

Marketing the Neurosurgery Practice

Effective Approaches are Multifaceted and Dynamic, and Involve Constant Communication

By Bonnie Darves

In a perfect world, neurosurgery practices—by virtue of their well-trained and highly experienced neurosurgeons, and stellar word-of-mouth reviews from referring physicians and patients—would be guaranteed a steady flow of business and a consistently filled OR schedule.

That's not how it works in real life anymore, of course. Today, even practices that have built a solid reputation and referral base cannot rest on their laurels, whether they're private or academic. Markets change, referral patterns shift and the increasing trend toward physician employment in many specialties means that loyalties, of necessity, might change.

To get a sense of what practices are doing to market their clinical services and their neurosurgeons' specific expertise, and what seems to work, Neurosurgery Market Watch asked four groups' leaders to share their marketing strategies and offer tips to young neurosurgeons just starting out.



Michael Stiefel, MD, PhD

*Director, Capital Health Institute for Neurosciences
Trenton, New Jersey*

At a glance: A full-service multidisciplinary program with three neurosurgeons (and plans for growth), eight neurologists, and several other physicians and clinical personnel. Operates a

neuro-ICU and is a designated Comprehensive Stroke Center.

Marketing philosophy and strategy:

The neurosurgery practice should act as a resource—for both the referring physician community and the public. There needs to be a strong, consistent educational component to what you do, and it should be data driven. If there is new data on spine surgery, or new guidelines for stroke management, you should communicate that.

If you're not in a large academic center that has a built-in referral mechanism, there's a huge outreach and networking component that's imperative—particularly if you're bringing a new service to the practice or the area.

There's no substitute for the personal approach when you reach out to referring physicians; they need to be able to put a face to a name. And no group is too small—even a two-physician practice. It's important to avoid becoming complacent about your marketing activities or assuming that you'll continue to be the go-to person for a certain procedure or treatment.

Key marketing and outreach activities: We put on several conferences a year and invite big-name speakers, which reflects well on the practice. We do a lot of lunch and dinner talks, and I personally do at least two dinner talks a month with local physicians—it might be four physicians or it might be 20. If we're going to a local ER to talk, I also invite the physician assistants and the nurses. They're an important part of the referral network.

When we send out new data or guidelines, we personalize the communication. If there's something in the article or document that affects what we do, I highlight that.

We've designed our website so that it provides detailed information on every physician, specialty

IN THIS ISSUE...

[Marketing the Neurosurgery Practice](#)

PAGE 1

[Practice Profile](#)

PAGE 4

[New England Neurosurgical
Society Profile](#)

PAGE 6

[Legal Corner](#)

PAGE 7

[Upcoming Events/CMEs](#)

PAGE 8

[Post-visit Etiquette: Crafting the
Thank-you Note](#)

PAGE 10

[Neurosurgery Positions](#)

PAGE 11

[In Brief](#)

PAGE 12

Neurosurgery Market Watch is published quarterly by Harlequin Recruiting in Denver, Colorado, as a service for neurosurgeons and candidates seeking new opportunities.

Submissions of articles and perspectives on the neurosurgery job market that may be of interest to practicing neurosurgeons are welcomed. Please contact the publisher or editor for more information and guidelines.

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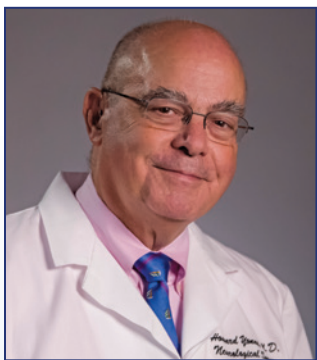
continued on page 2

Marketing the Neurosurgery Practice

(continued from Page 1)

and service. And we've structured it so that it serves as it's a good educational resource for physicians and the public. We also offer classes, and we post a lot of patient stories.

Advice to new graduates: Take the time to go out and introduce yourself to the physician community, and ask your senior colleagues how you can help. New neurosurgeons should also consider giving a talk at the local fitness center or country club to establish a public presence.



Howard Yonas, MD

Chair of Neurosurgery

University of New Mexico, Albuquerque

Profile: Twelve years ago, when Dr. Yonas arrived, the university sent virtually all neurosurgery cases except trauma out of the state. Today, the neurosurgery program is comprehensive and employs eight of New Mexico's 12 neurosurgeons, and its service typically fills 15% to 20% of the medical center's beds. It operates a Comprehensive Stroke Center and, through a national grant, has launched a telemedicine neuro-consult service.

Marketing philosophy and strategy: Today, the reality is that academic medicine competes with the community in every sense, so we have to market like any other practice (or business) does. You have to let people know who your specialists are and what you offer, and both the referring community and the public need to know—and be reminded

frequently—that your services and your technology are cutting edge.

Even if you use sophisticated communications to market your program, you can't forget that medicine is still very much person to person. You need to be friendly, get out in front of people, and break down the barriers—particularly if you're trying to disrupt old referral patterns.

