



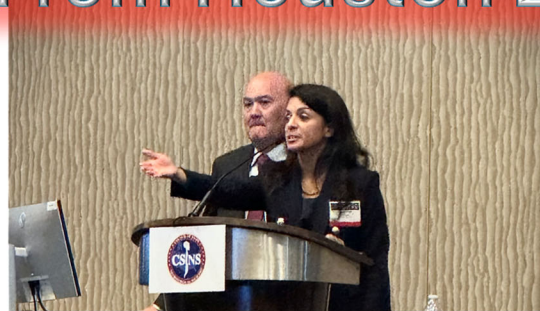
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Live From Houston 2024!





Recording Secretary

Dear CSNS Members,

I hope this newsletter finds you well. I'm pleased to update you on our Fall 2024 meeting held September 27-28 at the Marriott Marquis Houston. We had a productive gathering filled with thoughtful discussions and critical decisions on issues facing our neurosurgical community.

Our meeting kicked off Friday morning with the Resident Fellows/EC Breakfast, followed by orientation for new members led by Dr. Benzil and the afternoon featured committee meetings and our first plenary session, where we heard officer reports and testimony on resolutions. We were honored to have several distinguished speakers address the Council.

On Friday, Dr. Blumenfeld provided an update from NeurosurgeryPAC. Saturday's luncheon featured Dr. Gerald Ray Callas, President of the Texas Medical Association, introduced by Dr. Mark Kubala. We also heard from CNS President Dr. Khalessi, AANS President Dr. Morcos, and Dr. Lonser with a Washington Committee update.

Friday evening, the Young Neurosurgeons Representational Section meeting provided a valuable forum for our early career colleagues. Saturday morning's quadrant and caucus meetings allowed regional discussions before reconvening for our final plenary session.

After careful deliberation in committee and on the floor, several important resolutions were adopted:



Clemens Schirmer, MD, PhD, MBA



Resolution I: The CSNS will request that the AANS and CNS support efforts to add DICOM imaging to federal interoperability standards, working through the Washington Committee and AMA delegation.

Resolution II: An ad hoc committee or task force will explore guidelines for AI integration in neurosurgery. The CSNS will collaborate with the Washington Committee on a position statement regarding AI use, ethics, and data privacy.

Resolution III: The CSNS will conduct a survey to help define reasonable non-compete clauses for neurosurgeons in various practice settings. The results will be reported in a white paper.

Resolution VI: A survey will be conducted on current spine localization protocols and barriers to implementation, and the findings will be presented to the AANS/CNS membership.

Resolution VII: The CSNS will study insurance policy variability regarding tobacco use vs. nicotine replacement therapy for pre-operative requirements, as well as conduct a meta-analysis on their differential impacts on spinal fusion outcomes.

Resolution IX: A questionnaire will be created and disseminated to assess neurosurgeons' experiences and perspectives on academic promotion.

Resolution X: The CSNS will work with the Drugs and Devices Committee to study methods for improving device malfunction reporting to the MAUDE database and collaborate with the AMA delegation to address this issue.

Emergency Resolution: The CSNS will request that the AANS elevate the role of CSNS Regional Directors on the AANS Board of Directors, including changing the nomenclature to Director-at-Large, Region; and ensuring equal footing with other Directors-at-Large.

Other resolutions were either referred to the committee for further study or not adopted. These included proposals on preventative screening for spinal cord injury risk (Res. IV), assessing awareness of obesity metrics in SCI patients (Res. V), expanding CSNS membership for trainees (Res. VIII), studying financial impacts of epilepsy centers (Res. XI), and enhancing oversight of residency programs (Res. XII).

The resolutions adopted at this meeting will guide much of our work in the coming months. We'll conduct important surveys, collaborate with partner organizations, and develop position statements on critical issues like AI in neurosurgery and device malfunction reporting.

Our next meeting will be in the spring in Boston, MA, and I encourage everyone to attend. At this meeting, we'll hear updates on these initiatives and continue our vital work addressing the socioeconomic challenges facing neurosurgery.

I want to thank all our delegates and members who participated in this meeting, whether in person or by submitting testimony. Your engagement is crucial to the CSNS's mission of advocating for neurosurgeons and our patients.

If you have any questions about the meeting outcomes or how to get more involved with CSNS activities, please don't hesitate to let me know.



