



Winter/Spring 2009

PNS NEWS

Pennsylvania Neurosurgical Society in Association with Mid-Atlantic Neurosurgical Society

President's Report

by Eric L. Zager, MD, FACS

The Pennsylvania Neurosurgical Society (PNS) is celebrating its 50th anniversary this year. The PNS was initially established by pioneering neurosurgeons as the Philadelphia Neurosurgical Society. The first PNS officers included Francis Grant as President, Temple Fay as Vice President, and Frederick Murtagh as Secretary. The PNS inaugural meeting, which was moderated by Rudolph Jaeger, was held on May 15, 1959, at Jefferson Medical College. Attendees included neurosurgeons from all over Pennsylvania, as well as Delaware, Maryland, New Jersey and Washington, DC. The Society has continued to meet on a regular basis and has served to foster communication and professional and scientific development among its members. It is certainly an honor for me to serve as PNS President in this historic year.

As we review the history of our organization, it is clear that while our mission has remained the same (i.e. to serve the educational and professional needs of its members), its role at the state level has dramatically changed. Early meetings of the Society dealt primarily with clinical issues, such as the surgical management of chronic pain from lumbar disc herniation and carpal tunnel syndrome. Founding members such as Michael Scott, Robert Groff, Axel Olsen, Francis Grant, Rudolph Jaeger, Fred Murtagh and Temple Fay met with the purpose of improving the clinical care of their patients and to introduce new surgical techniques. We continue to meet for clinical and scientific exchange and education at our annual meetings in Hershey, and our membership continues to expand.

continued on page 7

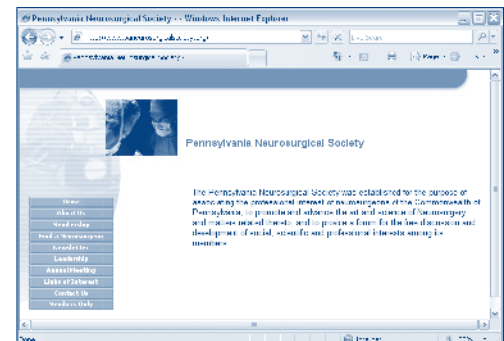
PNS Launches Website

by Nicole M. Barry & Kevin M. Cockroft, MD, MSc

We are pleased to announce that the Pennsylvania Neurosurgical Society has recently completed the design on our first website. The website can be accessed at www.paneurosurgicalsociety.org. The site contains an overview of our organization and history, leadership names and positions, administrative office contact information, membership benefits, a downloadable membership application, newsletter archives, links of interest and annual scientific meeting information.

Another key component that is being explored is the "Find a Neurosurgeon" search tool, which will be listed on the public side of the site. This feature will serve as a directory to identify those PNS members who are practicing neurosurgeons and who elect to participate in the database. This free directory will provide patients with the ability to locate a neurosurgeon based on a variety of search options. The results will display only the business contact information that is provided by the participating member. The potential

search options will include company name, address, phone, fax, e-mail, web site URL, and subspecialty expertise.



www.paneurosurgicalsociety.org

The site is also comprised of a "Members Only" section, which contains leadership contact information, committee information and bylaws. The website will help us to automate and streamline processes such as online abstract submission and annual meeting registration. It will also serve to increase our visibility as an organization. The site is currently in its infancy and we look forward to implementing additional enhancements over time. Suggestions are both welcome and appreciated, and may be delivered to us via e-mail to pns@pamedsoc.org.



**Pennsylvania
Neurosurgical Society**

President

Eric L. Zager, MD, FACS
Hospital University of Pennsylvania
3400 Spruce Street
Philadelphia, PA 19104-4206
(215) 662-3497
Fax (215) 349-5534

President-Elect

Eric M. Altschuler, MD
Pittsburgh Neurosurgery Assoc.
1501 Locust Street, Suite 224
Pittsburgh, PA 15219-5128
(412) 471-4772
Fax (412) 471-0659

Secretary-Treasurer

Kevin M. Cockroft, MD, FACS
Milton S. Hershey Medical Center
PO Box 850
Hershey, PA 17033-0850
(717) 531-8807
Fax (717) 000-0000

