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FROM THE DESK OF THE PRESIDENT

A Bridge to the Summit

The rising temperatures outside of the Capitol this summer are matched only by the heat of the debate over health care reform. The intensity of the political pressure to effect a change is unprecedented. As we struggle to determine which reform plan to support, the heat from this pressure cooker threatens to destroy us as a health care community. The bonds of collegiality among spine care professionals, already burdened with concerns over declining reimbursement, conflict of interest management and industry funding of educational activities, are increasingly stressed by this increasing political pressure.

To strengthen our collaborative efforts (build bridges) with our partner societies in spine care, NASS called for a spine society leadership “summit” meeting. The intent is to come together to identify the challenges that confront us, collaborative responses to these challenges, and to set those solutions in motion. The Steering Committee, composed of representatives from AANS, AAOS, CNS, SRS, AAPMR and ISIS, will determine the event’s agenda. Each representative group will then present an issue at the summit, coordinate the discussion and debate, and develop and implement a collaborative action plan.

Societies committed to participation in this historic Spine Summit at the NASS headquarters in Chicago, on September 11, 2009 include:

- American Academy of Pain Medicine (AAPM)
- American Academy of Physical Medicine and Rehabilitation (AAPMR)
- American Association of Neurological Surgeons (AANS)
- American Academy of Orthopedic Surgeons (AAOS)
- American Society of Spine Radiology (ASSR)

- Congress of Neurological Surgeons (CNS)
- International Spinal Intervention Society (ISIS)
- Joint Section on Spine and the Peripheral Nerves of the AANS/CNS (Joint Section)
- North American Spine Society (NASS)
- Scoliosis Research Society (SRS)
- Spine Arthroplasty Society (SAS)
- American Society of Anesthesiologists (ASA)
- American Society of Regional Anesthesia and Pain Medicine (ASRA)

This important leadership gathering will consider many of the pressing issues in spine care and education. A society leader will frame the issue and the group will deliberate to determine if a consensus approach to that issue can be reached. Intersociety communication and relationship development is very much a part of this effort and will be vital as we collectively attempt to address these threats or opportunities. Proposed topics include:

- Ethical relationships
- Continuing medical education (focus on the AMA Council on Ethical and Judicial Affairs Report)
- Research and fellowship funding
- Role of hospitalists and nonphysician providers

A major component of the Summit will center on advocacy with different societies leading the discussions on:

- Health care reform
- Coding and reimbursement
- Quality initiatives
- FDA and regulatory matters

The goal of this Summit is to come to a common understanding of these issues from

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the different society perspectives. Afterwards, NASS will move forward with joint efforts where possible and make more deliberate efforts to communicate and build consensus within the spine care community.

We have come to understand summit meetings to be upper level leadership gatherings in which issues of importance are discussed. Yet, the concept of a summit, or the summit itself has been distorted. The true summit is the pinnacle, the mountain peak, the goal or end of the journey to the heights. The summit signals the end of the long arduous journey upward. Arrival means the climber has overcome the threats and obstacles on the climb. The more difficult the climb, the more gratifying the finish.

In the context of our diverse spine care societies, this historic Summit is hardly that! In fact, this meeting represents a successful traverse of a major obstacle on the climb up the mountain. It is in fact, a bridge to the summit. That being the case, then what is the summit? What is that lofty pinnacle that is worth a long, arduous climb? The goal that upon arrival gives the climbers a great sense of accomplishment, meaning or purpose. What target is worth great risk or personal loss to achieve?

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For those readers anticipating the answer, I hope I do not disappoint. Our summit in spine care in many ways mirrors the summit in the health care reform debate. From different perspectives, imagine different summits. I was reminded of this in a recent climb up an old volcanic ridge when after six miles and 1,800 feet of elevation, I was confident that I had reached the summit. Yet, only from that vantage point did I realize that the true summit was much higher and still in the distance. My disappointment was quickly overcome by the realization that I now had a much clearer view of the summit, and that I was certainly closer to it than when I started.

What is our summit? In spine care, attaining the summit requires confident knowledge of the most effective treatments for specific spine conditions. Armed with that knowledge, we must ensure effective delivery of that treatment to

all who will benefit. Finally, reaching the summit also requires that those determining and delivering that treatment be compensated commensurately with its value. In spine care, and in all of health care, in fact, our summit includes: choosing the right treatment, developing the skills and tools to deliver it, and establishing the value of that care or service.

Our upcoming collaborative spine society summit is absolutely vital. Yet, it is still just a bridge across a chasm on our climb to the true summit. Ultimately, as members of the spine care community, we must work together to build subsequent bridges. Isolated or separated from the group, we are destined to fail. Together, we have great potential to succeed. While our external environment will have a significant impact, ultimately we will determine how long and how difficult the crossing on these bridges will be!