

# NORTH AMERICAN SPINE SOCIETY



# 2010 ANNUAL REPORT

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# PRESIDENT'S MESSAGE



**RAY M. BAKER, MD**  
2010 NASS Board of Directors  
President

In 2010, I had the incredible opportunity to represent the North American Spine Society (NASS) as its president. During my term, I met with hundreds of NASS members, traveled more miles than I care to count and learned more than I thought possible about the complex issues our profession faces.

Some of my unofficial “instructors” that year included patients, NASS staff, reporters, regulators, industry leaders, payers, lawmakers and our members. I was humbled and inspired by these interactions. They reminded me that NASS’ reputation for being a reasonable and trusted voice for patients and spine care was created over the last 25 years, decision by decision and person by person. To thrive as a profession and an organization, we must continue to honor the trust that our patients place in us and always make the decisions that are in their best interest.

NASS certainly thrived in 2010. It not only broke records, but new ground as well. Our uncompromising new ethics policies set the bar high for not only NASS, but the entire field of spine care. We welcomed a record 718 new members and our 6,000th member, received an incredible first Impact Factor and an unprecedented number of manuscript submissions for *The Spine Journal*, launched our first social media efforts, published a digital edition of *SpineLine* and had the largest-ever election cycle collection for SpinePAC. NASS funded three research grants and two fellowships, for a record total of \$160,000. The 25th Annual Meeting brought together 3,400 spine professionals in Orlando and featured our first mobile application and inaugural *Daily News* print and electronic editions.

In addition, our 2010 collaborations with diverse medical societies have yielded impressive results, including critical opportunities to advocate for federal spine research funding and to provide the much-needed spine care perspective to the national health reform discussion. We convened a Universal Spine Summit at the Annual Meeting to enhance collaboration between NASS and other domestic and international spine societies.

Media interest in spine issues was high in 2010. NASS provided expert commentary on spine health, treatments, disclosure, health care reform and other issues to the media, including the *Wall Street Journal*, *New York Times*, *Good Housekeeping*, *Milwaukee Journal-Sentinel*, *Family Circle* and many orthopedic and spine care industry trade publications.

If I had to choose a watchword for 2010, it would be “value.” To preserve our patients’ access to care and ensure the future of spine care, it is critical for all of us to continually define, prove and communicate the value of the spine treatments we provide. Throughout 2010, NASS steadily integrated value principles throughout our committees, in all of our educational activities and across our membership. We will continue this important values initiative in the future.

## PRESIDENT'S MESSAGE

The past year would not have been successful without the contributions of the NASS staff and volunteers. The NASS staff carries out much of the day-to-day work of our organization, from committee support to marketing to representing NASS on various external committees. Their expertise and willingness to tackle large and small projects enable NASS to continue to move forward, even through annual leadership changes.

Our hundreds of volunteers perform a variety of vital tasks, from serving on committees to reviewing NASS policies and statements to representing NASS across the globe. While still performing their regular duties—caring for patients, managing practices and teaching—these individuals manage to give their time to help shape public policy, educate spine professionals, and most importantly, improve patient care. I am very pleased to say that each and every board member met the new Level 1 conflict of interest requirements for a NASS leadership position—the most demanding of any major professional medical organization.

From serving on a committee to contacting local and federal lawmakers, there is an opportunity for every NASS member to contribute to our mission of fostering the highest quality, value- and evidence-based and ethical spine care. Please consider volunteering your time in 2011 and throughout NASS' next 25 years—we all will benefit from your energy, experience and ideas.



Ray M. Baker, MD  
Washington Interventional Spine Associates  
Bellevue, WA  
NASS President 2009-2010

NASS: 25 YEARS

# 1985

The North American Spine Society was officially formed on July 24, 1985, from the merger of the North American Lumbar Spine Association and the American College of Spinal Surgeons.



# 2010 BOARD OF DIRECTORS

**Ray Baker, MD**  
President

**Gregory J. Przybylski, MD**  
First Vice President

**Michael Heggeness, MD, PhD**  
Second Vice President

**Heidi Prather, DO**  
Secretary

**Charles Mick, MD**  
Treasurer

**Charles Branch Jr., MD**  
Past President

**William Watters III, MD**  
Research Council Director

**Venu Akuthota, MD**  
Education Council Director

**William Mitchell, MD**  
Health Policy Council Director

**Alexander J. Ghanayem, MD**  
Administration and Development Council Director

**Charles Reitman, MD**  
Evidence Compilation and Analysis Chair

**Daniel K. Resnick, MD, MS**  
Clinical Research Development Chair

**Jeffrey C. Wang, MD**  
Continuing Medical Education Chair

**Eric Truumees, MD**  
Education Publishing Chair

**Christopher M. Bono, MD**  
Professional, Economic and Regulatory Committee Chair

**Raj D. Rao, MD**  
Advocacy Chair

**Jerome Schofferman, MD**  
Section Development Chair

**F. Todd Wetzel, MD**  
Governance Committee Chair

**Marjorie Eskay-Auerbach, MD, JD**  
Ethics Committee Chair

**David Rothman, PhD**  
NASS Ethicist

**Eric J. Muehlbauer, MJ, CAE**  
Executive Director

## GOVERNANCE COMMITTEE

The Governance Committee ensures that NASS has an effective governing board. The Committee identifies future leaders of the society and strives to engage them in NASS activities. In addition, the Governance Committee teaches new Board and committee members about their duties, roles and responsibilities and oversees new member orientation. The Committee is responsible for recognizing NASS members for efforts in the spine care field and ensures proper conditions exist to encourage participation in NASS activities.

In 2010, the Committee completed two Board self-evaluations and formed a search subcommittee to assist in finding appropriate candidates for our Recognition Awards. The Committee is currently developing a leadership program.



2010 NASS Board of Directors

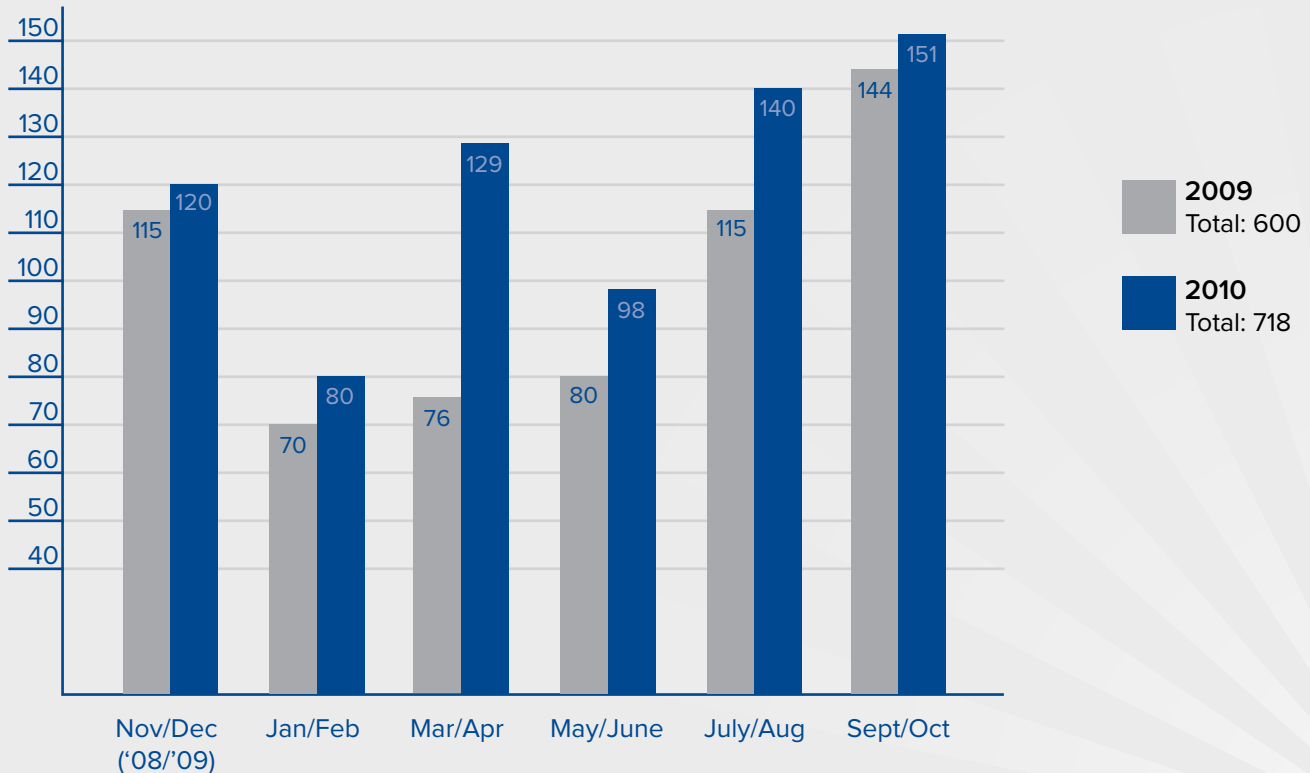
# MEMBERSHIP STATISTICS

NASS welcomed a record 718 new members in 2010. At the 25th Annual Meeting in Orlando, we celebrated our 6,000th member, Sonia Veronica Eden, MD, a neurosurgeon from Kalamazoo, Michigan. NASS' membership is comprised of 32 specialties, with orthopedic surgery (47%), neurosurgery (22%), physical medicine and rehabilitation (13%), and pain medicine (7%) making up the majority of membership. Although NASS has members in 72 countries, our membership is primarily based in North America (94%).



