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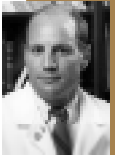
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### **MEMBERSHIP SERVICES**

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

**Call: 1-888-CNS-5577 or e-mail: [cnssec@ix.netcom.com](mailto: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](mailto:CNSP@cns-home.org)  
Vice President - [CNSVP@cns-home.org](mailto:CNSVP@cns-home.org)  
Secretary - [CNSS@cns-home.org](mailto:CNSS@cns-home.org)  
Treasurer - [CNST@cns-home.org](mailto:CNST@cns-home.org)  
Leadership Dev. - [CNSLDC@cns-home.org](mailto:CNSLDC@cns-home.org)  
Membership Chairman - [CNSMC@cns-home.org](mailto:CNSMC@cns-home.org)*

# Congress of Neurological Surgeons Newsletter

Jan 1998 • Vol 68

Stephen M. Papadopoulos, M.D.  
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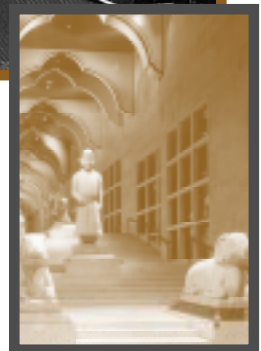


*Dedicated to Neurosurgical Education*

**Seattle  
'98 Meeting Site  
Abstract  
Submission  
Issue**



**S**eattle's natural beauty, diversity, and innovativeness truly make it a city to be sleepless in. Seattle lies nestled in the Pacific Northwest between mountains and water. It has a temperate climate with temperatures usually ranging from 65 - 85 in early October. Although rain and overcast skies do occur, it is often sunny and clear. The city has excellent restaurants, a bustling outdoor downtown Pike Place Market, and diverse shops and types of entertainment to choose from.



*Seattle Art Museum*

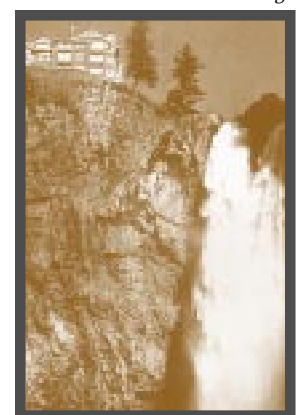
The Convention Center is located in the heart of downtown, one block away from the Sheraton headquarters hotel. Within a few blocks are major department stores and name brand shops. It is a 10 minute walk to Pike Place Market and a 5 minute monorail ride to the landmark Space Needle which has a panoramic rotating restaurant with spectacular vista views. A ferry ride to one of the nearby islands or simply around Puget Sound is a 10 minute car ride away. A boat ride on Lake Washington, which borders the eastern side of

*Chateau Ste. Michelle Winery*



Seattle, is another possibility. The Olympic Mountains on the Peninsula to the west of Seattle, the Cascade Mountains to the east, or the majestic towering Mount Rainier to the south can be reached by car within one to three hours. Other outings include a trip to the Salish Lodge, perched adjacent to a beautiful waterfall, or to one of the surrounding wineries.

*Salish Lodge*



The post-Congress meeting in Semiahmoo allows one to take a beautiful drive up North along the coast. The Inn at Semiahmoo has tennis, golf, swimming, and hiking as well as fine dining. It is a wonderful setting to work, mingle, and relax in.

# Scientific Program Highlights Annual Meeting, Seattle 1998

**1** Restructured **Hands-on Practical Courses**, both Saturday and Sunday. New courses on microvascular reconstruction, basic endovascular techniques, and modular courses (sign up for one, or combine several!) on critical care, epilepsy surgery, and a large offering of spinal surgery practical courses, endoscopy, computer applications, and much more.

**2** Morning **General Scientific Sessions** with novel formats, including controversies, point-counterpoint discussions, selected abstract presentations, Presidential Address, and integrated perspectives of **Honored Guest John Tew**. Sessions to address topics of professional and scientific interest— (I) neurosurgical localization, navigation, and computer applications, (II) neurosurgeon's role in trauma care, (III) controversies and dilemmas in neurovascular surgery, and (IV) facial pain and neuroendoscopy.

