Neurosurgery
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The Lowdown on Locums

The Itinerant Lifestyle Holds Appeal for Some Neurosurgeons but Has Its Limitations

By Bonnie Darves

For physicians with a penchant for the nomadic life or an innate desire to explore new areas—or those who want to preserve time for other, possibly non-medicine pursuits—locum tenens can be an attractive practice option. And although locums is more prevalent in the primary care and internal medicine subspecialties than in the surgical fields, short-term neurosurgery positions are available in most areas of the country where trauma centers or large hospitals operate.

Typically, neurosurgeons who practice as locum tenens are either pursuing the option as a transition to retirement or as a means of earning additional income—provided they have the practice flexibility to move around several weeks a year. But it's also increasingly finding favor among neurosurgeons and other physicians who want a more flexible practice life than neurosurgery generally allows.

> "Some neurosurgeons are willing to trade lower compensation for the ability to work when and where they want, while pursuing other work, such as consulting for device companies."

Some neurosurgeons are willing to trade lower compensation for the ability to work when and where they want, while pursuing other work, such as consulting for device companies. Others simply want to be able to preserve large chunks of time annually for personal pursuits such as volunteer work. And in some cases, neurosurgeons chose locums because they are simply tired of the hassle factor and expense of running a private practice.

To obtain a snapshot of the locum tenens marketplace and the factors that shape it, Neurosurgery Market Watch tapped a longtime locums recruiter, Aaron Risen, president of The Surgeons Link, a locum tenens specialty services firm based in Louisville, Ky., and St. Augustine, Fla. Mr. Risen recently provided a perspective on the upsides and downsides of the practice option.

Q. How has the marketplace for neurosurgery locum tenens changed in recent years, and why?

A. Until 2007, the market was very strong—neurosurgeons who were willing to take locums assignments could pretty much work anywhere they wanted and at whatever rate, within reason, they asked. But when the economic downturn occurred, the market tightened, as the rate at which neurosurgeons were retiring slowed. What we saw was that some surgeons who were recently retired wanted to come back in to practice.

Although that trend has leveled out, and the neurosurgery locums opportunities are fairly plentiful now, it's not quite the seller's market it once was and compensation has tightened accordingly, in most cases.

Q. What should neurosurgeons who've not worked as locum tenens before understand about the practice option?

A. The main thing to keep in mind is that pretty much 99% of the opportunities center on trauma call, because that's where hospitals—or practices—need the extra help. Although there are some locums positions in which surgeons will also see patients in a clinic, or provide post-op follow-up care for other surgeons, most of the need is for trauma coverage. And as with the case mix at any trauma center or large hospital, there will be patients who go to surgery and those who don't—who primarily need to be evaluated and stabilized, and taken care of while they're still in the hospital. In general,

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PUBLISHER
Katie Cole
303.832.1866 | katie.cole@harlequinna.com

EDITOR
Bonnie Darves
425.822.7409 | bonnie@darves.net

Neurosurgery Market Watch,
Harlequin Recruiting
P.O. Box 102166, Denver CO 80250
www.harlequinna.com

Locums

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surgeons on trauma call can expect the mix will be roughly 50/50 spine vs. intracranial.

This doesn't mean, however, that a neurosurgeon who takes locums assignments won't have any opportunities for elective procedures. Some neurosurgeons on long-term assignments—that's three months, in this type of practice—or who regularly go to the same hospital for seven to 10 days of every month, may get regular referrals for non-emergent procedures, once the medical staff and other neurosurgeons come to know their work.

Q. How are locum tenens neurosurgeons compensated, and what should they take into account when discussing the financial terms of an assignment?

A. The way the compensation is structured varies somewhat from one hiring entity to another, but the most common arrangement is a stipend or per-diem payment for call duty, in the range of about $1,000 to $2,000 a day (for 24-hour call) on the top end of the spectrum, plus an hourly component. For example, the physician might earn $2,000 per full-day shift, to include up to two hours of work. Any additional work performed over the two hours/day is paid as additional compensation, at an agreed-upon hourly rate.

The hiring entity, hospital or locums recruiting agency generally pays for the malpractice coverage.

