



## Co-operatives: Disaster in the Making

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

Organized neurosurgery, namely the AANS and CNS, has taken a definite stand on HR 3200, the only healthcare reform bill yet to be produced by Congress. Although CANS has generated its own commentary shared with legislators (see last month's newsletter for both the AANS and CANS positions), neither organization has addressed the proposal for healthcare cooperatives brought forth as an alternative to the public health insurance plan which is part of 3200. Group Health Plan in Seattle is held up as a paragon of virtue since it is a true co-op and in essence a non-profit and forming such co-ops all over the nation will bring down healthcare premiums and overall costs and create competition for those nasty overcharging Blues with their overpaid executives while not driving the Blues out of business which the public plan, in the minds of many, would do.

This writer has no insight into the beauty or beastliness of a public plan, but I do wonder about the ability of co-ops to generate much savings. Group Health, a half million patients strong after decades of fine tuning, does have the lowest premiums in the area but they are not so low as to take over the market. Group Health, which contracts with various hospitals and employs a lot of docs who are on salary (but a near third of their providers are outside contracted specialists), has had more than a 20% increase in premiums over the last few years. Many patients rebel at being forced to use their limited physician panel so that many patients still prefer the Blue's with their bigger panels but Group Health does a good job and does save some money as the mature organization it has become.

The co-ops envisioned by national legislators would be formed in various regions throughout the country so there would likely be hundreds of them. They would be starting from scratch, organized by amateurs (there is no pool of experienced medical co-op executives) and they would need to have about 500K patients enrolled to have any local clout with hospitals, docs and vendors. The Feds would underwrite the formation of the co-ops and when dozens and dozens approach insolvency (remember the IPAs of 10-20 years ago which nearly all imploded) without a radical increase in premiums, the Feds will have to bail them out. If you look at startup costs, bail out costs and the inevitable large premium increases (as the initial low premium levels based upon Pollyanna estimates turn out to be ridiculous), it is hard to realistically expect any overall cost reductions.

The public plan, modeled upon Medicare and using its in place structure and rules, probably is the only real way to reduce costs significantly and then only if it pays hospitals and doctors less and invokes rationing disguised as best scientific practices (no back surgery for you Mr. America since suffering with the pain for three years until it abates results in the same outcome as with an immediate surgery—and its pain free three years). Some choices for us all to contemplate! Maybe we should think about this a bit as there may be some better options. The healthcare system we now have, such as it is, is not about to drive the country off a cliff in the next year. Mr. President: Chill out. ❖

### INSIDE THIS ISSUE:

**Annual Meeting – page 2**

**Public TV: The English Surgeon – page 2**

**US Healthcare envy of the world—not – page 3**

**When you get RACked - page 3**

**It is what you didn't say that can hurt you – page 3**

**No fun in old age – page 4**

**Thought of the Month – page 4**

**Post free ad for neurosurgical associate – page 4**

**To advertise in this newsletter - page 5**

## Executive Office Report

Janine Tash

### ANNUAL MEETING (January 15-17, 2010 Disney's Grand Californian Hotel® & Spa in Anaheim, CA)

#### Program

Dr. Caton will present a timely program on health care reform that will include speakers such as Congressman Adam Schiff, Tom Campbell, Dr. Jack Lewin, Dr. Troy Tippet (AANS President). Other potential speakers still need to be confirmed. The program will last all day Saturday (lunch included with luncheon speaker to be determined) and there will be a half-day QME course on Sunday for neurosurgeons and other specialties.

#### Hotel

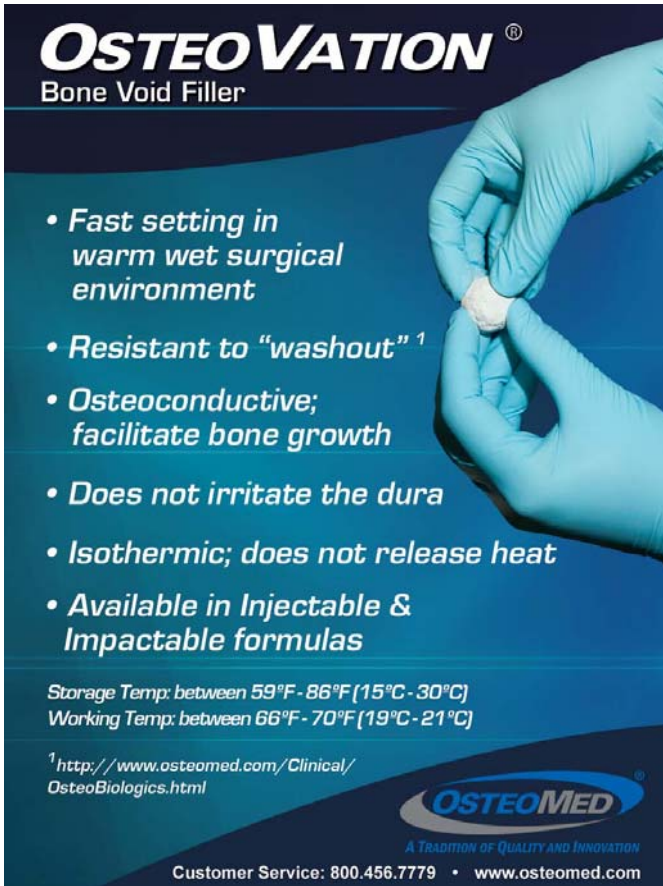
Room reservations can now be made by accessing this link <https://resweb.passkey.com/go/CANS> (which is the preferred method of making reservations) or by calling the hotel directly at 714 520-5005 Monday-Friday 8 am-5 pm. Contracted room rate is \$209 plus a \$12 resort fee to cover overnight self-parking of 2 vehicles with in/out privileges; unlimited local telephone calls; use of fitness center; and high-speed Internet access.

