



CANS NEWSLETTER

California Association of Neurological Surgeons

Volume 38 Number 2

February 2011

California has 2 in Top 50 Hospitals

Randall W. Smith, M.D., Editor

H*HealthGrades*, an outfit that mines CMS Medicare and Medicaid data, has published its 2011 list of what they consider the 50 best hospitals in the USA. They looked at the mortality rates for 17 risk adjusted diagnoses/procedures and the complication rates associated with 9 procedures among which was Back and Neck Surgery, with and without fusion, and Carotid Surgery. About 80% of all 5,000 US hospitals met the expected mortality and complication rates with about 15% failing to meet those rates and 5% doing better. From that 5%, they winnowed down to 50 hospitals by looking at number of years of being in that 5%. Only two California hospitals made the 50, Glendale Memorial Hospital and Saint John's in Santa Monica. About 80% of the top 50 are 250 beds or more and are non-profit.

We could endlessly debate the worth of such studies, their methods of ranking and the reliability of the CMS data particularly as it pertains to controlling for risk, but with every hospital having a marketing director, you can bet on the *HealthGrades* ranking surfacing when the top 50 advertise in print or do an infomercial. Interestingly, *HealthGrades* asked the top 50 to complete a survey trying to drill down as to what each hospital's leadership did that might set them apart from the other 4,950 hospitals. Only 9 of the 50 bothered to answer the survey which is surprising and certainly renders anything learned as more anecdotal than anything. Maybe the 41 who didn't respond want to keep their reasons for success to themselves.

HealthGrades estimates that if, over the last three years, all hospitals functioned like the top 50, 173,310 lives could potentially have been saved and 6,867 in hospital major complications could potentially have been avoided. Prepare for the CNN/Fox/Networks ballyhoo. ❖

Board Meeting

The CANS Board of Directors will meet in Los Angeles on **Saturday, March 26**. If you have an item or concern you wish to present to the Board for discussion, send it to janinetash@sbcglobal.net by March 14 or you may also contact a director who represents your area....see page 4 for contact information.

INSIDE THIS ISSUE:

God Must Love the MediCal Neurosurgeon: No One Else Does – page 2
Want a Great Paying Job? Leave California – page 2
EHR Watch – page 3
Perspectives in Neurosurgery: How Shall We Practice? (Part III) –page 3
Brain Waves – page 4
Board of Directors – page 4
Calendar – page 5

Thought for the month

Whoever said that laughter is the best medicine has obviously never had broken ribs.

Tidbits from the Editors

God Must Love the Medi-Cal Neurosurgeon—No One Else Does

In response to the at best dire condition of the California State finances, the legislature is on the verge of cutting Medi-Cal provider rates 10%. Considering the current abysmal Med-iCal pay rate, many CANS members choose not to electively accept such patients. If you take ED call you still get to work for MediCal rates with some patients but that can be kept to a manageable loss margin which stings less because of ED coverage stipends. Not so for our more rural brethren who might be characterized as “the few, the ethical, the underpaid.” One is mindful of Kimberley Page, CANS Secretary, who practices in Redding and whose community commitment really leaves no option but to take all Medi-Cal comers. If she didn't, pretty much no one else would either, so such patients would be off to the ED for anything resembling a neurosurgical problem or be sent hundreds of miles south to the Bay area. Asking Kim to take another 10% cut is just unconscionable.

How about giving Kim a hand and calling the CMA Legislator Connect Hotline at **877-362-8455** in order to be easily connected to your Senator and Assembly Member. You will be asked to enter your zip code and select your Senator or Assembly Member. Give your name, specialty and let them know that you are their constituent and then bitch and moan. Alternatively you can fax the example letter below to your legislators:

Dear Legislator:

I am writing to ask you to reject the proposed cuts to Medi-Cal and Healthy Families.

Medi-Cal already pays among the lowest rates in the nation. With these proposed cuts, California will be dead last. For physicians, Medi-Cal reimbursements fall well short of even covering the cost of providing treatment.

While no physician wants to close their doors to Medi-Cal recipients, we also cannot continue to treat them at a substantial loss.

Every day, fewer and fewer California physicians are able to see Medi-Cal and Healthy Families recipients, leaving them with nowhere to turn except the emergency room. Our ERs are overcrowded as it is, and many of them have already closed down.

I understand that you have very difficult decisions to make to close the budget deficit. But I am asking you not to make a bad situation even worse.

Thank you in advance for your consideration.