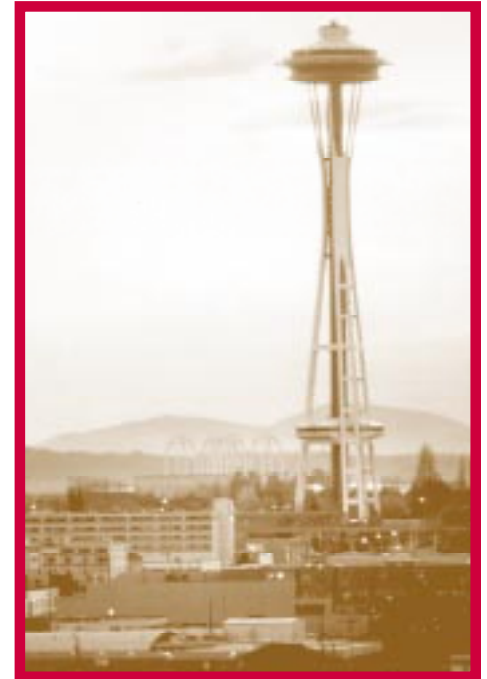
**3** A wide offering of popular, restructured and novel **Luncheon seminars**. Afternoon **Special Courses** with in-depth discussions of neurosurgery and the Internet, neurocutaneous syndromes, and "when not to operate". Expanded **Specialty Session**, offered by the Joint Sections with mini-symposia, and expanded opportunities for oral paper presentations and oral summaries of the best poster presentations.

**4** Enhanced participation by international faculty, keynote addresses, and many more oral paper presentations with invited focused discussions at the beautiful resort of Semi-Ah-Moo, Washington, following the Seattle program.

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

## Much Expanded Opportunities for Oral Paper Presentations!

Submit Your Best Work! It's easy to Submit your Abstract on the INTERNET through Neurosurgery://On Call.  
**ABSTRACT DEADLINE APRIL 3, 1998**



Seattle Space Needle

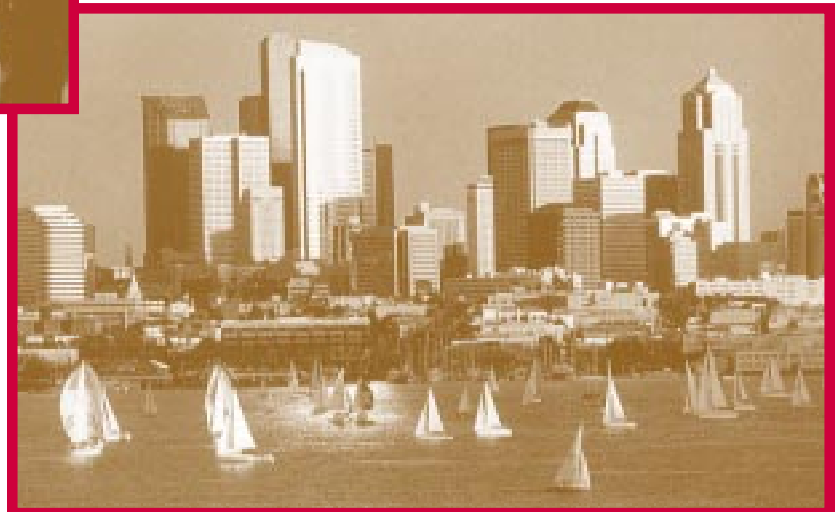


Semi-ah-moo



Local Host; Michel & Vivian Kliot

Seattle



# ELECTRONIC ABSTRACT SUBMISSION Seattle 1998

Issam A. Awad, MD - Scientific Program Chairman

Joel MacDonald, MD - Computer Applications Liaison



Issam A. Awad, M.D.

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. The process 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 New Orleans meeting, and interacted using the search engine allowing study of the program by author, subject or text-word.

