



CANS

NEWSLETTER

California Association of Neurological Surgeons

Volume 38 Number 12

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Brain Waves

Deborah Henry, M.D., Associate Editor

I am going green next year. I am recycling my New Year's resolutions. They are always the same, so I might as well reuse them: lose weight, exercise more, eat healthy and lower my cholesterol, and spend more time with family and friends. I cannot think of a time when at least 3 of the above 4 were not on the list. Since residency I have asked myself - what is so hard about doing those 4 simple resolutions? In fact, I could merge two of them. If I ate right, I would lose weight. The weight loss would happen too if I exercised a lot. Seeing it in black type-set makes it seem even easier. Why is it difficult?

Then there is our commitment to our profession. This takes time and often takes priority over maintaining a healthy life style. It hasn't gotten any easier to practice medicine. We are regulated as never before. Here it is, December 29th and I am finalizing a locums assignment in Texas. I leave on January 1st

and still I am faxing over paperwork for the assignment-today for access to the hospital computer system. Just remembering my passwords has become a part time profession. We are in a society of NOW with twitters and tweets abounding all around us. Everyone

wants a piece of our personal time whether it was resolved for working out, making healthy food, or chatting with friends.

But on Martin Luther King weekend, there is a way to visit with old friends, have an enjoyable time with your family, and support your profession. **Please join CANS at its annual meeting at the Grand Californian Hotel and Spa at Disneyland for the low price of \$219.** Even my friend who works at Disneyland cannot get the Grand Californian for this price. Dr. Vanefsky has arranged a wonderful program entitled **Reform or Repeal.** We are honored to have

neurosurgeon and president of the **AMA Peter Carmel** as a speaker as well as experts from both healthcare and legal professions. The CANS board meeting starts at 1PM on Friday and is open to all. If you would like to see what CANS is all about and are interested in serving on the Board, please come, The no-host reception is at 6:30 PM Friday and the meeting starts at 8AM on Saturday, January 14th. Sunday is

great if you need QME credit. I am staying at the hotel on Saturday and Sunday night-the rates were good for Sunday too. My son likes the room with the bunk bed. But don't count the calories for me at the banquet on Saturday night. That way I can keep on recycling those resolutions. ❖



*Peter Carmel, M.D.
AMA President*

ANNUAL MEETING January 13-15, 2012 Grand Californian, Anaheim



Registration form & program are included in this newsletter.

Hotel deadline has been extended to January 4.

Happy New Year!



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Quality Improvement ≠ Savings

Randall W. Smith, M.D., Editor

Improving quality of medical care has been touted as resulting in savings because top quality should be consistent and lead to lower costs as things like length of stay and readmissions for complications are reduced. A couple of docs, an MBA and a CPA have recently published an article in the NEJM (*The Savings Illusion — Why Clinical Quality Improvement Fails to Deliver Bottom-Line Results*; Stephen S. Rauh, M.B.A., C.F.A., Eric B. Wadsworth, Ph.D., C.P.A., William B. Weeks, M.D., M.B.A., and James N. Weinstein, D.O.; December 14, 2011, NEJM) questioning the validity of the quality/cost relationship.

The authors divided the costs of healthcare into layers that are the easiest to understand when applied to hospitals and surgicenters than to a doc's office. The first layer is truly variable costs which when reduced result in clear savings such as supplies and meds not used which are thus available for later use. The second layer of costs are semivariable (nursing hours, respiratory and physical therapists) and would only be reduced with a big reduction in volume thus allowing elimination of staff positions. The third and fourth layers are costs that are basically fixed and won't change much if at all by any reductions—equipment, OR time, billing, organizational overhead and financing.

The hooker in the savings concept is that reduction in length of stay and readmissions does create additional capacity so more patients can be put through the system but, though reducing the average cost per patient, probably ends up increasing overall dollars spent as the institution increases total patient volume.

