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MEMBERSHIP SERVICES

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

Call: 1-888-CNS-5577 or e-mail: cnssec@ix.netcom.com

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.

President - CNSP@cns-home.org
Vice President - CNSVP@cns-home.org
Secretary - CNSS@cns-home.org
Treasurer - CNST@cns-home.org
Leadership Dev. - CNSLDC@cns-home.org
Membership Chairman - CNSMC@cns-home.org

Congress of Neurological Surgeons Newsletter

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Stephen M. Papadopoulos, M.D.
CNS Treasurer's Office
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1500 E. Medical Center Drive
Ann Arbor, MI 48109-0338



Dedicated to Neurosurgical Education

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'99 Meeting Site Final Abstract Submission Issue

Guidelines for the Resident Housing Initiative for the 1999 meeting in Boston

A room block of 200 rooms will be reserved for Resident Members of the Congress of Neurologic Surgeons. These rooms will be at one of the participating hotels for the annual meeting. A housing subsidy will be offered to CNS Resident Members who utilize the Resident Hotel for the Boston portion of the meeting up to a four night maximum. The benefit will begin Friday night (at the earliest) and continue through Wednesday night. Double CNS Resident Member occupancy is preferred.

It is suggested that residents pair up with a peer. This can be a fellow resident member from their own or any other program. The CNS will offer a full room and tax subsidy. We will honor double resident member occupancy requests before single occupancy requests, though we will not require double member occupancy. The CNS will not provide matches for double occupancy. All double resident member occupancy requests will need to be filed together, with details about both member residents.

The CNS will provide only a partial subsidy for members who wish to stay alone (single occupancy) or those who can find no other resident member to share with. The CNS will provide only a partial subsidy for



members who do not share with another resident member, but a friend or spouse instead. The partial subsidy will be just under half of the total room expense so as to create an incentive for residents to double up with another resident member. For example, if the room is \$150 for double occupancy, the CNS will consider a partial subsidy to be \$70.00. The CNS will also offer Resident Housing subsidies to non-member residents who sign up for (and pay for) Resident Membership with their application.

The Congress of Neurological Surgeons has decided to implement a substantial new benefit for resident members of the CNS. This program will provide free housing for CNS resident members at the 1999 annual meeting in Boston, Massachusetts. This substantial incentive for resident members to attend the annual CNS meeting is one of many examples of the Congress of Neurological Surgeons dedication to education and our commitment to young neurosurgeons. If you are not a resident member of the CNS, we wholeheartedly encourage you to join the CNS. Please call the CNS resident membership office for an application at 206-526-2544



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 Millenium!

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

Joel D. MacDonald, M.D.



CNS ELECTRONIC ABSTRACT SUBMISSION AND PROCESSING

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.

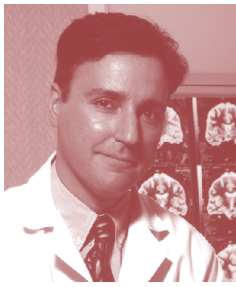
The peer review process was also conducted online. This resulted in a contraction of the normal review time-line and a reduction of the costs related to xeroxing and mailing. Abstract titles and authors were included in the preliminary program with an abstract deadline just six months prior to the meeting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

SPONSORED FELLOWSHIPS OF THE CONGRESS OF NEUROLOGICAL SURGEONS

The Congress of Neurological Surgeons offers several fellowships for residents, neurosurgeons who have recently completed training, and established neurosurgeons. Sponsored fellowships remain an important part