In preparation for the 1998 CNS Annual Meeting in Seattle, President Bill Friedman charged us to 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 first time this year, 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 Seattle. This year's 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 satellite convention at the beautiful Semi-Ah-Moo resort in Blaine, Washington!

Plan to submit your best work as an electronic abstract before **April 3, 1998**, and see you in Seattle!

Joel D. MacDonald, M.D.

## Instructions for Submitting an On-line Abstract

The Congress of Neurological Surgery is pleased to announce the On-line Abstract System for the 1998 Meeting in Seattle. The On-line Abstract Site can be accessed through Neurosurgery On-Call at <http://www.neurosurgery.org>.

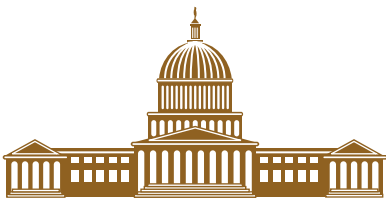
From the On-line Abstract Center, select the link to the 1998 Congress of Neurological Surgeons Meeting in Seattle. You will be presented with a page that allows you to submit an abstract for the meeting by way of an electronic form. The form is organized in a similar manner to the hard copy paper abstract form of the past. Instructions are provided for completion of the form, and after you have submitted your abstract, you will receive an on-screen confirmation, including a user name and a password, specific to your abstract. The user name and password can be used to make revisions to your abstract up to the submission deadline.

**For those individuals who do not have access to NOC, a paper abstract form can be requested from the following source:**

CNS Annual Meeting Office  
(847) 692-9500  
22 S. Washington  
Park Ridge, IL 60068

Once the final paper selection has been conducted, you may visit the on-line site to preview the accepted abstracts for the upcoming meeting. The utilization of the internet to manage the abstract process will hopefully extend services to the membership of the Congress of Neurological Surgeons.





## WASHINGTON UPDATE 11/97

*The CNS and AANS have been active in influencing the policy debates on a variety of issues this year. Below is an outline of some of the key issues in which we were involved. By and large, it was a very successful year for organized neurosurgery. The Congress and the Executive branch agencies responded favorably in a number of areas, most notably the practice expense reimbursement debate. In 1998, we will continue to be actively involved in shaping the policy on these and other issues to ensure the continued excellence of neurosurgical care in the United States.*

### **1998 Medicare Physician Fee Schedule Global Surgical Fees**

The final regulations for the 1998 Medicare Physician Fee Schedule were published in the Federal Register on October 31, 1997. In recognition of recommendations made by the CNS, AANS and other surgical specialty societies, the work relative values for global surgical services were increased. Surgical groups contended that these services merited increases in order to be consistent with the evaluation and management (E/M) services that received increases in the 1997 fee schedule. The Health Care Financing Administration (HCFA) acknowledged the validity of these arguments, adopting our recommended changes. These changes increase neurosurgery payments by 3.2% in 1998.

### **Single Conversion Factor**

The Balanced Budget Act (BBA) of 1997 mandated a single conversion factor for all physician services, rather than the three separate conversion factors currently used. The single conversion factor for 1998 is \$36.69. This is lower than anticipated due to a budget neutrality adjustment. As predicted, this change decreases neurosurgery payments in 1998 by 5.7%.

### **Practice Expenses**

The CNS and AANS, in conjunction with the Practice Expense Coalition, were successful in delaying implementation of resource-based practice expense values until January 1, 1999, and obtaining a four year transition of the new practice expense relative value units. The June rule proposed cuts in excess of 30% for most neurosurgery procedures in 1998, but the language in the BBA mandates a new proposed rule in May 1998. As a result, HCFA issued a "notice of intent to regulate" for resource-based practice expense relative value units. The notice solicits specific comments on a litany of items including: 1) generally accepted accounting principles; 2) the percentage of direct versus indirect costs by specialty; 3) the appropriateness of HCFA's site-of-service assumptions; 4) detailed information regarding assistants-at-surgery (such as procedures involved, type of staff,

functions and credentials of staff); and 5) the refinement process for each year of the transition. The CNS and AANS are working with HCFA to develop a new methodology that will base the RVUs on actual physician practice expenses. The BBA also specified a 10% "down-payment" for primary care in 1998 to signify movement toward resource-based practice expenses. The application of this "down-payment" to the fee schedule results in a \$330 million redistribution from surgical codes to office visit codes. This "down-payment" reduces neurosurgery payments by 3.6% in 1998

