



CANS

NEWSLETTER

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CALIFORNIA ASSOCIATION OF NEUROLOGICAL SURGEONS, INC.

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President's Message

Patrick J. Wade, M.D.

By now I am sure you have all noticed, where is Health Care reform? What Health Care reform? It is just not going to happen anytime soon. The lack of leadership in the legislature and the Governor seems to be showing badly. No agreement on who is covered, for how much care and to be paid by whom. The financing proposed would require a vote of the people and that seems to be where it is headed. When there are well over fifty potential initiatives on the upcoming ballots one can only know the legislature failed in its duties and flipped it to the voters to do their job.

We are very fortunate in having knowledgeable leaders of our legislature join us at our annual meeting in January to explain how complex the competing interests are and why no agreement came forward. Be present and you will have insights into what is happening that will affect your future.

The CMA House of Delegates just concluded. We were able to convince CMA to try and correct problems with peer review including the Lumetra study. Eliminating "sham" reviews that are financially based, eliminating unfair rules that make our lives miserable. Restoring the role of Medical staffs when an administrator tries to boot out a good Hospital based Doctor or group. And despite the wishes of some of our liberal colleagues we will not advocate or be neutral on euthanasia or single payer. We will as a Medical Society remain opposed. CMA is our voice to greater Medicine. Don Prolo and I are your current representatives. We even get the help of Phil Lippe who is there as the Pain Medicine Doctor. There are also other colleagues in other delegations too. This is one way CANS serves its members by bringing our concerns to a stronger voice at the CMA and the AMA.

Balance billing maintained strong support in the house of Medicine despite some forces at the California Association of Physicians Groups (CAPG). They were recommended for sanctions because of some of the remarks CAPG representatives made on 24 October at a meeting in Burbank. They allegedly accused other Doctors of being like "terrorists" for not accepting the poor pay they offer to non-contracted Doctors who come in to ERs to care for their CAPG subscribers.

Be sure to join us the weekend of January 19th 2008 for our Annual CANS meeting @ Disney's Grand Californian. ❖



DISNEY DISCOUNT TICKETS

If you register for the CANS Annual Meeting January 19-20, 2008, you can purchase specially-priced tickets in advance to **Disneyland® Park** or **Disney's California Adventure® Park** (including Disney **PARK HOPPER®** where you can attend both parks using the same ticket). Also available is the *Twilight Convention Ticket* which is an ideal option for after meetings; admission is valid for one visit to either park after 4:00pm or 4 hours before park closing, whichever is earlier, since park hours are subject to change. The order CUT-OFF for shipment is January 4, 2008. Your tickets will be shipped via express FED-EX 3-day mail on January 9, 2008. Payment will include a shipping and handling charge of \$10.95. Special pricing is available ONLY with your advance, pre-arrival purchase. Box office tickets will be available at the **Disneyland®** Resort Main Gate Ticket Booth at REGULAR prices. ❖

See page 5 for more information.

Inside this issue:

- Feds Bless ER Stipends - page 2**
- Doc Revenue Tax Dead - page 2**
- Work Comp Changes - page 3**
- Health Grades and You (Part 2) - page 3**
- Medicare CAC Meeting - page 4**
- Annual Meeting - page 5**
- CANS 2008 Nominations - page 6**
- Neurosurgical Position Available - page 6**

Feds Bless ED Stipends—Mostly

Randall W. Smith, M.D., Editor

An Advisory Opinion was recently issued by the HHS Office of Inspector General (OIG) regarding hospital payments to physicians for providing emergency department on-call coverage. The opinion acknowledged that hospitals are increasingly paying physicians for on-call coverage and that HHS is mindful that “legitimate reasons exist” for such arrangements, such as compliance with the 1986 Emergency Medical Treatment and Active Labor Act or regional scarcity of physicians. But it also states that “on-call coverage compensation potentially creates considerable risk that physicians may demand such compensation as a condition of doing business at a hospital.”

The opinion was in response to one medical center’s request for a legal review of its program, which will not be penalized because they structured their arrangement properly. The key points in the facility’s favor were: that it had an outside consultant determine what was fair market value; physicians were paid equally regardless of the number of patient referrals they brought to the medical center; there was a demonstrated need to provide compensation in order to obtain physician services; it was demonstrated a service was actually being provided; and it was demonstrated that the community is better off because of the arrangement.

