



CALIFORNIA ASSOCIATION OF NEUROLOGICAL SURGEONS, INC. NEWSLETTER

DECEMBER 1981

VOL VIII NO 4

PRESIDENT'S MESSAGE

The following is the report submitted by your Association to the Council of State Neurosurgical Societies in Los Angeles at the October Congress meeting.

A great deal of debate ensued with reference to the CANS resolution and the final resolution is also submitted. Please note that the final resolution did *not* reflect the consensus of the delegates to the CSNS, but rather that voted upon by the Executive Committee of the Congress of Neurological Surgeons:

Council of State Neurosurgical Societies
Joint Socioeconomic Committee
CANS Semiannual Report
CNS Meeting L.A.
October 1981

MEMBERSHIP: As of June 1981, there are 285 members including 241 Active, 37 Associate, and 7 Senior members.

MEETINGS: Two meetings of the Board of Directors were held, on June 6, 1981 at San Francisco, and on August 22, 1981 at Los Angeles. In addition, several meetings of committees and Task Force were held in the past six months. CANS has participated in activities of the Advisory Panel on Neurosurgery to the California Medical Association.

ACTIVITIES: Identification of the position of CANS with respect to Neurosurgical non-members of CANS especially in Peer-Review matters has been accomplished.

A Task Force has met with regard to the establishment of mechanism and scope of peer review under the aegis of CANS as the spokesman organization for Neurosurgery in California. This will encompass peer review for matters of professional competence, ethics, and liability.

Efforts have been made through legislative committees to establish protection via liability carriers for individuals participating in peer review.

A successful conclusion in discussion with Blue Shield with reference to Spinothalamic Tractotomy via Laminectomy has been reached. In conjunction with the Blue Shield "Medical Necessity" program, this procedure was declared outmoded and not within standards of care. By submission of research and letters obtained throughout the country, that organization has agreed to withdraw cordotomy from the list.

Efforts are now being introduced to restrain non-medical-licensed entities from establishing standards of Neurosurgical Care, through legislative action.

A panel has been established which will be concerned with reimbursement for Health-Insurance claims. This panel will address abusive practices including non-payment, delayed payment, revision of fees and general harassment by third-party insurers, including Workmen's Compensation and Medicaid.

Contact with the California Workmen's Compensation Appeals Board has been accomplished primarily to note the differences in Neurosurgical Practice from that of other surgical specialties in attempting to recover payment for services rendered when fees are higher than those established by fixed-fee schedules applied to surgery in general.

CANS has reviewed the ethics of CAT-scan advertising and has argued the problem of CT advocacy in place of myelography in disc disease. CANS position is that CT scanning may be a useful adjunct in evaluation of disc disorders but has not supplanted myelography in the course of evaluation.

CANS has submitted recommendations for helmet legislation to the California legislature via the California Medical Society.

Recommendations have been submitted to the FDA with reference to the effects of anorectic agents and caffeine in the possible relationship to spontaneous intracerebral hemorrhage.

The CANS EMS committee is evaluating reports from the membership as to "preferred" hospitals for Neurosurgical trauma care in an effort to combat the mounting political campaign for centralization of Neurosurgical services.

ANNUAL MEETING: The Annual Meeting will be in conjunction with the Western Federation of Neurological Sciences at the Hotel Del Coronado in San Diego on February 27, 1982. That day will be devoted exclusively to matters of socio-economic interest and will include member-participation workshops for development of action mechanisms in manpower, liability and third-party reimbursement issues.

LIABILITY: The problems of liability continue to increase in California. CANS has aimed its efforts at tort reform toward support of the California Medical Association through very adequate representation of Neurosurgery. Proposed are detailed analyses of insurer's financial statement and information from the Cali-

ifornia Department of Insurance. A survey of insurers as to the effect of AB1xx, the tort bill, is forthcoming. The feasibility of compiling "experience data" for submission of new legislation is being explored. Hospitals are being polled as to requirement of liability coverage prerequisite to staff appointment.

The California Supreme Court has agreed to review two cases which will test the constitutionality of AB1xx.

CANS will continue to pursue tort reform by means legislative, judicial, and educational through communication to both the public and the physician.

MANPOWER: The quality of Neurosurgical Practice in the State of California, with now over 500 practicing physicians who denote specialty in Neurological Surgery, is in jeopardy.

CANS has requested the unanimous support of the CSNS and has received a gratifying response thus far in the submission of a resolution to the Board of Directors of the AANS:

Be it Resolved that: As declared spokesman of Neurological Surgery in the United States, the AANS take steps to inform the appropriate sources including the numerous program directors that the quality of neurosurgical care is threatened.

