Nevada Neurosurgery

Report Card 2019

[Images of Nevada landscape, medical professionals, and awards]
BACKGROUND

Nevada Neurosurgery prides itself on being patient centric, having a low complication rate and putting quality first. Introspective auditing is important, as quality is something that can be measured and compared. This report presents various quality measures on the work done by Nevada Neurosurgery.

PATIENT REPORTED OUTCOMES

The patient is key. The use of patient outcome measures looks at both disease-specific measures as well as general wellness measures to answer a simple question - did the surgery help the patient in a meaningful way? All the measures that are described in this report have the following features: generally accepted, verifiable, and validated. These key measures are accepted as ways to determine if patients were helped with surgery.

HOSPITAL DATA

Patients have surgeries in hospitals and in surgery centers. Hospitals collect data on surgeons and practices and this data can be compared to local and national cohorts.

3RD PARTY ASSESSMENTS

3rd parties including CMS are continually collecting data on physicians which reflect readmission rates, mortality and complications. Whilst these should not be viewed in isolation, they can provide more information to look at in conjunction with Patient-Reported outcomes and hospital data.

PATIENT TESTIMONIALS

Medicine is a one-to-one experience. Patient’s personal comments and experience complete the picture in terms of what the patient outcome has been at Nevada Neurosurgery.
PATIENT REPORTED OUTCOMES

Nevada Neurosurgery has developed a commercial patient spinal outcomes database SOAP™ (http://soapspine.com) that automates data collection for patient outcomes using either disease specific or general health wellness outcome measures. For over 10 years, Nevada Neurosurgery has collected patient outcome data using validated and reproducible outcome measures:

- VAS
- Promis
- Eq-5D
- Oswestry Back Disability Index
- Oswestry Neck Disability Index
- SF-36 version 1
PATIENT REPORTED OUTCOMES DEFINITIONS

1. EQ-5D [https://euroqol.org/]

EQ-5D is a standardized instrument for measuring generic health status. It has been widely used in population health surveys, clinical studies, economic evaluation and in routine outcome measurement in the delivery of operational healthcare.

EQ-5D is designed for self-completion and as such captures information directly from the respondent, thereby generating data that conforms with the general requirement of all Patient Reported Outcome (PRO) measures. Alternative modes of administration have also been developed.

Its ease of use and standardized use have resulted in its inclusion in 1,000s of peer-reviewed papers over the past 20 years. The overwhelming majority of these have appeared in clinical journals.

2. Promis [http://www.healthmeasures.net/score-and-interpret/interpret-scores/promis]

The Patient-Reported Outcomes Measurement Information System (PROMIS) provides clinicians and researchers access to reliable, valid, and flexible measures of health status that assess physical, mental, and social well-being from the patient perspective. PROMIS measures are standardized, allowing for assessment of many patient-reported outcome domains—including pain, fatigue, emotional distress, physical functioning and social role participation—based on common metrics that allow for comparisons across domains, across chronic diseases, and with the general population.

3. SF-36: [https://www.rand.org/health-care/surveys_tools/mos/36-item-short-form/scoring.html]

The Short Form (36) Health Survey is a 36-item, patient-reported survey of patient health. The SF-36 is a measure of health status and an abbreviated variant of it, the SF-6D, is commonly used in health economics as a variable in the quality-adjusted life year calculation to determine the cost-effectiveness of a health treatment.


The visual analog scale (VAS) is a validated, subjective measure for acute and chronic pain. Scores are recorded by making a handwritten mark on a 10-cm line that represents a continuum between “no pain” and “worst pain.”

