CALIFORNIA ASSOCIATION OF NEUROLOGICAL SURGEONS, INC.
NEWSLETTER

JUNE 1985 VOL. XII, No. 2

PRESIDENT'S MESSAGE TO MEMBERS

George Ablin, M.D.

Firstly....No!....Secondly — In looking back at the volume of issues and problems that California Association of Neurological Surgeons faced these past few years, and at some of the many solutions, and actually good progress that **CANS** did make (but thinking how troublesome and difficult some of these have been,) I recall what a woman sitting near me on a plane woefully declared as she wept, "I've been so miserable since my husband died....it seems almost as tho' he's still here with me!"

Now, firstly - what will the year 1985-86 bring to our awareness and for our actions of **CANS**? Several things immediately come to mind as your President tries to think and look ahead.

This list is only partial and not in particular priority.

1. **Professional Liability.** As you know the State of California has made some progress in tort reform. The Supreme Court has affirmed the constitutionality of several parts of the Medical Injury Compensation Report Act (MICRA):
   a. limiting contingency fees
   b. limiting awards for non-economic damages (pain and suffering)
   c. permiting disclosure of collateral sources of payment.

   However, the California Trial Lawyers Association is now attempting to obtain repeal of MICRA with new proposed legislative bills. Also, a lawyer, familiar to many, is promoting an initiative to invalidate MICRA and to incorporate those proscriptions into the state constitution where attempts to improve the already very difficult socio-economic and professional/medical needs of the patients of California will be rendered even more difficult and nigh unto impossible. **CANS** will be monitoring these events very carefully and participating with vigor to safeguard your patients' and our specialty's needs.

2. **Professional Peer Review.** California Medical Review Inc. (CMRI - one of the largest medical review organizations in the United States), and **CANS,** have already established meaningful and productive dialogue. Thus, **CANS** will be able to assist CMRI in making peer review judgements with neurosurgical expertise, conscience and concern for our patients as well as for cost-effectiveness. Members of **CANS** will be assigned to various functioning areas to participate in advising and helping with decisions for quality care and utilization review. **CANS** will continue to work constructively with CMRI. As you know, Dr. William M. Moncrief was able to participate in the program of the recent Annual Meeting of **CANS**.

3. **Joint Socio-Economic Committee.** Your **CANS** delegates to the Joint Socio-Economic Committee (JSEC) of the American Association of Neurological Surgeons (AANS) and Congress of Neurological Surgeons (CNS), Drs. Joseph L. Izzo, Frank P. Smith, Michael H. Sukoff, Philipp M. Lippe, David G. Scheetz, Morris D. Loffman, and N. Edalatpour, just finished a busy, stimulating and provoking meeting in Atlanta on April 19, 20 and 21. JSEC is in the process of being reorganized into the Joint Council of State Neurological Societies (JCSNS). This will produce, it is hoped, some major benefits and efficiencies in the operation of JSEC-JCSNS so that the parent organization will be better advised and guided by its members...and so that representative, democratic and majority opinions of the combined membership of the now two organizations can be consolidated better, more clearly and perhaps, more efficiently. This "joint" activity is bringing, in its own way, the two major scientific organizations even closer together so that, in effect, there is already, almost only one, major neurosurgical organization in the United States...a kind of national "United States Neurological Unorganization" held together by a "joint" committee structure, and by a new, super "joint officers committee" and without its own single constitution/by-laws (a kind of "Unconstitution").

4. **Membership of CANS.** Your Board is considering and investigating ways to increase the membership of **CANS**. It is important that **CANS** receives input from all of this state's neurological surgeons (or as many as possible) in order to be informed, understanding and representative. Our "clout" with other medical organizations including the CMA and national neurosurgical organizations relates to the size of our membership. The rules and regulations of the new JCSNS base the number of delegates on the number of members in each state society. This means that **CANS** will have six delegates in JCSNS whereas we had ten delegates in the JSEC-CSNS. Thus, California suffers a severe blow to its advisory powers and to

its effectiveness in that national forum. By innovative and creative methods, we hope to attract those neurological surgeons in California who are not already members of **CANS**.

