



CANS

NEWSLETTER

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CALIFORNIA ASSOCIATION OF NEUROLOGICAL SURGEONS, INC.

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President's Message

Patrick J. Wade, M.D.

Guard yourself; the legislature is back in session

Well they're baaack. After taking some time off, the California legislature is back in session. Finally, a State budget is passed. Hospitals, Schools, Doctors and others can breathe a sigh of relief as the State Dollar spigot opens once more. Or for some, the trough is re-filled. The overwhelming majority of Bills helpful to the care of our Patients and the delivery of Health care are in a more or less favorable position. The bills we would prefer not to be enacted are slowly going away (many being in the 2 year bill status). That is a limbo and few see the light of day. Sort of a nice way to say "just go away."

The Children's Health and Medicare Protection (CHAMP) Act that recently passed the U.S. House of Representatives contains a provision that would ban new physician-owned specialty hospitals. CMA is seeking to eliminate this onerous provision. The bill (HR 3162) would also prohibit preexisting physician-owned specialty hospitals that treat Medicare patients from adding additional beds. Additionally, it would require physician-owned specialty hospitals to reduce their physician ownership to no more than 40 percent within 18 months, with no individual physician having more than 2 percent ownership. If you feel strongly, contact your Representative.

This seems to me to just be foolish and wrong. It hearkens back to the era of Certificate of Need or CON. It was a Con and so is this obvious attempt to slow down efficient, quality and cost saving delivery of Health services. Is it just Dollars or because the Hospital Ox is being gored. Oh, yes, the Feds also have trouble controlling us.

The Congress of Neurological Surgeons (CNS) meets in San Diego 14-20 September.

CANS Annual Meeting is January 18th to the 21st at Disney's Grand Californian in Anaheim.

Hope to see you at both. ❖

Work Comp Division Dumps ACOEM

Randall W. Smith, M.D., Editor

The Division of Workers' Compensation has proposed chronic pain treatment guidelines (on its Web site) that are based on the Work Loss Data Institute's Official Disability Guidelines. The division acted after hearing complaints from doctors about lack of specificity in the presumptively correct ACOEM guidelines.

The proposed guidelines from the DWC are a product of the DWC Medical Evidence Evaluation Advisory Committee in charge of updating treatment guidelines. Dr. Praveen Mummaneni from UCSF is the neurosurgeon on the Advisory Committee. He feels the Official Disability Guidelines on chronic pain offer a significant improvement over ACOEM's chronic pain section.

ACOEM's guidelines on chronic pain contain just seven paragraphs. The section says that pain medication

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has been shown to impede recovery and is not typically useful in sub-acute and chronic phases. DWC's proposed guidelines, in contrast, offer 52 pages of pain management treatment and offer a breakdown on different types of pain-management drugs and their effectiveness. As an example, the proposed guidelines recommend venlafaxine in the first line of treatment of neuropathic pain. The guides also recommend psychological evaluations, physical therapy (under the conditions listed in the guidelines), and salicylate topicals, such as BenGay. The proposed guidelines do allow for the use of Dorsal Column Stimulators and Morphine Pumps when certain criteria are met.

The DWC's proposed criteria for the use of opioids involves establishing a treatment plan and asking several questions about whether the patient is likely to improve or abuse; pre-therapeutic trial steps for patients and doctors; a therapeutic trial; and signs to discontinue opioid use. "Under-prescribing pain medications is considered as much a breach of the appropriate standard of care as over-prescribing," the proposed guidelines read.

The California 1st District Court of Appeal ruled in June that ACOEM guidelines were unfit for lower back chronic pain treatment.

Although it is realized that neurosurgeons rarely manage the full gamut of chronic pain treatment, many of us do prescription refills and order physical therapy and other treatment for our patients with chronic pain who are not in a formal pain management program, and one suspects we will be held to some of the ODG guidelines. To view the proposed guidelines go to <http://www.dir.ca.gov/dwc/DWCWCABForum/1.asp> and click on Medical Treatment Utilization Schedule twice then open the file. ❖

ACS Pushes Surgical Workforce Measures

Randall W. Smith, M.D.

The American College of Surgeons has published its broad recommendations for improving the surgical workforce. Of interest are the proposals for full federal support for long training programs and the financial support for ED treatment. Even when a neurosurgeon gets paid a stipend to be on call, a better source of funding for the "self insured" ED patient would be welcome particularly when extensive operations are performed and/or prolonged ICU management is necessary. The measures:

- Develop national self-sufficiency in the production of physicians, surgeons, and other health professionals through a well-planned expansion of U.S. medical school graduates and residencies
- Provide full federal support for needed specialties with long training requirements
- Remove the caps that were imposed by the Balanced Budget Act on the number of residents eligible for federal support at each training institution under Medicare
- Expand programs of support for rural physicians to include surgical specialties
- Provide financial support for specialists who provide safety net services for uninsured patients in our nation's trauma centers and emergency departments
- Take steps to ensure a less hostile practice environment, such as realistically addressing the nation's liability issues. ❖

Neurosurgical Positions Available/Wanted

Any CANS member who is looking for a new associate/partner 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).

