



CALIFORNIA ASSOCIATION OF NEUROLOGICAL SURGEONS, INC. NEWSLETTER

MARCH 1988

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PRESIDENT'S MESSAGE

"QUALITY ASSURANCE"

by DeWitt B. Gifford, M.D.

We are being faced, every week it seems, with new cries for more detailed and documented oversight of our activities as neurosurgeons. All of the activities from CMRI to the JCAH to HCFA's demands for constant self-incrimination with our patients appear to include grandiose ideas for reform and punitive sanctions. I recently compared neurosurgeons serving on quality assurance committees of their peers to the committee in the Warsaw Ghetto that made up the passenger lists for the trains. It is a sad and onerous task for everyone involved and is never genuinely welcomed by even the most self-flagellating Calvinist in our midst. It is nonetheless, clear that if this kind of constant oversight of our activities is to be carried out, it should be carried out exclusively by neurological surgeons and, preferably, those who are at the most local level. We would hope that if every neurosurgeon in this state participates in quality assurance work, we can somehow avoid the excesses of zeal that have occurred where oversight was performed by a self-chosen few.

The thing that we want least is to have outside observers coming in and deciding what our local neurosurgeons should be doing while working under contract to large and dispassionate corporations. The recent problems which have occurred in Orange County have only served to emphasize how undesirable that approach to the quality review process can be. As an aside, they have also shown how costly, in monetary terms, such a review process can become when it is carried on as a commercial enterprise. We in CANS are committed to the idea that practicing neurosurgeons be judged only by other practicing neurosurgeons. We will continue to exert our efforts to make that situation a reality in California. ■

HIGHLIGHTS OF CANS ANNUAL SESSIONS

Ritz Carlton Hotel - Laguna Niguel, CA

January 15-17, 1988

Many factors prevailed in attracting the largest attendance on record for a weekend meeting of CANS. Whereas in previous years, a registration of sixty neurosurgeons would have been commendable, we had over one hundred present this year — with more than two hundred members, guests and wives at the Saturday evening dinner. This proved to be an ideal occasion for honoring Dr. Philip J. Vogel and Dr. Joseph E. Bogen for their work in corpus callosum section, as they were given the first CANS Award for outstanding contribution to neurosurgery. The presentation was made by Dr. Milton Heifetz who pointed out the importance of the activity of Dr. Vogel and Dr. Bogen in the development of the split brain preparation by Dr. R.W. Sperry, for which he received a Nobel Prize.

The scientific exhibits were managed extremely well in providing attending neurosurgeons with "hands on" type of experience in what they would really like to know about: monitoring intra-cranial pressure, stereotaxic brain biopsy, shunts of various types and specialized neurosurgical instruments.

At the Annual Business Meeting, the gavel of the Presidency passed from Dr. Cheatham to Dr. Gifford with remarks by Dr. Cheatham concerning the "challenge" to neurosurgeons in the present and future, as printed elsewhere in this Newsletter. ■

THE CHALLENGE OF NEUROSURGERY IN OUR TIME

Melvin L. Cheatham, M.D.

The many advances in our highly specialized surgical capabilities are known to us all and need not be redefined here. While the contemporary practicing neurosurgeon enjoys freedom from many of the restraints and medical management problems which plagued neurosurgeons early in our generation, some things remain unchanged. Primary among these is the very essence of our calling as Doctors of Medicine and as Neurological Surgeons in particular. We have been charged by our Hippocratic Oath to minister to the sick. Our basic calling to lives of service supercedes any other consideration — certainly any monetary consideration. At the same time, if we serve well we are likely to profit accordingly. Drawing from the motto of Rotary International we are told "He profits most who serves best."

Today as neurological surgeons, we face many problems, such as AIDS and manpower. Competition, sometimes ruthless, is a fact of life for us. The spectre of the malpractice monster stands constantly behind us casting its ugly shadow over every aspect of our professional lives. As we keep glancing over our shoulders to observe that ever broadening menacing shadow, we also feel the squeeze from every side as government, third-party payers, hospitals and seemingly everyone else applies even more pressure upon us. Some bow to the pressure, give up the struggle and ride with the times. Some refuse to accept the changes in health care delivery, and thus become disillusioned and bitter. As neurosurgeons, we are unique individuals. Each one of us chose neurosurgery in part because we thrive on challenge. We signed up for the longest and most demanding of all training programs because we have perseverance and the ability to "stay the course."

During these difficult times, we need to work together. We can best do this by our involvement in CANS in CNS and AANS. Through our leadership, we need to protect the socio-economic aspects of our practices. Then we need to remember our calling in service to our patients.

In 1855 Emerson wrote, "If a man has good corn, or wood, or boards, or pigs to sell, or can make better chairs or knives, crucibles, or church organs, than anybody else, you will find a broad, hard-beaten road

to his house, though it be in the woods." In 1988 Neurosurgery has a fantastic product to offer. Neurosurgery is no longer "in the woods" - it is on the cutting edge of the miracle of modern medicine. The future for us as neurosurgeons is very bright from a scientific and technical standpoint. It can also be bright for us as practitioners if we stand together on principle, remember and honor our noble calling as physicians and put the needs of the patient first. To paraphrase John Dickinson, "Then join in hand, brave Neurosurgeons all! By uniting we stand, by dividing we fall."

