



Photo by Veeterzy on Unsplash

Advancing interest in neurological surgery and allied subjects

NSA 2019 Conference moves to new location; earlier date

Join us May 31 – June 2 • The Henderson Beach Resort & Spa

The NSA Conference is moving! In 2019 we will be meeting at the Henderson Beach Resort & Spa in Destin, Fla., May 31 - June 2. In recent years, our meeting has been in July, so please make note the earlier date!

Faculty

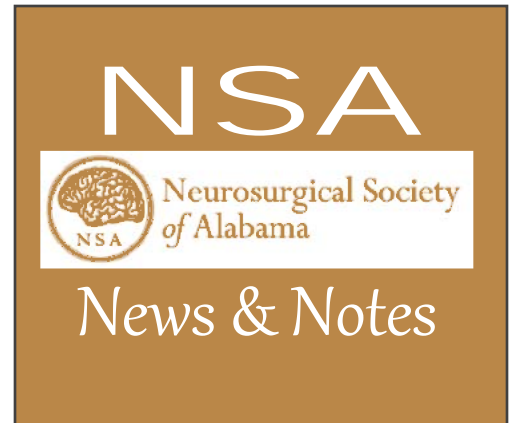
The agenda for NSA's 2019 conference is almost set. Scientific Chairman William Stetler, MD, has assembled an outstanding lineup of speakers:



- Honored Guest Speaker: Brian L. Hoh, MD, Chair, Department of Neurosurgery, University of Florida
- Gustavo Pradilla, MD, Assistant Professor of Neurosurgery; Director, Cerebrovascular Research Laboratory, Emory University School of Medicine
- John P. Deveikis, MD, Interventional Radiologist, Johns Hopkins All Children's Hospital
- Josh Menendez, MD, Neurosurgical Associates, PC
- Bobby Bruner, MD, Professor, Department of Physical Medicine and Rehabilitation, University of Alabama - Birmingham
- Ichiro Nakano, MD, PhD, Professor of Neurosurgery, University of Alabama - Birmingham
- Nicole J. Bentley, MD, Assistant Professor of Neurosurgery, University of Alabama - Birmingham
- Mina Lobbous, MD, Instructor/Fellow, Division of Neuro-Oncology, University of Alabama - Birmingham
- Adeel Ilyas, MD, Resident Physician, University of Alabama - Birmingham
- James Henry Mooney, MD, Resident Physician, University of Alabama - Birmingham
- Evan Thomas, MD, PhD, Resident Physician, University of Alabama - Birmingham

Accommodations

The Henderson Beach Resort & Spa is described as having a timeless, refined



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**AANS 2019
Annual Scientific
Meeting**
April 13-17 • San Diego
[http://www.aans.org/
Annual-Scientific-Meeting/2019](http://www.aans.org/Annual-Scientific-Meeting/2019)

AANS joins others in concern for increased out-of-pocket costs for patients

www.aans.org

The American Association of Neurological Surgeons (AANS) joined other medical groups in February in sending a letter to congress regarding surprise medical bills.

The letter reads as follows:

Patients, physicians, and policymakers are deeply concerned about the impact that unanticipated medical bills are having on patient out-of-pocket costs and the patient-physician relationship. Health insurance plans are increasingly relying on narrow and often inadequate networks of contracted physicians, hospitals, pharmacies, and other providers as one mechanism for controlling

It's time to renew your dues with the Neurosurgical Society of Alabama


The Neurosurgical Society of Alabama was organized in 1974 to advance the interest in neurological surgery and allied subjects and to act as a representative for its members at the discretion of the membership and for these purposes:

- Foster a feeling of fraternal spirit among those members of the medical profession and closely integrated scientific professions of the state of Alabama whose interests are chiefly concerned with neurological surgery or any of the allied fields which the membership decides.
- Stimulate interest within the state or surrounding area and within the medical professions at large in neurological surgery.
- Advance knowledge in the above respective fields through the medium of either clinical or preclinical endeavors.
- Facilitate the dissemination of knowledge among members of the Society concerning recent advances in any of the allied fields by appropriate means.

In order for us to fulfill these purposes, we need your membership!

We hope that you will join your colleagues across the state and support the NSA. Our partnership with the Medical Association of the State of Alabama allows us to offer quality CME programs, membership recruitment, communications, board management and legislative support to our members.

