CALIFORNIA ASSOCIATION OF NEUROLOGICAL SURGEONS, INC. NEWSLETTER

SEPTEMBER 1981 VOL VIII NO 3

PRESIDENT'S MESSAGE

A recent letter from a member, who thought enough of his Association to write, suggested that the Board is spinning its wheels in fighting for RVS reform and wasting time in providing tips for members in billing procedures — that the real problems are manpower and malpractice.

In reference to RVS reforms, in the past few months, CANS has represented you at Workman's Compensation hearings in San Francisco and Los Angeles to obtain recognition for the differences of our specialty, neurosurgery. Those attempts were not entirely successful, but you have obtained an RVS factor of 130 from a prior factor of 80.

As for billing procedures, CANS has represented you at Blue Shield meetings, and has set up a committee to combat the current practice of third-party payments being withheld, gleaning 18 to 20 percent interest all the while. CANS has represented you at Specialty Sub-Committee meetings in defining appropriate payment for neurosurgical services.

But the member was correct. It is important to wash the floor, but not neglect the roof that's caving in.

The critical factors are Turf and Liability.

TURF: Turf brings to mind green golf courses, horseraces, and football. In reality, it is the life-blood of neurosurgery. For whatever reason a neurosurgeon became such, he desired to specialize — and as a group, he has specialized himself almost out of existence. For my part, I like to specialize in non-dominant-hemisphere convexity meningiomas, but so far, no one has recognized my significant expertise to send me enough patients of this type to pay my rent, so I must continue to see patients with backache and headache.

Clark Watts has suggested that we need more neurosurgeons to take care of the patients with backache, headache and seizures, so that orthopedists, neurologists, and other specialties will not eventually take over our patients. CANS supported a demand that the Board of AANS establish a commission to reduce neurosurgical training programs by 25 percent. The President of AANS responded: (1) Such a commission would have no standing in accreditation approval and no means of enforcement; (2) There are 93 programs. The cost to send one neurosurgeon to look at one program is $1400.00. There is no such funding. (3) FTC regulations would invite legal action against us.

However, the AANS response is appropriate. "So long as one speaks to quality and (establishes) standards by which this quality can be measured, the process will function without threat." You must be prepared to defend your specialty status of quality, *and* treat the backache and the headache. CANS and its membership must be prepared to prove that the numbers of neurosurgeons now being trained pose a severe threat to such quality. We must have that proof!

LIABILITY: CANS must participate in problems of liability, especially since member neurosurgeons, Hospital Chiefs-of-Staff, and directors of Peer Review organizations are turning to CANS for assistance in definition of standards of practice of neurological surgery in California. CANS has established a Task Force chaired by Charles Wilson, to identify the means by which CANS can be more active where problems of a professional nature have arisen. The eventual aim of this process will be to offer members assistance in problem areas in which that assistance is requested. Direct participation of CANS representatives as Amicus Curiae in cases involving medical liability has essentially been rejected by the legal community and the courts in a pilot project. CANS must help in any way possible to identify standards of practice and to stand up, by direct representation, for its members. It behooves all neurosurgeons in California to be participants in our Association activities if we are to render the most assistance for all concerned.

CANS cannot afford the expense of direct lobbying on liability issues in Sacramento. It has therefore elected to throw its weight behind CMA in this arena. Strong representation by CANS in the CMA Council and in pertinent committees is already present. The actions of these committees are not published regularly, and reports of their activities and effectiveness may be obtained by phoning or writing the CMA central office.

If you, as a neurosurgeon in California, have suggestions as to other ways CANS might serve you, please don't keep them to yourself. Letters of critical and constructive nature are always welcomed. Plan also to attend the annual CANS meeting workshop, February 27, 1982, at Hotel Del Coronado, San Diego, and provide further input for solution of these problems.

