Executive Committee Members Present: Jose Biller, MD, FAAN, FACP, FAHA; James Greene, MD, PhD; David Likosky, MD

Staff: Lynee Koester (sitting in for staff liaison Christi Kokaisel); Bruce Levi, AAN Deputy Executive Director; John Hutchins, AAN Associate General Counsel

In Attendance: 17

Call to Order
Dr. Biller called the meeting to order at 7:34am.

Minutes
The section reviewed the minutes from the 2012 meeting. Unanimously approved.

Section Membership
There are currently 572 members of the section, which is a large increase from 476 members in 2012.

Announcement of Election Results
Dr. Biller gave congratulations to John Lossing, MD, FAAN, for being elected the new section Chair. He also congratulated Joshua P. Klein, MD, PhD for his election to Vice-Chair and Jana Wold, MD for her elections to Councilor.

Policy Concerning Sections
Dr. John Kissel along with John Hutchins, AAN Associate General Counsel, explained the recent elimination of Section bylaws and the subsequent creation of a Policy Concerning Sections. The Executive Council for Sections and Subspecialties is hopeful the new policy will make it easier for sections to govern, and empower sections to focus less on technical issues and more on moving ideas forward. The section structure will now be similar to AAN committee structure.

Pros/Cons Debate for Certification for Neurohospitalists
Drs. Biller and Likosky provided section members the pros and cons for developing a certification for neurohospitalists.
Dr. Biller reminded section members of the specialties currently approved by the United Council for Neurology Subspecialties (UCNS), the mission of the UCNS and the current ABPN certification specialties. Highlights of the responsibilities for 21st century neurohospitalists were presented noting that neurohospitalist medicine is one of the fastest growing subspecialties in neurology. Dr. Biller believes it is time for the section to consider developing a neurohospitalist certification.

Dr. Likosky provided a brief history of the hospitalist, stated that neurohospitalists continue to struggle to identify themselves, and believes it is better to wait until the field is more clearly defined. Neurohospitalists should focus on trying to better identify how they will interact with other specialties such as critical care and vascular neurology. Thus, standardizing now could potentially be harmful. Risks include stifling the field, preventing the field from moving forward, and possible confusion with physicians being required to recertify in several areas. This could cause confusion and be costly. Dr. Likosky noted that he believes it is too early to develop a certification and that he is unclear of the benefits of developing a certification.

Section members stated that it would be beneficial to define what neurohospitalists do in various settings, and to analyze the value of developing a certification. The patient population differs now, many physicians know little about in-patient neurology, and quality of care should be the ultimate goal. It remains difficult to measure quality.

Dr. Biller stated that section discussions will continue regarding this issue.

**Neurohospitalist Service Guidelines Document**
The section discussed the motion to adopt Dr. Dawson’s statement on community service as policy of the AAN Neurohospitalist Section.

*3 approved, 3 voted against, 9 abstained*

**New Motions**
The section discussed and voted on five motions presented in the agenda by Dr. Lossing.

1. Defining a neurohospitalist

**RESOLVED**

- THAT the Neurohospitalist Section EC advises that a neurohospitalist be defined as any board certified or eligible neurologist who sees patients in hospital
- THAT it be further refined so
- THAT an "attending neurohospitalist" is a neurohospitalist who MAY admit patients to himself as an attending physician and who DOES write orders on his own patients.
- THAT a "consulting neurohospitalist" does not admit patients to himself and MAY write orders on patients on his consultation service.
- THAT various neurologists who work in hospitals are by definition neurohospitalists including neurovascular neurologists, critical care neurologists, neuroimmunology neurologists, etc.
- THAT being eligible or certified as a neurohospitalist does not assure that the specific neurologist is a qualified neurovascular or critical care neurologist by the definitions of the criteria of those specialties.
- THAT a board eligible or board certified neurohospitalist is any neurologist who qualifies for or was qualified by a certification organization by an examination which tests the candidate for broad
competence in the diseases and management of all potential neurology inpatients including areas of stroke, coma, seizures, infectious disease, muscle disease, electrodiagnosis, etc.

- THAT failing the eventual development of a Certification Exam that the above definitions shall carry forward as defining the field.

5 in favor, 8 against

2. Pros and Cons
RESOLVED
- THAT it is the opinion of the Neurohospitalist Executive Committee that the development of a neurohospitalist qualifying examination and certification is essential to the refinement and the Continual Quality Assurance of neurologists working in hospitals.

A motion was proposed and no members of the section seconded the motion.

3. Exam
RESOLVED
- THAT it shall be the mission of the Neurohospitalist Section of the AAN to 
  a. find a certification organization to certify neurohospitalists and
  b. propose a curriculum of topics felt to be essential to the measured competence of applicant neurohospitalists.
  c. Assign a panel of Section Members to propose the text of the questions if requested or required by the Certification Organization, this panel to be determined by a Nominating Committee comprised of the Executive Committee of the Neurohospitalist Section, none of which members shall serve on the Question Writing Panel.

The motion was seconded. 3 voted in favor, 8 against.

4. Resolved that the AAN Neurohospitalist Section shall adopt a mechanism of balloting and election thus

A motion was proposed and no members of the section seconded the motion due in part to the recent elimination of bylaws and the creation of a Policy Concerning Sections.

5. RESOLVED
- THAT the AAN Neurohospitalist Section SHALL use the same ListServe mechanism of the Stroke Section, the latter being so effective in promoting discussion and the former being so user unfriendly and incomprehensible.
- THAT the staff of the Neurohospitalist section shall be ORDERED to make this change.

A motion was proposed and no members of the section seconded the motion.

The meeting adjourned at 8:30 a.m.