CANS newsletter

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Attention Neurosurgeons

Kenneth Blumenfeld, MD, President

The California Association of Neurological Surgeons Annual Meeting is scheduled for January 12-14th, 2018 at the U.S. Grant in San Diego, CA! I have put together a program that will help prepare California Neurosurgeons for the future!

To say 2017 produced a tumultuous legislative and regulatory cycle would be an understatement. The 2018 CANS annual meeting will provide an update on where we have been and where we are heading. This information will be invaluable in navigating the complex healthcare delivery issues we will face in 2018. Highly anticipated will be presentations from AMA, CMA, AANS, CSNS, and Washington Committee leadership. We will also have the opportunity to meet and receive special "direct from the hill" input from Congressman Raul Ruiz, MD and Vanila Singh, MD from HHS.

Other thought provoking activities will include a drill down session on sub specialization, fellowships, and CAST certification in neurosurgery. We will be introduced to the world of precision medicine and as always the resident presentations will focus on socioeconomic issues and be a highlight of our meeting. **Bottom line is you don't want to miss this meeting!**

PLEASE SAVE THE DATE!

We have secured a fabulous rate of $249 for the historic U.S. Grant Hotel in downtown San Diego! This hotel is near the Gaslamp district and less than one mile to the Air & Space Museum and the Maritime Museum! 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:

California Neurosurgery- Preparing for the Future

SCHEDULE of EVENTS January 12-14, 2018

FRIDAY

8am-1 NuVasive Didactic course w lab-**FREE! Sign up today!**

2-5pm CANS Board Meeting (open to all members-snacks before)

7 – 9:00 Opening Night Reception

SATURDAY

6:30–7:30 Continental Breakfast- Please visit EXHIBITS

7:30-7:35 Kenneth Blumenfeld, M.D. **President's Report**

INSIDE THIS ISSUE:

7:35-7:40 Mark Linskey, M.D. **Secretary's Report** Voting: BOD/Nominating Committee
7:40-7:45 Ted Kaczmar, M.D. **Treasurer's Report**

Session 1: Growing Trend towards Neurosurgical Sub specialization

8:00-8:30 Dr. Robert Harbaugh – **Update on accredited enfolded residency fellowships and CAST certification**
8:30-9:00 Dr. Abou-Samra- **Spine fellowship and specialization is the way of the future**
9:00-9:30 Dr. Shelly Timmons – **General neurosurgeons, core competency & scope of practice**
9:30-10:00 Dr. Mike McDermott- **Specialization in cranial surgery is a must**
10:00-10:30 Dr. Javed Siddiqi- **Sub specialization in intracranial surgery will fragment neurosurgery**
10:30-11:00 Q&A, **Panel Discussion**
11:00-11:30 Break - Please visit exhibits

Session 2: California Legislative Update

11:30-11:50 Dr. Ted Mazer-**Surprise Billing and AB 72**
11:50-12:10 CMA Staff-**State of CURES update**
12:10-12:30 Janus Norman-**Prop 56, "Show me the money!"**
12:30 – 1:30 Lunch with Exhibitors

Session 3: Quality and value in neurosurgery

1:30-1:45 Dr. Ann Stroink-**Washington CMTE Update**
1:45-2:15 TBD **MACRA "Rules"**
2:30-3:00 Dr. Robert Hertzka- **ACA and Healthcare Reform…What Now?**
3:00- 3:15 Dr. Josh Rosenow- **CSNS update**
3:15-3:30 Dr. John Ratliff – **Coding and Reimbursement**
3:30-4:00 Congressman **Raul Ruiz-MD- Update from the hill**
4:00-4:30 Dr. Vanila Singh - **HHS update**
4:30-4:45 Dr. Kenneth Blumenfeld- **Closing Remarks**

SATURDAY BANQUET –MUST HAVE TICKET
6:30 PM Cocktails
7:00 PM Dinner

SUNDAY

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

Session 1

8:00-9:00 **Artificial Intelligence, Robotics, Precision Medicine, and Neurosurgery**
9:00-9:30 BREAK-PLEASE VISIT EXHIBITS
9:30- 12:00

