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MEMBERSHIP SERVICES

Status Changes/Information
Dues Info/Address Changes/Publications
Membership Applications/Information
Resident/Membership Information
Placement Information
Annual Meeting Information

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Should you wish to correspond with the leadership of the CNS, following are e-mail addresses for your use regarding any issues that you wish to discuss with the Executive Committee directly.

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Vice President - CNSVP@cns-home.org
Secretary - CNSS@cns-home.org
Treasurer - CNST@cns-home.org
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Congress of Neurological Surgeons Newsletter

1999 • Vol 75

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Dedicated to Neurosurgical Education

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Newsletter

Congress of
Neurological
Surgeons



Jan. 1999
Vol.75

Annual Meeting Chairman's Message: Boston, October 30 - November 4, 1999

There will be much talk about the "M" word! The countdown will be underway, a mere 60 days until the end of the 20th century and the beginning of the third "Millennium". There will be countless celebrations about millennial events, and happenings of once in a thousand years... Neurosurgery will also be celebrating special milestones. It will be the end of the first century of modern neurological surgery, a century of splendid accomplishments leading to safe craniotomies and routine spinal operations. A century of excised neoplasms and clipped aneurysms. A century of pain relief and tremors controlled. A century of neuroanesthesia, neurocritical care, neurogenetics, etc., and of course, a century of computers and countless technical applications, and a century of neuroscience. It will also be the end of the Decade of the Brain, a threshold of new discoveries in neurobiology and a million promises of clinical applications awaiting neurosurgical genius.

It will all start the day before Halloween, on October 30, 1999. Neurosurgery will come to age in the city of splendid intellect, in the city of veritas, in Boston, Massachusetts. The Annual Meeting of the Congress of Neurological



Surgeons promises an incredible Scientific Program in a splendid setting. Our President, Dr. H. Hunt Batjer, has formulated a theme of reassessment of where neurosurgery has been, and where it is going. Is it the beginning of the end, or the end of the beginning? How do we view ourselves, and what should we expect of our subspecialty beyond the year

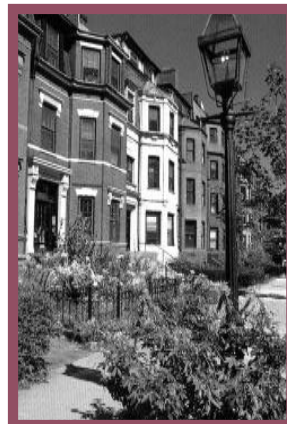
2000? Honored Guest, Dr. Duke Samson, of Dallas, Texas, is a surgeon's surgeon, a scholar and a philosopher. He has built one of the premiere cerebrovascular units of the world, and one that has made fundamental technical contributions to neurosurgery at the end of the 20th century. We will ask Dr. Samson to talk to us about technique, about the evolution of concepts, and about the human side of neurosurgery. He will talk about aneurysms, about molecular biology, about ethics, and about what it means to be a neurosurgeon... His students and friends recognize him as a great teacher. As Honored Guest of the Congress of Neurological Surgeons, it will be the opportunity for thousands of neurosurgeons to be his students, for one week.

Scientific Program Chairman, Dr. Vince Traynelis has assembled a stellar committee of neurosurgical leaders and educators. Their mandate was to "think out of the box", and to re-invent the Annual Meeting of the Congress of Neurological Surgeons. They have taken the Scientific

Boston
Annual Meeting
Oct/Nov '99
Abstract
Submission
Issue



Program to new heights with numerous innovative ideas and concepts. At the same time, they have preserved general features and format which are time tested, and proven effective through your evaluations year after year. Yes, you will have the Practical Courses, and many of them. You will have General Scientific Sessions with invited keynote speakers outlining the state of the art of the respective topics. There will be point-counterpoint discussions, and the Scientific Program Committee has taken the very unusual position of asking speakers to address "the other side" of what they do. We will ask endovascular neurosurgeons what aneurysms should be clipped, we will ask leading microneurosurgeons what AV Ms should be treated with radiosurgery, and we will ask skull based neurosurgeons what aneurysms should be operated upon without skull based techniques! There will be open scientific presentations with invited discussants. There will be special courses, addressing topics relevant to everyday neurosurgical practice; ethical issues, disability assessment, and many more. The specialty sections will each have two afternoons for panel presentations, oral posters and open papers. We believe that we have planned the best Scientific Program ever, and we call upon each of you to submit your best work,



continued from front page

so that we have the best science and best paper presentations celebrating the successes and strengths of our specialty. Remember the Abstract submission deadline of April 16, 1999.

