



# CANS

# NEWSLETTER

California Association of Neurological Surgeons

Volume 37 Number 11

November 2010

## “The Future of Your Neurosurgical Practice after Health Care Reform”

Annual Meeting Ritz Carlton, San Francisco

January 14-16, 2011

See pages 5-6 for meeting schedule and registration information.

**\*\* Hotel reservation deadline: December 21, 2010 \*\***

### BRAIN WAVES

*Deborah Henry, M.D., Associate Editor*

**W**hat a wonderful holiday Thanksgiving is - giving us time to pause and reflect on our blessings in life, be it family, friends, our health, or just having a job. But the holidays bring stresses too, as us neurosurgeons are acutely aware of. I remember my first Thanksgiving in practice. I was on call and was just about to sit down to dinner at our nurse practitioner's house along with her huge extended family when off went the beeper. A man barely in his twenties shot himself in the head. He succeeded in making that Thanksgiving his last and changed Thanksgiving for his family forever. Years later, while doing a locums assignment at the same hospital, I was dining at my past administrative assistant's home (or secretary as she was once known!). I just filled my plate with turkey and mashed potatoes when again off went the beeper. An elderly man was in the emergency room with a large subacute subdural hematoma. I dashed off to the operating room inhaling potatoes as I drove away. The bad part about locums, is there is limited follow-up and I don't know how he ended up, but hopefully his family will have happy tales to tell on future Thanksgivings. For me over the years, December heralds in the intracerebral hemorrhages, usually hypertensive in nature and in middle age women (hey, that's me!) as they try to do too much and make things too perfect, forgetting to slow down and enjoy those blessings. Therefore, my motto for me and wish for you during this holiday season is to *enjoy the peace of the moment*. Happy Holidays! ❖



Gerald D. Silverberg, M.D.



*Recipient of the  
2011 Pevehouse Award  
for Distinguished Neurosurgery  
Saturday, January 15, 2011 at the  
CANS Annual Meeting banquet  
Ritz-Carlton, San Francisco*

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## Letter to the Editor

### What does this patient want? When did we stop caring about his wishes?

*Moustapha Abou-Samra, M.D., Ventura*

In a recent issue of the New England Journal of Medicine, 363:1988-1989, November 18, 2010, I read an article by D. Malcolm Shaner, M.D., a neurologist, called "Up in the Air-Suspending Ethical Medical Practice." I found the topic of extreme interest, but I am afraid that the sequence of events reported left me wondering about our direction as a profession.

The author, as well as his wife—a hospitalist, an anesthesiologist, a general surgeon and an oncologist found themselves in the unenviable position to deliver CPR in an airplane aisle on a flight from the East Coast to California to a 70 year old man. The healed thoracotomy incision on the man's chest suggested that he had a cardiac history of significance. The patient went from clenching his chest because of severe pain—prompting his wife to reach for his own oxygen tank—to becoming unresponsive with no palpable pulse, in a matter of seconds. After 25 minutes of appropriate resuscitative efforts, including intra-cardiac injection of epinephrine, the author and his colleagues decided that CPR should be stopped.

The flight attendants indicated that the airline policy required them to continue CPR in place of the physicians until the plane reached its destination, thus taking two of the four attendants on board away from their other obligations. The pilot had already planned an emergency landing.

In order to free up the flight attendants so that might discharge their safety obligations toward the other 165 passengers on the flight, the author and his "team" continued CPR even though they were convinced that their efforts were futile. The general surgeon was the exception; he simply went back to his seat. There is no doubt in my mind that the author and the rest of the medical "team" did the very best they could do under the circumstances, and my purpose here is not to second guess them. Not at all.

The purpose of the article was presumably to point out that the decision to stop CPR is a medical decision and should not be function to corporate policy, in this case the airline company. I agree completely. The airline was fortunate to have such a talented "team" on board, a team who according to the author was "solely focused on the good of the patient."

The author went on to quote the Hippocratic Corpus: *First I will define what I conceive medicine to be. In general terms, it is to do away with the sufferings of the sick, to lessen the violence of their diseases, and to refuse to treat those who are overmastered by their disease, realizing that in such cases medicine is powerless.*

I also agree that "refusing" to treat those who are overmastered by their disease, is a sacred obligation that we physicians have.

