



CANS

NEWSLETTER

November 2004

CALIFORNIA ASSOCIATION OF NEUROLOGICAL SURGEONS, INC.

Volume 31 Number 2

ANNUAL MEETING

Alan T. Hunstock, M.D., President

This year's annual meeting of the California Association of Neurological Surgeons (CANS) will prove to be informative as well as entertaining. The luxurious San Jose Fairmont Hotel is the setting the weekend of January 21-23, 2005. The hotel is conveniently located within 5-10 minutes of San Jose Mineta International Airport. The reputation of the Fairmont Hotels & Resorts for uncompromising comfort and service is reflected in the San Jose hotel.

FRIDAY, JANUARY 21

The CANS Board of Directors (BOD) meets from 1:00-5:00 p.m. and all CANS members are invited to attend and may submit items to be considered by the BOD. Following this is the opening reception from 7:00-9:00 p.m. in the lobby of the hotel, where light hors d'oeuvres will be served. Take this opportunity to visit with the vendors who support our program.

SATURDAY, JANUARY 22 WORKERS' COMPENSATION

The short business meeting starts the session, followed by the socio-economic program. Even though this year brings significant changes to the Workers' Compensation system, new laws to take effect January 1, 2005 may be more sweeping. One of the provisions of the new law is the creation of Medical Provider Networks (MPN) which employers and insurers will form to access care for the injured worker. Whether this means large insurers will form MPNs or you will have to participate in another way, such as through Kaiser, University prac-

tice, foundations, i.e., Sutter, Catholic Healthcare West, etc. or another route, no one seems to know what form this will take or how the private practice neurosurgeon will be affected. The panel we have assembled will discuss this, shed light on the impact to your practice and prepare you to participate in the future. We have assembled a terrific panel of experts and decision-makers who will explain and clarify these changes. **Christine Baker**, Executive Director, Commission of Health and Safety in Workers' Compensation, **Ann Searcy, M.D.**, Acting Medical Director, Department of Workers' Compensation and **Andrea Hoch**, Administrative Director, Department of Workers' Compensation will discuss medical provider networks, 2nd surgical opinions for spinal procedures, the new disability rating rules, fee schedules and other important topics to bring you current with the new laws and regulations. The **RAND Corporation's** future guidelines that govern criteria for spinal surgery will also be discussed.

TRAUMA

Many of you have heard/or are experiencing the impending crisis of emergency care in Los Angeles County. Even though this is now starting to be picked up by the mass media, many other communities and local hospitals are also having difficulties with neurosurgical coverage that are below the media radar screen. CANS has recently formed a committee to study this and communicate with local and state wide authorities to help solve the crisis. We have brought to-

gether a panel to inform the membership what is occurring and how we might solve this crisis. **William L. Caton III, M.D.**, a member of CANS BOD and an attending neurosurgeon at a LA County trauma center hospital, will identify the current problems from the perspective of someone "in the trenches." (See article on page 3.) The hospitals' view of the crisis and what potential solutions are possible will be discussed by **C. Duane Dauner**, President, California Healthcare Association. This is the organization that represents hospitals and medical centers in the state. Rounding out this group and giving the government's perspective of the problem will be a representative of the Emergency Trauma Agency, **Department of Health Services** from LA County. I suspect that this can be translated to the philosophy of your own county officials.

MICRA

It seems that each year when the new legislative session commences in Sacramento, attacks are generated toward MICRA by the trial lawyers. This coming year should prove to be no exception, with rumors that the cap on non-economic damages is proposed to be raised by 3 to 4 fold. Giving perspective on this, **Jack Lewin, M.D.**, Executive Vice President/CEO of the California Medical Association (CMA) will speak on the current status of MICRA and the situation of the ER/Trauma System in California. With malpractice issues getting national attention in the Presidential campaign, especially with a trial lawyer on the Democratic ticket, this is now at least in the con-

*See pages 6-7
for schedule
and
registration
forms.*

sciousness of the average American. Many malpractice cases are tainted by inappropriate or outright incompetent expert testimony. Testimony in a legal proceeding in California is now considered practicing medicine by the Medical Board of California. The implications of this in regard to your testimony on behalf of a plaintiff or defendant, or by another physician against you as a defendant, will be reviewed by **Susan Penney**, Legal Counsel for CMA.

