PLEASE SIGN IN (NAME AND EMAIL)

AANS/CNS Joint Cerebrovascular Section Annual Meeting & 4th SNIS IESC Annual Meeting

Joint CV Section Executive Council Meeting
San Diego Hard Rock Hotel
Sunday February 9th 2014
4:30-6:30 pm in the Celebrate Boardroom.
**Call to Order** (Dr. Friedlander)

**Approval of Minutes from CNS 2013** (Dr. Lavine)

**Treasurer’s Report** (Dr. Zipfel)

**Annual Meeting Updates**
- 2014 CV Sect Annual Meeting (Drs Bambakidis, Mocco, Evandro de Oliveira)
- 2014 ISC Meeting (Drs Mack, Welch, Cockroft)
- 2014 AANS Meeting (Drs Mocco, Nakaji)
- 2014 CNS Meeting (Drs Nakaji, Arthur)

**Standing Committee/Project Updates**
- Coding & Reimbursement (Dr Vates and Woo)
- Joint Guidelines Committee/CV Section Guidelines Committee (Dr. Cockroft)
- National Quality Forum (Dr Cockroft and Khalessi)
- Cerebrovascular Coalition, Proposed changes to CSC certification, Abbott CMS CAS Coverage (Drs. Bambakidis, Cockroft, Amin-Hanjani, Wilson)
- Metrics for Hemorrhagic Stroke (Dr. Zipfel)
- Rapid Response Committee (Dr. Woo)
- SNIS update (Dr. Meyers)
- SVIN Liaison (Dr. Mocco)
- International Liaison (Dr. Niemela)
- Neuro-Critical Care Society Update (Dr. Amar)
- YNS Liaison (Dr Bell)
- Brain Attack Coalition (Dr. Huang)
- Membership Update (Dr Mocco)
- Fundraising Committee (Dr. Zipfel)
- Dempsey Fellowship (Drs. Baskaya and Turner)
- Newsletter Committee (Dr. Bulsara)
- Website Committee (Drs Zipfel, Welch, Du)
- Curriculum Development and Education Committee (Dr. Bendok)
- MOC Vascular Module (Drs. Bendok and Siddiqui)
- Matrix and Milestones (Dr. Bambakidis)
- Bylaws/Rules & Regulations Committee (Dr. Schirmer)
- CAST/Training Standards (Drs Hoh, Siddiqui & Woo)

**Old Business Updates**
- N2QOD (Drs. Connolly & Mocco)
- Resident and fellow courses (Drs Mocco, Veznedaroglu, Arthur)
- IAC carotid stent facility accreditation standards (Drs. Cockroft & Albuquerque)
- 3C meeting (Dr Siddiqui)
- Brain Aneurysm Foundation, BAF/CV Sect C. Getch Research Award (Drs David & Zipfel)

**New Business**
- American Association of Blood Banking (Dr. Welch)
- Clinical Trials Advisory Committee (Drs Carter, Friedlander, Zipfel)
- ARUBA Commentary (Dr Bambakidis)
Approval of Minutes
Dr. Sean D. Lavine
Treasurer’s Report
Dr. Greg Zipfel
# AANS/CNS Section on Cerebrovascular Surgery
## Statement of Financial Position
### As of June 30, 2013 and 2012

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<tr>
<th>ASSETS</th>
<th>Current Year</th>
<th>Prior Year</th>
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<td><strong>TOTAL ASSETS</strong></td>
<td><strong>$873,283</strong></td>
<td><strong>$787,946</strong></td>
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<table>
<thead>
<tr>
<th>LIABILITIES AND NET ASSETS</th>
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<tr>
<td>Liabilities</td>
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<td><strong>Total Liabilities</strong></td>
<td><strong>$55,755</strong></td>
<td><strong>$34,139</strong></td>
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| Net Assets | | |
| Unrestricted | $598,133 | $585,362 |
| Unrestricted - Donaghy | $52,815 | $48,359 |
| Unrestricted - Galbraith | $28,857 | $26,710 |
| Unrestricted - Resident | ($15,472) | ($12,805) |
| Unrestricted - Leussenhop | $19,938 | $19,215 |
| Unrestricted - Drake | $10,794 | $10,423 |
| Unrestricted - Yasargil Lectureship | $58,742 | $53,228 |
| **Net Revenue (Expense)** | $63,720 | $23,324 |
| **Total Net Assets** | **$817,527** | **$753,807** |

<p>| TOTAL LIABILITIES AND NET ASSETS | | |
| | <strong>$873,283</strong> | <strong>$787,946</strong> |</p>
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<tr>
<th></th>
<th>FY '10 Final</th>
<th>FY '11 Final</th>
<th>FY '12 Final</th>
<th>YTD FY '13</th>
<th>FY '13 Budget</th>
<th>FY '14 Budget</th>
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<td>63,721</td>
<td>72,767</td>
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AANS/CNS SECTION ON CEREBROVASCULAR SURGERY
NOTES TO FINANCIAL STATEMENTS
June 30, 2013

General and Administrative

Expenses

Audio Visual – Budget $1,500, Actual $4,329
Due to the room layout in New Orleans, 2 screens and 2 projectors were needed for the section EC meeting. This increased A/V equipment and A/V labor costs. In addition, an A/V technician was required to be in the room during the meeting to monitor the microphones and sound equipment.