5. Oswestry Disability index: [https://en.wikipedia.org/wiki/Oswestry_Disability_Index]

The Oswestry Disability Index (ODI) is an index derived from the Oswestry Low Back Pain Questionnaire used by clinicians and researchers to quantify disability for low back pain. The self-completed questionnaire contains ten topics concerning intensity of pain, lifting, ability to care for oneself, ability to walk, ability to sit, sexual function, ability to stand, social life, sleep quality, and ability to travel. Each topic category is followed by 6 statements describing different potential scenarios in the patient's life relating to the topic. The patient then checks the statement which most closely resembles their situation. Each question is scored on a scale of 0–5 with the first statement being zero and indicating the least amount of disability and the last statement is scored 5 indicating most severe disability. The scores for all questions answered are summed, then multiplied by two to obtain the index (range 0 to 100). Zero is equated with no disability and 100 is the maximum disability possible.
EQ-5

ALL PATIENTS WHO HAD ANY SURGERY BY NEVADA NEUROSURGERY

EQ-5D GRAPH

TIME AFTER SURGERY

ALL PATIENTS WHO HAD CERVICAL SURGERY

EQ-5D GRAPH

TIME AFTER SURGERY

ALL PATIENTS WHO HAD LUMBAR SURGERY

EQ-5D GRAPH

TIME AFTER SURGERY
EQ VAS

ALL PATIENTS WHO HAD ANY SURGERY AT NEVADA NEUROSURGERY

FEELING OF GOOD HEALTH

Great

Poor

TIME AFTER SURGERY

IMPROVED

ALL PATIENTS WHO HAD CERVICAL SURGERY AT NEVADA NEUROSURGERY

FEELING OF GOOD HEALTH

Great

Poor

TIME AFTER SURGERY

IMPROVED

ALL PATIENTS WHO HAD LUMBAR SURGERY AT NEVADA NEUROSURGERY

FEELING OF GOOD HEALTH

Great

Poor

TIME AFTER SURGERY

IMPROVED
SF-36, OSWESTRY, VAS SCORES

Complication Rate (at 3%) less than the average\textsuperscript{1}
Average Length of Stay after surgery\textsuperscript{2} is almost 1 day less than the average\textsuperscript{1}
Readmissions within 30 days of surgery were less than the average\textsuperscript{1}
Typical Pain Score Improved by 39% after surgery\textsuperscript{2}
Worst Pain Score Improved by 74% after surgery\textsuperscript{2}

Physical Health (PCS from SF-36) improved by 22% after surgery\textsuperscript{2}
Mental Health (MCS from SF-36) improved by 6% after surgery\textsuperscript{2}

Oswestry Back Disability Index (OBDI) improved by 23% from 78.1 (crippling disability preop) to 55.1 (6 weeks postop)
Oswestry Neck Disability Index (ONDI) improved by 23% from 65.4 (crippling disability preop) to 50.5 (6 weeks postop)

\textsuperscript{1} Comparison is to the cohort of spine surgeons in the national Crimson database, 2011-2012 data, n= 252 patients
\textsuperscript{2} Scoring was performed in a blinded independent fashion before surgery and 6 weeks postoperatively using the SoapSpine\textsuperscript{TM} software (http://www.soapspine.com)
\* Only patients who underwent cervical, thoracic or lumbar surgery were included

\textbf{VAS Graph}

\begin{figure}
\centering
\includegraphics[width=\textwidth]{VAS_graph.png}
\caption{VAS Graph}
\end{figure}

\textbf{ONDI Graph}

\begin{figure}
\centering
\includegraphics[width=\textwidth]{ONDI_graph.png}
\caption{ONDI Graph}
\end{figure}

\textbf{OBDI Graph}

\begin{figure}
\centering
\includegraphics[width=\textwidth]{OBDI_graph.png}
\caption{OBDI Graph}
\end{figure}

\textbf{Rand SF 36 Graph}

\begin{figure}
\centering
\includegraphics[width=\textwidth]{Rand_SF_36_graph.png}
\caption{Rand SF 36 Graph}
\end{figure}

All condition and Timings-pre op,6 weeks,
PHYSICAL HEALTH (PCS FROM SF-36) improved by 22% after surgery (2)