#### Disneyland

This is MLK weekend so plan to stay over and enjoy Disneyland. Note when making room reservations, the link to the discounted Disney ticket site is not yet available from the hotel but should be ready in a few weeks.

#### Exhibitors

Thanks to [Biomet Microfixation](#), [BrainLAB](#) and [PMT Corporation](#) for their early registration. To reserve a tabletop, contact [janinetash@sbcglobal.net](mailto:janinetash@sbcglobal.net) or log on to [www.cans1.org](http://www.cans1.org) for more information. ❖



**OSTEOVATION**®  
Bone Void Filler

- Fast setting in warm wet surgical environment
- Resistant to "washout"<sup>1</sup>
- Osteoconductive; facilitate bone growth
- Does not irritate the dura
- Isothermic; does not release heat
- Available in Injectable & Impactable formulas

Storage Temp: between 59°F - 86°F (15°C - 30°C)  
Working Temp: between 66°F - 70°F (19°C - 21°C)

<sup>1</sup><http://www.osteomed.com/Clinical/OsteoBiologics.html>

**OSTEOMED**®  
A TRADITION OF QUALITY AND INNOVATION

Customer Service: 800.456.7779 • [www.osteomed.com](http://www.osteomed.com)



### The English Surgeon

On September 8, PBS will broadcast the film "The English Surgeon," the story of acclaimed British neurosurgeon Henry Marsh, who has traveled to the Ukraine for 15 years to treat patients who have been left to die. It is a tense, heartbreaking and humorous account of one doctor's commitment to relieving suffering and of the emotional turmoil he undergoes in bringing hope to a desperate people.

You can watch the trailer here: <http://www.pbs.org/pov/englishsurgeon/>.

POV (a cinema term for "point of view") is television's longest-running showcase for independent non-fiction films. POV films are known for their intimacy, their unforgettable storytelling and their timeliness, putting a human face on contemporary social issues. ❖

## Tidbits from the Editor

### U.S. Healthcare envy of the world--not

A recent letter by Humphrey Taylor who is Chairman of the Harris Poll: “One phrase used by more than a few people in the debate on health care reform is that “our health care system is the envy of the world.” Which world is that? A recent Harris/Decima Poll in Canada, the country that probably knows our system the best, found a 10-to-1 majority who believe their system is better than ours. And Harris Polls in France and Britain found that most people there believe that their systems are “the envy of the world.” ❖

### When you get RACked

An outfit called HealthDataInsights, Inc. has been hired by the Feds to conduct RAC audits of California Medicare providers. A RAC audit (RAC stands for Recovery Audit Contractor) of your Medicare payments since October of 2007 may include a look-back on your billing history for three years. These audits, which are entirely random (just like those random pat-downs at the airport which are another pain in the behind) are designed to detect overcharging or undercharging (Oh, sure) in the Medicare system. If you are audited, HDI will request a bunch of patient records to match against your billing on those patients. If their team of coders, nurses and one doc determines you overbilled, they will extrapolate the overcharges to all your Medicare billings for the epoch involved and send you a bill which you can pay in full, pay by deductions from future Medicare billings or file an appeal. The minute they send you a bill, they get paid a contingency fee. They don't make a dime if your billings were accurate so one can guess what their bias is. They are kind enough to allow you to informally debate a bill with them but if your reasoning prevails, they have to return their contingency fee, and since they probably hate returning money already in the bank just as much as you do, you probably have a tough hill to climb.

