



KIM POLLOCK CONSULTING

# *WORKING WITH NEUROSURGEONS: INSIGHTS FROM MY MANY YEARS*

NERVES ANNUAL MEETING  
BOSTON, MASSACHUSETTS  
APRIL 25, 2025



**NERVES**  
Neurosurgery Executives' Resource  
Value & Education Society

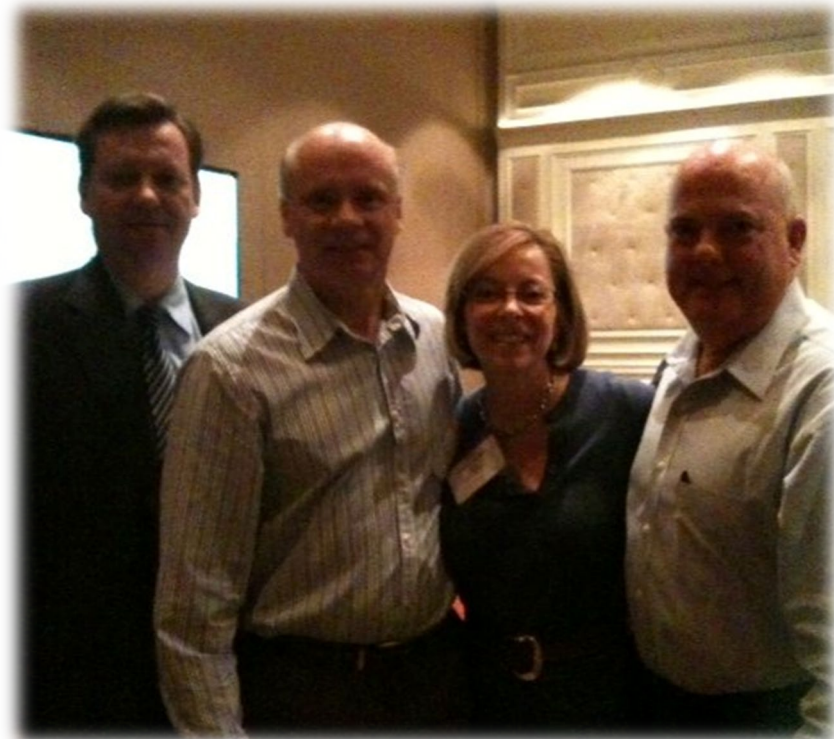




**Kim Pollock, RN, MBA, CPC**  
is owner of  
**Kim Pollock Consulting, LLC**

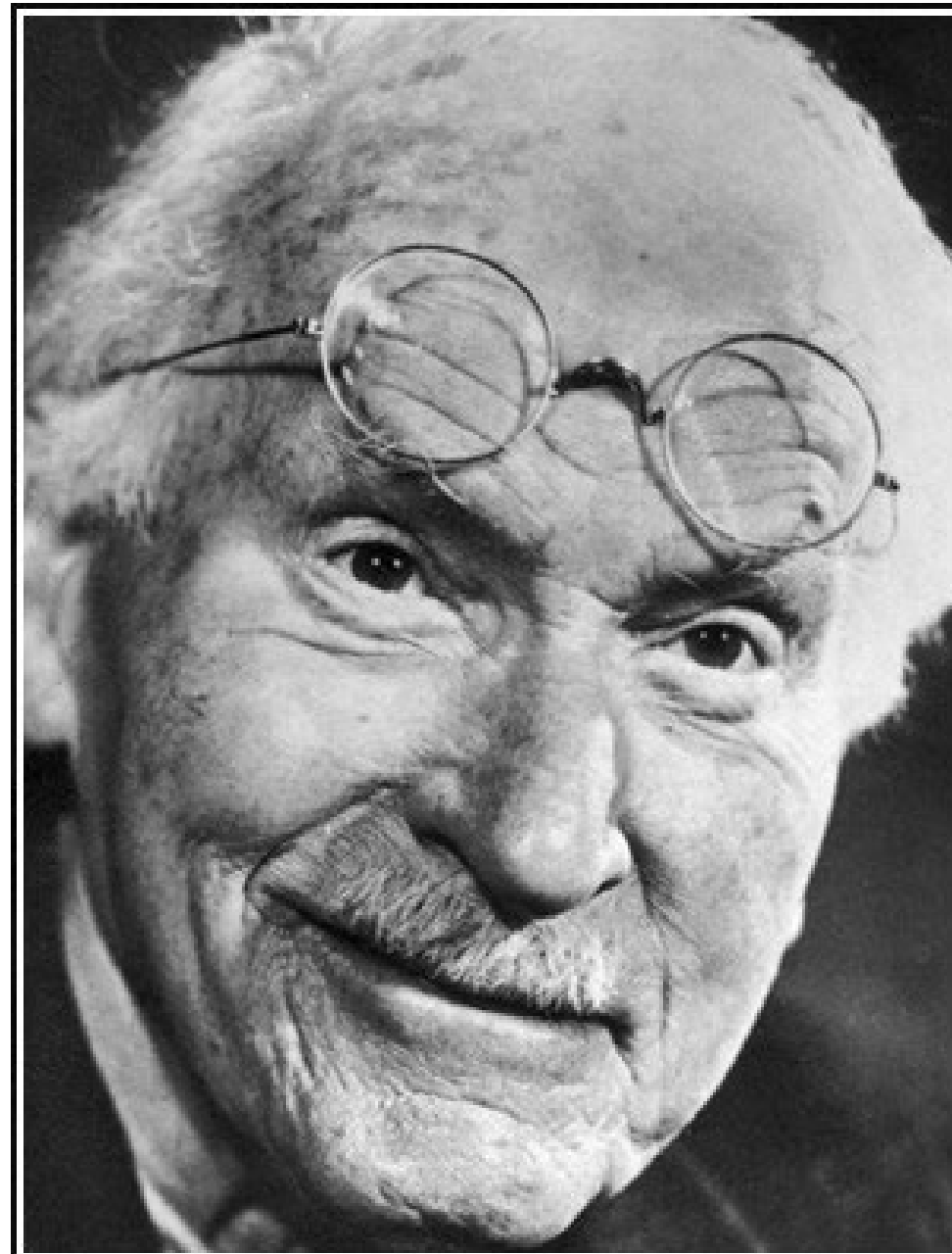
- (Semi) Retired
- 30+ years as nationally recognized neurosurgery practice management consultant and coding expert (and otolaryngology)
- Experienced nurse and administrator
- Invited speaker AANS, NERVES and many others
- Member, NERVES Advisory Board
- Published in many specialty publications, 2 books







