

CongressQuarterly

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Leadership + Career Development in **NEUROSURGERY**



CNS

4 Advancing Leadership in
Neurosurgery: The CNS
Leadership Institute

12 Transitioning to
Health Care Leadership.

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EDITOR'S NOTE



Theresa Williamson
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Julie L. Chan
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In this edition of *Congress Quarterly*, we celebrate the successes of our members and invite leaders in our field to impart their wisdom.

At the forefront of shaping future leaders, Anand Veeravagu, Ellen Air, and Jason Ellis discuss the CNS Leadership Institute and how this course can advance your career. Deborah Benzil walks us through how she selected her first job and shares her values on how we, as neurosurgeons, can contribute to the next generation of neurosurgeons who find satisfaction in their careers.

William Ashley Jr. and Jai Horsley discuss the American Society of Black Neurosurgeons and the value of focused mentorship. Julie Pilitsis shares how she has transformed her ambition into impactful success and provides valuable resources to support our own journeys. We also hear from Steve Kalkanis, Bob Carter, Erica Bisson, Ian Dunn, and Lawrence Chin about their personal experiences transitioning into healthcare leadership roles.

While our presence and impact as academic neurosurgeons—both clinically and in leadership roles—are vital, we also recognize the value of complementary trajectories. Jonathan Rasouli and John Pracyk discuss alternative paths to leadership based on their unique experiences.

As more of our neurosurgery colleagues navigate the path to leadership, many are choosing to pursue additional degrees, such as an MBA. John Shin shares how earning his MBA has transformed his approach to becoming a surgeon leader. Finally, Doug Kondziolka discusses how organized neurosurgery can be leveraged for both professional and personal growth.



CNS

CONTENTS



Editor's Note

Theresa Williamson, Julie Chan

President's Message

Daniel Hoh

LEADERSHIP AND CAREER DEVELOPMENT

4 Advancing Leadership in Neurosurgery: The CNS Leadership Institute

Anand Veeravagu, Ellen Air, Jason Ellis

6 The Challenging Start to My Career

Deborah L. Benzil

8 ASBN: Leadership and Career Development

William W. Ashley, Jr., Jai Horsey

10 Navigating Leadership from Ambition to Impact

Julie G. Pilitsis

12 Transitioning to Health Care Leadership

Steve Kalkanis, Bob Carter, Erica Bisson, Ian Dunn, Lawrence Chin

16 Alternative Paths to Leadership: Embracing a Career Pivot

Jonathan Rasouli, John Pracyk

19 My Transformative Executive MBA Journey as a Neurosurgeon

John H. Shin

22 Leadership: Organized Neurosurgery as a Platform for Personal Growth

Douglas Kondziolka

INSIDE THE CNS

24 Washington Committee: 50 Years of Advocacy and Impact

Regina Shupak, Katie Orrico, Alex Khalessi, Charlotte Pineda

25 Washington Committee Report

Alex Khalessi, Charlotte Pineda

FOUNDATION UPDATE

27 Foundation Update

Lola B. Chambless

CNSQ INSIDE BACK COVER

Images in Neurosurgery

PRESIDENT'S MESSAGE



Daniel J. Hoh, MD, MBA, FCNS
President, Congress of Neurological Surgeons

Dear CNS Members,

The theme of this issue of *Congress Quarterly*—Leadership & Career Development—is both timely and essential. As our specialty evolves, it is increasingly clear that neurosurgeons must possess not only technical proficiency but also the leadership skills and career insights necessary to drive innovation and advocate for our profession at every stage. The Congress of Neurological Surgeons has long been dedicated to equipping its members with the tools and resources to excel in the clinic, the training program, the research lab, and the boardroom.

One of our most impactful programs, the CNS Leadership Institute, is highlighted in this issue's opening article. Through a comprehensive curriculum that includes education, mentorship, and experiential learning, the Leadership Institute empowers neurosurgeons with the skills to navigate complex challenges and lead multidisciplinary teams. Graduates of the program have gone on to lead neurosurgical departments, residency programs, and hold influential positions within organized neurosurgery. Their success is a testament to the transformative power of cultivating leadership skills throughout our professional lives. This year we are excited to expand the Leadership Institute with a new Executive Leadership in Health Care program.

The CNS also plays a critical role in advocating for neurosurgeons, patients and health systems through the Washington Committee's efforts in public policy. The committee contributes to members' long-term career development by ensuring neurosurgeons are supported and recognized, advocating for better resources and research funding, and protecting access to neurosurgical care. In this issue, Washington Committee Chair Alex Khalessi and Vice President of Health Policy and Advocacy

Charlotte Pineda commemorate the 50th Anniversary of the Washington Committee, reflecting on its impact and efforts to shape an environment in which neurosurgeons can thrive.

Remaining current with advancements in neurosurgery is crucial for professional development. Neurosurgery, the premier journal in our field, ensures our members are at the forefront of new surgical techniques, technological innovations, and evidence-based practice across all neurosurgical subspecialties— thanks to the vision and leadership of our Editor-in-Chief, Douglas Kondziolka, who shares his path to leadership on page .

The CNS Annual Meeting is another cornerstone of our commitment to career development, bringing together neurosurgeons from around the globe to share groundbreaking research, discuss clinical and technological advancements, and foster meaningful collaborations. The connections made and the insights gained at the Annual Meeting provide invaluable opportunities for professional growth, ensuring our members lead the way in shaping the future of neurosurgery. Similarly, the CNS Education Division has built an extensive catalog of live, virtual and on-demand educational programs designed to support surgeons' careers at every stage—from primary and oral exam preparation programs and career search resources to continuing education programs to help members stay abreast of developments in the field, wherever and whenever it's most convenient for them.

Through these and many other efforts, the CNS cultivates a community of neurosurgeon leaders and offers our members the opportunity to influence the future of our specialty. This issue of *Congress Quarterly* is packed with insights from

many of these surgeon leaders, each offering valuable perspectives and advice to guide you as you chart your neurosurgical career. Deborah Benzil reflects on overcoming early-career obstacles. Julie Pilitsis provides advice on preparing for success at each phase of your career. Steve Kalkanis, Bob Carter and other leaders share lessons as they transitioned to top health care leadership roles. I hope you find their stories as inspiring as I did.

As always, thank you for your continued engagement with CNS and your dedication to advancing neurosurgery. Together, we will continue to build a community that fosters growth, collaboration, and leadership. 🇺🇸

Sincerely,

Daniel Hoh, MD, MBA, FCNS

President, Congress of Neurological Surgeons

Member Spotlight

"Coming from an international medical school and having no home neurosurgery residency program, I have always had to find learning opportunities and engage in self-education to further my knowledge base. The CNS has been an incredible resource throughout my all of my years in training, and well into my career as faculty."

"I have a deep interest in capturing surgical video footage of cases that are routinely recorded (ie. deformity surgery, primary bone tumor resections, etc), and CNS Nexus gave me an opportunity to publish several of my operative videos. As a result of this success early in my career, I have built a fairly extensive operative video library of complex spine cases, many of which have gone on to peer-reviewed publication in CNS journals. Due to my interest in education, the CNS has requested my contribution to other platforms, such as becoming one of the CNS Nexus Spine co-editors, writing SANS questions, and leading a team of other physicians to create SANS flashcards for board review. The opportunities to contribute to educational efforts within CNS have opened doors to other opportunities in affiliate organizations such as the Joint Spine Section, and SRS."

"I am very excited to be a course director at the upcoming CNS Meeting, for an idea that I had a while ago... This year, we will be putting together a half-day course called "Operating Room Theatre," in an effort to engage expert faculty spine surgeons to share their technical nuances with the audience. The hope is that there will be very granular knowledge exchange that goes far beyond a static slide presentation. During the meeting, I will also be a faculty member at the Sonntag Deformity Symposium and am looking forward to contributing my clinical experiences, as well as formulating SANS questions for CME credit at the course. I think this year's CNS Meeting will once again break records, as we look to expand unique learning opportunities for our attendees."



**Michael Galgano,
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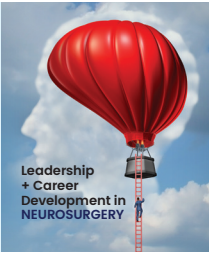
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Anand Veeravagu,
MD, FCNS



Ellen Air, MD, PhD,
FCNS



Jason Ellis, MD, MBA,
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Advancing Leadership in Neurosurgery: The CNS Leadership Institute

Leadership is a critical component of success in neurosurgery, requiring a blend of clinical expertise, strategic thinking, and organizational skills. The Congress of Neurological Surgeons (CNS) Leadership Institute offers a structured, progressive approach to leadership development through its three-tiered program. Designed to meet neurosurgeons at different stages of their careers, the institute equips participants with essential leadership competencies, from foundational skills to high-level executive decision-making.

Following a series of introductory virtual sessions and a leadership strengths assessment, participants are invited to one of three live courses. Each course builds on the previous one, fostering a continuous learning experience that prepares neurosurgeons to lead effectively within their institutions, professional societies, and the broader healthcare landscape.

The **CNS Leadership in Healthcare Course** (1.0) is ideal for early-career neurosurgeons, typically those with 2 to 6 years of clinical experience. This course focuses on developing the foundational skills essential for thriving and advancing in today's complex healthcare

ecosystem. Emphasis is placed on working within systems, fostering a collaborative mindset, and cultivating influence within each participant's unique environment. The course introduces participants to key information, tools, and strategies needed to excel as leaders. Workshops cover topics such as change management, building culture, adaptive team dynamics, conflict resolution, healthcare finance, regulatory compliance, career development, and networking. Participants report improvements in communication skills, strategic thinking, decision-making, and team management. These foundational leadership skills are applied immediately and continuously, making the course an essential starting point for young neurosurgical leaders as they chart their career paths.

Many participants return for the **CNS Vanguard Leadership in Healthcare Course** (2.0), which builds on these core principles by integrating real-world applications and executive leadership strategies. This course refines participants' ability to lead at higher levels within their institutions, professional societies, and broader healthcare systems. Key areas of focus include strategic organizational



leadership, mentorship, team dynamics, and advocacy. Participants are often considering significant leadership roles, tackling system-wide administrative challenges, or leading at the enterprise level. Through interactive workshops, case-based learning, and mentorship from experienced neurosurgeons, participants develop the confidence and expertise necessary to take on leadership roles and navigate the complexities of modern healthcare systems.

This year, the CNS Leadership Institute is excited to introduce the **Executive Leadership in Healthcare Course**, a pioneering program designed to cultivate exceptional leaders both within neurosurgery and beyond.

