

## SATURDAY, SEPTEMBER 27

### Morning & Afternoon

- Practical Courses

## SUNDAY, SEPT 28

### Morning & Afternoon

- Practical Courses

## MONDAY, SEPT 29

### Morning : Ballroom 1

- General Scientific Session 1 - Controversies in Neurosurgery
- Honored Guest Presentation - Nicholas T. Zervas
- Distinguished Service Award Presentation
- Presidential Address

### Afternoon

- Luncheon Seminars
- Special Course 1 - Intraoperative Monitoring (Ballroom 1)
- Joint Section on Cerebrovascular Surgery (Room 44)
- Joint Section on Pain (Room 39/40)
- Joint Section on Disorders of the Spine and Peripheral Nerves (Room 37/38)
- Joint Section on Tumors (Room 41/42)
- Joint council of State Neurosurgical Societies (Room 43)

## TUESDAY, SEPT 30

### Morning: Ballroom 1

- General Scientific Session 2 - Stroke: Rapid Identification & Treatment
- Decade of the Brain Medalist - John E. Porter

### Afternoon

- Residents/Honored Guest Luncheon (Room 36)
- Luncheon Seminars
- Special Course 2 - Extraordinary Care at the Extremes of Life - How Do You Decide? (Ballroom 1)
- Joint Section on Stereotactic and Functional Neurosurgery (Room 43)
- Joint Section on Neurotrauma and Critical Care (Room 37/38)
- Joint Section on Tumors (Room 41/42)
- Joint Section on Pain (Room 39/40)
- Joint Section on Pediatric Neurological Surgery (Room 44)
- Annual Business Meeting (Room 36)

## WEDNESDAY, OCTOBER 1

### Morning: Ballroom 1

- General Scientific Session 3 - Neurosurgery 2000
- CNS Clinical Fellowship Award Presentation
- CNS Resident Award Paper Presentation
- Honored Guest Presentation - Nicholas T. Zervas

### Afternoon

- Luncheon Seminars
- Special Course 3 - Technological Advances in Communications and Imaging in Neurosurgery (Ballroom 1)
- Joint Section on Cerebrovascular Surgery (Room 39/40)
- Joint Section on Neurotrauma and Critical Care (Room 37/38)
- Joint Section on Stereotactic and Functional Neurosurgery (Room 43)
- Joint Section on Disorders of the Spine and Peripheral Nerves (Room 41/42)
- Joint Section on Pediatric Neurological Surgery (Room 44)

## THURSDAY, OCTOBER 2

### Morning: Grand Ballroom A - Hilton Hotel

- General Scientific Session 4 - Controversies in Neurosurgery
- Honored Guest Presentation - Nicholas T. Zervas

# At A Glance

## Committee

### Scientific Program Chairman

Mark N. Hadley

### Associate Program Chairman

Mark H. Camel

### General Scientific Session 1

David W. Newell

### General Scientific Session 2

Dennis G. Vollmer

### General Scientific Session 3

Joshua B. Bederson

### General Scientific Session 4

Frederick A. Boop

### International Scientific Program

Timothy B. Mapstone

### Luncheon Seminars

Richard G. Ellenbogen  
Gerald E. Rodts

### Nurse Program

Perer M. Sorini

### Open Scientific Sessions

Vincent Traynelis

### Poster Sessions

James M. Markert

### Practical Courses

Kevin J. Gibbons  
Curtis A. Dickman

### Special Courses

Paul C. McCormick

### Joint Section Programs

H. Louis Harkey

### Program Evaluation

Carl Laurysen

Congress of  
Neurological  
Surgeons

# Newsletter



Dedicated to Neurosurgical Education

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Stephen M. Papadopoulos, M.D.