What I found concerning, even alarming, in this article is the fact that nowhere was there a mention of a conversation with the patient's wife. We know she was there. We know the patient had a significant cardiac history, and it is probable that he had an advanced directive; in fact it is likely that a copy of such a directive was right there close by his oxygen tank ... and we know that there was plenty of time for such a conversation to take place.

Why was there no mention of such a conversation? Was it because the author wanted to drive home the point about the airline policy trumping his ability to make a medical decision? Or was it because asking the wife about her wishes and abiding by them did not actually happen?

I am afraid that the latter scenario is what we are facing with increasing frequency in our nation's intensive care units and emergency departments: in life threatening circumstances, and driven by policies, procedures or legal concerns, we often treat the patient's presenting symptoms or illness rather than the patient as a human being. This frequently leads not only to prolonging the "existence" of the patient but also the agony of his family. Without a thoughtful approach, the treating team can embark on a course of treatment that is difficult to reverse, and one that is frequently criticized by families after the fact.

I don't need to point out the increasing number of lay articles detailing how patients and families are either not included, or downright excluded from decisions that involve them, their wishes and their future?

Why?

No one takes the time to sit down and talk to the patient and/or his family about their wishes and how they want to be treated. And, frankly, it is easier for any given physician to assume that someone else will eventually take the responsibility for such an important conversation. The reality is: our ethical obligation to our patients trumps everything else. There is no greater obligation! It is time we concentrate on this, no matter the circumstances.

The fact is: we physicians must be willing to stand up and say: enough! ❖

## **TIDBITS from the Editors**

### **Another Sign for Your Office**

**E**xisting law requires a health care practitioner to disclose, while working, his or her name and practitioner's license status on a name tag in at least 18-point type or to prominently display his or her license in his or her office. That means your state license should probably be displayed in the waiting room and/or you to wear a name tag or embroidered lab coat indicating "John Doe, M.D." The CMA sponsored bill, AB 583 which was signed by the governor and goes into effect on January 1, mandates that all licensed persons in your office (MDs, DOs, RNs, NPs, LVNs, PAs, OTs, PTs) need to have a document posted in the office stating their names and highest academic degree obtained (degree info not necessary for nurses). MDs and DOs must also list Board certification if any. The Kaiser docs who only treat a captive audience are exempted.

The primary goal of 583 was to make it easier for a patient to know who was actually treating them since someone wearing a white coat or dressed in scrubs isn't necessarily a doctor. Another goal was for a patient about to have some treatment, for example a laser skin session or some Botox here and there, to know exactly who was going to be pushing the on button or the syringe plunger. You can also satisfy the law by handing out an info sheet when a patient first visits containing the same information.

One would guess that most of us will post a sign in the waiting room (in mandated 24 point type) indicating all this info on all office personnel who then only need to have a simple name tag. The CMA recommends creating this sign then adding at the bottom the MBC mandated text that requires you to inform patients that we docs are licensed by the MBC and the phone number for registering a complaint. CMA members will be able to get a total sign template but no matter how you create it, putting the MBC shtick at the bottom should somewhat lessen that irritating sign requirement.

With the frequency of these little missives from Sacramento, we will soon be able to save on waiting room wallpaper. ❖

### **The Neurosurgeon and Influenza at the Office**

**T**he state of California Occupational Safety and Health Standards Board has determined that health care industry employers are legally obligated to take steps to protect employees from Aerosol Transmissible Diseases ("ATDs"). The ATD Standard, which aims to establish a comprehensive approach to prevent and control the workplace transmission of diseases such as H1N1, seasonal flu, Avian flu, tuberculosis and SARS, imposes significant obligations on us docs to protect our employees from ATDs in the workplace. The Standard requires even a solo practitioner to have a written plan to screen patients who potentially have an ATD and have plan as to how to train our receptionists and nurses and office assistants to recognize and deal with such a patient in order to protect the employee. Most all neurosurgeons' offices just have to screen for these diseases and be sure to send the patient off to see their primary care doc and figure out how to handle such a patient (gloves/mask for receptionist/nurse, wipe down of examining room and equipment once they leave) if you choose to see the patient rather than just send them away. Cal-OSHA has prepared a "Guide to Developing an Injury and Illness Prevention Program," with checklists for self inspection. It is available at [www.dir.ca.gov/dosh/dosh\\_publications/iipp.html](http://www.dir.ca.gov/dosh/dosh_publications/iipp.html). This guide is a framework into which you can splice the ATD standard. Writing your own standard protocol should be a major pain and the smart money is to wait until the CMA publishes its imminent template for us to use. The template will be free to CMA members or \$2 a page for non-members. Cal-OSHA apparently has a police force which can visit your office and fine you if you do not have a defined standard in place. Heaven only knows when these police will drill down to the generally small neurosurgical office but Boy Scout-ing this issue might be in order. ❖