NASS' 6,000th member

## 2009-2010 NEW MEMBER GROWTH CHART



## NEW MEMBERS BY SPECIALTY

Anatomic/Clinical Pathology: 1	Orthopedic Surgery: 230
Anesthesiology: 15	Pain Medicine/Management: 58
Basic/Applied Research: 11	Physical Medicine and Rehabilitation: 126
Chiropractic Care: 11	Physical/Occupational Therapy: 16
Coding Professional: 16	Physician Assistant: 55
Critical Care: 1	Practice Administrator: 2
General/Family Practice: 1	Psychiatry/Psychology: 1
Neuromusculoskeletal: 1	Radiology: 7
Neuroradiology: 1	Rheumatology: 1
Neurosurgery: 142	Trauma Surgery: 2
Nurse/Nurse Practitioner: 20	<b>Total: 718</b>

## NEW MEMBERS BY PERCENTAGE

Orthopedic Surgery: 32%
Neurosurgery: 20%
PM&R: 18%
Pain Medicine: 8%
Other: 22%

# CONTINUING MEDICAL EDUCATION

## 25<sup>TH</sup> ANNUAL MEETING

NASS continues to offer its members and other spine professionals high-quality continuing medical education, including courses and sessions at our Annual Meeting. More than 3,400 spine care professionals attended the 25th Annual Meeting, held in Orlando Florida, October 5-9, 2010. More than 700 abstracts were submitted for consideration. A total of 124 podium presentations, 101 focused paper presentations and 107 electronic posters were featured over the five-day period.

### Technical Exhibition

The Technical Exhibition featured 283 companies and educated more than 3,400 professionals on the latest developments in equipment, supplies and services available in the spine care field. For the first time in NASS history, the Technical Exhibition earned more than \$4 million and covered a record 94,300 square feet. The popular NASS Resource Center allowed members to learn about upcoming NASS education courses, engage in NASS' advocacy efforts, check their membership and dues status, stay connected with their office in the Cyber Café and learn new techniques at the exercise demonstration area.

### Premeeting Courses

NASS offered a variety of premeeting courses to serve our multidisciplinary membership:

- Coding Update 2010: Essentials and Controversies of Operative and Nonoperative Spine Care Coding
- Fundamentals of Evidence-Based Medicine Part I: Asking Answerable Questions, Searching the Literature and Rating the Evidence
- Fundamentals of Evidence-Based Medicine Part II: Critically Appraising the Literature
- Cervical Spine Pain: Rehabilitation, Interventions and Medical Spine Care
- Minimal Access to the Lateral Lumbar Spine
- Nursing in Spine Care
- Navigating the Research in Spinal Biologics: An Evidence-Based Approach
- Motion Preservation Technology: Clinical, Scientific and Economic Challenges
- Trauma Evaluation, Classification Pathologic Origin and Stabilization Options

Technique Workshop topics included:

- Cervical Spine Stabilization
- Lumbar Interbody Fusion Technologies

### Symposia

NASS 25th Annual Meeting symposia covered various surgical and medical/interventional issues:

- Image Guidance in Spine Surgery: Current State of the Art and Advanced Techniques
- The Evolution of the Pain Generator: Implications for Practice
- Health Care Reform Update: What to Expect
- Controversial Topics in Spine Care
- Value in Spine Care: You, Your Patients and Your Practice
- Minimally Invasive Spine Surgery: Simple to Complex Applications
- Dealing With Disasters and Measuring Adverse Events in Spine Surgery
- Sorting Out Neck, Shoulder and Scapular Pain

### Allied Health Track Programming

NASS provided concurrent sessions focused specifically on nurse practitioners and physician assistants, registered nurses and rehabilitation professionals. These included:

- Evidence-Based Approach to Effective Case Management
- Spine and Sports Medicine: Management of the Amateur and Professional Athlete
- Rehabilitation of Spine Patients
- Spine-Related Tissue Healing vs. Patient Recovery



Nursing Track participants at the 2010 Annual Meeting

**25<sup>TH</sup> ANNUAL MEETING SCIENTIFIC PROGRAM COMMITTEE AND SCIENTIFIC PROGRAM REVIEWERS**

The **Scientific Program Committee** is responsible for the educational development of the meeting.

Ray M. Baker, MD  
*President*

Steven D. Glassman, MD  
David R. O'Brien Jr, MD  
*2009 Program Co-Chairs*

Venu Akuthota, MD  
*Education Council Director*

Christopher J. Standaert, MD  
Alexander R. Vaccaro, MD, PhD  
*2010 Program Co-Chairs*

Christopher P. Kauffman, MD  
William J. Sullivan, MD  
*2011 Program Co-Chairs*

Jeffrey C. Wang, MD  
*CME Committee Chair*

**Scientific Program Reviewers** are responsible for grading abstracts. Spine care professionals submitted 705 abstracts for the 25th Annual Meeting.

Venu Akuthota, MD  
Ali Araghi, DO  
Paul M. Arnold, MD  
Daniel R. Baker, PhD  
Carlo Bellabarba, MD  
J. Greg Bentley, MD  
Edward C. Benzel, MD  
Mark H. Bilsky, MD  
Christopher M. Bono, MD  
Jacob M. Buchowski, MD  
William G. Cano, MD  
Allen L. Carl, MD  
Eugene J. Carragee, MD  
Brian A. Casazza, MD  
Joseph S. Cheng, MD  
Aleksandar Curcin, MD, MBA  
William W. Deardorff, PhD  
John R. Dimar II, MD

Gordan D. Donald, MD, FACS  
William F. Donaldson, MD  
Ronald G. Donelson, MD  
Michael G. Fehlings, MD, PhD, FRCS(C)  
Lisa A. Ferrara, PhD  
Marilyn L. Gates, MDP  
Alexander J. Ghanayem, MD  
John A. Glaser, MD  
Jeffrey A. Goldstein, MD  
Matthew F. Gornet, MD  
Anthony F. Guanciale, MD  
Munish C. Gupta, MD  
Richard D. Guyer, MD  
James S. Harrop, MD  
Carol Hartigan, MD  
Wellington Hsu, MD  
Ajay Jawahar, MD  
James D. Kang, MD

Christopher P. Kauffman, MD  
David H. Kim, MD  
Peter M. Klara, MD, PhD  
Brian K. Kwon, MD, PhD, FRCS(C)  
Francis P. Laguttuta, MD  
Scott R. Laker, MD  
Ronald A. Lehman, MD  
Isador H. Lieberman, MD, FRCS(C),  
MBA  
John C. Liu, MD  
Dennis J. Maiman, MD  
Augustin Malzac, MD  
Daniel J. Mazanec, MD  
Paul C. McAfee, MD, MBA  
William Mitchell, MD  
George S. Miz, MD  
David R. O'Brien Jr, MD  
Nathanial R. Ordway, MD  
Jeffrey D. Petersohn, MD  
Heidi Prather, DO  
Joel M. Press, MD  
Glenn R. Rechtine, MD  
Michael L. Reed, DPT, OCS  
K. Daniel Riew, MD  
Joshua D. Rittenberg, MD  
Barton L. Sachs, MD, MBA  
Astaire K. Selassie, MD  
Jeffrey M. Spivak, MD  
Christopher J. Standaert, MD  
William J. Sullivan, MD  
Daryl R. Sybert, DO  
Mark A. Testaiuti, MD  
Charles S. Theofilos, MD, PA  
Scott G. Tromanhauser, MD, MBA  
Alexander R. Vaccaro, MD, PhD  
Jeffrey C. Wang, MD  
Jon J. Wilson, DO  
Kirkham B. Wood, MD  
Kenneth S. Yonemura, MD  
S. Tim Yoon, MD, MPH  
Jeffrey L. Young, MD

Abstract Categories	# Submitted	# Accepted
Basic Science/Biologics	68	30
Biomechanics	52	26
Complications	50	18
Diagnostics/Imaging	62	20
Epidemiology/Etiology	41	20
Exercise Therapies/Functional Restoration	6	4
Injections/Interventions	34	8
Motion Preservation	64	40
Socioeconomics/Industrial/Ergonomics	25	16
Spinal Deformity	66	39
Surgery—Cervical	54	31
Surgery—Thoracolumbar	155	71
Trauma	28	9
<b>Total</b>	<b>705</b>	<b>332</b>

**2010 CME HANDS-ON COURSES**

**Lumbar Spinal Injections**

February 26-27, Spine Education & Research Center (SERC), Chicago, IL; 40 attendees

**Coding Update 2010 (Winter)**

March 5-6, Copper Mountain, CO; 31 attendees

**PA/NP Advanced Surgical Skills**

March 6-7, SERC, Chicago, IL; 59 attendees

**Lumbar Spinal Injections**

April 9-10, SERC, Chicago, IL; 40 attendees

**Advanced Rehabilitation for Spine Specialists**

April 23-24, SERC, Chicago, IL; 48 attendees

**Expert Techniques for Complex Cervical Surgery: Deformity, Tumors, Transoral Exposures & Vertebral Artery Dissection**

May 14-15, SERC, Chicago, IL; 32 attendees

**Advanced Lumbar Spinal Injections**

June 4-5, SERC, Chicago, IL; 39 attendees

**Coding Update 2010 (Summer)**

July 23-24, Chicago, IL; 84 attendees

**Minimally Invasive Spine Surgery**

August 6-7, SERC, Chicago, IL; 19 attendees

**Cervical Spinal Injections**

August 13-14, SERC, Chicago, IL; 30 attendees

**2010 ONLINE CME**

NASS launched its online CME initiatives in late 2009 and currently offers the following online courses catering to our diverse multidisciplinary membership. The curriculum will continue to expand in future years.