MENTAL HEALTH (MCS FROM SF-36) improved by 6% after surgery (2)

OSWESTRY BACK DISABILITY INDEX (OBDI) improved by 23% from 78.1 (crippling disability preop) to 55.1 (6 weeks postop)

OSWESTRY NECK DISABILITY INDEX (ONDI) improved by 23% from 65.4 (crippling disability preop) to 50.5 (6 weeks postop)

1. Comparison is to the cohort of spine surgeons in the national Crimson database, 2011-2012 data, n= 252 patients
2. Scoring was performed in a blinded independent fashion before surgery and 6 weeks postoperatively using the SOAP™ software (http://soapspine.com)
   • Only patients who underwent cervical, thoracic or lumbar surgery were included

OTHER PATIENT SURVEYS

In an independent survey of the practices of Dr. Sekhon, the following were found:

1. 96% of patients reviewed were very satisfied with the doctor’s explanations
2. 96% of patients reviewed were very satisfied with the time spent with the doctor
3. 96% of patients reviewed felt the doctor exhibited genuine concern
4. 96% would recommend Dr. Sekhon to friends or family with similar problems
5. Only 28% of patients needed surgery. The rest were managed with nonsurgical means
6. 32% of patients received injections are a part of their treatment
ASSESSMENT OF PATIENT REPORTED OUTCOMES

GRADE: A+

COMMENT:

All patient-reported outcome measures showed improvement in objective measures of pain and function before and after surgery. The outcome tools were both disease specific (e.g. Oswestry Neck and Back Disability Index) and general health measures (e.g. EQ-5D and SF-36). Patients consistently improved with surgical intervention in an objective identifiable fashion. The results reflect the conservative approach of Nevada Neurosurgery surgeons - follow appropriate indications and surgical outcomes are generally better. Few practices carry detailed patient outcome data to show that patients are actually helped with surgery. Also notable was that only a quarter of patients seen actually went to surgery. These results look at patient reported outcomes from multiple directions but consistently show patients did better after surgery at Nevada Neurosurgery.
Our local level II regional trauma center has collected data on surgeon outcomes using the Crimson Database (https://www.advisory.com/technology/crimson/about-crimson-clinical-advantage).

From their website:

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**About Crimson Clinical Advantage**

Crimson Clinical Advantage helps health systems thrive under value-based payment by focusing on the three constituencies most influential in care delivery: physicians, patients, and payers. We combine business intelligence technology with analytic support grounded in best practice research, developing our offerings in partnership with a rapidly growing cohort of progressive hospitals, health systems, and physicians.

Member organizations participating in this suite of offerings—which includes Crimson Continuum of Care, Crimson Care Management, and Crimson Population Risk Management—gain a 360-degree view into payer-specific clinical and financial performance, deep insight into physician practice patterns, and the ability to inflect care management for both individual patients and defined populations.

**Turning Big Data into Big Outcomes**

Health care leaders everywhere seem to be talking about “big data” and how it will transform the health care industry. From billing systems to electronic medical records, there’s no shortage of useful data—but where do you start?
Quality