CNS Treasurer's Office

UMMC/Taubman Health Care Center, 2128/0338

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Ann Arbor, MI 48109-0338



# 1997 Year in Review

When I assumed office in November, 1996, the most significant issue facing the Congress of Neurological Surgeons was impending litigation related to pedicle screws. Fortunately, the CNS was dismissed from that lawsuit in December, 1996. However, that relief was short-lived as shortly thereafter an even more important threat to Neurosurgery arose—the Medicare RBRVS Practice Expense issue. This legislation had potentially devastating effects for Neurosurgery through proposed changes in the Practice Expense component of the Medicare fee schedule, with an estimated 30-40% reduction in reimbursement for Neurosurgery. Fortunately, under the direction of the Washington Committee and the AANS/CNS Joint Officers, organized Neurosurgery was able to mount an effective campaign through a coalition of specialty societies. Neurosurgeons were mobilized to contact their Congressional representatives, and this grass roots effort was effective in implementing a one year delay in the legislation. In addition, Congress mandated that the new Practice Expense formula must be based upon valid accounting principles. Despite this initial success, this particular issue will continue to be important as the specifics of the new formulation are developed over the coming year. Neurosurgeons should stay on top of this issue and be ready to respond as they have this past year.

### The mission of the Congress of Neurological Surgeons is as follows;

The Congress of Neurological Surgeons exists for the purpose of promoting the public welfare through the advancement of Neurosurgery, by a commitment to excellence in education and by dedication to research and scientific knowledge. The Congress of Neurological Surgeons maintains the vitality of our learned profession through the altruistic volunteer efforts of its members and the development of leadership in service to the public, to our colleagues in other disciplines, and to the special needs of our fellow neurosurgeons throughout the world and at every stage of their professional lives.

During the past year, the CNS has fulfilled this mission through several ongoing and new educational and altruistic initiatives. The new programs include two fellowships; a clinical fellowship in Clinical Outcomes analysis and an International Visiting Scholar fellowship. The clinical outcomes fellowship will support a neurosurgeon to do advanced studies in health care policies and clinical outcomes-topics which are increasingly important in the current health care arena. The International Visiting Scholar fellowship will enable neurosurgeons in practice to spend time doing Neurosurgery in underserved areas around the world. Both of these new initiatives are in concert with the CNS mission of education and international outreach. In addition, the CNS has just initiated a leadership Development Program, which will identify young neurosurgeons with leadership potential and foster these skills through increasing responsibility in CNS activities.

Ongoing educational and service programs of the CNS over the past year have included several cooperative ventures with the AANS Under



the direction of the Joint Officers, the two organizations are collaborating on a wide variety of projects important to Neurosurgery, including the Joint Sections, the JCSNS, the Washington Committee, the SMART Marketing Initiative for Lumbar Stenosis, and NEUROSURGERY://ON-CALL. Other ongoing CNS programs include our journal, *Neurosurgery*, the Annual Meeting, and Concepts in Neurosurgery, to name a few. I am particularly proud of the CNS involvement in providing neurosurgical care, equipment and education to underserved areas around the world. The International Committee, under the direction of Hunt Batjer, has been extremely effective in all of these areas.

Much of CNS activity during any year revolves around our primary educational product, the Annual Meeting. This past year is no exception, and this CNS Annual Meeting in New Orleans should be the best ever. As you may know, the CNS has only two full time employees and depends upon the dedicated work of large numbers of volunteers to provide services to its members. It is this volunteerism that has kept CNS dues extremely low while maintaining a high level of benefits. In this regard, the challenge for the CNS will be to stay focused on important issues in neurosurgical education, while maintaining a volunteer effort and developing young leaders who will guide organized Neurosurgery into the future.

Marc R. Mayberg, M.D.  
*President of the  
Congress of Neurological Surgeons*

**William A. Friedman, MD**, of Gainesville, Florida, is the new President of the Congress of Neurological Surgeons (CNS). He has served as Treasurer and has been an active member of the CNS since 1983, holding numerous committee appointments including service as a member of the Joint Committee on Education, the Executive Committee and many others. He has also been a member of The American Association of Neurological Surgeons (AANS) since 1985.



Dr. Friedman earned his bachelor's degree from Oberlin College in 1974 and received his medical degree summa cum laude from The Ohio State University in 1976. He completed his residency training at the University of Florida, Gainesville in 1982.

