



CANS

NEWSLETTER

California Association of Neurological Surgeons

Volume 38 Number 11

November 2011

President's Message

Marc A. Vanefsky, M.D.

The calendar is getting thinner. The days are getting shorter and the annual meeting is fast approaching. If you haven't registered yet please put it on your calendar and plan on joining us at the Grand Californian. This year's theme is **Reform or Repeal**. I can't imagine a more important time to weigh in on the future of healthcare delivery here in California.

I know everyone is thinking about how cuts in Medi-Cal are going to affect their reimbursement. Have a look at the piece below from the CMA looking for Physicians who care for Medi-Cal patients to discuss how these cuts are going to affect patients and the care they receive in the state of California.

I had a conversation with my sister the other day. She is an attorney who used to work in the DA's office in Manhattan. An intelligent woman and savvy consumer, she called me when she had just left her daughter's appointment with her orthoped. My niece had sprained her ankle during track practice. During my youth that usually meant ace wrap, ice, and elevating your ankle. Not today. In the state of New Jersey, if you are a high school athlete, you need an MRI of a sprained ankle. Seriously, I'm not making this up. The consumer had no idea that this was a \$2000 test that would have absolutely no impact on the clinical diagnosis of a sprained ankle that would need an ace wrap, ice, and elevation. ❖

ANNUAL MEETING January 13-15, 2012 Grand Californian, Anaheim

Registration form and program are included in this newsletter. **Hotel deadline December 21.**



ATTENTION
Exhibitors & Sponsors
Contact janinetash@sbcglobal.net to receive an exhibit registration packet and reserve your space.

Urgent Medi-Cal Request from CMA

The *California Medical Association* is leading a coalition which is suing both HHS and DHCS to stop the recently-approved Medi-Cal rate cuts. As part of that effort, CMA is gathering declarations from physicians who are willing to discuss how these cuts will hurt their practices, patients, and communities.

CMA is asking for help in identifying these physicians. The physicians must participate in fee-for-service Medi-Cal, and must not be pediatricians (since pediatric services are exempt from the cuts). The declaration is a standard form which a physician must complete and sign.

If any of CANS' members are willing to file a declaration, contact CMA directly as soon as possible: Michelle Rubalcava (916-551-2543; mrubalcava@cmanet.org) or David Ford (916-551-2554; dford@cmanet.org). They are asking for the declarations to be sent to them within the next two days. ❖

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The Supremes Will Sing

Randall W. Smith, M.D., Editor

Most readers of this newsletter have heard that the US Supreme Court has decided to hear the issues surrounding Obamacare more properly called the *Patient Protection and Affordable Care Act*. A short primer on the issues: Four US Circuit Courts of Appeals have weighed in and reached three different opinions about the Act. One court found requiring Americans to buy health insurance unconstitutional because it violates the Commerce Clause of the constitution. Two other courts found it did not violate the clause and a fourth decided the mandate was a type of tax that can only be challenged after it is collected, effectively kicking the can down the road until 2014. An unprecedented five and a half hours of arguments on these issues and two others (can the mandate be severed from the rest of the Act and on the constitutionality of expansion of Medicaid) will be heard in March of 2012 with a decision expected in June.

We know that individual states can require us to buy stuff (such as California's mandate to buy auto insurance and motorcycle helmets) but a federal mandate to buy health insurance potentially bumps up against the interstate Commerce Clause of the US constitution. The decision by the Supremes will come amid the Presidential and Congressional electioneering next summer and should be grist for a lot of angst and posturing. God bless us, everyone. ❖

Tidbits from the Editors

Medicare News

Apparently we California docs often can get it right on billing Medicare. For the past two years Palmetto GBA (the CA Medicare intermediary) has experienced payment error rates that have been almost twice the national rate. A large portion of the errors are attributed to insufficient and illegible documentation, and lack of or illegible signatures. Palmetto is now taking steps to correct these errors by reviewing claims to identify potential areas for provider education.

