NERVES & The CSNS

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The CSNS: Joint Committee of CNS & AANS

- CSNS is a joint effort of the parent bodies CNS & CSNS
- Its focus is socioeconomic issues
- Formation was a battle
- CSNS reports & requests actions to/from the parents
- Limited powers for independent actions

Purpose/Mission of the CSNS

- The CSNS is a representative, deliberative & collaborative organization of delegate Neurosurgeons in training & practice that exists to:
  - Positively influence & affect the socioeconomic policy of organized Neurosurgery for the benefit of Neurosurgical patients & Neurosurgery as a whole
  - Serve as a resource for socioeconomic knowledge & education for our Neurosurgical colleagues, regulatory & health care officials, as well as legislative representatives
  - Provide a conduit for new initiatives, concerns & issues to be brought to the AANS & CNS for response & action
  - Provide an environment for developing future leaders in healthcare policy & advocacy for Neurosurgery
History

- 1963 – Congress of Neurological Surgeons (CNS) established a socioeconomic committee due to private payer establishment RVUs plus conception of Medicare
- 1972 – AANS joins CNS (reluctantly) & Joint Socioeconomic Committee established
- 1977 – CNS becomes CSNS & promulgates state Neurosurgical society activity
- 1978 – first CSNS meeting
- 1986 – JSEC & CSNS merge to form the Joint Council of State Neurosurgical Societies (JCSNS) – later “Joint” dropped to finalize the name as CSNS - 1998
- 1995 - Representative Assembly established for proper Resolution Submission, Debate & Action

2001 - 2003 - NERVES
- 2009 – Re-organization to better fulfill stated mission

Members

- Each state society can elect 1 delegate & additional delegate / 50 Neurosurgeons in the state
- AANS Appointees
- CNS Appointees
- State society delegates make up 2/3 of Council, Appointees 1/3
- 13 Resident Fellows with full voting privileges
- Military Delegates - 3 (Army, Navy & Air Force)
- Neurosurgery Physician Assistant society Delegate & Alternate – non-voting
- Neurosurgery Nurse Practitioner society Delegate & Alternate – non-voting
- NERVES Delegate & Alternate – non-voting

Leadership

- Chairperson
- Vice – Chairperson
- Treasurer
- Recording Secretary
- Corresponding Secretary
- Historian
- Past Chairperson
Special & Ad Hoc Committees

• Special
  – Nominating Committee
  – Rules & Regulations Committee
  – Awards Committee
  – Long Range Planning Committee
  – Leadership Development
  – Membership & State Societies
• Ad Hoc
  – Patient Safety Committee
  – State and Regional Advocacy

YOUNG Physicians
Representative Section

Purpose: Educate, interest, and involve young and resident neurosurgeons in current CSNS and AANS/CNS organizational activities related to socioeconomic issues of neurosurgery practice. Undertake research and report on educational projects on issues of particular interest to young neurosurgeons, including job search, practice initiation, Board certification and recertification, training conditions, practice economics, and other related topics.

Standing Committees

Review social & economic issues impacting neurosurgery & present proactive efforts to assist practicing neurosurgeons via the resolution process. Every committee meeting is open to any interested delegate.

• Medico-legal
• Workforce
• Coding & Reimbursement
• Medical Practices - Darlene Label, Chair
• Neurotrauma & Emergency Neurosurgery
• Communication & Education Committee
  – Website Subcommittee
  – Publications Subcommittee
  – Public Relations
Medico-Legal

**Purpose**: 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 laws or regulations.

Workforce

**Purpose**: Research, analyze, report and recommend action or policy on neurosurgery workforce needs and supply, including relevant factors such as training programs, technological changes, market supply and demand indicators, physician extenders, and competitive factors.