Why now? Healthcare is evolving rapidly and becoming increasingly complex. Neurosurgeons are uniquely positioned to lead healthcare systems. Their clinical expertise allows them to advocate for policies and systems that prioritize quality, safety, and patient-centered care. Moreover, neurosurgeons approach problems holistically, an invaluable skill when making decisions about resource allocation, care protocols, and the integration of emerging technologies. The Executive Leadership in Healthcare course is designed to help leaders build on these strengths and expand their

skillsets to meet the challenges of today's healthcare landscape. The curriculum emphasizes high-level strategic skills and knowledge necessary for leading large teams, influencing institutional culture, and driving systemic change. Key focus areas include:

- Understanding and utilizing market forecasts
- Strategic planning and sustainable change
- Healthcare policy and value-based care in surgery
- Financial stewardship and resource allocation
- Leading teams and group decision-making in high-stakes environments
- Management, retention, and organizational culture

Building a Legacy of Leadership

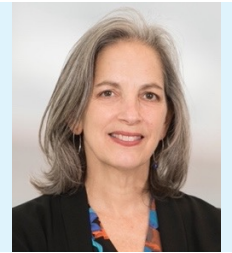
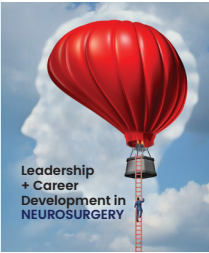
The CNS Leadership Institute is more than just a professional development program—it is a community dedicated to nurturing influential leaders who will shape the future of neurosurgery and healthcare. By empowering leaders with strategic skills, fostering a culture of mentorship, and ensuring continuous engagement, the CNS Leadership Institute is paving the way for transformative leadership and systemic change in neurosurgery. 📌

– JOIN US IN 2025 –

Now in its tenth year, our 12-month **CNS Leadership Institute curriculum** has been refined to give participants more opportunities to workshop their personal leadership challenges with their colleagues and mentors, applying the skills learned throughout the program to effect meaningful change in their own departments, organizations, hospitals, and health systems.

Applications for the 2025 program are open through May 28, 2025. Selected applicants will be notified in June and begin pre-course work in August. Our live courses will be held **November 13-15** in Chicago.

Learn more and submit your application at cns.org/leadership.



Deborah L. Benzil,
MD, FCNS

The Challenging Start to My Career

Bill Clinton became president, the Berlin Wall fell, and the World Wide Web was released. It was 1993, when I started my Chief Resident year and, concurrently, my post-training job search. While I had received outstanding education and training, I had little access to networking, as most of the faculty in the program were either early-career or in private practice. A two-year brain tumor research fellowship at NIH and two years of funded research during my training provided few connections in the neuro-oncology world I hoped to enter. Even more so than today, there was no education provided about job searches, contracts, negotiations, or practice management.¹ There was consideration of a job for my spouse, who had a growing expertise in molecular biology, and consideration for our young family, which would require good daycare and schools. There was also the hurdle of being a woman, when just a handful had successfully entered and navigated academic neurosurgery. This was a time before real internet, email or cell phones, so correspondence and connections were considerably hampered.

Today, I deliver a series of lectures to my residents that teach about job searches, practice models, contracts, and negotiations, but I knew none of that in 1993-94.² Perhaps facing the challenges I did and making many mistakes in this process was part of the motivation for developing these didactics. Almost half of all neurosurgeons leave their first job within two years. Clearly, we are not supporting our graduating residents and fellows in making optimal choices when they leave training to begin their careers. While most will land on their feet, it is clear we can and should do better!

Though I was quite naïve, I couldn't help but feel my job search was an exciting time. After the struggle to get into neurosurgery residency, surviving 100-hour work weeks for six years while delivering and raising two children, and the challenge of mastering the required skills while moonlighting to keep my finances stable, I looked forward to embracing the next phase of my career. Dozens of letters were sent (my husband mirroring these with job inquiries of his own), a few calls were made on my behalf, and then we held our breath and waited. Finally, a few responses began to trickle in, and we began preparations for interviews. That is when the next grenade nearly exploded!

After several visits were scheduled and call responsibility arranged, I was called to my chair's office. I was quietly informed I would be required to utilize my vacation time for any job search time. Speechless—that's what I was. Not only was this unprecedented,

but I had already sacrificed two full years of vacation time (PGY-3 and 4) when I delivered my children and was a solo chief getting just one weekend off each month. It took a moment to recover, but then I calmly asked, "Are you telling me that I am not entitled to the same job search time that all the men who have been chief residents received?" Fortunately, my response quickly diffused that dirty bomb from exploding.

I could write about how challenging the logistics were (arranging care for our family while my husband and I did lightning strikes in the few cities where there appeared to be good offers for both of us), but it was nice to have just a little time with my husband, all expenses paid! Having presented at several national meetings and created some small networks through the establishment of Women in Neurosurgery (WINS) in 1990, I had some experience with neurosurgeons beyond my program, but this felt like a different level of exploration and connection. It was exciting to talk about my research and my career aspirations. Invariably, there were the unpleasant questions—related to being a woman, a mother and a wife—but after nearly a decade in neurosurgery, I expected these and tried not to let them override other positive aspects of job opportunities. When the first letter arrived with a real job offer, I was joyous. A new chapter was about to begin—one filled with hope, opportunity, and financial security.

It was disappointing that so few considered me as potential faculty. For that time, I could boast considerable accomplishments, including being the first woman neurosurgery resident to receive a prestigious ABTA grant for brain tumor research (Anthony Greto Fellowship), publishing a high-impact manuscript in *Cancer Research*,³ delivering several well-received presentations at national meetings, and boasting a rare experience with Gamma Knife radiosurgery—then a very new technology. I thought getting into and through residency would be the challenge. In my experience, I had found that if I proved I could do something, others would then be accepting. Unfortunately, for my job search, that was not the case.

Ultimately, we ended up with concordant opportunities in three cities, and in one city, I had two distinctly different offers (one in academics and one in private practice). On a rare Saturday night when I was not on call and the kids went to bed with little fuss, we sat in front of a fire with a glass of wine and discussed and debated the merits of all our offers. This was a monumental decision—two



Rhode Island Hospital/Brown University Neurosurgery Residents, Dr. Benzil far right in required scrub dress.

careers, two parents, two kids, schools, and finances all swirled and eddied around our thoughtful discussion. More wine was poured, and the hour became late and the columns of “pros and cons” got blurry, but finally we made a decision and confirmed it was the right one for us at this time. We agreed it was too late to write an optimal acceptance or make a call, so we headed to bed.

In those days, morning came early as the kids demanded our attention! With snacks in hand, they both snuggled into our bed as the adults, a little bleary-eyed from our late night, sipped British tea. Despite many hours of thoughtful discussion and machinations, with the sun rising, my husband and I looked at each other and almost simultaneously changed our career decision. The adage of “sleep on it” had borne fruit and changed the direction of our early careers. In the end, what most drove this change was choosing a place that we thought would provide both our careers with options, should one of us find the need for change, and a larger metropolitan area seemed our best choice.

In July 1994, I started as assistant professor of neurosurgery at New York Medical College. In retrospect, my salary was under fair market value (FMV), the compensation package suboptimal, the term of employment poor, the stability of the practice

unacceptable, and the availability of mentorship minimal. It was only with grit and resilience that I was able to craft success from those early years. I have endeavored to pay it forward by mentoring and teaching residents in a wide variety of life and career skills. All of neurosurgery must do better to send our talented and proficient residents to jobs not only with medical and technical skills but also with a solid understanding of:

- FMV⁴
- Personal finances
- Negotiation
- Optimizing job searches
- Contracts, and
- Regulatory matters

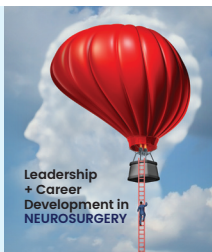
While we don't need our residents thinking solely of monetary matters, all of these are critical components that ensure career satisfaction and longevity. Neurosurgery is a career that requires long and difficult training, but it is also one in which we touch the lives of so many—our patients and their families—often at the most difficult times of their lives. We need the whole armamentarium of tools to allow the full expression of that work. ■

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Deborah L. Benzil, MD, FCNS

Vice Chair, Department of Neurosurgery, Cleveland Clinic



William W. Ashley, Jr.,
MD, PhD, MBA, FCNS



Jai Horsey, MS

ASBN: Leadership and Career Development

The late Dr. Frances K. Conley was a pioneering leader whose groundbreaking career in neurosurgery helped redefine what was possible in the field. Her journey -- from her academic beginnings at Bryn Mawr College and Stanford University to becoming one of the first board-certified neurosurgeons in the United States -- exemplifies the power of determination, vision, and leadership in a historically exclusive specialty. Dr. Conley not only advanced the field through her clinical expertise and academic contributions, but she also laid a foundation for the inclusive leadership models that neurosurgery is embracing today. Her legacy continues to inspire efforts to expand opportunities, support mentorship across all career stages, and ensure that the future of neurosurgery is shaped by a broader, more representative community of leaders.¹

Recent sociopolitical shifts have ushered in a deeper understanding of, and renewed commitment to, leadership in neurosurgery. Historically, our field's leadership has been relatively homogeneous, consisting primarily of white American males, and structured hierarchically using a top-down approach. Fortunately, we have since embraced more representative leadership structures, making neurosurgery more effective overall. Today, our leadership model has evolved, integrating top-down, bottom-up, and center-to-side strategies, fostering a more diverse range of ideas, improving patient outcomes, and enhancing patient satisfaction. Moreover, this approach has empowered all of us to take a more active role in leadership. It reflects the belief that every individual in neurosurgery -- regardless of position -- has a stake in patient care and shaping the specialty's future. Indeed, the climate has changed; we have begun to prioritize diversity, collaboration, and a flexible, dynamic process that empowers many, if not all, to assume leadership roles.¹

Many organizations have embraced this challenge. The Congress of Neurological Surgeons (CNS) and the American Association of Neurological Surgeons (AANS) have played significant roles, while the American Society of Black Neurosurgeons (ASBN) has also been pivotal. The CNS and AANS have traditionally been larger neurosurgery groups, but societies such as the Society of Neurological Surgeons, the Neurosurgical Society of America (NSA), and various regional organizations have created leadership opportunities. We now see increased efforts to create pathways in neurosurgery that

welcome practitioners from all walks of life. The goal is to foster an environment that nurtures and values diverse perspectives to improve outcomes, drive innovation, and reduce inefficiencies. By welcoming new voices, we boost engagement, create greater buy-in and a shared sense of meaning and ownership, and ultimately enhance productivity and quality of life.

