North American Spine Society

1985-2005

North American Spine Society

2004 Annual Report

Education

Research

Advocacy
Celebrating twenty years of progress in spine care
In 2005, NASS celebrates our 20th anniversary as a society. NASS’ 20-year voyage has taken us from the growing pains of our inception through our own adolescence to arrive where we are today, a mature society of multidisciplinary composition focused on advancing excellence in patient care, education and research. 2004 was a very important year of maturation built on the work and shoulders of those who contributed to the progress of NASS over the last two decades. This Annual Report provides a comprehensive account of the year; my personal highlights of 2004’s challenges and “adventures” are recounted below.

**The Press Challenge**

We entered 2004 navigating a public media challenge that questioned how spine care is performed in this country and attempted to cast doubt on several indications and applications of spine surgery, as well as to criticize the cost of some spine procedures. Part of 2004’s maturation process was to take a strong proactive position in addressing controversial issues and communicating to the public the realities and the benefits of spine care. We learned a great deal and are now better prepared to speak to spine management issues in the media. We are also more alert to the need to keep the public informed on an ongoing basis of progress in spine care and continue to have a strong participatory role in the future.

Not only did we have our most successful year ever with our lobbying efforts in Congress, but we also had a successful “fly-in” joining leaders of the Alliance of Medical Specialties who met with important Congressional leaders such as Bill Frist and John McCain. These meetings positively impacted the three major areas of maturation critical to our ability to render first rate medical care: (1) our continued growth internally as a lobbying force in Washington; (2) our partnership with other effective medical lobbying efforts; and (3) most important, the growing realization by our membership that it is possible
to convey our concerns at the federal level and that we need to dig deeply into our pockets to help sustain these efforts.

Coding and New Technologies

I want to touch on the successful labors of NASS during 2004 in the development of coding and reimbursement policies for new technologies. The number of new procedures available and under development in the field of spinal surgery has grown rapidly in the past decade. Each of these new procedures requires a specific coding recommendation to facilitate usage on a routine basis. Without this convention, reimbursement is delayed and patient access to the latest developments in spine care may be hindered. NASS’ expanded activity into coding and reimbursement policy for new technology will help us in very practical ways: simplify billing, assist in the development of national reimbursement policies and speed physician payment.

The coding of new procedures is handled by NASS nonoperative and operative coding committees. The committees consist of experienced spine care specialists representing NASS from a variety of geographic regions, specialties, and practice patterns. In addition to their knowledge and experience in the field of spine care, committee members are experts in the AMA, CPT, RUC and CMS coding process. They contribute hours of their time to: (1) learning and teaching the details of spinal coding and reimbursement; (2) answering member questions; (3) reviewing coding proposals; (4) attending CPT, RUC and PEAC meetings; (5) working with other societies to develop consensus; and (6) lobbying insurance carriers, CMS and Congress to improve spine coding and reimbursement for the benefit of patients and the NASS membership. As technologies flourish, our health care system’s ability to pay for them is increasingly challenged. Currently, as well as in the future, our task will be to critically assess new technologies and develop methods to select those procedures most beneficial to our patients. Strict standards of efficacy are increasingly required.

NASS has developed and uses a more rigorous set of criteria for a category I code that more specifically delineates the quality of the scientific evidence required than those of the AMA. In addition, CMS has challenged medical societies to develop methods to assess the cost and benefit of all new technology. The NASS Board is very aware of the issues of increasing health care costs and new technology, and supports critical analysis of cost factors in the assessment of these technologies. The NASS coding committees spend significant time and effort following and discussing evolving technologies. They perform extensive literature reviews and consult with experts from the scientific community. New code proposals are discussed with other societies and consensus is sought. Final recommendations by the committee are sent to the NASS Board of Directors for review and approval. Through this vigorous process, NASS has earned a respected reputation with the AMA, CMS and many private insurance carriers for its meticulous and creative work in the field of coding and reimbursement. These efforts benefit both members and our patients. We should be proud and appreciative of a new level of NASS member participation this year in establishing and keeping up to date these essential coding and reimbursement norms.

The Work Continues

As NASS emerges from its “formative growth” years—years of a special energy and focused excitement—it is entering a new phase as a mature society accomplished and focused on well-formulated goals, advancing its participation on new fronts. NASS demonstrated a special strength of character in 2004. We can celebrate with pride our 20th “platinum” year, knowing that like that precious metal, our own mettle has been well-tested and found to be resilient and strong. Our hard work has paid off, and I leave this post grateful for the wonderful assistance I have received from the NASS staff, the NASS Board and each and every committee member who contributed their time and efforts this year—all colleagues exemplar! It’s been a year of maturation and I consider myself improved as well! So, the new-and-improved Tom Errico looks forward to working hard (well, almost as hard!) for our next NASS presidents. J.J. Abitbol has proven himself in the Education Council and will no doubt bring energy and new ideas to the Society. Following him will be Joel Press who has proven to be a tireless worker for the Society and will also be a great leader. The Society is in excellent hands for the coming years.
“NASS leads the way in peer-to-peer educational programming and has made tremendous advances in new and dynamic hands-on quality small group courses to meet the ever-changing needs assessments of its members.”
- Hallett H. Mathews, MD, Education Council Director

NASS Awarded “Accreditation with Commendation”
NASS successfully completed the Accreditation Council for Continuing Medical Education (ACCME) reaccreditation process and has been awarded the status of Accreditation with Commendation. Accreditation with Commendation is the highest status any organization providing continuing medical education (CME) can achieve. A scant 7% of CME providers achieved Commendation status in 2003, the last year for which status records are available. With this commendation, NASS is approved as an accredited provider of CME for an extended term (six years rather than the standard four) until November 2010.

19th Annual Meeting
The Annual Meeting continues to demonstrate NASS’ ability to provide high-quality continuing medical education for its members. Over 800 abstracts were submitted for consideration. A total of 114 scientific papers and 112 posters were featured over the four-day period. Final attendance for the meeting reached more than 3,000 participants. Attendees had an opportunity to view the latest technology, products and services from over 130 companies in the Technical Exhibit Hall. NASS’ exhibit area continues to grow as more and more companies find the NASS Annual Meeting to be invaluable for promoting and demonstrating their products. Over 2,000 exhibitors were in attendance, a substantial increase over last year’s record high. Despite the fact that more and more companies are merging and acquiring each other, the exhibit floor continues to thrive.

One of the most popular features of the Annual Meeting is the Symposium format. Various topics focused on operative and nonoperative issues, including: Masquerade: Nonspinal Conditions Which Mimic Spinal Disease; Current Evaluation of Motion Sparing Technologies for the Treatment of Degenerative Disc Disease; A Rational Approach to Emerging Spinal Technologies; Low Back Pain I: An Evidence-Based Approach—A Precise Diagnosis Should Lead to Specific and Therefore Better Treatment; Low Back Pain II: An Evidence-Based Approach To Treatment Specific Interventions Based on Precise Diagnosis; Adult Spinal Deformity II: Salvaging Surgery That Has Failed; Controversies in Bone Grafting Technologies in Spinal Surgery; and Cervicogenic Headache.

Many of the Special Interest Group Discussion topics featured a varied approach to spine care including: Motion Preservation-Disc Replacement and Posterior Dynamic Instrumentation in Avoidance of Spinal Fusion; Emerging Nonfusion Options for Painful Lumbar Disc Degeneration: Arthroplasty and Soft Stabilization; Advances in Foraminal Endoscopic Disc Surgery and Complementary Techniques; Evidence-Based Guidelines for Lumbar Fusion and Bone Graft Substitutes and BMP’s: Fact and Fiction.

