



# CANS

## NEWSLETTER

November 2007

CALIFORNIA ASSOCIATION OF NEUROLOGICAL SURGEONS, INC.

Volume 34 Number 11

### President's Message

*Patrick J. Wade, M.D.*

**B**y now we are well into the Holidays, Thanksgiving has past, the BCS seems as confused as our legislators and the stock market remains volatile. Will Bernake and the Fed cut rates? They will almost for sure. When will the cut come and how much, remains the question. The dollar sinks lower. Where is the bottom? Housing values slip internationally.

Why all this money talk in a Neurosurgical note you ask? Simple! If there is not enough cash around there will be no grand schemes to improve the lot of patients and Doctors alike. There will more likely be cuts in Medicare re-imburement. Less likely Government can afford new programs. Access for the most vulnerable is threatened.

On the Federal side a member of the Senate Finance Committee spoke to me yesterday of CMS and its "quality schemes". He and others want to know, how do you measure quality? Who decides what quality is? Who decides when a level goes too low or not high enough? And who is going to do and pay for all the paper work needed? Then and most important what is it worth?

On the State side, the term limits initiative seems doomed. The Sac Bee as well as Insurance Commissioner Poizner have opposed it as have many other groups. There are whispers of Assembly leadership changes and Mr. Perata will be gone from the upper chamber if term limits fail.

Why is a state health plan difficult? There is an admitted \$10 Billion dollar California budget deficit and most believe this will be closer to \$14 Billion.

There are two important issues before the California legislature now. Water is being taken up in the State Senate by Mr. Perata and the Governor. The health plan is being taken up in the Assembly by Mr. Nunez and the Governor. Both are urgent and both need funding.

How to solve the deficit at the State level? One can cut spending of course. Suggestions include not paying the excess State deficit pay down saving 4 Billion. Slide 2 Billion away from schools. The teachers union would just love that to happen. But the most inventive is to sell the State lottery to say Goldman Sachs or another consortium. Some say this one shot deal could be worth \$40 Billion. I dream too. Of course one party always wants to raise taxes. And a new tobacco tax, a raise in the state sales tax plus their favorite tax the rich, if there are any left. Ultimately, the people will decide. With all that I wish all a Happy Holiday, Merry Christmas, Happy Chanukah, and so on. ❖

**Your Happy New Year will start off right if you join us for the CANS Annual meeting at Disney's Grand Californian January 18th-21st, 2008.**

### Kudos to Dr. Martin Weiss

Martin H. Weiss, M.D. (University of Southern California), has been selected to receive CANS highest honor, the 2008 Pevehouse Distinguished Service Award. Dr. Weiss was selected for his extraordinary service in the field of neurosurgery as an outstanding leader in the education of neurosurgeons. He is well-respected as a world authority on pituitary tumors. Dr. Weiss will be presented with the award during the CANS Annual Banquet on Saturday, January 20, 2008 at the Grand Californian Hotel. Dinner tickets are available at the CANS website – [www.cans1.org](http://www.cans1.org) or contact the CANS office at 916 457-2267. ❖

### Inside this issue:

**DWC-Not into Wheel Reinvention - page 2**  
**ACOEM - Limited Life? - page 2**  
**Annual Meeting/12-hour QME Course - page 2**  
**AANS Scores for Old Docs - page 3**  
**Neurosurgical Workforce in CA - page 3**  
**Informed Consent in Training Centers - page 3**  
**Annual Meeting/Socioeconomics - page 3**  
**Annual Meeting Exhibitors - page 4**  
**Neurosurgical Positions - page 4**

## DWC—Not Into Wheel Reinvention

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

The Department of Workers' Compensation (DWC) has decided to adopt the Official Disability Guidelines or "ODG", a product of the Work Loss Data Institute in Encinitas, California, as it pertains to post-surgical care. These guidelines, which are updated annually and very well referenced, are pretty reasonable but what is of interest is that the DWC initial plan was to create its own guidelines as a potentially better product than those established by others. It is not known to this writer how much time, effort and money was consumed in creating a California DWC version but after a lot of input from the Medical Evidence Evaluation Committee (MEEC) and many other providers, the DWC decided to respond to the oft submitted provider comment that the DWC shouldn't try to "reinvent the wheel" but rather use well written and researched guidelines of others such as the ODG guidelines. This decision seems to portend that the present process of deciding new guidelines for the humongous topic of low back injury treatment other than or in addition to ACOEM guidelines may well be another exercise in futility as one might well expect the DWC to adopt the ODG guidelines regarding low back treatment which are current (last revised 11/23/2007) and pretty well researched. The ODG guidelines allow for fusions at one or two levels for axial back pain when certain criteria are met, morphine pumps as a last resort, the use of x-stop for stenosis and spinal cord stimulators for chronic radiculopathy while denying such maneuvers as discography (possible exception: in fusion patient to help determine level), IDET, nucleoplasty, suction or laser discectomy and standing MRI's. It may turn out that the MEEC does little more than approve other guidelines and respond on an ad hoc basis to specific questions regarding issues not well addressed by proprietary guidelines. ❖

