Interview with Spine Section Chairman Dr. Christopher Wolfia

In this Spine Section Newsletter, we took time to sit down with the current Spine Section Chairman, Dr. Chris Wolfia. Dr. Wolfia is Professor of Neurosurgery at the Medical College of Wisconsin. After receiving his medical degree and completing his residency at University of Indiana, Dr. Wolfia did a fellowship in Spinal Neurosurgery at the Medical College of Wisconsin. He held the Esther and Ted Greenberg Endowed Chair of Neurosurgery at the University of Oklahoma Health Science Center from 1998 through 2005, before returning to Milwaukee. He is President of the CNS, and has previously served in multiple capacities for the Spine Section, including Treasurer, Fellowship Chair, and Website Committee Chair. We asked him for some advice for young neurosurgeons, as well as his feelings on the state of spine surgery and organized neurosurgery.

What do you know now, that you wish that you would have known when you were younger?

CW: I didn’t realize how much paperwork is involved in medicine, otherwise I might have been an engineer.

What do you suggest for younger neurosurgeons wanting to get involved in organized neurosurgery?

CW: To be actively involved in one of the organizations, volun-

teer for a project, do it well, and do it on time.

As you have advanced through the ranks of organized neurosurgery, how have you seen the role of our organized neurosurgical societies change over the years?

CW: When I finished my fellowship in 1998, I started on the CNS education committee. The Spine Section as well as the other organizations were primarily educational organizations with an annual meeting, whose main role was to provide CME. Things are a lot different now. The Spine Section is involved in education and CME, but we are also involved in so many other things. For exam-
Interview with Dr. Wolfila (continued)

...ple, our committees are developing evidence-based guidelines and negotiating with third party payers to help them understand the value of what we do. As another example, our Neurpoint SD Project is focusing on measuring the quality and value of what we do. The Rapid Response Committee deals with new payer policies quickly, and make sure that these policies have input from the spine community prior to implementation. This is new in the last ten years, and wasn’t really necessary in the past.

What do you think is the future for spine surgeons in this era of decreased reimbursement?

CW: Spine surgery is clearly affected by decreasing reimbursement. However, there are many patients who clearly need surgery, so spine surgery as a subspecialty is not going away. In terms of the issue of reimbursement, it is a zero-sum game. Society has to make choices about what it values. If it values quality care, specifically quality specialty spine care, then society is going to have to make the decision to support that.

What challenges do you see on the horizon for spine surgeons?

CW: I see two major challenges. The first one is that as more and more evidence comes out that shows that surgery is effective for the most common spinal conditions that patients suffer, there may be difficulty with access. Will there be enough physicians to take care of all of the patients needing quality spine surgery? The second issue is that as a profession, we have to develop a system that contains costs and also encourages technical innovation. The failure to do so will result in a future where surgeons are limited to using 1980’s technology.

In recent years, there has been a significant emphasis on conflict of interest, especially in the field of spine surgery. How do you balance being involved with legitimate industry sponsored work with the perception of conflict of interest?

CW: I believe that people should be paid for work that they do. I also believe that it is essential that spine surgeons work with industry to develop new and innovative treatment options for our patients. That being said, our educational programs must be done in a way that minimizes bias by presenters. The AANS, CNS, and Spine Section policies regarding conflict of interest disclosure and mitigation help to fulfill this requirement.

Lately there have been several high profile cases that have placed spine surgery as a profession in the spotlight of the debate on medical ethics and reimbursement. What have we learned from these recent examples?

CW: It is more important now than ever for spine practitioners to really look at the evidence behind what they do in order to deliver the best care for their patients. The entire spine community has on occasion been judged on the behavior of a few individuals.
The Spine Section's Rapid Response Committee Address Insurer Policy Issues

The AANS/CNS Joint Section on Disorders of the Spine and Peripheral Nerves has recently developed a new team to deal with issues related to third party payer issues.

Insurance companies are constantly adopting new policies that affect the practice of neurosurgery, and in many cases these policies are made unknown to surgeons. These policies and position statements may deem a commonly performed procedure "experimental" or "not medically necessary". These policies are often made by insurers utilizing their own team of policy experts, but often these committees do not include any specialists in the field in which they are making policy. CMS or private insurers are then required to seek input from specialty organizations, such as the Spine Section.

The Rapid Response Committee, under the direction of Dr. Joseph Cheng from Vanderbilt University, was designed to quickly address these policy issues. When a new policy or position statement is made by an insurer, a response is often required within two to four weeks, or less. These responses require an extensive review of the literature to determine if the new policy or position statement is consistent with the available literature on the topic as well as the standard of care. The Committee is made up of volunteer neurosurgeons from around the country who take time out of their busy practice to use their surgical expertise as well as their review of the literature to make a response that is well-supported, evidence-based, and consistent with the standard of care, often on very short notice.

Recently, the Rapid Response Committee has addressed and responded to policy changes covering intraspinal distraction devices, lumbar fusions, stereotactic radiosurgery, electrical stimulation for lumbar fusion, and endovascular procedures. As an example, recently, a large insurer created a new policy statement that essentially made any minimally invasive spine surgery "experimental and not medically necessary". Common procedures such as lumbar discectomies were in danger of denied based upon what type of retractor the surgeon chose to use. More procedures would be denied for pre-certification, and require peer-to-peer reviews, which might still be denied. The Rapid Response Committee formulated a response based upon the wealth of medical literature supporting these procedures that basically reversed this policy, except for a few codes relating to percutaneous disc procedures. Without efforts such as these, all practicing neurosurgeons would see a significant decrease in reimbursement, as well as a change in the way that they practice. The Rapid Response Committee also works with neurosurgeons on a local level to respond to state policy issues, as it did in Washington State with arthroplasty, vertebroplasty, and kyphoplasty.

The Rapid Response Committee is another way that the Spine Section is working to help all neurosurgeons in advocating for surgeons to provide the best care possible for our patients.

Random Case:

Resection of T9 Intercostal Schwannoma via Minimally Invasive Lateral Extracavitary Approach

Spine and Peripheral Nerve Section Events

Coming Up at the CNS Meeting in Washington, DC

Monday, October 3
2–3:30 pm
Spine and Peripheral Nerves Section Oral Presentations

3:30–5
Neurosurgical Forum

Tuesday, October 4
2–3:30
Complications in Spinal Surgery: Incidence, Avoidance and Treatment