Our Computer Applications Liaison, Dr. Joel MacDonald, will continue to bring the Meeting to higher technical standards. We encourage each of you to follow the simple steps for electronic

Abstract Submissions. If you must, paper Abstracts are still available, but the electronic submission is so easy and so simple that we feel confident you will simply love it. Last year, all but a handful of submissions came in electronically, and it was our first year to offer electronic submissions online! We have now a very effective grading system which includes anonymous abstract review by various committees online, with confidential abstract grading, weighing of the grades, and abstract prioritization. This has made the process fairer, and has simplified and objectivized peer review. You will be able to make corrections on your submitted abstract, up until the deadline. Later, you will be able to review accepted Abstracts, online, before the Meeting, and communicate with the authors if you wish.

Boston and the Hynes Convention Center present an incredible setting with tremendous and beautiful space in an architecturally appealing milieu. As such, we shall expand the exhibit space, bringing in new types of exhibits, a vigorous technology pavilion, and novel interactions with the exhibitors. There will be Practical Courses on site, and several at local universities which offer some of the best facilities in the world. For the first time, we will have daycare services for those accompanied by their children. We will have expanded video kiosk, special activities for women neurosurgeons, for international neurosurgeons, and for members of the neurosurgical team (neurosurgical nurses, physician assistants, etc.). Local Arrangements Chairman, Dr. Philip Stieg, is a quintessential Bostonian. He knows the clubs, the hotels, the restaurants, and what must be seen and experienced in the city. He is working on a superb social program with many surprises for every night at the Meeting. During the day, countless tours for spouses and significant others, will also tempt some (hopefully not many) Meeting registrants. Special activities will include a Halloween theme Opening Reception on Sunday night, October 31, 1999. There will be special concerts and other activities celebrating Boston landmark venues.

Lastly, for those who wish to stay on for a special Post-Convention Symposium, we have a treat for Thursday afternoon. No, this will not be a post-convention meeting that takes two or three days. No, you will not have to travel outside the city. Instead, per popular request through your evaluations of past meetings, we are holding the post-meeting satellite symposium at the American Academy of Arts and Sciences in Cambridge, Massachusetts on Thursday afternoon, November 4, 1999. It is a few minutes drive from downtown Boston, but yet we will be in an exclusive think tank retreat-like atmosphere. The symposium will be entitled "Neurosurgery in the 21st Century", and will feature four different breakout sessions with leading non-neurosurgeon and neurosurgeon thinkers and scholars in the fields of education, leadership, technology, and neurobiology. A neurosurgeon leader will engage a scientist or scholar from outside our field in small group discussions. Later in the afternoon, there will be a joint roundtable discussion of all four topics in the auditorium. This will be followed by a closing cocktail reception. Those of you who choose to stay

Isaam A. Awad, M.D.



Thursday afternoon for this symposium will savor the special treat of a glimpse at what neurosurgery will be like during the rest of our careers, and beyond.

The Congress of Neurological Surgeons is primarily and quintessentially dedicated to education. The Annual Meeting in Boston next fall will celebrate neurosurgical education like never before. Please plan to join us in Boston.

Assam A. Awad, MD
New Haven, Connecticut

News From The Annual Meeting Committee

An informative and exciting Scientific Program has been planned for the 1999 CNS Annual Meeting which will be held in Boston. The meeting will feature the CNS Honored Guest, Duke Samson. Dr. Samson will share his vast experience and wisdom as he contributes to every portion of the program.