Facility – Budget $0, Actual $801
The Section was charged a room rental fee for the EC meeting at the SNIS/CV Annual Meeting. The Section has not previously incurred this charge at their annual meetings.

Food & Beverage – Budget $10,000, Actual $17,632
The CV Section Past Presidents Dinner was new this year and was not anticipated at budget time.

Honoraria and Awards – Budget $36,350, Actual $39,815
In years past, the Luessenhop Lecture has been paid from the CV Annual Meeting budget. Because of the joint meeting with SNIS, this was paid from CV general funds.

Printing/Typesetting – Budget $1,113, Actual $0
The cost of designing the updated Corporate Sponsorship Brochure was not included in the budget.

Newsletter Production – Budget $3,250, Actual $0
A printed newsletter was not produced in FY13.

Website – Budget $30,000, Actual $0
The new website was not live at the end of FY13. The cost of the new website will be depreciated over the next three years.

Tours & Transportation – Budget $0, Actual $761
The Section contracted transportation to the EC Dinner, which had not been done in the past.
### Sponsorship Update - 6/30/13

**CV Section**

<table>
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<tr>
<th>Budgeted Sponsorships:</th>
<th>Budgeted Amount</th>
<th>Date Received</th>
<th>Amount Received</th>
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<td>Synthes</td>
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<td>9/19/2012</td>
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<td>Resident Research Award -1</td>
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<td>Resident Research Award -2</td>
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**Total Amount Received for FY13**

<p>| | |</p>
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<tbody>
<tr>
<td></td>
<td>$37,500.00</td>
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2014 CV Section/SNIS
San Diego, CA

Drs. Bambakidis, Mocco, Evandro de Oliveira
2014 Annual Meeting
“Adaptive Ingenuity”

• San Diego Hard Rock Hotel
  – >400 registrants
  – Scientific Program Committee
    • Ncb, J Mocco, P Nakaji, A Arthur, R Hanel
    • M Kelly (SNIS)
2014 Annual Meeting

• Scientific Program
  – 2 Debate Sessions, 2 Didactic Sessions, 4 Concurrent
    Sessions, 4 Abstract Sessions, Complication Avoidance
    Session, Clinical Trials Update Session

• International Partner – SBN
  – Speakers include Evandro de Oliveira, Ronald Piske,
    Felix Pahl, Jean de Oliveira

• Luessenhop Lecture – Chris Ogilvy

• Abstracts Center closed Oct. 30
  – 123 Abstracts submitted
    • 40 presentations, 64 posters
Monday

• Breakfast 7 – 8 am
• Debate Session – Aneurysm Treatment (8-9:30)
• Concurrent Session (9:30 – 10:30) – Socioeconomics/IA Stroke Therapy
• Concurrent Session (11 – 12:30) – Abstract presentations
• Sponsored Lunch Symposium (12:30 – 1:30)
• CV Chair Address/Luessenhoppe Lecture (2 – 3:15) – Depuy/Synthes Award
Monday

- Sponsored Symposium (3:15 – 4)
- Concurrent Session (4 – 5:30) – AVM Management/IA Stroke
- Taste of San Diego Reception (6 – 7:30)
Tuesday

- Breakfast (7 – 8)
- Concurrent Sessions (8 – 9:30) – ICU and Vasospasm Management/Practical Aspects of Acute Stroke Intervention
- Sponsored Symposium (9:30 – 10:15)
- Concurrent Session (10:45 – 11:45) – Trial Update/Stroke Research Update
- Concurrent Session (11:45 – 12:30) – Abstract presentations
- Sponsored Lunch Symposium (12:30 – 1:30)
Tuesday

• Debate Session (2 – 3:30) – Intervention in Asymptomatic Patients
• Sponsored Afternoon Symposium (3:30 – 4:15)
• Concurrent Complication Management Session (4:15 – 5:15) – Open Surgery/Endovascular Surgery
• Concurrent Session (5:15 – 6) – Abstract Presentations
2014 ISC Meeting
San Diego, CA

Drs. Mack, Welch, Cockroft
ISC 2014

• 3 CV Representatives – Kevin Cockroft, Bill Mack, Babu Welch
• SNIS Rep – Michael Kelly
• 3 Main Sessions
  – Vascular Malformations
    • Controversies in management of acutely ruptured arteriovenous malformations
  – SAH & Other Critical Care Management
    • Management of Dural Venous Sinus Thrombosis
    • Monitoring Techniques in the Neuroscience ICU
  – Aneurysm
    • Flow diversion for unruptured aneurysms
• Several additional sessions of interest – Acute Endovascular Treatment, Cerebral Large Artery Disease, Intracerebral Hemorrhage
2014 AANS Meeting
San Francisco, CA

Drs. Mocco and Nakaji
Standing Committees/Project updates
Washington Committee Update

Katie Orrico, Dr Wilson
Coding and Reimbursement
Rapid Response Committee

Drs Woo and Vates
Reimbursement and Coverage

• Aetna thrombolysis coverage up for renewal on October 10, 2013
  – Aetna did not change their non-coverage policy for mechanical thrombectomy
• Center for Medical Technology Policy
  – Sean Tunnis CEO former Chief Clinical Officer for CMS
  – Coverage with Evidence Development Policy for Carotid Stenting
    • Enlist CVC to weigh in as well
Coding changes

