UCNS Achieves Certification Milestone, Listens to Diplomates

UCNS administered three certification examinations in 2013. With the results of these examinations now in, UCNS has awarded certifications to 2,166 physicians. They practice in 49 states, four Canadian provinces, the District of Columbia, and Puerto Rico.

In the fall, we asked all of our diplomates to complete a survey about their experiences with UCNS certification. There was a good response rate of 30%. Over 61% of the responders practice in an academic medical center and another 12% are in a hospital-based setting. Almost 60% of responders reported “no difficulties” in receiving reimbursement from private insurers for their subspecialty services. Over 48% of responders reported “no difficulties” when asked about obstacles in other areas, such as competition from other specialties and state rules regarding advertising.

While interest in UCNS certification is high, some diplomates face headwinds. Several responders reported that they had the following difficulties: a) UCNS subspecialties are not listed in their electronic health records (EHR) systems (23.9%); b) inability to receive reimbursement for “new patient” visits because their UCNS subspecialty is not listed in the Medicare Physician Specialty Codes (16%); c) inability to receive proper credentials from their facilities (15%); d) opposition from other specialists (13%); and e) state rules preventing advertising their UCNS certification (3.1%).

The UCNS Board of Directors will continue to work with its partners, including the American Academy of Neurology, to gain recognition of UCNS subspecialties by state licensing boards and insurers, both public and private.

What is your subspecialty certification? Select all that apply:

<table>
<thead>
<tr>
<th>Subspecialty</th>
<th>Response Percent</th>
<th>Response Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Autonomic Disorders</td>
<td>1.3%</td>
<td>6</td>
</tr>
<tr>
<td>Behavioral Neurology &amp; Neuropsychiatry</td>
<td>23.0%</td>
<td>105</td>
</tr>
<tr>
<td>Geriatric Neurology</td>
<td>2.4%</td>
<td>11</td>
</tr>
<tr>
<td>Headache Medicine</td>
<td>24.0%</td>
<td>112</td>
</tr>
<tr>
<td>Neural Repair and Rehabilitation</td>
<td>1.3%</td>
<td>6</td>
</tr>
<tr>
<td>Neuro-oncology</td>
<td>5.5%</td>
<td>26</td>
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<tr>
<td>Neurocritical Care</td>
<td>37.3%</td>
<td>170</td>
</tr>
<tr>
<td>Neuroimaging</td>
<td>9.0%</td>
<td>41</td>
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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.

Important Dates

- **May 15, 2014**
  Behavioral Neurology & Neuropsychiatry certification application deadline

- **July 15, 2014**
  Neural Repair and Rehabilitation certification application deadline

- **June 1, 2014**
  Accreditation application deadline for fall 2014 review
**Letter from the Chair**

We had a groundbreaking year in 2013. Not only did we exceed our estimates for certification applications, but we also continued our strong growth in accredited programs. High certification and accreditation revenues helped us achieve a substantial year-end surplus, which will help us weather any lean years that we might encounter in the future. We did not seek operating support grants from our parent organizations in 2013 and we do not expect to do so in 2014 either. In short, we finished our tenth anniversary year on stable financial footing. Moving forward, we will continue to focus on our mission, which is helping neurologic subspecialties develop credibility and grow.

While the future is not without challenges, we are working hard to tackle them now. One of our goals is to help our diplomates thrive in the new health care environment. In November, executive director John Kohring gave a presentation to the American Academy of Neurology in which he discussed our long-term goals. The Academy’s president, Timothy A. Pedley, MD, FAAN, appointed an Academy task force to review the status of UCNS and consider reimbursement issues experienced by subspecialists. We are hoping that the Academy will devote some of its advocacy resources to helping UCNS diplomates receive the compensation they deserve for their subspecialty services.