When we recently hired a new pediatric neurosurgeon, for example, we had her spend the first few months going out and meeting everybody, and taking pediatricians and neurologists to lunch. It was very effective, for us and for her.

Key marketing and outreach activities: Our program publishes a quarterly newsletter that goes out statewide, not just to physicians, hospitals and care facilities but also to the legislature. It's very good for visibility. We put on numerous educational programs to highlight our specific clinical services or new offerings, and we do a lot of outreach to the local media—either contributing articles or suggesting story ideas to medical writers.

Most hospitals put on a quarterly education conference, so we make sure we're on the list and that we take these opportunities to get in front of the medical staff. We also give talks at regional emergency medicine conferences or other medical conferences.

We make a point of getting back to all referring physicians—to thank them and keep them in the loop on what is happening with the patient, ideally by phone initially. That call is very important because in marketing to the referral community, it's all about the personal touch.

Advice to new graduates: Even if you're not comfortable with public speaking or social settings, you're probably good at telling people what you do. So start with that. Go out and meet people, and shake their hands. You can't be shy if you're trying to build a practice.



James Lynch, MD

Founder, SpineNevada

Reno, Nevada

Profile: The eight-physician practice operates in three locations in western Nevada, two of which are integrated spine centers that also provide physical medicine and physical therapy, and advanced imaging services.

Marketing philosophy and strategy: Our marketing strategy for both referral sources and “direct to consumers” is focused heavily on education, because in many ways, there is much crossover between marketing to others and educating them.

For referral sources, this means educating primary care providers on spine and neuro-related conditions—what symptoms should be seen by a specialist and which can be managed with watchful waiting. In addition, we provide educational brochures, custom videos and an educational website on new treatment technologies and advanced diagnostic tools we use.

For consumers, our approach to attracting new patients is through a focus on wellness, prevention and conservative treatment options first. We encourage consumers to be advocates for their own healthcare, and we provide supportive educational tools through various channels to help make this a reality.

It's important to maintain the communication flow with the referring community in whatever you do—for example, by introducing a

new practice specialties or provider with a personalized letter and educational insert mailed directly to the practices.

Key marketing and outreach activities:

We participate in CME conferences for primary care physicians, and we provide in-service talks on new diagnostic technologies or a specific condition at referral providers' offices. Another effective activity is our practice-branded educational brochures—exercises for back or neck pain, for example—that our referring providers can distribute to their patients.

Our website is comprehensive and dynamic. Visitors can take a virtual tour of our facilities, and we produce 3D custom animations that detail procedures and provide an overview of treatment options, which give our referring physicians a way to share information with patients. We publish a monthly e-newsletter, and we're very active in the community—with local organizations and in the media.

Advice to new graduates: Young neurosurgeons can benefit their practice's marketing efforts by sharing their knowledge with primary care providers—that can seem less intimidating than “marketing” if you are just out of residency or fellowship. Another option is to write educational articles for the practice website or social media channels on current topics in the news or sports, and then tie those articles back to the practice.

You can also offer to speak with local radio stations on spine or neuro-related topics—what to expect from a neuro exam, for example, or how to prevent “text neck.”

It is also beneficial for young neurosurgeons to participate in ongoing research that is later published. This is an indirect marketing tool, but it does help build notoriety for the neurosurgeon and the associated practice.



Michael Brisman, MD
Neurological Surgery, PC
Rockville Centre, New York
Neurosurgery Chief and Co-Director,
Neurosciences Institute at Winthrop
University Hospital; Co-Director, Long Island
Gamma Knife Center

Profile: Founded more than 50 years ago, the full-service, 20-physician group practices at 15 hospitals in Nassau and Suffolk counties but concentrates its services at six facilities. NSPC is organized in centers housing clinical services in specialty areas such as Chiari malformations, concussion, movement disorders, stereotactic radiosurgery and trigeminal neuralgia.

Marketing philosophy and strategy: It's important to do a lot of things, and to keep doing them if they're effective. You can't just do a Grand Rounds, give a lecture or write an article, and think your job is done. The marketing effort has to be constant, especially in a very competitive market like the one we're in.

Your marketing success depends to some extent on the three As of successful private practice: affability, ability and availability. You must have all three. You have to keep up with new technology and make sure your skills are updated—and then make sure the referring community knows that.

It's important to keep trying new things in marketing, and to stay current on what's

going on in your market and then respond accordingly. Flexibility is key.

Key marketing and outreach activities: We truly take a multipronged approach. We go to Grand Rounds and give them, and we do a lot of lectures for the referring doctors. We also send out frequent emails, and put on dinners and events. And we always go to the hospitals' quarterly meetings.

On the communications side, we send mailers to physicians' offices and we sometimes have our marketing staff visit active or potential referring practices. We run radio and TV ads, and place print ads in local newspapers. And we host support groups.