5. **8th International Congress of Neurological Surgeons.** The more than 500 California neurosurgeons would do well to take note of the forthcoming 8th ICNS in Toronto, Canada, beginning July 7-12, 1985 — Sheraton Center Hotel Headquarters. A fantastic meeting has been arranged by the Canadian hosts, led by Alan Hudson, Stan Schatz, Skip Peerless, and other Canadians. World Federation President, Willem Luyendijk and Secretary, Alphons Walder and other members of the World Federation organization are working remarkably well to provide a unique quadrennial meeting that will be long remembered.

   Your California colleagues who have attended ICNS in the past will give great testimony to the virtues of the scientific program (and all the international camaraderie and friendships born there and enduring thereafter). I hope to see you there.

   For information call or write: c/o American Association of Neurological Surgeons, 22 S. Washington Street, Park Ridge, Illinois, 60068; Telephone Number: (312) 692-9500. ■

LETTERS TO EDITOR

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

Frank P. Smith, M.D., Editor
CANS
P.O. Box 1395
Roseville, CA 95661

CMA RELEASE

Philipp M. Lippe, M.D. was reelected to the position of Secretary of the CMA at the CMA Annual Session held at San Diego in March, 1985. This will be Dr. Lippe's 3rd consecutive term as Secretary of the CMA. ■

PRESIDENTIAL ADDRESS

David G. Scheetz, M.D.

March 24, 1985

The California Association of Neurological Surgeons has acted as the spokesman for neurosurgery in California since 1973. The format of our annual meeting this year has emphasized the need for this organization now more than ever. In the past, the areas of prime concern have been professional liability and manpower. In the Orwellian year of 1984, Big Brother has left us with the DRG program as a new major issue.

CANS will offer input in the future to the CMRI as review of Medicare cases continues to look at quality objectives. Working within the area of the 467 diagnoses list may help lessen the eventual tightening of Part B of the DRG program and our own fees.

The guidelines to assist members of **CANS** in the care of the injured patient have been available by the Committee on Trauma and Medical Services, and are presently under review by the Board of Directors of **CANS**. This evaluation will continue to be most important.

The Peer Review Committee has been quite active this year with reviews at the request of local hospitals and member neurosurgeons throughout the State. Generally, the results have been associated with recommendations of a positive nature, to stablize and improve the conditions of concern.

The Board of Directors of **CANS** has offered to act as an advocate for patients of **CANS** members when there has been concern about unjust reduction of reimbursement from third-party payers. The Members' Services Committee is formulating a letter-writing campaign to assist these members in securing prompt and full payment of their appropriate fees.

Resolutions developed and presented by **CANS** to the CMA for consideration of legislative action include:

1. Collection and disclosure of hospital costs.
2. Payment for magnetic resonance imaging.
3. A Statewide professional liability insurance company.
4. Penalties and/or interest incentives for delayed payments by the third-party payers.
5. Monitoring peer review organizations.
6. Maintaining high standards of California medical licensures.
7. Medical internships for community opinion leaders.
8. Concern over national fee schedule and national RVS arrangements.
9. Inclusion of physicians on hospital boards.
10. Support for the use of animals in research projects.
11. Concern over the private practice of full time military physicians.

The potential of "explaining" neurosurgery by the use of "white papers" has been developed by **CANS** for distribution to referring physicians and patients. Input with reference to specific areas of neurosurgery will be used to develop more papers of this type in the future.

The Board of Directors of **CANS** has researched travel to areas outside the State of California. An exchange program with several countries has been considered, and currently arrangements are being made to visit neurosurgical colleagues in New Zealand and Australia after the Congress of Neurological Surgeons meeting in Honolulu this fall. You will hear more about this. Please feel free to send any comments to Bert G. Leigh, M.D. who has been working diligently on this project.