Historian

History in the Making

“Anybody can make history; only a great (wo)man can write it.”

- Oscar Wilde



Deborah L. Benzil, MD

Throughout the CSNS Annual meeting in Houston, Texas (September 2024), many neurosurgeons came together to make history-to honor a man who has made significant contributions to the CSNS and all of neurosurgery for decades, to discuss the impact of the CSNS on all of organized neurosurgery, to explore many issues facing neurosurgeons and our patients. Let us then commence with the writing!

A Great Man: Dr. Patrick Wade

Dr. Wade was the 2024 deserving recipient of the Randall W. Smith Meritorious Service Award. Dr. Jeremy Amps provided a moving tribute to someone known as a model to every CSNS member. From an early age, Pat was a tenacious and hard worker even before college, medical school, a career in the US Navy and then neurosurgical residency. As a neurosurgeon practicing in Glendale, California, he became part of the fabric of the community, known for many contributions beyond the world of medicine and neurosurgery. He is also husband, father (of three), grandfather (4) and great-grandfather (2). Pat’s wife joined in his honor and celebration. Well-deserved Pat and Christine!

CSNS Impact

As historian, I chose to reflect on the many ways the CSNS has influenced and shaped neurosurgery. That impact was discussed as it related to people, concepts and innovation. A poll of the audience indicated CSNS members felt leadership impact (people) was the most important contribution of the CSNS but new concept promotion was



also notable. Some key statistics on leadership impact included:

- 31% of CSNS chairs over the last 30 years have become AANs president
- 77% of CSNS Chairs have moved on to hold advanced leadership positions in the AANS
- 80% of the Washington Committee Chairs have been CSNS chairs
- 36% of the last 25 AANs presidents were active CSNS members
- 12% of the last 25 CNS presidents came from the CSNS ranks
- Unprecedented contributions to AMA, RUC, ACS, Guidelines committee and more.

The CSNS was also noted for opening uncomfortable conversations, providing psychological safety to push the envelope, try to pry open new doors. A few examples were detailed including:

- Advancing the role of APPs within neurosurgery despite fierce opposition
- Digital operability of imaging for patient safety was raised early and served as the catalyst for action across the house of medicine
- Embraced the need to address DEI and has always had the highest representation of women and URM
 - First elected leader of a national neurosurgical group (Dr. Deborah Benzil)
 - First woman neurosurgeon on the AANS Board (Dr. Edie Zusman)

While it is never possible to honor all those who helped open doors, who shaped the structure and function of the CSNS to make it so great, but several were noted:

- Strategic Planning (Drs Gary Bloomgarden and John Popp)
- SE Fellowship (Drs. David Jimenez, Will Bingamen, Mark Linskey)
- Consent calendar and resolution process (Drs. Jim Bean, Lou Tumialan, Josh Rosenow)

The great work of the CSNS will continue-together we will continue to make history. Every CSNS member does this on behalf of our patients and the entire house of neurosurgery.



Medico-Legal Committee

We of the medico-legal committee have submitted a draft for peer-review guidelines that would be used by the PCC to identify and address bad-faith actors involved in insurance authorization for neurosurgical procedures. With the help of our members and some notable CSNS delegates we were able to draft and submit these proposed guidelines that will function very similarly to those in place for Expert Witness review. We have submitted the guidelines draft to Dr. Alex Valadka, the chairman of the Professional Conduct Committee and they are currently evaluating. After revision and hopefully acceptance, they will be incorporated into the functions of the PCC.

Our committee also successfully completed collaboration with other committees to create and collate the data regarding neurosurgeons' opinions on collective bargaining entities. We had hundreds of responses to the survey and our deep thanks to Drs. Pouras, Zalatimo, and their team as we were able to join their efforts. Credit due to them for collating the data. There will likely be a larger survey, and likely a publication discussing this important topic. Which way things will go remains to be seen, but there is a definite interest toward advocacy for neurosurgeons and our patients in this ever-changing and one might say hostile healthcare landscape. Our hope is that a well-informed body can make robust and smart decisions going forward.