Immediate Past President

Raymond C. Truex, Jr., MD, FACS
Johnson, Reigh, Close, Truex
601 Spruce Street
West Reading, PA 19611-1443
(610) 375-4567
Fax (610) 375-1203

Historian

Robert M. Jaeger, MD, FACS

Councilors

Perry J. Argires, MD, FACS
M. Sean Grady, MD, FACS
Robert E. Harbaugh, MD, FACS
Paul J. Marcotte, MD, FACS
Ashvin T. Ragoowansi, MD
Arnold G. Salotto, MD
William C. Welch, MD, FACS, FICS

Newsletter Editor

Bruce L. Wilder, MD, MPH, JD
436 Seventh Avenue, Suite 1050
Pittsburgh, PA 15219-1826
(412) 683-6015
Fax (412) 683-6430
bwild@interprofessional.com

Executive Director

Michele Gaiski
777 East Park Drive, PO Box 8820
Harrisburg, PA 17105-8820
(717) 558-7750 ext. 1515
Fax (717) 558-7841
mgaiski@pamedsoc.org

Opinions expressed in this newsletter do not necessarily reflect the Society's point of view.

2008 Annual Scientific Meeting Highlights

*by William C. Welch, MD, FACS, FICS,
2008 Annual Scientific Meeting Program Chair*

The Scientific Session of the 2008 PNS meeting in July was one of the largest ever. There were over 25 speakers on a number of critical topics. The main topic of the scientific session was “The Future of Neurosurgery in Pennsylvania.” The speakers focused on the current status of neurosurgery in Pennsylvania and examined the future needs of the Commonwealth. This included topics as diverse as the Operating Room of the Future and ongoing scientific studies that will alter the way we practice neurosurgery. The scientific session offered attendees an overview of the research being done at the multiple medical centers across the state. The meeting is hoped to foster increased relations across the state and act as a voice for the neurosurgeons of the Commonwealth. The 2009 meeting

will emphasize spine disorders and treatments. We look forward to your attendance.



Incoming President, Eric L. Zager, presents plaque to outgoing President, Raymond C. Truex, Jr., MD, as a token of appreciation for his exemplary service to the Society.



PNS Past Presidents gather at the Annual Meeting: (L to R) Howard A. Richter, MD, Ashvin T. Ragoowansi, MD, Raymond C. Truex, Jr., MD, new President Eric L. Zager, MD, Daniel M. Bursick, MD, and Bruce E. Northrup, MD.

The Medicare Improvements for Patients and Providers Act

by Robert E. Harbaugh, MD, FACS, AANS/CNS Washington Committee Chair

In contradistinction to the American Medical Association (AMA), The Pennsylvania Medical Society and the American College of Surgeons (ACS), the American Association of Neurological Surgeons (AANS) and the Congress of Neurological Surgeons (CNS) did not support H.R. 6331, the Medicare Improvements for Patients and Providers Act, and we do not believe that passage of this bill was a victory. Let me explain our position.

While the legislation did prevent a 15 percent pay cut over the next 18 months, we believe that we will pay too high a price to achieve this outcome. When the AANS and CNS evaluated this and other similar legislation, we determined that the “cons” far outweighed the “pros.” Among our chief concerns are:

1. No permanent fix or transition to a permanent replacement for the sustainable growth rate (SGR) formula that is used to calculate Medicare reimbursement was included in the legislation. Without a change to the SGR we can anticipate ever steeper cuts in reimbursement over time. The payment cut for 2010 will now be 21 percent.
2. The bill extends the Physician Quality Reporting Initiative, which in its current form does little, if anything, to actually improve quality of care.
3. The bill requires Medicare to publicly report the names of physicians who satisfactorily submit data on quality measures. We suspect that this is just the beginning of public reporting of “quality” measures that have nothing to do with the quality of surgical care.

4. It expands primary care’s Medicare medical home demonstration project before there is any real data from the existing demonstration project. This is part of a broader effort to transfer funds from specialty practices to primary care

The AANS and CNS also believe it was ill-advised for physician groups to step into the middle of a partisan fight over Medicare. Fixing the SGR requires a bi-partisan solution. Unfortunately, the debate over H.R. 6331 became a battle over which party had the most political strength. Threats against certain Senators may have pressured them to change their position and vote for H.R. 6331, but at what cost? Most of these Senators have been very supportive of physician issues in the past, and we will certainly need their help in the future. We believe that the actions of organized medicine in this debate will leave a long-lasting bitter taste in their mouths.

