



CANS

NEWSLETTER

California Association of Neurological Surgeons

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Special Annual Meeting Edition

Registration for the January 14-16, 2011 Annual Meeting at the Ritz-Carlton in San Francisco is included with this issue.

Dear Fellow Neurosurgeon,

California neurosurgeons are facing the greatest professional crisis since the malpractice insurance threat of the 1970s. Now the threat is a magnitude greater....your practice patterns, independence, patient relationships, all will drastically change. ...did I mention your income?

The California Association of Neurological Surgeons led neurosurgeons in challenging the medical malpractice threat in the late '70s and helped craft the MICRA law which is the envy of most states. Now we must meet the greater challenge of ObamaCare by understanding its far reaching consequences and influencing changes to this reform in the hope of benefiting our patients and our craft.

Join us at our annual meeting in San Francisco January 14-16, 2011. The topic: *"The Future of Your Neurosurgical Practice after Healthcare Reform."* The setting is the Ritz-Carlton Hotel on Nob Hill in San Francisco. We have negotiated a beautiful venue at great rates in a wonderful city for this troublesome topic.

On Saturday we will hear from healthcare leaders about the impact of healthcare legislation on the hospitals, neurosurgeons in private and academic practice. An afternoon of exploring addition sources of practice incomes should be very interesting, including the controversial topic of surgeon-owned distributorships!

We are now obliged to incorporate electronic health care records in our practices. On Sunday, January 16th, CANS will offer a course on the value, implementation and financing of EHR for neurosurgeons and their staffs. This valuable information will be free to those registering for the Saturday meeting....additionally free to the office staff members of our neurosurgeon attendees. We strongly urge members of your medical staff to join us for Sunday's seminar.

An important topic, great hotel and city.....please join us in January. ❖

Kenneth Ott, MD, FACS, President



Important Notice about Newsletter

This month, all neurosurgeons on e-mail distribution will also be receiving a paper copy of this issue by mail. If you prefer to receive future newsletters by mail (and discontinue the electronic one), indicate below and return this page only to the CANS office by fax (916 457-8202) or by mail. If we do not receive your response, we will continue to send the newsletter to the e-mail address we have on file.

- ❖ Send paper only _____
Print your name here
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MEDICAL ECONOMICS INVERTED*Kenneth Ott, M.D., F.A.C.S.*

A real epiphany is rare....I recently had an epiphany while driving between hospitals. A hospital ER physician called me. He had a patient in the ER with a herniated cervical disc.....could I see the patient?

KO: "Sure, what's the problem?"

ER: "Well we did a MRI and she has a large cervical disc herniation."

KO: "What brought her to the ER?"

ER: "She has numbness in her right forearm."

KO: "Humph...does she have neck or arm pain, weakness or signs of myelopathy?"

ER: "No... and she has no insurance (I never ask)."

KO: "How long has she had this tingling in her arm?"

ER: "Since noon!"

KO: "Well its 6 PM now, so it's only 6 hours?"

ER: "Well no...she came into the ER at 4 PM...so it's 4 hours."

Then I realized the Price-Demand equation that we all learned in college is somehow, cruelly, inverted. Yep perverted...Oops I meant inverted. OK let's go to Econ 101...Gosh how long ago? Here's the equation:

$$P = D/S$$

So elementary it seems. Price is a function of Demand and Supply. If the Supply of medical care remains constant in this example, and Demand goes up...Price goes up. A simple linear equation.

The epiphany: there is a new relationship that seems to be in play...as the price (our fees) for medical care is lessened, the demand goes up. *Reductio ad absurdum*: as the price approaches zero, the demand becomes infinite.

When Massachusetts enacted universal health care, the price for many going to zero, the ER visits increased 20%. Why not...baby has a cold, now that the Commonwealth will pay, let's go to Quincy Hospital ER!

Currently having no insurance is the best insurance (*a non sequitur*). Yep, if you have insurance, go to your primary care doctor, after weeks of medical management of your radicular complaints, eventually a MRI scan will be done and you will be seen in my clinic. Weeks later an operation may occur. If you have no insurance the whole process is collapsed from hour to days. And you can go anywhere!

Let's go from the known to the unknown: Health care reform is much needed. The Republicans will win control of the House of Representatives next week. It will be impossible to reverse ObamaCare. The unknown: let's hope the new dynamic in Washington can bring free market restraint to healthcare promises. It's going to be a hell-of-a-ride.

ER: "Dr Ott, just calling you about a patient (it is midnight and I was asleep)

KO: "Yes?"

