CANS newsletter

President's Letter

Deborah C. Henry, CANS 2014 President and Associate Editor

The recent Council of State Neurosurgical Societies meeting was October 17-18 in Boston, Massachusetts just preceding the CNS meeting. The weather was unseasonably warm, and the trees were adorned in shades of scarlet, amber, and tangerine. The CSNS is the evolution of the Joint Socioeconomics Committee, a product of both the AANS and CNS, which was formed initially in 1972. The following year, thirty-seven neurosurgeons meet at O'Hare airport and established the National Advisory Group. These neurosurgeons represented the majority of the states and chose to divide their states into four quadrants: Northeast, Southeast, Northwest, and Southwest-the latter the home for California. In 1976, the National Advisory Group changed its name to the Council of State Neurosurgical Societies (CSNS) whose initial helmsman was our recently departed Ed Amyes from California.

All states are allotted voting delegates at the ratio of one delegate per fifty state society members. Having a robust California Association of Neurological Surgeons affords us a strong delegation to the CSNS-the premiere socioeconomic mover of organized neurological surgery. At present, our membership of 406 neurological surgeons (including California neurosurgical residents who are automatic members during their residency) apportions us 9 delegates. Unfortunately getting nine delegates to the biannual meetings is often difficult, especially when the meeting means travel to the East Coast. In Boston, we had four delegates of which only three made it to the Southwest quadrant meeting at 3:30AM PST on Saturday.

My interest in the Society piqued many years ago when David Jimenez, a long time delegate, and I had a conversation at a foregone AANS meeting. David and I have remained conversational colleagues since taking our boards together in 1995. He invited me to come to any CSNS meeting. At the time I thought you did need an invitation-that it was otherwise a closed society. I was wrong. Anyone is more than welcome to come to a meeting. However, to vote on the issues (resolutions) at hand, you must be a delegate from your state.

I have served as an alternate delegate or voting delegate to the CSNS since 2006. Many of your members, such as Dr. Randy Smith and Dr. Bill Caton, have served much longer. Some, such as Dr. Moustapha Abou-samra and Dr. Marc Vanefsky, are in elected positions, Regional Director and Southwest Quadrant Chair respectively. I must not forget Dr. Mark Linskey who has worked hard through the ranks of the CSNS and is now serving as Chairman. You can usually count on us to make it to the meetings, which require one or two extra hotel days for the two preceding days of the AANS or CNS meeting. If serving as a delegate representative from the State of California piques your interest as it did mine a decade ago, contact any of us at the Board, and we would be happy to steer you in the right direction. There is no better place to be if you would like your voice heard through the noisy din of organized medicine or through the chaos that sometimes permeates the functionality of our government.

More information can be found on the CSNS at csnsonline.org. ❖

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CANS Board of Directors Meeting October 4th

Randall W. Smith, MD, Editor

The BOD meeting was attended by officers Henry, Kissel, Blumenfeld, Kaczmar, Mummaneni and Page: directors Asgarzadie and Rosario (5 other directors absent) and consultants Bonner, Lippe, Caton, Smith, Prolo, Vanefsky and Shuer.

Four neurosurgeons were voted into active membership:

1. **Marvin Bergsneider**, MD a full Professor at UCLA
2. **Linda Liau**, MD, PhD, a full Professor at UCLA (married to #1., two kids, no spare time)
3. **Jennifer Jennings**, MD, in private practice in Sacramento
4. **Philip Theodosopoulos**, MD, a full Professor at UCSF

The Board voted to contribute $2000 over the next 2 years to support **California Public Protection and Physician Health, Inc**, a group that is working on creating formal programs that can evaluate/treat physicians for age related problems and hopefully substance abuse. The goal of CPPPH is "To strive for having in place a network of accessible, reliable providers in whom medical staffs and medical groups can have confidence . . ."

Phil Lippe, Board consultant, reported that the opioid prescribing guidelines just adopted by the **Medical Board of California**, are fairly reasonable and largely based on similar guidelines created by the CMA with considerable input from him. The MBC states that the guidelines need not always be followed but the implication is that if you don't document why you exceeded the guidelines recommended doses, you could be faulted. In short, like most governmental fiats that are promulgated as only suggestions, they now constitute standards. The MBC has yet to post the guidelines on its Web site (http://www.mbc.ca.gov/).

