Strategic Plan
AAN General Neurology Section

I. Introduction

A. Definition of the section: The General Neurology Section (GNS) is the quintessential section of the AAN. It is the heart and soul of the AAN. It represents the Neurologist in its purest form. Established in 2005, the GNS was formed to promote and support the tradition of the General Neurologist.

B. Conditions and procedures: Members of the section are fortunate to have the broadest range of neurological diseases in which to study. If variety is indeed the spice of life, then it is the General Neurologist that is most fortunate. Our procedures encompass nearly all available neurological procedures, including electrodiagnosis (EMG, EEG, and evoked potentials), lumbar puncture, neuro-imaging, botulinum neurotoxin injections, management of neurostimulators, nerve blockers for pain management, and trigger point injections, along with many others.

C. Interaction with subspecialties: The General Neurologist has a strong working relationship with subspecialists. There is clearly a two-way exchange of both patients and information.

D. Purpose of this document: In this document, the Section will lay out a strategic plan for growth and success of the General Neurology Section, and communication of the mission and goals of the GNS to the general membership of the Academy. With 25 Sections at the Academy devoted to neurologic subspecialties, there is a need to not lose focus on the important work that a General Neurologist performs. In a way, the General Neurologist subspecializes in every area of neurology. The GNS Strategic Plan will also outline a plan to provide a forum for discussion, learning, and fellowship for those who subspecialize, but also practice some general neurology.

E. Mission statement: The General Neurology Section exists to:

- Support General Neurologists and GNS members.
- Support and strengthen the American Academy of Neurology.
- Give a stronger voice to the General Neurologist in the AAN.
- Encourage General Neurologists to join and participate in the General Neurology section of the AAN.
- Promote educational opportunities and provide materials that are relevant to the practicing neurologist.
- Advocate for and support General Neurology as a specialty and as a career choice among neurology residents.
- Work to better understand the driving forces behind sub-specialization.
- Promote the cooperation between academic and non-academic neurological centers in research and education.
- Promote interaction and collaboration between general neurologists and subspecialists.

II. Background/History of Subspecialty or Section

A. Landmark early works/milestones: The first organizational meeting for the GNS was April 10, 2005. Since that time, the GNS members have received semi-annual newsletters informing them about Section activities. The GNS has had yearly meetings at each AAN Annual Meeting since 2005. The GNS continues to advocate for general neurology courses at the AAN Annual Meeting, including the incorporation of more clinically relevant content (such as coding information) into existing programs. The GNS members are informed about the pertinent general neurology opportunities at the AAN Annual Meeting.

B. Growth of the section to current status: Since the first organizational meeting in April 2005, the GNS has added 300 members to the section.
C. Genesis of pertinent journals and societies: Since its inception, the GNS Executive Committee has been interested in developing a specifically clinically focused general neurology journal. The AAN’s Neurology is comprehensive and an extremely valuable source of information on new research in neurology, but is not designed for the practicing clinician. The GNS Executive Committee has learned through experience, anecdotal data and informal surveys that practicing general neurologists feel a need for a journal specifically geared toward clinical review, business management, medico-legal matters, and other issues affecting a day-to-day practice of neurology. A formal survey conducted by AAN Surveys and Research department (9/08/2008) found that 78% of members who spend at least half of their time in practice would be moderately or strongly interested in a new journal with a clinical focus. An informal survey conducted by AEI found that clinicians want a journal that provides more information on business issues, implementation of guidelines, medico-legal issues, patient safety and performance measures, none of which are addressed to any length in the AAN’s current publications. Members of the GNS Executive Committee are actively working with AEI to pursue the publication of a journal which would meet those needs.

D. Current Board certification: The American Board of Psychiatry and Neurology certifies neurologists. While some neurologists choose to pursue additional certifications, there is no subspecialty certification for general neurologists.

E. Other professional and disease-related organizations relevant to the subspecialty: Since General neurology encompasses every one of the subspecialties, the GNS is constantly updated on the activities of the other subspecialty sections at the Committee on Sections meeting.

III. Current State of the Section

A. Patient care/practice: All members of the section provide patient care. In addition to this practice, some members choose to teach or conduct research. Some members practice only general neurology, while others have an additional subspecialty. The practice settings of GNS members range from solo practice to large-scale hospitals and academic institutions. One informal survey about the length of patient appointments was conducted in 2006 and the information was instrumental in advocating for longer neurology patient appointments in one large managed care organization.

