

Executive Committee Meeting Minutes
Joint Section on Pediatric Neurological Surgery
2005 Winter Meeting

Tuesday, November 29, 2005
Omni Orlando at Champions Gate, Olympic A

Attendance: Drs. Rick Abbott, Chairman; Jeffrey Wisoff, chair-elect; AC Duhaime, Secretary; Al Cohen, Treasurer; members at large Drs. Bruce Kaufman, Sarah Gaskill, and Michael Partington; Andrew Parent, M.D., past chairman. Non-voting attendees: Drs. Cheryl Muszynski, Joseph Madsen, Jerry Oakes, Jogi Pattisipu, Mike Handler, John Ragheb, Michael Scott, Tom Luerssen, Doug Brockmeyer, Sarah Gaskill, Rick Boop, Tom Steineke, and Mark Proctor.

Call to Order

The meeting was called to order at 2:10 PM by Dr. Abbott.

Approval of Minutes

The minutes of the last Executive Committee Meeting held on April 20, 2005 had been provided by Dr. Wisoff and were appended to the materials provided and were approved by acclamation.

SANS (Self-Assessment in Neurological Surgery) Report

A planned update on SANS was postponed as Dr. Nathan Selden was unable to attend.

Treasurer's Report

Alan Cohen, M.D.

Financial Overview

The Section remains in very favorable financial balance. We ended fiscal year 2005 with total assets of \$461,176, which represents an increase over fiscal year 2004 of approximately \$67,000. In a similar vein, fiscal year 2004 represented an increase in total assets of approximately \$72,000 over fiscal year 2003.

Old Business

This past year we moved \$200,000 from our checking account to our long term investment account. Our investments are combined with other sections in 6 funds, distributed as follows: 40% bonds, 51% US equities, 9% international equities. Last year we earned a healthy return of 6.23%.

The sponsors and organizers of Traveling and International Fellowships have been more consistent in notifying the Treasurer when the awards are announced, thereby facilitating release of fellowship funds. Donations of \$500 each were made by the Section to The Hospital for Sick Children and Texas Children's Hospital to promote neurosurgical educational activities in honor of Harold Hoffman and Jack Laurent, respectively.

New Business

The Section should discuss whether to allocate some of the assets for new projects.

Standing Committee Reports

Membership Committee

John Kestle, M.D.

Candidates having completed the requirements for Membership in the Pediatric Section and whose names were circulated to the Membership via the newsletter, SHORTCUTS, include Phillip Aldana, Richard Anderson, Benedicto Baronia (International), Ray Chaseling, John Grant, Ann Ritter, Edward Smith, Monica Wehby, and Alexander Zouros. These names were approved by the Executive Council and will be presented for a vote at the Business Meeting on Dec. 1.

Rules and Regulations Committee

Cheryl Muszynski, M.D.

Proposed changes to Article VI, Section 1, parts d and e of the Bylaws were submitted by the Rules and Regulations Committee:

d) Program Committee. The Program Committee shall consist of five members. Three of these members will serve ex-officio and will be the Chairperson (who will serve as the Chairperson of the Program Committee), the Secretary and the Treasurer. The fourth member of the committee will be the Annual Meeting Chairperson. The fifth member will be the Chairperson of the CME Committee. If the Section Chairperson is also the Annual Meeting Chairperson, another member will be appointed by the Section Chairperson and approved by the Executive Committee. The Program Committee will be charged with the responsibility of reviewing abstracts submitted for presentation and assisting the Annual Meeting Chairperson in the planning of the scientific portion of the program. The Committee is charged with the responsibility of ensuring that the scientific session of the Annual Meeting represents matters of interest and concern to the membership of the Joint Section.

e) CME Committee.

The CME Committee is composed of a Chairperson, Vice Chairperson and 1-3 additional members, approved by the Section Chairperson and Executive Committee. The Committee has the following responsibilities:

- To ensure that CME credit is obtained for attendees of the Annual Meeting
- To organize pediatric programs for the Section at the Annual Meetings of the American Association of Neurological Surgeons and of the Congress of Neurological Surgeons
- To oversee the review and judging process of submitted manuscripts and awarding of the Shulman and Hydrocephalus Awards

These changes, which were circulated to the membership by E-mail, were previously approved by vote of the Executive Council in April and will be voted on at the Business Meeting on Dec. 1.