If your practice comes up on the Palmetto error rate radar, you will be notified by mail that a small sample of your claims will be selected for medical review. The notice will also provide recommended resources on documentation and coding. Physicians who are notified will receive a request for medical records in the form of an Additional Document Request (ADR) for each claim selected, along with an example of the information that should be returned. Failure to respond to these requests will result in non-payment of the claim.

Palmetto may also call or make unannounced site visits to physician offices to schedule an appointment for an educational meeting. Failure to participate in this education will result in 100 percent pre- and post-payment audit of claims. CMA feels these audits will disrupt and be a burden to physician's offices and is trying to work out something a little more user friendly. ❖

More Medicare News

The following Medicare Learning Network® products regarding the Medicare Shared Savings Program are now available:

New — "[Accountable Care Organizations: What Providers Need to Know](#)," Fact Sheet, ICN 907406, Downloadable. This fact sheet is designed to provide education on Accountable Care Organizations (ACOs) under the Medicare Shared Savings Program. It includes a definition of an ACO, and information on how to participate in an ACO, how shared savings will work, how this program is aligned with other quality initiatives and how ACOs help doctors coordinate care.

New — "[Improving Quality of Care for Medicare Patients: Accountable Care Organizations](#)," Fact Sheet, ICN 907407, Downloadable. This fact sheet is designed to provide education on improving quality of care under ACOs. It includes a table of quality measures under the program.

New — “[Advance Payment Accountable Care Organization \(ACO\) Model](#),” Fact Sheet, ICN 907403, Downloadable. This fact sheet is designed to provide education on the advance payment model for ACOs. It includes a summary of the Advance Payment ACO Model, background, and information on the structure of payments, recoupment of advance payments, eligibility, and the application process.

New — “[Medicare Shared Savings Program and Rural Providers](#),” Fact Sheet, ICN 907408, Downloadable. This fact sheet is designed to provide education on how the Medicare Shared Savings Program impacts rural providers. It includes information on federally qualified health centers, rural health clinics, critical access hospitals and how this program impacts them.

New — “[Summary of Final Rule Provisions for Accountable Care Organizations under the Medicare Shared Savings Program](#),” Fact Sheet, ICN 907404, Downloadable. This fact sheet is designed to provide education on the provisions of the final rule that implements the Medicare Shared Savings Program with Accountable Care Organizations (ACOs). It includes background, information on how ACOs impact beneficiaries, eligibility requirements to form an ACO, and information on monitoring and tying payment to improved care at lower costs.

New — “[Methodology for Determining Shared Savings and Losses under the Medicare Shared Savings Program](#),” Fact Sheet, ICN 907405, Downloadable. This fact sheet is designed to provide education on the methodology for determining shared savings and losses under the Medicare Shared Savings Program. It includes an overview of the program, a description of the two tracks providers can choose, and a description of how Medicare determines the shared savings or loss. ❖

Even More Medicare News

Although America’s 750,000 docs are a low risk to defraud the Medicare system, the CMS has rejected an AMA request to exempt docs from having to go through enrollment revalidation as required in the health system reform law, so revalidate we will. At the AMA’s request, CMS did extend the deadline for the revalidation from March 2013 to March 2015. The average doc need do nothing but wait for the Feds to send a letter describing the revalidation rules and the hoops to be navigated. CMS has sent out the first batch of letters which need to be heeded if you want to continue to play in the Medicare sandbox. Many docs won’t get their letter for a year or two. ❖

CMA Physicians’ and Dentists’ Confidential Line

The *Physicians’ and Dentists’ Confidential Assistance Line* is a phone line service for physicians, dentists and their family members who request help with problems of alcoholism, drug dependence or mental illness within their families. This 24-hour phone service provides completely confidential doctor-to-doctor assistance. This service is free and it will not result in any form of disciplinary action or referral to any disciplinary body.