NASS also offered a varied selection of premeeting courses due to previous success and demand. Coding Update 2005: Essentials and Controversies of Operative and Nonoperative Spine Care Coding was a two-day intensive seminar taught by seasoned physician faculty members who have experience in day-to-day coding and compliance issues. A Multidisciplinary Approach to the Essentials of Spine Care provided a general overview of the important areas of spine care including deformity, anatomy, degeneration, trauma and psychology. The Wild Wild Web – Information for Your Patients and Search Strategies for You demonstrated practical strategies to help evaluate medical information found online, search for journal articles and demonstrate timesaving publication skills in Microsoft Word and Endnote. What’s New in Spine Surgery Procedures provided an optimal learning opportunity for spine surgeons and other allied professionals interested in spinal reconstruction. How To Build A Successful Spine Center

EDUCATION
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2006 Co-chairs: Patrick J. Connolly, MD; Heidi Prather, DO
CME Committee Chair: J. Kenneth Burkus, MD
2003 Co-chairs: Richard D. Guyer, MD; Stuart M. Weinstein, MD
Director, Council on Continuing Medical Education: Hallett H. Mathews, MD

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of Excellence focused on strategic planning, operational, marketing, clinical and environmental issues relative to setting up comprehensive spine/musculoskeletal/neuroscience centers of excellence in any setting. The Critical Evaluation of Emerging Technologies for the Diagnosis and Treatment of Spinal Disorders: Motion Sparing Technology for the Treatment of Degenerative Disc Disease served as an impartial forum for the unbiased presentation of emerging technology based on scientific evidence and compared and contrasted to current accepted treatment options. Getting Started with PowerPoint® offered tips and techniques to develop computerized multimedia presentations. Fellow/Resident Conference: Where and How to Begin a Spine Practice was a brief introduction for Residents and Fellows on choice of location, type of practice, contracts with physician group or other entities, how to administer a practice and financial goals early in practice. New Frontiers in Biomechanics Research provided new information on a broad range of topics related to the various aspects of spine biomechanics, implanted devices and materials and tissue generation.

Technique workshops are always a popular feature of the Annual Meeting. Topics for 2004 included: two Spinal Injections workshops; Percutaneous Vertebroplasty Augmentation Techniques; Interbody Technologies: PLIF and ALIF; Minimally Invasive Spine Surgery: Lumbar Decompression and Fusion/Implants; and Cervical Spine Stabilization.

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Spring Break 2004: Innovations in Spine Care
The first ever Spring Break meeting was held April 22-24, 2004, in Boca Raton, FL. The meeting was a success with 260 attendees. It was noted that this meeting was similar to NASS meetings from a decade ago. The smaller format lent itself well to a higher percentage of queries in sessions as attendees felt freer to ask questions. The highlight of the meeting for most was the Kostuik vs. McAfee debate on Motion vs. Fusion, particularly having Dr. Steffee as a surprise guest. Some interesting evaluation results included: roughly one-third of the attendees were rehabilitation specialists and one-third (37%) were orthopedic surgeons. One-third were first-time NASS meeting attendees. Two-thirds found out about the meeting’s timing and organization from the brochure that was stuffed into the tote bags at the 2003 Annual Meeting. Regarding content quality scores, the symposia rated high, in the high 80 to 90% range. The topics were chosen based on needs assessment, brainstorming and topics not covered at the Annual Meeting. The intent of the meeting was to go back to the NASS meetings of the early ‘90s, having a handful of experts get into hot topics. There is some difficulty in attracting nonoperative doctors to attend meetings, although only 20% of this meeting’s topics were operative. Next year’s challenge is to keep the meeting fresh and mold it into something dynamic.
“Through outstanding leadership, volunteerism and teamwork, NASS has been very effective at synthesizing and disseminating information to its members that both improves patient care and facilitates practice management.”
- Stuart M. Weinstein, MD, Director, Council on Member Services

with new hot topics. All presentations including question-and-answer periods were included on a CD-ROM which was mailed to attendees after the meeting.

**Hands-on Courses**

In response to the great response prior hands-on programs received, three courses were offered in 2004.

**Surgical Approach and Techniques for the Lumbar Spine: A Hands-On Course**

This course was co-chaired by Richard D. Guyer, MD and David A. Wong, MD, MSc, FRCS(C) and held at the Orthopaedic Learning Center in Chicago on March 19-20, 2004. Evaluations indicated that the attendees enjoyed this course and that the faculty provided them with an excellent learning experience.

**Minimally Invasive Posterior Fusion and Instrumentation: A Hands-On Course**

Held at the Practical Anatomy Work Shop in St. Louis on May 21-22, 2004, this course was chaired by Thomas C. Schuler, MD and was very highly rated by the attendees. This course was combined with the Lumbar Techniques course for the 2005 CME schedule to provide a more comprehensive program.

**Lumbar Spinal Injections: A Hands-on Course**

This course was co-chaired by Susan Dreyer, MD and Michael Schauffele, MD and was held at the Medical Education and Research Institute in Memphis, June 11-12, 2004. This course received rave reviews by all attendees, both for the faculty expertise and the course content. Since this course always sells out months in advance, the CME Committee has decided to add a second offering for the 2005 CME course schedule.

**Coding Update 2004: Essentials and Controversies of Operative and Nonoperative Spine Care Coding**

Aspen, Colorado (February 20-21) and Scottsdale, Arizona (April 16-17) were the hosts of our two regional Coding Update courses. Faculty included Greg J. Przybylski, MD, Program Chair; Alex Curcin, MD; Tom Faciszewski, MD; Charles Mick, MD; William Mitchell, MD and Bernard Pfeifer, MD. The Scottsdale course broke attendance records, and both courses were highly valued by attendees as having strong content and faculty. As usual, a third course was held as a premeeting course at the NASS Annual Meeting in October, to introduce the new codes for the coming year.

**Clinical Guidelines**

NASS continues development of clinical guidelines related to the diagnosis and treatment of spinal disorders. These guidelines are educational tools for multidisciplinary spine care professionals to improve patient care by outlining reasonable information-gathering and decision-making processes used in the management of spine pain in adults. The Phase III guidelines represent comprehensive care from primary to chronic multidisciplinary treatment.

Low back guidelines for the diagnoses of herniated disc, unremitting low back pain, spinal stenosis and spondylolisthesis are available. Each document is intended as a stand-alone guideline incorporating the principles of acute and post-acute care. Issues such as specific time frames for treatment, coordination of definitions of common practice terms, definition of end points for treatment and treatment success or failure are examples of areas covered. All are included in the National Guidelines Clearinghouse (http://www.guidelines.gov), where the abstracts can be viewed.
In 2004, the Clinical Guidelines Committee adopted a new methodology for developing future guidelines and revisions to incorporate evidence-based medicine, in particular, rating of evidence and grading of recommendations. An Evidence-based Medicine Training Session was conducted for guidelines, various committee and board members to introduce the topics of evidence analysis and teach literature search strategies. A policy on endorsement of clinical guidelines from other organizations was also drafted and put before the Board of Directors. In addition, the committee had representation to the AANS Lumbar Fusion Guideline, the US Bone and Joint Decade Task Force on Neck Pain and AAOS guideline projects. They also sponsored a special interest group discussion at the 2004 Annual Meeting on Evidence-Based Guidelines for Neck Pain.

