

Academy to Help with Recognition of UCNS Subspecialties

Some UCNS diplomates have expressed dismay regarding inconsistent recognition of their certification by insurers. Responding to this concern, UCNS leadership has been working with the American Academy of Neurology (AAN) on ways to enhance recognition of UCNS subspecialties. Recently, the Academy announced a new initiative to support the interests of UCNS diplomates. Below is a condensed version of a letter to UCNS subspecialties sent by AAN President Timothy A. Pedley, MD in January:



Timothy A. Pedley, MD

In August of 2012, the American Academy of Neurology issued a Position Statement on Definition of Neurology Subspecialty which listed UCNS subspecialties among other neurology subspecialties recognized by the medical community. However, some UCNS diplomates are encountering difficulties receiving reimbursement for "new patient" visits because their subspecialties are not listed in the Medicare Physician Specialty Codes. In addition, electronic health records (EHR) systems used by some hospitals only recognize CMS physician codes or subspecialties in the National Uniform Claim Committee (NUCC) Health Care Provider Taxonomy code set, which includes only one UCNS subspecialty. Private insurers may refer to the CMS and NUCC lists in making reimbursement decisions.

UCNS asked for the Academy's help in addressing this problem. In response, I appointed an AAN task force to consider the need for greater recognition of UCNS certification by health facilities, state regulators, and insurers, including Medicare and commercial insurers. The task force gave its report to the AAN Board of Directors in June [2014]. The report said that a high number of neurologists wish to subspecialize, and that it is in the interests of the AAN to help them reduce barriers to appropriate reimbursement for their subspecialty services. It also said that obtaining a taxonomy code may be a prerequisite for inclusion in the Medicare Physician Specialty Codes list. Therefore, the task force recommended that the AAN coordinate an effort to seek expansion of the NUCC list to include UCNS subspecialties. It suggested that, based on the results of this initiative, the AAN could consider whether it would apply for recognition of additional neurologic subspecialties on the CMS Physician Specialty Codes list. The Board accepted the task force report.

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UCNS at Annual Meeting

UCNS will be present at the American Academy of Neurology's Annual Meeting in Washington, DC, between April 20 and 24, 2015. Stop by booth #508 to speak with knowledgeable staff. Staff will also be present at the Autonomic Nervous System, Behavioral Neurology, Geriatric Neurology, Neuromuscular, and Critical Care and Emergency Medicine section meetings.

Important Dates

April 20, 2015
UCNS Spring Board of Directors Meeting

June 1, 2015
Accreditation application deadline for fall 2015 review

July 15, 2015
Neurocritical Care certification examination application deadline

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For more information about the UCNS, visit the UCNS website at www.ucns.org.

MISSION STATEMENT

The mission of the United Council for Neurologic Subspecialties is to provide for accreditation and certification with the goal of enhancing the quality of training for physicians in neurologic subspecialties and the quality of patient care.

Letter from the Chair



Paul M. Vespa, MD

With the April meeting, my time as UCNS Board Member and Chair will end. I look back with pride on my association with UCNS. When I first came on board, we had 68 accredited programs and 674 diplomates. Now the number of UCNS-accredited fellowships has more than doubled to 153, and the number of diplomates has nearly quadrupled to 2,383. I can remember when UCNS needed to ask our parent organizations for substantial operating grants in order to make ends meet. Now, we have experienced four consecutive years in which we have not needed this help. In 2013, our revenue exceeded \$1M for the first time.

During the past few years, we have developed new policies and procedures that have modernized UCNS and made us more responsive to our constituents. We now have flexible fellowships that allow fellows greater opportunity for research or work-life balance. We have approved a policy that will allow physicians who do not meet our current eligibility criteria to sit for our certification examinations if they are full-time faculty of one of our accredited programs. We have approved common program requirements and updated subspecialty-specific program requirements. Recently, we approved changes in the Neurocritical Care program requirements allowing neurosurgeons and others with special training to complete a UCNS fellowship in a shortened period of time. On the certification side, we have offered our first examination in Neural Repair and Rehabilitation. We will be offering the first examination in Clinical Neuromuscular Pathology later this year. And we have built a web-based interface that allows physicians the opportunity to complete a certification application and track CME online.

As I say farewell, I extend my thanks to all of you who have helped UCNS grow and prosper. I know that I will always be a member of the UCNS family.

A handwritten signature in black ink that reads "Paul Vespa".