### **Total Impact**

The total impact of the above changes will decrease neurosurgical payments by approximately 5.9% in 1998. However, this outcome is significantly better than the 50% cuts that neurosurgery faced earlier in the year. Our success on this issue is a direct result of the efforts of our "grassroots advocates." Thank you for contacting your members of Congress on this issue.

### **Actual Charges**

The proposed rule also generated a significant amount of controversy due to a proposal on "actual charges." Departing from long-standing Medicare policy, HCFA proposed to define "actual charge" as the lesser of the amount the physician charges Medicare or agrees to accept from a private plan covering the beneficiary. Under the proposal, physicians would be required to submit charges to Medicare for the lowest contracted rate, even when that rate is lower than the Medicare fee schedule payment. The CNS, AANS, and other physician groups challenged the egregious assumption that Medicare should benefit from a physician's contract with a private plan. As a result, HCFA agreed not to implement the "actual charge" proposal. The CNS and AANS will submit comments on these regulations by the December 30, 1997 deadline. For further information or to obtain a copy of the fee schedule, please contact Katie Orrico in the AANS Washington office at 202-628-2072.

### **Medicare Private Contracting The Great Debate**

A bill to allow seniors more choice regarding their medical care has gained the attention of editorial pages across the country. The controversy began when House/Senate conferees altered a provision in the Senate version of the BBA. That provision allowed Medicare beneficiaries to receive and pay for services outside of the Medicare payment system by negotiating private contracts with their physicians. Because the White House opposed the provision, however, the conferees were forced to add language to the bill excluding physicians from the Medicare program for two years if they avail themselves of this new option. This essentially renders the provision unfeasible for most physicians. The measure does not affect services that are currently not covered by Medicare—seniors still have the right to pay for those services out of their own pockets. Under current law, balance billing limits prohibit physicians from submitting a bill to Medicare for more than 15% above the Medicare Fee Sched-

ule amount. Prior to the new law, the Clinton Administration had also taken the position that it was illegal for a physician to enter into a private fee arrangement with a Medicare beneficiary even if no bill was submitted to Medicare. Physicians have argued that as long as they do not submit a bill to Medicare, they should be free to negotiate any rate they can with a willing Medicare beneficiary. However, groups like the American Association of Retired Persons (AARP) believe the new private contracting measure removes existing patient protections, destroys Medicare by creating a two-tiered system, and will expose beneficiaries to higher costs. Proponents of private contracting argue that it enhances patient choice and that there are plenty of safeguards to protect beneficiaries from being pressured to enter into these private fee arrangements.

### **Current Status**

In September, Senator John Kyl (R-AZ) introduced the Medicare Beneficiary Freedom To Contract Act of 1997 (S. 1194). This legislation would restore the original intent of the private contracting measure by eliminating the two-year exclusion from Medicare. Companion legislation (H.R. 2497) was introduced in the House of Representatives by Congressman Bill Archer (R-TX) and currently has 170 cosponsors. The Senate bill has 46 cosponsors. It is likely that there will be hearings in both the House and Senate on this issue early next year.

The CNS and AANS joined the AMA and other organizations in sending a letter to Congress supporting these measures. The original intent of the private contracting measure was to expand choice 97the result of the compromise bill is that choice is restricted in an onerous fashion. The letter pointed to patient protections in the bill that are quite specific regarding the types of contracts allowed, and sanctions for violations. These protections are intended to ensure that beneficiaries easily understand their obligations under private contracts.