Be it further Resolved that: The present manpower situation in Neurological Surgery is a sociological problem that cannot be subjected to scientific review and data analysis.

and Be it further Resolved that: The membership of AANS rejects the supposition of the Board of Directors of the AANS that it cannot accomplish the wishes and mandate of that membership.

Final Resolution Be it resolved that: The Council of State Neurosurgical Societies hereby requests that the Board of Directors of the AANS and the Executive Committee of the CNS strongly recommend to the American Board of Neurological Surgery through their respective representatives to the Board and the Residency Review Committee that they continue to improve and refine the special requirements for training in neurological surgery in order to maintain the high quality of approved training programs.

Respectfully Submitted
Sidney Tolchin, M.D.
President

BOARD OF DIRECTORS MEETING NOTICE

The next meeting of the Board of Directors will be held on Friday, February 26, 1982, at the Hotel Del Coronado in San Diego beginning at 5:00 P.M.

WHO WILL LEAD THE WAY?

If Will Rogers were currently practicing neurosurgery, he probably would quip, "Everyone talks about manpower, but nobody does anything about it." He would be as right as rain in this stormy time for all branches of surgery.

But a trend may be developing for some production control, as more and more challenging data are presented, such as at the recent Symposium on Neurosurgical Manpower in Los Angeles. As specific agencies, in cooperation with the AMA and ACS have been developed over a period of years to formulate and monitor residency training programs, there may be a new responsibility on the horizon to re-shape the production process, in view of the over all specialty saturation. Whereas the American College of Graduate Medical Education, through the Residency Review Committee, has felt the responsibility to monitor quality and not quantity, we have learned that with excessive numbers of practicing surgeons, quantity tends to dilute quality.

As the need for public support in general health care rises, there will be less funding for support of students entering medical schools, and thus the oversupply of physicians will be controlled somewhat. This does not imply fewer applications for residency training programs. It will be necessary for planning agencies to steer a course for returning to the basically sound system when physicians graduating from medical school rotated through various services.

The question arises as to what organization should take the initiative, so that quotas for residency training will be balanced properly among the specialties. It requires input at the highest level, and certainly should gain support from the American College of Surgeons, whose officers for years have been reporting that there are too many surgeons, performing too many operations. Hopefully, the American College of Graduate Medical Education could establish a Commission to work with various specialty American Boards, in allocating numbers of residency positions in each approved training program. A five or six year program does not need five or six specialty residents at any one time. Any current neurosurgical training program could operate very satisfactorily with two or three neurosurgical residents, supplemented by assistant residents who would ultimately mature as general care physicians, or move into a medical or surgical specialty of their choosing. This is a system that prevailed twenty-five years ago, and probably provided more training, on a broader basis, to more physicians, than is found today.

Frank P. Smith, M.D.
Editor

REVIEW OF JSEC-CSNS MEETINGS IN LOS ANGELES

October 16-18, 1981

On Friday evening, October 16, 1981, there was an open meeting of the officers and Subcommittee Chairmen of JSEC and CSNS with representatives of various state societies for outlining the main subjects to be covered in subsequent sessions of the weekend. Dr. Donald H. Stewart, Chairman of CSNS, reviewed activities of the CSNS in the past six months, pointing out some gains made in Washington, relative to the Economic Index rating. Dr. Clark Watts, Co-Chairman of JSEC, representing the AANS, discussed Long Range Planning and the need for each quadrant to ventilate current malpractice insurance problems in their caucuses. He added that FDA is expected to release current limitations on use of chymopapain, which brought active discussion from the floor. Dr. David G. Storrs, Co-Chairman of JSEC for CNS, reported presentation to the Executive Committee of CNS the resolutions of CSNS and JSEC formulated in Boston, April 1981. There became apparent a lack of communication between the parent organizations and JSEC-CANS. Comments from the floor voiced the opinion that loss of Quadrant Members of the Board of AANS has resulted in a lack of liaison and representation. The concept was that formerly, each Quadrant caucus could exhort its own Quadrant Representative on the board, but now, "There is nowhere to go!"

The meeting was adjourned in mid evening, so that there could be Quadrant Caucuses in preparation of reports on regional problems to be brought forward during general sessions of the following days.

On Saturday, October 17, 1981, beginning at 8:10 a.m., the Council of State Neurosurgical Societies was called to order for the formal Quadrant Reports. Representing the Southwest Quadrant, Dr. Karl Stecher summarized the common concerns: manpower, malpractice insurance rates, and fee payments by third party carriers. He introduced Dr. Sidney Tolchin, President of CANS, who described our various CANS activities of the current year. Similar state reports were given by Dr. Mitch Smigiel of Texas, Dr. Maurice Nicholson of Hawaii, and Dr. Karl Stecher, in reference to Colorado.

