



CALIFORNIA ASSOCIATION OF NEUROLOGICAL SURGEONS, INC. NEWSLETTER

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PRESIDENT'S COLUMN

CMA's acquiescence to the Federal Trade Commission puts us back on "square one" in setting fees. For twenty years or more, our fees have been relative to something in the past. We are now liberated by the FTC from formulas, schedules and history.

If history could be re-lived, however, we could see from our present perspective the trap we were to lay for ourselves with RVS and UCR. We gave government and the insurance industry an easily computerized basis for negotiating fractions of UCR with us and our patients. The tables are now turned. If the FTC rulings persist as part of the whole plot to control Medicine, we are to be in the unhappy position of pleading (not negotiating) from *no* basis, for fractions of fractions.

Today it is treacherous to discuss fees in print for fear of legal battles which CANS cannot win. Schedules are "verboten". On the other hand, we all wish some guidance. Nothing is more devastating to the ego than a nine-month delayed Medi-Cal payment of \$635.70 for an acoustic, nor a prompt personal check of \$2000.00 for a disc, with a scribbled accompanying note, "I thought it would cost more than this!"

CANS receives requests from county medical societies for guidance in resolving fee disputes. Neurosurgeons entering practice without "profiles" need something more relevant than the price of real estate by which to set surgical fees. Foundations for Medical Care need our help or they, too, will be at the mercy of the insurance industry.

Dr. Loyal Davis first exposed me to one method of setting a fair fee. It is often called the "Robin Hood" method, but to an honest man it is *not* "what the traffic will bear." He would conduct his own eyeball-to-eyeball socioeconomic inquiry with patient or family as to monthly income, debts, college educations, etc., and then say, "My bill will be *fair*. If it is too high, forget it; if it is too low, contribute the difference to Northwestern University." In 1951, a patient who could look straight into those steel-blue eyes and say, "I don't make \$300.00 a month" received superb one-to-one care, gratis. One making more than \$3000.00 per month soon found himself a benefactor of the medical school. Those were the simple times before assignments, RVS, UCR, Medi-Cal and Medicare.

Even in the supposedly waning years of Medicine as a cottage industry, there is no substitute for a frank fee discussion with the patient, followed by a handshake agreement. We in neurosurgery, with a low volume surgical practice contrasted to other specialties, are in an enviable position for creating this bond. The FTC has (unintentionally) given us this last chance to tailor the fee to the "service rendered." The alternatives are to accept a salaried existence, or to negotiate from *nothing* with the Senator's scheme. The corollary is that

those of us in CANS are professionally obligated and privileged to offer to our colleagues, when asked, a personal opinion of a *fair-not* UCR-fee.

Richard E. Newquist, M.D.
President

1980 CANS ANNUAL MEETING

Place — *Del Monte Hyatt House, Monterey*

Dates — *March 14, 15, 16, 1980*

Mark your calendars at home and in your office for an informative, social, sports and sight-seeing weekend. You will receive advance meeting and hotel registration information in a subsequent mailing.

Chairmen: Local Arrangements — Frank P. Smith, M.D.

Program — Grant Gauger, M.D.

Exhibits — DeWitt Boyd Gifford, M.D., and

Mrs. Carolyn Hultgren

ISSUES

We of the Board of Directors have been pleasantly overwhelmed by your response to our April 3 solicitation of issues for resolution. Over one-third of the membership have replied with constructive comments. In this issue of the Newsletter are several preliminary reports of Committee Chairmen. The following is the assignment of your concerns to the various CANS Committees. These committees will appreciate your direct contact by letter or telephone — you might even be put to work!

Member Services Committee — Sidney Tolchin, M.D., Chairman: Reimbursement for microneurosurgery; Re-certification; What is UCR?; Adequate hospital equipment; Manpower; Medi-Cal; HMO-IPA.

Community Relations Committee — Roger A. Slater, M.D., Chairman: Code-No Code; Malpractice; Town-gown relationships; Federal-State-HSA-PSRO.

Professional Relations and Peer Review Committee — Richard D. Hamilton, M.D., Chairman: BMQA; Erosion of privileges; Subpoena of office records by industrial carriers; Credentials for specialized neurologic surgery.

Emergency Medical Services Task Force — Sidney Tolchin, M.D., Chairman: Emergency care of illegal aliens; Trauma centers.

Bylaws Committee — James B. Golden, M.D., Chairman: Significance of Associate membership.

Membership Committee — Douglas M. Enoch, M.D., Chairman: Pictorial directory.

Task Force on Medical Expert Witness Panel — James B. Golden, M.D., Chairman: Qualifications for expert witness.

