

## AANS Bulletin

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The American Association of Neurological Surgeons

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# President's *message*

## Looking Forward to a Productive Year



Edward R. Laws, Jr., MD

It is an honor for me to take on the job of President of The American Association of Neurological Surgeons (AANS), and to follow the outstanding leadership team Dr. Chuck Rich put together during the past year. Our organization is

stronger than ever, and despite a variety of problems, I am optimistic about organized neurosurgery's ability to address the issues and to make our specialty more vital and productive than ever before.

From an organizational standpoint, neurosurgery has never been stronger. The AANS and the Congress of Neurological Surgeons (CNS) are working together in a harmonious fashion, with each organization taking advantage of the strengths of the other. Virtually all of the major initiatives have joint support from both the AANS and the CNS. This unified voice is a tremendous advantage when we deal with external forces attempting to control our methods of practice, our educational programs, our residencies, and other aspects of our professional lives.

The Joint Officers of the AANS/CNS have been working to provide oversight and guidance for a large number of joint projects. The harmony and symbiosis in the Joint Officers has improved the speed and quality of the response to a number of exciting initiatives that benefit all of Neurosurgery.

The subspecialty Sections are strong and active, and each has been able to contribute to the basic missions of the AANS and to improve the levels of science and practice in the respective special areas of interest represented.

The Young Neurosurgeons have been another source of ideas and activities that have enhanced the entire Association. This committee has been an effective method for the involvement of younger neurosurgeons in the activities of the AANS, and having

Young Neurosurgeon liaisons to many of the committees and activities of the AANS has improved both the relevance and the functions of these facets of our organization.

### Washington Activities

Neurosurgery's representation in the political scene in Washington, DC, is absolutely superb and is becoming increasingly important as we address issues like the Health Care Financing Administration's (HCFA) proposed reimbursement changes, managed care, graduate education certification, and other issues that influence neurosurgeons. Our Washington representative, Katie Orrico, JD, is a seasoned and highly respected member of the Washington community. Her contacts and her ability to work closely with other organizations having the same interests have offered us a new and effective avenue of activity in Washington.

Our Joint Washington Committee, under the able leadership of Arthur Day, MD, has put forth a number of initiatives that have been surprisingly successful, especially considering the size of the neurosurgical community. Hopefully this influence will continue to be felt and will be enhanced by the creation of the American Neurological Surgery Political Action Committee, which is an activity independent of the AANS.

Robert Florin, MD, has been a tireless worker in Washington helping all of neurosurgery with revisions of the CPT coding and with the RUC. His honest and even-handed approach has gained the admiration of many of the important bureaucrats at HCFA, and he has done an outstanding job in helping to prevent the dismantling of neurosurgical reimbursement.

### Grassroots Efforts

Representation within organized neurosurgery at the "grass roots" level has become increasingly effective over time thanks primarily to outstanding leadership in the Joint Council of State Neurosurgical Societies (JCSNS). The Council is more effective and vigorous than ever, becoming a truly meaningful avenue for new ideas and new concepts to be spread through the organization and to the Board of Directors.

This conduit, however, is only as effective as the members make it, and we hope the individual state neurological societies will continue to be active, representative, and eager to contribute to the efforts and activities of the JCSNS. The success of several

of our top priority projects, including the joint communications effort, rely on the involvement of the majority neurosurgeons at the "grass roots" level.

### Legal Issues

Legal issues such as the pedicle screw litigation and Professional Conduct activities have been supported in an outstanding fashion by our legal council, Russell Pelton, JD. His wisdom and expertise, and the courage of our Professional Conduct Committee, have made our activities in this area the envy of the American College of Surgeons and other surgical specialty societies, none of whom have been willing to take the kind of strong action that has occurred within the AANS.

Although we are currently still being named in the pedicle screw case, we will continue to appeal and fight this lawsuit. In a related matter, we filed a petition with the U.S. Food and Drug Administration (FDA) asking the agency move forward and reclassify pedicle screw spinal systems to Class II from Class III. The FDA has been paralyzed by the multi-district litigation in Philadelphia and needed to be reminded that the medical community needs to have timely decisions made on matters of this type.

### Board Activities

The Board of Directors of the AANS has been, and continues to be, a highly representative body. It incorporates individuals of unusual talent from the areas of private practice and academic neurosurgery and from all parts of the United States. This Board deals directly with many thorny issues and has been characterized by full and open debate.

One of the most recent Board-directed activities has been the development — jointly with the CNS — of a Task Force to study subspecialty issues in neurosurgery. There are many aspects to this issue and we will attempt to clarify them as the year develops and the Task Force researches the various specific challenges that need to be met.

### Educational Activities

Providing a forum for our members to develop new skills and review research outcomes remains one of our top priorities and objectives. The AANS educational programs have become increasingly more comprehensive and effective. The Annual Meeting each year is a stellar event from a scientific standpoint, and attendance at the scientific sessions continues to rise. The

(continued on page 36)

# Washington update

By Katie Orrico, JD  
Director AANS/CNS  
Washington Office



## HCFA Publishes Proposed Prac- tice Expenses Regulation

*Note: At press time, Congress was considering legislation to delay the implementation of the new resource-based practice expense system. The*

*following article outlines HCFA's current proposal, which still may eventually be implemented in one form or another.*

On June 18, 1997, the Health Care Financing Administration (HCFA) published in the *Federal Register*, the notice of proposed rulemaking (NPRM) outlining the details of their proposed resource-based practice expense system. Neurosurgeons face a 13-21% reduction in total income if HCFA implements this new system on January 1, 1998. This does not include the proposed change to a single conversion factor or budget neutrality adjustments, which produce an additional 12% reduction. [See Table 1 for some examples of common neurosurgical procedures]

The current proposed rule largely reflects the assumptions contained in HCFA's January 22, 1997 proposal, that is, HCFA's methodology assumes that when the

surgeon is in the hospital doing surgery, he or she is not incurring any overhead expenses. (See *AANS Bulletin, Spring 1997* for comprehensive discussion) Given this assumption, it is easy to see why specialties like neurosurgery face such steep reductions in their Medicare fees.

Under the new proposal, the "winners" include: podiatry +24%, dermatology +18%, optometry +15%, rheumatology +15%, chiropractic +14%, and family practice +12%. In addition to neurosurgery, the "losers" include: cardiac surgery -32%, thoracic surgery -28%, gastroenterology -20%, cardiology -20%, and orthopedic surgery -11%. The most vocal proponents of this new system, the general internists, only receive a 3% increase.

The AANS and CNS are currently analyzing the proposal and will submit comments if it becomes necessary. The data from organized neurosurgery's own practice expense study exposes significant errors in HCFA's methodology, and should provide us with the necessary ammunition with which to counteract HCFA's approach.

## Global Surgery Fees Increased

In the same NPRM, HCFA announced its proposal to increase the work relative value units (RVUs) for global surgical services to account for increases in the evaluation and management component of those services. Over the past year, the AANS and CNS, along with the other surgical specialties, have fought aggressively for this increase. During the 5-year review of values, HCFA substantially increased the work RVUs for all E/M codes, but did not give a corresponding increase to the E/M component of the global surgical codes. We have argued that

this policy was arbitrary and unfair. In response to this pressure, HCFA has agreed to increase the work RVUs of all surgical codes with a 90-day global period by 12%. This should help to slightly mitigate any changes to the practice expense component.

If you would like more information or a copy of the proposed rule, please call Katie

Orrico in the Washington Office at (202) 628-2072.

## U.S. Congress Nears Completion on Medicare Budget Reconciliation Legislation

The House and Senate are completing action on Medicare budget reconciliation legislation. Included in these bills are several provisions affecting neurosurgery. The final bill will likely include the following provisions:

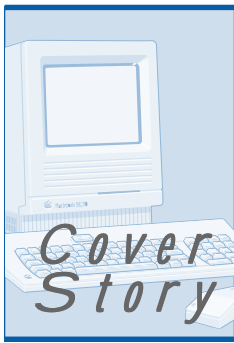
- **Resource Based Practice Expenses:** A one year delay of implementation of new practice expense RVUs, a 3 or 4 year transition of the new values beginning 1999, and detailed requirements for developing the new values, including language requiring HCFA's methodology to be based on generally accepted accounting principles and to use data on actual/physician practice costs.
  - **Single Medicare Conversion Factor/Elimination of Medicare Volume Performance Standard:** The current 3 Medicare conversion factors would be eliminated and replaced with a single conversion factor of \$37.13. The current conversion factors are: surgery \$40.96, primary care \$35.77, other services \$33.85. The Medicare Volume Performance Standard system would be replaced with a sustainable growth rate system based on real Gross Domestic Product. The annual update increased would be capped at 3% and any decreases would be capped at 7%.
  - **Medicare Choice Program:** The bill would give Medicare beneficiaries a choice of plans including: fee-for-service, PPOs, point-of-service, PSOs, HMOs, and Medical Savings Accounts (MSA). The MSA program would be a demonstration project limited to a fixed number of Medicare beneficiaries.
  - **Graduate Medical Education:** The number of residents in training would be capped at existing levels and the Secretary of the Department of Health and Human Services would be required to establish rules for approving new residency programs.
- It is expected that the total Medicare savings from physicians will be in the range of \$8-10 billion out of \$115 billion in total Medicare savings. The additional savings will be achieved by cuts to hospitals, HMOs, home health agencies, and others.

**PRACTICE EXPENSE REDUCTIONS**  
Impact on Neurosurgery

	<u>Current</u>	<u>HCFA 1*</u> January 1997 Proposal	<u>HCFA 2*</u> June 1997 Proposal
Endarterectomy	\$1,375	\$ 759	\$ 942
Brain Tumor Removal	2,314	1,116	1,459
Carotid Aneurysm	2,957	1,508	2,402
Lumbar Discectomy	1,246	669	716
Lumbar Spinal Decompsn.	1,497	746	895

\* Based on single conversion factor of \$32.93 (adjusted for budget neutrality)

Table 1



# Cybersurgeon: How Computers and the Internet Can Help Your Neurosurgical Practice

While you were out . . . a patient called for a new prescription, a colleague asked for a consult, a scheduling conflict arose, your nurse had questions about an upcoming surgery, your secretary needed a chart revised, your spouse called to schedule a social outing, the deadline loomed to submit abstracts for an upcoming scientific conference, you missed a hospital committee meeting, your partner had a few ideas he wanted to discuss, researchers 700 miles away successfully treated a tumor patient with a new drug protocol that might be helpful to one of your patients, and the expressway you normally take home is clogged with traffic because of unexpected road repairs.

If this sounds like a typical day in your practice, and your staff considers one of the most “challenging” aspects of their job as trying to “catch” you between surgeries, appointments and meetings — it may be time to put the Internet to work for you.

New computer technologies and the World Wide Web on the Internet cannot only help save time and money, but also help you to provide better patient care.

“Computer technology surrounds us in the operating room and a neurosurgeon wouldn’t dream of doing a procedure without first having utilized the benefits of CT scan or MRI computer technology,” said William A. Friedman, MD, past editor of the AANS/CNS Web site, **NEURO-SURGERY://ON-CALL®**. “However, many neurosurgeons haven’t fully realized the benefits of computer technologies, the Web and e-mail in managing their practices and providing patient care. These tools are the ultimate in efficient communication, data management and information accessibility.”

Beyond the “gee whiz” status it has achieved over the past two years, the Internet has begun to transform the way the world communicates and does business.

Today, according to the Nielsen research company, 23 percent of the U.S. population over the age of 16 is connected to the Internet.

For physicians, the Internet has opened up access to a world of research information. Neurosurgeons are faced with a sometimes bewildering array of online services that can make life easier — or more challenging. This overview of the Internet, as well as the accompanying resource listings, is aimed at helping you benefit from all that the ‘Net has to offer.

## Internet Background

The Internet is a complex network of computers that links together thousands of other computer networks. A network consists of two or more computers linked together to share files and electronic mail (e-mail). The Internet connects government agencies, schools and universities, businesses and other commercial entities, libraries, nonprofit organizations (like the AANS), and millions of individual users. As networks go, the Internet is small in comparison to the worldwide telephone network, but because it links computers instead of telephones, its power and reach are much greater — thousands of people from all over the world can “talk” and exchange information at the same time.

The Internet was actually developed in the 1960’s when the U.S. Defense Department’s Advanced Research Projects Agency (ARPA) began experimenting with linking computers together via phone lines. It was originally designed as an exclusive, high-speed communications network for universities and military research sites. Today, the Internet has expanded to include private and commercial users as well. It also has become the ultimate free marketplace — no one owns it (it is a cooperative) — and as a result, it is often chaotic. There are some standards for the way information flows over the

Internet, but no one nation or individual dominates it.

Throughout the 1980’s, those first users plied the Internet through electronically transferred mail, information, data bases and images. In the 1990’s, anyone can find just about anything (and do about anything) on the Internet. The World Wide Web is part of the Internet and is essentially a collection of sites from around the world that are linked together. Each Web site has its own address, or URL, (for example, [www.neurosurgery.org](http://www.neurosurgery.org)) and can be reached from any computer with Internet access. The information a Web site contains varies greatly depending on who sponsors it. Some sites have entire databases searchable by key words while others allow you to play games, listen to music, shop, and just about anything else imaginable.

Chat rooms can often be found in Web sites or as part of an Internet Provider’s services. Simple chat rooms act similar to a telephone call with two or a group of people interacting about a subject. Some chat rooms have set times and topics for chats while others invite guest speakers to facilitate a chat.

Information on the Web can be updated continually in a matter of seconds to keep the news fresh. Newspapers, magazines and other news sources update their sites with the latest breaking news throughout the day. During an April blizzard in Boston, for example, more than three million people followed the storm via the Internet on a site called [boston.com](http://boston.com).

Net “surfers” can send and receive e-mail around the world in seconds, download free software, conduct scientific research, read the latest news, plan business trips, watch NASA space shuttle astronauts perform experiments in space, reach the world’s leading authority on French Impressionism, and so on. There are literally thousands of special interest sites on the

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## Getting Connected to the Internet—A Check List

### Is Your Computer Internet Ready?

While most older systems may have the capabilities to access the Internet, we recommend the following system requirements to take advantage of new technologies used by Web sites.

