

# Neurosurgery

MARKET WATCH™

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## Marketing Your Neurosurgery Practice

Be Proactive, but Don't Overlook the Basics

By Bonnie Darves

Like many entrepreneurial physicians, Michael H. Song, MD, founder of Advanced Neurosurgery in Reno, Nev., uses a multi-faceted approach to get the word out to referring physicians and the community about who he is and what his neurosurgery practice offers. But he is careful to keep in mind that even the best training, expertise and technology must be backed up by a “personal credential” that’s age-old and low-tech: a polite and welcoming manner.

“Especially for neurosurgeons starting out, it’s important to consider that every person you meet—in the hospital or the community—is a potential patient,” Dr. Song said. “I think that physicians sometimes forget that it’s *always*

physician to say thank you as a relationship-building strategy. He might also take that opportunity to diplomatically educate that physician on what might have constituted an better “pre-workup.”

In short, Dr. Song advises, “Practice a little humility, and keep in mind that as competition increases in healthcare, and the market changes, neurosurgeons face a smaller slice of the pie. Young neurosurgeons should be willing to take all comers,” said Dr. Song, a solo neurosurgeon who specializes in minimally invasive and complex spine surgery, and has affiliations with five hospitals. “That’s the way I have always approached my practice—embracing building

**“It’s all about building a private practice in a changing environment—which is very different than building a hospital practice. It’s really an ongoing thing in this climate.”**

— Michael Brisman, M.D., Neurological Surgery, P.C., Rockville Centre, N.Y.



important to remember to be a nice person—to treat everyone as you’d like to be treated.”

That might sound rudimentary, but it isn’t, in the big picture of building a practice, Dr. Song maintains. Neurosurgeons’ reputations both precede and follow them, and even though the specialty is in short supply, unpleasant behavior can undermine even a sophisticated marketing strategy.

Getting short with a referring internist who sends a patient with low back pain who hasn’t been properly worked up first, for example, not only sends the wrong message. It could potentially affect future referrals. Regardless of the appropriateness and “utility” of the referral, Dr. Song makes a point of always calling the

the organization as an over-arching goal and a continuing process.”

Dr. Song carries his personalized, “available” approach into all aspects of his marketing activities. He readily provides his personal cellphone number to all referring physicians and, these days, to hospitalists in the facilities where he treats patients. “That way, they’re sometimes inclined to call me rather than whoever is on call,” he said.

Speaking of call, his second major piece of advice to neurosurgeons in early practice is to take on extra call duties, to the extent that their family lives will accommodate it. “It’s a very effective way to become known in the community you’re serving,” he said.

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## Marketing Your Neurosurgery Practice

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### Traditional channels can be effective

At the other end of the practice-size spectrum is Neurological Surgery, P.C., in Rockville Centre, N.Y., whose director Michael Brisman, MD, employs a widely varied approach in marketing the group that includes 22 neurosurgeons and five other specialists. He uses traditional venues—print, radio and television advertising, for example—as well as relatively sophisticated Internet marketing, using key words and Google ads to drive traffic to the NSPC website.

“We also do mailers to the physician community when a physician joins our group, and we use our newsletter to let people know about new procedures and treatments we’re offering,” Dr. Brisman said. “It’s all about building a private practice in a changing environment, which is very different than building a hospital practice,” he added, where neurosurgeons don’t have much choice about how cases come to them.

Dr. Brisman’s group maintains a steady public presence in its advertising—using in-house staff and outside resources to create the ads, with a focus on local newspapers that reach the Long Island population the practice serves. Some of the ads focus on the entire group and highlight its comprehensive services, while others zero in on a specific surgeon or procedure type, such as minimally invasive brain tumor surgery. Getting the word out quickly about new procedures or treatments is especially important, he added, if it differentiates the group from “everybody else” in some manner.

“It’s all helpful, particularly letting other doctors know what you do. I do think that young neurosurgeons should understand that building a private practice is an ongoing thing given this competitive climate,” Dr. Brisman said, “where in one day things can change because another practice gets bought up by the university.”

In terms of a credo that underpins marketing activities, Dr. Brisman subscribes to the “three As” of ability, affability and availability. “Those are very important in building your practice. If you consistently exhibit the three As, and your patients and families and referring physicians are happy with your services, they’ll all be an excellent source of referrals,” he said.

### Hospital can boost visibility

Both Dr. Brisman and Dr. Song encourage newly trained neurosurgeons to seek help from their local community hospitals in marketing their practices. It’s an avenue that’s very effective but often underutilized, Dr. Brisman noted. “You can run your own symposium, of course, but it can be very helpful if the hospital helps set up a CME event or runs an ad or media campaign for it.”