Resident/Fellow Presentations

University of California San Francisco; Andrew Chan, MD
To Fuse or Not to Fuse? Readmission, Reoperation, and Patient Reported Outcomes after Surgery for Grade 1 Lumbar Spondylolisthesis in 332 Patients from the Prospective Quality Outcomes Database
University of California Irvine; Nathan Oh, MD and Kieu Tran, MD
"Strategic Partnerships Increase Patient Access to Surgical Treatment and Case Volume at a Level 4 Epilepsy Center"
Desert Regional Medical Center, Palm Springs; Brian Fiani, DO
Impact of Technology on Socioeconomics/Health Care Quality
Stanford, Yi Ren Chen, MD
"Incidence of C5 Palsy after Posterior Cervical Procedures: Analysis of Risk Factors using Clinical and Radiographic Measurements"
University of California Los Angeles; Giyarpuram Prashant, MD
University of Southern California; Joshua Bakhsheshian, MD
Cedars Sinai-
University of California San Diego; Dan Cleary, MD
Loma Linda; Marc Eastin, DO
Riverside University Health System; Hammad Ghanchi, DO
Back Pain's contribution to the National Opioid Crisis
University of California Davis; Jared Ament, MD, MPH
12:00-12:15 Award for Resident

DO and Allopathic training converging

Randall W. Smith, MD, Editor

Health Affairs blog, on October 23, 2017, published an article by Edward Salsberg and Clese Erikson entitled "Doctor of Osteopathic Medicine: A Growing Share of The Physician Workforce" from which we have excerpted and modified portions and have added some of our thoughts as follows:

Currently there are 81,115 doctors of osteopathic medicine in the US (8.5% of licensed physicians) and DO's now comprise 26 percent of first-year medical students in the United States after a doubling of osteopathic medical school enrollment over the past decade Doctors of osteopathic medicine represented approximately 17.6 percent of physicians entering the graduate medical education pipeline in the United States in 2015 when doctors of osteopathic medicine beginning residency training in Accreditation Council for Graduate Medical Education (ACGME) accredited residencies (N = 3,347) and approximately 2,000 that entered American Osteopathic Association (AOA) accredited residencies.

The authors stated "*Despite concerns that the increase in osteopathic medical school graduates would lead to more students not being matched in ACGME residency training programs, the match rate for doctors of osteopathic medicine in the National Resident Matching Program (NRMP) grew from 75 percent to 82 percent between 2013 and 2017 even though the number of doctor of osteopathic medicine applicants increased by 24 percent (2,677 to 3,590). In 2017, 99 percent of graduating doctors of osteopathic medicine seeking graduate medical education were matched, with approximately 52 percent entering through the NRMP, 43 percent through the AOA match, and the balance through the military match and other match placements, such as the SF (San Francisco) Match.*"

In an attempt to end the two separate pathways to becoming a boarded neurosurgeon, namely completing an ACGME approved residency and passing ABNS testing or completing an AOA approved residency and passing AOA neurosurgery board testing, the ACGME and the AOA have teamed up to establish a single accreditation system for all graduate medical education (residency) programs. By 2020, the single accreditation system will further narrow the distinction between medical doctors and doctors of osteopathic medicine as all residents and fellows will have to meet the same training standards. Currently, only doctor of osteopathic medicine graduates can apply for AOA residency training programs, but the single accreditation system will allow medical doctor graduates (including international medical graduates) to also apply for all residency slots.

The single pathway may not be the end of the DO pathway as those DO residency programs that fail to meet ACGME standards could continue to train osteopathic medical school graduates and have their graduates continue to be accredited by the AOA since those graduates would be ineligible to take the ABNS boards. There are those that feel such residual AOA-only accredited programs should persist since a considerable number of such graduates go into primary care, particularly in rural settings.

One could make a case for the termination of osteopathic neurosurgery residencies that fail to meet ACGME standards since there is little justification for 2nd class neurosurgeons in America where the need for rural super-specialists may be small. ❖

CANS MISSION STATEMENT

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

Brain Waves

Deborah C. Henry, MD, Associate Editor

Yesterday I lectured my physiology students on the digestive system. Many hormones, including leptin, ghrelin, and glucagon-like peptides were discovered several years past my medical school time. When I was a medical student, gastric ulcers were caused by stress. Women needed hormonal replacement therapy when they arrived at menopause. AIDS was yet to be named. Neurosurgeons had stopped slicing the dentate ligaments when doing a cervical laminectomy, and the EC-IC bypass was a popular treatment of vascular disorders. By the time I arrived in residency, the EC-IC bypass had all but disappeared. Steriods in high doses were being used for spinal cord injury. A blood pressure of 140/90 was considered pre-hypertensive and Dilantin was the seizure drug of choice, unless a person required sedation, then phenobarbital was preferred. Mannitol was the only medication used to treat increased intracranial pressure.