#### PC

At least a 90 Mhz Pentium processor  
Windows 95 or NT operating system  
16 MB Ram  
Video card (displaying a minimum of 256 colors)  
Sound card (sound blaster compatible)  
Internal or External modem (depending on what line connection you want to use)

#### MAC

68040, Power PC or Power Mac  
24 MB Ram  
Video card  
Internal or External modem

### Choose an Internet Service Provider (ISP)

You have several options when choosing an Internet service provider. Key factors in determining what type of ISP to use include:

- Cost - We recommend comparison shopping on setup and monthly fees.
- Services offered - Do they offer connections for the line speed you want?
- Customer/technical support - Do they offer the support services around the clock?
- Quality of Access - What's their track record on providing uninterrupted service?

#### Options

- Local ISP: These are Internet access companies that offer dial-up numbers locally. To locate companies in your area, check the yellow pages of your local phone book, and watch for newspaper, magazine, and television advertisements.
- National ISP: These companies offer access nationwide—a good choice if you travel frequently. Some examples are NetCom and UUNet.

- Online Service (AOL, Prodigy, CompuServe): These companies provide other content in addition to Internet access. Be sure to check whether or not you can use non-proprietary browsers with their access and how they handle "caching" of web site pages. Most online services use caching proxies that don't deliver updated pages. Additionally, most online services provide proprietary browsers that do not support several new Web standards.
- Phone Company: National phone companies (such as AT&T, Sprint, MCI) and some regional phone companies have started to offer Internet access.
- Web TV/Satellite: These options provide Internet access through a television set and require the purchase of a special set-top box.

### Choose a Line Connection

How you plan on using the Internet is an important consideration when choosing a line connection. If you just plan on using the Internet for e-mail and occasionally browsing the Web, a slower dial-up connection is fine. However, to truly take advantage of what the Web offers and to eliminate slow download times, we recommend a high-speed connection, such as ISDN.

#### Dial-up Options

14.4 kbps  
28.8 kbps  
33.6 kbps  
56K bps

Most computer systems offer a 28.8 or 33.6 modem as part of their standard package option. As more ISPs offer 56K services, we recommend upgrading to a 56K modem if you choose a dial-up option for your Internet connection.

#### Digital Line

ISDN 64/128  
ADSL (Asymetrical Digital Subscriber Line)  
T1

While these types of connection services cost more and require special modems and other equipment, the increase in transmission speed is well worth it. We recommend a dual channel ISDN connection. With this Internet connection, data will be transmitted at a rate of 128 kbps (112 kbps in some areas).

ADSL (Asymmetric Digital Subscriber Line) is still being tested in markets across the United States. ADSL modems that have been tested provide connection speeds of 1.5 Mbps (download speed). What makes this option attractive is that while equipment costs (i.e., a special modem) will be high, monthly service costs will be cheaper than a T1 connection.

T1 connections offer transmission rates of 1.544 Mbps (download and upload speed), but are costly. Monthly service fees alone can range from \$1200-\$2000 depending on the ISP. You will also need to purchase special equipment, such as a router.

### Choose a Browser

The two major players in the browser war are Netscape Navigator/Communicator and Microsoft Internet Explorer (IE). Both are equally effective in navigating the Web but differ in how they are used, how they interpret Web pages, and what they offer and support: e-mail client, newsgroup client, plug-ins, etc. A fully licensed version of Netscape browser costs around \$59 (you can demo a fully functional version through a download from their Web site), while Microsoft gives away IE for free as a download from its Web site.

We recommend either one, but encourage you to use the most recent version to take advantage of new technologies, such as streaming audio, video, and Java.

**NEUROSURGERY://ON-CALL®** offers links to the download pages of both Netscape and Microsoft Internet Explorer.

Internet, and finding information in such a vast storehouse of data is not easy because there's no road map to show the way. But, that's why "surfing the net" is so entertaining – and challenging.

### How to Get There from Here

Most individual computers are not directly connected to the Internet, but are connected to a central server which, in turn, has direct access. Information travels from server to server over phone lines before it reaches an individual computer.

"A good analogy is to compare the Internet to the U.S. Postal Service,"

explained David Reid, Director of Information Services for the AANS. "The postal truck that picks up mail at your house in New York isn't the one that actually delivers it to its destination in Los Angeles. The piece of mail goes from the truck, to a local post office, to a central processing station and so on until it finally ends up in someone's mail box in LA. The address on the envelope tells the post office where the mail needs to go just like a computer's address tells a router where to send or search for information."

Getting connected to the Internet is relatively easy with an initial investment in

basic equipment and software. Either a PC or Macintosh computer that's equipped with a modem (with a suggested minimum speed of 28,800 baud) can be used. It's certainly possible to use a less powerful modem, but expect extended download times. A dedicated phone line is also needed (if speed is essential, go the extra mile and install an ISDN line or T-1 connection). For more information on what's needed to connect to the Internet, see "Getting Connected to the Internet—A Check List" on page 5.

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## INTERNET LINGO—ALONG WITH THE INTERNET HAS COME A WHOLE NEW LANGUAGE

**Browser:** A client program that allows users to read hypertext documents on the Web, and navigate between them.

Examples include: Netscape Navigator, Lynx, and Microsoft Internet Explorer.

**Bookmark:** A feature of most browsers that allows you to save important links so they can be found immediately without having to look up and type in the Web site address.

**Bounce:** What your e-mail does when it cannot get to its recipient—it bounces back to you.

**Chat:** Conversational Hypertext Access Technology. To have a conversation online by typing messages into a keyboard.

**Chat Room:** A real-time electronic forum; a virtual room where visitors can meet others and share ideas on a particular subject. There are chat rooms on the Internet and on other online services like America Online.

**Click:** Using your mouse to direct the arrow/cursor on the screen to a certain section or word that is highlighted then pressing the button on the mouse.

**Communications Software:** A program that tells a modem how to work.

**Domain:** The last part of a Web or e-mail address, such as .com, .org, or .edu

**Dot:** A period in a Web or e-mail address.

**Down:** When a public-access site runs into technical trouble and you can no longer access it, it's down.

**Download:** To copy a file from a host system to your computer.

**E-mail:** Electronic mail. A way to send a private message to someone on the Net. Used as both a noun and a verb.

**FAQ:** Frequently Asked Questions.

**FTP:** File Transfer Protocol. A system for transferring files across the Internet.

**Handshake:** Two modems trying to connect do this to agree on how to transfer data.

**Internet:** A worldwide system linking smaller computer networks together. Networks connected through the Internet use a particular set of communications standards to communicate.

**Java:** A programming language that can be used to create animations and interactive features on the Web.

**HTML:** Hypertext Mark Up Language. The basic language used to create Web pages.

**Log on/log in:** Connect to a host system or public-access site.

**Modem:** A peripheral device that connects computers to each other for sending communications via the telephone lines. The modem modulates the digital data of computers into analog signals to send over the telephone lines, then demodulates back into digital signals to be read by the computer on the other end; thus the name "modem": for moediator/demodulator. Modems are used for sending and receiving e-mail, connecting to bulletin boards, and surfing the Internet. There are standards to ensure

that modems made by different manufacture's can communicate with each other.

**Network:** A communications system that links two or more computers. It can be as simple as a cable strung between two computers a few feet apart or as complex as hundreds of thousands of computers around the world linked through fiber optic cables, phone lines, and satellites.

**Online:** When your computer is connected to an online service, bulletin-board system, or public access site.

**Search Engine:** A program on the Internet that allows users to search for files and sites by using key words. Examples include Yahoo, Excite, and Infoseek.

**Server:** A computer that can distribute information or files automatically in response to specifically worded e-mail requests.

**Snail mail:** Mail that comes through a slot in your front door or a box mounted outside your house.

**URL:** Uniform Resource Locator. An Internet address which tells a browser where to find an Internet resource. For example, the URL of **NEUROSURGERY://ON-CALL®** is [www.neurosurgery.org](http://www.neurosurgery.org)

**WWW:** World Wide Web. A hypermedia-based system for browsing Internet sites. It is named the Web because it is made of many sites linked together. Users can travel from one site to another by clicking on links. Text, graphics, sound, and video can all be accessed on the Web.

## The Advantages of E-mail

Electronic mail is sent over the Internet from one computer to another. There are addresses just like regular "snail mail" and the e-mail is received and viewed by those to whom it was directly sent. Once connected to e-mail, you will be able to send messages to colleagues in any part of

the globe, check in with your kids at college, order on-line reports for electronic delivery, as well as leave and receive messages for and from your staff (no more piles of pink phone slips on your desk at the end of the day!).

"The biggest advantage of e-mail is that a surgeon can read and answer at his or her

own convenience," said John Oro, MD, current editor of **N:/OC®**. "This saves an incredible amount of time and allows you to fit much more into a busy schedule."

Documents and images can be attached to an e-mail message and can be edited and sent back without retyping. For example, a letter written in Microsoft Word can be attached to an e-mail and the receiver could open the letter, make changes and then forward the letter back to the original sender or someone else. E-mail can save money on long distance phone bills and overnight shipping expenses. Most e-mail software programs offer an address book feature that lets a user store e-mail addresses, as well as groups of addresses, so mail can be sent without typing in the addresses each time.

"While working on enhancements to **NEUROSURGERY://ON-CALL®**, e-mail has been essential," Dr. Oro said. "I can send an e-mail report or document to the entire editorial board and have everyone's response in by the end of the day. Normally, committee work like this is painfully slow."

News services and other organizations, regularly send e-mail updates on a variety of topics. For example, a customized newspaper, weather report, sports scores and other information can be e-mailed every morning. If after reading a summary, the reader wants more information, he or she would click on the story and a variety of resources would appear.

Medscape publishes a weekly electronic newsletter called MedPulse that is e-mailed to over 325,000 physicians each Friday. The newsletter not only summarizes the week in medicine, but includes peer-reviewed articles and an Exam Room Section. The Exam Room presents actual patient cases, complete with diagnostic tests, and invites physicians to consider a diagnosis. The patient's actual diagnosis and treatment are then discussed.

"All of the major newspapers are on-line and if that doesn't meet your need, you can develop your own customized newspaper that will arrive each morning like clockwork," Mr. Reid said. "Most news services give subscribers a paragraph summary and then allow them to link to full text articles if they wish. You can scan the headlines of the *Wall Street Journal* in less than five minutes and

## WHAT'S NEW ON **NEUROSURGERY://ON-CALL®**

### AANS Annual Meeting Paper Presentations

Utilizing Real Audio technology **N:/OC®** offers streaming audio slide presentations of several paper presentations from the 1997 AANS Annual Meeting. In order to view the presentations, you will need the Real Audio player installed on your computer. A free copy is available on the Real Audio Web site ([www.real.com](http://www.real.com)), and we provide a direct link to their site from **N:/OC®**.

### Online Abstract Submission

Abstracts for following meetings can now be submitted online:

- 1998 AANS Annual Meeting
- 1997 AANS/CNS Joint Section on Pediatric Neurological Surgery Annual Meeting
- 1998 AANS/CNS Joint Section on Cerebrovascular Surgery Annual Meeting
- 1998 AANS/CNS Joint Section on Disorders of the Spine and Peripheral Nerves Annual Meeting

To access these online abstract forms, click on the "Online Abstract Center" link on the "Hot Topics" page. The online abstract form mirrors the text version.

### Find A Neurosurgeon

Over 2,000 searches have been performed using the Find a Neurosurgeon feature, the online searchable directory of AANS/CNS members in the Public Pages section. Users can search by area code, name, city/state, and country. A free listing is provided to all members. To learn how you can upgrade your listing, contact Allison Casey at the National Office, by phone at (847) 692-9500, or by e-mail at [avc@aans.org](mailto:avc@aans.org).

### Editorial Board Changes

We are pleased to announce the appointment of John Oro, MD, as the new Editor of **N:/OC®**. The Editorial Board extends thanks to William A. Friedman, MD, for his leadership and service as Editor of the Web site during the past year. Additionally, two new members of the Editorial Board were appointed: Jaimie Henderson, MD, and David McKalip, MD.

### Receive Updates Automatically

Find out what's new on **N:/OC®** with **Intermind Communicator**. This program can be downloaded free from the Web site on the "Hot Topics" page. New information will be automatically sent to your computer. It's a quick and convenient way to stay on top of new additions to the Web site.

### Feedback Encouraged

**NEUROSURGERY://ON-CALL®** welcomes your comments and suggestions. To contact the Editorial Board with your suggestions, send an e-mail message to [info@neurosurgery.org](mailto:info@neurosurgery.org) or write them c/o The AANS National Office, 22 South Washington Street, Park Ridge, IL 60068-4287.

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have a pretty good idea of what's happening in the financial world today."

## The World Wide Web and Neurosurgery

Medical sites on the World wide Web number in the 10's of thousands and are maintained by hospitals, government agencies, drug companies, patient advocacy groups, and even individual doctors. These sites provide everything from simple patient education pieces to abstracts from scientific journals and other clinical information, and have proven to be popular with both physicians and patients. For example, Angel Neurosurgical Information Resource, a Web site operated by the University of Southern California Department of Neurosurgery, recorded over 54 queries within its first two months of operation. Inquiries came from physicians (26) and patients (15).

"The information exchange that occurs has many different levels of complexity, depending on the needs and educational background of the inquirer," John Gruen, MD, who helps manage the Angel site, said. "One of our first inquiries came from a rural Idaho internist who wanted to know if calcium channel blockers intended for treatment of cardiac arrhythmias could be

used for prevention of vasospasm following SAH. By posting the question on the site, we were able to give him a clear and concise information without days worth of phone messages and telephone tag."

Another advantage to searching for information on the Web is that documents can be linked through "hypertext," a method of programming that allows posting of information in abstract form with the option for obtaining greater detail by letting the user "click" with his or her mouse on the screen. One page on the Internet can "link" to thousands of other documents written by other authors instantly — much like footnoting, except the entire document pops up on the screen in a matter of seconds. As documents are viewed, they can be "downloaded" into a personal computer, saved and printed out. In general, things in cyberspace go "up" to the Net and "down" to you.

"The amount of information you can find on the Web is boundless," Dr. Friedman said. "You essentially have almost every piece of information from every library in the world at your finger tips."

Neurosurgeons have the unique benefit of **NEUROSURGERY://ON-CALL**®, the official AANS/CNS site on the World Wide Web. **N://OC**® is one of the largest

medical Web sites on the Internet and provides one-stop access to everything from on-line abstract submission, to scientific literature searches, as well as the exclusive electronic journal, *Neurosurgical Focus*™.

Launched in April 1996, **N://OC**® has showed steady growth in content as well as usage. According to the most recent utilization report, **N://OC**® received over 498,500 requests for April and May, averaging 8,768 and 9,862 daily requests for each month respectively. These figures represent an increase in site usage by 140 percent since December 1996.

