# CANS newsletter



## Attention Neurosurgeons-Message from the President

*Praveen Mummaneni, MD, President*

The California Association of Neurological Surgeons Annual Meeting is scheduled for January 13th-15th, 2017 at the Intercontinental Mark Hopkins in San Francisco, CA! Our President, Dr. Praveen Mummaneni from UCSF, has put together a program that will update California Neurosurgeons on the big changes anticipated in the healthcare landscape after the November 2016 elections.

We all have many questions as we approach 2017. Will Congress and President-elect Trump "repeal and replace" the Affordable Care Act? What will happen to the regulatory environment, insurance coverage, and "pay for quality"? How will this affect residency training and the neurosurgical job environment in California? There is no better venue to learn about the upcoming changes than from the experts at the CANS annual meeting. **Do not miss this one!**

**PLEASE SAVE THE DATE!**

*We have secured a fabulous rate of $219 for the historic Mark Hopkins Intercontinental hotel which has fantastic views of the bay, the bridge, and downtown SF from the top of San Francisco's Nob Hill. This meeting is on Martin Luther King Weekend and this very popular hotel may sell out. You can start booking now! Visit www.cans1.org and click on the CANS annual meeting bullet in the calendar!*

*Draft Agenda is below:*

***The Evolution of California Neurosurgery Training & Practice***

**SCHEDULE of EVENTS January 13-15, 2017**

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|---|---|---|
| **FRIDAY** | | |
| 1-4pm | CANS Board Meeting (open to all members-buffet lunch before) | |
| ***6:30 – 8:30*** | ***Opening Night Reception*** | |
| **SATURDAY** | | |
| ***6:30–7:30*** | ***Continental Breakfast- Please visit EXHIBITS*** | |
| 7:30-7:35 | Praveen Mummaneni, M.D. | **President's Report** |
| 7:35-7:40 | Mark Linskey, M.D. | **Secretary's Report** |
| | *Voting: BOD/Nominating Committee* | |
| 7:40-7:45 | Marshall Rosario, M.D. | **Treasurer's Report** |

### *Session 1: How far can we stretch ourselves?*

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|---|---|
| 8:00-8:30 | Dr. Michael Lawton: Overlapping intracranial surgery, safety & efficacy |
| 8:30-9:00 | Dr. Michael Wang: Overlapping spinal surgery, how to work in urgent cases |
| 9:00-9:30 | Dr. Bill Caton: How to cover multiple hospitals/ER on call |

**INSIDE THIS ISSUE:**

9:30-10:00 Dr. Alan Scarrow - A medical-legal perspective on overlapping surgery
10:00-10:20 Q&A, Panel Discussion

***10:20-10:50 Break - Please visit exhibits***

***Session 2: Finding My First Job in Neurosurgery***

10:50-11:10 Deborah Henry: career choices in neurosurgery
11:10-12:00 Panel Discussion - What I Wish I Knew When I Looked for My First Job
Drs., Marc Vanefsky, Ken Blumenfeld, Moustapha Abou-Samra, Langston Holly, Javed Siddiqi, Michael Virk, Omid Hariri, Doris Wang

***12:15 – 1:30 Lunch with Exhibitors at the TOP of the MARK***

***Session 3: Neurosurgery on the hot seat***

1:30-1:50 Dr. Shelly Timmons, Washington CMTE Update
1:50-2:10 Dr. Jack Knightly: Building quality into a neurosurgery practice
2:10-2:30 Katie Orrico, New Regulations and Planning for the Future
2:30-2:50 Dr. Richard Pan (CA Legislator): Update on medical practice in California, Legislator's Perspective
2:50-3:10 Dr. Dev Gnanadev- Medical ethics-How NOT to lose your California medical license
3:10-3:30 Dr. Ann Stroink- CSNS update
3:30-3:45 Q/A
3:45-4:15 Panel discussion
4:15-4:30 Praveen Mummaneni, M.D. Closing Remarks

