



CANS

NEWSLETTER

California Association of Neurological Surgeons

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President's Message: Hope and Optimism

Moustapha Abou-Samra, M.D., F.I.C.S., F.A.C.S.

In my message last month, I encouraged you to vote; and vote, you certainly did!

In fact, you and our fellow citizens voted in record numbers. The election was historic, peaceful and orderly and we are witnessing and enjoying a real American ritual: the transition of power from a now lame-duck President to a young, energetic President-Elect, whose job no one envies.

In fact, the warm reception President-Elect Obama has received here and abroad from so many people will make it almost impossible for him to fulfill the hopes of each and all of us. I do want to wish him the best and I remain optimistic that with a message of Hope and Change, he will continue to energize the American people; I think he is capable of tapping into our collective can-do spirit, imagination and sunny optimism, qualities that have made America unique!

Health care remains my first concern here - though it goes without saying that stabilizing the markets and turning the economy around will have to happen first. We are told that the economic team being assembled is a first class team. Let's hope that they will soon institute some effective remedies, realizing that some may be bitter medicine!

I was hoping that President-Elect Obama would ask former Governor Howard Dean to help him usher the expected change in our health care system; Dean instituted some welcome changes in Vermont, he is a physician and has as good an understanding of our health care system as any.

However, I understand that the position of Secretary of Health and Human Services will go to Tom Daschle. I don't know much about Daschle, except for the following: he is from North Dakota, he was the Senate majority Leader for a while, he is a very partisan politician, he lost his last election, his wife is a successful Washington lobbyist and he has some kind of dealings with the Mayo Clinic. How much does he know about health care? I am not sure. I do know that he is a seasoned politician and a real Washington insider, and as such he maybe able to get things done.

We need someone who is capable of doing that, because, in my opinion, we need a complete overhaul of the health care system; any incremental change in a broken system is doomed to fail. Can it be done? Of course! Mr. Daschle will have to come to this job with an open mind and listen to a lot of people with conflicting interests, but must place the most stock in the opinion of those of us in the trenches: we render the care, we know the problems, we are dedicated to our patients and we are smart.

He must also study and learn from the California experience: our Governor's latest ambitious attempt failed, not because of opposition from physicians - we, in fact, indicated our willingness to play even though we were expected to pay that hated and unjust two percent tax - but because of various special interests whose primary focus is not patients' care!

I am certain that if President-Elect Obama asks us to make sacrifices so that our health care system is not only once again the envy of the world, but also is available to every American, we will make these difficult sacrifices without

Register now for the CANS Annual Meeting



January 16-18, 2009, Carmel, CA
Hotel deadline December 15 for group rate.

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any hesitation; we always have made sacrifices and risen to the occasion; we always put the interests of our patients ahead of our own. I hope that we can be confident that one of President-Elect Obama's objectives is to make sure that the medical profession thrives: our professional success is essential to the health of our nation.

We, physicians of America, and particularly our strong contingency from California should be ready to participate in the process that will lead to health care reform and all the changes that will undoubtedly take place. CANS as an organization has always had a leadership role, not only in American Neurosurgery, but also in California Medicine. I hope that each of you will stand ready to participate: if we are expected to play the game, we might as well be involved in designing it and in setting up the rules.

Meanwhile, I invite you to finalize your plans to attend our annual meeting in Carmel: it will be exciting and worth your while.

Happy Thanksgiving! ❖

Your practice net worth—to you and your community

Randall W. Smith, M.D., Editor

The Medical Group Management Association tells us that total operating costs for practice have risen 43% since 2001 (the CPI is up 24% over that time) while the Medicare conversion factor rose not at all. The most common punch line is that docs are taking home less money today than yesterday. Now most of us can probably avoid food stamps even with a 25% cut in income but maneuvers to get your overhead down is about what you can do if you are running about as fast as you can and can't increase your billable Relative Value Units. Joining the Neurosurgical Executive's Resource and Value Education Society (NERVES) is probably the cheapest way to learn if your overhead costs are as low as they can be (nervesadmin.com). Perhaps another avenue to a better bottom line is to get some help from those whom your practice supports. We all know that a neurosurgeon practicing in great majority at one hospital brings millions of dollars of billable income to that hospital and exploring some innovative options with the hospital could help in increasing income or lowering overhead. Assistance in recruitment of a new partner is often an activity your hospital is happy to provide.