### **"Stark Naked" Act**

Meanwhile, ardent anti-private contracting Congressman Pete Stark (D-CA) introduced H.R. 2784, the "No Private Contracts to Be Negotiated When the Patient Is Buck Naked Act of 1997," otherwise referred to as the "Stark Naked Act." Mr. Stark believes that seniors are unable to negotiate fairly with physicians, and views the private contracting legislation as a way to allow doctors to charge more for the services they offer senior citizens. The expressed purpose of the Stark bill is to protect patients from negotiating fees when the patient is in an "exposed" position.

### **CNS and AANS Join PATH Audit Litigation**

The CNS and AANS have joined the American Medical Association (AMA), the Association of American Medical Colleges (AAMC) and other organizations in litigation against the federal government. The lawsuit stems from complaints regarding a national audit initiative—the Physicians at Teaching Hospitals (PATH) audits conducted by the Department of Health and Human Services (HHS) Office of the Inspector

General (OIG)—to review the billing practices of teaching physicians across the country. The PATH audits have generated serious concerns regarding the retroactive application of new billing requirements used to audit billing records from 1990-1995. The plaintiffs are also alarmed by government coercion of voluntary settlements by holding out the threat of devastating penalties under the Federal False Claims Act. The litigation is a last resort mechanism following a year of negotiation with the IG that clearly failed to resolve the medical community's concerns. Health and Human Services Appropriations The President signed appropriations legislation funding the Department of Health and Human Services (HHS) for fiscal year (FY) 1998 on November 13, 1997. Presidential approval followed passage of the conference report on the House and Senate floors the preceding week.

### **National Institutes of Health**

The National Institutes of Health (NIH) received \$13.7 billion for FY 1999. This is a seven percent increase over last year's funding levels. The National Institute of Neurological Disorders and Stroke (NINDS) will be funded at \$780 million, a 7.1% increase. Some priorities include: (1) \$22 million earmarked for neurodegenerative diseases, (2) authority to establish ten Parkinson's disease research centers, funded for five years at \$100 million per year, (3) additional funding for stroke, and (4) increased funds for epilepsy research "to take advantage of new scientific opportunities in genetics, brain imaging and surgery, and clinical trials."

### **Fraud and Abuse**

The conference report also expressed serious concerns regarding the FY 1996 Inspector General (IG) audit of the Medicare program. That audit found \$23 billion in improper payments to providers. Although a Senate provision allocating \$50 million to increase provider audits was dropped, the report did state that HCFA may use funds from general programs and the peer review organization budget to implement the IG's corrective action plan. That plan includes more physician billing audits as well as pre- and post payment utilization reviews. Organized neurosurgery, along with other physician organizations, has expressed concern regarding the validity of the IG audit. We will continue to monitor the situation to ensure that our concerns regarding how the audit was conducted are addressed. We will also continue to work to ensure that neurosurgeons are not targeted for innocent coding errors.

### **Managed Care**

The appropriations legislation also included a \$95 million user fee for managed care plans. The user fee funds are intended for the development of informational materials for Medicare beneficiaries. The materials will be designed to help beneficiaries understand their options regarding the new Medicare+Choice managed care plans. Neurosurgeons should watch for upcoming information on the managed care debate. It promises to be a "hot topic" in 1998. For more information on these issues, please contact Katie Orrico or Lori Shoaf in the Washington office at 202-628-2072.

## **CNS CLINICAL FELLOWSHIPS**

*The Congress of Neurological Surgeons offers its resident members two clinical fellowship awards per year. The fellowships provide financial assistance to neurosurgical residents and recent graduates to facilitate the acquisition of clinical skills and knowledge. These awards may be used 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 experience in a particular subspecialty.*

**ELIGIBILITY:** *All CNS resident members who have completed at least 3 years of training in an approved neurosurgical training program are eligible. Awards made during the final year of training may also be used during the first 12 months after completing residency training. Application forms are available on request by mail or fax from the resident membership office. Contact: Curtis A. Dickman, MD, Chairman, CNS Resident Committee. Tel: 602/406-3932, Fax: 602/264-2417. The deadline for receipt of applications for the 1998 CNS Clinical Fellowship Awards (to begin July 1, 1998) is February 16, 1998.*