Vincent C. Traynelis, M.D.

The scientific meetings will begin with two days of Hands-On Practical Courses. New courses include microvascular decompression for cranial nerve syndromes, intraoperative MRI-guided surgery, molecular reconstruction for spinal cord injury, clinical anatomy for allied health professionals, treatment of spinal deformity and scoliosis, and Medicare documentation. All of the spinal surgery courses have been updated and reorganized in a manner to present the newer techniques in a coordinated and comprehensive manner. Computer courses dealing with database design, Internet technology and digital imaging will again be offered.

The General Scientific Sessions will provide the latest information concerning the treatment of CNS neoplasias, neurovascular decision making, pediatric neurosurgery and lumbar interbody fusions. Selected abstract presentations, expert commentaries and the Presidential address will also take place during these sessions. The feedback from previous luncheon seminars has been utilized to update and improve this important and popular part of the CNS Annual meeting. A major effort has been made to expand the faculty for the seminars to broaden the educational experience. The faculty will include a number of international experts to help ensure that the most up to date information is presented.

The determination of disability in neurosurgical patients, ethical issues in neurosurgery, and deep brain stimulation will be comprehensively covered in Special Courses. The Joint Sections will sponsor mini-symposia, paper, and oral poster presentations. Abstracts for papers and posters

may be submitted electronically via the On-line Abstract Center, which can be accessed through Neurosurgery On-Call at <http://www.neurosurgery.org>



ELECTRONIC ABSTRACT SUBMISSION

Issam A. Awad, MD - Scientific Program Chairman
Joel MacDonald, MD - Computer Applications Liaison

The past several years have witnessed a gradual modernization of the process of submission and processing of the nearly 800 scientific abstracts submitted for consideration of presentation at the Annual Meeting of the Congress of Neurological Surgeons. A number of improvements have been introduced every year, aiming at facilitating the process and enhancing its accuracy and efficiency. Submission of abstracts on diskette became routine in the early 1990s, and more recently the great majority of authors chose to use the new electronic mail submission on NEUROSURGERY://ON CALL, first made available for the New Orleans Annual Meeting in 1997 and then subsequently at the Annual Meeting in Seattle 1998. The process has vastly exceeded our expectations not only in the extent to which it was embraced by abstract authors, but also in its extraordinary user-friendliness, efficiency, and accuracy. Several hundred web browsers took advantage of previewing accepted abstracts before the Seattle meeting, and interacted using the search engine allowing study of the program by author, subject or text-word.



Issam A. Awad, M.D.

In preparation for the 1999 CNS Annual Meeting in Boston, President H. Hunt Batjer charged us to continually increase awareness about this process so that all CNS members can enjoy its advantages. At the same time, we were committed to introduce additional improvements and innovations to further modernize each aspect of meeting planning and execution, including abstract submission and processing.

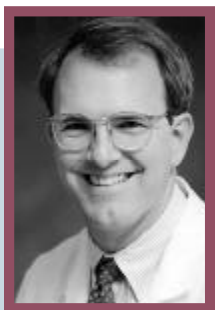
We are determined to highlight and inform our membership about Electronic Submission of Abstracts through several frequent issues of the CNS Newsletter, postings on NEUROSURGERY://ON CALL, and other media. For the second time, the traditional Call for Abstracts will not include a paper abstract form. Instead we have included detailed and user friendly instructions for electronic submission. Paper forms will still be available upon request (by phone, fax, mail or email!) to those without access to the Internet.

We are equally determined to maintain the highest level of accuracy, flexibility and personalized member services related to abstract procedures. Confirmation of abstract received will be provided as before, and it will now be possible to electronically modify or withdraw submitted abstracts after submission and before the deadline. Abstract processing, grading and selection will also occur much more efficiently, resulting in earlier notification of acceptance or rejection. Selected Abstracts will be published for the first time in the Preliminary Meeting Program issued in the summer, several months before the actual meeting. The accepted abstracts will again be accessible for review and interactive search (but not revision!) several weeks before the meeting, along with a feature of electronic correspondence with authors. We are extremely enthusiastic about the educational and scientific value of these enhancements to all neurosurgeons.