Signed,..... ❖

Want a Great Paying Job? Leave California

Considering the oft mentioned shortage of neurosurgeons now and worsening in the future, it is of interest that the California market seems so saturated. Case in point is the opportunities on *DocCafe*, an internet listing company that claims 20,000 openings in the US. If one drills down their list, there are 173 neurosurgical jobs out there, the great majority of which are full time positions with the rest locum opportunities. If one limits the search to California, there are 5 listings, three for locums and two for full time jobs in and around the bay area.

Now *DocCafe* is not the be all and end all of the neurosurgical job market, but it must be some definite portion of it and it is striking how few CA listings there are for the likes of us. California has about 10% of the nation's population but much closer to 15% of the nation's neurosurgeons. Guess that last foot of snow that fell over most of the US has some meaning. It can't be the pay since CA neurosurgeons make less than their counterparts over most of the rest of the country. Enjoy the sunset. ❖

EHR Watch

For those of you toe-dipping in the electronic health record waters, a couple of articles you might find useful are located at: <http://www.medscape.com/viewarticle/736612?src=mp&spon=21> (you have to create an account but it's free) http://www.facs.org/fellows_info/bulletin/negotiatingehr.html.

There is also something out there called **California Health Information Partnership and Services Organizations (CalHIPSO)** 555 12th Street, 10th Floor, Oakland, CA 94607
Phone #: 510-285-5732 <http://www.calhipso.org>

They provide a fee based service for specialists like us and will put you in touch with knowledgeable persons who you can employ to help you through the EHR adoption process and who will represent your interests as you sort through the various vendors out there. The cost to join is \$150 per neurosurgeon with a maximum of \$750 for a group practice of 10 docs or less. For this registration fee you get access to their group purchasing agreements and educational materials including webinars. If you are interested, they will arrange for the additional consultants to help you through the process but those consultants will be fee based.

And for a final kicker: *The New York Times* (2/27, BU3, Lohr) reported, "In the 2009 economic recovery package," the Administration and Congress "allocated billions -- the current estimate is \$27 billion -- in incentives for doctors and hospitals to adopt electronic records." However, a new Congress with Republicans "looking for budget cuts could take back the money." Legislation has been "introduced by Representative Tom Latham, an Iowa Republican, to reclaim unspent stimulus dollars -- and money for accelerating the adoption" of electronic health records. ❖

Perspectives in Neurosurgery: How Shall We Practice? (Part III)

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

For the last two months we have considered probable practice patterns for the near future, Foundation Model and Accountable Care Organizations. As we see all around us, hospital systems are attempting to maneuver physicians into such models, especially since the Federal Government states it wants to convert to bundle payments of all aspects of medical care to the hospital, with physicians negotiating for what we consider our proper reimbursement portion. Of course, the system with the payment holds all the cards, all the power.

Even the Federal Budget for Fiscal Year 2012, page 25, features Accountable Care Organizations. The proposed Budget states that implementation of cost saving composed of the Affordable Care Act (ACA) targets spending to maximize efficiency and quality per dollar spent, especially in Medicare and Medicaid, reimbursing doctors and hospitals as Accountable Care Organizations. This is a factor used by the hospital systems to stampede physicians into such an organization, but we must remember that the budget has yet to be passed, will be modified, and the Obama Health Plan may not be recognizable after Republican influence goes into action.

An interesting article in the Wall Street Journal, Smart Money for March 2011 is entitled "Farewell to the Family Doctor." It narrates how hospital systems have incorporated physicians into employment and domination of regional care. It notes that physicians lose independence and begin "practicing medicine according to the hospital's strict playbook." Remember that the entity with the financial control calls the signals. This WSJ article notes that at least one in six doctors, more than 150,000 nationwide, now works as an employee of a hospital system. Interestingly, about half of recent medical student graduates have decided to work for a hospital system. I suspect that the present quite attractive initial salaries will diminish as hospital control increases. One Chicago area hospital consultant jokes that there are two types of physicians: "those employed by hospitals and those about to be." I called a physician in the Bozeman Montana Deaconess Hospital System to ascertain whether they were Foundation or Accountable Care, and was informed that soon these models do not even apply, as there is less physician influence and they evolve to pure employment only.

As physicians become employees, I believe they lose much professionalism, become more of just a labor force and

become a rich picking field for the Union of American Physicians and Dentists, such as the State of California physicians are organized. We tend to evolve from professionals to organized labor.

