

## American Board of Psychiatry and Neurology, Inc.

A Member Board of the American Board of Medical Specialties (ABMS)

**MEMORANDUM** 

TO:

Thomas Nasca, MD, MACP

President and Chief Executive Officer, ACGME

FROM:

Larry R. Faulkner, MD

President and Chief Executive Officer, ABPN

DATE:

July 24, 2018

SUBJECT:

Proposal for ACGME Recognition of a New Subspecialty in Neurocritical Care

Enclosed is the proposal from the American Board of Psychiatry and Neurology requesting approval from the ACGME Board of Directors for the RC begin to accredit a fellowship program in the new subspecialty of Neurocritical Care.

Neurocritical Care will be a multidisciplinary certificate co-sponsored by the American Board of Psychiatry and Neurology (Administrative Board), American Board of Anesthesiology, American Board of Emergency Medicine, and American Board of Neurological Surgery.

The proposal provides documentation of the professional and scientific status of the proposed new subspecialty for each of the criteria delineated in the ACGME Policies and Procedures Manual. Supporting documentation for each of these criteria is included. In addition, documentation of communication with the other Review Committees and information from the relevant American Board of Medical Specialties (ABMS) is attached.

CC: Mary W. Lieh-Lain, MD, Senior Vice President, Medical Accreditation, ACGME Kathy Malloy, Vice President, Accreditation Standards, ACGME



July 24, 2018

## Proposal for Recognition of a New Subspecialty in Neurocritical Care

## 1) The clinical care and safety of patients will be improved through the recognition of the discipline.

The medical subspecialty of Neurocritical Care is devoted to the comprehensive multisystem care of the critically ill patient with neurological diseases/conditions. Like other intensivists, the neurointensivist usually assumes the primary care role for his or her patients in the intensive care unit. To do so, a neurointensivist must acquire the knowledge and skills to manage both the neurological and critical care aspects of care. The neurointensivist acts to harmonize the care of patients by taking responsibility for various integrated elements of ICU care that might otherwise be provided by multiple subspecialists. The ultimate goal of neurocritical care is to provide optimal care to a unique patient population that simultaneously requires synergistic expert management of acute nervous system and critical care aspects of care. The published literature indicates that our patients are best served when cared for by physicians with sub-specialized training that addresses both these areas. It is not the intent of this subspecialty to prevent physicians from any specialties, including neurology, neurosurgery, anesthesia, and emergency medicine, from caring for their patients in intensive care units who have neurologic conditions even if those units are staffed by neurointensivists. In fact, it is critical and expected that practioners of this subspecialty fully engage the specialists or subspecialists caring for their patients in intensive care units who have neurological conditions and collaborate with them in the best interests of the patients even those units staffed by neurointensivists. This is particularly true of patients with neurological diseases who have undergone surgical procedures or who may need surgical procedures.

# 2) The existence of a body of scientific medical knowledge underlying the subspecialty that is clinically distinct from other areas in which accreditation is already offered.

Specialty training in the neurosciences addresses abroad and rapidly expanding body of knowledge. With the growth of diagnostic and therapeutic options in the clinical neurosciences it became clear that additional subspecialty training was required to master them. In recent years, subspecialty certification in Neurology has been established in Brain Injury Medicine, Clinical Neurophysiology, Endovascular Surgical Neuroradiology, Epilepsy, Neurodevelopmental Disabilities, Neuromuscular Medicine, Pain Medicine, Sleep Medicine, and Vascular Neurology [ACGME website]. Neurological Surgery is developing Recognition of Focused Practice in Pediatric Neurosurge1y and Central Nervous System Endovascular Surgery.

The explosive growth and maturation of the subspecialty of Neurocritical Care, the unique population served, and the specialized skill set required to serve that population have set the framework for this proposal to accredit programs in Neurocritical Care. The advent of mechanical ventilation and expanded interest in management of brain injured patients historically bonded critical care and clinical neurosciences providers. As understanding of secondary neurological injury and advanced therapies were developed, it was apparent that clinicians who have an understanding of the underlying neurological disease processes (e.g. stroke, Guillain-Barre syndrome, myasthenia gravis, traumatic brain injury, and status epilepticus) and specialized expertise in critical care are best equipped to provide comprehensive integrated multisystem care to critically ill patients with nervous system disorders. Expertise in Neurocritical Care includes the procedural and cognitive skills needed for standard forms of ICU monitoring and management (i.e., cardiovascular hemodynamic monitoring and mechanical ventilation) as well as specialized forms of neurological monitoring (i.e. intracranial pressure and continuous EEG monitoring) and interventions.