Brian Gantwerker, MD



Scott Simon, MD



Ann Parr, MD, PhD

Communication & Education Committee

The CEC is planning a robust socioeconomic program for the coming AANS meeting in Boston. Planned panel discussions include “The Power Of Optum Health,” “Unions in Neurosurgery Education and Practice,” and “Teaching Residents Ethical and Accurate Coding.” We are also planning to hear a keynote address by CSNS Randall Smith Award for Meritorious Service Patrick Wade entitled “Giving Back.”



Jeremy Amps, MD

Safety Committee

We are currently working on improving safety protocols for neurosurgical patients across the nation. One resolution that was recently approved was #6 from the past meeting which calls for development of a white paper on the topic of spine localization protocols and barriers that exist to their implementation.

Two other resolutions that were passed at the last meeting are #s 4 and 10. The former involves learning about screening processes for DISH and the potential such screenings might have to reduce the incidence of spinal cord injury in that population. The final resolution will be tackled in coordination with the Washington drugs and devices committee and explores the methods by which faulty devices for neurosurgical patients are entered into the MAUDE database.

The other idea we plan to develop and submit at the next meeting would be a call to improve the process of screening for osteoporosis, including at the specialist and primary care level.



Neurotrauma & Emergency Neurosurgery

The CSNS Neurotrauma and Emergency Neurosurgery (NTENS) committee's purpose is to identify and address socioeconomic and health policy issues related to neurotrauma, emergency neurosurgery, and critical care. This typically involves issues related to regional trauma care coverage, reimbursement issues, trauma workforce issues, dissemination and utilization of advances in treatment, and training program competencies in emergency neurosurgery. The NTENS committee meets semiannually. This committee consists of representation from both academic and private practice physicians, as well as resident physicians.

This year, the NTENS committee held session on Friday, September 27. The topics discussed related to the resolutions assigned to NTENS, including: evaluating informal consultation and clinical advice offered by neurosurgeons (submitted for abstract and accepted for oral presentation), barriers to global involvement in neurosurgery (working on a white paper), evaluating readiness in trauma among our military residents (presented at the current CSNS meeting and being written up for a white paper), optimizing treatment for trauma patients with elevated BMI (in process), and helping to address the increasing amount of E-bike and scooter trauma (being forwarded to the AANS/CNS in order to create an official position statement). Other projects ongoing for NTENS include looking at the accreditation process for new trauma centers, assessing telehealth across state lines, critical care reimbursement for neurosurgeons, and evaluating the necessity of TBI transfers.

The next NTENS meeting is scheduled for this spring in Boston, preceding the AANS annual meeting.



J. Brett Fleming, MD



Young Neurosurgeons Representational Section

The CSNS is thrilled to welcome the dynamic new class of socioeconomic fellows for the 2024-2025 year! Building on the success of the CSNS Resident Fellow Education Series, launched in 2022, these fellows are diving into our monthly discussions, which kick off every May after the new cohort is selected. We extend our heartfelt gratitude to all CSNS executive faculty and dedicated members for their invaluable time and contributions to these meetings.

This year's topics have been rich and varied, covering the history of the CSNS, a guide to resolution writing and approval processes, coding and reimbursement, and an introduction to the CSNS plenary session. Looking ahead, future discussions will include insights from the PAC and Washington committee, medicolegal issues in neurosurgery, diversity, equity, and inclusion (DEI), contract negotiations, and opportunities for involvement in organized neurosurgery, featuring insights from the current AANS and CNS presidents. Don't miss excerpts from these sessions, available on the CSNS YouTube page!

At our recent fall meeting, it was invigorating to witness the active participation of many fellows who eagerly shared their perspectives at the microphone. Representing the YNRS, their home quadrants, and various committees, these fellows played a key role in drafting resolutions on important residency issues, including resident mistreatment. They also addressed topics crucial for their future careers, such as academic promotion, evaluating non-compete clauses, subspecialty interests, and relevant practice matters like preventative screening and DICOM imaging interoperability.