# WHAT WOULD YOU TELL YOUR YOUNGER SELF?



Everyone you meet knows  
something you don't know but need  
to know. Learn from them.

— Carl Jung —

AZ QUOTES

# *WHAT WOULD YOU TELL YOUR YOUNGER SELF?*

Neurosurgeons are normal people - just very smart!

Ask questions. This will help you support them if you understand their world.

They do hard things in the OR, so my job is to help them outside of the OR.

# *WHAT WOULD YOU TELL YOUR YOUNGER SELF?*

Remember, it's not YOUR practice.

You are there to do what the doctors want. You can lead and you can drive conversation. But....

...at the end of the day, it is their decision.

# WHAT WOULD YOU TELL YOUR YOUNGER SELF?

- *Be honest and admit when you've made a mistake*



# WHAT WOULD YOU TELL YOUR YOUNGER SELF?

- *Don't get caught up in the "issue du jour"*



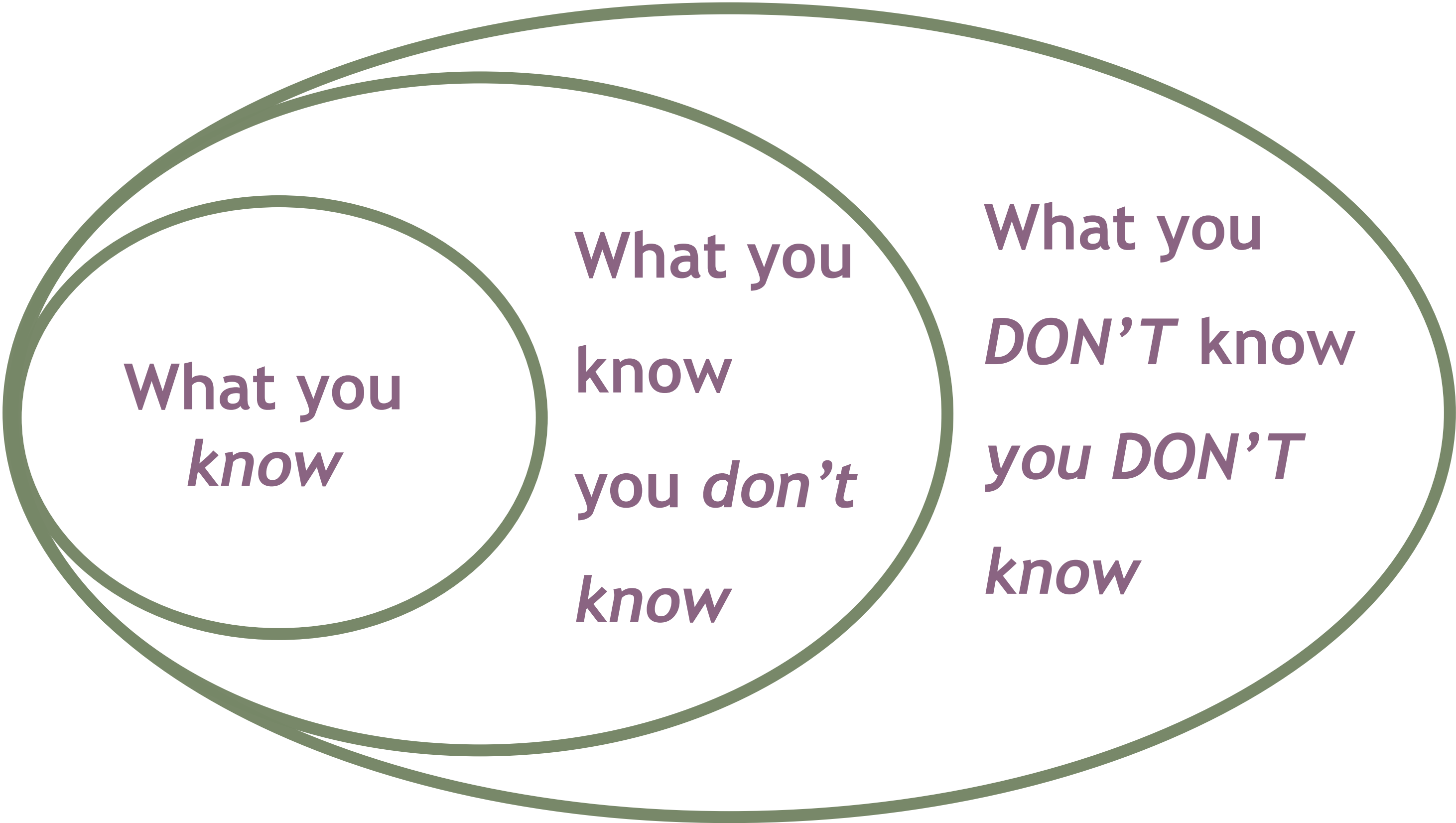


# WHAT WOULD YOU TELL YOUR YOUNGER SELF?

- *There is always  
a story behind  
the story*



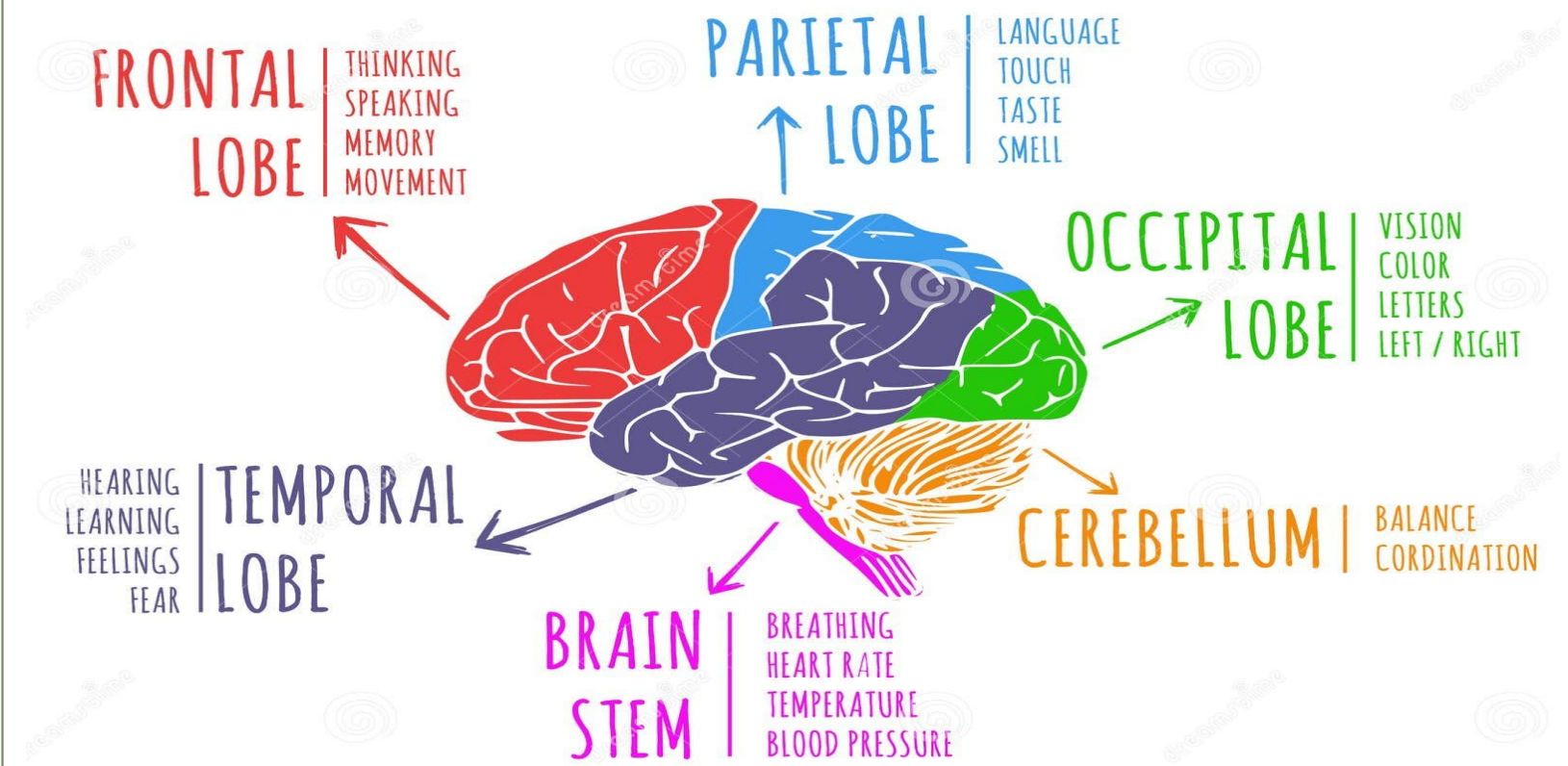
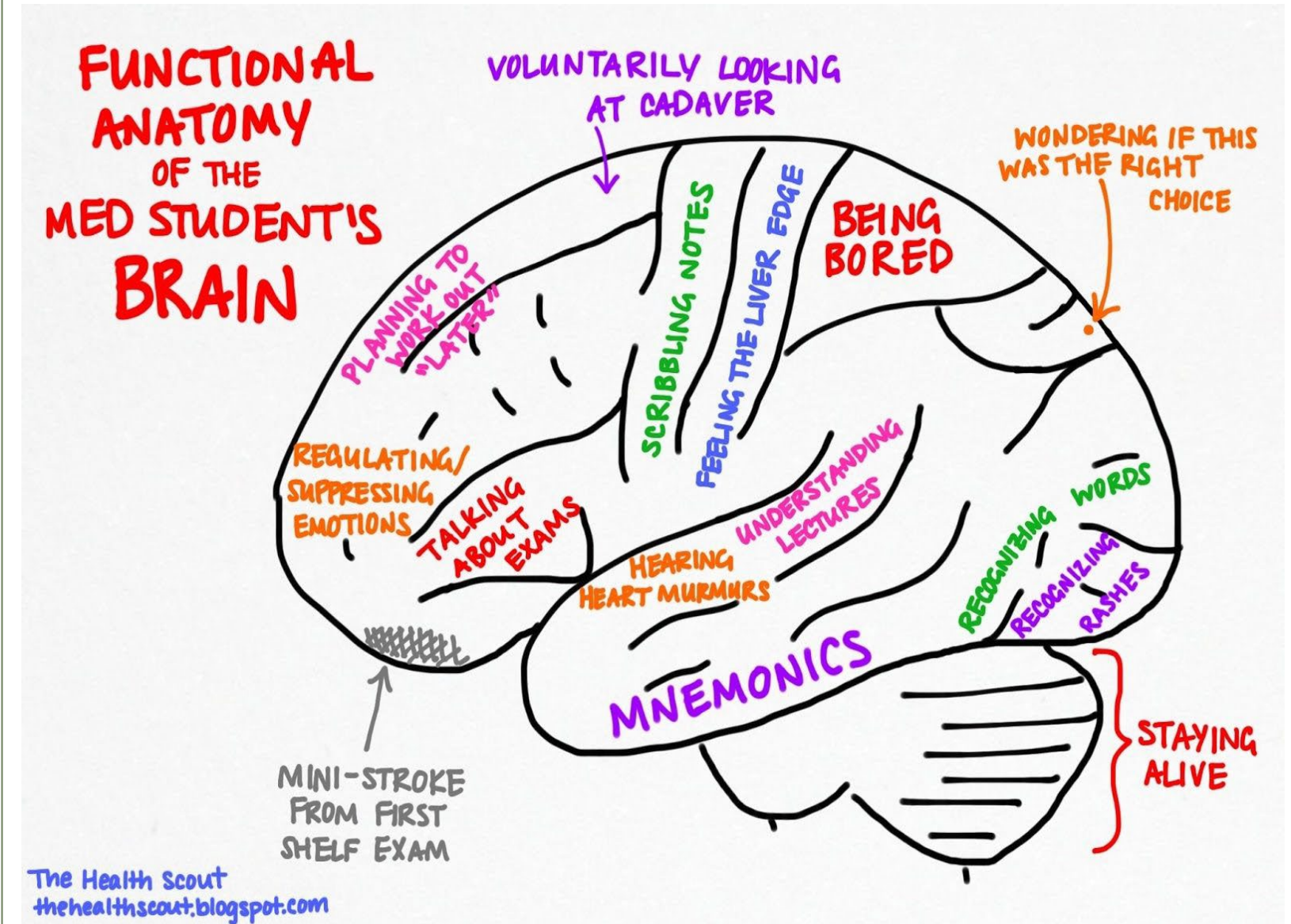
# CIRCLES OF KNOWLEDGE





