Kaiser Health News notes that a goodly number of docs are being low-balled by the insurance products offered on health care exchanges. Many of the exchange’s insurance company offerings are priced fairly low to attract customers and remain competitive with other exchange offerings. One of the ways the insurance companies can offer such low premiums is to pay the docs at a very low level. KHN, based upon information cobbled together from interviews, suggests that if Medicare pays $90 for an office visit of a complex nature, and a commercial plan pays $100 or more, some exchange plans are offering $60 to $70.

Roni Caryn Rabin, who wrote the KHN piece on November 13th, notes that Dr. Richard E. Thorp, an internist who is president of the California Medical Association and heads a physician-owned multi-specialty primary care group in Paradise, Calif., said one plan sold on the California exchange “was going to pay us significantly less for doing that business. And we are already very busy.” His practice delayed signing a contract, he said. But about three weeks ago, the group was informed the insurer was short on physicians and was therefore including doctors from other plans at their old rates. So his practice was included at the higher rate.

Rabin states that insurance officials acknowledge they have reduced rates in some plans, saying they are under enormous pressure to keep premiums affordable. They say physicians will make up for the lower pay by seeing more patients, since the plans tend to have smaller networks of doctors. But many primary care doctors say they barely have time to take care of the patients they have now.

For those of us who have not recently fallen off a turnip truck, we have heard this “we’ll pay you less but you will get more” garbage before particularly from the HMO crowd who ultimately imploded. The PPO option wasn’t a whole lot better. One wonders if the Thorp approach isn’t the correct one—refuse to give away the store in order to subsidize insurers and Obamacare. Remember, neither insurance companies nor the Feds can remove a subdural.

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**CANS MISSION STATEMENT**

‘An organization of Neurosurgeons to promote the professional education and scientific achievement of surgeons and quality care for Californians’
None of us are aware of how much the Obama Administration will change our method of medical care. Several delays have been put into place – so much so that we don’t yet know if the Obamacare rollout will be fully implemented, or whether it will fall apart. The website “glitches” have led to poor availability of individuals to sign up for the insurance exchanges, which has frustrated the Obama Administration and those who are seeking health insurance, either for the first time, or because they have lost their private insurance. Nevertheless, since it’s politically motivated, I believe that we will see some semblance of Obamacare despite the monetary and other costs that the Affordable Care Act has already inflicted. And the costs have been significant: $600 million for the website alone, individuals losing their health coverage (estimates put those losing their health insurance at 5.5 million, with that number expected to climb) and limited patient choice of physicians. Undeterred, the Obama Administration seems intent on proceeding with the plan no matter how much physicians and patients complain (at least anecdotally, I’ve noticed that very few physicians as well as non-physician friends and neighbors, i.e., potential patients, are in favor of Obamacare).

Despite the turmoil in our profession, we should all take a moment this Thanksgiving to remember what we have to be truly thankful for. And, although I’m no fan of turkey for dinner (or of the many forms of turkey leftovers the coming week!), I hope everyone has a happy Thanksgiving.

I was four years old when JFK was assassinated, thus, unlike 9/11, I have no memory of “where I was” at the time. Early in my life, I knew the importance of this event as my mom stored carefully wrapped copies of Life magazines safely tucked in the back of a cabinet. As a teenager living in the suburbs of Dallas, I had the opportunity to visit Dealy Plaza, the Texas Bookstore Depository, and a memorial to JFK. As a medical student, I did a neurosurgery elective at Parkland with Kemp Clark, and in Houston with Robert Grossman both who rarely spoke of the event.

A lot has changed in neurological surgery in 50 years. The intraoperative microscope was first used in neurological surgery in 1961. The first CT scan of a patient took place in South London on October 1, 1971. MRI did not become an imaging tool for patients until the early 1980s. Retrospectively, if JFK had arrived in the modern day emergency room, I doubt anything would have changed. The second rifle wound through his occiput would have been just as fatal today as it was 50 years ago. “For a man holds in his mortal hands the power to abolish all forms of human poverty and all forms of human life” (JFK’s inaugural address, January 20, 1961). A haunting statement from the man who still moves us with his words, who took us to the moon, who led the fight for civil rights, and who died from a bullet shot from a mortal’s hands. 
Tidbits from the Editors

ACA being used in malpractice cases

IMNG Medical News, a part of Frontline Medical Communications Inc., has posted an interesting article on how the Affordable Care Act (aka Obamacare) can potentially be used by the Plaintiff’s bar to try to sway juries in a malpractice suit. The gambit is as follows: If the doctor being sued had an adverse occurrence associated with the case such as a post-op infection or a readmission within 30 days resulting in a reimbursement denial, that information is presented to the jury as an indication that the doc being sued fell below a standard of care implied in the ACA.

Some states have precluded such information from being introduced in a malpractice case. Florida has had such a preclusion since 2011 and Georgia recently passed similar legislation banning federal quality measures from being used to create standards in medical liability cases. Aldo Leiva, a health law attorney in Coral Gables, Fla. has been quoted as saying “Lawyers are creative and will search for clever ways to further their argument. There’s nothing to stop [them] from using that to move the needle a little further to support their claim.”

