



CALIFORNIA ASSOCIATION OF NEUROLOGICAL SURGEONS, INC. NEWSLETTER

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PRESIDENT'S MESSAGE

Melvin L. Cheatham, M.D.

Speaking to the annual meeting of the Association of American Medical Colleges in October, 1985, Dr. John Cooper announced that "we have been privileged to live through one of the golden ages of medicine," and indeed, we have.

Since 1950 the United States Congress has poured billions of dollars into biomedical research, bringing about a revolution in the degree of excellence in health care delivery. The blessings of these modern advances have been great, not only for our patients, but also for each of us as neurosurgeons as we have had the opportunity to practice medicine during these exciting times. At the same time, as the public has become aware of the possibilities for relief of pain and suffering and for securing longer and healthier lives, they have clamored for access to this modern medicine.

To meet this demand, the federal government has created the Medicare program for the elderly, states have formed Medicaid programs for the poor, and for the masses of working-class Americans, health insurance plans for employees have become standard.

The combination of this booming expansion of high technology and high-cost medical care advances, as well as a rapidly expanding population, is a frightening increase in the cost of health care delivery. Total U.S. health care expenditures nearly doubled between 1980 and 1985 to approximately 425 billion dollars.

While over the past decade we may have been privileged to live through one of the golden ages of medicine, things may seem decidedly dim for us now. In these times of escalating health care costs, manpower problems, increasing restrictions from Medicare and private insurers, intense competition among physicians and hospitals, and the continuing professional liability nightmare, it is very easy to feel a sense of great discouragement.

So what are the implications for us as neurosurgeons practicing in California in February of 1987?

Succinctly stated, it means that traditional health care delivery is under attack and that each of us as individual physicians is being threatened. Our one chance of putting the best possible face on the future of the practice of neurosurgery is to call upon one of our historically common assets--the strong individuality which has characterized us as neurosurgeons. We have the potential to stand strong and powerful in the future plan of health care delivery--**but only if we stand together!**

As we stand together as California Neurosurgeons, our top priority becomes clear. Spelled out in Article II of

the bylaws of **CANS**, it is "to maintain and strive constantly to improve the high quality of neurosurgical care for the people of the state of California."

We are in a period of great change in health care delivery. Working together, through **CANS** and our national societies, we must see that high quality health care is maintained. If we can achieve this, we can be justly proud of our efforts. If high quality care for our patients is maintained, they will do well--and as our patients do well, our future as physicians will be most assured.

There are also a number of specific steps I feel that we as members of **CANS** can take to insure that a high quality of health care is maintained. As President of **CANS**, I would like to propose the following as goals for 1987:

1. Increasing our membership to include at least 90% of all California Neurosurgeons by the January 1988 Annual Meeting. (Current membership is 65% of all California neurosurgeons.)
2. Increasing the exchange of information among members concerning advancements in the discipline of neurological surgery. This can also be accomplished through periodic mailings to members, and by the use of exhibits of new techniques and equipment at the annual meeting (ICP monitoring and Laser surgery equipment were exhibited at the Pebble Beach meeting.)
3. To develop Saturday information seminars updating changes in Medicare and MediCal billing; reimbursement problems and solutions involving third party payers; sharing of ideas on office management and billing procedures; information on career change planning and practice options; and updates on the professional liability problem and ways to deal with it.
4. To work actively with Professional Liability Insurance companies concerning risk prevention, holding down premiums and minimizing or eliminating tail coverage after age 55.
5. To work diligently to maintain the present fee reimbursement methodology and to fight against attempts to force physicians into DRG reimbursement schemes.
6. By continuing to function as a member service speciality representing its membership in all matters of direct concern.

The time for a strong, active California Association of Neurological Surgeons is upon us as never before. In the final analysis, our major foe may well be complacency--let us not lose the battle. ■

CANS EXECUTIVE OFFICE MOVES TO NEW LOCATION

The Executive Office of **CANS** has been moved to a new location in Sacramento. After many months of careful investigation and consideration, the Board of Directors reached the decision to establish the new office at Fulton Court, 2740 Fulton Avenue, Suite 208A, Sacramento, CA 95821.

Fulton Court is a shared overhead or full service office complex. Its 67 offices surround an interior garden courtyard where a central reception area is located. In the new location, **CANS** will have a Sacramento address and a real "name on the door" presence. Our Executive Secretary, **Joyce Richardson**, will be in the office between 9

a.m. and 1 p.m. daily. **CANS** members are encouraged to make their calls to the office during these hours if possible, but, the telephone will be answered and messages taken between 8 a.m. and 5 p.m. daily. Our new telephone number is (916) 971-3524.

Much of the credit for the successful operation of the **CANS** Executive Office is due **Dr. Doug Enoch**. After serving his term as President of **CANS**, he has continued in the position of Chairman of the Personnel Committee and will remain in that capacity overseeing the Executive Office and monitoring personnel. ■

NEUROSURGERY AT THE ANNUAL MEETING OF CMA IN ANAHEIM MARCH 6 - 11, 1987

The California Association of Neurological Surgeons co-sponsored the Scientific Program presented by the Section of Neurosurgery of the California Medical Association. This program on Friday afternoon, March 6, 1987, was designed to improve awareness of the neurosurgical specialty by primary care physicians. The title of the program: *The Surgically Treatable Dementias: Alternatives to the Nursing Home* offered a differential diagnosis of varied dementias and a classification as to the non-treatable versus treatable disorders. Of those treatable disorders, those that are surgically amenable to treatment were stressed. An Overview of The Dementias with Classification and Differential Diagnosis was presented

by a neurologist, Dr. Joel Ross, followed by a presentation by a radiologist, Dr. Briant-Zawadski, describing magnetic imaging and discussed as well those cerebrovascular disorders especially prevalent in a presentation of dementia. Adult Hydrocephalus was discussed by Dr. Foltz and Mass Intracranial Lesions Masquerading as Dementia was described by Dr. Edalatpour. For interest, Dr. Saul Swartz, a resident in neurosurgery at Bethesda, Maryland, presented Current Trends and Features of Brain Tissue Transplantation.