### **SUBSPECIALTY FELLOWSHIP DIRECTORY**

Are you interested in listings of neurosurgical subspecialty fellowship positions offered in both the United States and Canada? The Congress of Neurological Surgeons and the AANS provides this list free of charge to its members. To obtain a fellowship directory please contact: Curtis A. Dickman, MD, Chairman CNS Resident Committee, 2910 N. 3rd Avenue, Phoenix, AZ 85013. Tel: 602/406-3932; Fax: 602/264-2417 or the AANS office at 847/692-9500.

### **CNS PLACEMENT SERVICE**

Are you looking for a job position or a new associate for your practice? The Congress of Neurological Surgeons Placement Service provides a free service to its members to aid in selecting a position or a partner. Both academic and private practice opportunities are available. The CNS placement service is available electronically on the world wide web on Neurosurgery://on-call.

*For further information please contact: Cameron G. McDougall, MD, Chairman CNS Placement Committee, 2910 N. 3rd Avenue, Phoenix, AZ 85013, Tel: 602/406-3932; Fax: 602/264-2417.*



*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 1998 annual meeting in Seattle, Washington.*

*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 602-406-3932*

# CSNS Report

*The interim report from the AANS/CNS Task Force on Fellowships to the CSNS was the featured presentation at the AANS/CNS Council of State Neurosurgical Societies (CSNS) September meeting held in New Orleans. The Council heard an update from the Washington Committee on the Medicare practice expense adjustment, the effects of the 1997 Balanced Budget Act, and the federal enforcement of E&M documentation guidelines. Robert Harbaugh, M.D., chairman of the Outcomes Committee of the Joint Committee on Assessment of Quality (JCAQ), reported on the reorganization of the committee and new outcomes measurement instruments adopted by the committee for carotid and aneurysm surgery. The Council acted on seven resolutions.*



## RESOLUTIONS

### **Expert Witness File**

The Council urged wider notification of AANS/CNS members of the existence of the Expert Witness File. A resolution passed requesting periodic publication of the existence of the file in the AANS Bulletin, the CNS Newsletter, the Socioeconomic Section of Neurosurgery On Call, the Journal of Neurosurgery and Neurosurgery. The Expert Witness File contains plaintiff deposition testimony given by expert witnesses who have testified in past neurosurgical malpractice actions. The file is available via attorney to attorney request from the AANS office. The purpose of the file is provide information to malpractice defense attorneys regarding neurosurgical expert witnesses who testify repeatedly against neurosurgeons and the character of the past testimony.

### **Peer Review Guidelines**

A resolution asked for the identification of guidelines for local institutional peer review regarding indicators of competence for performing aneurysm surgery. The request was referred to committee for report. The unavailability of information on general competency guidelines or of standardized outcome data for peer review of neurosurgeons prevented direct action.

### **Unions and Neurosurgery**

Unionization of doctors for negotiating power has appeared in reports scattered from New England to Florida to Arizona. The New England Neurosurgical Society requested a report on the practicality and implications of neurosurgeon forming or joining unions. The report will be returned to the Council in April, 1998.

### **Delay in Board Certification**

Neurosurgeons recently completing residencies have experienced problems contracting with managed care organizations (MCOs) which require board certification as a credentialing cri-

terion. The problem stems from the interval between completion of residency and board certification, due to American Board of Neurological Surgery (ABNS) requirements for one year of practice data, 3 months follow-up, submission of cases, and a backlog of applications for the oral board examination. An interval of 3 years or more is common between completion of residency and board certification. The number of (MCOs) adhering to the policy and the number of newly practicing neurosurgeons affected is not yet known, but the problem appears to be common and growing according to anecdotal reports heard at the CSNS. The Council approved a resolution requesting the AANS and CNS to support action by the ABNS to resolve the problem created by the delay in certification. The Young Physicians Committee of the CSNS will collect survey data documenting the extent and severity of the problem.