Newly-added **Public Pages** are off to a great start, according to Allison Casey, AANS Interactive Communications Specialist, who notes, "The **Public Pages** section of **NEUROSURGERY://ON-CALL**® has generated 13,317 requests since its inception in mid-April. The new section is aimed at patients, referring physicians, and the media." Within the **Public Pages**, "Find a Neurosurgeon" and "Patient Resources" proved to be the most visited sections with 4,559 and 4,480 hits respectively.

## Improving Reimbursement

Most physician offices use software to help schedule patients, automate billing, and word process, but few take advantage of the often free services available on the Internet. "One of the most important services we provide to a private neurosurgical practice through **NEUROSURGERY://ON-CALL**® is **Coding Coach**," Mr. Reid said.

**Coding Coach** allows neurosurgeons, or their office staff, to input procedures and obtain the proper CPT codes. It is designed exclusively for neurosurgeons, and over 1,000 neurosurgical practices accessed **Coding Coach** in 1996. The program also gives the optimal order for the codes to maximize reimbursement.

"With the recent changes in coding and managed care, this resource is invaluable," Mr. Reid said. "We are currently working directly with the AMA to expand this section of the site to include more in depth explanations of which code to use in complex cases."



Allison Casey, Interactive Communications Specialist for the AANS, shows a member how to access the Internet at the **NEUROSURGERY://ON-CALL**™ Annual Meeting booth.

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## CME On Line

Neurosurgeons can register for continuing medical education classes and can often submit abstracts for scientific journals and meetings via the Web. Over 60 percent of the abstracts submitted for the 1997 CNS Annual Meeting came through **N:/DOC**.

Interactive Web sites also allow neurosurgeons to earn CME credits right from their personal computers. "We are working on plans right now to offer several different learning programs over **N:/DOC** that will offer Category 1 CME credits," says Nancy Bashook, Director of Professional Develop-

ment for the AANS. "Participants will be able to view slides, listen to presentations and be tested on their knowledge without ever leaving their offices."

## Outcomes Data

The Outcomes and Guidelines Committee of the Joint Section on Cerebrovascular Surgery has developed Outcomes Reporting Instruments for carotid artery surgery and intracranial aneurysm surgery that are now available on **N:/DOC**. The Outcomes software can be downloaded from **N:/DOC** and neurosurgeons can develop their own local

databank. The next step will be to submit those outcomes and other pertinent information to a national databank.

"Analyzing outcomes in this way allows a neurosurgeon to compare his patient's progress with similar patients around the country in a matter of minutes," Dr. Friedman said. "Large, national outcomes studies are far and few between right now because of the massive amount of work that goes into managing a large study. With the Internet not only is the work much less intensive, but the studies also will be more in-depth."

## Telemedicine and the Future

The impacts of the Internet and the Web on neurosurgery and medicine are far from over, or even fully comprehensible at this time.

"It's like when the telephone was first invented and users had to hand crank the lines and access was limited," Mr. Reid said. "An Electronic Revolution has definitely started, but it is still in its infancy. As technology advances and programs become even more efficient, we'll see wider use of the Internet in our everyday lives."

Larger teaching hospitals today are involved in telemedicine programs that allow rural physicians to electronically transmit CT scans and MRI images to city hospitals for a consult in a matter of minutes. "To do a program like that now you need special software on both ends," Mr. Reid said. "In five or six years, it will be possible to attach the file for an entire CT scan to an e-mail message and send it to a colleague across the country in a matter of minutes for a consultation."

In the early 1990's, the Internet moved data at a rate of 1.5 million bits per second. Several years later the rate had reached 45 million bits per second and by 1996, the Internet moved at a rate of 2 billion bits per second, which is fast enough to send the entire Encyclopedia Britannica across the country in under two seconds.

"The technology expands on a weekly basis," Mr. Reid said. "Allowing us to do things faster, easier and of a higher quality. Not only will the Internet be expanding over the next few years, other online programs, like video conferencing, will also be growing by phenomenal rates."

## ANNOUNCING FIND A NEUROSURGEON!

**NEUROSURGERY://ON-CALL**® (<http://www.neurosurgery.org>) the Web site of The American Association of Neurological Surgeons and Congress of Neurological Surgeons is pleased to present "Find A Neurosurgeon," a new feature that will help you reach the people who want to know about you and your practice.

This online resource, in the new public pages section of the web site, is a directory of AANS and CNS members searchable by name, city/province, and area code.

In Find a Neurosurgeon, a basic directory listing is free and includes your name, address and phone number. However, you may choose to upgrade your member listing to provide people with more details about yourself and your practice. Two expanded profiles are available:

### Option 1

If you don't have a personal Web site, this option is for you. This profile includes

- photo
- contact information
- education and training experience
- subspecialty expertise
- 500 word description about your practice, research interests, etc.

Cost: \$500.00 (one time fee)

### Option 2

You may want to consider this option if you already have a personal Web site. This profile includes:

- photo
- contact information
- subspecialty expertise
- a hypertext link to your web site.

Cost: \$125.00 (one time fee)

Both expanded profiles include photo scanning, HTML programming, and server hosting.

As more and more people turn to the Internet for health related information, **N:/DOC**® is poised to help them find neurosurgical information, specifically *you!* For more information or to request an application, please contact Allison Casey - by phone at 847-692-9500 or by e-mail at [avc@aans.org](mailto:avc@aans.org).

## Neurowebsources

### Neurosurgery-Related Web Sites

#### American College of Surgeons

<http://www.facs.org>

The official ASC site includes Information about College activities, policies, and publications.

#### American Medical Association

<http://www.ama-assn.org>

The official home page for the AMA includes membership information, advocacy and communication statements, product catalogs, and consumer health information. Features online versions of *JAMA*, *American Medical News*, and other publications. Also, features online doctor finder called AMA Physician Select.

#### Centers for Disease Control and Prevention

<http://www.cdc.gov>

This government public health site includes data and statistics on a wide variety of infectious and sexually transmitted diseases, birth defects, environmental health issues, death investigations, and preventable injuries. Includes HAZDAT — a health effects database, Cancer Registries, and the *Morbidity and Mortality Weekly Report*.

#### Computer Guided Surgery

<http://www.igs.wiley.com>

Formerly the on-line version of *Journal of Image Guided Surgery*, this site includes a library and discussion forums.

#### Medscape

<http://www.medscape.com>

This extensive site includes medical news, patient resources, CME credit opportunities, practice cases, reference materials, and full-text peer reviewed articles. Once registered, you will have unrestricted free access to Medline, AIDSLINE, TOXLINE, daily medical news, self-assessment features, and CME resources.

#### National Institutes of Health

<http://www.nih.gov>

Contains information on NIH grants and contracts, CancerNet, Clinical Alerts, the Women's Health Initiative, and the NIH Information Index (a subject word guide to diseases and conditions under investigation at NIH). Also features links to the many individual organizations that collectively make up NIH, including the National Institute of Neurological Disorders and Stroke.

#### NeuroSource

<http://www.neurosource.com>

A global directory of neuromedicine. Has links to nearly 100 other neuromedical sites for both physicians and patients.

#### Neurosurgeon.com

<http://neurosurgeon.com/>

Includes links to a variety of sites and a listing of neurosurgeons with Web pages and e-mail.

#### Neurosurgery Residents On-line Handbook

<http://sunsite.unc.edu/Neuro/handbook/handbook.html>

Sponsored by the University of North Carolina at Chapel Hill, Division of Neurosurgery, this site includes lists of scales, drugs, charts and diagrams commonly used in neurosurgery. Also includes guidelines for common procedures.

#### Visible Human Project

[http://www.nlm.nih.gov/research/visible/visible\\_human.html](http://www.nlm.nih.gov/research/visible/visible_human.html)

Includes information on obtaining copies of the National Library of Medicine's complete, anatomically detailed, 3-D representations of the male and female body by transverse CT scans, MRIs, and cryosection images.

#### WebDoctor

<http://www.gretmar.com/webdoctor/home.html>

A comprehensive, peer-reviewed index of Internet medical resources designed to provide physicians with a virtual library of up-to-date medical information.

#### The Whole Brain Atlas

<http://count51.med.harvard.edu/AANLIB/home.html>

A collection of over 250 CT scans, MRIs, and SPECT/PET images of healthy brains and brains with various disorders.

### Other Web Sites of Interest

#### CNN Interactive

<http://www.cnn.com>

A service of Cable News Network, this site provides up-to-the-minute news, weather, financial reports, sports, and more. Includes video and audio clips of stories broadcast on CNN as well as links to sites of related interest.

#### Edmunds

<http://www.edmunds.com>

In the market for a new car, or just want to know the "Blue Book" value of your current vehicle? This auto buyer's guide contains detailed information about each and every model of car, truck, van and sports utility vehicle sold in the U.S. It also tells you the dealer's invoice of a new vehicle so you will know how to negotiate a good price. The site includes a link to Auto-by-Tel, a buying service that helps you buy vehicles at reduced prices.

#### Expedia

<http://expedia.msn.com>

Need a vacation? Planning a trip to a scientific meeting? This site allows you to check prices and book flight arrangements, rental cars, and hotel rooms.

#### The NASA Home Page

<http://www.nasa.gov>

A must bookmark for aerospace fans. This extensive site features information on current and upcoming space missions, aeronautics, the universe, and more. For maximum fun, go to the linked sites for the NASA Office of Space Flight and the Shuttle Web site (<http://shuttle.nasa.gov>), where you can track the progress of the latest Shuttle mission, view real-time video, and ask questions of the crew.

#### Newspapers Online

<http://www.newspapers.com>

Features direct links to major newspapers across the U.S. and abroad, trade journals, business publications, arts and entertainment and religious publications, college and university newspapers, and more.

#### Yahoo! Maps

<http://www.vicinity.com/yahoo>

This unique site allows you to enter the address of any location in the U.S. and get a detailed local map in seconds. If the location is within 300 miles of your starting point it will even give you driving directions.

## A Day with Cybersurgeon John Oro, MD

6 AM — The day starts at home with a glass of orange juice and a jump into Cyberspace. Neurosurgeon John Oro, MD, checks his e-mail and replies to several questions from physicians about **NeuroSource**, the Web site he administers. He then glances at today's news headlines, reviews an article about computers that has been automatically sent to him by an online news group, checks the weather report, forwards a question about **NEUROSURGERY://ON-CALL**® to the AANS National Office, and logs off before he heads to the office.

"Communicating with people and searching for information would be incredibly time consuming for me without the Internet," Dr. Oro said. "I would never be able to be involved in as many different projects without these resources. The Internet helps me stay up-to-date, and makes it much easier to make decisions and get things done."

Dr. Oro's interest in the Internet started as a hobby and soon expanded into the development of **NeuroSource**, his own site on the Internet which organizes the wide variety of neuromedical information that can be found on the Web into a useable format. His interest in and expertise with the Internet led to his appointment in June 1997 as Editor of **NEUROSURGERY://ON-CALL**®, the official Web site of The American Association of Neurological Surgeons and Congress of Neurological Surgeons.

"In the early 1990s there was growing concern about managed care in the medical world," Dr. Oro noted. "But just below the radar screen there was another change underway that was centered on the Internet. I just sensed this was going to be a very positive change and wanted to learn more. This resource is tremendous for physicians and I waited for some sort of neurologic health network to develop, but it never did. That's why I've become so involved."

7:30 AM — Now in the office, Dr. Oro logs on to his computer, checks his e-mail,

and quickly is updated on a patient's progress, today's surgical schedule, committee work, and other office fundamentals.

"The office is where the real essential use of the Internet happens," he said. "The amount of information I can find and exchange throughout the day is significantly greater than previously possible."

Dr. Oro has seven e-mail messages this morning. Three are from his nurse practitioner: two regarding patients who were in clinic the week before and one asking about the scheduling of a lengthy surgery at the end of the week. There is also an e-mail from an otolaryngologist and a neurosurgical resident regarding patients. At the medical center where he is on staff, there is a joint skull base surgery project between neurosurgeons and otolaryngologists and much of the communication between doctors happens through e-mail. Also this morning, the Outcomes Office from the hospital has sent an e-mail announcing an updated policy, and an **N:/OC**® editorial board member has sent a question for Dr. Oro.

"Within a matter of 15 minutes, I have answered questions regarding a patient's management, scheduled a surgery, planned an upcoming case with the skull base team, and answered e-mail from various offices," Dr. Oro said. "Without e-mail this would have been a lengthy process of memos, post-it notes, phone messages, and trying to 'catch' me."

After his electronic mail is answered, Dr. Oro logs onto the Internet. He searches the National Library of Medicine's database for recent research on brain stem AVMs. He finds three articles and reads the abstracts. Two of the articles apply to his work so he links to his library where the full text is pulled, scanned, e-mailed, and printed out. The two articles will be available for Dr. Oro to read in 30 minutes.

8:50 AM — After making rounds, Dr. Oro stops by the office to check his e-mail. One of the rehabilitation physicians has sent him an e-mail regarding a patient they jointly managed and the otolaryngologist has confirmed the surgical date for the skull base case that Dr. Oro suggested. There is also a document from his secretary attached to an e-mail message that needs to be reviewed. The full text of the articles Dr.

Oro searched for earlier in the morning have been printed out and are ready for him to read.

2:20 PM — Dr. Oro stops into the office once more to check his e-mail. Waiting are two questions from his nurse practitioner and three from his secretary. There's also another message from an **N:/OC**® Editorial Board member and a message from a doctor who is on a hospital committee with Dr. Oro. He has a short break, so Dr. Oro logs onto the Cable News Network (CNN) site to glance at the latest news, and then heads to the **N:/OC**® site, where he reviews the latest edition of *Neurosurgical Focus*, the exclusive online, neurosurgical journal produced by the editors of the *Journal of Neurosurgery*.

4:30 PM — Dr. Oro meets with his lab assistant who is working with him on some Internet projects. The new Neurosurgery Division home page for the University of Missouri is almost ready to be sent to the server. He and his assistant use a variety of software programs to create their site internally.

"Although our designs are not fancy, we hope to make our sites easy to navigate and rich in content," Dr. Oro said.

He is also beginning an "Intranet" for his Division so that his residents and nurses can have access to protocols, guidelines, and other patient management information.

6:40 PM — Before heading home, Dr. Oro puts the finishing touches on an a research paper abstract for the upcoming CNS Annual Meeting, then submits it electronically through **N:/OC**®. He also enters some numbers into his aneurysm outcome database and compares the information about this week's patients with that of previous patients. He obtained the database software by downloading it from **N:/OC**®.