The changes of 2020 highlighted the significance of diversity and broad representation in neurosurgery. As a small specialty, meaningful change requires collaboration -- no single group can do this alone. In the wake of these changes, many recognized the need for inclusive teamwork, prompting critical thinking and new publications. Tracking search terms related to diversity reveals no publications on diversity in neurosurgery before 2015. A few relevant publications emerged in 2020, with more since. As the number of studies grows, it's clear we are entering a new phase -- one that recognizes the lasting benefits of exploring diversity in neurosurgery. In 2023, leaders from the ASBN discussed a collaboration with the Journal of Neurosurgery Publishing Group (JNSPG), establishing the Diversity, Equity, and Inclusion (DEI) committee. This initiative promotes meaningful DEI publications, ensuring thorough reviews, eliminating bias, and elevating the process for diverse populations.²

As an independent entity, the ASBN stands at the crossroads between the CNS and AANS, prioritizing diversity and empowering Black patients' health. It serves as a model for extending these principles to other underrepresented groups. Several ASBN initiatives aim to cultivate leadership in neurosurgery. For example, Neuro Mentoring Matters, the ASBN's official mentorship program, uses a pod structure to incorporate surgeons at all career stages. This model maintains traditional hierarchical leadership while encouraging dynamic learning, enabling even senior surgeons to learn from colleagues in different roles. ASBN networking events, often held at annual conferences hosted by CNS, AANS, and the Student National Medical Association (SNMA), provide opportunities for medical students, residents, and faculty to connect, sparking leadership interests and building future leaders. Through its HBCU Initiative, the ASBN works to engage and expose diverse students from Historically Black Colleges and Universities (HBCUs) to the field of neurosurgery, providing valuable opportunities for those

without access to dedicated neurosurgery programs at their home institutions. The ASBN Ambassador Program facilitates medical student attendance at national neurosurgical meetings, connecting students with neurosurgical leaders. Lastly, the ASBN Research Pilot Initiative Program pairs students interested in neurosurgery with established research leaders, further fostering mentorship and collaboration.

Through its internal leadership structure and collaborations with CNS, AANS, JNSPG, and others, the ASBN offers multiple pathways for advancement, underscoring the importance of broad participation in the continued growth and success of neurosurgery. This broad participation ensures the stability and advancement of our specialty. The ASBN remains committed to this effort, believing that organized neurosurgery should play a pivotal role in nurturing new leaders. We are proud of our publication initiatives, working closely with the *Journal of Surgery* and Dr. Rutka to support reviews of diversity-related research, contributing to an ongoing dialogue that benefits our entire field.

Traditional neurosurgical career paths have broadly included clinical practice, teaching, and research, typically in academic or private practice settings. However, the neurosurgical workforce – and its career opportunities – continues to evolve, and thus, the career path of neurosurgeons must follow suit. Neurosurgeons are skilled in

complex problem-solving, making them well-suited for roles integrating business, administration, politics, advocacy, and innovation. These expanding options underscore the growing need for a diverse, adaptable, and responsive neurosurgical workforce – central to ASBN's mission and its mentorship and enrichment strategies.

Neurosurgery stands united by a shared commitment to exceptional patient care and outcomes. Equally critical is the creation of inclusive leadership opportunities that span the breadth and depth of our field, ensuring stability and ongoing advancement. We strive to cultivate the next generation of neurosurgical leaders who reflect the diversity of our communities. In today's complex sociopolitical climate, reevaluating and renewing our dedication to nurturing diverse leadership is imperative. The American Society of Black Neurosurgeons remains committed to fostering leadership and believes that organized neurosurgery should play a pivotal role in this effort. ■

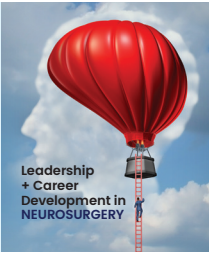
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Organized Neurosurgery in Career Development

This shows the organized neurosurgery entity at the center of the circle leading outwards to specific career development pathways on the outside. Specific initiatives have been developed to branch towards those external sources of career development. In this example, ASBN is at the center with initiatives targeted toward different areas of career development. ASBN's goal is to provide support to individuals at every level of career development within neurosurgery.





Julie G. Pilitsis, MD,
PhD, MBA, FCNS

Navigating Leadership from ambition to Impact

“When did you first know you were a leader?”

Of all the job interview questions I have had, this was one of the first to catch me unaware, leaving me to fumble over a response. That moment stayed with me, and I have thought a great deal about it over time. The best I can recall, it was in kindergarten when I opted to divvy up toys in a gender-neutral fashion to my playmates, taking a stand against the teacher's edict that only boys could play with the trucks. We can debate whether that was leadership or whether I just wanted to play with someone else's toys.

Next, there was my run for fifth-grade president, where I went all in, creating Smurf-themed posters and T-shirts—I lost. In high school, I led our sophomore spirit team to a tear-jerking loss, served as captain of the soccer team, and became president of the National Honor Society. I went to college and was elected vice president of my freshman class. During residency, I was selected for the American Association of Neurological Surgeons (AANS) Young Neurosurgeon's Committee. I remember politicking internally and working with the executive assistant to send the votes through the fax machine, waiting for the confirmation codes to finalize the process.

When I began my PGY-3 year, other opportunities arose as I was surrounded by faculty who had risen through the ranks of organized leadership and began having me tag along to section meetings. I had been going to the Women in Neurosurgery (WINS) and Pain Section meetings for so long that I was even considered for an officer position when I was still a resident—the offer was rescinded when this detail came out. The point remains, however, that to be considered for leadership roles, you have to show up, get to know people, and have them get to know you. When you are given tasks, complete them in a timely fashion; this is where I see many drop the ball. I get it that it

isn't life-saving work that you are assigned as a new volunteer. I have been involved in more organizational newsletters than I can count. However, similar to other skills I learned in organized neurosurgery, like Robert's Rules, including incorporating action items in meeting minutes, creating listservs, and understanding that a cup of coffee and a projector for a section meeting can cost high four figures, I was able to practice all these skills in my volunteer job with very little risk. Subsequently, when I became a departmental leader, I was able to walk right in to these situations comfortably.

I learned the other tasks required of a chair through a combination of experience, institutional and faculty development programs, my MBA, and the Executive Leadership in Academic Medicine (ELAM) program. These programs also reinforced that my experiences weren't unique, allowed for networking, and provided a community of peer mentors, traditional mentors, and sponsors. Through these interactions, I soon came to realize that the job wasn't just about the “what,” but more about the “how.”

When I took on my first chair role, it was leading PhD scientists. I knew that what makes neurosurgeons respond was unlikely to make scientists respond. I hired my first coach, and she suggested creating space to be curious as I was learning about them and they were learning about me, so I began my yoga practice. I still know things won't go well if I don't make time for yoga and my morning meditation. This morning detox is essential for addressing the most common administrative issues—managing human resources. A neurosurgeon's view on conflict management often is very different from the difficult and critical conversations that you must have as a leader with non-neurosurgeons. In these conversations, I have found using the skills I use when caring for patients to be most effective—

demonstrate that you are on the same team and working toward the best possible solution for all parties. Practice these conversations before you have them.

As I moved into my dean role, what struck me the most was the volume of work. Similarly to the jump in volume we all experienced from undergraduate to medical school, you need to find strategies for tackling this. You need to figure out who you can trust and what the culture is, fill the key roles, align the reporting structure, and determine the appropriate pace for the group. This morning, I read a wonderful article that points out this fact and suggests journaling to reflect on the goings-on, which causes you to slow down and prioritize.¹ As they say, it is lonely at the top, and journaling can be a way to talk things through with yourself. Also, use your resources. I quickly had to deal with some tricky situations, and phoning friends like Vince Verdile, MD, my longtime dean at Albany Medical College, who saw most everything in his 20+ year tenure, and Deb Schwinn, MD, who rose from dean of a medical school to president of Palm Beach Atlantic University, helped guide me. I called upon longtime mentors and ELAMs Luanne Thorndyke, MD, and Laura Schweitzer, MD, and new mentors like Dorothy Air, PhD, to create my village of support and to help put new leadership development programs in place for my faculty. I read *The Compleat Dean*, which wisely suggests making no moves for 90 days, only “eating the salad” when you have multiple dinner events each week, and remembering that culture eats strategy for lunch.² The deans I worked with provided an additional sense of community—though I regret having never made it to their monthly Friday pickleball tournaments.

Now, as physician executive at Banner Health and chair of neurosurgery at the University of Arizona College of Medicine Tucson, I continue to fine-tune these skills. Notably, I realize that these jobs are marathons and not sprints. I appreciate that the balance of responsibilities that works best for me is 1/3 admin, 1/3 clinical, and 1/3 research. I know that caring for patients and training the next generation of residents, scientists, engineers, and faculty is what gives me joy. I prioritize my family and friends most of all. Enjoy the time you have with you and yours. It is invaluable, and you don't have to do everything the fastest or all at once if it takes away from them.

Make sure that when you are considering jobs, you pick the right one for what is important to you.

I thought I would end by answering the question most often posed to me: No, you don't need your MBA to be chair, though you need to make sure you understand finances and get training to combat any other weaknesses in your portfolio.

Additionally, my go-to references are the following:

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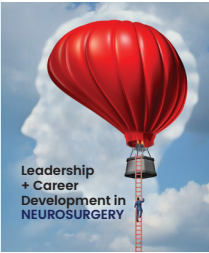
Reach out with any questions. Helping people achieve success is my passion. 🍷

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1. <https://hbr.org/2017/07/the-more-senior-your-job-title-the-more-you-need-to-keep-a-journal>
2. Clayman, R. V. (2016). *The Compleat Dean: A Guide to Academic Leadership in an Age of Uncertainty*. CreateSpace Independent Publishing Platform.

Julie G. Pilitsis, MD, PhD, MBA, FCNS

Chair of the Department of Neurosurgery at University of Arizona Tucson and the Physician Executive for Functional Neurosurgery for Banner Health System.



Transitioning to Health Care Leadership

With our inherent ability to navigate complex situations and make decisions in the best interest of patients, neurosurgeons bring valuable perspective to any healthcare organization. These skills are also foundational for running large healthcare institutions where effective leadership can directly influence the success and well-being of patients and teams alike. So perhaps it is no surprise that neurosurgeons increasingly find themselves in prominent leadership roles within leading institutions and health systems across the US. We reached out to a few of these inspirational leaders to learn about their transition from surgical leaders to healthcare executives. Their journeys reveal how neurosurgeons can leverage their clinical precision, mentorship experience, and focus on team building to excel in executive roles.