The **Nominating Committee** announced they are still considering choices for 2015-16 elected positions: President-Elect, 1st VP, 2nd VP, Treasurer, 1 Director from the North and 2 from the South plus all 4 members of the next Nominating Committee.

The Board approved the Awards Committee recommendation that **John Bonner, MD**, from Fresno (and former CANS President) receive the **Byron Cone Pevehouse Distinguished Service Award** and that **Dustin Corcoran,** CEO of the CMA, receive the **CANS Public Service Award** at the annual meeting in January.

CANS President **Debbie Henry** presented the tentative program for the annual meeting in January in Newport Beach. The usual Friday evening reception will be followed by a full day Saturday covering topics of socio-economic interest, a Saturday evening banquet and a Sunday morning series of scientific presentations by residents from the California neurosurgery training programs. CME credits (9-10) for meeting attendance will be provided.

Current President-Elect **Phil Kissel** announced his intent to hold the 2016 meeting in his backyard of San Luis Obispo acknowledging it was a bit off the beaten path (300 miles south of the Bay area and 155 miles north of LA; SLO commercial airport only serves LA and SF).

The Board voted to take positions on the various **resolutions** to be presented at the CSNS meeting in Boston (see below). ❖

CANS MISSION STATEMENT

'An organization of Neurosurgeons to promote the professional education and scientific achievement of surgeons and quality care for Californians'

Brain Waves

Deborah Henry, MD, Associate Editor

October 16th I took Jet Blue's red-eye from Long Beach to Logan airport to attend the Biannual Council of State Neurological Surgeons meeting. I am serving out my term as Secretary and thus have worked at increasing my keyboard skills as my hearing slowly declines. As I arrived at 5:30 AM EST, I had time for a quick nap after arriving at the hotel and before attending the Workforce committee at 11 AM. Jet lagged and sleep-deprived, I made it through the two-day meeting with a minimally frazzled brain. Decades of practicing sleep deprivation probably helped.

What causes jet lag and that feeling we've all had in our call-heavy careers of time-disorientation? Many of you probably know that it is thought to be the hormone melatonin secreted by the pineal gland and sold in the General Nutrition Stores for $10 as a possible solution to prevent jet lag.

However, the more recent discoveries date from 1998 when the hormone melanopsin was noted to be produced by select cells of light-sensitive frog skin and then two years later from the inner layer of the mammalian retina. Melanopsin is a true photoreceptor and thus responds to stimulation via light. These melanopsin-producing ganglion cells make up 2% of the photoreceptors of the retina. When melanopsin receptors are activated, their action potentials travel to the suprachiasmatic nucleus of the hypothalamus. The pathway then heads inferiorly to the spinal cord and synapses with sympathetic neurons at the superior cervical ganglion before hitchhiking its way superiorly to the pineal gland. The production of melatonin from the pineal gland increases during darkness indicating that the melanopsin photoreceptors are an inhibitory pathway for its production.

Interestingly, melanopsin stimulation of axons also takes a secondary pathway to the olivary pretectal nucleus where it is important in the sustained contraction of the pupil when exposed to light. Apparently our rods and cones only aid in the initial pupillary contraction.

So what is the cure for jet lag? The answer includes adjusting sleep schedules ahead of time, taking low dose melatonin in the early afternoon and seeking out bright light in the very early morning. Of course you can do what my son does and stay on California time for the entire trip. It makes traveling to Europe a blast. ❖

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!

Transitions in Neurosurgery

John Bonner, MD, Associate Editor

As neurosurgeons, we are very aware of the number of injuries that affect young people who play sports. Athletic injuries – specifically head and neck injuries – can be very severe and can threaten a young person's future well-being. While at the University of Washington, I remember a young man, Brian Sternberg, who, at that time, was a world record holder in the high jump. Unfortunately, while he was training on a trampoline, Brian fell awkwardly and suffered a severe neck injury that left him as a quadriplegic -- even though he was being supervised by his coach. Once a year during football season, he was acknowledged for his athletic accomplishments at the center of the field during a football game. It was a very sad experience to see him confined to a wheelchair at that time. He recently passed away on May 23, 2013, (an unusual case as he far exceeded the life expectancy of those stricken with quadriplegia.)

