CANS newsletter

Quality and the Feds—it comes at a price

Randall W. Smith, MD, Editor

For those California neurosurgeons wishing to avoid the 1.5% pay cut in Medicare reimbursement that will begin in 2015 for those that don't meet PQRS requirements by sending quality data to the Centers for Medicare & Medicaid Services, the Feds have tried to make the requirements easier to satisfy. Since the 2015 penalty will be based on 2013 reporting activity, this year's reporting is pertinent.

First, a physician or group of physicians that attempts to report PQRS measures in 2013 but does not meet the criteria for the 0.5% bonus on all 2013 Medicare billing, still will not have pay rates downgraded in 2015. Just joining in and trying will be good enough to avoid the downgrade in the 2015 year. Also, CMS will deem the submission of at least one quality measure, in the form of a G-code, during an applicable 2013 patient encounter as being satisfactory to stop the 2015 payment adjustment.

Further, CMS has indicated a willingness to consider docs who participate in a specialty quality enhancing database as satisfying the PQRS requirement. The National Neurosurgical Quality and Outcome Database (N2QOD) has been spawned as an independent non-profit organization by the AANS and participating in it will likely constitute an adequate maneuver by neurosurgeons to satisfy the PQRS requirements. The catch currently is that participating in N2QOD requires a registration fee and the large neurosurgical practices that have registered have had to add an FTE to their overhead to deal with all the data that must be submitted. Also, the only module currently available into which groups can send data is about lumbar surgery.

N2QOD is working on an "Essentials" option for single or small group neurosurgical practices which will have a smaller registration fee and require a lot less data so that the additional FTE will theoretically not be necessary, but it is currently a work in progress. For 2013, the only real option for a lot of neurosurgeons may be to deal directly with the Feds and their PQRS rules. ❖

INSIDE THIS ISSUE:

Transitions in Neurosurgery

John Bonner, M.D., Associate Editor

Belonging in organized medical organizations and participating in their activities have been, for most physicians, including Neurological Surgeons, enjoyable and productive. Personally, I very much enjoy our California Association of Neurological Surgeons organization and annual meeting which we just completed January 18-21 at the Queen Mary. The meeting was excellent. Membership in CANS is a value as it combines practical knowledge of neurosurgery with defense of our specialty from a socio-economic perspective. Our CANS membership is well worth it.

There are other medical memberships most of us are also involved in, such as the California Medical Association and a local medical society to name two examples. Most of us also identify with, and support financially, our college, medical school, and university where we conducted our residency and other training. But supporting numerous organizations can become expensive, especially in this economy.

Although I have belonged to both the AANS and CNS for years, I have considered the separation of the two organizations unnecessary. Initially, I understand that the CNS was founded to allow neurosurgeons who had difficulty joining the AANS or who were not boarded to become members. While this caveat of CNS membership could be a problem addressed and resolved, I do think that the purpose of the two organizations have overlapped to the point where separate organizations are no longer necessary.

Combining the AANS and Congress has long been a desire of many of us. For this purpose, you have probably received a letter from the Washington University Division of Pediatric Neurosurgery, dated January 10, 2013, promoting the unification of the AANS and CNS, and asking that you participate in a survey to gauge general interest in doing so. I hope that interested neurosurgeons support this effort. ❖

Brain Waves

Deborah Henry, MD, Associate Editor

A fifty-two year old urologist was shot and killed about two blocks from me about five hours ago. In fact it was just around the time my son was arriving home from school. An elderly patient walked into the patient exam room and rapidly fired 6 or 7 bullets into the doctor's torso at close range. The doctor never had a chance. The patient was handcuffed and led away without additional incident.

My first experience of violence against doctors was learning of a neurosurgeon dying in Syracuse after one of his chronic pain patients dressed up as a postal carrier, knocked on his front door, shot his wife in the arm and then killed him. His partner performed the CPR in the emergency room to no avail. I started my residency in Syracuse about 6 months later. As one can imagine, that private practice was never the same.

Several years ago, when I was at Kaiser, an urologist was shot at Baldwin Park by a disgruntled patient. The doctor survived a gunshot wound to the neck and actually returned to practice. A friend of mine, a woman doctor, had a patient stalking her for several months.

But as doctors, we still remain somewhat protected from work place violence as our nursing colleagues are often in the front line. According to the US Bureau of Statistics nearly 60% of all nonfatal acts of workplace violence occur in the healthcare and social service industries with most of the perpetrators being healthcare patients or residents of a healthcare facility. Nursing aides, orderlies and attendants are the most likely to be injured.

I must count myself fortunate. There was the time I was late to the office after an unexpectedly long visit to the emergency room only to arrive to find a new patient berating my office staff. One of my old patients, who knew I ran on time, said he almost took the new guy out. And I have had two very nasty letters from patients with chronic pain where I learned that not everyone wants to hear that having a support system may help them deal with chronic pain.

