CANS newsletter

California Association of Neurological Surgeons Volume 39 Number 2 February 2012

Pathway for the Impaired Doc

Randall W. Smith, M.D., Editor

As most of us who are licensed to practice medicine in California know, the *Medical Board of California* axed its diversionary program for docs with substance abuse, psychiatric, behavioral or mentation problems in 2008. Their position was and is that the MBC is not in the rehab business but solely in the protective business, that being looking out for the citizens of the state. These days, if the MBC receives a complaint or information about a potentially impaired doc, they investigate and if something appears to be amiss, they have limited options that include suspension or revocation of licensure. They can suspend a license pending an action such as an evaluation for a substance abuse issue. The suspendee is on his/her own to get the evaluation done and the issue under control.

Organizations can also detect or suspect a problem doc and attempt to deal with the issue without booting it up to the generally punitive MBC as long as the organization avoids limiting or suspending institutional privileges (which would necessitate filing an 805 report with the MBC which then kicks off the heavy hand approach) so long as patients are protected. Such organizations would include hospitals and their medical staffs and other organizations of physicians which have a fiduciary duty to be sure their members are safe to practice.

An organization called ***California Physicians Health Program (CAPHP)*** is available to evaluate and treat and monitor a physician. They have one main inpatient hospital in Laguna Beach for those that need intensive evaluation and treatment and multiple other sites throughout the state for ongoing monitoring and treatment. The folks behind CAPHP are two addiction docs with extensive experience with these kinds of problems particularly in light of their running the Arizona Physicians Health Program for many years, that program being the official rehab arm of the Arizona Medical Board which doesn't turn its back on the impaired doc. (In Arizona, it is state law that any doc who suspects that a fellow physician is impaired must inform the Arizona Medical Board; such is not the case in California) In California, UCLA, Kaiser Permanente Medical Group and Sutter Health System among others utilize their services to help a potentially impaired doc get diagnosis and treatment and be cleared to get back on the job. This approach seems to be a preferable path that gets the MBC out of the process since their knee-jerk suspension/revocation reaction is not physician friendly.

The California Physicians Health Program (CAPHP) web site is at www.caphp.net. ❖

ATTN: CANS Members

Make your voice heard

If you have an issue or question for the CANS Board of Directors, send it to janinetash@sbcglobal.net and it will be placed on the agenda for discussion at the upcoming Board Meeting on March 31. ❖

INSIDE THIS ISSUE:

Tidbits from the Editors

Training programs to be under closer scrutiny

All of us are familiar with the angst associated with school kids learning how to read and federal and state law has mandated that the kids be tested frequently and poorly performing schools have to shape up or close or be taken over by the state. It all has to do with frequent monitoring that documents how the educators are doing rather than finding out in the 8th grade that Johnny can't read.

Well, a similar system is coming to neurosurgical training programs as of 2013. The Accreditation Council for Graduate Medical Education (ACGME)—they of the resident 80 hour work week-- has hitherto been showing up to evaluate a program about every 5 years using standards created by them in conjunction with Residency Review Committee and the Senior Society. According to an article by Thomas Nasca et al in the February 22nd issue of the New England Journal of Medicine, a new approach will be launched in July 2013 for selected specialties including neurosurgery. This new system, called the Next Accreditation System (NAS)—snappy titles apparently not ACGME's long suite—is designed to get data on the progress of residents in training programs every 6 months via reports submitted by the program directors and evaluations by the residents themselves.

The move from the old episodic "biopsy" model with its q. 5 year cycle to annual data collection will allow earlier detection of problem programs and also allow q. 10 year visits to those programs that remain in solid compliance year after year based upon the submitted annual data.

The data collected will expand to include achieving milestones in more than the patient clinical management/surgical skills arena and include documentation of learning in modern surgical practice issues that in part make up some the competencies in the MOC process. The article states, *" Patients, payers, and the public demand information-technology literacy, sensitivity to cost-effectiveness, the ability to involve patients in their own care, and the use of health information technology to improve care for individuals and populations; they also expect that GME will help to develop practitioners who possess these skills along with the requisite clinical and professional attributes."*. In addition to these milestones, other data elements for annual surveillance will include operative and case-log data.