ER: "Well I have this 98 year old lady with a cerebral hemorrhage, she was transferred from hospice...she has terminal cancer and wants nothing done, nor does the family..."

KO: "Well..."

ER: "Just calling for your information..." ❖

Transitions in Neurosurgery: Governmental Update

John T. Bonner, M.D., F.A.C.S., Associate Editor

Our own Phil Lippe M.D. is the 2010 CMA Gary Krieger award winner. This is an award that honors the outstanding contributions of a present or former member of the House of Delegates of the California Medical Association. Phil certainly personifies this award, with his dedication to our profession, CMA and our various specialty organizations.

California finally has a state budget, passed on October 8, 2010. But is the budget good for California? This is subject to what time brings and a number of opinions. Although \$7.5 billion in cuts is planned, according to the CMA the budget cuts do not contain drastic health care cuts. Healthy Families funding was kept whole, but not increased (although most of us do not participate in it). For further details I suggest reviewing the CMA web site (www.cmanet.org).

It appears for now the corporate bar to the practice of medicine has been preserved, but the increasing attractiveness and popularity of the Foundation Model and Accountable Care Associations – both of which have intrinsic risks for weakening the corporate bar – have caused the CMA to develop a TAC (investigative committee) to evaluate physician-hospital alignment. The intention of the federal government is to bundle the payment for medical care to the providing institution. This causes physicians to engage in negotiations to obtain their fees from this bundled payment arrangement – thus putting physicians and the preservation of the corporate bar at a significant disadvantage.

In an October 5, 2010 federal workshop sponsored by several federal agencies, the AMA urged changes to anti-trust, and fraud and abuse laws. This is an effort by organized medicine to argue that anti-trust enforcement and applications of the fraud and abuse statutes (such as Stark, anti-kickback and civil monetary penalties) conflict with efforts by physicians to implement innovative delivery reforms. (The AMA is also representing physician interests concerning the formation of Health Insurance Exchanges which will be present in all 50 states).

Economic credentialing has varying definitions, according to the subject involved. In usual practice lingo it refers to the individual physician costs for patient care – especially in California. But in other geographic areas it refers to whether physicians have invested in medical care and delivery systems that might compete with other existing systems, especially hospital or delivery system controlled services or systems. A very important decision by the Arkansas Supreme Court ruled these hospitals cannot deny staff appointment to physicians that have a financial interest in competing hospitals. This undoubtedly important decision could have national implications, protecting physicians and their varying interests.

Interestingly, the October 19, 2010 *Wall Street Journal* reported on the average delay after appointment time for physicians. The *Journal* noted that there was a 22 minute delay for primary care physicians, while emergency care physicians had a four hour delay. The 22 minute wait was much shorter that I would have expected, as physicians toward the end of the day may have several hour delays. I find it important to note, however, that these delays are a result of physicians who do not hesitate to take the time necessary to provide appropriate care for patients as clinical concerns are encountered. The September 17, 2010 *Wall Street Journal*, featured Dr. (Sir) William Osler's observation to "Care more particularly for the individual patient than for the special features of the disease." The White Coat ceremonies at medical schools, which I remember well, are used as opportunities to emphasize the humanizing aspect of our profession. I hope I am not too presumptuous in commenting that we neurosurgeons occupy a prestigious position in medicine. However, we are only as special as the care and compassion we show to individual patients. ❖

Thought for the month:

I firmly believe that tomorrow holds the possibility for new technologies, astounding discoveries and a reprieve from my obligations.

Letter to the Editor: The Magic of Neurosurgery!

The Rescue of the Chilean Miners and the lessons that Neurosurgery should learn

Moustapha Abou-Samra, M.D., Ventura

What an exciting event!

On April 13, everyone was watching what was happening in a small Chilean town. We couldn't peel our eyes away from the TV screens. The rescue of the 33 miners, trapped underground 69 incredibly long days, was simply amazing, and we all felt a sense of relief and happiness. It was fantastic to see the first miner: healthy, vigorous, handsome and reunited with his family.

"We have lived a magical night, a night we will remember throughout our lives, a night in which life defeated death," Chilean President Sebastian Pinera said as he welcomed back the new National heroes ...

In an LA Times article, October 14, 2010, reporter Chris Kraul described the process that was repeated over and over in order to bring back up to the surface each of the 33 miners and each of their rescuers. He wrote: "what only hours earlier seemed magical ... became routine."