Contemporary Concepts in Spine Care

For the first time in the history of Contemporary Concepts in Spine Care, NASS published a CD ROM of the entire series spanning a decade of work from 1994-2004. The CD contains 16 rigorously reviewed, referenced papers on spine care issues including three new titles which were added in 2004:

- Percutaneous Vertebral Augmentation
- Rheumatoid Arthritis of the Cervical Spine
- Psychotropic Medication in Chronic Spinal Disorders

Contemporary Concepts in Spine Care are available in print, on CD ROM and are published in The Spine Journal when first released. We offer them to members (at reduced rates) and promote them on our Web site, in our product catalog and via other print and electronic efforts throughout the year.

Training Recommendations for New Technology

The purpose of this newly developed task force is to develop minimum training recommendations to be accomplished by spine care providers prior to embarking on the use of new technologies. This requires some level of partnership with industry and will include invited guests with expertise relative to each technology as it is addressed. In the broadest view, the goal of the task force is patient safety. In the narrowest sense, it is to develop minimum training recommendations for new technologies. The documents are formatted as a set of general recommendations to which addendums can be made for specific technologies and are based on similar recommendations written by the American College of Surgeons. The first documents written were general recommendations for new technology and one specifically addressing lumbar disc arthroplasty. The task force will continue to address new topics.

Complementary Medicine

The Complementary Medicine Committee was created in 2004. The goal of the committee is to educate members and patients on issues related to complementary medicine. The committee is currently writing an article on acupuncture to be published in SpineLine. A patient education brochure is also planned.

Patient Safety

NASS’ commitment to patient safety continued in 2004 as it provided more resources to the membership, including:

- NASS formally endorsed the JCAHO universal protocol for prevention of wrong-site surgery and assisted in promoting the protocol to our members and press.
- The task force developed content for the 2004 Spine Health Video on patient safety.

The NASS Web site patient safety page contains various NASS patient safety resources, including the Sign, Mark & X-ray program and information for providers and patients on herbal supplements safety. NASS also monitors government resources for safety notices related to spine care. Spine Safety Alerts are distributed via e-mail and then posted on the NASS Web site.
Research and Clinical Care
The Research and Clinical Care Councils continue to monitor and work together on issues of scientific importance to the membership through a variety of venues. In 2004, these included:

- NASS’ first collaborative research project with researchers from the University of Illinois at Chicago School of Public Health examining upper extremity disorders in spine care professionals.
- Providing information on musculoskeletal conditions from NASS to the US Bone and Joint Decade Research Committee for their resource materials.
- Participation by the Clinical Guidelines Committee and Multidisciplinary Patient Care Committee in NASS’ first foray into new technology assessment.

In a significant move that recognizes the importance of a team approach to spine care, the NASS Nonoperative Care and Surgical Care Committees merged to create the new Multidisciplinary Patient Care Committee.

Research Priorities
NASS surveys its members on a regular basis to determine research priorities. An extensive list of research topics of interest can be obtained from the NASS Web site.

Top Three Topics of Interest:
1. Determine the natural history of back pain and various spine diseases including disc herniation and stenosis.
2. Study the effect of fusion on adjacent segments.
3. Determine the role of fusion in spine surgery, including technical aspects and complications.

2004 Research Grants and Fellowships
The Research Project Management Committee received 48 research grant proposals, 2 clinical traveling fellowship and 4 research traveling fellowship applications in 2004. This is a 35% increase in grant applications over the prior year, and the committee is happy to announce that this is the highest number of applications received in NASS history. The following research grants and fellowships were funded totaling $200,553.00.

Developmental Therapeutic for Disc Abnormalities in a Mouse Model
Principal Investigator: Xudong Li, MD, PhD
Award: $99,998.00 (Two Years)

Prospective Cohort Study of the COMT val 158 met Genotype and Outcome from Surgery for Degenerative Disc Disease
Principal Investigator: David H. Kim, MD
Award: $27,655.00

Effects of Spine Surgery on Paraspinal Musculature
Principal Investigator: Richard G. Fessler, MD, PhD
Award: $50,000.00

Clinical Traveling Fellowship
Francis H. Shen, MD
Award: $4,900.00

Research Traveling Fellowship
Gianluca Vadala, MD
Award: $18,000.00

NASS/TSJ Outstanding Paper Awards
Each year, NASS and The Spine Journal solicit previously unpublished manuscripts demonstrating excellence in spine research. The winners receive a $10,000 prize, present their paper at the Annual Meeting and are published in The Spine Journal. The 2004 OPA winners are:
**OPA in Surgical Science**
The long term effect of posterolateral fusion in adult isthmic spondylolisthesis - a randomized controlled study
Per Ekman, MD; Hans Möller, MD, PhD and Rune Hedlund, MD, PhD, Stockholm, Sweden

**OPA in Nonoperative Science**
Discographic, MRI and Psychosocial Determinants of Low Back Pain Disability and Remission: A prospective study in subjects with benign persistent back pain
Eugene J. Carragee, MD; Todd F. Alamin, MD; Jonathan L. Miller, MD and John M. Carragee, MBA, Stanford, CA

**OPA in Basic Science**
Quantitative analysis of gene expression in a rabbit model of intervertebral disc degeneration by real-time PCR
Satoshi Sobajima, MD; Adam L. Shimer, MD; Robert C. Chadderdon MD; John F. Kompel, MS; Joseph S. Kim, MD; Lars G. Gilbertson, PhD and James D. Kang, MD

**Spine Surgery Research Study**
The original Retrospective Spine Surgery Research Study to collect five-year postsurgical outcomes of virgin discectomy patients on a multicenter basis had been disbanded due to difficulty collecting data after implementation of HIPAA. Fortunately, enough data were collected to do some basic analyses. Results will be presented at the 2005 Annual Meeting.

A protocol for a Prospective Spine Surgery Research Study is being drafted to collect five-year postsurgical outcomes of virgin discectomy patients prospectively on a multicenter basis. The protocol is nearing completion. The goal is to develop a small, clean demonstration project that can be used for benchmarking, and later, to gain NIH funding. NASS would like to eventually open this study up to the membership.

**New! 2004 Research and Funding Directory**
The 2004 Research and Funding Directory helps spine care researchers meet the challenge of securing resources and funding. The directory provides information on NASS-funded research and society research projects along with a directory of potential funding sources for spine care researchers. All NASS members received a copy of this publication free of charge.

**Compendium of Outcome Instruments for Assessment & Research of Spinal Disorders**
Compiled by editor Robert J. Gatchel, PhD and a panel of authors, this indispensable resource contains valuable information not compiled elsewhere, including:

- More than 100 peer-reviewed critiques of various outcome assessment instruments by multidisciplinary researchers.
- A wide range of paper-based questionnaires, as well as physical instrumentation-based outcome assessment instruments.
- Valuable contact and reference information for each outcome assessment instrument.
- An appendix including sample copies of the majority of instruments critiqued, such as the SF-36, MBHI, McGill Pain Questionnaire, DSM-IV and Cal-FCP.
- Visual examples and measurement specifications are included for each of the physical instrumentation-based outcome assessment instruments.

