

# Broca's Area

The Voice of Texas Neurology

**Spring 1995** :

### **Managed Care in 1995**

Louis J. Goodman, Ph.D.

A recent article in the Texas section of the Wall Street Journal stated that while the U.S. Health Security Act was laughed out of Congress, private health system reform forged ahead. Last year more than two dozen mergers, acquisitions and affiliations were announced across Texas.

Change is evident across the state. It is certain that this evolution in medical practice delivery is gaining momentum. Regardless of who is pulling the strings or pushing the buttons, the impact on physicians, whether practicing independently, in small groups or even in large groups, is creating much discussion and consternation. In this type of environment, physicians who cannot easily access knowledgeable and trustworthy advice or have access to market alternatives, are severely disadvantaged. Urban and rural distinctions may be too simplistic; each market in Texas is very different

and is evolving at a different pace. Houston, for example is evolving in what might be called "hyperdrive". Based on Texas Medical Association's most recent surveys and environmental scans, it appears that the window of economic opportunity, especially for large primary care groups, remains open for physician-sponsored network development. (SeeTMA's "A Guide to Forming Physician Directed Managed Care Networks.")

Health care delivery is moving rapidly from the so-called government Medicare-type model to a competitive market model. This means that it is not business as usual. Why? Because, at least initially, managed care capitation and gatekeeper models produce savings.

On the other hand, a recently published American Medical Association report finds that, long term, there is little evidence to suggest that managed care plans reduce health (continued, page 2)

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### Managed Care (continued from page 1)

insurance premiums and total costs to employers. On the other hand, managed care appears to save money short term. How? By reducing admissions, referrals to specialists and days of hospital care.

One important step Texas physicians should take is to evaluate managed care alternatives for a number of reasons: learn how it works, maintain a viable patient base, continue existing referral arrangements, become more cost effective, consider alternative integration models, and evaluate a diversity of managed care contracts to assure adequate coverage and representation in all market sectors. It is probably still too early to determine which managed care plans will survive the market consolidation that may be just around the corner. However, medicine's role is to be engaged, ask the right questions and above all, demand what is in the best interest of patients.

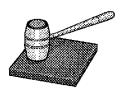
Managed care and insurance reform will be hotly debated issues in both the state legislature and in the Congress. It is therefore critically important to support the TMA and AMA-sponsored "Patient Protection Act" that assures due process for patients and physicians in dealing with managed care and with insurance companies.

Louis J. Goodman, PhD, is the Director of the Division of Medical Economics for the Texas Medical Association.

### President's Message

Blake O'Lavin, MD

The executive board of the Texas Neurological Society met on February 25, 1995 in Austin and reviewed the



current state of the society. We have a great program scheduled for May 19 and 20 in Dallas at our annual meeting. Rob LeRoy has worked hard to schedule a program which will be beneficial to all members. Ralph Greenlee is arranging our social events. Both the program and the social events are listed in this issue of Broca's Area as well as in the flyer you received earlier. You will notice that the business aspects of neurology are examined on Friday afternoon, May 19. The format of the sessions Friday afternoon and all day Saturday has been popular in recent years and we expect it to prove successful again this year.

The executive committee, in its role as nominating committee, has selected a roster of excellent candidates for 1995-96 officers. The executive committee has been expanded to include three at-large members. You should have received a separate notice about this expansion.

Membership in the TNS has grown in recent years. Unfortunately, not every neurologist wants to belong to a state organization. The TNS serves a very important purpose in acting as a voice for its members. We hope you will attend the annual meeting or correspond with your TNS officers to build a better Texas Neurological Society.

### **EDITORIAL COMMENT**

### Tom Hutton, MD

### Parkinson's Disease in China

Recently I had the honor to lead an international delegation of physicians specializing in the treatment of Parkinson's disease to the Peoples' Republic of China. The delegation spent two weeks in China, meeting with our Chinese counterparts and comparing treatments of PD. The delegation was sponsored by the Citizen Ambassador People to People program and hosted by the Chinese Medical Association.

The eighteen delegates represented seven countries: the United States, Canada, England, Argentina, Denmark, Germany and Italy. Each of the specialists had considerable experience in the management of Parkinson's disease. The delegates had been asked to prepare brief presentations on their research or treatment of Parkinson's disease. Delegate presentations included investigational anti-Parkinson drugs, pharmacological management of PD, differential diagnosis, dystonia, complications due to medication, and speech problems with PD. Because of the international makeup of our group, the exchange of information among the delegates proved to be as valuable as that with our Chinese counterparts.