**Exercise: The Backbone of Spine Treatment**

Adapted from the 2009 Exercise Course  
Launched November 1, 2009

**Advances in the Surgical Treatment of Acute Spine Trauma**

Adapted from the 2009 Annual Meeting Course  
Launched May 13, 2010

**Advanced Rehabilitation for Surgeons and Other Spine Specialists**

Adapted from the 2009 Annual Meeting Course  
Launched July 2, 2010

**Advanced Imaging of the Spine: Focus on MRI**

Original programming for online learning  
Launched August 25, 2010

**NASS Online Evidence-Based Medicine Training**

Launched 2008

**EDUCATION COUNCIL**

In 2010, the Education Council oversaw the development of NASS educational programming including the Annual Meeting, hands-on courses, coding courses and online CME and collaborative education with other societies and organizations. The Council is composed of various committees tasked with developing educational programming.

**CME COMMITTEE**

The CME Committee reviewed evaluations from the Annual Meeting and courses, and conducted needs assessment and gap analysis surveys to determine content of interest to NASS' multidisciplinary audience. The Committee reviewed and ensured that NASS adhered to the ACCME guidelines and procedures in its program planning and implementation. The CME Committee oversaw the re-accreditation process in 2010 to maintain our accreditation status for the next term.



### SECTION ON ALLIED HEALTH

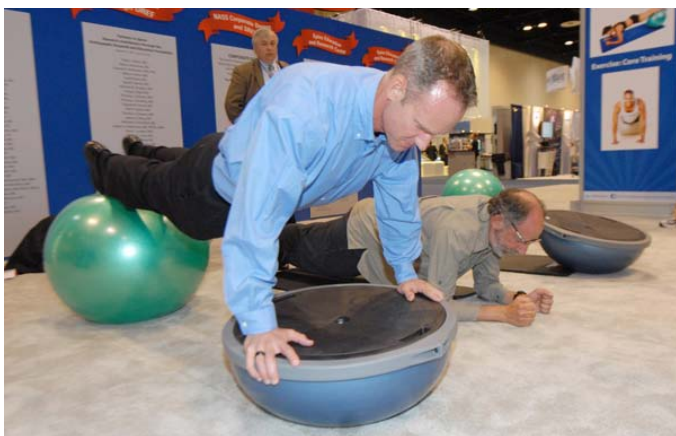
The newly-created Section on Allied Health replaced the former Allied Health Education Committee. Through this revamped Section, NASS will continue to offer robust educational offerings and will create projects outside of educational activities for allied health professionals. Under the leadership of Section Chair Michael L. Reed, DPT, OCS, MSc, one major goal will be to bring in new allied health members. At the 2010 Annual Meeting, the Section met to discuss its mission, goals and future projects.

### EXERCISE COMMITTEE

This multidisciplinary committee is charged with evaluating and consolidating existing NASS exercise-related publications and educating spine care providers and patients about the role exercise can play in promoting spine health and reducing back pain. In 2010, the Exercise Committee added two new members, F. Todd Wetzell, MD, and Ken Yonemura, MD. The Committee is exploring exercise application options. Committee members presented a popular educational booth at the 2010 Annual Meeting—"Core Training: What Is It, Who Would Benefit and How Should It Be Implemented?"—which included a competition among attendees to determine who could hold the longest plank position. Winners were announced in the *NASS Daily News* and received prizes. Congratulations to Brian Peterkin, PA-C, Gerald Becker, MD and NASS staff member Corey Fuhrhop!

### HANDS-ON PROGRAMMING DEVELOPMENT COMMITTEE

The Hands-on Programming Development Committee was dissolved as a result of duplicative efforts. The tasks of this committee will be transitioned into a function of the CME Committee.



Planks for the memories...  
Annual Meeting attendees get a workout.

### INTERNATIONAL EDUCATION COMMITTEE

Based on NASS' current international membership and meeting attendance, the International Education Committee membership has become more strategic. Three new members from China, Brazil and Turkey have been added. The Committee will vet proposals for international educational opportunities and review current online offerings to determine which would be of international appeal and useful to translate.

### RESIDENT & FELLOW EDUCATION COMMITTEE

The Resident & Fellow Education Committee oversees the fellowship match process for residents and creates programming and activities that will attract new members to NASS. It also serves existing membership through track programming during the Annual Meeting. During the meeting, the Committee hosts a reception and program directors meeting.

### SECTION ON BIOLOGICS AND RESEARCH

The Section on Biologics and Research offered a premeeting course at the 2010 Annual Meeting. The course was presented in a debate format and had nearly 50 attendees. The Section writes articles for *SpineLine* and submits manuscripts to *The Spine Journal*. In 2010, Jeff Wang, MD was reappointed as the Section Chair.

### SECTION ON MOTION TECHNOLOGY

The mission of the Section on Motion Technology is to provide a forum for the discussion and dissemination of information regarding motion preservation and stabilization technologies, including nonfusion and nontraditional methods. The Section may also stimulate or collaborate on position papers and/or educational content. The Motion Technology Section held a premeeting course at the Annual Meeting focusing on clinical, scientific and economic challenges.

### SECTION ON RIMS

The Section on Rehabilitation, Interventional and Medical Spine (RIMS) is charged with developing NASS' intellectual capabilities in the titled areas by identifying spine physician and allied health education needs. RIMS designs educational efforts and identifies enduring education materials for physicians and patients to aid in improving spine treatments or the understanding of spine treatments. The goal is to create programming and activities that will attract new RIMS members to NASS as well as serve the existing membership. The Section held a premeeting course at the Annual Meeting focused on cervical spine pain.

# RESEARCH

The Research Council is dedicated to advancing the science of spine on behalf of NASS' membership and the spine field. In 2010, the Council was led by William Watters III, MD, with Daniel K. Resnick, MD, MS, and Charles Reitman, MD, and continues to be staffed by the NASS Research Department.

The Council works to integrate evidence-based medicine into NASS projects and the spine field, analyzes evidence and helps provide relevant and current scientific spine care information to NASS members. The Council is responsible for regular surveillance of the spine field, including information from various government, quality and regulatory sources for issues of relevance, as well as from the American Medical Association (AMA) and other specialty groups. The Council also provides evidence-based medicine education and literature searches for the society at large. Council activities in 2010 included:

## » **Advocacy and Health Policy**

The Research Council collaborates with NASS Advocacy and Health Policy efforts, providing input to NASS and the Alliance for Specialty Medicine on issues of comparative effectiveness research, health care and health care reform issues related to quality and value-based purchasing.

## » **Advocating for Musculoskeletal Research Funding**

As a participant in the American Academy of Orthopaedic Surgeons' Research Capitol Hill Days, NASS sent a physician and patient representative to Washington to advocate on behalf of spine for increased musculoskeletal research funding.

## » **Centers for Medicare and Medicaid Services (CMS)**

- **Medicare Imaging Demonstration Project.** At the invitation of CMS and their contractor, NASS developed case scenarios for use in testing decision support systems that will be used in the Medicare Imaging Demonstration. These case scenarios operationalize the imaging recommendations made by NASS in its degenerative lumbar spinal stenosis and spondylolisthesis guidelines.

- **Proposed Fee Schedule.** NASS participated in the Alliance for Specialty Medicine's response to the proposed physician fee schedule relative to quality issues.

## » **Food and Drug Administration (FDA)**

The Research Council, in conjunction with the Health Policy Council, is responsible for oversight and surveillance of FDA-related issues. The NASS FDA Liaison, Bernard Pfeifer, MD, and NASS staff provide surveillance and support for these efforts.

- **FDA and Institute of Medicine (IOM) 510(k) Reviews.** NASS participated in discussions regarding FDA and IOM reviews of the FDA 510(k) process by submitting comments through multiple venues this year.

- **Alliance for Specialty Medicine Off-Label Use Position Statement.** NASS provided input and signed on to the Alliance for Specialty Medicine position statement on off-label use.

- **Unique Device Identifiers.** NASS signed on to a letter from the Advancing Patient Safety Coalition to the FDA asking the agency to sign off on the unique device identifier rule.

- **FDA Transparency Initiative.** NASS signed on to the Alliance for Specialty Medicine comments on the FDA Transparency Initiative: Draft Proposals for Public Comment Regarding Disclosure Policies of the U.S. Food and Drug Administration.



» **Future Directions for Research—2010 Revision**

*Future Directions for Research* documents the gaps in the spine evidence base as identified during evidence analysis for guideline development and other projects for reference and promoting research in those areas. ([http://www.spine.org/Documents/Future\\_Directions\\_for\\_Research.pdf](http://www.spine.org/Documents/Future_Directions_for_Research.pdf))

» **Government Comment to Support Spine**

The NASS Research Council and its committees support spine care through various projects and comments submitted to government. The following link includes NASS comments on a variety of topics: (<http://www.spine.org/Pages/PracticePolicy/ClinicalCare/ScientificPolicyComments/Default.aspx>)

## CLINICAL GUIDELINES

NASS clinical guidelines provide up-to-date treatment information and help define quality spine care. To develop its clinical guidelines, NASS uses a transparent, evidence-based methodology, incorporating levels of evidence and grades of recommendation. As a requirement of participation, NASS Evidence-Based Guideline Development Committee members are trained in evidence analysis.