# BECOMING A NEUROSURGEON

- 4 years of college/university (age 22)
- 4 years of medical school (age 26)
- 7 years of neurosurgery residency training (age 33)
- 1-2 years of fellowship training (age 34-35)



# WHAT THEY KNOW AFTER TRAINING

- *How to examine patients*
- *How to make a diagnosis*
- *How to operate*
- *How to manage complications*
- *How to use an EHR*
- *How to follow some rules*
- *How to work long hours*





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ADMINISTRATIVE  
HARM

# ADMINISTRATIVE HARM

New Name for Familiar Phenomenon: 'Administrative Harm'

JAMA Internal Medicine | Original Article

Identifying and Measuring Administrative Harm by Hospitalists and Administrators

Marisha Burden, MD, MBA; Gopi Astik, MD, MS; Angela Keniston, PhD, MSPH; Aveena Kochar, MD; Kendall Rogers, MD; Natalie Schwatka, PhD; Sara We

JAMAInternMed.2024;184(9):1014-1022  
doi:10.1001/jamainternmed.2024.1890  
June 24, 2024.

Administrative harm can be defined as the adverse consequences of administrative decisions within health care and directly influences patient care and outcomes, professional practice, and organizational efficiencies regardless of employment setting.

Evaluation of administrators

arts/features/111028

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Administrative Harm in Medicine —  
Clinicians and Administrators Together

Author: Walter J. O'Donnell, M.D. [Author Info & Affiliations](#)

Published June 22, 2022 | N Engl J Med 2022;386:2429-2432 | DOI: 10.1056/NEJMms2202174

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<https://www.nejm.org/doi/full/10.1056/NEJMms2202174>





“Here, we tell potential doctors about the long hours, student debt, high malpractice premiums, paperwork and working with insurance companies, to see if they still want to continue a life of medicine.”

# WHAT THEY DON'T KNOW AFTER TRAINING

- *Coding and billing*
- *Managing routine or office neurosurgery issues / patients / staff*
- *Following patients over time*
- *How to grow a practice / cultivate referrals*
- *How to follow some rules*
- *Who to trust*
- *How to manage money (adulthood)*

ADMINISTRATIVE  
HELP





# *EASING THE TRANSITION INTO PRACTICE*

- *TRUST*
- *They are the reason I have a job - my job is to make their job easier.*



# EASING THE TRANSITION INTO PRACTICE

- *Physician mentor(s)*
- *Trustworthy, thoughtful and helpful managers / administrators*
- *Help with community outreach and referral building*
- *Financial advice*
- *Mutual understanding of goals*



