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## FROM THE DESK OF THE PRESIDENT

# Houston, We (the Medical Profession) Have a Problem!!!

**N**ot a week goes by when physicians are not in the news. Sometimes it is good news about breakthroughs in the treatment of various diseases, but more often it is derogatory coverage regarding the overall care of the US public, physicians in the limelight for dubious and unethical practice, or drug companies' influence on young doctors and medical students. We are now under the microscope whether we like it or not. And only we are to blame.

I recently overheard one of my colleagues having a conversation with a young college student trying to dissuade him from going into medicine. Why? Economic pressures, loss of autonomy, government regulations and diminishing reimbursements were the reasons he cited. I questioned this as I still feel—and hope that the majority of you still feel—that medicine is one of the most rewarding professions one can go into today. Helping to improve the quality of life of a single patient is a noble endeavor and I am never more touched than by a handwritten note or handmade gift from a patient expressing that gratitude for what I have done!

So how did we get here? Part of it was passivity and the fact that medicine has been a cottage industry, meaning that we were and still are piece workers competing against each other. Michael Porter, in his book *Redefining Healthcare*,<sup>1</sup> chronicles the evolution of the economics of health care. We are unique in that, despite rising costs, our quality of health as a nation lags behind other countries spending far less of their GDP. Unlike other industries that keep improving the quality of their products and services and selling them for less

because of competition, physicians continue to compete with each other trying to get the competitive edge to take a greater piece of the health care dollar without proving the quality/outcome of our individual practices. The same competitiveness holds true for medical device and drug companies.

Unfortunately, while the insurance industry and government were gathering data on us, we were too busy running our shops. We took our last test when we passed our boards and proceeded to take the required CMEs and recertification once or twice a decade. But what have we done to improve our quality of care? Despite the fact that we spend more on health care than any other country, we sadly are not at the top of the list. Yes, we have great technology and it is not cheap. Have we practiced smart medicine? Maybe not? And perhaps too often we have practiced more art than science. We really don't know how good a doctor we are. Yes, we may look to our volume of patients, the number of referring physicians, awards, etc. But what benchmarks do we have to compare our practice to anyone else's?

If we do not take a proactive stance, there are others that are more than willing to do this for us. For example, Health and Human Services Secretary Mike Leavitt has recently suggested "a scorecard" showing the care and cost of treatment that hospitals or physicians provide that could help transform our health care system. He also suggested that the federal government will urge private insurers and employers to help develop these scorecards to help patients make informed choices. Why shouldn't we physicians develop such a scorecard? Herein lies the problem.

Evidence-based medicine and practice

guidelines are the new buzz words. Slowly we are seeing the development of these. The Society of Thoracic Surgery, however, has been keeping a registry since the early 90s. As a result, they can advise as to appropriate treatment and remain influential in making the score-cards. They have created benchmarks and outcome data. They have been able to publish more than 40 articles over the last 12 years. They HAVE THE DATA. Recently I have been made aware of other registries.

One of my goals this year for NASS is to start the development of a registry so that our members can track their outcomes and begin to practice quality improvement in spine care. It will not be easy, but this can be the single most important thing we can do for our patients and for the preservation of physician control of the practice of medicine.

We have a wonderful profession and I would not ever choose to do anything else. We live in a paradoxical time in which the science of medicine is leaping forward at warp speed, but we have the burden of economic pressures to keep the cost down. I believe that we can be successful in preserving the practice of medicine provided we all begin to look and compare our practices with benchmarks.

As we prepared for a presentation to the Medicare Coverage Advisory Committee (MCAC) in November, we brought together six societies: NASS, American Academy of Orthopaedic

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Surgeons, American Association of Neurological Surgeons, Congress of Neurological Surgeons, Spine Arthroplasty Society and Scoliosis Research Society. We were able to present an excellent critical review of the literature supporting the use of fusion for low back. This process showed how communication and cooperation of multiple societies can produce stronger and more credible results than when each is acting alone. Physicians must work together and not against each other. This effort also impressed upon me more than ever the need for all spine physicians to collect data and practice the best possible evidence-based medicine. It was even suggested by one of the members of the MCAC committee that spine physicians should develop a registry to help answer some of the critical questions with regard to the effectiveness of fusions. BINGO!

NASS has many exciting things happening this coming year. Our Spine Masters Institute will open in the spring and promises to be the most advanced high tech training center in the country.

With our new headquarters, our goal is to create a "spine campus" by inviting other societies to join us in our new and spacious facility. This will encourage communication, allowing a cooperative and faster response to critical issues affecting our patients and our practice of medicine. This may also allow societies to lower overhead by utilizing common administrative services while keeping their autonomy.

It will be a busy year and the key concepts will be COMMUNICATION, COOPERATION and QUALITY IMPROVEMENT BASED ON DATA COLLECTION for our members and patients. Oh yes, Houston, we do have a problem, but being a motivated, goal-oriented profession with very bright minds, NASS and its members will rise to the occasion!!!

### Reference

1. Porter M, Teisber EO. *Redefining Health-care: Creating Value-Based Competition on Results*. Boston, MA: Harvard Business School Press; 2006