Five guidelines are available for free download on the NASS website:

- **Antibiotic Prophylaxis in Spine Surgery**  
([http://www.spine.org/Documents/Antibiotic\\_Prophylaxis\\_Web.pdf](http://www.spine.org/Documents/Antibiotic_Prophylaxis_Web.pdf))
- **Antithrombotic Therapies in Spine Surgery**  
([http://www.spine.org/Documents/Antithrombotic\\_Therapies\\_ClinicalGuidelines.pdf](http://www.spine.org/Documents/Antithrombotic_Therapies_ClinicalGuidelines.pdf))
- **Diagnosis and Treatment of Cervical Radiculopathy from Degenerative Disorders** ([http://www.spine.org/Documents/Cervical\\_Radiculopathy.pdf](http://www.spine.org/Documents/Cervical_Radiculopathy.pdf))
- **Diagnosis and Treatment of Degenerative Lumbar Spinal Stenosis** ([http://www.spine.org/Documents/NASSCG\\_Stenosis.pdf](http://www.spine.org/Documents/NASSCG_Stenosis.pdf))
- **Diagnosis and Treatment of Degenerative Lumbar Spondylolisthesis** ([http://www.spine.org/Documents/Spondylolisthesis\\_Clinical\\_Guideline.pdf](http://www.spine.org/Documents/Spondylolisthesis_Clinical_Guideline.pdf))

In 2010, the Evidence-Based Guideline Development Committee completed the revision of *Diagnosis and Treatment of Degenerative Lumbar Spinal Stenosis*, which is anticipated for publication in 2011. The next topic for guideline development will be lumbar disc herniation and the antibiotic prophylaxis guideline will be revised in 2011.

A new feature, *Guidelines Gold*, was launched in 2010 in the *Health Policy Review*. This regular e-newsletter feature highlights NASS guideline recommendations on specific topics in a brief format and refers readers to the full guidelines.

## EVIDENCE-BASED MEDICINE TRAINING

The NASS online, self-directed evidence-based medicine (EBM) and evidence analysis training program is available to all NASS members in conjunction with the University of Alberta's Centre for Health Evidence (CHE). To create this program, CHE consolidated and customized material from the *Users' Guides to the Medical Literature*. Users receive continuing medical education credit for completion of the program. In addition, a one-day EBM course will be available each spring and as a regular adjunct to the Annual Meeting each year, which will fulfill the EBM training requirement for certain committees. Course participants also receive continuing medical education credit.

## PATIENT SAFETY

The Patient Safety Committee continues to administer the NASS Spine Safety Alert Program. It monitors a variety of government resources for patient safety-related notices that may be useful to NASS members and distributes them via email and member publications.

In 2010, the Committee issued 29 notices relevant to spine care and its providers: (<http://www.spine.org/Pages/PracticePolicy/ClinicalCare/SpineSafetyAlerts/Default.aspx>)

## PERFORMANCE MEASUREMENT AND PAY-FOR-PERFORMANCE

NASS is a member of the AMA-convened Physicians' Consortium for Performance Improvement (PCPI)—the primary body developing performance measures for physicians. In this forum, NASS voices its position on issues related to performance measures and pay-for-performance that may affect spine care providers. NASS staff, David Wong, MD, MSc, and Christopher Kauffman, MD, continue to represent NASS at the PCPI.

## PROFESSIONAL SOCIETY COALITION

In response to the 2006 CMS Medicare Coverage Advisory Committee's review of lumbar fusion for degenerative disc disease, several medical societies formed the Professional Society Coalition to act as an advocate and clearinghouse for efforts to clarify, define and develop evidence across societies and their members.

Under the leadership of Steven Glassman, MD, and Daniel K. Resnick, MD, MS, the participants of this multisociety coalition include the American Academy of Orthopaedic Surgeons (AAOS), American Association of Neurological Surgeons/Congress of Neurological Surgeons (AANS/CNS), Scoliosis Research Society (SRS) and NASS.

While many medical societies have ongoing registry projects for specific procedures and substantial administrative datasets are available for analysis by third-party payers, there has been little coordinated effort to develop a consensus regarding:

- how comparative effectiveness research projects should be designed;
- what the important questions are;
- how such projects should be administered; and
- how the data obtained should be used.

In an attempt to begin this process, the Professional Society Coalition secured grant funding from the Agency for Healthcare Research and Quality (AHRQ), NASS, the Spine Section of the AANS and CNS, SRS, AAOS and the Department of Neurosurgery at the University of Wisconsin. These funds were used to support a multistakeholder meeting held July 2010 in Madison, Wisconsin.

Representatives from more than 15 medical societies, including medical and surgical subspecialties, radiology, rehabilitation, anesthesia, pain medicine and physical therapy participated in the meeting. Invited representatives from the AHRQ, CMS, the National Institute of Health's Center for Complementary and Alternative Medicine, the National Quality Forum, the National Committee for Quality Assurance, the Veterans' Administration, third-party payers, employers, medical ethicists and patient advocates provided valuable insight into the wants and needs of these groups. Finally, epidemiologists, spine care researchers and registry professionals provided technical, legal and practical advice on the development of outcomes registries, which could provide useful data for comparative effectiveness research.

The meeting was very positively received by attendees. Concluding statements focused on the need for all stakeholders to collaborate on the development of registries that are able to communicate effectively and seamlessly. The use of health information technology to coordinate information sharing and to take advantage of economies of scale was emphasized. Defining the important questions—which patients to enroll, which diagnoses or treatments to study, which outcomes measures to use, and how to overcome the significant technical, legal, financial and cultural impediments—remains incomplete. Nevertheless, there was optimism regarding the prospect of incorporating the meeting proceedings into the structure of a relevant and useful registry project, and this meeting dovetailed nicely with the Multisociety Collaborative Registry Project currently underway.

## SPINE REGISTRY

After reviewing multiple existing registry projects in 2009, the NASS Registry Subcommittee concluded that these likely would not meet member needs nor be cost-effective for one society. The subcommittee then approached multiple societies with an interest in spine with an invitation to participate in a society coalition to develop a registry plan. Six societies agreed to join forces and work with a registry vendor, Outcomes, Inc., to develop a plan for such a project.

The Multi-Society Spine Registry Collaborative was established to work on development of a registry plan. The Collaborative consists of:

- American Academy of Orthopaedic Surgeons
- American Association of Neurological Surgeons/  
Congress of Neurological Surgeons Joint Section on Spine
- The International Society for the Advancement of Spine Surgery
- International Spine Intervention Society
- North American Spine Society
- Scoliosis Research Society

The Collaborative worked in conjunction with Outcomes, Inc. to develop a feasibility study and outline a registry design. The Collaborative will review its findings, evaluate how to move toward operationalizing a registry and develop a vendor request for proposals.

### RESEARCH SURVEY REVIEW

The Research Survey Review Committee was mobilized in 2009 and reviews and processes requests to survey the NASS membership.

### REVIEW AND RECOMMENDATION STATEMENTS

It has become increasingly important for medical societies to comment on specific topics in the public forum to foster quality care, for policy purposes and in anticipation of external requests from insurance carriers, government entities, quality improvement bodies, other medical societies and others on behalf of their memberships. NASS opted to develop its statements in the form of *Review and Recommendation Statements*:

[http://www.spine.org/Pages/PracticePolicy/ClinicalCare/ScientificPolicyComments/ReviewRecommendation\\_Statements.aspx](http://www.spine.org/Pages/PracticePolicy/ClinicalCare/ScientificPolicyComments/ReviewRecommendation_Statements.aspx)

On the spectrum of methods, Review and Recommendation Statements are midway between pure consensus papers and formal guidelines. Although a formal guideline process is optimal, issues of practicality, resources and time relative to working within the constraints of a not-for-profit, volunteer environment must be considered, leading to this middle ground option. Given the considerable scrutiny policy statements undergo, the process nonetheless must be rigorous, inclusive, consistent, transparent and make efficient use of NASS resources. In Review and Recommendation Statements, the scope and number of questions addressed is generally smaller than that of a formal clinical guideline, allowing review of a more limited nature, more rapid response and incorporation of transparently identified consensus where the evidence is lacking. In these statements, a review takes place on a topic and recommendations are made based on the evidence or, when lacking, consensus.

Three statements were under development in 2010: Cervical Epidural Steroid Injections, Discography and Transforaminal Epidural Steroid Injections. Upon completion of these statements, NASS will move toward the development of appropriateness criteria.

## 1996

NASS launched [www.spine.org](http://www.spine.org) in 1996; a booth at the 1997 Annual Meeting in New York showcased the site's features.



# ADVOCACY

NASS Advocacy Committee and staff entered 2010 focused on efforts to improve what would become the health care reform law and worked closely with our colleagues in the Alliance of Specialty Medicine to address provisions that would have a negative impact on spine care providers and their patients. Following enactment of the law in March 2010, NASS Advocacy shifted focus to repealing Independent Payment Advisory Board (IPAB) and Medicare Innovation Center provisions that have the potential to have a negative impact on specialists' ability to care for patients. NASS Advocacy finished the year with a successful symposium at the Annual Meeting featuring guest speakers who provided valuable training and insights into the advocacy process in Washington, D.C.