- Medicare Physician Fee Schedule for 2013 published November 16, 2012 and reduced AMA RUC recommended values by ~10%
  - AANS and CNS request to convene a refinement panel was rejected by CMS
  - September 11, 2012 AANS CNS ACC ACR SIR ACC SCAI SNIS SVS submitted a letter requesting clarification for the reduction. CMS has acknowledged receipt but has not answered
- Cervicocerebral code changes in Oct CPT meeting have passed
  - 36228 and can also be coded with 36223 and 36225
  - 36218 and 75774 when imaging the vertebral artery will now be allowed
- Vertebroplasty/Kyphoplasty Bundling
  - Vertebroplasty is now Cat I, Kyphoplasty from T4-L5 is Cat I,
- In addition to 37217 retrograde carotid stent placement, SVS, SIR and ACR submitted a new code proposal for antegrade thoracic carotid or innominate stenting resulting in editorial changes for 37215 - 6
- Code change proposal for mechanical thrombectomy and IA infusion
  - ACR and SIR reviewed and would not support the new thrombolysis and non-thrombolysis infusion codes without the addition of mechanical thrombectomy
  - CCP revised to include intracranial mechanical thrombectomy
  - Presented at Feb 2013 CPT meeting
Joint Guidelines Committee & CV Section Guidelines Committee

Dr. Cockroft
CV Guidelines Committee
AHA/ASA Projects

Management of Cerebral & Cerebellar Infarction With Swelling

• Babu Welch (Lead Reviewer)
• Stavropoula Tjoumakaris
• Chirag Gandhi
• Jared Knopman
• Clemens Schirmer

*(Bob Carter was writing group representative)*

AHA/ASA Projects

Women’s Guideline for the Prevention of Stroke

- Gregory Zipfel (Lead Reviewer)
- J Mocco
- Christopher Madden
- Marjorie C. Wang
- Christopher Zacko

(Issam Awad was writing group representative)

AHA/ASA Projects

Guidelines for Prevention of Stroke in Patients with Ischemic Stroke or Transient Ischemic Attack (Secondary Prevention)

- William Mack (Lead Reviewer)
- Alexander A. Khalessi
- Nathaniel Brooks
- Sean Christie
- Jack Jallo
- John Kestle

*(John Wilson is writing group representative)*

**STATUS:** Endorsement recommended, AANS/CNS endorsement letter sent. Awaiting publication in spring 2014.
AHA/ASA Projects

Palliative and End-of-Life Care in Stroke

• Ketan Bulsara (Primary)
• Justin Fraser
• Roc Chen
• Bill Ashley
• Rabih Tawk

(Greg Zipfel writing group rep)

AHA/ASA Projects

Risk of Cervical Arterial Dissection After Cervical Manipulation Including Chiropractic Manipulative Therapy

- Pascal Jabbour (Primary)
- Bill Mack
- Nick Bambakidis
- Henry Woo
- John Reavey-Cantwell

(Felipe Albuquerque writing group rep)

AHA/ASA Projects

Guidelines for the Primary Prevention of Stroke

• Kevin Cockroft (Lead Reviewer)
• Steve Casha
• Kathryn Holloway
• Reavey-Cantwell
• Bill Mack
• Krystal Tomei

*(John Wilson is writing group representative)*

STATUS: Initial review completed. Awaiting writing group response.
Upcoming Guidelines/Statements

Guidelines for Management of Unruptured Intracranial Aneurysms

• Greg Thompson
• Robert Brown
• Joe Broderick
• **Kevin Cockroft**
• Sander Connolly
• Gary Duckwiler
• **Sepi Amin-Hanjani**
• Catherine Harris

• Virginia Howard
• Clay Johnston
• Phil Meyers
• Andrew Molyneux
• **Chris Ogilvy**
• Andy Ringer
• James Torner

**STATUS:** In progress.
Upcoming Guidelines/Statements

• Scientific Rationale for the Inclusion and Exclusion Criteria for Intravenous Thrombolysis- ANS/CNS writing group representative is Alex Khalessi
  STATUS: In progress.

• Guidelines for the Management of Spontaneous Intracerebral Hemorrhage – AANS/CNS writing group representative is Bernard Bendok
  STATUS: In progress.
Thank You to All Committee Members

Sepideh Amin-Hanjani, MD, UIC
William W. Ashley Jr., MD PhD MBA, Loyola
Mark Bain, MD, Cleveland Clinic
Nicholas Bambakidis, MD, Case Western
Ketan Bulsara, MD, Yale University
Roc Chen, MD, University of Texas, Houston
Carlos A. David, MD, Lahey Hospital & Medical Cntr.
Justin F. Fraser, MD, University of Kentucky
Chirag Ghandi, MD, UMDNJ
Nestor Gonzalez, MD, UCLA
Andrew Grande, MD, University of Minnesota
Brian Hoh, MD, University of Flordia
Judy Huang, MD, Johns Hopkins
Pascal Jabbour, MD, Jefferson
Babak Jahromi, MD, University of Rochester