After the recent shooting in Newtown, my son's elementary school started a safety committee. I joined the discussion one night. Everyone was torn between increasing security but yet leaving the innocence of an elementary school. There was talk of fencing in the entire school, security guards, bullet proof doors, and locked windows in the un-air-conditioned school. Already the school has installed panic buttons and the kindergarteners to sixth-graders have had lock-down drills.

What does the CDC have to say on occupational violence? Not surprisingly, the top victims of occupational violence are police officers, corrections officers, and taxi drivers. Total work place homicides number approximately 700 per year. California has substantial research on workplace violence. The number one cause of death on the job is vehicle fatalities. The number one cause for women is homicide. Homicide is the second leading cause of work place death. However, 2 million people each year report episodes of work place violence. Of the homicides, most were the result of work place robberies. What are the external risk factors: Working alone or in small numbers; working late night or early morning; working with money; delivering passengers, goods or services (those taxi drivers again), working in high crime areas, guarding property or possessions, and having contact with the public. I see us healthcare workers among that list. The internal risk factors are also fairly predictive from working in highly competitive sectors, the restructuring of an organization (impending lay-offs), workers with a gripe or feud, verbally abusive workers or supervisors, and the sense of favoritism. Warning signs of the potentially violent person include those exhibiting confusion, frustration, placing blame, and visible anger such as screaming and pounding fists. Those in the latter category should be considered high risk for a violent action.

Because of the increasing need to see more patients in a shorter period of time, patient appeasement becomes difficult. No one in the healthcare field doubts that this leads to more tests as it is far easier to order that MRI than to explain to a patient in a fifteen minute or less exam why one is not necessary. Over the past several years, when I run late, I simply start my visit with a trite "I'm sorry". Though the recent events here in Newport Beach sadden me immensely, later on the news as I finish up this article, I heard about a quad-amputee veteran who around 6 weeks ago had bilateral arm transplants after a 13 hour surgery at John Hopkins. The veteran reached up to scratch his nose during the interview. What a gift we have been given to serve our patients. We will be kind to you. Please be kind to us too. ❖

Tidbits from the Editors

Highlights of Annual Meeting Activities

The Board of Directors' meeting on Friday the 18th resulted in the following:

1. Notation of a protected area of the Web site for minutes and policies and procedures.
2. Contribution of $500 to CAPP (MICRA protection).
3. No significant change in number of members (178 active; 62 senior; 140 residents)
4. Approved 4 new members (**Marco Lee**-Stanford; **Michel Kliot**-UCSF; **Ripul Panchal**-UCD; **Michael Chan**-Sacramento).
5. Appointed Michel Kliot and John Ratliff to fulfill the Director terms of Ken Blumenfeld and Praveen Mummaneni who were elected to officer positions.
6. Noted that Dr. Bill Caton continues to assay what hospitals are paying for emergency neurosurgical coverage and that a new report will be issued soon.

The annual meeting was attended by 81 docs who in addition to getting 9.5 hours of CME credit heard some good presentations.

1. **Kim Page's** office manager, Holly Neville, described their experience with an office server based EHR system and felt it took only two weeks to get office productivity back to normal after instituting the electronic system which ultimately resulted in more efficient office thru-put and reduced the total personnel needed to run the practice. She noted that getting one's system to communicate well with that of their one local hospital continues to be a challenge and that cloud based EHR systems are cheaper but subject to internet functioning. *The cheapest cloud systems, some of which include free software (Practice Fusion) actually include ads from Pharma delivered directly to the doctor-Ed.*

2. **Susan Reynolds, M.D., PhD.,** from the Institute for Medical Leadership, predicted that the California ban on the corporate practice of medicine will be repealed in the next 3-4 years. She also felt it was crucial that any office EHR program has to communicate well with hospital IT systems and that hospitals can loan any practice 85% of the cost of getting an EHR program and that the Federal EHR incentive payments can still be claimed even if the hospital helps out. She also felt that the best survival plan for doctors is to align themselves with hospitals.

3. **Mitch Berger, M.D.,** president of the AANS, gave the AANS report spending a fair amount of time extolling the virtues of the AANS sponsored National Neurosurgical Quality and Outcome Database (N2QOD) and how if implemented correctly could be used by every neurosurgeon who participates to use it to satisfy initial ABNS practice data collection, satisfy data collection requirements for MOC and satisfy the Federal PQRS program requirements (see **Quality and the Feds** article).