The body of scientific medical knowledge that defines Neurocritical Care continues to rapidly develop. Journals such as Neurology, Critical Care Medicine, Journal of Neurosurgery, and Neurosurgery established subsections devoted to neurocritical care. The Neurocritical Care Society created a dedicated journal, Neurocritical Care, devoted specifically to the growing body of scientific knowledge in this subspecialty area. It has been published since 2004 with Springer with an impact factor of 2.488. It ranks 17th out of 33 journals in the discipline of critical care medicine and 87th out of 193 journals in the discipline of neurology. There are 2 volumes with 6 issues annually and it is directed towards neurointensivists, neurologists,

neurosurgeons, medical and surgical intensivists, anesthesiologists, emergency physicians, and critical care nurses treating patients who are critically ill due to nervous system disorders. The first textbook dedicated to the field was published in 1983. As of this year 127 neurocritical care texts are available on Amazon.com.

Neurointensivists have a knowledge base tailored to the specific needs of their patients. The NCS has worked extensively with other neurological, neurosurgical, and critical care societies to develop guidelines to address the unique needs of this population including multimodality brain monitoring, critical care management of subarachnoid hemorrhage, management of status epilepticus, insertion and management of external ventricular drains, venous thrombosis prophylaxis, and reversal of anticoagulation in intracranial hemorrhage.

A Neurocritical Taxonomy Code was recently approved by the National Uniform Claim Committee (NUCC). This code defines Neurocritical Care as the subspecialty that "is devoted to the comprehensive, multisystem care of the critically ill neurological patient." Like other intensivists, the neurointensivist generally assumes the primary role for coordinating the care of patients in the ICU, including both the neurological and medical management of the patient. They must also provide consultative services for these patients as requested within the health system.

Patients with neurological conditions who are critically ill require physicians who are knowledgeable in the examination, evaluation and options for care of both the primary neurological condition as well as the associated critical care conditions. Integrating the management of these conditions may require approaches that differ from those of the general critical earn population and require a physician with dual training to appropriately manage them. These physicians not only provide direct care, but also lead and train a team of physician extenders, nurses, pharmacists, and other professionals who are aware of the specific needs of the neurological critically ill patient.

## 3) The existence of a sufficiently large group of physicians who concentrate their practice in the proposed new specialty.

Data on the number of physicians concentrating their practice in Neurocritical Care come from the database of the NCS and the number of Neurocritical Care Diplomates listed on The United Council of Neurological Subspecialties (UCNS) website and the Society of Neurological Surgeons' Committee on Advanced Subspecialty Training (CAST) website. UCNS and CAST are nonprofit organizations that accredit training programs (fellowships) in neurological and

neurosurgical subspecialties and award certification to physicians who demonstrate their competence in these subspecialties. Since 2007, the UCNS has certified over 1240 physicians to practice in Neurocritical Care. CAST has only been certifying individuals since 2013, and in this time has certified 109 physicians as neurointensivists from various disciplines including neurosurgery, neurology, critical care, general surgery/trauma, and anesthesiology.

## 4) The existence of national medical societies with a principal interest in the proposed new subspecialty.

The American Academy of Neurology-Critical Care and Emergency Neurology section: Founded in 1948, the AAN represents 30,000 neurologists and neuroscience professionals dedicated to promoting the highest quality patient centered neurologic care. The section on Critical Care and Emergency Neurology currently has 805 members [Source: AAN Executive Office].