Now that H.R. 6331 has become law, the most important question is what should organized medicine do to develop a replacement for the SGR and a strategy for getting Congress to adopt our proposal? As things stand, we are facing a 21 percent cut in 2010, and we do not have a viable proposal to replace the SGR. The AANS and CNS fear that we will find ourselves in the same place we have been year after year and that we will once again divert our attention from fixing the SGR formula to yet another frantic scramble to prevent the 21 percent payment cut.

Despite our disagreement about the strategy on H.R. 6331, the AANS and CNS believe that the AMA is in the best position to facilitate the development of a plan to replace the current SGR formula. The AMA, in its role as the convenor of medicine,

should establish a process that will bring together physician organizations to reach a consensus about reforms to propose to Congress in early 2009. The AANS and CNS believe it is essential that these discussions include a broad range of physician stakeholders. We must find a way to assure that all of medicine is part of this process.

continued on page 7

PNS New Members

The Pennsylvania Neurosurgical Society welcomes the following new members, who have joined the organization since January 1, 2008:

Active

Akash Agarwal, MD
Gordon H. Baltuch, MD, FACS
Bennett Blumenkopf, MD
Eugene A. Bonaroti, MD
Carlo M. De Luna, MD
James J. Evans, MD
James S. Harrop, MD
Mark R. Iantosca, MD
James McInerney, MD
Michael Yang- Hoon Oh, MD
Stamatios George Psarros, MD
Ali Raja, MD
John K. Ratliff, MD
George T. Reiter, MD
Arnold Salotto, MD
James M. Schuster, MD
Ashwini D. Sharan, MD
Donald M. Whiting, MD

Corresponding

Kenneth Liebman, MD
Fred McMurry, MD

Resident

Joshua E. Heller, MD

American Board of Neurological Surgery Report

by M. Sean Grady, MD, FACS

I am pleased to provide the following report to the Pennsylvania Neurological Society relative to the activities of the American Board of Neurological Surgery over the past year.

The Pennsylvania Neurosurgical Society wishes to thank and acknowledge the following organizations for supporting our 2008 Annual Scientific Meeting:

Educational Grants

Integra LifeSciences Corporation
Synthes

Exhibits

Abbott Spine
Biomet Spine
Codman & Shurtleff, Inc.
DePuy Spine
The Foundation of the Pennsylvania Medical Society
Globus Medical, Inc.
Integra LifeSciences Corporation
KLS Martin, LP
MD Surgical Products, Inc.
Medtronic
Medtronic Neurologic Technologies
Medtronic Neuro Modulation
NuVasive, Inc.
Orthovita
OsteoMed, LP
Penn State Neurosurgery
PMSLIC Insurance Company
PMT Corporation
Synthes

Residency Training

The results of the 2008 match show that neurosurgery remains competitive. 88 percent of US seniors were able to obtain a position. 179 positions were offered, and 173 filled. The remaining six open slots were filled within 48 hours. The Residency Review Committee (RRC) has been progressively increasing the number of neurosurgical training slots in the United States.

Of the 925 residents tracking towards board certification, 127 are women (14 percent). 63 of the 97 training programs in the United States have one or more women as part of their program. 144 residents finished training in 2007. The ABNS conducts a post residency survey for residents finishing training to determine whether they go onto fellowship or practice. The response rate in 2007 was 63 of 144 finishing trainees. In order to obtain a more accurate survey, candidates for oral board certification will be surveyed at the conclusion of their examination in order to have a better picture of the actual activities of neurosurgeons in the first three to five years following training.

The Residency Review Committee for Neurological Surgery consists of six neurosurgeons as follows:

- ABNS: Dr. Dennis Spencer, Vice Chairman, Dr. Ralph Dacey, Jr., Dr. Hunt Batjer will be replacing Dr. Dennis Spencer when Dr. Spencer's term concludes in June 2009.
- American College of Surgeons: Dr. Stephen L. Giannotta, Chairman, D. Volker, K.H. Somtag.
- The American Medical Association: Dr. Arthur L. Day, Dr. Robert A. Ratcheson, Resident representative, Dr. Michael DiLinua.