Last week, Captain James Lovell Jr. delivered the fifth annual John Thompson History of Medicine Lecture at the CNS 60th annual meeting in San Francisco. He described in amazing details how he and his Apollo XIII colleagues, both in the space craft-lunar module unit and in mission control, went about accomplishing what is now imprinted in our collective memory as a moment of pride for humanity: it was simply "magical!"

Today, I operated on a patient who suffered terribly for a few weeks from an acute and severe radicular pain as well as weakness of dorsiflexion because of a rather large extruded and sequestered L4-5 disc. In the recovery room he told me: Doctor, I no longer have pain and I can move my foot; what you did for me was magical!

Is performing a microdiscectomy, a procedure I do routinely, and relieving a patient from severe pain magical? You bet. We may treat it like a routine occurrence. But it is not. It is not "routine" for the patient, nor is it for his family. And it should not be considered "routine" by our Society, by insurance companies or for that matter by our government.

Try to tell the 33rd miner and his family that his rescue was "routine." I don't think such a heresy would cross your mind.

We love learning about "magical" events. We retell the stories over and over and we feel proud of what we have accomplished as humans. But when it comes to "routine" occurrences, we shrug them off, devalue them, regulate them and lose interest in them.

Does anyone regulate "magical" events? Of course not! On the contrary, everyone brags about the individuals involved, their courage, their grit, their hard work ... and we actually feel proud of the fact that we give them the freedom and opportunity to accomplish such a magical act.

Unfortunately, nowadays, what we do as neurosurgeons is considered routine. And we have no one to blame but ourselves. As surgeons we take care of the "33rd miner" everyday and we should never forget that what we do is always "magical". Because when we forget that, everyone loses interest and we invite more and more interference in the way we practice neurosurgery, and more and more regulations of our most noble of professions. ❖

Dr. Philipp Lippe receives Krieger Award

The 2010 Gary F. Krieger Speaker's Recognition Award was presented to **Philipp Lippe, M.D.**, a San Jose neurosurgeon and specialist in pain medicine. Dr. Lippe has been a CMA member for 46 years, a delegate to the House of Delegates for 33 years and previously served on the organization's governing board for eight years. The Krieger Award honors the outstanding contributions of a present or former member of the House of Delegates.

Dr. Lippe is a past President of CANS and currently serves as a much valued consultant to the Board of Directors. He has also been an AMA delegate or alternate for many years. ❖



Dr. John Harris Honored

CANS member **John B. Harris, M.D., F.A.C.S.** was recently promoted to the FAA designation level of 'The Wright Brothers "Master Pilot" Award' by Federal Aviation Administration San Jose Flight Standards District Office. The award recognized 50+ years of continuous safe flying and his neurosurgical pioneering work for over a quarter century at Tahoe characterized by a non-existent evacuation for Tahoe extreme trauma and brain surgery, and an absence of x-ray facsimile transmission and/or telemedicine-- both mitigated by use (without charge) of his airplanes in all sorts of weather conveying x-rays, tissue, blood, plasma, and even patients to (and from) the university medical center in Sacramento, where he has been affiliated with the neurosurgical staff for decades.

This use of aviation virtually resulted in bringing the neurosurgical care of remote alpine Tahoe area neurosurgical hospital patients up to that level of care enjoyed at the university, 100 miles away. ❖



THE RITZ-CARLTON®
SAN FRANCISCO

CANS Opening Reception January 14

Join your colleagues Friday evening for the CANS Welcoming Reception at the Ritz where there will be delicious hors d'oeuvres and a no-host bar from 6:30-8:30 p.m.

Exhibitors and neurosurgeons and their guests can enjoy the spectacular San Francisco city lights from the beautiful Terrace Courtyard.





SATURDAY - Socio-Economics Meeting Agenda



“The future of your neurosurgical practice after health care reform”

Featured Speakers

C. Duane Dauner, President, California Hospital Association
John Jenrette, MD, Chief Executive & Medical Officer, Sharp Community Medical Group, San Diego
Gary Spradling, Attorney, Duckor Spradling Metzger & Wynne
Angela Carlson, President, Alliance Surgical Distributors
Duane Gainsburg, M.D., Weatherby Locums
Matthew Cutler, CEO Select HealthCare Solutions
Rosalie Hamilton, Expert Communications
Bob Carter, M.D., Chief of Neurosurgery, UCSD



SATURDAY Banquet

7:00p.m. Cocktails; 7:30 p.m. Dinner

Award ceremony will follow the banquet.