Out of curiosity, I contacted the Aurora Health Care System of Milwaukee, Wisconsin, which dominates that area of Wisconsin and is a physician employer. I learned that it is a 15 hospital system with 121 clinics, with 1,400-plus employed physicians. I inquired if one could be a staff member but not be employed. I was told yes, but one is not allowed to be involved in any patient care if one is not fully employed. I assume the unemployed physicians are most likely retired physicians who desire to participate in hospital committees and CME. It is clear that a private practice mode would find this an almost impossible environment in which to exist.

While physician independence and incomes reduce in the new practice environment, we find that hospital incomes and administrative salaries progressively increase. For example, the CEO of Catholic Healthcare West had a 2009 total pay package of \$9,960,856.00 (as documented by the February 2011 The Catholic World Report), a figure that I find hard to justify for a non-profit hospital system.

Only time will tell what our fate will be. ❖

Brain Waves

Deborah Henry, M.D., Associate Editor

Today on the highway, I drove around a 8x10 foot bright blue plastic lid of some sort, behind a SUV hauling a kayak with its red flag waving cheerily in the wind, and next to a old Ford pickup with ladders piled high on the edge of the bed. Yesterday I followed a truck loaded with mattresses tied precariously, a wayward strap whipping behind them, and a truck with glass planes attached vertically that would have made a movie car-chase director salivate.

On February 18th, the LA Times' Mike Anton authored a first page story on "Navigating a Minefield at 65 mph...freeway debris is a tragedy waiting to happen". His is a tale of a 4-year old in a car seat whose skull was shattered and brain damaged from a trailer hitch hurled loose from the back of a semi-truck. Indeed while I was at Loma Linda last year on call, a two-year old in the safest part of her parents' SUV was scalped by an apparent trailer hitch tomahawking through the windshield. Early in my career I treated a young woman who drove behind a crane truck whose crane could not squeeze under a low-lying bridge, unfortunately both were going at least 55 mph on the freeway. The debris that dropped from the bridge caved in the roof of her car, which continued toward her head and changed her life forever.

Sometimes, I think this event may have saved my life or at least me from an accident. Driving to Pasadena one day, a gardener and his truck of tools cut in front of me. I increased my following distance just in time to watch a rake and a hoe fall in front of me. I quickly changed lanes. I hope you will too.

(Oh, by the way, go see *Unknown*. You won't drive behind trucks carrying refrigerators). ❖

CANS 2011 Board of Directors

Executive Committee:

Marc A. Vanefsky, M.D.	President	marc.a.vanefsky@kp.org
Austin R. T. Colohan, M.D.	President Elect	acolohan@ahs.llumc.edu
Theodore Kaczmar Jr., M.D.	1 st Vice President	tedkazz@aol.com
Michael H. Robbins, M.D.	2 nd Vice President	mrobbmd@hotmail.com
Kimberly A. Page, M.D.	Secretary	kimberlypage@nvneuro.com
Phillip Kissel, M.D.	Treasurer	pkissel@pkisselneurosurgery.com
Kenneth Ott, M.D.	Immediate Past President	kennott@gmail.com
William L. Caton III, M.D.	Past President	wlciiimd@aol.com

Northern California Directors:

Kenneth Blumenfeld, M.D., neurosurgery@verizon.net
 Praveen V. Mummaneni, M.D., vmum@aol.com
 Marshal Rosario, M.D., mdrosariomd@comcast.net

Southern California Directors:

Deborah C. Henry, M.D., dchenry.md@gmail.com
 Langston Holly, M.D., lholly@mednet.ucla.edu
 Haig Minassian, M.D., hminas7262@aol.com
 Patrick R.L. Rhoten, M.D. prhotenmd@gmail.com

Meetings of Interest for the next 12 months:

CANS: Board of Directors Meeting, March 26, 2011, Los Angeles, CA

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, September 10-13, 2011, Kauai, HI

CANS: Board of Directors Meeting, September 24, 2011, Oakland, CA

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

Cervical Spine Research Society: Annual Meeting, December 7-10, 2011, Scottsdale, AZ

CANS: Annual Meeting, January 13-15, 2012, (Disney's Grand Californian Hotel), Anaheim, CA

Southern Neurosurgical Society: Annual Meeting, February, 2012, date & locale pending

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 **two-month 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. Marc Vanefsky 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.

California Association of Neurological Surgeons, Inc.

www.cans1.org

5380 Elvas Avenue, Suite 216, Sacramento, CA 95819

Tel: 916 457-2267; Fax: 916 457-8202

Editorial Committee:

Editor: **Randall W. Smith, M.D.**

Associate Editor: **John T. Bonner, M.D.**

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

President: **Marc Vanefsky, M.D.**

Editorial Assistant: **Janine M. Tash**