More information will appear in upcoming CNS Newsletters about this process, and about other exciting computer applications and educational activities to be introduced in Boston. This years meeting will include a greater opportunity to accept papers for oral presentations than at any other previous meeting, including expanded afternoon Specialty Sessions, selected outstanding abstracts at morning General Scientific Sessions, an expanded program of oral summary presentations of selected Poster papers, in addition to dozens of additional oral presentations with invited discussants at the post-meeting symposium convention at the American Academy of Arts and Sciences in Cambridge!

Plan to submit your best work as an electronic abstract before April 16, 1999, and see you in Boston!

CNS ELECTRONIC ABSTRACT SUBMISSION AND PROCESSING



Joel D. MacDonald, M.D.

The recent Annual Meeting of the Congress of Neurological Surgeons in Seattle, Washington marked a technological achievement for the management of scientific abstracts. For the first time, the Congress employed a near-paperless process for the submission, review, and publication of the meeting abstracts. Over a thousand abstracts were received through an internet-based system, the majority within the final three days before the deadline. Abstracts were received from as far away as Croatia, Russia, and the Slovak Republic.

The peer review process was also conducted online. This resulted in a contraction of the normal review time-line and a reduction of the costs related to xeroxing and mailing. Abstract titles and authors were included in the preliminary program with an abstract deadline just six months prior to the meeting date.

The Congress of Neurological Surgeons is pleased to offer electronic abstract submission again this year. Abstract submission will begin late in January of 1999 and will run through APRIL 16, 1999. The abstract Center can be accessed through the Welcome Page of Neurosurgery On-Call at <http://www.Neurosurgery.org>. A permanent link to the Abstract Center can be found at the top of the light blue column on the right side of the Welcome Page. An additional link will be provided on the Hot Topics list. From the Abstract Center page, click on the hyperlink to the 1999 Annual Meeting in Boston. The abstract form is self-explanatory, but on-line instructions are provided. After clicking the Submit button at the bottom of the form, you will receive an on-screen confirmation. This can be printed for your records. It includes a unique username and password for each submitted abstract. This username and password can be used to re-visit an abstract and make changes prior to the submission deadline. A button is also provided to receive an e-mail confirmation of your submission. Links for technical support are included throughout the form. Once the submission deadline has passed, on-line review will begin. Several new features have been added to the system to improve both the submission and review process.

Based on the success of the on-line abstract system, the AANS and many of the Joint Section meetings have begun to use the on-line system for abstract submission. Links to these meetings can be found through the On-line Abstract Center at Neurosurgery On-Call. An on-line archive of the abstracts of past meetings can also be accessed at this location.

LEADERSHIP DEVELOPMENT COMMITTEE

Paul Camarata, MD

A myriad of neurosurgeons, who volunteer their time and expertise in a variety of areas, help the Congress of Neurological Surgeons fulfill its mission of education in the neurosurgical community. Hundreds of surgeons participate actively in the workings of over 75 committees, subcommittees, and liaison positions to take care of such important business as the Annual Meeting, socioeconomic affairs through the Washington Committee, and international relief and educational efforts through the International Committee.



As part of its strategic planning, the CNS Strategic Planning Committee recognizes the need to encourage involvement in committee and leadership activities of the CNS, particularly on the part of younger neurosurgeons. The committee acknowledged that current avenues available to get involved in the CNS are varied and not always easily found. It was surmised that there is a need for a structured mechanism to easily handle and respond to members inquiries and request to be involved with organized CNS activities.

To that end, the Executive Committee has proposed forming a new committee, the Leadership Development Committee (LDC), whose charge would be to catalogue and quickly responds to each inquiry/request to help with a specific committee area of interest. In addition, the LDC would report each year to the Nominating Committee, giving reports on member participation in each committee. It is hoped that this will streamline the process for membership inquiries and solicitation regarding entry positions into the committee structure/organization.