Representatives of States from other Quadrants presented various socio-economic dilemmas from their respective areas. There was adjournment for lunch.

Saturday afternoon was occupied with JSEC Subcommittee caucuses and then presentation of the various Sub-Committee Reports.

On Sunday, October 18, 1981: In the morning sessions, additional Sub-Committee Reports were given, including a report on Medical Organization by Dr. Philipp Lippe. A motion was made and passed for JSEC to cover the costs to develop a document outlining operational guidelines for a House of Delegates.

Anyone interested in details of the Subcommittee Reports, or more information on the important socio-economic issues and resolutions passed, may obtain a full accounting by writing the Liaison Secretary, John M. Thompson, M.D., 2000 Blossom Way S., St. Petersburg, Fla. 33712, as outlined in the previous Newsletter of CANS.

On Sunday afternoon, there was a brief Business Meeting of the allied groups and the sessions concluded with a broadly based Symposium on medical manpower, chaired by Dr. Mark Kubala, Chairman of the JSEC Subcommittee on Manpower. A summary of the symposium is submitted in the following article:

Symposium on Neurosurgical Manpower
"Are We Training Too Many Neurosurgeons?"
October 18, 1981 JSEC Sessions Los Angeles, California

Clark Watts, M.D., Chairman of the AANS Manpower Committee, reviewed various questionnaire studies of neurosurgical manpower, in terms not only of numbers but also of distribution. He stated that although only 1% of the U.S. population does not have adequate access to neurosurgical care, 40% of the primary care physicians questioned felt there is a shortage of neurosurgeons. A paradox to the excessive manpower supply is reflected by the data item that 30% of neurosurgeons are looking for a partner. Dr. Watts predicted that there could be an increase to 3,950 neurosurgeons by 1985.

Cures for manpower problems were considered to be:

1. Reduction of numbers of physicians in Residency training;
2. Continued monitoring of Residency programs;
3. Increase of the number of neurosurgeons in academic medicine;
4. Determine why such a large part of neurosurgery is practiced by non-neurosurgeons.

John Gienapp, M.D., Secretary of the American College of Graduate Medical Education, discussed the role of the Residency Review Committee for neurosurgery in the accreditation process. He emphasized that the accreditation process was established to assure conformance to minimal standards, and not to determine numbers. It is a matter of monitoring quality and not quantity. Dr. Gienapp reviewed the historical development of units for monitoring postgraduate training of physicians beginning 50 years ago, with efforts of the AMA for internships, and the ACS for surgical programs. The number of Residency Review Committees developed by surgery and internal medicine, in the interval of 1945-1949, increased by 23, with each operating differently. Finally, there was coordination with development of the present American College of Graduate Medical Education. The sponsoring organizations are: The American Association of Medical Colleges, the American Board of Surgical Specialties, the HAA Council of Medical Specialties, and the AMA.

Kemp Clark, M.D., President of the American Association of Neurological Surgeons, who served on the Residency Review Committee for eight years, outlined the components of that Committee as including two representatives from the American Board of Neurological Surgery, two from the American College of Surgeons, and two from the Council on Education of the AMA. Then, Dr. Clark described functions of the Committee, as well as the time requirements for any substantive changes in numbers of residents in training. He emphasized the balance factor to other specialties

FOR MEMBERSHIP VOTING AT ANNUAL SESSION

Agenda items for the Business Meeting of CANS at the Annual Session in February, 1982, requiring voting of the membership are as follows:

NOMINEES/BOARD OF DIRECTORS

- President Elect . . William H. Wright, M.D., Arcadia
- 1st Vice President. DeWitt B. Gifford, M.D., Oakland
(1 year term — Northern California)
- 2nd Vice President. Robert E. Florin, M.D., Whittier
(1 year term — Southern California)
- Secretary Frank P. Smith, M.D., Monterey
(2 year term)
- Director Paul H. Chodroff, M.D., Walnut Creek
(3 year term — Northern California)
- Director Gail A. Magid, M.D., Santa Cruz
*(2 year term — Northern California)
- Director Ulrich Batzdorf, M.D., Los Angeles
(3 year term — Southern California)

*To fill unexpired term of Frank P. Smith, M.D.
James B. Golden, M.D., Chairman
Nominating Committee