In 1982, *Helicobacter pylori* was discovered by the Australian physicians Marshall and Warren, and medicine changed forever. No longer were peptic ulcer patients given 6 months of a bland diet and a boatload of bicarbonate. These bacteria reside in the pylorus of the stomach in order to stay away from the higher acid content of the fundus. Harboring these bacteria lead to gastric ulcers in 20% of those infected and gastric carcinoma in 1-2%. Some studies have shown a pronounced decrease in gastric carcinoma rates in those treated for *h. pylori*.

In the 1980s, statins were marketed as the new wonder drug to lower bad cholesterol and thereby prevent heart attacks. However, since 2005, clinical studies have not shown that cholesterol-lowering drugs improve mortality rates. But these drugs could give you muscle pain, liver damage, and type II diabetes. By the way, the brain is 60% fat, and 25% of the cholesterol in the human body is in the brain. All those myelinated neurons could use that cholesterol.

In my residency, mannitol was the treatment of choice for increased intracranial pressure. An external ventricular drainage (EVD) was a ventriculostomy. Hypertonic saline solutions led to central pontine myelinolysis and were to be avoided at nearly all cost. Today, hypertonic saline, as high as 7.5%, is used with debatable superiority over mannitol for lowering and sustaining normal ICP. But the argument does not stop there. Instead of treating ICP by elevating the oncotic pressure of the circulatory system, resulting in the displacement of water, lowering the hydrostatic pressure (blood pressure) may accomplish the same.

In 1990, the NASCIS II concluded that high dose methylprednisolone would improve acute spinal cord injuries, if given soon enough after the injury. Neurosurgeons jumped on the hopeful bandwagon, and pharmacies created instant drug concoctions. Lawyers hung in the shadows, awaiting any missteps in treatment from the designated protocols. Ten years later, the benefits of methylprednisolone in the treatment of acute spinal injury came to a stalemate.

In 2002, large clinical studies on hormonal replacement treatment in menopausal women concluded that estrogen and/or progesterone treatment increased the risks of breast cancer and heart disease. Estrogen, once deemed the miracle drug in preventing heart attacks in women, was relegated to the birth control pill. In November 2017, new studies conclude that

seven years of hormonal therapy is now safe and recommendations are to treat symptomatic women and those with osteoporosis.

In 2002, I attended 12 CME hours of pain management required by the Medical Board of California in order to teach me how to take care of the under prescribed patient who was in pain. Today, prescription pain medications kill more patients than automobile accidents.

This past week, the American College of Cardiology and the American Heart Association redefined hypertension in the United States as blood pressure of 130/80 or higher. Overnight, 100 million Americans now have high blood pressure (the life insurance companies probably love this). Recommended treatment at this level of 130/ 80 is via life style changes unless there is a pre-existing vascular or cardiac event or if one is over 65. Somehow, in the span of a few hours, I went from a healthy individual to a stroke waiting to happen. Who said, "don't believe everything you read"? Maybe it should be "what you read today won't be what you read tomorrow." ❖

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

Am I still a Neurosurgeon?

Moustapha Abou-Samra, MD, Associate Editor

Am I still a neurosurgeon?

Since I retired, a relatively new experience after 36 years of active neurosurgical practice, I often wonder: am I still a neurosurgeon? One thing is clear: I no longer go to the operating room to perform surgery.

Many people still refer to me as "Doctor" but many call me Moustapha and many more call me by my nickname. Moose is a name I have grown to enjoy and has become part of my American identity.

What is my identity, if not a neurosurgeon?

Do people define themselves with their work? To various degrees, everyone does. I certainly did. OK, I tried to stay aware that in addition to being a neurosurgeon, I was a husband, a father, a grandfather, a brother, a son, a friend, an athlete, who at one point ran 16 marathons, a person who enjoys nature and photography, a person who enjoys reading and who has aspirations to become a writer, a Syrian, a proud American and a … man.