### More News from the Editor

#### ACOEM—Limited Life?

With the expected or actual adoption of treatment guidelines for chronic pain, post surgical therapy and acupuncture to replace or augment what the DWC has considered inadequate coverage by the American College of Occupational and Environmental Medicine (ACOEM) treatment guidelines, one wonders what the future of those guidelines really are in California. The DWC is empowered to adopt whichever guidelines it thinks appropriate, the ACOEM guidelines being a default position to accede to the requirements of SB899 when it became law in 2004. Some considerable angst has been created by recent criticism of the ACOEM guidelines by the International Journal of Occupational and Environmental Health (IJOEH) which in a peer-reviewed article stated that ACOEM is controlled by corporate leaders and is used to advance the agendas of its corporate sponsors. The California Applicants' Attorney Association (CAAA) has embraced that critical article, stating "Disabled workers are forced into cookie-cutter medicine, which suits insurance companies but not good quality health care," CAAA said in a press release. "Promises

### ATTN: Current and Future QMEs

**Register now for the 12-hour Disability Evaluation Report Writing Seminar on Sunday, January 20, 2008.** The course will fulfill the 12-hour requirement for pre-QME qualification as well as providing 12-hours of QME continuing education for current QMEs. It is a one-day, 8-hour classroom seminar, with 4 hours of home study.

Speakers **David Kizer** (AMA impairment rating and report writing consultant, **Dana Livingstone-Lopez** (Work Comp & report writing consultant and DWC Certified Education Provider) and **Sherry German** (AMA impairment rating and report writing consultant) will discuss the following:

- ❖ Report writing requirements for work comp evaluating and treating physicians (templates, charts and articles will be provided for physicians to use in their practice and/or to study for the QME exam in April 2008). Through the course of the day, a medical legal report is dissected with explanations of the requirements and "how-to" sections, sample reports and writing
- ❖ Rating tips for both pre-AMA guides (PDRS) and AMA guides, 5<sup>th</sup> edition (and when they apply)
- ❖ Apportionment (new labor code sections and recent case law)
- ❖ The new QME system post SB-899 and important new case law since SB899

For complete details, go to [www.cans1.org](http://www.cans1.org) for registration forms.

were made that adopting (Senate Bill) 899 and the ACOEM guidelines would expedite medical treatment and lead to quality medical care. Instead, these biased guidelines are being used to deny and reduce needed medical care.” said the CAAA. That plus the general limit of the applicability of the ACOEM guidelines to the first 6 months following injury may make those guidelines less pertinent than other more comprehensive guidelines. *Amazon.com* may wish to not agree to carry too heavy an inventory of the anticipated revised ACOEM guidelines, at least for sale in California. ❖

## AANS Scores for Old Docs

Lifetime membership in the AANS comes by request after 30 years of being an Active member or upon complete retirement from the operative practice of neurosurgery. Annual dues and registration for the annual meeting are markedly reduced and meeting attendance is no longer required. A Lifetime member continues to have a vote in the Association’s elections and can serve on committees but cannot hold office. Until now, as part of the reduced annual dues, a Lifetime member also ceased to receive the three AANS Journals (Neurosurgery, Spine and Pediatrics) unless the Lifetime member chose to pay \$250/year, which about 12% of the 1600+ Lifetime members did. Recently, John Jane Sr., M.D., the long serving editor of the Journals, and the AANS Board decided to make those Journals complimentary to the Lifetime subscribers, among whom this writer counts himself. Kudos for such a decision which supports the concept that age is not a synonym for brain rot and that when one sheathes the scalpel all interest in operative approaches, successes and failures is not replaced by a golf or watercolor gene. Even better, if a Lifetime member who has not been paying for the Journals contacts Jeanine Janzen at the AANS office, a free subscription will be forthcoming. Her e-mail is [jmj@aans.org](mailto:jmj@aans.org) and her direct phone number is 847-378-0539. ❖