NOMINEES/DELEGATES TO CSNS

- | | |
|--|--|
| Delegate Nominees (3 year term) | David G. Scheetz, M.D.
William H. Wright, M.D.
DeWitt B. Gifford, M.D. |
| Current Delegate (term expiring) | David G. Scheetz, M.D.
William H. Wright, M.D.
Sidney Tolchin, M.D. |
| Alternate Delegate Nominees (3 year term) | Melvin L. Cheatham, M.D.
Paul H. Chodroff, M.D.
Jan Belza, M.D.
Randall W. Smith, M.D. |
| Current Alternate Delegate (term expiring) | Joseph E. Bogen, M.D.
Melvin L. Cheatham, M.D.
DeWitt B. Gifford, M.D.
Jacob Mathis, M.D. |

PROPOSED BYLAW AMENDMENTS

Approved by Board of Directors August 22, 1981

1. AMENDMENT TO ARTICLE II (page 5) ADDING:
"THIS ASSOCIATION IS REPRESENTATIVE OF THE NEUROSURGEONS OF CALIFORNIA AND SERVES AS THE SPOKESMAN FOR THE PRACTICE AND SCIENCE OF NEUROLOGICAL SURGERY IN THE STATE OF CALIFORNIA."

2. AMENDMENT TO ARTICLE IX (page 21) ADDING:

"NON-MEMBERS"

SECTION 9.09. AS THE REPRESENTATIVE ORGANIZATION AND SPOKESMAN FOR THE PRACTICE AND SCIENCE OF NEUROLOGICAL SURGERY IN THE STATE OF CALIFORNIA, THE ASSOCIATION RECOGNIZES AND ACCEPTS CERTAIN RESPONSIBILITIES IN ORDER TO ENSURE THE QUALITY OF NEUROSURGICAL CARE FOR THE PEOPLE OF THE STATE OF CALIFORNIA AND ELSEWHERE. THESE RESPONSIBILITIES SHALL INCLUDE EVALUATIONS AND RECOMMENDATIONS CONCERNING ACTIVITIES CONDUCTED BY NON-MEMBERS OR OTHER AGENCIES WHICH PERTAIN TO THE PRACTICE OR SCIENCE OF NEUROLOGICAL SURGERY IN THIS STATE."

3. SECOND ADDITION TO ARTICLE IX:

"SECTION 9.09-1. EVALUATION AND RECOMMENDATIONS MADE UNDER SECTION 9.09 SHALL BE AT THE DISCRETION OF THE BOARD OF DIRECTORS, WHO SHALL BE RELIEVED OF LIABILITY IN THIS ACTION ACCORDING TO SECTION 9.08, AS IF THE NON-MEMBERS WERE MEMBERS."

Douglas M. Enoch, M.D., Chairman
Bylaws Committee

NOMINEES/CMA DELEGATE

- | | |
|--|----------------------|
| Delegate Nominee (2 year term) | George Ablin, M.D. |
| Alternate Delegate Nominee (2 year term) | Sidney Tolchin, M.D. |
| Current Delegate (term expiring) | George Ablin, M.D. |
| Current Alternate Delegate (term expiring) | Sidney Tolchin, M.D. |

James B. Golden, M.D., Chairman
Nominating Committee

APPLICANTS FOR MEMBERSHIP

- | | |
|---------------------------------------|---------------|
| Moustapha Abou-Samra, M.D. | Ventura |
| Henry M. Bartkowski, M.D. | San Francisco |
| William L. Caton, III, M.D. | Arcadia |
| Zivko Z. Gajic, M.D. | Santa Cruz |
| Frank S. Harris, M.D. | Bakersfield |
| Pablo M. Lawner, M.D. | Torrance |
| Jerome S. Litvinoff, M.D. | Chula Vista |
| Fauzy Mahomar, M.D. | Pasadena |
| Stephen Nutik, M.D. | Redwood City |
| Stanley A. Shatsky, M.D. | Stanford |
| James Tate, M.D. | Redding |

Charles B. Wilson, M.D., Chairman
Membership Committee

1982 ANNUAL SESSION
CALIFORNIA ASSOCIATION OF NEUROLOGICAL
SURGEONS, INC.
FEBRUARY 27, 1982
HOTEL DEL CORONADO, SAN DIEGO, CA

In conjunction with the Annual Sessions of the Federation of Western Societies of Neurological Science February 25-28, 1982, Hotel Del Coronado, San Diego.

You will be receiving an advance program and registration form for room reservations from the Federation of Western Societies of Neurological Science. Be sure to note the deadline.

The CANS PROGRAM on Saturday, February 27, 1982, will consist of:

8:00 A.M.

"Alternative Actions against Denial of Payments by Third Parties"

9:15 A.M.

"The Economic Aspects of Manpower Excess" Workshop

10:45 A.M.

Summation Conference and Discussion

12:30 P.M.