Paul M. Vespa, MD, FCCM, FAAN

Board Member Highlight – Marwan N. Sabbagh, MD



Marwan Sabbagh, MD

Marwan N. Sabbagh, MD, is a board-certified neurologist and geriatric neurologist. He is a leading expert in Alzheimer's disease and dementia. He is the director of Banner Sun Health Research Institute in Sun City, AZ.

Why did you choose to practice medicine and go into the field of neurology?

I come from a family of doctors. I wanted to be a doctor since age eight when I went on rounds at the hospital with my dad. I loved the brain by 14 and was pre-med going into college. I never wanted to do anything else. I went into medicine to make a difference. I feel gratified that I have done that. I gravitated toward Alzheimer's since I was in college during research in a lab when I was an undergrad at UC Berkeley. I very much love the field of Geriatric Neurology and am passionate about being a dementia doctor.

How do you think UCNS benefits the field of neurology?

UCNS gives a voice to the growing and diverse directions of neurology. Neurology is heading toward splitting formally into subspecialties much the way internal medicine did.

If you could hope for a breakthrough in neuroscience this year, what would it be?

In the field of Geriatric Neurology, we expect to see disease-modifying drugs for Alzheimer's disease in the next two to three years.

New Non-Voting Subspecialty Representatives

The UCNS bylaws call for a UCNS Board of Directors comprised of nine voting members. Five of these seats are reserved for representatives of the parent organizations. The remaining four seats are for representatives of member subspecialties, serving on a rotating basis. In response to requests from unrepresented subspecialties, in October the Board approved a new policy that allows subspecialties without a current voting representative to nominate non-voting liaisons who may attend meetings. This will allow all nine UCNS subspecialties to contribute to the Board's deliberations on policy matters and to stay informed of new developments.

In January, the Board approved the first slate of non-voting subspecialty liaisons. UCNS welcomes Mindy L. Aisen, MD (Neural Repair and Rehabilitation), Patrick M. Capone, MD, PhD (Neuroimaging), Yadollah Harati, MD (Clinical Neuromuscular Pathology), Morris Levin, MD (Headache Medicine), and Louis B. Nabors, MD (Neuro-oncology). Current voting subspecialty representatives are: Paola Sandroni, MD (Autonomic Disorders), Paul A. Nyquist, MD, MPH (Neurocritical Care), Marwan N. Sabbagh, MD (Geriatric Neurology), and Mario F. Mendez, MD, PhD (Behavioral Neurology & Neuropsychiatry).

Certification News

Letter from the Certification Council Chair



Gregory Gruener, MD

The Certification Council and its examination committees are working to put the recertification process in gear. Last year UCNS announced implementation of the CME tracker, a tool to assist diplomates during the recertification process. This year, we are developing our first recertification examinations, which will be in Headache Medicine and Behavioral Neurology & Neuropsychiatry. Additional information about the recertification process and what UCNS is doing to be responsive to the needs of its diplomates is elsewhere in this newsletter.

This year, we will be offering the first certification examination in Clinical Neuromuscular Pathology. In addition, we will offer the first Neurocritical Care (NCC) examination after expiration of the practice track. Only graduates of UCNS-accredited fellowships, physicians who failed a prior examination, and physicians meeting the requirements of the Faculty Diplomate program may apply to sit for the NCC examination. This marks an important moment in UCNS's evolution.

I continue to take pride in the work done by the Certification Council and look forward to writing to you about our continued achievements in the fall.

A handwritten signature in black ink that reads "Gregory Gruener, MD" with a stylized flourish at the end.

Gregory Gruener, MD, MBA

Diplomate Highlight



Robert E. O'Connor, MD

Robert E. O'Connor, MD, is a clinical associate professor in the departments of surgery at Nova Southeastern College of Osteopathic Medicine at the Kansas City University of Medicine and Biosciences. Dr. O'Connor is a trauma surgeon at Lee Memorial Health System, Fort Myers, FL, and has been a UCNS Neurocritical Care diplomate since 2013.

Why did you choose to practice medicine and go into the field of Neurocritical Care?

When I was a child, I dreamed of curing my mother's epilepsy. I realized later in life this was not a possibility. After she had surgery, I found a passion for surgical intervention, problem solving, and critical thinking. This led me to a trauma/critical care career with a surgical background. Traumatic brain injury and spinal cord injury management is in constant evolution and can be exceedingly difficult in the face of multisystem injuries. As an intensivist, I am also excited to be involved in the early phases of critical care of stroke patients, and pre- and post-operative neurosurgical patients, as many times they overlap.

