



CANS

newsletter

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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!

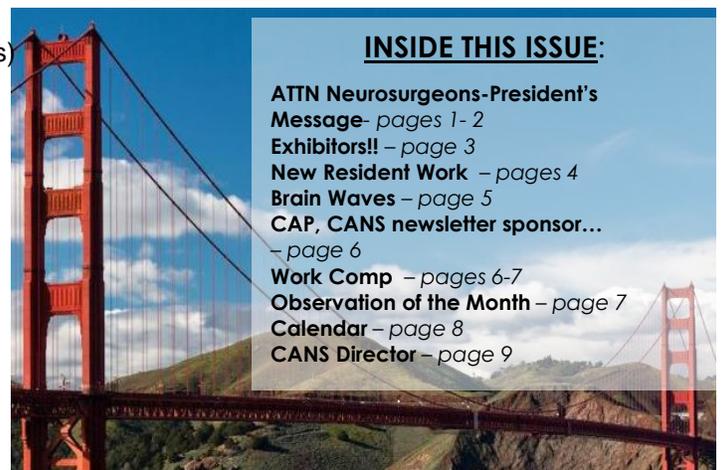
The CANS (California Association of Neurological Surgeons) Annual Meeting is fast approaching and we want to make sure you don't miss out! As many of you know, Dr. Praveen Mummaneni is the CANS current President!

Dr. Mummaneni along with his annual meeting committee have put together an engaging program for the January holiday weekend (MLK Jr weekend).

The meeting will be held at the historic Intercontinental Mark Hopkins in San Francisco, CA on January 13-15th, 2017!

Rooms are filling up fast so book today!

The registration form is attached along with some highlights below:



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- Presentations from **CNS President Dr. Alan Scarrow, Senator Richard Pan, MD & our key note, Dr. Robert Harbaugh, presenting on Strategic Planning for Healthcare Reform**
- **AANS President, Dr. Frederick Boop-CAST Updates on Fellowship Training Certification**
- **CSNS Chairperson, Dr. Ann Stroink**
- *Friday night reception-meet colleagues and our exhibitors*
- *Lunch at the Top of the Mark*
- **2017 Pevehouse Award presentation to Dr. Mitchel Berger at the Saturday night banquet!**
- *Resident presentations from 10 of the 11 Neurosurgical Schools in California*
- *Networking opportunities*
- *Learn about the latest developments in Neurosurgical, Spine & Ultrasound equipment/devices.*

We hope that you will join us in San Francisco!

Saturday night banquet,
special Neurosurgeon Winemaker Pairings
 (Call Emily to see if there is space)

- Welcome Wine, Kenefick Ranch Picket Road White
- First Course, Creamy Lobster Bisque paired with Kenefick Ranch Sauvignon Blanc

Choose either:

- Crusted Sea Bass with Baby bok choy. To be paired with Kenefick Ranch, Sauvignon Blanc
- Herb Crusted Rack of Lamb; Paired with Kenefick Ranch Cabernet Cuvee
- Vegetarian Choice; Pairing TBD

Desert:

Chocolate Hazelnut Streusel, Hazelnut Brownie
 Paired with Kenefick Ranch Cabernet Franc

See you in SF!



EXHIBITORS: CONTACT Emily for more information!
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New resident work rules help training programs if not trainees

Randall W. Smith, MD, Editor

On November 04, 2016, Robert Lowes of Medscape Medical News, penned the following slightly edited article on proposed resident work hours:

First-year residents would no longer be limited to 16-hour shifts during the 2017-2018 academic year under a controversial proposal released by the Accreditation Council for Graduate Medical Education (ACGME).

Instead, individual residency programs could assign first-year trainees to shifts as long as 28 hours, the current limit for all other residents. The 28-hour maximum includes 4 transitional hours that's designed in part to help residents manage patient-care handoffs.

The plan to revise training requirements does not change other rules designed to protect all residents from overwork. The maximum number of hours that they can log each week remains at 80. All residents must have at least 1 day in 7 free from both clinical experience and education. And in-house call can't be more than every third night. All these limits are based on 4-week averages.

The ACGME capped the shifts of first-year residents at 16 hours in 2011 as a part of an ongoing effort to make trainee schedules more humane and avoid clinical errors caused by sleep deprivation. Some medical educators and medical societies claim, however, that this particular reform has worsened the learning experience of first-year residents as well as continuity of patient care.

ACGME CEO Thomas Nasca, MD, told Medscape Medical News that the problem arises largely from first-year residents not being on the same schedule as supervising residents and others on their "home" educational team. On a 16-hour clock, first-year residents can end up working under relative strangers, said Dr Nasca. "The lack of synchronization is very disruptive."

The solution, he said, is putting everyone on the same clock.

And it's a safe solution for residents and patients alike, according to the ACGME. The group touts a study published in the New England Journal of Medicine in February showing that longer shifts and less rest in between for surgical residents did not affect the rate of serious complications or surgical fatalities. Residents working longer shifts were no more dissatisfied with their overall well-being than those whose shifts were capped in accordance with AGME standards. They indicated that their educational experience improved, but at the expense of personal time. The study, called Flexibility in Duty Hour Requirements for Surgical Trainees (FIRST), encompassed 117 general surgery residency programs in 151 hospitals.

Not everyone buys these findings and the arguments for relaxing the 16-hour rule for first-year residents. Both the American Medical Student Association and the Committee of Interns and Residents, a union representing 14,000 physicians, oppose the AGCME proposal. The consumer watchdog group Public Citizen calls it "a dangerous step backward."