Committee chairpersons will be regularly surveyed about their members and this information will be brought to the attention of the Nominating committee and Executive Committee. Following is the initial proposal as presented at the Executive Committee Meeting of the CNS regarding the LDC.

If you have a particular area of interest or expertise or are interested in serving on a specific committee, please contact any member of the CNS Executive Committee, the national office at 1-888-CNS-5577, or e-mail, FAX, or write Paul Camarata at the address below:

Paul Camarata, MD
Neurology/Neurosurgery, P.C.
4440 Broadway, Kansas City, MO 64111-3373
Ph:(816)561-4655 - FAX (816) 561-4746
email:camarpj@aol.com

The Membership of the Congress of Neurological Surgeons wishes to express their regret and sorrow regarding the death of the following member:
John F. Flood, M.D. of Watertown, NY

CNS MEMBERSHIP

PRE-APPLICATIONS IN PROCESS

Abrams, Daniel
Awtunes, Apio Claudio
Baker, John
Bakshi, Ajay
Bestavashivilli, Felix
Brownstone, Robert
Copeland, Michael
Desaloms, J. Michael
Dexter, Mark A.
Elowitz, Eric H.
Hopf, Nikolai
Iacopino, domenico
Joon, Cho
Khaoroptham, Surachai
Kim, Ki
Kojder, Irneusz
Dermott, Michael
Min, Liang
Mishra, Ramesh
Montrivatchai, Peerapong
Nussbaum, Eric S.
Paladino, Josip
Pilcher, Webster
Pinto, Jose
Rath, Stefan
Rinaldi, Alessandro
Rinne, Jaakko
Schwartz, Marc
Shoshan, Yigal
Souri, Mahaden K.
Swift, Dale
Tan, Tze
Vagnozzi, Roberto
Vannemreddy, Prasad
Ward, Brad A.
Xianlin, Zhao
Yonemura, Kenneth
Zong, Ming

Please submit any questions or commentary to
Stanley B. Martin, M.D.
Phone: 314-946-3670
Fax: 314-946-5421

UPDATE 12/98

by Lori Shoaf, Senior Washington Associate

HCFA ISSUES FINAL PRACTICE EXPENSE REGULATION CNS/AANS FILE LAWSUIT TO PREVENT IMPLEMENTATION

The Congress of Neurological Surgeons (CNS) and the American Association of Neurological Surgeons (AANS), along with nine other physician specialty organizations, filed a lawsuit on November 4 in federal court in Chicago against the Health Care Financing Administration (HCFA). The plaintiff's contend that HCFA's just-released rules for phasing in the resource-based practice expense relative value units (PE-RVUs) are in direct conflict with the transition formula required by the plain language of the Balanced Budget Act of 1997 (BBA '97). The CNS and AANS were key players in enacting the BBA '97 after HCFA proposed a new formula for determining the PE-RVUs that would have decreased neurosurgical reimbursement by 25 to 40 percent.

In its final rule, HCFA has essentially ignored the BBA '97. This unlawful transition formula will lead to \$495 million (approximately \$10 million of which would come from neurosurgery) in unauthorized fee reductions for certain physician services over the 1999-2001 transition period. To the extent that private insurers use the Medicare Fee Schedule, these cuts would be magnified.

In addition to the CNS and AANS, the other plaintiff medical societies are: American Academy of Ophthalmology; American Academy of Orthopedic Surgeons; American College of Cardiologists; American College of Gastroenterologists; American Gastroenterological Association; American Society for Gastrointestinal Endoscopy; American Society of Cataract and Refractive Surgery; Outpatient Ophthalmic Surgery Society and Society for Excellence in Eyecare

MAKING PROGRESS

The CNS/AANS Washington Office has been an active participant in the debate over resource-based practice expenses since the issue first surfaced in 1992. The underlying theory of resource-based practice expenses is that hospital-based specialties (primarily surgeons) have fewer practice expenses because they are not incurring overhead expenses while working out of the office. Since the beginning of this debate, the CNS and AANS have challenged this fundamental premise.