Sidney Tolchin, M.D.
President

MANPOWER

At present, no subject is more important to the practicing neurosurgeon than the issue of manpower — which really involves the number of those competing for a predictable number of patients in a given geographical area. One can be concerned about other issues such as fees and malpractice, but these become secondary when the practicing neurosurgeon does not have enough cases, regardless of the fees or medical liability. The real impact is appreciable when one notes that the specialty of neurological surgery has developed a polarization between two groups, one composed of those at the academic level, who depend upon numbers of candidates to fill their residency programs, and the other group, practicing neurosurgeons who give up some patients each year when more than one hundred neurosurgeons are released annually to find their future in an already crowded field. The number of neurosurgeons entering practice each year in the United States is greater than the permanent posts for neurosurgeons in the United Kingdom, and is grossly out of scale for any other medically organized country in the entire world. All of this creates a great challenge, as to how there may be a decrease in the polarization between academicians and practicing neurosurgeons, as we try to solve the manpower problem.

The question arises as to how long the United States can endure the glut of specialists in neurological surgery, as well as in specialties such as orthopedic surgery and neurology. Some may say that it is mainly a problem of distribution, and that we must encourage trained specialists to move out of large urban areas and meet the needs of the under-service population. That concept might fit the role of family physicians, but runs into a head-on collision with the problem of the trained specialist who needs an adequately equipped hospital to practice his specialty. Where there are more and more newly trained neurosurgeons practicing in community hospitals of a metropolitan area, fewer major neurosurgical cases are being treated at the academic medical center, so that the senior neurosurgical resident is receiving less operative experience. Thus, if the newly trained resident moves into the community with less than adequate training, the vicious cycle of the system creates the problem of excessive manpower and feeds the mill of malpractice litigation. One can understand why some trying to find a way out of the chaos place emphasis on improving the quality of training for neurosurgeons, which would involve providing more clinical experience concentrated on fewer candidates.

Reportedly, it was President L.B. Johnson who decided in the 1960's that our country was short 50,000 physicians. Medical schools were increased in numbers and capacity. Eventually, the federal government established the Graduate Medical Advisory Committee[1] (GMENAC). After four years and four million dollars expense, the panel of experts reported on September 30, 1980 to the Secretary of Health and Human Services, that there would be a surplus of 70,000 physicians in 10 years, and 145,000 in the year 2,000 A.D. The GMENAC recommended that medical schools cut entering classes 13% within four years, cancel plans for new medical schools, restrict entering foreign medical graduates, and reduce residencies 20% in fifteen fields. But, nothing has been done about this.

Needless to say, surgical specialty residencies were prominent in the areas recommended to be decreased, and neurosurgery was a leading candidate for pruning. Dr. Alvin R. Tarlov. Chairman of GMENAC, has been quoted[2] as saying that in 10 years, there will be surpluses of 70% in neurosurgery and 65% in orthopedic surgery, as well as gross excesses in other surgical specialties. Thus, we neurosurgeons are not alone in the problem of manpower. The main question is, "What are we going to do about it, in cooperation with other specialties?"

As we assess the excess of surgeons, we should keep in mind our most closely related medical specialty, namely neurology. A recent article in JAMA[3] "The Coming Oversupply of Neurologists in the 1980's" clearly indicates the agony involved in controlling numbers in one sentence, "It appears clear that it would be wise to reduce the number of training positions and programs, even though this will produce discomfort in some departments of neurology." This reflects the corresponding potential discomfort in departments of neurosurgery.

