Message From the Vice-Chairman

It is with great pride and enthusiasm, and a measure of humility, that I will assume the position of Chair this fall from, David Jimenez, M.D. While I am proud of the creative talents and diligent efforts of my colleagues on this Committee, and enthused by the challenges and opportunities that lay ahead for us, I am nonetheless humbled by what I see as our most daunting task: to dramatically increase young neurosurgeons' participation in, and satisfaction with, organized neurosurgery. To accomplish this task, we will need to be continually responsive to the particular concerns of our young membership. In short, we will need to aim to provide access and relevance.

New Initiatives Underway

During the last year, the YNC has taken on several new initiatives. Under the able leadership of Adam Lewis, M.D., and Clara Epstein, M.D., a Silent Auction was held at the 1999 AANS Annual Meeting, with all proceeds benefiting the Research Foundation of the AANS. Materializing from concept to reality in less than one year, the Silent Auction raised nearly $12,000 to benefit the Foundation's Fellowship and Young Clinician Investigator Awards.

A particular concern of many young neurosurgeons is the increasing economic pressures and legal complexities that face new neurosurgery residency graduates. There is wide sentiment that neurosurgery training in this country provides excellent medical training, but little preparedness for dealing with HMOs, PPOs, third party payers, etc. Craig Rabb, M.D., and Dr. Lewis have been charged with developing a survey to assess the extent and implications of this problem.

In addition, Isabelle Germano, M.D., has led a movement to obtain childcare services at our national meetings. A presentation has been made to the AANS Board of Directors and the issue is currently under consideration.

The Young Neurosurgeons Newsletter is another new initiative through which we aim to increase our accessibility and service. Targeted particularly at residents, fellows, and recent residency graduates, the newsletter will address practical issues for young neurosurgeons in academic or private practice. Regular practical features such as “Private Practice Corner,” and “Pearls & Pitfalls of the Oral Boards” will have broad appeal. Up-to-date information on research and educational opportunities, as well as socioeconomic issues also are planned as regular features. We welcome your participation and ideas.
Preparations are nearing completion for the 49th Congress of Neurological Surgeons Annual Meeting, which will take place October 30 – November 4, 1999 in Boston. Richard G. Ellenbogen, MD, CNS Resident Membership Committee Chair, said, “This year’s meeting offers an exciting and contemporary array of clinical and scientific presentations on neurosurgical practice. The meeting promises to be an exciting educational experience highlighted by substantial benefits and involvement for young neurosurgeons and residents alike.”

Program Highlights

Practical Courses. This year, the CNS Annual Meeting Scientific Program will include 46 Practical Courses focusing on the latest scientific techniques, neurosurgical innovations, and practice management tips. Some Practical Courses that may be of interest to young neurosurgeons entering the field include:

- Microsurgical Anatomy for Cranial Surgery
- Surgery of the Carotid Artery: Indications and Techniques
- Thoracoscopic Spinal Surgery
- Image-Guided Cranial Surgical Navigation
- CPT Coding, Medicare Documentation and Audits
- Image-Guided Spinal Navigaiton
- Microvascular Decompression for Trigeminal Neuralgia and Other Cranial Nerve Syndromes
- Movement Disorders: Pathophysiology, Diagnosis and Treatment
- Building a Booming Practice Using Marketing, Media and the Internet
- Minimally Invasive Techniques for the Lumbar Spine
- Basic Endovascular Techniques
- Intracranial Endoscopy
- Stereotactic Radiosurgery
- Grants: Getting Started, Applications and Funding

Scientific Section Sessions. Throughout the week, the AANS/CNS Sections will hold scientific symposia on a wide range of neurosurgical topics, including:

- Controversies in the Management of Brain Stem Cavernous Malformations
- Controversy in Cerebral Revascularization: Bypass Surgery Revisited
- Pedicle Screw Fixation Revisited
- Lumbar Fixation Controversies
- Trauma Update
- Sports Medicine: What Every Neurosurgeon Needs to Know
- Consultant’s Corner on Pain
- Postoperative Pain Management in the Neurosurgical Patient
- Syringomyelia
- Cervical Spine Stabilization and Fusion
- The Role of Biopsy in the 21st Century
- Transplantation and Functional Restoration
- Spinal Cord Neoplasms
- Issues in Skull Base Surgery

General Scientific Sessions. This year’s meeting will feature four General Scientific Sessions covering a range of neurosurgical topics ranging from the “Treatment of CNS Neoplasms and Aneurysms: The End of the Beginning” and “N eurovascular Decision Making,” to “Pediatric Update for the General Neurosurgeon” and “Lumbar Interbody Fusions.”