Thank you to CANS Exhibitors
Anulex, PMT Corporation,
Shoreline Surgical and Weatherby
Locums for your early registration. ❖



SUNDAY Brunch & EHR Seminar

“Electronic Health Records....
 All that Neurosurgeons and their
 Staffs Need to Know”

*This seminar will be sponsored by 2 major
 EHR providers.*

TIDBITS from the Editors

Work Comp limits charges for DME

The Division of Workers' Compensation has adjusted the section of the Official Medical Fee Schedule dealing with durable medical equipment, prosthetics, orthotics and supplies. If your practice provides such items, the maximum you can charge is 120% of the Medicare rate as listed in the Medicare October 2010 quarterly update.

The Importance of an Independent Medical Staff

Having an independent self-governing medical staff which controls the granting of hospital privileges and conducts peer review is an important safeguard for our patients. The hospital's Board of Directors goal is to assure the success of the institution so it can remain in business and provide a locus for the delivery of medical care. Unless the hospital's BOD can demonstrate that a medical staff decision threatens the hospital's existence, it may not overrule a medical staff decision. That doesn't mean they might not try to over-rule for other reasons.

An insightful analysis of the rights of a hospital's medical staff appeared in the San Mateo County Medical Association's Bulletin written by Tom Curtis, Esq., an attorney with particular expertise in the medical staff issue. His article can be read by entering the following in your browser address line: <http://www.smcma.org/bulletin/issues/BULLETIN-08JuneRevF.pdf>

CMA useful even to non-members

The California Medical Association publishes a practice resource bulletin every two months or so. It contains a lot of useful information and can be subscribed to free of charge by anyone. The latest issue can be found at: <http://www.cmanet.org/news/cpr/>

Certified electronic health records products

On October 1, the Certification Commission for Health Information Technology (CCHIT) announced that it has tested and certified 33 electronic health record (EHR) products as capable of meeting the 2011-2012 criteria for Stage 1 meaningful use. The certifications include 19 complete EHRs that meet all of the Stage 1 meaningful use criteria for 2011-2012 and 14 EHR modules that meet some, but not all, of the criteria. The list of certified EHR products can be found at <http://onchpl.force.com/ehrcert>. ❖

HOTEL ROOM RESERVATIONS



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

Reservations can be made by phone (800-241-3333) or via the link below:
The contracted hotel room rate is \$225(suites \$325).

<https://www.ritzcarlton.com/en/Properties/SanFrancisco/Reservations/Default.htm?gc=cnsnsa&nr=1&ng=1>.

The assembled CSNS delegates took the following actions on the submitted resolutions.

RESOLUTION I-2010F— Adopted

Title: CSNS Meeting Timing and the Delegate

BE IT RESOLVED, that the Membership/State Societies Committee conduct a survey of CSNS delegates to obtain preferences regarding meeting length and schedule and to report survey results at the spring 2011 CSNS meeting.

RESOLUTION II-2010F—Not adopted

Title: Comparing Decompression in Degenerative Lumbar Stenosis With and Without Fusion

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—Adopted (and combined with Resolution VIII)

Title: Neurosurgery Patient Registries

BE IT RESOLVED, that the CSNS advocate for the immediate creation of a joint committee with the AANS and the CNS for evaluating and optimizing health information technology with said committee reporting to the CSNS on a semi-annual basis and that CSNS develop and educational program regarding the above to be presented at the spring 2011 CSNS meeting.

RESOLUTION IV-2010F—Adopted

Title: CSNS Support for Intraoperative Neurophysiologic Monitoring

BE IT RESOLVED, that the CSNS create a resource document that explores the indications and implications of Intraoperative Neurophysiologic Monitoring including CMD regulations, health insurer policies for reimbursement, medico-legal ramifications and established clinical utility.

RESOLUTION V- 2010F--Adopted

Title: Exploring the format, duration, and standardization of hand-offs across neurosurgical residencies

BE IT RESOLVED, that the CSNS study and report on the elements necessary for optimal hand-offs between neurosurgeons.

RESOLUTION VI-2010F—Not Adopted

Title: Advocacy for Healthcare Reform

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—Adopted

Title: CSNS Website Link to the Online Emergency Department Neurosurgery Coverage Regionalization Project

BE IT RESOLVED, that the CSNS create a link (for members only) on its current homepage (csonline.org) to provide online access to the Emergency Department Neurosurgery Coverage Regionalization Project.

