

CSNS Newsletter

Chair's Message Dr. Joe Cheng MD

Editor: Cara Sedney MD -
csedney@hsc.wvu.edu



I am proud to be elected as Chair of the Council of State Neurosurgical Societies (CSNS) and serve along with number of dedicated volunteer neurosurgeons working to provide a grass roots voice to the practicing neurosurgeon, and facilitate access and care for our patients. We do this by connecting our neurosurgical colleagues for sharing experiences and knowledge for the socioeconomic and administrative aspects of a medical practice, something not typically taught in most neurosurgery residencies, and create a platform for cogent discussion and debate. Through the resolution process, CSNS members from our state societies, caucuses, and military, can bring forth issues for debate and vote by the overall membership body. Once passed, there are pathways to escalate to our parent organizations of the AANS and CNS for action, and allow the voice of the practicing neurosurgeon to be heard and acted on.

In addition to sharing knowledge and exchanging experiences of the latest impact of health policies and rules, the CSNS also gives guidance and direction about present and future of maintaining the “business” of

our profession. A critical mission of the CSNS is socioeconomic education, and we provide tools to our residents and practicing physicians to prepare for these coming changes. We do this by working directly with the AANS and CNS, and leading the creation of educational content at all of our annual meetings such as practical courses, seminars and scientific sessions. We also develop new knowledge in the area of socioeconomic issues in neurosurgery, with surveys, white papers and peer-reviewed publications which foster our understanding of socioeconomic issues, and guiding change.

Much like our neurosurgeons who had a strong interest in research along with their clinical practice, becoming physician-scientists, the CSNS is fostering the development of neurosurgeons with a strong interest in healthcare administration along with their clinical practice, becoming physician-administrators. The CSNS is an amazing group of dedicated individuals and the open, accessible organization of the CSNS is an incubator of many of our current leaders in organized neurosurgery and medicine. We encourage and support the participation of medical students, residents, neurosurgeons, and interested stakeholders such as our administrators, who seek to become our future socioeconomic leaders.

The Council of State Neurosurgical Societies continues to play a critical role in organized neurosurgery. We look forward to getting you involved as we advocate for our field and patients!



**COUNCIL OF STATE
NEUROSURGICAL SOCIETIES**

We lost a dear friend - Neurosurgery lost an Icon!

Moustapha Abou-Samra, MD (adapted with permission from CANS newsletter)

In the early hours of October 25, 2021, we lost our dear friend Randy Smith. And, just like that, Neurosurgery lost an icon. Randy was central to how we view ourselves as neurosurgeons.

The night before he died, as was his custom, he had dinner with his San Diego family after listening to a classical music concert in La Jolla. As usual he was in rare form.

The next morning, he awoke early, as was his habit, and went downstairs to his study to start his preparations to read his newspapers and the various articles of interest that he always kept handy. He was a voracious reader. Undoubtedly, he was about to check on the scores of various sporting events. He was disappointed that the Dodgers lost the Championship of the National League to the Braves; I know, he told me.

But instead, he collapsed and died. And contrary to his perfect timing when he told jokes, his timing this time was simply awful. He died 5 days before his 83rd birthday. We will miss him dearly.

Randall William Smith was born on October 29, 1938, in Minneapolis Minnesota. He grew up in Seattle Washington where he received his education. After graduating AOA from the University of Washington School of Medicine in 1965, he decided to checkout the East Coast and did an internship at the Boston City Hospital, but since he was a “Westerner” at heart, he went back to Seattle where he completed his training in Neurological Surgery at the University of Washington under the tutelage of Arthur A. Ward Jr., an influential founding member of the Western Neurosurgical Society.

Dr. Smith served our Country in an active-duty capacity and as a USAF reservist from 1965 to 1971 and was stationed at Osan airbase in South Korea after the Pueblo capture activated his medical unit. His service helped fund his training (through the GI Bill) and made it possible for him to purchase his first house with a VA mortgage.

His lucky star was smiling at him when he met and married the love of his life Florence Beale, on December 18, 1962. Flo worked as a nurse and then nursing instructor at the University of Washington, which helped support Randy during his training. She was his partner in every one of his endeavors and accomplishments.