Nearly 100 instruments are reviewed for strengths/weaknesses, reliability/reproducibility and application. Each review is supported by a list of publications and the source of the instrument. Order forms can be obtained from the NASS office at (877) SpineDr or the NASS Web site. Work has begun on a revision for 2005.
Annual Research Fund (ARF)
Since 1989, NASS has funded more than $1.5 million in multidisciplinary, spine-related research through the Annual Research Fund. NASS relies on the generosity of its membership and industry to provide funding for the highest quality, top priority, peer-reviewed research. Each year at the Annual Meeting, NASS distributes the money collected throughout the year to fund spine-related basic and applied clinical research. Every dollar contributed to the Annual Research Fund is distributed in the same year it is received.

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“Government funding continues to wane, leaving researchers to look elsewhere for money to conduct studies to improve spine care. Groups like NASS fill the void.”
- Philip Schneider, MD, Research Fund Management Committee Chair
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As every dollar contributed to the Annual Research Fund is distributed in the same year it is received, NASS recognized the need for an additional, more permanent source of funding for spine-related research. As a result, NASS established the Spine Research Foundation in 1996. The Spine Research Foundation is an endowment fund that will fund spine care research for the long-term benefit of spine patients everywhere.
research in perpetuity. As an endowment fund, the principal will remain untouched. The interest income earned each year on the principal will supplement the amount NASS distributes through the Annual Research Fund. SRF will provide substantial, permanent funding for the research that is at the heart of every technique and procedure employed to bring relief and healing to spine patients.

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**Individual Donors**

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- Estate of George and Opal Edwards
- Volker K.H. Sonntag, MD

**Titanium Level ($5,000 to $9,999)**
- Jeffrey H. Owen, PhD
- Hansen A. Yuan, MD

**Gold Level ($2,500 to $4,999)**
- Thomas J. Errico, MD

**Silver Level ($1,000 to $2,499)**
- Jean-Jacques Abitbol, MD
- Dion J. Arthur, MD
- Alexander J. Ghanayem, MD
- Scott Haldeman, MD
- Norman B. Livermore, III, MD
- New York Community Trust
- Joel M. Press, MD
- Jeffrey T. Summers, MD
- Jerald P. Waldman, MD

**Bronze Level (under $1,000)**
- Sara Abitbol
- Marc Addason Asher, MD
- Jeff and Ronda Bechinski, In Memory of Gary D. Bollenbacher
- Edward C. Benzel, MD
- Karen Bollenbacher, In Memory of Gary D. Bollenbacher
- Rita Bollenbacher, In Memory of Gary D. Bollenbacher
- Ron Bollenbacher, In Memory of Gary D. Bollenbacher
- David R. Chandler, MD
- Suzanne and John Cowans, In Memory of Gary D. Bollenbacher
- D. Sawtelle and Denise Deschenes, In Honor of Mrs. Jeanette Brassard
- Sanford E. Emery, MD, MBA
- Alex Hossein Etemad, MD
- John and Carmen Fox and Family, In Memory of Gary D. Bollenbacher
- Mr. and Mrs. Don Fruchte, In Memory of Gary D. Bollenbacher
- Mike and Cheryl Gerber, In Memory of Gary D. Bollenbacher
- Debra and Brian Gordon, In Honor of Todd and Jill LaPointe’s Marriage
- Tim Hartigan, In Memory of Gary D. Bollenbacher
- Billy, Nerissa and Kyle Jay, In Honor of Phyllis Jay
- Leo and Marge Thieme, In Memory of Gary D. Bollenbacher
- Helen Yoder, In Memory of Gary D. Bollenbacher
- Nancy L. Yoder, In Memory of Gary D. Bollenbacher

**Partners in Spine—Gifts Through OREF**
- Behrooz A. Akbarnia, MD
- Gunnar B.J. Andersson, MD, PhD
- Dion J. Arthur, MD
- Marc A. Asher, MD
- Jeffrey A. Baum, MD
- Frank M. Berklaich, MD
- Scott D. Boden, MD
- Christopher Bono, MD
- David T. Bortel, MD
- John K. Burkus, MD
- Gregory D. Carlson, MD
- Michael D. Daubs, MD
- William F. Donaldson, MD
- Craig A. Dopf, MD
Planned Giving Options

Direct contributions to the NASS Research Funds are always greatly appreciated. In addition to cash gifts, members may also want to consider an alternate method of supporting the future of spine research through NASS. There are many Planned Giving options currently available that will allow donors to realize their desire to financially secure the future of spine research. These gifts can either be made directly to NASS at the present time, (Present Gifts) or can be created now, and paid out at a later date (Deferred Gifts). Some of our Planned Giving options are described below:

Present Gifts

**Gifts of Securities** (stocks, bonds and mutual funds) entitle the donor to a tax deduction for the market value of the donated stock relative to the cost basis. Donating securities that have increased in value may offer the donor tax saving with dual benefits. First, they will avoid paying any capital gains tax on the increase in value of the asset. In addition, they will also receive a tax deduction for the full fair-market value of the stock or bond on the date of the gift if it has been owned for over one year. For income tax purposes, gifts of qualified assets are deductible in amounts up to 30 percent of the donor’s adjusted gross income, with an additional five-year carry forward. If these investments have decreased in value, donors may want to consider selling them and making a charitable gift of the cash proceeds to NASS. The sale and donation would create a loss that may be eligible to be deducted from other taxable income in addition to the amount of the cash contribution.

Another way in which donors can make an immediate contribution to NASS is through a **Charitable Gift Annuity**. A charitable gift annuity is a simple contract between a donor and NASS. In exchange for an irrevocable gift of cash or securities worth $5,000 or more, NASS will agree to pay the donor...
a fixed sum monthly, quarterly, semiannually or annually for life. Donors may claim an income tax deduction for the portion of the gift annuity that represents the charitable gift. The amount of the deduction is determined by an IRS formula and should be claimed in the year the gift is made. Please consult a tax professional to create a plan that will best suit your individual needs.

A gift of Life Insurance allows a donor to leave a significant donation in their name to NASS for a relatively small after-tax cost. This gift has very little impact on the donor’s estate, thereby leaving it intact for their heirs. For donors that own an existing policy, they can transfer ownership of the policy directly to NASS. If the existing policy has a cash value, the cash value represents a present gift, which entitles the donor to receive a receipt for tax purposes that is equal to the amount of the cash value.

For example, if a donor purchased a life insurance policy to provide for their children or other family members and it is no longer needed, they may want to consider donating the policy to NASS. By naming NASS as owner and beneficiary of the policy, the donor can take a charitable tax deduction for the present market value of the policy and may remove it from their estate for income tax purposes. If annual premiums are still required, the donor may continue to pay them, thereby making those premiums tax deductible each subsequent year. An insurance agent can assist you in completing this simple transaction.

Deferred Gifts
Gifts of Bequests are the easiest and most effective means by which a donor can ensure that their assets are distributed according to their wishes. A donor may leave a specified amount to NASS in their will or they may also choose to leave a percentage of their estate. There are three different types of bequests and with each the entire value of the bequest is eligible for an estate tax charitable deduction. The specifics surrounding gifts of bequest can be described in greater depth by a tax professional. The three types of bequests are as follows:

- **Specific Bequest:** The donor designates a specific percentage of their total net worth, a specific dollar amount, or percentage of their estate to be transferred to NASS.
- **Residual Bequest:** After the donor’s estate has paid out all debts, taxes, expenses and specific bequests, the amount that remains will be paid directly to NASS.
- **Contingent Bequest:** The donor may designate that NASS should receive all or a portion of their estate under certain circumstances. For example, a donor may choose to name NASS as a beneficiary of their estate if there are no surviving close family members.