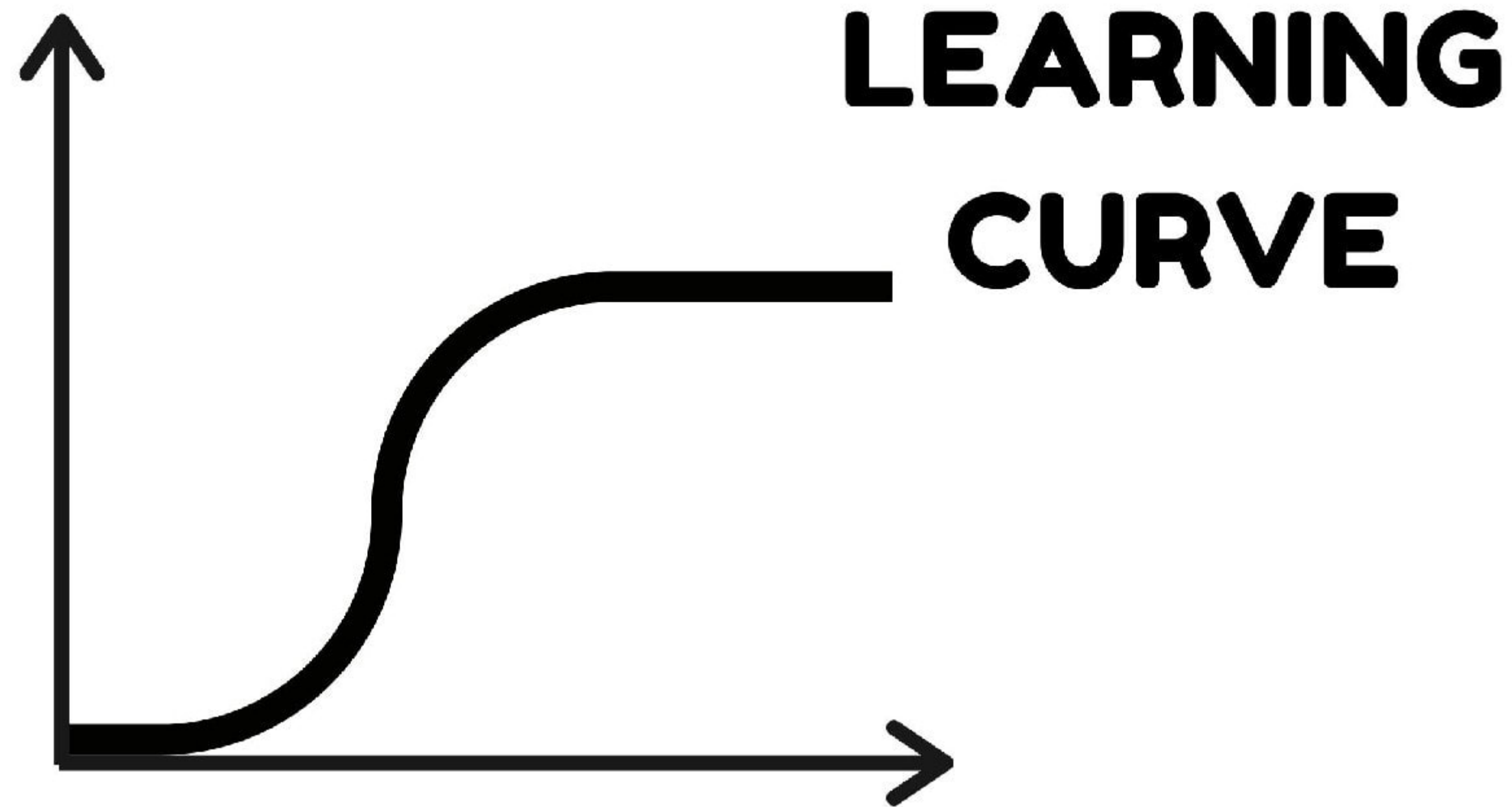


# EASING THE TRANSITION INTO PRACTICE

- *Building trust with your neurosurgeons early on will pay dividends and will result in a strong relationship throughout their career.*



# *THE END OF RESIDENCY IS THE BEGINNING OF THEIR....*





# THRIVING OVER THE DECADES OF PRACTICE

## *Decade 1 (30's)*

- *Learning the ropes*
- *Mastering their craft*
- *Building relationships (practice partners, staff, patients)*
- *Growing own family*
- *Entitled???*

## *How can YOU help?*

- *Introduce them to a financial planner*
- *Encourage them to ask for help or ask questions*
- *Check in with him/her regularly*
- *Explain the business and operations and their role in everyday tasks*
- *Help with practice building / outreach*
- *Help with time management*

# THRIVING OVER THE DECADES OF PRACTICE

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- *Mastering their craft*
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- *Growing own family*
- *Entitled???*

## *How can YOU help?*

- *Very few have been trained in the business of neurosurgery so they will need help with this.*
- *Help them understand expectations and the financial structure/model of the practice - this may be cost center or WRVU models.*
- *Some may need help with interpersonal issues too. These are a little more challenging but very important that these get addressed early on.*

# *THRIVING OVER THE DECADES OF PRACTICE*

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- *Entitled???*

*How can YOU help?*



*Give them the  
reason why*



# *THRIVING OVER THE DECADES OF PRACTICE*

The three **A's** of building referrals are:



**Availability:** Ensuring that you are accessible to patients and can provide timely appointments for referrals.

**Affability:** Being approachable and friendly, which helps build trust and rapport with patients and referring providers.

**Ability:** Demonstrating your skills and qualifications, which is essential for patients and referring providers to trust your recommendations.

# *THRIVING OVER THE DECADES OF PRACTICE*

## *Decade 2 (40's)*

- *Being comfortable in their practice/skills*
- *Knowing what they are good at*
- *Have good reputation, cultivating professional relationships and referral sources*
- *Family keeps growing...changing*

## *How can YOU help?*



As they progress in their career, they may face different challenges. If trust is established early on, they will come to you for guidance.

It is important that they know they can come to you for anything.

# THRIVING OVER THE DECADES OF PRACTICE

## *Decade 3 (50's)*

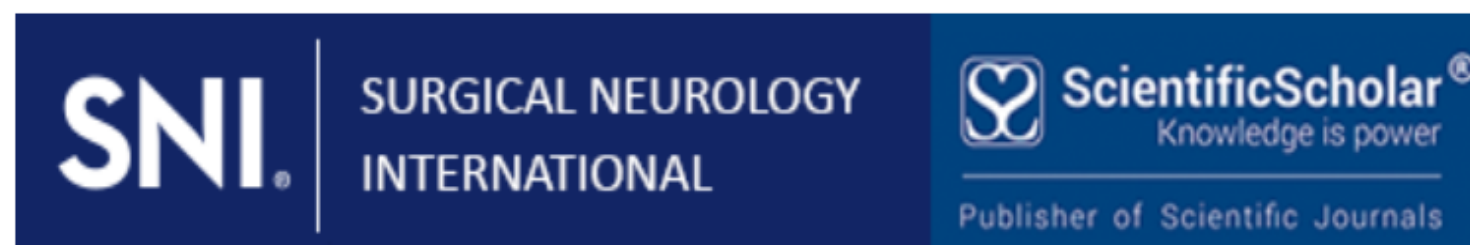
- *Super comfortable in their practice/skills*
- *Keeping skills up, going to courses*
- *Mentoring younger partners*
- *Have great reputation and referring physician roster*
- *Kids grown but now their parents are old and need help too*