The link to the CMA page for these services:

<http://www.cmanet.org/resources/confidential-assistance/confidential-assistance>. ❖

Neurologists Doing OK

Medscape reported recently on a survey they sent to 455K docs and got 15,794 to respond. 37% of respondents were in the primary care arena, the rest specialists. Turns out that the median income of the nearly 500 neurologists who responded was about \$200,000. No word on neurosurgeon income because so few neurosurgeons responded. Maybe we were in the ED or the OR. ❖

OSHA Says No

Public Citizen, the crowd who worries that residents (and their patients) benefit from a nice nights sleep, had requested that the Occupational Safety and Health Administration (OSHA), part of the federal Department of Labor, assume management of duty hour regulations for docs in training. If you think the ACGME has been meddlesome, one can only imagine what might happen if the Feds got involved with this issue.

Fortunately the OSHA director declined the offer, stating that *“At this time, OSHA has determined that resident duty hour standards are best addressed within the context of resident training and education. However, the whistleblower provisions of the Occupational Safety and Health Act protect employees, including interns and residents, who experience retaliation as a consequence of voicing occupational safety and health concerns related to extended work hours... OSHA will continue to watch with interest whether the new ACGME standards result in improved working conditions for medical residents and interns. In addition, the Agency is currently working on guidance which will provide advice on coping with the efforts of fatigue and sleep deprivation related to working extended hours.”*

The above response isn't exactly a back turning on the issue but suggests OSHA may have some bigger fish to fry regarding adequate sleep in other walks of life like airline pilots, train engineers and bus drivers. ❖

Transitions in Neurosurgery: The Morphing of Medicine

John T. Bonner, M.D., F.A.C.S., Associate Editor

The evolution of medicine has had a number of important milestones. The development of anesthesia allowed the birth of surgery. (Whether anesthesia with ether was first pioneered by William T.G. Norton, a dentist with surgeon being John Collins Warren on October 16, 1846, or by Dr. Crawford W. Long in 1842 is questioned). Just as important was the demonstration of bacteria (Louis Pasteur), followed by the Koch Postulates (Robert Koch) and carbolic acid for antiseptic surgery (Joseph Lister). William Halsted, the father of the surgical residency program, was one of the first surgeons to adopt and appreciate Koch's techniques (most physicians ignored them initially). The Flexner Report led to academic medical schools based on scientific concepts, allowing such surgical pioneers as Cushing and Dandy to establish neurological surgery. Recognizing the contributions of the surgical microscope by Donaghy and the innumerable advances in imaging have changed and developed neurological surgery in a manner few of us expected in our early careers. But in addition to the practice of medicine is the (unfortunate, in my view) increasing importance of the business of medicine. Political, social and economic developments also affect the practice of neurological surgery.

For example, recent political changes may affect neurosurgical reimbursement rates significantly. The *Patient Protection and Affordable Care Act* (Obamacare) – if enacted as designed – presents a multitude of issues and concerns for neurological surgeons, including the concept of bundling payments which would direct health care payments to hospitals -- thus placing hospital administrators in an advantageous position for fee negotiations. Bundling payments also increases the hospital administrative overhead, requiring hospitals to employ more accountants and other financial personnel – further compromising physician fee reimbursement. Indeed, hospital fee bundling makes the corporate bar of medicine all the more important, because neurological surgeons, as a minority of physicians, will have decreased bargaining power. Should the last shoe drop and the corporate bar of medicine be comprised, neurological surgeons, as employees of hospitals, would most likely see their fees decrease considerably in the long term as we would have little or no negotiating leverage.

In addition, the economic and social changes in our population appear likely to increase those citizens and non-citizens eligible and dependent on government programs (such as Medi-Cal) when one considers truant rates and the number of individuals with degrees in higher education leaving California. Currently only 30% of potential military candidates are capable of passing the required entrance test. Chronic truant rates in high school average as high as 35% in some school districts. Drop out rates in high school of 30-40% are present, with graduation rates as low as 53%. Unfortunately most of these individuals end up on government assistance. Present government funding expectations are unlikely to be adequate to cover the care necessary, with physician incomes a likely target for significant decrease, especially if physicians will be required to take 'all-comers' to maintain medical licensure. Indeed, it is quite unclear what our profession of medicine will look like in the future.