This past year, as your President of **CANS**, my efforts have been greatly facilitated by the cooperation and talents of the members of the Executive Committee and Board of Directors. For all their work I am deeply grateful, and at this time I recognize the excellent assistance of our Executive Secretary, Mrs. Deborah Smith. I feel that all members attending the **CANS** annual meeting at the Silverado Country Club in Napa have benefited from an outstanding program. Thanks go to DeWitt Gifford, M.D., Program Chairman, and to Jay Levy, M.D., Local Arrangements Chairman.

Now that the ship of the California Association of Neurological Surgeons seems to be sailing smoothly, Dr. George Ablin will assume the position of leadership at the helm, and we all wish him continued success. ■

REVIEW OF CANS ANNUAL MEETING

Silverado Country Club — March 22-24, 1985

Frank P. Smith, M.D.

Saturday, March 23, 1985

I. Medical Review - "How It Will Improve Quality and Cut Costs in California Neurosurgery."

William M. Moncrief, M.D., General USAR President, California Medical Reveiw, Inc.

It was indeed a very worthwhile, informative experience to listen to Dr. Moncrief, Czar of all Medicare review in California, as he explained the methodology for professional review and quality control of the Medicare program in the State of California. You may not have enjoyed the concepts but you would have had difficulty in not liking Dr. Moncrief. He reviewed the beginning of Medicare in 1965 and the subsequent multiple problems. He outlined the survey network initiated in June, 1984, for monitoring Medicare activities throughout the State. His presentation clearly indicated the goal to preserve necessary medical care, without allowing manipulation of the system. Dr. Moncrief provided documentation of apparent abuses and cited improvements in medical care delivery through the new measures.

Possibly one of the most convincing parts of his presentation was his survey of the change in the surgical treatment of ocular cataracts, converting from expensive hospital confinement to relatively inexpensive outpatient or short-term stay for the procedure.

Dr. Moncrief emphasized the important role of physicians in making key decisions about hospital stays relative to correct diagnosis, and justifiable procedures with required care. He predicted that in five years, ten per cent of Medicare services will be provided in the "fee for service" category, whereas ninety per cent will be in the so-called capitation program. Those neurosurgeons who are unfamiliar with the concept of the capitation program should "call our operators who are standing by." It is really that urgent.

II. Contracting after 1984

Moderator: Philipp M. Lippe, M.D.

A. Ms. Lucy Johns, MPH, San Francisco, Health Management Consultant.

Ms. Johns presented a comprehensive review of the pressures facing physicians to provide health care, under contract. She gave factual data regarding organized medical programs that seek to provide care at a discount of approximately twenty per cent below the usual cost. One of her very helpful contributions was to explain the differences between HMO's and PPO's. She pointed out the risk-sharing of physicians in HMO's, and she outlined the impact of "contracting" in the practice of medicine. The problem of "hold harmless" clauses has been emphasized elsewhere. Ms. Johns obviously qualified as an expert in her field relative to assisting anyone interested in contracting for delivery of medical care.

B. Steve McDermott, President, Pri-Med, Inc.

As an executive of a health care corporation, Mr. McDermott was the perfect reflector of the corporation problems outlined by the previous speaker, Ms. Johns. The presentation of Mr. McDermott was expertly arranged to contrast the "cottage industry" of medical care in the era of 1965-80 to the developments of current cost containment. He outlined the highlights leading to decline in hospital patient census, mergers of multiple hospital systems, and the developing "contracting" as well as capitation programs for medical care. Most importantly, he projected his concepts of the future relative to:

(1) Maturing of industry providing managed health plans.

(2) Changing role of "buyers" in reference to control of health care costs.

(3) Medicare HMO subscribers, with concept of no deductibles, no claim forms, increased benefits, and so-called "one-stop shopping."