B. Research: A survey developed by the GNS Executive Committee on the professional aspects of general neurologists versus subspecialist neurologists was completed in May 2008. An editorial on "Past, Present and Future of General Neurology" is being written from the survey information, as well as information from the literature. The GNS hopes to publish this editorial in Neurology in the near future. GN members also have an opportunity to participate in the broad review process of guideline development. With regard to clinical research, general neurologists have become more active in pharmaceutical research in their practice settings.

C. Education: The General Neurology Section identifies education as an integral part of its mission. Practitioners must be familiar with a broad body of knowledge, encompassing not only all of general Neurology, but also Neuroimmunology, Neurophysiology, Neuro-radiology Neuroophthalmology, Neuro-rehabilitation and Neuropsychology. Standards of care and treatment strategies have become more complex and sophisticated, but are also rapidly evolving.

   i. Graduate Education/CME.
      1. AAN Annual Meeting: The annual AAN meeting represents the largest number of course offerings available at a single meeting.
      2. Regional Conferences: The AAN conducts Fall and Winter conferences in regional locations which also provide CME opportunities in addition to the Annual Meeting.
   ii. Continuum & Quintessentials: Continuum is the AAN’s Continuing Medical Education
Publication. Quintessentials is designed to help practicing Neurologists identify and make changes to their practices to improve patient care.

D. Currently there are GNS members that participate in the Topic Groups for the Annual Meeting Courses, and they act as strong advocates for development of general neurology courses. Additionally, all general neurologists are educators in their participation in patient education and promotion of patient advocacy and support groups. Many hospitals and academic institutions even have mentoring programs among undergraduates to promote the profession of general neurology.

E. Medical Economics issues: The GNS membership is updated on medical economic issues through the newsletter and yearly meetings. However, there’s a great need for more information on medical economic issues, specifically on coding and reimbursement, setting up a medical practice or other practice options, electronic health records, quality reporting, personnel management, and Pay for Performance, to name just a few. The GNS is working to include this type of practice information in the courses at the AM. These issues will also be one big part of the proposed clinical journal. Neurology is a cognitive specialty and is under significant economic pressure. Neurology is typically under compensated for the time required to deliver high quality services.

F. Legislative Avenues: The GNS encourages members to participate in legislative advocacy through Legislative Affairs Committee and State Affairs Committee, state societies and Neurology on the Hill. The GNS also encourages members to participate in patient advocacy groups. Issues affecting neurology and patients with neurologic disease change rapidly, so the GNS works to keep abreast of new issues advocate accordingly. The GNS currently sends representatives to Legislative and State Affairs Committees. The GNS is not currently involved as liaison with state societies, but has an interest in developing that connection.

IV. SWOT Analysis of the Subspecialty

A. Current Strengths: Currently the GNS’s greatest strength lies in patient care. General neurologists provide patient-centered, comprehensive, longitudinal care. General neurologists treat complex and chronic illnesses and coordinate care in health systems. Education is another area of strength, as general neurology is taught throughout residency training. The GNS has an additional strength in its members who are involved in the legislative advocacy area. A strong point in the area of research is that many general neurologists refer patients to research studies or participate in clinical research centers

B. Weaknesses: The GNS is weakest in the area of Medical Economic issues. Many general neurologists feel frustrated or uninformed on issues concerning coding, reimbursement, malpractice insurance, Pay for Performance, and others.

C. Opportunities for growth in each area: The GNS needs to have input into each of the AAN committees. The GNS has an opportunity to create connections with state societies, to further focus on advocacy issues. The GNS can encourage members to participate in these advocacy activities. NIH has indicated that it would like to get people involved in practice more involved in research. GNS can help to advertise this news and encourage more members to participate in research. There is also an opportunity to promote more practice-oriented topics at the Annual Meeting. General Neurology Section members can increase their involvement in teaching courses at the Annual Meeting, or even suggest the addition of a new course focused on updates in general neurology. More informal opportunities for general neurologists to network with each other and with other subspecialists can be created by the Section. The GNS can work to create more online and distance learning opportunities.
D. Threats to achieving goals in each area: There may be difficulties getting GNS representatives onto each AAN committee, since membership on most committees is at a maximum, and many of the committee positions have historically been held by academicians. In general, there is a lack of understanding among general neurologists as to the value that the AAN places on them. They feel alienated. Practice settings for general neurologists are also more diverse than subspecialists. With these very varied needs, it is harder to coordinate help, communication and advocacy. There is an impression among neurologists that the numbers of residents in general neurology are dropping, but this is difficult to quantify. Surveys are expensive.