The Society of Critical Care Medicine; Neuroscience Section-Established in 1970, the SCCM is the largest non-profit medical organization dedicated to promoting the practice of critical care. It has over 16,000 members in more than 100 countries with a mission to secure the highest quality care for all critically ill and injured patients. There are 1,623 members of the section. Data on specialty was not available from the SCCM. [Source: SCCM executive office])

The Society for Neuroscience in Anesthesiology and Critical Care (SNACC)-Established in 1973, SNACC has a mission to advance the art and science of the care of the neurologically impaired patient through education, training and research in perioperative neuroscience. As of December 2016, the SNACC has 637 members [SNACC executive office. The JSNTCC had 2,530 members as of 2016. The mission of the JSNTCC is to provide a forum for education and research on traq.ma and critical care of the nervous system; coordinate activities and programs relating to trauma, critical care, and sports medicine for the parent organizations and other societies, committees and agencies; represent the parent organizations, at their discretion, at any organization or group on matters relating to trauma, critical care, and sports medicine; and advise the parent organizations of activities which relate to nervous system trauma and critical care by other individuals, groups, and/or agencies. [Source: JSNTCC website: http://www.neurotraumasection.org/about].

Neurosurgeons in the United States are represented by the following organizations, all of which are supportive of this NCC proposal: The American Association of Neurological Surgeons - 9,000; American Board of Neurological

Surgery- 4,616 active neurosurgeons; Joint Section on Trauma and Critical Care – 2,530 active members.

5) The regular presence in academic units and health care organizations of educational programs, research activities, and clinical services such that the subspecialty is broadly available nationally.

<u>Medical Schools</u>: All 149 neurology and 106 neurosurgery accredited residency programs in the United States include a neurocritical care core curriculum component that complies with the ACGME's RRC requirements [ACGME website]. The academic status of the Neurocritical Care educational programs varies among the institutions. Some are contained within the Department of Neurology, others in Departments of Neurosurgery and others in service lines that involve several specialties.

Hospital Departments: Most moderate and large sized hospitals have several intensive care units, each focusing on a different patient population such as cardiac, pediatric, surgical, trauma, and medical patients. Historically, critically ill patients with nervous system pathologies were admitted to medical 01· other subspecialty ICUs. With the evolution of the field of Neurocritical Care a rapidly increasing number of both academic and private hospitals have established dedicated Neuro ICUs. Many of these Neuro ICUs offer trainh1g opportunities to residents and fellows in neurocritical care.

<u>Divisions</u>: In the majority of the academic programs, neurocritical care is developed as its own Division. In some programs, it is housed under stroke and Neurocritical Care joint divisions or Neurotrauma and Critical Care joint divisions. A few programs are under the auspices of the trauma division, critical care division, or the department of neurosurgery.

Institutions providing residency and other acceptable educational programs in the proposed new or modified subspecialty area: All neurology residency programs in the United States are required to include a neurocritical care core curriculum component.

Currently, there are 61 UCNS-accredited fellowships, all of which train Neurologists: [Source: UCNS website Jan 2, 2017]

- 1. Baylor College of Medicine
- California Pacific Medical Center
- 3. Cedars-Sinai Medical Center
- 4. Cleveland Clinic Foundation
- 5. Detroit medical Center/Wayne State University
- 6. Duke University
- 7. Emory University Hospital
- 8. Henry Ford Hospital
- 9. Hofstra Northwell School of Medicine
- 10. Johns Hopkins University School of Medicine
- 11. Loyola University Medical Center
- 12. Massachusetts General Hospital
- 13. Mayo Clinic College of Medicine, Rochester
- 14. Mayo Clinic Florida
- 15. Medical College of Wisconsin
- 16. Medical University of South Carolina
- 17. Mercy Hospital at Buffalo
- 18. Mount Sinai Medical Center
- 19. New York Presbyterian Hospital
- 20. Northwestern University Feinberg School of Medicine
- 21. Ochsner Health System

dada.	Oregon Health and Science University
23.	Rush University Medical Center
24.	Seton Hall University School of Health and Medical Sciences
25.	Stanford University Medical Center
26.	SUNY Upstate Medical University
27.	The Ohio State University
28.	Thomas Jefferson University Hospital
29.	Tufts Medical Center
30.	United Health Services Hospitals-Wilson Medical Center
31.	University Hospitals Case Medical Center
32.	University of Alabama Birmingham
33.	University of California Davis Medical Center
34.	University of California, Los Angeles
35.	University of California San Diego Health System
36.	University of California San Francisco
37.	University of California Irvine
38.	University of Chicago
39.	University of Cincinnati
40.	University of Colorado Hospital
41.	University of Kansas School of Medicine
42.	University of Maryland
43.	University of Massachusetts Medical School/UMass Memoria
11	University of Miami/Jackson Memorial Hospital