Robert James, MD, East Carolina
Alexander A. Khalessi, MD, UCSD
Shah Naz Kahn, MD, University of New Mexico
Jared Knopman, MD, New York Presbyterian
William J. Mack, MD, USC
J. Mocco, MD, Vanderbilt
Aditya Pandey, MD, University of Michigan
John Reavey-Cantwell, MD, VA Commonwealth Univ.
Clemens M. Schirmer, MD, PhD, Baystate/Tufts
Scott Simon, MD, Penn State University
Rabih G. Tawk, MD, Mayo - Jacksonville
Stavropoula Tjoumakaris, MD, Jefferson
Babu G. Welch, MD, Univ. of Texas, Southwestern
Henry Woo, MD, Stony Brook University
Greg Zipfel, MD, Washington University
National Quality Forum

Dr. Kevin Cockroft
Dr. Alex Khalessi
Choosing Wisely Campaign
CV Related Suggestions

• Don’t perform routine screening for brain aneurysms in asymptomatic patients without a family or personal history of SAH.
• Don’t administer Factor 7 routinely to patients with spontaneous ICH without coagulopathy.
• Don’t use seizure prophylaxis in patients without seizure at presentation following ischemic stroke.
• No delayed or long term antifibrinolytic therapy after aneurysmal SAH.
• No prolonged hyperventilation for the control of elevated ICP.
### Measure group #5: Mortality and Readmissions

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<th>2026 Hospital 30-day, all-cause, risk-standardized mortality rate (RSMR) following an acute ischemic stroke hospitalization</th>
<th>2027 Hospital 30-day, all-cause, risk-standardized readmission rate (RSRR) following an acute ischemic stroke hospitalization</th>
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<td><strong>Measure focus</strong></td>
<td>In-hospital death</td>
<td>Death (any cause) within 30 days of index admission</td>
<td>Readmission (any cause) within 30 days of index discharge</td>
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<td><strong>Patient population</strong></td>
<td>Patients 18+, principal dx=stroke</td>
<td>Patients 65+, 12 months FFS Medicare Part A/B, principle dx=acute ischemic stroke</td>
<td>Patients 65+, 12 months FFS Medicare Part A/B, principle dx=acute ischemic stroke</td>
</tr>
<tr>
<td><strong>Denominator exclusions</strong></td>
<td>Transferring to another short-term hospital, MDC 14 (pregnancy, childbirth, and puerperium), missing discharge disposition, gender, age, quarter, year or principal diagnosis</td>
<td>Transferred from another acute care hospital, with inconsistent or unknown mortality status or other unreliable data, discharged against medical advice (AMA), enrolled in the Medicare hospice program any time in the 12 months prior to the index hospitalization including the first day of the index admission</td>
<td>Within hospital death, transferred to another acute care facility, discharged against medical advice (AMA), without at least 30 days post-discharge claims data, only one 30-day readmission counted, no hospitalization counted as both a readmission and an index admission</td>
</tr>
<tr>
<td><strong>Timeframe</strong></td>
<td>In-hospital</td>
<td>Within 30 days</td>
<td>Within 30 days</td>
</tr>
<tr>
<td><strong>Level of analysis</strong></td>
<td>Facility</td>
<td>Facility</td>
<td>Facility</td>
</tr>
<tr>
<td><strong>Data source</strong></td>
<td>Administrative claims</td>
<td>Administrative claims, other</td>
<td>Administrative claims</td>
</tr>
</tbody>
</table>
Cerebrovascular Coalition/CSC Certification/Abbott CMS Coverage

Drs. Bambakidis, Cockcroft, Amin-Hanjani, Willson
Cerebrovascular Coalition (CVC)

• Coalition members include:
  – · American Academy of Neurology
  – · AANS/CNS Cerebrovascular Section
  – · American Society of Neuroradiology
  – · Society of NeuroInterventional Surgery
  – · Society of Vascular and Interventional Neurology
  (?)
Ongoing Projects

• Response to CSC certification requirements submitted Oct 1 signed by all members

• Revised CSC Requirements released Jan 17th:
  – Supported changes to aneurysmal SAH to 35 annually (from 20); 10 clip and 20 coil minimum (from 15 coil or clip) averaged over 3 years
  – Failed to adopt 10 case annual minimum for IAT (average over 3 years)
  – Loosened requirement that Neurosurgeon on call cannot be on call at any other hospital or for any other hospital service (only cannot be on call at another hospital)
CSC Standards
written NS back-up plan

<table>
<thead>
<tr>
<th>1. Physicians</th>
</tr>
</thead>
<tbody>
<tr>
<td>- The comprehensive stroke center has the following physicians available 24 hours a day, 7 days a week:</td>
</tr>
<tr>
<td>i. Emergency physicians</td>
</tr>
<tr>
<td>ii. Neurointerventionalist</td>
</tr>
<tr>
<td>iii. Neuroradiologist, or diagnostic radiologist with complex stroke experience</td>
</tr>
<tr>
<td>iv. Neurologist or other physician with experience in evaluation of computed tomography (CT) and magnetic resonance imaging (MRI) of the brain</td>
</tr>
<tr>
<td>v. Neurosurgeons with expertise in cerebrovascular surgery Note: The neurosurgeon cannot be concurrently on-call at any other hospital. If the neurosurgeon is covering another service(s) in the hospital, there is a written plan for the back-up of complex stroke patients.</td>
</tr>
<tr>
<td>vi. Surgeons with expertise in carotid endarterectomy</td>
</tr>
</tbody>
</table>
CSC Standards

*the on-site time requirements stay for NS and Interventional*

- Surgeons, neurosurgeons, and other neurosurgical staff are available on-site within 30 minutes to perform and support the performance of emergent neurosurgical procedures 24 hours a day, 7 days a week.