Currently, Dr. Friedman is the Edward Shedd Wells Professor of Stereotactic and Functional Neurosurgery in the Department of Neurological Surgery and Neuroscience at the University of Florida, Gainesville, with additional appointments as Residency Program Coordinator and Associate Chairman of Neurological Surgery.

In addition to his many volunteer activities with the CNS, Dr. Friedman has also played an important role in numerous other professional organizations. He served on the Board of Directors of the American Society for Functional and Stereotactic Neurosurgery (1987-1994), the Editorial Board of the Journal of Stereotactic Surgery (1990-present) and the Editorial Board of Neurosurgery. He also serves as President of the Florida Neurosurgical Society and as Secretary-Treasurer of the International Stereotactic Radiosurgery Society.

Throughout his career, Dr. Friedman has authored or co-authored over 100 publications. He has also made numerous presentations, both nationally and internationally, on various neurosurgical topics including radiosurgery for arteriovenous malformations. Dr. Friedman and his wife, Ransom, have three children.

**H. Hunt Batjer, MD**, of Chicago, Illinois, is currently the Secretary of the Congress of Neurological Surgeons (CNS) and has been nominated to be the President-elect. He has been an active member of the CNS since 1984, holding numerous committee appointments including service as a member of the Scientific Program and Resident Registration Committees, and as Chairman of the Future Sites Committee and the Subcommittee on International Development. In addition, he served as Scientific Program Chairman in 1993 and Annual Meeting Chairman in 1994.



Dr. Batjer completed his undergraduate studies at the University of Texas, Austin, in 1973 and received his medical degree in 1977 from the University of Texas Southwestern Medical School in Dallas. He completed his residency training at the University of Texas Southwestern Medical School-Parkland Memorial Hospital in 1982.

His academic appointments include positions with the University of Texas Southwestern Medical School in the Department of Neurological Surgery as Assistant Professor (1983-1989), Associate Professor with Tenure (1989-1993) and Professor (1993-1995). Currently, Dr. Batjer is the Michael J. Marchese Professor of Surgery at Northwestern University Medical Center in Chicago, Illinois, with additional appointments as Chief of the Division of Neurological Surgery and Director of the Neurosurgical Residency Program.

In addition to his many volunteer activities with the CNS, Dr. Batjer has also played an active role in several other professional organizations, including The American Association of Neurological Surgeons, the THINK FIRST Foundation and the Stroke Council of the American Heart Association.

Throughout his career, he has been a visiting professor at medical teaching institutions throughout the United States and abroad. He has also authored or co-authored numerous scientific journal articles on a variety of neurosurgical topics including intracranial hemorrhage and arteriovenous malformations.



**Mitchel S. Berger, M.D.**, of San Francisco, California, is the Vice-President elect of the Congress of Neurological Surgeons (CNS). Dr. Berger graduated from Harvard College and the University of Miami School of Medicine. Subsequently he completed his neurosurgery residency training at the University of California, San Francisco, and pediatric neurosurgery fellowship at the Hospital for Sick Children in Toronto. Dr. Berger was a faculty member in the Department of Neurosurgery at the University of Washington prior to assuming the Chairmanship of Neurosurgery, and, the Director of the Brain Tumor Research Center at the University of California, San Francisco. His clinical areas of interest include functional localization and mapping during tumor removal in children and adults. Research interests include understanding the molecular mechanisms of DNA damage and repair as it effects chemotherapy resistance, and, gene therapy for brain tumors. Dr. Berger is currently on the Executive Committee of the Congress of Neurological Surgeons, and, is the principal investigator for the Brain Tumor Research Center NIH Program Grant. He is married to Joan, a native of San Francisco and a dental hygienist, and, they have two wonderful children, Lindsay and Alex.

**Mark N. Hadley, M.D.**, of Birmingham, Alabama, is currently the Scientific Program Chairman of the Annual Meeting of the Congress of Neurological Surgeons (CNS) and has been nominated to be the Secretary. He has been an active member of the CNS since 1984, holding numerous committee appointments including service as a member of the Scientific Program and Resident Registration Committees, and as Chairman of the Future Sites Committee and the Subcommittee on International Development. In addition, he served as Scientific Program Chairman in 1993 and Annual Meeting Chairman in 1994.