Our website and the Internet are very important marketing tools, so we're always updating and upgrading our site and driving traffic to it using keywords and targeted ads. The website includes dozens of patient testimonials in high-quality videos and accompanying written articles. The website also hosts a live chat function.

We make a point of staying in close touch with referring physicians when we take care of their patients. We send a letter every time we see the patient, and our physician assistants communicate often with the referring doctor as well. It's a best practice that also helps with marketing.

Advice to new graduates: Be prepared to hustle, and consider offering to take extra call or teaming up with a local orthopedic surgeon to cover call. There's nothing wrong with going out and introducing yourself to key referring people—the orthopedic surgeons, the neurologists and the primary care doctors. It doesn't have to be formal; just take a few minutes to stop by and say hello.

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Ms. Daves, a Seattle-area healthcare writer, is editor of Neurosurgery Market Watch.

PRACTICE PROFILE

Georgia Neurosurgical Institute: Commitment to Innovation, Service Excellence Underscore Success

By Bonnie Darves

If Georgia Neurosurgical Institute decided to create an acronym for its credo, it might be simply “CCC”—for the three values that underpin the group’s patient care philosophy: consistency, continuity and compassion. Not necessarily in that order, but collectively, these principles guide both clinical care delivery and the way that GNI approaches the overall patient-practice relationship, according to Arthur Grigorian, MD, the group’s endovascular neurosurgeon whose research and work in clot retrieval has contributed to new standards in ischemic stroke care.

“Consistency is the key to our care quality, but the continuity and personal touches are also important,” said Dr. Grigorian, describing GNI’s full-service practice, which also provides neurotrauma care for a large portion of central and south Georgia and operates an active research center. The neurosurgeons practice in a one-to-one ratio with GNI’s six physician assistants (PAs), and Dr. Grigorian credits that care model with improving GNI’s ability to ensure consistency and continuity. “Our PAs spend extensive time with the patients before and after [procedures and treatment], and they’re all enormously experienced,” he said, in



Collectively, GNI’s neurosurgeons (shown above) hold 28 patents and operate an active research center.

dealing with highly complex cases. “That’s the main benefit to our patients of this approach, I think,” he added.

GNI physician assistant Leigh Beasley views this tight surgeon-PA collaboration as the optimal model for ensuring quality and efficiency throughout the continuum. “We’ve tried different scenarios, but this one-to-one structure is the most effective way to provide good care continuity because I am able to follow through with patients at every juncture—in trauma and the OR, and in post-op and clinic care,” Ms. Beasley said. “I become the familiar face besides the surgeon, and the patients

know I’m there and available to help them out. That’s really important here, because many of our patients have great needs.”

The Medical Center, Navicent Health (formerly the Medical Center of Central Georgia), where GNI provides neurotrauma and surgery services, is the region’s only Level 1 trauma center and one of only three in Georgia.

Rich history, innovation distinguish GNI

Founded in 1954 by Robert Allen Clark, Jr., the first Georgia neurosurgeon outside Atlanta to become certified, GNI has evolved from a small practice to a hub for neurosurgery innovation over the years. GNI now employs a staff of 70 and operates in four locations. Collectively, GNI’s neurosurgeons hold 28 patents for medical devices and technology. Individually, the surgeons have contributed to the neurosurgery literature in areas ranging from cranial-flow models and spine-surgery complication reduction, to pain management, optimal post-stroke care and post-lumbar fusion length of stay. GNI is also active in

**“Consistency is the key to our care quality,
but the continuity and personal touches are
also important factors.”**

— Arthur Grigorian, MD



clinical trials and in global education, and its neurosurgeons often provide training, in its office and abroad, to neurosurgeons practicing in under-developed countries.

The practice, over the decades, has developed a reputation for not only the caliber of care but also for its commitment to one of its founding values: to care for any patient who comes in

For the neurosurgeons, that all-comers practice policy plays out by design, in the way each new-patient encounter starts and concludes, Dr. Grigorian explained. “We as physicians do not even look into our patients’ coverage, and that enables us to deliver the same level of care to everyone.” At the same time, GNI’s independent status enables its neurosurgeons to practice with a certain degree of autonomy that appeals to Dr. Grigorian and his colleagues. “It’s gratifying to be able to take care of patients the way we want to,” he said, and to play a key role in developing protocols to improve both care processes and outcomes.

GNI’s patient care philosophy, in combination with its reputation for excellent service, are two reasons that GNI enjoys a robust referral network and, by extension, an extremely busy OR calendar, Dr. Grigorian notes. The group is so busy, in fact, that it has embarked on a strategic endeavor to broaden its services to include functional neurosurgery and expand stroke care, to enable more

“I become the familiar face besides the surgeon, and the patients know I’m there and available. That’s really important here, because many of our patients have great needs.”

– Leigh Beasley, PA



The practice also embraces holistic care, and is unusual among private neurosurgery groups in its provision of in-house neuropsychological care. “We treat a lot of patients with PTSD, and cognitive impairment and behavioral changes following trauma, and it’s wonderful that Dr. Hyer [Leon Hyer, Jr., PhD] is able to follow through with these patients,” Ms. Beasley said.