## *How can YOU help?*

- *Help them think about their “exit strategy”*
- *Make sure they are saving money*
- *Encourage them to take time off - they are in their prime and you still need them to be productive*
- *Look for signs of burnout*
- *Keep them grounded*



# BURNOUT and WORK-LIFE BALANCE



► [Surg Neurol Int. 2020 Dec 22;11:456. doi: 10.25259/SNI\\_736\\_2020](#) [↗](#)

## Burnout and work-life balance in neurosurgery: Current state and opportunities

[Matthew T Neal](#)<sup>1,\*</sup>, [Mark K Lyons](#)<sup>1</sup>

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PMCID: PMC7771504 PMID: [33408941](#)


<https://pmc.ncbi.nlm.nih.gov/articles/PMC7771504/>

Specific to health care, Balch and Shanafelt have identified two common burnout symptoms: “treating patients and colleagues as objects rather than human beings, and feeling emotionally depleted.”

Many factors have been associated with burnout among physicians including administrative workload, alignment of values between administrators and physicians, a sense of control over the workplace, excessive number of call days, high patient quotas, inattention to personal wellness, long work hours, mistakes, poor cohesiveness among coworkers, poor patient outcomes, and technology allowing “constant access” to work.

# BURNOUT and WORK-LIFE BALANCE



► [Surg Neurol Int. 2020 Dec 22;11:456. doi: 10.25259/SNI 736 2020](#) 

## Burnout and work-life balance in neurosurgery: Current state and opportunities

[Matthew T Neal](#)<sup>1,\*</sup>, [Mark K Lyons](#)<sup>1</sup>

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- Suggested strategies, within a neurosurgeon's control, to improve work-life balance include defining personal and professional values, defining limits, budgeting time, pursuing wellness, maintaining strong relationships, and keeping a positive and grateful attitude.
- Wellness refers to not only physical health but also mental and spiritual needs.
- Aspects of wellness include sleep, nutrition, avoidance of excessive alcohol use, avoidance of substance abuse, physical activity, recreational activity, and religious practices. Another particularly useful aid to minimize burnout among neurosurgeons is relationship building with colleagues. Strong professional relationships can help reduce stress, provide guidance and support, and enhance happiness in the workplace.

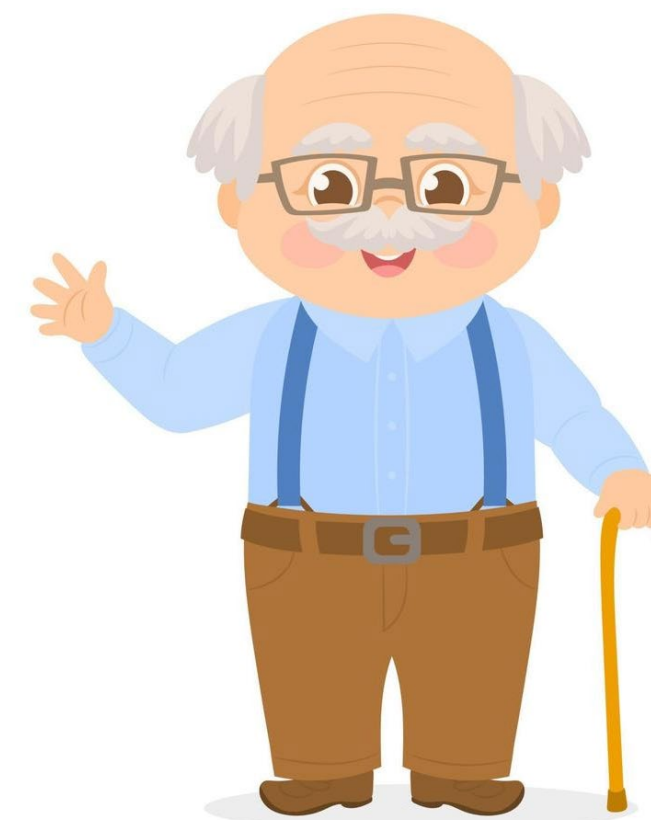
# THRIVING OVER THE DECADES OF PRACTICE

## *Decade 4 (60's)*

- *Thinking about winding down...who will take over the practice, patients, staff*
- *Physical health issues*
- *Reflecting on an impressive career*
- *Being a “grandfather” to younger neurosurgeons*
- *Have great reputation and referring physician roster*
- *Parents...kids...grandkids...*

## *How can YOU help?*

- *Encourage involvement and mentorship*
- *Promote “feeding” patients to younger neurosurgeons*
- *They trust you so be honest - their partners may not be*