There are typically two basic arrangements regarding billing: either the hospital pays the surgeon a flat rate and retains the right to bill and collect on the neurosurgeon's services, or the surgeon handles his/her own billing but receives a lower per diem rate. As most physicians interested in locums work don't want to handle the billing—with trauma call, a certain percentage of cases may be uninsured or "un-billable," in any event—few choose to handle the paperwork themselves.

There are many variations in compensation arrangements, but the basic earnings range in the market now is between $16,000 and $21,000 a week. Basically, locums income will be lower than what surgeons would earn working full-time in a private or academic practice.

Q. What are the main upsides and downsides of locums practice in neurosurgery, and what can surgeons do to avoid pitfalls?

A. The primary upsides are the practice flexibility and the ability to shed all of the cumbersome details of a practice—management, overheard and labor costs, and paying for their own malpractice coverage. For neurosurgeons who aren't sure where they want to land, locums is also a good way to try out different regions and hospital settings.

The pitfalls are mostly assignment specific in nature. The neurosurgeon may end up in a situation in which the work load was not fully specified and might be unreasonable—such as having to cover two hospitals without a clear plan for how backup will be handled if there's a trauma case at both places at once, for instance, or having too many back-to-back call shifts in a very busy medical center. In another potentially untenable example situation, if a single neurosurgeon is being brought in to cover for more than one other neurosurgeon in the community, the duties may be unmanageable.

Clinical support, particularly inadequate support in the area of post-procedure follow-up care and other needed specialist consultants or on-site services, is another potential issue.

To avoid both of the above, surgeons should ask for a clear picture of the work to be performed, and for details on the patterns in emergency department volume and trauma cases at the facility. For example, they should ask how many cases are there annually, and of the number what percentage, roughly, require neurosurgical intervention. It's also important to find out how many other neurosurgeons practice in the hospital or area on a regular basis, and their roles, should the locums surgeon need or wish to interact with those surgeons.

In short, the neurosurgeon needs to know that the work load is manageable and the necessary resources available, especially in the area of patient follow-up after the assignment ends, to ensure patient safety and reduce the neurosurgeon's malpractice risk.

LOCUMS LIFE

Who: Robert Rosenbaum, MD, FAANS

Home base: Walter Reed National Military Medical Center, Bethesda, Md.

Why he works locums: My locums experience gives me the opportunity to keep up my skills—to do more trauma and emergent craniotomies—procedures I don't have as much opportunity to do in Bethesda. I choose facilities that see a lot of trauma.

Upsides: I have an entirely different "family" I work with now in the two places I primarily go—South Dakota and Pennsylvania—because I've been going there for several years. And I've also built a connection with those communities.

Downsides: The hospital's rules or practice patterns may differ from your own, and there can be issues that have to be negotiated or resolved.

Tip: Do due diligence before you accept an assignment—look at the facility's ED volumes and case mix, and ideally, talk to a few surgeons who've been on staff a year or two. They'll give you a more candid picture of the issues there than the long-time ones will.

The point is that even when neurosurgeons are working as locums, the basic liability and license-standing issues, such as ensuring patients aren't "abandoned" or improperly followed, persist and "follow" the surgeon.

In addition, neurosurgeons may occasionally run into situations in which the hospital or practice wants a particular type of case handled in a way the incoming neurosurgeon would not choose to do the case. It's difficult to tease out this sort of information ahead of time, but the locums surgeon should be prepared to deal with such practice-difference discussions from time to time.

On a minor note, some surgeons who decide

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to practice as locums may have concerns about how they'll be received by the medical staff and other community neurosurgeons. For the most part, this isn't a problem, especially when the additional services are sorely needed. But surgeons should nonetheless expect that they might have to demonstrate their skills and capabilities, to reassure their colleagues.

Finally, neurosurgeons who are interested in practicing as locums should ensure that the agency or entity they work with has sufficient experience in placing physicians in their specialty. After all, placing a neurosurgeon in a workable assignment is very different than bringing in a primary care physician to cover for a family medicine physician in a group practice who is going on vacation.

During the recent economic downturn, many startups came into the locum tenens recruiting field presumably because of the low barriers to entry. So it's important ask how many neurosurgeons the agency has placed, and to get a sense of the range of those placements. It's also advisable to ask for references from other neurosurgeons who have worked with the firm.

