



CALIFORNIA ASSOCIATION OF NEUROLOGICAL SURGEONS, INC. NEWSLETTER

APRIL 1989

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PRESIDENT'S MESSAGE

N. Edalatpour, M.D.

As you have favored and trusted me in this year's presidency, I expect to honor your trust. Together we can make this year, 1989, a year of beneficial consequence for California neurosurgeons and our patients. Our gateway to action is the quarterly board meeting. This is how board meeting decisions are finalized: After the agenda of routine, there are items of action. These action items get there by the board members, consultants and activists (in the good sense of the word) of CANS. Your diversified and diligent board members debate in great detail and consensus often prevails. The consensus is often enough tempered by minority views which, out of the minds of these bright neurosurgeons, are not minor at all.

Your board needs to hear repeatedly and steadily from you, the many hard workers who run the real machinery of the profession day and night with dedication and craft. You may take time at intervals, take stock, notice the pressures on you, then apply your well-honed sense of differential diagnosis and reasoning to come up with options or therapeutic attacks and then prescribe them for CANS to consider. It's only out of your many views that successful ones will emerge.

A sample of current concerns follows, and may the list multiply in your fertile minds. Consider such items as: Specialty recertification; subspecialty certification, whether voluntary or mandatory, whether linked to limitations of practice or right to practice at all; types of examinations and contents; qualifications of examiners, etc. Consider peer review and utilization review and its control. Consider whether third party payors should make medical decisions by reimbursement practices. Consider whether you should be judged by your raw outcome numbers, and whether you should be judged by the number of cases you do in common or rare disorders, etc. Consider whether you should bill by whole effort units or by component segments as third party computers seem to be designed to determine your fees.

Lastly, it may be true that rules seem to follow the practice of the majority and credos are the consequences of the will of the majority, rather than arbitrarily thrust on everybody. We have a continuing opportunity in our organization to synthesize and present our rights, our concerns, and our values in a cohesive and a persuasive manner regarding our practices and our patients. Your participation is heartily encouraged.

ANNUAL SESSION OF CANS JANUARY 13-15, 1989 THE LODGE AT PEBBLE BEACH

Frank P. Smith, M.D.

The sixteenth annual session of the California Association of Neurological Surgeons was held in Pebble Beach in mid January, with commemoration of the contributions of Dr. Edwin B. Boldrey to neurological surgery in the State of California.

One innovative procedure was a work session on the resource-based RVS schedules at noon on Friday, January 13, 1989, chaired by Dr. Robert Florin, who demonstrated his computer-based accumulation of data relative to the various factors that develop a fee schedule. This was followed by a meeting of the Board of Directors.

The welcoming cocktail party on Friday evening proved to be a high point in the social togetherness of the CANS members attending. The total ambience provided by the Lodge was most delightful.

The scientific sessions began on Saturday, January 14, 1989, with a seminar on "Malpractice Loss Prevention" provided by the Cooperative American Physicians Inc. Insurance company. This proved to be a very informative and useful seminar on problems facing neurosurgeons relative to clinical care, with information relative to the various potential claims of malpractice.

After the coffee break, those attending were treated to an excellent presentation by Attorney J. Arthur Hudson of Monterey, California, who discussed the various ramifications of "The Doctor As An Expert

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ANNUAL SESSION (Cont.)

Witness In Court." One of the excellent parts of this presentation was that Mr. Hudson distributed a hand-out, three pages, describing the "Code of Civil Procedure" in reference to what we all should know relative to various activities in providing a deposition, as well as witness testimony. Many of us have objected to various demands made upon us, without knowing that most of the issues are fairly well covered by the law. Anyone not attending the Annual Meeting could receive a copy of this "Code" by writing to our Executive Office in Sacramento.

Later in the morning, Mrs. Ingrid Phillips, an expert in billing procedures, provided a discourse on "Coding Neurosurgical Procedures with CPT-4." She and her husband had a television program available for those interested during the coffee breaks.

Saturday afternoon, as usual, was open for recreational activities, and in the evening, we all convened for the hosted cocktail party, and then the dinner. With 120 people participating, this proved to be one of the largest events that we have had in the course of our annual meetings.