Program and CME Committee

Joe Madsen, M.D.

Dr. Abbott thanked Dr. Madsen for an exceptional program at the Boston CNS meeting, including the multidisciplinary symposium on cortical dysplasia. The Committee is working on the program for the April 2006 AANS meeting.

Annual Meeting Chairs

Orlando 2005

J. Oakes, M.D.; J. Pattisipu, M.D.

Dr. Oakes thanked everyone for their efforts in overcoming the challenges of changing the meeting venue, particularly Jenifer Wolff of the AANS. The meeting appears to have a solid number of preregistrants. Dr. Abbott thanked Drs. Oakes and Pattisipu for their work in putting the meeting together under challenging circumstances.

Denver 2006

Mike Handler, M.D.

Dr. Handler reported that the Denver City Marriot room rate has been arranged, and that meeting plans are progressing smoothly at present.

Miami 2007

John Ragheb, M.D.

Dr. Ragheb reported that the meeting will be held at the Loew's Hotel on South Beach, and expressed that this site should be popular with attendees.

Future Meeting Sites

Jeff Wisoff, M.D.

Dr. Wisoff announced that Spokane, Washington has been chosen as the 2008 Annual Meeting site. The venue is in a renovated railroad terminal which will be a bit different from the typical meeting sites but between the central area and the surrounding balconies should offer plenty of meeting space for the Section's needs.

Future sites being considered for 2009 include Boston, Chicago, Philadelphia, and St. Louis. Challenges to finding venues of the appropriate size for our relatively small meeting were noted by Dr. Wisoff.

Nominating Committee

Andrew Parent, M.D.

No report

Ad Hoc Committees and Liaisons

Traveling Fellowship

Michael Scott, M.D.

There were seven applicants for the Traveling Fellowship, including four North American fellowship applicants and three International applicants. Because of the favorable condition of our Treasury and strength of the applications, Dr. Scott suggested that the Section consider increasing the amount of funding awarded so that all seven applicants could obtain funding. This would mean increasing the usual annual expenditure for two North American fellowships (\$2500 each) and one International fellowship (\$5000) to a total expenditure of \$25,000 for all seven applicants. Various members of the Executive Committee expressed that in a time when Pediatric Neurosurgery needs to encourage people in training to pursue this specialty, this additional expenditure appears to be a worthwhile investment. Approval of all seven applications was moved, seconded, and voted.

The approved candidates for 2005 were as follows: International: Dr Sujoy Sanyal, All India Institute, New Delhi, India; Dr. Jude-Kennedy C. Emejulu; University

College Hospital, Ibadan, Nigeria; Dr. Orlando Moreno Nunez; Abel SantaMaria General Hospital; Pinar Del Rio, Cuba.

Domestic: Dr. Emanuel Ferreira, Massachusetts General Hospital; Dr. Keyne Thomas, Duke University; Dr. Patricia Bravo Quebada, Dartmouth University; Dr. Ali Raja, University of Arkansas.

Lifetime Achievement Award

Andrew Parent, M.D.

No recent nominations have been made for this award.

Web Site

Doug Brockmeyer, M.D.

Dr. Brockmeyer reported that he received two responses to his Request for Proposals for formation of a separate Pediatric Section website. Creating a separate website has been undertaken by some other Joint Sections. The benefits of having an independent website were discussed by the group, and included better control over the site, more timely updates, and more flexibility. The website could include interactive materials, educational presentations, and other items of interest to those in the field. There was some discussion as to whether the investment is worth the additional expense over having the parent organizations provide this service. The decision was made to have the web site chairperson choose a vendor (Websolutions Technology, Aurora, IL vs. Neo Code, Vancouver, BC) and then present the proposal, including what will be in the site, to the Executive Committee at the April meeting.

Publications

Sarah Gaskill, M.D.