Dr. Barrow served as the new ex-officio member starting at the June 2008 RRC meeting.

The resident operative experience is no longer submitted to the ABNS for initial certification. However, the operative experience must be submitted to the RRC using the ACGME case log system.

At the winter 2008 meeting, the ABNS recognized that sub specialization does occur in neurosurgery, but there will be no subspecialty certificates issued by the ABNS in the immediate future. The Board considered pursuing an MOC with recognition of focused practice but opted not to do this at the present time. There may be interest on the part of the ABMS to pursue this modality, and the Board will re-examine this in the future.

The following changes in residency training have been adopted by the ABNS and are approved by the ACGME to take place in 2009. These include the following:

- 1) Neurosurgical training is 72 months in length.
- 2) 42 months of clinical neurosurgery are required.
- 3) The PGY1 year consists of six months of less than or equal to six months neurosurgery, three months fundamental skills training. Neurology can be taken within this year or sometime within the first three years.

These changes will be implemented on July 1, 2009, and coordinate with the new match program. This means that neurosurgery residency applicants will only apply to one match and their entire training program will be under the direction of the neurosurgical program director.

continued on page 5

American Board of Neurological Surgery Report

continued from page 4

Maintenance of Certification

The number of actively practicing diplomates now stands at 3,398, which remains at an all time high. The Board considered pursuing an MOC with recognition of focused practice but opted not to do this at the present time. There may be interest on the part of the ABMS to pursue this modality, and the Board will re-examine this in the future.

At the winter 2008 meeting, the ABNS recognized that subspecialization does occur in neurosurgery, but there will be no subspecialty certificates issued by the ABNS in the immediate future.

MOC is expanding on a national basis for a variety of different efforts including pay for performance, hospital credentialing, maintenance of licensure by state medical boards and others. Care First, a health insurance program in the Maryland region, has indicated that it would use participation in neurosurgery MOC as an indicator of quality and is willing to increase reimbursement by seven percent for those neurosurgeons participating in MOC. The common theme is data reporting across all of these different licensing and insurance agencies.

Those individuals who have a 1999 certificate, unless they are current with MOC, will lose their certification status in 2009. There are 13 individuals who have not yet entered the MOC program and therefore, will no longer be board certified at the end of 2009. A significant amount of effort has been expended by both the directors and the ABNS office to notify these individuals. Similarly, diplomates in the 2002 and 2005 year should be completing their three year cycle and, if they are not in compliance, will be required to pay a substantial penalty in order to enter into the second cycle. There are several problems that have been brought to the attention of the MOC Committee,

including those physicians without hospital privileges who are required to be part of the MOC process. A list of decisions on how these are to be handled will be developed. Modifications in the MOC program are required to go through the ABMS and will be done in a batch approach.

The MOC key case system is now operational as of April 2008. A number of queries have been directed towards the ABNS office regarding different problems with each key case, these will be collected and resolved in working with Outcome Sciences. New key case development is dependent upon requests by diplomates. Each key case costs about \$10,000 to develop and implement. Troubleshooting with key cases will continue over the next several years.

Institute of Medicine

The Institute of Medicine Committee on Graduate Medical Education was formed in late 2007 and has held four meetings to date. Testimony provided by the ABNS, as well as the ABMS, AAMC, and the ACGME strongly supports the position that further reduction of duty hours would have a major negative impact on public health and safety. The Committee should publish its report in March 2009. It does appear that the Committee will not likely recommend further reduction in duty hours and that these matters should rest with the ACGME. However, they may make recommendations that no duty hour last longer than 14 hours based on sleep physiology studies. Of particular note is that there has been substantial recognition that specialty training varies significantly and that the individual subspecialty societies may be in the best position to determine what is acceptable training. Finally, neurosurgery has stood out as unique amongst the other surgical specialties by its commitment to education and training of outstanding neurosurgeons for the public health. The interactions during this process by the ABNS with other organizations such as the

ACGME, AAMC, ACS and ABMS have demonstrated the commitment of organized neurosurgery to professionalism and education.