Hospitals are often happy to publish an article in their internal or community-facing publications on a neurosurgeon who is offering a cutting-edge treatment, he added, especially if the neurosurgeon proposes it.

## NEUROSURGERY MARKETING DO’S AND DON’TS

Following is a brief recap of marketing tips and cautions that sources offered for young neurosurgeons trying to build their practice:

- ✓ Do reach out to thank any health professional—whether it’s a physician colleague or a therapist—who refers a patient to you.
- ✓ Take the time to introduce yourself to and network with PCPs and other community- or hospital-based physicians. And jump at the opportunity to give grand rounds presentations.
- ✓ Be prepared to tell the story of the services your practice offers and to articulate what distinguishes those from other offerings regionally.
- ✓ If you’re in an organization that isn’t doing a good job of marketing neurosurgery services, be bold enough to propose a basic plan to the senior leadership—then offer to help implement it.
- ✓ Always practice the “three As” of effective medical practice relationship building: ability, affability and availability.
- ✓ Do make connections with the hospitalists at the hospitals you serve; these physicians, who manage a growing portion of inpatients, are an excellent referral source and might even call you instead of the on-call neurosurgeon.
- ✓ Never chide a referring colleague who sends a patient who hasn’t been appropriately worked up beforehand. Say thanks, and if the opportunity exists, gently educate the referrer on what might have worked better.
- ✓ Don’t engage in (or be pulled into) “tit for tat” referral exchanges with any physician. It’s not only unethical, it might even be a violation of federal regulations.

**“Keep in mind that as competition increases in healthcare, and the market changes, neurosurgeons face a smaller slice of the pie. Young neurosurgeons should be willing to take all comers—that’s the way I’ve always approached my practice.”**

— Michael H. Song, M.D., Advanced Neurosurgery, Reno, Nevada



This strategy applies even within the academic setting, where marketing, once thought of as somewhat distasteful, has become almost de rigeur. The Department of Neurological Surgery at Rutgers New Jersey Medical School, for example, takes full advantage of the marketing and relationship-building services the institution

fortunate that our hospitals do a ton of meet-and-greets for our surgeons—and we actually mandate that our physicians attend a few of these annually,” Mr. Hajart said.

The department itself hosts an annual meet-and-greet on campus, to which all university faculty are invited. “We advertise it through the

department also offers internal presentations on how to build a new practice. The message, Mr. Hajart explains, is that every patient the neurosurgeon sees in the first three months of practice will come from somewhere—and the neurosurgeon is encouraged to reach out to that referring physician, in the university or the community. “It’s a very effective way to build relationships,” he said.

The Rutgers group reaches out to other clinicians in the neurosurgery care continuum, such as case managers who manage worker’s compensation patients or follow health plan members. “There’s a lot of ROI in spending five minutes on the phone with these case managers, as they’re crucial in helping patients get approvals for surgery,” he said.

Another effective strategy for the department is its bi-monthly newsletter, which is mailed to every practicing physician in the state. It’s a brief

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**“We’re fortunate that our hospitals do a ton of meet-and-greets for our surgeons and scientists—and we actually mandate that our physicians attend a few of these annually.”**



— Aaron Hajart, M.S.

Department of Neurological Surgery, Rutgers New Jersey Medical School

offers, notes Aaron Hajart, M.S., the department’s director of administration and assistant dean for clinical strategy and development. “We’re

university’s communication channels, and it’s a good way to get the word out because we’ll often have 50 or 100 people show up,” he said. The

## NEUROSURGICAL FELLOW

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- For fellowship inquiries, please contact Michele Theiss, Academic Coordinator, at **703.776.4023** or **michele.theiss@inova.org**



## PRACTICE PROFILE

### California Neurosurgical Institute: Taking Relationships, Community Focus to the Next Level

By Bonnie Darves

When Mark Liker, MD, started his southern California neurosurgery practice in 2001, he was happily—and successfully—practicing solo. He was not spending his scarce free time mapping out plans to develop a comprehensive, multi-site enterprise. But that’s what happened over the ensuing dozen years.

Today, California Neurosurgical Institute is a thriving five-neurosurgeon multidisciplinary organization that enjoys an enviable community reputation and robust referral network—in the Los Angeles metropolitan market that is dominated by academic organizations yet retains a diversity rarely seen in major urban areas anymore. The practice grew from a single site in Valencia, to three sites, including Thousand Oaks and Bakersfield, 75 miles north of the hub, and now serves five hospitals.

