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MEMBERSHIP SERVICES
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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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Newsletter

Congress of
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I am pleased to report back to the membership of the Congress of Neurological Surgeons after a most successful 1999 CNS Winter Executive Committee meeting. Your Executive Committee met in Chicago January 21-22, 1999. A meeting of the AANS/CNS Joint Officers was held and a Neurosurgical Leadership Conference followed this meeting which was attended by the officers of the CNS, AANS, and the leadership of all Joint subspecialty Sections. The CNS had the pleasure of hosting the latter leadership meeting.



H. Hunt Batjer

To give you a brief update on several developments, I would like to touch on several areas. The CNS is now spending approximately \$250,000 sponsoring fellowships to provide specific types of training for neurosurgeons including subspecialty and scientific ventures, clinical research training, public policy training, and endovascular surgical training. In order to provide these key membership services as well as to strengthen our Washington Committee efforts, the CNS leadership feels that it is critical that we develop a fund development activity to support our key programs. Dr. Mark Hadley has been appointed as liaison on behalf of the Executive Committee to interact with Slack Incorporated to strengthened our organization's presence in the market place. To date, these efforts have been very successful and will serve the membership by maintaining and growing important programs as well as ensuring a striking value with regard to annual dues and meeting registration fees.

The CNS Publication Committee has been restructured on an ad hoc basis by Presidential directive pending new bylaw proposals. Dr. Chris Loftus will serve as chairman and Dr. Doug Kondziolka will serve as vice-chairman. New bylaw provisions are being prepared for presentation to the membership at the October 1999 Boston Annual Business Meeting. Our new restructuring plans will be designed to serve our membership optimally as they prepare for the American Medical Accreditation Program (AMAP) as well as re-certification by the American Board of Neurological Surgery. Working in concert with the Council of State Neurosurgical Societies (CSNS), the CNS has now entered into a joint venture with Lippincott/Raven-Williams and Wilkins as well as the CSNS to produce a new publication entitled Neurosurgery News. This periodical will be published six times yearly and will provide a forum for distribution of important socioeconomic information including but not limited to practice management, cost containment, legislative issues, etc. This periodical will also have content from the current CNS Newsletter and be a resource to the Joint Sections for distribution of information to the full neurosurgical membership (not just Joint Section membership).

The education Committee of the CNS led by Dr. Vincent Traynelis is well on the way to the completion of a curriculum for neurosurgical residency training. Dr. Traynelis has partnered with the Society of Neurological Surgeons who are engaged in a conjoined effort to create a curriculum that will encompass the neurosurgical training experience from basic science to specific CPT codes. The leadership and executive bodies of each AANS/CNS section are to be congratulated for contributing to this major effort in service of our training programs and youngest members. It is anticipated that a final document will be circulated prior to the Summit Meeting to be held in New Orleans in April 1999, which will be attended by the AANS, CNS, ABNS, Society of Neurological Surgeons, and the RRC for Neurosurgery.

Perhaps the most important initiative developed at the Winter Executive Committee meeting was the work toward completion of a CNS strategic plan led by Dr. Dan Barrow. Extraordinary new ideas were presented which will result in unique specific programs. The key reason for engaging this difficult activity is to help the present and future CNS leadership remain focused on the primary mission of the organization.

The Annual Meeting Chairman Mark Hadley presented a final report of the annual meeting in Seattle from 1998. This was the largest and most successful CNS meeting ever - even when the expense of CNS sponsored resident housing was included. Approximately 5,100 people attended this meeting.

Annual Meeting Chairman Issam Awad discussed the 1999 Boston Annual Meeting. As you have learned, Dr. Duke Samson will serve as honored guest.



In addition to an innovative and unique scientific program, the CNS will for the first time ever sponsor childcare for members and spouses as well as free resident housing. The CNS Resident Committee currently under Dr. Richard Ellenbogen reported that 808 of a total of 1,172 North American residents are now resident members of the CNS. Our bylaws have been reconstructed to allow a very smooth transition for resident members to full active membership upon completion of their training. Last fall Dr. Joel MacDonald produced a Young Neurosurgeon's Directory and this will become a permanent component of the CNS publication structure. Dr. Richard Perrin recently completed the World Directory of Neurological Surgeons and this directory has been placed online under Neurosurgery On Call.

Dr. Michael Caron representing the Think First Foundation made a major presentation to the CNS Executive Committee. Think First is doing extremely well and is pursuing closer and more collegial relationships with the CNS and AANS. The CNS Executive Committee has agreed to provide a committee structure to supply Think First with volunteers to support their programs. These initial efforts may lead to Board representation by the CNS and AANS as well as potential financial sponsorship.