Guest Editorial

PAIN CARE FOR INJURED WORKERS IN CALIFORNIA: A NEW PARADIGM

Philipp M. Lippe, M.D.

On August 20, 2007, the California Division of Workers' Compensation (DWC) posted the proposed Medical Treatment Utilization Schedule for Chronic Pain Medical Guidelines (MTUS/CPMG) on their website. It is intended that these new guidelines will replace Chapter 6, the pain guidelines, published by the American College of Occupational and Environmental Medicine (ACOEM). Whether or not this change will assure improved patient care remains to be seen.

For a clearer understanding of these developments it is necessary to view the MSUT/CPMG in proper historical context.

Early in this decade the California Workers' Compensation system was seen as encumbered by rising costs and high utilization of medical care. In an attempt to correct these perceived problems a series of legislative initiatives were passed – Calderon 2002, Alarcon 2003, and Poochigan 2004. SB 228 passed in 2003 adopted the ACOEM Guidelines as a presumptively correct “standards” of care.

Late in 2004 the Administrative Director of DWC adopted the ACOEM guidelines through the regulatory process. These guidelines became the *de facto* standard of care for injured workers in California.

The major deficiencies of the ACOEM guidelines soon became apparent. These guidelines were written by Occupational Medicine physicians for Occupational Medicine physicians. They were never intended to become guidelines decreeing all of medical care. Their focus was on cost-effectiveness and utilization controls with an aim to return injured workers to occupational status at the earliest possible time.

As interpreted by third party payers and utilization overseers, these guidelines with their general nihilistic tone and major omissions soon resulted in delay and denial of care for injured workers. Cost savings were realized by the system and these were attributed to the guidelines.

With the appointment of a Medical Director, DWC became more responsive. A Medical Evidence Guidelines Advisory Committee was eventually formed for the purpose of reviewing the ACOEM guidelines and developing a more acceptable alternative.

Although the ACOEM guidelines are deficient in many, if not all areas, they are particularly unacceptable in the area of pain care. Patients have been denied necessary care and left to suffer the agonies of intractable pain with the resulting cascading medical complications. The same can be said for the AMA Guides that view pain as an inconvenient behavioral aberration and cap pain related impairment at an arbitrary 3% rating.

Working for the better part of a year the Medical Evidence Guidelines Advisory Committee has focused on developing the MSUT/CPMG that have been posted. The guidelines consist of two (2) parts. The first part was written by the committee. The second part was adapted from the Official Disability Guidelines (ODG). It should be noted that the ODG was not included in its entirety and this omission has been the source of some controversy.

The MSUT/CPMG were developed by practicing physicians including leaders in the pain medicine community. While not perfect, the guidelines are reasonable and certainly an improvement over the ACOEM guidelines. As these guidelines progress through the regulatory process, it is hoped that further improvements will take place. ❖

(Dr. Lippe is President of California Academy of Pain Medicine and is a CANS Board consultant. His editorial constitutes his opinion and does not necessarily reflect the position of the Academy—ed)

CSNS Resolutions to be Considered

Randall W. Smith, M.D.

At the forthcoming meeting of the Council of State Neurosurgical Societies in San Diego on September 14-15, the following resolutions will be considered for adoption. If you have any thoughts or concerns about any resolution, please contact Pat Wade who, as our President, will be leading the CANS delegation (pjw7@earthlink.net).

Resolution I Core Socioeconomic Curriculum—Proposes to have the CSNS create a core socioeconomic curriculum for incorporation into training programs, into the Maintenance of Competence process and to create socioeconomic questions for the ABNS written exam.

Resolution II Development of a Web based (Wiki) RVU/Cost Analysis Tool for Neurological Surgeons—Proposes to create such a tool to assist the neurosurgeon in determining costs and assist in billing when the neurosurgeon does not use electronic medical records or practice management software.

Resolution III Creation of Neurosurgical Workbook for Negotiating Regional NS Emergency Care—Proposes to create a resource (workbook) for neurosurgeons to assist in creating models of Regionalization in Neurosurgical Emergency Care.

Resolution IV Creation of Medical Malpractice Database—Proposes to create an anonymous database by annually surveying neurosurgeons for the details of malpractice cases closed each year since we now have to rely upon data created by insurance companies.

Resolution V Evaluation of Neurosurgical Resident Education and Training—Proposes to have the CSNS work with the ABNS to survey recent residency graduates from 2000-2004 to obtain their opinion about their training and residency experience to assist in modification of training curricula in the future. ❖

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Questions or 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 issues of the monthly newsletter are available on the CANS website at www.cans1.org.

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 Patrick Wade, M.D. 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.

5380 Elvas Avenue, Suite 216

Sacramento, CA 95819

Tel: 916 457-2267 Fax: 916 457-8202 www.cans1.org

Editorial Committee:

Randall W. Smith, M.D. Editor

Patrick J. Wade, M.D., President

Editorial Assistant: Janine M. Tash