Steven Kalkanis, MD, FCNS

Former CNS President (2020)

Executive Vice President, Henry Ford Health

CEO of Henry Ford Hospital and CEO of Henry Ford Medical Group



If somehow, five or ten years ago, I had been able to preview my current work calendar, I would be incredulous, insisting it couldn't possibly be mine. Clinic and call schedules, surgery cases, and lab meetings have made way for board meetings, strategic planning sessions, groundbreakings, and speaking events. What happened to my life as a neurosurgeon?

A sentinel moment hit me a couple of weeks ago as I walked into the OR—at the same hospital where I've worked for two decades, where I was once the busiest neurosurgeon—and was asked by a recently trained scrub nurse, "Oh, are you new here? I haven't worked with you before."

During my busiest years as a surgeon, I had little time to think about what my next step might be. Leadership has a way of creeping up on you, and its rewards are bolstered by teams who depend on your energy, guidance, and inspiration. So, you make the leap—from one patient at a time to shouldering responsibility on a much larger scale.

My path has taken me from Chair of Neurosurgery and founding medical director of our cancer institute, to CEO of our 3,000-faculty Henry Ford Medical Group and CEO of Henry Ford Hospital, where we recently launched a \$3 billion construction project to build a hospital campus of the future. I also serve as Chief Academic Officer and regional Dean of our medical school relationship with Michigan State University. While my duties are diverse, the lessons I've learned along the way resonate in each role. I offer some:

Be humble. Be kind. Don't be the loudest voice in the room. As a neurosurgeon, everyone assumes you think you are the smartest person. Delight and surprise them with collegiality, approachability, and supportive, well-researched interactions.

Do your homework. Your expert knowledge in neuroanatomy and stamina for eight-hour, intricate cases won't prepare you for debates on ROI proposals or strategic plan initiatives. You don't need an MBA, but you need fluency in boardroom language, an understanding of funds flow, and the complexities of highly matrixed large organizations. Emotional intelligence trumps medical intelligence every time.

Be interested. Be the first to reach out to new partners in primary care, population health, finance, HR and operations – those typically outside your circle of influence. They likely assume that you're not interested in their world. Surprise them. Take your wisdom and inspire, elevate and honor those who will now help you achieve your goals.

Focus on excellence, not just being better. Set lofty goals that make people feel part of something larger than themselves. Do what's right. Integrity, once lost, is hard to regain.

Envision a future worthy of inspiring those you lead. Assess where the puck is going and where the headwinds and opportunities lie. Create a Venn diagram of macro forces, organizational priorities, and your unique abilities. Then run with a plan that creates win-win scenarios.

Servant leadership by example. Never delegate what only you can

Do your homework. Your expert knowledge in neuroanatomy and stamina for eight-hour, intricate cases won't prepare you for debates on ROI proposals or strategic plan initiatives. You don't need an MBA, but you need fluency in boardroom language, understanding of funds flow, and the complexities of highly matrixed large organizations. Emotional intelligence trumps medical intelligence every time.

communicate. At the same time, resist the urge to micromanage. Let your teams thrive. Define success by the success of your teams, and personal success will follow.

Mentorship—pay it forward. Everyone needs “someone in their corner.” These relationships are priceless.

Focus on people. Leadership requires content expertise AND a relentless focus on people. Retention, recruitment, belonging, and inspiring a diverse talent pool—this distinguishes truly great

institutions from good ones.

Along the way, HAVE FUN! Appreciate the journey and the gift of leadership. Not everyone gets this chance. And very importantly, our training, rigor, attention to detail, and the consistent, clear understanding that what we do has consequences for our patients all make neurosurgeons uniquely poised for larger leadership roles when the health of our institutions depends on it most.

Bob S. Carter, MD, PhD, FCNS

Senior Vice President for Health Sciences and CEO of University of Utah Health.



Transitioning from neurosurgical leadership to a broad health system CEO role required intentional preparation beyond developing clinical expertise and leading in the operating room. My journey was shaped by launching the integration of two major neurosurgery departments, engaging in system-wide leadership, and actively expanding my knowledge outside of neurosurgery.

Departmental integration taught me how to align cultures, streamline operations, and build consensus among high-performing teams. As Chair, I saw firsthand the complexities of financial stewardship, faculty development, and cross-disciplinary collaboration—skills directly applicable to system-wide leadership.

Beyond my department, I leaned into system-level initiatives at UC San Diego, Harvard, and Mass General Brigham, recognizing that effective leadership requires understanding the broader institutional landscape. Early career leadership development programs such as

MGH's executive health care leadership program provided invaluable exposure to financial modeling, operational efficiency, and strategic planning. Chairing the Health Sciences Faculty Council at UC San Diego offered system-level leadership experience across all missions. These experiences built my confidence in tackling enterprise-wide challenges and leading beyond the operating room.

Now, as I step into my role as CEO of University of Utah Health, I draw daily on these lessons. Integrating diverse stakeholder perspectives, fostering innovation, and making data-driven decisions are central to my role. My transition underscores the value of lifelong learning and embracing opportunities to lead at multiple levels. For surgeons considering broader leadership, I encourage stepping beyond the familiar and engaging in the full spectrum of health system leadership.

Erica Bisson, MD, MPH, FCNS

Vice Dean for Clinical Affairs for the Spencer Fox Eccles School of Medicine (SFESOM) at the University of Utah



Lawrence S. Chin, MD, FCNS

*Dean, Norton College of Medicine, SUNY Upstate Medical University
Robert B. and Molly G. King Endowed Professor of Neurosurgery*



Even after years as a neurosurgeon, I continue to learn from every surgery and every patient. I strive to care for my patients in a way that is meaningful to them. It's not just about the operations. It's about making decisions with, not for, my patients: hearing and respecting their voices and stories.

I've taken a similar approach to my role as the Vice Dean for Clinical Affairs and Executive Medical Officer for the University of Utah Medical Group. I collaborate with our leaders and faculty to elevate our academic health system. Instrumental in this is creating an environment where everyone feels valued and heard, prioritizing an inclusive culture.

My path to leadership was not intentional. It was born from a marriage of passion for improvement—for myself as a doctor and surgeon, for my team in how we care for patients, for my specialty in how we develop best practices, and for academic medicine in how we serve our tripartite mission—and curiosity to investigate the how, challenge our dogmas, fail, and try again.

I recognize that passion and curiosity set me on the path to academic healthcare leadership. It will be critical that I continue to gain deep knowledge and insight into health care strategy. I look forward to developing as a leader: learning, adapting, and improving as part of a team. Together, we can implement value-driven strategies, innovate new standards of practice, and integrate patient-centered care.

My path to leadership was not intentional. It was born from a marriage of passion for improvement—for myself as a doctor and surgeon, for my team in how we care for patients, for my specialty in how we develop best practices, and for academic medicine in how we serve our tripartite mission—and curiosity to investigate the how, challenge our dogmas, fail, and try again.

Transitioning into healthcare leadership was a transformative journey that required me to adapt and grow in ways I had not anticipated. My previous role as a neurosurgeon had me constantly in the operating room, where I was the go-to expert. Stepping into a leadership position meant sacrificing some of those core elements that had defined my career.

One of the first lessons I learned was the importance of humility. Despite my expertise in neurosurgery, I had to acknowledge that I was a beginner in the realm of leadership. I am reminded of the Dunning-Kruger effect where a small amount of knowledge can lead to vastly overestimating our true abilities. Recognize that you will be working with many people outside of your field and that they are also experts; much can be learned from them. I make a point of getting to know all my new key leaders well, learning about their jobs, and visiting their work environment.

One of the most important leadership skills to develop is identifying talent in people and understanding how they fit into the teamwork you envision. A team is much more effective than the individual talents within, and I spend a lot of effort in constructing teams that bring diverse perspectives, communicate in a safe and effective manner, and most importantly develop trust among its members. My advice for leaders at all levels is to observe how your teams work and learn from the mistakes you make.

Once your teams are assembled, creating the culture that your organization lives by is the most important job for any leader. Culture comes from shared values and embodies the manner that the mission and vision are accomplished. A leader must display authenticity, empathy, optimism, and make decisions rooted in transparency and process. Again, trust is one of the most important elements in a successful organization.

Transitioning into healthcare leadership is a challenging but rewarding experience that requires continuous learning and adaptability. I am grateful for all my opportunities and look forward to the new challenges tomorrow will bring.

Member Spotlight

My journey within the CNS has been one of continuous learning and growth. Over the years, I've had the opportunity to take on various roles, starting as a Neurosurgery Fellow on SANS, progressing to Editor, and contributing to the Education Committee through initiatives like our YouTube Educational Series. Additionally, I've been involved with NEXUS and played an integral role in the accreditation of our educational offerings to our members.

Beyond these roles, I've had the honor of serving as a CNS Delegate in the CSNS, where I helped shape resolutions and influence the future direction of the field. Currently, I serve as one of the Co-Chairs of the Guidelines Committee for the Tumor Section, another opportunity that has allowed me to contribute meaningfully to the advancement of neurosurgery.

I am deeply grateful for each of these positions. I truly believe they have made me a better neurosurgeon, educator, and advocate as my career has evolved. These experiences have helped me become a more well-rounded and thoughtful neurosurgeon—both for my patients and my colleagues. As a result, they have directly contributed to the success of both myself and the teams I work with.



**Kristin Huntoon, PhD,
DO, FCNS**

Assistant Professor,
University of Arizona,
Department of
Neurosurgery

Ian F. Dunn, MD, FACS, FCNS

*Executive Dean for the Oklahoma University College of Medicine
Chief Physician Executive of OU Health*



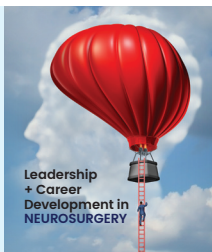
My path in formal leadership began as Chair of the Department of Neurosurgery at the University of Oklahoma (OU). The Chair role, in most systems, involves leading across the tripartite missions; the Chair sits at the nexus of driving clinical programs in the affiliated health system, elevating the entire spectrum of research, and incorporating education into everything we do. I took a "build" role, and that suited me very well. It is impossible to encapsulate the lessons learned over 5 ½ years. I enjoyed every minute as we grew from four to 20 surgeons, added a large and diverse research portfolio, expanded our training programs; and developed an extraordinarily positive culture. Being Chair is the best job in American medicine. That being said, you may be presented with a suite of other leadership opportunities. While being Chair is not a pre-requisite, the range of activity in which a Chair engages is often invaluable preparation.