So what is a CA neurosurgeon to do? First, hope you are not audited. Second, be very sure your consultation note has all the elements required of a complex consultation if that is what you billed. Docs with computer templates for consultations have it all over the rest of us here since using those templates you just dial in a few entries, push print and out comes a 4-page consult with a ROS long enough to qualify as the patient's biography and a physical exam worthy of a 3<sup>rd</sup> year medical student. Not that any of us would dry-lab an abdominal exam, estimate that the patient has a normal ear drum as long as they have an ear and can hear you or fake the anal wink test in a little old lady with carpal tunnel. It just comes down to the old rule that if it isn't written down, it didn't occur and the HDI police are very familiar with that rule. And with a federal public option health plan we will get a whole bunch more of this stuff. It is said the most frightening sentence in this country is “I am from the government and I am here to help.” I would submit that the most fearful is the first sentence on the letter you get from HDI announcing your audit. ❖

### One Surgeon. One Patient.

Over 1,000,000 times a year,  
Biomet products help one surgeon  
provide personalized care to one patient.

To learn more about Biomet Spine products,  
visit us online at [biometspine.com](http://biometspine.com) or  
contact us today at 800.526.2579.



### It is what you didn't say that can hurt you

A couple of court rulings recently have added another arrow to the plaintiff bar's quiver. Both a Maryland Court of

Appeals and the Wisconsin Supreme Court both found that if you don't document a discussion of the acceptable alternatives to your recommendations and following your recommendation the patient suffers an injury, you can be held liable for that injury if you didn't give the patient the acceptable alternatives to your recommendation and why you didn't chose one of the alternatives. One case involved a 32-week pregnant lady who had an abnormality on an ultrasound but the Ob-Gyn felt it was better to schedule an elective C-Section in a few weeks thus letting the fetus mature a bit more to avoid prematurity problems. Before then, however, the patient had a complete placental abruption, requiring an emergency procedure which was carried out appropriately. Her son was born with cerebral palsy. The doc was found liable for \$13 million because he didn't discuss the apparently equally acceptable option of an immediate C-Section even with its prematurity problems so she could make her choice of which of the two medically acceptable options she wanted. The Maryland court said "The law does not allow a physician to substitute his judgment for that of the patient."

Now, neurosurgeons will not get involved in an OB case, but we do have some similar situations. The case comes to mind of the neurologically normal gentleman with neck pain and some occasional bilateral thumb tingling who presents to your office with an MRI that shows normal lordosis and a posterior osteophytic bar at C5-6 that mildly narrows the foramina as well as the canal enough so that the bar contacts the ventral cord which is slightly flattened on the right but only a fairly thin CSF shadow is seen posterior to the cord. Now the recommendation to watch this along is acceptable but what you must document is a discussion about the risks of watching with the possibility of cord damage with a cervical flexion or extension trauma (auto accident, fall down stairs, etc.) and how another acceptable course, an ACD&F, would protect against that but at the cost and risk of the surgery as well as in the minds of some that wearing a stiff collar for the foreseeable future can result in clearance of symptoms and possibly MRI improvement. The noted court cases imply that just simply recommending the watchful course (I don't think this needs surgery, Mr. Jones; we will just observe for now. Come back to see me in a year or if your symptoms worsen.) isn't enough. Mr. Jones may be an avid bodysurfer and would want the ACD&F to protect himself. ❖

## No fun in old age

As a final bit this month on a lighter motif, we note that the American Geriatric Society has determined that anyone who has 2 alcoholic drinks a day is "at-risk" of becoming a binge drinker which is defined as 5 drinks "at a time." It is a little hard to know what "at a time" constitutes but one presumes it encompasses aperitifs, wine with dinner and any port or Irish coffee afterwards. This writer must admit to closely approach a binge when out to dinner with friends but it is somewhat irritating to have a beer with lunch, a G&T before dinner and a glass of wine with a good steak put me at some risk of becoming a lush. I don't think there are enough septuagenarians on the Board of the AGC. If there were, it would be clear that after 7 decades, a few good snorts are the least reward appropriate to having put up with ERs, all those patients and our kids. Besides, as we all know, two glasses of red wine a day reduces heart attacks, stroke and dementia and we live longer (if that is truly a good outcome). ❖

**THOUGHT OF THE MONTH:** For the last two months, this newsletter announced that there were a number of elected offices open for Board positions in the AANS and requested suggestions from CANS members for neurosurgeons to nominate for those positions. The response—zero. CANS will therefore not support anyone for an AANS elected position except former CANS president Moose Abou-Samra who asked for and got a CANS endorsement of his candidacy for one of the Director-at-Large Board positions. ❖

## 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 ([rhs-avopro@sbcglobal.net](mailto:rhs-avopro@sbcglobal.net)) or fax (858 683-2022). ❖*

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).

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

*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 Dr. Bill Caton 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:**

Editor: Randall W. Smith, M.D.  
President: William L. Caton III, M.D.  
Editorial Assistant: Janine M. Tash