Why did you decide to seek UCNS certification?

Demonstrating the validity of one's knowledge can come in many forms. In my opinion, establishing expertise in this subspecialty using the exam certification allows me to better guide therapies and changes to patient care. It enhances my ability as an educator for my fellow colleagues, students, and staff. This certification adds credibility and an opportunity for a lifetime of learning and personal achievement.

How has UCNS certification benefited you?

First and foremost, this certification has added a wealth of knowledge to my clinical practice. Personally, it strengthens my critical decision-making skills. I am able to provide improved care to families, patients, and those close to their care. It also provides an avenue for learning and growth within my institution.

Since you began practicing, how have you seen NCC evolve and what do you see for the future?

The need for this level of expertise has risen greatly in the last 10 years and I believe the strength of the certification lies in the numbers and outcomes. Stroke centers of excellence will become the gold standard and those with the added certification can be instrumental in the development of improved quality medical care and advances. There will be countless lives affected in a positive way by increasing the spectrum of Neurocritical Care that has proven benefits, care that was not available just a decade ago.

Neuroimaging Practice Track Extended

The UCNS Board of Directors has approved extension of the Neuroimaging practice track through the 2017 examination. This is the final examination for which applicants may apply under the practice track pathway of eligibility. Please visit <http://www.ucns.org/go/subspecialty/neuroimaging/certification> for more information.

2016 Recertification Examinations in Headache Medicine and Behavioral Neurology & Neuropsychiatry

The UCNS recertification policy states that in order for a certificate to remain valid, all diplomates must renew their certification prior to the expiration date. Diplomates must:

1. Maintain a current, active, valid, unrestricted, and unqualified license to practice medicine
2. Continue to be a diplomate in good standing of the American Board of Medical Specialties or Royal College of Physicians and Surgeons of Canada (RCPSC) board that was required for eligibility upon application for initial UCNS certification
3. Complete 300 Accreditation Council for Continuing Medical Education or RCPSC-approved category 1 CME hours, 60 (20%) of which must be related to the diplomate's UCNS subspecialty
4. Take and pass a recertification examination

In 2016, UCNS will administer the first recertification examinations in Headache Medicine (HM) and Behavioral Neurology & Neuropsychiatry (BNNP). Diplomates who were initially certified in 2006 will need to apply for the 2016 recertification examination. Because examinations are given every other year, diplomates who were initially certified in 2007 will need to apply for their respective examinations in 2016.

For diplomates certified prior to the policy's effective date of January 1, 2011, CME requirements have been prorated. For those diplomates certified in 2006, a total of 180 CMEs must be submitted, of which 36 must be subspecialty-specific. Diplomates certified in 2007 will be required to submit a total of 210 CMEs, of which 42 must be subspecialty-specific.

UCNS has launched an online CME tracker to assist diplomates in the UCNS recertification process. Diplomates can quickly and conveniently enter earned CME and generate a report at any time to track their progress in meeting UCNS recertification requirements. The CME tracker also allows diplomates with more than one UCNS subspecialty certification to monitor their progress for each certification. To save time when filling out the recertification application, it is recommended that diplomates enter CME well in advance of submitting their applications. A report can be generated to upload into the application. To start using the CME tracker, users must first register and [create a personal log-in](#). Once the log-in has been approved, diplomates may begin entering their CME activities.

Recertification examinations will contain fewer questions than initial certification examinations. Both HM and BNNP recertification examinations will be comprised of 150 multiple-choice questions that are primarily related to clinical practice. Examinations are computer-based and administered at Pearson VUE testing centers nationwide. The recertification fee is lower than the fee for an initial examination. The recertification fee for the 2016 HM and BNNP examinations is \$1,500.

The HM recertification examination is scheduled for the week of October 17-21, 2016. Applications will be available on the HM certification page starting January 1, 2016. The last day to submit applications will be April 15, 2016.

The BNNP recertification examination is scheduled for the week of November 14-18, 2016. Applications will be available on the BNNP certification page starting February 1, 2016. The last day to submit applications is May 16, 2016.

Instructions for using the CME tracker, recertification information, and examination and fee schedules can be found on the UCNS website on each subspecialty's certification page. For more information, contact Todd Bulson at tbulson@ucns.org or (612) 928-6067.