## **NATIONAL ASSOCIATION OF SPINE SPECIALISTS**

The National Association of Spine Specialists—an IRS-designated 501(c) (6) trade organization—is the advocacy arm of the North American Spine Society. The Association was founded in 1999 and continues to be administered by NASS. The Association advocates in the legislative and regulatory arenas for public policies that protect members' ability to practice medicine and give patients access to the specialists, technologies and treatments they require for quality spine care. The Association is governed by the NASS Executive Committee, with the NASS Advocacy Committee overseeing NASS' advocacy efforts.

All members of NASS are members of the Association (unless they opt out), with a portion of member dues allocated to advocacy efforts. The Association relies on its members to advocate on behalf of the spine care field and patients.

## **GOVERNMENT AFFAIRS**

Since the inception of the NASS Advocacy program, members and staff have stressed the importance of policies that preserve patient access to high quality, evidence-based specialty care. The NASS Advocacy Committee and staff strive to address each public policy issue that arises.

The NASS Advocacy Committee and staff spent much of 2010 addressing provisions contained in the health care reform law that could have a negative effect on spine

care providers and patients. These issues include the creation of IPAB, Comparative Effectiveness Research language and the lack of provisions addressing a long-term Sustainable Growth Rate (SGR) formula fix or comprehensive medical liability reform.

NASS Advocacy Committee and staff have continued to work independently and through its membership in the Alliance of Specialty Medicine to ensure the concerns of specialists are addressed as this law is implemented. NASS Advocacy worked with Congress on proposals that would permanently replace the SGR with a reimbursement system that more accurately reflects the cost of providing care to our nation's seniors. Medicare physician reimbursement will remain a key priority within NASS' advocacy agenda.

The NASS Advocacy Committee recognizes many issues impact spine care and makes every attempt to educate members on these issues and mobilize them to take action when necessary. Advocacy Committee members and staff attended meetings and other relevant events on behalf of the Association to establish NASS' brand and the positions of spine care providers on Capitol Hill. Meetings focused on the need to replace the SGR, implement strong medical liability reforms and increase access to high-quality specialty care. NASS also worked hard to influence the activities and positions of the Alliance, to represent the needs of spine care providers and their patients.

NASS Advocacy developed and the NASS Board approved a position statement on medical liability reform in 2010, and drafted three additional papers—Physician Ownership of Modalities, Physician Ownership of Facilities and Accountable Care Organizations. These papers will go to the full NASS Board for final approval in 2011. The Advocacy Committee is slated to draft several position papers in 2011 and will continue to identify new topics for future statements.

The Advocacy staff continued to track a limited number of state health policy issues. NASS joined the AMA's Scope of Practice Partnership to remain on top of state-level scope issues affecting the delivery of spine care, and to work with other medical societies to ensure

that patients receive high-quality care from only those practitioners adequately trained to provide specialty care.

In order to maximize NASS resources, Advocacy staff met regularly with government relations staff from other medical societies and attended state legislative meetings held by the AMA to share information on state-level developments. These meetings provided valuable information that was delivered to members through NASS' *Health Policy Review*, E-news and action item alerts when necessary.

### WASHINGTON, DC OFFICE/ALLIANCE OF SPECIALTY MEDICINE

The Washington office remains a key component of NASS' advocacy activities. In 2010, the NASS Washington staff worked with congressional offices to establish an independent advocacy voice for spine care. NASS leaders and staff met with more than 35 congressional offices to discuss issues of importance to spine care providers and their patients. This independent campaign was augmented by our membership in the Alliance of Specialty Medicine, a nonpartisan coalition of 11 medical societies representing more than 100,000 specialty physicians. The Alliance provides surveys, white papers, statistics, testimony, briefing materials, letters of support and other resources on key health care issues.

The National Association of Spine Specialists is represented in this coalition by NASS staff who work with other member organizations to promote access to specialty care through fair Medicare physician reimbursement, medical liability reform and improved quality of care legislation, among other issues.



NASS members meet with lawmakers and legislative staff during the Alliance of Specialty Medicine fly-in in Washington, DC.

In 2010, NASS and Alliance staff met frequently with lawmakers, legislative staff and administrative officials to weigh in on health care policies with the potential to impact patient access to specialty care. This year, the Association has become a leading figure in this coalition, working tirelessly to influence positions taken by the coalition as well as undertaking membership recruitment efforts. NASS once again had the largest contingent of attendees at the Alliance's annual fly-in event and heavily weighed in on all communications sent to Congress. NASS staff worked closely with the coalition to provide the NASS perspective on communications and positions adopted by the coalition.

### GRASSROOTS ACTIVITY

NASS Advocacy continued to educate members on issues of importance to their practice and patients. This effort was highlighted by the Advocacy Track at the 2010 Annual Meeting in Orlando, FL. This event included presentations by Amy Showalter, a well-known grassroots consultant, on best practices for building long-term relationships with lawmakers, instruction on how to get involved in advocacy for your profession, and why active involvement is important. Paul Begala, an adviser to then-President Bill Clinton and CNN political analyst, provided an in-depth look at the future of health policy, as well as overall analysis of the current political environment. This was the first time NASS provided advocacy education and training as part of the Annual Meeting and more than 260 professionals attended.

As a result of increased member education efforts like the NASS Annual Meeting Advocacy Track, member involvement in advocacy continued to grow in 2010.



Political analyst Paul Begala met with NASS members during the Advocacy Track at the Annual Meeting.

NASS increased member contact to Congress, meetings on the Hill and in-district, and the number of members contributing to SpinePAC.

In 2010, NASS continued to operate the Legislative Action Center ([www.spineadvocate.org](http://www.spineadvocate.org)), an online tool designed to facilitate communication between policy-makers and the public. NASS Advocacy used this tool to provide frequent updates on its work in Washington. The Advocacy Committee also included regular pieces in the NASS *Health Policy Review* and E-News, providing education on health care reform and other important policy issues, including the status of key legislation.

NASS members received numerous action alerts on issues being debated in their state or federal legislatures in 2010. These alerts prompted members to contact their lawmakers and provide talking points to educate elected officials on how these issues impact physicians and patients in their district. These alerts resulted in more than 530 email contacts between NASS members and Members of Congress and 300 phone calls during debates on bills related to health care reform and physician reimbursement patches.

**SPINEPAC**

SpinePAC is the Political Action Committee fund through which the Association supports federal legislative candidates who champion policies that benefit spine care patients and the professionals who treat them. SpinePAC is funded through contributions from individuals in the spine care field, specifically Association members. SpinePAC raised more than \$230,000 in the 2010 election cycle, the largest two-year collection in its history. This record fundraising effort allowed SpinePAC to contribute more than \$128,000 to candidates who support spine care providers and their patients.

Contributions to SpinePAC were used to support candidates for federal office—54% Republican and 46% Democrat—who are congressional leaders and support sound health care policies; most served on committees with jurisdiction over health care issues, including physician reimbursement, quality improvement and medical liability reform. SpinePAC hosted several candidate fundraisers, including an event hosted by NASS Advocacy Chair Raj Rao, MD for Congressman Paul Ryan (R-WI). This event raised more than \$20,000 for Congressman Ryan, a strong advocate for specialty care and an influential leader on the House Ways and Means Health Subcommittee Committee. In addition to this fundraiser, SpinePAC hosted events for two physician candidates, Andy Harris, MD (R-MD) and Manan Trivedi, MD (D-PA).

NASS: 25 YEARS

**1999**

NASS created the National Association of Spine Specialists, the Society’s advocacy arm, and SpinePAC.



**Historical fundraising/candidate expenditure breakdowns by party and election cycles**

Election Cycle	Receipts	Expenditures	Party Breakdown
2010	\$231,301	\$128,425	46% Democrat 54% Republican
2008	\$134,891	\$ 110,648	58% Democrat 42% Republican
2006	\$148,514	\$ 153,774	35% Democrat 65% Republican
2004	\$184,783	\$ 193,654	32% Democrat 68% Republican
2002	\$81,380	\$ 12,802	37% Democrat 63% Republican

# HEALTH POLICY AND REIMBURSEMENT

## AMA CPT AND RUC ACTIVITIES

The NASS Health Policy Council continued its active participation in the Current Procedural Terminology (CPT)/Relative Value Update Committee (RUC) process to protect and grow reasonable reimbursement for services provided by spine care physicians. William Sullivan, MD, took over the role of NASS Advisor to the AMA's Specialty Society RVS Update Committee (RUC). William Mitchell, MD, continued to serve as the CPT Advisor for NASS. Collectively, Drs. Sullivan and Mitchell were highly effective in successfully representing the interests of NASS members.

In conjunction with several other specialty societies, NASS presented the following to the CPT Editorial Panel:

- Proposals for editorial revisions of codes 20664: halo brace application and 22315: closed treatment of vertebral fracture.
- A proposal to update the introductory language of the spinal instrumentation guidelines.
- Proposals to develop a Category III CPT code for percutaneous laminotomy and to editorially revise code 62287 for percutaneous discectomy.
- A proposal to create a new code combining existing arthrodesis codes 22612 and 22630.

At the RUC, NASS presented relative value recommendations on the following codes in conjunction with several other specialty societies:

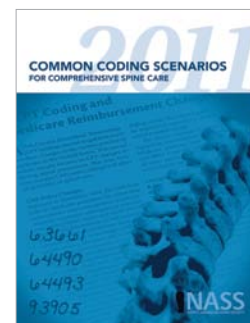
- Two new CPT codes for arthrodesis including discectomy.
- Two new codes for stereotactic computer-assisted volumetric navigational procedures.
- Through the five-year review process, NASS surveyed codes 62284: myelography and 64405: greater occipital nerve injection, that were identified for re-valuation through various RUC and CMS utilization screens.