(4) Market trends:
   (a) Growth of capitation
   (b) Services arranged by contract
   (c) Growth of provider systems
   (d) Re-emergence of primary care
   (e) Reduction of utilization of hospital services

C. Richard Robinson, Director of Contract Evaluation, CMA.

A practical evaluation of contracting for medical care was provided by Mr. Robinson, who began with citation of advertisements in the Wall Street Journal looking for hospital administrative personnel to control health care cost. Mr. Robinson mentioned that hospitals are inviting physicians to invest in a joint venture for new equipment, such as very expensive scanning devices. There was mention of the motivation of the hospitals to get the doctors involved in the "risk limb" which provides stress and strain on the relationship between hospitals and doctors. He provided the comment that doctors must be interested in the development, because in many areas, doctors are buying up land around the hospitals.

The closing remarks of Mr. Robinson were directed to the concept that "physicians are losing control of patients." He cited problems of economic coercion and mentioned that doctors are like Chrysler was four years ago, with a need for resurgence. He indicated that the time has come for tangible services to become a visible asset for cost containment, with the physician serving in a responsible role as advocate for the needs of patients.

Surely Mr. Robinson served as an ambassador, advocate and crusader, representing all that the California Medical Association is doing on behalf of physicians in the State of California.

Sunday, March 24, 1985

I. Magnetic Resonance Imaging

This part of the program consisted of a commercial type presentation relative to the advantages of investing in establishing a unit for magnetic resonance imaging. The prospects for a worthwhile investment were outlined. The details would be of interest to those in areas where the MRI technique will obviously take a very important place in neurodiagnostic studies not already made available by major medical centers.

II. Electronic Thermography

This proved to be an interesting presentation where an advocate of "electronic infrared thermography" had an opportunity to describe the status of the art to a neurosurgical forum. It proved to be informative, particularly in reference to a statement in the "handout" namely that "Thermography is a dynamic process which allows positioning the patient during exercise to bring out the painful abnormality, thus confirming the patient's complaint - which often cannot be verified otherwise." Our Program Committee served a very useful purpose in letting us hear about a technique that may be somewhat controversial.

III. The Program Chairman, Dr. DeWitt Gifford, introduced a forum type of discussion relative to the neurosurgical coverage of emergency rooms in the East Bay area, around Oakland, California. He cited the number of emergency rooms as being greater than the number of neurosurgeons, and he provided an understandable explanation of the recent crisis relative to delayed care of a head injury patient.

After much discussion, it was agreed that a policy statement would be provided by **CANS** relative to the responsibilities for care of neurosurgical problems in emergency rooms of hospitals in the State of California. ■

ELECTION OF OFFICERS AND DIRECTORS
1985-86

President	George Ablin, M.D.
President Elect	Frank P. Smith, M.D.
Secretary	N. Edalatpour, M.D.
Treasurer	Michael H. Sukoff, M.D.
First Vice President	Melvin L. Cheatham, M.D.
Second Vice President	DeWitt B. Gifford, M.D.

Directors

John R. Clark, M.D.	Gerald D. Silverberg, M.D.
Paul D. Forrest, M.D.	Randall W. Smith, M.D.
Morris D. Loffman, M.D.	William O. Wild, M.D.
David G. Scheetz, M.D.	William H. Wright, M.D.

NEW ACTIVE MEMBERS

Mark E. Anderson, M.D.	Fountain Valley
Clarance Hyshaw, M.D.	Inglewood
Jeffrey M. Lobosky, M.D.	Chico
D. Thomas Rogers, Jr., M.D.	Newport Beach
Phillip Siegel, M.D.	Newport Beach
M. Hertzel Soumekh, M.D.	San Diego
Oleg K. Chikovani, M.D.	Huntington Beach

JSEC/CSNS DELEGATES

Three Year Terms

Delegates

Dewitt B. Gifford, M.D. David G. Scheetz, M.D.
William H. Wright, M.D.

Alternates

John P. Slater, M.D. Melvin L. Cheatham, M.D.

THE SOCIO-ECONOMIC CRISIS IN MEDICAL CARE

Michael H. Sukoff, M.D.

Evolution of ethics in medicine has enabled acceptance of marketing, advertising, and publicity in general. There are, however, concerned arguments that do not deal with the question of ethics. Unfortunately, the HMO's and PPO's can hardly be accused of continuing America along the road of better health care. The essence of the problem is admittedly money.