GNI recently has taken steps to expand patient access beyond office hours through its newly developed patient portal. That has proved a boon to patients who want to inform the clinical team about a non-urgent development, for example, or simply request a medication refill without making a phone call, notes Jean Peterson, the practice’s director of marketing and community relations. “If the patient needs to shoot a message to us about a scenario, or remembers at 10 p.m. that she needs to change an appointment, the portal offers another point of patient engagement,” Ms. Peterson said. “And engaged patients are at the top of the food chain for us because they’re generally happier patients,” Ms. Peterson said.

It’s fitting, perhaps, that GNI is based in the city whose nickname is “the Heart of Georgia.”

the door or onto the trauma unit, regardless of insurance coverage, socioeconomic status or ability to pay.

That is one reason that Laurie Faircloth, RN, who has been with the group for more than three decades and thus serves as its informal resident historian, stays on. “We never turn anyone away. We see everybody, and we care

“We never turn anyone away. We see everybody, and we care for all of them as long as they’re here, regardless of their circumstances.”

– Laurie Faircloth, RN



for all of them as long as they’re here, regardless of their circumstances,” said Ms. Faircloth, who started out as an OR nurse and today manages the group’s neuro-dedicated floor in the medical center and teaches advanced trauma nursing. “And we do that better than anyone in the community, I think.”

patients to be treated closer to home—a mid-range undertaking that will ultimately entail bringing in three additional neurosurgeons. “We are excited about our plans and look forward to being able to expand our services to the community,” Dr. Grigorian said.

SOCIETY PROFILE

Steeped in Tradition

The New England Neurosurgical Society Enjoys Rich History, Rewarding Mission

Even if no one is sure exactly when the New England Neurosurgical Society was established, the general sense is that the organization, co-founded by William Beecher Scoville, MD, began operating soon after World War II. What is known is that NENS has long played an important role in providing regional education and networking opportunities, and support for neurosurgeons at all stages of their professional lives.

"The society's purpose is primarily educational—to provide a local academic presence. But NENS also serves as a forum for representing the needs of neurosurgeons in New England, and it's a good way to network with colleagues throughout the region," said NENS President Mark Proctor, MD, neurosurgeon-in-chief and director of the brain injury center at Boston Children's Hospital. The society today has more than 200 members, Dr. Proctor noted.

Membership is open to neurosurgeons or trainees who reside in one of the New England states (Connecticut, Maine, Massachusetts, New Hampshire, Rhode Island and Vermont).

The society's "flagship" is its annual meeting on Cape Cod. There's a decidedly quaint aspect to NENS' summer gathering—which features a lobster dinner, a bonfire on the beach and, by design, a families-welcome atmosphere. The meeting's educational component, however, is a formal and serious undertaking and is, as Dr. Proctor puts it, "the society's main output. We generally have four invited speakers, and the presidents of both the American Association of Neurosurgical Surgeons and the Congress of Neurosurgical Surgeons come to our meeting every year," he said. The annual meeting is also known for its focus on promoting neurosurgery resident involvement.

"Our meeting provides an ideal opportunity for neurosurgery residents to give a presentation," Dr. Proctor said. If neurosurgery residents develop and submit a thoughtful abstract (see details in Resources), Dr. Proctor explained, "There's a pretty good chance they will end up giving a talk at the meeting. The abstracts we receive are very high quality because we have so many stellar programs in our region." The meeting typically draws about 60 neurosurgeons and approximately 30 residents.

The NENS meeting this summer, for example, will feature spine surgery researcher Christopher Shaffrey, MD, of the University of Virginia, and functional neurosurgery expert David Roberts, MD, emeritus professor of surgery and neurology at Dartmouth Geisel School of Medicine. The two-day program is primarily academic focused, but each year several sessions are devoted to socioeconomic topics and issues affecting community neurosurgeons.

"That's one of the nice things about our meeting and the society—it's actually very town-and-gown. Many of our members, and two or three neurosurgeons on our board are from the community," Dr. Proctor said. "So even though we're a small society, we have broad representation of the neurosurgery community."

For both practicing neurosurgeons and trainees, the society and the annual meeting provide an ideal forum for networking, on the professional and social levels, Dr. Proctor said. "That's one of the things we hear frequently after the meeting—that it's a tremendous social opportunity. I do think that there's nothing like the warm handshake," he said, "especially because many of us do second opinions, whether it's for the guy across town or the woman on the other side of the state."



New England Neurosurgical Society President Mark Proctor, MD, (left), and Carlos David, MD, a NENS past president, enjoy the festivities during a recent annual meeting.

He added that many neurosurgery residents in New England programs wish to stay in the area, which makes the NENS meeting ideal for exploring potential practice opportunities. "We've heard that our meeting is pretty good from the job-search perspective," Dr. Proctor said, "because a lot of neurosurgery residents end up settling within a short distance of where they trained."