Dr. Gaskill noted that there are a number of opportunities for Section members to contribute publications to various allied organizations who have requested our input. She plans to submit additional information about this in the Spring SHORTCUTS newsletter to solicit volunteers to be the written voice on pediatric neurosurgical topics.

American Academy of Pediatrics

(Joseph Piatt, M.D.)

Dr. Piatt's report was given by Dr. Luerksen, who announced that the Section of Pediatric Neurosurgery meeting would be at 7 AM on December 1 and that Dr. Piatt would participate by phone conference. The Annual Report is included in Appendix 1. A full report of the activities of the SONS in 2004-05 will be published in the January 2006 issue of the *Journal of Neurosurgery: Pediatrics*.

Liaison to Joint Council of State NS Societies

Rick Boop, M.D.

Dr. Boop reported that issues of concern at the JCSNS continue to include coding and reimbursement, and that it is difficult to get neurosurgeons to participate in "time and effort" surveys. It was suggested that Dr. Boop might consider giving a presentation at the Scientific Meeting next year to educate pediatric neurosurgeons about the process and why their input is important in this area.

Dr. Boop also mentioned that the issue of "guidelines" was raised at the Joint Council meeting and that a suggestion was made (by Dr. Wehby) that "guidelines" be abolished, since most of them are based on relatively little data and may serve more as

fuel in legal actions than as guides to appropriate treatment. This issue remains unresolved at present.

Liaison to Young Neurosurgeons

Tom Steineke, M.D.

Dr. Abbott introduced Dr. Steineke to the group. Dr. Steineke provided some suggestions for young neurosurgeons to get involved in the Section. The requirements for Active Membership were clarified, in that recent graduates can become Active Members of the Section as soon as they become Active Members of the Congress, which does NOT require having completed Board certification by the ABNS. Residents are encouraged to participate in the meetings and several Resident Awards as well as Traveling Fellowships are offered by the Section. Dr. Steineke will bring this information back to the Young Neurosurgeons Committee.

Washington Committee

Andrew Parent, M.D.

Dr. Parent presented the main items brought up in the committee, including "pay for performance" proposals for physician reimbursement, AMA clinical performance measures and the Surgical Improvement Program, the Institute of Medicine plan to report on trauma care (no neurosurgeon serves on committee), tort reform, EMTALA update, and American Association of Medical Colleges report on physician workforce. The full report is provided in the Appendix.

International Society of Pediatric Neurosurgery Bruce Kaufman, M.D.

Dr. Kaufman reported that the next meeting will be held in Taipei. There are links to the ISPN in Shortcuts.

AANS/CNS Executive Committee Meetings

Rick Abbott, M.D.,

Jeff Wisoff, M.D.

Dr. Abbott reported that the AANS Executive Committee was held several weeks ago, and that there were a number of issues discussed, as follows: 1) Pay for Performance and practice quality assessment; 2) The movement in Trauma Surgery to create a new subspecialty. Some in this field believe that trauma surgeons should be able to operate on acute subdural hematoma, shunts, spine fractures, and some peripheral nerve injuries. These suggestions have not been well-received among neurosurgeons. 3) Think First, the prevention organization, was reported to be having some budget difficulties, and strategies to deal with this were discussed. Dr Wisoff reported on the CNS meeting, which focused mostly on socioeconomic issues. These included a contribution from the treasury for neurosurgery residents affected by Hurricane Katrina, discussions on lobbying contributions by sections, a relatively low percentage of pediatric-related abstracts at the Annual Meetings (<20%), and whether there should be Guidelines Committees in the Sections, particularly in light of the "pay for performance" Medicare reimbursement model. Also, the use of surgical hospitalists to help manage trauma patients was raised at the meeting and discussed, with concerns raised about non-neurosurgeons performing neurosurgical procedures and management.

ABPNS

Michael Scott, M.D.

(American Board of Pediatric Neurological Surgery)

Dr. Scott provided an update on the recertification process through the American Board of Pediatric Neurological Surgery, which is underway. A number of individuals from the 1996 pool have recertified, and an additional group is scheduled to do this at the current meeting. Other individuals have sent in case logs and will take the examination in April. The Board has also addressed the issues of categories of membership, as well as some manpower issues and numbers of fellowship applicants compared to training programs.