<table>
<thead>
<tr>
<th>MEASURE</th>
<th>RESULT</th>
<th>COMPARISON</th>
<th>STD DEV</th>
<th>CASES</th>
<th>ADJUSTMENTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>% 30 Day Readmissions (Same MS-DRG)</td>
<td>0.44%</td>
<td>0.51%</td>
<td>-0.02</td>
<td>✔</td>
<td>Data: System I Adj. APR-DRG, Severity, Hospital-type</td>
</tr>
<tr>
<td>Mortality Rate</td>
<td>0.44%</td>
<td>0.36%</td>
<td>0.06</td>
<td>✔</td>
<td>Data: System I Adj. APR-DRG, Mortality, Hospital-type</td>
</tr>
<tr>
<td>% Complications of Condition</td>
<td>10.57%</td>
<td>15.33%</td>
<td>-0.38</td>
<td>✔</td>
<td>Data: System I Adj. APR-DRG, Severity, Hospital-type</td>
</tr>
<tr>
<td>% Complications of Care</td>
<td>3.96%</td>
<td>6.77%</td>
<td>-0.29</td>
<td>✔</td>
<td>Data: National Average I Adj. APR-DRG, Mortality, Hospital-type</td>
</tr>
<tr>
<td>Mortality Observed/Expected Ratio</td>
<td>2.95</td>
<td>NA</td>
<td>NA</td>
<td>✔</td>
<td>Data: System I Adj. APR-DRG, Mortality, Hospital-type</td>
</tr>
<tr>
<td>% 30 Day Readmissions (Same MDC)</td>
<td>0.44%</td>
<td>1.31%</td>
<td>-0.2</td>
<td>✔</td>
<td>Data: System I Adj. APR-DRG, Severity, Hospital-type</td>
</tr>
</tbody>
</table>

Note the low complication

Measure                                      | Physician | Comparison |
----------------------------------------------|-----------|------------|
% Complications of Care                       | 2.86%     | 4.14%      |
% 30 Day Readmissions (Same MDC)              | 1.43%     | 1.47%      |
Average LOS                                   | 2.86      | 3.66       |
% Cases Above Avg LOS                         | 17.14%    | 25.29%     |

Note the low length of stay - shortest for all Northern Nevada spine surgeons
THE FOLLOWING PAGES SUMMARIZE DATA ON NEVADA NEUROSURGERY FROM THE CRIMSON DATA BASE:

### Quality

**Inpatient**

<table>
<thead>
<tr>
<th>Measure</th>
<th>Result</th>
<th>Comparison</th>
<th>Std Dev</th>
<th>Cases</th>
<th>Adjustments</th>
</tr>
</thead>
<tbody>
<tr>
<td>% 30 Day Readmissions (Any APR-DRG)</td>
<td>2.21%</td>
<td>5.94%</td>
<td>-0.43</td>
<td>5 / 226</td>
<td>Data: System I Adj: APR-DRG, Severity, Hospital-type</td>
</tr>
<tr>
<td>% 30 Day Readmissions (Same MS-DRG)</td>
<td>0.44%</td>
<td>0.51%</td>
<td>-0.02</td>
<td>1 / 226</td>
<td>Data: System I Adj: APR-DRG, Severity, Hospital-type</td>
</tr>
<tr>
<td>Mortality Rate</td>
<td>0.44%</td>
<td>0.36%</td>
<td>0.06</td>
<td>1 / 227</td>
<td>Data: System I Adj: APR-DRG, Mortality, Hospital-type</td>
</tr>
<tr>
<td>% Complications of Condition</td>
<td>10.57%</td>
<td>15.33%</td>
<td>-0.38</td>
<td>24 / 227</td>
<td>Data: System I Adj: APR-DRG, Severity, Hospital-type</td>
</tr>
<tr>
<td>% Complications of Care</td>
<td>3.96%</td>
<td>6.77%</td>
<td>-0.29</td>
<td>9 / 227</td>
<td>Data: System I Adj: APR-DRG, Severity, Hospital-type</td>
</tr>
<tr>
<td>% 3 Day Readmissions (Any APR-DRG)</td>
<td>0.00%</td>
<td>1.51%</td>
<td>-0.32</td>
<td>0 / 226</td>
<td>Data: System I Adj: APR-DRG, Severity, Hospital-type</td>
</tr>
<tr>
<td>Mortality Observed/Expected Ratio</td>
<td>2.95</td>
<td>NA</td>
<td>NA</td>
<td>1 / 227</td>
<td>Data: National Average I Adj: APR-DRG, Mortality, Hospital-type</td>
</tr>
</tbody>
</table>