Douglas S. Kondziolka

of the educational mission of the Congress of Neurological Surgeons. By sponsoring fellowships, the CNS aims to enhance the education of neurological surgeons at all stages of their careers. Fellowships represent a strategic investment by the CNS on behalf of the specialty. To maintain quality fellow-

ships, the congress is interested in providing funding for suitable applicants to receive fellowship training at centers that can provide a worthwhile learning experience. The fellowship supervisor should be qualified in the area of sought expertise, be interested in teaching, and provide a suitable environment for the applicant. Although the attainment of a post-graduate degree is not necessary during the fellowship, the Congress supports the most formal educational experience possible. This can include training in basic science, clinical, economic, and public health and policy pertinent to neurosurgery. The CNS shall request that the fellow provide a detailed description of their completed fellowship experience, as well as a listing of all peer-reviewed journal and book chapter publications in progress, submitted, or already, accepted for publication. Similarly, a listing of all attended meetings and lecture topics that stemmed from the fellowship experience shall be made known.

There shall exist a standardized fellowship to be reviewed by the specific fellowship committee. Similarly, there will be a post-fellowship evaluation form returned to the CNS for review. Although the value of the fellowship will not be measured by numbers of publications or presentations, the CNS is interested in tracking where the fellow practices afterwards and understanding the impact, the sponsored fellowship has on that individuals career. Although specific fellowships are tailored to sub-specialty interests (i.e. the neuroendovascular surgery fellowship), specific applications may receive additional merit by the research or clinical topic chosen and by the importance of that topic to the field of neurosurgery.

The CNS acknowledges that a sponsored fellowship is not followed by a certification process nor does the CNS offer any level of accreditation to the specific fellowship.

CNS CLINICAL FELLOWSHIP AWARD

The CNS Fellowship Awards provide financial assistance to resident and recent graduates to help facilitate the acquisition of clinical skills and knowledge. Application may be made to cover travel and housing expenses for a 3 to 6 month elective rotation at an institution outside the primary training program. Such a rotation might provide in-depth clinical and surgical experience in a subspecialty area. International travel is acceptable.

All resident members of the CNS that have completed at least three years of neurosurgical training are eligible for the awards. Awards made during the

final year of training may be used during the first 12 months after completing residency training. The Congress will not fund an individual who is participating in a formal funded fellowship. Up to \$10,000.00 is provided for each award. Two awards are usually given per year.

CNS PUBLIC POLICY FELLOWSHIP

The goal of the CNS Public Policy Fellowship Program, established in 1998, is to develop neurosurgical leadership in health policy. Training individual neurosurgeons in health policy will enable those individuals and organized neurosurgery to educate and influence federal and state policy makers on health related issues, particularly those with neurosurgical implications.

The fellowship provides opportunities for neurosurgery residents and practicing neurosurgeons, whether in academia or private practice, to gain an understanding of health policy issues and how they are addressed by the nation's political system. One fellow will be selected each year (provided there is a qualified applicant). The fellow selected will participate in a one-year supervised training experience in Washington, D.C., working in a Congressional office or committee or in the Administration.

Timetable: The 1-year fellowship runs from September to August. The deadline for applications will be March 1 of each year.

Fellowship Program Description

Once the fellow has been selected, a decision will be made about where the fellow will serve. If the fellow already has identified an office in which he/she would like to work, the Director of the AANS/CNS Washington office will assist the fellow in securing the position. If not, the Director will assist the fellow in identifying an office where the fellow might work. After a series of interviews, the fellow will be assigned as a physician staff member to a Congressional or Executive Branch office or committee that is involved in health related issues.

The fellowship program will begin with an orientation period. The fellow will meet with key staff and advisors in Congress and the Administration, including top administrators of agencies responsible for health activities, congressional committee staff and representatives of health interest groups - the people who influence and help formulate national health policy.

The fellow will then begin serving in an area of public policy as a working staff member and will perform such tasks as developing and drafting legislative proposals, planning and arranging legislative meetings and committee sessions, and meeting with interest groups. Fellows will attend a wide variety of forums and meetings such as those sponsored by the National Institutes of Health, Medicare Payment Advisory Commission, and the Institute of Medicine.

The fellow will be required to attend the AANS/CNS Washington Committee meetings to meet with the leaders of organized neurosurgery and to participate in the development of organized neurosurgery's health policy agenda.