Another avenue could be your local government. A front page article in the November 10th issue of AMA's American Medical News addressed the economic impact of your practice on the local economy. A study done in Kansas City found that its 4,500 mostly full time physicians employed 24,000 support folk, had an annual payroll of \$2.7 billion and paid \$202 million in taxes. The state of Georgia Medical Association did a study which revealed that Georgia's 18,500 docs supported 180,000 jobs, generated \$20 billion in economic activity and contributed \$1.2 billion to state government revenues and \$1.5 billion to local government. Each individual family practice doc in the USA has about a \$1 million economic impact in the local and state economy and one would guess a neurosurgeon's impact would be substantially greater. You could be missing out on small business loans, tax deferments, enterprise zones and other financial aids that local governments typically offer other businesses which may well contribute much less to the local economy. And if you get the cold shoulder from your hospital and local government, try letting them know you and your partners are considering moving your practice down the road a bit to another hospital and city eager to provide incentives and see if the local temperature doesn't warm up a bit. ❖

NEUROSURGEON WANTED

Board Certified/Eligible Neurosurgeon needed to join busy 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, www.snamg.com. ❖

More News from the Editor

DWC looking for new Executive Medical Director:

The California Division of Workers' Compensation announced Monday that it is seeking a new executive medical director to replace Dr. Anne Searcy, who has accepted a position with Zenith National Insurance Co. beginning next month. It is hard to imagine a neurosurgeon wanting this job but someone with experience doing work comp Qualified Medical Evaluations and some background in a medical directorship of a large group, hospital or insurance company might qualify. Dr. Searcy has been chairing the committee working on new low back treatment guidelines on which CANS' representative Praveen Mummaneni serves.

The executive medical director advises and assists the DWC administrative director in the formulation and analysis of policies related to provision of medical treatment and reimbursement for medical treatment, the DWC said in a press release. This includes the medical treatment utilization schedule, the official medical fee schedule, the physician fee schedule, medical provider networks, and certified health care organizations. The position also provides medical expertise and policy guidance to ensure medical services are provided to injured workers as required by law. The medical director also oversees the qualified medical evaluator (QME) program, including issuing QME panels to resolve medical treatment disputes. The medical director represents DWC at legislative hearings, meetings, conferences, and before other agencies and public organizations on issues related to medical and health issues in the workers' compensation system, as well as supervising physicians, attorneys, managers, investigators and other personnel in the DWC Medical Unit.

The medical director is appointed by the governor. A thorough background check is required. DWC is screening initial applicants and determining which should be interviewed. Interested candidates should send their resumes or curricula vitae to:

Dawn Bailey, executive secretary
Division of Workers' Compensation
Office of the Administrative Director
1515 Clay Street, 17th floor
Oakland CA 94612 ❖

PQRI and Electronic Prescribing for 2009:

The Centers for Medicare and Medicaid Services (CMS) has decided to continue its Physicians Quality Reporting Initiative (PQRI) for 2009 at a 2% bonus level for reporting on a selection of 153 quality measures plus add another 2% for those physicians who use electronic prescribing for about half of their Medicare patients. Presently, about 2% of all prescriptions written in the US are done electronically. It has been generally hard to turn an actual profit in the PQRI program to this point as heretofore the bonus level was 1.5%, but maybe this new PQRI bonus level plus the electronic prescribing carrot might be fiscally viable. Unfortunately, converting to electronic prescribing will probably costs thousands of dollars, particularly if the e-prescribing software has to be integrated with an electronic medical record. Some Web based e-prescribing companies, like DrFirst (www.drfirst.com) can be fairly economical but it will take a lot of uploading of patient demographics and medication lists and may or may not be compatible with your practice management software.

Of further note, in the CMS rules issued on October 30th, the feds indicated they would defer requiring practices that provide imaging services to register as independent diagnostic testing facilities and delay a plan to crack down on unnecessary use and self referral of imaging services. It is interesting that when docs try to maximize the profit of the small business we all run (particularly since our overhead costs have risen much faster than any increase in payment levels by the feds or insurance companies), the feds tend to treat us like we are gang members on parole. ❖

QUOTE OF THE MONTH:

If you think health care is expensive now, wait until you see what it costs when it's free!

-P.J. O'Rourke

Annual Meeting

Janine Tash

Register now for the CANS Annual Meeting to receive the contracted room rate which may not be available after December 15 depending on hotel's availability. The meeting will be held January 16-18, 2009 in Carmel, California. Please contact me at 916 457-2267 or janinetash@sbcglobal.net for more information or see registration attached. Some meeting highlights:

- Friday evening reception
- Two half-day socioeconomic sessions with topics such as Preparing Future Generations for Technical Fields, Neurosurgical Sub-specialties, Changes in Neurosurgical Education, Change as Applies to Individual Practices and Future Direction of CANS
- Luncheon speaker Thom Steinbeck
- Film: "Fighting for Life" by Terry Sanders
- Dinner at the Monterey Bay Aquarium
- Award Presentation to Dr. Ulrich Batzdorf
- National Steinbeck Center tour

REGISTERED EXHIBITORS

Aesculap, Inc.
Aloka Ultrasound
Anulex Technologies
Bayer Health Care
BrainLab
Bronze Sculptures for Medical Specialists
Elekta
IMRIS
KLS-Martin LP
Mizuho America, Inc.
Synthes

Contact CANS at 916 457-2267 or janinetash@sbcglobal.net to receive the exhibit registration material. ❖

University of California, San Francisco (UCSF) Neurosurgery Training Program

(Each month we plan to feature one of the California Neurosurgery residency programs. It is hoped these program highlights will acquaint our readers with our colleagues, how they are running their programs, their interests and some of their clinical research projects to which you might want to refer a patient. The programs will be presented in an order totally at the whim of the editor. This month: UCSF. –Ed.)