CANS is very pleased to have as our keynote speaker, the **Honorable Edmund G. (Jerry) Brown, Jr.**, Mayor of Oakland and former Governor of California when MICRA was made into law. Mayor Brown will give an entertaining speech on MICRA history and the current/future political scene in California.

NEGOTIATING ER STIPENDS

Following Mayor Brown's talk, **Debra Phairas**, President of Practice and Liability Consultants, will hold a workshop from 2:00-5:00 p.m. on "**Negotiating ER Stipends & Financial Benchmarking**" that should complement the morning session and add value to your attendance at this meeting and your practice.

BANQUET

The banquet this year will depart from tradition; however, it should prove to be an inspiring and memorable event. We will have a wine tasting during the reception and hope to have some Sonoma and Napa wineries represented. I anticipate that purchasing wine from these vendors will be possible. The Fairmont is noted for its fine cuisine and this, paired with wine, should prove to be wonderful. With all of the recent scientific achievements, astronomy and space travel are once again front page news. We are excited to have for our banquet entertainment, **F. Story Musgrave, M.D.**, shuttle astronaut, surgeon, pilot, mechanic, poet and philosopher, who will present a visual panorama "**An Artist's View of the Universe.**" This will be an

evening that will transport you away from the stress of everyday life.

SUNDAY, JANUARY 23 **PAIN MANAGEMENT**

Back by popular demand is the Pain Management course, directed by **Philipp M. Lippe, M.D.**, Executive Medical Director, American Academy of Pain Medicine, which will generate 6 CME hours and count toward the 12 hour requirement for licensure by the Medical Board of California due by December 31, 2006. This course has been well received in the past and should prove to be terrific this year. Topics directly relevant to daily neurosurgical practice will be presented by an expert panel. The course is scheduled from 8:00 a.m.-3:15 p.m. which should make it convenient to return home later in the day.

As you can see, this year's annual meeting will be informative and entertaining. It is conveniently located at a great hotel and should prove to be of considerable value to your practice. On behalf of the CANS Board of Directors and Consultants, I invite you to join your colleagues in San Jose in 2005! ♦

Neurosurgery in Transition

John T. Bonner, M.D., CANS Editor

Winter has suddenly come to California, in my area (Central Valley/Fresno area) without an intervening Indian Summer or fall. We went from warm and sunny on Saturday, to cold and rainy on Sunday. By the calendar, it may be fall, but by observation, it is winter.

It also appears to be winter for the trauma system in California, more recently in the northern part of Los Angeles with closure of more emergency rooms. This causes less available care for all trauma victims, including those with head or spinal trauma. As advocates for patients, this is not good for patients or our profession;

but neurosurgical manpower can rationally be spread only so far.

Another aspect of winter would be if two trial lawyers became the highest office holders of the United States. Tort reform would certainly be unlikely. Fortunately, the election – no matter which way it goes – will be over before this editorial is published. We should all be proud of the effort of our profession in attempting to educate the public of their choices and consequences, such as the two-page ad in the Wall Street Journal. I can think of some other publications which may have reached more readers who needed information, rather than "preaching to the choir." Our resources could have been used more profitably.

October also means the annual Congress of Neurological Surgeons meeting, which this year was in San Francisco. This brings up the concept dear to many of us of the CNS and AANS combining as one organization, eliminating the duplication of meetings, officers and especially the expenses of belonging to both organizations, the meeting expenses and obligation of attending each meeting every three years to maintain membership. With declining professional incomes, ever expanding number of expensive journals to subscribe to, less time available for such meetings, increasing overhead expenses, attempts to have our parent organizations combine should continue to be pursued (see article on page 8).

Neurological surgery itself is evolving in a manner which could potentially split up our membership even more. With the development of more notable subspecialization during practice and training, less number of patient opportunities for training are present. This is illustrated by the decreasing number of aneurysms being surgically clipped due to the advancement in coiling and other endovascular interventional neuroradiology procedures. Some in academic neurosurgery feel that neurosurgical residencies need major modifications. One such plan would be an initial two years in resi-

dency in “core neurosurgery” needed in common for all neurosurgeons, then separate pathways such as pediatric, vascular, trauma, oncology, spine, functional, “general neurosurgery” and other subspecialization interests. This could certainly lead to further fractionalization of our professional interests and lead to difficulties in establishing large enough coverage groups, especially in the private practice venue. These smaller fractionated subspecialties could lead to even less unity in neurosurgery, and less influence on managed care and medicine in general. This lesser numerical, political and economic influence would tend to minimize our practitioner and patient concerns by government and insurance entities and could compromise our own specialty’s interests.