As part of the fellowship year, the fellow will also prepare a formal presentation on a policy oriented research issue in which he/she has been involved, which

may then become part of the CNS Annual meeting or included in selected CNS publications.

Qualifications and Application

Practicing neurosurgeons (from academia or private practice) and neurosurgical residents (PGY4 or greater) are eligible to apply for the fellowship. Candidates will be considered on the basis of their professional achievement as well as their potential for academic growth and leadership in organized neurosurgery, regardless of political affiliation. Previous involvement in organized neurosurgery and a demonstrated commitment to public policy activities are desirable. Special attention will be given to the nomination letter that accompanies the application. The applicant must come from a sponsoring institution, such as an academic institution or group practice.

The application should include the following:

A letter from the candidate describing the reasons for the application, the expected benefits from a fellowship, and the ways in which the fellow plans to use the experience for career development. The applicant must demonstrate his/her interest in promoting the health policy priorities of organized neurosurgery and for assuming and maintaining a leadership role within organized neurosurgery. The letter may be structured to answer the following questions:

1. Why do you want to be a CNS Public Policy Fellow?
2. What do you consider to be your major strengths and qualifications for the program?
3. What do you consider to be your most significant community-related outside activity or activities that utilize your professional expertise?
4. What do you expect to do with the fellowship experience in the near future and longer term?

A current curriculum vitae and a one-page biographical sketch of the candidate should accompany the application letter. The candidate should supply a list of the names, addresses, phone, and fax numbers of three references whom the candidates has asked to comment on his or her qualifications for the fellowship.

A letter of nomination from a CNS officer, board member or committee chair evaluating the candidate's qualifications, and explaining how the candidate might serve organized neurosurgery upon completion of the fellowship.

A letter of recommendation from the applicant's sponsoring institution or practice, detailing its commitment to support the applicant during the fellowship and after its completion. This commitment must include the continuation of benefits and insurance coverage during the fellowship.

The application material, including reference and nomination letters should be sent directly to the CNS Public Policy Fellowship Selection Committee, so that all the material is received by no later than March 1. The material will be reviewed by the selection committee and finalists will be interviewed. Applicants will be informed in February of the final selection.

Selection/Oversight Committee

The Selection Committee will be comprised of appointees from the CNS, The Chairman of the Washington Committee, the previous health policy fellow, and the Director of the Washington Office

(advisor). Other members of the committee may include the Chairman of the CSNS and an appointee from the Senior Society. The committee will meet to discuss applicants during the CNS Annual Meeting.

Stipends and Benefits

Fellow will be paid a \$75,000 stipend. Fringe benefits are maintained at existing levels through the fellow's sponsoring institution. Salary may be supplemented by the sponsoring institution. Up to \$5,000 of documented travel and other relocation expenses will be reimbursed.

CNS CLINICAL INVESTIGATION FELLOWSHIP

The CNS Clinical Investigation Scholarship is meant to assist neurosurgeons in obtaining formal training in the field of clinical investigation. The scholarship is open to all neurosurgical residents, and fully trained neurosurgeons at any stage of their career. The scholar will spend 6-12 months in formal training under the director of a specific mentor to acquire expertise in the techniques of scientific investigation of clinical neurosurgical practice. This training may encompass fields such as clinical epidemiology, clinical trials, outcomes research, health services research, or other related disciplines. The simple application of a new drug, device, or procedure in the clinical arena would not be an appropriate project for funding although the process of designing, conducting, and analyzing data from such a study as part of the acquisition of new clinical research would be appropriate.

The amount of support will depend on the location and duration of the scholarship. Salary and travel support of up to \$40,000 and \$10,000 respectively is available. The scholarship may also provide up to \$10,000 of direct project costs.

Purpose: The CNS Clinical Investigation Scholarship is meant to assist neurosurgeons obtain formal training in the field of clinical investigation.

