CANS newsletter

REGISTER for the 42nd CANS Annual Meeting, Newport Beach!

President's Letter

Deborah C. Henry, CANS 2014 President and Associate Editor

It is hard to believe that this is my final President's Letter of the California Association of Neurological Surgeons. How quickly time passes. In the spirit of the holidays, I recount the past 12 months and thank all those who helped make this a memorable year.

In January, I took over the reins from Dr. Kaczmar after a very successful meeting in Monterrey, California. Having served only 2 months as the appointed President-Elect meant putting together, in a relatively short period of time, a group of dedicated individuals to serve on CANS nine committees and thus began the year of reinvigorating our committee work.

February saw the start of the hard work of our bylaws committee-spearheaded by Dr. Phil Kissel, our next President of CANS. I cannot thank Phil and his committee (Dr. Rosario and Dr. Siddiqi) enough for their dedicated work on the onerous duty of amending outdated bylaws to meet the current needs of 21st century California neurosurgeons.

March brought the first Board of Directors meeting. CANS filed a clarification with Noridian in regards to the clinical application of vertebral augmentation in order to increase the likelihood of approval, adopted positions on the CSNS resolutions for the April meeting, confirmed this coming Annual meeting, and passed a budget for the coming year. March was also the beginning of introducing Committee Reports and Consultant Reports to the BOD meetings.

April was spent at the CSNS in San Francisco. For those of you who have never been to a CSNS meeting, they are very informative especially in regards to feeling the pulse of neurosurgical practice across the nation. If you are interested in becoming a delegate or alternate delegate, contact Emily.

May through November saw the Board and CANS members working diligently to defeat proposition 46. We wore our buttons, put signs in our yards, and informed out patients that docs could be leaving the state for kinder pastures. Scott Lederhaus designed a survey that was sent to all CANS members, and its results were published in the September CANS newsletter.

INSIDE THIS ISSUE:

Speaking of our newsletter, the Communications and Editorial Committee, led by the untiring Dr. Randy Smith, continues to receive national recognition as the finest state neurosurgical newsletter. We are the only state society to have a permanent newsletter link on the CSNS site at http://www.csnsonline.org/.

As autumn rolled around, the board was back busy at work with the October board meeting, CSNS in Boston, and continued work on putting together what looks to be an awesome annual

meeting.

Our Nominating Committee led by Dr. Kissel and includes Dr. Lederhaus, Dr. Mummaneni, Dr. Blumenfeld, and Dr. Holly worked hard at putting forth a slate out to our membership of great candidates that followed the guidelines set forth by our bylaws.

Our awards committee also has been hard at work. This committee, led by Dr. Kaczmar with Dr. Shuer, Holly and Colohan, solicited nominations for both the Pevehouse and the Distinguished Service Award. These awards are given only when a nominee clearly matches the definition of that award. The Pevehouse award recognizes a California neurosurgeon who has served both the community of neurosurgery and medicine in general in an extraordinary effective and distinguished manner. I am honored to announce Dr. John Bonner as this year's recipient. The CANS Distinguished Public Service award, which recognizes a citizen of California whose outstanding actions and efforts in either health care, public service, academics or volunteerism have benefited the welfare of his fellow man, has been awarded only twice since 2000. I am pleased to announce that Dustin Corcoran is this year's recipient. Dustin, CEO of the CMA, has been a staunch supporter of medicine and neurological surgery for as long as I can remember. Our awards committee also read all the submitted resident abstracts from our 10 California residency programs and selected the best abstract for which this year will be a $500 prize-to be announced on January 18, 2015.

I must take a minute of your time to thank Emily Schile for her hard work as executive secretary, without who CANS would not be as an effective organization and a heart-warming thanks again to my mentor, colleague, and friend, Dr. Randy Smith. As the saying goes, behind every successful man, there is a woman; for every successful CANS president, there are Emily and Randy.

Now let's have a happy New Year and wonderful Annual Meeting!

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Neurosurgery Residency makes spine surgeons; Orthopedic Residency does not

Randall W. Smith, MD, Editor

A study published in *The Journal of Bone and Joint Surgery* (*J Bone Joint Surg Am*, 2014 Dec 03) by Alan H. Daniels, MD; Christopher P. Ames, MD; Justin S. Smith, MD, PhD and Robert A. Hart, MD (Ames & Smith are neurosurgeons; Daniels & Hart are orthopods) examined the spine procedures performed during orthopedic and neurological surgery residency training to find any variability. The researchers used data from the Accreditation Council for Graduate Medical Education surgical case logs for graduating orthopedic surgery and neurosurgery residents from 2009 to 2012. They compared experience for both in spine surgery. *Becker's Spine Review,* which had access to the full text of the study (which CANS did not), came up with the following highlights:

Orthopedic surgery residents experienced an average of 160 spine surgery procedures performed during their time. Neurosurgery residents experienced 375 spine procedures performed.