Since the fall, two new physicians have joined the UCNS Board of Directors. They are Mario F. Mendez, MD, PhD, FAAN, who is the Director of Neurobehavior at the VA Greater Los Angeles and Professor of Neurology and Psychiatry at UCLA, and Marwan N. Sabbagh, MD, FAAN, who is Director of the Banner Sun Health Research Institute in Arizona. Dr. Mendez represents the Behavioral Neurology & Neuropsychiatry subspecialty and Dr. Sabbagh represents the Geriatric Neurology subspecialty. We will hold our annual meeting of the Board of Directors in April in conjunction with the Academy’s Annual Meeting. At that time, we will say goodbye to Laszlo Mechtler, MD, who has served for two years on the Board as the representative of the Neuroimaging subspecialty. We thank him for his service to UCNS. Dr. Mechtler will be replaced by a representative of the Autonomic Disorders subspecialty. We also will be saying farewell to Ralph Józefowicz, MD, FAAN (see profile on page 3), who has served as the ABPN liaison to the Board since UCNS was established. We have appreciated his wise counsel and hope that he can continue to play a role in UCNS as we move into our next decade.

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**Board Member Highlight — Robert J. Baumann, MD, FAAN**

Robert J. Baumann, MD, FAAN, Professor of Neurology and Pediatrics, Chief of the Child Neurology and Regional Clinic Programs at the University of Kentucky, is currently serving on the UCNS Board of Directors as a representative of the Professors of Child Neurology.

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

I don’t know why I chose to be a physician. As far back as I can remember, I was always interested in medicine. As for neurology, the brain seemed interesting, complicated, and mysterious, and I suppose that attracted me. As for child neurology, which is my field, I have spent my whole working life with children. My parents were the owners of a children’s summer camp that I attended when younger and then I worked there until my last year of medical school. It only seemed natural to go into a pediatric subspecialty.

**How do you think UCNS benefits the field of neurology?**

UCNS represents important professional interests for neurological subspecialists who have no other organization specifically interested in quality and standards of practice in their subspecialty area.

**What is the most significant breakthrough or advancement in child neurology in 2013?**

The area that is changing practice in child neurology the most is genetics—this will especially be true if, as predicted, the cost of genetic testing decreases. It is producing increased insight into why some children have developmental abnormalities and will likely be the eventual basis for disease classification in areas such as epilepsy, demyelinating disorders, brain tumors, and so on.
**Board Liaison Highlight**

**Ralph F. Józefowicz, MD, FAAN**, received his BA degree in biology, with honors from the Johns Hopkins University in 1975 and his MD degree from Columbia University College of Physicians and Surgeons in 1979. A member of both Phi Beta Kappa and Alpha Omega Alpha, he completed residencies in internal medicine and in neurology, as well as a fellowship in neuromuscular diseases at the University of Rochester School of Medicine and Dentistry. He is presently Professor of Neurology and Medicine and Associate Chair for Education in the Department of Neurology at the University of Rochester, and serves as director for the second-year medical student “Mind, Brain and Behavior” course and the third-year Neurology Clerkship. He is also the Neurology Residency Program Director at the University of Rochester. Dr. Józefowicz is the outgoing American Board of Psychiatry and Neurology (ABPN) liaison to UCNS.

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

I remember wanting to be a physician since sixth grade. My family doctor was my first role model. I was impressed with his dedication to his patients as well as the respect that his patients had for him. My older brother was my next role model. He became a neurologist, and this likely influenced my decision to enter this field. What continues to excite me about neurology to this day is the constant thinking that we employ in the day-to-day practice of our field. The majority of our patients have major medical and psychiatric co-morbidities that require us to stay current with general medicine. Also, the elegance and precision of the neurologic history and examination allow us to diagnose most conditions without the need for imaging or ancillary tests. Finally, neurology is a field that lends itself well to teaching at all levels—medical students, residents, physician colleagues, and advance practice providers—and in many venues, including basic science courses, clinical clerkships, and CME. I still remain excited every day about my work and awaken ready to seize the day!

**How do you think UCNS benefits the field of neurology?**

The UCNS is instrumental in providing credentialing, accreditation, and certification for small neurologic subspecialties that cannot pursue the ACGME accreditation or the ABPN certification pathways. Several of these UCNS subspecialties have procedures under their purview that complement the procedures performed by physicians in larger ACGME/ABMS specialties. Certification by UCNS allows our diplomates to be privileged to perform these complementary procedures in hospital systems. Also, the UCNS ensures that the training of fellows meets the standards of the subspecialty, thus ensuring quality for the field.

