

## Chairman's Message by Jon Friedman, MD



The neurosurgery match for medical students entering U.S. training programs was completed last month. There is always a lot of positive energy and excitement associated with this. From the medical student perspective, it's a dramatic event to find out where you'll be spending your next 7+ years, and another major step towards a career that requires many stages and hurdles just to gain entry. For the programs, the matching process involves a visioning and planning within the department of what type of program you want to have, who you want to be part of that program, and finally the "marriage offers" represented in the rank list of prospective trainees. All of this creates an atmosphere of enthusiasm for the future for both program and incoming resident.

The interview and match process also provides a critical learning opportunity that will not present itself again. In a span of a few months, prospective residents will see the inner workings of many training programs and institutions, and meet the faculty and residents at those programs. This offers significant perspectives and insight on the field overall. Furthermore, the prospective resident's understanding of neurosurgery training - and what they want from it - will evolve significantly during the interview process and selection of programs for the rank list. This is a very healthy process for the prospective trainee.

Medical students are an important constituency of the Young Neurosurgeons Committee (YNC). Obviously, they represent the talent and energy of our future residents and colleagues. Inspiring the interest of our best and brightest students, and mentoring them through the career choice and match process are important priorities for the AANS.

Under the direction of Dr. William Ashley, the YNC has several initiatives to increase medical student attendance, participation, and educational opportunities at the upcoming AANS Annual Meeting in Philadelphia. A new course developed by Dr. Deborah Benzil will be presented on Sunday of the meeting targeted toward medical students who are interested in neurosurgery, with several YNC members playing important roles. The close driving proximity of so many medical schools to the Philadelphia venue should promote attendance, and we have invited interested medical students to attend a brief social function after the YNC meeting on Monday evening to provide career advice, networking and mentorship. We anticipate medical students will play a role in volunteer support of the iPod touch®, being rolled out at the meeting. Direct communications with program directors, deans, and students at medical schools within a wide driving radius was done to communicate the features of the meeting of particular interest to medical students, as well as enlist support for the iPod touch.

I want to encourage all residents, fellows, and young attendings to take a leadership role in the development of promising medical students and supporting their interest in neurosurgery. I welcome your ongoing insights and input to the YNC.

## Secretary's Message by Edward Smith, MD



The 2010 AANS Annual Meeting looks to be an exciting venue for all attendees – especially the members of the YNC. As outlined in this newsletter, the YNC is dedicated to the needs of the medical students, residents and new faculty who are beginning their careers in neurosurgery. The YNC provides a framework for meeting colleagues, an entry point for participation in organized neurosurgery and an easy place to find resources specifically targeted to this population of neurosurgeons. The YNC also

provides mentoring for young neurosurgeons (such as the Real World Course developed by the YNC and offered on Sunday, May 2 at the AANS Annual ), facilitates grants for research (through the Silent Auction and NREF grants), fosters new friendships through competition (through the Neurosurgical Top Gun event), recognizes the achievements of our colleagues (through the YNC Public Service Citation) and encourages communication and education through venues such as this newsletter.

Given the tremendous growth in responsibilities of the YNC, changes in the Committee structure have been introduced over the past year. Under the leadership of president Jon Friedman, MD, these changes are designed to increase the opportunity for engagement in the organization. Participation in committees, liaison positions and leadership structure have all been streamlined to maximize member activity. Terms of service are more equitably distributed and formalized. These changes have recently been approved by AANS leadership and will allow the YNC to better serve its growing constituency.

On behalf of the YNC executive committee, we would like to recognize and thank all the members of the YNC who have helped this organization flourish as a result of their hard work over the past year. To all young neurosurgeons, we would invite you to come to our meeting on Monday, May 3, from 5:30-7:00 pm in the Franklin Conference Room 11 at the Sheraton Hotel AANS Conference Headquarters.



## AANS/CNS Washington Committee Update G. Edward Vates, MD, PhD

Well, there really hasn't been much going on in Washington related to health care...nope, not much at all. Been pretty boring actually.