With each geographical expansion, CNI has deepened its sub-specialty expertise. It now has the neurosurgery services landscape well covered—from spine, vascular and endovascular, tumor, skull-base and TBI, to deep-brain stimulation, peripheral nerve decompression and pain treatment. CNI also recently brought in a new scientific director, Dr. Babak Kateb, who has a varied and exceptional background in neurosurgery device and clinical research.

Dr. Liker’s own background is commensurately diverse, encompassing traditional and minimally invasive spine surgery, brain surgery, functional neurosurgery, stereotactic neurosurgery and radiosurgery. He also directs USC Keck Medical Center for Deep Brain Stimulation.

In August, *Neurosurgery Market Watch* spoke with Dr. Liker, who studied aerospace engineering at Princeton University and worked as a Wall Street financial analyst, and became a

Chartered Financial before going into medicine, about CNI’s evolution and the dynamics of the its regional marketplace.

**Q. You’ve embraced an incremental-growth model for the practice, but how would you characterize the drivers behind the key hiring and growth decisions CNI has made?**

**A:** Once you start the momentum going, you realize that you need a neurosurgery skill set that will continue to develop the practice and serve more types of patients. It’s challenging to grow a practice in the community today in this market. But I think that the path we’re taking, turning a community practice into a quasi-academic center, could become a forebearer of changes in neurosurgery.

It’s imperative to have the right fit and talent synergy in your team, because so much is based on personality. Trying to get the right fit for your growth puzzle is hard because each individual has unique motivations and desires, personal and professional, but also has to be engaged in the big picture. And because neurosurgery can be chaotic and fluid, your neurosurgeons must be willing and able to support each other when someone’s on vacation, or there’s a conflict with call and the clinic schedule—or when a patient comes in with a certain disorder that you’re not comfortable with.

I admit that it’s been a steep learning curve trying to manage neurosurgeons, but it’s also been tremendously gratifying.

**Q. Consolidation and affiliation is occurring at a rapid clip in many areas of medicine, and**

**neurosurgery, though slow to jump on the bandwagon, has hardly been immune to the trend. How do you retain your group’s relative autonomy and independence in this kind of business environment?**

**A:** One reason is that Los Angeles is a different kind of market compared to other large urban areas because we have so many hospitals and so many different payers. This has slowed down consolidation. It’s a place where even a solo practitioner can still eke out a pretty good existence.

The key for us, I think, is that we’re very community focused. Physicians know us and know our work, and patients send their family members to us too. It sounds somewhat old-fashioned today, but it’s really about reputation and relationship building for us, growing from the breadth of services that we provide in the community.

The growth we’ve had clinically has helped. People understand that they don’t have to go to the university to be cared for, that they can go to the hospital where their kids were born or their mother had a cardiology admission. The local internists and PPO (preferred provider organization) physicians understand that we can handle most types of cases, so those physicians are major referral sources. We have a solid reputation among the HMO physicians as well, and that provides patient volume.

**Q. In a nutshell, how would you describe your group’s patient care philosophy and its role in your reputation?**

**A:** We have a very hands-on approach to patients because we’re taking care of them in

their own backyard—with our patients' internist as part of the care package or following them in the hospital, in many cases. This is very different from the university approach, where often patients don't even first get a specific referral to the surgeons to whom they are "assigned."

Our patients are being directly referred to us individually, and the physicians send us patients because they know we do good work. If we fail to match expectations, we will see the referring physician in the cafeteria and have to answer directly for the shortcoming. This reinforces the quality of work we do.

**"It's challenging to grow a practice in the community today in this market. But I think that the path we're taking, turning a community practice into a quasi-academic center, could become a forebearer of changes in neurosurgery."**



— Mark Liker, M.D.

**Q. What are the organization's plans for the next few years?**

**A:** In the short term, CNI will continue to work closely with referring physicians and managed care organizations to grow our practice and fill in both geographic and subspecialty opportunities as they arise. Ideally, we would like to build a stronger research effort based on shared and individual backgrounds and interests and also on the large catchment area we cover, close to 3.5 million people. That's a long-term practice goal. For now, our primary focus is on continuing to strengthen our relationships and partnerships within the broader community.