6:50 PM — After a short drive home, Dr. Oro greets his family and glances at his home e-mail before dinner outside on the porch with his wife and three boys.

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**9:55 PM**—With no daylight left for gardening and his boys off to bed, Dr. Oro logs back on and responds to a few e-mails. He also sends an update to the **N://OC**® editorial board and checks in with a few of his favorite Web sites.

“The goal of **N://OC**® is to create a virtual presence for the AANS and CNS,”

Dr. Oro said. “We are working to create a global neurosurgical community, that, with feedback and contributions from neurosurgeons, patients, and families, should enhance neurosurgical care world wide.”

*John Oro, MD, is Assistant Professor of Neurosurgery at the University of Missouri Health Sciences Center in Columbia, Missouri. Prior to assuming his current*

*appointment as Chairman of the **NEURO-SURGERY://ON-CALL**® Editorial Board, he served as a member of the AANS/CNS Joint Computer Task Force. He also is the Founder and Editor of NeuroSource, an on-line, global directory of neuromedicine (<http://www.neurosource.com>)*

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**Most Unusual Bookmark:** Tie Guide (<http://fashionmall.com/media/mr/doc/howtotie.htm>)

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**Web Site Used Most Frequently:** Create Your Own Newspaper (<http://www.crayon.net>)  
**Most Unusual Bookmark:** The Useless Pages (<http://www.go2net.com/internet/useless/>)

# MANAGED CARE *update*

## Strategies for Success



By John A. Kuske, MD

By now most Americans have heard the horror stories about health maintenance organizations (HMOs). The media has had a field day with the image of huge profit-hungry HMOs chewing up the little guy, denying coverage for needed care to save money, and setting up

financial incentives for physicians to withhold or delay care. The media has also tracked the consolidation among HMOs and has played up the potential for an abuse of power.

The stories and statistics have prompted a variety of responses. In the short term, some of these responses may act in favor of specialists. Some managed care organizations (MCOs) have taken a close look at the way they handle authorization for specialty referrals and have found ways to streamline the process. According to recent data from *Integrated Healthcare Report*, some are now allowing automatic referrals for all but the costliest or most controversial services. MCOs, by addressing physician and patient concerns about timely access to appropriate care, have found they saved administrative costs by this process.

### Specialty Care Access

HMOs around the country are also introducing "open access" plans. For example, PacificCare of California announced that its enrollees will have faster access to specialists utilizing a program that allows primary care doctors to send patients directly to some specialists without authorization by a group's utilization review committee. More than 4,600 primary care physicians at 35 medical groups in California have agreed to participate in the program.

The MCOs have also discovered that in many instances the specialist makes a far better gatekeeper, or "care-manager," than the primary care physician. With this in mind, neurosurgeons should consider developing programs to be the care-

managers for common problems, such as spine disorders, with the goal of enhancing their practice opportunities and increasing patient referrals.

State legislatures, meanwhile, passed over 400 separate bills in 1996 alone to address public concerns about quality of care and inappropriate use of financial incentives to delay or deny care.

However, nothing out there seems to be retarding the premium competition and the squeeze on provider reimbursement. If giving consumers direct access to specialists increases costs, employers or employees will need to pay more for the privilege. While some of the developments to loosen up access may be comforting to some, it's not realistic to expect a sudden deluge of referrals. HMOs will still need to be competitive on premiums and providers will need to be competitive on costs.

### Getting Organized

Neurosurgeons, to enhance their market share in this era, need to get organized. Consideration should be given to the development of single specialty networks, which will enable the planning and implementation of risk programs for neurosurgical care. These organizations should be able to provide risk assessment, demand management, disease management, treatment protocols, outcomes measurement, and both cost and clinical results reporting. The smart neurosurgeon who puts one of these programs together and sells it to the managed care community will be a sure winner. The alternative is for neurosurgeons to wait patiently under the table for table scraps.

Some specialists are attempting to create a niche for themselves by forming single specialty Independent Practice Associations (IPAs) in order to attract subcapitation agreements. Some think that dollars will flow to single specialty IPAs in the future. Others have stated that specialty services are likely to be carved out and capitated only if the services are unique, rare, and organized in a concentrated fashion.

In the last several years, the primary care Management Service Organization (MSO) has become the integration model of choice. There are now indications that it can become an effective model for specialists as well. MSOs provide contract

management and/or practice management services to physician organizations.

Physicians, who can obtain the necessary capital, can form MSOs. Some MSOs purchase the equipment and supplies of medical practices and employ office staff and physicians. Others contract to offer services. In many cases, a combination of both approaches is used. There are emerging specialty practice management organizations in oncology, neonatology, and cardiology which appear to have significant potential for success.

The question that one might ask is, are specialty groups the answer? They're vastly superior to private solo practice in their ability to deal with managed care. Ultimately their success will depend on how well they relate to managed care organizations. They will, over the long term, need to develop disease management programs with information systems support, consolidate their administrative costs and streamline clinical practice costs. They will only survive if they offer the best solution to the medical cost, quality, and access equation.

As it turns out, the more aggressive specialists are not only surviving, but winning in a variety of ways under various risk-sharing arrangements. As Medicare and Medicaid shift to managed care, it will become even more important for neurosurgeons to become proactive in this arena.

If you haven't  
already,  
be sure to visit  
N:/OC® at:  
[www.neurosurgery.org](http://www.neurosurgery.org)

You can email  
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[info@aans.org](mailto:info@aans.org)



# 1997 Annual Meeting Covered Range of Clinical Research and Socioeconomic Issues

For neurosurgeons looking to debate the latest neurological research, enhance their clinical skills, and strategize about socioeconomic issues, Colorado was the place to be this spring. The 65<sup>th</sup> Annual Meeting of The American Association of Neurological Surgeons was held April 12–17 in Denver. More than 5,202 neurosurgeons, neuroscience nurses, physician assistants, and other professionals participated.

Robert A. Ratcheson, MD, served as Annual Meeting Chairman, and the meeting combined a solid Scientific Program of eight scientific sessions, 28 hands-on clinics, and 76 educational seminars, with a strong docket on the current socioeconomic issues facing neurosurgery.

The Scientific Program, chaired by William Chandler, MD, featured 127 research papers and 550 poster exhibits. A series of special 3-D video seminars

offered through the meeting allowed surgeons to view real-time brain and skull base surgery. Attendees also had the opportunity to view more than 520 technical and institutional exhibits on display.

## Program Highlights

The Richard C. Schneider Lecture was given by L.N. Hopkins, MD, Professor and Chairman of Neurosurgery at the State University of New York at Buffalo, who focused on the history and future of vascular surgery. Dr. Hopkins emphasized the relatively short history of cerebrovascular surgery and the important advances in endovascular surgery during the 1990s. He also stressed the future of minimally invasive endovascular procedures in treating vascular abnormalities and accessing other intracranial and spinal abnormalities such as tumors.

J. Charles Rich, MD, the 64<sup>th</sup> President of the AANS, delivered his Presidential Address following the Schneider Lecture. His topic was "In Times of Change, Learners Inherit the Earth." The full text of Dr. Rich's remarks will be published in the December issue of the *Journal of Neurosurgery*. In the meantime, his comments, as well as the complete Schneider Lecture and other major presentations, are available on audiotape. To obtain an order form, write InfoMedix at 12800 Garden Grove Blvd., Suite F, Garden Grove, CA 92643, or call (800) 367-9286.

On Tuesday, April 15, former U. S. Secretary of Education William J. Bennett, PhD, gave the Cushing Oration, speaking on the topic "In Defense of Western Civilization." The Tuesday program also featured a special lecture, by Raymond L. White, PhD, Director of Huntsman Cancer Institute and Chairman of the Department of Oncological Sciences at the University of Utah in Salt Lake City, who discussed new means of diagnosis and intervention in brain cancer cell development, including the role of tumor suppresser genes.

The highlight of Wednesday's Scientific Program was the "Decade of the Brain Symposium," which examined the "Fundamental Enigmas: Neurosurgery's Principle Challenges and Progress Toward Solutions." Moderated by Michael L.J. Apuzzo, MD, and Charles Hodge, MD. Presentations covered such topics as craniocerebral trauma, functional restoration after spinal cord injury, management of degenerative spine diseases, and molecular biology and genetics in understanding and control of neoplastic invasion. Symposium speakers stressed recent innovative concepts and methods that offer promise for resolution of these barriers.



*Edward R. Laws, Jr., MD, (right) incoming AANS president, presents J. Charles Rich, MD, outgoing AANS president, with the Harvey Cushing Cigarette Box, a tradition since 1959.*



*Russell Travis, MD, (right) presents Robert White, MD, with the Humanitarian Award.*



*Michael L.J. Apuzzo, MD, congratulates Zelma Kiss, MD, on receiving the Van Wagenen Fellowship.*

## Business Meeting

The Annual Business Meeting concluded the day's events on Monday April 14. Outgoing Secretary Martin Weiss, MD, reported on the Association's activities for the past year, and Treasurer Stewart Dunsker, MD, provided an update on AANS finances. In addition, Edward R. Laws, Jr., MD, was installed as the 65<sup>th</sup> President of the AANS. Finally, an appeal from a member whose membership had been suspended by the Board of Directors was heard by the AANS voting membership. The outcome of the appeal is reported (see bottom right corner of this page).

## Members Honored

In addition to the scientific programming, several members were

honored for their contributions to the field of neurosurgery and the AANS:

- **Robert G. Ojemann, MD**, Professor of Surgery at the Harvard Medical School, received the 1997 Cushing Medal, the Association's highest honor. He was recognized for his many years of outstanding leadership and dedication to the field of neurosurgery. A consummate physician and educator, Dr. Ojemann also has made important research contributions in the areas of cerebrovascular neurosurgery, acoustic neuroma surgery, normal pressure hydrocephalus, cerebellar infarction, and hemorrhage.
- **Robert White, MD, PhD**, of Cleveland, Ohio, received the 1997 Humanitarian Award in recognition of his many years of dedication to neurological science, medicine, and community service. Dr. White is internationally known for his expertise in clinical brain surgery and for his contributions to the basic understanding of the central nervous system. He has made more than 50 trips to the former Soviet Union, serving as mentor, lecturer, consultant, and friend to neurosurgeons and political figures throughout the country. He also serves as a member of the Vatican's Pontifical Academy of Sciences.
- **Ernest W. Mack, MD**, of Reno, Nevada, received the 1997 Distinguished Service Award for his service to the medical field and neurosurgery. Dr. Mack was honored for the pivotal role he played in the establishment of the School of Medicine at the University of Nevada through the development of the Washoe Medical Center.

## Outstanding Researchers

A number of outstanding researchers were also singled out for honors, including:

- **William H. Sweet, Young Investigator Award in Pain Medicine**: "Trigeminal Neuralgia, Multiple Sclerosis, and Microvascular Decompression" — Giovanni Broggi, MD.
- **Preuss Resident Award**: "Chromosome 11 Abnormalities Are the Most Frequent of Multiple Aberrations Detected in Pituitary Adenomas by Comparative Genomic Hybridization" — Andrew K. Metzger, MD.
- **Mahaley Clinical Research Award**:

"Safety and Efficacy of Malignant Glioma Radiosurgery: A Long-Term Perspective" —

Douglas S. Kondziolka, MD.

- **Young Investigator Award**: "What Determines a Benign Glioma Phenotype" — Scott Litofsky, MD.
- **Brain Tumor Award**: Roberta Glick, MD.
- **Joint Section on Functional and Stereotactic Neurosurgery Resident Award**: "Electrophysiological Heterogeneity of Astrocyte Ion Current Mechanisms" — Guy M. McKhann II, MD.
- **Kenneth Shulman Memorial Award**: T.S. Park, MD.

In addition, Zelma Kiss, MD, was named the 1997 Van Wagenen Fellow. Her research has focused on human neurophysiology using intraoperative microelectrode recording. She is currently

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## SUSPENSION UPHELD BY MEMBERSHIP

By Ben Blackett, MD, Chairman  
Professional Conduct Committee

During the Annual Business Meeting on April 14, in Denver, Colorado, the appeal of a recently sanctioned member was heard by the AANS voting membership.

According to Article II, Section 3, of the AANS Bylaws, a member who has been suspended by the Board of Directors can appeal the suspension to the voting membership during the Annual Meeting.

A statement was read by a representative for the appellant, and AANS President, J. Charles Rich, MD, read the Board of Directors' statement; after which, a secret written ballot was taken.

Ballots were handled exclusively by the Annual Meeting Marshals who in turn reported the results. Of the 190 votes cast, 185 were in favor of the Board's action and five were against.

Consequently, the appellant will serve a six-month suspension from membership, which began on April 14, 1997.

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completing work on her PhD thesis which is entitled "Plasticity in the Adult Human Somatosensory System." Dr. Kiss will use the fellowship to study in the laboratory of Alim Benabid, MD, at the University Hospital of Grenoble, France, learning different techniques for stereotactic targeting; the use of semi-microelectrodes and a 5-electrode array for unit recordings; and the use of clinical assessment of rigidity in the operating room for selection of DBS and lesion targets.



*William J. Bennett, PhD, was the 1997 Cushing Orator.*



*Robert Ojemann, MD, received the 1997 Cushing Medal.*

## 1947 ANNUAL MEETING REVISITED

This year marked the 65<sup>th</sup> time neurosurgeons from around the country gathered at an Annual Meeting to share research and discuss the goals of the organization. What topics did members of the Harvey Cushing Society discuss 50 years ago? According to Louise Eisenhardt's minutes:

- The 15<sup>th</sup> annual meeting was held in Hot Springs, Arkansas, on November 13, 14, and 15, 1947, with headquarters at The Homestead. More than 200 were registered, including 92 members. (By comparison, at the 1997 meeting, there were 1,618 neurosurgeon members present and 5,202 total registrants.)
- The color motion pictures of Hawaii shown by Dr. Cloward were enjoyed by a large audience, and a show of hands at the executive session indicated that about 25 members were seriously interested in attending a meeting in Honolulu. (Annual Meetings were held in Honolulu in 1956 and 1982.)
- The program for the entire three-day meeting consisted of just 20 scientific papers. (A total of 131 oral presentations were made during three days at the 1997 AANS Annual Meeting.) The Friday afternoon session, held November 14<sup>th</sup>, included the following presentations:

**Paper 16** *Automatic Cranial Drill - 1947 Design*  
Richard U. Light, Kalamazoo, Mich.

**Paper 17** *Motion Pictures of Automatic Cranial Drill in Use*  
Edgar A. Kahn, Ann Arbor, Mich.

**Paper 18** *Radial-Median Anastomosis*  
Frank Turnbull, Vancouver, Canada

**Paper 19** *End Result of Plasma Clot Nerve Repair*  
Thomas I. Hoen, New York City, New York

**Paper 20** *Etiologic Factors in the Production of a Typical Trigeminal Neuralgia*  
Rupert B. Raney, Los Angeles, Calif.