- 45. University of Michigan
- 46. University of Minnesota Medical School
- 47. University of Mississippi Medical Center
- 48. University of North Carolina at Chapel Hill
- 49. University of Pennsylvania
- 50. University of Pittsburgh Medical Center
- 51. University of Southern California
- 52. University of Tennessee College of Medicine
- 53. University of Texas Health Science Center at Houston
- 54. University of Texas Health Science Center San Antonio
- 55. University of Texas Southwestern Medical Center
- 56. University of Utah Hospital
- 57. University of Virginia
- 58. University of Washington School of Medicine, Graduate Medical Education
- 59. University of Wisconsin Hospital and Clinics
- 60. Washington University
- 61. Yale-New Haven Hospital

SNS CAST has accredited 22 neurocritical care training programs focused on the training of neurosurgeons [Source: SNS website: https://www.societyns.org/pdfs/NCC.pdf]

- 1. Baylor College of Medicine
- 2. Brigham & Women's Hospital
- 3. Hofstra North Shore-LU School of Medicine

- 4. Houston Methodist
- 5. Mayo Clinic
- 6. Penn State University
- 7. Rush University Medical Center
- 8. Thomas Jefferson University
- 9. University Hospitals-Ohio
- 10. University of Colorado
- 11. University of Miami
- 12. University of Michigan
- 13. University of New Mexico
- 14. University of Texas, San Antonio
- 15. University of Wisconsin-Madison
- 16. Indiana University
- 17. University of Pittsburgh
- 18. UT-Houston
- 19. UCSF
- 20. Emory
- 21. SUNY-Syracuse
- 22. U Rochester

According to the UCNS, there were 137 training positions available in 2016.

There are currently 22 SNS accredited training programs with a minimum of 16 positions available annually.

## 6) A projected number of programs sufficient to ensure that ACGME accreditation is an effective method for quality evaluation.

Currently the number of training slots offered by UCNS and SNS (161) exceeds the number of applicants (50-60/year). Although there may be a reduction of programs initially following ACGME-accreditation, we anticipate that there will be a gradual increase in the number of programs to graduate increasing numbers of fellows in NCC.

The number of applicants for training in Neurocritical Care has steadily grown.

## 7) The duration and subspecialty program is at least one year beyond education in the core specialty.

## American Board of Psychiatry and Neurology

One year of general critical care through another ABMS Member Board with an additional one year of ACGME-accredited neurocritical care fellowship.

Or two years of ACGME-accredited neurocritical care fellowship.

## American Board of Anesthesiology

One year of general critical care through another ABMS Member Board with an additional one year of ACGME-accredited neurocritical care fellowship.

Or two years of ACGME-accredited neurocritical care fellowship.

## <u>American Board of Emergency Medicine</u>

One year of general critical care through another ABMS Member Board with an additional one yea ACGME-accredited neurocritical care fellowship.

Or two years of ACGME-accredited neurocritical care fellowship.

### American Board of Neurological Surgery

For Neurosurgeons who have completed or are enrolled in ACGME-accredited training:

One year of an ACGME-accredited neurocritical care fellowship.

Or one year of an ACGME-accredited fellowship during elective time within the residency, divided into no more than 3 four-month blocks. In-folded year of fellowship cannot occur until after PGY 3 (e.g. PGY 4, 5, 6, or 7).

### 8) The educational program is primarily clinical.

Neurocritical Care is a specialty which encompasses a broad clinical practice spanning general and neurological critical care. The core skill set includes implementation and management of neurological ventilatory, circulatory, nutritional, renal, hepatic, and metabolic support. Furthermore, fellows should develop a foundation in critical care systems, team-based care, and the use of protocol-based care where indicated. Finally, fellows should be introduced to scholarly activity in neurocritical care.

2) Written comments on the proposed new subspecialty area of Neurocritical Care from at least two external stakeholders

(Pages 1-10)



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January 19, 2018

Richard E. Hawkins, M.D.

American Board of Medical Specialties

President and Chief Executive Officer

353 North Clark Street

**Suite 1400** 

Chicago, IL 60654

Dear Dr. Hawkins:

The American Academy of Emergency Medicine (AAEM) supports the application by the American Board of Emergency Medicine (ABEM) for the co-sponsorship of subspecialty certification in Neurocritical Care Medicine.