Charitable Remainder Trust is a legal agreement that specifies how the assets placed in a trust will be managed. The donor can transfer cash, an IRA, stock or pension benefits to NASS, thereby establishing a “charitable remainder trust” that will serve to provide them with annual income for life. Through a trust arrangement, the income would be paid to either the donor or a designated beneficiary for life, after which the remaining assets would then be given to NASS. The donor would be entitled to an immediate income tax deduction upon giving the gift and would also avoid paying capital gains tax if the trust is funded by appreciated securities. This provides the donor with the possibility of reducing their estate tax while having the satisfaction of making a charitable gift that will support NASS’ work.

Retirement Fund Gifts are another option. As a general rule, assets that have been set aside in retirement plans may be heavily taxed before they are passed on to the donor’s heirs. In addition to estate taxes, retirement plan assets are subject to income taxes that may result in as much as 75% of the assets going to the IRS. Once the donor has provided for their family, NASS would like to ask that they consider using the remainder of their retirement plan assets to fulfill philanthropic objectives by naming NASS as an alternate beneficiary on the account. Any dollar amount that is designated for NASS will be given to the organization free of both estate and income taxes. If you would like further information about using your retirement plan to make a gift to NASS, please contact a legal or financial professional.
“With a permanent presence in Washington, DC, NASS ensures its members’ voice is heard in the Halls of Congress.”
- Tom Faciszewski, MD, 2004 Advocacy Committee Chair

Recognizing the need to influence the debates that shape health care policy, NASS established the National Association of Spine Specialists (NASS6) – an IRS-designated 501(c)(6) trade organization – as its advocacy arm. Staffed by the North American Spine Society, NASS6 advocates in the legislative and regulatory arenas for public policies that protect members’ ability to practice medicine and give patients access to the specialists and technologies they need.

All members of the North American Spine Society are members of NASS6 (unless they opt out), with a portion of member dues allocated to NASS6’s advocacy efforts. In addition, membership in NASS6 is open to the spine industry, whose representatives recognize that the success of their business depends on their clients’ need for their products and services. NASS6 corporate memberships increased 56% from the previous year.

SpinePAC is the political action committee fund through which NASS6 supports federal legislative candidates who champion policies that benefit spine care patients and the professionals who treat them. SpinePAC is funded through contributions from individuals in the spine care field, specifically NASS members and the employees of NASS6 member companies. In the 2004 campaigns, an overwhelming percentage of candidates supported by SpinePAC won their elections.

NASS6 continues to be an active member of the Washington-based Alliance of Specialty Medicine, a nonpartisan coalition of 12 medical societies representing over 200,000 specialty physicians in the United States. Joining forces with other member groups, NASS6 last year weighed in on issues such as medical liability reform, Medicare payment to physicians and patient safety legislation. NASS members also participated in an Alliance-sponsored legislative “fly-in” in June. The two-day event featured presentations by U.S. senators and representatives, panel discussions with key congressional staff and individual visits with lawmakers on Capitol Hill.

New Washington Office
In 2004, NASS demonstrated its commitment to advocating on Capitol Hill for spine care providers and their patients by establishing a permanent office in Washington, DC. Staffed with a government relations specialist who serves as the NASS representative to the Alliance of Specialty Medicine, the office provides NASS members with up-to-date information on the key policies being weighed in the Halls of Congress and is available to assist members with their own visits with federal lawmakers.

The NASS Washington Office is located at 888 16th Street, NW, Washington, DC 20006. Staff may be reached at (202) 355-1360.

Patient-centered Efforts
All of NASS’ advocacy efforts are aimed at enhancing patient care. In 2004, NASS leaders requested a meeting with CMS officials to stem concerns following negative media coverage of supposed increases in spinal surgeries. NASS was able to demonstrate that over time, the rate of surgical intervention for Medicare beneficiaries has actually decreased. NASS representatives pointed out how our organization takes a proactive approach to these matters through member education programs, outcomes research and practice guidelines.

Along with other members of the Alliance of Specialty Medicine, NASS6 commented on patient safety legislation pending in 2004, calling for measures that protect the confidentiality of both doctors and patients in reporting medical outcomes. Strong privilege and confidentiality provisions for reporting systems are imperative in order to make information sharing and objective analysis a reality. To date, such legislation has not been signed into law. In 2004, NASS also took the opportunity to weigh in on the regulatory status of polymethylmethacrylate (PMMA)
bone cement in the spine, after the Food and Drug Administra-
tion expressed concerns over potential patient safety issues
associated with off-label use.

In October, NASS – on record as a supporter of spinal cord
injury research – joined more than 50 leading national disease
and patient advocacy groups, 35 medical groups and hospi-
tals, 21 Nobel Prize winners, business leaders and bipartisan
political leaders to endorse California’s Proposition 71. The
ballot measure, approved by voters in November, established
a state institute to regulate stem cell research and provide
funding, through grants and loans, for such research and
facilities, appropriating state money for start-up costs and a
bond issue.

**Medicare Reform**

Medicare reform continues to be NASS’ key advocacy goal.
Various articles published in *SpineLine* last year helped mem-
bers understand the implications of the Medicare Prescription
Drug, Improvement and Modernization Act passed in late 2003.
In March of 2004, NASS members met with federal lawmak-
ers and their staff during NASS6’s annual Capitol Hill Day.
Participants took the message to Congress that insufficient
physician reimbursement is a threat to Medicare patients’ ac-
cess to care. Dr. Tom Errico presented NASS’ 2004 Legislator
of the Year award to U.S. Representative Bart Gordon (D-TN)
for his thoughtful understanding of the need to protect Medi-
care beneficiaries’ access to specialty care and his support of
adequate physician reimbursement to ensure such access.

Reports by CMS and other agencies suggest that Medicare
physician reimbursement rates could be cut more than 30 per-
cent between 2006 and 2013, unless the Sustainable Growth
Rate (SGR) formula used to set yearly updates is altered. The
formula has produced payment updates that have failed to keep
pace with the cost of practicing medicine and the money used
to fund short-term fixes must be paid back to the Medicare
program, with interest, over the next 10 years.

While flaws in the SGR formula are almost universally ac-
knowledged, neither CMS nor Congress have acted to fix the
formula or scrap it in lieu of an alternate system. As a result,
steep reductions in physician reimbursement are prompting
specialty physicians to reconsider their participation in the
Medicare program, limit services to Medicare patients or limit
the number of beneficiaries they treat.

NASS6 continued to repeat its Fix The Formula message into
2004, calling specifically for (1) retroactive removal (back to the
base period) of Medicare outpatient drugs and other incident-
to services that are included in the expenditure target and (2)
replacement of the SGR with a system that is more predictable
and accurately accounts for the true costs of delivering health
care, such as the Medicare Economic Index. Such fixes will be
especially necessary before any alternative payment require-
ments that Congress is beginning to explore, such as pay for
performance, can be seriously considered.

**Professional Liability Insurance Crisis**

Decreasing physician reimbursement is exacerbated by the
exorbitant liability premium increases physicians face today.
NASS continues to support reforms aimed at reducing frivolous
lawsuits and stabilizing professional liability insurance (PLI)
costs. While medical liability reform legislation did pass the
House of Representatives in 2004, it again remained stalled in
the Senate, where provisions to cap noneconomic damages are
a bone of contention.