One presumes our Residency Review Committee and the Senior Society played a significant role in establishing this new system which sounds like a lot of work on an annual basis but maybe anything is better than the current site visit thrash every 5 years. Further, documenting the operative and case-log data for each resident could be the forerunner of establishing minimum case numbers for the graduating resident for selective procedures adding some justification to the minimum procedural performance numbers unilaterally instituted by some hospitals at the time of biannual staff reappointment we wrote about last month. ❖

Neurosurgical Salaries

Jackson & Coker, a leader in locum tenens and permanent physician placement, annually commissions an independent research organization to conduct a physician compensation survey covering major medical specialties. The research group gathers data from various credible sources within the physician-staffing industry to compile the latest statistics regarding the average hourly and annualized compensation associated with physician jobs nationwide.

According to their data there are just over 6,000 neurosurgeons in the US and 1,428 were included in their research. It is obvious they are assaying neurosurgeons who are employed in large medical groups, by hospitals or by academic centers and the denominator for actively practicing neurosurgeons is probably closer to 3,000 so 1,428 is a pretty good assay number. They note that the average compensation for a neurosurgeon is $671,000, that each such doc also gets $134,000 in benefits and each such doc generates $2.7 million for the employer. Regionalized information would be interesting since those figures are probably high for what passes as a good salary in California.

If you want to see their numbers for other specialties, go to www.jacksoncoker.com and on the bottom left of their home page, click on Jackson & Coker Industry Report. ❖

Online Journal for the Neurosurgeon

Surgical Neurology International, whose editor-in-chief is CANS member **Jim Ausman** from Los Angeles, is now in its 23 month of publication and is an Internet journal free to anyone including downloads. In addition to original articles and editorials, it contains a lecture series on Neurosurgery and Neurology from UCLA, The UCLA 100 lecture series, Journal Club from the University of Chicago, Neuroradiology-Neuropathology conference, "How I do it Videos" including the recent Helsinki live video conference with world leading neurosurgeons. SNI just published its first Supplement, "SNI Stereotactic" under the editorship of Antonio DeSalles from UCLA that will be published every three months. The first Supplement contains reviews of subjects in Stereotaxis and Radiosurgery. SNI also publishes in Spanish and Russian, newsletters from Latin American societies and the Russian Journal of Neurosurgery. More supplements will be added in 2012 including SNI Spine devoted to objective reviews of spine treatments that will be essential to provide guidance for doctors and insurers and the government.

Dr. Ausman says, "SNI is read in 183 countries by over 9000 readers a month making it the most widely read with the largest readership of all the neurosurgical publications in the world. SNI is the fastest growing neurosurgical journal in the world and is the independent voice of neurosurgeons world wide. It is not affiliated with any organization. It also contains provocative editorials that neurosurgeons might enjoy. It publishes controversial papers and topic discussions, which are not found elsewhere."

The Journal can be accessed at http://www.surgicalneurologyint.com/. ❖

CMA Offers Help for Members and Non-Members

CMA Practice Resources (CPR) is a monthly bulletin from the California Medical Association's Center for Economic Services. This bulletin is full of tips and tools to assist physicians and their office staff improving practice efficiency and viability. Looking over the items in the February edition, there appears to be useful information for use by any practice.

Each month's edition of CPR can be downloaded from the CMA Website www.cmanet.org by clicking on News and Events, then Publications then CMA Public Resources. You can also subscribe to the bulletin and it will be emailed to you each month. You don't need to be a CMA member to sign up. ❖

Brain Waves

Deborah Henry, M.D., Associate Editor

Have you noticed how packaging has changed over the years? The quart of ice cream is no longer a quart. Cans of vegetables are no longer 16 ounces, but 14.5 or less. Cereal, once in a singe size box, now comes in small, medium, and super-sized. Vicryl used to be 8 to a package, then five, and at the one hospital I was at, it was 3 to a package. I wonder if the 3-to-a-pack is now more expensive than the 8? Was it 10 to a pack before the 8?

