



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 Assembly passed the State Budget, including Democrat tax cuts, and they then quickly ran away from Sacramento, leaving the State Senate to deal with the details. At this writing it's not complete, but since they are missing out on vacation time, I am sure a budget deal will happen by the time you read this.

Why does it matter to Medicine? Because this split between Democrats in the Assembly led by Mr. Nunez and those Democrats in the State Senate led by Mr. Perata, has caused a strain in their relationship. Some believe this may carry over into the Democrat's Health plan for California. The Legislature is scheduled to return from August 20th to September 14th to deal exclusively with Healthcare. We all hope the bad blood generated by the Budget process will not make a Healthcare solution difficult.

Our friends in Sacramento are very aware of the possibility of a Trial Lawyer sneak attack. The Lawyers have a new lobbyist whose entire job is to attack MICRA. However, with the need for Healthcare dollars and cost containment, it makes little sense to touch MICRA.

There seems to be a growing feeling among elected Democrats that access to care is more important than satisfying trial lawyer needs.

A comment on California's Congressional Districts:

CD 4, Doolittle (R) is in serious trouble and if indicted this could go Democratic.

CD11, McNerney (D) will be challenged.

CD19, Radanovich (R) may not run.

CD24, Gallegly (R) might retire (again), then Tony Strickland may run for his seat.

CD26, Dreier (R) will have a weak challenge, but is not thought to be in trouble.

CD43, Baca (D) will be challenged by other Democrats unhappy with his performance.

CD52, Hunter (R) is running for President and has said he will not again run for the House, but that remains to be seen. His son currently serving in Iraq, will run, but there are many other possible challengers.

As you know, the majority of Congressional Seats is so gerrymandered, it is unlikely that party affiliations in each District will be changed.

Enjoy your vacation, your family and friends; see you at Disneyland January 18-21, 2008.

Neurosurgical Positions Available/Wanted

Any CANS member who is looking for a new associate/partner 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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FDA Approves Artificial Cervical Disc

Randall W. Smith, M.D., Editor

On July 16th, the FDA approved the Medtronic Prestige artificial disc for use in the treatment of cervical disc disease. Clinical studies to this point have shown it is as effective in treating the symptoms caused by a diseased disc as a discectomy and fusion with no greater complication rate, at least in the first 5 years or so after implantation. It is not totally clear whether its use is truly better for treatment of single level disease (for which it has been approved) but it may make some sense in two or three level disease (which would be off-label use) in terms of preserving range of motion/reducing adjacent level deterioration. Other than listing the CPT codes (0090T for discectomy and device placement at one level; 0092T for each additional level), which are still Class III codes meaning there is no established payment amount (choose an amount such as adding a standard discectomy charge to an anterior plate placement and send the op report and brace for an argument), the Medtronic Web site doesn't comment upon any training requirements to use the device. In fact it doesn't even mention the Prestige. Hopefully your Medtronic technical representative can be helpful here. Having the option of using such a device on the occasions in which a 2 or 3-level anterior is appropriate or when adding another level to a previous solid 1 or 2-level fusion should be another arrow in our surgical quiver. It will be interesting to see what a broader experience over a longer follow-up shows in terms of patient satisfaction, lasting motion preservation and protection for adjacent healthier levels. ❖

Other News

Randall W. Smith, M.D.

Work Comp Fee Schedule Under Attack

The California Division of Workers' Compensation has issued a request for proposals to hire a consultant to convert the state's Comp fee schedule to the *Medicare's Resource Based Relative Value Scale (RBRVS)*. The DWC proposes to pay \$500,000 to \$1 million to a consultant to develop a fee schedule that sets prices according to the RBRVS system, which was developed by our friends at Harvard for the Feds, which we have all come to know all too well. The contract also directs the consultant to estimate the impact of the proposed fee schedule on various specialty groups. The answer is already out there regarding the impact of RBRVS on some specialties. States that have adopted workers' compensation fee schedules based on the RBRVS have lower participation rates by orthopedists and neurologists, according to a study by two UCLA physicians. Drs. Steven E. Levine and Ronald N. Kent, both neurologists, said they surveyed nearly 1,400 neurologist and orthopedist offices in Texas, Hawaii, West Virginia, Florida and Maryland. The states pay from 109% to 125% of the Medicare rate for physician services. The authors noted in the five states there was a low rate of neurologist and orthopedic participation in workers' compensation, which ranged from 9% to 27% for neurologists and 23% to 46% for orthopedists. Where data exists for participation rates prior the adoption of the RBRVS fee schedule, participation rates fell by more than 50%. Their survey also included California, with its fee schedule that usually is the best paying source for most practices but with a 5% fee reduction in 2003. Levine and Kent noted that 92% of orthopedists and 80% of neurologists reported accepting workers' compensation patients in California in 2002 but only 65% of orthopedists and 37% of neurologists continue to do so in 2007. I can see the post RBRVS headlines now: *Comp Patients Can't Find Docs; Few Docs Who Treat Comp Run Mill-like Offices; Comp Patients See NPs and PAs, Not MDs.* ❖