**Don't miss the  
66th Annual Meeting  
in Philadelphia  
April 25-30, 1998**

# Section

## news

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### Trauma Section Update

The Joint Section on Neurotrauma, with the approval of the AANS, is forming a group under the Prevention Committee of the Joint Section that will develop a gun safety program. Anyone interested in helping on this project should contact Dr. Howard Kaufman at West Virginia University, (304) 293-5041.

### Pain Section Update

The Pain Section offered a full range of activities during the AANS Annual Meeting in Denver, including a special pre-meeting educational workshop, and elected new officers for the 1997-98 term.

### Workshop Review

The Second Annual Interventional Therapies in Chronic Pain Management Workshop, presented by the Pain Section in Denver, received exceptional ratings from participants.

The workshop faculty covered ablative and augmentative procedures with the use of demonstration models and participation cadaver sessions. On a scale of one to five, participants rated the workshop 4.5 for overall practice relevance. Individual workshop sessions and lectures scored in the range of 4.1-4.75. Furthermore, responses from 60 participants showed their primary reason for attending the meeting was the workshop.

Another workshop will precede the 1998 AANS Annual Meeting in Philadelphia on April 23 and 24, 1998. For registration or program information, contact Sam Hassenbush by e-mail at samuel@neosoft.com, by fax at (713) 794-4950, or by phone at (713) 792-2400.

### Awards and Honors

During the 1997 Annual Meeting in Denver, Giovanni Broggi, MD, received the William Sweet Award. In addition, ABC News came to tape a segment for "World News Tonight" based on Lars Augustinsson's, MD, presentation on the neurosurgical management of cardiogenic pain by neurostimulation.

### New Officers Elected

Officers elected at the Section's Annual Business Meeting were: Chairman: Jeffrey A. Brown, MD; Vice Chairman: Kenneth Pollet, MD; Continuing Council: Giancarlo Barolat, MD, Jamie Henderson, MD, Robert Levy, MD, and Richard Weiner, MD.

**When moving remember to send your  
change of address to:**

**AANS Member Services  
22 South Washington Street  
Park Ridge, Illinois 60068-4287**



# Virginia Neurosurgeon Elected President of the AANS

Edward R. Laws, Jr., MD, FACS, of Charlottesville, Virginia, became the 65th President of The American Association of Neurological Surgeons (AANS) during ceremonies held at the Association's 1997 Annual Meeting in Denver, Colorado.

Dr. Laws currently serves as Professor of Medicine and Neurological Surgery at the University of Virginia, and as Clinical Professor of Neurological Surgery at George Washington University. He previously spent 15 years on the staff of the Mayo Clinic. He is widely known for his expertise in pituitary surgery, and has published extensively on pediatric surgery, brain tumor surgery, and epilepsy surgery.

Dr. Laws earned his bachelor's degree in economics and sociology from Princeton University. He received his medical degree from Johns Hopkins University School of Medicine, where he also completed his surgical internship and residency.

An active member of the AANS since 1975, he has held a number of leadership positions, including that of Treasurer (1992-95) and member of the Board of Directors (1989-1995). He currently serves as the Neurosurgical Regent to the American College of Surgeons Board of

Regents (1995 to present) and as a member of the Executive Council of the AANS Research Foundation.

A prolific author and researcher, Dr. Laws has written more than 200 articles for peer-reviewed journals, seven books, 89 book chapters, and 145 abstracts and editorials. He also served as Editor of the scientific journal *Neurosurgery* (1987-92), and currently is a member of the Editorial Board of the *Journal of Neurosurgery*. A dedicated educator as well, Dr. Laws has lectured and done visiting professorships at medical schools and clinics all over the world.

In addition to his volunteer activities with the AANS, Dr. Laws has taken on active leadership roles in several other professional societies, including serving as President of the Congress of Neurological Surgeons (1984) and Secretary of The World Federation of Neurosurgical Societies (Present). He was a founding member of the American Pituitary Association, the Brain Surgery Society, the International Society of Pituitary Surgeons, and the Pituitary Society. Dr. Laws also holds memberships in the American College of Surgeons, the American Medical Association, and the American Epilepsy Society.

Dr. Laws and his wife, Margaret, are the parents of four daughters.

Following are some brief comments from Dr. Laws as he embarks upon his year as President of the AANS. If you have questions for Dr. Laws, he may be reached at his e-mail address: [erl@neurosurgery.org](mailto:erl@neurosurgery.org).

## What are some of the key issues facing neurosurgery in the year ahead?

Among the major issues we will be tackling this year are the questions surrounding fellowship education and subspecialty certification. The AANS has developed a Task Force to investigate this. There are a lot of strong feelings in this

area, but the Task Force will consider the issues, try to establish if subspecialization within neurosurgery is the trend, determine how we can qualify neurosurgeons in the subspecialties and make a recommendation.

We will also continue to be heavily involved in the practice expense issue, pedicle screw litigation, and recertification.

## With the growth of different interests in neurosurgery, will it be difficult to maintain a sense of unification and focus as one specialty?

This issue is slowly starting to fade. In the beginning there was a lot of tension between the different Sections and the main organizations as the Sections fought to find their identity. But, in the past few years, most of the Sections have matured and with that maturity comes a confidence in what they do. You can see and feel a real team spirit and that is terrific. It makes the whole organization more effective.

## You have been very involved with the AANS and other professional organizations throughout your career, why do you feel this is so important?

Anytime I attend a conference or lecture, it is very stimulating and I always learn something. On the international level, I believe it is very important for Americans to take a role in the international neurosurgery arena because we have so much to offer. In return, neurosurgeons from other countries approach problems from a completely different point of view and that can be very stimulating. Working with my colleagues is one of the ways I relax.

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*Dr. Laws takes a break at the 1997 Annual Meeting to pose with neurosurgeon legends Harvey Cushing (right) and Walter Dandy.*

## Recent Actions of the Board of Directors

The AANS Board of Directors met at the 1997 Annual Meeting in Denver. The highlights of their actions are presented here.

### Financial Report

Treasurer Stewart B. Dunsker, MD, presented a proposal to change the Association's fiscal year-end from December 31 to June 30. The change has several advantages, including lower audit fees. The annual budget will continue to be prepared in November and will be updated in time for the April Board Meeting. The motion was passed.

Dr. Dunsker also presented a brief update on the budget, noting that two unanticipated expenditures had arisen. Approval to launch a Task Force on Post Residency Education Enhancement (Fellowship) will require approximately \$15,000 to \$20,000 to launch. The other was a request for \$200,000 to fund the Practice Expense Initiative, which is aimed at preventing implementation of the HCFA's proposed changes in reimbursement for practice expenses. Dr. Dunsker noted that funds for this project will be taken out of departmental programs and implementation of other programs will be delayed.

He also presented a summary of the AANS Research Foundation Fund Development Meeting, held last October, in which it was suggested that a task force

be formed to study clinical versus basic science research and the Foundation's funding history in this regard. There was also some discussion about changing the name of the Foundation in order to broaden its support base, a recommendation the Board approved.

### CME Credits

The Board discussed a resolution from the Joint Council of State Neurosurgical Societies (JCSNS) to reduce the required number of CME credits needed to maintain AANS membership from 90 to 60 every three years. It was moved and approved that the requirement of CME credit hours to maintain membership be reduced from 90 to 60 every three years.

### Membership

Upon recommendation of Robert A. Saxon, MD, Chairman of the Membership Committee, the Board welcomed 31 new Active members and 75 Active (Provisional) members; approved 19 requests for transfer from Active to Lifetime membership, three transfers from Active (Provisional) to Active membership, and transfer of one member from Active (Foreign) to Lifetime (Inactive) membership; approved nine applications for Associate membership; approved the resignation of one Associate member; and approved 20 applications for International Associate membership. The Board also observed a moment of silence in remembrance of 13 deceased members.

### Quality Assessment

In his Outcomes Committee Report, Robert Harbaugh, MD, asked that the

AANS leadership correspond with the Chairs of the Sections indicating the Association's commitment to developing Outcomes reporting instruments. He also requested that a portion of the AANS Annual Meeting Scientific Program be devoted to Outcome studies each year. The Board agreed with the recommendations and noted that implementation on both items had already begun.

### Professional Conduct

W. Ben Blackett, MD, Chairman of the Professional Conduct Committee, presented recommendations regarding two cases heard by the committee. The Board agreed unanimously against censure in the first case, which alleged an ethical violation. In the second case, the Board approved sending a letter of reprimand for unprofessional conduct in testimony given.

### Neurotrauma Fellowship

The Board discussed and approved support for the establishment of a Fellowship in Neurotrauma to be funded by the AANS/CNS Joint Section on Neurotrauma.

### National Association for Biomedical Research (NABR)

Roberto Heros, MD, described a request from Phanor L. Perot, Jr., MD, to support legal action challenging a recent ruling from the Supreme Court that would adversely affect biomedical research. The Board voted not to officially donate money to the legal fund, but will distribute Dr. Perot's request to the appropriate Sections for their consideration.

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### Fellowship Task Force Created

The Joint Officers of the AANS and CNS have appointed a Task Force to study current neurosurgical fellowship issues. The members of the committee are: Julian Hoff, MD, Chairman; Frederick Boop, MD; David Jimenez, MD; James Bean, MD; Stewart Dunsker, MD; Hunt Batjer, MD; Kim Burchiel, MD; and Stephen Haines, MD.

The charge of the Task Force is to:

- 1) Determine the incidence at prevalence of fellowship training.
- 2) Determine the factor motivating neurosurgical residents to seek fellowship training.
- 3) Determine the feasibility of monitoring fellowships for quality.
- 4) Assess the impact of fellowship training upon socioeconomic factors in the community.
- 5) Examine the perceived limitations of existing residency training programs which relate to the need for fellows.
- 6) Consider the role that the AANS/CNS and the Joint Sections should play vis-a-vis these fellowships.

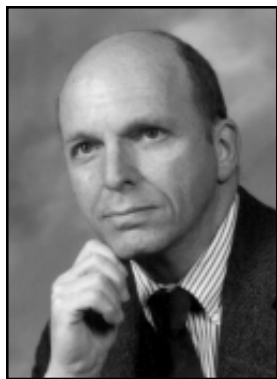
The Task Force invites comments from members of the AANS and CNS in person at the CNS Annual Meeting in New Orleans, or by e-mail to Dr. Hoff at: [jhoff@umich.edu](mailto:jhoff@umich.edu)



*AANS Board Members (left to right) Stewart Dunsker, MD, Stan Pelofsky, MD, Edward Laws, Jr., MD, and Russell Travis, MD, consider a committee report.*

# Secretary's *letter*

## The AANS Year in Review



Martin H. Weiss, MD

Dear Colleagues: As my term as Secretary of the AANS came to a close during the Annual Meeting in Denver, I was pleased to report at the Business Meeting on the activities of our organization during the past year. Overall, we are focused on our

mission as the spokes organization for North American neurosurgery, and maintain our progress toward providing members with opportunities for scholarship, education, service, and a voice in socioeconomic affairs.

### Membership

Our organization continues to experience steady growth, with membership increasing by 5.4 percent during 1996, bringing the total to 5,086 members at year's end.

In accordance with the bylaws change of 1995, permitting certificants of the Mexican Council of Neurological Surgery, A.C. to become Active members of the AANS, we began to welcome into our ranks a number of colleagues from throughout North America. In addition, the ranks of our Associate and International Associate member categories continued to grow vigorously, reflecting the global influence and stature of our Association.

### Publications and Professional Development

The *SCI Journal Citation Reports*, which annually ranks all peer-reviewed journals on the basis of their effectiveness and influence, rated the *Journal of Neurosurgery* third in impact among surgical journals. Whereas the next best competing neurosurgical journal ranked 26<sup>th</sup>, the *Journal of Neurosurgery* is the most widely read neurosurgical journal in the world and

continues to be the primary source of clinical and basic neuroscience reviews.

*Neurosurgical Focus*<sup>™</sup>, an electronic offshoot of the *Journal of Neurosurgery*, began its monthly publication in July 1996. The publication, which is listed in the Medicus Index and the National Library of Medicine, appears on the official AANS/CNS Internet Web site, **NEUROSURGERY://ON-CALL**<sup>®</sup>. It is designed to provide for rapid publication of original scientific research and emphasizes one clinical topic each month. It includes basic science reports, clinical studies, case reports, protocols for management and assessment of outcomes, and a clinical "pearl" section provides information on topics which are likely to impact daily practice. Response to this new Journal has been outstanding with more than 1,000 people visit the site each week.

The *AANS Bulletin*, published quarterly, continued to focus on practice management, socioeconomic, and reports on the Association many actions on its members behalf. The *Bulletin* also contains practitioner information regarding the new managed care environment. I am pleased to report that a number of changes were made in the *Bulletin's* production process, resulting in significant cost savings.

Two new books from both the *Neurosurgical Topics* and the *Special Topics* series were published and volume five of the *Neurosurgical Operative Atlas* was completed.

Professional Development Program courses continued strong in 1996, attracting more than 1,100 registrants. A total of 21 courses are currently planned for 1997.

The Annual Meeting remains the crown jewel of our educational effort. Over 850 completed abstracts were submitted for consideration at the 1997 meeting. The final program consisted of 127 papers, 73 of which were assigned discussants, and 550 poster presentations.

### N://OC<sup>®</sup>

Neurosurgery's site on the Internet, **NEUROSURGERY://ON-CALL**<sup>®</sup>, continued to grow and improve, providing many useful resources for our members. Neurosurgeons can now order educational texts through Amazon.com, the Internet's largest bookstore. **Resident Corner**, provides information for current and future neurosurgical residents, including a complete listing of accredited residency programs throughout the U.S. The Outcomes and Guidelines Committee of

the Joint Section on Cerebrovascular Surgery has developed Outcomes Reporting Instruments for carotid artery surgery and intracranial aneurysm surgery. These instruments will be available for downloading to individual computers so members can build local databases.