4. **John Goodman, PhD**, president and CEO of the National Center for Policy Analysis (NCPA), better known as the "Father of Health Savings Accounts", gave his perspective on the underlying reasons for the skyrocketing costs of healthcare and why he believes the ACA will do little to solve the problem. According to Goodman, the economic incentives have to be addressed first. If patients are not put in charge of the money they are spending on healthcare, healthcare costs will keep rising as hospitals, physicians, pharmaceutical companies and medical device manufactures keep responding to the reimbursement rules set by the government instead of (a) free market. (*Prècis by Laura Beken, Editor of the Physicians News Network in the 1/28/13 edition of their newsletter at www.physiciansnewsnetwork.com -Ed.*)

5. **Duane Dauner**, CEO of the California Hospital Association, made some predictions regarding how by 2020 the Affordable Care Act will end up driving almost every purchaser of medical insurance (including individual private, employer and Medi-Cal patients but not standard Medicare fee-for-service patients) into the California Insurance Exchange currently being developed. With such a concentration and with the battle by the insurers to be among the cheapest products in the exchange, he sees extreme downward pressure on doctor and hospital fees that can effectively only be countered by docs and hospitals firmly joining together to negotiate or even start their own insurance companies.

6. **Gordon McComb, M.D.**, graciously accepted the Byron Cone Pevehouse Distinguished Service Award for 2013. The ***Pevehouse Award*** is given to a neurosurgeon in California who has served both the community of neurosurgery and medicine in general in an extraordinary effective and distinguished manner. Although Dr. McComb has made many contributions in his research on CSF and has served as President of many organizations and served on many editorial boards, the Award was predominantly bestowed for his 38 years as head of pediatric neurosurgery at USC/Children's Hospital of Los Angeles where he immensely benefitted the children of Los Angeles as well as training over a generation of neurosurgical residents and fellows in the intricacies of pediatric neurosurgery.

7. **Janine Tash** was feted as she retired as of the meeting after 18 years as CANS Executive Secretary. After a near-full career at the phone company as an engineer and then a mini-career as a stay at home mom, she jumped into the CANS arena in 1994 and has shepherded 18 CANS Presidents and their Boards of Directors safely through their annual slog. She was given an engraved memorial timepiece as well as a trip for her and husband Tom to one of her favorite coastal California resort hotels.

8. **The Sunday morning program,** which featured 20 minute presentations by 10 residents, one from each neurosurgical training program in California, was well attended right up to the final paper at noon. The subjects were mostly about work in progress and all attested to the forward thinking extent in our state's training programs. The program directors covered the cost of resident travel to the meeting with CANS covering a night's stay on the Queen Mary (if needed) and the free ticket to the banquet (if desired).

9. **Stryker** and **Surgical West** were singled out for their additional support of the meeting above and beyond the usual exhibitor fee. A total of 30 companies chose to exhibit at the meeting which resulted in a meeting that did not lose money as some have in the past. ❖

Continuing Education—different strokes

The California State Bar requires active attorneys, with some exceptions, to complete 25 hours of continuing education every three years including at least four hours of legal ethics, one hour of elimination of bias in the legal profession and one hour of prevention, detection and treatment of substance abuse or mental illness. The Medical Board of California requires 50 hours of CME every two years without any special emphasis on topics. One might explain this three-fold greater doc CME requirement by noting that medical care is evolving at a greater rate than the law or that docs are inherently a bit sluggish and need greater stimulation. One could also conclude that there just isn't that much legal CME being provided. Remember, docs have an awful lot of groups trying to make a buck from the CME they offer (AANS, CNS, ACS, AMA, the Western Neurosurgical Society and, yes, even CANS). Docs have so much CME going on they need a national organization to police it all (the ACCME). One suspects the lawyers don't have all these organizations pushing CME

so getting the 25 hours is hard enough as is. Or maybe they don't really care much about the issue. Or maybe we docs care too much. Oh well, *viva la difference*! ❖

Strategic Planning Session held by Board

The CANS Board of Directors held a strategic planning session on Friday January 18th just prior to the annual meeting. The Board recognized eight current activities of the Association:

1. Conducts an annual meeting
2. Publishes a newsletter
3. Attends the Contractor Advisory Committee meetings
4. Assures that the neurosurgery representative to the Work Comp MEEAC is on the Board
5. Has representatives on the CMA Specialties and Legislative committees
6. Provides delegates to the Council of State Neurosurgical Societies
7. Responds to questions raised by members
8. Provides monetary support for MICRA defense

The Board felt that there were four areas that needed attention:

1. Better recruitment of new younger members by querying the state's 10 program directors about new hires and querying key members in regions of the state about new community practitioners. Query the program directors about graduating residents and fellows they know are going to locate in CA; investigate information available from the MBC about new licenses for neurosurgeons.
2. Assure that a CANS neurosurgeon attends all open meetings of the Division of Worker's Compensation; ideal rep would live in the Oakland area and be a Board consultant.
3. Pursue candidates for Board Director positions from newly boarded neurosurgeons by establishing liaison with the ABNS.
4. Improve contacts between Board members and state legislators by publishing meet and greet sessions held by legislators in their home districts.