Bonnie Darves is a Seattle-based freelance healthcare writer.

LOCUMS LIFE

Who: Charles Rothberg, MD, PhD

Home base: Bismarck, N.D.

Why he works locums: I started largely for family reasons. When I was in private practice, I was on call every second night, and I had almost no time at home. Practicing locums, I could actually work two weeks and then have a good bit of time off. I started off primarily at just a few places—and over time I got to know the staff. But over the past 10 years, I have worked in many different places, and I now have 15 licenses.

Upsides: I have enjoyed having the opportunity to see how things are done in different places, and to visit many new areas. It's a good learning experience. And as you get known by the staff over time, they start referring cases to you.

Downsides: Adjusting to the rules, regulations, patterns and computer systems in different hospitals can be challenging. And sometimes you don't like the places—the environment isn't a good fit. The good thing is, if you don't enjoy it, you don't go back.

Tip: Know your own limitations, and how much call you can manage, for example. And choose your assignments accordingly.

UPCOMING U.S. NEUROSURGERY EVENTS/CMEs

American Society of Neuroradiology Annual Meeting
❏ May 18 - 23
San Diego, California

Florida Neurosurgical Society Meeting
❏ August 30 - September 1
Palm Beach, Florida

Neurocritical Care Society Annual Meeting
❏ October 2 - 5
Philadelphia, Pennslyvania

AANS Special Resident Course: Endovascular Course for Fellows
❏ October 4 - 6
Memphis, Tennesee

North American Spine Society Annual Meeting
❏ October 9 - 12
New Orleans, Louisiana

2013 CNS Annual Meeting
❏ October 19 - 23
San Francisco, California
Meet us there! Booth #1846

Current Techniques in the Treatment of Cranial and Spinal Disorders
❏ October 26
Broomfield, Colorado

SMISS (Society for Minimally Invasive Spine Surgery)
❏ November 1 - 2
Las Vegas, Nevada

AANS Special Resident Course: Endovascular/Vascular Course for Residents
❏ November 7 - 10
Memphis, Tennesee

UPCOMING INTERNATIONAL CMEs

XXII European Stroke Conference
❏ May 28 - 31
London, United Kingdom

WLNC (World Live Neurovascular Conference)
❏ May 29 - 31
Istanbul, Turkey

IMAST (International Meeting on Advanced Spine Techniques)
❏ July 10 - 13
Vancouver, BC Canada

▸ For more information regarding any of these events, or to post your upcoming CME or neurosurgery event, please contact ***info@harlequinna.com.***

Tapping the Benefits of Mobile Medical Billing

By Chaim B. Colen, MD, PhD

Mobile medical billing? What's that? When I was just out of residency, I started performing procedures that needed to be coded and billed. Sure enough, I could do that: See a patient, operate, gather a facesheet or patient sticker and put it into my lab coat to take to my office biller the next day.

Well, sometimes it wasn't that simple. After getting out of the OR, usually, I needed to complete patient rounds and see two or three new consultations. While on rounds, I found that I kept collecting facesheets. I ran into Dr. Thomas, an elderly gynecologist who kept on talking on how he should manage Ms. Mary, a 30-ish female patient with a newly diagnosed cerebral aneurysm.

In error, in an attempt to leave the conversation, I also left behind several facesheets. When I finally left the hospital, I hopped into my late-model car. It told me that my door was ajar and that it was 36°F outside. I closed the door hard and looked in between the seat and the console—and discovered an unbilled facesheet!

> **"If we can have a car that talks, why can't we have a smartphone app to collect and generate the billing?"**

At which point I pondered, "How much money am I losing?"

This might not be what goes on in your practice life, but this point is this: If we can have a car that talks, why can't we have a smartphone app to collect and generate the billing?

Because I enjoy new challenges and am entrepreneurial by nature, I set off to make a smartphone medical billing application for iPhone, iPad and Android that would be every Doctor's Pal, doctorPal.

Mobile billing is simple and fun to incorporate into a healthcare practice. This is especially the so if you work with physician extenders such as physician assistants or nurse practitioners who can gather the billing information. There are several apps out there on the market, but the downside is that these require the user to submit medical claims to them, i.e., using their company as a billing service.