HCFA's initial PE-RVU proposal was released in January of 1997. Since then, the CNS and AANS

have lobbied intensively to make the cuts more accurate and fair to neurosurgeons. The following chart demonstrates how the four HCFA proposals would have impacted neurosurgery and summarizes our progress.

Procedure	Jan-97	Jun-97	Jun-98	Nov-98
Carotid Endarterectomy	\$875	\$966	\$1,079	\$1,066
Brain Tumor Removal	1,316	1,504	1,763	1,738
Carotid Aneurysm	2,093	2,470	2,972	2,925
Lumbar Discectomy	681	728	818	812
Lumbar Spinal Decomp.	817	909	1,026	1,040
Office Consultation	118	116	113	116

HCFA'S LATEST PROPOSAL

If HCFA's latest proposal is implemented with the currently proposed transition schedule, neurosurgeons can expect the following reimbursement levels for common procedures.

Procedure	1997	1998	1999	2000	2000	2002	%Change
Carotid Endarterectomy	\$1,375	\$1,263	\$1,220	\$1,169	\$1,117	\$1,066	-22
Brain Tumor Removal	2,314	2,129	2,040	1,940	1,839	1,738	-25
Carotid Aneurysm	3,344	3,071	3,059	3,014	2,970	2,925	-13
Lumbar Discectomy	1,167	991	946	902	857	812	-30
Lumbar Spinal Decomp.	1,362	1,246	1,177	1,120	1,062	1,005	-26
Office Consultation	90	97	103	108	111	116	+29

PRIVATE CONTRACTING REGULATIONS FINALIZED

HCFA also issued final regulations governing private contracting on November 2, 1998. These regulations implement the private contracting provisions of the Balanced Budget Act of 1997 (BBA) that allow private contracts with Medicare beneficiaries if the physician "opts-out" of Medicare for two years. Private contracting applies only to Medicare Part B (physician) services. Private contracts are not necessary for services that Medicare does not cover or for Part A (hospital) services.

Following is a summary of the regulation's major provisions:

- A physician opting out of Medicare has to file an affidavit that they will accept no direct or indirect Medicare payments with each Medicare carrier in his or her region. Further, they must state that no Medicare payments will be made to any entity on their behalf, either directly or on a capitated basis.
- A private contract must be in writing and be signed by both the physician and the patient. The contract must explicitly state that the beneficiary understands they are responsible for payment in full, and that the physician can not bill Medicare or a MediGap plan. It must also state that the beneficiary understands that Medicare payment limits do not apply.
- Physicians who opt out cannot provide services to any Medicare patient without a private contract. The only exception is for emergency services. Physicians have to retain copies of all private contracts and make them

available to HCFA upon request.

- Opt-outs can be terminated early if the physician refunds all charges in excess of the Medicare limiting charge, and notifies the carriers within 90 days of termination of the opt-out.

- After being notified by a carrier that there have been violations of private contracting conditions or failure to opt out properly, the physician has 45 days to correct conditions leading to this determination or all private contracts will be deemed null and void.

BIOMEDICAL RESEARCH SPENDING INCREASED IN FY 1999 BUDGET

Before adjourning for the elections, Congress passed an eleventh hour spending bill that contained good news for the biomedical research sector. Partisan bickering over issues not related to medical research threatened to prevent passage of earlier versions of the Department of Health and Human Services (HHS) spending bill. However, the final version included increases that proponents thought were lost due to the gridlock.

On October 19, Congress and the White House reached a deal on an Omnibus Appropriations bill to fund government activities through FY 1999. Had a deal not been reached, funding levels would have remained at the FY 1998 levels. President Clinton signed the bill on October 21. The approved increases for biomedical research relevant to neurosurgery include:

FY 1998 Budget	FY 1999 Budget	Percentage Increase
National Institutes of Health (NIH)	\$13.6 billion	\$15.6 billion 14.9%
National Heart Lung and Blood Institute (NHLBI)	\$1.58 million	\$1.79 million 13.3%
National Institute of Neurological Disorders and Stroke (NINDS)	\$779,257	\$903,278 15.9%
Agency for Health Care Policy and Research (AHCPR)	\$146 million	\$171 million 11%

HOW TO GET MORE INFORMATION

If you have any specific questions or would like more information about any of the above issues, please contact Katie Orrico or Lori Shoaf in the Washington Office at 202-628-2072 or via e-mail at KateOrrico@aol.com; LoriShoaf@aol.com. Also, please visit the recently revised socioeconomic section of the Neurosurgery: //On-Call web site at www.neurosurgery.org. The site contains the latest developments in Washington as well as detailed information on the practice expense issue.