Bill Caton, M.D., CANS First Vice President, is preparing an address he will deliver at the annual meeting in January regarding a personal survey he conducted over the past year with the assistance of the CANS Board of Directors regarding neurosurgical ED stipends in California. So far he has noted considerable variability in the amount of such stipends as well as just what is covered (all patients; just trauma patients; pediatric patients) and what kind of help is provided (hospital PAs doing initial consult, helping with follow-up). He initially notes that compensation varies from as little as \$500/24 hours at non-trauma hospitals to as much as \$4000/24 hours in a rare instance or two. ED coverage stipends tend to be higher in Northern California and about the best he has heard of in Southern California is at a private level 2 trauma center which is providing \$2500/24 hours with a guarantee of 95% of Medicare rates for ED/trauma patients with no insurance or MediCal. He further notes that the 8 private hospital trauma centers in Los Angeles County are being covered by 21 neurosurgeons whose average age is 60 so that generous ED coverage stipends are not a nest liner for him and his 20 colleagues but are crucial to recruiting new neurosurgeons to the county. Dr. Caton’s detailed report will be of some interest in January (*read: attend the annual meeting*).

One aspect of the OIG’s ruling included requiring the stipend-receiving doc to provide some uncompensated care as part of the coverage agreement, presumably because the hospital was non-profit and is supposed to provide some uncompensated care in return for the governmental tax break non-profits enjoy. Just how that part of the ruling affects the all patient payment guarantee in the hospital arrangement noted above is not totally clear but could raise a red flag if a complaint is filed with the Feds. ❖

Doc Revenue Tax Dead

Randall W. Smith, M.D.

As you probably already know, the Governor’s present health plan overhaul proposal no longer contains the 2% tax on physician gross revenues and the Democratic proposals never did. Interestingly the hospitals volunteered to be taxed to help support any plan. One presumes they detected that more universal coverage would translate into better collections which would cover their new tax and then some. That was the same argument made about the doc tax but it was certainly less clear that more patients with insurance would have translated into a true benefit since there was anything but a guarantee that Medical rates would have been raised significantly. Having more patients with MediCal, the payments from which are a loss leader in the average neurosurgical practice, didn’t compute as a real benefit for us unless one did a lot of ED coverage where any kind of patient insurance was a positive. ❖

Other News from the Editor

Randall W. Smith, M.D.

Work Comp Changes in the Wind

An amended AB 1073 by Pedro Nava, D-Santa Barbara, was signed by Governor Schwarzenegger that lifts the 24-visit cap on chiropractic and physical therapy treatment for post-surgical patients and gives the Division of Workers' Compensation authority to impose limits through its medical treatment guidelines. The Work Comp Medical Advisory Committee (MEC) is fleshing out the additional treatment guidelines and the neurosurgical representative on this committee, Dr. Praveen Mummaneni, has asked for CANS input on this issue. There is MEC support for 6 weeks of post-surgical therapy. CANS input was more supportive of a flexible approach individualized to each patient and determined by the individual surgeon. Dr. Mummaneni personally likes the flexibility approach, but he believes that the MEC goal is for standardization and counsels approval for something like the 6 week period with the individual surgeon using less if desired but only having to file an additional request if more than 6 weeks are needed.

The committee is also looking at discography presumably as part of their task of coming up with new guidelines for the treatment of back pain. The ODG guidelines (said guidelines on treatment of chronic pain generally adopted by the committee and apparently the template upon which all the committee's future deliberations will concentrate) do not include discography in their recommended procedures and Dr. Mummaneni has gotten CANS Board input on this issue to hopefully incorporate in his opinion about this procedure. One hopes he will continue to get CANS input on the back pain treatment guidelines deliberations of the committee which Dr. Mummaneni feels is the battle upon which we/he should concentrate our efforts. ❖

Healthgrades and You; Part 2

Last month this newsletter reported how some of the health care grading systems planned by some insurance carriers have been or are being resisted by docs and states' Attorneys General. Now comes an opinion from the George Washington University School of Public Health and Health Services (GW) and the Robert Wood Johnson Foundation (RWJF) that such physician ranking systems can withstand legal scrutiny.

"Classifying doctors based on the quality and efficiency of their services is legal, and so is publishing information regarding health care quality," lead author Sara Rosenbaum, Hirsh Professor of Health Law and Policy and chair of the Department of Health Policy at the GW School of Public Health and Health Services, said in an Oct. 9 press release. "It is undertaking these efforts in the dark that can lead to a legal backlash."

Dr. Michael W. Painter, RWJF senior program officer, underlined the importance of the study's conclusions. "Physician rankings are a critical component of the broader movement to measure and publicly report on physician and hospital performance to help improve the quality and value of health care Americans receive," he said.

The analysis further notes that transparent standards, a transparent development process in setting tiers and assigning individual physicians to tiers (read: physician input in setting the standards), and a clear and accessible process for identifying and correcting errors that arise in tiering process, should ensure the legal soundness of these systems.

One can anticipate that these grades are coming, we will be graded and we will need to participate in setting the items upon which we will be graded and assuring that such items are indeed pertinent to our provision of quality care.