But what about neurosurgeons who already have an established billing person and system at their practice—one they don't want to let go of or a service they don't want to dismantle? A mobile Cloud-based system that could communicate to every billing corporation was the answer.

Getting past the hurdles

The ideal billing product would need to communicate seamlessly across all EHR systems and use the biller of your choice. Many physicians move between facilities that hold no common communication and utilize their own electronic health records (ERHs). That's a common situation that makes the billing process more complex. As such, the ideal app would need to function without integrating with existing hospital systems, which maintain a firewall to "block" external systems and prevent transfer of sensitive information.

Having a few essentials at your fingertips goes a long way. Certain days, before I developed my app, I might spend 20 to 30 minutes answering complex billing or coding questions that my biller/coder posed, and looking up the data I needed. Instead, by incorporating all ICD-9, CPT and E & M codes into the app, I was able to select the correct codes and send in the bill, without engaging in lengthy discussions with my billing staff.

Certain procedures were performed on a daily basis, so we established a Favorites Folder to organize favorite ICD-9, CPT and E/M codes. In addition, we created a "specialty-specific cheat sheet" to organize certain CPT codes by specialty.

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MAXIMIZING BILLING EFFICIENCY

Following are tips for neurosurgeons who wish to optimize their billing and collections, regardless of the technology their practices use:

1. Be attentive when your billing staff asks you questions; they are making you money!
2. Take the time to learn coding tips; this will improve your cycling and reduce claim rejections.
3. Learn the value of real-time data capture; using this technique will make everyone's life easier.

TOP 10 REASONS TO CONSIDER MOBILE MEDICAL BILLING

1. Increase practice revenue
2. Decrease time for claim reimbursement
3. Improve revenue cycle
4. Achieve more accurate patient diagnosis
5. Meet quality and safety measures
6. Increase HIPAA security and confidentiality
7. Improve accuracy in ICD, CPT and E/M coding
8. Capture charges at point-of-care
9. Maintain 24-hour access to billing history
10. Go green and protect the environment

Make Your Job Search About You

By Katie Cole

When neurosurgeons are looking for new career options, compensation and location are generally the prime motivators in considering possible opportunities. However, personalizing your search based on your individual short- and long-term needs is essential to identifying a long-term, sustainable and gratifying practice opportunity.

Particularly with the current economy and uncertainty regarding the continuing effects of health reform on the healthcare marketplace, you may be tempted to focus primarily on the compensation amount and structure a prospective employer offers, rather than on evaluating an opportunity based on what you are looking for in a big-picture, long-term, sustainable position.

It is actually advisable to turn the picture around—and start your job search by first determining what your perfect opportunity would look like from all aspects. Following are a starting list of questions you should ask yourself, and ideally, document your accompanying answers:

- How many cases would you like to do a year?
- What is the most amount of call you would consider?
- What type of neurosurgeons do you work best with, and what kinds of relationships are more challenging?
- What employment model is most appealing to you?
- What type of balance is ideal considering both work and personal/family life, in terms of weekly schedules and practice responsibilities versus home and personal time?
- What amenities do you want to have available in the community or area when you're not working?

Even though you're unlikely to find an opportunity that meets every single criterion on your wish list, it's very important to really sit down and analyze what that ideal opportunity would look like. The point is that many neurosurgeons (physicians in all specialties, actually) end up moving on within a few years of accepting their first position. In many cases, that may be prompted not just by professional issues but also by lifestyle considerations, such as lack of proximity to an airport or a dearth of social or cultural opportunities—issues that the doctor didn't initially consider.

Once you have clearly identified and documented your personal goals and desires in an ideal opportunity, as you speak with potential employers, weigh the pros and cons of each opportunity based on those individual criteria. Ask yourself—and your spouse or significant other:

- Is this opportunity representative of what I'm looking for long term?
- Are the employer's or practice's long-term goals for my services in reasonable alignment with my personal long-term goals?
- Will this opportunity offer the type of lifestyle I want to live outside of work, especially if raise a family?
- Realistically, how long do I see myself working with this potential employer?