The delegation visited hospitals, medical schools, and physicians in Beijing, Nanjing and Guangzhou. At each site, two or three delegates gave presentations to our Chinese hosts. The faculty and staff of the host institutions in turn presented their current work. Included in the Chinese presentations were adrenal medulla transplantation done by the Neurosurgical Department of Xuan Wu Hospital in Beijing and tyrosine hydroxylase gene implantation in monkeys at the Capital Institute of Medicine. Both of these programs appear promising.

In the Tian Tan Hospital in Beijing, the delegation had the opportunity to interview and examine patients as well as tour the hospital and participate in ward rounds where we were able to observe patients with a variety of neurological diseases.

At the Nanjing Brain Hospital the delegation was able to observe patients and discuss their treatments with the attending physicians, as well as tour the hospital and the rehabilitation and occupational therapy units. Approximately 60 neurologists and neurosurgeons on the hospital staff attended the presentations and eagerly participated in the scientific exchange.

One of the most impressive opportunities offered by our hosts in Guangzhou was the opportunity to observe an actual stereotatic radiosurgery, "gamma knife" treatment of a patient with Parkinson's disease. This hospital has used the gamma knife technique to treat more than 1,000 patients, the majority of which was for brain tumors and vascular malformations. Treatment of Parkinson's disease is fairly recent at this facility. About 30 cases of Parkinson's disease have been treated by gamma knife in the past year with promising results. Also, the largest population of Wilson's Disease patients in the world exists in and around Guangzhou. A number of patients with this disorder were present on the neurology wards.

At each of the institutions our delegation visited, we were impressed with the warmth and enthusiasm with which we were received. Our hosts exhibited keen interest in the information we presented. In addition, the Chinese work presented was most intriguing. The presentations by both sides prompted a great deal of fruitful and stimulating discussion. We had the opportunity to discuss experiences and compare treatments of Parkinson's disease. It was learned that in a Parkinson disease epidemiological survey there appeared

to be a lesser incidence of Parkinson's disease in China compared to the USA or other developed countries. Also an increased incidence of PD was found in China in urban areas as opposed to rural areas. This is the opposite of what has been observed in other parts of the world. The results of the China survey may indicate incomplete case ascertainment as very few neurologists practice in the rural areas or may relate to environmental differences.

Our delegation discussed with our hosts traditional Chinese medicine as treatment for Parkinson's disease which includes acupuncture, physiotherapy, and herbal medicine. We compared these treatments to typical Western pharmacological therapy. Medications available in China for treatment of PD are familiar to the Western physician, and include anticholinergics, amantádine, carbidopa/levodopa preparations and dopamine agonists. Cost and widespread availability of these medications appear to be the limiting factor in their use. Surgical intervention appeared to be more common for treatment of Parkinson's disease than in the West. The impression of the delegation was that the Chinese physicians thought that traditional Chinese medicine was best reserved for those cases when Western treatment was either unavailable or ineffective.

Another interesting discussion centered upon whether Parkinsonism is described in ancient Chinese literature. Parkinson's disease has been theorized as being a product of the Industrial Revolution because it doesn't appear to be present in any of the early Western medical writings. Since China has a very long recorded history, we asked our hosts if they were aware of Parkinsonism or symptoms similar to Parkinson's disease being described in any of the old medical writings. Dr. Li Zuohan, Director of the Nanjing Brain Hospital, followed up our discussion by sending copies of old Chinese medical articles in which symptoms similar to those of Parkinson's disease were described

and the treatment of tremor discussed. One case of a 54-year-old man was included which described his developing tremor after physical punishment by the tax collector of the Chinese Emperor. It will be most interesting to follow up on these articles in search of further descriptions of Parkinsonism in the old literature. This would challenge the theory that Parkinson's is a modern disease brought on by industrialization.

The opportunity to travel with this international delegation was a uniquely rewarding experience. We established a number of contacts not only in China but also throughout the world. We experienced meaningful and open discussions with our Chinese counterparts. We were received warmly and anticipate ongoing communications with those we met. I would strongly encourage anyone with the opportunity to participate in an experience such as this to take advantage of it. It is this sort of international exchange that brings all of us in medicine and neurology closer together.