AAEM supports board certification and believes that such high standards are essential to the continued enrichment of Emergency Medicine and necessary to ensure a high quality of care for the patients we serve.

AAEM and its Critical Care Medicine Section wishes ABEM all the best in this pursuit to provide a certification opportunity in Neurocritical Care Medicine to ABEM diplomates in the future.

Sincerely.

David A. Farcy, MD FAAEM FACEP FCCM

President-Elect

American Academy of Emergency Medicine

Joseph R. Shiber, MD FAAEM FCCM

President

/ Joseph Shibar

**AAEM Critical Care Medicine Section** 

Ashika Jain, MD FAAEM

President-Elect

**AAEM Critical Care Medicine Section** 

CC:

John C. Moorehead, M.D., M.S., FACEP, ABMS Chair

Randall K. Roenigk, M.D., ABMS Committee on Certification Chair

Terry Kowalenko, M.D., ABEM President

Mary Nan S. Mallory, M.D., ABMS Committee on Certification Member

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Ex Officio, Non-voting Director Catherine M. Rydell, CAE

atherine M. Rydell, CAE Executive Director/CTO Minneapolis, Minnesota October 21, 2016

Larry R. Faulkner, MD President and CEO

The American Board of Psychiatry and Neurology, Inc.

2150 E. Lake Cook Road, Suite 900

Buffalo Grove, IL 60089

Dear Dr. Faulkner:

In follow-up to our October 13, 2016 letter outlining the American Academy of Neurology's (AAN) support for the Neurocritical Care Society's request for Neurocritical Care Subspecialty certification, I am pleased to let you know that the AAN will serve as a co-sponsor with the Neurocritical Care Society on the application.

We look forward to working with the Neurocritical Care Society and the ABPN on these efforts. If you have any further questions, please feel free to contact me or Ms. Catherine Rydell, Executive Director/CEO, American Academy of Neurology.

Sincerely,

Terrence Cascino, MD, FAAN

President

cc:

American Academy of Neurology

Ralph Sacco, MD, FAAN, President-Elect, AAN
Catherine M. Rydell, CAE, Executive Director/CEO, AAN
Michael Torbey, MD, President, Neurocritical Care Society
Edward Manno, MD, Past-President, Neurocritical Care Society
JoAnn Taie, Executive Director, Neurocritical Care Society
Gordon Smith, MD, FAAN, Chair, Education Committee, AAN
Paul Nyquist, MD, Chair, FAAN, CCEN Section, AAN
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Nicholas E. Johnson, MD Chair, Government Relations Committee Salt Lake City, Utah

Ex Officio, Non-voting Director Catherine M. Rydell, CAE Executive Director/CEO

Minneapolis, Minnesota

October 13, 2016

Larry R. Faulkner, MD
President and CEO
The American Board of Psychiatry and Neurology, Inc.
2150 E. Lake Cook Road, Suite 900
Buffalo Grove, IL 60089

Dear Dr. Faulkner:

The American Academy of Neurology (AAN) enthusiastically and unconditionally supports the Neurocritical Care Society's request that Neurocritical Care be recognized by the American Board of Psychiatry and Neurology (ABPN) and American Board of Medical Specialties (ABMS) as a new subspecialty in Neurology.

Neurocritical Care is a subspecialty of Neurology that focuses on the care of critically ill patients with primary and secondary neurological disorders. The practice of Neurocritical Care requires a comprehensive understanding of effects of critical illness on the nervous system and the special vulnerabilities of the nervous system among patients in intensive care unit and other emergency settings. Neurocritical Care bridges many medical and allied health specialties, including Critical Care Medicine, Emergency Medicine, Neurosurgery, nursing and social work. Development of the Neurocritical Care Subspecialty Certification recognizes the special health needs of critically ill patients with neurologic dysfunction, the characteristics of the nervous system in critically ill patients and the need for interdisciplinary collaboration in this field.