The number of injuries has increased over time as sports participation has increased. When I was a kid (in the mid-1940s), organized sports were few, although football was one such sport which most kids were eager to play. However, I was not allowed to play organized football because my mother believed the game to be too dangerous. Perhaps my mother was prescient regarding injuries and football. I remember at the University of Washington during residency in the 1960s that "spearing" was quite common and I was concerned about the number of football players seen in the ER for head injuries. With the blessing of neurosurgical chairman Arthur Ward, I planned to study these football injuries (with examinations, histories, x-rays and EEGs, etc.), but the Athletic Department would not allow it. (Nowadays, with the rate of injury such that it is, studies of head and neck injuries in athletes are becoming commonplace.)

While my wife and I allowed our children to play football and soccer in the 1970s and 1980s, I would not criticize those who prefer to have their children sit out of these particular sports. In 2011, a study noted the highest injury levels among children aged 12 to 17 were for those who played football and soccer. Those who played football suffered an 8% overall injury rate per 100 athletes (with an 11% concussion rate for every 1000 football players), while soccer players incurred a 3% overall injury rate per 100 athletes (with a 4% concussion rate per 1000 soccer players). As far a general injury rates go, football and soccer were the most injury-riddled, followed by basketball, baseball, softball, hockey and cheerleading.

Since the number of sports participants and sports injuries have skyrocketed, more medical and media attention of such injuries has also increased. Physicians, in particular, have become more interested and active in treating sports injuries. One example is neurosurgeon Dr. Robert Cantu of Boston University. Dr. Cantu studies concussions and traumatic encephalopathy in athletes. Better public policy and general public awareness has also resulted from the increased interest in sports injuries.

There also is concern with youngsters' use of firearms. I grew up in a state (Montana) which was (and is) quite active for hunting and general firearm use. If I so wished, as a child, I could pick up my gun and go hunting on the outskirts of town (somewhat surprisingly, my mother did allow me to hunt). If a child tried to do this today, he or she would be immediately surrounded by four to five police cars. I do not object to use of such weapons by a young man or young woman, if properly taught gun safety. However, I cannot resent or disagree with those who would not allow such activities. ❖

Tidbits from the Editor

The Aging Surgeon and Credentialing

In a recent article (Annals of Surgery. 2014;260(2):199-201), Mark R. Katlic, MD and JoAnn Coleman, DNP, ACNP-BC write about the aging surgeon and how to manage questions that can arise regarding continued competent practice in the senior surgeon population. They note that most hospitals by-laws do not contain any provision for dealing with the aging staff physician. They detail a new Aging Surgeon program launched this year at the Sinai Hospital of Baltimore that is designed to thoroughly and confidentially evaluate a surgeon as described below:

"The goals of the program are as follows: protect surgeons from arbitrary or unreliable methods of assessing competence or cognitive capacity; identify potentially treatable or reversible disorders that, if treated, could restore or improve functional capacity; aid surgeons in deciding when to retire; protect patients from unsafe surgeons; protect surgeons and hospitals from liability risk; rely on existing structures for using results to make credentialing and privileging decisions; and provide objective, comprehensive, unbiased evaluation.