I have a plaque with the saying: "Remember, thou art a man", attributed to a slave who was hired to whisper in the ear of the returning Roman conqueror after a successful campaign. It is at the base of our flagpole at home so that I could see it every morning as I left for work, and so that I, too, could remember that I was not only the confident neurosurgeon about to go to the operating room to remove a brain tumor, but also a man, an imperfect man.

To many, neurosurgeon was my only identity. And to me, neurosurgery has always defined who I am and has actually influenced the way I behaved as a father, a husband, a friend and a person.

I will never forget the day, a Friday, when I was on call at the Bexar County Hospital in San Antonio, Texas. I was called shortly before midnight to examine a 16-year-old boy, a high school student who suffered a neck injury while playing football earlier in the evening. He had some neck pain, and was complaining of some tingling in the tip of his fingers. His cervical X-Rays were normal. He had no fractures or any evidence of dislocation. This was before the days of MRI and CAT scans. After a detailed and thorough neurological exam, his work up was complete.

Except for some very subtle sensory findings, his exam was normal: he had normal strength in every muscle group. He was lucky; he had suffered a minor concussion/contusion to his cervical cord, from which he would make a complete recovery.

Our routine was to admit the patient for close observation and call the attending neurosurgeon to inform him. It was most likely that the attending would agree with the assessment and decide to see him in the morning on rounds.

My attending on call, also my chairman, a stern disciplinarian who taught by example, happened to be also the father of a 16-year-old boy, his youngest, who played high school football in San Antonio. He was silent for a few seconds that seemed like eternity; he asked me several probing questions about my examination and my assessment, but instead of saying: "OK, I'll see him on rounds in the morning," he said: "I'll be right over. Please keep a close eye on this young man." Here, my mentor showed me that it is OK for a neurosurgeon to be influenced by being a father also.

Many a time, during my career, I, too, was called to care for kids the age of my own children, sometimes with difficult and terrible problems. Did I pay closer attention to details in those instances? I suspect so. Was it more difficult to take care of patients like this? Of course, even though I always treated every patient the way I would want to be treated.

I think there are three components to one's identity.

- Our core: who we really are. This doesn't change much as we become neurosurgeons or as we choose our life's work.
- Our relationships: single, married, children, no children … no doubt enrich who we are and influence our behavior. These do change, as we get older for a variety of reasons.
- Our work: becomes a major part of our persona, particularly in a profession like neurosurgery.

I am happy that it was possible for me to retain all aspects of my identity, as I practiced Neurosurgery; this made me a better neurosurgeon. And I am also proud of having been part of a profession that makes it possible for me to do so many varied things, in addition to going to the operating room to perform surgery.

Am I still a neurosurgeon? Absolutely! ❖

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The meeting will be at the historic U.S. Grant hotel downtown San Diego, CA

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Tidbits from the Editor

The Feds sweeten the pot by a dime

The overall update to payments under the PFS based on the finalized CY 2018 rates will be +0.41 percent. This update reflects the +0.50 percent update established under the Medicare Access and CHIP Reauthorization Act of 2015, reduced by 0.09 percent, due to the misvalued code target recapture amount, required under the Achieving a Better Life Experience Act of 2014. After applying these adjustments, and the budget neutrality adjustment to account for changes in Relative Value Units, all required by law, the final 2018 PFS conversion factor is $35.99, an increase over the 2017 PFS conversion factor of $35.89.

Adler to get Cushing Award

The AANS has chosen to bestow its 2018 Cushing Award for Technical Excellence and Innovation in Neurosurgery to CANS member **JOHN RODENBECK ADLER JR., M.D.** of Stanford. Dr. Adler was the recipient of the CANS Byron Cone Pevehouse Distinguished Service Award in 2014 which is conferred upon a neurosurgeon in California who has served both the community of neurosurgery and medicine in general in an extraordinary effective and distinguished manner.

John Adler Jr. was raised in rural Connecticut. He graduated magna cum laude from Harvard College in 1976, and received his MD degree (1980) and neurosurgical training (1987) at Harvard Medical School.