But at least some things come packaged well. I am old enough to have gone through the ventriculostomy drills that were duller than an organic chemistry lecture. We would scrounge for some sterile towels, dig up the xylocaine and needles, abscond with a razor, search for the Betadine, scour through the drawers for the catheter and a disposable knife, and suture and then start the case in the ICU bed with the poor lighting. The drill bits were so dull, having been reused hundreds of time, that often your arms would give out and you would have to rest before proceeding to eventually making a hole down to the dura. I am still amazed at the packaged sets that came out around the early 1990s in the decade of the brain. The bits are sharp and whiz through the skull in no time. The kit is complete with drill, bits, razor, knife, Betadine and often suture and some items I have yet to figure out.

And how about titanium cranial plates? They come in a nice package with the clever device that holds the screws. When they first arrived on the scene, there was a lot of resistance to their use. Suture was so much less expensive that some physicians refused to change. That is until their flaps continued to recede while their colleagues did not. I worked with a surgeon who was so enamored with the plates that every square inch of the exposed craniotomy was covered with a plate of a different shape. A post-operative X-Ray looked like that patient would set off a metal detector.

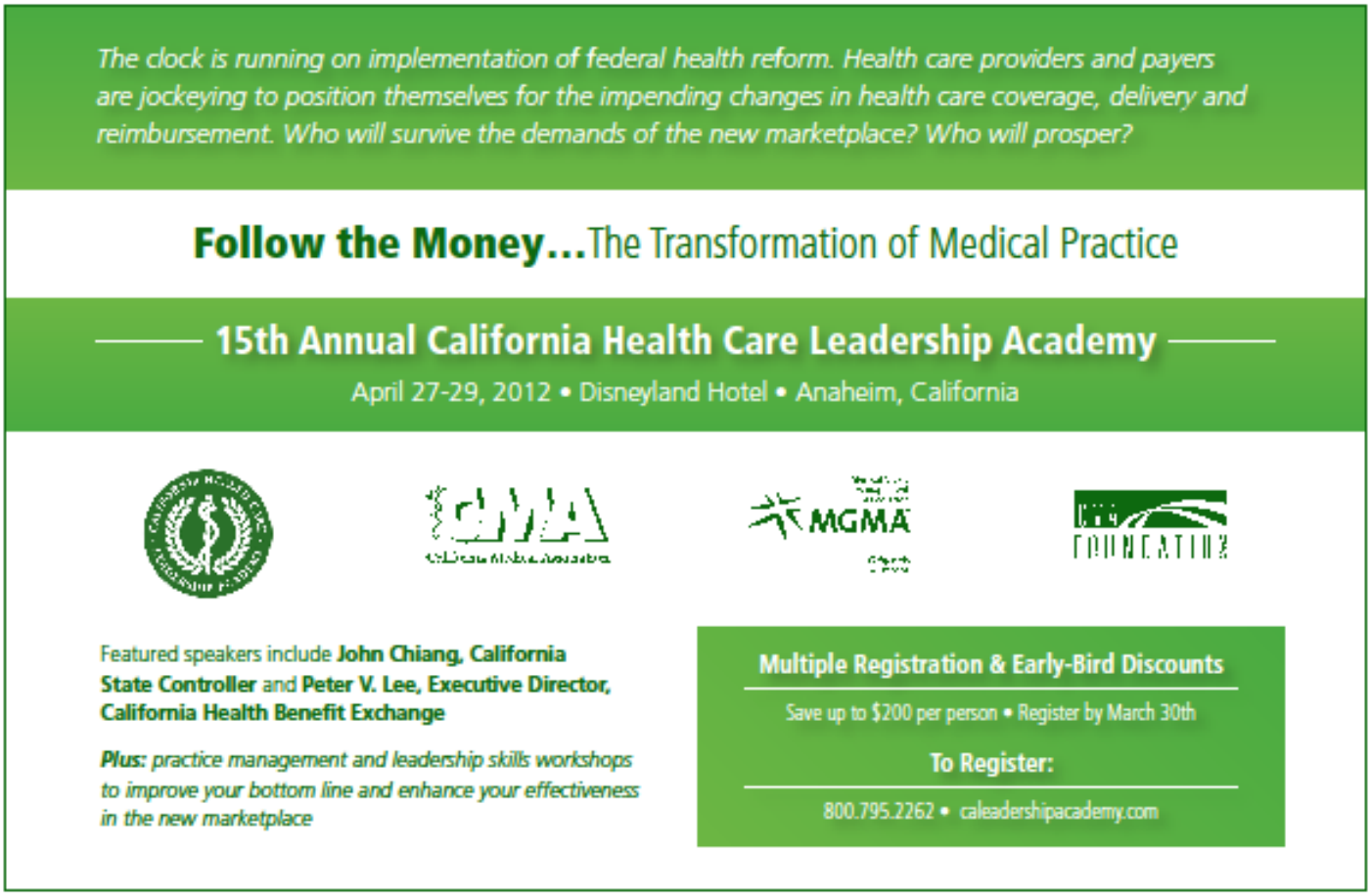
I always wanted to invent a drape package that would unfold at the beginning of the case, and there would be your suction, bovey, bipolar and all. You simply would place the sticky surface on the operative site, unfold and voilà, your case could start! Ten minutes saved. But that probably means that our already packaged CPT codes could be further discounted into a time-savings package. ❖