***SATURDAY BANQUET*** *- Must purchase ticket*

***6:30-7:00 PM Award Presentation: Dr. Mitchel Berger: Pevehouse Award Winner***

**SUNDAY**

***7:00-7:40 Breakfast/Please visit Exhibits***

***Session 1 The future of neurosurgical training in California***

8:00-8:20 Dr. Nicholas Barbaro – Updates from the RRC on residency training
8:20-8:40 Dr. Rick Boop – CAST Updates on fellowship training certification
8:40-9:00 Dr. Marvin Bergsneider – CV misrepresentation among neurosurgery resident applicants
9:00-9:30 Panel Discussion: Dr. Michael McDermott, Dr. Frank Hsu, Dr. Alex Zouros, Dr. Bob Carter, Dr. Javed Siddiqi

***Session 2: Keynote Lecture***

9:30-10:15 Strategic Planning for Healthcare Reform: Dr. Robert Harbaugh

***10:15 BREAK-PLEASE VISIT EXHIBITS***

**10:30-12:00**

***Resident/Fellow Presentations Socioeconomic or quality improvement program***

Dr. Yasser Jeelani , **Loma Linda Regional Medical Center**
Dr. Daniel Kramer, **University of Southern California**
**University of California, San Francisco**
Dr. Corinna Zygourakis
Dr. John Rolston
Dr. Michael Virk **-** Update on the N2QOD Lumbar Registry
**Riverside University Health System**
Dr. Tyler Carson
Dr. Omid Hariri
Dr. Joel Beckett , **University of California, Los Angeles**
Dr. Tamar R. Binyamin , **University of California, Davis**
Dr. John Roufail , **University of California, Irvine**
Dr. Tiffany Odell , **Desert Regional Medical Center**
Dr. Linda Xu , **Stanford**
**University of California, San Diego**
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**EXHIBITORS:** CONTACT Emily for more information!
emily@cans1.org or 916.457.2267 or click here!

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# CMS Study of Global Surgical Charges to miss California Docs

*Randall W. Smith, MD, Editor*

We previously reported on the ominous CMS plan to gather data on visits included in 10- and 90-day global surgery services. A huge group of docs including the AANS and CNS raised a hue and cry about the data gathering. Apparently someone at CMS was listening since when they recently listed how they would actually do the global codes study, their final rule represents a vast improvement over the initial proposal. No G-codes. No 10-minute increments. No every procedure. No every surgeon. No special rule for teaching physicians/residents. No Jan. 1, 2017 start date. No 5 percent penalty for non-compliance.

According to the final rule, CMS will implement a three-pronged data collection program.

**Prong One**: Claims-based data collection.

- CPT code 99024 will be used for reporting post-operative services rather than the proposed set of G-codes. Reporting will not be required for pre-operative visits included in the global package or for services not related to patient visits. Additionally, CMS will not require time units or modifiers to distinguish levels of visits included in the reported post-visit services.
- Reporting will be required only for services related to codes reported annually by more than 100 practitioners and that are reported more than 10,000 times or have allowed charges in excess of $10 million annually. Under this policy, CMS estimates that it would collect data on about 260 codes that describe approximately 87 percent of all furnished 10- and 90-day global services and about 77 percent of all Medicare expenditures for 10- and 90-day global services under the physician fee schedule.
- Practitioners are encouraged to begin reporting post-operative visits for procedures furnished on or after Jan. 1, 2017, but the mandatory requirement to report will be effective for services related to global procedures furnished on or after July 1, 2017.
- **Only practitioners who practice in groups with 10 or more practitioners (including physicians and qualified non-physician practitioners) in Florida, Kentucky, Louisiana, Nevada, New Jersey, North Dakota, Ohio, Oregon, and Rhode Island will be required to report.** Practitioners who only practice in smaller practices or other geographic areas are encouraged to report data, if feasible. By excluding practitioners who only practice in practices with fewer than ten practitioners, CMS estimates that about 45 percent of practitioners will not be required to report.
- Teaching physicians would be subject to the same reporting requirements as all physicians and would report CPT code 99024 and should use the GC or GE modifier as appropriate to identify those services in which surgical residents are involved.