The number of spinal deformity procedures orthopedic surgery residents experienced was significantly higher than neurosurgery residents. Orthopedic surgery residents experienced an average of 9.5 spinal deformity procedures while their neurosurgery counterparts experienced an average of two spinal deformity procedures.

Becker's also noted that orthopedic spine fellowship training provides additional spine surgery case exposure of around 300 procedures to 500 procedures. "Thus, before entering independent practice, when compared with neurosurgery residents, most orthopedic spine surgeons complete as many spinal procedures or more," concluded the study authors. "

Another way of looking at the numbers is that neurosurgeons completing the 7-year residency are ready for spine prime time and orthopods with their common 5-year programs are not. The ortho spine fellowship evens up the numbers and should prepare the fellow for spine prime time and treating spinal deformity cases (otherwise known as Complex Spine). The neurosurgery spine fellowship appears necessary for training in spinal deformity treatment.

In Memoriam

Dr. Robert J. Sieling, MD May 16, 1935 - August 24, 2014

Dr. Robert J. Sieling, a neurosurgeon, husband, and father of seven children, and grandfather of nine children, died suddenly on Sunday, August 24, in his home in San Carlos, Calif.

He was born and raised in Alexandria, Minnesota. After graduation from high school, Robert attended the University of Minnesota, where he received his degrees, both undergraduate and M.D. Following his graduation, Robert did a rotating internship and a residency in neurological surgery at the Los Angeles General Hospital. He then served two years in the U.S. Air Force, spending 1968 at Cam Ranh Bay, Vietnam. When he returned to the United States, Robert established a practice in Escondido, CA but was lured to Kaiser Permanente Redwood City Medical Center in 1972 where he worked for 39 years until retiring in 2011. Dr. Sieling joined CANS in 1978 and remained an active member until his death.

He is survived by his wife, Allene Giesen Sieling; his children: John (Toni), Peter (Rebecca), Mara, Marc, Matthew (Tina), Michelle, and Luke (Katarina); and his grandchildren: Riana, Sean, and Taylor Sieling; Laura and Roben Sieling; Roland and Ruby Smith; and Tony and Caroline Sieling. ❖

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!

Brain Waves

Deborah Henry, MD, Associate Editor

A front page *Los Angeles Times* article this month looked at the question of do President's age faster than the rest of us. We've seen it. They enter the Presidency with dark hair and minimal wrinkles and exit with silver locks and the need for Botox. So in a relatively unscientific study, someone took a large collection President Obama pictures, scanned them into a computer which counted the gray hairs, and then calculated how the density had changed. The answer-the same graying process as for the rest of us.

Which makes me wonder if the answer is true for us neurosurgeons. I cannot help but feel that the stress of our job may make us look older than the average individual too. I know my forehead wrinkles and eleven's between my eyes are the result of scrunching my face when I operated. This also accounts for my knot collection in my trapezius muscles as I strained to keep my elbows elevated for years.

I may never know the change in my gray hairs for years to come. Look at Diane Feinstein, Nancy Pelosi, and Barbara Boxer. Their hair is probably as white as a cotton ball, but you will never know that either. This is clearly one of the most unfair perceptions that exists between men and women. With men, gray hair does make one look more distinguished. It takes him from the impish boy to a mature man. It is similar to the perception that wearing glasses makes one look more intelligent. I think my son got a pair of glasses to do just that-and at age 13. Put gray or silver or white hair on a woman and we just look old and tired. There are very few of us that wear gray hair well.

I remember when I was first in practice a more senior male neurosurgeon thought I should let my hair gray show so that I would look like a more seasoned neurosurgeon. I did not take his advice. The last time I saw how gray I had gotten was when I was pregnant. Both my hairdresser and son say I should not do that again. The former may have a monetary reason, the latter does not want people calling me Grandma (as Santa Claus did one year at the mall). We may never know then if women neurosurgeons age faster than their female counterparts. But I suspect if we did this study on the male neurosurgeon, we would find that they don't age any faster than our Presidents. ❖

CANS MISSION STATEMENT

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

Transitions in Neurosurgery

John Bonner, MD, Associate Editor

As I've noted throughout 2014, uncertainty still governs the practice of neurosurgery in all aspects: patient care, research, and family and personal care. We remain unclear about whether the patients we previously cared for will be covered by adequate insurance or government coverage. In addition, we remain unclear as to whether reimbursement will adequately cover expenses for patient care.

Many of us were concerned that the introduction of Obamacare would be a "bait and switch" situation. It looks like our fears may be realized as those who govern Medicare have recently stated that reimbursement rates for those patients with Medicare are likely to drop 50% or more in many states, including California. This decrease in reimbursement comes when more patients are being added to the Medicare rolls. At the same time, it appears that physicians will be subject to more government regulation and oversight.