AANS/CNS Data Collection LLC

This LLC, developed by an agreement between the AANS and CNS is interested in contracting with the ABNS to use the ABNS data programs. A term sheet has been developed and was returned to the AANS/CNS for transition into a contract. The integrity of the present data collection system by the ABNS is absolutely essential for the work of the Board, and this will be maintained. As a contract is developed, it will be closely reviewed by directors to ensure that the present functionality of the system is in no way compromised, that future requirements of the system for ABNS purposes are preserved and, to whatever extent is reasonable, there will be some recovery of costs associated with development as well as maintenance of the ABNS data program.

Written Examination

The most recent examination was conducted in March 2008. The exam, when analyzed by the NBME, remains of sufficient rigor compared to prior examinations. As of 2006, the exam was standardized so that subsequent examination results could be compared. This enables the resident to track his overall progress with respect to test results, which was not previously possible. Statistical analysis of the 2008 examination showed it to be quite similar to prior examinations. Questions for the examination are derived from the ABNS directors as well as the Extramural Subspecialty Committee. They are then reviewed at the Academy meeting in September then analyzed for incorporation at the meeting in February at the NBME office in Philadelphia.

The weighting of the questions in the seven different categories has been

continued on page 6

Pennsylvania Trauma Systems Foundation Report

by Jack E. Wilberger, Jr., MD

As of September 2008, there are now 29 accredited trauma centers in Pennsylvania.

In spite of enabling legislation and start-up funding for the development of Level III trauma centers to provide increased availability of trauma services to a larger area of the Commonwealth, only one center has been successful in the accreditation process. The reasons are multifactorial; however, without a strong network of Level III trauma centers, the state's trauma system will never fully develop.

Recognizing this, the Pennsylvania Trauma Systems Foundation (PTSF) recently held a strategic planning

session to reconsider its vision and mission. The primary efforts of the PTSF since its inception have not been directed to trauma system development but to development of standards and to serve as an accrediting body. Going forward, the PTSF will take active steps to become the lead agency advocating for and guiding the process to develop a comprehensive, coordinated trauma system within our state.

Given recent economic issues, it is important for those working in trauma centers to be aware of recent litigation involving our state legislative funding to accredited trauma centers. West Virginia University (WVU) Hospital was successful in arguing that since they

provided trauma care to a number of Pennsylvania residents, they deserved a similar share of these monies. The outcome is that these payments will decrease payments to our trauma centers and potentially impact our ability to provide call stipends or other services. WVU will begin receiving these monies once it successfully goes through the standard PTSF Level I accreditation process. At this time, there is nothing in place to prevent trauma centers in adjoining states from attempting to claim a share of these monies as well. Thus, the PNS needs to support legislative efforts to reconsider the means and mechanisms of making these funds available to centers in our state.

American Board of Neurological Surgery Report

continued from page 5

slowly modified to the point where neurosurgery is now the predominant category amongst the seven different categories.

The 2008 MOC cognitive examination was also held in March 2008, at the same time of the primary examination. 76 individuals took the examination. The test was reviewed by the NBME office and scored. A minimum passing score of 73 percent was established, and all individuals taking the examination passed the test. 52 individuals took the general examination, 21 individuals took the spine examination, and three individuals took the pediatric examination. There were problems with the internet-based administration of the examination. As a result of this, the 2009 examination will be converted to

a paper format. This should simplify the proctoring of the examination which takes place at the residency programs.

Finances

ABNS expenses, as well as revenue, have increased substantially in the past two years, based on the cost of the MOC and data program, as well as the increased assessment fee. Approximately 90 percent of time-limited certificate diplomates have paid the mandatory fee. Letters will be sent to those individuals who are not presently in compliance with the mandatory fees to reach 100 percent. The 2007 calendar year closed with an approximate \$45,000 deficit. We anticipate that the present fiscal year will close with an approximate \$25,000 deficit, but that this should go to a neutral or slightly positive budget in the future, based on increased revenue from time-limited certificate holder

payment of assessments, as well as fees generated through the MOC cognitive examination. There is the potential for some revenue generated through the AANS/CNS LLC. This will be dependent upon the contractual arrangements that develop. The investments in the reserve account are presently down by about four percent, which is close to the benchmark utilized by the investment firm. The investment advisor has included use of hedge funds in the portfolio, and this was completed. The impact of the latest stock market fluctuation is not yet available.