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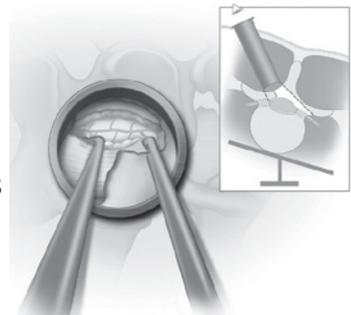
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## Negotiating Better Neurosurgery Reimbursement

Strategic approach, good grasp of regional market dynamics, are key



By Nathaniel Arana

Physicians understand the role of reimbursement and how it is tied to practice success and income, but specialists new to practice might not be aware of the interplay of forces that affect reimbursement. For example, physicians can add ancillary services and additional roles to increase revenue, but ultimately, it's the reimbursement rates themselves that have the highest impact on physician income and practice profitability.

Within healthcare, reimbursement strategies, as far as health plans are concerned, are essentially categorized into two categories: the primary care setting and the specialty setting.

presented when opening a new practice; they must have contracts in place quickly before they can start seeing patients. Furthermore, many physicians, particularly solo physicians and those in small groups, are unaware of their ability to negotiate their reimbursement rates.

There is an interesting and significant change occurring in the healthcare environment, in that insurance payers are now more willing to negotiate with smaller physician groups than in the past. In the current consolidation environment, payers understand that if they don't negotiate with smaller groups, physicians will be forced to join larger groups that have significantly more leverage to negotiate higher reimbursement rates.

specialty in short supply nationally. This means that it's an opportune time for neurosurgeons to negotiate their network contracts.

Recently, a neurosurgery group I worked with had tried on their own to negotiate better reimbursement rates, without success. Eventually, they obtained a substantial increase, primarily because we used financial data to support why an increase was merited, and documented the regional scarcity of neurosurgeons.

A practice can't simply approach an insurance payer and say, "Can we have an increase?" The practice must come to the negotiating table with numbers, figures, arguments and, most importantly, strategy.

In this particular case, we found several competitive advantages that the practice was offering to members of the insurance network. We also strategically chose when we disclosed this information to the payer – this is the art of negotiation.

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**“In the current consolidation environment, payers understand that if they don't negotiate with smaller groups, physicians will be forced to join larger groups that have significantly more leverage to negotiate higher reimbursement rates.”**

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Neurosurgery does not fall into either of these categories; it is considered a sub-specialty of the specialty field. This makes the negotiation strategy for neurosurgeons profoundly different than for most other specialties.

Interestingly, a physician's reimbursement rate is rarely dictated by ability, skill, experience or outcomes but rather by a successful negotiation of the practice's insurance contracts. Rather than implement outcome-based reimbursement models, most insurance payers have instead relied on presenting the lowest-reimbursing contracts with the hope that practices aren't savvy enough to negotiate better rates.

It makes sense, from a business standpoint, for insurance payers to undercut reimbursement. On the physician side, sometimes it is necessary for a practice to accept the rates that are first

### Understanding physician network dynamics

To negotiate with insurance payers, it is important to understand the insurance business and its strategy to remain solvent and please stakeholders. Ultimately, insurance payers are responsible and loyal to employer groups that pay premiums. The physician network is the product being “sold” to employer groups, and it has unfortunately been the secondary focus of the insurance payer.

If physicians can understand their role in this network and their relative importance, they are better positioned and more able to negotiate for better reimbursement rates. Neurosurgery is a prime example of a specialty that has substantial negotiating power, as it is an important part of a well-structured insurance network and it's a

### Sometimes, waiting can pay off

In the end, after producing a well-crafted proposal, backed by carefully researched and referenced numbers and studies, the insurance company effectively could not decline the request. The result was a 20% increase over current reimbursement rates for the practice.

This was an established practice, and that certainly helped. This doesn't mean, however, that new practices can't negotiate their rates with new contracts.

If a new neurosurgeon enters the arena and is seeking insurer or health plan contracts, the best strategy for obtaining the highest reimbursement rate is to have the ability to wait. If possible, work on an arrangement with another group in the area. Insurance payers rely on the urgency to establish insurance contracts for a new practice and will certainly present lower rates.

Neurosurgeons who are working with existing contracts in an established practice should

take the time to review those contacts and their associated reimbursement rates carefully, and then prepare to negotiate using supporting documentation to demonstrate the group's value.

Ultimately, the dynamic relationship between a physician and insurance payers must be managed. There are competing interests and, as

with any negotiation, both parties need to leave the table having given some compromise. For too long, the compromise has been exclusively on the physician. Physicians now have the opportunity for consensus and should take advantage of this position.