Unfortunately, one of our more active and valued directors, Jose Rodriguez, M.D., has determined that he no longer is able to continue his Board membership service. He has contributed greatly and will be missed. Fortunately for us, Jose will be able to continue to attend the CAC (Carrier Advisory Committee) meetings to represent CANS.

I look forward to any responses the membership may have. ♦

Ongoing Crises in ER Neurosurgical Care in LA County

William L. Caton III, M.D.

King Drew Medical Center, an integral part of the Los Angeles County Trauma System, may be forced to close its trauma center in the near future. This pending action by the LA County Board of Supervisors will displace approximately 2000 additional patients into the other trauma centers.

The trauma care of the 12 million people of Los Angeles County is currently handled by 12 centers, with one designated pediatric center. Adult units

include LACUSC Medical Center, Harbor General Hospital, King Drew, Cedars Sinai Hospital and pediatric services at Children’s Hospital.

Two other tertiary centers cover large areas - Huntington Memorial Hospital in Pasadena, and Long Beach Memorial Hospital in Long Beach. Rounding out the list are Northridge Hospital, Henry Mayo-Newhall Hospital, Providence-Holy Cross Hospital, St. Francis Lynwood and St. Mary’s Hospital of Long Beach. *These seven private institutions cover up to 7 million people at any given time, yet they are manned by 21 neurosurgeons in private practice.*

Our dwindling manpower is at a crisis level. These 21 neurosurgeons range in age from 80 to 35 years. Only 2 are under forty. The on call duties at these hospitals require a 15 minute response time. Each physician averages ten 24 hour call-days a month. We are seeing approximately 62% of the trauma admissions, both day and night.

These 21 neurosurgeons frequently face transient closure of the public hospital ERs due to saturation and lack of ICU beds; patients are then rotated to open centers. We are also frequently faced with transfers from other institutions to our ERs, often done by other hospital ERs in defiance of federal EMTALA statutes. We have all received calls from hospitals notifying us that our patients are there and need to be transferred. When we inquire as to their names, we are told “John Doe” and that they were planning to see us but never called for an appointment. Frequently these calls are placed by hospitals with actively practicing neurosurgeons on their staffs but who will not respond (for various reasons).

In the face of these difficult problems, the closure of King Drew Trauma Center looms on the horizon. If this happens, it may well end the ability of the 21 neurosurgeons to remain on call as the potential 2000 extra patients could very

well overwhelm our limited manpower.

Solutions to the many monumental problems in healthcare delivery for the trauma patients in Los Angeles County are not easily found. They reflect a national problem of growing importance.

There are, however, some immediate positive actions we can take as practicing neurosurgeons in California:

♦ **1. Call or write the Los Angeles County Board of Supervisors to encourage them to reconsider the impending closure of the King Drew Trauma Center. We can also encourage them to allocate additional resources to the Academic and Clinical programs at the medical center.**

♦ **2. Encourage the Los Angeles County Board of Supervisors to bring on line additional trauma centers. In particular, ask them to support California Hospital in its current goal of joining the existing trauma system. Currently \$1.9 million are needed to close the gap.**

♦ **3. Speak with local and state legislators about the current crisis and ask that they support legislation to continue to support trauma systems.**

We encourage neurosurgeons throughout California to give the *California Association of Neurosurgeons (CANS)* further help and suggestions.

We need more neurosurgical manpower in California if we are to meet the needs of patients. Soon there will be more hospitals than neurosurgeons. Possibly we can look to initiatives to help support neurosurgeons who respond to the needs of their communities.

If not, the existing system will fall apart. All citizens of the state will suffer. As it now stands, it is unlikely that the Los Angeles County trauma system will survive if it demands even more of the neurosurgeons on call.