## Neurosurgical Work Force in California

According to the Medical Board of California (MBC), there are 514 board certified neurosurgeons licensed to practice in California. Adding the few who are not boarded but do practice neurosurgery (the privilege to practice neurosurgery is awarded by the hospital, not the state) and subtracting what this writer estimates is at least 100 who maintain their license but are no longer practicing, leaves us with about 400 California neurosurgeons to do the job which works out to one neurosurgeon for every 75K California citizens and less than one neurosurgeon for every emergency room in the state. Little wonder there are ED coverage stipends and lack of neurosurgical on-call coverage at some hospitals. Interestingly, the 514 boarded surgeons reported 25 malpractice case settlements (settlement = more than 29K paid out) in the last MBC fiscal year which isn’t that great but isn’t super either- unless you were one of the 25. Maybe there is hope for our profession after all. ❖

## Informed Consent in Training Institutions

The Feds have released a 2007 guideline for operative consents when a resident will be involved in a procedure. They require informing the patient that (1) A resident will probably perform portions of the operation, (2) The resident who participates will be decided at the time of surgery, (3) Exactly what the resident will do will depend upon that resident’s skill set and the patient’s condition, (4) The resident will be under the supervision of the teaching physician and (5) Based upon the level of competence of the resident, the teaching physician may not be in the operating room for some or all of the tasks the resident performs. Some of our professional organizations have raised some objections or the need for clarification of these guidelines but unless and until modifications are published by the Feds, the points noted above are in force. One wonders if those who use PAs and NPs and surgical technicians in the OR to do such things as assist and perform wound closure might be wise to mention that in the operative permit. ❖

## Socioeconomics– only from CANS

CANS remains committed to presenting topics of socioeconomic importance to its members. We encourage you to support your state organization by coming to its **Annual Meeting January 19-20, 2008 in Anaheim**. On the agenda - Dr. Robert Harbaugh who will speak about pay-for-performance; Stephen Kinney, a public opinion strategist, who will discuss changing attitudes toward health care; Senator Alex Padilla and Assembly Member Hector De La Torre will present updates on the state of Health Care in California. Negotiations are still under way for Senator John Barrasso of Wyoming to participate. The chairs of the nine neurosurgical medical schools will participate in a roundtable discussion about topics such as adequacy or inadequacy of resident training, how programs have been adapted to the 80-hour workweek, future directions and what is unique about their respective programs. ❖

## Annual Meeting EXHIBITORS

The following companies will be represented at the Annual Meeting and will participate in the exhibitor/physician luncheon on Saturday, January 19, 2008. Please stop by the tables and drop your business card with those participating in raffles; prizes will be given out during the afternoon session.

### COMPANY

Aloka Ultrasound  
 Anulex Technologies  
 Continuity Care Home Nurses  
 IMRIS  
 MGI Pharma  
 Premier Physicians Insurance Services  
 Prime Clinical Systems, Inc.  
 RGI Insurance Services  
 Synergy Medical Corp  
 Synthes  
 Varian Medical Systems

### PRODUCT

ultrasound equipment  
 tissue repair  
 home health care  
 surgical imaging  
 Gliadel  
 liability Insurance  
 electronic medical records  
 professional insurance  
 neuro instruments  
 instruments and implants  
 stereotactic radiosurgery



There is still space available for exhibitors...go to [www.cans1.org](http://www.cans1.org) to download exhibitor agreement form. ❖

## Neurosurgical Positions Available/Wanted

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 one time posting in this newsletter. Submit your text to me by E-mail ([rws-avopro@sbcglobal.net](mailto:rws-avopro@sbcglobal.net)) or fax (858 683-2022).

## Medsoftware

*Extra-Strength Stress Relief Since 1990*

**Real people answer our phones.**

**800.444.4570 / 916.797.2363**

[www.medsoftware.com](http://www.medsoftware.com)

[info@medsoftware.com](mailto:info@medsoftware.com)

Questions or comments can be sent to the editor, Randall W. Smith, M.D., at [rws-avopro@sbcglobal.net](mailto:rws-avopro@sbcglobal.net) or to the CANS office at [janinetash@sbcglobal.net](mailto:janinetash@sbcglobal.net). Past issues of the monthly newsletter are available on the CANS website at [www.cans1.org](http://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](mailto: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](http://www.cans1.org)

### Editorial Committee:

Randall W. Smith, M.D. Editor  
 Patrick J. Wade, M.D., President  
 Editorial Assistant: Janine M. Tash