- In addition to the neurointerventionalist, one or more physicians with cerebrovascular experience are to be available by phone within 30 minutes and available on-site within 45 minutes, 24 hours a day, 7 days a week.

- Physicians with neurocritical care privileges provide on-site, 24-hour care to patients in the dedicated neuro-intensive care beds.

Note 1: Fellows with neurocritical care and cerebrovascular experience are acceptable for meeting this requirement. Additionally, residents with neurocritical care and cerebrovascular experience, as determined and documented by the residency program, are acceptable for meeting this requirement.
Comment on Coverage with Evidence Development Policy for CAS

• Formal request that CMS open National Coverage Decision for CAS to symptomatic patients with FDA-approved indications

• Also propose expanded coverage for a subset of asymptomatic patients, proposed enrollment in a CREST-2 companion registry
• CVC response (sent 12/16):
  - Expanding coverage for symptomatic standard risk 70-99% stenosis for pts <70 yrs
• **No** expansion for symptomatic stenosis <70%
• **No** Expansion for asymptomatic stenosis outside of participation in NIH clinical trials (eg CREST-2)
Comment on Coverage with Evidence Development Policy for CAS

• Formal request that CMS open National Coverage Decision for CAS to symptomatic patients with FDA-approved indications

• Also propose expanded coverage for a subset of asymptomatic patients, proposed enrollement in a CREST-2 companion registry

• CV Section has formal response
  – To be discussed at CVC call to attempt to gain consensus
Hemorrhagic Metrics for CSC’s

Gregory J. Zipfel
Background

- Comprehensive Stroke Centers (CSC’s)
  - “The goal of establishing this new level of certification is to recognize the significant differences in resources, staff and training that are necessary for the treatment of complex stroke cases.”
  - “We also anticipate that, over time, municipalities and regions will develop a formal referral network so the most complicated cases can be treated at the centers best equipped to provide the specialized care that can lead to better outcomes.”
  - 57 Joint Commission certified CSC’s thus far.

Concern

- CV volume to qualify for CSC status is relatively low
  - 35 SAH patients  Up from 20
  - 10 or more aneurysm clippings
  - 20 or more aneurysm endovascular coilings  Up from 15 clip/coil
Opportunity

- Raise the bar for CSC’s by *advocating the Joint Commission to add hemorrhage-specific metrics* that increase the likelihood that only high quality centers maintain CSC designation over time
Current hemorrhage-specific metrics

- Percentage of SAH / ICH / AVM patients where severity measures are documented
- Percentage of SAH patients where nimodipine was started within 24 hrs of dx and continued for 21 days
- Percentage of patients undergoing DSA who suffer stroke and death within 24 hours
- Percentage of stroke patients undergoing EVD who develop ventriculitis
Draft hemorrhage-specific metrics

- All stroke
  - Modified Rank Score at 90 days
- Anticoagulant-related hemorrhagic stroke
  - Median time to treatment with a procoagulant reversal agent
  - Median time to INR reversal
- NOTHING for SAH, non-anticoagulant-related ICH, aneurysms, or vascular malformations
Proposal

- Advocate for inclusion of AHA task force hemorrhage-specific metrics for CSC’s in conjunction with SNIS and SVIN
- Consider developing additional hemorrhage-specific metrics for CSC’s in conjunction with SNIS and SVIN; then advocating for their inclusion
AHA Hemorrhage-specific metrics for CSC’s*

- **Core metrics**
  - Median time from admission to start of procedure intended to treat ruptured aneurysm (if patient arrived within 48 hrs of hemorrhage)
  - Complication rates for aneurysm coiling and clipping

- **Non-core metrics**
  - Percentage of patients with aneurysmal SAH for whom aneurysm treatment was not started within 36 hours of arrival who have a documented reason for not having been treated within 36 hours (if patient arrived within 48 hrs of hemorrhage)
  - Percentage of SAH patients with depressed LOC and ventriculomegaly who are treated with EVD
  - Median frequency of noninvasive monitoring performed for surveillance for vasospasm in patients with SAH during the period of 3 and 14 days
  - Percentage of patients undergoing surgical/endovascular treatment of an AVM with stroke or death within 30 days of the procedure

*Metrics for Measuring Quality of Care in CSC’s, Leifer et al., *Stroke*, 2011*
Rapid Response Committee

(Dr. Woo)
Dear CV Section and WSANS Leaders: The Washington State Healthcare Authority has published the draft wording for coverage of carotid artery stenting. It is consistent with what they approved on September 20, 2013. Comments on the wording will be accepted through October 22, 2013. The Committee will vote and finalize the decision at its meeting on November 15, 2013. Below is the link to the draft wording. http://www.hta.hca.wa.gov/documents/cas_draft_findings_decision_100413.pdf MANY thanks to Dr. Kim for presenting at the September 20 meeting, to Dr. Woo for preparing the slides, Dr. Monteith for reviewing the Spectrum technology assessment, and to everyone for all of your help and hard work!