Dues statements for 2019 were mailed earlier this month. You may also see page 5 of this newsletter or download a statement from our website at www.https://www.nsaneurosurgeons.com/members/. To arrange group billing for your practice, contact Charlotte Morris at cmorris@alamedical.org or call (334) 954-2531.

Talk to your colleagues and encourage them to join and attend our Annual Conference, May 31 - June 2 in Sandestin. More information is coming soon to our website, www.nsaneurosurgeons.com/conference. 

Thank you for your membership in NSA!

Thank you to the following members who have paid their 2019 membership dues!

ACTIVE

J.G. Adderholt, MD, Valley Neurosurgery, Florence

R. Cem Cezayirli, MD, Haynes Neurosurgery Group, Birmingham

Bryan S. Givhan, MD, West Alabama Neurosurgery and Spine, Tuscaloosa

Zenko Hrynkiv, MD, Grandview Neurosurgery, Birmingham

Robert J. Johnson Jr., MD, Haynes Neurosurgery Group, Birmingham

John D. Johnson, MD, Sportsmed Orthopaedic Specialists, PC, Huntsville

Rick L. McKenzie, MD, West Alabama Neurosurgery and Spine, Tuscaloosa

Swaid N. Swaid, MD, Vestavia Hills

Nicholas Voss, MD, Dothan Neuro-Spine-Pain, Dothan

RETIRED


Frank Haws, MD, Huntsville

Eugene A. Quindlen, MD, Mobile

NSA 2019 Conference continued

elegance of a seaside manor with gabled rooflines, wooden shingles and sweeping panoramic and sunset views of the Gulf of Mexico. Each guest room offers views of either the Gulf of Mexico and the adjacent nature preserve, or the lush gardens and landscaped piazza. Guest room rates start at \$280 per night and are available for three days before and three days after our meeting based on availability. Call the Henderson at (855) 741-2777 with room code 10001A. **The room block closes May 9.** Read more about the resort at www.hendersonbeachresort.com.

Registration


For online registration, visit www.tinyurl.com/NSA2019Conference or use the form on page 4. 

Penn's 'Enhanced Recovery' protocol reduces opioid use in spinal surgery patients

First study to show benefit of a comprehensive ERAS pathway in spine and peripheral nerve surgery patients

Newsline

A novel "Enhanced Recovery After Surgery" (ERAS) protocol developed by Penn Medicine for patients undergoing spinal and peripheral nerve surgery significantly reduced opioid use. A new study published in the *Journal of Neurosurgery: Spine* showed that when an ERAS protocol was employed – which optimizes patients' surgical care before, during, and after surgery, including patient education, post-operative medications, and recovery plans – fewer patients needed pain medications one month after surgery.

Nearly 75 percent of patients at Penn Medicine who undergo spinal surgeries are opioid naïve – patients who are not chronically taking opioids on a daily basis – putting them at an increased risk for dependency following surgery. Previous studies have also shown that up to 7 percent of all patients who undergo spinal surgeries continue to take opioids one year after surgery. Part of the ERAS protocol at Penn includes a personalized, safe, and effective pain management plan to help prevent opioid dependency, which has rapidly become a public health crisis in the United States. 

Increased out-of-pockets costs continued

costs. As a result, even those patients who are diligent about seeking care from in-network physicians and hospitals may find themselves with unanticipated out-of-network bills from providers who are not in their insurance plan's network, simply because they had no way of knowing and researching in advance all the individuals who are ultimately involved in their care. Physicians and other providers are limited in their ability to help patients avoid these unanticipated costs because they, too, may not know in advance who will be involved in an episode of care, let alone other providers' contract status with all the insurance plans in their communities.

As Congress develops potential legislation to provide relief to patients from health care costs that their insurance will not cover, we urge your consideration of the following policies.

Insurer accountability

Since overly narrow provider networks contribute significantly to this problem, strong oversight and enforcement of network adequacy is needed from both federal and state governments. Robust network adequacy standards include, but are not limited to, an adequate ratio of emergency physicians, hospital-based physicians, and on-call specialists and subspecialists to patients, as well as geographic and driving distance standards and maximum wait times. Provider directories must be accurate and updated regularly to be useful to patients seeking care from in-network providers. In addition, insurers should be held to complying with the prudent layperson standard in existing law for determining coverage for emergency care, so that insured patients are not liable for unexpected costs simply because they were unable to accurately self-diagnose ahead of time whether their symptoms were, in fact, due to an emergency medical condition.

Limits on patient responsibility

Patients should only be responsible for in-network cost-sharing rates when experiencing unanticipated medical bills.