The UCSF program, under the direction of Mitchel S. Berger, MD, the Kathleen M. Plant Distinguished Professor and Chairman of the Department of Neurosurgery, has developed into a top ranked (U.S. News and World Report; NIH) neurosurgery department whose clinical and research interests are wide and deep. The department features four main areas of interest and expertise:

1) **Brain Tumor Program** – this unique and signature program includes an extensive neuro-oncology section, the California Center for Pituitary Disorders (Drs. Sandeep Kunwar and Manish Aghi) and special Meningioma (Dr. Mike McDermott) and minimally invasive Skull Base services. The Clinical Trials Unit puts 250 patients into neuro-oncological trials each year. Dr. Berger has pioneered the extensive use of intraoperative imaging and physiology in brain tumor treatment. Of particular note is the new Brain Tumor Research Center located at the UCSF Mission Bay campus site in downtown San Francisco. The 20,000 square foot Research Center, opening in February 2009, will house more than 20 investigators dedicated to brain tumor research and was made possible by a \$10 million donation by former San Francisco '49er football players Harris Barton and Ronnie Lott.

2) **Cerebrovascular Program** - this program is run by Dr. Michael Lawton, who operates on more than 170 aneurysm patients per year, and more than 50 AVM cases, in addition to a number of extracranial/intracranial bypasses, cavernous malformations, and dural fistulas. Dr. Lawton will soon be certified in interventional techniques to personally bring to bear the full spectrum of vascular surgical options to each lesion.

3) **Complex Spinal Disorders Program** – under the direction of Drs. Chris Ames, Praveen Mummaneni, and Dean Chou, this program performed 1200 complex procedures last year many of which were of the minimally invasive type. The program runs out of the Spine Center at UCSF, which is unique in that all patients are seen on one floor, which has imaging, Orthopedics, Physiatry and Pain Management.

4) **Movement Disorders and Functional Program** - Drs. Phil Starr and Paul Larson combined do more deep brain stimulation (DBS) implants than any other program in the country, i.e., well over 175 per year, in the Movement Disorders Center at UCSF. In addition, a very robust Northern California Epilepsy Center headed up by Drs. Nick Barbaro and Paul Garcia performs well over 75 surgical procedures per year for all different types of adult and pediatric epilepsy.

Extensive patient trials are available in the Brain Tumor Program and the Epilepsy and Movement Disorders Programs. Research protocols are also available for patients who have psychiatric disorders such as depression and obsessive-compulsive disorder, patients with stroke and ischemic disorders as well those with spinal axis tumors. The most direct avenue to refer a patient to the department is by calling 415-353-7500.

The UCSF program recruits three residents each year with plans to request a fourth resident in the near future as the clinical material and the annual 4,200 adult and pediatric (Childrens Hospital of Oakland) surgical cases should allow the addition of another trainee. The length of the residency is 6 years and has been complicated at UCSF by the 80-hour work week as it has in other programs. The main problem for neurosurgery residents is the “10-hour rule” which requires residents to be out of the hospital for a minimum of 10 hours after they leave the hospital. This causes many residents to leave important cases before the end of the case, thereby reducing their operative experience. One other aspect of the 80-hour rule is that the overall surgical volume per resident is lower than in the past but with UCSF surgical volume so high overall resident training has not been significantly impacted. Dr. Berger feels a 56-hour work week would be devastating but is unlikely to be mandated. He sees his biggest training program challenge as a lack of hospital beds but a new hospital planned for the UCSF Mission Bay campus should help that issue.

In the past 10 years the UCSF program has graduated 25 residents. Ten are currently in practice in California and 15 have moved to other states. Of the 10 residents in California, 6 are in academic and 4 are in private practice. Of the 15 who have moved away, 12 are in academics and 3 are in private practice. Thus, of the 25 recent graduates, 18/25 or 72% are in academic practice and 28% are in private practice.

The UCSF Neurosurgery Department Web site is <http://neurosurgery.medschool.ucsf.edu/index.html>.

The UCSF neurosurgical faculty:

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Shirley Stiver, MD, PhD
Peter Sun, MD
Philip R. Weinstein, MD

Neurosurgical Position

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). ❖

ATTN Vendors: CANS is now accepting newsletter ads. Please contact the executive office for complete price list and details.

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 Moustapha Abou-Samra, 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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