Speaking of grades, insurer WellPoint is teaming with Zagat Survey to let patients rate their doctors. Instead of the four categories Zagat uses for restaurants, the ratings guide will consider trust, communication, availability and office environment when rating the doctors. Apparently, when such rankings are made based upon patient input, the process is totally legal. Oh, joy! ❖

Contract Advisory Committee (CAC) Meeting Highlights

Philipp M. Lippe, M.D.

On October 17, 2007 I attended the CAC Meeting held at the Sheraton Four Points Hotel at LAX representing CANS.

Welcome – Richard Wright, MD

Minutes were approved. In response to a previous request by CMA (to make CAC Minutes Public) a new policy was adopted. Draft minutes will be made available to CAC members on the web site 2 weeks following a CAC meeting. Members can then make them available to respective organizations. A new Medical Director of Region IX (Elizabeth Donohoe, MD) has been appointed to replace Barry Straub, MD. She can be reached at 415-744-3631.

MAC Districts contracts, which combine Part A and Part B Contractors, are being gradually announced. The California District, which includes Hawaii and Nevada, probably will be announced by the end of the year. This may very well have a major impact on Medical professional relations and CMS, particularly if NHIC is not awarded the contract.

NHIC Policies – Bruce Quinn, MD, Medical Director

Five LCDs were discussed and adopted (as amended):

1. Percutaneous Coronary Intervention (PCI). This would limit PCI in patients with asymptomatic ischemia or Class I or II angina to: a) Failed medical management; b) Moderate to severe risk criteria on noninvasive testing. The cardiologist represented a consensus that the LCD was too narrowly constructed and needed to be expanded to include patients with severe CAD without angina. There seemed to be general agreement. Comments will follow.

2. Celiac and Related Disease. New molecular tests were deemed not yet “reasonable and necessary.” The gastroenterologists felt this was appropriate.

3. Outpatient Polysomnography. Major abuse has been demonstrated in Southern CA. The LCD will require AASM (American Academy of Sleep Medicine) accreditation for IDTF.

4. Intra-operative Neurophysiological Testing. There was considerable discussion led by the neurologist about whether or not the LCD should restrict monitoring to a 1:1 basis or allow the neurophysiologist to monitor multiple patients electronically by telemetry. There was also discussion about whether the monitorist should be in the same building or could be located elsewhere and how far away. Marc Nuwer, MD (speaking for the neurophysiologist) proposed that the practice, which had become the de facto standard over the years, be maintained, especially since the CPT Codes and RUC reimbursement policies had been predicated on this model. The standard would allow neurophysiologists to monitor up to 3 patients (no more) at remote facilities provided they are in communication with the technician in the operating room and available for real time consultation. Further, it was agreed that surgeons may not bill for this service, but also would not be expected to pay the monitorist, as that would be construed as fee-splitting. The technicians are paid by the hospital. There was consensus about this proposal. The ACN will submit a formal commentary within the required deadline. I expressed confidence that CANS would support these comment, which seems very reasonable and necessary for good patient care.

5. Anorectal Manometry. This LCD is intended to reduce what had become a “fraud epidemic” in 2007 characterized by “phantom care.” It mandates a History and Physical Examination for each patient.

Michelle Kelly – Educational Outreach

NPI issues remain a point of concern and confusion. For assistance call 877-527-6613 or go to www.NPPES.CMS.HHS.gov. As of January 1, 2008 claims without a NPI will be rejected.

Premiums for Part B will be increased 5% and for the first time will be based on annual income – ranging from \$96.40 to \$238.40 per month. The deductible will be \$135.00 for 2008. Fee Schedules will become available on the web site and also will be distributed on a CD by mid-November.

Alina Jimenez – CERT Coordinator

The November rate was 3.6%. Errors due to: Incorrect coding of E/M services; insufficient documentation; services billed and not rendered. Physical therapy requires: plan of care; initial evaluation; treatment log; certification/ recertification signed by a physician.

Edward Lukawski, MD – Lumetra

Current emphasis on several programs: breast cancer screening; diabetic eye screening; programs; diabetic education brochures; transition programs between SNF – Hospital – Home.

The next meeting is scheduled for January 16, 2008 in Oakland. ❖

If you would like to receive any of the handouts (including the Local Coverage Determinations/ LCDs) from this meeting, contact the CANS office.

CANS Annual Meeting

Disney's Grand Californian® Hotel & Spa, Anaheim, CA

January 18-20, 2008

“NEUROSURGEONS IN ECONOMIC FANTASYLAND”

Meeting and hotel registration for the CANS Annual Meeting (January 19-20, 2008) is available at <http://cans1.org/AnlMtg2008/AnlMtg2008intro.htm>. Saturday's socioeconomic session is titled **Health Care Today- Doctors, Patients and Politicians, Unions and Big Business...Who Pays and Who Suffers?** Speakers include Dr. Robert Harbaugh who will speak about pay-for-performance and Stephen Kinney, a public opinion strategist, who will discuss changing attitudes toward health care. Legislators on the agenda will Senator Alex Padilla and Hector De La Torre who will present updates on the state of Health Care in California.