Obviously, pretty much the ONLY thing going on in Washington for almost a year now has been the debate about President Obama's effort to pass comprehensive health care reform legislation. As mentioned in the last update from the AANS/CNS Washington Committee, organized neurosurgery has worked mightily to influence the process in order to try and shape the legislation in a way that would preserve the interests of neurosurgeons and the patients we serve. In conjunction with a number of other surgical specialty societies and state medical societies, the Washington Committee delineated many problems with the comprehensive legislation, most notably the absence of any effort at tort reform, the failure of the legislation to deal with the cuts in physician reimbursement mandated by the sustainable growth rate (SGR) limits on Medicare reimbursement, and the creation of a "super" MedPAC (Medicare Payment Advisory Committee) that would be independent of Congressional oversight and could drastically cut reimbursements to physicians and hospitals even further, leading to restricted access to care for Medicare beneficiaries.

Unfortunately, the American Medical Association played "lap dog" to President Obama and the Congressional Democrats in an effort to "have a seat at the table". The leadership of the AMA failed to recognize that the table they were clamoring to sit at was an autopsy table. This gave the Administration and Congressional Democrats that fig leaf they needed to say that the house of medicine was on board with the reform package. For an interesting perspective on how the AMA in general, and AMA President J. James Rohack in particular, failed American doctors, check out the following article by Scott Baker, JD, CPA (<http://www.beckersasc.com/news-analysis-asc/business-financial-benchmarking/is-the-ama-the-worst-trade-association-ever.html>). With the passage of the health care reform legislation, we now have:

- No SGR fix.
- No tort reform.
- A new advisory panel that can cut physician fees with little opportunity for Congress to intervene.
- Up to 34 million new beneficiaries who will be covered at bargain-basement Medicaid rates.

- A system that will result in a “race to the bottom” for physician reimbursement.

The AANS/CNS Washington Committee continues to work with the American College of Surgeons, other surgical specialty societies, and state medical societies to determine where we can best apply our efforts to either roll back these changes or influence elections that may result in changes to the legislation as it currently stands. Right now, we’re waiting for the “dust to settle” before making any major initiatives. With legislation this massive and sweeping, much of the implementation ends up happening at the administrative level, and this may be where we can have the greatest influence. Rest assured that Katie Orrico and her staff are working with Alex Valadka, MD, the new Chair of the AANS/CNS Washington Committee, to represent neurosurgery interests as potently as possible.

On a happier note (that’s sarcasm): The Coding and Reimbursement Committee continues to work at the RUC to preserve the value of neurosurgical work in a climate that is clearly aimed at cutting reimbursement to surgical specialists in an effort to increase reimbursement to primary care specialties. For those of you who don’t remember, the RUC is the committee organized by the AMA (at the request of the federal government) to assign RVU’s to all CPT codes (the codes that physicians use to bill for their work). Each year, Congress gets to vote on the “conversion factor” that determines the dollar value of one RVU. The actual value of physician work is determined by the number of RVU’s assigned to each CPT code, and that’s the job of the RUC.

At the last RUC, the AANS/CNS representatives, in conjunction with North American Spine Society (NASS) and the American Academy of Orthopaedic Surgeons (AAOS), were assigned the job of coming up with a combined code for anterior cervical discectomy with fusion (ACDF). Previously, ACDF was coded using a number of codes representing the work of discectomy, interbody arthrodesis, fusion, plate, etc. In the last five years, CMS (Centers for Medicare and Medicaid Services) has screened for codes that are commonly billed simultaneously, and has argued that these codes should be bundled because of overlapping work (e.g., pre-operative assessment, intra-service work, or post-operative management). CMS assumes that this results in over-payment for overlapping work. Previously, the screen that CMS used was 90% simultaneous billing, and using this screen CMS identified anterior cervical discectomy and interbody arthrodesis as codes that needed to be bundled.

Working with John Wilson, MD, Chair of the Coding and Reimbursement Committee, and with Cathy Hill of the AANS/CNS Washington Committee, the various specialty societies surveyed neurosurgeons and orthopedic surgeons to determine the value that should be assigned to a combined code. These survey results were then presented to the RUC, and a “spirited debate” ensued. Through the process, it was clear that the RUC was determined to shave as many RVU’s as possible from the combined code, and there was no way that the combined code was going to preserve all the value of the base codes for discectomy and arthrodesis, but in the end the presenters were able to maintain much more value than was expected, and the battle, while ugly, was valiant and successful at maintaining more value than was anticipated. The recommended RVU’s were accepted by the RUC, and are now waiting to be accepted by CMS (which can ignore the RUC recommendation if it chooses, as it did with the stereotactic radiosurgery codes, although this decision was ultimately overturned through the efforts of John Wilson). Once CMS makes its final determination, the new combined code and its value will be published and disseminated to the constituency of the AANS.