ACPNS
Partington, M.D.

Jerry Oakes, M.D., Michael

(Accreditation Council for Pediatric Neurosurgery)

Drs. Oakes reported that a fellowship program had been approved at Johns Hopkins and that San Diego was in the process of evaluation. Because of the relatively low number of applicants vs. the number of available programs, questions have been discussed as to whether there should be any limitations of the numbers of training programs approved, and whether this should occur based on index cases, number of people trained in a period of years, or other factors. There are approximately 120-130 neurosurgery residents graduating training per year, of which fewer than 10 have been seeking pediatric fellowship training for the past several years.

ASPN

Tom Luerssen, M.D.

(American Society of Pediatric Neurosurgery)

Dr. Luerssen reported that the entire day on Wednesday at the upcoming meeting will be devoted to the question of manpower issues in Pediatric Neurosurgery. He also reported that the Web site recently has been upgraded.

Devices and Technology

Mark Proctor, M.D.

Dr. Proctor reported on the overall aims and activities on the twice-yearly discussions regarding declassifying cranial molding helmets a requiring FDA approval. Please see Appendix for details. He will draft a letter to be reviewed by the Legal Departments of both parent organizations advocating that the FDA declassify these devices.

Education and Practice Management (*no report*)

David Gruber, M.D.

Old Business

Brain Tumor Guidelines project

Karin Muraszko, M.D.

Since Dr. Muraszko was unable to attend, Dr. Wisoff volunteered to seek an update on this project from her.

CAST update

Tom Luerssen, M.D.

(Committee on Accreditation of Subspecialty Training)

Dr. Luerssen updated the group on proposed changes to the Society of Neurological Surgeons' website publication on Program Requirements for Fellowship Education in Pediatric Neurological Surgery. These include changes which will make this document consistent with the requirements for fellowship training already established

by the Accreditation Council for Pediatric Neurological Surgery and endorsed by the American Board of Pediatric Neurological Surgery. These changes were unanimously approved and strongly endorsed by all members of the Executive Committee, and recognized as consistent with the goals of the Section and those of the other established and interrelated pediatric neurosurgery organizations cited above. Dr. Luerssen will submit these changes to the CAST.

New Business

Clarification of bylaws re International Members

Dr. Abbott and Dr. Muszynski discussed the issue of International membership. There have been requests for foreign neurosurgeons to join the Pediatric Section, and there has been some confusion regarding this category, since the AANS and CNS have slightly different variations on this category with respect to voting rights. It was decided that if either parent organization allows such individuals to vote, we should do so as well. Dr. Muszynski will clarify the wording of the Bylaws to reflect this, which can come as a vote before the membership at the Spring meeting.

Reports from Standing Committee and Ad Hoc Committee Chairs about current committee membership, utilization of members, and recruitment/leadership development, and Mission Statements

Dr. Abbott raised this issue by email prior to the meeting, asking Committee Chairs for thoughts regarding leadership development and expanding the roles available for new people in the Section. Software to track leadership development is being developed/tested by the CNS and it was suggested that this might be a way to enhance this process. Other participants noted that their committees could use more input from additional people and expressed plans to request volunteers or to include those who had previously expressed interest in participating.

Committee mission statements

It was discussed that development of mission statements might help clarify the goals and duties of each committee, and thus help foster increased involvement by new members and leadership within the Committee structure. Committee chairs were charged with forming these statements.

Establishment of an Educational Committee

It was proposed by Dr. Abbott "that a Standing Committee be established named the Education Committee. It shall be composed of a Chair and members who shall review all educational activities of the AAN/CNS Joint Section of Pediatric Neurosurgery. The Chair will be appointed by the Chairperson of the Executive Council with the approval of the Executive Council. Members will be selected by the Educational Committee Chair with the approval of the Executive Council. The Annual Meeting Standing Committee and the Program and CME Standing Committee will become subcommittees of the Educational Committee. Chairs and members of the subcommittees will continue to be appointed as currently outlined in our By-Laws. The subcommittee Chairs will serve as members of the Education Committee. The committee

shall meet at least twice a year prior to the Executive Council's meeting at the Section's winter and spring meeting. It is expected that the Executive Council will continue to receive reports from the Chairs of the subcommittees of the Educational Committee in addition to the report from the Chair of the Educational Committee.

