Volume 5, Issue 2, August 1998

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Introduction: Socioeconomic Issues in Neurosurgery

The articles in this issue of **Neurosurgical Focus** deal with several socioeconomic issues as they relate to neurosurgery. We are pleased that an edition of this journal has been devoted to socioeconomic topics because they have become increasingly important during the past decade of health care reform. We can no longer afford to focus exclusively on the art and science of our specialty to the exclusion of the economics and politics that impact our practices.

We are presenting three papers that deal with broad aspects of this interface, followed by three additional papers that speak to specific applications of outcomes predictions or assessments that have economic impacts.

The first article begins with a comprehensive review of credentialing and how it impacts economic consequences for neurosurgeons. The article also highlights the link between credentials, competency, and accountability in the current marketplace. The author is personally experienced in these issues and provides some unique insights into current credentialing activities and their attendant problems.

The authors of the second article discuss the manpower issue in the context of the market demand for neurosurgeons over time, as measured by advertisements for neurosurgical positions. When compared with other specialties, the advertisements have remained quite stable, which implies a stable demand for neurosurgery in various parts of the country. The authors conclude with a separate discussion of steps that can be taken to facilitate adaptation to our changing practice environment and to help protect our turf.

The third article comprises an expert review of the importance of the Current Procedural Terminology (CPT) and the Resource Based Relative Value System (RBRVS) in the context of the economic changes taking place in neurosurgical practices. The author poses important questions regarding the effects of continued pressure to do more work for less compensation. The increasing importance of Evaluation and Management services as a source of practice income is highlighted as the RBRVS is further modified and more widely adopted. This type of information can be used in an adaptive strategy to improve the efficiency of managing a practice and one's patients.

The authors of the fourth article use a predictive model based on assessment of outcomes (APACHE III) to define which postoperative laminectomy or craniotomy patients can safely be monitored in a nonintensive care unit setting. Their results support the use of a step-down observation unit for patients in whom an appropriate predictive score on the APACHE III system is achieved. The consequences of this use of a type of outcomes assessment is to reduce substantially the use of more costly resources.

The author of the fifth article provides an overview of clinical practice guidelines and their role in quality assessments, as well as connecting them to the development of disease management systems. The overall effect of this application of continuous quality improvement in patient care is related to the attendant benefits of the effectiveness of the medical or surgical interventions used and, hence, the cost of services.

The final article is an example of the use of outcomes analysis to determine if the expectation of secondary gain influenced the outcome of surgery in a rather controlled population of military patients who underwent cervical laminectomy. This study was conducted after a similar study of military personnel who had undergone lumbar laminectomy showed them to be influenced by the expectation of secondary gain in regard to their outcomes. In such a controlled population, this information and the conclusions are helpful in understanding the behavior of patients who have these particular operations. It is also helpful in offering more accurate predictions of outcome prospectively to patients with conditions requiring these types of surgery. Use of this information may help to improve the outcomes of patients who are considered candidates for cervical or lumbar laminectomy, thereby reducing the rate of inappropriate interventions.

I wish to thank James Bean, M.D. and Martin H. Weiss, M.D. for their assistance with this issue of **Neurosurgical Focus**.