Richard E. Newquist, M.D.
President

SUMMARY REPORT OF SEMI-ANNUAL MEETING OF JOINT SOCIO-ECONOMIC COMMITTEE AND COUNCIL OF STATE NEUROSURGICAL SOCIETIES

The Council of State Neurosurgical Societies met in Los Angeles April 21, 22 and 25 in conjunction with the Joint Socio-Economic Committee of the American Association of Neurological Surgeons and the Congress of Neurological Surgeons.

The California Association of Neurological Surgeons was represented by our eight Delegates: Doctors Newquist, Ablin, Enoch, Lippe, McRae, Scheetz, Tolchin and Wright. Alternates, Doctors Bard and Golden also attended. Dr. Edwin Amyes is Chairman of CSNS.

On April 21, the Southwest Quadrant, Chaired by John McRae, M.D., met and heard reports from the State Societies. The report from California was selected for inclusion verbatim in the Quadrant report to the Council.

Following are excerpts of the Minutes of JSEC and CSNS summarizing the reports to these bodies of their sub-committees and the individual State Neurosurgical Societies.

The meeting of the Joint Socio-Economic Committee was called to order by Dr. Bernard Patrick, Co-Chairman of JSEC appointed by the AANS. Dr. Donald Stewart, Co-Chairman appointed by the CNS; the Chairman of the Council of State Neurosurgical Societies, Dr. Edwin Amyes; the Secretary of the Council of State Neurosurgical Societies, Dr. LaVerne Erickson; and the Liaison Secretary, Dr. John M. Thompson, assisted in the meeting.

The various sub-committees met on Saturday afternoon, April 21, 1979. Dr. Barrett presented the Report of the ~~Medico-Legal Committee~~. This report was accepted except for a section relating to a uniform definition of death. A motion was made and passed to request that the Board of the AANS correspond with a committee of the American Bar Association or a committee representing the Attorney Generals regarding a uniform brain death law and that the Board of the AANS keep JSEC informed of the progress made in arriving at a uniform definition of death.

The Manpower Subcommittee Report was presented by Dr. Campbell. Immigration law changes and the effects that such changes might have upon neurosurgical manpower were discussed. Under the new laws it will not be possible for a non-U.S. citizen, foreign medical school graduate to become fully trained in neurosurgery in the United States. A motion was made and passed to request the Board of Directors of the AANS to initiate appropriate arrangements to monitor the effects that these new immigration laws have upon neurosurgical manpower. It was pointed out that the intent of this law and the effect of this law might be entirely different.

The report of the Task and Terminology Subcommittee was presented by Dr. Patterson. A motion was made and passed that, based on the material submitted in the Subcommittee's report, that the implantation of a cerebellar stimulator is appropriate for reimbursement by the fiscal intermediaries. The approved motion also stated that this procedure should be reviewed periodically.

Dr. Mosberg presented the International Subcommittee Report. The recent changes in PL 94-484 and PL 95-83 would permit foreign medical graduates only enough time to complete either family practice residencies or pediatric residencies in the United States. The

International Subcommittee has been quite concerned that the implementation of this law would cause foreign medical graduates to turn to the Eastern Block Countries for neurosurgical training with an adverse effect on U.S. foreign relations. Dr. Mosberg presented proposed amendments to Public Law 94-484.

Dr. Nugent presented the Report of the Medical Organizations Subcommittee. This Subcommittee considered in detail Emergency Medical Services and Trauma Centers. At the present time, JCAH emergency services criteria require that in category I hospitals, neurosurgical personnel must be available "within a reasonable and prompt period of time." A motion was made and passed to recommend that the word "prompt" be deleted so that a neurosurgeon would be available within a reasonable period of time. The Subcommittee feels strongly that a time limit should not be either specified or implied. "Within a reasonable time" is flexible enough to allow a neurological surgeon some discretion in the amount of time the patient could safely wait in an emergency room or be transferred to another facility.

Dr. Emile Berger reported on the "opting-out" controversy in Canada. The details of this controversy are given in this report and are of considerable interest to neurosurgeons in the United States. Dr. Berger also provided copies of an article which appeared in the April 13, 1979 issue of *National Review* regarding Canadian medicine.

JSEC was very pleased to have the members of the Board of Directors of the AANS for the Sunday afternoon session. Dr. Robert B. King, Chairman of the Joint Committee on Education in Neurological Surgery, talked on recertification. He reported that a number of the twenty-two medical specialty Boards had accepted some form of recertification. Dr. King reported that the members of the American Board of Neurological Surgery were well aware of the strong feelings against compulsory recertification of neurosurgeons. Dr. Mosberg pointed out that the World Federation of Neurological Surgeons had noted that in no country of the world are neurosurgeons recertified.

