

**ARTICLE TITLE:**

***The Committees of the Council of State Neurological Societies—  
Highlighting the Medico-Legal Committee***

**AUTHORS:**

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For over thirty years, state and regional neurosurgical organizations have been meeting regularly to address socioeconomic issues that affect the practice and delivery of neurosurgical care to their patients. These conclaves organized and developed into our present day organization known as the Council of State Neurological Surgeons (CSNS). This assembly consists of elected neurosurgeons, each representing a constituency of fifty neurosurgeons, allowing for full representation of “grass roots neurosurgery”, and creating a strong voice that influences policies and decision making in socioeconomic issues. The CSNS is further enriched by delegates to this organization assigned by the parent organizations, namely the CNS and AANS. Young physicians also play a significant role as residents are regularly elected to membership.

The CSNS meets twice a year for two days, just prior to the national Congress of Neurological Surgeons (CNS) and AANS meetings. It is during this time that the standing committees (Communication & Education, Medical Practices, Medico-Legal, Neurotrauma, Reimbursement, Workforce, Young Physicians) and the ad-hoc committees (Website, Fellowship, Mentoring Program, Editorial/Publication, Leadership Development, Membership Expansion) meet regularly for reviewing resolutions that can and will affect socioeconomic issues and work on projects that will further identify, enlighten and persuade neurosurgeons to remain ever vigilant about the socioeconomic forces remain pervasive in their everyday practice. It is the responsibility of the members of CSNS to decide which committee that they shall serve on. Selection of committee assignments can be based on the needs of the constituents or the organization that each member represents.

The Bulletin, sponsored by the American Association of Neurological Surgeons (AANS), along with the Council of State Neurosurgical Societies (CSNS) website, draws attention to the socioeconomic issues facing the national neurosurgical community. This is the first in a series of articles introducing the standing and ad-hoc committees and their respective chair persons of the CSNS. It is hoped through these series of articles that members of the CSNS and the neurosurgeons that they represent understand the ongoing efforts of CSNS and help this organization better identify their needs as they pertain to socioeconomic issues.

Dr. Alan Scarrow heads the Medico-Legal Committee of the CSNS. Dr. Mick Perez-Cruet (Chairperson, Publication Committee) serves as the interviewer, providing questions that orchestrate the highlights and initiatives of the members of this committee that deal with some of the most controversial legal issues facing neurosurgery today.

***Dr. Perez-Cruet asks: “Dr. Scarrow, please explain the purpose and function of the Medico-Legal Committee. How do members operate, cooperate and contribute? Do you have a mission statement?”***

Dr. Scarrow answers: The purpose of the CSNS Medico-legal committee is to research, report, and educate CSNS and AANS/CNS members on medico-legal issues affecting neurosurgical practice, including professional liability, informed consent, Medicare fraud and abuse regulation and enforcement, CPT coding/E&M documentation rules, antitrust laws, and other pertinent law or regulation. Our committee is largely comprised of delegates and appointees who share a common interest in those issues. Between semiannual meetings when we are working on various projects, the committee members communicate via phone, e-mail or through the CSNS 'wiki' site which allows us to edit documents as a group. Typically we will break these projects down into smaller portions and

assign responsibility to individuals and then pull all those portions together prior to the semiannual meetings as a final work product.

***Dr. Perez-Cruet asks: “What issues/topics has the committee addressed recently? And, where can the reader learn more about the committee’s involvement?”***

Dr. Alan Scarrow answers: Our committee has completed several projects and submitted a number of resolutions to the CSNS over the past few years. Perhaps the largest project was generating the non-clinical core competency questions for the Self Assessment in Neurological Surgery (SANS) module published by the CNS. Several of our committee members, in addition to members of other CSNS committees, submitted more than 100 questions for SANS. These 'non-clinical' competencies are mandated as part of the CME requirements for neurosurgeons (as well as for all physicians) and will also be a part of the Maintenance of Certification (MOC) exam. In addition several members recently completed an article on the legal issues associated with ownership of an ancillary service facility such as a surgery center or imaging facility. This was published in the AANS Bulletin as part of a series of articles on ancillary service facilities ownership by neurosurgeons. This article grew out of a resolution submitted by our committee and passed by the CSNS that created a 'wiki' portion of the CSNS web site that allows individuals to write, post and edit articles of interest for neurosurgeons. Other CSNS committees are also completing similar projects on topics such as recruitment of new partners to a practice and compensation models within neurosurgical practice. Finally our committee has submitted a number of resolutions to the CSNS on topics such as scope of practice guidelines for nurse practitioners and physician assistants and creation of a medical malpractice database for neurosurgeons. Our committee has also been involved in educating our members on the potential for legal actions against physician rating services using suspect methodology such as HealthGrades.com.