The intent is to provide structure to the Section's educational activities, and to perform ongoing review of the structure and workings of these activities. This committee will look of new opportunities to further educate the general public, medical students, residents, and general neurosurgeons about our specialty in addition to providing ongoing education to our membership."

Discussion about this plan ensued, with many people speaking favorably of this approach to meeting the mission of the Section. Dr. Boop offered to write up a summary of the details of this idea from the discussion that followed. This will be circulated among the members of the Executive Council for feedback.

Budget surplus

In addition to funding extra Traveling Fellowships, Dr. Abbott raised the possibility of utilizing some of the budget surplus to help the International Society for Pediatric Neurosurgery in their educational efforts. This would likely take the form of assisting in didactic courses and, in some cases, providing surgical instruction. The courses are held in three block cycles over a several year period and take place in Central and South America. Several Committee members expressed their enthusiasm for this plan. Dr. Abbott will speak with the leadership of the ISPN and report back to the Section about specific steps towards implementing this proposal.

There being no further business, the meeting was adjourned at 4:55 pm.

Respectfully submitted,

AC Duhaime, M.D.
Secretary

Appendix

WASHINGTON COMMITTEE REPORT JULY 22, 2005

1. The major concern of the Washington Committee during the July meeting regarded "pay for performance", a payment proposal that the federal government has been developing to document quality indicators in an attempt to obtain "value based" healthcare. The entire pay for performance has been developed with respect to the SGR, the schedule for setting physician fee formulas, that

anticipates a 4.3% cut in the coming year. Various guidelines are being developed for these performances; one of which is through the National Quality Forum that has identified 26 measures, basically aimed at primary care. Only one of these 26 measures has been developed for surgery and it relates to the use of preoperative antibiotics.

2. The AMA, representing 60 medical specialties, is another organization that is attempting to develop quality indicators. Their results have yielded little however. Ambulatory Quality Alliance (AQA) and the Hospital Quality Alliance (HQA) are attempting to develop clinical performance measures (CPMs), but, at this point, the Surgical Improvement Program (SCIP) alone has achieved some agreement. The four indicators of SCIP include surgical site infections, adverse cardiovascular events, deep vein thrombosis, and postoperative pneumonias. The VA has already established a national surgical quality improvement, which may be generalized to private and academic centers.
3. In January 2006, the Institute of Medicine will report on trauma care. Although a mere three neurosurgeons serve on the Institute of Medicine, no neurosurgeon serves on the committee that has been developing the emergency care review. A lone pediatrician serves. Many specialties and subspecialties are considerably concerned that this report will be highly critical and yet not terribly insightful. The national committees (e.g. the AANS/CNS Section on Pediatric Surgery) are suggesting regionalized trauma care.
4. Another topic of concern is the report on tort reform. There were several reports from the so-called White House Writers Group, a group working for doctors, who advocate medical liability reform.
5. A recent report regarding EMTALA noted that among the various citation violations, the 500 citations against hospitals exceeded the 25 against physicians. For the first time, there has been an EMTALA citation for failure to report a violation.
6. The American Association of Medical Colleges reported on the medical workforce of the country. The membership mix of this particular group is about half-and-half Ph.D.s and primary care doctors plus a very limited representation from specialists. They have provided no particular insights regarding the workforce and are actually using twenty-year-old data. They have no new methodology to predict deficits or to provide solutions, other than recommending an increase of 15% of physicians by 2020, and this not by increasing class size, but by opening up new medical schools. There was absolutely no hard data provided regarding shortage of specialists or what one should do regarding this. Dr. Robert Ratcheson recommended that neurosurgery should initiate its own study, in terms of workforce. This was referred to the Council of State Neurological Societies, which is a manpower workforce subcommittee.