Cathy

Catherine Jeakle Hill
Senior Manager, Regulatory Affairs
American Association of Neurological Surgeons/ Congress of Neurological Surgeons
Washington Office
725 15th Street, NW, Suite 500
Washington, DC 20005
Phone: 202-446-2026
Fax: 202-628-5264
E-mail: Chill@neurosurgery.org
ARUBA Commentary

Dr. Bambakidis
ARUBA Commentary

- Written in response to DSMB decision to halt ARUBA in May, 2013
- Subsequent Editorial written in response to ARUBA publication in Lancet
  - Signed off by CV Section, SNIS, ASNR
  - Further discussion at wed CVC meeting
Mika Niemelä
International Liaison
ESMINT, Sept 4-6, 2014 Nice Joint Meeting

• The European Society of Minimally Invasive Neurological Therapy (ESMINT)
  – President Christophe Cognard

• The European Association of Neurosurgical Societies (EANS)
  – Chairman CV committee Peter Vajkoczy
ESMINT & AANS/CNS CV

• It has been agreed (Drs Cognard, Vajkoczy, Niemelä) that AANS/CNS CV section officials / representatives will give talks in ESMINT 2014 as ’special guests’

• Dr Niemelä will contact Drs Cognard & Vajkoczy in March to include Dr Friedlander in discussions

• Suggested topics and potential speakers will be discussed/decided during the CV section executive committee meeting in April?
AANS/CNS CV Section Executive Committee Meeting

Mika Niemelä
International Liaison
Neurocritical Care Society Liaison

Dr. Amar
NeuroCritical Care Society

• Multi-society task force on fellowship training, ICU credentials, etc.

• NCC Society Guidelines
  – Large Hemispheric Infarction
  – Future projects
Brain Attack Coalition

Dr. Judy Huang
Joint Commission Criteria for Comprehensive Stroke Center (CSC) Certification

- Jan 28, 2013 letter
- CV Section, AANS, CNS, ABNS, SNS, SVIN, SNIS, AAN
- Recommendations for SAH care
  1) ≥ 30 procedures for aneurysms (minimum 10 clipping & 20 endovascular)
  2) ≥ 35 patients annually with aSAH
- Acute ischemic stroke – minimum 10 cases
Membership Update

Dr Mocco
## Membership Update

### Cerebrovascular 2013 Membership Statistics

**October, 2013**

<table>
<thead>
<tr>
<th>Class</th>
<th>Status</th>
<th># of Members</th>
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<tbody>
<tr>
<td>ADJUNCT</td>
<td>ACTIVE</td>
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</tr>
<tr>
<td>MEMBER</td>
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</tr>
<tr>
<td>LIFETIME</td>
<td>ACTIVE</td>
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</tr>
<tr>
<td>INTERNATIONAL</td>
<td>ACTIVE</td>
<td>54</td>
</tr>
<tr>
<td>RESIDENT/FELLOW</td>
<td>ACTIVE</td>
<td>1,562</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td></td>
<td><strong>2,165</strong></td>
</tr>
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</table>
Membership Update

New Member Applications
11 New Applications Reviewed this year
14 Pending Applications

For vote of approval:

<table>
<thead>
<tr>
<th>Name</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>Seung-Young Chung</td>
<td>Active international</td>
</tr>
<tr>
<td>Volodymyr Solomiichuk</td>
<td>Active international</td>
</tr>
<tr>
<td>Jorge Luis Eller</td>
<td>Active</td>
</tr>
<tr>
<td>Andrew Phillip Carlson</td>
<td>Active</td>
</tr>
<tr>
<td>Mark Bain</td>
<td>Active</td>
</tr>
<tr>
<td>Michael F. Stiefel</td>
<td>Active</td>
</tr>
</tbody>
</table>
Membership Update

Membership Initiatives:

Personal email to all members with delinquent dues

YNC and CV Sect committee mentorship program
    Jeremiah Johnson, Kimon Bekelis and Stacey Quintero
Fundraising Committee Report

Gregory J. Zipfel, Ray Turner, Mustafa Baskaya
Update

- **Fundraising Goals**
  - $30,000 – Dempsey Research Award
  - $5,000 – BAF / Christopher C. Getch Research Award
  - $7,500 – DePuy Synthes CMF Resident Research Award

- **Fundraising Status**
  - $30,000 – Stryker (received)
  - $10,000 – Covidien (received)
  - $20,000 – Penumbra (received)
  - $7,500 – DePuy Synthes CMF (application submitted)

Extra $25,000 to be applied to 2015 Awards
Cerebrovascular Research Award Update – 2013

As Chair of the Robert J. Dempsey, MD, Cerebrovascular Research Award, I am pleased to report the Cerebrovascular Section of the American Association of Neurological Surgeons and The Congress of Neurological Surgeons once again awarded two $15,000 Resident Research Awards in Cerebrovascular Disease in 2012-13. There were a record number of applications this year. All were outstanding, but judged to be winners of this award for 2012-13 are:

Dr. Stanley Hoang of Stanford Hospital and Clinics for his study, “Effects of optogenetic neuronal stimulation of the primary motor cortex on axonal outgrowth, synaptogenesis and angiogenesis following cerebral ischemia”, and Dr. Luis Enrique Kolb from Yale-New Haven Hospital for his study, “Whole Exome Sequencing of Sporadic AVM”. Winners of this award will be acknowledged at the 2014 AANS/CNS Cerebrovascular Section Meeting.

