CANS newsletter

Docs Selling Controlled Drugs Must Report to the State

Randall W. Smith, MD, Editor

Physicians who dispense controlled substances from their offices are required to report to the Department of Justice (DOJ) Controlled Substance Utilization Review and Evaluation System (CURES) database. The DOJ, in coordination with Atlantic Associates, Inc. (AAI), has established an online direct dispense application allowing physicians to electronically report the required dispensing data. With the implementation of the online reporting application, DOJ will no longer accept paper direct dispense reports or grant any reporting exemptions. Physicians have until **February 28, 2013** to register with AAI for the direct dispense application. Instructions on how to register for an account, enter information, and add information can be found on the Direct Dispense Web site at http://www.aaicures.com.

The California Prescription Drug Monitoring Program (PDMP), CURES, is committed to assisting in the reduction of pharmaceutical drug diversion without affecting legitimate medical practice and patient care and can be accessed by any doc that signs up but it is not mandatory to do so unless you dispense from the office. CURES has been limping along without funding for the past year or so but SB 809 has been introduced in Sacramento that would fund the program by adding a 1.16% tax onto provider's and pharmacist's annual licensing fee. Once the system is brought up to speed, 809 will require all prescribers and pharmacists to enroll. Currently, only 6% of prescribers and pharmacists are enrolled in the system.

The PDMP system allows docs and pharmacists authorized to dispense controlled substances (Ritalin, Methadone, Morphine, Vicodin, Katamine, Anabolic steroids, Valium, Ambien and Clonazepam), as well as law enforcement, and regulatory boards to access timely patient prescription history information to better identify and prevent the abuse of prescription drugs. In order to obtain access to the PDMP System you must submit a registration form electronically.

As is common with the Feds and the state, there is a procedural catch. Docs completing the registration process have to submit notarized copies of their Government ID, Drug Enforcement Administration (DEA) Registration, and State Medical License to the Bureau of Criminal Identification & Investigative Services/PDMP, P.O. Box 160447, Sacramento, CA 95816. Understandable details but a pain that probably discourages many from getting on board. ❖

INSIDE THIS ISSUE:

Transitions in Neurosurgery

John Bonner, M.D., Associate Editor

We have all noted, I am sure, the progressive changes in the practice of medicine. Not all of these changes have been positive. Consider the now-common practice of only hospitalists caring for hospital inpatients. We all know individuals who have arrived in the hospital Emergency Room or who have been sent from their physician's office to the Emergency Room for admission, but then are not seen while in the hospital by any of their regular physicians. Instead, they are seen by the house hospitalist physicians – physicians who, most likely, are not familiar with the patient or the patient's medical history. To further complicate matters, the house hospitalist physician usually changes every day – so there is little continuity of care for those inpatients. In some cases, the hospital visits may be by nurse practitioners or physician assistants, so care is not even provided by a physician. In addition, we also more commonly see standardized patient reports, so that injuries or illnesses are repeatedly noted, but with little to no description of type, severity, or other qualitative indicators. In response to the patient's complaint, studies may be ordered, whether truly necessary or not. Such practice stresses patient confidence and often results in expanded hospital stays. ❖

Brain Waves

Deborah Henry, MD, Associate Editor

I have two big black holes in my life-working on the computer and forgetting where I put something. These events do not defy gravity, but they bend time for me. All of a sudden, my time is sucked into a vacuum never to return. I have lost the good portion of a day lately trying to get a computer program to open up on my new Apple. I can find the program and its entire infrastructure, yet it will not open up. I have downloaded a new copy. This is fraught with its own black hole as once I enter Internet Space; I become lost among the possibilities. Yes, even to write this article, I searched black holes. Did you know that the Hubble spacecraft site has an excellent interactive web page on black holes?

When Dragon-speak first came out, I was enthralled and soon I parted with my dollars. No more transcription fees. Little did I know how long it would take for the computer to recognize my voice. And that I would have to read the directions. Before long, I disbanded Dragon-speak. I cannot even imagine setting up electronic records from scratch. Just close down my practice for two weeks while I go into cyber hibernation.