# NEUROSURGEONS ARE: NICE



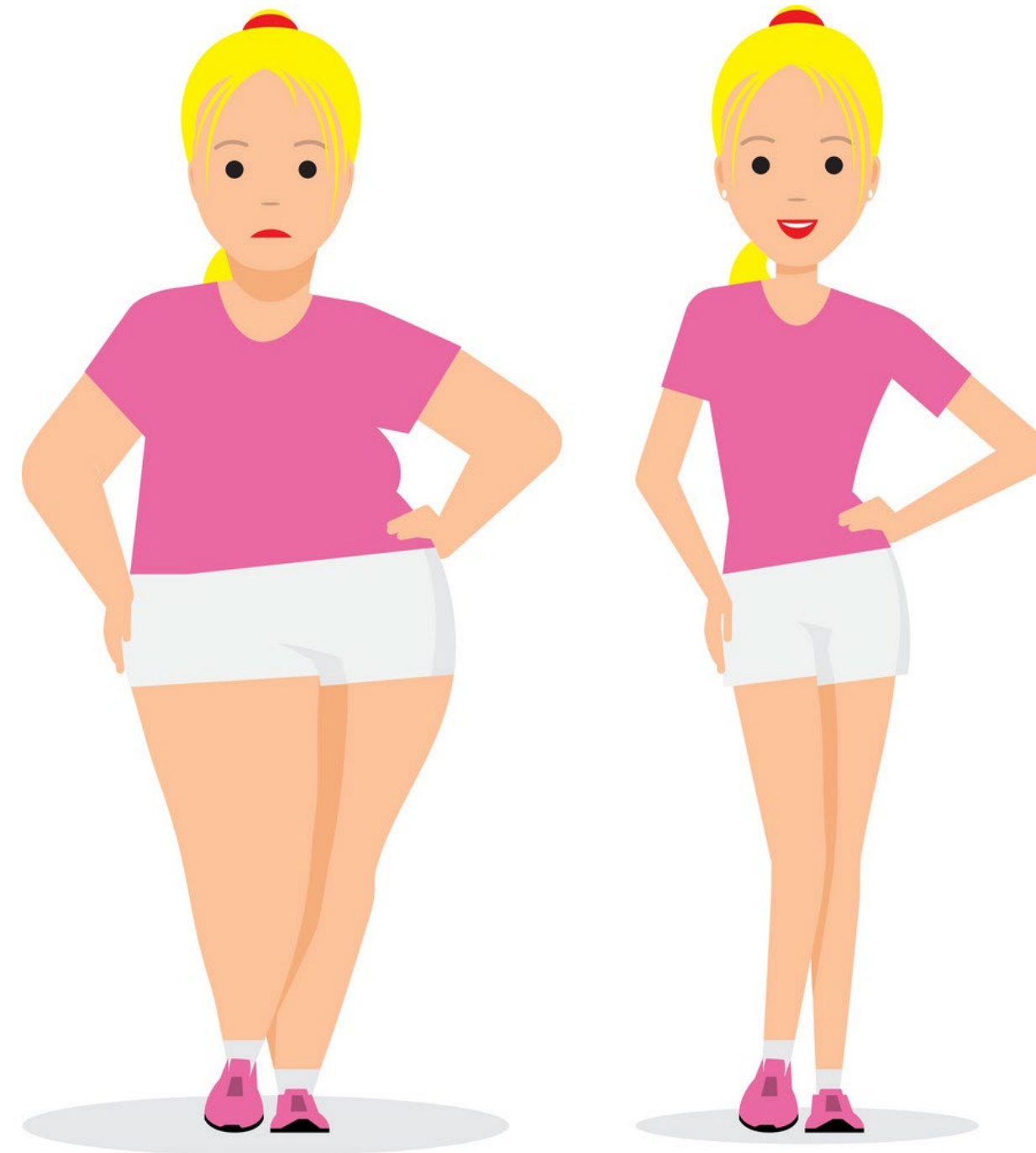
*...or naïve???*



# *NEUROSURGEONS CAN BE: TOO TRUSTING*



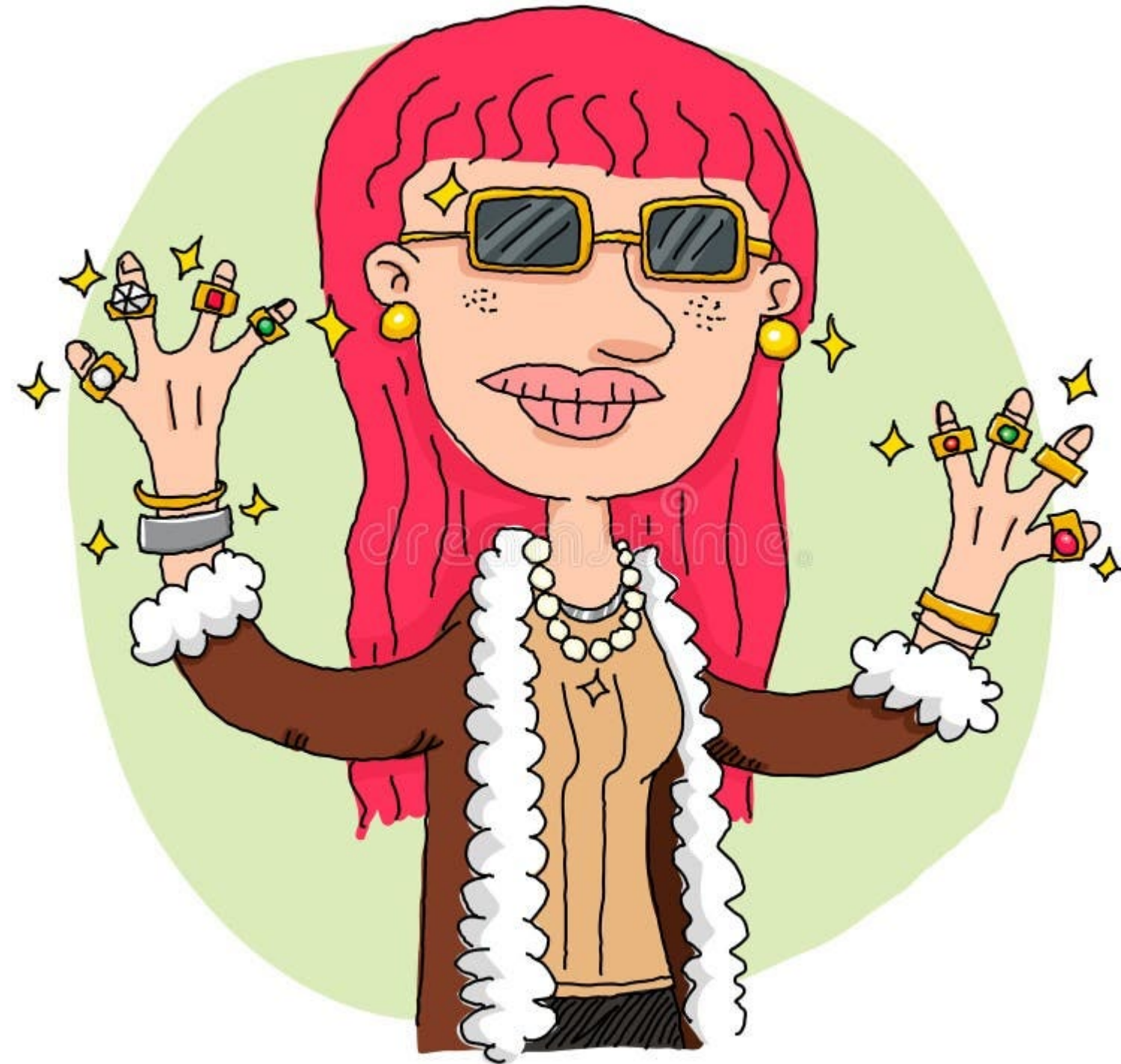
# *NEUROSURGEONS CAN BE: TOO TRUSTING*





# NEUROSURGEONS CAN BE: TOO TRUSTING

*Meet Peg!*



