



CANS

NEWSLETTER

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CALIFORNIA ASSOCIATION OF NEUROLOGICAL SURGEONS, INC.

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President's Message

Patrick J. Wade, M.D.

The Governor has called a special session of the California Legislature to try and formulate a Health Plan all can agree on and try to do something about California's water problem. The smelt obviously are more important than people.

As you probably know by now, the Hospital Association has agreed to a 4 % "Tax." The big problem of course is money. Who will pay? There is some support for an increase in the sales tax. The burden proposed by the Democrats to saddle business with a 7+% per worker cost was vetoed by the Governor. There are certainly not enough votes to over ride him. Personal responsibility is not dead yet either.

Have to pay for Health Insurance to stay in California? What about the poor, downtrodden and their fellow travelers the illegal aliens. Everyone receives healthcare. There are only a few who Pay for it.

Two Assembly members spoke with me this week. Both are Democrats. They realize access to care for trauma and specialty services in parts of California, is non existent.

They also recognize the poor reimbursement for services here and the high debt Medical Students have when they graduate. Many California Medical School graduates are leaving the state. It is just too expensive to live and work here. I have suggested a grant program for California Medical graduates if they practice not just in rural areas but anywhere in the state. We'll see.

Dean Chalios has left CalPac after 16 years to work for the Dentists. David Pruitt from LACMA will replace him. Dave is a good man and capable.

I am sure you are well aware too of the falling domino effect of the MLK closure in Los Angeles County. This could get ugly with ER closures and even Hospitals going under.

Hope to see you all in January at the Annual Meeting. It should be a fun get away from the toil and trouble.❖

Feds Giveth (a little) and Taketh (a little more)

Randall W. Smith, M.D., Editor

The Washington Committee of the AANS/CNS reported at the CSNS meeting in San Diego that the U.S. House of Representatives has passed the Champ Act of 2007 (supported by the AMA) which, along with increasing the Children's Health Insurance Program (CHIP) eligibility, would replace the scheduled 10% cut in Medicare physician fees in 2008 with a 0.5% increase in 2008 and 2009. It also removes funding for the Physicians Quality Reporting Initiative (PQRI) program. Is there a catch? Yes, indeed. The Act would create a new oversight mechanism for CPT code utilization and prohibit any new specialty hospitals funded by docs and would require those specialty hospitals already in existence to reduce their doc ownership to 40%. The sucking sound you just heard is the private equity funding for such hospitals

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drying up. Everything is on hold pending Senate action. The President has threatened a veto because of the CHIP issue.

Speaking of the PQRI, the Washington Committee also estimated that a neurosurgeon or group thereof would most likely only receive about \$1000 per surgeon with participation in this program and also estimated it would likely cost more than \$1000 per surgeon to actually gather and report the data that the program requires. They also reported that a Voluntary Medicare Quality Reporting Act of 2007 has been introduced that would halt the PQRI initiative as of 1/1/2008, allow for a thorough analysis of the 2007 reporting data, delay any further offering of a PGRI program until 2010 and have docs decide what will be considered quality measures. ❖

More News from the CSNS

Randall W. Smith, M.D.

Acute Care Surgeon Floundering

Dr. Dominic Esposito, the American College of Surgeons (ACS) liaison to the CSNS, reported that the American Association for the Surgery of Trauma (AAST) is not having much luck getting its concept of the Acute Care Surgeon accepted. This type of surgeon, as proposed, would have additional training in neurosurgery and orthopedics plus some other disciplines so that these specialists could do things like place ICP monitors and remove simple extra-cerebral hematomas. There appears to be no support in the ACS for this concept even among non-trauma general surgeons and the application of the AAST to the Residency Review Committee to establish this new specialty is not receiving much of a welcome either. One hopes the concept will die for lack of peer acceptance and not end up with lawsuits by the AAST against Neurosurgery because no neurosurgery training program will actually teach the new specialty fellows the techniques (presuming no program would). ❖