Continued next page



Together, they moved to San Diego where Randy joined the faculty in the Division of Neurosurgery at the University of California San Diego in 1971. He helped start the Neurosurgery program in the new school of medicine with two local colleagues, including Dr. John Alksne, the head of the Division. He was on the active faculty as an Associate Professor until 1981. He then concentrated on building a very successful private practice and covered emergency call until 1993. That year, he celebrated the “retirement” of his beeper by smashing it with a hammer after a celebratory dinner with his family. During this period, he continued to hold a clinical appointment at the University. He loved teaching and mentoring residents. He continued doing surgery until 2004, when he switched to carrying out agreed medical examinations for the next decade.

Although he retired from the “practice” of neurosurgery in 2004, he never retired from “Neurosurgery.” He remained involved and was the founder of several important neurosurgical and neurological societies and served in leadership capacity in many local, state, regional and national organizations. Randy was also a leader in his local medical community and served as Chief of Staff at Sharp Memorial Hospital. During his amazing career, Randy received many awards. Randy was a renaissance man. His interests were varied and did not only encompass all things neurosurgical. Randy leaves behind a strong and beautiful family.

Indeed, we lost a friend and Neurosurgery lost an icon. It is difficult to accurately portray the man we lost. Randy was a man of integrity, of scientific curiosity and discipline, a man who at once did not tolerate imperfection but applauded hard work. He was a man who was described more than once as a curmudgeon, but who was often the life of a party. He did not take himself seriously but all of us had a great admiration and respect for him. He was exacting and demanded much of himself. He was a mentor to many of us. And he was a charismatic man whose company everyone enjoyed. He was a man with a vision, a team player, a colleague, a trusted companion, and a caring, loving, and empathetic human being.

Rest in Peace, my friend! MOUSTAPHA ABOUSAMRA, MD

Please Note: An issue of the CANS newsletter that will be entirely dedicated to commemorating Randall W. Smith, MD, is being planned for mid-December. You are encouraged to submit personal remembrances if you’d like them included in this issue. Please send your remembrances to mabousamra@aol.com or emily@cans1.org. Deadline for submission is November 28, 2021. Thank you!

LITT Coding Update:

Effective 10/15/2021, Cigna will cover LITT for certain epilepsy and oncology indication. The policy is attached and available at the link: https://static.cigna.com/assets/chcp/pdf/coveragePolicies/medical/mm_0528_coveragepositioncriteria_laser_interstitial_thermal_therapy.pdf

The policy states, “the CNS/AANS notes ‘there is consensus that intracranial LITT should be considered as a potential option for patients with recurrent or progressive malignant tumor (primary or metastatic), lesion(s) inaccessible to surgical resection, or when the patient is unable to tolerate surgical resection due to medical co-morbidities’ (Barnett, et al., 2021).”

NTENS update:

Joseph Domino, MD - CSNS Fellow

The Neurotrauma and Emergency Neurosurgery (NTENS) committee continues to work on issues related to trauma care and coverage, and the interactions of neurosurgeons within the trauma system. Efforts continue to establish and organize a Neurotrauma Consortium to allow for multicenter clinical outcomes studies. There are several surveys in the que regarding back-up call compensation and the use of telemedicine in trauma. At our committee meeting in Austin, we had a productive discussion of new project ideas which included the use of concussion screening in suspected domestic violence and a deep dive on the accreditation and verification of trauma centers.



COMMITTEE REPORTS

Future Funding

Jeremy Phelps, MD, CSNS Recording Secretary

The Future Funding Committee is an ad hoc committee tasked with finding sustainable funding solutions for the CSNS and, most pointedly, the Socioeconomic Fellowship. The funding for the operations of the CSNS (e.g. meeting cost, travel, administration) is shared between the AANS and CNS. The CSNS has recently entered into a memorandum of understanding with the parent organizations to ensure the funding of our operations for the next several years. Funding for the fellowship has been an ongoing issue since its inception. The CSNS selects 13 fellows each year (3 from each of the quadrants and one from the military). The annual stipends are \$1000. The military prohibits the CSNS from giving the stipend to its fellow. Therefore, the fellowship requires a minimum of \$12000 annually for full funding. This funding has traditionally come from three sources: industry, established endowments/ investment accounts, and the CSNS Voluntary funds. Currently, the fellowship is being funded by Zavation, an American-based instrument and biologics company. They initially provided funding during the 2019-2020 cycle. Our partnership was successful and we were able to secure a 3-year commitment for fellowship support with them. We are currently in year two of three in this commitment. Zavation has expressed satisfaction with the current arrangement and a desire to continue the relationship. The second means of funding for the fellowship is through the NREF Lyal Leibrock fund and the Melanie Thomas fund. These funds do have enough money invested to generate partial funding for the fellowship. We are currently allowing the funds to accrue additional interest with the hope that, if required in the future, we can fully fund the fellowship in perpetuity. Finally, the CSNS Voluntary Fund made up of monies paid by the state societies to fund CSNS projects, has been utilized in the past to make up any shortcomings.