The 23 Billion Dollar Gorilla

According to an article in the LA Times on 1/30 2013, Kaiser Permanente is the number one health care insurer in California, covering 40% of the $59 billion dollar health care market therefore accounting for $23.3 billion in health care premiums. Second is Anthem Blue Cross, a subsidiary of Wellpoint, with 23% of the commercial market totaling $13.7 billion in premiums. Coming in third is Blue Shield of California at 14% followed by Health Net, Inc. at almost 9% and United Healthcare Group, Inc. at 5%. Nationwide, Kaiser is third, taking care of nearly 10% of the insured population, United Healthcare second at 12% whereas Wellpoint is ranked number one at 14%. ❖

Thought of the Month:

Women like silent men; they think they're listening.

Exhibitors!

Emily Schile, Executive Secretary

It was a great pleasure to have so many exhibitors at our Annual Meeting this year! We hope you all had a great time and enjoyed your stay on the Queen Mary; a unique venue for sure!

The California Association of Neurological Surgeons appreciates your continued support!

Aesculap
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PMT Corp
Stryker Spine
Surgical West
TeDan
Ulrich Medical
Wenzel Spine
Zimmer Spine

Please consider joining us next year in Monterey at the Monterey Hotel & Plaza! The dates are January 17th – 19th, 2014. It's a great time of year to be near the beach! The Monterey Plaza looks out onto Monterey bay on one side and historic Cannery Row on the other! ❖

In 1990 Evan Olson founded Surgical West, Inc. After spending several years working for one of the world's leading surgical instrument manufacturers, he saw the need to establish a more customer focused company and to provide quality products with attention to detail and service that the neurosurgical and operating room-based community demanded. He started Surgical West as an independent distributer focusing on product used in cranial and spinal surgery. In 2005, Surgical West added a general Surgery division to encompass all surgical specialties.

For more information, contact Kevin Sullivan at kevsullivan @sbcglobal.net 951 741-7016

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For more information, contact Luis Mendoza at luis.mendoza@stryker.com

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CASINO night Fun, Clockwise from top left: *Kevin Sullivan (Surgical West), Darla Colohan & Phillip Kissel, Darla wins big, Chris James, Randy Smith, Hector James & Austin Colohan get lucky on Blackjack, Patrick Wade, Janine & Tom Tash, Austin Colohan with his winnings and Flo & Randy Smith.*

MEETING, Clockwise from top Left: *Darla Colohan, Paula Shuer, Ellen Blumenfeld & Flo Smith; Doctors viewing 3D presentation, Dr. Colohan at the mic, Dr. Kaczmar presents Dr. Colohan with plaque, Dr. McComb accepts Pevehouse Award, Dr. & Mrs Chambi, Dr. & Mrs. Kaczmar, Dr. Reynolds signing Dr. Bonner's book, Jack & Romona Bonner, Dr. Jeelani & Dr. Mukherjee, Cathy & Bill Caton, Chris & Hector James, George & Beth Koenig*

Meetings of Interest for the next 12 months:

Southern Neurosurgical Society: Annual Meeting, February 20-23, 2013, Sarasota, FL
AANS/CNS Joint Spine Section: Annual Meeting, March 6-9, 2013, Phoenix, AZ
Neurosurgical Society of America: Annual Meeting, April 7-10, 2013, Sea Island, GA
CSNS Meeting, April 26-27, 2013, New Orleans, LA
AANS/CNS Joint Pain Section Bi-Annual Meeting, April 26, 2013, New Orleans, LA
AANS: Annual Meeting, April 27-May 1, 2013, New Orleans, LA
Rocky Mountain Neurosurgical Society: Annual Meeting, June 15-19, 2013, Sun Valley, ID
New England Neurosurgical Society: Annual Meeting, June 27-29, 2013, Brewster, MA
Western Neurosurgical Society: Annual Meeting, September 15-18, 2013, Half Moon Bay, CA
North American Spine Society: Annual Meeting, October 9-12, 2013, New Orleans, LA
Congress of Neurological Surgeons: Annual Meeting, October 19-23, 2013, San Francisco, CA
AANS/CNS Joint Pediatric NS Section: Ann. Meeting, December 3-6, 2013, Toronto, Canada
North American Neuromodulation Society: Annual meeting, December 5-8, 2013, Las Vegas, NV
Cervical Spine Research Society: Annual Meeting, December 5-7, 2013, Los Angeles, CA
CANS Annual Meeting, Monterey Bay Resort, January 17-19, 2014, Monterey, CA
American Society for Stereotactic and Functional NS: Biennial Meeting, 2014, Washington, DC

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. Ted Kaczmar 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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