Directors and Officers

Dr. Karin Muraszko and Dr. David Roberts have replaced Drs. Hunt Batjer and Kim Burchiel. Dr. Sean Grady moves to Chairman, Dr. Robert Martuza moves to Vice Chairman, Dr. Dan Barrow takes over as Secretary and Dr. Paul McCormick stays as Treasurer.

Mcare Background – Current Status

by *The Pennsylvania Medical Society*

There were no Mcare abatements in 2008, and given the state’s financial problems it is unlikely that the program will be resurrected in 2009. As for Mcare coverage itself, Act 13 of 2002 set in motion a process for phasing out Mcare liability coverage and transitioning to \$1 million in private market coverage.

Under the Act, the Insurance Commissioner examines the private market every two years to determine if sufficient capacity exists to sell \$750,000 in liability coverage rather than the existing \$500,000. When that capacity is found to exist, physicians will be required to buy \$750,000 in private market coverage and Mcare coverage will be correspondingly reduced to \$250,000. Three years after that another study will be made to determine if the private market has

sufficient capacity to sell \$1 million in coverage. Again, if that capacity is not present initially the process is repeated every two years until the transition is made to \$1 million in private market coverage and Mcare coverage is eliminated. No provision was made in Act 13 for the retirement of the Mcare Fund’s unfunded liability (currently estimated to be \$1.8 billion), which under existing law is the obligation of physicians and hospitals. In 2003, 2005 and 2007 the Insurance Commissioner found insufficient capacity in the private market to initiate the first step of the Mcare phase-out, and as of this date the primary and Mcare levels each remain at \$500,000. Commissioner Joel Ario will again examine the private market in July of 2009, and there is reason to believe that he will find sufficient capacity to raise the primary limits to \$750,000 on January 1, 2010.

The Pennsylvania Medical Society, in conjunction with the Hospital and Healthsystem Association of Pennsylvania (HAP), has developed a proposal to implement a more gradual five year transition to full private market liability coverage, including Mcare assessment discounts to physicians during the phase-out period to ease the cost of the transition. Importantly, under the PMS/HAP proposal physicians and hospitals would be relieved of the Mcare Fund’s unfunded liability, with the state to retire the obligation using existing balances in the Mcare Fund and the Health Care Provider Retention Account, along with ongoing revenues from the cigarette tax and automobile moving violation surcharges. The Society is working closely with the Rendell Administration and legislative leaders from both parties to enact this proposal.

President’s Message

continued from page 1

Increasingly, in recent years, the role of the Society has extended into the political arena, and our officers are involved in Pennsylvania Medical Society events, such as the Specialty Leadership Cabinet meetings and the House of Delegates convention. In these harsh economic times, we have been called upon to address difficult issues such as

the Mcare Fund surcharge abatement, the progressive erosion of appropriate reimbursement for our increasingly complex services, the constantly litigious environment in which we practice, and the never-ending onslaught of government regulation and red tape.

I am grateful that we have a talented and energetic staff, headed by Michele Gaiski, our Executive Director. We also have the great fortune to have the

wise counsel of our Immediate Past Presidents, Drs. Ray Truex and Dan Bursick, whose leadership has resulted in a recent rejuvenation in the health and activity of our Society. I ask for the assistance of our membership in keeping our officers and councilors informed of local issues, and I welcome your participation and advice.

Thank you for your support!

The Medicare Improvements for Patients and Providers Act

continued from page 3

As medicine works to develop a replacement for the SGR there will be differences between specialties—particularly between primary care

and surgery. It will be essential to have physicians working out these differences doctor-to-doctor.

Physicians have been going through the annual “stop the cut” drill for years. We have all done a lot of talking about the need to fix the SGR formula, but we have failed to put forward a solution

that could become law. As the cost of fixing the system becomes greater and the yearly cuts get steeper, this “take the money and run” approach is disadvantageous. With each short-term fix, medicine is borrowing against its future and making it more difficult to develop a viable solution. We can and must do better.



Pennsylvania Neurosurgical Society

777 East Park Drive

P.O. Box 8820

Harrisburg, PA 17105-8820

**Save the Date and
Plan to Join Us!**

2009 PNS Annual Scientific Meeting

July 10-11, 2009

The Hotel Hershey, Hershey, PA

Reserve your room now!

Group discount cut-off date is June 8

Call 1-800-HERSHEY or 717-533-2171

Mention PNS for the group rate