Currently, the CSNS is in a good situation in regards to funding. CSNS members are encouraged to donate to the NREF Leibrock fund to help us achieve our goal of ensuring a perpetually funded fellowship.

Coding and Reimbursement

Akal Sethi, MD, MBA (CSNS Fellow) and Anand Veeravagu, MD, FAANS

The Coding and Reimbursement Committee remains active and engaged. During our in-person meeting at CNS, there was avid discussion and update on coding related to decompression and interbody fusion, as well as LITT. There were further discussions regarding possible changes to 63030 CPT code, which is an anchor code for spine surgery. Several projects were entertained and discussed in Austin. Starting January 2022 the new codes for Laser Interstitial Thermal Therapy (LITT) go into effect. This is 61376. The CRC will work on a white paper to send out to carriers with negative policies against LITT at the moment in a proactive fashion to help educate and create new carrier policies that recognize LITT as a viable treatment method. Furthermore, the CRC will investigate the CMS funding of neurosurgery residency programs. Specifically, the question being asked is the number of years during neurosurgery residency that is not funded by CMS. This will allow a better understanding of the necessary funds required to start a new training program or costs associated with additional years of fellowship training. We will begin by surveying representative training programs amongst the quadrants to assess their funding source and how much the departments and respective GMEs supplement. The plan will be to have preliminary data to share at the next CSNS meeting in Philadelphia and hopefully translate into a publication shortly thereafter.

Hope to see everyone in April!



**COUNCIL OF STATE
NEUROSURGICAL SOCIETIES**

Virtual versus In Person Meetings: Is there a Difference?

Luis Manuel Tumialan, MD, CSNS Corresponding Secretary

These past 22 months have been a surreal experience of all of us. The pandemic has placed an indelible mark on so many aspects of our personal and professional lives that it has become difficult to fathom our blissful innocence from our pre-pandemic days when we would travel by plane with unmasked faces and gather without temperature checks or proof of vaccination. The pandemic called for the cancellation of the CNS meetings for 2020, the AANS meeting in 2020 and 2021. Those cancellations also left an indelible mark on the CSNS, in particular the fellowship experience. Each one of those meetings would have had a forum for the CSNS to gather meet the new fellows, deliberate and positively influence the socioeconomic policy for organized Neurosurgery. While the CSNS did meet in a virtual space for each one of those meetings, presenting, debating, and passing or rejecting resolutions there was still something missing.

When I began speaking to the incoming fellows at the CSNS socioeconomic fellows' orientation in Austin, Texas this past Saturday, I could only feel that a void was filled. Prior to the orientation (the first such in person orientation in two years) I was speaking with one of the new fellows about how it was that they came to be a CSNS fellow. Each fellow had such an interesting and remarkably different tale. As each fellow came in, the small talk continued. We identified common connections among residents and faculty from our various institutions. Fellows chatted among themselves. There was laughter, and that laughter lightened the entire atmosphere in a room that is full of strangers. A few minutes after 2:30 PM, I began my presentation on the history, the purpose and the mission of the CSNS. The talk quickly shifted to a conversation among the resident fellows along with goals and objectives for the coming year. We covered the material in the slide deck, but it was more of a town hall. I was able to see reactions to certain topics, light bulbs go on with certain themes, genuine interest piqued on some resolutions.

After the orientation meeting and the days after, I ran into resident fellow after resident fellow. They came by spoke with me about an idea as we randomly happened to pass each other in the hall. The combination of all of those elements that are unique to an in-person meeting. The Brownian motion of interactions that develop ideas that lead to projects, resolutions, mentorship occur almost by happenstance at these meetings. Virtual meetings have an inherent limitation, especially when trying to introduce complete strangers to one another in a fellowship. Where a virtual meeting makes it hard to create an environment of collaboration and shared consciousness, an in-person meeting makes such an environment almost impossible not to happen.