—Bonnie Darves

Resources: The New England Neurosurgical Society's administrative operations are housed at Dartmouth-Hitchcock Medical Center. For membership details, go to newenglandneurosurgicalsociety.org/ or call the society's administrator Executive Assistant Tobi Cooney at (603) 650-8732.

The NENS 2017 annual meeting is set June 22 to 24 in Chatham, Mass. Registration is included in the \$250 annual NENS membership fee, and the society underwrites residents' lodging and meals.

Residents who wish to make a presentation must submit their abstracts by April 26.

LEGAL CORNER



Identifying Problematic Call Clauses, Restrictive Covenants

In this series, Neurosurgery Market Watch speaks with health law specialists about contractual issues and trends related to neurosurgery compensation and performance. In this article, physician and attorney Andrew Knoll, MD, JD, a partner with the Syracuse, N.Y., firm Cohen Compagni Beckman Appler & Knoll, PLLC, who specializes in physician contracts, looks at trends and potential problem areas in call-coverage clauses and restrictive covenants.

Q: Call requirements can be a challenging component of physician contracts and, in the practice realm, call schedules are a frequent source of conflict, particularly when physicians find themselves in a situation in which the call workload isn't distributed equitably. What is showing up in contracts these days that might warrant neurosurgeons' attention—or possible negotiation—when it comes to call?

A: The overwhelming trend is to avoid specifying call requirements in the employment contract. The exception is when there will be a lot of call. For example, if the practice will require the neurosurgeon to take call every other night or every third night, employers will include that requirement in the contract because they want the surgeon to know up front.

If the number is less than that, it usually isn't specified. Obviously, from the employee standpoint, the physician wants call requirements to be specific and objective, and unambiguous. From the employer standpoint, however, it's preferable to avoid being specific because any call in excess of that number is a potential breach of contract. For example, if the contract specifies call of one in five nights, and one of the group's five neurosurgeons quits, the neurosurgeons asked to take on extra call could claim that they're not contractually required to do so.

These clauses usually read one of two ways. The first, which is cause for concern, is along these lines: "Physician/Employee shall do call as the Corporation/Employee requires." That's too vague, and it doesn't protect the surgeon from a potentially unfair arrangement. What's preferable is this: "Physician will do call in equitable rotation with the other neurosurgeons" or "Call will be shared equally with the other neurosurgeons."

There may be situations in which senior neurosurgeons don't take as much call as their junior colleagues do. If that's the case, the arrangement should be spelled out clearly. We are also seeing senior physicians choose to "buy out" their call requirements from the practice, and those negotiations can be difficult. If a practice decides to allow this, there should be a reasonable way to determine who can buy out call and when—such as "the physician must be over age 55 and/or have more than 10 years of service."

Q: In employment contracts that contain restrictive covenants prohibiting neurosurgeons who leave the group from practicing within a certain distance of the employer for a certain time, what should neurosurgeons consider reasonable—or unreasonable—these days? Are there particular problem areas with these clauses that neurosurgeons should look for?

A: The covenants have to be reasonable in both geographic distance and temporal scope.

The point of these covenants—also called non-compete clauses—is not to make the physician an indentured servant but rather to protect the employer's legitimate competitive interest.

Typically, I see one to two years as the time period, but anything up to three years might be deemed reasonable by the courts depending on the market or situation.

The geographic-distance issue can be more complicated because it's so dependent on market factors and the catchment area for the specialty. For example, a Manhattan, New York, restrictive zone is very different than a Manhattan, Kansas, zone; and the catchment area for a neurosurgeon will be larger than one for an internist.

Commonly, restrictive covenants state a geographic distance of "x miles from any office of the practice." That worked when practices had one location or operated a single satellite office. Now, when big hospital systems are gobbling up practice locations that might stretch over an 80-mile radius around an urban area, it's not that simple.

To avoid an unreasonable geographic restriction, the contract should limit the geographic distance to the neurosurgeon's principal place of practice—where the surgeon spends 35% or more of total practice time, and lock it in from there. Even if the surgeon spends roughly equal time in two locations, the actual goal is to pick one and draw the line from that location.

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**

UPCOMING U.S. NEUROSURGERY EVENTS/CMES

ASSR 2017 Annual Symposium

☐ February 23-26
San Diego, California

2017 Winter Clinics for Cranial & Spinal Surgery

☐ February 26-March 2
Snowmass Village, Colorado

LINNC Seminar US Edition

☐ March 24-25
New York, New York

Techniques of Complex Spine Reconstruction Workshop

☐ April 8
New York, New York

ISASS 17

☐ April 12-15
Boca Raton, Florida

14th Annual World Congress of Society for World Brain Mapping and Therapeutics

☐ April 18-20
Los Angeles, California
Meet us there!