Special Courses. Special courses will be offered each afternoon that will provide a unique learning opportunity for the young neurosurgeon contingency. These courses will cover such topics as “Disability in Neurosurgical Patients,” “Current Legal and Ethical Issues in Neurosurgery,” and “Deep Brain Stimulation.”

Honored Guest/Resident Luncheon. Duke S. Samson, MD, Professor and Chairman of the Department of Neurosurgery at the University of Texas Southwestern Medical Center, will be the Honored Guest Speaker at the Resident’s Luncheon on Tuesday, November 2 at 12 Noon. Dr. Samson will discuss the role of the neurosurgical resident in making surgical decisions. Also in attendance will be H. Hunt Batjer, MD, CNS President, and Daniel L. Barrow, MD, CNS President-Elect.

Special Socioeconomic Symposium. New to this year’s meeting is a special socioeconomic symposium titled, “Neurosurgery in the 21st Century.” The symposium will immediately follow the CNS Meeting and discuss emerging trends in neurosurgical education, technology and neurobiology. The Symposium also will explore the challenges facing neurosurgeons in each of these areas and identify specific steps neurosurgeons can take to advance in the field in the next millennium.

Register for the Meeting Today

This year, the Congress of Neurosurgeons is offering its Resident Members free housing and meeting registration (on a space-available basis), two resident lounges in the CNS exhibit hall, special events such as the Resident/Honored Guest Luncheon, discounted luncheon seminars, complimentary childcare (on a space-available basis), and more.
Richard A. Pratt, MD — Neurosurgeon and Inventor of the Jackson-Pratt Drain

Katrina S. Firlik, MD

Time often obscures the origins and creators of great inventions. In the world of surgery, such obscurantism fuels the older generation of surgeons in their ritual grilling of residents in the operating room. A resident who is confident about questions of anatomy can be derailed by a ruthless shift into the realm of history.

As a general surgery intern fumbling to force a hemostat through an inadequate stab wound I created for a Jackson-Pratt drain, my attending stumped me with the question: "For what purpose was the Jackson-Pratt drain originally designed?" My attending's answer, of course, was cool and cryptic, something like: "You're going into neurosurgery; you should know the answer."

Richard A. Pratt, MD, can answer the question better than anyone. He, along with Fred E. Jackson, MD, invented the Jackson-Pratt drain in 1971.

Today, D. R. Pratt is Clinical Assistant Professor of Neurosurgery at the University of Pittsburgh Medical Center/Horizon Health System in Greensville, Pennsylvania. Originally from St. Paul, Minnesota, he earned his medical degree in 1967 from the University of Minnesota, trained in neurosurgery at the University of Maryland and, last year, joined the neurosurgical staff at the University of Pittsburgh after leaving his private practice in Washington. He enjoys a busy, varied, community-based practice with involvement at the academic center for selected cases.

The Beginning of a Beautiful Friendship

Dr. Pratt is a calm and gracious man who speaks of his invention with modesty. In a recent interview, he told me that the Jackson-Pratt drain (or "J-P drain," as it is commonly known among surgeons), had its origin at the University of California, during the Vietnam War. Prior to his neurosurgical residency, he was stationed at the Naval Hospital in Long Beach, California.

Dr. Pratt told me of how he came to work under Captain Fred Jackson, MD, Chief of the Department of Neurosurgery at Camp Pendleton. "I went on a helicopter over to a destroyer, where someone was thought to have an acute abdomen and I met the captain of the ship," said Dr. Pratt.

"When the captain, Jack Standard, asked about my career plans, I responded, 'I am thinking about neurosurgery.' The captain questioned if I knew of Dr. Jackson. I told him, 'yes, I read his symposium (the Ciba Symposium on head injuries)."' Then the captain replied, "I know him too. We went to college together. Would you like to be assigned to work with him?" Needless to say, I said, 'yes.' The captain told me that he would send him a letter and recommend that he and I meet."

That simple conversation led to Dr. Pratt's valuable relationship with Dr. Jackson, his inspiration to train in neurosurgery, and the development of the Jackson-Pratt drain. According to Dr. Pratt, "Dr. Jackson's experience with subdural hematomas in Vietnam left him dissatisfied with the drains that were available at the time. The Penrose was limp, did not work against gravity, and was typically left open to a dressing that required frequent changes. His, of course, was a set-up for infection. Other standard drains were too rigid and unsafe to lay against the brain."