Additionally, NASS worked with several other specialties to develop action plans for addressing changes in utilization for codes 22612, 22630, 22851, 27096, 62290, 72110, 72114, 72120, 72275, 73542, 95860, 95904, 95970-95973 and 95990.

NASS developed a document to summarize its involvement with the coding and reimbursement issue over the past years, demonstrating its substantial efforts to assure fair and accurate reimbursement for spinal procedures and services.

## CODING COMMITTEE

The Coding Committee continued to monitor, review and comment on spine-related coding and reimbursement issues, effectively representing the concerns of NASS members. The Committee took on many activities throughout 2010, including the development and submission of Coding Q&A columns for each issue of *SpineLine*. Additionally, the Committee assisted with reviewing and responding to member inquiries relating to correct coding. They also reviewed and updated the 2011 edition of NASS *Common Coding Scenarios* annual publication; considered proposed coding applications for presentation to the CPT Editorial Panel; and evaluated and drafted comments on spine-related policies and regulations developed by CMS and private insurers.



2011 *Common Coding Scenarios*

## CODING QUESTION SUBMISSIONS

The Coding Committee continued to field a high volume of coding question submissions from members in 2010. The questions were distributed to Coding Committee members, where a comprehensive response is formulated and forwarded to the NASS member. The submitted questions have been compiled and uploaded onto the NASS website, [www.spine.org](http://www.spine.org), and is searchable by NASS members.

### PROFESSIONAL, ECONOMIC AND REGULATORY COMMITTEE

Under the direction of Chair Christopher Bono, MD, the Professional, Economic and Regulatory Committee (PERC) reviews and comments on medical coverage policies. In 2010, the PERC commented on the following policies:

- Percutaneous Spinal Procedures (Vertebroplasty, Kyphoplasty, Sacroplasty) (WellPoint)
- Facet Joint Allograft Implants for Facet Disease (WellPoint)
- Ablative Treatment for Spinal Pain (UnitedHealthcare)
- Minimally Invasive Lumbar Spinal Fusion (UnitedHealthcare)
- MIS-TLIF Procedures (Oxford)
- Vertebroplasty for the Treatment of Vertebral Fractures (California Technology Assessment Forum)
- Bone Healing and Fusion Enhancement Products (UnitedHealthcare)
- Vertebroplasty and Vertebral Augmentation (Noridian)
- Artificial Total Disc Replacement for the Spine (UnitedHealthcare)
- Radiofrequency Facet Joint Denervation (WellPoint)
- Percutaneous Neurolysis for Chronic Back Pain (WellPoint)
- Discogenic Pain Treatment (UnitedHealthcare)
- Surgical Treatment for Spinal Pain (UnitedHealthcare)
- Electrical Stimulation of the Spine as an Adjunct to Spinal Fusion Procedures (WellPoint)
- Lumbar Fusion (BCBS of North Carolina)
- Vertebroplasty (Washington State Health Technology Assessment)

The PERC also prepared a presentation to CMS' Medicare Coverage Advisory Committee (MEDCAC) on coverage of bone morphogenetic protein (BMP).

### MEDICARE EVIDENCE DEVELOPMENT & COVERAGE ADVISORY COMMITTEE (MEDCAC) APPOINTMENT

NASS nominated William Watters III, MD to the Medicare Evidence Development & Coverage Advisory Committee, the body that provides expert guidance to CMS on specific clinical coverage topics. Dr. Watters was appointed and serves with approximately 100 other clinical experts, patient advocates and industry representatives on the committee.

### HEALTH POLICY ISSUES

NASS submitted comments on the following issues:

- CMS' proposed rule on incentive payments for meaningful use of electronic health records
- A request to CMS to extend the 2010 Medicare participation deadline
- The state of evidence of on-label and off-label use of BMP to the Agency for Healthcare Research and Quality Technology Assessment
- CMS' proposed rule on the 2011 Medicare physician fee schedule

### VALUE TASK FORCE

With a continued commitment to putting NASS at the forefront of defining value in spine care, the NASS Board identified defining value as its thematic goal in January 2010. NASS convened a Value Workshop in March 2010 to educate Value Task Force members along with interested Board members about the fundamentals and concepts related to value. The workshop was recorded and is available to members on the NASS website.

In an effort to educate members about key issues in the value arena, members of the Value Task Force have contributed articles to *SpineLine's* Value Series. To stimulate research that examines and demonstrates value concepts relative to spine care, the Value Task Force was instrumental in developing the "Value Abstract Awards" for the 2011 Annual Meeting and *The Spine Journal's* new "Outstanding Paper Award" on Value.

NASS: 25 YEARS

# 2007

NASS moved to a new headquarters in Burr Ridge, Illinois, and opened its high-tech training facility, now known as the Spine Education & Research Center.



# DISCLOSURE, ETHICS AND PROFESSIONALISM

## **ETHICS COMMITTEE**

The NASS Ethics Committee advises NASS leadership on the latest research and legislation regarding issues of disclosure, ethics and professionalism, including the regular maintenance and revision of NASS policies in these areas. The Committee distributes information, articles and papers and is available to provide education for the membership on issues of ethics and professionalism in spine care. It also offers symposia at the Annual Meeting. The Ethics Committee oversees the activities of two subordinate bodies, the Conflict of Interest Review Panel (COIRP) and the Professional Conduct & Ethics Sub-Committee (PCEC).

January 2010 marked the one-year anniversary of the implementation of the comprehensive NASS Disclosure Policy, which was adopted by the Board of Directors in October 2008. Participants are required to disclose actual, estimated dollar amounts of all relationships held in the 12 months preceding disclosure. According to the NASS Ethics Committee, which authored the policy, “the goal [was] to create an environment of scientific validity, in which learners can judge for themselves whether the information they receive is objective and unbiased, and to be sure that our members are current and forthright in their dealings with one another and with their colleagues and patients.” In mid 2010 an online FAQ was added to the online Disclosure Module, and the NASS “Acceptance of Appointment and Covenant to Disclose” document was incorporated into the module, streamlining the paperwork to be returned in order to accept a committee appointment.

While there were a limited number of resignations (less than 10), the policy and module were met with approval by the NASS membership and participants, who felt that the module greatly simplified the disclosure procedure. The module disclosure process has been working smoothly for more than a year, and NASS has been approached by several organizations looking to emulate our module. NASS was asked to join the Council of Medical Specialty Societies based largely upon its leadership in the arena of disclosure and professionalism.

## **CONFLICT OF INTEREST REVIEW PANEL**

The NASS Board of Directors created the COIRP in October 2008 to assist members and the Board to determine if a member has a Conflict of Interest (COI), and if so whether said COI would materially interfere with the proposed task or assignment of that member. In the event there is a complaint to the PCEC regarding a COI, the COIRP serves in an advisory capacity to the PCEC. In such an instance the COIRP would potentially make a recommendation to the PCEC.

In addition, the COIRP sends one member to any meeting or hearing to advise the PCEC on the nature of the COI and its applicability within the NASS COI rules. The COI Review Panel also plays a significant role in the vetting of nominees for the presidential line, Board of Directors, and certain committee chairs, according to stipulations laid out regarding COI for leadership in the “Policy on Conflict of Interest in Leadership Positions.” The COIRP makes recommendations regarding management and/or divestiture of certain relationships for proposed incoming board members. The COIRP also vets certain proposed members of *The Spine Journal* editorial board.

## **PROFESSIONAL CONDUCT & ETHICS SUB-COMMITTEE**

The NASS Professional Conduct and Ethics Committee continued its mission to review cases of possible ethical misconduct in relation to expert witness testimony, as well as other ethical disputes. Results of all hearings that result in disciplinary action are published in *SpineLine*. Several cases were addressed in 2010.

**SPINE EXECUTIVE FORUM**

Formerly the "Leadership Committee," the mission of the NASS Spine Executive Forum is to coalesce resources from the spine care community to seek ways to provide cost-efficient, evidence-based, ethical care and to promote the awareness, involvement and satisfaction of patients. Composed of present and past NASS Executive Committee members, as well as leaders from the spine industry, the Spine Executive Forum is chaired by the current NASS President. The Forum meets at the NASS Annual Meeting and at the larger Spine Summit meeting held at the Spine Education & Research Center. In 2010, the Forum discussed ways NASS can move forward with outcomes and establish a common language for disclosure.

**NASS: 25 YEARS**



**1987**

NASS published the first issue of NASSNews—"Official Organ of the North American Spine Society."



**2000**

NASSNews became SpineLine; the magazine's first issue was published in September.



**2001**

The Spine Journal was launched at the beginning of the year.

# PUBLICATIONS

To help its members learn and practice the highest quality, evidence-based and ethical spine care, NASS publishes a distinguished collection of periodicals, serials, publications and online resources.

## **THE SPINE JOURNAL**

Exceeding all expectations, *The Spine Journal* received its first Impact Factor (IF) of 2.902, making it the top-ranked spine publication and fifth among orthopedic journals. Even before the June 2010 IF announcement, however, manuscript submissions were already 20% ahead of the previous year's pace. By the end of 2010, submissions averaged 40% higher than 2009. Because of a dedicated editorial board and staff, *TSJ* maintained its rapid review process and short acceptance-to-publication timeframe.