The Sunday morning sessions began with a dissertation by Dr. David Holley, CMA Councilman, entitled "Legislative Agendas - 1989 - Impact on Medical Practice." This provided another handout, of nine pages, listing the various activities gaining particular attention by our CMA representatives in Sacramento. Dr. Holley made a very convincing impression in regard to what the CMA is really doing to ensure the interests of practicing physicians in the State of California.

This was followed by the report on the RVS by Dr. Phillip Lippe and Dr. Robert Florin, presenting the entire situation at a national level in terms of the Harvard Study, and at a California level in terms of what we should be doing in evaluating our own status of cognitive ability and practicing performance.

In the last part of the program, Dr. George Ablin, in his position as a member of the Board of Directors of CMRI, presented material on "Quality Assurance - Agenda for the Nineties." This was a review of the current stabilizing processes of quality assurance, and what can be expected in the years to come.

As usual, the last event of the session was the Annual Business Meeting, which among other important items, included election to membership of sixteen candidates for full membership, as well as two elected to resident membership.

One of the highlights of the Annual Session, again for those attending, was the opportunity to have easy access to the scientific exhibits, each year limited to relatively few exhibitors. These included Camino Laboratories, Codman & Shurtleff, PMT Corporation, PS Medical, Surgi-Cal, and Elekta.

CANS BOARD MEMBERS, DELEGATES & NEW MEMBERS AS OF JANUARY 1989 ANNUAL SESSION

Executive Committee

- President N. Edalatpour, M.D.
- President Elect Gerald D. Silverberg, M.D.
- Secretary Paul D. Forrest, M.D.
- Treasurer Peter Dyck, M.D.
- First Vice President Ulrich Batzdorf, M.D.
- Second Vice President Morris D. Loffman, M.D.
- Immediate Past President .. DeWitt B. Gifford, M.D.
- Past President Melvin L. Cheatham, M.D.

Directors

- Edwin W. Amyes, M.D. John P. Slater, M.D.*
- George H. Koenig, M.D. Michael H. Sukoff, M.D.*
- Donald J. Prolo, M.D. Ronald F. Young, M.D.

Delegates to the Joint Council of State Neurosurgical Societies

Delegates	Term Expires
William Caton, III, M.D.*	1991
Michael Sukoff, M.D.*	1991
Donald Prolo, M.D.*	1991
Ulrich Batzdorf, M.D.	1990
Melvin Cheatham, M.D.	1990
Frank P. Smith, M.D.	1990
DeWitt Gifford, M.D.	1990
David Scheetz, M.D.	1991
George Ablin, M.D.	1991

Alternate Delegates

Sidney Tolchin, M.D.	1990
N. Edalatpour, M.D.	1990
Joseph Izzo, M.D.	1990
Morris Loffman, M.D.	1990
Barry French, M.D.	1990
Fredric Edelman, M.D.	1990
David Brown, M.D.	1990
Paul Forrest, M.D.	1990
Phillip Lippe, M.D.	1991

CMA Specialty Delegation

David Scheetz, M.D., Delegate*	1991
George Koenig, M.D.*	1991

New Members, Active Status, 1989

Leslie D. Cahan, M.D.	Orange, CA
Edmund Frank, M.D.	Sacramento, CA
Michael Hoffman, M.D.	Van Nuys, CA
Paul LaHaye, M.D.	Santa Rosa, CA
Marc Morin, M.D.	Laguna Hills, CA
Theodore Obenchain, M.D.	Escondido, CA
Richard Ostrup, M.D.	San Diego, CA
Michael Robbins, M.D.	Sacramento, CA

*NEW CHANGES

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THE UMBRELLA OF ALZHEIMER'S

Frank P. Smith, M.D.

In the past decade, there has developed a profound enthusiasm for moving practically every case of dementia under the umbrella program for Alzheimer's Disease. When Dr. Alzheimer, in 1907, described the relatively rare entity of presenile dementia, with progressive neurological changes and localized cerebral pathology, diagnosable only at autopsy, little did he realize that his name would be used in reference to millions of aging people, most of whom have nothing more than senile cerebral arteriosclerosis. Unfortunately, there has been lack of recognition of other pathology in many of those cases.