Considering we have 5,000 hospitals in the US, a little reduction in length of stay and readmissions will not be large enough per institution to allow major savings to occur in the second, much less the third or fourth layer of costs. Only if we had one gargantuan hospital per region would the volume of the savings be great enough to actually reduce overall costs of care.

With the above in mind, it would appear that the way to reduce healthcare costs is to prevent sickness or reduce utilization of the system in some other way, such as rationing. Considering the expected increase in the disease prone elderly and the newly insured under Obamacare and America's abhorrence to any thoughts of rationing, decreasing the amount spent on healthcare in the US appears more and more unlikely. ❖

ATTN: QMEs and pre-QMEs

**Earn 12 hours of QME credit in a 4-hour classroom session (+ 8 hours of home study)
at CANS Annual Meeting (Sunday)

Disability Evaluation Report Writing Seminar

(for pre-QME Qualification and/or QME Continuing Education)

presented by Livingstone-Lopez Consulting (DWC Provider #2 & 470)

Topics Include

- Brief overview of report writing requirements & regs
- Impairment rating using AMA guides, 5th ed (Spine & Upper Extremities)
- Important new case law (Benson, Valdez & more)
- Take home work with 8 hours home study to complete 12 QME credit hours
- Samples & templates for spine & upper extremity reports

Speakers

- David Kizer, Esq., - Former Counsel, Industrial Medical Council/Division of Workers Comp, CA
- Dana Livingstone-Lopez - DWC Certified Education Provider #2 & 470
- Sherry German - Principal/CMRS - AMA Certified Impairment Rating Specialist

For questions on class content and CEUs, contact: Dana at Livingstone-Lopez (760) 944-6769 or dana@teachqme.com ❖

Tidbits from the Editors

Stay-at-home docs

The Association of American Medical Colleges has compiled some interesting statistics about where docs end up practicing after they complete their training. As reported in *Amednews* on 12/19, 39% of U.S. physicians practice in the same state where they went to medical school while 48% practice in the state where they completed their residencies. In California, 69% of docs who do their specialty training in state stay on to practice here, the second highest retention rate in the country (after Alaska whose docs may have been frozen in place). With the looming doc shortage (projected to reach 62,900 doctors by 2015 and 91,500 by 2020, according to 2010 AAMC projections), such numbers auger well for the Golden State's ability to weather the shortage storm. In contrast, New Hampshire and Washington DC, at the bottom of the retention list at 28% and 15% respectively, may have some work to do. Many of the lower ranking states have or are creating programs to improve retention including ideas like forgiving med school debt, low cost loans or scholarships to docs in training, thus luring the peripatetic leaning doc to stay local. This kind of information may help explain why some of the highest starting salaries for neurosurgeons seem to be in states with low retention rates. Those robust salaries are certainly not often found in apparently desirable California.

Of additional interest, Massachusetts has the highest ration of docs to population at 415.5 physicians per 100,000 people while Mississippi has the lowest at 176. One wonders what is going on in Massachusetts. Maybe Romneycare, the Red Sox and the Boston Pops are the stuff of keeping docs happy. ❖

Neurosurgery is Guilty

This writer, like most docs, knows there is something called the sustainable growth rate (SGR) formula that we docs apparently keep violating which is what leads to the annual recommendation for Medicare payment cuts that Congress keeps putting in abeyance, usually giving us a miniscule increase instead. The recommended cut was to be 27.4% for 2012 which Congress has delayed for two months. The SGR system sets a target for aggregate nationwide expenditures on the basis of growth in the per capita gross domestic product, growth in the number of Medicare Part B enrollees, changes in physicians' fees, and changes in laws or regulations. The actual expenditures on physicians' services are then compared with the target, and prices are adjusted to achieve the cumulative target over time.