The US House of Representatives has approached this issue with the introduction of H.R. 1473, the Standard of Care Protection Act, introduced by Rep. Phil Gingrey (R-Ga.), and supported by the American Medical Association. It is currently under consideration by subcommittees of the Energy and Commerce Committee and the Judiciary Committee; no Senate companion has been introduced. The bill would prevent ACA guidelines and standards from being construed to establish a standard of care in medical malpractice cases. It also would prevent those provisions from preempting state laws that govern medical liability.

Maybe the CMA and its lobbyists in Sacramento should be working on this issue. Stay tuned.

Help is a few push buttons away

In California, there are Physicians’ and Dentists’ Confidential Assistance Lines, a 24-hour phone service providing completely confidential doctor-to-doctor assistance. The service, sponsored by the California Medical Association, with additional support from the California Dental Association, is designed for docs with problems, families of those docs and colleagues of those docs.

When a doctor calls, he/she gets a rapid call-back from doctors who are selected because of their experience with alcoholism, drug dependence and mental health and their ability to work with doctors as patients. If the caller is a distressed doctor, assistance takes the form of pre-treatment counseling, referral to an appropriate therapeutic situation, development of a treatment plan, etc. The hot line doc may also, if appropriate, refer calls from spouses to trained counselors who are also members of the CMA Alliance. If the caller is doc concerned about an impaired colleague, counseling/information is given about constructive ways to show concern, how to urge the doctor into a therapeutic relationship, and what resources exist for intervention and referral.
This service is free and it will not result in any form of disciplinary action or referral to any disciplinary body. The goal is to help, not to discipline. The CMA is clear to point out that if a caller wishes to complain about a physician, the Medical Board of California (MBC) is the only agency authorized to take action against a physician’s license and the caller is referred to the MBC at (800) 633-2322. A concerned colleague can also bring issues to the attention of a hospital’s Chief of Staff if the concerning behavior occurs in that institution.

The hot line numbers are:

(650) 756-7787 (northern California)
(213) 383-2691 (southern California)

Tough calls made not easily but necessarily

There is a quite thoughtful article in the December 2013 issue of Neurosurgery entitled “Futility in Neurosurgery: A Patient-Centered Approach” by aussies Stephen Honeywell, Grant Gillett and Kwok Ho. The article is free to be read without being a member of the CNS or a subscriber to the journal. The article addresses the issue of what to do for the massively injured brain in a variety of circumstances with or without input from surrogate decision makers. The article does not preach but rather expresses opinions that are inclusive and transcend national boundaries or medical care systems.

The Unification of AANS/CNS debate continues

The One Neurosurgery Advocacy Committee, a self-appointed group which advocates having only one national neurosurgical organization and one national annual meeting, has conducted a poll of companies who have been exhibitors at recent AANS and CNS meetings. Of the dozens and dozens of companies that were queried only 26 responded and all 26 favored one national meeting a year. Such a result is understandable coming from a company ad exec but the reps who attend the exhibits might feel differently considering how they make a living. An important question, not posed in the poll, might be “were there significant differences in who showed up at a company’s exhibit between the two national meetings”.

Be that as it may, the recent AANS annual report which demonstrated a positive bottom line of only $651,000 noted that 30% of its annual operating revenue of $16.8 million was derived from the annual meeting. We don’t know what the net income was from the meeting so as to see the loss to the AANS bottom line but one can imagine it would be significant. One can also only imagine what a single meeting each year might look like in terms of registration cost; length of meeting, number of seminars (breakfast vs. lunch or both) but one can guess the number of exhibitors would be fairly similar suggesting an increase in fees charged for each exhibitor.
What one can say is that having two meetings a year is at least a convenience for the average neurosurgeon in terms of getting away from home for one of them, and as such would be a no-brainer for neurosurgeons if there were no attendance requirements. Both the AANS and CNS require attending one meeting every three years to maintain membership although AANS President Bill Couldwell has promised a by-laws change reducing the AANS attendance requirement to one meeting every 5 years. The One Neurosurgery Advocacy Committee mentions that only neurosurgery among all the main national specialty societies requires annual meeting attendance to maintain membership.

And finally, a US neurosurgeon need not be a member of either national organization to practice, maintain certification or attend a national meeting and get CME credits for doing so. Seems like a fair number of choices for docs without converting to a single national organization or a single annual meeting. What one might suggest is to get rid of mandatory meeting attendance and then let the great mass of neurosurgeons vote with their feet and their wallets.

**Observation of the Month:**

Even though I am now 75, my mind remains like a steel trap, only one that had been left out so long, it has rusted shut.
The CANS Nominating Committee (chair Kimberly Page, MD, Deborah Henry, MD, Kenneth Blumenfeld, MD, Praveen Mummaneni, MD) has prepared the following slate of officers for 2014 after reviewing all nominations submitted by the membership.