Our multidisciplinary team includes experts in Surgery, Geriatric Surgery, Neurology, Neuropsychology, Physical Medicine and Rehabilitation, Ophthalmology, Internal Medicine, Legal Services, and Ethics. The program includes a pre-visit screen of medical history and appropriate recent radiographs (eg, magnetic resonance imaging), and then travel to Baltimore. Day 1 begins with general physical and neurologic examinations, physical therapy/occupational therapy evaluation (reaction time, distance judgment, coordination, dynamic visual-spatial acuity, fine-motor function, and more), and then lunch. The afternoon comprises neuropsychology testing (attention, memory, executive functioning, emotional status, and more), and then dinner and sleep. Day 2 encompasses a morning of neuropsychology, lunch, physical therapy/occupational therapy, ophthalmology, and an exit interview.
The resulting report will be sent as an encrypted locked electronic file to the individual who contracted and paid for the program, likely a chief of surgery, hospital president, or the surgeon him- or herself. The report will

include only objective findings; decisions about privileges, retirement, or even lifestyle changes must be made by those who receive the report."

Such a program would be nice to have in California but to this writer's knowledge there is no such evaluation service in the Golden State. Maybe one of our public medical schools could emulate the Sinai Hospital program.

Meaningful Use hardship exemption deadline pushed back

The CMA notes that CMS has re-opened the window to apply to avoid 2015 payment adjustments. Medicare providers who are non-compliant in attaining meaningful use and would like to request an exemption from planned Medicare payment adjustments in 2015, must complete and submit an application form. CMS will review the applications and make a determination about each provider's eligibility for a hardship exception.

You may recall that physicians were able to apply for a hardship exception and that deadline was July 1, 2014. The new deadline is 11:59 PM EST November 30, 2014.

Physicians who are eligible for the hardship exception are those who have never been a meaningful user to date. Please see the links below for the official message and application.

Hardship Exception Extension Application
Hardship Exception Application Extension Message

Sunshine Act News

The following link will take you to a site that allows you to search by name for payment to physicians by industry. Just in case you want to know or check your own name. It is easy to use. (may not work in all browsers) http://news.doximity.com/entries/1518523?_ref=email&account_id=455904

On October 17, the Centers for Medicare & Medicaid Services (CMS) made a number of announcements regarding the Open Payments system. The Open Payments website (https://openpaymentsdata.cms.gov/) now includes a physician search tool.

CMS also announced that drug and device manufacturers should correct disputes initiated by providers from the 2013 reporting year by October 31 for corrections to be published on or before December 31, 2014. CMS notes that new records and updates to existing records, not previously disputed, will not be published during the December 31 data refresh, but will be available in a future data refresh. Lastly, CMS reminded users that transfers of value from the 2014 reporting year will be released to the public on June 30, 2015.

CSNS resolutions finalized in Boston

The Council of State Neurosurgical Societies meeting in boston on October 17-18 resulted in the following actions taken on the 9 resolutions submitted (CANS position on original Resolution in parenthesis).

RESOLUTION I-2014F (Support)
Action: Adopted
BE IT RESOLVED, that the CSNS adda self-sustaining, password protected feature to the CSNS website to permit submission and ongoing sharing of educational quality improvement projects (and results, when available).

RESOLUTION II-2014F (Reject)
Action: Adopted
BE IT RESOLVED, that the CSNS recommends to its parent bodies that language is entered into the CNS and AANS codes of ethics specifically on the responsibility of neurosurgeons to support the acute care needs of their communities.

RESOLUTION III-2014F (Reject)
Title: Assurance of a voice for grass roots neurosurgeons in the functions of the CSNS
Action: Rejected

RESOLUTION IV-2014F (Neutral-await debate)
Title: The Socioeconomic Ramifications of Significantly Increasing the Volume of Graduating Subspecialized Neurosurgeons
Action: Refer to Executive Committee
BE IT RESOLVED, that the CSNS, through its various committees, study the potential socioeconomic ramifications and challenges of the anticipated shift in residency training towards a model of acquisition of set minimum general neurosurgical procedural experience followed by enfolded subspecialty training; and
BE IT FURTHER RESOLVED, that a white paper is generated from this evaluation; and
BE IT FURTHER RESOLVED, that said study evaluates the potential effects on neurosurgical manpower requirements, neurosurgical acute care coverage, general neurosurgical coverage-particularly in smaller and more remote communities, projected shifts in subspecialty procedural volumes, projected changes in the cost of neurosurgical care, and more.