As you can imagine, the effort to reduce reimbursement to neurosurgeons and other surgical specialists is unrelenting. Remember how CMS screened for codes that were billed simultaneously more than 90% of the time to identify codes that may have overlapping work? Well CMS recently lowered the bar; they have now sent out a new list of codes that are commonly billed together at the 75% level. You can probably guess which codes were picked up on this screen: lumbar interbody arthrodesis and posterolateral fusion. Also identified on these screens were many of the endovascular neurosurgery and diagnostic angiography codes. Once again, the AANS/CNS Washington Committee and Coding and Reimbursement Committee are working in conjunction with NASS and AAOS to develop a strategy to deal with this situation. As always, we will continue to battle for the interests of national neurosurgery.

## 2010 Silent Auction



The YNC is actively involved in supporting the Neurosurgery Research and Education Foundation (NREF) through the annual Silent Auction. This year's chair, Todd Hankinson, builds on the successful foundation created by previous YNC Silent Auction committee members and has been marshalling the resources of the YNC to help coordinate the generous donations provided by members of the AANS, corporations and individuals who share the desire to promote neurosurgical research. As part of these efforts, we would echo the call to participate as noted in the recent AANS e-blast.

The 2010 Silent Auction will be an online-only event this year! Beginning Monday, April 26, log on to [www.biddingforgood.com/AANS](http://www.biddingforgood.com/AANS) and let the bidding begin! Bids will accepted through Wednesday, May 5.

Donations are needed! Please consider donating to this worthy cause. Proceeds from the auction benefit the Neurosurgery Research and Education Foundation (NREF), which funds annual Research Fellowships and Young Clinician Investigator awards.

Not sure what to donate? Popular items in the past have been: iPods® and iPhones™, digital cameras, high-tech electronics, exciting weekend vacation and sports packages, vintage wines, jewelry, autographed sports memorabilia and much more. Donations should be sent in advance of the annual meeting, directly to the AANS Executive Office, 5550 Meadowbrook Drive, Rolling Meadows, IL 60008. If you have any questions regarding the upcoming Silent Auction or need assistance with the shipping of a donated item, please contact Julie Quattrocchi at 847/378-0535 or [jaq@aans.org](mailto:jaq@aans.org).

Thank you in advance for your time and assistance in making the 2010 auction a success!



## Neurosurgical Top Gun



One of the most popular events among the members of the YNC at the AANS Annual Meeting is the Neurosurgical Top Gun competition. Comprised of a series of stations that test various types of neurosurgical operative techniques – and generously supported by our sponsors – residents are able to compete, providing an opportunity for learning, camaraderie and a fun challenge. This immensely successful event results from the hard work of many members of this committee, led by YNC member Anand Germanwala.



The 2009 Neurosurgical Top Gun competition was a highly contested event. Residents and fellows from programs nationally and internationally competed in San Diego to win Neurosurgical Top Gun Honors. The winners are listed below. Congratulations to all participants and we look forward to an even bigger and better event for 2010.

<b>Neurosurgical Top Gun:</b>	<b>Dr. Shahid Nimjee (Duke University Medical Center)</b>
Program Winner:	Duke University Medical Center
Thoracic Spine Top Honors:	Dr. Shahid Nimjee (Duke University Medical Center)
Bone Scalpel Top Honors:	Dr. John Park (Cleveland Clinic Neurological Institute)
Lumbar Spine Top Honors:	Dr. Francisco Ponce (Barrow Neurological Institute)

## Young Neurosurgeons Committee Public Service Citation

In 2001 the AANS Board of Directors established a Young Neurosurgeons Committee Public Service Citation. This citation recognizes and honors the extraordinary efforts of a young neurosurgeon who, outside the traditional art and science of neurosurgery, has served the public in an exemplary fashion and thereby brings both greater benefit to mankind and greater honor to our specialty.