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### UPCOMING U.S. NEUROSURGERY EVENTS/CMEs

**From Cranial to Spine: An Overview of Neurosurgical Topics for the Advanced Practice Provider Course:**

☐ September 2-5  
 San Antonio, Texas

**Mayo Clinic 7th Annual Stroke and Cerebrovascular Disease Review 2015**

☐ September 17-19  
 Amelia Island, Florida

**CNS Annual Meeting**

☐ September 30 - October 3  
 New Orleans, Louisiana

**Scoliosis Research Society**

☐ September 30 - October 3  
 Minneapolis, Minnesota

**Annual Neuro-Critical Care Society Meeting**

☐ October 7-10  
 Scottsdale, Arizona

**NASS 2015**

☐ October 14-17  
 Chicago, Illinois

**8<sup>th</sup> Annual Meeting of the Society of Vascular and Interventional Neurology**

☐ October 15-18  
 Bonita Springs, Florida

**SMISS Global Forum**

☐ November 5-7  
 Las Vegas, Nevada

**Managing Coding & Reimbursement Challenges in Neurosurgery**

☐ November 5-7  
 Philadelphia, Pennsylvania

**Goodman Oral Board Preparation Course**

☐ November 6-9  
 Houston, TX

**Goodman Oral Board Review Course**

☐ November 8-11  
 Houston, Texas

**Stereotactic and Functional Neurosurgery Hands-On Workshop**

☐ November 13-15  
 Aurora, CO

**International Dementia with Lewy Bodies Conference 2015**

☐ December 1-4  
 Fort Lauderdale, Florida

**44<sup>th</sup> Annual Meeting of the AANS/ CNS Section on Pediatric Neurological Surgery**

☐ December 8-11  
 Seattle, Washington

**Minimally Invasive Spine Surgery and Navigation: Hands-On Symposium**

☐ December 17-19  
 New York, New York

### UPCOMING INTERNATIONAL CMEs

**EUROSPINE 2015**

☐ September 2-4  
 Copenhagen, Denmark

**EANS 3<sup>rd</sup> Annual Vascular Section Meeting**

☐ September 8-10  
 Nice, France

**International Spine EANS 2015**

☐ October 18-21  
 Madrid, Spain

**1st Dandy Quadrennial Meeting**

☐ November 20-22  
 Dubai, United Arab Emirates

► For more information regarding any of these events, or to post your upcoming CME or neurosurgery event, please contact [info@harlequinna.com](mailto:info@harlequinna.com).

## Optimizing Candidate Results for Your Neurosurgery Opening



By Katie Cole

Neurosurgery practices tell me all the time that they want a neurosurgeon now, but often that they provide few details on the scope of the position, or what they are looking for in an ideal candidate. Clinical need can drive a sense of urgency, understandably, but it's important to slow down enough to articulate what your organization is seeking in a new neurosurgeon.

Following are a few starting questions to address and, ideally, document the responses in writing, before a recruiter initiates the search:

- What does this neurosurgeon look like, in terms of experience, skill set and practice philosophy?
- What are the specific details of the position: the clinical and procedure services, the sub-specialty focus, the call requirement and the preferred working schedule?
- What are the community sub-specialty needs for a new neurosurgeon coming in, if the position is available because of demonstrated community need? Or if it's a replacement position, how can the incoming neurosurgeon be successful if the previous neurosurgeon was not?

Ideally, hiring practices should plan and research how the incoming neurosurgeon will be successful in the position, before they begin recruiting.

The initial steps of recruitment are easy to focus on, but it is crucial to also keep in focus the long-term goal for recruitment success. It's sometimes challenging to determine what type of candidate will be a long-term fit for the practice opportunity, but it's a worthwhile exercise to attempt.

For instance, the hiring group should strive to increase the possibility that the neurosurgeon hired will remain excited about the position. It's worth sitting down with partners and practice staff to plan thoroughly for the new neurosurgeon's arrival and ensure that support is readily available in the early months.

### Do sweat the details

To the extent possible, the group should create a very detailed, specific description of the practice position, beyond merely identifying the expertise sought and the call requirements. How many cases is the incoming neurosurgeon projected to perform the first year and the second year? What equipment will the incoming neurosurgeon have access to? Are there ancillary services of interest or benefit to candidates?