Other recent enhancements include a new section dedicated to providing neurosurgical information to patients, referring physicians, and the overall health care community.

### Young Neurosurgeons

It is gratifying to note that an increasing number of young neurosurgeons are participating in AANS' activities, such as the Annual Meeting Scientific Program Committee, the Publications Committee, the Research Foundation, and as ad hoc members of the Board of Directors. The actions of the Young Neurosurgeons Committee have been successful in achieving representation on the governing bodies of every Section. Increasingly, our younger colleagues are making presentations at Annual Meeting breakfast seminars, special courses, and at various other scientific programs. This involvement bodes well for the future of our specialty.

### Guidelines and Outcomes

A major new thrust has been undertaken by the AANS in moving to develop a series of guidelines and outcomes instruments relative to patient management and referral sources. The Guidelines Committee has developed a *Practice Parameter Guidebook* and tutorial program to assist sections in the development of practice guidelines. Practice guidelines for the management of severe head injury have been distributed to all members. Meanwhile, guidelines for the management of low grade gliomas are almost complete. Additional guidelines in production include those for carotid endarterectomy, severe head injury in children, spinal cord injury, lumbar fusion, pedicle screw fixation, and cervical spondylitic myelopathy.

AANS/CNS Section representatives have assembled to develop recommendations for primary care physicians concerning patient referrals for neurosurgical consultation and treatment. Neurosurgeons also attended the Annual Scientific Assembly of the American Academy of Family Physicians to communicate the importance of neurosur-

gical management of back pain and carotid endarterectomy.

## Professional Conduct

It was reported that the majority of complaints reviewed by the Professional Conduct Committee involved biased legal testimony made by neurosurgical-expert witnesses which attempted to benefit one party.

According to the AANS Code of Ethics, various guidelines and position statements, expert neurosurgical testimony must be fair and unbiased regardless of prior relationships and underlying case merits. Statements which would not be made before the AANS Board of Directors by neurosurgeons should not be made in depositions or before a jury.

Currently, the AANS and the CNS are the only specialty societies processing legal testimony complaints and applying sanctions when indicated. However, as

other specialty organizations become aware of the AANS' activities, they have expressed interest in developing similar committee procedures.

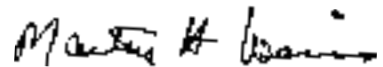
## Washington Committee

The Washington Committee was a prime mover in the development of the Practice Expense Coalition, a multi-specialty effort which is aimed at preventing implementation of a plan developed by the Health Care Finance Administration (HCFA) for new relative value units for the practice expense component of the resource based relative value scale (RBRVS). The proposed changes threaten serious reductions in income for many specialty practices, especially neurosurgery. Under their hard leadership, we have taken a tough stance on this issue and continue to fight for defeat of this unacceptable proposal.

## Conclusion

Socioeconomic issues continued to generate controversy for organized neurosurgery during the past year and the AANS has served as an effective and vigorous advocate on behalf of our members. We have risen to face a number of tough challenges—from HCFA's proposed changes in practice expense reimbursement to the pedicle screw litigation. It is impossible to know exactly what the future holds for our specialty, but I am certain that the AANS will be there to lead the debate.

Sincerely,



Martin H. Weiss, MD  
1996–97 Secretary of the AANS

## Governance

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**National Institute of Neurological Disorders and Stroke (NINDS)** It was recommended and approved that William Shucart, MD, ask the Senior Society to compile a list of neurosurgeons who would be willing to serve in individual study sections in the NINDS. The list will be forwarded to the Washington Committee for selection of appropriate names for submission.

## JCSNS Resolutions

Under a request from the JCSNS, the AANS Board reaffirmed its policy to oppose new subspecialty certification. The Board also discussed a JCSNS Resolution to support the recommendations of John McVicker, MD, contained in his report on "Socioeconomic Issues in Neurotrauma." The Board agreed to allow Dr. McVicker to discuss his recommendations with other Committees and the AANS/CNS Joint Section on Neurotrauma in order to return with specific action items for the Board to review.

## Dues Adjustment

Member due rates were increased for 1998 as follows:

Active:	2.6 percent
Active Military:	3.7 percent
Active (Provisional)	2.6 percent

Active Foreign	4.0 percent
International Assoc.	3.6 percent
Associate	4.2 percent
Lifetime (Active)	5.6 percent

**New Officers.** At the Adjourned Board meeting, President Edward R. Laws, Jr., MD, welcomed four new Board members: Robert B. Page, MD, Northeast Quadrant

Director; William E. Mahyer, MD, Southeast Quadrant Director; Robert A. Ratcheson, MD, Director-at-Large; and James R. Bean, MD, JCSNS Liaison. In addition, Russell L. Travis, MD, moved from Vice President to President-elect, William Shucart, MD, moved from Director-at-Large to Vice President; and Stan Pelofsky, MD, moved from JCSNS Liaison to Secretary.

## ELECTRONIC CALL FOR ABSTRACTS

Now, you can submit your abstracts electronically for all AANS, CNS, and Joint Section meetings. The on-line abstract form is available through **NEUROSURGERY://ON-CALL®**, which can be accessed at <http://www.neurosurgery.org>. First, select the Members link on the Home Page. When the Hot Topics page comes up, click on the On-Line Abstract Center link to access the form for the specific meeting in which you are interested. Follow the on-screen instructions to fill out and submit your abstract.

Please note that in order to utilize some of the features of the online abstract submission form, you will need to use Netscape Navigator 3.0 (or higher) or Internet Explorer 3.01 (or higher). The Abstract Center provides links to download the newest versions of these browsers.

Deadlines for submitting abstracts for upcoming meetings are as follows:

- 1998 AANS Annual Meeting—August 14, 1998
- 1998 AANS/CNS Joint Section on Disorders of the Spine and Peripheral Nerves Annual Meeting—September 4, 1997
- 1998 AANS/CNS Joint Section on Cerebrovascular Surgery Annual Meeting—September 16, 1997

If you have questions about using the On-Line Abstract Center, contact Allison Casey, Interactive Communications Specialist, at the AANS National Office by phone at (847)692-9500, or by email at [avc@aans.org](mailto:avc@aans.org).

**By James Bean, MD**  
Chairman, JCSNS

The Health Care Finance Administration's (HCFA) recent Medicare Resource-Based Practice Expense legislation and the negative effects it poses to neurosurgery was the primary focus of the Joint Council of State Neurosurgical Societies (JCSNS) April meeting held in Denver. The Council also passed five resolutions; discussed subspecialty certification issues; and addressed Federal EMTALA regulations and the Kassebaum-Kennedy Act during John Kusske's luncheon presentation.

## HCFA Medicare Resource-Based Practice Expense Legislation

The Washington Committee's action plan was outlined and includes legislative, administrative, and judicial strategies to help fight against the proposed 30 percent cuts in revenue that neurosurgeons face if HCFA's plan goes into effect on January 1, 1998. A State Action Network Plan, which extends to all Congressional districts, was introduced at the meeting. The plan is ambitious, but with active participation by motivated neurosurgeons, can be accomplished.

The JCSNS is prepared to do all it can to help implement the Washington Committee's plan. Rapid communication and grassroots political activity, two strengths of the JCSNS, will play a vital role in preventing the HCFA legislation from being implemented.

Additional prevention efforts discussed at the meeting include the formation of the American Neurological Surgery Political Action Committee (ANSPEC). The ANSPAC works directly with Washington by lobbying against the HCFA legislation. All AANS members are urged to join the ANSPAC and to encourage their colleagues to do the same.

## New Communications Program

Getting SMART About Neurosurgery, the new marketing communications

campaign, which focuses on lumbar spinal stenosis, was also introduced at the April meeting. The acronym SMART describes the components of the new marketing focus: specific, measurable, attainable, relevant, and time-framed goals. A comprehensive information package about the campaign was distributed to those in attendance.

For the new campaign plan to be effective, neurosurgeons need to take an active role by participating in local communications efforts. The purpose of the program is to attract public attention to the benefits of neurosurgery and raise awareness that neurosurgeons are specialists in care of the spine. Anyone interested in participating in the program should request an enrollment form from the AANS National Office.

## Resolutions

The Council reaffirmed its opposition to subspecialty neurosurgery board certificates by passing a resolution to that effect. It also passed a resolution requesting the Joint Officers of the AANS and CNS to establish a mechanism for tracking CME credits according to their relevance to major areas of specialty interest, as defined by the Joint Sections of the AANS/CNS in addition to their general neurosurgical CME value. This approach would serve as an alternative to subspecialty fellowship training and certification and would be available to practicing neurosurgeons by demonstrating continued education credits in special interest areas for those needing documentation for credentialing purposes.

The assembly adopted a resolution requesting the AANS Board of Directors and CNS Executive Committee jointly to examine the issues surrounding minimum standards for maintaining the quality of fellowship training programs and asked that such a task force include a JCSNS representative. Among the issues suggested for consideration by the Task Force were the need to look both at fellowship training standards as well as related concerns raised by fellowships—such as fellowship effects on residency training and adequacy of residency training standards. A Task Force on Fellowship Training was appointed by Council Officers to examine the issues surrounding minimum standards for maintaining the quality of fellowship training programs.

## Neurotrauma Recommendations

The Ad Hoc Committee on Neurotrauma of the JCSNS reported its findings on the socioeconomic issues in neurotrauma, including recommendations for action. The report examined the following: neurosurgeon participation in organized trauma systems, neurosurgical coverage by one neurosurgeon of several hospitals, compensation for ER trauma call, compensation by HMOs for emergency treatment of covered enrollees by neurosurgeons outside the HMO panel, compensation for emergency treatment of indigent patients, EMTALA (Emergency Medical Transfer and Active Labor Act) regulations, and several other related issues.

Several resolutions regarding the Ad Hoc Committee's recommended actions were adopted and passed on to several Joint Sections for review and further recommendations. The resolutions urged the following:

- To support the development of organized regional trauma systems which incorporate designated neurotrauma centers in which manpower, expertise, and infrastructure can be concentrated, and to encourage regional neurosurgical participation in their design and governance.
- To urge the Washington Committee to actively participate in ongoing discussions with the Health Care Finance Administration (HCFA) to clarify that agency's interpretations of EMTALA and to facilitate appropriate and practical solutions. Of particular concern are those rules which do not clearly distinguish between trauma care capabilities of different institutions and may not allow appropriate transfers meeting predefined criteria within the framework of an organized trauma system to be exempted from EMTALA and initiated without the risk of penalty.
- To encourage neurosurgical participation in trauma care by supporting the concept of voluntary contractual relationships between neurotrauma centers providing emergency neurosurgical services and the participating neurosurgeon—including reimbursement (called stipends) for guaranteed availability. In regions with significant indigent populations the use of tax

(continued on page 30)

## Pedicle Screw Update

The following actions have occurred since the last report on the Pedicle Screw Multi-District Litigation now pending in Philadelphia. Overall, two important decisions were rendered by the presiding judge, Judge Louis C. Bechtel, with one in favor of the defendant associations and one against.

### Defendants' Motion Denied

On April 16, 1997, Judge Bechtel entered an Opinion and Order denying the defendants' motion to dismiss the "Omni" amended complaints against them based on the First Amendment of the U.S. Constitution and other grounds and to stay all proceedings pending final appellate review of the issues raised by the Motion to Dismiss.

The defendant associations had asserted that their free speech rights to provide a forum for discussions about spinal fusion surgery involving pedicle fixation with bone screws were denied as a result of the state law tort claims. They also stated the Plaintiffs have failed to plead sufficient facts in support of their claims of fraud or conspiracy against the defendants.

The Judge disagreed, noting that commercial speech is not afforded the same level of protection as other types of speech and he couldn't determine from the limited evidence thus far presented whether the physicians were engaged in commercial speech or free speech, which is more fully protected. Consequently, he ruled that the Plaintiffs have the right to present their case.

### AMA Joins Appeal

The AANS, the American Academy of Orthopaedic Surgeons (AAOS), and the other medical association defendants in the pedicle screw litigation (North American Spine Society and the Scoliosis Research Society), immediately acted to appeal Judge Bechtel's denial of the First Amendment-based Joint Motion to Dismiss and asked the American Medical Association (AMA) to join them in that appeal. Legal counsel for the various groups felt that the AMA was in a unique position in an amicus brief to the court to explain how Continuing Medical Education (CME) functions and the role which industry has traditionally played in the development of new ideas and medical devices.

The whole basis of the Plaintiff's

complaint in this litigation is the assertion that the medical associations "conspired" with the medical device manufacturers by allowing the manufacturers to demonstrate and discuss at association meetings devices which had not been cleared by the FDA. If the Plaintiffs in this litigation are successful, it will have a dramatically chilling effect on CME programs for all of organized medicine. The AMA agreed to join the appeal, which was filed in June with the Federal Appeals Third Circuit Court in Philadelphia.

### Plaintiffs' Motion Denied

On May 5, 1997, Judge Bechtel entered an Opinion and Order denying the Plaintiffs' motion to bar references to the FDA-sponsored "Historical Cohort Study of Pedicle Screw Fixation in Thoracic, Lumbar and Sacral Spinal Fusions" (Cohort Study). Among other things, the Cohort Study concluded that the use of pedicle screws was at least as safe and effective as other conventional forms of spinal fusion surgical treatments.

The Defendants stated they expect some defense experts to refer to the findings of the Cohort Study as one of several bases for their opinion. The Plaintiffs, on the other hand, sought to prevent the use of the Cohort Study as scientific evidence at trial on the basis it does not comply with the standards of good science.

After considerable review, the court did not agree that perceived weaknesses in the Cohort Study warranted its limitation or preclusion at trial. As a result, it denied the Plaintiffs' motion to preclude use of the Cohort Study.

### FDA Reclassification Sought

In a related action, on May 12, AANS President Edward L. Laws, Jr., MD, acting individually and on behalf of the AANS, submitted a Citizen's Petition to the U.S. Food and Drug Administration asking that agency to act on its long-pending reclassification of the pedicle screw spinal systems from Class III to Class II. The feeling is that the FDA has been paralyzed by the Multi-District Litigation in Philadelphia, and needs to be reminded that the medical

community needs to have timely decisions made on matters of this sort.

The petition was accepted by the FDA and given a docket number for future consideration. No date has been set for a decision.

## Neurosurgery PAC Formed

A new national political action committee (PAC) for neurosurgeons has been established. Founded in April of this year, ANS PAC is dedicated to protecting the interests of neurological surgeons and their patients by backing candidates for federal office who support the goals of the neurosurgical community.