The Neurosurgical Leadership meeting attended by the AANS/CNS officers and hosted by the CNS was extremely successful. Leadership represented each subspecialty Joint Section and two key issues were discussed:

1. Subspecialty Training
2. Reimbursement Issues

Dr. Julian Hoff who is President-Elect of the Society of Neurological Surgeons presented a very interesting opportunity. Dr. Hoff stated that the SNS has volunteered to "accredit" neurosurgical fellowships potentially including the endovascular fellowship via the fellowship committee of the SNS. This could be done on an ad hoc basis as we pursue accreditation by the RRC through the ACGME.

Katie Orrico and Washington Committee Chairman Art Day presented two significant Washington Committee issues. The complexity of the Washington operation on behalf of our membership has been growing steadily. It has become clear that to position our membership well for the future, we must have an extraordinarily active role at a variety of interfaces. Ms. Orrico has recommended that organized neurosurgery recruit a high level Washington staff who would be charged with managing REGULATORY AFFAIRS. This recommendation was endorsed individually by the CNS and AANS Executive Committees as well as the Joint Officers with appropriate budgeting allocation. In addition, the Washington Committee has been asked to engage the debate on

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VALUE ADDED SERVICES AND ACTIVITIES AT THE ANNUAL MEETING IN BOSTON!

Issam A. Awad, MD, MSc, FACS Annual Meeting Chairman

The Annual Meeting Committee has labored diligently to ensure that countless details of the Annual Meeting in Boston will be delivered with the highest standards of excellence and service. It engaged an army of volunteers from the Congress membership to enhance meeting organization, planning and execution, including innumerable technical innovations and other value added services to our members and guests. You have doubtless enjoyed the user-friendly electronic abstract submission, but you likely did not know that nearly 1000 abstracts were processed and graded also electronically. There are more invited speakers, more luncheon panelists, and more accepted papers and abstracts than at any other previous neurosurgical meeting! Parts of the meeting will be Netcasted in real time on the internet, and selected surgical technique classics will be enjoyed again at the Video Kiosk. This year's exhibit hall will consist of two full levels of convention center space packed with the latest information, products and services, enhanced by a Technology Pavilion, Neurosurgical Bookstore and Exhibitor Theater. Our presence in Boston will be publicized to nearly one million people in the greater Boston area, and a Neurosurgery Open House is planned to highlight neurosurgeons' role in the treatment of major diseases which concern the public.



The CNS is proud to offer our members and their families, for the first time at a neurosurgical meeting, the full range of professional and supervised Childcare Services. Spouses and families of neurosurgeons have always contributed to numerous activities of the CNS and we want to rejuvenate their presence at the Annual Meeting. In addition, as a specialty we are enjoying dramatic growth in the number of women neurosurgeons entering our field. We hope that the availability of childcare services at the Annual Meeting will allow women neurosurgeons and other parents to fully engage in all scientific, professional and social facets of the meeting. A Friends of The CNS CafE shall be set up at a hotel restaurant which we've taken over for the occasion! It is located just outside the lobby of the headquarters Sheraton Hotel, on the way to the Convention Center (and major shopping of Copley Place). This will serve as the "auxiliary suite" for spouses and families to simply meet, have coffee, book tours and other activities.

Local Chairpersons Dr. Phil Steig and his wife Janet have assembled an extraordinary experience awaiting you in Boston. The Steigs have lived in Boston for many years and know about all the special places, as well as great cultural venues available in the great city of Boston. A sensational Opening Reception is planned on Halloween night at the Hines Convention Center Ballroom; the Friends of the Congress Auxiliary Luncheon will take place at the John F. Kennedy Library; Wednesday night we have planned an authentic Cabaret and Buffet at the splendid Copley plaza hotel Ballroom with jazz vocalists that excite and entertain you; and countless tours throughout the meeting will allow you and your family to soak in every drop of Boston! You will leave the Annual Meeting with a new appreciation for the sophistication and scope of experience available in this unique city.

Last year's great experiment was a success! The CNS Resident Hotel concept was very successful and enjoyed by all residents who stayed at that site (fortunately no major damage was done and the building still stands!). The CNS will again make a major investment in the future of our specialty by providing a dramatically less expensive mechanism for residents to partake in this educational event.