2017 NERVES Annual Meeting

☐ April 20-22
Los Angeles, California

2017 American Association of Neurological Surgeons (AANS) Annual Scientific Meeting

☐ April 22-26
Los Angeles, California

SNIS: Society of Neuro-Interventional Surgery Annual Meeting & Fellows Course

☐ July 24-28
Colorado Springs, Colorado

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 2018 and July 2019. 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 & CV to:
Subu Magge, M.D.
Fellowship Director, Lahey Spine Fellowship
41 Mall Rd, Burlington, MA 01805
Subu.N.Magge@lahey.org

UPCOMING INTERNATIONAL CMES

CSRS-AP 2017

☐ March 9-11
Kobe, Japan

Operative Techniques with the Masters: Symposium for Neurosurgeons & Residents

☐ April 8
Budapest, Hungary

3rd International Conference on Neurological Disorders and Brain Injury

☐ April 18-19
London, United Kingdom

Global Spine Conference

☐ May 3-6
Milan, Italy

The Cervical Spine Research Society 33rd Annual Meeting

☐ May 24-26
Salzburg, Austria

INS: International Neuromodulation Society World Congress

☐ May 27-June 1
Edinburgh, United Kingdom

LINNC: Live Interventional Neuroradiology & Neurosurgery Course

☐ June 13-15
Paris, France

8th Spine Deformity Solutions

☐ June 29-30
Nijmegen, Netherlands

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



Weill Cornell Medicine Neurological Surgery

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Roger Härtl, MD, Spine Fellowship Director

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This one-year fellowship includes nine months of training at Weill Cornell Medicine plus a three-month rotation with Dr. Lawrence Lenke at Columbia University Medical Center in spinal deformity surgery.

The fellow will cover operative cases, see patients in the office with attendings, participate in numerous clinical and basic science research projects, and complete at least two projects/papers. The educational element includes a core curriculum of lectures, case conferences, and journal clubs. Weekly formal teaching conferences for residents and fellows cover a variety of didactic topics, case presentations, and interactive discussions.

Fellowship year begins July 1, 2018

For more information: weillcornellneurosurgery.org/fellowships

Contact: Erma Bell, Administrative Coordinator
elb2014@med.cornell.edu (212) 746-5543



Weill Cornell Medicine Neurological Surgery

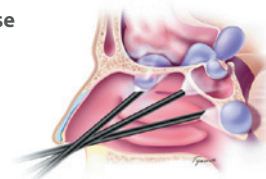
Registration Now Open:
Advanced Endoscopic/
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May 19-20, 2017

Advanced Endoscopic Skull Base and Pituitary Surgery

*Co-directed by Dr. Theodore Schwartz
and Dr. Vijay Anand*

A comprehensive two-day overview of endoscopic/endonasal skull base surgery, combining didactic sessions with hands-on cadaver dissection.



At the completion of this course, participants should be well equipped to start utilizing these approaches in their own practices.

Endoscopic instruments and surgical navigation equipment will be available to participants for use on fresh cadavers during laboratory sessions. Participants will have an opportunity to discuss difficult cases with the faculty during panel discussions.

For more information and to register online:

weillcornellneurosurgery.org/continuing-medical-education

Questions? Email neurosurgery-cme@med.cornell.edu



Weill Cornell Medicine Neurological Surgery

TWO CME Courses:
Complex Spine Surgery
and Neurological Trauma

April 8: 2nd Principles and Techniques of Complex Spinal Reconstruction: A Hands-On Cadaveric Workshop

Co-directed by Dr. Ali Baaj and Dr. Han Jo Kim

A one-day workshop—part didactic, part hands-on cadaveric—to review common complex techniques used in contemporary spine surgery. Participants will work on cadavers beside nationally known expert spine surgeons in the state-of-the-art Weill Cornell Medical College Anatomy Lab.



CLASS SIZE IS LIMITED TO ENSURE HANDS-ON EXPERIENCE.

RESERVE YOUR PLACE ONLINE TODAY

May 5: Neurological Trauma Update

Co-directed by Dr. Kai-Ming Fu and Dr. David O. Okonkwo

Presentations that provide an understanding of the standard of care for management of traumatic neurological injuries, including integrated care for the patient with trauma to multiple systems. This course is being designed to fulfill the yearly trauma CME needs for those in an ACS Trauma Center.

For more information and to register online:
weillcornellneurosurgery.org/continuing-medical-education
Questions? Email neurosurgery-cme@med.cornell.edu

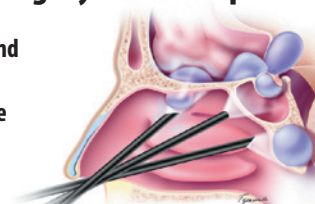


Weill Cornell Medicine Neurological Surgery

Now Accepting
Applications

Minimally Invasive Endoscopic Skull Base and Pituitary Surgery Fellowship

The Endoscopic Skull Base and
Pituitary Program at
Weill Cornell Medical College
is offering a 6-12 month
operative fellowship



Candidates will acquire operative experience in extended endonasal skull base approaches, perform cadaver dissection, and acquire neuroendocrine and ENT experience. Clinical research projects are encouraged and mentoring will be provided. Participants will receive a stipend that is dependent upon their level of training. The fellowship is under the direction of Dr. Theodore H. Schwartz in the Department of Neurosurgery at Weill Cornell Medical College.