### **Case rate malpractice defense**

The Council approved a motion to alert all AANS and CMS members to a method of malpractice legal defense reimbursement currently employed on a trial basis by The Doctors' Company in California. The program is termed the Progressive Litigation Program (PLP), and pays the defense legal firm at a predetermined fee for each phase of the litigation (discovery, pretrial, and trial phases), rather than on a fee for service basis. Proposers of the resolution expressed concern that a defense attorney may not be motivated to expend maximum necessary effort in physician defense if the stipulated fee is taxed. The payment method was compared to fixed case rates or capitation rate payment for surgeons. The trial program currently exists only in California, but the resolution was approved to alert all neurosurgeons to be aware of their malpractice carrier's legal reimbursement methodology.

### **Medicare Private Contracting**

The Federal Balanced Budget Act of 1997 (August) included a provision allowing private contracting between a physician and a Medicare eligible patient. However, the physician electing the private contracting option must submit an affidavit to HCFA agreeing to be excluded from participation in the Medicare program for 2 years. The initial provision by Senator Kyl of Arizona aimed to remedy restrictions under Medicare law on balanced billing and a citizen's right to privately contract. The addition of the 2 year Medicare program exclusion was added in a late legislative compromise. The Council approved a resolution supporting proposed legislation to repeal the 2 year exclusion provision.

### **Neurosurgery Capitation Rates**

The Council approved a request for the AANS and CNS to explore means for making information on regional neurosurgical capitation rates available to their members. Although accurate

estimation of a capitation rate requires health plan specific data and knowledge of practice costs, the request for regional information was made to help neurosurgeons first encountering specialty capitation. Implementation of the request will require legal opinion regarding the antitrust implication of providing pricing information to members, determination of the cost of acquiring third party actuarial information, and the cost to a member for capitation information provided at a discount from a third party actuary.

### **Task Force on Fellowships**

The CSNS approved a resolution in April, 1997 requesting appointment by the Joint Officers of a Task Force on Fellowships to "examine the issues surrounding minimum standards for maintaining the quality of fellowship training programs." The Task Force, appointed in April, includes Julian Hoff, M.D. (chair), James Bean, M.D., Hunt Batjer, M.D.), Frederick Boop, M.D. (vice-chair), Kim Burchiel, M.D., Stewart Dunsker, M.D., Steven Haines, M.D., and David Jiminez, M.D. After two teleconferences and background research on the prevalence of fellowship training, several resident and fellow surveys, and information on fellowship training in other specialties, the Task Force reached preliminary conclusions. Dr. Boop presented a summary of the Task Force's background information and preliminary recommendations to the CSNS lunch session Saturday, September 27. Dr. Jiminez presented an updated survey of neurosurgeons who have recently taken fellowships. Preliminary Task Force conclusions and recommendations included: 1) a definition of fellowships, 2) Joint Section development of fellowship program criteria, 3) fellowship program accreditation, 4) fellowship affiliation with an institution sponsoring an ACGME approved training program, and 5) certification of completion of fellowships by sponsoring institutions, without ABNS subspecialty certification. Task Force members presented individual viewpoints to the CSNS audience and listened to comments, criticisms, and concerns from CSNS members to guide final recommendations to be made to the AANS/CNS Joint Officers January 1998.

*The Executive Committee of the Congress of Neurological Surgeons is saddened to announce the passing of Shelley Wernick, M.D. on June 16, 1997 in Milwaukee, Wisconsin.*

## The CNS

# Clinical Investigation Scholarship

**Purpose:** The CNS Clinical Investigation Scholarship is meant to assist neurosurgeons in obtaining 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.