# New TNS Members Welcomed

The following will be elevated from Provisional to Active membership at the May 20, 1995 Annual Business meeting.

Walter G. Carr, MD, Denton
Deborah T. Combs Cantrell, MD, Dallas
Jack D. Gardner, MD, Dallas
Morris D. Groves, Jr., MD, Houston
Brian D. Loftus, MD, Houston

If you or anyone you know is interested in joining the Texas Neurological Society, contact any of the TNS Officers or Jennifer Faltesek, Executive Director, at the TNS office at 1-800-880-1300, ext.1532.

# TNS Annual Meeting May 19-20 in Dallas

The Texas Neurological Society Annual Meeting will be held in conjunction with the Texas Medical Association's Annual Session in Dallas. The TNS meeting is scheduled for Friday afternoon, May 19 and Saturday, May 20.

The program this year includes a half-day session on Friday which will address the business aspects of practicing Neurology. Also included in this year's program will be an update on current health care legislation in Texas, the structure of medical specialist networks, and managed care insurance companies' perspectives on provider networks. Saturday will be a full-day scientific program. In the morning session, "Advanced Neuroradiology" speakers will discuss SPECT scans MRI and sterotatic radiosurgery. A program on stroke prevention, will be presented in the afternoon.

All TNS members are encouraged to attend the TNS Annual Business Meeting luncheon on Saturday at noon.

This year's program has been approved by the TMA for 11 credit hours in Category 1 of the Physician's Recognition Award for the American Medical Association.

### Friday, May 19, 1995 1:00 - 5:00 p.m. PRACTICE ISSUES Manchester Room

1:00 p.m. The Texas Legislature:

 Update on Health Care
 Alfred D. Gilchrist

 2:00 p.m. Medical Services

 Organizations: Provider
 Networks
 James F. Silliman, MD, Dallas

2:45 p.m. Provider Networks From the Insurance Companies'
Perspective
Elizabeth Phillips, Irving
3:30 p.m. Considerations in Forming a Neurology Provider Network
Richard North, MD, Dallas
4:15-5:00 p.m. Panel Discussion

### Saturday, May 20, 1995 8:00 - Noon ADVANCED NEURORADIOLOGY Manchester Room

SPECT in Neurology 8:00 a.m. Michael Devous, Sr., Ph.D. Functional MRI 9:00 a.m. George Morris III, MD, Milwaukee Stereotactic Radiosurgery 10:00 a.m. Richard L. Weiner, MD, Dallas Interventional Neurology 11:00 a.m. Phillip D. Purdy, MD, Dallas TNS Business Meting Lunch Noon -Rose and Primula Rooms 2:00 p.m.

### 2:00 - 5:00 p.m. STROKE PREVENTION Governor's Lecture Hall

2.00 n m

Stroke Prevention in the 00's.

Stroke Frevention in the 90 s.
A comprehensive Overview
Ralph Greenlee, Jr., MD,
Dallas
Initiation and Management of
Anticoagulation
Ralph Greenlee, Jr., MD,
Dallas
Stroke Risk Interaction of
Hypertension and Other Risk
Factors
Addison Taylor, MD, Ph.D.,
Houston
Adjourn

# Two New Services from TMA

Two new services are available to TMA members through the TMA Library:

- Book ordering
- Flat rate access to National Library of Medicine databases (including MEDLINE)
- ✓ Book ordering program. TMA members can now order books they need through a single source, the TMA Library. The program is provided through a cooperative agreement with Majors Scientific Bookstore.



Orders include postage and sales tax and are shipped directly to the physician. Book orders must be prepaid with MasterCard, VISA or

Discover card. For more information call the TMA Library at 800-880-1300, Ext. 1541 or 512-370-1541.

✓ Flat Rate Program. Beginning April 1, 1995, TMA members have unlimited on-line access to the National Library of Medicine's databases, including MEDLINE for an annual fee of \$200. TMA is the first state association to negotiate this agreement with NLM.

The agreement lasts for 12 months from the date of registration. In addition to the on-line access, the fee includes GRATE-FUL MED software and a MEDLARS user identification search code, a subscription to *Gratefully Yours* newsletter, and access to document delivery service using LOANSOME DOC.