The citation will be presented annually to an individual actively engaged in neurosurgery training or practice. The nominee must not be more than seven years out of neurosurgery training. The citation is for extraordinary or unusual public service by a young neurosurgeon – outside of any service specific to organized neurosurgery. Suitable nominees may serve the public through various means including, but not limited to, public charities, medical or socioeconomic mission work, and governmental or legislative efforts. The citation is presented at the Young Neurosurgeons' Luncheon held during the AANS Annual Meeting.

It is the pleasure of the YNC to announce that the recipient of the 2010 YNC Public Service Citation is Stacey Quintero Wolfe, MD. Currently the Chief of Cerebrovascular Surgery at Tripler Army Medical Center, her nomination was made by her mentor, Dr. Roberto Heros. The award will be presented at the AANS 2010 meeting, following which she will be invited to submit an article describing her experiences in the next YNC newsletter.

Congratulations to Dr. Quintero Wolfe!

## Book Review

### *Book Review: Comprehensive Neurosurgery Board Review, Second Edition*

Jonathan Citow, R. Loch MacDonald, Daniel Refai  
Thieme Publishers, 2009

This review book is a revised edition of the original Citow Comprehensive Neurosurgery Board Review, which has persisted as the leading board-review text used by neurosurgical residents preparing for the written board examination. In the preface, the authors seek to fill identified gaps in the prior text; specifically, they include new sections on molecular biology and the neurosciences. The authors have also sought to reformat the text so that there is very little repetition between chapters.

Perhaps the biggest strength of this text is its comprehensive approach to the vast amount of information that residents may encounter in board preparation. In just over five hundred pages, all topics from anatomy, physiology, pathology and critical care medicine are covered. The book is divided into such sections, with a fairly logical flow of information. It starts with basic anatomy, from outside-in, with a focus on the meninges, CSF and blood supply. Its handling of cerebral circulation is appropriate for review purposes. For example, on the internal carotid artery, it

includes detailed information on its intracranial segments; the cavernous segment of the ICA gets adequate coverage, with descriptions of the various segments of the cavernous portion of the ICA, branches and textual and pictorial description of its relation to cranial nerves within the cavernous sinus. Distal to the cavernous segment, the text describes the types of aneurysms arising from these segments and their positions relative to the parent arteries. Here, the text also includes useful pictures that compliment the text well. Later the book also covers relevant pathology and radiology in an integrated manner based on the condition. Gross pathologic pictures are juxtaposed with radiographic images of various conditions and accompany text that succinctly describes the age of onset, natural history, presenting symptoms, location and special features of neuropathology. The text does appear to find good balance between comprehensive and concise coverage of relevant material for board review.

One potential weakness of the text is its adoption of an outline format. While its organization makes logical sense, it is an abbreviated text book which does not read easily for those used to traditional textbooks. Its format is commensurate with other review books and study guides. Information is often presented with incomplete sentences, without much introductory or contextual information. These texts presume a basic knowledge of the subject matter, where the reader requires very little introduction to conceptualize vasospasm in subarachnoid hemorrhage, for example. This limitation of the text is perhaps more obvious with obscure topics that the average neurosurgical resident may not encounter, such as lysosomal storage disorders or inflammatory myopathies. That said, this text does not presume to replace all other textbooks and readers needing more detailed information on any given condition will likely utilize additional resources.

While the outline format may be a limitation of the text, a clear strength compared with its predecessor is the new formatting. Information that was in bulleted form in the prior edition is now conveniently placed in tabular format. This is especially helpful in the anatomy section where information such as branches of the external carotid artery has dense information including their anastomoses and target organs. For the resident attempting to glean the most relevant information, this is quite helpful for it to appear in table format. It is its weakness that is also its strength. For those looking for this text to replace a traditional neurosurgical textbook, they will find it lacking. However, as a basic, yet comprehensive review of the material that will likely be encountered in the written neurosurgical board, this text represents a concise, handy, accessible book that will likely be embraced by neurosurgical residents in the future. In short, I recommend this text to anyone studying for the neurosurgical board examination.