



CANS

NEWSLETTER

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2007 Meeting Highlights—Something for Everyone

Randall W. Smith, M.D., Editor

Our annual meeting, this year in Sacramento January 13th and 14th, was replete with information useful to most every neurosurgeon. The attendance was about 20% of our active and senior members and even with 19 exhibitors paying \$1500 each, the meeting probably ended a little in the red. Those who attended sure got their money's worth and those of you who did not are relegated to my topic distillation that follows. Profit or loss, the Board of Directors is committed to holding these annual meetings and making them pertinent to its goal of information dissemination. This newsletter is one reflection of that commitment but the oral word still is hard to beat for the interactive minded and lively audience participation in Sacramento was the norm. Those who were there helped shape the menu while those of you who stayed home will have to take what I serve for thought. That said, here is what happened.

The Appetizer: The new CEO of the CMA, Joe Dunn, addressed the members of the Board on Friday afternoon rather than the meeting attendees on Saturday morning as originally scheduled. Mr. Dunn is an attorney (plaintiff's trial attorney for product defects; no med mal work) and former politician (California State Senator 1998-2006) whose long suite appears to be his Sacramento savvy. Like most politicians, he was loquacious and gracious with his constituency (us docs) and happily addressed any question raised even when he didn't have a good answer. He stressed that physicians need to present a united front when dealing with Sacramento (the gov and legislature) and when they do voters rarely vote against their doctors. Although the governor and state legislators are not the voters, he felt that if docs stay together and present the merits of their beliefs and then push hard on politicians to create the fear of losing their jobs to a united doc campaign against them if they don't listen—this is the best way to influence the political landscape. He felt that the governor's new health plan proposal will become mired in special interest mud by March and at that point the CMA should ride to the rescue with their own comprehensive plan. He did not think that just digging in our heels on the 2% physician tax would be a successful strategy. The Board requested some neurosurgery input into any CMA plan but Mr. Dunn's response left it somewhat unclear just who was going to formulate the CMA plan. It was suggested to him that his united front idea will only work if both specialist and generalist docs play some role in creating the CMA position so as to avoid the fractionalization demonstrated by medicine on the recent Prop 86 issue.

The Main Course: The meeting kick-off was the as usual exciting **business meeting** the highlights of which were comments by President Bonner (to be a subject of an editorial) and the membership report of 12 new members (see list below), bringing total active membership to 193, plus the Treasurer's report of about 27K in reserve as we began 2007.

The first presentation addressing the ins and outs of **recruiting a new neurosurgeon** to one's practice was a study in what most of don't know about recruiting. The presenter, **Judith Rosman** of Ohio based RosmanSearch, Inc., pointed out the pitfalls into which many of us may fall when going after new meat. Interestingly, she spends considerable time tracking new graduates and others to get them to list themselves with her firm, giving her a stable from which to try to match what a practice might want in a new associate. One wonders if each year's prime candidates hook up easily with new locations without much trouble and the sub-prime ones list themselves with her firm. Even if that is true, her experience in how to approach and treat a potential candidate, particularly during a site visit with a spouse in tow, could well justify recruiter fees even when you think you have a new surgeon all lined up. She corroborated the difficulty recruiting for California practices in light of our insurance compensation levels but knows some tricks to

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make a Golden State practice more competitive with some high 6 figure offers that seem to abound in the Midwest and Southeast.

Following a forgettable and mercifully brief talk on retirement, an outstanding presentation on **Electronic Medical Records** by **Nileen Verbeten** was the meeting highlight not the least because of the panel discussion that followed. Two of our Board members and their office managers discussed their experience in converting to EMRs and how it has saved them real money in paper, postage and transcription costs plus making the life of the neurosurgeon, after a not insignificant learning curve, easier with better quality control. **Mike Robbins** in Sacramento uses a Web-based system accessible from anywhere that requires no in-office hardware or software and can include practice management capabilities so the whole enchilada only necessitates high-speed internet access. He got his total setup for less than 10K from *Bizmatic* (www.bizmaticsinc.com) which included a lot of in-office training and necessitates a monthly fee of \$500. All his office info is on two dispersed servers at Bizmatic. He manages to create office consults/visits using templates which he modifies to address a patient's specific circumstances. He noted that you can still create original consult and visit documents by dictating and getting the transcriptions as digital files but that results in lowered savings. **Kimberly Page** in Redding bought an in-office hardware/software system with backup from *Medinotes* (www.medinotes.com) which included extensive in-office training and that cost 20K. It easily meshed with her practice management system from *Lytec* (another 10-15K). She uses voice recognition software for the patient's history and then modifiable templates for the rest of the consultation and has cut her transcription costs to near nothing. Her system carries about a \$1500 annual fee for support services and no monthly fees. Both Mike and Kimberly noted that getting one's office EMR system to mesh with that of the hospital is still difficult and scanning hospital, laboratory and radiology reports into the EMR still consumes some staff time. (In private conversation with Kim, she also reported taking a digital photo of each new patient and inserting it into the patient's EMR to aid office staff and doc in a subsequent visit recognition/welcome. Such laudable sensitivity must come from being a mother.)