Neurocritical Care fellowship training programs and providers are currently accredited and certified by the Unified Council of Neurological Subspecialties (UCNS). There are 1,241 UCNS certified Neurocritical Care diplomates and 60 UCNS accredited Neurocritical Care fellowship training programs. Diplomates from the specialties of Neurology, Neurological Surgery, Internal Medicine, Anesthesiology, Surgery, Emergency Medicine and Pediatrics are eligible for NCC fellowships. The Neurocritical Care Society is requesting subspecialty recognition because the ABMS and ABPN represent the gold standard for specialty accreditation. Furthermore, UCNS Neurocritical Care diplomates are increasingly facing hospital credentialing barriers because other specialties have established ABMS recognized pathways to become certified in critical care. This trend is negatively impacting patient access to expert neurocritical care.

The mission of the AAN is to "promote the highest quality patient-centered neurologic care". The AAN strongly supports the Neurocritical Care Societies application because recognition by the ABPN and ABMS will enhance access to neurocritical care and improve outcomes for patients who are increasingly unable benefit from this expertise.

If you have any further questions, please feel free to contact me or Ms. Catherine Rydell, Executive Director/CEO, American Academy of Neurology.

Sincerely,

Terrence Cascino, MD, FAAN

President

American Academy of Neurology

Tense L. Cornis

cc: Ralph Sacco, MD, FAAN, President-Elect, AAN
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ADVANCING EMERGENCY CARE \_

January 17, 2018

Richard E. Hawkins, MD American Board of Medical Specialties President and Chief Executive Officer 353 North Clark Street **Suite 1400** Chicago, IL 60654

Dear Dr. Hawkins:

The American College of Emergency Physicians (ACEP) supports the application by the American Board of Emergency Medicine (ABEM) for the co-sponsorship of subspecialty certification in Neurocritical Care Medicine.

ACEP supports board certification and believes that such high standards are essential to the continued enrichment of Emergency Medicine and necessary to ensure a high quality of care for the patients we serve.

ACEP and its Critical Care Medicine Section wishes ABEM all the best in this pursuit to provide a certification opportunity in Neurocritical Care Medicine to ABEM diplomates in the future.

Sincerely,

Paul D. Kivela, MD, MBA, FACEP President

Nicholas Mohr, MD, FACEP Chair, Critical Care Medicine Section

John C. Moorehead, MD, ABMS Chair cc: Randall K. Roenigk, MD, ABMS Committee on Certification Chair

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October 19, 2016

Larry R. Faulkner, MD President and CEO The American Board of Psychiatry and Neurology, Inc. 2150 E. Lake Cook Road, Suite 900 Buffalo Grove, IL 60089

Dear Dr. Faulkner:

The Association of University Professors of Neurology (AUPN) has been made aware of the Neurocritical Care Society's request for Neurocritical Care to be recognized by the American Board of Psychiatry and Neurology (ABPN) and American Board of Medical Specialties (ABMS) as a new subspecialty in Neurology. The AUPN strongly and enthusiastically supports this request.

The practice of Neurocritical Care requires a comprehensive understanding of not only the pathophysiology of serious neurological conditions but also the systemic effects of those conditions, and the special vulnerabilities of the nervous system in critically ill patients. As intensivists, those who practice of Neurocritical Care must also acquire expertise in the core skills of critical care including management of airway, ventilation, cardiovascular system, nutrition and infection. Development of the Neurocritical Care Subspecialty Certification recognizes the unique health needs of critically ill patients with nervous system insults and that specially trained physicians with both neurologic and critical care expertise are most appropriate to care for them. Of note, the National Uniform Claim Committee has created a taxonomy code for Neurocritical Care and the Leapfrog group recognizing Neurointensivists as intensivists.

As more neurologists began to self-identify themselves as Neurointensivists, the Neurocritical Care Society was founded in 2002 and worked with the Unified Council of Neurological Subspecialties (UCNS) to develop training and certification requirements. The first certification exam was given in 2007. Since then 1,241 diplomates have been certified in Neurocritical Care. There are 60 UCNS accredited Neurocritical Care fellowship training programs which train an annually increasing number of fellows with close to 100 in 2016. The "grandfathering" period ended with the 2013 exam when 529 diplomates were certified; the next exam was offered in 2015 and an additional 164 diplomates were certified.

The Neurocritical Care Society is requesting subspecialty recognition to ensure comprehensive rigorous training of fellows, to address the increasing hospital credentialing barriers because other specialties have established ABMS recognized pathways to become certified in critical care, solidify the posture that Neurointensivists are the most appropriate physicians to manage



patients with critical neurologic illness, and to ensure that patients treated by ABMS certified Neurointensivist receive the highest quality care.