In a recent article in the *NEJM* (Ali Alhassani, M.Sc., Amitabh Chandra, Ph.D., and Michael E. Chernew, Ph.D. December 21, 2011, *NEJM*), some PhD types analyzed the actual expenditures on physicians' services by specialty and classified them into those whose payments were "excessive" versus those whose payments were not. The authors broke down the national spending for Medicare physician services by state and by specialty and determined which states and specialties have contributed most to the SGR deficit between 2002, when the program was last balanced, and 2009. Their analysis showed that California was in the non-excessive range as were 11 specialties: General Practice, GI, Plastics, Allergy, Ob-Gyn, Cardiac Surgery General Surgery, Anesthesiology, Psychiatry, Thoracic Surgery and Ophthalmology. Orthopedics was just barely in the "excessive" range with neurosurgery well into that range. Seems like a cut for everyone when the overall excessive spending was really due to selected states and certain specialties is another example of the usual federal one-size-fits-all thinking. And of course should never apply to neurosurgeons since God is one. ❖

Feds lighten up on achieving EMR adoption

It has been estimated that a bit over 50% of office based physicians have initiated an electronic medical record (EMR) system in 2011 thus qualifying them for the meaningful use federal incentive payments for attaining stage 1 meaningful use. Getting the next increment of federal subsidy requires achieving stage 2 standards which are proposed to include among other requirements an electronic note system and ensuring that patients have access to record portals. As is the wont of our beloved feds, the final stage 2 requirements are not expected to be published until June 2012 so those docs that started this year won't have much time to achieve the finalized stage 2 by the originally established deadline of 2013. In response to this crush, the feds have recently extended until 2014 the

deadline for achieving the meaningful use requirements of stage 2. If you plan to initiate an EMR in 2012, the last year you can begin and still get the total \$44,000 incentive per doc, the deadline for getting to stage 2 will remain 2014.

HHS Secretary Kathleen Sebelius has been quoted as saying, "When doctors and hospitals use (EMR), patients get better care and we save money". Probably better care but the money savings may be more federal wishful thinking. (See *Quality Improvement*, this issue) ❖

Transitions in Neurosurgery: The Morphing of Medicine

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

Some of the good news for 2011 includes the treatment of Glioblastoma. A study reported in the New England Journal of Medicine (11-15-2011) indicates that after adequate internal decompression (if indicated) that addition of Temozolomide to radiotherapy resulted in a statistically significant survival benefit with minimal additional toxicity. The randomized study resulted in a 10% two-year survival rate with radiotherapy alone, but a 27% survival rate for radiotherapy plus Temozolomide – a 2.5 factor survival improvement. Cure is still exceedingly rare, but this study does indicate more hope for some of our patients.

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Concussion in athletics has become a hot topic, deservedly so, although the concept of concussion appears to have broadened. Attention to this concept is long overdue, but not all athletes agree with how it is handled – with many NFL players stating that, if possible, they would hide such an event. A recent Associated Press interview study indicates that slightly over half of the interviewed players would try to conceal a concussion rather than leave the game. Proper observation and evaluation for concussion is now present or planned because of lawsuits being filed by former players and other athletes due to inattention to concussion. Such an example is the current lawsuit by 75 former professional football players against the NFL and Riddell, the official helmet manufacturer brand since 1989. This lawsuit alleges that the NFL Brain Injury Committee denied links between concussion and later cognitive decline. Outlawing spearing in football (although it unfortunately still occurs with variable enforcement by officials) has greatly reduced spinal injuries, as has the ban on head-to-head contact and controlled body checking in hockey. (Concerning concussions, the question always arises as to whether soccer players should wear helmets – but I cannot imagine soccer without head shots at goals, which would place the goalkeeper in an untenable disadvantage and significantly alter the game as it is now played).

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In the recent past we have discussed the uncertain future of medical care. An extensive review of this was provided in the Marketplace portion of the Wall Street Journal (on Monday, 12-12-2011, pages B1, B4-B5). This WSJ piece forecasted hospital systems and insurance companies uniting to control medicine – with physicians adopting the role of the employee, having less influence on how the system would function. It is a worthwhile read for all, although admittedly conjectural. ❖

ATTENTION: Exhibitors

Space is still available if you want to exhibit

Contact janinetash@sbcglobal.net to receive an exhibit registration packet.