Then it's time to look at the financials, even if those aren't addressed until onsite interviews. What will the contract terms look like for the incoming neurosurgeon? What neurosurgery sub-specialty services in demand in the

### Preparation is key

In addition, practices should outline their expectations of the neurosurgeon in terms of marketing his or her services, and should be prepared to describe the marketing resources that the practice or affiliated hospital will provide. Other preparation tasks include delineating the prospective referral sources for the incoming neurosurgeon surgeon, and tallying both the current annual volume of cases for the entire practice and by neurosurgeon. Finally, it's important to be able to identify the clinical support, such as physician assistants and dedicated OR staff, who will be available to the incoming surgeon.

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**“Assessing community need is very important to ensuring your incoming neurosurgeon’s success, particularly if the practice is considering bringing in a fellow or resident just out of training.”**

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community, and what data do you have to support this case? Sit down with everyone involved in the neurosurgery search including administration, the current neurosurgeons, and any management involved in the search process. Get the best understanding of what your position will be, so you can market your job opportunity effectively.

Assessing community need is very important to ensuring your incoming neurosurgeon's success, particularly if the practice is considering bringing in a fellow or resident just out of training. It is important to obtain an understanding of not only case volume but also what these cases will look like, and the practice's expectations of the incoming candidate. If the candidate will walk into a high-demand situation and be expected to take on considerable volume soon after joining, that's important for the recruiter and prospective candidates to understand that.

Other considerations include identifying long-term advancement opportunities available with your organization and the type of neurosurgeon the team thinks would best suit the practice's long-term goals. Further, getting a picture of the best personality fit in with existing neurosurgeons and noting any desired personality traits can tailor the search.

If you have a reasonably clear idea of what you are looking for before you start recruiting, you will present your opportunity more effectively to potential candidates. Ultimately, that thoughtful planning will better position the practice to achieve the long-term success and growth assistance it seeks from the incoming neurosurgeon.

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*Ms. Cole, a Denver resident, is publisher of Neurosurgery Market Watch.*

## NEUROSURGERY LEGAL CORNER



By Roderick J. Holloman

**Q:** I am considering employment with a hospital to help establish the institution's neurosurgery program. As part of this effort, they would like me to take on what could be a lot of community service/outreach activities and to provide some charitable care.

I am perfectly willing to participate in the occasional health fair and to provide some pro bono services, but I do not want the majority of my practice or activities to be focused on charitable care or to have my productivity reporting affected negatively. What should I do to ensure that the expectations are reasonable and the financial adjustments appropriate?

**A:** This is a good question, especially as it concerns an issue that specialists sometimes encounter when they're brought in to build a new service. One critical detail in determining an acceptable level of charitable care is whether the care is compensated or uncompensated—and if it's uncompensated, how that equivalent services fee is handled.

Regardless of whether you are compensated on an wRVU basis or cash collections basis, you would want the services you provide in your capacity as an employee of the hospital to be credited and factored into your compensation. To illustrate, if you are on a cash collections model and approximately 20% of your care is charitable over a given year, obviously you are presumed to have donated 20% of your time.

However, if you are on an wRVU model, you would want all services rendered to generate wRVUs so that all of your time and effort is credited. If you are on a cash collections model, you should consider negotiating for a stipend in recognition of your community service and outreach/marketing efforts.

**Q:** I recently joined a surgical practice as its only neurosurgeon. In the marketing materials the practice had developed, I am being portrayed as a savior of sorts, as no neurosurgery services were available within 50 miles prior to my arrival.

My concern is that the practice has raised expectations for my services to an unachievable level, both at the local hospital and patient level. Do the expectations create any potential malpractice issues in the event there is a less-than-ideal outcome involving a high-risk patient? Is it more likely I will be sued because of how I have been portrayed?

**A:** It is unlikely that the practice's marketing efforts will increase the likelihood that you would be sued for malpractice. However, it is likely that the marketing efforts will lead to a degree of disappointment if you cannot manage the volume of patients who seek your services. This, in turn, could create a negative sentiment among some within the community. As such, it is perfectly reasonable for you to request that the practice "soften" its messages and not over-promise your availability in any regard.

**Q:** I have started communicating with potential patients online and in person. Sometimes they ask specific questions that I am uncomfortable answering because I do not want to alter their course of treatment or offer advice that conflicts with their treating physician. How should I handle this dilemma?

**A:** You should consider prefacing your responses with a statement that your comments and responses are for general informational purposes only and are not intended to be relied upon as medical advice. Further, you should advise any potential patient to schedule a time to see you in your office to discuss his/her care specifically, or to see the care of another qualified physician.

When communicating with potential patients online, it would be ideal if you have them check a box or enter their initials confirming agreement that your statements are not to be construed as medical advice and they, the patient/prospective patient, shall not rely on such advice or communicate the same to another person with the intent that the individual rely on such advice.