Increased interest in *TSJ* is attributed to several well-received initiatives implemented by Editor-in-Chief, Eugene Carragee, MD, and the journal's deputy editors. In addition to publishing the highest-quality original research, Dr. Carragee and the Editorial Board recruited relevant commentaries to provide readers with enhanced critical analysis of the latest research. "Evidence & Methods" summaries were also published with each clinical study and have become a popular take-away. A new "Journal Reports" section presented a compilation of interesting abstracts from noteworthy literature.

An example of the *Journal's* role in expanding spine research analysis is evident in the March 2010 issue. In response to two vertebroplasty RCTs published in the *New England Journal of Medicine (NEJM)*, *TSJ* published a position paper by NASS' Research Council and offered the *NEJM* studies' authors, Drs. Rachele Buchbinder and David Kallmes, an opportunity to respond. Dr. Carragee further expanded the discussion with his take on the "vertebroplasty affair," in an editorial on "the mysterious case of the disappearing effect size."

The media took notice of the *Journal's* vertebroplasty discussion as well as other content throughout the year. More than 280 articles covered *TSJ* papers on numerous spine care topics, eg, economic value of outcomes, disc herniation, lifting and disc degeneration, obesity and spine surgery, off-label BMP-2 use, imaging, cervical disc replacement, predictors of long-term back pain and disability, and more.

Other content highlights include the December issue featuring the journal's annual "Outstanding Paper Award" winners (see page 31 for a listing of these papers and their authors).

Three new Deputy Editors joined the Executive Editorial Board in 2010. Tim Yoon, MD, PhD, from Emory University Hospital accepted appointment as the Deputy Editor for Basic Science. Eric Hurwitz, DC, PhD, an epidemiologist at the University of Hawaii, joined the Board as a Deputy Editor for Evidence and Methods. Matthew Smuck, MD, at Stanford University, accepted a Deputy Editor appointment for Interventional Medicine and Rehabilitation.

## **SPINELINE**

Under the direction of Medical Editor Eric Truumees, MD, and the *SpineLine* Editorial Board, *SpineLine* marked its 10th anniversary in 2010 with a lineup of outstanding content and a new digital edition.

### **Content Highlights**

Dr. Truumees and a panel of editors presented a comprehensive focus issue on several vertebroplasty controversies, including:

- "Vertebral Body Augmentation: Time for Reassessment?"
- "Physician Attitudes toward Vertebral Body Augmentation"
- "How Have VBA Coverage Decisions Been Affected?"
- "Regional Rates of Vertebroplasty"

Two other focus issues centered on NASS' Clinical Guidelines, with summaries of each guideline's clinical questions and their evidence-based answers, and coverage of NASS' 25th Annual Meeting, featuring best papers and highlights from symposia, sessions and awards presentations.

Our regular "Radiology Rounds" section included several interesting cases and images: "Lumbar Extradural Arachnoid Cyst Presenting as Radiculopathy," "Kyphoscoliosis in an Osteoporotic 48-Year-Old," "Cement Displacement after Kyphoplasty," and "Three-Dimensional MRI in the Lumbar Spine." *SpineLine* also

## PUBLICATIONS

published two invited reviews: “Improving Outcomes via Behavioral Assessment of Spine Surgery Candidates” and “Spinal-Pelvic Relationships: Implications for Spine Surgery.”

Throughout the year, *SpineLine* ran a series of articles devoted to NASS President Ray Baker’s values initiative. In addition to Dr. Baker’s President’s Messages, members of the Values Task Force contributed articles on: “Valuing Value,” “Economic Assessment in Health Care Overview: Types of Evaluations and General Concepts,” “Value in Spine Treatment” and “Value-Based Purchasing: the Changing Imperative of CMS and Private Payers.”

Beyond cutting-edge clinical content, *SpineLine* published timely coding, regulatory policy and advocacy columns, as well as news updates. Highlights from those pages include up-to-the-minute content on coding and reimbursement issues, RUC and CPT updates, health care reform issues and NASS position statements on PQRI and CER.

### Digital Edition

*SpineLine* 2.0 launched with the January/February 2010 issue. The new digital edition is available online at [www.spine-line-digital.org](http://www.spine-line-digital.org). Key features include: clickable links to citations, email contacts, pertinent websites and advertisers; search, archive, share; a “look inside” preview; and instant web page views instead of lengthy downloading. Coinciding with the release of the new digital edition, *SpineLine*’s design was updated to freshen its look and create visual cues for interactive features.

### ANNUAL MEETING DAILY NEWS

NASS launched *NASS Daily News*, a daily newspaper at the 2010 annual meeting in Orlando. The new publication included e-previews, an e-post edition and linked to a mobile app for attendees to access meeting information on site and after the event.

### PUBLIC AFFAIRS COMMITTEE

The Public Affairs Committee oversaw additional content development for [www.knowyourback.org](http://www.knowyourback.org), NASS’ patient education site. In addition to articles on spine conditions and treatments, the Committee recruited patient success stories to illustrate the value of quality spine care. The stories debuted on the site during NASS’ 25th Annual Meeting.

Public Affairs also produced a complementary patient success video project which is now available on YouTube

and [www.knowyourback.org](http://www.knowyourback.org). In addition to patients, the video features Ray Baker, MD, Raj Rao, MD, and Colleen Fitzgerald, MD, explaining the value of quality, ethical spine care.

NASS issued several news releases in 2010 and worked with many media outlets on spine care stories. 2010 media coverage featuring NASS spokespersons totaled more than 1,300 articles, broadcasts and web posts resulting in an estimated 589.3 million media impressions. To view NASS’ news releases, please visit: <http://www.spine.org/Pages/ConsumerHealth/NewsAndPublicRelations/NewsReleases/Default.aspx>

### PATIENT EDUCATION COMMITTEE

In 2010, the Patient Education Committee began oversight for the content on NASS’ patient education site, [www.knowyourback.org](http://www.knowyourback.org). The Committee conducted a review of the existing information on the site, then solicited and reviewed new content. Any NASS member with a current disclosure form on file may create and submit content for consideration for this patient education site.

At the Annual Meeting, the Committee held a joint meeting with the Public Affairs Committee to assess the current state of the site and to brainstorm ways to make the site friendlier for both physicians and patients. The Committees will be pleased to welcome animations, iPad/mobile functionality, an updated “Find a Spine Care Provider” function and broader overall content in 2011.

The top-selling patient education brochures of 2010 were:

- Injections
- Herniated Lumbar Disc
- Stenosis
- Adult Isthmic Spondylolisthesis
- Herniated Cervical Disc



Top-selling patient education brochures

# SPINE EDUCATION & RESEARCH CENTER

2010 saw major improvements—particularly in customer service, client outreach and competitive pricing—for the Spine Education & Research Center (SERC). New personnel and processes were brought in to streamline the booking process. Combining staff from laboratory management, meeting services and accounting made it simpler for clients to hold a course, demonstrate products or conduct research. In addition, the turnaround time on providing a potential client a quote is one of the best in the industry.

Staffing SERC in this manner provides for a convenient “one-stop shopping” experience for clients. This ease of planning, quick turnaround time and a high-tech, beautifully appointed facility led to an increase in utilization of the facility in 2010. While SERC enjoys a steady stream of return customers, it is also attracting many new clients through its increased visibility and excellent reputation.



SERC provides opportunities for health care professionals to experience the latest in hands-on and didactic education.

# DONOR RECOGNITION

## **SPINE RESEARCH ENDOWMENT FUND**

(November 1, 2009–  
August 13, 2010)

### **President's Level Giving Club (\$25,000+)**

Hansen A. Yuan, MD

### **Founder's Level (\$20,000–\$24,999)**

Estate of George and Opal  
Edwards  
Volker K.H. Sonntag, MD

### **Gold Level (\$2,500–\$9,999)**

Ray M. Baker, MD

### **Silver Level (\$1,000–\$2,499)**

New York Community Trust—  
James Talcott Fund

### **Bronze Level (\$1–\$999)**

Ralph C. Gaillard Jr.  
Daniel E. Gelb, MD  
Philip M. Maurer, MD  
Gregory R. Misenhimer, MD  
Mark J. Ruoff, MD  
Scott G. Tromanhauser, MD, MBA  
Emily Yu, MD

## **PARTNERS IN SPINE: RESEARCH CONTRIBUTORS THROUGH THE ORTHOPAEDIC RESEARCH AND EDUCATION FOUNDATION**

(November 1, 2009 -  
August 13, 2010)

Todd J. Albert, MD  
Paul A. Anderson, MD  
Gunnar B. Andersson, MD, PhD  
Marc A. Asher, MD

Sushil Basra, MD  
David T. Bortel, MD  
Norman B. Chutkan, MD  
Craig A. Dopf, MD  
Thomas L. Dopson, MD  
Thomas J. Dowling, MD  
Erenest M. Found, MD  
Paul T. Geibel, MD  
Thomas F. Gleason, MD  
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Each year, awards are presented at the NASS Annual Meeting to individuals who were nominated for their outstanding contributions to NASS and the field of spine care. These awards are named for founding members of NASS who not only made outstanding contributions to the field of spine care and research, but also played key roles in the early success of NASS.

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### Serena S. Hu, MD, San Francisco, California

The David Selby Award, given to a NASS member who has contributed greatly to the art and science of spinal disorder management through service to NASS.