The following vendors will be participating:

*Biomet Spine
BrainLab
Cooperative of American Physicians
Bluewater
Covidien
Hitachi Aloka
Lanx
Medtronic
Neurologica
Osteomed
Physiom
PMT Corp
Prime Clinical
Stryker Spine
Synthes Anspach
Surgical West
TeDan Surgical*

***** If you cannot exhibit, please consider sponsoring a neurosurgical resident to attend the meeting.**

Northern California Neurological Surgery Opportunity



The Gould Medical Group is a 270 member physician-owned multi-specialty group that has served California's central valley for more than 60 years. With a vision to become a nationally recognized medical group in the areas of quality, integrity, collegiality and service, we are a patient-centered organization that focuses on improving care delivery and efficiency by streamlining processes.

Gould Medical Group and Memorial Medical Center are seeking a BE/BC Neurosurgeon to be the first to join its new neurosurgery service line. This position will serve the roughly 1.2 million citizens of the Modesto and surrounding areas throughout Stanislaus and San Joaquin counties. Call will be shared with two other community physicians. There is a strong referral base and support for the incoming physician within the group and community. A Neurosurgeon joining Gould would enjoy a busy practice with the ability to care for patients in the county's premier medical center.

Located just one and a half hours east of San Francisco, Modesto offers easy access to vacation spots such as Lake Tahoe, Napa Valley, and Yosemite National Park as well as affordable housing, top-rated schools, and beautiful weather. Cultural amenities include a symphony, the ballet, golfing, boating, and waterskiing on the Delta waterway.



Gould Medical Group
Affiliated with the
Sutter Gould Medical Foundation

Contact: C.V. Allen, M.D.
Assistant Medical Director of Physician Recruitment
Phone: 866-454-6853
Fax: 209-550-4892
gmgrecruiting@sutterhealth.org
www.suttergould.org/doctors

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**Dinner tickets still available for
the Annual Meeting banquet
Saturday January 14.**

The 6:30-7:30 p.m. cocktail hour
will be hosted by
Morgan Stanley Smith Barney.

**Thought for the
month**

*The older you get,
the better you realize
you were.*

Meetings of Interest for the next 12 months:

CANS: Annual Meeting, January 13-15, 2012, Anaheim (Disney Grand Californian Hotel), CA
Southern Neurosurgical Society: Annual Meeting, March 28-31, 2012, Amelia Island, FL
CSNS Meeting, April 13-14, 2012, Miami, FL
AANS: Annual Meeting, April 14-18, 2012, Miami, FL
Neurosurgical Society of America: Annual Meeting, June 10-13, 2012, Park City, Utah
Rocky Mountain NS Society: Annual Meeting, June, 2012, Maui, HI
New England Neurosurgical Society: Annual Meeting, June, 2012, TBA
Western Neurosurgical Society: Annual Meeting, September 7-10, 2012, Colorado Springs, CO
Congress of Neurological Surgeons: Annual Meeting, October 6-10, 2012, Chicago, IL
North American Spine Society: Annual Meeting, October 24-27, 2012, Dallas, TX
Cervical Spine Research Society: Annual Meeting, December 6-8, 2012, Chicago, IL



California Association of Neurological Surgeons Reform or Repeal?

CANS Annual Meeting, January 13-15, 2012, Anaheim, CA

©Disney's Grand Californian Hotel® & Spa



President's Message

REFORM or REPEAL?

Dear Fellow Neurosurgeons and Guests,

As the presidential race heats up, healthcare reform continues to be front and center on the national political stage. Parts of the affordable healthcare act are already being chipped away.

As the debate continues to rage on a state and federal level, I urge you all to attend our yearly meeting this January at the Grand Californian in Anaheim. There has never been a more important time to hear about the future of Neurosurgery in the state of California.

Please register early as space is limited and take part in the debate. I look forward to seeing you all there.

Marc A. Vanefsky, M.D.
President

FRIDAY January 13th Events

Board of Directors Meeting

California Board Room
(open to all members)
1:00-5:00 p.m.