2015 Examination Schedule

Subspecialty	Application Deadline	Examination Date	Location
Neuroimaging	August 15, 2014	January 26-30, 2015	Pearson VUE
Neuro-oncology	January 15, 2015	August 3-7, 2015	Pearson VUE
Clinical Neuromuscular Pathology	February 16, 2015	August 24-28, 2015	Pearson VUE
Neurocritical Care	July 15, 2015	December 7-11, 2015	Pearson VUE

2016 Examination Schedule

Subspecialty	Application Deadline	Examination Date	Location
Headache Medicine: Initial and Recertification	April 15, 2016	October 17-21, 2016	Pearson VUE
Behavioral Neurology & Neuropsychiatry: Initial and Recertification	May 16, 2016	November 14-18, 2016	Pearson VUE
Autonomic Disorders	July 15, 2016	December 5-9, 2016	Pearson VUE

Accreditation News

Letter from the Accreditation Council Chair



Lori Schuh, MD

Measuring outcomes is familiar to those in the world of accreditation. Changing from a resource-based accrediting system to an outcomes-based system means that you look more at the satisfaction and success of your graduates than count hours and equipment. UCNS began the transition to outcomes measurement with the revision of the 2012 common program requirements. As we move further into 2015 and 2016, UCNS will develop subspecialty milestones and a form for programs to use in reporting outcomes information to UCNS on an annual basis. The Accreditation Council has discussed how to best develop and implement the milestones, and I will be writing about this in more detail in future newsletters.

We have been watching fellow performance on certification examinations. Results from the 2013 Neurocritical Care examination and the 2014 examinations in Headache Medicine, Behavioral Neurology & Neuropsychiatry, and Neuroimaging confirm that participation in a UCNS-accredited fellowship has measurable value. For all four examinations, mean scores and pass rates for graduates of UCNS-accredited fellowships were higher than those for the examination pool as a whole. Pass rates for graduates of accredited programs are set forth in the table below. As we look to the future, I am confident that UCNS-accredited fellowships will continue to demonstrate that they provide rigorous training that prepares their graduates well for the future.

Subspecialty	Year	Number of Fellows Sitting	Fellow Pass Rate
Neurocritical Care	2013	85	94%
Headache Medicine	2014	27	100%
Behavioral Neurology & Neuropsychiatry	2014	37	97%
Neuroimaging	2015	10	90%

I am pleased to welcome two new Accreditation Council members who attended their first meeting this spring: Holli Horak, MD, associate professor and director of the neurophysiology fellowship at the University of Arizona, and Louis Weimer, MD, professor of neurology and director of the EMG laboratory, clinical autonomic laboratory, and co-director of the neuropathy research center at Columbia University. We look forward to working with both Dr. Horak and Dr. Weimer.

Lori Schuh, MD, FAAN

Program Director Highlight



Fred M. Cutrer, MD

Fred M. Cutrer, MD, is an associate professor of neurology and the program director of the migraine research program at Mayo Clinic in Rochester, MN. Dr. Cutrer is the program director of Mayo's UCNS-accredited Headache Medicine fellowship program and a 2006 diplomate in Headache Medicine.

Why did you choose to practice medicine and go into the field of Headache Medicine?

I decided in my mid-twenties to go to medical school after working as a musician in Chicago for a few years. I had always been interested in medicine and decided to try to get into medical school. If you had asked me why at the time, I would have said that I wanted to help people in a tangible way. In medical school I really liked neuroanatomy and decided to become a neurologist. I have been a migraine sufferer since the age of 14 and had very severe attacks during my teens and twenties. During my neurology residency, I realized that about 40 percent of my general neurology continuity clinic was comprised of headache patients. I had experienced what they were going through and when I saw how the patients were not always taken very seriously, I decided in my second year that those were the patients that I could best help. I have also always been attracted to figuring things out, so the fact that not a lot was known about headache pathophysiology at the time also interested me.

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Submit Program Changes to UCNS

If you are planning changes in faculty, curriculum, or resources in your UCNS-accredited fellowship, please contact the Accreditation Council. The program change procedure and template letter are available on your subspecialty accreditation page at www.ucns.org.

Apply for UCNS Accreditation by June 1

UCNS is now accepting applications until June 1, 2015. Programs approved following this deadline may be accredited as of December 1, 2015. The next deadline for program applications will be December 1, 2015.