# *NEUROSURGEONS CAN BE: TOO TRUSTING*



# *NEUROSURGEONS CAN BE: TOO TRUSTING*



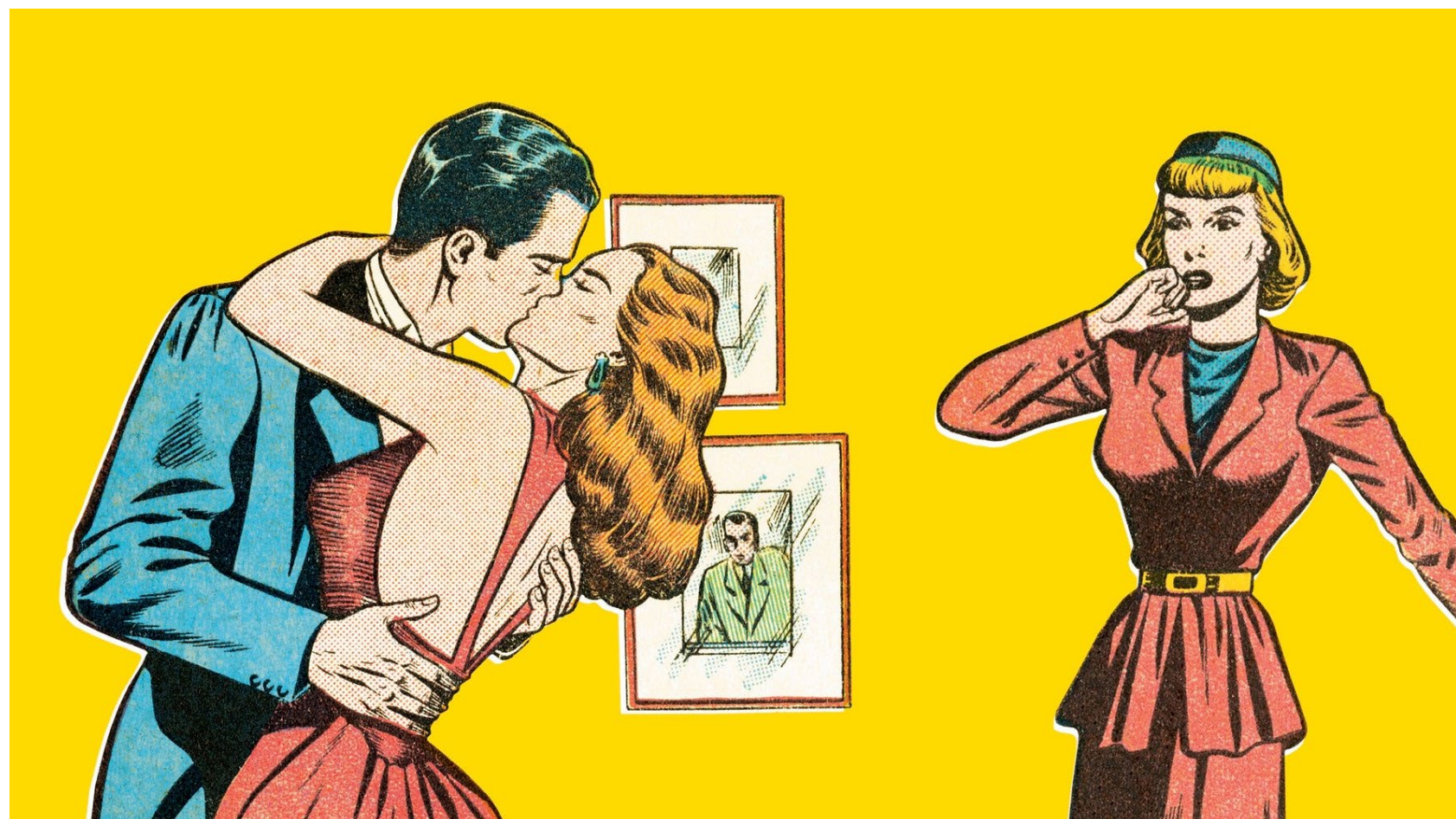


# NEUROSURGEONS CAN BE: TOO TRUSTING





# NEUROSURGEONS MAY NOT ALWAYS MAKE THE BEST DECISIONS







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THANK  
YOU