**Prong Two**: In addition to the claims-based data collection, CMS will conduct a survey of practitioners to gain information on post-operative activities to supplement the claims-based data collection method. The survey will be stratified by specialty and will result in a sufficient qualitative data to address key procedures in each specialty furnishing procedures with global periods. CMS anticipates that just under 10,000 physicians will be surveyed, yielding a 50 percent response rate. The survey will be in the field by mid-2017.

**Prong Three**: CMS will also implement an effort aimed at gaining information about global surgery services from accountable care organizations (ACOs).

Finally, CMS is not implementing the statutory provision that authorizes a 5 percent withhold of payment for global services until claims are filed for the post-operative care. If, however, physicians who are required to do so are not compliant, CMS may impose the 5 percent payment withhold in the future. ❖

## CANS MISSION STATEMENT

'To Advocate for the Practice of California Neurosurgery Benefitting our Patients and Profession'

## Brain Waves

*Deborah C. Henry, MD, Associate Editor*

Hollywood loves their neurosurgeons. *Dr. Strange* opened to an $85 million dollars weekend. It's the tale of Dr. Stephen Strange, an egotistical yet brilliant neurosurgeon who can remove bullets anterior to the brainstem via a suboccipital craniotomy while utilizing his favorite tool, the pituitary rongeur. In the usual Hollywood fashion, he performs emergency neurosurgical operations sans masks. "It's an emergency," says my son. "He doesn't have time for the mask," totally believing what he is seeing. There are the occasional errors besides the no masks for surgery, such as the C7-8 paralysis and the lack of any surgical prep, but on the whole, it is a lot of fun.

Many years ago, while channel flipping, I ran across *Crisis*, a 1950's black-and-white film staring Cary Grant as a prominent neurosurgeon. With a somewhat implausible plot, Grant's character is kidnapped by a South American dictator and forced to perform neurosurgery on the dictator's brain tumor. This classic movie is a tutorial on neurosurgery before the CT scan. Utilizing his knowledge of neuroanatomy and a detailed physical examination, Grant's character aptly diagnoses the location of the tumor and performs surgery in the days before power drills. It is worth watching just for these scenes.

When I was in medical school, *The Adventures of Buckaroo Banzai Across the 8th Dimension* appeared in

the theatres (1984). The title hero is rock-musician neurosurgeon physicist. The neurosurgery appears in the first scenes as Banzai navigates the deep venous drainage of the brain. I don't think I ever watched the movie past that scene. It was not much of a theatrical success, though it did spawn books, videos, a television series and a cult following.

*Days of Thunder*, a Tom Cruise-Nicole Kidman movie, came out in 1990 when I was in residency and was the beginning of the Cruise-Kidman romance. Kidman plays a neurosurgical resident, which of course is a surprise to the Cruise character. Cruise plays a racecar driver who is injured in a crash and Kidman's character is the neurosurgeon on call. When Kidman performs a fundoscopic exam by using the ophthalmoscope with the wrong eye, their lips come close together and romance blossoms.

Television is full of its neurosurgeons. *Chicago Hope* aired from 1994-200 and featured another "world-renown' neurosurgeon, Aaron Shutt, played deftly by Adam Arkin. However, the most prominent TV neurosurgeon has to be Dr. Derek Shepherd, aka Dr. McDreamy, of *Grey's Anatomy*. Played admirably by Patrick Dempsey, Shepherd walks the halls of Seattle Grace Hospital for eleven seasons until his untimely death from a car accident.

During medical school, I struggled with deciding between a career in neurological surgery or one in obstetrics and gynecology, so I took an elective with a popular attending in each. After a long day with Dr. James Rose in his clinic, where the 15-minute appointment slot lasted double that time, I asked him why he became a neurosurgeon. To paraphrase his answer, he said, tongue-in cheek-that the neurosurgeon always got the girl. He was referring to Ingrid Bergman who, at the age of 21, married Petter Aron Lindstrom. Though Lindstrom was a dentist at the time of his marriage (probably not known to Dr. Rose), he became a neurosurgeon after receiving his medical degree from the University of Rochester and then completed his neurosurgical residency in three years at the Los Angeles County Hospital. Hollywood loves its neurosurgeons, but it seems that neurosurgeons love Hollywood too. ❖



