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## FROM THE DESK OF THE PRESIDENT

# Looking Back to the Future

“It’s déjà vu all over again.”

– Yogi Berra, former Yankee catcher and philosopher.

As I read through the recap of the North American Spine Society’s first 20 years<sup>1</sup> it occurred to me how insightful and visionary many of our founding presidents and leaders of this organization were as they took on the issues of their day to make our society what it is today. NASS’ mission has always been to advance quality spine care for our patients through education, research and advocacy. Looking back on the previous 20 years reveals the great strides we have made as well as the many important issues we still have to face. Indeed, some of the original challenges have morphed into modern day equivalents.

As I begin my term as the 21st President of NASS, I want to share with you the important issues we all will face and project what I hope to accomplish this year. The issues I will discuss are presented as a call to members for their thoughts and input. Speaking for the NASS Board of Directors, we want, we encourage and we need your input to tackle these issues.

### Regulations and Reimbursement

Twenty years ago the buzz words were HMOs and managed care. They were to be the vehicles that would decrease the escalating costs of health care. The so-called Clinton Health plan was going to solve some of the problems of the uninsured and keep our medical system solvent. Well, we know that those things didn’t work out quite as planned. So we evolved into evidenced-based medicine (EBM) which is a wonderful way to base treatment when adequate randomized, double-blind, placebo controlled, clinically relevant, non-conflict of interest studies are undertaken and completed.

Based on Smith and Pell’s tongue-in-cheek analogy, the relative value of EBM has been exposed when we decide whether or not to put on a parachute when jumping from a plane.<sup>2</sup> Because EBM has not been able to provide all of the answers to practical treatments, Washington has come up with new buzzwords: pay for performance (P4P). Every medical society and all interested parties are investigating the impact of P4P. These are standards considered to be a means for rewarding physicians for providing higher quality care to their patients. How quality is defined is still being debated. The stated government goals for P4P include developing performance measures that are specialty specific—continually updated to keep pace with the ever-evolving science of medicine—and risk stratification.

With respect to Medicare payments to physicians, legislation appears to be moving forward to postpone, at least for one more year, Medicare reimbursement cuts to physicians as long as P4P initiatives are instituted. In the long run, the measures are designed to decrease health care spending. We need to be at the P4P table as these measures are developed and implementation takes place. NASS is committed to devoting the resources necessary to make sure we are at the cutting edge of P4P’s evolution. These are complicated issues that will require much manpower and experience. If you have had experience in your practice, or with other organizations, with P4P, let us know. We will continue to support—through our advocacy efforts—quality spine care.

### Conflicts of Interest

Compared to 20 years ago, the issue of conflicts of interest has come front and center in many

fields of medicine, both in the area of medical research and as it relates to consulting arrangements with industry. Public trust in "science," as it is now published, is often questioned and severely scrutinized.

Continuing medical education standards are more exacting with stronger requirements for speaker disclosures, more balanced panels, appropriate reimbursement for course faculty, etc. NASS has been seriously scrutinizing what constitutes conflicts of interest and how they can be managed in the most open and transparent way in order for the organization to continue to grow responsibly and maintain the trust and respect of patients, payers and the government. Comments submitted by meeting participants in course evaluations over conflicts of interests of speakers have been addressed. This conflict of interest question has recently been put to the test as a NASS board member accepted a full-time position with a spine industry company. I realize that one of the strongest positive forces that has moved this organization forward over the last two decades has been associations with industry. How to balance what is in the best interest of the patient and avoid undue, or even perceived, self-interest will be the goal. Over the next year, NASS must develop a policy regarding conflicts of interest that is fair, transparent, and serves our patients and members in the most effective way. We are aiming to exceed the expectations of our detractors and set a standard for other societies to emulate. We will want to hear your input on this matter also. It is important that the membership is solidly behind our actions.

### Membership

NASS has grown from a few hundred spine surgeons to a large multispecialty organization with the primary purpose of facilitating the best, most comprehensive care for delivery to patients served by our members. We are the organization that represents all spine practitioners. It was John Kostuik in

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his presidential speech in 1992 who noted that senior members of the executive committee of NASS were in agreement that NASS "should be the umbrella, the leader, the academy of spine care, enveloping all people interested in providing scientific and valid spine care." As NASS has grown over the past two decades, our membership now includes over 1000 (approximately 25% of membership) nonoperative spine physicians, PhDs and therapists.

A major bylaws change will be submitted to the membership later this year allowing full membership to chiropractic doctors who have undertaken advanced training. Although seemingly a radical move, years of discussion and thought have gone into this recommendation. As Leon Wiltse said in his inaugural presidential address in 1985, "the explanation given as to how much manipulation works might be quite wrong by our lights, but chiropractors must be doing something right, or ten million people a year would not be filling their offices. We need to at least learn from them." It is necessary to evaluate what scientific evidence is available and what role chiropractic fills in our medical system in treating low back pain; NASS must be proactive on these issues or it will be viewed as a society that is self-serving. Every member will have the opportunity to voice their opinion with a vote on this bylaws change.

### Professionalism

Many of our previous NASS presidents have spoken about professionalism, particularly the obligation to our patients and to our colleagues. This has been a universal

tenet of medicine forever. Over the last five years, NASS has developed an Ethics Committee and established guidelines for proper conduct for professional expert witness testimony. Over the next few months, the first such cases that have been brought to the Ethics Committee will be decided upon. NASS is encouraging and stipulating professional actions that are in accordance with these guidelines in courtrooms and in medical offices. NASS has an obligation to our members and their patients to protect those rights.

One constant over the past 20 years is the dedication of the members, the staff and the leadership of this organization to take on the new challenges. As the NASS vision statement says: "Quality spine health for all." Our predecessors have taught us well. We will continue to stand on the shoulders of these giants so that we can see the distant horizons and challenges that we will face. Your input will be solicited to help tackle these new challenges in advancing quality spine care.

### References

1. *1985-2005: North American Spine Society: Celebrating 20 Years of Progress in Spine Care*. LaGrange, IL; North American Spine Society; 2005.
2. Smith GCS, Pell JP. Parachute use to prevent death and major trauma related to gravitational challenge: systematic review of randomised controlled trials. *Br Med J*. 2003;327:1459-1461.