There are two primary full-time vertical paths in American medicine today beyond the Chair role: health system leadership (eg, head of a physician group/CMO/Chief Clinical Officer/CEO); and traditional University leadership (eg, Assistant or Association Dean roles/ Dean/EVP/Provost/President). Philosophically, I believe the value proposition of the academic health system is to hold true to the tripartite mission in everything we do, and that means an intentional fusion of leadership roles across both of these often-separate lanes. As such, I currently serve as Chief Physician Executive of OU Health—a health system role whose portfolio includes overseeing the faculty practice—and as Executive Dean of the University of Oklahoma College of Medicine, a University role. This ensures that

clinical, research, and educational perspectives enter every decision.

In this context, I recommend spending time understanding, at a deep level, "how things work." Get to know the broad spectrum of activity of a health system and the mechanical underpinnings of education and research beyond the usual ways that neurosurgeons engage in those missions. What matters to the key stakeholders across the enterprise? Familiarize yourself, specifically, with the breadth of activity of Vizient and the Association of American Medical Colleges (AAMC)/Council of Academic Health System Executives (CAHSE). Spend some time thinking about what you may be comfortable giving up as you move into broader roles, take punctuality seriously, attend the events to which you are invited, get comfortable speaking in public to audiences large and small, and above all, develop the reputation as someone who adopts a "neutral to positive" posture and who is engaged—not just present—in every conversation and meeting in which you are involved. This is absolutely noticed and valued by those at the highest levels of our enterprises. In full transparency, these are areas I try to improve daily.

I have been most inspired by those who model professionalism, listen well, treat people with dignity and respect, communicate authentically and frequently, value inclusion, are highly strategic and decisive, paint a vision for a better future, drive the unique value proposition of academic health, and work hard. Because neurosurgeons often harbor these attributes, I expect we will see a continued trend of opportunities for those in our field to have broader influence outside the traditional departmental leadership structure. ❏



Jonathan J. Rasouli,
MD, FCNS



John Pracyk, MD, PhD,
MBA, FCNS

Alternative Paths to Leadership: Embracing a Career Pivot

Sometimes a neurosurgeon's path to leadership is clear, linear—even predictable. And sometimes, it is anything but. This article offers two perspectives on how neurosurgeons can expand their influence and impact through diverse career pivots. Dr. Jonathan Rasouli shares his approach to remaining open to the path less traveled, by embracing roles in research, mentorship, and public outreach, each of which enriches both personal development and the broader medical community. Dr. John Pracyk, on the other hand reflects on his winding journey through multiple career shifts, from creating spine and brain institutes to transitioning into the MedTech sector, showcasing how flexibility and adaptability can lead to impactful leadership positions across various domains. Together, they highlight the value of exploring alternative paths to leadership, and offer inspiration for neurosurgeons seeking to shape their careers beyond the operating room.

Planning Your Career Pivot

By Jonathan J. Rasouli, MD

Neurosurgery is a challenging field that demands precision, resilience, and an unwavering commitment to patient care. While the operating room remains central to our profession, leadership opportunities extend far beyond surgery. Throughout my career, I have sought ways to expand my impact beyond direct patient care by engaging in research, public outreach, and mentorship—each of which has played

a pivotal role in my development as a neurosurgeon.

For starters, research and education are essential to developing leadership skills beyond the operating room. For example, I had the incredible opportunity to become involved with the Virtual Global Spine Conference, which has been instrumental in advancing spine education and helping me stay on top of the current literature. By contributing to evidence-based decision-making and fostering continuous learning, I am able to improve both patient care and surgical best practices.

Mentorship has also been a crucial component of my leadership journey. Engaging in discussions with peers and guiding young neurosurgeons has reinforced my belief that career growth is an ongoing, evolving process. By fostering a culture of collaboration and education, we strengthen not only our own skills but also the future of our profession.

Additionally, public outreach has become an unexpected but valuable component of my career. Engaging with media and commenting on public health issues provides a platform to educate the public on spine health, emerging surgical techniques, and the broader landscape of neurosurgery. These experiences have reinforced the importance of clear, accessible communication between the medical community and the public.

For neurosurgeons considering alternative paths to leadership, my advice is simple: embrace opportunities beyond the OR. Whether through research, media engagement, or mentorship, these

endeavors enrich our profession, expand our influence, and ultimately enhance patient care. Leadership is not defined by a title or role but by a willingness to adapt, innovate, and share knowledge. I encourage fellow neurosurgeons to step beyond the OR and embrace these opportunities.

Leadership Through Serial Career Pivots

By John Pracyk, MD, PhD, MBA

Pivot #1: Architecting Spine & Brain Institutes

My first job involved creating a comprehensive Spine and Brain Institute (neurosurgery, neurology, interventional pain management, and physiatry) with two fellow GW residents. This multidisciplinary, collaborative care neuroscience center taught me systems-level thinking. When launching this model elsewhere superior patient outcomes, a value analysis committee, and optimized care delivery soon followed. I learned to perform under pressure, motivate diverse teams, and lead through influence in a matrixed environment.

Pivot #2: Opening a Healthcare Consultant Practice

After creating two neuroscience institutes, I found myself advising much larger health care systems. I learned from others' challenges, developed my intentional listening skills, exposed latent solutions to drive change, and validated my expertise on a national level.

LEADERSHIP INSIGHTS:

1. **Embrace Change:** Our prevailing extended training and delayed workforce entry can foster insularity and resistance to transformation. To lead decisively outside of the neurosurgical realm, we must holistically embrace innovation and change management.
 2. **Prioritize Emotional Intelligence:** As you ascend the leadership ladder, EQ outpaces IQ in importance.
 3. **Lead with Integrity and Influence:** Beginning my career in nonprofit healthcare taught me to lead authentically with integrity and influence across complex structures rather than hierarchically. Today, leading globally across diverse cultures and ethnicities requires tactical empathy to be effective.
 4. **Intentionally Step Out of Your Comfort Zone:** Embrace discomfort, it catalyzes exponential personal development.
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Pivot #3: The Physician Executive MBA

My MBA offered insights into management science, well beyond finance, accounting, and marketing. While medical school imparts clinical knowledge, business school provides a broader understanding of executional leadership for growth. An organizational behavior project connected me with physician leaders who had already transitioned into non-clinical careers. This led to my recruitment by Johnson & Johnson (J&J) MedTech well ahead of graduation.

Pivot #4: Embracing a Non-Clinical Career

Transitioning into MedTech significantly propelled my leadership ascension. I became medically accountable for a

global spine portfolio at J&J, holding three roles, receiving two promotions, and leading pre-clinical research, clinical research, and medical affairs. By focusing on new challenges, I developed a rapid-cycle executional style that made my leadership effective and impactful. Today, as the Chief Medical Safety Officer (SVP) at Olympus, my team assesses and mitigates risks to safeguard patients and physicians. Embedding patient centrality into a 100-year-old company's DNA is a rare privilege and an extraordinary responsibility.

Pivot #5: Building a New Medical Society

I helped establish The Medical Affairs Professional Society (MAPS), representing

the healthcare professionals practicing within the industry. Though initially focused on pharmaceutical medical affairs, I introduced a complementary medical device perspective. Today, MAPS has over 16,000 members from nearly 300 companies and I serve as the Chair of the Board of Directors. Advocating on behalf of the billions of patients annually who benefit from our medicines, devices, and technologies has been one of my most impactful career accomplishments. Leadership at this scale fundamentally alters the trajectory of global human health. 



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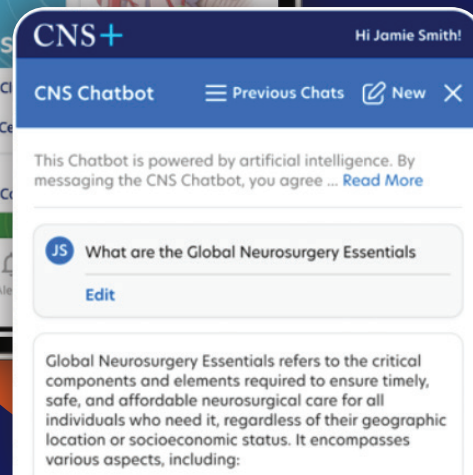
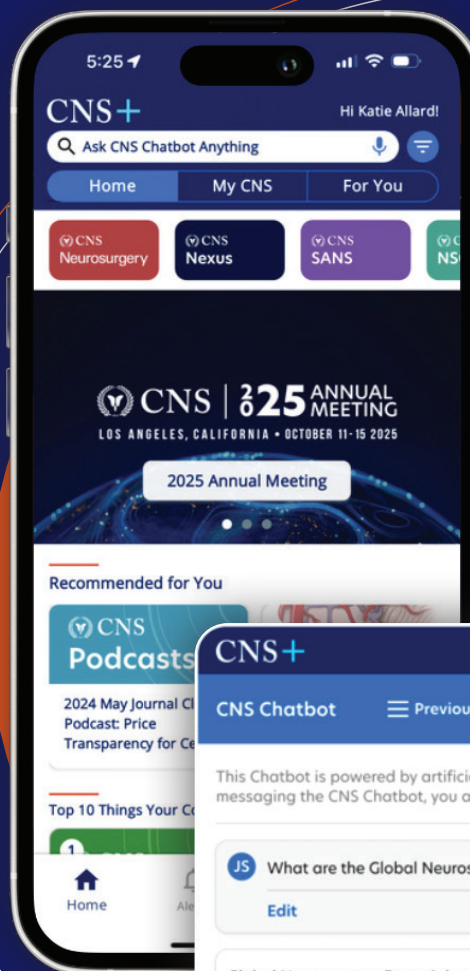
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John H. Shin, MD,
MBA, FCNS

My Transformative Executive MBA Journey as a Neurosurgeon

In December 2024, I graduated from the Kellogg School of Management at Northwestern University with an Executive Master of Business Administration (MBA). Along this transformative two-year journey, many neurosurgery and orthopedic surgery colleagues often asked why, lamenting the cost, time, and value. Even classmates asked why I needed more education at this point in my career: "Isn't being a Harvard neurosurgeon and Chief of Spine Surgery at the Massachusetts General Hospital enough?"