"I have been involved in physician politics for over 20 years," said Russell L. Travis, MD, Founding Chairman of the ANS PAC. "Until recently, I did not believe that neurosurgery needed a PAC. However, rapid political, social and economic changes are having a major impact on specialty medicine and Congress will continue to pass laws that affect how neurosurgeons practice. To ensure that our voice is heard, it is essential for neurosurgeons to participate in the political process. We think the ANS PAC is the vehicle to help us accomplish that goal."

In addition to Dr. Travis, ANS PAC's initial Board of Directors includes: George H. Koenig, MD, Vice-Chairman; Gary Dennis, MD, Secretary/Treasurer; and Katie O. Orrico, Assistant Secretary/Treasurer.

Most of the money raised for the PAC will go directly to help elect candidates for federal office. It is a nonpartisan effort, that will contribute to both Republican and Democratic candidates who actively support the physician community, especially the concerns of the specialty care physicians and their patients.

For more information, write the ANS PAC at P.O. Box 136, Washington, DC 20044-0136, or call (202) 628-1996.

ANS PAC is an independent organiza-

(continued on page 39)



*The American Neurological Surgery Political Action Committee was established in April.*



# AANS Preparing for Reaccreditation to Sponsor CME

In 1993, the AANS received full accreditation to sponsor continuing medical education activities by the Accreditation Council for Continuing Medical Education (ACCME). Like hospitals, medical schools, and residency training programs, the AANS is reaccredited periodically as a CME sponsor. In October, 1997, the AANS again will be reviewed for reaccreditation to sponsor CME activities for physicians. Following is a brief summary of what will be required from the AANS in order to retain its ACCME accreditation, a very important benefit to members.

## ACCME Essentials

The ACCME requires that sponsors substantially meet "Essentials" in order to be accredited. Two Essentials focus on the organization's structure, resources, financial stability, and clearly defined educational

mission. Four Essentials address the quality of educational programming. These are: Needs Assessment, Educational Objectives, Design and Implementation, and Evaluation. One Essential requires compliance with all other Essentials for educational activities jointly sponsored with non-accredited organizations. Not only are the Essentials required by the ACCME, but if documented and linked together properly, they are the key to success for any CME activity and for organizations seeking accreditation.

The ACCME also has Standards for Commercial Support of Continuing Medical Education and Guidelines for Enduring Materials. Enduring materials are defined as printed, recorded, or computer-assisted instructional materials which may be used over time at various locations and constitute a planned activity of CME.

## CCCE Organizes Process

In order to meet the ACCME requirements for accreditation, the AANS Coordinating Committee for Continuing Education (CCCE) serves as a focal point through which all AANS educational activities are coordinated. The committees that coordinate directly with the CCCE are: Annual Meeting Scientific Program, Professional Development, Publications, Young Neurosurgeons, and the Joint Sponsorship Subcommittee. The Outcomes Committee, the CNS Education Committee, and the Editorial Board of **NEUROSURGERY://ON-CALL®** also are represented on the CCCE.

In subsequent issues of the *Bulletin* the "Essentials" will be addressed in more depth.



**When moving remember to send your change of address to:**

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22 South Washington Street  
Park Ridge, Illinois 60068-4287**

## JCSNS News continued from page 28

- credits and and/or other economic incentives should be encouraged.
- To support state and regional efforts to address trauma system funding by recognizing the special responsibility of particular groups—particularly managed care organizations—for emergency point-of-service care for their own contractually-covered populations and for a reasonable proportion of the infrastructure costs of providing that emergency care.
  - To maintain a neurotrauma committee to promote interaction between the JCSNS, Joint Section on Neurotrauma, Washington Committee, AANS and CNS, outside organizations such as the

American College of Emergency Physicians, and the American College of Surgeons, to stimulate interaction, disseminate information, and promote education in the socioeconomic of neurotrauma at the state, regional, and local levels.

## New Officers Elected

After three years of service, Stan Pelofsky completed his tenure as JCSNS Chairman and new officers were elected at the April meeting and are as follows: Council Chairman, Jim Bean (KY); Vice Chairman, Lyal Leibrock (NE); Recording Secretary, David Jiminez (MO); and Treasurer, Randall Smith (CA).

## Foundation Researchers Provide Project Updates



Robert G. Ojemann, MD,  
Chairman

As of June 30, 1997, three research projects funded by the AANS Research Foundation were completed. On July 1, four new investigators started their funding period and two awardees entered their second year of research. July 1 also marks the conclusion of 14 years of research in the

neurosciences made possible through the contributions of the neurosurgical community. For this we are very thankful.

We are pleased to report on the work of those researchers concluding their Foundation-funded projects.



James M. Markert, MD

### 1996 Young Clinician Investigator

James M. Markert, MD  
University of Alabama  
Sponsor: Richard J. Whitley  
Chairman: Richard P. Morawetz

Project Title: *Mutant herpes simplex virus as a vector for IL-12 cytokine gene therapy of glioma*

**Project Update:** Dr. Markert reports that engineered herpes simplex viruses have been effective in inhibiting malignant glioma growth and extending survival in experimental models. An HSV construct with IL-12 as a genetic insert is being engineered. This construct has several advantages:

- 1) It utilizes the dual mechanisms of viral and gene therapy, which may provide a synergistic anti-glioma effect;
- 2) Local production of IL-12 should minimize toxicity;
- 3) Control of IL-12 expression via a doxycycline-responsive element provides an additional level of safety;
- 4) IL-12 may promote anti-neoplastic effects despite glioma-mediated immunosuppression. There are plans to characterize this virus in an animal model in the near future.



D. Kyle Kim, MD

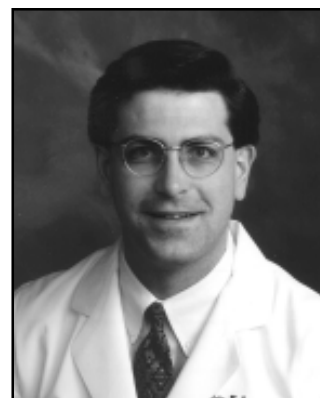
### 1995 Research Fellow

D. Kyle Kim, MD  
University of Washington  
Harborview Medical Center  
Sponsor: William Catterall, PhD  
Chairman: H. Richard Winn, MD

Project Title: *Protein-Protein Interactions and N-type Calcium Channel Function*

**Project Update:** Dr. Kim reports that the N-type calcium channel, as well as the P/Q-type calcium channel, serves an important role in the regulation of synaptic transmission. A critical feature of calcium channel function are the protein-protein interactions with a variety of proteins of the synaptic core complex. This research project has shown that the N-type calcium channel

and the isoforms of the P/Q-type calcium channel manifest distinct patterns of protein-protein interactions with these synaptic proteins and that the interactions may be regulated in part by ionic calcium concentration. Delineating these interactions may lead to new insights in the understanding of synaptic function of neurons.



John H. Sampson

### 1995 Research Fellow

John H. Sampson  
Duke University  
Sponsor: Darrell D. Bigner, MD, PhD  
Chairman: Robert H. Wilkins, MD

Project Title: *Evaluation of the Efficacy and Toxicity of Tumor-Specific Monoclonal Antibodies that Recognize a Variant of the Epidermal Growth Factor Receptor on Human Malignant Gliomas*

**Project Update:** Dr. Sampson reported that antibody-mediated immunotherapy has been limited by a lack of tumor-specific targets. Antibodies that specifically recognize one of the epidermal growth factor receptor mutations that occurs frequently in malignant astrocytomas have been developed in the laboratory. The preliminary data has shown that these antibodies preferentially localize to subcutaneous tumors *in vitro* and are internalized by antigen positive cells. Such data predict that these antibodies may be powerful assistants in the delivery of cytotoxic agents to tumor cells that express this tumor-specific antigen.



# COURSES

## Make Plans to Attend our Fall Courses!

### 1997 Reimbursement Update for Neurosurgeons

October 24–25 ■ Philadelphia, Pennsylvania at the Park Hyatt

November 16–19 ■ Maui, Hawaii at the Westin Maui Kaanapali Beach Resort

Runs over four half days, so attendees can enjoy the afternoons on the island

Faculty: Chairman—Richard A. Roski, MD, FACS; Kimberley Pollock, RN

*After this course you will be able to:*

- Assess your business systems.
- Design an effective internal billing system.
- Capture lost charges and monitor accounts receivable.
- Document properly and avoid an audit.
- Set realistic fees.
- Code common and complex cases.
- Implement the 1997 Medicare and RBRVS changes.

### A Proactive Approach to Managed Care: Strategies & Solutions

November 7–8 ■ Palm Beach, Florida, at The Breakers Palm Beach Resort  
(immediately preceding the Florida Neurosurgical Society Meeting)

Faculty: Chairman—John A. Kusske, MD; Karen Zupko

This course is a must-attend for neurosurgeons and their administrators!

*After this course you will be able to:*

- Analyze the most critical business issues facing neurosurgeons.
- Implement action-oriented strategies to achieve practice growth.
- Utilize physician profiling and outcomes management to improve clinical quality.
- Prepare to pass a managed care audit.
- Challenge assumptions about the conventional wisdom of health care delivery and your role in it.

**For more information or to  
register for these courses, call  
the Professional Development  
Department at (847)692-9500.**

## Stereotactic and Imaging-Guided Neurosurgery

November 7-8 ■ San Francisco, California, at the Mark Hopkins Inter-Continental

Faculty: Chairman—Philip L. Gildenberg, MD, PhD; David Andrews, MD; Allan J. Hamilton, MD; Douglas S. Kondziolka, MD; Andres Lozano, MD, PhD; William Tobler, MD

*After this course you will be able to:*

- Describe how you can use stereotactic frame-based and frameless imaging-guided techniques in your practice.
- Recognize what can be accomplished with stereotactic techniques to improve neurosurgical operations.
- Identify the basic types of stereotactic frames and frameless systems.
- Select which apparatus might best suit your needs.
- Recognize the budget necessary for purchasing and maintaining your system.
- Prepare for using techniques such as stereotactic radiosurgery or functional neurosurgery for movement disorders.



## Minimally Invasive Neurosurgery: Neuroendoscopy – Hands-On

November 14-15 ■ Cleveland, Ohio, at the Glidden House

Faculty: Chairman—Alan R. Cohen, MD; Jacques Caemaert, MD; Carl B. Heilman, MD; Tenoch Herrada-Pineda, MD; Axel Perneczky, MD

*After this course you will be able to:*

- Describe the endoscopic anatomy of the subarachnoid space and ventricular system.
- Evaluate currently available instruments and understand advantages of each.
- Understand a variety of endoscopic neurosurgical approaches, along with the indications for each.
- Recognize the current limitations of neuroendoscopy and appreciate how to prevent potential surgical complications.
- Apply the unique eye-hand coordination which permits the surgeon to operate while viewing the procedure on a video screen.

## Oral Board Review Course a Success!

The Professional Development Committee added another course, “Neurosurgery Review By Case Management: Oral Board Preparation,” to the 1997 schedule, and its first run was a sold-out success. Held, in La Jolla, California, participants were able to prepare for oral board exams in three intense days of study and practice. Participants rated the course very high on post-course evaluations and overwhelmingly thought it provided quality continuing medical education.

**The next course is November 9–11, 1997, in Houston, Texas.**

The course, chaired by Julius M. Goodman, MD, is designed to be completely interactive, using case histories for review. It has two main purposes. First, you will experience the format of the oral boards and have an opportunity to practice your skills in answering questions under pressure and watch others do the same. Knowing what to expect may help to alleviate the anxiety that is inevitable at this point of your career. Second, there will be more than 100 cases presented, which will provide a good review of clinical neurosurgery.

Most participants take the course to prepare themselves for oral board exams that immediately follow the course in the same city. Others take it up to a year in advance of the exams to pinpoint areas in which they need to focus.

## Virginia Neurosurgeon Elected

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### As an educator, what is your guiding philosophy behind teaching residents?

I like to get residents when they are first starting out and teach them good habits in all phases of neurosurgery. Thorough patient care outside the OR can be just as important as what happens inside the operating room. Learning surgical techniques may be our top priority, but it can never be forgotten that we are taking care of people.

### Since you began your medical career, there have been many changes in technology and procedures. What do you feel are some of the significant milestones in neurosurgery over the past 35 years, and what principles still hold true?

The advances in imaging are by far the most important and have been critical to the changes in neurosurgery. Microsurgery, computer-guided surgery and endovascular surgery have also come a long way and changed the way patients are treated. We have not yet seen the full impact of computer technology and endovascular surgery.

What will always hold true is that we must talk and listen to our patients because our goal is still to help them deal with some very difficult diseases. We must remain flexible in how we apply these new technologies to our patients.

For this and many more reasons, I truly hope more neurosurgeons will take advantage of **NEUROSURGERY://ON-CALL®** on the Internet because the amount of information you find there is boundless. New and more effective treatments need to be communicated and this is the forum to do it.

### As you begin your Presidential Year, is there any one message you have for members?

Yes. Nobody else can do what we do in neurosurgery and no one is going to take away our livelihood or our operations. Things may change, but there will always be neurosurgeons and we will always be compensated for our work.

### What are some of your interests outside of medicine?

I have four daughters and one grandson. I enjoy tennis, sailing, and studying aviation and medical history. I have traveled extensively throughout the world, but haven't yet found a place that I like as well as the Chesapeake Bay area.

## President's Message

continued from page 2

feedback with regard to the quality of the programs, speakers, and educational opportunities has been outstanding.

The Professional Development Courses (PDP) courses, in a focused way, allow individual members to enhance their knowledge base in areas of practice and in socioeconomic issues as well. Four new PDP classes were added last year to better meet the needs of our members and we will continue to evaluate our course offerings.

### N://OC®

During the year ahead, we have plans to expand and enhance **NEUROSURGERY://ON-CALL®**, the official Web site of the AANS and CNS. Since its inception in early 1996, **N://OC®** has established itself as the premier resource for neurosurgical information on-line. Recent additions include Real Audio, which allows us to provide recordings of selected Annual Meeting presentations through the site, and Push Technology, which gives an Internet user the ability to automatically receive informational updates on the topic(s) of choice directly into his or her computer. We will continue to enhance the

site, particularly in the areas of outcomes management, resources, patient education, and non-neurosurgeon physician resources.

This project is potentially one of the most important initiatives for all of organized neurosurgery in terms of communication and information transfer. Our efforts to innovate in this area are a credit to the energy and foresight of the leadership group that was responsible for development of **N://OC®**.