The YNRS will be taking the lead on Resolution I, which supports the inclusion of DICOM imaging in federal



Laila Mohammad, MD



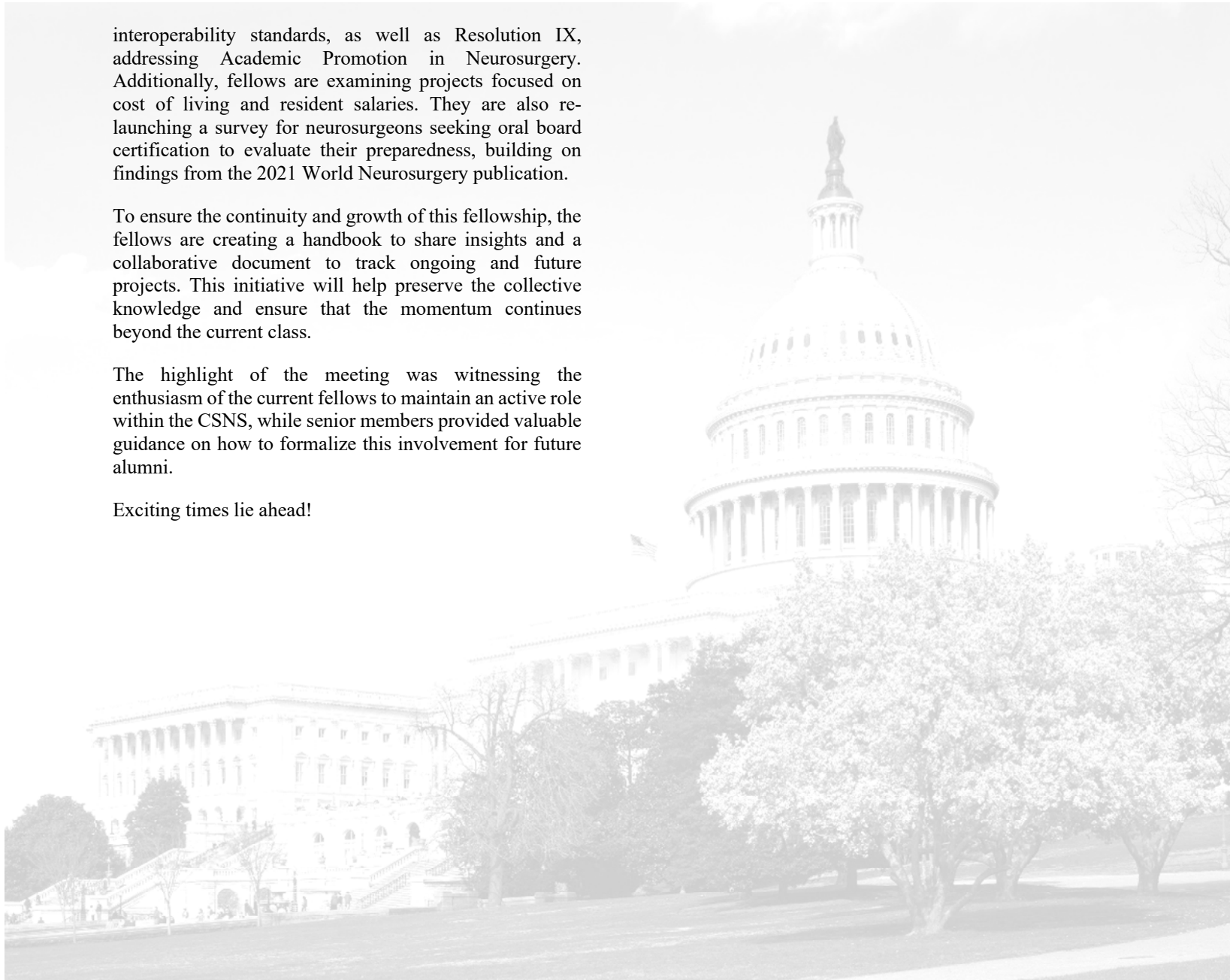
COUNCIL OF STATE NEUROSURGICAL SOCIETIES

interoperability standards, as well as Resolution IX, addressing Academic Promotion in Neurosurgery. Additionally, fellows are examining projects focused on cost of living and resident salaries. They are also re-launching a survey for neurosurgeons seeking oral board certification to evaluate their preparedness, building on findings from the 2021 World Neurosurgery publication.

To ensure the continuity and growth of this fellowship, the fellows are creating a handbook to share insights and a collaborative document to track ongoing and future projects. This initiative will help preserve the collective knowledge and ensure that the momentum continues beyond the current class.

The highlight of the meeting was witnessing the enthusiasm of the current fellows to maintain an active role within the CSNS, while senior members provided valuable guidance on how to formalize this involvement for future alumni.