The "forget where I put something" is real too. I hope old age doesn't worsen this. As I do get older, I realize that multi-tasking does not really exist. Perhaps I have always known this-at least for me. That was part of the allure of the operating room: the ability to do one thing to completion. But the phones and beepers are often there asking us to multi-task. It's a blessing our patients are asleep, and it may be one of the reasons I prefer just being knocked out for surgery.

There are other black holes in medicine. Perhaps the biggest is the "wait for the case to begin" black hole. Luckily, with practice, this one does not suck too much time into oblivion. When I was a medical student, the ancient, stubborn-but-wise chief of surgery said he always carried a journal with him so that he could read it waiting for a case, waiting for an elevator (remember he was ancient), waiting for anything. I have left a number of partly finished journals on the desks in operating rooms over the years.

Another black hole is the unexpected patient--from the one who cannot get to the point to the one with the surprise "doctor the wound is leaking this clear fluid for three days" to the one with the stack of Internet articles. You can almost hear the swooshing of the second hand as time turns into minutes and then hours.

Locum tenens has its own unique black holes. There are the endless hospital applications, the licensing paperwork, the waiting in the airport, and the take a nap just in case I am up all night-all sands of time squeezing through the hourglass.

Nonetheless, for me, nothing beats the computer and forgetting where I put something as competing forces for sucking my time into a black hole. Enough of this dwelling over lost time. I am off to a Certified Emergency Response Team meeting. If only I can remember where I put my car keys. ❖

Tidbits from the Editors

Better men than most of us

Just when you think you might be considered for sainthood for spending 3 hours in the OR at night operating on a "self insured" trauma patient, along come a couple of CANS members who are obviously a cut above the rest of us when it comes to helping those less fortunate.

Dr. Gary Heit, a neurosurgeon at Kaiser Permanente Redwood City Department of Neurosurgery, was recently awarded a humanitarian honor from Vietnam for teaching and leading the country's medical faculty and students over the past 5 years Dr. Heit, given the Medal for the Cause of the People's Health, has organized several medical team visits and equipment donations to Vietnam's Hue College of Medicine and Pharmacy to help teach medical faculty and students there the art and science of neurosurgery.

Visiting Vietnam in 2004, Dr. Heit saw the Hue medical school was under-equipped and could barely treat patients with brain tumors. "Kaiser Permanente had recently updated their equipment, and I found an older but still useable surgical microscope in storage," said Dr. Heit. He was able to ship it and other gently used key medical equipment to Vietnam. "That microscope alone was vital to upgrading their neurosurgery abilities."

Hue is at the center of a largely rural area of mostly farms, where over 20 million people live. The people tend to be poor, and many can't afford medications. Dr. Heit's medical teams pay their own way into Vietnam, and take vacation time from work to volunteer. They stay about a week in Hue, and during the day provide lectures and instruction for the local faculty. Clinical care is embedded in the instructions, and some of the U.S. physicians actually work with patients.

"By training the teachers, we're developing sustainability," said Dr. Heit, who feels the Hue Neurosurgery Department has been elevated through his efforts. He is already planning next year's medical trip to Vietnam, and wants a team that can specialize in other areas, including internal medicine, pediatrics, and cardiology. *"There's no end of need over there,"* said Dr. Heit.

Dr. Melvin Cheatham, a Ventura neurosurgeon, and his wife Sylvia (trained to be a surgical nurse by Mel) have visited more than 40 developing or war-torn countries to volunteer their time and talents to those in need. Melvin and Sylvia volunteer through Samaritan's Purse, an organization run by the Rev. Franklin Graham, son of famed evangelist Billy Graham who founded the organization.

As part of his role as special assistant to the president of the Samaritan's Purse, Mel has been to North Korea (DPRK) 22 times. Samaritan's Purse, which was authorized by the U.S. government to manage ongoing relief efforts for the people of North Korea, has orchestrated multiple relief efforts which generally include a Boeing 747 filled with supplies from the U.S. government and other non-governmental organizations and companies including Samaritan's Purse. The planes are usually loaded with medicine, food, items for children, a water filtration system, blankets and other emergency relief supplies for the DPRK residents affected by the most recent weather disaster to befall that country.