**Note low readmissions, mortality and complication rate**

### AHRQ - Patient Safety Indicators

**Zero patient safety issues**

<table>
<thead>
<tr>
<th>Measure</th>
<th>Cases</th>
<th>Rate / 1000</th>
<th>Comparison</th>
</tr>
</thead>
<tbody>
<tr>
<td>Death Rate in Low-Mortality DRGs (PSI 2)</td>
<td>0 / 13</td>
<td>0.00</td>
<td>0.18</td>
</tr>
<tr>
<td>Pressure Ulcer Rate (PSI 3)</td>
<td>0 / 47</td>
<td>0.00</td>
<td>0.40</td>
</tr>
<tr>
<td>Death among Surgical Inpatients with Serious Treatable Complications (PSI 4)</td>
<td>0 / 2</td>
<td>0.00</td>
<td>182.40</td>
</tr>
<tr>
<td>Iatrogenic Pneumothorax Rate (PSI 6)</td>
<td>0 / 223</td>
<td>0.00</td>
<td>0.61</td>
</tr>
<tr>
<td>Central Venous Catheter-Related Blood Stream Infection Rate (PSI 7)</td>
<td>0 / 112</td>
<td>0.00</td>
<td>0.05</td>
</tr>
<tr>
<td>Postoperative Hip Fracture Rate (PSI 8)</td>
<td>0 / 17</td>
<td>0.00</td>
<td>0.00</td>
</tr>
<tr>
<td>Perioperative Hemorrhage or Hematoma Rate (PSI 9)</td>
<td>0 / 204</td>
<td>0.00</td>
<td>4.39</td>
</tr>
<tr>
<td>Postoperative Physiologic and Metabolic Derangement Rate (PSI 10)</td>
<td>0 / 194</td>
<td>0.00</td>
<td>0.61</td>
</tr>
<tr>
<td>Postoperative Respiratory Failure Rate (PSI 11)</td>
<td>0 / 194</td>
<td>0.00</td>
<td>9.37</td>
</tr>
<tr>
<td>Perioperative Pulmonary Embolism or Deep Vein Thrombosis Rate (PSI 12)</td>
<td>0 / 210</td>
<td>0.00</td>
<td>7.08</td>
</tr>
<tr>
<td>Postoperative Sepsis Rate (PSI 13)</td>
<td>0 / 160</td>
<td>0.00</td>
<td>3.86</td>
</tr>
<tr>
<td>Postoperative Wound Dehiscence Rate (PSI 14)</td>
<td>0 / 37</td>
<td>0.00</td>
<td>2.93</td>
</tr>
<tr>
<td>Accidental Puncture or Laceration Rate (PSI 15)</td>
<td>0 / 52</td>
<td>0.00</td>
<td>2.92</td>
</tr>
</tbody>
</table>
Foreign object retained following surgery (HAC1) | 0 / 227 | 0.00 | 0.00 | 0.00 ✓
Air embolism (HAC2) | 0 / 227 | 0.00 | 0.00 | 0.00 ✓
Blood incompatibility (HAC3) | 0 / 227 | 0.00 | 0.00 | 0.00 ✓
Stage III and IV pressure ulcers (HAC4) | 0 / 227 | 0.00 | 0.00 | 0.00 ✓
Falls and trauma (HAC5) | 0 / 227 | 0.00 | 0.88 | -0.18 ✓
Catheter-associated Urinary Tract Infection (UTI) (HAC6) | 0 / 227 | 0.00 | 0.00 | 0.00 ✓
Vascular catheter-associated infection (HAC7) | 0 / 227 | 0.00 | 0.00 | 0.00 ✓
Surgical Site Infection (SSI) - Mediastinitis Following Coronary Artery Bypass Graft (CABG) (HAC8) | NA | 0.00 | 0.00 | 0.00 ✓
Manifestations of poor glycemic control (HAC9) | 0 / 227 | 0.00 | 0.00 | 0.00 ✓
Deep Ven Thrombosis (DVT) / Pulmonary Embolism (PE) With Total Knee Or Hip Replacement (HAC10) | NA | 0.00 | 0.00 | 0.00 ✓
Surgical Site Infection (SSI) Following Bariatric Surgery (HAC11) | NA | 0.00 | 0.00 | 0.00 ✓
Surgical Site Infection (SSI) Following Certain Orthopedic Procedures Of Spine, Shoulder Or Elbow (HAC12) | 0 / 179 | 0.00 | 0.46 | -0.14 ✓
Surgical Site Infection (SSI) Following Cardiac Implantable Electronic Device (CIED) Procedures (HAC13) | NA | 0.00 | 0.00 | 0.00 ✓
Iatrogenic Pneumothorax with Venous Catheterization (HAC14) | NA | 0.00 | 0.00 | 0.00 ✓

