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## FROM THE DESK OF THE PRESIDENT

# 2003-2004: A Year of Maturation for NASS

In 2005, we will celebrate our 20<sup>th</sup> anniversary as a society. The modern 20<sup>th</sup> anniversary event is celebrated with platinum, a precious metal used to make no less a precious commodity than surgical instruments. NASS' 20-year voyage and very particularly our passage through this last year, is well deserving of a "platinum" celebration! We have survived the growing pains of our inception through our own adolescence to arrive where we are today, a matured society of multidisciplinary composition focused on advancing excellence in patient care, education and research. The success of this very important year of maturation was built on the work and shoulders of those persons who have contributed to the progress of NASS over the last two decades. Highlights of some of this last year's challenges and "adventures" are recounted below.

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### SCRUBBs

One of the joys and personal rewards of this year was to be part of the formation of Spine Care Relief United Beyond Borders (SCRUBBs) to respond to natural disasters and provide spine care in underdeveloped regions of the world and the US.<sup>1</sup> SCRUBBs was born out of past inquiries to NASS from those of you seeking to participate in humanitarian missions and prior mission experience by NASS members, including recent trips to the Dominican Republic by a team of colleagues and me.<sup>2,3</sup> Eric Muehlbauer, Executive Director of NASS, joined me on a humanitarian trip to the Dominican Republic and has been instrumental in structuring a clearinghouse at NASS that will facilitate planning on both sides of future SCRUBBs missions. Eric has also provided for coordination with the newly formed World Spine Society ([www.worldspine.org](http://www.worldspine.org)) and represents the US on their board. SCRUBBs is a very exciting extension of our

own mission at NASS and positions us to respond quickly and effectively to domestic and global humanitarian needs. We could hardly find a better way to honor the Decade of the Spine (2001-2010).

### THE PRESS CHALLENGE

The end of 2003 and early months of 2004 were partly taken up navigating a public media challenge that questioned how spine care is performed in this country and attempted to cast doubt on several indications and applications of spine surgery, as well as to criticize the cost of some spine procedures—articles in no less a prominent newspaper than the *New York Times*.<sup>4,5</sup> As well, in early 2004, an article appeared in the medical press, the *New England Journal of Medicine (NEJM)*, challenging the indications for fusion surgery in degenerative spinal conditions and the value of implants.<sup>6</sup>

In the past, NASS has been somewhat more reactive than proactive in response to controversial print and media coverage of spine care. Part of this year's maturation process, therefore, has been to take a proactive position as well as a strong stand in addressing controversial issues and communicating to the public the realities and the benefits of spine care. Our detailed response to the 2003 *New York Times* article is published on our NASS Web site<sup>7</sup> and in *SpineLine*<sup>8</sup>; direct venues to the membership and those with a personal or professional interest in spine care management. For the 2004 *NY Times* article, NASS had an opportunity—and took that opportunity—to provide a quote for contrasting comment to the article's agenda topic.

A detailed, comprehensive response to the 2003 *NEJM* article appears in the September/October 2004 issue of *The Spine Journal*.<sup>9</sup>

We learned a great deal from actively addressing the questions raised by these articles and are now better prepared to speak to spine

management issues in the public arena. We are also more alert to the need to keep the public informed on an ongoing basis of progress in spine care. As well, it is clear the debate on spine management has escalated within the medical press. These publications raise clinical and cost issues about which NASS must stay abreast, pursue in the public and medical press and continue to have a strong participatory role in the future.

Because dedicated attention and coordination are needed to accomplish a higher education effort, NASS has made, this year, two very important additions to its liaison and education efforts. Marjorie Eskay-Auerbach, MD, JD, (co-chair of the Member Services Council) has been appointed as head of a Task Force on Public Education/Relations, and an experienced and knowledgeable public relations firm has been hired to assist in our efforts to inform the media and the public about spine care issues.

Meetings are another important venue. An integral part of this maturation process was development of the symposium "Controversies in Lumbar Spine Surgery" at our 18<sup>th</sup> Annual Meeting in 2003 that devoted time and debate to low back pain.<sup>10</sup>

More needs to be done but these critical actions plus our Web site, journal and meeting responses are certainly important and coordinated first steps to an all-fronts approach!

### **THE SPINE JOURNAL – ITS FUTURE**

The successes of Tom Mayer and his guidance of *The Spine Journal* have recently been extolled in my last "From the Desk of..." message.<sup>11</sup> Tom's retirement from *The Spine Journal* will finally allow him to pursue long awaited other goals and the *Journal* will continue to build on his inestimable leadership. Toward the future of the *Journal*, considerable time and energy has been spent this year on the structure and rotation schedule of new editors and to ensure a continuous infusion of fresh energy that utilizes the talents of the broad base of our members. No individual better epitomizes a synthesis of these qualities than Charles L. Branch, Jr, our Deputy

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Editor for Neurosurgery at *TSJ* since its birth. Charlie hails from Winston-Salem, NC, has a genuine southern drawl to prove it and leads a successful double life as a prominent neurosurgeon and an indefatigable Deputy Editor. He has contributed to NASS in many other important ways through the years — on Guidelines panels, the Fix the Formula project, our Spine Across the Sea committee and as a generous donor to our Research Funds. He is not only admired for his well proven editing talents and enthusiastic and creative energies, but for a "mysterious complex of skills" that I have personally witnessed hone in and pull from a knotty problem a perfect solution! Welcome to the top spot, Charlie! Your dedication to *TSJ* not only brings needed continuity for the handing off to new leadership, but confidence that the *Journal's* future is in extraordinarily skilled hands. We are so fortunate to have you as the Editor for *The Spine Journal* for the next four years!