The CSNS meeting at the CNS in Austin has reminded all of us of the latent power of an in-person meeting, that we may have taken for granted in the past. While virtual meetings will remain part of our post-pandemic lives, one thing is certain, the mission of the CSNS thrives most in the real world. Not a virtual one. The development and mentorship of our CSNS fellows in particular flourishes in person. For that reason, I look forward to seeing everyone in Philadelphia in 2022.

The Metamorphosis of the Blues and the Obvious Conflict of Interest

Cathy A. Mazzola, MD, CSNS Treasurer

In July 2014, I wrote an article for AANS Neurosurgeon called the “Metamorphosis of the Blues”. I am guessing that not many of you have read this article. But as I sat in Ballroom 3 in Austin, Texas, listening to Dr. Joe Cheng speak about the dividends paid out by Anthem Blue Cross Blue Shield, and the “profits” they divert from physicians, hospitals, and patients, to improve the return on investment (ROI) for their shareholder, I am again reminded of this article.

I wanted to understand how insurance companies, such as the monopolist “Blue’s” and “United” became so strong. When I discovered the history of how and why Blue Cross developed, I was amazed and saddened by the metamorphosis that these companies underwent. In 1929, the early origins of Blue Cross Blue were evident in the “Baylor Plan” in Texas, which was developed by hospital administrators during the Great Depression to help local citizens afford hospital care.¹ It was the first prepaid hospital insurance plan in the United States and precursor of Blue Cross. Around 1939, state medical societies created Blue Shield plans to cover physician services, since Blue Cross covered only hospital services. Doctors were the “executives and administrators” of Blue Shield.

To encourage employers to subsidize healthcare, the Health Maintenance Organization (HMO) Act of 1973 required businesses with 25 or more employees to provide federally certified” HMO insurance to their employees if the employer offered “traditional health insurance” options. ¹ Soon, HMOs evolved into various types of organizations that provide or “administer” healthcare care for individuals, self-funded health care benefit plans, union plans, and other groups. Some HMOs acted as liaisons between patients, doctors, and hospitals. “Capitation” was introduced. Capitation is a process whereby health care providers (hospitals, doctors, etc.) would be paid to cover a group or number of individuals. The ability to bill or charge for the level of complexity of care provided, or one’s specific work product, was sacrificed. Once the government got involved, the administration of healthcare insurance started to change.

Because of the complexity of healthcare and reimbursement, third party administrators (TPA) were introduced. TPA’s are companies that increase the “distance” between the insured (aka the patient) and the surgeon (aka the doctor) by “administering” or managing the benefits allowed, but paid for by a self-funded group plan, with fixed benefits. Very often patients who THINK they have “Blue Cross” or some other well-known healthcare coverage, find out that the big name company is only a TPA for their union plan which provides virtually no coverage at all. There are over 1,800 TPA’s already in the United States, so their “business” is booming. Many large insurance companies profit from acting as TPA’s for smaller, self-insured plans. Many large insurers have created smaller, spin off companies, that are subsidiaries. The subsidiaries also can act as TPA’s, making the administration of our health care dollars even more complex. Yet, this is a profitable business for the insurance companies. In fact, United Healthcare alone, has reported a 20% return on investment (ROI) for 2020 and 2021 investors and has annual profits in the 80-billion-dollar range. ²

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FALL 2021 RESOLUTIONS

Resolution 1 entitled “support for neurosurgery inventors and innovators” was adopted with widespread support (87% of voting members supported). As a result, a survey will be developed to understand potential biases, conflicts of interest, and industry relationships, and how these impact neurosurgeon inventor/innovators.

Resolution 2 seeks to “optimize the neurosurgical subinternship process” by requesting that the AANS and CNS work with the SNS to improve the subinternship process. This resolution was adopted with support by the majority including by SNS med student committee rep Clemens Schirmer, whom also noted that the SNS was already seeking to do this.

Resolution 3 dealt with “promoting equity in neurosurgical subinternship and interview process”. AANS caucus (Dr. Benzil – also a SNS officer) submitted a substitute resolution regarding a position statement in support of effort to ensure that all medical students interested in neurosurgery have equal access to subinternships and interviews. This was narrowly adopted as an addition. It was then further wordsmithed and extensively discussed by the group, with Drs. Linskey and Smith providing parliamentary support and Dr. Benzil repeatedly assuring the commitment of the SNS to the topic. It eventually passed.