RESOLUTION V-2014F (Support)
Title: Support For Military Neurosurgeon Involvement in Organized Neurosurgery
Action: Adopted Substitute Resolution
BE IT RESOLVED, that the CSNS requests of its parent bodies (CNS and AANS) to waive membership fees and national meeting registration fees for active duty military neurosurgeons; and
BE IT FURTHER RESOLVED, that the CSNS provide housing for each CSNS Biannual Meeting, for active duty military participants, and request its parent bodies (CNS and AANS) to provide housing for the duration of their annual meetings for active military participants for the duration of decreased military CME funding.
Financial: $2500 per year

RESOLUTION VI-2014F (Neutral-await debate)
Title: Creation of a Dynamic Timeline of Affordable Care Act Rollouts on the CSNS Website
Action: Refer to Executive Committee
BE IT RESOLVED, that the CSNS provide updates on a webpage while the Affordable Care Act rollouts are continuously implemented, and
BE IT FURTHER RESOLVED, the CSNS will house this "timeline of major events" on our CSNSonline.org website.

RESOLUTION VII-2014F (Support)
Title: Development of a position statement on use of third party virtual consult services to provide neurosurgical care
BE IT RESOLVED, that the CSNS investigate the legal, fiscal, and ethical implications of using third party virtual consult services to provide neurosurgical care with report back to the Plenary.

RESOLUTION VIII-2014F (Support)
Title: Maintaining Open Access to ICUs for All Neurosurgeons
Action: Adopted Amended Resolution
BE IT RESOLVED, that the CSNS voice its strong support for ongoing efforts in negotiating with the Leapfrog group.

RESOLUTION IX-2014F (Reject)
Title: Dissemination of Safe Methodology to Reduce Radiation Exposure During Angiographic Procedures
Action: Adopted Substitute Resolution
BE IT RESOLVED, in the interest of protecting our patients, support staff and physicians from excessive radiation exposure, that the CSNS study and electronically make available educational materials related to a safe use of radiation during neurosurgical procedures ❖

Executive Office News

The Annual Meeting information is available on our website: www.cansl.org! Reserve your room today!

ATTN: Please talk to your local representatives about exhibiting at the Annual Meeting on January 17th in Newport Beach! Exhibitor registration is available on our website!

Thought for the Month:

I am always suspicious of people who don't like dogs; people who my dog doesn't like I flat out don't trust.

Meetings of Interest for the next 12 months:

North American Spine Society: Annual Meeting, November 12-15, 2014, San Francisco, CA
AANS/CNS Joint Pediatric NS Section: Ann. Meeting, December 2-5, 2014, Amelia Island, FL
Cervical Spine Research Society: Ann. Meet., Dec 4-6, 2014, Hyatt Regency Grand Cypress, Orlando, FL
North American Neuromodulation Society: Ann. meeting, December 11-14, 2014, Las Vegas, NV
CANS Annual Meeting, January 16 – 18, 2015, Balboa Bay Resort, Newport Beach, CA
AANS/CNS Joint Cerebrovascular Section: Annual Meeting, February 8-10, 2015, Nashville, TN
Southern Neurosurgical Society: Annual Meeting, March 25-28, 2015, Naples, FL
AANS/CNS Joint Spine Section: Annual Meeting, March 4-7, 2015, Phoenix, AZ
Neurosurgical Society of America: Annual Meeting, April 12-15, 2015, Newport Beach, CA
CSNS Meeting, May 1-2, 2015, Washington, DC
AANS/CNS Joint Pain Section Bi-Annual Meeting, May 1, 2015, Washington, DC
AANS: Annual Meeting, May 2-6, 2015, Washington, DC
Rocky Mountain Neurosurgical Society: Annual Meeting, 2015, TBA
New England Neurosurgical Society: Annual Meeting, 2015, TBA
Western Neurosurgical Society: Annual Meeting, September 10-13, 2015, Kauai, HI
California Neurology Society: Annual Meeting, 2015, TBA
CSNS Meeting, September 25-26, 2015, New Orleans, LA
Congress of Neurological Surgeons: Annual Meeting, September 26-30, 2015, New Orleans, LA

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. Deborah Henry 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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