**AHRQ - Inpatient Quality Indicators**

<table>
<thead>
<tr>
<th>MEASURE</th>
<th>CASES</th>
<th>RATE / 100</th>
<th>COMPARISON</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cranotomy Mortality Rate (QI 13)</td>
<td>0 / 2</td>
<td>0.00</td>
<td>✓ 13.39</td>
</tr>
<tr>
<td>Acute Stroke Mortality Rate (QI 17)</td>
<td>0 / 1</td>
<td>0.00</td>
<td>✓ 15.81</td>
</tr>
</tbody>
</table>

**OutPatient**

<table>
<thead>
<tr>
<th>MEASURE</th>
<th>RESULT</th>
<th>COMPARISON</th>
<th>STD DEV</th>
<th>CASES</th>
<th>ADJUSTMENTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>% OP Procedures with an ED Visit within 3 Days</td>
<td>0.0%</td>
<td>1.63%</td>
<td>-0.25 ✓</td>
<td>0 / 119</td>
<td>Data: System I Adj. Outpatient grouper</td>
</tr>
<tr>
<td>% OP Procedures with an ED Visit within 30 Days</td>
<td>2.52%</td>
<td>4.49%</td>
<td>-0.19 ✓</td>
<td>3 / 119</td>
<td>Data: System I Adj. Outpatient grouper</td>
</tr>
</tbody>
</table>

**Utilization**

*Lowest length of stay for spine surgeons in Northern Nevada*

<table>
<thead>
<tr>
<th>MEASURE</th>
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<th>CASES</th>
<th>ADJUSTMENTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Average LOS</td>
<td>2.17</td>
<td>3.27</td>
<td>-1.3 ✓</td>
<td>227</td>
<td>Data: System I Adj. APR-DRG, Severity, Hospital-type</td>
</tr>
<tr>
<td>% Cases Above Avg LOS</td>
<td>19.38%</td>
<td>39.51%</td>
<td>-1.08 ✓</td>
<td>44 / 227</td>
<td>Data: System I Adj. APR-DRG, Severity, Hospital-type</td>
</tr>
<tr>
<td>Average Costs</td>
<td>$23,728</td>
<td>$24,104</td>
<td>-0.08 ✓</td>
<td>227</td>
<td>Data: System I Adj. APR-DRG, Severity, Hospital-type</td>
</tr>
<tr>
<td>% Cases Above Avg Cost</td>
<td>34.36%</td>
<td>39.80%</td>
<td>-0.29 ✓</td>
<td>78 / 227</td>
<td>Data: System I Adj. APR-DRG, Severity, Hospital-type</td>
</tr>
<tr>
<td>Average Charges</td>
<td>$67,766</td>
<td>$71,130</td>
<td>-0.31 ✓</td>
<td>227</td>
<td>Data: System I Adj. APR-DRG, Severity, Hospital-type</td>
</tr>
</tbody>
</table>
COMMENT:

The hospital data speaks for itself. Nevada Neurosurgery performs surgery in a manner that is efficient and safe. Patients undergoing surgery have the shortest length of stay for spine surgery in Northern Nevada with lower complications, mortality and readmissions than National Averages.
3RD PARTY ASSESSMENTS