Scope: The CNS Clinical Investigation Scholarship is open to all neurosurgeons. This includes neurosurgical residents and fully trained academic or private neurosurgeons at any stage of their career. The CNS Clinical Investigation Scholar will spend 6 to 12 months in formal training under the direction of a specific mentor to acquire expertise in the techniques of scientific investigation of clinical neurosurgical practice. This training may encompass fields such as clinical epidemiology, clinical trials, outcome research, health services research, or other related disciplines. The simple application of a new drug device, or procedure in the clinical arena would not be an appropriate project for funding although the process of designing, conducting, and analyzing the data from such a study as part of the acquisition of new clinical research expertise would be appropriate.

Support: The amount of support will depend on the location and duration of the Scholarship. Salary and travel support of up to \$40,000 and \$10,000 respectively, is available. The Scholarship may also provide up to \$10,000 of direct project costs.

Applications should be postmarked February 1, 2000.

The application should include the applicant's curriculum vitae and a personal statement detailing the reasons for pursuing the Scholarship. This statement should include plans for subsequent work once the Scholarship is completed.

A detailed but concise plan for the proposed Scholarship must be provided. Budget and budget justifications sections must be included if the applicant desires funds to offset project costs. The entire plan should be no longer than six pages in length.

A letter of support from the proposed mentor must accompany each application. If the applicant is a resident, a letter from the program director supporting the application is also necessary. Additional letters of support from neurosurgeons and others familiar with the applicant, his/her goals and commitment are also welcome.

Selection: The award recipient will be selected by the CNS Clinical Investigation Fellowship subcommittee of the CNS Education Committee. The funds will be awarded July 1, of each year.

CNS NEUROENDOVASCULAR SURGERY FELLOWSHIP

The CNS and AANS each sponsor one Fellow annually Neuroendovascular Surgery. This is a one-year fellowship to provide hands-on training in the treatment of cerebrovascular disorders by neurointerventional techniques. Applicants are generally graduates of a North American neurosurgical training program who have previously received training in basic neuroradiology, including radiation physics, diagnostic radiology and femoral catheterization. Emphasis is given to individuals who are planning academic careers in neuroendovascular surgery, and especially individuals for whom the fellowship would not be possible without additional funding. Each applicant should provide information as described on the application form including letters of support from his or her program director and the director of the proposed neuroendovascular program.

Solicitation for applications occurs in October, and the deadline for receipt of application is December 1. Selection is performed by a committee determined by the Joint Section on Cerebrovascular Surgery Executive Committee, and recipients will be notified by January 15 of the year of the fellowship. The award provides for \$40,000 total funding over one year.

CNS INTERNATIONAL FELLOWSHIP

The International Fellowship Award has been established by the Congress of Neurological Surgeons in order to extend educational opportunities to neurosurgeons from developing countries. The CNS International Fellowship is offered with the hope that the participating Fellow will acquire training that will enhance the quality of care provided in his/her home country. The fellowship consists of a primarily clinical experience, including observation of office, hospital and operating room activities. However, some research experience may also be included in the Fellowship included in the Fellowship. Applicants must have completed their formal neurosurgical training and have been in practice for 5 years or less. A North American sponsor who is a member of the Congress of Neurosurgical Surgeons must be identified by the Fellow, and agree to mentor the educational activities during the Fellowship. Fellowships are considered for 3 to 6 month's duration.

The International Fellowship Award includes round-trip coach airfare and any other travel expenses, and a monthly stipend of \$1,000. Awards will not exceed a total of \$5,000 for a 3-month Fellowship or \$10,000 for a 6-month Fellowship. Fellows attending the Annual meeting of the Congress of Neurological Surgeons during the period of their Fellowship will have their meeting and registration fees waived. Fellowships are awarded based on a competitive merit selection process as decided by the International Fellowship Committee of the International Committee of the Congress of Neurological Surgeons. Preference is usually given to individuals who would not otherwise have had an opportunity to come for additional training in the United States of Canada.