V. Specific Vision, Goals and Objectives for the Subspecialty/Section

A. Short Term (over next 5 years)
   i. Specific defined goals and targets
      1. Increase section membership by 25% each year over the next 2 years and then 10% each year for the subsequent 3 years.
      2. Restore, among General Neurologists, a sense of belonging to the AAN.
      3. Promote General Neurology as a viable option for Neurology residents.
      4. Promote involvement in General research.
      5. Promote involvement in the political process (State and Federal) including increased compensation for practicing neurologists.
      6. Investigate and report to the Committee on Sections any outside forces that appear to be a threat to General Neurologists (e.g. Chiropractic Neurologists)
   ii. Specific action items for each goal
      1. Increase membership:
         a. Request the IT department to modify the AAN website to allow members to join the GNS section by simply clicking an icon.
         b. Advertise the section through an editorial or series of editorials in the AAN News.
         c. Provide information on the GNS to the state neurological societies through their listserv
      2. Restore a sense of belonging:
         a. Use the AAN website to let the General Neurologist know that the AAN is here for them. Acknowledge their sense of alienation.
         b. Arrange activities at the Annual Meeting specifically aimed toward the General Neurologist.
         c. Promote the GNS section, in the AAN News, as a vehicle for change in the AAN.
      3. Promote General Neurology:
         a. A series of articles in the AANnews and/or on AAN.com emphasizing the importance of general neurology practice, particularly in smaller population centers, and the benefits of such varied practice.
         b. Contact Residency Program Directors by using the GES program director listserv and point out the economic advantages to practicing General Neurology. Discuss the need for the "right" mix of generalists to specialists for a particular population.
         c. Promote general neurology practice among residents through communication with residency program directors.
         d. Encourage residents to join the GNS through the GES program director listserv.
         e. Work with the AAN Practice Improvement Subcommittee to bring practice tools to Clinical Neurologists.
      4. Promote involvement in General research:
a. Encourage GNS members to participate in relevant courses and activities at the Annual Meeting and Regional Conferences.

b. Provide information to section members, through our listserv, on the new NIH program CRC that educates practicing neurologists on conducting General trials and involves them in NIH General trials for practicing neurologists.

5. Promote involvement in the political process (State and Federal) through promotion of BrainPAC (if and where legally appropriate) and involvement with Advocacy activities, such as Neurology on the Hill and Palatucci Advocacy Leadership Forum.

6. Investigate and report to the Committee on Sections any outside forces that appear to be a threat to General Neurologists (e.g. Chiropractic Neurologists) through communication via email with AAN staff and appropriate COS members.

iii. Benefit to AAN and the Section in achieving goals

1. Increased membership strengthens the section.

2. The section gives the General Neurologist a sense of belonging and encourages involvement in the AAN. Involved members bring strength and vitality to the AAN.

3. In these challenging times, an actively involved membership is vital to effectively deal with political and economical changes.

4. The executive committee members will work with AAN staff to monitor and evaluate our success or failure.

B. Long Term (over the next 5-10 years): The GNS plans to ask the AAN Board to establish a General Neurology Task Force to determine the current state of General neurology and what can be done to preserve this important profession. The Task Force should focus on improving training and resources to ensure that practicing neurologists are viable in the future.

VI. Summary/Concluding Statement

The General Neurology Section represents the practicing Neurologist. We celebrate the variety that comes with the title. Our practice experience suggests that most Neurological cases can be more than adequately handled by the General Neurologist.

While we recognize and appreciate the contributions made by members of the AAN who focus their attention to a single Neurological disease, we need the AAN to support those who practice a broader range.

We would like the AAN to help us promote General Neurology as a viable career choice. We are aware of a growing shortfall in the number of Neurologists and wonder what will become of a city of fifty thousand people if all three Neurologists want to specialize in a single Neurological disease?

We would like a journal that has more of a General focus. We want the AAN to offer courses that are more applicable to the practice of General Neurology. We want a stronger voice in the AAN.

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