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The importance of MICRA cannot be understated. Recently, in Urbana, Illinois, a jury awarded \$1.25 million for pain and suffering (which would be limited to \$250,000 in California). A total award of \$2.9 million was given -- for an alleged negligent partial knee replacement. ❖

Brain Waves

Deborah Henry, M.D., Associate Editor

I enjoy reading surveys but often doubt the data. Every year at the CSNS meeting, a representative from NERVES speaks on the median neurosurgeon income of those that respond. For the past several years, it is always in the upper 700k range. I've assumed that this is take-home pay and not gross income, but then I wonder how many neurosurgeons from California are asked. Maybe I hang with the wrong crowd, but I don't know too many neurosurgeons in California (if they take Medicare/Medical and don't operate on celebrities) that take home this much-and this is the median. This survey often depresses me because I wonder how many wrong turns I made with my career.

This month one of my favorite glossy physician magazines, *Physicians Practice*, published their demographic survey of which a little over 1/3 of the responders were surgeons of all types. About a quarter of the total responders made \$125,000 or less and 78% made \$200,000 or less. Over 58% were employed physicians and seven percent worked 30 hours or less a week. Nearly half worked 41-60 hours with 23% working more than 60 hours a week. Therefore someone working 60 hours a week for 48 weeks a year with a 200,000 annual salary will make about \$70 an hour. It's \$100 an hour if you make the same annual and work only 40 hours a week. Well, this is depressing too. Part of the reason I find this depressing is that the general public thinks we are making so much more. My banker says her neurosurgeon friend in Florida is making in the millions (he must not be paying malpractice insurance there) and my accountant thought I got paid \$10,000 for doing a ventriculoperitoneal shunt. I don't think either has heard of the SGR.

My lawyer charges \$35 to read an email and that may not include a response. My plumber charged me \$270 for about an hour's work fixing a leak in the wall. My last visit to the auto dealership cost me \$877 for preventative work after I negotiated a 15% discount. The car worked the same before and after the visit.

So what if I made 700k a year and worked 60 hours a week for 48 weeks a year? That would be \$243/hour. Hmm. Maybe I need to find a job reading emails. ❖

Thought for the month

A clear conscience is usually the sign of a bad memory.



California Association of Neurological Surgeons

Reform or Repeal?

CANS Annual Meeting, January 13-15, 2012, Anaheim, CA

©Disney's Grand Californian Hotel® & Spa



President's Message

REFORM or REPEAL?

Dear Fellow Neurosurgeons and Guests,

As the presidential race heats up, healthcare reform continues to be front and center on the national political stage. Parts of the affordable healthcare act are already being chipped away.

As the debate continues to rage on a state and federal level, I urge you all to attend our yearly meeting this January at the Grand Californian in Anaheim. There has never been a more important time to hear about the future of Neurosurgery in the state of California.

Please register early as space is limited and take part in the debate. I look forward to seeing you all there.

Marc A. Vanefsky, M.D.
President

FRIDAY January 13th Events

Board of Directors Meeting

California Board Room
(open to all members)
1:00-5:00 p.m.

OPENING RECEPTION

Wisteria Room, 6:30-8:30 p.m.

You are invited to attend this reception (complimentary hors d'oeuvres and no-host bar) where you will have an opportunity to meet with exhibitors and colleagues before the weekend meeting.

©Disney's Grand Californian Hotel® & Spa was the first Disney hotel to be built inside a theme park and contain its own entrance into a theme park. The hotel opened with the Disneyland Resort Expansion in 2001. It is situated between Downtown Disney (Disneyland Resort) and Disney California Adventure. The hotel is based on the Arts and Crafts Movement of the 20th Century and features many hand crafted furnishings.

HOTEL ROOMS

The special conference rate is \$219. A limited number of rooms are reserved at this rate. Contact the resort by booking online 24/7 at <http://www.mydisneymeetings.com/gcaal2b> or by calling (714) 520-5005, M-F from 8-5 pm PST. Reservations must be made by Wednesday, December 21, 2011 or before the group rooms are sold out. Prevailing rates may apply after this date or when group rooms are sold out, whichever occurs first. Rooms subject to availability & include local telephone, fitness center and Internet access; all rooms are equipped with safes and cribs. Check-in time is 3:00 pm, check-out time is 11:00 am.