On Saturday afternoon, the chairs of the nine neurosurgical medical schools will participate in a roundtable discussion about topics such as adequacy or inadequacy of resident training; the effectiveness of the hospitalists who are being used in some locations; how have programs been adapted to the 80-hour workweek; patient transfers; new procedures; future directions.



*Assembly Member
Hector De La Torre*

Sunday will feature a 12-hour **Disability Evaluation Report Writing** course (8 hours classroom seminar and 4 hours of home study) for pre-QME qualification and for current QME continuing education credit.

Attendees at Saturday evening's banquet in the hotel will be entertained by **magician Carl Wilson**. Children are welcome to attend the banquet.

There are two shuttle services available and from the hotel and the resort:

(1) The **Disneyland® Resort Express** (operated by Gray Line) is an exclusive non-stop service to the Disneyland Resort from LAX and Orange County Airports that operates continuously throughout the day, 7 days a week. Reservations are not required, but you can book on-line 48 hours in advance (Gray Line cannot guarantee that your order will be processed and fulfilled if you book with less advance). From LAX one-way is \$19/adult and \$16/child; round trip is \$28/adult and \$20/child. From Orange County (John Wayne Airport) one-way is \$14/adult; \$12/child; round trip is \$24/adult; \$16/child. Call 800 828-6699 or book on-line (http://graylineanaheim.com/airport_info.cfm) and save \$3.

(2) **SuperShuttle offers discounted rates from LAX at \$14/per person** and from Orange County (John Wayne Airport) at \$9/per person. A reservation is not necessary, however, making reservations in advance will avoid the time and hassle of paying while boarding the van. Call 800 258-3826 or book on-line for discounts at <http://www.supershuttle.com/default.aspx?GC=Q62YJ>.

And remember, Monday is a holiday (honoring Martin Luther King) so you can enjoy **Disneyland® Park** or **Disney's California Adventure® Park** after the meetings. From the hotel, there is convenient access to both of these attractions. The entrance to **Disney's California Adventure® Park** is located just behind the hotel's pool area and the entrance to **Disneyland® Park** is a very short stroll through the Downtown Disney District which connects directly to the hotel. ❖



*Senator
Alex Padilla*

Go to <http://conventionquest.com/cans> for discounted 2008 ticket prices.

CANS Nominations Deadline Extended

Moustapha Abou-Samra, M.D., President-Elect and Chair, Nominating Committee

Nominations for the various positions to be filled for 2008 on the CANS Board of Directors were due by October 25 and very few have been returned. Due to the extensive fire damages in the south and realizing that many of you have been affected by this catastrophe, I would like to extend the deadline to next Tuesday, November 6. Please review Board roster below for openings (consider only positions in **bold italic font marked by an asterisk***) and submit names to janinetash@sbcglobal.net as soon as possible.

Moustapha Abou-Samra, MD , *President-elect (term expires Jan 2008; will assume presidency)

William Caton III, MD *1st Vice President (term expires Jan 2008)

Kenneth Ott, MD *2nd Vice President (term expires Jan 2008)

Michael Robbins, MD Treasurer (term expires Jan 2009)

Marc A. Vanefsky, MD *Secretary (term expires Jan 2008)

Austin R. T. Colohan, MD Director-South (term expires Jan 2010)

Deborah C. Henry, MD Director-South (term expires Jan 2009)

J. Patrick Johnson, MD *Director-So (term expires Jan 2008; can be re-elected)

Theodore Kaczmar Jr., MD, Director-North (term expires Jan 2009)

Bruce McCormack, MD Director-North (term expires Jan 2010)

Haig Minassian, MD Director-So (term expires Jan 2010)

Kimberly Page, MD *Director-North (term expires Jan 2008; can be re-elected)

Nominating Committee (all 4 can be re-elected):

****John T. Bonner, MD, *Kenneth Ott, MD, *Michael Robbins, MD, * Jose Rodriguez, MD***

* Nominations are also being accepted for the Pevehouse and Ablin Awards; if you have misplaced your nomination forms, please contact janinetash@sbcglobal.net. ❖

Neurosurgical Position Available

Board Certified/Eligible Neurosurgeon needed to join busy private neurosurgical practice and trauma center in Northern California. FT or PT position will be considered for qualified individual. Competitive salary, bonus and benefits. Please fax or email resume to: 916/773-8702 or laura@snamg.com ❖

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) or fax (858 683-2022).

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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.*

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