Interested candidates should send a CV and cover letter to:

Ashleigh Suarez

azs2015@med.cornell.edu

212-746-5620

weillcornellneurosurgery.org/fellowships

Post-visit Etiquette: Crafting the Thank-you Note

By Katie Cole



You've gone on your first site visit, and you either want to move forward with the opportunity or have decided that it's not for you. What happens next?

In either case, a thank-you note to the individuals you met—the physicians and administrators who participated in interviews and the support personnel who assisted with arrangements—is in order. You should send your thank-you note soon after the visit, once you've returned home and spent a little time reflecting on the interview.

Ideally, the thank-you note should go out within 48 hours after the site visit concludes. Neurosurgeons who are highly interested in the opportunity should try to send the note even sooner, within 24 hours, because that communication is the best way to proactively move discussions forward. For instance, you can conclude the note by asking if the practice would like you to provide anything else, such as references or CV supporting materials. (It is worth noting that references will always be required at some point in the hiring process, so it is smart to have those prepared before the initial site visit.)

Sending the thank you via email is totally appropriate these days, in the interest of expediency, even if the hand-written note is always well received.

If you can, tailor the thank-you messages for each recipient, and make sure you don't leave anyone out. When thanking prospective physician colleagues, briefly mention what impressed you most about the practice or program from a clinical perspective. When thanking a hospital or health system leader, mention something that the individual shared during the interview about either the organization's mission or its plans for the future. When thanking administrative personnel or in-house recruiters, express gratitude for their efforts in managing the site-visit logistics and making you comfortable.

If it is not feasible to send individual notes, identify a point person to receive the note and ensure that the message you craft references everyone you wish to thank. (Note that a generic thank-you note is not advisable if you are truly interested in the position. If you are, go to the effort to obtain the individual email addresses.)

The note doesn't have to be long or drawn out—two short paragraphs should suffice in

most cases. Even if you don't plan to pursue the opportunity, the note should be positive in tone. If you hope to move ahead with either a second interview or an offer, briefly reiterate why you think you're a good fit for the organization. Conclude the note by mentioning that you look forward to meeting or speaking again soon.

Regardless of the note's length or content, it must be absolutely error free. Pay attention to the details, and review the note thoroughly before you hit the send button to ensure that all names are spelled correctly and all titles are accurate. A sloppy, mistake-riddled note is not only offensive; it might even sink the opportunity because it's indicative of carelessness.

If you booked your own travel and require reimbursement, it is perfectly appropriate to send your receipts at the same time you send the thank-you note(s). I recommend that candidates send their receipts only to the administrator or point person, as opposed to the physicians or neurosurgeons, unless you were instructed to do the latter.

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

FEATURED OPPORTUNITY

New Jersey Dual-Trained Endovascular Opportunity

A hospital in central New Jersey is seeking a BE/BC dual-trained endovascular neurosurgeon to join its neurosurgery department. The department will consider either a 2017 fellow or an experienced endovascular neurosurgeon. The incoming endovascular neurosurgeon will have no spine call, but he or she will have one week of general neurosurgery call per month, and all associated call will be cranial call. Endovascular practice call will be 1:2.

The incoming neurosurgeon will have subspecialization in endovascular neurosurgery, with an approximate case mix of 80% vascular

and 20% general neurosurgery. The facility has state-of-the-art endovascular equipment, including a Phillips bi-plane suite that has just been upgraded, a dedicated neurosurgical OR, dedicated neuro-anesthesia, a dedicated open OR team and an angiography suite.

The facility also houses a dedicated stroke unit with 12 beds, and a newly purchased mobile stroke unit.

The incoming neurosurgeon will be employed. This is a clinical position; however, there are academic affiliations available at nearby academic departments. The

department seeks a candidate who will specialize clinically in endovascular, although opportunities exist for clinical research and the hospital seeks a candidate who is interested in publishing. There is also funding for a fellowship, so if the candidate wishes to teach in the fellowship program, that opportunity will be made available.

The facility will provide a very competitive compensation package including salary, an RVU-based incentive, and quality/ program-based metric system, as well as vacation, relocation, CME and a full benefit package.

Surgical Neuro-Oncology, Skull Base and Open Vascular Neurosurgery Fellowship opportunity at Lenox Hill Hospital

Our year-long fellowship in neurosurgery offers a comprehensive study in open and endoscopic surgical neuro-oncology, skull base disorders, and open cerebrovascular surgery.

Learn surgical techniques of open and endoscopic brain tumor and skull base surgery, cerebrovascular revascularization, open vascular surgery and microsurgery.

Focus on the management of patients with brain tumors, pituitary tumors, anterior and posterior skull-base tumors, aneurysms, arteriovenous malformations and other vascular disorders.