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The Obamacare legislation is still in limbo, as some remaining lawsuits have yet to be finally resolved. In 2015, we hopefully will know how medical care will be practiced. Specifically, we hopefully will know whether physicians will maintain some semblance of independence in the practice of medicine as well as whether we will be able to generate adequate physician income. Happy New Year to all! ❖

Executive Office News

Don't miss out!

We will be in beautiful Newport Beach at the equally beautiful Balboa Bay Resort for the CANS 42nd Annual Meeting! Have you signed up yet?

Click here for the registration information

Thank you
to these confirmed exhibitors of the
CANS Annual Meeting:

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WHO'S NEXT?-CLICK HERE for more information!

Tidbits from the Editor

You and Windows XP: Time for a divorce

This newsletter somewhat regularly refers to items published by **Medical Justice**, the neurosurgeon Jeff Segal, MD outfit in North Carolina. They seem good at discussing issues that are important to the practice of medicine and particularly issues that might expose the practitioner to medical/legal risk.

Their newsletter alerts, which this writer receives, recently noted that earlier in 2014, Microsoft implemented its previously announced end-of-life support for Windows XP. What this means: they will not release new security patches or updates. Most large firms have already migrated to Windows 7 or above. And security updates will still be released for operating systems newer than Windows XP but Windows XP is not considered a secure environment any longer. Perhaps it never was. But, from the standpoint of a potential HIPAA audit, medical practices should be on newer operating systems.
Medical Justice further notes that the Department of Health and Human Services – which oversees HIPAA- does NOT mandate minimum operating system requirements for computers used by docs but operating systems that will not receive security patches down the road are likely to be problematic. They point out that the Security Rule does not specify minimum requirements for personal computer operating systems, but it does mandate requirements for information systems that contain electronic protected health information (e-PHI). Therefore, as part of the information system, the security capabilities of the operating system may be used to comply with technical safeguards standards and implementation specifications such as audit controls, unique user identification, integrity, person or entity authentication, or transmission security. Additionally, any known security vulnerabilities of an operating system should be considered in the covered entity's risk analysis (e.g., does an operating system include known vulnerabilities for which a security patch is unavailable, e.g., because the operating system is no longer supported by its manufacturer).

So, as Medical Justice concludes, if you're running Windows XP on devices in your medical practice, either upgrade to a newer operating system or make sure protected health information lives only on more secure devices.

More Help for the Infirm

Last month we wrote about the aging physician and how some programs have been created to evaluate a physician's ability to practice. We lamented that there were few such programs in California. We have learned of a UCSD program called Physician Assessment and Clinical Education (PACE) founded in 1996 to provide clinical competency evaluations of and remedial education to physicians. This in turn led to the creation of the PACE Fitness for Duty Evaluation (FFDE) in July 2011, which is intended to evaluate physicians suspected of impairment due to physical or mental health problems.

The PACE folks are in the process of creating a PACE Aging Physician Assessment (PAPA) and are running a study to create some normative data and are recruiting physician participants age 50 and above for a pilot study of the effects of aging on the physician population. The

estimated time commitment for this program, including travel time, is 4 hours and pays $350. The evaluation includes History and Physical Exam including vision and hearing screen (no laboratory or radiologic studies, no genital or rectal exams), Cognitive Functioning Assessment, Mental Health Screen and a Demographic questionnaire. Contact pdreid@ucsd.edu if you are interested in participating.

No more pain pumps for injured workers

The Division of Workers' Compensation is in the process of revising its Chronic Pain Treatment Guidelines, last updated in 2009 when it basically adopted the Work Loss Data Institute's Official Disability Guidelines (ODG). The DWC proposes in its new guidelines to exclude intrathecal pain pumps as a treatment for chronic pain and limits the use of dorsal column stimulators to those with Chronic Regional Pain syndrome, Type 1which most of us know as Reflex Sympathetic Dystrophy (Type 2 is the old causalgia). The DWC Medical Evidence Evaluation Advisory Committee (MEEAC), a group of 20 docs and others from various disciplines that is advisory to the DWC, had recommended adopting the ODG rules regarding SCS and pumps which do allow for use in chronic pain, particularly nociceptive pain. The pain docs are up in arms about the limitations, particularly the inclination of the DWC to disregard its own MEEAC. The proposed guidelines are still in the formative phase and a public hearing is likely. And in case that is not enough, the DWC is also considering taking opioid use out of the Chronic Pain Treatment Guidelines and putting them into a new Guideline for the Use of Opioids To Treat Work-Related Injuries, a move likely to generate more angst. ❖

Thought for the Month:

Any ship can be a minesweeper. Once.

- Naval Ops Manual

Meetings of Interest for the next 12 months:

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, Colorado Springs, CO
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
North American Spine Society: Annual Meeting, October 26-29, 2015, Boston, MA
AANS/CNS Joint Pediatric NS Section: Ann. Meeting, December 8-11, 2015, Seattle, WA
Cervical Spine Research Society: Annual Meeting, December 3-5, 2015, San Diego, CA
North American Neuromodulation Society: Ann. meeting, 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. 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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