The reviewers for the past year were: Drs. Robert Dempsey, Robert Friedlander, Mustafa Baskaya, Dandan Sun, and G. Edward Vates. We appreciate their help and hope they will be able to continue in the future.

The Joint Section has taken on the responsibility of fundraising to establish ongoing funding. Assuming the funding will again be successful, information and applications for the 2014 award will be sent to program directors, neurosurgery journals, and appropriate websites in October and November, with applications due by March 1, 2014. We look forward to another year promoting resident research.

Sincerely,

Robert J. Dempsey, MD
Chairman and Manucher J. Javid
Professor of Neurological Surgery
Department of Neurological Surgery

RJD:jvb
Website Committee Report

Gregory J. Zipfel and Babu Welch

Committee Members
Bill Ashley
Bernard Bendok
Bob Carter
Roc Chen
Amir Dehdashti
Aclan Dogan
Rose Du
Edward Duckworth
Chirag Gandhi

Fernando Gonzalez
Andrew Grande
Rob James
Bill Mack
Aditya Pandey
Clemens Schirmer
Scott Simon
Rabih Tawk
Update

- Contract signed with Vividsites  
  September 6, 2012
- Website kickoff meeting  
  September 14, 2012
- Sitemap and content development  
  Oct to Nov, 2012
- Sitemap finalized  
  December 7, 2012
- Website Design  
  January 17, 2013
- Website Beta  
  April 25, 2013
- Website “Go Live”  
  December, 2013
Update

- Contract signed with Vividsites: September 6, 2012
- Website kickoff meeting: September 14, 2012
- Sitemap and content development: Oct to Nov, 2012
- Sitemap finalized: December 7, 2012
- Website Design: January 17, 2012
- Website Beta: April 25, 2012
- Website “Go Live”: June-July, 2012
Website Beta Version

- http://cv-section.vsstaging.com
- http://cv-section.vsstaging.com/_admin
MOC Vascular Module

(Drs. Bendok and Siddiqui)
Matrix and Milestones

(Dr. Bambakidis)
Matrix and Milestones

• SNS asked for formation of ad hoc committee from CV Section for development of matrix and milestone specific educational content for use in Portal Project
• NCB (chair), S. Amin-Hanjani, G. Zipfel, P. Nakaji, A. Khalessi, S. Quintero
• MOU recently signed regarding implementation between AANS, CNS, SNS, ABNS
Bylaws/Rules & Regulations Committee

Dr. Schirmer
Bylaws/Rules & Regulations Committee

Dr. Clemens Schirmer

Dr. Stacey Wolfe and Dr. Amir Dehdashti

- Rules and regulations available on the new website for download
CAST/Training Standards

(Dr. Bambakidis)
Old Business
N2QOD Update

E. Sander Connolly, Babu Welch, Carlos David

Completed to date:

- Alignment of proposed module with N2QOD established structure
- 41 page user manual
- Verification of variable validity
- Build of aligned REDCap Database
N2QOD Update

Submit Manual and CV Module to SC  2/18
Refine According to SC Recs  2/19-23
Initiate Pilot at Semmes Murphy and Vanderbilt  2/24
Weekly Calls with Pilot Centers & Vasc Mod Team  2/24- 3/21
Expand Pilot to 6 centers  3/23
Broad Go-Live  4/14
N2QOD

Drs. Connolly, Mocco, Welch
IAC Carotid Stent Facility Accreditation Standards

Dr Cockroft & Albuquerque
Intersocietal Accreditation Commission for Carotid Stent Facilities (IACCCSF) is now IAC – Carotid Stenting | IACCCSF
IAC – Carotid Stenting | IACCSF

- On-line application process
- Application includes: procedure logs with outcome data, descriptions of care processes, neurological assessment info, procedure reports
- Randomly selected procedures are evaluated for clinical appropriateness, image quality, technique, outcome & documentation quality
- Random audits & site visits
IAC – Carotid Stenting | IACCSF

• As of September 2013
  – 6 facilities accredited
  – 2 facilities deferred
  – 25 applications requested

• Most common deficiencies (45 procedures reviewed)
  – Overestimation of stenosis
  – NIHSS/mRS not consistently performed
  – Lack of 30 day follow-up
  – Complications not reported correctly
  – Incorrect evaluation of symptomatic status
2013 IAC Research Award

• One year awards supporting innovative and meritorious research relevant to accreditation and quality improvement
• For 2013, 4 grants funded totaling $100,000 and for 2014, 3 proposals totaling $135,000 were funded
• For 2015, grants up to a maximum of $75,000 will be awarded
• Application process involves a letter of intent, and if accepted a full proposal
• Call for Proposals will go out February 2014
2014 IAC Research Award Application Announcement

Posted on January 17th, 2014 by AJNR, American Journal of Neuroradiology | 0 views

The Intersocietal Accreditation Commission (IAC) Research Committee seeks to support innovative and meritorious research relevant to accreditation and quality improvement through its annual IAC Research Award Program. Interested individuals are encouraged to submit proposals that advance the IAC Research Committee’s mission of Strengthening Accreditation Through Research.