Dr. Hadley completed his undergraduate studies at Stanford University, Stanford, California, in 1978 and received his medical degree in 1982 from the Albany Medical College in Albany, New York. He was a resident in neurological surgery from 1983-1988 at the Barrow Neurological Institute, St. Joseph's Hospital and Medical Center, Phoenix, Arizona.

He is currently a Professor in the Division of Neurosurgery at the University of Alabama at Birmingham Medical Center, Veteran Administration Hospital, Birmingham, Alabama, and Children's Hospital of Alabama. His professional appointments include Director Neurological Surgery Spine Fellowship Program in the Division of Neurosurgery, University of Alabama at Birmingham, Team Neurosurgeon for the University of Alabama at Birmingham Football Program, Director of Resident and Medical Student Education at the University of Alabama at Birmingham, and Medical Director of the University of Alabama THINK FIRST, Head and Spinal Cord Injury Prevention Program.

His many volunteer activities for the CNS have included the Sergeant at Arms Committee, Host Committee, Public Relations Committee, Publications Committee, Joint Committee on Education (Subcommittees on Self-Assessment and Sponsorship and on Research). He was the Annual Meeting Exhibits Chairman from 1994 to present and is the current Scientific Program Chairman. He is also a member of the Executive Committee from 1994 to present. Dr. Hadley has also played an active role in several other professional organizations, including The American Association of Neurological Surgeons, the THINK FIRST Foundation the Joint Section on Disorders of the Spine/Peripheral Nerves, and the Southern Neurosurgical Society.

He has served on the Editorial Board of the Journal, *Perspectives in Neurological Surgery* and has served as Editor for *Self Assessment for Neurological Surgeons* (SANS VI). Dr. Hadley has been a visiting professor at medical teaching institutions throughout the United States and abroad. He has also authored or co-authored numerous scientific journal articles on a variety of neurosurgical topics including disorders and diseases of the human vertebral column. He is married to Lori, a graduate of Southern Mississippi University who is involved in Interior Design sales and marketing. They have two delightful children, Christopher and Jack.

CNS AND AANS PRACTICE EXPENSE INITIATIVE A SUCCESS! CONGRESS PASSES PRACTICE EXPENSE LEGISLATION. NEW LAW PREVENTS IMPLEMENTATION OF HCFA PROPOSED CUTS IN NEUROSURGICAL REIMBURSEMENT. CHANGES SAVE NEUROSURGERY OVER \$100 MILLION IN MEDICARE FEES FOR 1998!

On July 30th, Congress passed the Balanced Budget Act of 1997, which was subsequently signed into law by President Clinton on August 5, 1997. Included in the new law are provisions addressing the practice expense issue.

Prior to the initiation of our practice expense campaign, the Health Care Financing Administration (HCFA) had proposed reductions in neurosurgical income of between 25-40%. At a minimum this translated into a potential \$100 million reduction in Medicare income. Because the Medicare Fee Schedule (MFS) is used by so many other payers, however, the reductions would have far exceeded this figure.

The CNS and AANS leadership aggressively responded to this threat by developing a multi-faceted strategy to prevent the implementation of these onerous cuts. We contributed significant money to, and were leaders of, the Practice Expense Coalition, representing over 40 medical organizations, which carried out a \$1.5 million legislative campaign. We implemented a grassroots campaign, utilizing fax broadcast alerts and a 1-800 Legislative Hotline to connect individual neurosurgeons with their Members of Congress. Neurosurgeons sent letters to their senators and representatives. Neurosurgeons with excellent relationships with key Members of Congress had face-to-face meetings. Washington Office staff met with Members of Congress and their staffs. Finally, the American Neurological Surgery Political Action Committee was established and began making campaign contributions to senators and representatives who supported our position. The combined effect of these activities paid off, producing a final legislative agreement that includes the following provisions:

- A one-year delay in the implementation date of new practice expense relative values from January 1998 to January 1999;
- A four year phase-in of the new values from 1999-2002;
- A General Accounting Office (GAO) review and evaluation of HCFA proposed methodology, including an evaluation of the adequacy of the data and the potential impact of the proposal on Medicare beneficiary access to services; and
- Detailed requirements for HCFA in developing new practice expense relative values, including a directive to use generally accepted cost accounting principles and data based on actual physician practice expenses. HCFA is also required to work closely with physicians in developing the new values.
- A requirement to develop new relative values for the malpractice component of the MFS.

Despite our collective opposition, however, we had to pay a price for these provisions, as Congress and the White House felt compelled to give the primary care physicians a \$390 million down payment in 1998. The money will be derived by capping the practice expense relative value units (PERVUs) at 110% of the work RVUs. These savings will then be used to increase the practice expense RVUs of 10 office visit codes. Over 1,000 procedures have practice expense RVUs in excess of this cap, many of which are performed by neurosurgeons, resulting in reductions in neurosurgical Medicare fees of approximately \$8 million in 1998. Neurosurgeons do perform some office visits, and will therefore get some of the reductions back on this side of the equation. Other specialties hurt by this formula include ophthalmology (particularly cataract surgeons, who lose \$175 million), orthopedic surgeons, cardio-thoracic surgeons, cardiologists and gastroenterologists. Most other specialties are left untouched. We are continuing to seek changes in this formula to achieve a more equitable approach. While we won't be able to make the \$390 million go away, we are hopeful to change the formula to minimize the impact on neurosurgery.

The reductions under the "down payment" formula are not the only payment changes that will impact neurosurgeons. Congress, in the recently enacted Balanced Budget Act eliminated the three Medicare conversion factors, creating one conversion factor for all physician services. This will produce additional payment reductions, beginning in 1998. The current conversion factor for surgical services has been reduced from \$40.96 to \$37.13, over a 9% reduction. The good news is, however, that the current conversion factor for neurosurgical consults and other nonsurgical procedures will increase from the current \$33.85 to \$37.13. Further good news is that HCFA has agreed to organized surgery's proposal to increase the evaluation and management (E/M) component of all global surgical codes. This 12% increase in relative value units for the E/M component of global surgical codes will help to slightly offset some of the above payment reductions.

How Will These Changes Impact You?

We have calculated the impact of these changes on several common neurosurgical procedures, so you should be able to figure out what these reductions mean for your own practice. The majority of the reductions are caused by the conversion factor changes. For example Low back disk surgery (CPT 63030) would bill for \$1,167 currently and \$1,003 in 1998. It would have billed for \$741 if the HCFA proposal was implemented. An Inner skull vessel surgery (CPT 61700) would bill for \$3,344 currently and \$3,107 in 1998. It would have billed for \$2,485 if the HCFA proposal was implemented. On the other hand, an office/outpatient visit, new (CPT 99204) would bill for \$96 currently and \$112 in 1998. It would have billed for \$126 if the HCFA proposal was implemented.

Next Steps

Our work on this issue is far from complete. The new legislation has given HCFA more time to develop practice expense relative value units, and we must now shift gears and focus our efforts on the process of developing the new PE RVUs. Congress has given us the tools to hold HCFA's feet to the fire, and the CNS and AANS will continue our efforts to ensure that the final product is fair and reflects neurosurgeons' actual practice costs.

Final Thoughts

The CNS and AANS leadership wish to thank all neurosurgeons who participated in this phase of our practice expense initiative. We clearly made these gains because you each took the time to contact your senators and representatives. Without this grassroots response, Congress would not have responded. We will continue to keep you informed about the project as it proceeds and hope you will be prepared to act again if called upon. One of our goals is to keep the Congress informed about this project, as it may be necessary to get the legislature to intervene once again. =20 If you have any questions about the details of the legislation or HCFA project activity, please contact Katie Orrico in our Washington Office at (202) 628-2072 or e-mail KateOrrico@aol.com.