**IT'S THAT TIME OF YEAR AGAIN! DRS., PLEASE TALK TO YOUR LOCAL REPS ABOUT EXHIBITING AT THE CANS ANNUAL MEETING! REFER THEM TO ME: EMILY@CANS1.ORG OR 916.457.2267**

**DO YOU KNOW A NEUROSURGEON NEW TO CALIFORNIA?**

**TELL THEM ABOUT CANS AND DIRECT THEM TO THE CANS WEBSITE: WWW.CANS1.ORG! THERE IS A MEMBERSHIP APPLICATION ON THE SITE!**

## Transitions in Neurosurgery

*John T. Bonner, MD, Associate Editor*

The California State Office of the Patient Advocate offers a Health Care Quality Report Card which helps patients choose and evaluate health care plans and medical groups. (*The Fresno Bee*, October 26, 2016, p. 4A). This "side by side" tool compares provider quality and patient experience for the ten largest Health Maintenance Organizations (HMOs) and the five largest Preferred Provider Organizations (PPOs). The tool also rates medical group costs to patients. Specifically, the Office of Patient Advocate assesses the effectiveness in diagnosing and treating health conditions such as diabetes, mental health and pediatric care. (Neurosurgical conditions were not mentioned in the article.) Only two health plans received a four star rating, the highest score possible, for overall clinical effectiveness: Kaiser Permanente in Northern and Southern California. Kaiser in Northern California also earned four stars for behavioral and mental health care. ❖

## Tidbits from the Editor

### Know your risks when doing an IRB trial

eMerit posted the following as a heads up for us docs:

The reasonable interpretation of language in an insurance policy dictates its coverage. Sometimes the definition of a word can cost a carrier or an insured millions, if not billions.

When the World Trade Towers were destroyed in a terrorist attack in 2001, there were a number of insurers who covered the risk for damage to the buildings. Their liability hinged on whether the damage was one event or two events. Was it one terrorist attack (one event)? Or was it two planes that hit two buildings (two events)? If the policy paid out a maximum amount per event, labeling the attack as two events would net the buildings' owners more cash to rebuild. The courts interpreted some policies to have liability for two events; other policies one events. Language matters.

Now to the doctor. He's a surgeon who performed a procedure that is considered "investigational" by his professional society. That said, the procedure is similar to established procedures for achieving the same outcome; and there are theoretical safety benefits for the

new technique. Sorry about being coy with the details. But, the case is still pending. The procedure was done under Institutional Review Board (IRB) oversight so data could be gathered and a research paper published comparing safety and efficacy to procedures that have been around much longer.

The surgeon's patient had an untoward outcome. Her family is suing the doctor for malpractice. The carrier supplied an attorney to defend. Now the carrier is suing the doctor reserving its right to avoid payment of any potential settlement or judgment. The surgeon had to hire his own attorney to ensure his interpretation of the policy is honored. It's stressful enough being sued. But to be sued by a patient and then your carrier. That's uber-stress.

Is the carrier right?

It depends upon the facts of the case. Many IRB sponsored trials seek data on new drugs and medical devices. There, the clinical trial has a corporate sponsor and that company is seeking regulatory approval from the FDA. In such circumstances, there may be no data on safety or efficacy – or evolving data. So, a patient entering such a trial is not being offered the standard of care. He is being offered a chance to participate in pure research. The result may be excellent; may be death; or anything in between.

On the other end of the spectrum is the more common type of IRB trial. Research is conducted to compare established therapies. For example, in the latest New England Journal of Medicine, a study compared the use of statin alone versus statin plus Zetia in lowering LDL and frequency of cardiac events. According to the study, the combination therapy was more effective than single agent treatment. What happens if a patient died during THAT trial? If he sued his doctor for negligence, could his carrier avoid payment arguing the trial was investigational and conducted under auspices of IRB? Doubtful.

What to do?

If you are truly working with a corporate sponsor doing an IRB approved trial, ask that sponsor to indemnify you for any bad outcome associated with the trial. This will fill in any perceived gaps. Also, notify your carrier of the clinical trial. If they say they'll cover you, great. If not, then you at least know where you stand. Some carriers may allow you to purchase riders. Some carriers provide standalone IRB sponsored research coverage. The more your medical malpractice carrier knows in advance of the work you intend to do, the more likely you will be covered should the feces hit the fan. Your carrier may want more information; and you may need to make the case that your work is more like the Zetia/statin clinical trial than an entirely new drug trial.

