

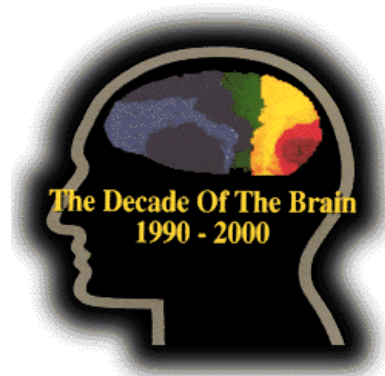
Albert L. Rhoton, Jr., MD
AANS President
1989 - 1990



The dominant issues during my AANS presidency beginning in April, 1989 and extending to April, 1990 were: enacting the “Decade of the Brain” legislation, strategic planning for the AANS, expanding neurosurgeons role in spinal surgery, reimbursement, and the strengthening of the Joint Council of State Neurosurgical Societies.

Decade of the Brain

The increasing recognition throughout our society that the brain is the greatest unexplored scientific frontier led to the 1990’s being declared the “Decade of the Brain.” This special declaration, which was adopted in both the United States House and Senate, was signed into law by President Bush in July, 1989. The AANS played a major role in guiding this important national declaration through the legislative process. The goals for the decade were to increase public awareness of and increased funding for the neurosciences. The main AANS focus was to be on head and spinal cord injuries, stroke, neural regeneration, and treatment of brain tumors with a goal of increasing NIH funding for these areas. Many neurosurgeons added the logo of the Decade of the Brain to their stationary.



Strategic Planning

The AANS Board approved the initiation of a strategic planning effort during the 1989-1990 year to develop action plans for dealing with professional conduct, practice guidelines, peer review, reimbursement, cost control, professional liability, manpower, and technology assessment. Other goals were to make the AANS more responsive, more representative, more communicative, and more supportive of member needs and to improve cooperation between the AANS and CNS. The need for harmony between the AANS and CNS was illustrated by the fact

that more than a dozen programs were vested in Joint Sections and Committees, where efforts require approval by both groups.

The first order of business was to identify a facilitator to direct and manage the work with the Board. Glenn Tecker Associates was selected. Dr. David Kelly, as President-Elect with the assistance of Mr. Hauber, Executive Director, chaired the process which extended into Dr. Kelly's term as President. A number of focus groups were held with members, residents, and non-members at the 1990 Annual Meeting in Nashville to assist in the process.

Joint Council of State Neurosurgical Societies

A major goal of my AANS Presidency was to increase the visibility and importance of the Joint Council of State Neurosurgical Societies and to strengthen the relationships between the national and state neurosurgical societies. In 1978, as CNS President, I was provided with the opportunity to serve as President of both the CNS and the Florida Neurosurgical Society. The simultaneous service made me realize that there was a need to increase the exchange of information between the state and national levels. This realization led to the first of a series of annual meetings between officers of the state and national societies at the CNS meeting. The coordination was improved further when the former Joint Socioeconomic Committee was transformed into the Joint Council of State Neurosurgical Societies.

A goal of my year as AANS President was to improve communication from the national leadership to the states and from the states and especially to the "grass-roots membership" back to the AANS leadership, and to increase the number of young members in the joint council, especially those below the age of 40 years. It was noted that some of neurosurgery's most effective leaders have risen through the ranks of the Joint Council. The increasing stature of the Joint Council led to the appointment of quadrant representatives to the AANS Board.

Reimbursement

A major focus during the year was reimbursement. Our Washington Committee and the Ad Hoc Committee on Physician Reimbursement worked with the Resource-Based Relative Value Scale (RBRVS) Survey Group, the Physician Payment Review Commission, and the Health Care Financing Administration to provide testimony on numerous occasions. We were successful in having a number of neurosurgical procedures removed from the list of overpriced procedures where they had been inappropriately placed. Our Washington Committee, in testimony to Congress, was instrumental in physician advisory panels being included in the 1989 Medicare legislation.

Dr. Cone Pevehouse lead our effort to design diagnostic and procedural codes that would lead to neurosurgeons being appropriately reimbursed for their clinical efforts. Dr. Pevehouse proved to have exceptional knowledge and was a great asset in issues dealing with payment of

neurosurgeons by Medicare. He also represented neurosurgery on the editorial panel for the AMA's *Current Procedural Technology* book.