CNS TRAVELLING FELLOWSHIP

The CNS Traveling Fellowship provides financial support for a North American neurosurgeon and CNS member to work broad. The primary purpose of the fellowship is to support neurosurgical care and education in developing countries. The purpose and quality of the experience are important elements in how applications for this fellowship are judged.

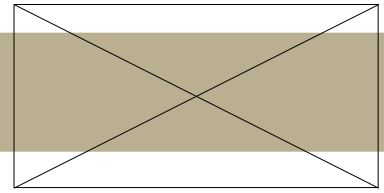
FELLOWSHIP APPLICATIONS

A fellowship application form is attached. Please complete this form and mail to:

Douglas Kondziolka, M.D. Chairman
CNS Fellowship Committee Department of Neurological Surgery,
Suite B-400
UPMC 200 Lothrop Street Pittsburgh, PA USA 15213
phone: 1-412-647-6782 fax:1-412-647-5559

WASHINGTON UPDATE 1/99

by Lori Shoaf, Senior Washington Associate



106TH CONGRESS BEGINS WORK;

Another Doctor in the House

In early January, the 106th Congress took their oaths of office. While the country is riveted by the impeachment proceedings, neurosurgery continues to face many battles on Capitol Hill. The 1998 elections have increased the number of physicians in Congress to eight. Returning to the Senate is Dr. Bill Frist, a heart transplant surgeon from TN. Returning to the House is Dr. Tom Coburn, a family physician from OK; Dr. John Cooksey, an ophthalmologist from LA; Dr. Greg Ganske, a plastic surgeon from IA; Dr. Jim McDermott, a psychiatrist from WA; Dr. Ron Paul, an OB/GYN from TX; Dr. Vic Snyder, a family physician from AK; and Dr. Dave Weldon, an internist from Florida. Newly-elected is Dr. Ernest Fletcher, a family physician from KY. These physicians will continue to make their presence felt on the Hill, particularly on issues of health care. Following is a brief survey of hot health topics for the 106th Congress.

GRADUATE MEDICAL EDUCATION

Reforming the mechanism for financing graduate medical education (GME) is likely to be a major issue in the 106th Congress. There is widespread concern among members of Congress that GME financing is overly generous and does not promote appropriate policy goals. On the other hand, physician and hospital groups point to the unique social goals fulfilled by academic medical centers as justification for continued federal financing of GME. These social goals include technology diffusion, clinical research, indigent care and improving the quality of care.

The Balanced Budget Act of (BBA) 1997 began to reform the way hospitals are reimbursed for training residents. Effective October 1, 1997, institution-specific caps on the number of residents were implemented at 1996 levels (using a three-year rolling average). This action reduced payments for direct graduate medical education (DGME). The indirect graduate medical education (IME) adjuster was also reduced from 7.7% to 5.5% by 2001. The IME adjustment to the payment formula is intended to reimburse indirect costs of training residents. There are exceptions to these caps for rural and underserved areas.

BBA 1997 also mandated that the Medicare Payment Advisory Commission (MedPAC) and the Bipartisan Commission on the Future of Medicare study whether, and to what extent, Medicare payment policies related to GME should be reformed. While neither body has reached a consensus, several options have emerged for financ-

ing GME in the future. The Medicare Commission has discussed subjecting GME financing to the annual appropriations process. Key members of Congress who favor federal support for GME, but would like to have it unwed from the Medicare program favor this option. Under this scenario, Congress would evaluate the needs and appropriate money on a fiscal year basis. This is a very controversial option, and is vehemently opposed by the academic medical community. Instability and uncertainty regarding GME funding would have grave consequences. Institutions would have to fight annually to justify their appropriation. MedPAC has discussed the use of training vouchers for residents. Under this option, funds follow the resident rather than having institution level subsidies.

