



Charles L. Branch, Jr, MD
Wake Forest University
Winston-Salem, NC

FROM THE DESK OF THE PRESIDENT

Building Bridges

As the thematic platform for my year as President of the North American Spine Society, I have chosen to focus on the concept and reality of “Building Bridges.” While this might seem mundane, or even border on the cliché with our 2009 Annual Meeting in San Francisco, home of the Golden Gate Bridge, this concept has great relevance in our current spine care environment. A bridge serves to connect two or more distinct geographical or cultural entities, facilitating the flow of commerce and communication, enhancing we hope, but most definitely altering the heretofore distinct communities. Bridges in our communities are now so commonplace that they are almost invisible until a collapse or major disruption wreaks havoc on traffic and humanity as in Minneapolis on August 1, 2007. The North American Spine Society is a community of spine care physicians and providers. Yet, we share a common goal of quality spine care delivery with a host of similar communities. As we move into this new era of health care, many forces and factors compete to dilute our capacity to foster quality spine care. Thus, bridges between like-minded communities must be built and maintained.

During the past few years, this bridge-building effort has begun in earnest:

■ In October 2007, the NASS leadership joined with the American Association of Neurological Surgeons (AANS) and the Congress of Neurological Surgeons (CNS) to present the case for spinal fusion to the Medicare Evidence Development & Coverage Advisory Committee (MEDCAC) panel. This cooperation fostered the growth of a Society Lumbar Fusion Coalition. The coalition, whose members now include NASS, the American Academy of Orthopedic Surgeons (AAOS), the Scoliosis Research Society (SRS), AANS, and CNS, has been

gathering and assessing the evidence that fusion adds value to spine care.

■ During the summer of 2008, a coalition of leadership from NASS, the International Spine Intervention Society (ISIS), the American Academy of Pain Medicine (AAPM), the American Academy of Physical Medicine and Rehabilitation (AAPMR) and the Physiatric Association of Spine, Sports and Occupational Rehabilitation (PASSOR) met to consider and collectively draft the response to CMS on intradiscal thermal treatments.

■ Most recently, a coalition of NASS, AANS, and Cervical Spine Research Society (CSRS) members presented evidence to the Washington State Health Technology Assessment panel on cervical and lumbar disc prosthetics in spine care. The data presented to this regulatory body preserved access to motion preserving technologies for patients in the state of Washington.

In each of these examples, bridges between societies or communities were built for the express purpose of benefiting the individual community members and, most importantly, the recipients of their care.

In this era of limited resources for health care expenditures and the aggressive pursuit of value based health care decision-making and policy-making, linking our spine care communities for the purpose of transmitting information, personnel and, ultimately strengthening ourselves, is imperative. Failure to do so will most certainly result in lost resources and increasing limitations to the care we are able to provide those with spinal disorders.

Major bridges have been and are being built between the professional societies focused on spine care. Leadership meetings with agendas for progress have already occurred and will continue between NASS and the AAOS, the AANS and CNS, AAPMR

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and ISIS. Collaborative programs and efforts are underway with SRS, CSRS and the Spine Arthroplasty Society (SAS). Each of these societies represents a unique series of relationships between individuals and small groups. These relationships form the foundation for the bridges that will support our current and future initiatives. Individual NASS members already active in collaborative societies and efforts must be active bridge builders as well.

Enhanced communication between our societies will flourish only with individuals driven to strengthen relationships, not to compete, or worse, to disrupt or undermine intersociety efforts. NASS members should recognize that if there appears to be some discord between a NASS initiative and that of another society of which you are a member, that this is the opportunity to build a bridge, not to blow it up! Understanding the differences, helping move to resolutions that improve all of spine care even at the expense of your own niche, leading a collaborative effort instead of a divisive one should be the mission of each individual member of NASS. As we individuals embrace this philosophy, we will lead efforts that strengthen not only NASS but all of the societies truly driven to foster quality spine care, even those focusing in a very specialized area.

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If we fail to build these bridges properly, they will not support current and future loads. After the Minneapolis bridge collapse, the National Transportation Safety Board conducted an investigation. It concluded that the Interstate 35W bridge gave way, killing 13 people and injuring about 145 others, because of a simple human error which occurred four decades earlier. In the end, the Board attributed the failure of the downtown Minneapolis span to a math calculation that was not made. The Board found that the designers of the doomed bridge failed to perform some necessary calculations on the critical steel beam gusset plates that eventually gave way. That failure, along with inadequate oversight by state and federal regulators, led to the construction of a bridge that would not withstand all the weight that was added over its 40-year life. This ended with a total collapse on August 1, 2007. Although this bridge was real and ours is figurative,

the same lessons apply. We need to build solid bridges, maintain them well and, if needed, reinforce them to support our combined efforts.

“Building bridges” may sound like work without much glamour. In fact, that is a true assessment. Yet, the benefits provided to communities linked by a bridge, however humble in appearance, far outweigh those provided by the designer edifice, that while visually appealing, might not be missed if it disappeared. Join me as an individual NASS member who is dedicated to building a bridge in 2009 that has a lasting impact not just on NASS, but on all of spine care. The real beneficiary will be your patients as you are enabled to provide the care that they need with fewer obstacles and greater recognition of the value of your effort.