Transparency

All patients who choose in advance to obtain scheduled care from out-of-network physicians, hospitals or other

providers should be informed prior to receiving care about their anticipated out-of-pocket costs. When scheduling services for patients, providers should be transparent about their own anticipated charges, and insurers should be transparent about the amount of those charges they will cover.

Universality

In general, any federal legislation to address unanticipated out-of-network bills should also apply to ERISA plans.

Setting benchmark payments

In general, caps on payment for physicians treating out-of-network patients should be avoided. If pursued, guidelines or limits on what out-of-network providers are paid should reflect actual charge data for the same service in the same geographic area from a statistically significant and wholly independent database. They should not be based on a percentage of Medicare rates, which have become increasingly inadequate in covering overhead costs, nor should they be based on in-network rates, which would eliminate the need for insurers to negotiate contracts in good faith. Any prohibition, whether state or federal, on billing from out-of-network providers not chosen by the patient should be paired with a corresponding payment process that is keyed to the market value of physician services.

Alternative dispute resolution

Legislation should also provide for

a mediation or sequential alternative dispute resolution (ADR) process for those circumstances where the minimum payment standard is insufficient due to factors such as the complexity of the patient's medical condition, the special expertise required, comorbidities, and other extraordinary factors. ADR must apply to states and ERISA plans. Arbiters should not be required to consult in-network or Medicare rates when making final determinations regarding appropriate reimbursements.

Keep patients out of the middle

So that patients are not burdened with payment rate negotiations between insurers and providers, physicians should be provided with direct payment/assignment of benefits from the insurer.

The problem of unanticipated out-of-network bills is complex, and requires a balanced approach to resolve. In addition to providing strong patient protections, we believe the principles set forth above would improve transparency, promote access to appropriate medical care, and avoid creating disincentives for insurers and health care providers to negotiate network participation contracts in good faith.

We appreciate your consideration of these policies and look forward to working with you on these matters. 🍷

NSA News & Notes

Neurosurgical Society of Alabama

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The neurosurgical society of Alabama is organized to advance the interest in neurological surgery and allied subjects and to act as a representative for its members at the discretion of the membership.

The articles contained in NSA News & Notes are meant to provoke thought and comment and do not necessarily reflect the views and opinions of the members, Executive Council or staff of the Neurosurgical Society of Alabama. Comments and letters to the editor are welcome Send to cmorris@alamedical.org.

Neurosurgical Society of Alabama

2019 Annual Conference

May 31 - June 2

The Henderson Beach
Resort & Spa



Neurosurgical Society
of Alabama

2019 CONFERENCE REGISTRATION FORM • PLEASE PRINT CLEARLY

Name _____ MD DO CRNP PA RN Other _____

Practice Name _____ Address _____

City/State/Zip _____ Dietary Needs _____

Phone _____ E-mail _____

Office Manager _____ Office Manager E-mail _____

First time attendee?

REGISTRATION FEES (Before May 27) – After May 27 add \$50

NSA Physician Member \$250 NSA Physician Non-Member \$300 CRNP, PA, RN \$250

Saturday Only \$195 Sunday Only \$195

Spouse and guests are free

Total number of adults attending Friday Reception: _____

Total number of kids attending Friday Reception: _____

Total number of adults attending Saturday Dinner: _____

Total number of kids attending Saturday Dinner: _____

ACCOMMODATIONS

The NSA room rate starts at \$280 per night and is available for three days before and three days after our meeting based on availability. Call the Henderson at (855) 741-2777 with room code 10001A. The room block closes May 9. **We expect rooms to sell out. Reserve your room early!**

PAYMENT

Credit Card: VISA MasterCard American Express Check made payable to AGS

Cardholder Name _____ E-mail address for receipt _____

Card Number _____ Exp. Date _____ Security Code _____

Billing Address _____ City, State ZIP _____

Signature _____ Amount: \$ _____

RETURN TO NEUROSURGICAL SOCIETY OF ALABAMA:

NSA Annual Conference | Attn. Meghan Martin | PO Box 1900 | Montgomery, AL 36102-1900
Fax: 334-269-5200



Neurosurgical Society
of Alabama

2019
STATEMENT

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• Join us for NSA's 2019 Annual Conference | May 31 – June 2 | Henderson Beach Resort & Spa | Destin, FL

THANK YOU FOR YOUR MEMBERSHIP!

www.nsaneurosurgeons.com