Creation of the Jackson-Pratt Drain

Dr. Jackson challenged Dr. Pratt to design, with him, a better drain for subdural hematomas. They came up with a soft, pliable drain made of siliconized rubber that was able to lay flat against the surface of the brain without collapsing. The sterile, closed-system bulb worked by gentle vacuum suction and was clearly superior to the other drains available in terms of efficacy, safety, and sterility. In addition, the drain contained a radiopaque marker that could be seen on x-rays and was used to help track the resolution of a subdural collection.

The process from idea to final prototype took approximately one year. Drs. Jackson and Pratt worked with engineer and entrepreneur, Ruby Schulte, to design the product. The design went through multiple stages and Dr. Pratt admitted that a small glitch was discovered after one patient required repeat surgery for a retained drain piece. Luckily, that happened only once, and the remainder of the development was remarkably smooth. Dr. Pratt recalled that at the time a new medical device did not have to be approved by the Food and Drug Administration.

Although the Jackson-Pratt drain was originally designed for subdural hematomas and was dubbed the "brain drain" in early literature, the drain's value was rapidly recognized by surgeons in other fields, and its use became widespread. Today, the "J-P drain" is standard lingo in surgery.

Jackson and Pratt never held a patent on their drain. When asked why, Dr. Pratt explained, "Well, I was with the Navy and this was all for God and country." He received no compensation. "I think somebody took me out to dinner one night. That was about it!"

Regardless, the people most important in his life have recognized, and even experienced the benefits of, his invention. Dr. Pratt described the scene in his mother's hospital room after she underwent general surgery. The chief of surgery was rounding with the house staff and attending surgeons. The large team of physicians gathered around his mother's bed, and the surgeon asked, "Did you know that we used your son's drain for the surgery?" She proudly replied, "Yes, my boy did pretty good, didn't he?"
For most of us, the thought of going through our oral board examination is a daunting one. Just when you thought the stress of residency was fading, and you’ve begun to establish yourself in your community (academic or private), you remember that you really should be submitting an application to take the oral boards. Although the thought of spending a day answering questions from examiners is not necessarily a cheery one, imagining what it will take to mull through the forms (and your office charts) required by the Board to document your practice experiences can be even worse.

According to the booklet supplied by the American Board of Neurological Surgery (ABNS), many aspects of our practice data are required. These include demographics, procedures, outcomes, and more. Although there is mention of word processors being used to fill in the required standard data sheets, essentially all of this data must be transcribed, by hand, from charts. Many young practitioners have used various spreadsheet programs such as Excel and Access, but as of yet there is no accepted software to use for residency or practice data entry.

The two types of data are vastly different, as many of you already know. Residency data consists essentially of the numbers and types of different cases, whereas practice data must include demographics and outcomes. Because of this difference, software systems that are being evaluated for use by the Board must be specific to the two types of data.

Developing a Universal System

Plans to develop a computerized residency data system have already begun by Joel MacDonald, MD, and others, and will probably be administered through the Residency Review Committee (RRC). There will most likely be a standard system that will be required as a template for all submitted institutional residency data, which can be updated as a resident continues through his or her training. One pitfall of the program is a reliance on CPT codes, which technically belong to the American Medical Association. Efforts are already underway to try to resolve this glitch.

The most recent version of the software to compile residency data is currently available for active use at the program level. It is available through the Accreditation Council of Graduate Medical Education and offered to Residency Program Chairs only; residents interested in using this software should ask their Chairs to request it directly for their respective programs.

Software for compiling practice data will be slightly more involved, for several reasons. The range of information entered is certainly more extensive. The use of CPT codes also has been discussed, as some feel this may lend itself to less accuracy in reporting procedures and outcomes.

Several neurosurgeons, including Dr. MacDonald, Jacob Young, MD, and others have developed software, which will be evaluated in upcoming months for its applicability to the compilation of residency data. Ideally, a software package could be developed to serve as the tool for compiling residency data and, ultimately, practice data. The ABNS hopes to find a software package that will be easy to use, yet lend itself to recertification efforts, as well as practice outcomes evaluations—issues likely to command a great deal of young neurosurgeons’ efforts in the future.

For a look at one of the potential software programs under evaluation, visit www.concentric.net/~jyoung/fmpro. This program has not been sanctioned by the ABNS, but is an example of the type of software likely to be adopted in the near future by those preparing for the oral board exams.

