

#4

COMPLETE

Collector: Web Link 1 (Web Link)
Started: Wednesday, August 01, 2018 10:04:38 AM
Last Modified: Wednesday, August 01, 2018 1:57:52 PM
Time Spent: 03:53:13
IP Address: 97.99.30.184

Page 1: ASNM BOARD ELECTION CANDIDATE FORM

Q1 Name (as you would like it to appear on the ballot)

E. Lee Traweek

Q2 Credential(s)

Certified Medical Coder (CMC)

Q3 Current Position and Organization

Chief Executive Officer
Chief Financial Officer

Axis Neuromonitoring
Atlas Neurophysiological Assessment

Q4 Education

no relevant science or medical degrees

Q5 Professional Affiliations

ASET - The Neurodiagnostic Society
American Society of Neurophysiological Monitoring
American Clinical Neurophysiology Society
Texas Society for Neurodiagnostic Technology (TSNT)
Practice Management Institute
Stagen Leadership Institute

Q6 Publications, Awards and Appointments

none

ASNM 2018 Candidate Form

Q7 PROFILE QUESTIONS:How do you feel you can contribute to the leadership of ASNM? What strengths/passions/talents do you hold that would benefit ASNM?

I am humbled and honored to be nominated for the Board of the American Society of Neurophysiological Monitoring. My twenty-five year background in Orthopaedic and Neurosurgical medical devices and technology, both as a manufacturer's representative and executive/founder of a Texas based spinal implant distributorship, has given me a unique perspective on the challenges facing the intraoperative neurophysiological monitoring industry. I have always focused on what is important to our surgeon and hospital customers, always seeking to deliver the highest quality products and services in a patient first manner.

Seventeen years ago, I was exposed to intraoperative neurophysiological monitoring technology and immediately recognized the benefits, not only to the patient, but also to the surgeon, hospital and payors. For the last fifteen years, I have solely focused on supporting IONM services and the efficient and effective delivery of this specialty.

There have been and continue to be many challenges. The biggest challenge, in my opinion, is in the education and proficiency of not only our clinical providers, but also the stakeholders and beneficiaries of this service previously mentioned. We can be experts in the concepts of neurophysiology, but also need to be experts in the surgeries that we support and align all parties' goals. The whole surgical team and all stakeholders must be included to produce the best outcomes for patients. I do not mean to imply this never is the case, only that there is room for more widespread education to protect this specialty's future and increase both the real and perceived value of the service.

As a veteran executive and leader, I hope I can be of service and add value to the Board of ASNM and the membership.

Q8 With changes in health care service delivery and reimbursement, how do you feel you can contribute to keep ASNM moving forward in the right direction?

In addition to the clinical education our company has attended, fostered, supported and delivered, I have invested quite a bit of time in the reimbursement process and the related Local Coverage Determinations and on the private payor side, Clinical Policy Bulletins. I became a certified coder several years ago and have successfully filed reconsiderations to add ICD codes to our region's Medicare LCD for radiculopathy in spinal fusion procedures.

I believe I can be a significant resource for the ASNM in this area. This is another huge challenge in our field as many payors' clinical policies are very different in what they will cover and when. In addition, there are many roadblocks to in-network treatment (this particularly affects patients) and reimbursement issues can negatively impact investments in education and research in this field whether the service is delivered via a mobile company or a hospital based group.

In regards to research, we as a society should continue to look into how to systematically collect outcomes data and collaborate on larger studies that prove the value of this service to the healthcare system. With a small number of recent papers that have been published suggesting there is no value or even worse, there is an acceptable level of preventable complications, the ASNM, as our specialty's most focused peer group, should increase the level of support and invest time discussing how to best propose coordination of research efforts and data collection standards. In this area, I have significant experience in the challenges of data collection, standardization of data points and gathering of both short and long term outcome data and the costs involved.

Q9 ASNM constantly seeks ideas of how to better serve our membership through education, resources, representation to other professional entities, connections and networking or other means of advancement. What do you think ASNM could offer its members that would provide value?

To better serve our membership, I would encourage more support in the areas of surgeon and anesthesiology engagement; education of hospital risk managers and nursing staff, particularly in the perioperative settings; and, payors, both governmental and private.

I would also like to see more focus on the technical side of the equation with more support for direct reimbursement. If we see more bundled payments in the future, I believe there is potential for undervaluation here. This undervaluation could affect our interpreting physicians' ability to provide consistent and high quality services to patients. We must support the big picture and all the components required to produce consistent results.

ASNM 2018 Candidate Form

Q10 Personal Statement: Please provide any additional information to the members.

I appreciate your consideration for the Board of the ASNM. I invite you to reach out to me to further discuss my motivations or qualifications for moving our specialty forward. Thank you.