Be honest in your answers during your evaluation of potential opportunities, and also during the interviews. And don't be afraid to ask appropriate questions during the interview about issues that matter to you personally and professionally. The more you make your job search about your individual criteria, the more likely you are to identify an opportunity that is sustainable over the long term.

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

Propelling 'Global' Neurosurgery Education—One Country at a Time

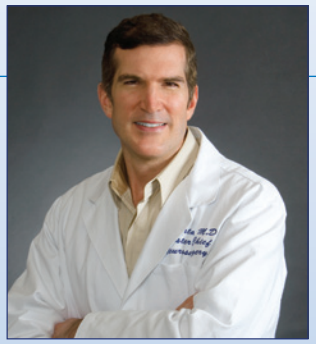
California neurosurgeon sets ambitious agenda for non-profit organization

By Bonnie Darves

Neurosurgery is an intensively place-based specialty by default if not design. To treat patients at the "high" end of their practice scope, neurosurgeons require, in addition to considerable expertise, an operating room, a top-notch team and, in most cases, an extensive array of special equipment.

That combination of resources, however, isn't available in many parts of the world, and that's an issue that Scott Berta, MD, is trying to address one country, one step at a time. Founder of the non-profit organization Open Mind Neurosurgical International, Inc. (OMNI), Dr. Berta has a personal mission to provide neurosurgery education, training and technical assistance to medical professionals working in far-flung places—from Africa to Southeast Asia—thereby improving patient care in the process.

"We're focused on targeting international medical personnel who have a need or desire to gain basic and advanced skills and education in neurosurgical techniques," explains Dr. Berta, who is based in Redding, Calif., of the budding organization of physicians, nurses support staff and students. To date, OMNI has established collaborative arrangements in South America, Central America and Africa. Besides providing direct education, OMNI is also working to secure donations of medical equipment such as



Scott Berta, MD, OMNI International founder

imaging devices, operative microscopes and other surgical equipment.

The springboard for the educational component of OMNI is Dr. Berta's new textbook

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RESIDENT'S VIEWPOINT

Avenues for Enhancing the Neurosurgical Residency Experience

By Daniel M. Aghion, MD

From what I hear, the current neurosurgical residency is drastically different from the "good old days" of neurosurgery. How many attendings have we each heard that from? As residents, there is a silent struggle that we each face within our own programs to ensure that we come out with adequate training, sound clinical decision-making ability and the other skills we need to become capable neurosurgeons.

Besides our daily grind and just making it through a seven-year program, there is little out there to ensure we each get some basic level of exposure and training. Yet, somehow, it seems to work out.

Regardless of how we feel individually about the current ACGME rules, regulations and work-hour restrictions, this has become the new standard, and there must be a comprehensive and universal way to approach this changing environment. This will ensure that each residency program produces the best neurosurgeons possible. This will also add to our confidence as a graduating chief resident, as we make our way into the current market.

The American Academy of Neurosurgeons (AANS) has done a superb job in recognizing the struggles of today's residents and has established a set of core resident education and training courses (http://www.aans.org/Young%20Neurosurgeons/Residents.aspx). Last year, I was fortunate to attend the basic spine course and found it invaluable. These are free courses available to neurosurgical residents, thanks to the collaborative efforts of AANS and valued corporate partners to support advanced resident educational training in topic areas not always covered within neurosurgical residency.

The residency program directors or department chairs are notified of these resident course opportunities approximately 12 weeks in advance of each course, and are asked to nominate one resident to attend each course, based upon specified course criteria. Given the changing marketplace, a new course, "Exit Strategies," was developed under the direction of AANS director and president elect, William Couldwell, MD, Ph.D. This course provides tools for successful transition from residency to practice, an important topic rarely covered in neurosurgery programs, and covers:

- Career options: hospital employment vs. small group practice vs. large group practice vs. academic practice?
- What will the "Health Plan for America" mean for healthcare? What will I need to know about medical practice issues such as Medicare, reimbursement, loss prevention and malpractice?