Hopefully, official word on fully approved software for both residency and practice data will be forthcoming from the RRC and the ABNS. Until then, the existing data sheets supplied by the ABNS are the only sure way to submit your practice data.

We Want to Hear From You

The Editors of the Young Neurosurgeons newsletter are interested in hearing your comments and queries on this issue, as well as your ideas for future issues.

Please send your thoughts to one of the following:

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The Officers of the Congress of Neurological Surgeons (CNS) are pleased to announce Duke S. Samson, MD, of Dallas, Texas, as the Honored Guest Speaker at this year’s CNS Annual Meeting Young Neurosurgeons Luncheon. In his talk, Dr. Samson will explore the role of the neurosurgical resident in the surgical decision making process.

Dr. Samson is Professor and Chairman of the Department of Neurological Surgery at the University of Texas Southwestern Medical Center, as well as the Lois C.A. and Darwin E. Smith Distinguished Chair of Neurological Surgery. Dr. Samson also holds neurosurgical appointments at Zale Lipshy University Hospital, Veterans Administration Medical Center, St. Paul Medical Center, Parkland Memorial Hospital and Children’s Medical Center.

After receiving his bachelor’s degree in psychology from Stanford University and his medical degree from Washington University School of Medicine, Dr. Samson went on to complete his surgical internship at Duke University Medical Center, his residency in neurological surgery at the University of Texas Southwestern Medical School, and his fellowship in cerebrovascular surgery at the University of Paris and the University of Zurich. He subsequently spent two years as a surgeon in the United States Army Medical Corps and was stationed at Clark Air Force Base Hospital in the Republic of the Philippines and Walter Reed Army Medical Center in Washington, D.C.

A leader in the field of neurosurgery, Dr. Samson has received numerous awards, including the Diana Dean Injury Award for Neurosurgery Research and the AANS/CNS Section on Cerebrovascular Surgery’s Donaghy Lectureship. In addition, he has authored numerous books and articles for scientific journals on such topics as aneurysms, vascular malformations, subarachnoid hemorrhage, tumors and cervical spondylosis.

Dr. Samson brings to the CNS Young Neurosurgeons Luncheon a wealth of experience in the area of microsurgery to treat cerebral vascular malformations and aneurysms. We are fortunate, indeed, to have him as our guest speaker in Boston.

Mark Your Calendars Now for Neurosurgery Review by Case Management: Oral Board Preparation

November 14-16, 1999 • Houston, Texas

This program is designed for neurosurgeons in private, academic or subspecialty practice who plan to take the oral boards in November 1999 or May 2000, or within the next few years.

This highly interactive course will review basic science principles, clinical diagnosis strategies and operative techniques, and familiarize you with the oral board method of examination. Each day, experienced neurosurgeons will critique your skills in neurosurgical management and in organizing responses to oral board type questions. Faculty members for this course are not currently involved in giving the neurosurgical boards and the AANS has made no attempt to obtain questions from previous examinations.

The American Board of Neurological Surgery does not require taking this course before the Boards.

To find out more about this course, or to register, call the AANS Professional Development Department at (847) 692-9500 or visit them online at www.neurosurgery.org.
Some young neurosurgeons might ask, "what is managed care?" The term describes a health care delivery system in which someone other than the physician or the patient affects the type, nature, and extent of neurosurgical care delivered. The characteristics most common to managed care include: arrangements with selected providers who furnish a package of services to enrollees; explicit criteria for selection of providers; quality assurance, utilization review, and outcome measures; financial or program coverage incentives or penalties to enrollees who do not use selected providers; provider risk sharing arrangements; and management by providers to assure that enrollees or members receive appropriate care from the most cost-efficient mix of providers.

Upon entering practice, whether it is academic or private, a neurosurgeon may have to deal with multiple groups which call them selves managed care organizations. Originally Health Maintenance Organizations (HMOs), Preferred Provider Organizations (PPOs) and traditional forms of indemnity insurance were separate, mutually exclusive products and mechanisms for providing healthcare. However, in many instances today, or in most cases in some markets, the managed care organization will be a hybrid of several specific types.

What is an HMO?
HMOs are organized systems that are responsible for both the financing and the delivery of a broad range of health services to an enrolled population. The original definition of an HMO also included the aspect of financing health care for a prepaid fixed fee. HMOs are responsible for providing services to members through affiliated providers who are reimbursed under various methods described in contracts binding the provider and the HMO. The five common models of HMOs are staff, group practice network, network, Independent Practice Association (IPA) and direct contract. These models have been discussed at length in other publications.