SURGEONRATINGS.ORG
(https://www.checkbook.org/surgeonratings/default.cfm)

From the website:

To create this website comparing performance of surgeons throughout the U.S., Consumers’ CHECKBOOK/Center for the Study of Services (Checkbook.org) has used government data on millions of cases over a five-year period. The data analyzed were claims records of in-hospital surgeries for patients age 65 or older in the traditional Medicare program who had these surgeries during a five-year period (2010-14). We have been performing such comparisons of hospitals for many years, but the federal government would not release data identifying individual doctors. We had been suing the government and pushing for policy changes for more than a decade, but to no avail. Finally, thanks to some forward-thinking people in the government, the needed data were made available. We hope more and more data will become available, quality measurement will continue to improve, and physicians and consumers will continue to work for the best possible outcomes. We are working on new analyses and expect to report updated results in 2019.

Only 5 star neurosurgeon in Northern Nevada
From the website:

“The doctors included in Castle Connolly’s Top Doctor listings were selected after peer nomination, extensive research and careful review and screening by our doctor-directed research team.”

Dr. Sekhon is the only Top Doctor listed who practices in Northern Nevada. He has received this award yearly since 2012, most recently in 2019.
From the website:

Dr Sekhon is rated as #1 Neurosurgeon in Reno, Nevada
COMMENT:

Rating websites can be challenging to interpret. If consistent themes emerge, they reflect the true story.

Nevada Neurosurgery is a ★★★★★ star practice, rated #1 in Northern Nevada and the only Top Doctor for Neurosurgery in Northern Nevada. These results are repeated and consistent and reflect the quality of care offered patients.
The following links all have patient testimonials:

1. Healthgrades site (4.5 stars)
   https://www.healthgrades.com/physician/dr-lali-sekhon-2vhcm

2. Google (4.7 stars)
   https://www.google.com/maps/place/Lali+Sekhon,+MD,+Neurosurgeon/Spine+Surgeon+(Reno,+Nevada)/@39.5263861,-119.7949074,15z/data=!4m5!3m4!1s0x0:0xc393b0706d141a1!8m2!3d39.5263861!4d-119.7949074

3. WebMD (5 stars)
   https://doctor.webmd.com/g00/doctor/lali-sekhon-354a90c6-7777-4631-8b91-c2d6d5e36dd8-overview?i10c.ua=1&i10c.encReferrer=&i10c.dv=21

4. Nevada Neurosurgery Testimonial site
   http://www.nevadaneurosurgery.com/testimonials/

5. Vitals.com (4.8 stars)
   https://www.vitals.com/doctors/Dr_Lali_Sekhon.html

6. RateMD site (5 stars)

7. UcompareHealthCare Site (5 stars)
   http://www.ucomparehealthcare.com/drs/lali_sekhon/reviews.html

8. Yelp (4.5 stars)
   https://www.yelp.com/biz/lali-sekhon-md-phd-facs-reno
HERE ARE A FEW RECENT REVIEWS:

"His staff is also the BEST!

After suffering for many years with lower back pain that got steadily worse I finally decided I needed to get my life back. I met with Dr. Sekhon and his staff and was diagnosed with problems in the lumbar area that required surgery for repair. I am now 6 weeks post op and reveling in being pain-free. I am looking forward to a summer of activities that I haven't been able to enjoy for about 10 years. In my opinion Dr. Sekhon is the best neurosurgeon in the country!! His staff is also the BEST!!

Thurma Livingston
February 6, 2019"

"I underwent microdiscectomy surgery for a badly protruding disc. ..."

I underwent microdiscectomy surgery for a badly protruding disc. The surgery was completed in a little over an hour and I walked out of the hospital shortly thereafter. I am not one for hyperbole, but Dr. Sekhon, Greg Graves and the rest of the team at Nevada Neurosurgery have given me my life back. I am incredibly grateful and could not recommend them more highly. Kevin
January 9, 2019

"Two years ago, I had my back worked on with Dr. Sekhon..."