*Roderick Holloman is the principal of The Holloman Law Group, PLLC, a national healthcare law firm. He welcomes readers' questions and can be reached at 202-572-1000 or rjholloman@hollomanlawgroup.com.*

## CONTRIBUTORS WANTED!

Neurosurgery Market Watch welcomes submissions of articles of potential interest to practicing neurosurgeons. We are particularly interested in opinion articles about how trends occurring in the neurosurgery marketplace or in the health policy arena might affect the practice environment.

► To discuss a potential idea, please contact Bonnie Darves at 425-822-7409 or [bonnie@darves.net](mailto:bonnie@darves.net)

## Marketing Your Neurosurgery Practice

(continued from Page 3)

document that typically incorporates interesting case descriptions and perhaps a few articles on new clinical services or research. Finally, Rutgers hosts public-facing presentations twice a year, in which patients are encouraged to tell attendees about their experiences with the neurosurgeons. "It's not the standard patient-focused presentation where people are 'trolling,' but instead it's focused on long-term relationship building," Mr. Hajart explained. The forums are held either on the Rutgers campus or at the location of a partner, such as a rehabilitation facility.

What Mr. Hajart hasn't found particularly effective in marketing is sponsoring a table at medical professional society meetings and conferences. "It's a good social opportunity but not terribly fruitful in marketing the practice or driving referrals," he observed.

### Grand rounds—still tried and true, and very effective

All sources interviewed for this article urged young neurosurgeons to seek opportunities to present at grand rounds, which remain, even in this electronic age, as an effective way to educate medical colleagues on specialty services that might benefit their patients.

In Dr. Song's view, making a reasonably frequent appearance at hospital grand rounds is especially important for neurosurgeons in small community practices who have somewhat limited exposure to their colleagues in group settings. "Over the years, I've found this to be a very effective activity, and it's a good way to give potential referring physicians an overview of developments in your clinical [focus] area or new treatments," he said.

"I also give grand rounds presentations to physical therapists and chiropractors, both of which can be good referral sources now that PCPs no longer go to the hospital as much. I've noticed that a certain percentage of my patients come consistently from chiropractors now," Dr. Song said.

*Bonnie Darves is a Seattle-based independent healthcare journalist and editor of Neurosurgery Market Watch.*

## SPINE FELLOWSHIP

### Lahey Hospital & Medical Center

The Lahey Spine Fellowship, made possible by Alan L. and Jacqueline B. Stuart, is a SNS/CAST approved structured program for trainees to acquire skills needed to provide outstanding patient care.

For the first 6 months, the fellow will work under the direct supervision of one of our four dedicated spine attendings, who each provide a breadth of knowledge, including surgery for degenerative spinal disease, spinal trauma, spinal tumors, spinal deformity, minimally invasive surgery, and image-guided surgery. Depending upon the fellow's demonstrated skills, the fellow may be given the opportunity to function as a supervised junior attending during the latter 6 months.

The fellowship will include participation in national and international spine related registry projects. The fellow will learn the fundamentals of clinical trial design, cost-effectiveness research, and comparative effectiveness research. Currently, the Lahey Spine Program has a multi-million dollar PCORI award, an NIH award, over one million dollars in philanthropic funding, and is a key component of the Lahey Comparative Effectiveness Research Institute (CERI).

We are currently accepting applications for one-year fellowship positions beginning July 2016 and July 2017. Applicants must have successfully completed orthopedic or neurosurgery residency training program and be eligible for a Massachusetts medical license.

- ▶ Applicants should send letter of interest and CV to Subu Magge, M.D., Fellowship Director, Lahey Spine Fellowship, 41 Mall Road, Burlington, MA 01805 or [Subu.N.Magge@lahey.org](mailto:Subu.N.Magge@lahey.org)



## IN BRIEF

### Leadership: Antidote to Neurosurgeon Burnout?

Burnout is common in medicine and neurosurgeons are hardly immune to the syndrome that depletes satisfaction and, potentially, affects care. Somewhat surprisingly, effective organizational leadership might be, if not an antidote, at least a deterrent to burnout, a new study found.

Published in the *Mayo Clinic Proceedings*, the study analyzed results of a survey of 3,896 physicians and scientists that assessed satisfaction and burnout risk. Physicians who rated their supervisors favorably had less burnout and higher career satisfaction (35% to 37%, and 82% to 94%, respectively) than those who gave supervisors poor marks (50% to 56%, and 41%-69%, respectively).