In recognition of the end of the millennium and the critical transitions anticipated in our field, the CNS will host a post-meeting-symposium on Thursday afternoon in Cambridge. This symposium will be entitled "Neurosurgery in the 21st Century", co-directed by Drs Stieg and Awad, and will be held at the American Academy of Arts and Sciences as a remarkable venue for this event. Attendees will feel that they are in a retreat or think

tank environment with some of the great scholars of our century, paired with neurosurgical leaders to explore in small breakout sessions the areas of education, leadership, technology and neurobiology. The symposium will begin with a short bus ride from the hotel to Cambridge with arrival planned at 2:00 pm. Following the breakout sessions in each of these topical areas, the leadership of these sessions will bring back a report for the synthesis discussion with all attendees. The afternoon event will close with a cocktail reception and you will be transported back to the hotel by 6:00 pm. This closing of the 1999 Annual Meeting should give attendees a great feeling of where neuroscience will be going during the remainder of their career.

See you all in Boston at the best neurosurgical meeting ever!

CHILDCARE SERVICES AT THE BOSTON MEETING: A "FIRST" AT A NEUROSURGICAL MEETING!

Isabelle M. Germano, MD

This year for the first time an exciting service tailored especially for participants with children will be offered by the CNS at the Annual Meeting in Boston. In response to repeated requests from many of you, the Annual Meeting Committee will help you solve the dilemma of staying home with the kids and missing out on the meeting, or bringing them along only to be faced with inadequate child care situations. The CNS will arrange a completely professional alternative for our families!

While you are attending the scientific meeting, the auxiliary program or touring the city, your children can enjoy their own convention activities in age matched groups with bonded and insured professional supervision. Children can experience the fun of group activities at the meeting just like their parents! They will enjoy arts and crafts projects, active games, special guests, story telling, music, and much more. With a high ratio of caregiver to child everyone is guaranteed lots of personal attention.

Children can be enrolled in the program with great flexibility in number of hours (1-10/day) and number of days. The program is run by a reputable national company as an independent contractor, trained to supervise and entertain your children throughout your stay. They have organized convention camps for many medical organizations, and now the CNS. We are certain that this program will allow you to have fun with your kids at the CNS meeting, to spend quality time with them, and to actively participate in the meeting.

Look for more information and sign-up forms with your registration materials.

See you in Boston with your children!

continued from front cover

managed care reform, which will be of major importance during the current legislative year. Various types of patient protection legislation are gaining momentum in the House and Senate. Congressman Greg Ganske (R-IA) is planning to introduce a patient protection bill at the time of this writing. The Ganske Bill will deal with important issues including a point of service provision, emergency care, choice of providers, access to specialty care, internal and external appeals, a ban on gag rules, a ban on improper financial incentives, due process for providers and health plan liability. The Washington Committee has recommended that the AANS and CNS actively endorse the Ganske and Norwood Bills. The Washington Committee endorsed the Bill introduced last year by Charlie Norwood (R-GA), and he is resubmitting a new and improved version this year. Your CNS leadership will keep you up to date on these and other issues as the weeks and months progress.

H. Hunt Batjer, MD
President

WASHINGTON UPDATE 1/99

by Lori Shoaf, Senior Washington Associate

BIOMEDICAL RESEARCH FUNDING

President Clinton unveiled the Administration's FY 2000 budget proposal on February 1, 1999. In a move that raised eyebrows on Capitol Hill, the Administration budget requests an increase of only 2.1% for NIH over FY 1999 funding levels. This is far less than the 14.4% increase the NIH received in last year's budget. Members on both sides of the aisle who are supportive of research funding expressed concern that the President's low request will prevent them from seeking large increases for NIH again this year. The Administration contends that the modest increase still ensures that NIH funding will increase nearly 17% over two years.

The Administration budget proposal outlines a large funding increase for the Agency for Health Care Policy and Research (AHCPR) of 21%. This funding is intended to continue expanding AHCPR activities, particularly into areas of translating research into everyday medical practice. Recent AHCPR activities that are slated for growth include the Evidence Based Practice Center project and the National Guidelines Clearinghouse. Congress will continue working on the budget throughout the summer.

USER FEES

The Administration budget proposed \$195 million in Medicare user fees to help defray Medicare program costs. The user fee proposal is vigorously opposed as being unfair to providers by key members of Congress, and the user fees are not likely to be enacted as they require legislative authority. The proposed fees include a \$1 fee for paper claims, an unspecified fee for duplicative or unprocessable claims, unspecified fees for providers' initial registrations and subsequent renewals with the Medicare program, and fees for certain surveys and certifications. The CNS and AANS continue to vigorously oppose user fees.