Council of State Neurosurgical Societies Report October, 1998

The Council of State Neurosurgical Societies met in Seattle on October 2nd and 3rd, 1998. Two resolutions passed.

First, a resolution from Hawaii (Dr. Calvin Kam) was debated, questioning the validity of quality, cost, and patient satisfaction criteria as chosen by Blue Cross/Blue Shield of Hawaii, for calculating physician bonuses. Like most health plan indicators for quality, the criteria were broad, meager and primitive proxies for quality; inpatient mortality, post-operative mortality, post-operative wound infection, and readmission rate. The health plan also proposed using patient satisfaction surveys, frequency of electronic claim use and cost comparisons with peer physicians to determine bonuses.

The resolution originally asked for AANS/CNS Committee on Assessment of Quality (CAQ) to accept such proposals for review and critique. The CSNS learned from Dr. Robert Florin, that work on model clinical "Report Cards" is in progress under the CAQ, and should be available for members for use within the next year. The CSNS passed a substitute resolution requesting the CAQ model performance measures be accessible to AANS and CNS members when finalized, to use in assessing the validity of commercial health plan performance measures.

A second resolution sponsored by the CSNS Young Physicians Committee sought to create a neurosurgical resident category of delegate to the CSNS. After debating the problems of resident interest, time availability, and cost, a substitute resolution passed, directing the appointment of a CSNS ad hoc committee to develop specific recommendations for promoting resident participation in the CSNS. The aim is interest and experience in socioeconomic issues among future neurosurgeons early in their career, to develop future leaders, and to benefit from residents' viewpoints in CSNS discussions about the impact of current socioeconomic changes on their future.

Robert Florin, also chairman of the AANS Reimbursement Committee, spoke about the AANS/CNS Practice Survey being gathered and analyzed to develop a database of neurosurgical practice costs. The purpose of the survey is twofold: One, to build

a valid database to correct inaccuracies in the AMA SMS database used by HCFA to determine neurosurgeon practice expenses for the new resource-based practice expense RVUs, scheduled for implementation on January 1, 1999, and two, to develop benchmark costs for categories of office expense within individual office practices to use in comparing an office's practice expenses with other neurosurgical practices.

The CSNS passed a resolution in April demanding that any medical record guidelines for neurosurgeons conform to the practice of neurological surgery. In follow-up discussion, Dr. Troy Tippet (Pensacola) described the evolution of the Evaluation & Management Documentation Guidelines, begun in 1995, and still the subject of dispute between physicians and HCFA. The disagreement hinges on whether the medical record should be used as an auditing and accounting document, with minimum numerical requirements for elements included in each category of history, physical and medical decision-making.

The CSNS submitted a revised plan to the Congress Executive Committee proposing a socioeconomic and general neurosurgical news periodical. The initial proposal three months previously suggested a peer-reviewed socioeconomic journal for neurosurgery. After researching cost, advertising, format, and audience issues, and experiences among other medical specialty societies, a less formal newspaper format was found most suitable to the subject matter. A final, formal proposal will be developed for a CNS publication that includes both socioeconomic information as well as technical, professional, and practice topics of general interest.

Regional Directors for the Northwest and Southwest quadrants to the AANS Boards of Directors were selected by mail ballot election prior to the fall meeting and forwarded to the AANS Nominating Committee. These Directors will take office in April, following election at the AANS Business Meeting in April 1999. Nominated were Gary VanderArk, MD (Colorado) for the Southwest and Jeffrey Brown, MD (Ohio) for the Northwest.