Healthgrades and You

A report by Alan Scarrow, M.D., J.D. at the CSNS meeting in San Diego indicated that a neurosurgeon would have a tough time bringing a libel suit against an insurer who he/she feels posted inaccurate or inappropriate information about them in a healthgrades publication. It appears that libel has to include proof that a reasonable person would not have made such statements and that harm occurred to the complaining neurosurgeon. He counseled not to pursue such expensive actions alone but rather attempt to get state medical societies to pursue such suits. He noted that the Washington State Medical Society successfully prevented Regence BlueShield, a powerful state insurer, from posting its healthgrades without input from the Society as to criteria. It appears that Regency's quality grades were based on claims data only which was considered libelous. The settlement included informing each doc of his/her healthgrade to be posted and allowing an appeal mechanism. ❖

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) or fax (858 683-2022).



Executive Office Report

Janine Tash

The registration material for the CANS Annual Meeting (January 19-20, 2008) is now available on the CANS website (www.cans1.org). Please note that the hotel room reservation form should be returned directly to the hotel (fax to 714 520-6011) and the meeting registration form can be mailed or sent by fax (916 457-8202) to the CANS office.

Saturday's socioeconomic session is titled **Health Care Today- Doctors, Patients and Politicians, Unions and Big Business...Who Pays and Who Suffers?** Also presenting on Saturday will be the chairmen of the neurosurgical training centers in California.

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.

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. Discounted ticket prices will be available after December 1, 2008. The link to the 2008 process will be included in the November newsletter. ❖

Malpractice Deal for CANS

Randall W. Smith, M.D.

The CANS Board of Directors has approved marketing of a malpractice insurance offer from the Cooperative of American Physicians (CAP) to all CANS members. CAP is a California only mutual protective trust that 50% or so of our members already have. CAP has been around since 1975, is governed by a Board of Directors who are all docs, has over 9,000 members and has an A+ rating from A.M. Best. Their rates are very competitive, usually the lowest in CA, and they offer a discount of up to 20% for a good claims history (basic definition: 10 years or more in practice and less than 30K spent on claims—about 50% of those who join qualify for some discount). Integrated neurosurgical groups receive special underwriting (translation: a 4-person group one member of which has a mediocre claims history might still be accepted and any discount is calculated on overall group claims history).

They retain the law firm of Schmid & Voiles in Los Angeles, Orange, San Diego, San Jose and Sacramento counties and outsource to other firms in other cities (70% outsourced; 30% S&V). They don't use the managed care model for legal work and strongly encourage but do not mandate patient arbitration agreements. They are pretty selective accepting only 75% of those who apply, close 84% of claims with no payment and have a good nose/tail policy. As a mutual protective trust they can assess members for additional contributions after a particularly bad underwriting year but have only done so twice back in the 1980s and now have adequate re-insurance to basically guarantee that won't ever again be necessary.

So why is CANS fronting for this organization? Because of their solid history, low rates and that as a CANS member, if you qualify for a good claims history discount and 5 or more CANS members sign up, you get an additional 3% discount because you are a CANS member. CANS also receives an unrestricted educational grant equal to 2% of all premiums paid by CANS CAP members which would be welcome considering our annual meeting tends to run a deficit. The punch line: if you have an unhappy claims history you have nothing to lose by applying but could well be rejected; if you have a so-so claims history you may well be accepted but get no discount until you have been on-board for some years; if you have a good claims history you are likely to be accepted and get a usual discount plus a 3% kicker as a CANS member. ❖

CSNS Resolutions Adopted

Randall W. Smith, M.D.

At the meeting of the Council of State Neurosurgical Societies in San Diego on September 14-15, the following resolutions were adopted or referred to committee.

Resolution I Core Socioeconomic Curriculum—**Adopted**. 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—**Adopted**. 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—**Adopted**. Proposes to create a resource (workbook) for neurosurgeons to assist in creating models of regionalization and infrastructure in Neurosurgical Emergency Care.

Resolution IV Creation of Medical Malpractice Database—**Referred to Medico-Legal Committee**. 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—**Adopted**. Proposes to have the CSNS work with the ABNS to survey recent residency graduates to obtain their opinion about their training and residency experience. ❖

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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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