I look forward to attending this course as a chief resident, but for what it's worth, here are some things I've learned so far about the opportunity search process: Basic considerations should include location, partners, hospital affiliation, community need and call schedule. Neurosurgeons should investigate the practice's foundation and structure, and ask, at a minimum, the following key questions:

- Does the group have a large enough patient base or sufficient procedure volume to support a new physician?
- How many new patients per year does the practice attract or lose?
- Is there a marketing plan in place, and what efforts will the group undertake to send patients my way?

Understanding a contract can be a science in itself these days because of the complexity of such documents, so residents should ensure that they understand fully the proposed working relationship and the mutually agreed upon duties, responsibilities and rights. We shouldn't be afraid to ask questions or even, as circumstances warrant, to negotiate, even though that process can make us extremely uncomfortable. It is, after all, our future we're talking about.

Given the current socioeconomic environment and political administration, only time will tell what the future of neurosurgical residency will hold. It is, however, in our hands alone to try to influence that outcome.

One thing is for certain: We are extremely fortunate to be in this field, and we owe a lot to those who have gone before us. "The good old days" of neurosurgery are in front of us all.

Dr. Aghion is a resident at Brown University, and is pursuing his training at Rhode Island Hospital and Hasbro Children's Hospital.

Mobile Medical Billing

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The key to creating a unique app was to integrate Optical Character Recognition (OCR) technology. This allows the physician to collect the billing information and seamlessly sync it to the biller. In addition, that process obviated the need for the biller to type out lengthy insurance information numbers and letters. Just copy and paste.

I am discovering other benefits. HIPAA compliancy improves with using mobile billing technology, as it's potentially risky to carry around loose facesheets, stickers, billing slips or notecards that contain patient-identifiable information. Such information can be dropped, lost, or viewed by unintended parties, resulting in serious HIPAA violations. Conversely, cloud-based technological advancements allow data to be stored on HIPAA compliant server, access to which is regulated by password protection and encryption.

Dr. Colen is a neurosurgeon, author, educator, and medical IT afficionado. He is the current chair of the Young Physicians Representative Section of the CSNS and chairs the Michigan State Medical Society's Young Physicians Section.

LEGAL CORNER

By Roderick J. Holloman

Q: I signed an employment agreement with a hospital that does not specify my work hours, which I understand is normal in most cases. My concern is that one of the other surgeons left two months ago, and the hospital has had difficulty finding a permanent replacement, or maintaining consistent locum tenens coverage.

Another neurosurgeon and I have so far shouldered this gap in coverage, but it is starting to take its toll. While I am not yet at the point of simply refusing to take on cases above a certain threshold, what can I do at this juncture?

A: Invariably, physician employment contracts contain clauses which require that a physician use his or her best independent judgment as to the rendering of professional services, and this judgment cannot be compromised in any way that would have the effect of jeopardizing patient safety. It is undeniable that neurosurgery requires a level of mental acuity and focus shared with few other specialties, and you have a duty to your patients to ensure that you are able to perform each procedure competently.

If the demands of your current schedule compromise your ability to maintain such requisite focus, you should consider expressing your concern to the other neurosurgeon. Then, if you both concur that the current schedule creates the potential for patient harm, collectively you should draft a letter to the medical director advising of this concern and requesting a solution. In that letter, you should note that the current demands upon you both are unsustainable, and that at some point in the very near future either the cases will have to be sent to another facility or another surgeon brought in to assist.

Q: I am being recruited by a hospital to establish a neurosurgery practice as a physician employee. I understand that this is can be a very risky undertaking. What are some special considerations I should keep in mind in evaluating this opportunity?

A: Sustainability and commitment of capital should be your the first consideration. Starting a program requires a substantial capital investment, and if the hospital does not have the cash on hand to support your practice—i.e., your compensation, equipment, personnel and services marketing—there is a good chance that the endeavor will be short lived or less than successful. To the extent possible, you must also obtain an understanding of exactly how the hospital plans to market your practice, as this is key to its growth.

The second consideration is your exit strategy, particularly if your compensation is measured directly by your productivity (e.g. compensation determined by work RVUs generated, with a draw against projected wRVU generation). Even if you have a guaranteed salary for a period of years, so long as your employment agreement has an employer option to terminate without cause, there is a possibility you will never realize that guaranteed salary.