For his part, Dr Nasca said the ACGME made a good-faith effort to arrive at a consensus decision by listening to specialty societies, certifying boards, patient safety organizations, and residents. And rather than ignoring the well-being of first-year trainees, he said, the plan would step up efforts to prevent burnout and depression. It calls on residency programs, for example, to ensure that trainees can make appointments with a physician or a mental health professional, even during their working hours. And faculty and residents must be trained to identify symptoms of burnout, depression, and substance abuse.

The ACGME proposal will go to the group's board of directors for a final decision after a 45-day comment period. More information on the proposal is available for download from the ACGME. ❖

CANS MISSION STATEMENT

'TO ADVOCATE FOR THE PRACTICE OF CALIFORNIA NEUROSURGERY
BENEFITTING OUR PATIENTS AND PROFESSION'

Brain Waves

Deborah C. Henry, MD, Associate Editor

The lyrics to *Santa Claus is Coming to Town* proclaim that Santa knows when you've been bad or good, so be good for goodness sake. Researchers set out to see if Santa visited children who were nice more often than naughty (BMJ 2016;355:i6355). The authors' premise was that children in pediatric wards must fall in the nice group, so they looked at which hospitals Santa came to visit on Christmas Day in 2015. They analyzed data in England, Scotland, Wales, and Northern Ireland, then broke the data down further amidst regions in England. Assuming that hospital children were among the most deserving of a visit from Santa, their comparison groups were regions of high school absenteeism and regions of high juvenile conviction.

It turns out that Santa did a pretty good job seeing pediatric patients on Christmas day. In Northern Ireland, every pediatric ward (8 of them) had a visit by Santa. Scotland was next with 93% of the wards, followed by Wales at 92%. St. Nick managed to see 89% of the children's wards in England.

So who didn't Santa visit? St. Nick showed up in only 50% of the pediatric wards in northeast England and 71% of wards in northwest London. The amount of truancy in the local area did not correlate with Santa visits nor did regional juvenile conviction rates. Hence, Santa did not seem to care whether you were naughty or nice. Distance from the North Pole did not determine either whether a Santa drop-in occurred. The only discernible variable in the locations that Santa preferred to frequent were socioeconomic. When the areas in England that were less visited by Santa were compared to the index of multiple deprivation decile, the value was significant ($p=0.03$).

The number of St. Nick's visits in the United Kingdom pediatric wards appear not to be related to whether you are naughty or nice but whether you are rich or poor. Perhaps now, there will need to be a change to the third verse of *Here Comes Santa Claus* which says "He doesn't care if you're rich or poor, he loves you just the same." Or better yet, let's just work on making sure that socioeconomic factors won't matter when it comes to visits from Santa, his reindeer, or anyone else to pediatric wards. ❖



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WWW.CANS1.ORG! THERE IS A MEMBERSHIP APPLICATION ON THE SITE!**

Tidbits from the Editor

CAP, CANS newsletter sponsor, offers help

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Work Comp formulary takes shape

Elaine Goodman has penned the following mildly edited article for WorkComp Central about the forthcoming Comp outpatient drug formulary:

The California Division of Workers' Compensation plans to start formal rule-making for a prescription drug formulary next month, less than six months from the formulary's scheduled implementation date of July 1. DWC released an informal draft of the formulary regulations in late August and opened a comment period that ran through Sept. 16. The regulations include a list of 257 medications that are designated as "preferred" or "non-preferred."

The list is viewable at: <http://www.dir.ca.gov/dwc/ForumDocs/Implementing-AB-1124-Drug-Formularyand-update-of-MTUS-Guideline/MTUS-Preferred-Drug-List.pdf>

Under the proposal, preferred drugs could be prescribed to injured workers without preauthorization, while non-preferred drugs or drugs not on the list would be subject to prospective review.

Since the release of the informal draft, "DWC has been reviewing comments received, and making improvements to the draft regulations," Department of Industrial Relations spokesman Peter Melton said in an email. "The division plans to begin formal rule-making in January."

But even before the formulary's official implementation, physicians can start getting acquainted with the DWC drug list and use it as a guide in prescribing, according to the presenter of a webinar on Wednesday for the Western Occupational and Environmental Medicine Association, or WOEMA.

Dr. Robert Goldberg told webinar participants that the DWC's drug list is not likely to change much from the draft released in August.

Assembly Bill 1124 set the July 1 deadline for implementing the drug formulary, which will apply to prescribing in outpatient settings.

An analysis by the California Workers' Compensation Institute found that in 2014, about 27% of prescriptions were for medicines on the proposed list of preferred drugs, and made up 22% of payments. Non-preferred drugs accounted for 57% of prescriptions and 53% of payments, while drugs not included in the proposed formulary accounted for 16.4% of scripts and 24.9% of payments.

The top-prescribed drug from the non-preferred category was hydrocodone/acetaminophen, a combination sold under brand names Norco and Vicodin, which accounted for 14.4% of workers' comp prescriptions in 2014, according to CWCI.

Of note is that all opioids, gabapentin and tramadol are on the non-preferred list so the neurosurgeon treating his/her spine surgical patient can expect every prescription for pain control to be sent for UR.



Observation of the Month:

A recent study has found that women who are a little overweight live longer than men who mention it.

Meetings of Interest for the next 12 months:

[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
Cervical Spine Research Society: Annual Meeting, Nov. 30 – Dec. 2, 2017, Hollywood, FL
AANS/CNS Joint Pediatric NS Section: Ann. 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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