Resolution 4 was entitled “exploring and defining neurosurgery experience, needs, and potential new opportunities associated with telemedicine” and includes a survey of telemedicine practices, interest, opportunities, and obstacles to incorporating telemedicine into neurosurgical practice. Dr. Ann Stroink mentioned that the information gleaned from this project would be highly useful to the AMA and the resolution passed with broad support (98% of voters).

Resolution 5 dealt with “ensuring the availability of specialty neurosurgical consultation care via telemedicine” and included action items aiming to ensure improved access to and support of telemedicine services in neurosurgery. It ultimately was adopted with an addition calling for advocacy for equal reimbursement for telemedicine services.

Resolution 6 seeks to “assess the response to serious adverse events among neurosurgeons” by developing a survey to assess the prevalence, impact, and coping behaviors of neurosurgeons whose patients suffer serious adverse events. This resolution was amended with minor wording changes and passed with 97% of votes.

Resolution 7 aims to “evaluate the gap between radiologist and neurosurgeon interpretation of cervical spine imaging impact on prior authorization”. This resolution involves both a survey and a collaboration with the Joint Sections. The AANS caucus made a friendly amendment drawing on the experience and leadership positions of its members within other supporting societies. This was ultimately passed.

Fellow Introductions**Introducing the 2021-2022 CSNS Fellows!**

Laura McGuire is a PGY-7 at the University of Illinois at Chicago, where she completed her chief year last year and is now an enrolled endovascular fellow. She plans to stay at UIC to complete her endovascular fellowship, followed by an open vascular fellowship. She comes from a small town in Georgia and went to the University of Georgia for undergraduate, majoring in Speech Communication and Political Science, and then moved to Florida for medical school at the University of Miami. She is interested in several projects within the CSNS, in particular examining changes in neurosurgical training and also in disparities in neurosurgical care and outcomes due to the COVID-19 pandemic.

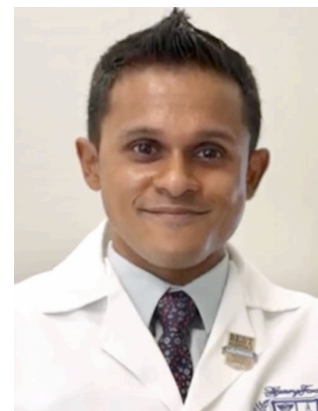


Aladine Elsamadicy is a PGY-4 Neurosurgery Resident at Yale. Along as a CSNS Socioeconomic Fellow, he also serves on the CNS Resident Committee and the AANS Young Neurosurgeons Committee. His clinical interests are Complex Spine Deformity and Oncology with research interests in clinical outcomes.

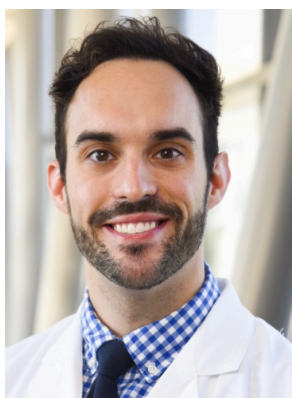
Joseph Domino, MD, MPH completed medical school at Wayne State University and public health training at the University of Michigan. He is currently a PGY-6 at the University of Kansas, pursuing neurosurgical oncology fellowship. His clinical interests include neurosurgical oncology and clinical trials in glioma therapy. Outside the hospital he enjoys spending time exploring new parks with his wife and two young children. He hopes to learn more about care coordination as medicine continues to coalesce into large health systems and interact with the committed membership of the CSNS.



Sam Haider, M.D., M.B.A is a Neurosurgery Resident at Henry Ford Health System, Detroit, Michigan. He hails from New York, completing an M.B.A. in Healthcare Management concurrently with receiving his M.D. at Albany Medical College where he was inducted into the Alpha Omega Alpha Honor Society and Gold Humanism Honor Society. Sam has a special interest in neurosurgical oncology and the socioeconomics of cancer care. He finds the CSNS to be an indispensable resource when it comes to broadening his exposure to national neurosurgical issues and designing projects to improving advocacy for practicing neurosurgeons and their patients.



Akal Sethi is a current PGY-VI resident at the University of Colorado. He is pursuing an enfolded deformity, MIS and peripheral nerve fellowship in his final year of training coming up in the 2022-2023 academic year. He grew up in Houston and went to school in the northeast at McGill and Tufts for undergraduate and medical school respectively. He's happy to be a part of the CSNS this year and look forward to working with the CRC in keeping our specialty in control/at the forefront of our own reimbursement.