Two years ago, I had my back worked on with Dr. Sekhon. What a difference, I can do yard work and other things I couldn't, without the help from Dr Sekhon, I would be sitting down all day not being able to live life. He is the best, everyone that had him operate on them have never had any issues. I couldn't even get up to get a glass of water before I had my back cleaned out, no hardware. I cant say enough about him and his staff.
Terry Hansen Villines in Greenville, CA Jan 7, 2019

"I fractured 4 vertebrae and dislocated 1 of them."

I fractured 4 vertebrae and dislocated 1 of them. I am now recovered up walking around and truly feel Dr. Sekhon saved my life. I am beyond grateful for his skilful hand and would highly recommend him to anyone that needs any service he can provide. Jared Halller
December 5, 2018

"Dr. Sekhon and his staff are amazing"

Dr. Sekhon and his staff are amazing. I had a s-4 s-5 laminectomy and discetomy. Who knew one of the United States top spine surgeons practiced in Reno? After spending almost a month in agony after re-injuring my back I’m now pain-free. Doctor Sekhon was very professional and showing me on my MRI what exactly my problem was and explaining how it could be fixed very simply. Even a non-professional like myself could understand what was going on on the MRI. After all this he asked if I had any questions I asked him how many times he’d done this surgery his answer was about 5000! I couldn’t think of any good questions after that… Have to comment about his anesthesiologist too on the day of surgery he came by to see me in pre-op. He clearly saw I was a little nervous about getting back surgery I mean who wouldn’t be! He said he would give me something to relax me he put something in my V and the next thing I know I was waking up in post-op with the nurse saying it was all over! That’s how it should be done so you don’t have time to worry about stuff! Well done doc. Post-op instructions and visits were very well planned and clear instructions. If you have spine issues this is where you want to be. I went back to the VA after surgery and spoke to the patient advocate about my good experience and recommended that they send more people to Dr Sekhon. Submitted December 4, 2018 https://www.ratemds.com/doctors/2065718/dashboard/ratings/

"This very knowledgeable Doctor and his team are truly awesome"

This very knowledgeable Doctor and his team are truly awesome; others’ comments below concerning the same are highly accurate. About 5 years ago had two collapsed disks in my neck (old series of injuries) aggravated by a last-straw fall. Left arm and shoulder pain were untouchable by heavy meds or physical therapy. Lali believes in being informative, very conservative and non-invasive; surgery being only as a last resort. In my case, there was not an option and needed it done as soon as scheduling permitted. 2nd day after the surgery my wife felt the need to yell at me because I was not following post-op orders; I felt no pain. 5+ years in and still doing great. The metal plate/screws in my neck do not even set off the TSA metal scanners. Bonus round: If I ever need to have a back in a doctors' and his terrific teams' care for anything having to do with nerve/spine, my big hope is that Lali is still here in Reno, and continuing to practice. To Lali: Thank you for deciding to take up medicine. Reno is very lucky to have you!
ASSESSMENT OF TESTIMONIALS

Grade: A+

COMMENT:

For a patient-centric practice, testimonials are the ground level feelings of patients. Some sites fabricate testimonials. Reading each testimonial, it becomes apparent with the detail offered by each submission that this is an actual patient who had surgery at Nevada Neurosurgery. Again, a consistent theme of good results, empathy and exemplary care.

SUMMARY OF REPORT CARD FOR 2019

Overall Grade: A+

FINAL COMMENT:

Looking at the objective patient-reported outcomes, hospital data on complications, readmissions and mortality, 3rd party assessments and patient testimonials it should be clear that Nevada Neurosurgery offers a quality product with appropriate surgery, good outcomes, low complications and efficient service. It earns it’s A+ rating and sets the standard for quality care and detailed reporting.