Emergency Department Coverage stipends were addressed by attorney **John Blue** and our own **Bill Caton**. Mr. Blue was of the opinion that garnering information of what institution is paying what for coverage is not an anti-trust violation as long as one does not agree with others covering the ED to set a floor on how much to charge. Dr. Caton gave a preliminary overview of his yet to be completed assay of what neurosurgeons are receiving for ED coverage throughout the state. He noted that ED coverage varied from \$800 to 4K a day at trauma centers and \$400 to 4K a day at non-trauma centers with northern California amounts the state. He also reported that com-cific variables such as frequency of get-as first responders or the requirement to which Mr. Blue felt was an informational laws, is due out this spring and will be through our Sacramento office.

The **CMA update** was given by Relations, who presented a nice overview plan plus other plans that have been senate pro tem Perata. He sees some Nunez plan does not include an individual Perata plans do not include a physician finally emerge but doubts it will be the

The **keynote speaker** was ramento Bee. He predicted that with the entrenched special interests, it is unlikely emerge this year. He was glib and interesting to listen to and a reflection of the proposition that if you have a high profile job relating to politics and do it long enough, people are willing to pay to hear you free associate about things.

The **risk management** session was led by **Stephen Farber**, an epidemiologist and NORCAL VP. He recounted NORCAL's last 7 years of neurosurgery claims of which there were 299, 46 of which were settled with payment (all spine cases), 4 of those over one million dollars. He thought that was a pretty good record and disparaged the practice of capitated payments to attorneys defending docs (a practice apparently abandoned by most insurers due to doc bitching). His recommendations for limiting one's chance of being sued were thorough and not often presently employed by many in the audience, reflecting the disconnect between those who want you to minimize risks (your insurer) and those who take them (you). He was most adamant about documenting in the office chart your pre-op discussion with the patient about risks and alternatives at the time of the discussion and having the patient sign your notation in the chart. He was a little



Dr. Bonner presents the Pevehouse Award to Dr. Koenig in Sacramento.

generally higher than in the southern part of parisons are difficult because of institution spe-ting called out, the presence of in-hospital PAs do pediatric neurosurgery. His detailed report, issue and not at risk to run afoul of anti-trust available to CANS members by request

Dustin Corcoran, their VP for Government of the governor's yet to be fleshed out health floated by the assembly speaker Nunez and similarities among the plans but noted that the mandate to buy insurance and the Nunez/or hospital tax. He cannot predict what will pure governor's plan.

Dan Walters, political columnist for the Sac-large number of freshman legislators and en-that a comprehensive state health plan will

unclear how to do this with an EMR which suggests risk management folks could use some CME like the rest of us.

The Dessert: The Saturday evening **banquet** included good food, a spectacular location at the top of the Hyatt overlooking the capitol building and some nice ragtime piano entertainment. **George Koenig** received the Pevehouse Award and gave a nice brief acceptance speech in which he particularly acknowledged the support of his wife Beth over the years (something we all better do if we know what is good for us).

The Sunday morning **Academic Roundtable** included presentations by representatives of five different programs. **Larry Shuer** spoke about **Stanford** with its tight hospital census due to rampant EMTALA patient transfers, its problems with the resident 80 hour work week and the new campus hospital permitting issues with the city of Palo Alto which is against tall buildings and additional auto traffic. **Peter Gruen** from **USC** noted the 80 hour problem as well and spent some time describing the new LAC/USC medical center about to open. **Javid Siddiqi** gave the audience a real education about DOs and the osteopathic neurosurgery training program at the **Arrowhead Regional Medical Center** in Colton, the only such DO training center west of the Mississippi. The differences between DO and MD training are miniscule and program director problems are basically identical with MD programs including the hated 80 hour work week. **Paul Muizelaar** from **UC Davis** reflected on his iconoclastic views on the 80 hour work week (no big deal) and EMTALA transfers (he just says no unless there is an operative procedure he feels is warranted). **Nick Barbaro** from **UCSF** shared his group's organizational structure and how the SF faculty has become subspecialized with many faculty no longer doing certain operations in deference to other faculty members who do them often and well.

