations must have three supporting signatures of active CANS members and written permission of the candidate for placement on the slate.

On December 15, 2010, ballots will be mailed to all active members of CANS. The candidate for each office receiving the majority vote of active members will be elected. In order to be counted, ballots must be received by the Executive Secretary on or before January 12, 2011, 72 hours prior to the Annual Business Meeting.

CANS Members: If you wish to nominate someone other than those listed above, please complete the following so that the name can be added to the ballot in December. The nomination must be supported by 3 active CANS members and accompanied by written permission of candidate.

*Name*_____ *for Board position* _____

Supporting signatures of 3 active CANS members _____

_____

_____

Written permission(signature) of candidate for placement on the slate _____

Nominated by _____

Please return to the CANS office by November 25, 2010 via fax 916 457-8202 or email janinetash@sbcglobal.net

Meetings of Interest for the next 12 months:

North American Spine Society: Annual Meeting, October 5-9, Orlando, FL
Western Neurosurgical Society: Annual Meeting, October 8-11, Santa Fe, NM
CSNS Meeting, October 15-16, San Francisco, CA
Congress of Neurological Surgeons: Annual Meeting, October 16-21, San Francisco, CA
Cervical Spine Research Society: Annual Meeting, December 2-4, Charlotte, NC
CANS: Annual Meeting, January 14-16, 2011, San Francisco, CA
Southern Neurosurgical Society: Annual Meeting, February 23-27, 2011, Orlando, FL
Neurosurgical Society of America: Annual Meeting, March 27-30, 2011, Island of Hawaii, HI
CSNS Meeting, April 8-9, 2011, Denver, CO
AANS: Annual Meeting, April 9-13, 2011, Denver, CO
New England Neurosurgical Society: Annual Meeting, June 11-12, 2011, Chatham, MA
Rocky Mountain NS Society: Annual Meeting, June 18-22, 2011, Taos, New Mexico

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). ❖

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 newsletter issues 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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