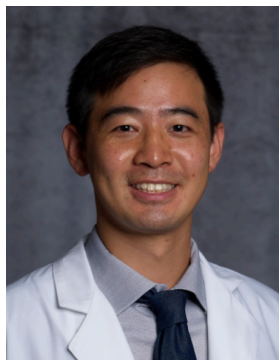


James Caruso is a PGY5 resident at UT Southwestern in Dallas, and he is a graduate of the University of Virginia School of Medicine. He plans to specialize in complex spine surgery, with an emphasis on adult and pediatric deformity correction. His research interests include the molecular and genetic mechanisms of chronic pain, predictive analytics, and clinical and socioeconomic research in spine surgery. He looks forward to serving as a 2021 - 2022 CSNS Socioeconomic Fellow.

Brice Kessler is currently in his chief year at UNC and will be heading to WVU next year for a Stereotactic and Functional fellowship. In addition to functional neurosurgery his interests lie in the business of neurosurgery after recently completing an MBA at UNC with his research time with a focus on healthcare and operations management. He hopes to use his time as a CSNS fellow to gain a better understanding of organized neurosurgery and neurosurgery advocacy, as well as explore establishing a state society for North Carolina.



Melissa Meister is currently a fourth year resident at Walter Reed National Military Medical Center. She joined the United States Air Force as a part of the Health Professions Scholarship Program while attending medical school at Saint Louis University. She completed an internship in general surgery and served as a flight surgeon at Offutt Air Force Base prior to starting neurosurgery residency. She looks forward to combining her interests in neurotrauma and policy within the CSNS.



Jordan Xu is a California native who attended UC Berkeley and Case Western Medical School, and is a current PGY5 resident at UC Irvine. He plans to complete additional training in neuroendovascular surgery. He looks forward to serving as a CSNS fellow this year and is a part of the medical practice committee. He is currently working on a project assessing the impact of telemedicine in neurosurgery.

Dorian M. Kusyk was born in Poland, but grew up in New York City prior to attending the University of Chicago for a degree in History, Philosophy and Social Sciences of Science and Medicine. He did his medical school at Case Western Reserve University where he also obtained a concurrent master's degree in Bioethics, and is now a PGY-5 at Allegheny General Hospital in Pittsburgh, PA. He intends to pursue a post-graduate fellowship in stereotactic and functional neurosurgery, and he is passionate about issues of patient access to neuromodulation procedures, ethical research of new indications, as well as resident education of socioeconomic issues and research techniques.



Meena Vessell (Thatikunta) is a PGY-7 at the University of Louisville and is pursuing a pediatric neurosurgery fellowship and has an interest in epilepsy. She has previously worked with the American Medical Association (AMA) and Ohio State Medical Association in legislative/advocacy positions and was awarded the AMA Excellence in Medicine Award and Excellence in Public Health Award from the Physicians Professional Advisory Committee of the U.S. Department of Health and Human Services. She aims to be involved in CSNS publication development and review relating to topics of workforce, reimbursement, and socioeconomic.

The CSNS thanks Zavation for their sponsorship of the CSNS Socioeconomic



ORIGINAL RESEARCH IN SOCIOECONOMICS

Article summaries of recent peer-reviewed research

Anthony L. DiGiorgio DO, MHA

In the July 2021 JNS article “The economic value of an on-call neurosurgical resident physician,” Gordon et al investigate the revenue generated by neurosurgery residents.

They calculated this by tracking the activities while on-call of a single resident, assigning CPT and wRVU. They calculated approximately 3500 wRVU for indirectly supervised activities (E&M and bedside procedures) along with 560 wRVU for activities as an assistant surgeon (using the 80 modifier) for a total of approximately 4100 wRVU annually for a single resident or 19,800 for the total resident complement.