(New officers are in bold, italic)

Deborah Henry, MD President
Phillip Kissel, MD, President-Elect
Kimberly Page, MD 1st Vice President
Praveen Mummaneni, MD 2nd Vice President
Patrick R.L. Rhoten, MD Secretary
Kenneth Blumenfeld, MD Treasurer
Michel Kliot, MD Director-North
John Ratliff, MD Director-North
Marshal Rosario, MD Director-North
Frank Hsu, MD Director-South
Langston Holly, MD Director-South
Farbod Asgarzadie, MD Director-South
Bob Carter, MD Director-South

Nominating Committee: Southern California: S. Lederhaus, MD, L. Holly, MD
Northern California: P. Mummaneni, MD, K. Blumenfeld, MD

Further nominations to the slate of officers will be accepted until December 2nd, 2013. According to the CANS bylaws, each of these nominations must have three supporting signatures of active CANS members and written permission of the candidate for placement on the slate.

On December 17th, 2013, ballots will be mailed to all active members of CANS only if there is more than one candidate for a position. The candidate for each office receiving the majority vote of active members will be elected. In order to be counted, ballots must be received by the Executive Secretary on or before January 14, 2014, 72 hours prior to the Annual Business Meeting.

Editorial
CANS Members: If you wish to nominate someone other than those listed above, please complete the following so that the name can be added to the ballot in December. The nomination must be supported by 3 active CANS members and accompanied by written permission of candidate.

Name______________________________________ for Board position ________________________________

EXHIBITORS- IT’S NOT TOO LATE!: Exhibitor registration information & form is NOW AVAILABLE on our website: www.cans1.org!
BOARD MEMBERS: Please extend an invite to your local representative for our Annual Meeting! They are a huge component in making our meeting successful! You can direct them to the website (www.cans1.org) or email me directly at emily@cans1.org!

ATTENTION CANS MEMBERS: Do you know a neurosurgeon new to California? What about an existing CA neurosurgeon who isn’t yet a member? Direct them to our website: www.cans1.org for more information! The more the merrier!

Registration for the Annual meeting is ready! Sign up today! Dr. Kaczmar has planned a dynamic meeting with a track event Friday morning (SPACE IS LIMITED, get in while you can). Information is available online at www.cans1.org or see attachment (REGISTRATION 2014). Fill out the paperwork and fax to 916 457-8202 or send it to 5380 Elvas Ave. Suite 216, Sacramento, CA 95819.

SPECIAL THANKS TO THESE CONFIRMED EXHIBITORS!

Aesculap Implant Systems
Arbor Pharmaceuticals
Boston Scientific Neuromodulation
BrainLab
Doctors Company
ExamWorks
Medtronic
PMT Corporation
Stryker
SI-Bone

WHO’S NEXT?????
Meetings of Interest for the next 12 months:

<table>
<thead>
<tr>
<th>Event</th>
<th>Date</th>
<th>Location</th>
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<tbody>
<tr>
<td>AANS/CNS Joint Pediatric NS Section: Annual Meeting</td>
<td>December 3-6, 2013</td>
<td>Toronto, Canada</td>
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<tr>
<td>Cervical Spine Research Society: Annual Meeting</td>
<td>December 5-7, 2013</td>
<td>Los Angeles, CA</td>
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<tr>
<td><strong>CANS Annual Meeting, Monterey Bay Resort, January 17-19, 2014, Monterey, CA</strong></td>
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<tr>
<td>AANS/CNS Joint Cerebrovascular Section: Annual Meeting</td>
<td>February 10-11, 2014</td>
<td>San Diego, CA</td>
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<tr>
<td>Southern Neurosurgical Society: Annual Meeting</td>
<td>February 19-22, 2014</td>
<td>San Juan, Puerto Rico</td>
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<tr>
<td>AANS/CNS Joint Spine Section: Annual Meeting</td>
<td>March 5-8, 2014</td>
<td>Orlando, FL</td>
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<tr>
<td>CSNS Meeting</td>
<td>April 4-5, 2014</td>
<td>San Francisco, CA</td>
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<tr>
<td>AANS/CNS Joint Pain Section Bi-Annual Meeting</td>
<td>April 4, 2014</td>
<td>San Francisco, CA</td>
</tr>
<tr>
<td>AANS: Annual Meeting</td>
<td>April 5-9, 2014</td>
<td>San Francisco, CA</td>
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<tr>
<td>Rocky Mountain Neurosurgical Society: Annual Meeting</td>
<td>June, 2014</td>
<td>Hawaii</td>
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<tr>
<td>Western Neurosurgical Society: Annual Meeting</td>
<td>August 16-19, 2014</td>
<td>Sun Valley, ID</td>
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<tr>
<td>CSNS Meeting</td>
<td>October 17-18, 2014</td>
<td>Boston, MA</td>
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<tr>
<td>Congress of Neurological Surgeons: Annual Meeting</td>
<td>October 18-22, 2014</td>
<td>Boston, MA</td>
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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](mailto: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](mailto:rws-avopro@sbcglobal.net) or to the CANS office [emily@cans1.org](mailto:emily@cans1.org).

- Past newsletter issues are available on the CANS website at [www.cans1.org](http://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](mailto:emily@cans1.org), 916-457-2267 f, 916-457-8202 f) with the word “unsubscribe” in the subject line.
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