The collapse may well happen before the system is fixed. ♦

2004 AMA Annual Meeting

Robert Burnett, M.D. (Delegate)

Donald Prolo, M.D. (Alternate)

Chicago was the host to the 2004 Annual Meeting of the *American Medical Association (AMA)* in June. A wide range of issues encompassing nearly every aspect of medicine were considered by delegates in 189 resolutions and 62 comprehensive reports in 7 reference committees: (A) Medical Service, (B) Legislation, (C) Medical Education, (D) Public Health, (E) Science and Technology, (F) Board of Trustees, and (G) Medical Practice/Facilities. The House of Delegates has 528 members: 303 from state medical associations; 190 from 107 national specialty societies; 21 medical student delegates; 5 from armed services, Public Health Service, Veteran Affairs; 6 from sections (Resident and Fellow, Medical Schools, Medical Students, Young Physicians, Organized Medical Staff, International Graduates); and 3 from national societies (women's, osteopathic, African-American).

Broadly representative, the AMA speaks universally for medicine rather than for parochial interests of the few, and thus carries a powerful voice in matters before the Congress and the nation. Policies and action agendas formally adopted bear the final imprimatur of all the various factions and disciplines within medicine and are the truly representative expression of a united profession. That the House of Delegates is a legislative assembly developing consensus from all constituencies immunizes medicine from division and an effete voice and promotes a contemporaneous, enlightened message before the public, the U.S. Congress, and the President.

In Reference Committee G (Medical Practice) a resolution from the Wisconsin Delegation entitled "**Containing Catastrophic Care Costs**" was premised on the following data from Milliman Health Care Costs Guidelines: 1% of the population consumes about

30% of health care resources; the top 5% of patients are responsible for about 50% of all healthcare expenditures; the bottom 70% of the population consume only 10% of total healthcare resources. An unsustainable rate escalation has alarmed businesses, government and the general public. The resolution requested that our AMA gather all relevant information concerning the most expensive 5% of medical patients to be able to handle these cases less expensively by using best-management practices; to explore whether "centers of excellence" provide catastrophic care more efficiently; to determine whether consultation from regional or national experts at an earlier time in the high-cost cases might prove beneficial; and to consider whether earlier consideration of end-of-life issues and better education about palliative medicine were measures that should be utilized to temper this huge acceleration in costs.

This is an extremely important issue that affects all who practice medicine. Are our huge expenditures prudent, efficacious, wisely distributed and most humane?

Consumer-directed healthcare is a hallmark of AMA policy. Medical Savings Accounts (MSAs), Health Reimbursement Arrangements (HRAs), and Health Savings Accounts (HSAs), an MSA with fewer restrictions, give patients greater control in healthcare decision-making and experience in the financial consequences of those decisions. HSAs, made possible by legislation during 2003 for Americans not on Medicare, were proposed in a resolution for those receiving Medicare.

In Reference Committee B (Legislation) a more mundane but very important resolution to practicing physicians encouraged Congress to write legislation mandating that managed care organizations be required to staff physician contact telephone numbers concerning appeals for denied care sufficiently to no more than a five minute average wait time.

In Reference Committee E (Science and Technology) the House adopted the combined resolutions from California and Illinois delegations supporting national legislation that strengthens the right of the hospital medical staffs to **self-governance**, including the prohibition of unilateral changes in hospital medical staff bylaws, rules and regulations or policy procedure manuals. Testimony cited the bylaws as a contract between the hospital and medical staff. Exclusive economic credentialing by hospitals was represented as a threat to the integrity of the medical staff and to the quality care of patients.

The House also adopted the Council on Scientific Affairs Report 10-A-04 on the influence of funding sources on the validity and reliability of **pharmaceutical research**. This far-reaching report essentially encourages a national registry and review of all clinical trials and also recommends a policy that all medical editors and authors adhere to the consolidated standards for reporting of trials. It further establishes a checklist of items, based on evidence, that need to be addressed in reports of trials to avoid biased estimates on the effects of treatment and to insure the proper evaluation of findings.

Our AMA actively represents medicine on the Joint Commission for Accreditation of Healthcare Organizations (JCAHO) and on the Accreditation Council for Graduate Medical Education (ACGME), that certifies **residency programs**. In Reference Committee C (Medical Education) the AMA proposed a system reporting the results of licensing examinations to residency directors only on a pass/fail basis. Medical students who fail the examination would have the right to learn their scores to direct their efforts in areas they need to improve. Medical schools would be provided a frequency distribution for the aggregate of their students' scores. Student affair deans and to a lesser extent education deans favored the position of just reporting pass/fail scores. Studies in

the past attempting to relate performance of medical school graduates in residency training with performance on licensure examinations failed to demonstrate any significant correlation. Residency program directors and intern selection committees have in the past used numerical data from the United States Medical Licensing Examination. The most direct approach to eliminating this problematic practice is to remove numerical scores from the transcript, except where required for state licensure.