Coding & Reimbursement

**Purpose**: Coordinate CSNS participation with the AANS/CNS Coding and Reimbursement Committee in CPT coding and reimbursement activities of the AANS and CNS, including CPT Editorial Board and Relative Value Update Committee (RUC) issues and actions. Disseminate current information to CSNS members on coding and reimbursement topics, controversies and proposals. Develop a knowledgeable workgroup of CSNS committee members available to contribute time and expertise to CPT and RUC related work projects. Develop an organized structure for communication of neurosurgical Carrier Advisory Council (CAC) for Medicare.
Communications and Education

Purpose:
1. Develop and coordinate CSNS program presentations at AANS & CNS meeting & publication of socioeconomic material & information
2. Create and maintain CSNS website
3. Arrange for CME credit for CSNS meetings
4. Support Resident Fellowship program & promote awards for resident and young neurosurgeons oral presentations
5. Oversight of Subcommittees

Medical Practices

Purpose: Research, report, and recommend action, policy or information dissemination on socioeconomic issues and professional or political factors affecting neurosurgical practice, including practice management, clinical privileges, technological issues, medical information, ethical controversies, professional practice oversight

Neurotrauma/Emergency Neurosurgery

Purpose: Research, report, and recommend action or policy changes on socioeconomic issues in neurotrauma and emergency care. Provide liaison with other neurotrauma/emergency organizational activities within the AANS and CNS.
Quadrants

- Northeast
- Southeast
- Northwest
- Southwest

CSNS Appointees

- Congress of Neurological Surgeons Caucus
- American Association of Neurological Surgeons Caucus

AANS Regional Directors

- Southeast Quadrant
- Northeast Quadrant
- Southwest Quadrant
- Northwest Quadrant
Executive Committee

- The Executive Committee is responsible for determining standing committee assignments for submitted resolutions as well as for determining the disposition of resolutions referred back to the Executive Committee by virtue of a vote of the delegates of the Council. The Executive Committee shall also deliberate other administrative business of the Council as required.
- Officers
  - Quadrant Chairpersons
  - Committee and Representational Section Chairpersons
  - AANS and CNS Caucus Chairpersons
  - AANS Regional Directors
- The appointed Delegate member from NERVES
- The CSNS Chairperson selected Resident Fellow.

The Seed for NERVES

- Fall 2001
- Resolution IV: Reimbursement Methodologies
- Author: Dr. Robert Schwetschenau
- Proposal for
  - Organizing representative practice managers
  - Defining their status with parent organizations
  - For: Collection of practice costs & reimbursements information across geographic regions on a regular & ongoing basis

The Committee

- Ad Hoc Committee Established to study the concept. Drs. Linskey and Przybylski report of the task force presented in the Spring 2002 CSNS meeting.
- The organizational meeting of practice managers occurred at the Spring CSNS/AANS meeting
Deliberations

- April 2002
- Several societies contacted to gain knowledge on formation of a practice managers association
- Different ways of doing this
  - Independent of the organizations
  - As a subsidiary of parent organizations
- Serious concerns about anti-trust - legal representatives of the CNS & AANS consulted
- Much care about the data & its release to avoid appearances of regional price fixing or group boycotts. Knowledge that sharing of data raises a flag in reference to anti-trust
- Federal Trade Commission preapproval - considered

Major Obstacle

- CNS concern over exposure for anti-trust litigation
- Initial agreement by CSNS liaisons was for a preapproval letter from the Federal Trade Commission
- Ultimately, NERVES established itself as an independent & separate entity - decided to forego preapproval of FTC

The Name

- Tim Roberts
- Napkin art
  - Neurosurgery
  - Executives
  - Resource
  - Value
  - Education
  - Society
Scope

- 300 administrators & practice managers
- Varied practice models
- Pools knowledge of practice milieu
- Annual socio-economic survey
  - Trending & analysis
  - Address questions
  - Aide in planning

Impact

- Neurosurgeons & other institutions consider NERVES the resource on matters of Neurosurgical practice
- Ultimately, NERVES provides information that directly contributes to patient care.
- The relationship between NERVES & the CSNS is a natural & necessary one blending clinical matters with practice management practicalities
- **After all, providing patients better access & quality of Neurosurgical care should be why we do what we do!**