Understanding what a policy covers and doesn't cover can cost you serious cash. Most risks can be covered by some policy or some rider. Just make sure you're covered.

## CAP, CANS newsletter sponsor, offers help

A 2016 physicians' compensation survey reports that practice overhead accounts for as much as 60% of total practice expense. And one-third of respondents reported an increase in overhead expense from 2015.

In these days of stagnated income, decreasing expense is key. CAP can help with direct savings for your Medical Malpractice Coverage. Many California physicians save 20%-40% with CAP.

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## AMA Honors Katie O. Orrico with Lifetime Achievement Award

The American Medical Association awarded **Katie O. Orrico**, JD, director of the American Association of Neurological Surgeons (AANS) and Congress of Neurological Surgeons (CNS) Washington Office, with the Medical Executive Lifetime Achievement Award. The award honors a medical association executive who has contributed substantially to the goals and ideals of the medical profession.

In a press release, AMA President Andrew W. Gurman, MD, stated, "A coalition builder, Katie Orrico has demonstrated time and again throughout her career a tireless commitment to patients and physicians alike." He added, "Respected by colleagues for her leadership, mentorship and library of knowledge on policy, legislation and government operations, she is a workhorse for a healthier tomorrow." ❖

## Observation of the Month:

The sole purpose of a child's middle name is so he can tell when he's really in trouble.

**Meetings of Interest for the next 12 months:**

Cervical Spine Research Society: Annual Meeting, Dec 1-3, 2016, Toronto, Ontario, Canada
AANS/CNS Joint Pediatric NS Section: December 5-8, 2016, Orlando, Florida.

***CANS, Annual Meeting, January 13-15, 2017; Mark Hopkins Hotel, San Francisco, CA***

CNS Spine Complication Course, January 26-29, 2017, Park City, UT
North American Neuromodulation Society: Ann. Meet., January 19-22, 2017, Las Vegas, NV
AANS/CNS Joint Cerebrovascular Section: Ann. Meet., February 20-21, 2017, Houston, TX
Southern Neurosurgical Society: Annual Meeting, February 22-25, 2017, Orlando, FL
AANS/CNS Joint Spine Section: Annual Meeting, March 8-11, 2017, Las Vegas, NV
Neurosurgical Society of America: Annual Meeting, April 2-5, 2017, Jacksonville, FL
CSNS Meeting, April 21-22, 2017, Los Angeles, CA
AANS: Annual Meeting, April 22-26, 2017, Los Angeles, CA
AANS/CNS Joint Pain Section Bi-Annual Meeting, May 19-20, 2017 Chicago, IL.
Rocky Mountain Neurosurgical Society: Ann. Meeting, 2017, TBA
New England Neurosurgical Society: Annual Meeting, June 22-24,2017, Chatham, MA
Western Neurosurgical Society: Annual Meeting, September 8-11, 2017, Banff, Alberta, Canada
CSNS Meeting, October 6-7, 2017, Boston, MA
Congress of Neurological Surgeons: Annual Meeting, October 7-11, 2017, Boston, MA
North American Spine Society: Annual Meeting, October 25-28, 2017, Orlando, FL
California Neurology Society: Annual Meeting, 2017, TBA

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 the CANS office by E-mail (emily@cans1.org) or fax (916-457-8202)—Ed. ❖

The assistance of Emily Schile and Dr. Praveen Mummaneni in the preparation of this newsletter is acknowledged and appreciated.

- To place a newsletter ad, contact the executive office for complete price list and details.
- Comments can be sent to the editor, Randall W. Smith, M.D., at rws-avopro@sbcglobal.net or to the CANS office emily@cans1.org.
- Past newsletter issues are available on the CANS website at www.cans1.org.
- If you do not wish to receive this newsletter in the future, please E-mail, phone or fax Emily Schile (emily@cans1.org, 916-457-2267 t, 916-457-8202 f) with the word "unsubscribe" in the subject line.

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