James Bean, M.D.



Shaken Baby Syndrome - A Growing Problem

The detection of abused or neglected children, whose injuries are often the result of shaking, is increasing. The results of these injuries are often devastating to the child and to their families. In the United States alone, an estimated 50,000 cases are reported every year, with one in four babies dying as a result of this abuse.

Recognition and diagnosis is critical to arranging appropriate intervention to protect the child's health and the family unit. Appropriate treatments must also be undertaken to preserve the child's neurological function. Fortunately, more and more health care providers are recognizing the signs and symptoms of Shaken Baby Syndrome and administering the appropriate treatments, and so can you!

On Tuesday, December 15th, 1998 at 7 p.m. EST visit the NEUROSURGERY://ON-CALL(R) Web site (<http://www.neurosurgery.org>), where Bruce Kaufman, MD, Associate Professor of Neurosurgery at Washington University School of Medicine/St. Louis Children's Hospital, will be online to discuss Shaken Baby Syndrome. He will review the diagnosis, pathophysiology and treatment of these children.

In addition, Dr. Kaufman will present an approach to the evaluation and treatment of these patients and answer any questions that you may have.

To join the event, go to <http://www.neurosurgery.org> and enter the Public Pages. In the Physician Resources section you will see a link that says "Chat Online with A Neurosurgeon." That link will take you to the chat rooms, where you can enter the rooms if you've created a username and password. If you haven't created a username and password, click on the "Create A New User" link.

Once you've logged into the Chat rooms, click on the Auditorium link on the left hand side of the screen. This will take you to the scheduled event room.

We recommend that you download the ICHAT plug-in (the link is on the Chat page) prior to the chat event, however a Java-enabled browser (version 3.0 or higher of Netscape or Internet Explorer).

If you have any questions, please e-mail us at info@neurosurgery.org or call us at 847-692-9500.

Sponsored by The American Association of Neurological Surgeons and Congress of Neurological Surgeons

Scientific program Highlights

Annual Meeting, Boston 1999



1). Continued restructuring of the Hands-on practical Courses, both on Saturday and Sunday. New course on microvascular decompression of cranial nerve syndromes, intraoperative MRI guided surgery, molecular reconstruction for spinal cord injury, clinical anatomy for allied health professionals, treatment of spinal deformity and scoliosis, and Medicare documentation are now included.

2). Morning General Scientific Sessions with novel formats including controversies, point-counterpoint discussions, selected abstract presentations, Presidential address, and the integrated perspectives of Honored Guest Duke Samson.

3). A wide offering of popular, restructured and novel Luncheon Seminars. Afternoon Special Courses with in-depth discussions, and Expanded Specialty Sessions offered by the Joint Sections with mini symposia and expanded opportunities for oral paper presentations and oral summaries of the best poster presentations.

4). Innovative Computer Applications in every aspect of the meeting planning and execution. Computer education stations, practical courses, and much more with direct applications to everyday neurosurgical practice.

5). Splendid meeting venue, explore the cultural heritage and many unique flavors of Boston. Bring your family. There will be a terrific auxiliary program and numerous tours. Special childcare services will also be offered which represents a first for a national neurosurgical meeting!. Plan to Celebrate The end of the first century of Neurosurgery, at the eve of the New Millennium!

6). Enhanced participation by international faculty, keynote addresses, and many more oral paper presentations with invited focused discussions. Plan to stay Thursday afternoon for the special Post-Meeting Symposium on "Neurosurgery in the 21st Century", at the American Academy of Arts and Sciences, Cambridge, MA. Thinktank discussions with leading scholars on the future of neurobiology, technology, leadership and education. A perfect finale to the best CNS Meeting ever!

Submit your best work. Expanded opportunities for oral, poster and oral poster presentations. Use the internet to submit your abstract on line (www.neurosurgery.org) and follow simple instructions! it takes only minutes to submit your abstract and receive confirmation!. **ABSTRACT DEADLINE APRIL 16, 1999**