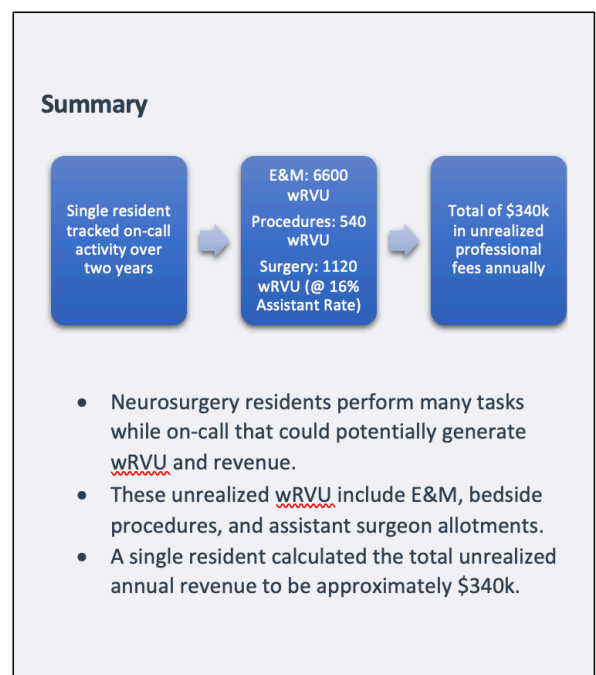
This excellent study gives one example of how valuable neurosurgery residents are to an institution. However, this study should have been titled “revenue generation of an on-call resident.” Economic value of a neurosurgery resident (or any physician) goes beyond what is generated in professional fees.

Clearly residents provide economic value. Medicare stopped paying for additional residency spots in the 1990s. However, institutions continue to create more positions, funding them internally. If there wasn't an economic benefit to these residents, they would not exist. To paraphrase Adam Smith: “It is not from the benevolence of the hospital systems that we expect our residency spots, but from their regard to their own self-interest.”

Neurosurgery residents add more value than simply their wRVU. They allow for their faculty to be more productive, both clinically and academically. They cover call at some of the busiest hospitals in the country, decreasing that burden to attending physicians. The wRVU that Gordon et al calculated accounts for work that is offloaded from those attendings.

The best gauge for what the true value of a resident is, however, is to measure how much it costs to replace that labor if it is lost. For an example, look at the recent closure of the University of New Mexico neurosurgery residency program. When this occurred, the department hired 23 advance practice providers (APPs) to replace 8 residents. A single APP salary and benefits costs at least twice that of a neurosurgery resident.

The work of resident physicians is costly to replace. Their value exceeds what they could potentially generate in wRVU. Gordon et al did an excellent job of quantifying their potential wRVU, but their true economic value is far more.



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Suddenly, corporate America became very interested in the “Business of Healthcare”, once the government mandated that private companies pay for their employees’ healthcare. Immediately, many HMO’s and insurance companies changed their tax filing status from that of a non-profit organization to that of a “for profit” company. What started out as an altruistic effort by physicians to provide healthcare to the poor, became a business interest with shareholders, profit taking and net gains. If you don’t think BCBS or United Healthcare is in the game for a profit, you are fooling yourself. These companies ARE making an increasingly high profit for their shareholders at the expense of the patient, or the “insured”, as they are more commonly called. I guess you can “limit the benefits” of the insured without feeling guilty for withholding care or for providing “substandard” care.

Corporate America, the insurance company CEO’s and MBA’s make the clinical decisions now, with their shareholders and ROI in mind. Take a look at healthcare stock today, it has one of the highest returns available for investors. In my opinion, the Blue’s, United, and all health insurance companies should not be allowed to realize a profit at all. They should be returned to not-for-profit companies, and they should reclaim their real purpose: to provide healthcare to the insured. Redirecting money and interest from premium payments, to shareholders, and away from hospitals, physicians and other healthcare providers was never the intention of the earliest Blue Cross organizations.

References

1. <https://www.bcbstx.com/newsroom/news-releases/2018/baylor-scott-white-agreement-expand-access-care>

2. Joseph L. Dorsey, "The Health Maintenance Organization Act of 1973(P.L. 93-222) and Prepaid Group Practice Plan," Medical Care, Vol. 13, No. 1, (Jan. 1975), pp. 1–9

3. <https://www.macrotrends.net/stocks/charts/UNH/unitedhealth-group/roi>

Calendar**December 4-5 2021**

Georgia Neurosurgical Society
Greensboro, GA

January 14-15, 2022

LANS
New Orleans, LA

January 14-16, 2022

CANS
Sacramento, CA

January 27-29, 2022

Neurosurgical Society of the Virginias
White Sulphur Springs, WV

February 4-6, 2022

TANS
Austin, TX

February 16-16, 2022

Southern Neurosurgical Society
Hollywood, FL

April 28-29, 2022

CSNS Meeting (In person)
Philadelphia, PA