### Alexander R. Vaccaro, MD, PhD, Philadelphia, Pennsylvania

The Leon Wiltse Award, to recognize excellence in leadership and/or clinical research in spine care.

### Narayan Yoganandan, PhD, Milwaukee, Wisconsin

The Henry Farfan Award, to recognize outstanding contributions in spine-related basic science research.

## RESEARCH GRANTS

Each year, NASS awards research grants to applicants with the highest-quality spine-related submissions. Funding is available for general research grants, young investigators and nontraditional, nonsurgical treatment. The 2010 research grant application netted 151 letters of proposal. Ultimately, three grants and two fellowships were funded for a total of \$160,519.00.

- **Grant (Basic):** Stem Cell Based Intervertebral Disc Regeneration-Evaluation in Organ Culture  
Primary Investigator: Mauro Alini, PhD
- **Grant (Translational):** In Vivo Intervertebral Disc Regeneration Using Human Umbilical Cord Blood Stem Cell Derived Chondrogenitors  
Primary Investigator: Mick Perez-Cruet, MD, MS
- **Grant (Translational):** Treatment of Disc Degeneration by Nano-Fullerenes  
Primary Investigator: Xudong Joshua Li, MD, PhD
- **Clinical Traveling Fellowship:** Andrei Kuzmin, MD (Russia)
- **Clinical Traveling Fellowship:** Manish Chadha, MS (India)

## OUTSTANDING PAPER AWARDS

NASS created the "Outstanding Paper Awards" in 1989 to recognize excellence in unpublished spine care research, taking into consideration three major disciplines: basic science, surgical science and medical and interventional science. *The Spine Journal* recognized three papers in a presentation at the 2010 Annual Meeting. The winning manuscripts were published in the December 2010 issue of *The Spine Journal*.

### Outstanding Paper: Basic Science—Cannabinoid subtype-2 receptors modulate the antihyperalgesic effect of WIN 55,212-2 in rats with neuropathic spinal cord injury pain

Mostafa M. Ahmed, BA; Sharad Rajpal, MD; Clayton Sweeney; Tiffany A. Gerovac, BA; Bradley Allcock; Shannon McChesney; Ami U. Patel; Jessica I. Tilghman, BS; Gurwattan S. Miranpuri, PhD; Daniel Resnick, MD, MS

### Outstanding Paper: Surgical Science—Total disc arthroplasty does not affect the incidence of adjacent segment degeneration in cervical spine: results of 93 patients in three prospective randomized clinical trials

Ajay Jawahar, MD, MS; David A. Cavanaugh, MD; Eubulus J. Kerr III, MD; Elisa M. Birdsong, BS; Pierce Nunley, MD

### Outstanding Paper: Medical and Interventional Science—The Chiropractic Hospital-based Interventions Research Outcomes (CHIRO) Study: a randomized controlled trial on the effectiveness of clinical practice guidelines in the medical and chiropractic management of patients with acute mechanical low back pain

Paul B. Bishop, DC, MD, PhD; Jeffrey A. Quon, DC, PhD, FCCSC; Charles G. Fisher, MD, MHSc, FRCSC; Marcel F.S. Dvorak, MD, FRCSC



2010 Research Grant Awards presentation, left to right: Gregory J. Przybylski, MD; Michael Heggeness, MD, PhD; Adam Shimer (accepting on behalf of Xudong Joshua Li, MD, PhD; Mauro Alini, PhD; William Watters III, MD; Daniel K. Resnick, MD, MS; Ray Baker, MD.

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# FINANCIALS

CONSOLIDATED STATEMENTS OF FINANCIAL POSITION		
ASSETS	2010	2009
<b>Current Assets</b>		
Cash and cash equivalents	\$ 7,437,140	\$ 6,087,342
Investments—unrestricted	3,511,117	3,223,948
Accounts receivable	136,625	218,700
Pledges receivable—net	179,444	199,117
Other receivables	131,486	48,438
Prepaid expenses	175,076	172,827
Inventory	102,866	94,782
<b>Total Current Assets</b>	<b>11,673,754</b>	<b>10,045,154</b>
Long-term pledges receivable—net of discount	263,804	435,644
Net property and equipment	12,969,991	13,675,446
Bond issue costs—net of amortization	178,433	186,863
Investments—permanently restricted	1,771,527	1,618,080
<b>Total Assets</b>	<b>\$ 26,857,509</b>	<b>\$ 25,961,187</b>
<b>LIABILITIES AND NET ASSETS</b>		
<b>Current Liabilities</b>		
Accounts payable	\$ 215,214	\$ 574,263
Accrued expenses	828,902	495,233
Deferred revenue	1,609,291	1,404,093
Current portion of bonds payable	700,000	700,000
<b>Total Current Liabilities</b>	<b>3,353,407</b>	<b>3,173,589</b>
<b>Long-Term Debt</b>		
Bonds payable	11,100,000	11,800,000
Interest rate swap agreement liability	478,795	714,462
<b>Total Liabilities</b>	<b>14,932,202</b>	<b>15,688,051</b>
<b>Net Assets</b>		
Unrestricted	9,018,851	7,690,242
Temporarily restricted	1,134,929	964,814
Permanently restricted	1,771,527	1,618,080
<b>Total Net Assets</b>	<b>11,925,307</b>	<b>10,273,136</b>
<b>Total Liabilities and Net Assets</b>	<b>26,857,509</b>	<b>\$ 25,961,187</b>

## FINANCIALS

CONSOLIDATED STATEMENTS OF ACTIVITIES	Unrestricted	Temporarily Restricted	Permanently Restricted	Total
<b>Income</b>				
Dues and fees	\$ 2,249,720	\$ -	\$ -	\$ 2,249,720
Sales of publications and advertising	338,730	-	-	338,730
Contributions and sponsorships	518,421	247,122	153,447	918,990
Annual Meeting & educational programs	7,461,541	-	-	7,461,541
Investment income	268,179	214,444	-	482,623
Rental income	491,828	-	-	491,828
Royalties	190,988	-	-	190,988
Miscellaneous	41,107	-	-	41,107
Net assets released from restrictions— satisfaction of program restrictions	291,451	(291,451)	-	-
<b>Total Income</b>	<b>11,851,965</b>	<b>170,115</b>	<b>153,447</b>	<b>12,175,527</b>
<b>Operating Expenses</b>				
Program services				
Member services	1,041,152	-	-	1,041,152
Publications	1,200,866	-	-	1,200,866
Grants and awards	110,519	-	-	110,519
Research and scientific affairs	746,926	-	-	746,926
Annual meeting and education	3,641,841	-	-	3,641,841
Advocacy	915,898	-	-	915,898
Spine Masters Institute	1,058,278	-	-	1,058,278
Total program services	8,715,480	-	-	8,715,480
Management and general	1,757,733	-	-	1,757,733
Fundraising and development	285,810	-	-	285,810
<b>Total operating expenses</b>	<b>10,759,023</b>	<b>-</b>	<b>-</b>	<b>10,759,023</b>
<b>Operating income</b>	<b>1,092,942</b>	<b>170,115</b>	<b>153,447</b>	<b>1,416,504</b>
<b>Unrealized gain on interest rate swap agreement</b>	<b>235,667</b>	<b>-</b>	<b>-</b>	<b>235,667</b>
Change in net assets prior to net asset reclassification	1,328,609	170,115	153,447	1,652,171
Net asset reclassifications	-	-	-	-
<b>Change in net assets</b>	<b>1,328,609</b>	<b>170,115</b>	<b>153,447</b>	<b>1,652,171</b>
Net assets, beginning of year, as restated	7,690,242	964,814	1,618,080	10,273,136
<b>Net assets, end of year</b>	<b>9,018,851</b>	<b>1,134,929</b>	<b>1,771,527</b>	<b>11,925,307</b>

## FINANCIALS

CONSOLIDATED STATEMENTS OF CASH FLOWS	2010	2009
<b>Cash flows from operating activities</b>		
Change in net assets	\$ 1,652,171	\$ 3,148,201
Adjustments to reconcile change in net assets to net cash provided by operating activities:		
Depreciation and amortization	986,109	971,508
Unrealized gain on investments	(294,596)	(682,274)
Gain on swap interest rate	(235,667)	(142,656)
Decrease (increase) in assets		
Receivables	190,540	238,139
Prepaid expenses	(2,249)	41,063
Inventory	(8,084)	470
Increase (decrease) in liabilities		
Accounts payable	(359,049)	183,286
Accrued expenses	333,669	178,242
Deferred revenue	205,198	15,732
<b>Net cash provided by operating activities</b>	<b>2,468,042</b>	<b>3,951,711</b>
<b>Cash flows from investing activities</b>		
Proceeds from sale of investments	1,881,666	2,716,208
Purchase of investments	(2,027,686)	(3,213,538)
Purchase of property and equipment	(272,224)	(157,936)
<b>Net cash used by investing activities</b>	<b>(418,244)</b>	<b>(655,266)</b>
<b>Cash flows from financing activities</b>		
Payment on bonds	(700,000)	-
<b>Net cash used by financing activities</b>	<b>(700,000)</b>	<b>-</b>
<b>Net increase in cash and cash equivalents</b>	<b>1,349,798</b>	<b>3,296,445</b>
Cash and cash equivalents, beginning of year	6,087,342	2,790,897
Cash and cash equivalents, end of year	7,437,140	6,087,342
<b>Supplemental Information</b>		
Unrelated business income taxes paid	52,903	-
Interest paid	695,347	\$ 586,289