Exciting times lie ahead!





Medical Directors

In mid-2024 the Medical Directors Section sent out a CSNS Leadership Survey to the neurosurgical community based on the approved Spring 2024 CSNS resolution. The survey was developed with the help of Tito Porras, CSNS Resident Fellow. Neurosurgery leaders are asked to answer this 5 minute survey to help us understand the role medical directors play in various healthcare settings, their experience in that role, and the challenges they face. A neurosurgeon serving as a medical director may oversee clinical operations, quality improvement, program development and contract negotiations within a neurosurgical department, healthcare system or group practice. These are skills that are not part of neurosurgery residency training and our goal is to identify how we can best support neurosurgical leaders by sharing the knowledge learned from this survey, developing action items and educational resources to help neurosurgeons succeed as medical directors. The final survey distribution is coming and we encourage all neurosurgical medical directors to participate.

At the Fall 2024 CSNS Medical Directors Section meeting, there was a proposal for a future resolution to study the key differences between rural and urban/ academic practices and how these different settings may impact the role of a medical director. The findings of the initial Leadership Survey will help to define the existing population of medical directors and their practice settings so that we can then further examine the impact of these different practice settings and the specific needs of medical directors in rural communities. Further discussions in the Section were around the perennial troublesome issues of insurance prior authorization affecting the neurosurgical community and how medical directors could support organizational efforts. Finally, I was recently contacted by students at the Stanford Graduate School of Business for a research study about the challenges facing physicians in private practice. I plan to use this opportunity to explore how this research may help to support the efforts of the CSNS - more to come on this at the April 2025 CSNS/AANS meeting in Boston!



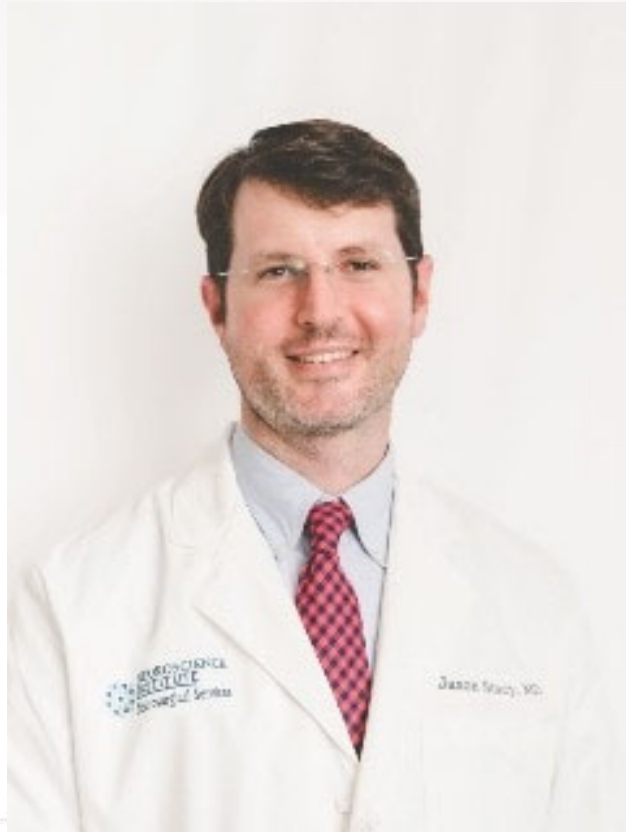
Nicole Moayeri, MD, MS



Jeremy Amps, MD

Northwest Quadrant

Illinois, Ohio, and Michigan continue to have robust annual meetings. Indiana neurosurgeons are attempting to form a society and in the interim, Ohio has invited Indiana to attend its meeting. In Michigan, there has been a merger of Henry Ford and Ascension. We are not sure yet how this will affect neurosurgeons but we do know Public Act 60 of 2022 has already benefitted neurosurgeons and all other specialties. This act streamlines the prior authorization process and puts a limit on the delays for patient care that such requirements can create. So far, Michigan neurosurgeons from our quadrant report high satisfaction with this new legislation.



Jason Stacy, MD

Southeast Quadrant

North Carolina is currently taking steps to form a society and lay down the legal groundwork for a nonprofit. They're also planning their inaugural state neurosurgery meeting.