The AUPN unconditionally supports the Neurocritical Care Societies application for recognition by the ABPN and ABMS and believes that it will enhance access to Neurointensivists and improve outcomes for patients who are increasingly unable benefit from this expertise.

Sincerely,

Karen C. Johnston, MD, MSc

Jan Hollen

President, Association of University Professors of Neurology Professor and Chair of Neurology and Public Health Sciences University of Virginia

KCJ/jt



1000 West Grounty Road E Sulte 290 St. Pault MN 95126

February 23, 2017

Larry R. Faulkner, M.D. President and CEO American Board of Psychiatry and Neurology, Inc. 2150 E. Lake Cook Road, Suite 900 Buffalo Grove, IL 60089

RE: Neurocritical Care

Dear Dr Faulkner,

The Child Neurology Society has been asked by the Neurocritical Care Society to support ABMS certification of Neurocritical Care.

The Child Neurology Society strongly supports the development of this field, and recognizes the potential benefits of seeking ABMS recognition.

As this field grows, interest in pediatric Neurocritical Care will grow as well. As this process continues forward, it would be desirable to identify a pathway for graduates of a Child Neurology program to participate in this training. I would hope that representation from existing pediatric neurocritical care training programs would have a voice in this process.

Sincerely,

Kenneth J. Mack, MD PhD

President

Child Neurology Society

cc: Neurocritical Care Society



October 7, 2016

Larry R. Faulkner, MD
President and CEO
The American Board of Psychiatry and Neurology, Inc. (ABPN)
2150 E. Lake Cook Road, Suite 900
Buffalo Grove, IL 60089
Ifaulkner@abpn.com

Re: Petition for ABMS Certification of NCC

Dear Dr. Faulkner:

Neuroscience in Anesthesiology and Critical Care (SNACC). In accord with this mission SNACC has been a supporter of the inception and subsequent growth of the subspecialty of NCC and has continued as a collegial collaborator with the Neurocritical Care Society. As such SNACC has strongly supported the notion that the quality of care rendered to neuroICU patients is best when provided in a context of multidisciplinary collaboration, cooperation, and cross-education. We are thus pleased with the significant growth which has arisen in NCC over the last twenty years with documented associated improvements in patient outcomes. This growth has included the number of qualified (by UCNS) physicians, meaningful inclusion of non-physicians in NCC activities and leadership, advances in research, significant educational activities, and several NCC manuals and textbooks. With the current efforts in SNACC regarding accreditation of neuroanesthesiology as a subspecialty we see room for future collaboration within the two subspecialties and are happy to be involved in this NCC initiative.

It is in this spirit of multidisciplinary collaboration that SNACC strongly supports the petition to ABPN from the leaders of NCC to seek certification and accreditation through the ABMS and ACGME, while maintaining its multi-disciplinary character by including candidates from several medical specialties.

Sincerely,

WAndraw Koffee

W. Andrew Kofke, MD, MBA, FCCM, FNCS
President, Society for Neuroscience in Anesthesiology and Critical Care, 2015-16

Cc:

Michel T. Torbey, MD, MPH, FAHA, FCCM, FNCS President, Neurocritical Care 5ociety

Edward M. Manno, MD, FNCS, FANA, FAAN, FAHA, FCCM Immediate Past President, Neurocritical Care Society



Page 2 Larry R. Faulkner, MD

#### CC Continued:

Cherylee W. J. Chang, MD, FNCS Co-Chair, Certification Task Force Past President, Neurocritical Care Society

Michael N. Diringer, MD Co-Chair, Certification Task Force Past President, Neurocritical Care Society

Pat Janda, Director Credentials and Meetings

JoAnn Tale Executive Director Neurocritical Care Society

SNACC 2016-17 Executive Committee
George Mashour, MD, PhD, President
Jeffrey Pasternak, MD, President-Elect
Rafi Avitsian, MD, Vice President, Education & Scientific Affairs
Deepak Sharma, MD, DM, Secretary/Treasurer
W. Andrew Kofke, MD, MBA, Immediate Past President
Stewart Hinckley, Executive Director