**What kind of medical students are entering neurology residencies and what do they say about fellowships?**

In my institution, 10% of the graduating medical school class enters either adult or child neurology residency training. Our continuum of neurologic education, which includes the second-year neuroscience course and the third-year neurology clerkship, as well as our dedicated faculty and residents, are largely responsible for this large number entering neurology training. These students are bright, idealistic, and kind. Many enter academic positions in research, clinical care, and teaching.

Almost all neurology residents now pursue fellowship training, as the extra year provides them with continued supervision in clinical practice, as well as additional training in a subspecialty field. Medical students interviewing for residency positions in neurology ask about fellowship opportunities that are available post-residency. Departments with strong fellowship programs are better able to recruit stronger applicants.

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**UCNS at Annual Meeting**

UCNS will be present at the American Academy of Neurology’s Annual Meeting in Philadelphia, PA, April 28-May 1, 2014. Stop by booth #1500 to speak with knowledgeable staff. Staff will also be present at the Autonomic Nervous System, Behavioral Neurology, Critical Care and Emergency Neurology, Headache and Facial Pain, Neuroimaging, and Neuromuscular section meetings.

**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.
**Certification News**

**Letter from the Certification Council Chair**

This year is set to be another exciting year for everyone involved with UCNS certification. We are offering three examinations this year. The application cycle for Headache Medicine is now complete, but certification examination applications for Behavioral Neurology & Neuropsychiatry and Neural Repair and Rehabilitation are available now. The application fees for this year’s certification examinations are the first ones that may be paid by credit card. This capability makes our application process more user-friendly. This all comes after a record-breaking year in 2013, when, as mentioned in the lead article, UCNS achieved the milestone of certifying more than 2,000 diplomates. In addition, a new examination for Clinical Neuromuscular Pathology is currently under development and will be offered for the first time in 2015.

I am confident that UCNS will continue to grow and evolve in order to consistently meet the needs of its constituents. To that end, in addition to the Certification Council’s review of applications for the three upcoming examinations, we will also continue to review and improve the online application system and finalize implementation of the recertification process. Watch for my letters in future newsletters for more information regarding your recertification.

Gregory Gruener, MD, MBA

**Behavioral Neurology & Neuropsychiatry Practice Track Pathway Extended**

The practice track pathway of eligibility for the Headache Medicine (BNNP) exam has been extended. The practice track will now close after the 2014 application cycle. After 2014, only those who have completed a UCNS-accredited BNNP fellowship will be eligible to apply for the examination. Please visit [http://www.ucns.org/go/subspecialty/behavioral/certification](http://www.ucns.org/go/subspecialty/behavioral/certification) for more information.

**2014 Certification Examination Schedule**

<table>
<thead>
<tr>
<th>Subspecialty</th>
<th>Application Deadline</th>
<th>Examination Date</th>
<th>Location</th>
</tr>
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<tbody>
<tr>
<td>Headache Medicine</td>
<td>April 15, 2014</td>
<td>October 6-10, 2014</td>
<td>Pearson VUE</td>
</tr>
<tr>
<td>Neural Repair and Rehabilitation</td>
<td>July 15, 2014</td>
<td>December 14-19, 2014</td>
<td>Pearson VUE</td>
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**Diplomate Highlight**

Michael S. Jaffee, MD, FAAN, FANA, completed his residency and fellowship at the San Antonio Uniformed Services and Health Education Consortium. Dr. Jaffe was selected as the active duty U.S. delegate to NATO for international coordination of traumatic brain injury initiatives. He is now a neurologist with the University of Virginia Health System.