At the most recent meetings of the Joint Socio-Economic Committee (JSEC) of the American Association of Neurological Surgeons and the Congress of Neurological Surgeons in Boston in April, 1981, the message from practicing neurosurgeons was loud and clear, "We are not having enough surgical cases!" and "There must be something done to reduce the number of neurosurgeons being trained!" A resolution was passed, asking the American Association of Neurological Surgeons and the Congress of Neurological Surgeons to establish a Commission to reduce the production of neurosurgeons. Response from the AANS has indicated the difficulties and the expense of any program of this type. One issue that was so prominent in the verbal encounters at JSEC meetings in Boston never really surface in the formal resolution or in the negation by the AANS. This issue was that somehow, the spokesman for neurosurgery should establish a dialogue with Orthopedics and Neurology for a combined approach to decreasing trainees in our related specialties. It was discussed very actively in Boston that there would be no point in decreasing the numbers of neurosurgeons unless there would be a collateral trimming of orthopedists who are already trying to take over much of the work of our specialty.

There has not been, but hopefully there might be, some recognition by the AANS that this is the time for meeting issues of manpower, not only within our own specialty, but also in a strong manner, to defend our position against those who would take over more and more, if we were to actually decrease in numbers.

OFFICERS AND DIRECTORS — 1981-82

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	Robert E. Florin, M.D.
	DeWitt B. Gifford, M.D.
Consultant	Philipp M. Lippe, M.D.

COMMENTS FROM THE CANS TREASURER "WHY WE PAY DUES"

You may be wondering why you pay dues and belong to the California Association of Neurological Surgeons. Your Association, as the spokesman for neurological surgery in the State of California, stands as your front line defense, and quite often, as the counter aggressor in matters that are most important to you.

The multiple committees of your Association work not only in coordination with the California Medical Association, but also with the Joint Socio-Economic Committee of the AANS and CNS, and provide representatives to the Council of State Neurosurgical Societies. In addition to all of that, your Association provides assistance in matters of private office practice, community relations affecting neurosurgical practice in California, peer review and professional relations of neurosurgeons in California, as well as ancillary assistance to neurosurgeons in reference to neuroradiological services, hospital conditions, and third-party involvement in neurosurgical practice in the State of California.

We cite these areas of expertise, sometimes requiring legal fees, because we want you to know what your dues dollars are doing. If you need us, we plan to be there. In the meantime, we are currently solvent, but we need your continued support. Problems are mounting after the lull in the storm. Plan to come to our Annual Meeting, where we review our annual budget as well as the operating expenses of the Executive Office, including personnel, equipment, rent and various services, such as this Newsletter. A copy of the complete financial report is available upon request from our Executive Office. We welcome your active participation and look forward to seeing you at our next Annual Meeting.

David G. Scheetz, M.D.
CANS Treasurer

DELEGATES TO THE COUNCIL OF STATE NEUROSURGICAL SOCIETIES

Name of Delegate	**Term**
David G. Scheetz, M.D.	3-79 to 3-82
Sidney Tolchin, M.D.	3-79 to 3-82
William H. Wright, M.D.	3-79 to 3-82
John R. Clark, M.D.	3-80 to 3-83
Robert E. Florin, M.D.	3-80 to 3-83
James B. Golden, M.D.	3-80 to 3-83
N. Edalatpour, M.D.	3-81 to 3-84
Philipp M. Lippe, M.D.	3-81 to 3-84
Frank P. Smith, M.D.	3-81 to 3-84
Douglas M. Enoch, M.D.	3-81 to 3-84

Name of Alternate	**Term**
Joseph E. Bogen, M.D.	3-79 to 3-82
Melvin L. Cheatham, M.D.	3-79 to 3-82
DeWitt B. Gifford, M.D.	3-79 to 3-82
Jacob Mathis, M.D.	9-80 to 3-82
John D. Darroch, M.D.	3-80 to 3-83
Eldon L. Foltz, M.D.	3-80 to 3-83
Donald J. Prolo, M.D.	3-80 to 3-83
W. Bradford DeLong, M.D.	3-81 to 3-84
Michael H. Sukoff, M.D.	3-81 to 3-84
Stephen L. Tillim, M.D.	3-81 to 3-84

CMA Specialty Society Delegations

Councilor: Philipp M. Lippe, M.D.	3-81 to 3-83

CMA House of Delegates

Delegate: George Albin, M.D.	3-80 to 3-82
Alt. Delegate: Sidney Tolchin, M.D.	3-80 to 3-82

Items printed in this Newsletter are for the purpose of disseminating information and stimulating discussion. The opinions and comments expressed herein do not necessarily reflect the official position of the California Association of Neurological Surgeons, Inc.