 **THEME PARK TICKETS**

Discounted Special Group Theme Park Tickets are available to purchase online up to 10 days prior to the event. You can access the ticket store when you make your reservation via the hotel link mentioned above.

SHUTTLE SERVICE

Shuttle service to and from airport and hotel is through the Disneyland Resort Express (714-978-8855) and runs every hour (round-trip from LAX is \$32/adult and \$25/child; round-trip from Santa Ana Airport (Orange County) is \$27/adults and \$18/child. *One way service is also available and there is a discount for AAA members.*

PARKING

Overnight Guests are subject to a self-parking fee of \$15.00 per car, per night or Valet Parking at \$22.00 per car, per night, with in/out privileges. The Organization drive-on non-hotel guests will be charged self-parking fees of \$15.00 per car per day. Valet parking for non-hotel guests parking is \$22.00 per car. These charges are for once in, once out privileges. All parking prices are subject to change without notice.

Schedule of Events – January 14-15, 2012

SATURDAY MEETING

Sequoia Ballroom

7:00 - 8:00 Continental Breakfast; Exhibits

8:00-8:30 CANS Business Meeting
Marc A. Vanefsky, MD, President
California Association of Neurological Surgeons

Program Title: REFORM or REPEAL?

8:30-9:15 Edward Ellison, MD, Medical Executive
Director, Southern California Permanente
Medical Group, Pasadena, CA

9:15-10:00 Frank Gamma, JD, MBA, FACMPE
Kessenick Gamma & Free, LLP, San Francisco

10:00 - 10:30 Break - Please visit exhibits

10:30-11:15 Herb Schultz, Regional Director,
Health and Human Services, San Francisco

11:15-noon Peter W. Carmel, MD, President
American Medical Association
"Year Two: *Shaping the Future of Health System Reform*"

Noon – 1:00 Lunch

1:00-1:45 William Guertin, Executive Director
Alameda-Contra Costa Medical Society
"Medical Injury Compensation Reform Act of 1975 –
Is It Relevant in 2012?"

1:45-2:30 John Kusske, MD, Consultant
Washington Committee of the AANS
"Healthcare Issues within the Beltway"

2:30 – 3:00 Break – Please visit exhibits

3:00- 3:45 Daniel J. Hunt, Vice President,
Research Analyst, U.S. Healthcare
"Healthcare Cost Crunch: *Opportunity & Risk in an Era
of Structural Change*"

- *the last 15 minutes of each presentation will be reserved for discussion*

SATURDAY EVENING COCKTAIL HOUR & BANQUET

6:30p.m. Cocktails; 7:30 p.m. Dinner, Trillium Room

The cocktail hour will be hosted by
Morgan Stanley Smith Barney LLC.

CHOICE of ENTRÉE (salad, dessert and wine included):

- ◆ Point Reyes Crusted Angus Beef Filet
- ◆ Pistachio Crusted Alaskan Halibut
- ◆ Vegetarian (chef's choice)

children's menu (ages 3-9)– Chicken Filet Tenderloin

SUNDAY QME 8:00 am-12:00 noon Sequoia Ballroom

Disability Evaluation Report Writing Seminar

(for pre-QME Qualification and/or QME Continuing Education)
**Earn 12 hours of QME education in a 4-hour classroom session
(with 8 hours of home study) presented by
Livingstone-Lopez Consulting (DWC Provider #2 & 470)

Speakers:

- David Kizer, Esq., - Former Counsel, Industrial Medical Council/Division of Workers Compensation, CA
- Dana Livingstone-Lopez - DWC Certified Education Provider #2 & 470
- Sherry German – Principal/CMRS – AMA Impairment Rating Specialist

Topics include:

- Brief overview of report writing requirements & regs
- Impairment rating using AMA guides, 5th ed (Spine & Upper Extremities)
- Important new case law (Benson, Valdez & more)
- Take home work with 8 hours home study to complete 12 QME credit hours
- Samples & templates for spine & upper extremity reports

For questions regarding class content and CEU's, please contact:
Dana at Livingstone-Lopez Consulting, (760) 944-6769 or
dana@teachqme.com.