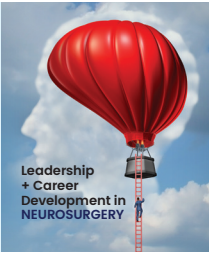
In the years leading up to my matriculation, I realized that technical excellence in neurosurgery was neither sufficient nor a requisite to lead and scale influence within and beyond the department, hospital, and health system. I identified critical knowledge gaps I needed to address to maximize my potential as a leader and to better speak to the needs and interests of various stakeholders—from fellow surgeons and medical colleagues to patients, department chairs, industry partners, healthcare administrators, and executives. I realized there were decision-makers and potential barriers outside the operating room that influenced how we do what we do—factors involving supply chain, contracting, block time utilization, operations, systems management, resource allocation, marketing, strategy, accounting, managerial finance, capital budgeting, and negotiation, among others. I sought to learn strategies from executives in other industries to maximize my effectiveness as a surgeon leader. To acquire these tools and frameworks, I needed to force myself out of the echo chamber of surgeon-centricity.

As fulfilling as it is to impact lives daily in the operating room, I struggled to scale that impact and influence under the daily pressures of productivity (case volumes, wRVUs) and the restrictions of conventional, contemporary surgical practice where policies, budgets, insurers, financial constraints, and institutional culture can impact the delivery of care. I often asked myself: "What are the reasons for such barriers and why?" I was frustrated by such limitations and wanted to expand my knowledge base outside of spine surgery to better understand and influence these organizational dynamics. I was hungry for growth and sought a way to fuel that fire. I started on a journey of self-reflection and discovery, seeking to maximize my potential as a leader and grow

beyond the conventional neurosurgery pathways for leadership. In 2022, I successfully completed the yearlong Surgeon Leadership Program at Harvard Medical School, which stoked my desire for more in-depth study beyond independent reading. Thereafter, I decided to pursue my MBA. I was specifically drawn to Kellogg for its global network and emphasis on management, strategy, marketing, and organizational leadership.

At Kellogg, I learned from an incredible cohort of high-impact, low-ego learners and leaders who were all on a journey, searching for inspiration, knowledge, and fellowship. Beyond the mechanics of "how" and "what," we framed studies and discussions around our "why." Through Kellogg's expansive global network, I had the opportunity to engage and study with leaders in finance, military, strategy, marketing, biotech, supply chain, and more across





Why did you join the CNS?

"I joined the Congress of Neurological Surgeons to connect with a national community of peers and leaders in neurosurgery. As someone dedicated to advancing the field, particularly in spine surgery and neurotechnology, I recognized the CNS as a vital platform for collaboration, education, and professional development. I was also drawn to the CNS's commitment to providing resources and guidance for neurosurgical practice."

The CNS has significantly contributed to my career success by providing a platform for collaboration, leadership development, and exposure to cutting-edge advancements in neurosurgery. My involvement with the CNS has offered opportunities to connect with leaders in the field, shaping my approach to patient care and spine surgery. Serving on the CNS Education Committee has allowed me to contribute to the education of my peers and stay at the forefront of new developments."



Jared Fridley, MD, FCNS

Associate Professor Department
of Neurosurgery, Brown
University Alpert Medical
School

campuses in the United States, China, Toronto, Hong Kong, and Germany. I intentionally avoided healthcare-focused MBA programs as I wanted to push out of my comfort zone and learn from as diverse a network as possible. Whether an Army Ranger battalion leader, private equity partner, or small business owner, each of my classmates faced similar challenges navigating organizational culture and reconciling the inertia that can stifle innovation and growth.

Making time to attend monthly in-person classes, travel for global electives, and work on weekly individual and group assignments was an extraordinary challenge, especially while going full throttle with every aspect of my neurosurgery practice and being present for my family. Of the many lessons learned, this transformative life and educational journey taught me what it means to be intentional with time and relationships. We all need solace, grace, and conviction. I am particularly grateful to Professor Vicki Medvec for training us to be fearless in negotiation and Professor Milind Rao for helping us see beyond the virtues of value investing and to recognize, more importantly, how rare it is to find true excellence in any aspect of life. When found, hold onto it. At the outset, many in our cohort wondered, even questioned, what qualified us to study at one of the premier business schools in the world. By learning to embrace vulnerability and cultivate covenantal relationships grounded in deep, shared purpose, I was inspired to climb high and fly without

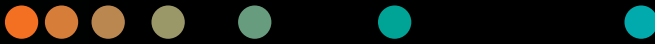
a net, as extolled by Harvard Business School Professor Thomas DeLong.

In my current role as the Head of Spine Surgery and Director of the Penn Spine Center at Penn Medicine, the University of Pennsylvania Health System, I am thrilled to apply my learning to amplify, and execute my vision for integrated, multidisciplinary spine care as a surgeon leader. With the tremendous support of hospital and health system clinical and administrative leadership, particularly Neurosurgery Chair Daniel Yoshor, MD, and Penn Medicine CEO Kevin Mahoney, MBA, I am excited to develop patient-focused multidisciplinary clinical spine programs across the system and support spine-related clinical operations, strategy, quality, safety, marketing, and business development efforts. With this MBA, I will continue to develop quantitative and adaptive skills to inspire creativity and drive collaborative innovation in a healthcare economy challenged with advancing care and adopting medical, scientific, and technological breakthroughs while creating and capturing value. 

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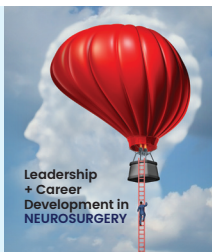
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**Douglas Kondziolka,
MD, FCNS**
*Editor-in-Chief, Neurosurgery
Publications*

Leadership: Organized Neurosurgery as a Platform for Personal Growth

We all have mentors who teach, inspire, direct, and open doors. In this issue of CNS Q, I was asked to comment on leadership in a neurosurgical career. Of course, all neurosurgeons have skills in this domain. I find it hard to fathom that one could make it this far in education and a medical career without some facet of leadership. For the same reason, I never bought into a neurosurgical applicant telling me that they “weren’t good at taking multiple-choice tests.” Sadly, you can’t make it this far without that skill either!

In this essay, I want to focus on the individuals who helped me along the way to the various leadership positions I held in neurosurgery. Perhaps initially, it was my residency chair, Alan Hudson at the University of Toronto, who showed me to think broadly, think internationally, and that I could play a role outside my local confines of practice. As a South African who came to Toronto, became division chair, and later was involved in the World Federation of Neurosurgical Societies, he exposed me to that group, and I received a WFNS Young Neurosurgeons Award during residency that first got me traveling abroad.

After fellowship with him, Dade Lunsford at the University of Pittsburgh brought me into the world of organized neurosurgery via the Joint Section on Stereotactic and Functional Neurosurgery and the American Society of Stereotactic and Functional Neurosurgery (ASSFN). I had a sense of what that group was doing well, but more importantly, where there was room to grow. The field was growing rapidly in the 1990s, but its journal was not. Run by the Swiss family-owned publishing house Karger, it was highly conservative and not visionary. It was still in octavo format, had no advertising, and thus no revenue.

Richard Perrin in Toronto was another Canadian spending time with Americans on the executive committee (EC) of the Congress of Neurological Surgeons (CNS). He told me to find a way to get involved. Then, Bill Friedman, President Elect of the CNS, invited me to join the CNS EC, as he needed someone “else” to represent the interests of stereotactic and functional neurosurgery. I was always interested in putting together parties and events, and a logical

extension of that was to get involved in meeting planning. So, I was first given CNS meeting luncheon seminars, then practical courses, the publications committee, and soon after, the entire CNS scientific program under Dan Barrow. The next year, as the 2001 CNS Annual Meeting chair under Issam Awad, I learned how to manage the entire meeting under the tutelage of Laurie Behncke, an experienced meeting planner and then CNS executive director. She taught me to negotiate meeting contracts and almost everything else. Then the September 11 attacks came. We were to have our meeting in San Diego three weeks later. The issues around that are a long and separate story, but we were the first meeting of any kind to return to San Diego, where the entire hotel and convention industry had been sent home. We made many key leadership decisions during those weeks. Industry representatives were either telling us we could not ask their staff to get on airplanes, or, in contrast, asking “how dare you allow American business to succumb to terrorists by canceling the meeting?” We forged ahead and later were recognized by the city for being the first to bring business back to San Diego.

Although many meeting leadership positions would be in my future for almost every major organization, my next learning experience was as CNS treasurer. Drs. Mark Camel, Mark Hadley, and Steve Papadopoulos, as well as partners at our CNS investment counseling firm (Crawford), showed me what to do and what not to do. I needed to develop my own style. In this role, one sees the activities of every committee, and this vantage point provides a unique path to higher leadership. And such was the case when I was made President Elect in 2005. In a wonderful turn of events, as CNS President, our meeting was back in San Diego in 2007, where I knew meeting management better than in any other city. I was ready to put together a program beyond what had been possible in 2001. As one example, I always wanted to have the opening reception on an aircraft carrier, and we did this on the USS *Midway* in San Diego harbor. The sight of happy surgeons and their families walking the Embarcadero down to the carrier on a beautiful fall evening is something I will never forget. We led, and people came.

Member Spotlight

The CNS is **the** organization in neurosurgery, so as a resident trainee, joining is just what you do. Maybe the better question is why I stay active in the CNS. The mission of the CNS, particularly the educational mission, resonates with me. It is exciting and rewarding to contribute to and to be a part of the organization that is helping to educate future leaders in neurosurgery, that is disseminating cutting-edge research, and that is promoting advancement of the field, all to benefit the patients we serve.

The CNS has allowed me to stay up to date on the latest advancements in neurosurgery broadly and in my subspecialty, peripheral nerve surgery. Through the CNS, I have built a network of collaborators (and friends) that has allowed exciting research that would otherwise not have been possible, has allowed me to participate in numerous educational courses around the world, and that has become a source of inspiration and guidance, particularly with challenging cases."



**Thomas J. Wilson, MD,
MPH, FCNS**

Clinical Professor of
Neurosurgery, Department
of Neurosurgery, Stanford
University, Stanford, CA, USA


Back in the early 2000s, there were very few meetings being held in New York City. We were always told it was too expensive. Nevertheless, I was interested and worked to bring the ASSFN meeting to the Plaza Hotel. I learned a hard lesson. The meeting was so popular that the number of attendees exceeded what our registration fee could cover. Too many people wanted coffee during coffee breaks. The meeting lost about \$50,000, and amazingly, my local post, Dr. Pat Kelly, chair of NYU at that time, paid for it from his department funds. That was real leadership on his part.