Spinal Surgery

As President of the AANS, I experienced a gnawing discomfort that intracranial surgery overshadowed spinal neurosurgery, even though spinal surgery represented more than half of the workload of many neurosurgeons. As President of the CNS, I drafted a letter to the President of the AANS outlining this concern, and proposed the development of a spine section. The goals outlined in the letter were to give more dignity to spinal surgery, instill a new sense of importance of spinal surgery within our specialty, stimulate subspecialization in spinal surgery, provide a subspecialty organization in spine for neurosurgeons, and strengthen spine research and educational programs. Spinal surgery had been taken for granted. The response was positive and the Spine and Peripheral Nerve Section was started. By 1990, at the time I became president of the AANS, it had become the largest section and has the largest sectional meeting.

Many of the goals outlined in the original letter have been achieved, but in 1990, the proposal for spine fellowships by orthopedic surgery created a major concern. If approved, this would eventually result in subspecialty certification in spinal surgery. Our members had expressed several concerns about these fellowships. One was that these certificates might be used to disenfranchise those who do not have the certificates. The spine fellowship issue involves one specialty, neurosurgery, in which spine surgery is at the basic core of training and practice, and another in which, even with the fellowship, the amount of spine training may not equal that in the basic core of neurosurgical training. The neurosurgical position, which was eventually adapted by the accrediting group, was that fellowship spine training should occur in academic institutions with an active neurosurgical program that would participate in the spine fellowship training.

It was also decided to place a greater emphasis on spinal instrumentation training in neurosurgical training programs and to add cadaver courses in spinal instrumentation. At that time, there were only two spine fellowships in neurosurgery. One offered by Dr. Sanford Larson in Wisconsin and the other by Dr. Volker Sonntag in Arizona. Neurosurgeons were also encouraged to attend the courses on biomechanics and spinal instrumentation.

It was noted that the spine infrequently appears in these logos of the national societies and only two state logos (those of the Alabama and Oregon Neurosurgical Societies). Neurosurgical organizations were encouraged to incorporate the spine into their logo.

Joint Section on Neurotrauma

During the year, the Section on Neurotrauma and critical care was expanded to add a subsection on sports medicine. The name “sports medicine” was added to the name to make it the Joint Section on Neurotrauma, Critical Care, and Sports Medicine.

Neuroradiology Task Force

The AANS also established a Neuroradiology Task Force to formulate guidelines for training in interventional neuroradiology. The goal was to develop guidelines that would permit interested neurosurgical residents to integrate the diagnostic radiology and neuroscience components of neurointerventional training into the residency with the interventional training to follow.

1990 Annual Meeting

The 1990 AANS Annual Meeting, under Annual Meeting Chairman Dr. Christopher Shields, had the largest attendance of any neurosurgical meeting to that date. President Jimmy Carter served as the Cushing Orator. A special evening event was held at the Grand Ole Opry and the feature entertainer at the Annual Banquet was Crystal Gayle.

National Office

It was decided during the year that the National Office for Neurosurgery had outgrown its space it was decided to purchase an additional facility for housing, printing, and storage.

Candidate Membership Group

It was decided to add a candidate group who had completed at least one year of residency to the membership categories of the AANS.

American Brain Association

One of my hopes was that we would be able to create a major new philanthropic organization during the “Decade of the Brain.” The organization, called the American Brain Association, would be modeled after the American Heart Association (AHA) and the American Cancer Society (ACS). The idea was investigated by the Board, but failed to gain the necessary momentum.

August 2006

Vital Statistics



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| 1989-1990 | |
| Officers: | Albert L. Rhoton, Jr., President David L. Kelly, Jr., President Elect James T. Robertson, Vice President Sidney Tolchin, Secretary Robert H. Wilkins, Treasurer |
| Annual Meeting Location: | Nashville, TN |
| Presidential Address: | Neurosurgery in the Decade of the Brain. JNeurosurg 73:487-495, 1990. |
| Cushing Orator: | Jimmy Carter, Former President of the United States. Role of the United States in a changing world. JNeurosurg 73:813-819, 1990. |
| Awards: | Cushing Medal - Robert B. King Humanitarian - A. Roy Tyrer, Jr. |
| Honorary Members: | Andrei P. Romodanov and Henri Alphons D. Walder |
| Lecture: | Schneider – Robert G. Ojemann |
| Membership: | 3267 |