FOR MORE INFORMATION

California Association of Neurological Surgeons (CANS) - 5380 Elvas Avenue, Suite 216, Sacramento, CA 95819
tel 916-457-2267; fax 916-457-8202; <mailto:mjaninetash@sbcglobal.net>; www.cansl.org



CANS ANNUAL MEETING 2012 REGISTRATION FORM
Disney's Grand Californian Hotel® & Spa, Anaheim, CA, January 13-15, 2012

Name (please print) _____

Neurosurgeon _____ Other (please specify) _____ Telephone _____

Address _____ Fax _____

City, State, Zip _____ E-mail _____

Saturday Meeting Registration - January 14

(includes opening reception on Friday for everyone and lunch for registrants on Saturday)

CANS Members \$ 300 _____ Senior Members \$250 _____

Non-Members \$ 350 _____ Residents no charge _____

**Lunch fee for spouses and guests (no charge for meeting registrants) \$50 _____*

Saturday Banquet - January 14 Cocktails 6:30 pm; Dinner 7:30 pm *(includes salad, wine, dessert)*

**Dinner tickets must be purchased in advance so that food quantities can be guaranteed to the hotel.*

Per Person \$125 Name _____ Filet__ Halibut__ Veg__

Guest \$125 Name _____ Filet__ Halibut__ Veg__

Child (3-9) \$ 35 Name _____

\$ 35 Name _____

3. Sunday QME Course - January 15 8:00- noon *(includes continental breakfast)*

CANS Members \$300 _____ Non-Members \$325 _____

TOTAL AMOUNT DUE by December 31, 2011 \$ _____

No refund requests (including no-shows) will be accepted after January 1, 2012.

Payment Information:

1. Check enclosed (payable to CANS) _____
2. Please authorize use of VISA _____ or MasterCard _____

Card number _____ Expiration Date _____

Name on card _____ Signature _____

Address if different from above _____

CANS office use only:	
log	_____
conf sent	_____
name tag	_____
check #	_____
date	_____
cc settled	_____
QB ledger	_____

Rooms: Log on to <http://www.mydisneymeetings.com/gcaal2b> or call Disney's Grand Californian Hotel® & Spa (714 520-5005) M-F 8-5 by **December 21, 2011** to ensure a room at the group rate of \$219.00.

Return registration form to CANS, 5380 Elvas Ave., #216, Sacramento, CA 95819 or fax to 916 457-8202.

Contributions to the California Association of Neurological Surgeons are not tax deductible as charitable contributions; however, they may be tax deductible as ordinary and necessary business expenses.

Meetings of Interest for the next 12 months:

Cervical Spine Research Society: Annual Meeting, December 7-10, 2011, Scottsdale, AZ
CANS: Annual Meeting, January 13-15, 2012, Anaheim (Disney Grand Californian Hotel), CA
Southern Neurosurgical Society: Annual Meeting, March 28-31, 2012, Amelia Island, FL
CSNS Meeting, April 13-14, 2012, Miami, FL
AANS: Annual Meeting, April 14-18, 2012, Miami, FL
Neurosurgical Society of America: Annual Meeting, June 10-13, 2012, Park City, Utah
Rocky Mountain NS Society: Annual Meeting, June, 2012, Maui, HI
New England Neurosurgical Society: Annual Meeting, June, 2012, TBA
Western Neurosurgical Society: Annual Meeting, September 7-10, 2012, Colorado Springs, CO
Congress of Neurological Surgeons: Annual Meeting, October 6-10, 2012, Chicago, IL
North American Spine Society: Annual Meeting, October 24-27, 2012, Dallas, TX

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 **two-month posting** in this newsletter. Submit your text to me by E-mail (rws-avopro@sbcglobal.net) or fax (858 683-2022). ❖

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 newsletter issues are available on the CANS website at www.cans1.org.

ATTN Vendors: To place a newsletter ad, 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. Marc Vanefsky 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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