Luncheon — Prominent Guest Speaker

2:30 P.M.

Business Meeting

The agenda includes reports and action items important to all CANS members.

TASK FORCE FOR PEER REVIEW

An Ad Hoc Committee on Peer Review for CANS has completed a report defining a readily available mechanism for providing peer review in the State of California, or conceivably elsewhere, under certain circumstances. Although our bylaws have provided a mechanism for peer review, its effectiveness has been limited because a means for taking disciplinary action was lacking. Now, the State of California, through BMQA, has provided enactment processes that can lead to appropriate action.

A notice of availability of peer review and a descriptive brochure outlining procedures will be sent to all California neurosurgeons, medical staffs of hospitals, county medical societies, medical directors of third-party carriers, and related specialists, such as Anesthesiologists, in the State of California. A request to CANS for peer review will be considered only after all local measures have failed to resolve the particular issue.

Charles B. Wilson, M.D.

COMPLIMENTARY NEWSLETTER

Complimentary Newsletters are being mailed to non-members of the California Association of Neurological Surgeons, Inc. Those interested in becoming a member of the Association may send request for an application form to: Executive Office, California Association of Neurological Surgeons, Inc., P.O. Box 41761, Sacramento, CA 95841 or telephone (916) 966-9760.

LETTERS TO THE EDITOR

Over the past several years we have from time to time received letters which are quite pertinent and feel that this information should be disseminated throughout the membership. Members are invited to participate in this portion of the newsletter. These letters will not necessarily represent the opinions of the editorial staff or of the CANS Board, but will reflect opinions of the membership on pertinent issues. Send your comments to Frank P. Smith, M.D., Editor, 880 Cass Street, No. 101, Monterey, Ca., 93940.

NEUROSURGICAL OPERATIVE PROCEDURES CHECK LIST

Recent reviews of hospitals for accreditation by the JCAH have brought requests for a check list of specific operative procedures in which hospital staff members declare competency. In other words, the assertion that a hospital staff surgeon is competent in all procedures of his specialty is no longer acceptable.

The CANS Board of Directors has prepared a list of procedures that covers a wide range of neurological practice, but may merit deletion or supplementation in some hospitals.

You may obtain a copy of this check list by writing to the Editor of this Newsletter. It is hoped that you will make comments relative to any improvement in the form.

such as orthopedics. Also, Dr. Clark mentioned that the Residency Review Committee has access to data on performance in Board examinations as a means of evaluating residency programs which have trained the candidates taking the examinations.

Frank Padburg, M.D., Director of the Department of Fellowships in Graduate Education of the ACS, reviewed data of 339 neurosurgeons applying for Fellowship in the ACS in the five year period 1977-1981. Of these, 115 had academic appointments, and 74 had clinical appointments in medical schools, but from the standpoint of income, 292 were actually in private practice. Hospital appointments averaged 3.6 for each, and the median age was 40.9 years. Eleven were graduates of Canadian medical schools, and sixty-six (approximately 20%) from other foreign medical schools. As for neurosurgical cases, 7 applicants had operated on no brain tumors for more than a year; 38 had performed no aneurysm operations. Brain tumor operations averaged 9.16 per year. Laminectomies averaged 36.2 per year, per applicant, and the corresponding figure for anterior cervical fusions was 5.25 per year, with 51 neurosurgeons not performing any. Carotid endarterectomies averaged only .76 per year, since 159 of the applicants had done none. One had done as many as 27. For all procedures, a median of 106.4 cases per year, per applicant, was reported.

Frank Wrenn, M.D., President-Elect of the American Association of Neurological Surgeons, recounted the growth of medical schools and graduate physicians, beginning in the 1960's, generating current problems of manpower. He cited statistics indicating that 28% of neurosurgeons practice in one hospital, whereas 23% practice at four or more hospitals. In reference to the Guttman Scale for use of "prime factors," such as: specialized operating room, Intensive Care Unit and Neuropathology, he noted that the average of the scale was 2.5, raising the question as to whether neurosurgeons are operating without maximal facilities. Dr. Wrenn summarized the recommendations of the Manpower Committee Report (1974) of the AANS with specific reference to the 25% reduction of neurosurgical trainees. He predicted wide swings in socio-economic status as resulting from increased competition, decreased patient volume per doctor with a decrease in real and relative income, thus moving more physicians into a salary basis, rather than fee for service. Another reference to specialty ratio problems was emphasized as Dr. Wrenn stated that there are currently 2,012 orthopedic residents, in contrast to 479 neurosurgical residents, in training. This served to fit with other comments occurring during the symposium that residency training decreases should be arranged on a multiple specialty basis.

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