I am very happy that life has bestowed upon me the opportunity to be a physician. Even more so that I have been able to live my professional life as a Neurosurgeon. I have appreciated the privilege, and the high honor, that I have been able to enjoy in serving as President of CANS. Finally, I thank God that I have had the opportunity to know and to work with all of the people with whom I have been associated in CANS. ■

MEMBERSHIP DIRECTORY UPDATE

The 1988 Membership Directory will be printed later this year. Please take the time to return the form that has been mailed to you. Please include a **black and white** head and torso passport picture, if your picture did not appear in the last directory or if you would like an updated picture.

The deadline for this is **March 31, 1988.**

CANS SECTION OF CMA ANNUAL MEETING

The program on the Diagnosis and Management of Cerebrovascular Disorders arranged by W.O. Wild, M.D. received the highest attendance (63) recorded in recent years. This reflects the effort of Dr. Wild and the program essayists all serving as part of **CANS'** contribution to continued medical education. ■

PROGRAM OF CANS ANNUAL SESSIONS

Ritz Carlton Hotel - January 15-17, 1988

The "Reimbursement Seminar" beginning at 10:00 a.m., Friday, January 15, extending through the noon luncheon to 3:00 p.m. was very well attended, and offered an opportunity to those present to have full discourse of various forms of billings, and the opportunity to bring up special items in a question-and-answer period. This was a follow-up to the first Reimbursement Seminar presented in San Francisco, in conjunction with the American College of Surgeons meetings in October. Whereas the key personnel in making decisions in the reimbursement programs were there to present administrative doctrines, it became apparent that they themselves gained something from listening to the questions and apparent complaints of those working in the field. It was truly a two-way exchange of helpful information.

The primary sessions of the year began Saturday morning, January 16, with a malpractice loss prevention seminar provided by SCPIE. The primary presentation was given by Attorney William Ginsburg, who has had medical school as well as law school training. His comments were right on target for dispelling protective reactions, and bringing things into proper perspective for meeting the issues of medical malpractice. The claims representative of SCPIE brought in many humorous elements of issues, and provided some levity to the seriousness of the entire situation.

Because of a schedule conflict for Dr. Pevehouse, he was not able to be there for his part of the scheduled program. Dr. George Koenig and Dr. Philipp Lippe gave very interesting material relative to legislative issues and fee schedules.

On Sunday, the sessions began with a discussion of a possible merger of the AANS and CNS, with Frank P. Smith providing the positive factor leading to eventual developments, and Dr. Steve Gianotta, a member of the Executive Committee of CNS, presenting the viewpoint of how the Societies should remain separate.

The highlight of the Sunday sessions, and possibly of the entire program, was the presentation by Dr. Don Gartman. Chairman of the Board of CMRI, introduced

by Dr. George Ablin. This presentation was entitled "CMRI - Looking Over Your Shoulder." It was a forthright elucidation of the general structure of CMRI, with the challenge for documentation of medical care in the State of California, relative to Medicare patients. The issue of "data base bank" relative to every surgeon came into the discussion, and it was recognized by Dr. Gartman that eventually, the various activities of physicians and surgeons will be well recorded in a data bank, probably in Washington, D.C. It would be impossible to relate all of the interesting material provided by Dr. Gartman, who must be recognized as one who is really interested in protecting physicians where protection is justified.

Later in the morning, Dr. Ulrich Batzdorf presented a detailed account of how quality assurance is documented in a large medical center, namely UCLA, and his slides were very informative relative to the recording of data for the JCAH survey. It became apparent that we not only have criteria for performance and quality assurance relative to Medicare patients, but also under the surveillance of the JCAH for medical care in general. Dr. Frank Smith presented the daily practice of maintaining the same elements of quality assurance in a small, community hospital. In general, there doesn't seem to be very much difference in the standards and surveillance.

In the final part of Sunday's program, Dr. Lawrence Pitts discussed regionalization of trauma care, and Robert E. Florin described "How Neurosurgeons Set Standards of Neurological Care." This reflected Bob's experiences in keeping things organized in Whittier, California, relative to what doctors could do in establishing the standards themselves, rather than letting others take over. ■

Frank P. Smith, M.D.
Newsletter Editor

KUDOS FOR CANS MEMBERS:

George Ablin, M.D.

President-Elect of Western Neurosurgical Society.

Sydney Tolchin, M.D.

Elected to American Board of Neurological Surgery and currently nominee for Secretary of Board of Directors, American Association of Neurological Surgeons.

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 your comments to:

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JCSNS SESSIONS

April 22-24, 1988

Sheraton Centre Hotel
Toronto, CANADA
Civic Ballroom

Saturday Luncheon Speaker:

Dr. Lawrence H. Pitts, M.D.
"Regionalization of Trauma Care"

**California Association of
Neurological Surgeons, Inc.**

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