Public Health is a major focus and crown jewel of the AMA. In Reference Committee D a wide range of reports and resolutions were approved. Among them was a resolution predicated on the likelihood that within the next 40-50 years, 7 billion people will inhabit the earth. Resolution 406 asks that our AMA favor scientific and cultural development of a plan for world-wide potable water conservation; and that our AMA disseminate a plan for potable water conservation throughout the world.

In addition, a resolution was adopted regarding customer awareness of nutrition information and ingredient lists: that our AMA support and seek federal legislation on rules requiring restaurants that have menu items common to multiple locations to provide standard nutrition labels for all applicable items, available for public viewing; and that our AMA support and seek federal legislation or rules requiring all school and work cafeterias and restaurants to have ingredient lists for all menu items, available for public viewing.

From Reference Committee A (**Medical Service**) the House adopted a resolution that our AMA study the effect on physician reimbursements of the shifting of open-ended, hospital, inpatient Medicare Part A services to capped, outpatient, physician Medicare Part B services; and if there is a significant decrease in physician reimbursement resulting from the shifting of open-ended inpatient Part A services to Part B, that our AMA pursue all appropriate legisla-

tive and/or regulatory action to correct for both prior and ongoing physician losses under Part B reimbursement.

An innovative proposal by Drs. Glen E. Austin and Robert D. Burnett, published in *Pediatrics* 111(5), 1093-97, 2003, involves incorporating many AMA policies for insuring the entire population (individual ownership of Health Insurance [HI]; universal catastrophic HI; voluntary employer partial or total purchase of HI; a defined employer contribution, not benefit package, deductible to employer, excludable from taxable income to employee; tax credits inversely related to income that are advanceable for all or refundable in the form of a check to those paying no taxes) coupled with the creation of a Federal Health Insurance Reserve System (**FHIRS**) appointed by the President from districts. FHIRS would be analogous to the independent Federal Reserve System established in 1913 in the presence of bank failures, bankruptcies, economic downturns with the need to stabilize the money supply and credit system. Although the Reference Committee agreed with the components of the proposal, the Committee was against the linchpin necessary to make it functional - that is the FHIRS. The Reference Committee felt (incorrectly in our opinion) that such a FHIRS would be too secretive and bureaucratic. However, the importance of an apolitical approach to such things as mandated benefits and collective bargaining was deemed important. Unfortunately, in our opinion, unless some type of linchpin is developed to effectuate the agreed-upon components, the country's health system is likely to implode.

As you can see, the AMA House provides a forum for all physicians to gather, coordinate actions and activities in a manner one specialty society alone cannot accomplish. Disappointments do occur as in your delegates' promotion of FHIRS, our proposal to fix a broken medical system, consistently plaguing doctors and frustrating patients.

Notable actions this past year have led

to several thousand dollars in increased payments to each physician from Medicare that would have not been forthcoming except for the AMA's and CMA's advocacy. The CMA and a few other state medical associations successfully pursued insurers under the **Racketeer Influenced and Corrupt Organizations Act (RICO)** that held health plans engaged in fraud and extortion in a common scheme to wrongfully deny payment to physicians. Settlements involve 950,000 physicians, physician groups and physician organizations who have submitted claims to any of 10 defendant insurers. **Aetna** settled 11/6/03 and **Cigna** 4/22/04 with eight other insurers in line to settle. Millions of dollars will be directed to physicians with insurance companies obligated to add transparency and fairness to their claims processing. Twenty million dollars will be contributed alone by Aetna to a Physicians' Foundation for Health Systems Excellence, Inc. and \$15,000,000 from Cigna to a Physicians' Foundation for Health Systems Innovation, Inc., both 501 C3 organizations.

The CMA may take credit for instigating this lawsuit, later adopted by the AMA. Since 1976, the CMA has defended the Medical Injury Compensation Reform Act (**MICRA**), which the AMA has promoted throughout the United States for federal enactment, until now blocked by a filibuster by Senate Democrats. MICRA in California has maintained malpractice insurance affordable over three decades of legislative advocacy by the CMA.