**Why did you choose to practice medicine and go into the fields of Neural Repair and Rehabilitation and Behavioral Neurology & Neuropsychiatry?**

I chose medicine due to a desire to help people at a personal level. Neurology provided an opportunity to blend clinical skills with evolving and exciting discoveries. Specializing in neuropsychiatry and neuro-rehabilitation allows me to address all of a patient’s needs throughout the course of an illness and recovery. Both of these fields are multidisciplinary and allow for dynamic collaborations and innovations to enhance patient care.

**Why did you decide to seek UCNS certification?**

With rapid developments in these fields, it is important to have an objective measurement to demonstrate expertise. The recognition allows colleagues and organizations to seek me out for consultations and collaborations.

*Continued on page 7*
Accreditation News

Letter from the Accreditation Council Chair

It has been a busy year for the Accreditation Council and will continue to be busy through the fall accreditation cycle. In addition to reviewing program accreditation and reaccreditation applications, the Accreditation Council will be implementing the revised program requirements for Autonomic Disorders, Geriatric Neurology, Neurocritical Care, and Neuroimaging, effective June 1, 2014. We also will be finishing the revision process for Behavioral Neurology & Neuropsychiatry, Headache Medicine, and Neuro-oncology. With the revised program requirements also comes a new accreditation application. Beginning with the December 1 accreditation cycle, new and existing Autonomic Disorders, Geriatric Neurology, Neurocritical Care, and Neuroimaging programs will use a streamlined accreditation application. The Council sought feedback from program directors in each subspecialty to revise the applications. Several improvements were made to the application process as a result of the Council’s collaboration with program directors. I thank the task force participants for their time and efforts in assisting the Council to improve the UCNS accreditation process.

Lori Schuh, MD, FAAN

Rimas V. Lukas, MD
Assistant Professor of Neurology, is the program director of the University of Chicago Neuro-oncology fellowship.

Why did you choose to practice medicine and go into the field of Neuro-oncology?

The field of Neuro-oncology is a challenging and engaging field that will continuously evolve during the course of my academic career, providing an opportunity for lifelong learning. It is a field in which big steps are in need of being made and it is feasible that they can occur in the foreseeable future. Neuro-oncology provides an opportunity to care for patients in a way that is very rewarding. The Neuro-oncology patient has a serious disease, the medical management is complex, and the potential benefits provided by the Neuro-oncologist include prolongation and quality of life. Finally, the very multidisciplinary nature of the subspecialty is a wonderful opportunity to interact with colleagues from numerous backgrounds evaluating the same sets of problems from their unique perspectives.

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

UCNS accreditation provides a validation of the quality of education provided by a Neuro-oncology fellowship program. Along these lines I previously was part of a letter to the editor published in Neurology on this subject (Taylor, Lukas, et al. Neurology 2012;78(7):514-5) which captures my thoughts fairly well.

What do you think attracts fellows to your program?

The University of Chicago Neuro-oncology program provides an excellent education environment where fellows have the opportunity to see a large volume and wide range of cases. Clinical activity occurs at two sites, the main University of Chicago campus in the historic Hyde Park neighborhood of the city and North Shore University, our academic affiliate immediately north of the city. In addition to the primary brain tumors, which are a significant component of all Neuro-oncology programs, the university has a very robust hematology and oncology section, which provides exposure to interesting central nervous system (CNS) metastases patients. Neuro-oncologists will play a greater role in the management of CNS metastases as our knowledge and therapeutic options increase.

Excellent clinical opportunities and exceptional research training are available to trainees. These opportunities include basic and translational research in several labs within neurosurgery, oncology, and radiation oncology. Fellows interested in clinical research are directly involved with clinical trials and have protected time to participate in focused course work in patient-oriented research.

Continued on page 6
Submit Program Changes to UCNS

All programs are reminded that certain program changes must be submitted to UCNS for approval. If you are planning changes in faculty, curriculum, or resources in your UCNS-accredited fellowship, you must notify the Accreditation Council. The program change procedure and template letter are available at https://www.ucns.org/go/about/program. Programs failing to notify the UCNS of any changes may be in danger of an adverse accreditation action, up to, and including, loss of accreditation. All changes in program directors, program duration, and certain resources require approval prior to any changes being made to the fellowship directory.