An excellent seminar, "State and Federal Regulation of Medicine", was arranged by Dr. George Ablin. Mr. Mario Obledo, the Secretary of Health and Welfare for the State of California and a member of Governor Brown's Cabinet, presented his views on health and answered many questions from the audience. Mr. Obledo has an unusual background in that he is a pharmacist as well as an attorney. Mr. Obledo has an unusual background in that he is a pharmacist as well as an attorney. His agency has a budget of thirteen billion dollars which is larger than the budget of most of the countries in the world. Mr. Michael O'Carroll, Chief of Statewide Health Planning for the State of California, also participated in the seminar. His background was even more unusual in that he had been a priest in Ireland for approximately ten years. He discussed his philosophy as well as his plans. He also answered many questions from the audience. Mr. Phil Nathanson, the Regional Administrator, Region 9, for the Western United States, presented the Federal viewpoint on Medicine. Mr. Nathanson is in the Health Care Financing Administration which includes Medicare and Medicaid.

Richard E. Newquist, M.D.
President

BOARD OF DIRECTORS MEETING

At its June 2, 1979 meeting, the Board of Directors took the following actions:

1. Charged the Membership Committee to consider revisions of the Membership Application Form with regard to the amount and type of information required to process the application appropriately.

2. Charged the Professional Relations and Peer Review Committee to prepare a Position Statement regarding reimbursement for implantable brain stimulators for the control of chronic pain and similar implantations in the cerebellum in the treatment of epilepsy and spasticity.

3. That a registration fee be charged for member attendance at the 1980 Annual Session.

4. That the Loffman Amendments to the AANS Bylaws be presented to the CANS membership again at the 1980 Annual Session for reconsideration of support for the amendments.

5. That CANS contact Blue Shield regarding membership attendance at meetings of the Blue Shield Medical Policy Committee, for the purpose of speaking on neurosurgery matters before the Committee.

6. That the Annual Session Committee investigate obtaining the SESAP-III-SANS exhibit for display at the 1980 Annual Session.

7. Charged the Member Services Committee to study the 1977 California Health Manpower Plan, Supplement No. 3, Graduate Medical Education with regard to its possible impact on neurosurgery manpower in the State of California and to prepare a Position Statement.

8. Adopted a policy that (subsequently) dues for military members of CANS shall be one-third ($\frac{1}{3}$) of the dues for active and associate members. (This action implements the Bylaw amendment adopted at the March 1979 Annual Session.)

9. Adopted a policy that the Membership Application Fee (\$50.) shall be waived for neurosurgeons on active duty in the military service.

The next meeting of the Board of Directors will be held on Saturday, September 15, 1979 at the Sheraton Harbor Island Hotel, San Diego, beginning at 10:00 A.M.

"TOWN-GOWN" RELATIONSHIPS

The relationship of the academic neurosurgeons to the neurosurgical community-at-large was a topic which the membership wished their Board of Directors to pursue. This subject is also referred to as the "town-gown" relationship.

The Community Relations Committee has solicited the opinion of the Directors of neurosurgical training centers in California regarding their view as to the current status of this relationship, common problems from their perspective and recommendations for improving this relationship in future years. The Community Relations Committee will forward to the Board of Directors, the consolidated view of the program directors and consider a panel discussion on this topic at the next Annual Meeting. Recent legislation sponsored by Senator Barry Keene (SB 1113) makes this subject of more interest today than in prior years.

**Roger A. Slater, M.D., Chairman
Community Relations Committee**

EMERGENCY CARE IN ORANGE COUNTY

A fiscal year 1977 study was carried out by the Society of Neurological Surgeons of Orange County evaluating 317 individuals who died in that County as the result of injuries incurred in motor vehicular accidents. One hundred thirty-four died at the scene or prior to their arrival at any emergency room. Approximately 500 doctor hours were spent in the review of 100 charts of patients selected for review. Of these 100, it was noted that 21 others were dead on arrival and an additional 15 were excluded in that they did not refer in any way to the current system of management of vehicular accidents. Of the remaining, 43 were related to CNS injuries and 21 due to non-CNS related lesions. Of that 21, three were found to have serious central nervous system injuries associated with the trauma of the general system which was considered the cause of death.

After thorough review, it was noted that two of the 43 who died of CNS related injuries were "potentially" salvageable. Each of these had a very high Glasgow trauma score and this potential was not reflected in any assessment of quality of life.

In the remaining 21 patients who died primarily of the effect of blood loss shock, 19 of these deaths occurred in 17 different hospitals with no hospital having more than two deaths suggesting a relative uniformity of care in Orange County.

It was believed by the Orange County physicians that further improvements of the care of injured individuals in Orange County could be achieved with development of a more sophisticated triage paramedic system and with the triage of patients to hospitals properly equipped and staffed to handle the cases referred to them for care. Orange County has a record superior to most regions in the United States comparing the vehicular injury death rate for trauma. Unfortunate publicity given to the lay press based on erroneous data could very well lead to the additional cost of setting up a "trauma center" concept in Orange County according to the guidelines developed in 1976 by the American College of Surgeons at a cost of two to four million dollars a year per center.