Let's see—for a \$200 registration fee you got Friday evening's reception with *hors d'oeuvres* that could pass for dinner, two breakfasts and one nice lunch plus the info above and various goodies from the exhibitors. You could get to Sacramento from most everywhere by car or Southwest airlines for a pittance and the hotel room was \$125 a night. Seems like a pretty good deal. ❖

Outgoing President's Message: Transitions in Neurosurgery

John T. Bonner, M.D.

Neurological surgery has been a fascinating and satisfying career. I can imagine that many of us could have followed other career paths – both in and outside of medicine – but many factors and influences have resulted in us becoming neurosurgeons. Like most of us, I had the influence of a number of such individuals, and will refer to some of them later.

Why CANS? Organized medicine in general is at a crossroad, with most professional organizations experiencing a decrease in membership, and also in participation of the members. CANS has also noted this phenomenon, and membership recruitment is recognized by the CANS Board as a major objective. To help solve this, for example, all the Board members have been issued a list of non-member neurosurgeon names who live in their area to contact to encourage membership. Current CANS membership is 375 neurosurgeons, with approximately 500 to 600 neurosurgeons in California. To justify membership, we must offer a worthwhile product to the neurosurgeons of California, and I thought this might be an appropriate time to revisit the purposes of CANS.

As noted on our website, the first purpose is “*to promote and encourage the organization and professional association of duly licensed doctors of medicine in the state of California who are specializing in neurological surgery.*” The Annual Meeting and the monthly newsletter under the editorial talent of Randy Smith are obvious examples of how we fulfill purpose one.

Our second purpose is “*to promote in all respects the medical practice continuing education and advancement of the discipline of neurological surgery.*” The activities of our delegates to the CSNS, CMA House of Delegates and legislative contacts serve to satisfy this purpose.

The Governor's new health initiative will undoubtedly impact our practices, and CANS should participate to protect the interests of our physician members and our patients. As patient advocates we hope to influence any product in a satisfactory fashion, or not participate with any unsatisfactory product.

The third purpose is “*to promote scientific and professional exchange between members of the association.*” Again, our Annual Meeting accomplishes this, as well as an ongoing effort reflected by the monthly newsletter, as well as appropriate fax and e-mail distributions.

The fourth purpose is “*to maintain and strive constantly to improve the high quality of neurosurgical care for the people of California*” – again here, the Meeting, newsletters, but most importantly, the personal standards and intentions of each individual member. Quality should be a goal of all.

The fifth purpose is “*to encourage rapid dissemination of knowledge concerning advances in neurosurgical techniques and diagnostic methods.*” We may be more of a socioeconomic organization than scientific, but again our Annual Meeting aids in this, as well as electronic messaging by e-mail, fax and newsletter.

The sixth purpose is “*to promote, in all respects, through meetings, seminars and publications the purposes of the association.*” This, in view of the above, speaks for itself.

The seventh and last noted purpose of CANS (although we recognize other implied interests that serve our members) is “*to create a specialty medical society that can represent its membership in all matters of direct concern to them.*” This is the ultimate goal and purpose of the CANS Board and Consultants, as well as our representative delegates to the CMA and CSNS.

My Influences - I’m sure we can all identify a person (or persons) who influenced our decision to become neurosurgeons; and many of our academic CANS members now inspire new generations of neurosurgeons. My major influences were my research advisor at the University of Chicago, Ruth Rhines, M.D., Ph.D., the neurology attendings, but most importantly the neurological surgeons, Joseph Evans, M.D., Ph.D. and Sean Mullen, M.D. The neurosurgeons were real gentlemen, mentors and great teachers. The Duke neurosurgical staff also provided significant influence during my rotation there; as did Arthur Ward, M.D., Eldon Foltz, M.D. and the other University of Washington attendings during my residency. Without example and direction, we would be lost indeed. Development of proper judgment and standards is not without effort and desire.

Future - Through my Presidency, the Board and Consultants have been extremely active and supportive, making my presidency busy but satisfying. Janine, our Sacramento-based organization manager is invaluable: always cooperative, pleasant and efficient. We are very fortunate to have Janine.

CANS faces future challenges, with Workers’ Comp issues becoming more notable, as have physician revenues and fee issues, emergency room and trauma issues, and neurosurgical recruitment, among others. Indeed, the Governor’s health care initiative is one of the most important. My activities in CANS have been especially satisfying and we must be supportive of our organization in view of its socioeconomic importance, as well as it being integral in California neurosurgeon organization and representation. All California neurosurgeons should participate, not just benefit from our activities.

I know that Patrick Wade will be an excellent CANS president, and I expect all to support him and add to our CANS influence — influence not only in organized medicine but in society as patient advocates. We must increase our CANS membership and participation: encourage all non-member colleagues to join.