#### **Quote for the month:**

"Anyone who lives within their means suffers from a lack of imagination." -*Oscar Wilde*

## Transitions in Neurosurgery: Legislative Update

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

Fortunately the California Legislature is not in session, so we should not expect mischief from Sacramento unless it is by Governor's edict or behind the scenes, always a possibility and risk. Fortunately, also, the U.S. Senate halted the 23 percent cut in Medicare physician payments scheduled for December 1<sup>st</sup>, preserving current payment levels through 2010, followed by similar House legislation. But in the present budgetary enigma, including the freezing of federal employee salaries, there is no guarantee medicare payments will continue to be properly funded. The AMA and its federation partners have urged Congress to provide stable physician payments through the end of 2011, until the present sustainable growth rate formula can be replaced.

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The CMA convened the Center for Medicare and Medicaid Services (CMS) to abandon a plan to shift more than \$1 billion in Medicare funding from urban states to rural states, but the physician response depends on the region one practices in. Certainly many will resent that Los Angeles physicians benefit, as the Geographic Practice Cost Index (GPCI) on which the shift is based, is considered by many rural physicians to unfairly benefit the urban practicing physician, to the detriment of rural physicians, such as the central valley physician. The GPCI is considered by many to be out-moded and improperly constructed.

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Statewide and, I imagine, nationwide, physicians are considering – some rushing into – physician-hospital delivery systems, in fear of the expected environmental change by the national health care program. Many of these changes will loosen physician-community alliances and place them in competitive position with regard to other physicians, to the benefit of the hospital systems, not always our best partners. The Medical Foundation system will be chosen by some, Accountable Care Organizations by others. The October CMA House of Delegates session adopted principles for both systems that physicians should become familiar with. These principles emphasize increasing access and quality of care, including efficient delivery. The organizations should be physician-led, with voluntary participation by physicians. Any delivery system financial savings should be retained for both patient care savings and distribution to physician participants. Flexibility in patient referral and antitrust law protection is also considered, hoping to protect the California Corporate Bar of the practice of medicine, which is threatened by such delivery systems.

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A recent McClatchy-Marist Poll, reported on November 23, 2010, claims that a majority of the population desires to retain the new Obama Health Care Plan and expand it, which would interfere with any efforts to revise or withdraw the Plan (however unlikely such efforts would be due to Presidential veto). With the Plan, it appears that the projections of the insurance exchanges will be unlikely to remain fiscally solvent, eventually leading to a public option system – a single payer system with rationing of care resulting. Oncology care is considered the most vulnerable to such limitations. The uncertainty of the future of health care is discomfoting to all. ❖

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**Deadline Dec 21, 2010**

## **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=cnscnsa&nr=1&ng=1>.

### **Friday**

1:00-5:00 pm CANS Board Meeting

6:30-8:30 pm **Opening Reception**

### **Saturday**

7:30 am *Continental Breakfast/Visit Exhibits*

7:50-8:10 **CANS Business Meeting**, Kenneth Ott M.D., President, California Association of Neurological Surgeons

### **“THE FUTURE OF YOUR NEUROSURGICAL PRACTICE AFTER HEALTH CARE REFORM”**

8:30-9:20 **The Impact of Federal Health Care Legislation on Hospitals and Neurosurgeons in California**  
Anne McLeod, Senior Vice of Health Policy, California Hospital Association

9:20-10:10 **New Models of Care under Health Care Reform**  
John Jenrette, MD, Chief Executive & Medical Officer, Sharp Community Medical Group, San Diego

10:10-10:40 break/visit exhibits

10:40-11:20 **Federal and State Law: Its Effect on your Future Practice**  
Gary Spradling, Attorney, Duckor Spradling Metzger & Wynne