The momentum for shelter under the diagnostic umbrella developed when well-meaning pathologists found neurofibrillary tangles and so-called senile plaques in pathological studies of senile brains, offering empiric linkage to the true Alzheimer's disease. Abnormalities in neurotransmitters entered the picture. It was not clarified to the average medical doctor that there may be a common end point for various types of disorders. Just as pathological conditions of the liver may come from different causes, so many degenerative changes in the brain come from etiology extending from trauma, to anything that interferes with the vascular status.

Writing in *Science*, 1982, Volume 214, pp. 1237-1939, neurologist P. J. Whitehouse has differentiated Alzheimer's Disease (AD) from Senile Dementia of Alzheimer's Type (SDAT.) He estimates 10-15% of the population over 65 years of age suffers from mild to severe dementia, and that 50-60% of those have SDAT.

It should be noted that he does not refer to it as 100%. He cites the findings of cholinergic differences, as well as pathological changes in the presenile, as well as in senile dementias. He does provide a disclaimer when necessarily linking the etiology of both groups by saying, "Since normal aging is associated with loss of neurones in the neocortex and hippocampal formation, it has been difficult to determine the significance of neuronal loss in the neocortex of patients developing AD/SDAT late in life." Others might go so far as to say it is impossible.

The characteristics of true Alzheimer's Disease have been clearly defined in presenile persons, as indicated above, but modern medicine has become gratuitous in applying the diagnosis to any aging patient having progressive dementia. This makes the patients' relatives happy, since the diagnosis is much more acceptable than "hardening of the arteries." Many families discuss Daddy's "Alzheimer's" when they

Alzheimer's (Cont.)

would never admit that he is just senile. The military and veterans medical services had a marvelous category diagnosis for that end point, termed "Chronic Brain Syndrome," and it really never offended anyone. With the diagnosis of Alzheimer's, various forms of support and funding are available, some coming from well-meaning governmental agencies, and private, charitable contributions, but the profit-minded merchants are ever present.

All of this provides two important issues. First, we must look for possible etiologies such as vascular abnormalities, including microemboli, meningioma, chronic subdural hematoma, hydrocephalus, or viruses and toxins, particularly alcohol.

Second, we have responsibilities to identify plain and simple senile arteriosclerosis when it is present. We cannot cloud the issues with terminology reserved for presenile problems. The purity of science must be preserved, or credible conclusions will be unattainable.

KUDOS FOR CANS MEMBERS

Melvin L. Cheatham, M.D. has been elected to the Board of Directors of the World Medical Mission. He and Mrs. Cheatham will visit several foreign medical units in conjunction with attending the International Congress of Neurological Surgery in New Delhi, India in October 1989.

George H. Koenig, M.D. is currently President of the San Mateo County Medical Society. He writes eloquently in the Bulletin of the Society under the heading of "Presidential Emboli."

LETTERS TO THE EDITOR

Members are invited to participate in the newsletter. Letters will not necessarily represent the opinions of the editorial staff of CANS Board, but will reflect opinions of the membership on pertinent issues. Send comments to:

C.A.N.S.
2740 Fulton Avenue, Suite 208A
Sacramento, CA 95821

CANS New Board Members (Cont. from page 2)

Marshal Rosario, M.D.	San Jose, CA
Mark Rosenblum, M.D.	San Francisco, CA
Winston San Agustin, M.D.	Monterey Park, CA
Thomas Sanchez, M.D.	Modesto, CA
John Seelig, M.D.	Oceanside, CA
Jean Wickersham, M.D.	San Diego, CA
John Yen, M.D.	Sacramento, CA
David Zinke, M.D.	West Covina, CA

New Members, Resident Status, 1989

Parley Madsen, III, M.D.	Los Angeles, CA
Jose Rodriguez, M.D.	Irvine, CA

*NEW CHANGES

CANS CASE SCREENING CRITERIA

The latest edition of the CANS Neurosurgical Case Screening Criteria was approved at the January 13, 1989 Board Meeting. These guidelines were developed by the Steering Committee on Negotiations and Standards, under the chairmanship of Dr. Robert Florin. Copies are currently being distributed to all CANS members. Since the guidelines are considered a work in progress, members are encouraged to offer comments and suggestions for improvement, which may be included in future editions.

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Neurological Surgeons, Inc.**

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ADDRESS CORRECTION REQUESTED.