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Personal Perspective

AANS Bulletin's Momentum Continues: New Editor Considers Peer Review, Practice Survey Impact

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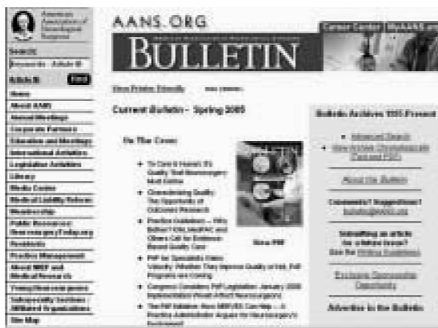
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With this issue, I assume the reins as editor of the AANS *Bulletin*. I am indebted to James Bean, MD, for his extraordinary efforts in this capacity, as witnessed by review of the recent issues published under his leadership.

An important initiative put forth by Dr. Bean and the Bulletin Advisory Board is the establishment of the peer-review portion of the Bulletin. The peer-review mechanism is intended to encourage submissions of hypothesis-driven research relating to issues that affect the practice of neurosurgery.



The *Bulletin's* home page: www.aans.org/bulletin.

The *Bulletin* now formally solicits competitive, peer-reviewed manuscripts that are focused on socioeconomic issues in neurosurgery. Suggested topics for initial consideration include but are not limited to the impact on neurosurgical practice of resident work hour restrictions and physician extenders.

I am delighted that Mick Perez-Cruet, MD, is overseeing the peer review process for this venture. The peer reviewers include practicing neurosurgeons and legal and business consultants. Instructions for authors are available online at www.aans.org/bulletin/peer_review_authors.asp. Additional information on the peer-review process as well as how readers can participate in the Bulletin by writing a letter to the editor, submitting news items and ideas for articles, and more, is available on the *Bulletin's* Web page, www.aans.org/bulletin.

The current issue features a report on the first neurosurgery practice survey conducted by the Neurosurgery Executives' Resource Value and Education Society, better known as NERVES (www.nervesadmin.com). This initial socioeconomic survey provides important benchmarking data on neurosurgical provider productivity, operating costs and support staff.

The questionnaire was developed by the NERVES board and the data was analyzed by Heaton and Eadie, a private accounting firm. The data compiled are from 54 practices in the NERVES group (a total of 406 practitioners, 359 neurosurgeons). These practices vary by geographical representation, practice type and size, thus providing a broad view of neurosurgery.

Apart from verifying the overall collection rate as 35 percent of gross charges (an effective two-thirds write-off across all payers -- a finding that presents a most bizarre business model, but

which may provide some personal relief given the fact that most of us assume we are collecting less than our peers), perhaps the most profound observation in reviewing the data relates to productivity per neurosurgeon. The number of patients seen, operations performed (335 per year per neurosurgeon), and relative value units generated per neurosurgeon (roughly a mean of 10,500 per full-time employee) are all high, and I suspect the number is increasing in most practices. Very few specialties, with the exception of cardiac surgeons, are in the same ballpark. This indicates that neurosurgeons, who carry large clinical loads and an extraordinarily high malpractice burden, continue to work very hard.

Another interesting finding is that 45 percent of gross collections is allocated to practice expense, suggesting the sheer complexity of running a neurosurgical practice. Further, outpatient-related activities have been de-emphasized by many practitioners in the past in favor of collecting surgically related revenue. That evaluation and management collections are now 36 percent of revenue will be a revelation to many neurosurgeons and a message to all.

Most respondents said that they are planning on recruiting additional neurosurgeons over the next year, which attests to the demand for neurosurgical services. Considering that the clinical workload per neurosurgeon is high and more neurosurgeons are needed, it is apparent that there is a relative clinical supply-demand mismatch. From academic neurosurgery's perspective, there is more pressure to poach academic and teaching time in order to provide clinical care, which reduces one's ability to make fundamental contributions apart from direct clinical care. For those neurosurgeons in private practice, increasing clinical demands can make an already busy lifestyle unmanageable.

This NERVES survey is a snapshot in time. As an annual gauge, the survey will become more relevant over time as trending data becomes available. An increase in the number of practices contributing data will in turn increase validity, and I encourage all neurosurgical practices to participate. Development of this tool will empower us to define payer trends and improve practice management efficiency.

William T. Couldwell, MD, PhD, is editor of the *AANS Bulletin*.

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