### Research

Neurosurgical research and its financial support are both growing, despite the reality that funding from the federal government is in jeopardy. Each year we see more in the way of research awards for neurosurgical investigators. The individuals and the projects for which these awards are given are astoundingly excellent, and provide a glimpse into the intellectual vitality of our specialty.

In addition to funding for basic research, support for clinical research and for outcomes studies is rapidly growing and these endeavors will hopefully be just as

profitable in obtaining new knowledge as basic research has been over the years.

### Optimism for Future

The American Association of Neurological Surgeons works hard to represent all of Neurosurgery, to improve education and research in Neurosurgery, and to deal with pressures from without that have improved our cohesiveness and our ability to act in a decisive and effective fashion. Along with your State Society leadership, the entire Board of Directors and the National Office staff are at your disposal, and appreciate and seek input from members. Our goal is to provide effective, intelligent, and carefully considered leadership, and we depend on the membership and its input to help us do that.

The 1998 Annual Meeting in Philadelphia, April 25–30<sup>th</sup>, will mark the end of my year as President of the AANS. I hope that by that time the optimism with which this year is approached will be justified.



Edward R. Laws, Jr., MD, FACS  
President

# Membership

summer '97

## New Members Approved

### ACTIVE

E. Adeleke Badejo  
Thomas Berry Briggs  
Richard Dennis Brownlee  
David B. Bybee  
Gustavo Chagoya-Galaz\*  
Caetano Porto Coimbra\*  
John J. Collins  
E. Thomas Cullom III  
Robert C. Dauser  
David Thomas Floyd  
William Francis Ganz  
Gary B. Goplen  
Paul LeRoy Gorsuch, Jr.  
Matthew A. Howard III  
John Nai-Keung Hsiang  
Stephen David Johnson  
Patrick Alton Juneau III  
Gary Edward Kraus  
Jorge Kuri-Bujaidar\*  
Aloysius V. Llaguno  
Marie L. Long  
Ross R. Moquin  
Rafael Camacho Morales\*  
Jose Manuel Munoz-Tagle\*  
Alberto Segovia Philip\*  
Lawrence Gerald Rapp  
Roberto Rodriguez- Della-Vecchia\*  
David Paul Sachs  
Carl Joseph Sartorius  
R. James Seymour  
Leslie Ephram Stern

*\*elected under grandfather provision*

### ACTIVE PROVISIONAL

Todd D. Alexander  
James Michael Alvis  
Anthony Lawrence Asher  
Edward F. Aulisi  
Donald L. Behrmann  
Deborah Lynn Benzil  
Ajay K. Bindal  
William E. Bingaman, Jr.  
Randolph C. Bishop  
Scott B. Boyd  
Adam P. Brown  
Norman Neil Brown  
John Robert Caruso  
Thomas C. Chen  
Theresa Mei-Wan Cheng  
Douglas Stephen Cohen  
Maurice Jerome Day, Jr.  
Richard Allen Asbury Day  
Carlo Marte de Luna  
Stephen Edwin Doran  
Scott Carmody Dulebohn  
Scott Thomas Dull  
Eric H. Elowitz  
Damirez Toruvio Fossett  
Michael Dean Fromke  
Mark Anthony Gardon  
David Stephen Geckle  
Jeffrey Scott Gerdes  
Robert Judah Gewirtz  
Rammy S. Gold  
John George Golfinos  
Paul Arthur Grabb  
Karl Anthony Greene  
Andrea L. Halliday  
Sean S.F. Hsu  
Patrick D. Ireland  
Line Jacques  
John Ferguson Keller  
Christopher Sutton Kent  
Joseph Thomas King, Jr.  
Daniel L. Kitchens

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Carl Laurysen  
Jodie Karen Levitt  
Adam Isaac Lewis  
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Michael John Link  
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Peter Daniel Miller  
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Timothy Charles Ryken  
Robert Alan Sabo  
Oren Sagher  
Kent Lamar Sauter  
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Kris Alan Smith  
Terry C. Smith  
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Arnold Bradley Vardiman  
Brad Allen Ward  
Howard L. Weiner  
John Matthew Whitley  
Eric Harris Wolfson

Juergen Carl Walther Kiwit  
Dimitris Konstantinou  
Christianto Benjamin Lumenta  
Shigeru Nishizawa  
Hyung-Chun Park  
Daniel Rosenthal

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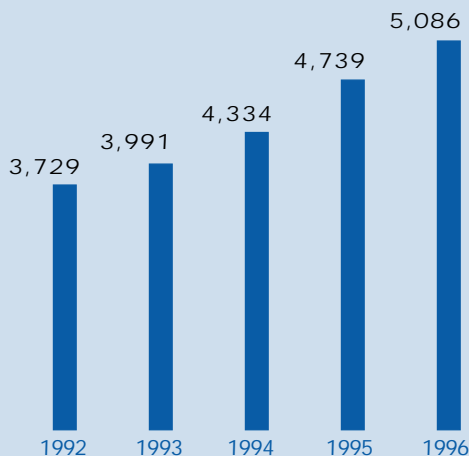
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## Position Listing Service

**Do you have a vacancy to fill in  
your hospital or practice?**

**By listing your vacant position in the *Bulletin*,  
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America will be advised of it.**

**Quarter page ad costs \$275 each.  
Call the AANS Marketing Department at  
(847) 692-9500 for more information,  
or fax or mail your descriptions to:**

**Floyd Brown  
Sales Manager  
AANS  
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Park Ridge, Illinois 60068-4287  
Fax: (847) 692-6770**

Although the AANS believes these classified advertisements to be from reputable sources, the Association does not investigate offers and assumes no liability concerning them.

# Announcements

## summer '97

### Names in the News

The University of Southern California has established the **Martin H. Weiss, MD**, Chair in Neurological Surgery. The Chair has been endowed by William Wrigley in honor of the care rendered to the Wrigley family by Dr. Weiss. Mr. Wrigley, CEO of the William Wrigley Corporation, specifically declined an offer by the University to have the Chair carry his name. His expressed wish in funding the endowed Chair is to recognize the team led by Dr. Weiss, which is focused upon the management of brain tumors. Dr. Weiss, Professor and Chairman of the Department of Neurological Surgery at the USC School of Medicine, has been named as the first occupant of the Chair.

**Mitchel S. Berger, MD**, has been appointed chair of the Department of Neurological Surgery at the University of California San Francisco (UCSF), and director of UCSF's Brain Tumor Research Center. His main clinical interest is the treatment of brain and spinal cord tumors in both adults and

children, and he is a recognized expert in the application of the most refined brain-mapping techniques. Dr. Berger succeeds Charles Wilson, MD, who will continue to maintain a practice at UCSF and to serve as senior associate on medical affairs for the UC Office of the President.

### Grant Opportunities

The American Association of Neurological Surgeons (AANS) sponsors several yearly Fellowships. Applications are available through **NEUROSURGERY://ON-CALL®** ([www.neurosurgery.org](http://www.neurosurgery.org)). Applications were also mailed to all Program Chairmen or residents in July 1997. If you would like additional information or would like an application mailed directly to you, please contact Chris Ann Philips, grants coordinator, at (847) 692-9500.

### 1998 Research Fellowship

The Research Fellowship, funded by the Research Foundation of the AANS, is designed to provide research training for

### Kudos!

The AANS in-house production team, led by Tony Loster, CGCM, Production Manager, recently won first place in the In-Print 97 competition sponsored by the International Publishing Management Association and *IN-PLANT GRAPHICS* magazine. The pieces that won first place honors were the *AANS Selective Guide* and the CNS Annual Meeting letterhead.

neurosurgeons who are preparing for academic careers as clinician investigators. Applicants must be MDs who have been accepted into, or who are in, an approved residency training program in neurological surgery in North America. The Fellowship is awarded for two years beginning July 1, 1998, at \$35,000 per year. Deadline for application submission is December 5, 1997.

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## Neurosurgery News

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tion and not affiliated with either the AANS or CNS.

### Stroke Management Workshops Begin

Last fall, the AANS joined with several other medical organizations to form the *Brain Matters* Stroke Initiative Coalition (formerly known as StART), a broad-based education effort by a consortium of organizations interested in stroke to educate the public and medical professionals about the need for immediate medical treatment for stroke. In addition to the AANS, the consortium includes the American Academy of Neurology, American Association of Neuroscience Nurses, American College of Radiology, American Heart Association, American Society of Neuroimaging, National Institute of Neurological Disorders and Stroke, as well as the National Stroke Association.

The first round of workshops have now been held in San Diego, Chicago,

Dallas, Minneapolis, and Seattle to enthusiastic response. Six more are scheduled for the fall in Detroit, Memphis, San Francisco, Miami, Washington, DC and Denver. Neurosurgeons serving as faculty are Michael Horowitz, MD, Gaylan Rockswold, MD, and Marc Mayberg, MD. Steven Giannota, MD, was Course Director for the San Diego workshop. See page 40 for a complete listing of upcoming courses.

### Course Overview

The "Acute Stroke Management Workshops" are designed to reach a multi-disciplinary audience and give a global view of the acute management of persons with stroke. The one-day sessions provide information on treatment plans for acute stroke centers, and directions for how health professionals can develop multi-disciplinary stroke teams and stroke emergency response systems in communities throughout the country. One of the purposes of the workshops is to foster the

development of multi-disciplinary "stroke teams" throughout the country.

### Registration

The workshops carry a \$150 reservation fee which will be refunded to registrants upon completion of the workshop. Participants will earn 7.0 credit hours in Category 1 of the Physician's Recognition Award of the American Medical Association. CEU credits for nurses will be available for the fall courses. A detailed brochure on the workshop, including a registration form, can be obtained from GEM Communications, which is coordinating workshop logistics on behalf of *The Brain Matters* Stroke Initiative. Call Suzanne Pereira at GEM Communications at (203)838-8812 or check the Acute Stroke Management Workshop page of the American Academy of Neurology's web site at <http://www.aan.com/public/smevent.html>.

Funding for the coalition is provided by Genentech, Inc., Janssen Pharmaceutica, Inc., and Knoll Pharmaceutical Company.

# Announcements

## summer '97

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### 1998 Young Clinician Investigator Award

The Research Foundation is accepting applications to grant support for young faculty who are pursuing careers as clinician investigators. Applicants must be neurosurgeons who are full-time faculty in North American teaching institutions and in the early years of their careers. The purpose of the award is to fund pilot studies that could provide preliminary data that may be used to strengthen applications for more permanent funding from other sources. The award of \$40,000 will be provided for one year starting July 1, 1998. Deadline for application submission is December 5, 1997.

### 1998 Van Wagenen Fellowship

The AANS has begun accepting applications for the 1998 Van Wagenen Fellowship. The Fellowship is available to any neurosurgical resident in his or her last year of training who is a citizen of any North American country and intends to pursue a career in neurosurgical surgery. The Fellowship supports additional training and carries a \$20,000 stipend for living and travel expenses. The Fellowship requires the training to take place outside of the North American continent for a period of not less than six months. Deadline for submission of applications is November 3, 1997. Applications will be mailed to all neurosurgical residents whose residency training ends in 1998.

## In Memoriam

#### Active

Verne E. Allen, MD  
February 15, 1997

#### Lifetime (Active)

Eric W. Peterson, MD  
March 24, 1997

Edward B. Schlesinger, MD  
June 1, 1997

#### International Associate

Yuri N. Zubkov, MD  
February 1997

#### Lifetime (Inactive)

August W. Geise, MD  
February 11, 1997

Peter D. Moyes, MD  
January 1997

William P. Tice, MD  
May 1, 1997

## In Memoriam

### James S. Todd, MD Former CEO of the American Medical Association

James S. Todd, MD, executive vice president of the American Medical Association from 1990 to 1996, died of cancer Tuesday, June 24, in his hometown of Ridgewood, New Jersey. Dr. Todd, 65, had a long career in organized medicine and led the AMA during a somewhat turbulent time in that organization's history. During his tenure, he worked hard to help physicians speak out on important issues with a strong, collective voice and placed particular emphasis on enhancing the AMA's relationship with the various specialty medical societies.

A surgeon by training, Dr. Todd served as a member of the AMA Speakers Bureau, House of Delegates, and Board of Trustees before joining the staff in 1986 as deputy executive vice president. From 1978 to 1980 he chaired a special committee that drafted a significant revision of the Association's Code of Ethics.

The New Jersey resident met with President Clinton and Hillary Rodham Clinton during the healthcare debates, working to assure physician control over medical decisions while guaranteeing health care for all Americans. Despite his retirement from the AMA in 1996, Dr. Todd participated in several recent health-policy discussions, ranging from the regulation of tobacco products to physician manpower levels.

In a statement to the media, AMA President Daniel H. Johnson, MD, said, "Jim was that rarest of human spirits; one who was able to lead with warmth and pursue life with a smile. He did not have to demand your respect because everything about him—form the sharpness of his mind to the twinkle in his eye—led you toward his ideas; and often his ideas helped lead medicine to where it needed to be."

The Presidents of the AANS and CNS sent letters of condolence to the Officers of the AMA on behalf organized neurosurgery.

## Calendar of Neurosurgical Events

### 1997 International Neurosonology Conference

August 12-17, 1997  
Winston-Salem, North Carolina  
Benton Convention Center  
Information: (910) 716-4450

### 4<sup>th</sup> International Neurotrauma Conference

August 23-28, 1997  
Seoul, Korea  
Information: 82-2-726-5540

### Contemporary Surgery of the Thoracic and Lumbar Spine: Minimally Invasive Techniques

August 24-28, 1997  
Orlando, Florida  
(352) 392-4331

### Computer Integrated Surgery in the Areas of Head and Spine

September 1-6, 1997  
Design Center Linz, Austria  
Information: Kurt Holl  
44-732-6921-2124

### Brain Matters Stroke Initiative

Detroit: September 13, 1997  
Memphis: September 13, 1997  
San Francisco: September 20, 1997  
Miami: September 20, 1997  
Washington, DC: October 4, 1997  
Denver: October 4, 1997  
Information: Suzanne Pereira  
(203) 838-8812

### 10<sup>th</sup> International Brain Tumor Research and Treatment Conference

September 20-27, 1997  
Oxford, England  
Information: David Darling  
44-171-837-3611

### CNS Annual Meeting

September 27-October 2, 1997  
New Orleans, Louisiana  
Information: Annual Meetings  
Service Department  
(847) 692-9500