The AMA and CMA are enormously successful in advancing public health, and promoting high standards for licensure, medical education, scientific, humane medicine, universal health insurance and advocating for all physicians and patients. As all physicians benefit from these Homeric efforts, all physicians should be members of the CMA and AMA, organizations that represent our professional soul. ♦

Annual Meeting - Schedule of Events

<u>FRIDAY</u>	January 21, 2005	1:00-5:00pm 7:00-9:00pm	CANS Board meeting (<i>all CANS members welcome</i>) Welcoming reception (<i>exhibitors invited</i>)
<u>SATURDAY</u>	January 22, 2005	<u>Surviving the Changing Medical Socio-Economic Environment</u>	
7:00-7:45am	Continental Breakfast/Visit Exhibits		
7:45-8:00	<u>CANS BUSINESS MEETING</u>		
	<i>Alan T. Hunstock, MD, CANS President</i>		
8:00-9:30	<u>PANEL: Workers' Compensation</u>		
	Moderators:	<i>Philipp M. Lippe, M.D Consultants, CANS Board of Directors</i>	
		Christine Baker, Executive Director , Commission of Health and Safety in Workers' Comp	
		Ann Searcy, M.D. , Acting Medical Director, Department of Workers' Compensation	
		Andrea Hoch , Administrative Director, Department of Workers' Compensation	
		TBA, RAND Corporation	
		Panel Discussion	
9:30-9:45	Break/Visit Exhibits		
9:45-11:15	<u>PANEL: NeuroTrauma</u>		
	Moderator:	<i>Alan T. Hunstock, MD, President, CANS Board of Directors</i>	
		Current Problems	
		<i>William L. Caton III, MD, CANS Board of Directors</i>	
		Hospital's View on Neurotrauma	
		<i>C. Duane Dauner, President, California Healthcare Association</i>	
		Government's View on Neurotrauma	
		Current Status of California's ER/Trauma system	
		TBA, <i>Emergency Trauma Agency, Dept of Health Services</i>	
		Panel Discussion	
11:15-11:30	Break/Visit Exhibits		
11:30-12:45	<u>PANEL: MICRA</u>		
	Moderator:	<i>Alan T. Hunstock, MD, President, CANS Board of Directors</i>	
		Current Status of MICRA and ER/Trauma System	
		<i>Jack Lewin, MD, Executive Vice President/CEO, California Medical Association</i>	
		Expert Testimony and Planned MICRA Attacks	
		<i>Susan Penney, Legal Counsel, California Medical Association</i>	
		Panel Discussion	
12:15	❖ <u>KEYNOTE SPEAKER</u>		
	MICRA Legislation: Historical Background/Future Implications		
	<i>The Honorable Edmund G. "Jerry" Brown Jr., Mayor of Oakland, California</i>		
12:45-2:00	Lunch Break/Visit Exhibits		
2:00-5:00	<u>WORKSHOP: ER Negotiations</u> <i>Debra Phairas, President, Practice & Liability Consultants</i>		
	<i>(Bring your own profit/loss statement, a calculator and your A/R data which will all remain confidential; you will receive neurosurgical benchmarking data.)</i>		
6:30 pm	Reception/Banquet	❖ <u>KEYNOTE SPEAKER</u>	
		F. Story Musgrave, MD, NASA Astronaut <i>"An Artist's View of the Universe"</i>	

<u>SUNDAY</u>	January 23, 2005	<u>PAIN MANAGEMENT</u>	8:00 am -3:15 pm (<i>lunch included</i>)
	(6 CME hours sponsored by the American Academy of Pain Medicine)		
	Led by Philipp M. Lippe, M.D., Executive Medical Director of the AAPM a panel of experts will discuss the role of neurosurgery in pain management, non-opioid analgesics, especially advances in NSAIDs, end of life care and palliation in pain management, non-interventional management of pain and suffering (behavioral, cognitive, spiritual, alternative, rehabilitation) and current regulatory protocols regarding controlled substances.		