Thank you for your support over the past year. ❖

Other News

Randall W. Smith, M.D.

EMR Counterpoint

Not everyone embraces Electronic Medical Records and a voice of caution recently spoke up. Dr. Michael Wilkes, a Professor of Medicine at UC Davis, wrote in the Sacramento Bee on 1/20/07, “Today, a flat-screen computer sits between the doctor and the patient — just as a fence divides two neighbors. My students and residents — like doctors around the country — are slaves to the computer and electronic medical records” (EMR). In theory, they “will enhance quality of care, improve communication between health-care providers and reduce medical errors,” in actuality “there is no proof that the EMR does any of this.” In fact, “the one thing studies have shown is that the EMR does increase the amount a doctor can bill by improving documentation.” However, “[t]his new approach to documentation has a potential for electronic forgery and dishonesty that allows for increased billing, and quick note production, but may do nothing to improve patient care”; it even “may hinder care and could lead to major problems.” With “the current broken health-care system,” EMR “could increase costs, decrease quality and push the practice of medicine further away from human interaction. Before we spend more money on these electronic holy grails, let’s first look for data showing that in the real world they can achieve important goals other than simply improved billing.” Dr. Robbins and Page (see above) both admitted their EMR systems did improve documentation for correct E&M billing level but also very much reduced overhead once paid for and did improve communication between neurosurgeon and referring physician and simplified office flow and management of information. Dr. Wilkes’ view may be a bit narrow and focused on institutional EMRs. There is another world out there, Dr. Wilkes. ❖

Neurosurgical Input to CMA

Mr. Dunn and Mr. Corcoran (referred to above in meeting summary) have instituted a weekly conference call between them and specialty groups including CANS. The goal is to have generous input from the specialties as CMA engages in the debate

in the Governor's proposed health plan. During the first call on 1/22/07, Mr. Dunn reiterated the thoughts he shared with our Board on the 12th and noted above. There wasn't a lot of input or questions from the specialties during that call save a good question about whether or not the Gov's plan will survive an ERISA challenge. The CMA opinion is that it will although this writer notes that the editorial page of the Wall Street Journal disagrees. The second conference call on 1/29/07 indicated that CMA leadership has clearly expressed its opposition to the provider tax to the Governor's staff, that no legislator has agreed to introduce the Gov's plan as a bill, that other forces including the Republican leadership will introduce their concept of reform and that the most egalitarian way of paying to get all citizens insured by raising the sales tax will have to overcome the generic resistance of Republican lawmakers who probably got elected swearing there would be no new taxes. There appeared to be no real interest at the CMA to, along with a significant ally like the hospitals, introduce a provider plan to which enough forces might rally so as to carry the legislative day. It would seem the CMA will try to lead from the rear. ❖

Correction

In the DWC article in the December 2006 issue of this newsletter, I incorrectly identified the E&M codes that will be receiving increased work comp reimbursement as of 2/15/07. The increased codes are the 99201-99205 and 99211-99215 codes not the 90201-90205 and 90211-90215 codes as reported. We regret the error (that is what you are supposed to say when you screw up).❖

Executive Office Report

Janine Tash

Annual Meeting

Despite the lower than anticipated attendance, the recent Annual Meeting was one of the best, judging from the evaluations returned. Congratulations again to Dr. George Koenig, the recipient of the Pevehouse Award for Distinguished Neurosurgery. CANS would like to thank the following exhibitors for their participation and support of this meeting:

Aloka Ultrasound
DePuy Spine
Kyphon
MGI Pharma
Porex Surgical
Synergy Medical Corp

Anspach Companies
IMRIS
Medsoftware-Medetron
PDL BioPharma
Prime Clinical
Synthes

Blue Chip Surgical Centers
KLS-Martin
Medtronic
PMT Corporation
Stryker Spine

Welcome CANS newest members:

Dikran Bairamian, M.D.,	Modesto
Shahin Etebar, MD	Rancho Mirage
Langston Holly, MD	UCLA
Frank Hsu, MD	Loma Linda
Ronnie Mimran, MD	Castro Valley
Praveen V. Mummaneni, MD	UCSF
Donald L. Myers, MD	Fresno
Burak Ozgur, MD	UCI
Keith Quattrocchi, MD	Fresno
Stephen Ryu, MD	Stanford
Simon Salerno, MD	Loma Linda
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CANS Neckties

If you would like to purchase a CANS tie, they are available from the Executive Office for \$35.00 each. The ties were designed several years ago by former president Cavett Robert, M.D.



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 - 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 John Bonner, MD 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.

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