The number of states facing a medical liability crisis grew in
2004. While premiums are rising at astronomical rates, some
physicians are finding it difficult to obtain coverage at all. As a
result, many physicians are no longer performing complex and
high-risk procedures, patient access to emergency and trauma
care is at risk, doctors are moving to states with a more favor-
able medical liability climate and some physicians and trauma
centers are closing their doors. While a number of states have
successfully enacted medical liability reform legislation, many
face significant barriers. Some states have seen their laws struck down as unconstitutional, while others face constitutional prohibitions on damage limits. For this reason, NASS believes federal intervention is necessary.

In 2004, NASS staff participated in discussions sponsored by the office of U.S. Senator Dick Durbin (D-IL) to find solutions to the medical liability crisis. In these meetings, NASS promoted the idea of tax credits for liability insurance premiums. In addition, NASS joined with the Alliance of Specialty Medicine to advocate for federal reform patterned after California’s Medical Injury Compensation Act (MICRA). Key elements of MICRA-based reforms are full compensation for all economic damages; a fair and reasonable limit of $250,000 on noneconomic damages; a statute of limitations for filing suit; allowing for periodic payments of damages, rather than lump-sum awards; reasonable limits on attorneys’ fees; eliminating joint and several liability and preventing double recovery of damages through collateral source reform. In addition, NASS believes that Congress should ensure that any federal reforms do not preempt effective state reforms.

During the June legislative fly-in sponsored by the Alliance, NASS members heard from U.S. Senator Bill Frist (R-TN) who encouraged attendees to keep fighting for liability reform. Frist, a physician, stressed the importance of engaging patients in these important debates to offset the powerful lobbying of medical liability reform opponents.

By traveling to Washington, physicians demonstrated their passion for their patients, their profession and the quality of health care in this nation. This passion is a hallmark of NASS’ advocacy efforts, and especially the NASS members who lead them.

**Coding and Reimbursement**

NASS Socioeconomic Affairs Council continued to participate actively in the CPT/RUC process on behalf of NASS members. In 2004, Dr. William Mitchell, chair of the Operative Coding Committee, represented NASS at all RUC meetings. Both Drs. Mitchell and Mick were highly successful in the codes and values they brought to the process and deserve special recognition.

Among the highlights for 2004 was the successful effort to gain a higher reimbursement value for Low Osmolar Contrast Media (LOCM; aka Omnipaque) prescriptions. NASS lobbied CMS to reimburse Omnipaque at the same rate as other prescribed drugs, which is 106% of Average Sales Price (ASP). CMS, in their 2005 Physician Fee Schedule (which is based on recommendations made in 2004), announced that as of April 2005, all LOCM prescriptions would be reimbursed at the 106% rate. At the August 2004 CPT Editorial Panel meeting, NASS presented a recommendation for nine new Category III tracking codes for Total Disc Arthroplasty procedures. These recommendations were accepted by the CPT Panel and included in the 2005 CPT manual.

At the end of the year, Coding and Reimbursement was involved in developing a trial New Technology Task Force, wherein the Operative and Nonoperative Coding Committees, along with Multidisciplinary Care and Clinical Guidelines committees, reviewed literature on a new technology and wrote recommendations on the efficacy of the procedure.

At the end of 2004, the Council also began to study the issue of Pay-For-Performance. Pay-for-Performance is an alternative reimbursement system that seeks to pay physicians based on the quality of the outcomes of their patients, giving a financial incentive to providers to seek the best treatment for a diagnosed problem. CMS is conducting several pilot projects where they use Pay-For-Performance as part of their reimbursement package. This issue could become a significant new direction for physician reimbursement and NASS will continue to be at the forefront of the discussions.
The World Spine Society—which was founded by unanimous vote during the August 2003 WSII meeting in Chicago, Illinois—has been thriving since its inception and is quickly gaining momentum. Though the Society is financially supported and staffed by the North American Spine Society, it has its own Executive Committee and Board of Directors, as well as a rapidly growing membership. World Spine meetings are now run by the World Spine Society: the WSIII was planned during 2004 and will take place in Rio de Janeiro, Brazil, July 31-August 3, 2005.

In addition, the World Spine Society will have an international World Spine e-Journal, which was assembled behind the scenes during 2004 and will be unveiled on the World Spine Society Web site shortly before the WSIII meeting in 2005. The purpose of this e-Journal is to make research and information easily accessible for WSS members via the internet. A preliminary Editorial Board was formed in 2004. The inaugural issue will feature articles written by many of the World Spine Society’s leadership, as well as abstracts with links to articles on spine topics from around the world.

SCRUBBs—

Spine Care Relief United Beyond Borders

The SCRUBBs project was created in 2004 by President Thomas J. Errico, MD. The mission of this new philanthropic branch of NASS is to bring much-needed medical attention to spine patients worldwide through sponsoring medical mission trips, organizing NASS volunteers to donate their time in surgery, coordinating donations of supplies and equipment, and granting funds to existing relief organizations. Led by Dr. Andrew Moulton, SCRUBBs has already participated in several relief trips since its inception, including trips to the Dominican Republic and to Malawi, Africa. The new Web site went live in 2004, with information and applications for volunteers and grants, as well as information on past trips, the SCRUBBs mission, photo journals and articles from SpineLine. Other SCRUBBs initiatives include translating selected NASS patient education brochures into languages spoken by many SCRUBBs patients and serving as a conduit between companies and relief organizations and hospitals in need of instrumentation and equipment. For more information on how to become involved in this exciting new initiative, please e-mail scrubbs@spine.org.

“One of the personal rewards of this year was to be part of the formation of SCRUBBs to respond to natural disasters and provide spine care in underdeveloped regions.”

- Thomas J. Errico, MD, NASS 2004 President
Membership Statistics
In 2004, NASS welcomed 392 new members, bringing the total membership to 3,971. The current membership is comprised of 22 specialties, with orthopedic surgery (55.1%), neurosurgery (21.3%), physiatry (11.2%) and anesthesiology/pain management (5.7%) dominating. Although NASS has members in 45 countries, membership is primarily based in North America (95.6%).

NASS Recognition Awards
Each year, awards are presented at the NASS Annual Meeting to individuals nominated for their outstanding contributions to NASS and the field of spine care. The awards are named for past NASS leaders who exemplified excellence and dedication. The 2004 winners are:

James Weinstein, MD (Lebanon, NH) - Wiltse Award for outstanding contributions to the field of spine surgery

Edward Benzel, MD (Cleveland, OH) - Farfan Award for outstanding contributions to the field of spine care, especially in biomechanics and nonoperative care

Tom Mayer, MD (Dallas, TX) - Selby Award for outstanding dedication and ongoing service to NASS

The Spine Journal
The Spine Journal opened a new chapter in 2004 with the appointment of Charles L. Branch, Jr, MD, as Editor-in-Chief to replace founding Editor-in-Chief Tom Mayer, MD. “Under the superb stewardship of Dr. Tom Mayer, The Spine Journal (TSJ) has risen from a concept to a significant scientific publication in just a few short years,” wrote Dr. Branch in his first TSJ editorial. “The appointment of Deputy Editors Gene Carragee and Dan Resnick, respected orthopedic and neurologic surgeons respectively,” continued Dr. Branch, “along with a new Editor-in-Chief, gives the journal a sense of newness that builds upon its already established solid foundation.”