### **EXPANDING ADVOCACY**

An event that furthered our maturation process and that will continue to support and structure our development took place this March when a representative group of NASS' Board of Directors met in Washington, DC with the Centers for Medicare and Medicaid Services (CMS) to discuss our concerns on broad spine care related issues. I believe that an important beginning to a long-term working relationship between NASS and CMS was established.

Our advocacy efforts have continued to progress. Not only did we have our most successful year ever with our lobbying efforts in Congress, but we also had a successful "fly-in" joining leaders of the Alli-

ance of Medical Specialties who met with important Congressional leaders such as Bill Frist and John McCain. These meetings positively impacted the three major areas of maturation critical to our ability to render first rate medical care: (1) our continued growth internally as a lobbying force in Washington; (2) our partnership with other effective medical lobbying efforts; and (3) most important, the growing realization by our membership that it is possible to convey our concerns at the federal level and that we need to dig deeply into our pockets to help sustain these efforts.

### **CODING AND NEW TECHNOLOGIES**

Lastly, I want to touch on the successful labors of NASS to become more active this year in the development of coding and reimbursement policies for new technologies. The number of new procedures available and under development in the field of spinal surgery has grown rapidly in the past decade. Each of these new procedures requires a specific coding recommendation to facilitate usage on a routine basis. Without this convention, most new technologies are coded as an "unlisted procedure." Submission of insurance claims then requires letters of justification, operative notes and individual review — burdens to both office billing staff and insurance carriers. Reimbursement is delayed and patient access to the latest developments in spine care may be hindered. NASS' expanded activity into coding and reimbursement policy for new technology will help us in very practical ways: simplify billing, assist in the development of national reimbursement policies and speed physician payment. In addition, these activities will further establish the society's professional stature and commit-

ment to excellence.

The coding of new procedures is handled by NASS nonoperative and operative coding committees. The committees consist of experienced spine care specialists representing NASS from a variety of geographic regions, specialties, and practice patterns. Membership is rotated every three years and NASS members are encouraged to volunteer and participate. In addition to their knowledge and experience in the field of spine care, committee members are experts in the AMA, CPT, RUC and CMS coding process. They contribute hours of their time to: (1) learning and teaching the details of spinal coding and reimbursement; (2) answering member questions; (3) reviewing coding proposals; (4) attending CPT, RUC and PEAC meetings; (5) working with other societies to develop consensus; and (6) lobbying insurance carriers, CMS and Congress to improve spine coding and reimbursement for the benefit of patients and the NASS membership.

Several coding options are available within the CPT process which can be employed by the nonoperative or operative coding committee:

1. an editorial change to an existing code to incorporate the new technology
2. a category I CPT code
3. a category III CPT code

Option one is used when the procedure and physician work required are similar. The second and third options create new codes for unique procedures through a complex process directed by the AMA with input from all medical societies, the government and private insurers. The AMA has defined a minimum set of criteria necessary for a category I or III code. As technologies flourish, our health care system's ability to pay for them is increasingly challenged. Currently, as well as in the future, our task will be to critically assess new technologies and develop methods to select those procedures most beneficial to our patients. Strict standards of efficacy are increasingly required.

NASS has developed and uses a more rigorous set of criteria for a category I code that more specifically delineates the quality of the scientific evidence required than

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those of the AMA. In addition, increasingly, the AMA/CPT panel and private insurers are examining the cost and benefit of new technology. High-priced procedures are now subject to a more intense review and higher standards of evidence. CMS has challenged medical societies to develop methods to assess the cost and benefit of all new technology. The NASS Board is very aware of the issues of increasing health care costs and new technology, and supports critical analysis of cost factors in the assessment of these technologies.

The NASS coding committees spend significant time and effort following and discussing evolving technologies. They perform extensive literature reviews and consult with experts from the scientific community. New code proposals are discussed with other societies and consensus is sought. Final recommendations by the committee are sent to the NASS Board of Directors for review and approval.

NASS has earned a respected reputation with the AMA, CMS and many private insurance carriers for its meticulous and creative work in the field of coding and reimbursement. These efforts benefit both members and our patients. We should be proud and appreciative of a new level of NASS member participation this year in establishing and keeping up to date these essential coding and reimbursement norms.

### THE WORK CONTINUES

As NASS emerges from its “formative growth” years—years of a special energy and focused excitement, it is entering a new phase as a mature society, that is, accomplished and focused on well formulated goals and advancing its participation on new fronts. And the latter will keep us young! NASS has shown a special strength of character this year. We can celebrate with pride our 20<sup>th</sup> “platinum” year, knowing that like that precious metal, our own

mettle has been well-tested and found to be resilient and strong. Our hard work has paid off, and I leave this “desk” grateful for the wonderful assistance I have received from the NASS staff, the NASS Board and each and every committee member who contributed their time and efforts this year—all colleagues exemplar! More maturation will occur and there will be more opportunities for “mettle” testing. NASS will continue to flourish because of the dedication, enthusiastic energy and intelligence of its volunteer workers and leadership. Yes, it's been a year of maturation and I include myself as having been improved as well! So, the new and improved Tom Errico very much looks forward to working as hard (well, almost as hard!) for our next NASS president as I worked for this one! Our future is bright! See you at the Chicago meeting!

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