So far as neurosurgeons are concerned, there is a great deal of significance in how an HMO is structured. For example, in a staff model HMO, the HMO employs the physicians who serve the HMO’s beneficiaries. On the other hand, IPA model HMOs contract with an association of physicians (or a practice group in a university setting) to provide services to their members. IPA’s generally try to recruit physicians from all specialties to participate in their plans. IPAs are compensated by HMOs on an all-inclusive physician capitation basis to provide services. That is to say, the HMO establishes a budget for physician services based on actuarially determined projected expenses.

Typically, HMO allocations for neurosurgeons amount to 1 to 2 percent of the physician budget. The IPA then compensates its participating physicians on either a negotiated fee-for-service basis or a combination of fee-for-service and capitation.

What is a PPO?
PPOs are generally regarded as different from HMOs in two respects. First, they do not accept capitation risk; rather, risk remains with the insurance company. Second, enrollees may access providers that are not in the contracted network, but are faced with higher out-of-pocket costs for doing so.

In many markets, PPOs are the most common type of managed care plans. PPOs developed in response to the perception that HMOs limited a patient’s choice of personal health care provider. This freedom-of-choice issue resulted in a strategy of establishing contractual relationships with "preferred" providers who would agree to certain discounts in return for access to patients. The first generation PPOs did not more than modify the fee-for-service system. The newer generation of PPOs contains some of the economic disincentives and controls of an HMO and, therefore, the distinction between a PPO and an HMO may be less clear.

Point of Service Plans
The point-of-service (POS) plan represents the most recent hybrid in managed care arrangements and is becoming increasingly popular. POS plans encourage the use of cost-effective managed care networks, while allowing for freedom of choice.
Under a POS plan, employees are not locked into a specific plan or provider panel for the entire plan year, but can choose among certain health care plans at the time they seek health care services. Employees can choose a provider from within the managed care network or outside the network. For a higher premium, health care coverage can extend beyond the closed provider network. In addition, significantly higher co-pays may be required of individuals who leave the network.

The Managed Care Cycle
Managed care is an area of continual evolution. Consider the development of Integrated Delivery Systems. In the United States, we have systems in which physicians only are integrated, systems in which physicians are integrated with facilities such as hospitals, and systems that include the insurance function, as well as the other two functions. In the next issue of the Young Neurosurgeons Newsletter, the subject of virtual integration of various parts of the healthcare enterprise will be discussed further.

Opportunities Abound on N://OC®

The Young Neurosurgeons Committee is in the process of creating its own presence on Neurosurgery://ON-CALL®. Following are some highlights from the Web site that might be of interest to young surgeons entering the field.

CNS Job Placement Service N://OC® provides the free, searchable database of job opportunities to neurosurgeons and residents in training. The system allows neurosurgeons to browse through a listing of available positions and post their applications.

Resident’s Corner This section of N://OC® is dedicated to neurosurgical residents and includes a searchable database of residents in training and recent graduates; a link to neurosurgical fellowships and grants; links to residency programs, and a link to the National Resident Matching Program.

Bulletin Board This communication vehicle on N://OC® allows young neurosurgeons to consult with friends and colleagues on medical issues and more.

To access these features and more, visit www.neurosurgery.org and click on the “Professional Pages.”

Volunteers Needed

If you are interested in playing an integral role in the AANS Annual Meeting, the Marshal’s Committee is the place to start. The Marshal’s Committee depends on the volunteer activity of many individuals to ensure the quality and success of the meeting. Some of the Marshal’s responsibilities include ticket collection, evaluation distribution and collection, and audiovisual assistance at Breakfast Seminars and Practical Clinics.

For those interested in volunteering to serve as a Marshal, please contact the AANS National Office at (847) 692-9500. All volunteers will receive a subsequent mailing form on which they will be requested to indicate their preference for sessions to Marshal.
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Newsletter Mission Statement
This newsletter is distributed to all young neurosurgeon members of the AANS. The purpose of this newsletter is to:

1. Promote communication among Committee members.
2. Inform the membership of research, educational, employment, and international opportunities.
3. Inform the membership of new developments within neurosurgery that affect young neurosurgeons.
4. Provide a forum to discuss neurological topics that will aid young neurosurgeons.