The conclusions reached by the Society of Neurological Surgeons of Orange County included a recommendation that an experienced staff neurosurgeon is superior to a neurosurgical resident in training for the delivery of trauma care which deserved no less assiduous attention than elective care.

(Editor's Note: Dr. Edwin W. Amyes is to be congratulated for the effort that contributed to these findings. Similar efforts are being carried out in San Diego County wherein a recent certificate of need request was submitted for the acquisition of a trauma helicopter, to be manned at all times by a physician and nurse with the initial cost of over \$500,000.00, and the monthly costs of \$26,000.00. This will be in addition to the expenditures of establishing a paramedic and ambulance support service. The patent overall effect of such maneuvers will be to establish a categorization of hospitals for neurosurgical care at unusually high costs so that eventually a rationing of care will be more easily adjudicated.)

**Sidney Tolchin, M.D., Chairman
Emergency Medical Services Task Force**

**CALIFORNIA MEDICAL ASSOCIATION
1980 ANNUAL SCIENTIFIC MEETING
San Diego, California**

UPDATE IN NEUROSURGERY AND NEUROANESTHESIA
Saturday Morning, February 9th

Moderator: Lawrence H. Pitts, M.D.
(Sponsored by the CMA Panels on Neurosurgery and Anesthesia
and, The California Association of Neurological Surgeons)

- A. Neuroanesthesia and Neuro-intensive Care
- 8:00-8:20: Neurosurgical Anesthesia-Phillipa Newfield, M.D.
 - 8:20-8:40: The Neuro ICU-M. Lou Marsh, M.D.
 - 8:40-9:00: Brain Protection and Resuscitation — Bryan Dunlop, M.D.
 - 9:00-9:20: Electrophysiological Monitoring in the ICU — Reginald Bickford, M.D.
 - 9:20-9:45: Panel Discussion
 - 9:45-10:15: Coffee Break
- B. The Arnold-Chiari Malformation
- 10:15-10:35: The Clinical Presentation in Adults and Children — Byron Pevehouse, M.D.
 - 10:35-10:55: The Radiologic Evaluation of Arnold-Chiari — William Bank, M.D.
 - 10:55-11:15: Cranial Nerve Involvement in Arnold-Chiari — Lee Rowe, M.D.
 - 11:15-11:35: The Neuropathy of Arnold-Chiari — Surl Neilson, M.D.
- C. Balloons, Glue and Catheters — Progress in the Treatment of Intracranial Vascular Pathology — William Bank, M.D.

CRANIOFACIAL TRAUMA

Saturday Afternoon, February 9th

- 1:00-1:05: Welcoming and Introduction — Roger Crumley, M.D.
- 1:05-1:10: Pretest

- 1:10-1:30: Emergency Room Evaluation and Treatment of Craniofacial Trauma — Lawrence H. Pitts, M.D.
- 1:30-1:50: Management of Facial Fractures — Roland T. Minami, DDS, M.D.
- 1:50-2:05: Frontal Sinus Fractures — Paul Donald, M.D.
- 2:05-2:20: Controversies in Optic Nerve Injuries — Marjorie Seybold, M.D.
- 2:20-2:35: Management of the Injured Facial Nerve — Roger Crumley, M.D.
- 2:35-2:55: Complicated Scalp Injuries — Ralph Rudolph, M.D.
- 2:55-3:15: Coffee Break
- 3:15-4:50: Panel Discussion with Presentation of Cases
- 4:50-5:00: Post-test

(Sponsored by The CMA Panels on Neurosurgery, Otolaryngology, and Plastic Surgery)

CURRENT TOPICS IN NEUROSURGERY

Sunday Morning, February 10th

Moderator: Richard Newquist, M.D.

- 8:00-8:20: Early Management of Subarachnoid Hemorrhage — Byron Pevehouse, M.D.
- 8:20-8:55: The Painful, Twitching Face — Randall Smith, M.D.
- 8:55-9:20: Cerebellar Catastrophies and Imminent Death — Lawrence Pitts, M.D.
- 9:20-9:45: Evaluation of Head Injury — Lawrence Marshall, M.D.
- 9:45-10:15: Coffee Break
- 10:15-10:40: Craniofacial Surgery in Children — Hector James, M.D.
- 10:40-11:05: Surgery for Secreting Pituitary Tumors — John Alksne, M.D.
- 11:05-11:35: Surgical Management of Cerebrovascular Disease — Perry Camp, M.D.
- 11:35-12:00: Metastatic Cancer and the Spinal Cord — Michael Edwards, M.D.

(Sponsored by The CMA Panel on Neurosurgery)

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