MANAGED CARE REFORM HEATS UP

On March 18, 1999, the Senate Health, Education, Labor and Pensions (HELP) Committee passed the Senate Republican "Patients Bill of Rights" (S. 326). While a step in the right direction, the bill falls short of providing comprehensive patient protections. Through participation in the Patient Access Coalition, the CNS and AANS supported a number of Democratic amendments aimed at strengthening the bill's provisions related to choice of physician and access to specialty care.

On March 24, 1999, the House Commerce Health Subcommittee held a hearing on patient protection legislation. This committee tentatively plans to "mark-up" a bill later this spring. Other committees working on managed care reform legislation include the Senate Finance Committee and House Ways and Means and Education and Workforce Committees. Still, it is unclear whether Congress will produce patient protection legislation this year.

CNS/AANS CHALLENGE AETNA/PRUDENTIAL MERGER

The CNS and AANS recently sent a letter to Joel Klein, Assistant Attorney General for the Department of Justice's Antitrust Division, and Robert Pitofsky, Chairman of the Federal Trade Commission, challenging the impending merger between Aetna and Prudential. The letter noted that "if this merger is permitted to go forward, Aetna will become the largest health care provider in the country, covering at least one in every ten Americans and having contracts with approximately 400,000 physicians (two-thirds of the nation's doctors)." The letter also stated that this concentration of market power clearly poses a threat to quality patient care by limiting patient and employer choice, reducing competition and further eroding the ability of physicians to deliver medically necessary care. The Department of Justice will conclude its review of this transaction in the near future.

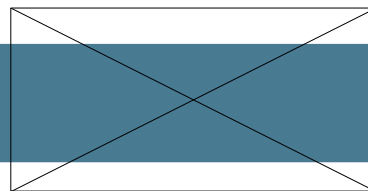
COLLECTIVE BARGAINING

On March 25, 1999, the CNS and AANS participated in a press conference held by Representatives Tom Campbell (R-CA) and John Conyers (D-MI) announcing the introduction of H.R. 1304, the "Quality Health Care Coalition Act of 1999." This bipartisan legislation will allow physicians to collectively negotiate the terms and conditions of their contracts (including fees) with health plans without violating the antitrust laws and without joining a labor union. Under the bill, a group of health care professionals engaged in negotiations with a health plan will be entitled to the same treatment under the antitrust laws as bargaining units which are recognized under the National Labor Relations Act. Currently, insurance companies operate under a special exemption from the antitrust laws, putting them in a position to engage in anti-competitive practices that are detrimental to patient care.

The CNS and AANS believe that this bill will help level the playing field between health plans and physicians so doctors can negotiate terms that are beneficial to both them and their patients. Gary C. Dennis, MD, a neurosurgeon from Washington, DC, represented the CNS and AANS at the press conference. In his remarks, Dr. Dennis stated that "this legislation is an important step in shifting medical decision making power away from health plans and back to physicians and patients, where it belongs."

MEDICARE REFORM

The National Bipartisan Commission on the Future of Medicare failed to pass Commission Co-Chair Senator John Breaux's (D-LA) proposal for Medicare reform. The 17-member commission was required by the Balanced Budget Act of 1997 to make recommendations to the Congress on how Medicare could be restructured to modernize the program and extend the life of the Medicare Trust Fund. The Breaux proposal would use the Federal



Employees' Health Benefit Program as a model for Medicare. Under this plan, Medicare beneficiaries would receive a defined contribution from which they could choose health insurance coverage from a number of different health plans. Senator Breaux expects to introduce legislation in Congress based on the recommendations he presented to the Commission. Senate Finance Committee Chair William Roth (R-DE) plans to "mark-up" this legislation later this spring.

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

CNS Membership

APPLICATIONS IN PROCESS

Aboud, Christopher
Aurora, Marin
Banzragch, Batchuluun
Bejani, Ghassen
Capel, Winston
Columbi, Benedict
Donaur, Erich
Ekedede, Magnus
Elliott, John
Fayaz, Imran
Gerdes, Jeffrey
Gupta, Nalin
Haitulla, Husain
Horowitz, ddy
Prall, John
Samir, Mohamed
Sankhla, Suresh
Selland, Bradford
Sena, J.C.
Sloan, Andrew
Song, Joon-Ho
Sturgill, Michael
Swamy, Narayana
Ture, Ugar
Uselman, James
Wang, Cheng-Jen
Yoshisa, Daizo
Zadeh, Ahmad

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