UCNS Accredits New Programs

Congratulations to the following programs that were reviewed during the fall 2014 meeting and received accreditation from UCNS effective December 1, 2014. A complete list of UCNS-accredited programs is available at <http://www.ucns.org/apps/directory/>. Newly accredited programs and fellowship directors are:

Autonomic Disorders	
Mayo Clinic, Rochester	Paola Sandroni, MD
Behavioral Neurology & Neuropsychiatry	
University of Alabama, Birmingham	David S. Geldmacher, MD
Ohio State University	Brendan J. Kelley, MD, MS
Geriatric Neurology	
Ohio State University	Brendan J. Kelley, MD, MS
Headache Medicine	
Medical College of Wisconsin	Fred G. Freitag, DO
University of California, Los Angeles	Andrew Charles, MD
Neurocritical Care	
University of Kansas	Manoj K. Mittal, MBBS, MS
University of Wisconsin, Madison	Joshua Medow, MD, MS
Neuro-oncology	
University of Virginia	David Schiff, MD
Harvard Medical School at Beth Israel Deaconess Medical Center	Eric Tai Lee Wong, MD
University of California, San Francisco	Nicholas Butowski, MD
H. Lee Moffitt Cancer Center and Research Institute	Peter A. Forsyth, MD
University of Utah	Howard Colman, MD, PhD

Program Director Highlight

Continued from page 4

Why did you decide to seek UCNS accreditation for your program?

I feel very strongly that there should be basic standards for the fellowship programs so that the trainees could count on mastering a given body of skills and information. UCNS accreditation is one way to ensure that. Naturally, I wanted the fellowship program at Mayo Clinic to be accredited.

What do you think attracts fellows to your program?

I asked our current fellow that question and he said that there were four advancements that he was excited about: 1. the new CGRP receptor and ligand antibodies, 2. the investigations into the genomics of migraine, 3. functional imaging looking for changes in connectivity in the brains of people with chronic migraine and 4. neuromodulation in cluster headache.

Submit Your News

UCNS wants to promote the accomplishments of its diplomates and program faculty. If you have news you would like to include in our newsletter, please send it to acarpenter@ucns.org.

AAN to Help with Recognition of UCNS Subspecialties

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Subspecialties may ask the Academy to submit applications for NUCC recognition on their behalf. Not all subspecialties will qualify for the AAN's help. Instead, applications will be submitted sequentially by the AAN based on their likelihood of success. Throughout this process, the AAN will consult closely with UCNS. We hope that this initiative will be a first step to help UCNS diplomates realize greater value from their certifications.

UCNS is grateful for AAN's help with this initiative. Please click [here](#) for more information.

Questions About UCNS?



Becky Swanson

Becky Swanson is the UCNS Executive Assistant. Diplomates, applicants, and programs calling with general inquiries will usually start by talking with her. If you have a question you would like answered in this section, email her at bswanson@ucns.org.

Q: I have a change in my UCNS-accredited fellowship program. What do I need to do?

A: UCNS must be notified in advance of any major changes in your program. Program changes include, but are not limited to, changes in the program director, program duration, and curriculum. Curricular changes include implementation of flexible fellowships and, specific to Neurocritical Care (NCC), implementation of a one-year fellowship for fellows who have previous training in anesthesia critical care, surgical critical care, internal medicine critical care, or neurosurgery. These program changes all require that the program submit a program change request as soon as the program change is known. In particular for the NCC programs, the program change request must be submitted as soon as possible in order for currently enrolled fellows to be eligible for UCNS's upcoming NCC certification examination. A link to the program change request process can be found on each subspecialty's accreditation page or by visiting <http://www.ucns.org/go/about/program>.

Q: How do I know if I can apply for the 2015 Neurocritical Care certification examination?

A: The practice track for the NCC examination expired after the 2013 examination. The 2015 examination is open to fellows who have graduated from UCNS-accredited NCC programs and those practice track applicants who have taken and failed a NCC examination within the past five years. This is also the first year the Faculty Diplomate pathway of application is available. Please contact UCNS if you have any questions regarding eligibility.

Staff

UCNS staff is available Monday-Friday to answer your questions regarding subspecialty recognition, accreditation, and certification.

Subspecialty Recognition Inquiries

John Kohring, Executive Director, (612) 928-6106 jkohring@ucns.org

Certification Inquiries

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The UCNS is sponsored by five parent organizations:

- American Academy of Neurology
www.aan.com
- American Neurological Association
www.aneuroa.org
- Association of University Professors of Neurology
www.aupn.org
- Child Neurology Society
www.childneurologysociety.org
- Professors of Child Neurology, see also
www.childneurologysociety.org

SUBMIT STORY IDEAS

Any news or story ideas for UCNS readers?

We would like to hear from you. Submit feedback regarding this issue and/or story ideas for future issues to the UCNS Executive Office.