Mel's sojourn into volunteerism began one day in the mid-1980s when he saw Franklin Graham on television asking for volunteers. Mel and Sylvia wrote to World Medical Mission, the medical arm of Samaritan's Purse, asking if they could volunteer. Initially they were sent to various countries such as South Korea, Kenya, Somalia, Zaire, Sudan, Rwanda and Bosnia, usually for weeks on end, to work with local medical personnel, to provide neurosurgical care. At first, the Cheathams devoted six weeks a year to medical mission work even though he was in full time practice in Ventura, but in the 1990's Mel and Sylvia began to make more short-term mission trips as he began to wind down his neurological practice finally retiring in 1999 to devote more time to volunteering.

The Graham family developed close ties to North Korea ever since Billy Graham's wife Rose went to school there while her parents were missionaries in China and now that the elder Graham can no longer travel and Franklin is tied down in North Carolina running Samaritan's Purse, Mel has been tapped to continue the North Korea connection, thus his many trips there.

In 2011, the Cheathams received the Humanitarians of the Year award for Rotary District 5240, which consists of 4,000 Rotarians in four counties. *"He's Ventura's version of Albert Schweitzer,"* said Terry Schaeffer, club chair for the Rotary Club of Ventura.

Dr. Cheatham has also received the 1995 Humanitarian Award of the American Association of Neurological Surgeons. He was recognized for his extensive volunteer work overseas, providing badly needed neurosurgical care to patients in many Third World and developing countries. ❖

Mel Cheatham and Sylvia pose for a photo with former president George H.W. Bush, wife Barbara and former President, Jimmy Carter.

CMS and the doc entrepreneur

The Centers for Medicare and Medicaid Services issued the final rule that governs how the manufacturers of drugs, devices and other medical supplies have to report some payments they make to doctors and hospitals." Under the final rule, industry and applicable group purchasing organizations (GPO's) will have to start collecting data on their financial relationships with physicians and teaching hospitals (those hospitals that received Medicare direct GME or IME payments; gifts and payments to residents are excluded) on August 1 and report the data for August through the end of 2013 to CMS by March 31, 2014. CMS will release the data on a public website by September 30, 2014. Physicians will be notified of the information prior to the September release and have a review and correction period during which any dispute will need to be resolved directly between the doctor and the manufacturer or GPO. These outfits also will have to report physician ownership or investment interests which fortunately do not include ownership of shares in a publicly traded company or any dividend payments therefrom.

The "payments or other transfers of value" will include gifts, consulting fees, research activities, speaking fees, meals and travel. Small payments or other transfers of value, which the statute defines as payments or other transfers of value less than $10, do not need to be reported, except when the total annual value of payments or other transfers of value provided to a covered recipient exceeds $100.

CME activities conducted under the auspices of the ACCME are exempt as long as a company does not make a direct payment to a speaker or choose/provide the speaker.

The whole issue behind this Sunshine act is to provide the populace with information that might convince them that their doctor has a potential conflict of interest in recommending a device or drug in which the doc has an interest. We must realize that the conflict is potential only and if the doc fully articulates that he/she recommends the item or drug because he/she feels it is superior to other alternatives, then that is a fair and appropriate bias. One would expect that 99% of patients will follow the advice of the doc and this expensive reporting statute in one more instance of those that are paying for the transaction between doc and patient over reacting in the medical sphere based upon fraud and abuse that appears to readily occur in other government contracts. ❖

Patient Privacy—a practice headache

The Feds have announced new HIPAA rules going into effect in September that require docs to post revised privacy notices to be displayed in prominent areas of doctors' offices and on practices' websites. The notices have to put it in a prominent area and made available for patients if they wish to review or keep a copy or on the practice's website. While it doesn't need to be reissued to current patients, the revised notices must be given to all new patients.