A Pew Commission report released in October revived the idea of an all-payer funding pool. The impetus behind this concept is to ensure adequate funding for GME, but allow the burden to be equally spread among public and private payers. Although the concept is appealing, the insurance lobby is adamantly opposed to a "tax" on plans to fund training. Other recommendations of the Pew Commission include: Set the number of funded residency positions at a level no greater than 110% of the number of US medical school graduates in 1997. Eliminate GME payments for IMG residents who are citizens of other nations. Establish a uniform payment per resident, that would vary due only to external factors such as regional variation in the cost of living. Create incentives to train generalist physicians.

MANAGED CARE

Although the House of Representatives passed managed care reform legislation last year, the bill died in the Senate due to a contentious partisan debate over the bill. At this point, it is unclear whether the issue will have strong support from the general public that it enjoyed last year. However, both parties have vowed to return to the issue in the 106th Congress. Representative Charlie Norwood, a dentist from Georgia and key player in pushing the issue last year, has already reintroduced legislation.

Y2K IMPLICATIONS FOR MEDICARE

Congress has become increasingly alarmed over HCFA's lack of preparation in dealing with the Year 2000 computer problem (Y2K). This lack of effective management oversight has serious implications for the Medicare program. Pay-

ment disruptions are the likely outcome for physicians, but beneficiaries may also be affected if contractors are unable to access Medicare eligibility data. HCFA has recently indicated that all system changes will be complete by March 2000.

The contractor hired to oversee the Y2K work has recommended that no changes be made to the Medicare computer systems between October 1999 and March 2000. This means there will be no fee schedule update in January 2000. HCFA has indicated that physicians will be made whole with subsequent updates, but given the changes in the practice expense component of the fee schedule, the adjustments will be complex. There is also concern regarding how the private sector will react. The private insurance system mimics Medicare to a large degree and delays could also be seen on this side of the equation.

AND OTHER ISSUES ABOUND

Physician payment issues such as practice expense and malpractice expense relative value unit (RVU) revisions continue to be contentious issues. The Bipartisan Commission on the Future of Medicare continues to discuss options for reforming Medicare and maintaining its solvency in the 20th century. Medicare Fraud and Abuse continues to receive attention on the Hill. Medical Records Confidentiality is expected to be an issue in this Congress. The Washington Office continues to track these issues and advocate on behalf of Neurosurgeons. We will keep you informed as issues progress throughout the year.

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.



The Membership of the Congress of Neurological Surgeons

wishes to express their regret and sorrow regarding the deaths of the following members:

Louis O. Manganiello, M.D. of Augusta, GA
Gerd Fischer, M.D. of Spokane, WA
Bruce Ralston, M.D. of Tuxedo Park, NY
Jacques Schaerer, M.D. of St. Louis, MO

Annual Meeting Committee Report

By Mark Hadley, M.D.

The 1998 Congress of Neurological Surgeons Annual Meeting in Seattle Washington was an outstanding success. Of note was that there was an increase in the number of medical registrants, spouses, and total registrants in addition to an increase in total registration as compared to the 1996 and 1997 meetings. A total 5,119 registrants took advantage of the annual meeting. Of additional importance is that there were 2,417 medical registrants which represents a 6% increase as compared to the 1997 meeting in New Orleans, even more significantly this represents a 36% increase when compared to the last meeting in the Pacific Northwest in 1993 in Vancouver. Once again the participants gave good to excellent ratings for the general scientific sessions, luncheon seminars, practical courses and special courses. The annual CNS program continues to average ratings as being excellent when graded on a 5-point scale. In addition each year continues to improve given the integration of the recommendations of the CNS membership into the annual program. These changes included restructured hands on practical courses both on Saturday and Sunday with subjects on microvascular reconstruction, basic interventional vascular techniques and modular courses on critical care, epilepsy surgery, spinal surgery, endoscopy, computer applications and more. The general scientific sessions were also modified with novel formats, which included controversies integrating point-counterpoint discussions and selected abstract presentations.