**Application:** Applications for the CNS Clinical Investigational Scholarship should be sent to:

*Vincent C. Traynelis MD  
Division of Neurosurgery  
The University of Iowa Hospitals and Clinics  
200 Hawkins Drive Iowa City, IA 52242*

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

*Vincent C. Traynelis, M.D.*



Scholarship must be provided. Budget and budget justification 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 Scholarship subcommittee of the CNS Education Committee. Vincent C. Traynelis, M.D.  
The University of Iowa Hospitals & Clinics  
Division of Neurosurgery  
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## NEWS



### From The Annual Meeting Committee

The 1997 Congress of Neurological Surgeons Annual Meeting was by most measures a great success! Attendance at this year's meeting in New Orleans was at an all-time high, enticed by an outstanding meeting format and balanced scientific program. "Mitchel Berger, our 1997 Annual Meeting Chairman and Mark Hadley, the 1997 Scientific Program Committee Chairperson, and their many committee members are to be congratulated for a stellar effort", concluded Marc R. Mayberg, the immediate Past President of the Congress. "This was an exciting time for me and my family, an honor for me personally, and the men and women of these two committees have my thanks for their efforts at organizing a great meeting". Nearly 5100 registrants voted with their feet and with their pens. "The turn out for the Saturday and Sunday Practical Courses was excellent and the audiences for the General Scientific Sessions were outstanding", reported Mark Hadley. "Memberships evaluations were routinely positive. Our Scientific Program Committee received high marks for both content and relevance to clinical practice". "The "Controversies" format was particularly well received, sessions which allowed notable experts to debate controversial issues of a

*Mark Hadley, M.D.*



focused Neurosurgical problem, issues german to everyday practice." "We can still make our

annual meeting and the presentation of our science better yet", noted Hadley. "Our committees for next year will incorporate the many good suggestions our membership has offered which may improve our product even further." Mitch Berger noted that "with changes in the Annual Meeting structure, expanding Practical Courses to two days, expanding the Joint Section sessions to two afternoons each, and with the addition of oral posters, many more CNS members were able to reach the podium to present their work." "This key member service, in and of itself, helps to explain why attendance was at an all time high this year!". Each member of the Annual Meeting Committee, the Scientific Program Committee and the CNS Annual Meeting staff (led by Laurie Behncke) are to be commended for jobs well done.

Plans for the 1998 CNS Annual Meeting are already underway. Members of the Annual Meeting and Scientific Program Committees are busy at work preparing the structure and substance of what should be an outstanding International Scientific symposium. The 1998 meeting will be held October 3-8, 1998, in Seattle, Washington, a beautiful, contemporary city in a beautiful part of the world. "Seattle is an International city, a high-tech industrial city with a sophisticated scientific community, great scenic beauty, art, restaurants and a romantic atmosphere", notes CNS President, William Friedman. "I hope all of our membership will attend

*William Friedman, M.D.*



this meeting. It is the ideal meeting location at an ideal time of the year to bring one's spouse to enjoy the many riches of the Pacific Northwest". The Annual Meeting Committee plans to expand the scientific format even further than in 1997. To that end there will be a post-meeting satellite symposium, October 9-11, immediately following the Seattle meeting in Blaine, Washington, at the beautiful, well appointed, Inn at Semiahmoo. "Our goal is to build on the success of the 1997 meeting and get as many of our members and International members to the podium to present their work as possible", reported Issam Awad, the 1998 Scientific Program Chairman. "The work of the Scientific Program Committee has been made delightfully easy by Bill Friedman's choice of Dr. John Tew as the Honored Guest" added Awad. "Dr. Tew is an Internationally recognized leader, innovator and incredibly accomplished contributor to Neurological Surgery". The Annual Meeting Committee hopes all Neurosurgeons will attempt to make the 1998 CNS meeting. Mark Hadley, the 1998 Annual Meeting Chair suggests that "the locations of this year's meeting and satellite convention and the climate (Indian Summer) in early October in the Pacific Northwest should make the 1998 meeting one of the best attended ever". "Our goal is to wed a great scientific symposium with exceptional surroundings and culture". "We look forward to delivering a superior experience to our membership".