From 1985-6 Dr. Adler spent a seminal one-year fellowship with Professor Lars Leksell at the Karolinska Institute in Stockholm. It was during this time that he became intimately involved with stereotactic radiosurgery, a field of neurosurgery towards which he would direct much of his career. In 1987, John joined the neurosurgery faculty at Stanford University. Over time his clinical practice centered increasingly on the surgical management of a broad spectrum of brain tumors, especially as pertains to the application of radiosurgery. Meanwhile, his scholarly interests have overwhelmingly focused on translational research and included the development of instruments for computerized surgical navigation that enabled a new class of minimally invasive procedures for brain tumor treatment.

Dr. Adler is best known for his work in stereotactic radiosurgery and in particular for his involvement in creating the field of image-guided radiosurgery. His research has been instrumental to the application of radiosurgical ablation for tumors (and other lesions) involving the head and neck, spine, chest, abdomen and pelvis. In 1998, Dr. Adler was promoted to Professor of Neurosurgery and Radiation Oncology. He is an author of more than 180 peer-reviewed publications and book chapters, serves as an editor for seven medical journals, and is a named inventor on 9 United States patents. In 2009, Dr. Adler started the online peer reviewed medical journal and social network named peerEmed.com (name changed to Cureus in 2012) and currently serves as the journal's President and CEO.

In 1991, Dr. Adler founded the company Accuray Inc. to commercialize his concept for image-guided radiosurgery, the CyberKnife. During a leave of absence from Stanford between 1999 and 2002 he

served as the Chairman and CEO of Accuray, remaining on the company's board of directors until 2009. In March 2010, Dr. Adler took a second leave of absence to join Varian Medical Systems, Inc., as Vice President, Chief of New Clinical Applications, a position he relinquished in 2015. He remains as the founder and CEO of Zap Surgical as well as his position with Cureus.

Outside his profession, John is married to Marilyn and they have 2 grown children. Though thoroughly unrealistic, John yearns to live the life of a big wave surfer. ❖

Quote for the Month:

It is a miracle that curiosity survives formal education
--Albert Einstein

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The meeting will be at the historic U.S. Grant hotel downtown San Diego, CA

Meetings of Interest for the next 12 months:

AANS/CNS Joint Pediatric NS Section: Ann. Meeting, Nov. 28-Dec. 1, 2017, Houston, TX.
Cervical Spine Research Society: Annual Meeting, Nov. 30 – Dec. 2, 2017, Hollywood, FL
CANS, Annual Meeting, January 12-14, 2018; US Grant Hotel, San Diego, CA
North American Neuromodulation Society: Ann. Meet., January. 11-14, 2018, Las Vegas, NV
AANS/CNS Joint Cerebrovascular Section: Ann. Meeting, Jan. 22-23, 2018, Los Angeles, CA
Southern Neurosurgical Society: Ann. Meeting, Feb. 28-March 3, 2018, San Juan, Puerto Rico
AANS/CNS Joint Spine Section: Annual Meeting, March 14-17, 2018, Orlando, FL
Neurosurgical Society of America: Annual Meeting, June 10 - 13, 2018 Jackson Hole, Wyoming
CSNS Meeting, April 27-28, 2018, New Orleans, LA
NERVES Annual meeting, New Orleans, LA, April, 2018, Date TBA
AANS: Annual Meeting, April 28-May 2, 2018, New Orleans, LA
California Neurology Society: Ann. Meeting, 2018, TBA
AANS/CNS Joint Pain Section Bi-Annual Meeting, 2018, TBA.
Rocky Mountain Neurosurgical Society: Ann. Meeting, 2018, TBA
New England Neurosurgical Society: Annual Meeting, 2018, TBA
Western Neurosurgical Society: Annual Meeting, September 14-17, 2018, Kona Coast, Hawaii, HI
CSNS Meeting, October 5-6, 2018, Houston, Texas
Congress of Neurological Surgeons: Annual Meeting, October 6-10, 2018, Houston, Texas
International Society for Pediatric Neurosurgery: Annual meeting, October 7-11, 2018, Tel Aviv, Israel
North American Spine Society: Annual Meeting, October 26-29, 2018, Los Angeles, CA

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. Kenneth Blumenfeld 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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