What is new is that the privacy notices have to contain the docs relationship to any organizations which are given patient data (like a storage provider, a shredding company or a benchmarking firm that measures physician performance or an ACO). If someone paid to shred your patient files throws the documents into a trash bin and causes a breach, the practice also is subject to enforcement violations caused by that business associate. The notices also need to

explain the breach notification process which has been stiffened. Previously, if doc's practice experienced some breach in patient privacy, the doc was only required to notify affected patients and the federal government if the doc determined that a breach involving patient records had occurred and that it carried a significant risk of financial or reputational harm to patients. The new regulations require a report of any incident involving patient records as all incidents are assumed to be a breach, and unless a practice conducts a risk assessment that proves a low probability that any protected information was compromised, the breach must be reported.

Further, patients will be able to ask for copies of their electronic health records or restrict the information given to health plans if they self-pay for services. They can also request you send a copy of their records to a family member or other third parties but such requests must be in writing.

This writer has lost track of how many notices a doc now needs to have posted in the waiting room but we are well on our way to not needing any wall art. ❖

Pediatric Neurosurgeons Left Out

The Feds have assured the primary care folks of Medicare rates for seeing Medi-Cal patients in 2013 and 2014. They extend the largesse to pediatric subspecialties but since the peds subspecialty has to be recognized the ANMS or the American Board of Physician Specialties (ABPS), neither of which recognize pediatric neurosurgery and since the Medicare rate is only provided for evaluation and management codes, vaccine administration codes, preventive care codes and counseling risk/behavior intervention codes, the pediatric neurosurgeon is, once again, out of luck. Doubly so since the dedicated pediatric neurosurgeon really can't refuse to see the Medicaid patient no matter what ridiculous fee the state will pay. There is something wrong with this picture. ❖

Ortho Spine Beats Neurosurgery

The American Medical Group Association (AMGA) recently published a Medical Group Compensation and Financial Survey noting that the average orthopedic spine surgeon compensation is $677,158 while the average neurological surgeon compensation is $625,300. They believe the data is representative of large multi-specialty group practices. Let's see—the orthopedic residency is 5 years long while all neurosurgery programs are now 7 years long. Even adding a yearlong ortho fellowship in spine work which makes the average orthopod a spine surgery expert and adding a yearlong neurosurgery fellowship in complex spine work, the orthopedists get a two year head start. Granted the orthopods probably don't tackle spinal neuromas and other tumors, tethered cords and syringomyelia but those generally intradural activities are not that common. So if a senior med student wants to be a denerative/trauma spine person, it makes no sense to go the neurosurgery route which for the cranial abilities is two years longer and pays less. There is something wrong with this picture. ❖

RULE OF THE MONTH:

Herblock's Law: If it's good, they will stop making it.

New Members

Emily Schile, Executive Secretary

Please spread the word about CANS to your colleagues! The California Association of Neurological Surgeons is always looking for fresh faces to join! We are a unique Association with these eight noted activities:

1. Conducts an annual meeting
2. Publishes a monthly newsletter
3. Represents Neurosurgery at the Medicare Contractor Advisory Committee meetings
4. Active on various DWC Committees related to Workers' Compensation
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

Our website is a great place to get membership information and the application!

http://www.cans1.org/membership/

Spring Board of Directors' Meeting is April 13th, 2013 at the Sheraton Gateway Hotel at LAX!

ATTN: Members

If you have any concerns or topics that you would like discussed at this Board Meeting, please submit to me via email (Emily@cans1.org) by March 31st, 2013.

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

Stryker is one of the world's leading medical technology companies and is dedicated to helping healthcare professionals perform their jobs more efficiently while enhancing patient care. Stryker offers a diverse array of technologies, including reconstructive, medical and surgical, and neurotechonolgy and spine products.

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

Meetings of Interest for the next 12 months:

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
CANS Board Meeting, Sheraton Gateway Hotel, April 13, 2013, LAX, CA
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
Southern Neurosurgical Society: Annual Meeting, 2014, 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. 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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