To apply for a fellowship, please send your current curriculum vitae (CV) and cover letter to Dr. David Langer at dlanger@northwell.edu or Dr. John Boockvar at jboockvar@northwell.edu.



NEUROSURGERY POSITIONS

HOSPITAL EMPLOYED

Bakersfield, CA
Knoxville, TN
Salisbury, MD (*Vascular*)
Tampa, FL (*Pediatric*)
Fresno, CA (*Spine*)
Charlottesville, VA (*Endovascular*)
Gastonia, NC
Greenville, NC (*Spine*)
Fort Wayne, IN
Farmington, NM
Lake Havasu, AZ
Edison, NJ (*Spine*)
Billings, MT
Rockford, IL
Greenville, NC (*Neuro-Oncology*)

PRIVA-DEMIC

Trenton, NJ (*Endovascular*)
Fresno, CA (*Endovascular*)

Reading, PA (*Spine*)
Fresno, CA (*Trauma*)
Dayton, OH (*Spine*)
Erie, PA (*Endovascular*)
Reading, PA (*Endovascular*)
Trenton, NJ (*Neuro-Oncology*)

ACADEMIC

Greenville, NC (*Spine*)
Morgantown, WV (*Functional*)
Albuquerque, NM (*Spine*)

PRIVATE PRACTICE

Dallas, TX (*Spine*)
Long Island, NY (*Spine*)
Houston, TX (*Spine*)
Cincinnati, OH
Macon, GA (*Neuro-Oncology*)
Macon, GA (*Pediatric*)
Los Angeles, CA (*Endovascular*)

Bakersfield, CA
Reno, NV (*Deformity Spine*)
Albany, NY (*Neuro-Oncology*)
Baltimore, MD
Jackson, MS
Macon, GA (*General Neurosurgery*)

NEUROSURGERY PHYSICIAN ASSISTANT OPPORTUNITIES

Eugene, OR: *Private Practice, Spine Neurosurgery PA*
Salisbury, MD: *Hospital Employed, General Neurosurgery PA or NP*
Somerset, NJ: *Hospital Employed, Orthopedic PA or NP*
Reno, NV: *Private Practice, Spine, Neurosurgery PA or NP*
Springfield, MA: *Hospital Employed, Neuro-Critical Care, PA or NP*
Modesto, CA: *Hospital Employed, General/Trauma Neurosurgery PA*
Greenville, NC: *Hospital Employed, Functional-Neurosurgery PA*
Fresno, CA: *Hospital Employed/Priva-demic, General Neurosurgery—PA or NP*
Greenville, NC: *Hospital Employed, Inpatient—PA or NP*
Reno, NV: *Private Practice, PM&R PA*
Macon, GA: *Private Practice, General Neurosurgery—PA or NP*
Billings, MT: *Private Practice, Spine—PA*

- 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 locums assignments available, or if you are interested in locums positions, please contact Aaron Risen at The Surgeons Link at aaron@thesurgeonslink.com.

Harlequin Recruiting
PO Box 102166
Denver, CO 80250

IN BRIEF

U.S. Spinal Fusion Market to Reach \$9 Billion

The U.S. market for spinal fusion, including spinal plating systems, interbody devices, vertebral body replacement devices, and pedicle screw systems, is expected to reach nearly \$9 billion by 2023, according to a new report from the research and consulting firm GlobalData. The company predicts that steady growth—of approximately 3.4% annually—will be driven by an aging population and associated increasing prevalence of degenerative spinal conditions, technological advances in spinal fusion surgery and growing use of minimally invasive techniques.

The company cautioned, however, that growth in the U.S. market could be affected by concerns among policymakers about the spike in spinal fusion procedures in recent years and the perception that some of the surgeries are medically unnecessary. Data from the Centers for Medicare & Medicaid Services indicate that more than \$200 million was spent on improperly indicated spinal fusion procedures in 2011.

AANS Supports Bill Limiting Neurosurgeon Liability

In early February, the American Association of Neurosurgical Surgeons (AANS) and Congress of Neurological Surgeons (CNS) sent a letter encouraging the U.S. Congress to support H.R. 548, a bill that would extend to emergency department physicians, including neurosurgeons, who provide services pursuant to the Emergency Medical Treatment and Labor Act (EMTALA), the same degree of liability protection granted to health professionals who work in Community Health Centers and treat Medicaid patients at free clinics.

In their letter, neurosurgery leaders Frederick Boop, MD, and Alan Scarrow, MD, cited the fact that neurosurgeons and other specialists who work in the emergency and trauma settings have a relatively higher risk of being sued by virtue of patients' acuity and the inherent risk of the care that they provide. This litigation risk increases professional liability coverage costs, which in turn has contributed to the shrinking pool of neurosurgeons and other specialists who take emergency and trauma call.

Titled the Health Care Safety Net Enhancement Act of 2017, the legislation, if passed, would amend the Public Health Service Act.