When Dr. John Jane stepped down as the Editor-in-Chief of the Journal of Neurosurgery Publications Group, I entered the search process to be the next editor. Although I was a finalist, the position was given to my friend Dr. Jim Rutka from the University of Toronto, who fortunately selected me as his associate editor. For the next eight years, I truly enjoyed that position, which prepared me further to become the Editor-in-Chief of Neurosurgery Publications. For an editor position, one has to understand not only the peer review process, but all of the elements that create an issue, as well as the business of managing a global medical journal and working with a publisher. This includes the page layouts, artwork, the print and online environments, advertising and marketing, and maintenance of quality and scientific integrity. Nevertheless, this is a daily job that never stops.

In 2014, I was asked to become a director of the American Board of Neurological Surgery (ABNS). This group is responsible for the certification of individual neurosurgeons, management of the primary written and oral examinations, the credentialing process,

professional conduct reviews, and other elements. After observing the oral exam process for several years, I was asked to take over its leadership and evaluate the different components that could benefit from modification. Following intensive discussion with prior ABNS leaders, we shortened each exam segment from one hour to 45 minutes, choosing only standard and verified cases for presentation, incorporated a new segment of the neurosurgeon candidates' own cases to promote relevance to their practice, and brought forth the elements of what could someday be virtual examination. The system was ahead of its time. When the COVID-19 pandemic occurred, we were already prepared for a system that allowed virtual examination. The POST system, developed under the supervision of Dr. Tony Asher, helped to create a virtual environment that saved money and promoted efficiency.

My organized neurosurgery evolution has led me to the ACGME Review Committee for neurosurgery, where I currently serve as vice-chair. Together with many neurosurgical leaders from across the nation, we are working to evaluate and revise the standards for neurosurgical training in the United States. More to come on that!

Organized neurosurgery has fostered personal growth in many ways. In no particular order, these include working in small and large teams, being confident in decision-making, understanding the workings of non-profit organizations, understanding organization treasuries and finances, becoming involved in scholarly publication and editorship, facilitating new education concepts, and, just as importantly, creating lifelong friendships with so many incredible colleagues. 

Washington Committee: 50 Years of Advocacy and Impact



Regina Shupak, CMP, MATD
CNS CEO



Katie Orrico, JD
AANS CEO



Alex Khalessi MD, MBA, FACS, FCNS
Chair, Washington Committee



Charlotte Pineda, MPP
Vice President, Health Policy and Advocacy

Fifty years ago, the American Association of Neurological Surgeons (AANS) and Congress of Neurological Surgeons (CNS) recognized the growing impact of federal policy on medicine and took bold action: they established the AANS/CNS Washington Committee for Neurological Surgery. This formal presence in the nation's capital has since served as the unified voice of neurosurgery in Congress and within federal agencies.

"Throughout its history, the Washington Committee has been critical to CNS' mission

of enhancing health and improving lives. We are grateful to our Washington Committee representatives for their tireless efforts to ensure healthcare policies are patient-centered and address the needs of both patients and neurosurgeons," states **Regina Shupak**, CNS CEO. Since its inception in 1975, the Washington Committee has worked to advance neurosurgery, influence policy decisions, and advocate for patient access to high-quality neurosurgical care.

Over the decades, the Washington Committee broadened its focus to address the full range of federal policies impacting neurosurgical practice and patient care — from reimbursement and medical liability reform to quality reporting, research funding, and access to innovative technologies. This strategic expansion has ensured that neurosurgery remains at the table and it has also achieved meaningful policy victories.

To keep pace with a rapidly evolving policy landscape, the Washington Committee expanded its structure, establishing subcommittees led by neurosurgeon volunteers that focus on key areas such as coding and reimbursement, clinical guidelines, medical device regulation, public communications, and quality improvement. It also includes delegates to the American Medical Association to maintain influence in organized medicine. Supporting this work has grown from a single staff member to a team of five, complemented by experienced consultants and targeted coalitions that the Committee has established and supports to advance key advocacy priorities.

"The Washington Committee has been at the forefront of major health care policy issues for 50 years, successfully advocating for fair reimbursement, reducing regulatory burdens, and securing funding for critical neurosurgical research and training. Through its steadfast dedication and strategic advocacy, the AANS and the CNS have preserved access to life-saving neurosurgical care for patients while ensuring neurosurgeons can continue to innovate and lead in an evolving health care landscape," states **Katie O. Orrico**, JD, AANS CEO.

"The Washington Committee's accomplishments over the past five decades highlight the incredible dedication of our neurosurgeons — both in the operating room and in the halls of Congress — and it has been an honor to play a small role in helping advance sound health policy. As we look to the next 50 years, the work of the Washington Committee is more critical than ever to help neurosurgery navigate complex policy challenges and drive meaningful legislative and regulatory change to preserve the specialty for generations of neurosurgeons and patients to come," Ms. Orrico added.

The Washington Committee remains committed to advancing policies that support neurosurgical excellence, scientific innovation, and equitable patient access. Its legacy of impact reflects the strength of neurosurgery's collective voice — and its future depends on continued engagement from the neurosurgical community. ■

INSIDE THE CNS



Washington Committee Report



Alex Khalessi MD, MBA, FACS, FCNS
Chair, Washington Committee



Charlotte Pineda, MPP
Vice President, Health Policy and Advocacy

Three articles were published following the press release:

- [Physicians rally behind Medicare payment bill](#)
- [Spine groups call for action on proposed Medicare pay reform bill](#)
- [Bill introduced to reverse 2.83% physician Medicare cuts](#)

On Feb. 10, the CNS and the AANS joined national medical societies and state medical associations in sending a [letter](#) urging Congress to include in the forthcoming March 2025 appropriations bill that reverse the latest round of Medicare payment cuts and provide physicians with a meaningful payment increase that reflects ongoing inflationary pressures.

Neurosurgery Issues Press Release on Senate Judiciary Hearing on Controlled Substances

On Feb. 4, the CNS and the AANS led seven other leading medical organizations in sending a joint [letter](#) to Senate Judiciary Committee Chairman **Chuck Grassley** (R-Iowa) and Ranking Member **Dick Durbin** (D-Ill.) ahead of the Committee's hearing titled [The Poisoning of America: Fentanyl, its Analogues, and the Need for Permanent Class Scheduling](#). The hearing examined the public health and safety threats posed by illicit fentanyl and its analogues and evaluated the need for permanent class-wide scheduling of these substances under

the Controlled Substances Act (CSA). The CNS and the AANS issued a [press release](#) following the hearing.

Subsequently, *Becker's Spine Review* published an [article](#) quoting **Alexander A. Khalessi**, MD, MBA, chair of the Washington Committee, "As physicians and DEA registrants, we are committed to the responsible stewardship of controlled substances, ensuring patients have access to evidence-based pain management."



Washington Committee, Chair, Alex Khalessi and Rep. Bera

That same week, the House Energy and Commerce Committee held a subcommittee hearing, [Combating Existing and Emerging Illicit Drug Threats](#), the CNS and AANS led a [similar letter](#) with additional organizations on board.

Following, on Feb. 6, the House passed the HALT Fentanyl Act by a [vote](#) of 312-108.

Legislative Affairs

Neurosurgery Supports Congressional Efforts to Prevent Medicare Payment Cuts

On Jan. 31, the Congress of Neurological Surgeons (CNS)/American Association of Neurological Surgeons (AANS) Washington Office issued a [press release](#) in support of the Medicare Patient Access and Practice Stabilization Act, a slightly modified version of the legislation introduced last Congress. This legislation would prospectively, effective April 1 through Dec. 31, 2025, stop, in full, the 2.83% cut imposed on Jan. 1, 2025. It also provides physicians with an additional 2% payment increase to help reflect the rising costs of running a practice.

Neurosurgeons Urge NIH to Collaborate on Fair and Sustainable Federal Funding Policy

On March 5, the CNS and the AANS led a [letter](#) signed by over 40 other leading medical organizations to the National Institutes of Health (NIH) expressing concerns over the agency's new policy imposing a 15% cap on indirect cost rates for all NIH grants. The letter highlights the potential impact of this change on the long-term sustainability of the U.S. biomedical research enterprise. It underscores the importance of working together to find a balanced solution.

The same day, the CNS and the AANS issued a [press release](#) announcing the letter and urging collaboration on the NIH indirect cost policy. Following the press release, *Becker's Spine Review* published an [article](#) titled "Spine groups urge collaboration on NIH grant policy," and the *San Diego Union-Tribune* published an [article](#) titled "UCSD neurosurgeon rallies broad national support in fight to save research funding."

CNS and AANS Urge Congressional Action to Halt Medicare Physician Payment Cuts in Continuing Resolution

On March 10, the CNS, the AANS, and over 100 national and state medical societies called on Congress to include bipartisan legislation addressing the 2025 Medicare physician payment cuts in the full-year Continuing Resolution. In a [joint statement](#), the organizations urged lawmakers to take immediate action to protect patient access by fixing these cuts and ensuring Medicare payment relief is included before the final vote. Subsequently, the AANS and the CNS issued a [press release](#) on the statement.

"Physicians are there for patients in decisive moments and now need Congress to step up when it matters," said **Alexander A. Khalessi**, MD, MBA, chair of the Washington Committee in the press release. "The annual Medicare Physician Fee Schedule adjustments threaten physician practice, particularly in rural and underserved areas. We implore Congress to

include a fix in their final spending package and protect patients from a consolidation tipping point—one where access to high-value care settings may not survive."

Coding and Reimbursement Neurosurgery Joins the Alliance in Letter on MA and Medicare Prescription Drug Programs Proposed Rule

On Jan. 27, the CNS and the AANS joined the Alliance of Specialty Medicine (ASM) in sending a [letter](#) to the Centers for Medicare & Medicaid Services (CMS) providing feedback on [proposed policy changes](#) for Medicare Advantage (MA) and Part D prescription drug plans and their impact on access to specialty medical care.

A letter from the American Medical Association (AMA) responding to the proposed rule is available [here](#).

Quality Improvement CMS Releases 2025 MIPS Quality Measure Benchmarks

On January 30, CMS released its 2025 Merit-Based Incentive Payment System (MIPS) quality measure benchmark files. CMS assesses clinician performance against these benchmarks to determine how many points they earn on a quality measure. Whenever possible, CMS uses historical data to establish quality measure benchmarks. Historical benchmarks for the 2025 performance period are based on MIPS data submitted during the 2023 performance period. If CMS cannot calculate an historical benchmark, it will attempt to create a performance year benchmark based on 2025 performance period data. However, these benchmarks will not be available until after the close of the 2025 performance year.

The 2025 benchmark files, as well as a 2025 Quality Benchmarks User Guide and Scoring Examples, are available for download [here](#).