At the outset of his appointment, Dr. Branch outlined his mission to “insure and protect the quality of the scientific communication published in TSJ” and to “achieve a balance that keeps the journal readable and relevant.” He called upon authors to submit their best manuscripts and asked reviewers “to provide constructive critique so that the potential for enhancements of The Spine Journal may come from a constellation of thoughtful minds, and not just a few.”

In addition to new editorial leadership, The Spine Journal implemented a new electronic editorial system (EES) in 2004 that allows authors to submit manuscripts electronically and track them through the review and revision processes. Reviewers, deputy editors and the Editor-in-Chief access their assignments online so the NASS editorial office can efficiently manage manuscripts entirely paperless.

NASS published two TSJ supplements in 2004: Proceedings of the 19th Annual Meeting (October) and a very well-received special issue on disc arthroplasty (November). TSJ again co-sponsored the annual Outstanding Paper Awards program in 2004; winners are listed in the “Research” section. Winning papers were published in the January/February 2005 issue of the Journal and five runners-up were published in the March/April 2005 issue.

The continued success and growth of The Spine Journal as this new chapter unfolds is attributable to the TSJ Editorial Board listed at right. We thank them for their dedication and for helping to develop The Spine Journal into the premier spine journal.
**SpineLine** continues to receive accolades from members and readers for its high-quality, relevant content. Medical Editor Stuart Weinstein, MD, and the SpineLine Editorial Board developed an ambitious editorial calendar and recruited top-notch authors to bring new ideas to the table, confront controversies and shed light on the issues challenging the NASS community of spine care providers.

**SpineLine** presented an impressive variety of Invited Reviews and cover stories in 2004 including:

- **“From a Different Perspective: The Basics of a Patient Safety System.”** Aviation analyst and National Patient Safety Foundation Board Member John Nance outlined principles of a “human safety system” that were pioneered in aviation and discussed their applicability to medical practice (January/February).
- **“Treating Back Pain: A National News Story”** looked at the controversial coverage in the mainstream media of how back pain is treated in the United States (March/April).
- **“The Role of Bioreabsorable Products in Spinal Surgery”** reviewed the rapidly evolving technology of bioreabsorables, their currently approved indications for use and the investigational status of those not yet approved (May/June).
- **“Biomechanics of Dynamic and Static Anterior Cervical Plates”** presented a history and review of the biomechanical design of static and dynamic plate implants (July/August).
- **“Regulators, Litigators and Morphine: Contradictory Legal Policies in the Regulation of Opioid Treatment of Chronic Noncancerous Pain”** examined the conundrum facing physicians between overprescribing or underprescribing pain medication in today’s legal environment (September/October).
- **“Interpreting Medical Literature: Understanding and Contending with Bias”** presented SpineLine readers with two interesting perspectives on the importance of analyzing medical literature with a critical eye (November/December).

Curve/Countercurve authors didn’t pull any punches in 2004 as they opined on controversial topics framed by SpineLine Editors Jeff Wang, Robert Gatchel and Medical Editor Stuart Weinstein:

- “Spinal Cord Stimulation vs Intrathecal Opioid Pump: Options for Failed Back Surgery Syndrome”
- “Controversies in Surgical Treatment of LBP: Fusion or Disc Replacement?”
- “Discectomy: Endoscopic Foraminal or Standard Transcanal?”
- “Cervical Radicular Pain: Transforaminal vs Interlaminar Steroid Injections”
- “Autologous Bone Graft or BMP-2 for Spinal Fusion?”
- “How to Interpret Waddell Signs in the Clinical Evaluation of an Injured Worker with Chronic Low Back Pain”

In addition to Invited Reviews and Curve/Countercurve, SpineLine presented regular features and columns including Literature Review, Abstract Commentary, Practice Management, Coding Q&A, Ethical/Legal, Advocacy, Legislative Affairs/PAC and NASS News. Each issue began with thought-provoking messages from Medical Editor Stuart Weinstein and NASS President Thomas Errico.

**Patient Education**

NASS took its patient education efforts to new levels in 2004 with the publication of two books. “Know Your Spine” is an easy-to-read 24-page booklet that provides a quick guide to spine anatomy and includes preventive care tips. “Your Spine: An Owner’s Manual” is a more comprehensive guide that covers anatomy, preventive care, the full spectrum of spinal disorders and degenerative conditions, diagnostic methods and standard treatment options. Both books are available to physicians through the NASS office and to patients on Amazon.com.

A number of new patient education brochures on topics including “Artificial Disc,” “Acute Low Back Pain” and “Scoliosis” were introduced in 2004 as well, bringing the number of titles to 27 (with 10 additional Spine Health handouts on prevention also available.) This information is also available in the “For Spine Patients” on the NASS Web site. For more information, sample copies and order forms, call NASSat 1-(877) SpineDr.
Spine Health 2004

Each spring, NASS launches its Spine Health campaign focusing on an important issue in spine care. This year, the goal was to encourage patients to take an active role in their health care. With the help of an educational video titled, “Becoming a Safety Savvy Patient”, educational brochures and member spokespersons, NASS was able to spread the word about the importance of good patient-doctor communication and arm patients with effective ways to become more involved in their treatment, diagnosis and recovery.

The video featured NASS 2004 President, Dr. Thomas Errico and the success story of a well-informed patient. The patient education video, brochures and tip sheets were packaged as a “kit” along with balloons, water bottles and other promotional materials and were available for display in waiting rooms and other prominent locations in the community. Members were encouraged to hold community days and open houses so patients had an open forum for discussion.

Along with the patient outreach, NASS produced a two-minute Video News Release (VNR) publicly introducing the artificial disc to targeted trade and broadcast media around the world. The package featured NASS member Dr. George Miz and an artificial disc patient who achieved full recovery. The VNR was successfully picked up by more than 200 stations and reached over three million viewers.

The 2004 Spine Health campaign proved, once to again, to be a success. NASS is committed to raising public and patient awareness of important issues in the spine care field as it looks forward to next year’s campaign.

Professional Conduct & Ethics

The NASS Professional Conduct & Ethics Committee, led by Howard Morgan, MD, continued its mission to review cases of possible ethical misconduct in relation to, in most cases, expert witness testimony. The Committee is also working actively, in light of AdvanMed and newly revised ACCME guidelines, to further expand the purview of the NASS Code of Ethics to cover the ethics of disclosure.

NASS Archives

The Archives Task Force collects NASS historic documents and artifacts for creation of a museum that is dedicated to the history of spine care. The new and improved SpinePosts from The Spine Journal and the Spine History on the Internet (a guide to Internet resources related to the history of spine, spine care and the history of medicine) can be found on the NASS Web site. Additional benefits include an exhibit at the Annual Meeting each year displaying a prominent figure in spine care and the collection of Signature Edition books, a special collection of books that are signed by the authors related to spine care and education. The task force also coordinated sponsorship of a permanent exhibit on spinal surgery at the Chicago International Museum of Surgical Science and created a 20th anniversary timeline.
Where there is growth, change cannot be far behind. Over the course of the 2004 calendar year the NASS Board of Directors, in conjunction with the NASS Development Team has been working diligently to raise $3 million dollars in Capital Campaign funds to support the construction of the much-heralded NASS Spine Masters Institute (current working title). Construction on the facility is set to begin as early as midsummer 2005. Although the buildout of the facility will take place on a sliding timeline, the NASS staff is currently gearing up to move into the new facility as early as January 2006, following a donor reception and inaugural dedication ceremony on the grounds.