Commenting in the August issue of *Neurosurgery*, *Youssef Hamade*, a neurosurgery researcher at Mayo Clinic in Phoenix, wrote that the study “suggests that a nihilistic approach to burnout is not justified and that sound leadership skills can have a positive impact on this syndrome. The problem of burnout, and investment in leadership development, should not be ignored.”

### Lumbar Fusion Costs Vary Considerably by Region

Patients in the Northeast face considerably higher costs for cervical and lumbar fusion procedures than their counterparts in the Midwest, a recent study in *Spine* found. Using Medicare data, Goz et al found that costs – combining professional fees and facility costs – varied widely among regions.

For example, the average cost for a single-level lumbar posterolateral fusion was \$28,348 in the Northeast, compared to \$24,096 in the Midwest.

The data showed total costs for a single level lumbar PLF, with posterior instrumentation and no bone grafting, at a mean of \$25,858.

Of note, similar geographic cost trends were seen for total knee replacements, which might suggest that these regional variations might not be limited to just spine-related procedures, the authors pointed out.

## NEUROSURGERY POSITIONS

### HOSPITAL EMPLOYED

Corvallis, OR  
 Hattiesburg, MS  
 Greenville, NC (*Spine*)  
 Gastonia, NC  
 Billings, MT  
 Queens, NY  
 Rockford, IL  
 Midland, MI  
 Knoxville, TN  
 Greenville, NC (*Endovascular*)  
 St. Cloud, MN  
 Thomasville, GA  
 Edison, NJ  
 Midwest City, OK  
 Biloxi, MS

### ACADEMIC

Morgantown, WV (*Complex Spine*)  
 Toledo, OH (*DBS*)  
 Albuquerque, NM (*Spine*)  
 Green Bay, WI (*Endovascular*)  
 Hershey, PA (*Neuro-Critical Care*)  
 St. Louis, MO (*Spine*)

### LEADERSHIP

Greenville, NC  
 Director of Neuro-Critical Care  
 Morgantown, WV  
 Residency Program Director  
 (*Spine or Functional*)  
 Johnstown, PA  
 Medical Director (*Spine*)

### PRIVACY-DEMIO

Erie, PA (*Endovascular*)  
 Dayton, OH (*Spine*)  
 Reading, PA (*Endovascular*)  
 Reading, PA (*Complex Spine*)  
 Philadelphia, PA (*Neuro-Oncology*)  
 Philadelphia, PA (*Spine*)

### PRIVATE PRACTICE

Reno, NV (*Spine*)  
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 Brooklyn, NY  
 Houston, TX (*Spine*)  
 Baltimore, MD  
 Albany, NY  
 Bakersfield, CA

- ▶ For more information on these positions, or if you are interested in hiring a neurosurgeon for a permanent position, please contact [info@harlequinna.com](mailto:info@harlequinna.com).
- ▶ If you have any locums assignments available, or if you are interested in locums positions, please contact Aaron Risen at The Surgeons Link at [aaron@thesurgeonslink.com](mailto:aaron@thesurgeonslink.com).

Harlequin Recruiting  
PO Box 102166  
Denver, CO 80250

## FEATURED OPPORTUNITY

### New York City Hospital Neurosurgeon

A hospital in the New York City area is seeking a BE/BC neurosurgeon to join its physician community as a hospital employee. This will be a general neurosurgery position encompassing both brain and spine. The incoming neurosurgeon will participate in call, which is currently outsourced to a private neurosurgery group. Call will be 1:4 or 1:5.

The chosen neurosurgeon will be the only employed neurosurgeon this hospital; and other than taking call, the incoming neurosurgeon will enjoy normal office hours at only one facility.

The facility is seeking a candidate with leadership interest and aptitude, as the hospital would eventually like to build an employed neurosurgery group in-house. The facility will offer a full benefits package, including salary and a production-based incentive.

The hospital is a 400-plus-bed, fully accredited community teaching hospital with a large network of community-based ambulatory care centers. The facility offers a full array of acute inpatient, rehabilitation and mental health services, and has the largest voluntary hospital ambulance fleet serving the city's 9-1-1 system. The hospital is a Level I trauma center.

The hospital provides general medical, pediatric, and psychiatric emergency services, ambulatory care on and off campus, ambulatory surgery, a broad spectrum of diagnostic and treatment services, and home health services.

► For more information please contact [info@harlequinna.com](mailto:info@harlequinna.com).

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