OPENING RECEPTION

Wisteria Room, 6:30-8:30 p.m.

You are invited to attend this reception (complimentary hors d'oeuvres and no-host bar) where you will have an opportunity to meet with exhibitors and colleagues before the weekend meeting.

©Disney's Grand Californian Hotel® & Spa was the first Disney hotel to be built inside a theme park and contain its own entrance into a theme park. The hotel opened with the Disneyland Resort Expansion in 2001. It is situated between Downtown Disney (Disneyland Resort) and Disney California Adventure. The hotel is based on the Arts and Crafts Movement of the 20th Century and features many hand crafted furnishings.

HOTEL ROOMS

The special conference rate is \$219. A limited number of rooms are reserved at this rate. Contact the resort by booking online 24/7 at <http://www.mydisneymeetings.com/gcaal2b> or by calling (714) 520-5005, M-F from 8-5 pm PST. Reservations must be made by Wednesday January 4, 2012 or before the group rooms are sold out. Prevailing rates may apply after this date or when group rooms are sold out, whichever occurs first. Rooms subject to availability & include local telephone, fitness center and Internet access; all rooms are equipped with safes and cribs. Check-in time is 3:00 pm, check-out time is 11:00 am.

THEME PARK TICKETS

Discounted Special Group Theme Park Tickets are available to purchase online up to 10 days prior to the event. You can access the ticket store when you make your reservation via the hotel link mentioned above.

SHUTTLE SERVICE

Shuttle service to and from airport and hotel is through the Disneyland Resort Express (714-978-8855) and runs every hour (round-trip from LAX is \$32/adult and \$25/child; round-trip from Santa Ana Airport (Orange County) is \$27/adults and \$18/child. *One way service is also available and there is a discount for AAA members.*

PARKING

Overnight Guests are subject to a self-parking fee of \$15.00 per car, per night or Valet Parking at \$22.00 per car, per night, with in/out privileges. The Organization drive-on non-hotel guests will be charged self-parking fees of \$15.00 per car per day. Valet parking for non-hotel guests parking is \$22.00 per car. These charges are for once in, once out privileges. All parking prices are subject to change without notice.

PLEASE RETURN THE REGISTRATION FORM TO THE CANS OFFICE AS SOON AS POSSIBLE.

Schedule of Events – January 14-15, 2012

SATURDAY MEETING Sequoia Ballroom

7:00 - 8:00 Continental Breakfast; Exhibits

8:00-8:30 CANS Business Meeting
Marc A. Vanefsky, MD, CANS President

Program Title: REFORM or REPEAL?

8:30-9:15 Edward Ellison, MD, Executive Medical Director, Southern California Permanente Medical Group, Pasadena, CA
"2012: Challenge and Opportunity"

9:15-10:00 Frank Gamma, JD, MBA, FACMPE
Kessenick Gamma & Free, LLP, San Francisco
"Working with the Competition & Your Referring Medical Groups: Approaches & Structures for Medical Group Affiliations"

10:00 - 10:30 Break - Please visit exhibits

10:30-11:15 Herb Schultz, Regional Director, Health and Human Services, San Francisco
"The Affordable Care Act: Opportunities for Collaboration & Partnership"

11:15-noon Peter W. Carmel, MD, President
American Medical Association
"Year Two: Shaping the Future of Health System Reform"

Noon – 1:00 Lunch

1:00-1:45 William Guertin, Executive Vice President
Alameda-Contra Costa Medical Association
"Medical Injury Compensation Reform Act of 1975 – Is It Relevant in 2012?"

1:45-2:30 John Kusske, MD, Consultant
Washington Committee of the AANS
"Healthcare Issues within the Beltway"

2:30 – 3:00 Break – Please visit exhibits

3:00- 3:45 Daniel J. Hunt, Vice President,
Research Analyst, U.S. Healthcare
"Healthcare Cost Crunch: Opportunity & Risk in an Era of Structural Change"

- the last 15 minutes of each presentation will be reserved for discussion

SATURDAY EVENING COCKTAIL HOUR & BANQUET

6:30p.m. Cocktails; 7:30 p.m. Dinner, Trillium Room

The cocktail hour will be hosted by
Morgan Stanley Smith Barney LLC.