For 2014, one year grants up to a maximum of $75,000 will be awarded. The application process involves a Letter of Intent due March 3, 2014, and if accepted, a full proposal. Visit intersocietal.org/iac/research.htm for further details and to download the 2014 Application Announcement and Instructions.

Contact

Mary Beth Farrell, MS, CNMT, NCT, FSNMTS
Director of IAC Research
farrell@intersocietal.org
Resident & Fellow Endovascular Courses

Drs Arthur, Mocco and Veznedaroglu
Resident and Fellow Courses

• Introduction to Cerebrovascular Neurosurgery for Junior Residents Practical Clinic.
  • To expose Jr. residents to what it means to be a combined cerebrovascular surgeon
  • Held at AANS meeting
  • Erol Veznedaroglu and J Mocco

• 3D Anatomy for Residents (emphasis on vascular)
  • To review anatomy with emphasis on open cerebrovascular approaches
  • Held in Houston each August
  • Michael Lawton

• AANS Endovascular and Open Cerebrovascular Course for Senior Residents
  • To practice endovascular and open surgical techniques with reperfused cadaver and live models
  • Held at MERI, November 7-9
  • Erol Veznedaroglu, Michael Lawton, Adam Arthur

• ENRG Boot Camp for Beginning Endovascular Fellows
  • To prepare fellows entering fellowship
  • Held at 3C meeting
  • Andy Ringer

• CV Section/SNIS Joint Fellows Courses
  • To expose fellows in training to didactics and new technology
  • Held at CV Section and SNIS Meetings
  • 1 CV Section and 1 SNIS director

• AANS/SNIS/SVIN Endovascular Course for Senior Fellows
  • To practice endovascular techniques with live models
  • Held at MERI, October 4-6
  • Erol Veznedaroglu and Adam Arthur
3C meeting

Dr Adnan Siddiqui
Brain Aneurysm Foundation/C. Getch Research Award

Dr Carlos David & Zipfel
New Business
American Association of Blood Banking

Dr. Welch
American Association of Blood Banking (AABB)

- Writing committee on platelet transfusion guidelines
- Meeting on January 28-29, 2014
- Provided CV section input on
  - Transfusion triggers for line insertion (20K), lumbar punctures (50K) and surgical procedures (70K)
- Convinced them that neuro-axial procedures should be considered separate from other majors surgeries
Clinical Trials Advisory Committee

Drs. Carter, Friedlander, Zipfel
Acute Stroke Trials Editorial

Drs Khalessi, Mocco
Thank you!
December 16, 2013

Sean Tunis MD, MSc
President and CEO
Center for Medical Technology Policy
WorldTrade Center Baltimore
401 E. Pratt Street, Suite 631
Baltimore, MD 21202

Dear Dr. Tunis,

This letter is a response to the proposed Coverage with Evidence Development (CED) policy for Carotid Artery Stenting (CAS) draft circulated on December 9, 2013. The proposed coverage policy would greatly expand Medicare coverage for CAS in both symptomatic and asymptomatic patients. The CED proposal recommends coverage of standard surgical risk asymptomatic patients with >70% stenosis for CREST-2 ineligible patients or for patients treated either before or after CREST-2 begins enrollment or after the trial ends. It also proposes Medicare coverage for all symptomatic patients regardless of surgical risk with 50 – 69% stenosis. The proposal stipulates that Medicare coverage in these circumstances include mandatory enrollment in approved, accredited national registries. Furthermore, institutions must satisfy accreditation standards as proposed in the policy to allow for Medicare coverage to apply.

Unfortunately, as proposed, we feel that the CED policy draft for CAS if enacted would irresponsibly increase utilization of CAS greatly beyond the levels at which benefit is currently supported by existing clinical trials. We feel that there is currently good evidence for expansion of coverage of some younger standard risk symptomatic patients with >70% stenosis, but that evidence demonstrating benefit for CAS over medical management is clearly lacking for patients with less severe degrees of carotid stenosis. With respect to asymptomatic patients, we feel that CREST-2 is a vitally important trial which would be placed at significant risk of invalidation and/or suboptimal recruitment if the CED policy draft is enacted. Given the lack of evidence regarding the efficacy of CAS for asymptomatic patients, we feel that expansion of coverage is premature and not warranted outside of clinical trials.

In summary, our response is as follows:

Regarding symptomatic carotid stenosis:

- Coverage should be expanded for standard surgical risk patients <70 years of age, with carotid stenosis >70%
- There should be no expansion of coverage for patients of any age with carotid stenosis <70%
- Additional stipulations in regards to mandatory participation in national registries and mandatory facility certification as proposed in the CED are reasonable
Regarding asymptomatic carotid stenosis:

- There should be no expansion in coverage outside of participation in national NIH approved clinical trials (CREST-2)

Respectfully,

American Academy of Neurology
Representing the AAN, Anthony J. Furlan, MD, FAAN

American Society of Neuroradiology
Representing the ASNR, Joshua Hirsch, MD

Society of NeuroInterventional Surgery
Representing SNIS, Peter V. Rasmussen, MD

Congress of Neurologic Surgeons
Representing CNS, Nicholas Bambakidis, MD