Meetings of Interest for the next 12 months:

AANS/CNS Joint Spine Section Annual Meeting, March 7-10, 2012, Orlando, FL
Southern Neurosurgical Society: Annual Meeting, March 28-31, 2012, Amelia Island, FL
CANS Board of Directors Meeting: March 31, 2012, Marriott Courtyard LAX, Los Angeles, CA
AANS/CNS Joint Pain Section Bi-Annual Meeting, April 13, 2012, Miami, 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
American Society for Stereotactic & Functional Neurosurgery: Biennial Meeting, June 3-6, San Francisco, CA
Western Neurosurgical Society: Annual Meeting, September 7-10, 2012, Colorado Springs, CO
CANS Board of Directors Meeting: September 29, 2012, Hilton Airport Hotel, Oakland, CA
Congress of Neurological Surgeons: Annual Meeting, October 6-10, 2012, Chicago, IL
North American Spine Society: Annual Meeting, October 24-27, 2012, Dallas, TX
AANS/CNS Joint Pediatric Neurosurgery Section: Annual Meeting, November 27-30, 2012, St. Louis, MO
North American Neuromodulation Society: Annual meeting, December 6-9, 2012, Las Vegas, NV
Cervical Spine Research Society: Annual Meeting, December 6-8, 2012, Chicago, IL
CANS: Annual Meeting, January 18-20, 2013, Queen Mary Hotel, Long Beach, CA ❖❖

Definition for the Month:

Calories: Tiny creatures that live in your closet and sew your clothes a little bit tighter every night.



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 the CANS office by E-mail (janinetash@sbcglobal.net) or fax (916-457-8202)—Ed. ❖

- To place a newsletter ad, contact the executive office for complete price list and details.
- 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.
- If you do not wish to receive this newsletter in the future, please E-mail, phone or fax Janine Tash (janinetash@sbcglobal.net, 916-457-2267, 916-457-8202) with the word "unsubscribe" in the subject line.

The assistance of Janine Tash and Dr. Austin Colohan in the preparation of this newsletter is acknowledged and appreciated.

CANS Newsletter is published monthly from the CANS office at 5380 Elvas Ave., #216, Sacramento, CA.
Randy Smith, M.D., Editor
John Bonner, M.D., Associate Editor
Deborah Henry, M.D., Associate Editor