Apply for UCNS Accreditation by June 1

The deadlines for fellowship programs seeking accreditation have changed. UCNS is now accepting applications until June 1, 2014. Programs approved following this deadline may be accredited as of December 1, 2014. The next deadline for program applications will be December 1, 2014.

UCNS Accredits New Programs

Congratulations to the following programs that were reviewed during the fall 2013 meeting and received accreditation from the UCNS effective December 1, 2013. A complete list of UCNS-accredited programs is available at http://www.ucns.org/apps/directory/. Newly accredited programs and fellowship directors are:

<table>
<thead>
<tr>
<th>Behavioral Neurology &amp; Neuropsychiatry</th>
<th>Stanford University</th>
<th>John J. Barry, MD</th>
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<tbody>
<tr>
<td>University of Southern California</td>
<td>Helena Chang Chui, MD</td>
<td></td>
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<tr>
<td>Yale University</td>
<td>Haakon B. Nygaard, MD</td>
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<table>
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<tr>
<th>Clinical Neuromuscular Pathology</th>
<th>Johns Hopkins University</th>
<th>Ahmet Hoke, MD, PhD</th>
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<tbody>
<tr>
<td>Mayo Clinic, Rochester</td>
<td>P. James B. Dyck, MD, FAAN</td>
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<td>Nationwide Children’s Hospital/OHIO State University</td>
<td>Zarife Sahenk, MD</td>
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<td>University of California, Irvine</td>
<td>Taheen Mozaffar, MD</td>
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<td>University of Colorado</td>
<td>Steven P. Ringel, MD, FAAN</td>
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<thead>
<tr>
<th>Headache Medicine</th>
<th>Nationwide Children’s Hospital/OHIO State University</th>
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<td>University of Utah</td>
<td>Kathleen B. Digre, MD</td>
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<tr>
<th>Neuro-oncology</th>
<th>Henry Ford Hospital</th>
<th>Tom Mikkelsen, MD</th>
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<tbody>
<tr>
<td>University of Alabama at Birmingham</td>
<td>Louis B. Nabors, III, MD</td>
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<td>University of Colorado</td>
<td>Denise M. Damek, MD</td>
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<tr>
<td>University of Washington</td>
<td>Maciej M. Mrugala, MD, PhD, MPH</td>
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Program Director Highlight
Continued from page 5

What is your current research?

My scholarly interests are clinically centered and focus predominantly on high-grade gliomas and CNS metastases. In addition to my regular clinical trial activity, I am collaborating with colleagues in thoracic oncology to develop a better understanding of the natural history of the CNS metastases from specific molecular subtypes of non-small cell lung cancer. Finally, I also devote some time on scholarly work focused on the education of trainees in the neurosciences. This final point ties together my interests in Neuro-oncology and medical education.
How has UCNS certification benefitted you?

The acknowledged expertise from UCNS certification has supported my development of practice guidelines and new clinical programs, which I have had the privilege of doing in the military and now within academia. The certification has also provided a foundation for meaningful and innovative interdisciplinary collaborations.

What are the three most significant breakthroughs or advancements in Neural Repair and Rehabilitation and Behavioral Neurology & Neuropsychiatry in 2013?

- For psychiatric symptoms in neurological disease: Studies showing the efficacy of pimvanserin, a reverse serotonin agonist for treatment of psychosis in Parkinson’s disease
- For neurorehabilitation: Increasing studies on emerging technologies including robotic therapy improving functional gains and locomotion and transcranial magnetic stimulation and transcranial direct current stimulation enhancing motor and cognitive recovery
- For behavioral neurology: Discovery of sleep’s role in clearing of amyloid has opened the door to evaluate further the role of sleep in both Alzheimer dementia and sleep’s contribution to neuronal recovery following brain injury

Q: What is an acceptable electronic signature?

A: Appropriate electronic signatures are preceded and followed by the forward slash symbol (/). An example of an appropriate signature is as follows: /John Doe/. This signature must be used when signing applications for accreditation and certification, as well as on any supporting documentation that accompanies an application.