NPI Number—More Aggravation

It appears that certain practices will need a new Medicare identification number so that their Medicare identification number is appropriately linked to their NPI number(s). This apparently applies mostly to providers who are solo incorporated practitioners (Professional Corporations, LLC, Professional Associations, Corporations). The official announcement and decision tree document are attached to this news letter. Good luck. ❖

Medicare Pay Cut

Some sadist sent me the 924-page CMS document in which they propose what my brief perusal of a few of the pages revealed is the much heralded 10% pay cut for docs doing Medicare in 2008. Someone needs to go through such a document page by page with an eye toward making sure you know what your enemy is up to. The CMA and the AMA have people that do this, smart people who know government jargon, to keep us on our defensive toes. I expect the CMA and AMA to perform in this arena and have always wondered how docs who don't join the CMA or AMA for whatever reason, think they should pay their fair share for this professional watchdog function. Maybe there is a free lunch for these docs but I don't appreciate their dining at my expense. ❖

Correction

Sandra E. Bressler, Vice President of *Medical and Regulatory Policy of the California Medical Association*, was kind enough to call attention to an error in our blurb last month on the *Medicare Physician Quality Reporting Initiative*. Apparently the 80% threshold of reporting the quality measures, at or above which you get the bonus, is only a reporting issue, not a compliance issue. You get rewarded for just doing the reporting on 80% or more of your cases irrespective of whether or not you actually accomplished the quality activity. So, for the prophylactic antibiotic measures for instance, you may have only got them given according to the quality criteria half the time but if you report on all your failures as well, you get the carrot. I believe readers of this newsletter will forgive me for making the apparently naive presumption that the Initiative was aimed at quality rather than compliance. Such behavior by the Federal animal appears to reflect an approach to quality care all too prominent these days, to wit, spend millions of dollars to get many thousands of docs to do something that may or may not improve anything. The recent report in the July 9th issue of the *Archives of Internal Medicine* demonstrating that using electronic medical records does not result in better ambulatory care highlights the marginal thinking of the quality gurus who tout how EMRs will save the planet. Seems to me that the best chance to achieve quality care is to train quality docs to pursue well documented pathways to excellence. I learned about the type and timing of pre-operative prophylactic antibiotics not from the Feds but from the discussions held in my hospital's spine surgical M&M conference with one of our infectious disease specialists in attendance as well. My subsequent compliance was 100% because I knew it to be the right thing to do. No carrots, no sticks, no whining. ❖

Executive Office Report

Janine Tash

Attention: CANS Members under 40

If you are a member of CANS, a member of CMA and a practicing physician under age 40 or within the first five years of practice, you may apply to request nomination to CMA's Young Physician Assembly to represent neurosurgery either as a delegate or an alternate delegate. The assembly provides a valuable forum for physicians to discuss problems and solutions and to develop leadership capacity. You must be able to attend the assembly that will meet in Sacramento on August 18, 2007. Please submit your name as soon as possible for consideration and approval by the CANS Board of Directors.

Annual Meeting and QME Course

Mark your calendars for the weekend of January 19-21, 2008 to attend CANS Annual Meeting and QME Course at *Disney's Grand Californian® Hotel & Spa* in Anaheim. For Saturday, Dr. Wade has planned a socioeconomic program focusing on *Health Care Today: Doctors, Patients, Politicians, Unions and Big Business... Who Pays and Who Suffers??*

On Sunday, a 12-hour QME course (8 classroom and 4 homework hours) will be offered by Livingstone-Lopez Consulting (a DWC Certified Education provider). This course will fulfill the 12-hour requirement for pre-QME qualification and qualifies for 12 hours of QME continuing education for current QMEs.

Qualified Medical Evaluators

QMEs are independent physicians certified by the Division of Workers' Compensation (DWC) Medical Unit to conduct medical evaluations of injured workers in California. The DWC is currently accepting applications for the QME exam scheduled for Saturday, October 27, 2007 (applications must be filed by September 6, 2007). Exam sites will be announced by DWC about a month before the exam. If you are interested in becoming a QME, you can download the information at <http://www.dir.ca.gov/IMC/exampacket.pdf> or contact DWC at 510 286-3700.

Please contact me at janinetash@sbcglobal.net with your input on any of the above items.

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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. ❖

California Association of Neurological Surgeons

5380 Elvas Avenue, Suite 216

Sacramento, CA 95819

Tel: 916 457-2267 Fax: 916 457-8202

www.cans1.org

Editorial Committee:

Randall W. Smith, M.D. Editor

Patrick J. Wade, M.D., President

Editorial Assistant: Janine M. Tash