At any rate, you should retain the freedom to explore other options should this opportunity not pan out, and any burdensome restrictive covenant would certainly limit your options in that regard.

The next consideration is the competitive environment in the market. If there are multiple hospitals in the catchment area, and none operate a neurosurgery program, you should expect that when the other hospitals learn of your practice they will begin recruiting neurosurgeons as well to establish competing practices.

The hospitals are competitors as a matter of course, and if one has a substantial advantage over the other, a spillover effect is the community perception that hospitals lacking a neurosurgery program are generally inferior. The possible consequence of this reality could be reduced patient volume across the board and, in turn, a reduction in facility fees generated.

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

Neurosurgery Education

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"Neurosurgery: Tricks of the Trade," to be published by Thieme later this year. A comprehensive resource for current neurosurgical techniques, the book will be distributed as part of a formal international neurosurgical lecture series; all proceeds will go to support OMNI missions. The objective is to educate appropriate medical personnel to capably perform some of the procedures that would otherwise be unavailable in their regions.

"Many non-profit organizations have physicians travel to perform procedures, but because neurosurgery requires more sustained involvement and longer-term follow-up, we're focused on providing the education and resources people need to provide the care themselves," said Dr. Berta, who trained at Stanford University and UC-San Diego and practices minimally invasive spine surgery when he is not taking trauma call or traveling abroad.

Neurosurgeons and others who would like to assist in OMNI's efforts are encouraged to call Dr. Berta at (530) 524-3334 or send email to Frankenspyne@gmail.com. The OMNI website is www.OMNI-Brain.org.

NEUROSURGERY POSITIONS

HOSPITAL EMPLOYED

Virginia
New Mexico
Ohio
Kentucky
Texas
Tennessee
Mississippi
Pennsylvania
Wyoming
New York
Indiana
Wisconsin
Arkansas
Washington

LEADERSHIP

West Virginia
Wisconsin

PRIVA-DEMIC

Pennsylvania *(Skull Base, Endo)*
North Carolina
New York
Wisconsin *(Spine)*
Brooklyn, NY *(Spine)*

ACADEMIC

West Virginia *(DBS, Radiosurgery)*
Wisconsin *(Spine, DBS/ Functional)*
Tennessee
California *(Neuro-Vascular)*
Texas *(Endovascular)*
North Carolina
Wisconsin *(Neuro-Intensivist)*
Detroit, MI *(Spine)*

PRIVATE PRACTICE

Long Island, NY
New Jersey *(Pediatric)*
Virginia *(100% Spine)*
Baltimore, MD
North Carolina
California
Houston, Texas
New York
Staten Island, NY *(Complex Spine)*
New Jersey
Detroit, MI
Alabama

HOSPITAL GUARANTEE

Texas
California
Virginia
Arkansas
Maryland

- For more information on these positions, or if you are interested in hiring a neurosurgeon for a permanent position, please contact ***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***

FEATURED OPPORTUNITY

Pediatric Neurosurgery Opportunity: Private Practice in Northern New Jersey

A private practice in New Jersey is seeking a BE/BC fellowship trained pediatric neurosurgeon to join its group. The practice is the dominant pediatric neurosurgery practice in the region and is the busiest. Call for the incoming pediatric neurosurgeon will be 1:3, and the incoming neurosurgeon will be joining two other pediatric neurosurgeons.

The incoming neurosurgeon will be employed by the practice, and the opportunity has partnership-track potential. The group does the full spectrum of pediatric neurosurgery cases, with a heavy emphasis on brain tumors and epilepsy. The practice operates out of several children's hospitals in New Jersey, but the incoming pediatric neurosurgeon will be primarily based at one major children's hospital. In addition to two existing pediatric neurosurgeons, the practice also includes one general/spine neurosurgeon. The incoming neurosurgeon will have minimal trauma duty.

This private practice, one of the leading neurosurgery practices in New Jersey, is located in an upscale community about 30 minutes from downtown Manhattan. The area offers abundant cultural amenities, as well as good shopping, dining, and historic attractions. The area also has a reputation for its very strong school systems and benefits from its close proximity to New York City.

Neurosurgery MARKET WATCH™
Harlequin Recruiting
PO Box 102166
Denver, CO 80250