From its inception, the projected 29,000 square foot Spine Masters Institute was conceived based on the idea that it was to be the most technologically advanced, state-of-the-art spine education facility in existence, created specifically to meet the needs of spine specialists who want to increase their proficiency in hands-on surgical techniques. In addition, the Spine Masters Institute has expanded its scope to become a highly-acclaimed, multidimensional learning facility designed to accommodate an ever-expanding educational base.

Upon completion, the Institute will offer focused instructional courses that span a variety of spine-related topics. The facility will be outfitted with a custom-designed, 14,000 square foot bioskills laboratory and related facilities that will house 10 fully-equipped workstations designed with anatomic models, audio/visual feeds, water and compressed air and both vacuum and electronic hookups. Course participants will watch as an instructor demonstrates techniques while simultaneously practicing on cadaveric specimens.

In addition to the hands-on work area, the facility will also house an attached classroom and a multimedia center which will be the main hub for the society’s telecommunications needs, including video teleconferencing and webcasting. By providing health care professionals access to classes online, the center will not only allow class participants to watch instructors perform these procedures in real-time, but will also provide the ability to interact with each other throughout the broadcast.

In the wake of a recent trip to view the new building site, NASS president Jean-Jacques Abitbol, MD, outlined some of the benefits of the Spine Masters Institute, discussing how “the new bioskills and multimedia facilities will allow us to advance spine education to new levels while disseminating the highest quality of spine education throughout the world.” Truly a tall order, but it is a challenge that NASS plans on tackling head-on with the intent of emerging as the leader in spine education.

One of the great things about change is that it keeps people and practices from becoming stagnant. Just as the field of spine care continually evolves, so will the Spine Masters Institute continue to expand its role as a hub for the education, growth and development of spine care professionals. As the 2005 calendar year progresses, the NASS Board of Directors and the Development Team will continue to actively participate in the fundraising process to raise the money to support both the construction of the facility and the buildout of the bioskills laboratory. While much of our fundraising focus will be geared toward our corporate partners, member donations in a variety of forms are also greatly appreciated. For more information about NASS’ development efforts, or to make a donation directly to the Capital Campaign, please contact Andrea Ridenour, NASS Development Manager, at ridenour@spine.org or call (708) 588-8087.
North American Spine Society  
National Association of Spine Specialists  
Consolidated Statement of Financial Position  

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<td>Accounts receivable (net of reserve for doubtful accounts)</td>
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<td>241,971</td>
</tr>
<tr>
<td>Pledges receivable</td>
<td>1,000</td>
<td>134,000</td>
</tr>
<tr>
<td>Other receivables</td>
<td>11,752</td>
<td>34,560</td>
</tr>
<tr>
<td>Deposits and prepaid expenses</td>
<td>167,706</td>
<td>179,457</td>
</tr>
<tr>
<td>Inventory</td>
<td>139,539</td>
<td>95,754</td>
</tr>
<tr>
<td>Total current assets</td>
<td>$2,194,088</td>
<td>$2,140,875</td>
</tr>
<tr>
<td><strong>INVESTMENTS - at market value</strong></td>
<td>1,854,033</td>
<td>1,130,181</td>
</tr>
<tr>
<td><strong>PROPERTY AND EQUIPMENT - net of depreciation</strong></td>
<td>1,022,740</td>
<td>836,668</td>
</tr>
<tr>
<td>Total assets</td>
<td>$5,070,861</td>
<td>$4,107,724</td>
</tr>
<tr>
<td><strong>LIABILITIES AND NET ASSETS</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>CURRENT LIABILITIES</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Accounts payable</td>
<td>$369,796</td>
<td>$390,354</td>
</tr>
<tr>
<td>Accrued expenses</td>
<td>171,028</td>
<td>161,008</td>
</tr>
<tr>
<td>Deferred income</td>
<td>680,592</td>
<td>236,583</td>
</tr>
<tr>
<td>Total current liabilities</td>
<td>1,221,416</td>
<td>787,945</td>
</tr>
<tr>
<td><strong>NET ASSETS</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Unrestricted</td>
<td>2,695,567</td>
<td>2,467,376</td>
</tr>
<tr>
<td>Permanently restricted</td>
<td>1,153,878</td>
<td>852,403</td>
</tr>
<tr>
<td>Total net assets</td>
<td>3,849,445</td>
<td>3,319,779</td>
</tr>
<tr>
<td>Total Liabilities and net assets</td>
<td>$5,070,861</td>
<td>$4,107,724</td>
</tr>
</tbody>
</table>
### Combined Statement of Activities


<table>
<thead>
<tr>
<th></th>
<th>2004</th>
<th>2003</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>INCOME</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dues and fees</td>
<td>$1,406,409</td>
<td>$1,249,554</td>
</tr>
<tr>
<td>Sales - publications and advertising</td>
<td>235,568</td>
<td>185,464</td>
</tr>
<tr>
<td>Educational Programs</td>
<td>4,800,634</td>
<td>4,963,610</td>
</tr>
<tr>
<td>Sponsorships and support contributions</td>
<td>1,191,972</td>
<td>1,300,677</td>
</tr>
<tr>
<td>Royalties</td>
<td>87,080</td>
<td>62,166</td>
</tr>
<tr>
<td>Investment income/(losses)</td>
<td>201,172</td>
<td>191,582</td>
</tr>
<tr>
<td>World Spine Society</td>
<td>353</td>
<td>15,848</td>
</tr>
<tr>
<td><strong>Total income</strong></td>
<td><strong>7,923,188</strong></td>
<td><strong>7,968,901</strong></td>
</tr>
<tr>
<td><strong>EXPENSES</strong></td>
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<td></td>
</tr>
<tr>
<td>Member Services</td>
<td>534,269</td>
<td>313,404</td>
</tr>
<tr>
<td>Publications</td>
<td>898,968</td>
<td>717,390</td>
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<tr>
<td>Grants and awards</td>
<td>241,453</td>
<td>225,276</td>
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<tr>
<td>Research and Scientific Affairs</td>
<td>335,454</td>
<td>299,891</td>
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<tr>
<td>Educational programs</td>
<td>3,358,330</td>
<td>3,786,622</td>
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<tr>
<td>Advocacy</td>
<td>1,236,380</td>
<td>1,211,861</td>
</tr>
<tr>
<td>World Spine Society</td>
<td>124,457</td>
<td>38,149</td>
</tr>
<tr>
<td>Fundraising</td>
<td>48,939</td>
<td>32,604</td>
</tr>
<tr>
<td>Management and general</td>
<td>615,273</td>
<td>704,151</td>
</tr>
<tr>
<td><strong>Total expenses</strong></td>
<td><strong>7,393,523</strong></td>
<td><strong>7,329,348</strong></td>
</tr>
<tr>
<td><strong>INCREASE (DECREASE) IN NET ASSETS</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Net assets - beginning of year</td>
<td>3,319,780</td>
<td>2,680,227</td>
</tr>
<tr>
<td>Net assets - end of year</td>
<td>$3,849,445</td>
<td>$3,319,780</td>
</tr>
</tbody>
</table>