***Dr. Perez-Cruet asks: “What is your background and what best defines your reasons for chairing such an active committee?”***

Dr. Scarrow answers: As a neurosurgeon and attorney I am obviously drawn to medico-legal issues affecting our profession. During my residency, I spent one year on Capitol Hill working as a staffer for Sen. Arlen Specter as part of the AANS/CNS Charles Plante Public Policy fellowship. I also began working with the CSNS during my residency and as a resident delegate on the medico-legal committee shortly after that. For someone like me with interests in legal, social and political issues affecting neurosurgery, the CSNS is a natural fit. Within this organization, I have the privilege to work with other neurosurgeons who have similar interests and ambitions within those issues. More importantly I think that all of us in the CSNS feel that the 'non-clinical' issues that neurosurgeons face have a profound effect on our profession and that active participation by neurosurgeons is the best way to assure our future growth. On a personal level, being involved in the CSNS has also been a great opportunity to hear about problems and opportunities in neurosurgical practices in other parts of the country. In some cases my own practice has been able to prevent problems before they arise based on the experience of my CSNS colleagues and in others we have put solutions into place by essentially copying the ideas I have gleaned from others.

***Dr. Perez-Cruet asks: “What projects are you currently working on? Does the committee have a list of goals or desired achievements? And, how do you motivate your committee members to actively engage in your work products?”***

Dr. Scarrow answers: Our committee is focused on giving its members the opportunity to come up with ideas for work products related to medico-legal issues, network with other CSNS appointees and delegates interested in similar issues, and to help provide the resources to carry out those projects. For example, Cathy Mazzola became very interested in developing a more uniform definition and diagnostic tests for brain death that could be used by

neurosurgeons in establishing policy at their local hospitals. Her interest had some obvious overlap with our committee and so several of our members worked with her to research current state statutes on brain death criteria. I think this is a good example of how the CSNS can help to channel our members knowledge, curiosity and intellect into developing worthwhile work products that will benefit practicing neurosurgeons.

***Dr. Perez-Cruet asks: “What compelled you serve as chair on this committee? What makes this committee interesting for you in overseeing its activities?”***

Dr. Scarrow answers: I really like to see our organization doing things - producing work products that have value. In the past some have perceived the CSNS as a sort of 'wailing wall' of neurosurgery that seemed capable of complaining but withered at the challenge of doing anything about those complaints. With all of the talent present in the CSNS, I thought that presented an opportunity for our organization. When I was able to chair the medico-legal committee, I wanted to stay focused on not only fielding problems from our membership, but taking the next step to do something about them.

***Dr. Perez-Cruet asks: “If I were a CSNS member wanting to participate on this committee, how would I go about it? Are there any requirements or special characteristics or talents you are seeking in your committee members?”***

Dr. Scarrow answers: Our committee is always happy to have new members that have an interest in medico-legal issues and are ready to work. There is very little glory or accolades for this type of work and as a volunteer organization we thrive only to the extent that our members are motivated to participate, however for those people that are interested in the political and legal issues affecting neurosurgery, it is the best outlet that I know of. Individuals interested in working on our committee may contact me at Alan.Scarrow@mercy.net.

***Dr. Perez-Cruet asks: “How is this committee of interest to all neurosurgeons and how do members benefit from the work products of this committee?”***

Dr. Scarrow answers: I think any practicing neurosurgeon has a good idea of how various medico-legal issues affect their professional lives. Liability, EMTALA, fraud and abuse, CPT coding, antitrust, certificat of need (CON), and Stark laws are just a few examples and ones that all of us have to deal with commonly. Educating neurosurgeons about those issues, gathering research and data on them, and putting together policy positions based on that work for use by the Washington Committee are examples of how our work can have a broad impact on our profession.

***Dr. Perez-Cruet asks: “Does this committee generate or plan to generate educational activities that neurosurgeons can participate in and possibly obtain CME credit for it?”***

Dr. Scarrow answers: All neurosurgeons participating in MOC will be required to educate themselves and demonstrate some proficiency in 'non-clinical' areas including medico-legal topics such as fraud and abuse, EMTALA, Stark, and informed consent. CME credit can be obtained by enrolling in the SANS course sponsored by the CNS which contains the questions generated by members of the medico-legal committee and the rest of the CSNS.

***Dr. Perez-Cruet asks: “How does the “non- involved neurosurgeon” get a “say” in the function of this committee?”***

Dr. Scarrow answers: Perhaps one of the best things about the CSNS is that it is open to any neurosurgeon or neurosurgery resident that has an interest in socioeconomics, politics or law. While the voting membership is restricted to appointees and delegates, the working membership of the organization is not restricted. Our committee is there to help structure and develop the ideas of neurosurgeons. At a very base level, the opportunity for like-minded individuals to share their ideas and network can become a very powerful force.