There is a multiplicity of figures commonly presented by the government showing that the cost of medical care has accelerated somewhat more than that of the GNP. Also, readily available figures show that the incidence of perinatal and maternal mortality has declined. Lymphomas, leukemias, breast cancers, prostatic cancers, heart disease and stroke, are all being considerably more effectively treated. Every year our longevity increases. Fundamentally, the question is: Can we afford financially to continue to improve our health status in this country? The answer, emphatically is "Yes" — but not by invoking alphabet soup plans or complex marketing schemes, and other forms of commercialization. Destruction of the professional aspects of medicine is inevitable when money for health care goes to the so-called medical economists, advisors, and other financially oriented "managers." Caught in the middle are the patients. All classes are being threatened with the probability of an undermined quality and availability of medical care, and no real cost reduction.

Modification of the cost of medical care is a worthy goal. It cannot be realized by shifting medical dollars from procedures and research to marketers. Its accomplishment, similarly, must not be at the expense of quality of care. The specter of waiting five years to determine if the preceding time period reflects a disastrous decline in the above-noted advances is untenable. Utilizing the data that has been gained over the past decade, reflecting hospital and physician performances, an accurate guide to accepted hospital lengths of stay, admissions for specific disease entities, treatment norms and complications is available. Physicians are well schooled in competition. They have successfully competed against the rigors of acceptance to medical school, matriculation and post-graduate training. The quality of medical care, acceleration of our advances and research depend upon this.

Should the physicians' and hospitals' performance fall short of the standards and norms, then reimbursement from Federal and private insurance can be modified on an individual basis. Hospitals will require alteration of their by-laws to purge their staffs of underachievers. Physicians will have to be cost-conscious, but mostly quality oriented. Our training and our professional existence must relate to the well-being of our patients. Defense against malpractice fear and ignorance unquestionably result in medical excesses. Our energies must be directed toward eliminating these.

As a consequence of the nature and, if you will, mystique of neurosurgery, we have an opportunity to avoid being a cog in the wheel of change. The concept of a full time, paid neurosurgical directorship deserves serious consideration. Important issues of manpower and malpractice and, primiarly, quality of care, enter the arena of total concept. The cost-conscious crisis and other dilemmas that threaten our patients and ourselves may serve a noble purpose if they result in elimination of the readily-defined marginal aspects of medical care, including direction by non-providers. It will be catastrophic on an individual and nationwide basis if there develops a system of health care rendered primiarly by employed physicians. ■

TRAVEL ALERT

Start thinking about a **CANS** group trip to New Zealand in conjunction with the Congress Meeting in Honolulu. Details will be forthcoming. ■

AANS ANNUAL MEETING REPORT

Atlanta, Georgia — April 1985

Frank P. Smith, M.D.

The primary development relative to the recent Annual Meeting of the American Association of Neurological Surgeons relates to the "butterfly from the cocoon" in terms of a new organization replacing the JSEC and CSNS. After much deliberation by all delegates, changes in the By-Laws were originated and most were approved in Atlanta. Further approval is necessary in Honolulu where the Congress will convene. At the moment, it appears quite likely that the JSEC and CSNS will be merged into a new single society known as the Joint Council of State Neurological Societies. This will simplify the various procedures, but will not necessarily give any new voice to the neurosurgeons in practice. That in itself may not have any important significance as the new factors facing all doctors develop. The main issue at the moment seems to be unification, and along with this a dedication for pursuit of our objectives. There are specific considerations as to whether or not key personnel have been placed into executive capacities, based on scientific achievement, rather than in relation to dedication for waging a battle to maintain the status of our specialty. It is apparent that there is not very much time left during which the various issues can be deliberated. ■

Enclosed is a current addendum to be inserted in your Membership Directory (members only).

Enclosed for **CANS** members is a copy of the questionnaire-fee survey and economic report. If you have not already done so please complete these and return them to **CANS**' Executive Office. Your attention to this matter is urgently requested.

California Association of Neurological Surgeons, Inc.
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