Although for most neurosurgeons, this has been a review course, it is just possible that it could offer some questions in your contacts with your referring physicians. ■

CANS 1988 ANNUAL SESSION — RITZ CARLTON HOTEL January 15 - 17, 1988

Mark your calendars for January 15 - 17, 1988 and plan to attend the Annual Session at the Ritz Carlton Hotel in Laguna Niguel.

Information regarding the session will be provided on a continuing basis.

ALTERNATE SLATE — AANS ELECTION 1987

Dr. George Ablin was nominated for President of the American Association of Neurological Surgeons and Dr. Herbert S. Bell for Board member for a three year term. ■

REVIEW OF ANNUAL SESSIONS OF CANS JANUARY 9 - 11, 1987

Our most recent Annual Meeting of **CANS** proved to be another step in the progressive increase in attendance occurring over the past few years. The spectacular weather at Pebble Beach greeted more California neurosurgeons than we have had at any other meeting, and we were favored with out of state presentation from Dr. Fred Killefer, President of Tennessee Neurosurgical Society, as well as Dr. W. Kemp Clark, from Dallas, Texas, who was one of our essayists.

The program began on the morning of Saturday, January 10, with a two-hour seminar on medical malpractice loss prevention, provided by the NorCal Mutual Insurance Company. Mr. Ken Smole, underwriting executive for NorCal, started with basic factors on actuarial challenges, and he was followed by Dr. Frank P. Smith who gave a brief summary of each of eight medical malpractice cases in which he had served as analyst-arbiter. Four of the cases represented unusual elements of medical liability, favoring the plaintiff, and the other four cases illustrated apparent problems that really had no meritorious claim for malpractice. This was followed by the legalistic approach and management by Attorney Lewis Fenton, widely known for his expertise in this subject. The question and answer period served those attending quite well.

The remainder of the morning session of Saturday was dedicated to fee structure and reimbursement at present, as well as projection for the future. Drs. Pevehouse, Lippe and Gifford provided an outstanding panel, covering all aspects. A challenge for the future developed when Dr. Pevehouse summarized the intricacies developing in fee reimbursement, whereupon an attending neurosurgeon, Dr. Jan Belza, suggested that our **CANS** should seriously consider sponsoring an interim meeting of the workshop type, at an airport location, wherein all those interested could be provided with a direct indoctrination relative to appropriate filing for fees for service. This could include attendance by secretaries or bookkeepers.

The Sunday morning sessions began with a very practical presentation by Mr. Will Bishop, CPA, a long term consultant at state and national levels, and for many years involved with the California Hospital Association relative to medical economics. Mr. Bishop ventilated the problems in recovery for health care services, not only by physicians but also by hospitals, and the need for each group to work

together, particularly since the hospitals in general do not wish to become involved with management of fees for medical services.

Following Mr. Bishop, there was a report of the activities of the Washington Committee of the American Association of Neurological Surgeons, presented by Dr. W. Kemp Clark. This brought out the historical development of the committee, and provided very important information relative to the services that have developed and the essential activities of Attorney Charles Plante, actively working in Washington, D.C. on a daily basis.

Brief presentation was made by Dr. Frank P. Smith relative to activities of the Neurosurgical Manpower Committee of the Joint Council of State Neurosurgical Societies, with particular reference to information gained from the questionnaire which was sent to senior neurosurgical residents in June 1986, to gain information as to whether or not they had been able to secure a place for practice of their choosing. Dr. George Ablin gave an update on activities of the California Medical Review, Inc., with presentation of slides provided by an executive in CMRI illustrating the accumulation of data in evaluating reimbursement for services to Medicare patients.

A very important analysis of HMO activities to date in San Diego was given by Dr. Allan Goodman, a thoracic surgeon, who has had a long-term interest in medical socio-economics. His message was essentially that HMO's are here to stay, and the survival of physicians relates to their ability to assess and adjust to the various problems presented in the delivery of health care.

The Annual Business Meeting following the general sessions will be covered in the minutes, available to anyone concerned. Probably the most important feature in reference to the future of our Association can be released at this time in reporting that at this business meeting, thirteen new members were inducted. It is in this type of growth in our membership that we envision the strength of our programs for the future. ■

Dr. Ablin is making the slides he used in his presentation at the 1987 Annual Session available to you. Send requests to the Executive Office of **CANS**, 2740 Fulton Avenue, #208A, Sacramento, CA 95821.

NEW MEMBERS OF CANS

Philip Harry Cogen, M.D. — *Stanford*

Abdallah S. Farrukh, M.D. — *Lancaster*

John Gordon Frazee, M.D. — *Los Angeles*

Thomas E. Hoyt, M.D. — *Visalia*

Yong Don Kim, M.D. — *Napa*

Leon I. Gilner, M.D. — *Fresno*

Ray N. Miller, M.D. — *Modesto*

F. Miles Little, M.D. — *Los Angeles*

Farhad Sabet Mahjouri, M.D. — *Modesto*

Victor Smart-Abbey, M.D. — *Culver City*

Joel West Ray, M.D. — *San Diego*

Christopher C. Carver, M.D. — *Salinas*

Michel W.A. Kildare, M.D. — *Marysville*

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