CHANGE OF ADDRESS

Please notify the Executive Office of any change of address, including county, or telephone number so that we might keep our membership records current. A new Membership Directory will be mailed in October.

UPDATE ON BILLING

When we recently revised "TIPS FOR BILLING" at the time of our annual meeting, we included in it a note in regard to payment of crossovers under the new Computer Service Corporation (CSC) contract that indicated this would not be automatic. This was based on information we received from California Blue Shield in regard to the handling of crossover tapes. CSC has, in fact, been paying about 40% of the crossovers without the need for additional filings. As with initial billings to Medi-Cal, CSC has been paying very promptly with amazingly short turnarounds on those forms in which every procedure is coded, every "i" is dotted, and every "T" is crossed. The rest, as all of you have quickly seen, have been returned for re-submission. The question of crossover payments has become moot at this time because of decisions by the legislature to limit crossover payments only to the amounts that would be paid by primary Medi-Cal. Because of the higher nature of the medi-care schedule, this completely eliminates all crossover payments for any type of surgery, although it may still allow some crossover supplementation on certain consultations and office visits.

This is only the first of what would probably be a series of measures which will decrease the amount you are paid for Medi-Cal patients. The reduction in Federal funding for Medi-Cal coupled with the State's fiscal crisis virtually guarantees that Medi-Cal payments to the physician will be cut even further than they have been. This will most probably take the form of a cut-off date in late winter or early spring when the Medi-Cal funds run out. For that reason, we urge members to bill as early as possible on all of their Medi-Cal patients, and to return the forms promptly when claims are sent back for revision.

DeWitt B. Gifford, M.D.

BOARD OF DIRECTORS MEETING NOTICE

The next meeting of the Board of Directors will be held on Saturday, November 21, 1981, at the San Francisco Airport Hilton beginning at 10:00 A.M.

OPPORTUNITY FOR BECOMING "CERTIFIED"

The Congress of Neurological Surgeons has outlined, in its Newsletter of July 1981, the program of its Certification Committee for assisting neurosurgeons who have not been certified by the American Board of Neurological Surgeons. This assistance is available to those who have never taken the examinations, as well as to those who have taken them and failed. It is a comprehensive approach and undoubtedly will be continued in an effort to recognize the importance of certification, and how it can be accomplished in so many cases with just a bit of extra effort and determination. Those interested should write directly and promptly to: Dr. David L. Kelly, Jr., Section of Neurosurgery, Bowman Gray School of Medicine, Winston-Salem, N.C. 27103.

James B. Golden, M.D.

EXECUTIVE OFFICE

At the present time, the Executive Secretary, Marian O'Dell, is in the Executive Office each weekday from 9:30 A.M. until 2:30 P.M. At any time in her absence, a telephone answering system is in operation to accept any messages. She will respond to calls as soon as possible. The Executive Office telephone number is (916) 966-9760; address P.O. Box 41761, Sacramento, CA 95841.

FROM YOUR LEGISLATIVE REPRESENTATIVE TO THE C.M.A.

As your representative to the Commission on State Legislation of the California Medical Association, I am requesting your assistance in preparing for the Fall legislative workshop for the Commission. At this time, each specialty has the opportunity to review the past years' legislative and regulatory activity by the State Government and to select issues of interest to medicine and to our individual specialty, thereby formulating recommendations for priorities during the next legislative year.

Please let me know of your concerns and problems in any area of neurological surgery which you believe might be improved through legislative action. Obviously, the major issues include subjects such as State health planning, regionalization and emergency medical services, medical liability insurance and claims, the Medi-Cal program, and over-supply or maldistribution of physicians.