CHOICE of ENTRÉE (salad, dessert and wine included):

- ◆ Point Reyes Crusted Angus Beef Filet
- ◆ Pistachio Crusted Alaskan Halibut
- ◆ Vegetarian (chef's choice)

children's menu (ages 3-9) – Chicken Filet Tenderloin

SUNDAY QME 8:00 am-12:00 noon Sequoia Ballroom

Disability Evaluation Report Writing Seminar

(for pre-QME Qualification and/or QME Continuing Education)
**Earn 12 hours of QME education in a 4-hour classroom session (with 8 hours of home study) presented by
Livingstone-Lopez Consulting (DWC Provider #2 & 470)

Speakers:

- David Kizer, Esq., - Former Counsel, Industrial Medical Council/Division of Workers Compensation, CA
- Dana Livingstone-Lopez - DWC Certified Education Provider #2 & 470
- Sherry German - Principal/CMRS - AMA Impairment Rating Specialist

Topics include:

- Brief overview of report writing requirements & regs
- Impairment rating using AMA guides, 5th ed (Spine & Upper Extremities)
- Important new case law (Benson, Valdez & more)
- Take home work with 8 hours home study to complete 12 QME credit hours
- Samples & templates for spine & upper extremity reports

For questions regarding class content and CEU's, please contact:
Dana at Livingstone-Lopez Consulting, (760) 944-6769 or
dana@teachqme.com.

FOR MORE INFORMATION

California Association of Neurological Surgeons (CANS) - 5380 Elvas Avenue, Suite 216, Sacramento, CA 95819
tel 916-457-2267; fax 916-457-8202; <mailto:mjaninetash@sbcglobal.net>; www.cansl.org



CANS ANNUAL MEETING 2012 REGISTRATION FORM

Disney's Grand Californian Hotel® & Spa, Anaheim, CA, January 13-15, 2012

Name (please print) _____
 Neurosurgeon _____ Other (please specify) _____ Telephone _____
 Address _____ Fax _____
 City, State, Zip _____ E-mail _____

Saturday Meeting Registration - January 14

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

CANS Members \$ 300 _____ Senior Members \$250 _____
 Non-Members \$ 350 _____ Residents no charge _____
 *Lunch fee for spouses and guests (no charge for meeting registrants) \$50 _____

Saturday Banquet - January 14 Cocktails 6:30 pm; Dinner 7:30 pm *(includes salad, wine, dessert)*

*Dinner tickets must be purchased in advance so that food quantities can be guaranteed to the hotel.

Per Person \$125 Name _____ Filet__ Halibut__ Veg__
 Guest \$125 Name _____ Filet__ Halibut__ Veg__
 Child (3-9) \$ 35 Name _____
 \$ 35 Name _____

3. Sunday QME Course - January 15 8:00- noon *(includes continental breakfast)*

CANS Members \$300 _____ Non-Members \$325 _____

TOTAL AMOUNT DUE by December 31, 2011 \$ _____

No refund requests (including no-shows) will be accepted after January 1, 2012.

Payment Information:

1. Check enclosed (payable to CANS) _____
2. Please authorize use of VISA _____ or MasterCard _____

Card number _____ Expiration Date _____

Name on card _____ Signature _____

Address if different from above _____

CANS office use only:	
log	_____
conf sent	_____
name tag	_____
check #	_____
date	_____
cc settled	_____
QB ledger	_____

Rooms: Log on to <http://www.mydisneymeetings.com/gcaal2b> or call Disney's Grand Californian Hotel® & Spa (714 520-5005) M-F 8-5 by **January 4, 2012** to ensure a room at the group rate of \$219.00.

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.

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

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