ah-moo Resort in Washington. Given the success of the initiative, resident housing will once again be offered for the 1999 meeting in Boston. Details and guidelines for the resident housing initiative for the Boston meeting are discussed elsewhere in the newsletter. The post meeting satellite in Semi-ah-moo offered a large number of talks from experts on a national and international level regarding critical subjects of contemporary importance in neurosurgery. The informative lectures were followed by discussions in a casual atmosphere that allowed for maximal exchange of critical information and a complete learning experience. Semi-ah-moo provided a wonderful setting to work, mingle and relax and served as a perfect resolution to what will be remembered as an outstanding annual meeting.



Edward R. Laws, Jr. with scientific program chairman Issam A. Awad



Host Michel Kliot with annual committee meeting chair Mark N. Hadley and his wife Lori



The integrated perspectives of the honored guest John Tew were very informative. Specific sessions included neurosurgical localization and navigation, computer applications, the neurosurgeons role in trauma care, controversies and dilemmas in neurovascular surgery, facial pain and neuroendoscopy. The luncheon seminars were also restructured and many were novel. Afternoon special courses with in depth discussions of neurosurgery on the Internet, neurocutaneous syndromes and when not to operate were well received. Once again with the addition of the oral poster presentations, a significant increase in oral presentations took place. This also allowed for more resident presentations and a significant amount of interaction and discussion following each paper. A continuing key to improvement in the annual meeting is that each year more and more members of the organization are allowed to present their work orally at the podium. There has been a significant increase as noted in the number of talks of the past two years and this will continue to increase based upon the direction of the annual meeting chairman. The resident housing initiative for the 1998 meeting was also a resounding success. Not only did resident members of the Congress take advantage of the housing initiative in Seattle but also at the post meeting satellite meeting at the Semi-



Peter Yarrow and Bethany Yarrow performing at the annual meeting banquet



Russell Travis (Current President of the AANS) and Jill Travis



Honored Guest John M. Tew, Jr.



Annual Meeting, Past President, William A. Friedman presenting a certificate of appreciation to honored guest John M. Tew, Jr.



CNS Annual Meeting, Exhibition Hall



Current CNS President H. Hunt Batjer and wife Janet



Annual Meeting Committee Chairman Mark N. Hadley with honored guest John M. Tew, Jr. and past president William A. Friedman (from l to r)



Past President, William A. Friedman with Current President, H. Hunt Batjer and CNS Clinical Fellowship Recipient, Nazipo Maraïre



Members of the Congress of Neurological Surgeons Executive Committee (back row l to r) Rusty E. Rodts, Paul J. Camarata, Richard G. Ellenbogen, Timothy Mapstone, Warren R. Selman, Paul C. McCormick (middle row) Issam A. Awad, Nelson M. Oyesiku, Michael L. Levy, Mark H. Camel, Vincent Treynelis, Joel D. MacDonald (front row) Secretary Mark N. Hadley, Past President William A. Friedman, Current President H. Hunt Batjer, President Elect Daniel L. Barrow, Treasurer Stephen M. Papadopoulos

CNS Membership

PRE-APPLICATIONS IN PROCESS

Adderholt, Jerry
 Affi, Hesham
 Balcita, Victor
 Bonnen, James
 Correnti, Gary
 Duarte, Luis
 Gross, Robert
 Huang, Jing
 Kashab, Mostafa
 Keller, John F.
 Kikuchi, Kenji
 Larionov, Sergey
 Musharbash, Awni
 Shafiq, Khurram
 Supler, Mitchell
 Tacconi, Leonello
 Trumble, Eric
 Vigo, Juan
 Wolfa, Christopher

Please submit any questions
 or commentary to Stanley B. Martin, M.D.

Phone: 314-946-3670

Fax: 314-946-5421