However, there may be specific issues within one of these subjects or an entirely new area of concern about which you can give me background or specific recommendations for solution.

At any time in the future, if you have any questions or comments about the legislative representation for neurological surgery, please do not hesitate to contact me.

Byron C. Pevehouse, M.D.

JOINT SOCIO-ECONOMICS MEETING INFORMATION

There are 9 copies ($10.00 each) of the April, 1981 JSEC meeting packet that could be purchased by members of CANS. If there are members who would like to receive a copy of the proceedings in the future, an order would have to be placed with the Liaison Secretary before each meeting (April and October). Copies would then be printed immediately following the meeting. The $10.00 would have to be paid in advance to the Joint Socio-Economics Committee and mailed to John M. Thompson, M.D., Liaison Secretary, 2000 Blossom Way South, St. Petersburg, FL 33712.

These issues are hard ones, and need very strong action. Actually, the Board of Directors of the AANS established a special Committee to study the manpower issue approximately ten years ago. The report of the Committee recommended a 25% decrease in neurosurgical residencies. So, this is really not a new problem. It is just greater.

It is difficult for the AANS, steeped in the traditions of scientific enrichment, to be placed in the position of being "spokesman" for neurosurgery in socio-economic matters. It is a further source of anguish to all of us loyal to the AANS that some colleagues would really feel the pinch, including an increased personal workload, if the number of residents were decreased. But, it will be necessary to review and decrease neurosurgical residency programs, even though it will be expensive, challenge the FTC, and meet other alleged issues, such as limiting the weak programs.

The main energizer supplying the steady flow of newly trained residents, is the conviction of each medical school and some independent clinics, that they must have their fully staffed residency programs in each specialty. The time-honored rotation of candidates to associated hospitals satisfies the theoretical needs, but could not be easily cancelled. Most medical centers could accept one resident in each specialty every two or three years, as the properly trained senior resident moves to his chosen area. Any additional help needed could be supplied by rotation of residents from general surgery, which worked so successfully in the past. This could easily reduce the number of annual new neurosurgeons from 100 to 50. Any complaints from the FTC would be readily balanced by the accolades from the total health care support system that keeps claiming that too many surgeons are performing too many operations that are really not necessary. The reality of limiting training of foreign medical graduates could be assessed properly, and this in itself would limit numbers of newly released neurosurgeons.

If the AANS is not willing to accept the responsibility of being the spokesman for all neurosurgeons in the struggle for survival, then possibly this spokesman role should pass on to some other organization. There is a newly issued Newsletter to Diplomates from the American Board of Neurological Surgery, its first communication to certified neurological surgeons. This gives information not previously presented to Diplomates, and may hint the awakening of a sleeping giant. After all, the AANS does not really run residency programs, and could only cast influence on the American Board through those who move through the musical chairs. It is really the American Board of Neurological Surgery has the power to approve or disapprove residencies. Sooner or later, the numbers of all surgical specialists being trained in this country will be determined by a "coordinated" program of the various Boards of the various specialties. As neurological surgery, as a specialty, has been a standard-bearer in leading the concept of quality care, it must meet the issue of manpower, as related to the Town and Gown issues, so that there will not be further polarization between the two groups. It appears that the ultimate responsibility will gravitate to the American Board level.

References:

1. Am. Med. News: 7 Nov. 1981, p. 1.
2. Ibid: p. 14.
3. J.A.M.A.: 19 June, 1981, p. 2401-03.

Frank P. Smith, M.D.
Editor

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.

CANS ANNUAL SESSION – 1982

The next Annual Session of the California Association of Neurological Surgeons, Inc. will be held on Saturday, February 27, 1982, at the Hotel Del Coronado, 1500 Orange Avenue, Coronado, CA 92118. Information regarding the session will be provided to all members on a continuing basis.

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