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FROM THE DESK OF THE PRESIDENT

Float Like a Butterfly, Sting Like a Bee

The 2008 Summer Olympics begin in August, and I am reminded exactly how much being president of an amazingly valuable organization like NASS requires an athlete's energy and stamina. I could easily craft an analogy based on my experience in triathlons—strength, endurance, energy system specific training—but instead, the analogy that calls out to me is not one that defines any particular individual's role in NASS, but NASS' role in the field of spine care. NASS has in some ways become a victim of its own success. Our growth is a good thing in itself, but presents new and exciting challenges.

In the world of boxing, athletes must keep a close watch on their size in order to stay within (or attain, in some cases) a narrowly defined weight class: most classes span only four or five pounds. Smaller (featherweight, flyweight) boxers are quick on their feet, whereas heavyweights are considered slower but more powerful. Muhammad Ali changed that stereotype—as a light-heavyweight, he stunned crowds and his competition with his ability to execute fluid, dancelike movements despite his size. Ali's ability to “float like a butterfly, sting like a bee” won him an Olympic Gold Medal, not to mention countless other legendary victories.

For years, NASS was the small, scrappy, bantamweight organization that, because of its relatively small size, could respond quickly to an increasingly demanding system of health care. As we've grown in size to our current membership of nearly 5,000, we've also grown in stature, infrastructure, programming and audience, the combination of which enhances our potential ability to influence the field in order to accomplish our goal of ensuring quality spine care for patients. One of the inherent disadvantages to

growth, however, is that large entities—like heavyweight boxers—tend to move more sluggishly. These organizational behemoths tend to engender more and more “red tape” before taking action and utilize specialized leadership to spearhead individual subject areas. In the midst of all this, a large organization is sometimes so busy “taking care of business” and moving forward that it forgets to check its peripheral vision, neglecting to let its members know what it has done for them lately. NASS isn't yet so large that it can't learn to change, but we have moved into the welterweight division, and as such, we have become less maneuverable. We used to say with pride that NASS could turn on a dime in response to a new issue. Now that we are larger, we are forced to devise new moves so that we can continue to respond with the reflexes of the smaller organization we once were.

During the strategic planning sessions I mentioned in previous issues, the Board of Directors noticed that many of the aforementioned large-society plagues had begun to affect NASS and its councils. There was an increasing awareness by the Board that NASS was in danger of losing relevance: while we were doing literally hundreds of projects, we often weren't having the outcome that we had hoped for. You may remember a scene in *Indiana Jones and the Raiders of the Lost Ark* where the crowd in a congested marketplace parts to reveal a black-robed assassin challenging Indiana Jones to a knife fight. The assassin spends a full minute twirling his scimitar around and around like a baton, an evil grin across his partially hooded face, in order to intimidate our hero from 20 feet away. The audience expects another impressive display of Indiana Jones' hand-to-hand combat skills, but half-

way through the assassin's knife-wielding acrobatics, Jones gets fed up and simply pulls out his pistol and shoots him. I hate to say it, but NASS was starting to look a lot like that assassin: there was always a flurry of activity, but often there was little to show for it. For example, despite our being heavily invested in the AMA, CPT and RUC processes, we found that we were becoming increasingly unable to positively influence the decisions that payors had regarding reimbursement for spine procedures, new technologies, techniques and interventions. In terms of internal PR, we also have seen that despite being one of the leading medical societies regarding our disclosure and ethics policies and initiatives, we have not been as effective as we would like at getting that word out. Rather than concentrating on quantity of activity like that knife-wielding assassin, it would be far better to conserve energy for what matters most and, like Indiana Jones, knock out each goal with one well-aimed shot.

As part of our structural review we also came to recognize that our committee structure was not as effective as it could be. We were having trouble eliciting the work product we desired from the committees. We identified that this was largely because of insufficient communication pathways going in both directions between the Board and the committees in addition to a lack of understanding by the committees of NASS's long term strategy. The overall mission and strategy of NASS was being lost at the committee level, in part because we did not have a central operating principle (COP) (what we referred to previously as a hedgehog con-

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cept) to guide our decision-making within NASS. Each individual committee was working on its own piece of the puzzle with blinders on, not knowing what the overall goal was or where their puzzle-piece fit into the larger picture. Without a COP, it was up to the Board to stimulate projects that ought to be pursued and to deflect (and reject) projects proposed at the committee level that were outside our COP. The Board hadn't adequately shared its vision with the committees, so the committees were insulated in their separate councils which were operating as individual entities rather than as a collaborative, cohesive unit. The Board was getting pulled into too many committee-level projects, having trouble both staying on task and making decisions regarding where we needed to go.

In an effort to make NASS more relevant to those entities surrounding us (payers, the government, patients, our membership and committees), we felt we needed to streamline our operations. The first step in that process was the strategic planning I mentioned earlier this year, and then the jettisoning of over 60 separate projects that were outside of our new

"hedgehog" (see President's Message, Jan/Feb 2008) or COP. The next phase of this rethinking of the society's modus operandi is a restructuring not only of the projects, committees and councils, but of the Board itself. We are looking at several models of arranging the leadership as well as committee structure to ensure a more relevant NASS.

NASS is an amazingly valuable organization and the Board is committed to harnessing its full potential. To do so will require change. All of these changes will need to be reflected in our bylaws and, as such, will be brought before the NASS membership for a vote during a business meeting at the Annual Meeting in Toronto. You will be sent details of this potential reorganization far in advance of that vote so that you can educate yourself on the proposed changes, ask questions, and truly participate in this exciting evolution to a more relevant, responsive NASS that successfully fosters quality spine care for patients. Not only do we want to go from "Good to Great," but to say we are, like Ali, "The Greatest."