Communications Neurosurgeon Pens Article on Medicare Payment Reform

On Feb. 11, neurosurgeon **Richard P. Menger**, MD, MPA, published an [article](#) in *Forbes* titled, "Medicare Is Failing Patients: A New Bill Can Help Fix That." In the article, Dr. Menger noted that a recently proposed bill, the [Medicare Patient Access and Practice Stabilization Act](#), co-sponsored by Reps. **Greg Murphy**, MD, (R-NC) and **James Panetta** (D-Calif.), and eight other House members, aims to reverse the Medicare cut to physician pay and, more importantly, align physician reimbursement with inflation, ensuring continued access to care for Medicare patients. "Doctors in America are struggling like never before because of ongoing Medicare cuts, and that's putting millions of seniors at risk of losing access to affordable, quality health care," Rep. Murphy remarked when quoted for the piece.

Neurosurgeon Authors Op-Ed on Medicare Payment Cuts for Physicians
Richard P. Menger, MD, MPA, neurosurgeon and a *Forbes* contributor, authored an [op-ed](#) titled, "Physician Pay Cut Again: Can GOP Leadership Save Medicare Access?" on March 11. The recent congressional spending package failed to adjust physician reimbursement rates, leaving doctors to absorb a 6.3% reduction in compensation. This comprises a direct 2.8% pay cut and a 3.5% increase in medical inflation — or the rising costs of operating a practice — as calculated by Medicare's economic indices. Physician payments remain untethered from inflation adjustments under current Medicare reimbursement frameworks. Dr. Menger states that this impacts not only doctors but also patient care, as practices face closure or consolidation. Rural providers are at higher risk, worsening health care access disparities. ❏

FOUNDATION UPDATE



Lola B. Chambless, MD, FCNS
Chair, CNS Foundation
CNS Secretary

Improving worldwide health, together.

The CNS Foundation has established four initiatives to realize its mission of advancing professionalism, innovation and accessibility in the field of neurosurgery worldwide.



Now more than ever, philanthropy is key to supporting the critical work needed to advance our scientific knowledge and improve the lives of our patients. Thank you to all who support the neurosurgical community through donations to the CNS Foundation.

With sincere regards,
Lola B. Chambless, MD, FCNS

Featured Initiative: International Philanthropy

International Observership/Visitorship Awards Program

The goal of this program is to foster clinical development, research, and networking amongst promising junior neurosurgeons in LMICs who show strong leadership potential. Ideal candidates should not only seek to enhance their clinical training but also demonstrate a strong commitment to fostering the development of neurosurgery in their own countries and engaging with the global neurosurgery community.

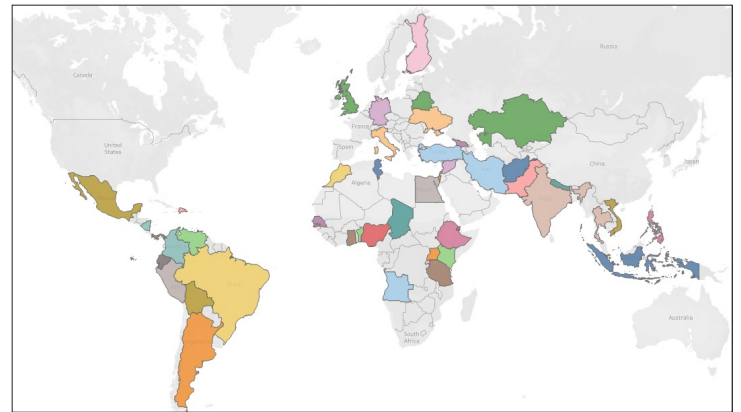
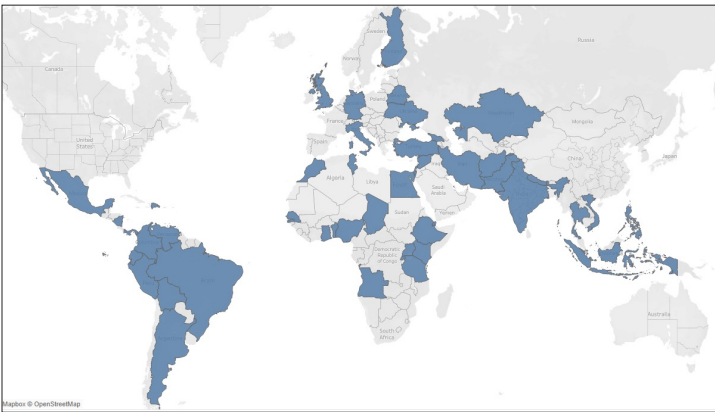
There were over 230 international applicants for the Foundation's 2025 International Observership/Visitorship awards.

Featured Initiative International Philanthropy

Education without Borders

In addition to International Observership/Visitorship awards given each year, the CNS Foundation supports the **Education without Borders** initiative, which funds complimentary registration for neurosurgery residents or practicing neurosurgeons who reside in LMICs to attend the 2025 CNS Emergencies Course.

TOGETHER, THESE TWO FOUNDATION PROGRAMS ATTRACTED APPLICANTS FROM OVER 47 COUNTRIES WORLDWIDE





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IMAGES IN NEUROSURGERY

Encephaloduroarteriosynangiosis (EDAS) for Moyamoya

We present a 55-year-old African-American female who presented to clinic with left upper extremity weakness after prolonged daytime outdoor activity. MRI of the brain demonstrated ischemic hits in both hemispheres, including a symptomatic right basal ganglia stroke (**Figure 1**). CT perfusion demonstrated significant perfusion delay in both hemispheres (**Figure 2**). A diagnostic angiogram demonstrated bilateral supraclinoid internal carotid artery (ICA) occlusion with lenticulostriate hypertrophy consistent with Moyamoya disease (**Figure 3**). Right vertebral artery selective injection (**Figure 4**) demonstrated collaterals to both anterior hemispheres through lenticulostriate vessels appearing as “puff of smoke” (translated as Moyamoya in Japanese). The patient underwent right-sided encephaloduroarteriosynangiosis (EDAS) followed by left-sided EDAS six weeks later. One-year follow-up angiogram (**Figure 5**) demonstrated extracranial - intracranial collateralization after bilateral EDAS procedures. At last clinic follow-up, the patient denied further stroke episodes and reported resolution of left-sided weakness. 📌

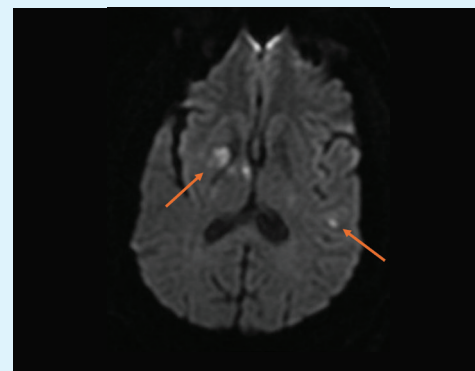


Figure 1: MRI of the brain demonstrating bilateral ischemic hits, including a symptomatic right basal ganglia stroke

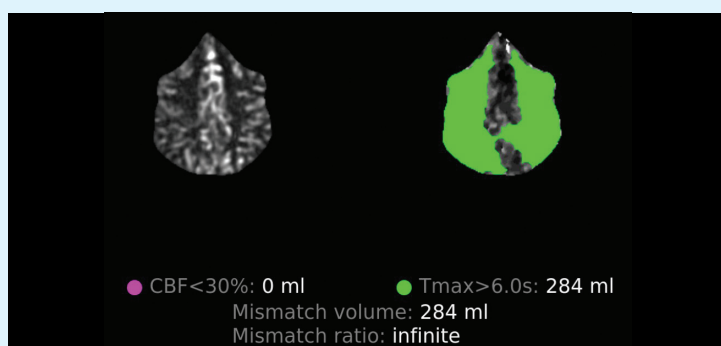


Figure 2: CT perfusion demonstrating significant perfusion delay in both hemispheres

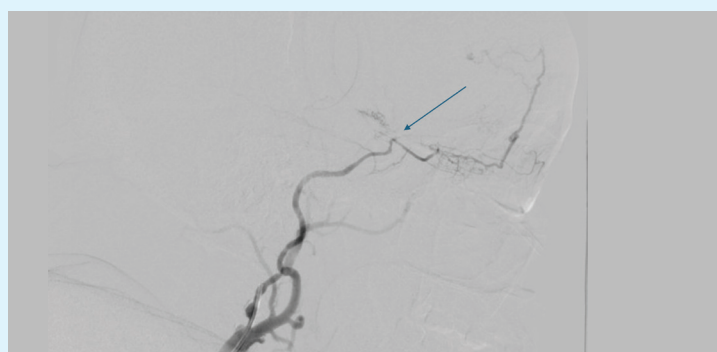


Figure 3: Selective injection of the right internal carotid artery demonstrating right supraclinoid ICA occlusion with lenticulostriate hypertrophy

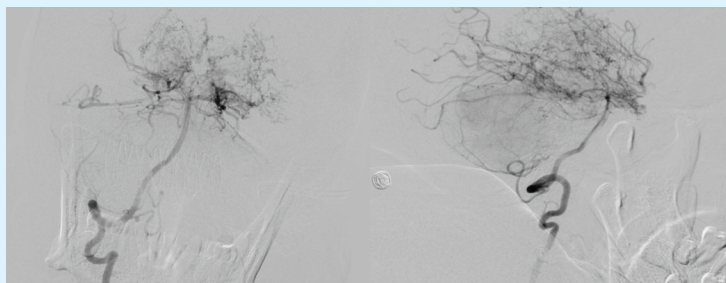


Figure 4: Selective injection of the right vertebral artery AP (A) and lateral (B) projections demonstrating lenticulostriate “puff of smoke” collaterals to both hemispheres

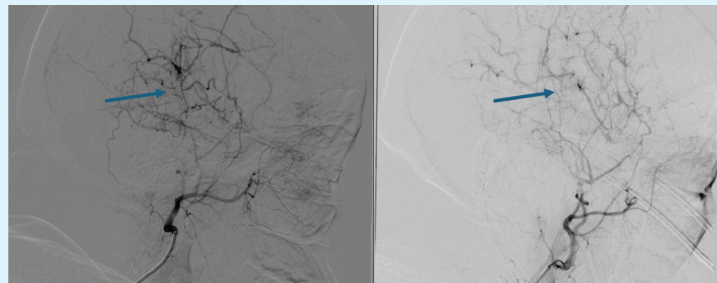


Figure 5: One-year follow-up selective injection of the right external carotid artery (A) and the left external carotid artery (B) demonstrated extracranial - intracranial collateralization after bilateral EDAS procedures



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