RESOLUTION IX-2010F—Adopted

Title: Fraudulent Disclosure

BE IT RESOLVED, that the CSNS request the AANS/CNS more clearly define their policy regarding conflict of interest disclosures and the ramifications of failure to disclose in presentations and publications, and that such policies meet or exceed the standards of other similar organizations. ❖

CSNS Committees at Work

The Council of State Neurosurgical Societies (www.csnsonline.org) meets twice a year just prior to the Annual Meetings of the AANS and the Congress. This is the grassroots organization for neurosurgery. Often policies and procedures adopted by the AANS and Congress start as referendums from the CSNS. California, having over 400 neurosurgeons, is allotted 9 voting members, though anyone can go to the meetings. The heart of the organization is the committee, from med-legal to workforce to young physicians. One does not need to be a delegate to attend committee meetings or the plenary sessions and all are welcomed. Serving is both a privilege and an honor. The next CSNS meeting is April 8-9 in Denver. The committees usually meet around noon on Friday. The plenary session is on Friday afternoon and Saturday morning. If you are interested in attending, please contact Janine Tash at janinetash@sbcglobal.net.

Communication & Education

Develop and coordinate CSNS program presentations and publications of socioeconomic material and information through annual or special meeting programs (Practical Courses, Section meetings, featured speakers, special presentations, etc.), professional publications (Bulletin, Neurosurgery News, Neurosurgery Focus), award programs (resident, young neurosurgeons oral presentations), and public media.

Medical Practices

Research, report, and recommend action, policy, or information dissemination on socioeconomic issues and professional or political factors affecting neurosurgical practice, including practice management, clinical privileges, technological issues, medical information, ethical controversies, professional practice oversight.

Medico-Legal

Research, report, and educate CSNS and AANS/CNS members on medico-legal issues affecting neurosurgical practice, including professional liability, informed consent, Medicare fraud and abuse regulation and enforcement, CPT coding/E&M documentation rules, antitrust laws, and other pertinent law or regulation.

Neurotrauma and Emergency Neurosurgery

Research and present reports, surveys and white papers as assigned by the CSNS Executive Committee, including issues related to regional trauma care coverage, reimbursement issues, trauma workforce issues, dissemination and utilization of advances in treatment, and training program competencies in emergency neurosurgery.

Reimbursement

Coordinate CSNS participation with the AANS/CNS Coding and Reimbursement Committee in CPT coding and reimbursement activities of the AANS and CNS, including CPT Editorial Board and Relative Value Update Committee (RUC) issues and actions. Disseminate current information to CSNS members on coding and reimbursement topics, controversies, and proposals. Develop a knowledgeable workgroup of CSNS committee members available to contribute time and expertise to CPT and RUC-related work projects.

Workforce

Research, analyze, report, and recommend action or policy on neurosurgery workforce needs and supply, including relevant factors such as training programs, technological changes, market supply and demand indicators, payment policies, population demographics, physician extenders, and competitive factors.

Young Neurosurgeons Section

Educate, interest, and involve young and resident neurosurgeons in current CSNS and AANS/CNS organizational activities related to socioeconomic issues of neurosurgery practice. Undertake research and report or educational projects on issues of particular interest to young neurosurgeons, including job search, practice initiation, Board certification and recertification, training conditions, practice economics, and other related topics. ❖

Editorial: BRAIN WAVES*Deborah Henry, M.D., Associate Editor*

Something magical happened to me when I turned 50 two years ago. I didn't realize it at the time, but I started to view my life differently. It was as if I spent the first fifty years climbing the mountain of life, sometimes scaling great heights at a time, negotiating fjords, relishing in spectacular sunrises and sunsets and the occasional thunderstorm. The climb was by no means easy. At fifty, I reached the pinnacle-that is if I am to live to 100. I had approached life looking upward: a goal to accomplish, a position to fill, a dollar to make.

Now I have started my descent. Whereas I could not see the top for the clouds, I can visualize the bottom. Climbing down is harder than climbing up. My knees hurt and I am more stooped over. I encourage myself to pause often, not for the shortness of breath of racing to the top, but to explore the wonder of the experience, to watch a trickle of water curving around a pebble or to hear a finch chanting its morning song. Life is less about objects and more about substance. It's about building and keeping relationships, not constructing empires. It's taking time to smell those roses. After all, I've already climbed the mountain. ❖

Meetings of Interest for the next 12 months:

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

Texas Association of Neurological Surgeons: Annual Meeting, February 24-27, 2011, Dallas, TX

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

Congress of Neurological Surgeons: Annual Meeting, October 1-6, Washington, DC

Western Neurosurgical Society: Annual Meeting, October 10-13, 2011, Kauai, HI

North American Spine Society: Annual Meeting, November 1-5, 2011, Chicago, IL

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: To place a newsletter ad, 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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