For more information call the TMA Library at 800-880-1300, Ext. 1592 or 512-370-1592.

# **Upcoming TMA Practice Management Workshops**

Impairment Evaluation Under Workers' Compensation Co-sponsored by TNS

## HOUSTON Basic Course

Friday, August 25, 8 a.m.-5:15 pm Saturday, August 26, 8 a.m. - 1 p.m.

### **Advanced Course**

Saturday August 26, 8 a.m. - 1 p.m. Sunday, August 27, 8 a.m. - noon

## **DALLAS Basic Course**

Friday, October 13, 8 a.m. - 5:15 p.m. Saturday, October 14, 8 a.m. - 1 p.m.

### **Advanced Course**

Saturday August 26, 8 a.m. - 1 p.m. Sunday, August 27, 8 a.m. - noon

For details or registration contact the TMA Practice Management Services Department, 800-880-1300, Ext. 1423/1421 or 512-370-1423/1421.

# WANTED: Fascinating Physicians

If you or a neurologist you know leads an interesting life outside of medicine, Broca's Area wants to hear from you. The newsletter is seeking interesting neurologists to be the subjects of profile articles in the coming year. Please send your suggestions to Jennifer Faltesek, TNS Executive Director, 401 W. 15th Street, Austin, Texas 78701. Information may be faxed to her at 512-370-1635.

### Funding Sought for TNS Young Investigator Award

Each year the Texas Neurological Society has presented a cash award to a medical student, resident or fellow who has done outstanding research during the past year. The research is submitted to a committee of TNS for judging and the winner is announced at the annual TNS meeting. The young investigator receiving the award is recognized at the meeting and the research is published in Broca's Area.

Because of a potential financial shortfall for 1996, the TNS Executive Committee has requested that members explore funding to continue this important program. Approximately \$2,500 is needed each year to fund two prizes, a \$1000 first prize and a \$500 second prize, plus travel expenses for the recipients to attend the Society's annual meeting to receive their awards.

If any individual or organization cared to make an annual commitment for the amount needed, the TNS Executive Committee would consider naming the award for the benefactor.

Richard Homan, MD, Lubbock, is chairman of the Young Investigator Award committee. He is in the process of recruiting a committee member from each neurology training program in Texas to serve on that committee. Dr. Homan would appreciate any suggestions or support from TNS members in this very important endeavor. If you have any suggestions or would like to fund all or part of the Young Investigator Award, please contact Dr. Homan at 806-743-2720 or call the TNS office 1-800-880-1300, extension 1532. "We can't make this award happen without your help."

### Broca's Area

A periodic newsletter of the
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### Nominees for TNS Officers 1995-96

The following candidates, nominated by the TNS Board of Directors, will be voted on by the members present at the Society's Annual Business Meeting on Saturday, May 20, 1995, noon -2:00p.m. in Dallas. All TNS members are encouraged to attend this meeting.

#### **President-Elect**

James E. Garrison III, MD, San Antonio

### Vice President

Richard Homan, MD, Lubbock

### Secretary/Treasurer

Gage Van Horn, MD, Houston

### Member at Large (3 year term)

Richard A. Sawyers, MD, Victoria

### Member at Large (1 year term)

Robert W. Fayle, MD, Houston

### TMA Section Secretary

Philip Leonard, MD, Austin

### TMA Section Local Arrangements

James E. Garrison III, MD, San Antonio

### **News of TNS Members**

Stepping Down

Dr. Frank M. Yatsu, Chairman of Neurology, University of Texas Medical School, Houston for the past 13 years retired from that position April 1, 1995. He was honored with a reception at the school on March 28.

## Jennifer Faltesek New TNS Executive Director

The Texas Neurological Society welcomes Jennifer Faltesek as the society's new executive director. Jennifer assumed her duties the end of January. A native of Austin, Jennifer possesses strong skills in association management and holds a degree in Journalism and Public Relations from the University of Texas. In her spare time she enjoys reading, baking, hiking, mountain biking, and brewing beer with her husband, Randy.

Jennifer is eager to work with the TNS and assist with the society's upcoming projects. Please feel free to contact her about any matters concerning TNS at (512) 370-1532 or 800-880-1300, extension 1532.

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