11:20-noon Panel Discussion  
noon- 1:00 Luncheon/ Speaker

1:00-1:40 **Locum Tenens**, Duane Gainsburg, M.D., Weatherby Locums

1:40-2:20 **Medical Device Distributorship Model**, Angela Carlson, President, Alliance Surgical Distributors

2:20- 3:00 **Gain Sharing with Hospitals**, Matthew Cutler, CEO Select HealthCare Solutions

3:00-3:20 break/visit exhibits

3:20-3:40 **Expert Witness Testimony**, Rosalie Hamilton, Consultant, Expert Communications

3:40-4:20 **The Challenge of New Legislation to Academic Neurosurgery** , Bob Carter, M.D., Chief of Neurosurgery, UCSD

**Sunday** **Electronic Health Records...All that Neurosurgeons & their Staffs Need to Know”**  
8:00-9:00 **Brunch for attendees and exhibitors**

Open to all neurosurgeons and office staff. ; up to 2 staff members can attend at no charge if physician registers for Saturday meeting.

**For more information – go to [www.cans1.org](http://www.cans1.org) or contact [janinetash@sbcglobal.net](mailto:janinetash@sbcglobal.net)**

## CANS ANNUAL MEETING 2011 REGISTRATION FORM

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

Name (please print) \_\_\_\_\_

Neurosurgeon \_\_\_\_\_ other (please specify) \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_ Fax \_\_\_\_\_

City, State, Zip \_\_\_\_\_ E-mail \_\_\_\_\_

**Saturday Meeting Registration January 15 8:00 am Salon Ballroom**

*(includes opening reception on Friday for everyone and lunch on Saturday)*

<b>CANS Members</b>	<b>\$ 300</b>	<b>Senior Members</b>	<b>\$250</b>
<b>Non-Members</b>	<b>\$ 350</b>	<b>Residents</b>	<b>no charge</b>

- Please indicate if you will attend Saturday luncheon (there is a \$50 lunch fee for guests and spouses) \_\_\_\_\_  
*Total # of lunches*

**Saturday Banquet Cocktails 7:00 pm; Dinner 7:30 pm in "The Dining Room" (lobby)**

Per Person	\$150	Name _____	Beef _____	Bass _____	Veg _____
Guest	\$150	Name _____	Beef _____	Bass _____	Veg _____
Children	\$ 60	Name(s) _____ (chicken tenders, fresh fruit, ice cream and drink)			

**Sunday EHR Seminar January 16 8:00 am- noon (includes brunch) Salon Ballroom**

- **fee is waived for 2 staff members and for neurosurgeons who register for Saturday's meeting; all others \$100 per person.**

Physician Name \_\_\_\_\_

Office Staff Name(s) \_\_\_\_\_

**TOTAL AMOUNT DUE by January 1, 2011 \$ \_\_\_\_\_**

*No refund requests (including no-shows) will be accepted after January 1, 2011 so that quantities can be guaranteed to the hotel. (A \$50 processing fee will be charged for all refunds.)*

**Payment Information:**

Check enclosed (payable to CANS) \_\_\_\_\_ or VISA \_\_\_\_\_ or MasterCard \_\_\_\_\_

Card number \_\_\_\_\_ Expiration Date \_\_\_\_\_

Name on card \_\_\_\_\_

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**Hotel Room Reservations:** Log on to

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

or call The Ritz (800-241-3333 ) by December 21, 2010 to ensure a room at the group rate of \$225.00.

Please check here when you have made your hotel reservations \_\_\_\_\_

**Return registration form to CANS, 5380 Elvas Ave., #216, Sacramento, CA 95819 or fax to 916 457-8202.**

Contributions to the California Association of Neurological Surgeons are not tax deductible as charitable contributions; however, they may be tax deductible as ordinary and necessary business expenses.

**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

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](mailto: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](mailto:rws-avopro@sbcglobal.net) or to the CANS office at [janinetash@sbcglobal.net](mailto:janinetash@sbcglobal.net). Past newsletter issues are available on the CANS website at [www.cans1.org](http://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](mailto:janinetash@sbcglobal.net), (916-457-8202) with the word "unsubscribe" in the subject line.*

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