CANS ANNUAL MEETING 2005 REGISTRATION FORM

The Fairmont Hotel, San Jose, California, January 21-23, 2005

Name (please print) _____ State Med License # (for CME) _____

Neurosurgeon ___ other (please specify) _____ Telephone _____

Address _____ Fax _____

City/State/ZIP _____ E-mail: _____

PLEASE CIRCLE SESSIONS YOU WISH TO ATTEND:

SATURDAY

	CANS Members	Non-Members	Allied Health & Senior CANS Members
1. Morning session (Socioeconomic Meeting)	\$ 125	\$ 150	\$ 100
2. Afternoon session (Workshop-ER Negotiations)	\$ 125	\$ 150	\$ 100
**Bundled fee for both Saturday sessions includes lunch (save \$50)	\$200	\$250	\$150

(Complimentary meeting registration for Residents in Neurosurgical Training programs)

SUNDAY

Pain Management (6 CME hours)	\$ 175	\$ 175	\$ 125
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SATURDAY BANQUET - \$100.00 per person

Reception 6:30 p.m.; Dinner 7:30 p.m.

Name of Attendee _____ Circle your choice: Steak Bass Vegetarian

Name of Guest/Spouse _____ Circle your choice: Steak Bass Vegetarian

TOTAL AMOUNT DUE by January 7, 2005:
(If registering after this date, add a \$35.00 late fee.)

\$

*** No refund requests will be accepted after January 7, 2005 so that quantities can be guaranteed with hotel.*

Payment Information

1. Check enclosed (payable to CANS) _____ or

2. Please authorize use of VISA _____ or MasterCard _____

Card number _____ Expiration _____

Name on card: _____ Signature _____

Address if different from above _____

Mail registration & payment to:

CANS, 5380 Elvas Avenue, Suite 216, Sacramento, CA 95819 or fax to 916 457-8202.

ROOMS: Call the Fairmont (408 998-1900 or 800 441-1414) by January 7, 2005 to ensure accommodations at the group rate of \$149.00. Check here when you have made your reservation with the hotel.

Contributions to the California Association of Neurological Surgeons are not tax deductible as charitable contributions; however, they may be tax deductible as ordinary and necessary business expenses.

The Winter of Discontent

Randy Smith, M.D.

It has been over a year now since my CANS sponsored election to the VP position of the *American Association of Neurological Surgeons* (AANS). During that election I promised to revisit the issue of unification of the AANS and the *Congress of Neurological Surgeons* (CNS). As my tenure in office is now over, a report on what has been accomplished seems in order.

The short version is that no progress was made and that I was unable to move the two organizations closer to alignment. With this result, I join Roberto Heros (who as AANS President made a valiant effort to amalgamate the two groups) as one who has failed to get the Ring into Mount Doom.

At first blush, it would appear that some sort of amalgamation would not be difficult but as is common in a potential merger of two well-established organizations, the devil is in the details.

In my opinion, the devil that the AANS sees is that anything less than a complete merger will not result in any significant efficiency and could just be more costly and confusing. I think the devil that the CNS sees is that there isn't really anything broken with the present situation, and although some redundant activities

could be streamlined, a complete merger would inevitably result in the loss of the CNS perceived unique nature of their organization and the values for which it stands.

Rank and file neurosurgeons (of which I have been a member for decades) may not perceive anything too unique about either organization and from the trenches the two annual meetings appear quite similar as do the two journals and other publications, and two sets of dues and meeting attendance requirements are just a pain. This probably explains why 80% of those completing the *Council of State Neurosurgical Societies* (CSNS) survey felt there should be some merging of the organizations. (I think I heard from some of the other 20% during my election campaign who felt that having two organizations is a good thing, as they tend to create a little healthy competition and having two sources for innovation is better than one.)

So now what?

The leaders of both groups (who I am convinced gave unification an honest try) have put the issue on a back burner for now as we seem to have bigger fish to fry, such as the Professional Liability Initiative and inculcating sponsored CME into the ABNS recertification process.

In the normal flow of leadership change of the AANS and CNS, there

should come a time when a new cadre of officers will revisit the unification issue, particularly if the CSNS brings it up again. In the meantime, this year will not see any blossoms on the amalgamation rosebush. ♦

2005 Annual Meeting

Fairmont Hotel

San Jose, California

January 21-23, 2005

KEYNOTE SPEAKERS



The Honorable
Edmund G. "Jerry" Brown, Jr.,
Mayor of Oakland, CA

Story Musgrave, M.D.
NASA astronaut

Editorial Committee:
John T. Bonner, M.D. (Editor)
Robert E. Flomin, M.D., John A. Kusske, M.D.
Robert C. Meredith, M.D., Donald J. Prolo, M.D.
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