# 2015 Annual Report

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The year of the NASS 30th Anniversary was a great one for our organization and members. Despite the changes in the field of medicine and declining reimbursement, NASS is thriving and continues to assist and advocate for its members inside and outside the geographic confines of North America.

In 2015, several long-term NASS goals were realized, including the successful repeal of the Medicare Sustainable Growth Rate (SGR), which will improve patient access to care and provide fair and value-based payment for physicians.

In addition, NASS more fully assumed the mantle of leadership in the international spine care community. The vast responsibilities that come with this leadership will require NASS committees and the board to actively monitor and balance our organization’s priorities to ensure success and consistency.

The demands for international spine education are increasing and NASS is answering that call. The first-ever cadaver course in China was produced by NASS in May 2015. Our visiting fellowship program between China and the United States has flourished, with several hundred Chinese surgeons opting to visit and learn in the United States. 2015 also marked the first time a nonoperative physician from the United States completed an eastern medicine observational fellowship in China—the circle of education is now complete.

The Spine Journal continues to hold the highest impact factor for any journal dedicated to spine. As the number of submitted papers dramatically increases with each year, an open access journal is being considered. Further, we are pursuing options for publishing The Spine Journal in multiple foreign languages. NASS’ news and clinical publication, SpineLine, remains popular and influential with members. SpineConnect, our global online forum, is flourishing. Its case sharing feature is popular and has a far reach, connecting spine specialists all over the world.

NASS committees remain hard-working and diversified in member representation. In particular, I would like to highlight the work of the Health Policy Committee volunteers, who do exceptional work at an extraordinarily high volume, providing commentary to more than 100 different inquiries this year. The Spine Registry pilot is in full swing with more than 50 members submitting their own data. This work continues to evolve and is now being sought out as a source to assess data in clinical trials. In its first full year, the Spine Foundation distributed its first research grants.

The 30th NASS Annual Meeting was held in Chicago and was a wonderful success, bringing together thousands of spine specialists from across the globe. More than 1,200 abstracts were submitted and 250 platform presentations were completed. More than 300 exhibitors displayed their products and services at the Technical Exhibit. We again offered a popular Surgical Showcase with cadaver surgeries and training workshops.

I would like to thank my fellow board members and past board members for their thoughtful work and support of my efforts. Thank you to the expert, professional staff at NASS—you make it easy for members to volunteer and contribute in significant ways. Finally, thank you to NASS members for your support, for asking the right questions, and for partaking of and improving our educational events. By continuing to work together, we will better be able to make changes in medicine to benefit our patients and our profession.

Heidi Prather, DO
NASS President 2014-15
2015 BOARD OF DIRECTORS

Heidi Prather, DO  
President

Christopher M. Bono, MD  
First Vice President

F. Todd Wetzel, MD  
Second Vice President

Daniel Resnick, MD  
Secretary

Jeffrey C. Wang, MD  
Treasurer

William C. Watters III, MD, MS  
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Administration and Development Council Director

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Clinical Research Development Chair

Alan Hilibrand, MD  
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Education Council Director

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Jerome Schofferman, MD  
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Evidence Compilation and Analysis Chair

Mitchel Harris, MD, FACS  
Governance Committee Chair

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Health Policy Council Director

Charles Reitman, MD  
Research Council Director

William Mitchell, MD  
Section Development Chair

David Rothman, PhD  
NASS Ethicist

Joseph S. Cheng, MD, MS  
Payor Policy Review Chair

Eric J. Muehlbauer, MJ, CAE  
Executive Director
At the conclusion of the 2015 membership year, NASS maintained a roster of 8,455 members in good standing, including 1,546 new members recruited throughout the year. The Membership Committee developed a means for nonphysician/PhD members who have contributed to the society to become Active Members and continued discussion regarding the role of individuals in membership not directly affiliated with patient care, research or advocacy.

In 2015, our global online forum, SpineConnect, generated:
- 1,035 Open Forum posts on 145 topics (more than an average of seven replies per original post)
- 274 unique Open Forum contributors
- 4,773 members/attendees logged into the site
- More than 22,000 total logins

Additions to the forum include:
- Find-a-Specialist patient search engine
- Communities for in-training and new members
- Section-based topical member forums
- FellowshipConnect
- Monthly polls

Meeting Services

NASS Meeting Services managed approximately 25 meetings throughout the year, ranging from 10 to more than 6,500 participants. Meetings include the Annual Meeting, Evidence & Technology Spine Summit, Spine Across the Sea, Board/SIG meetings, instructional courses/workshops and various committee meetings.

Meetings Held: 25
Hotels Contracted: 20–25
Total Room Nights Contracted: 15,000–20,000
Estimated Total Contract Value: $3,750,000–$5,000,000
The 2015 CME calendar began with a Basic and Advanced Lumbar Spinal Injections course January 23-24 in Phoenix at the Science Care Training Lab. The course was co-chaired by Benoy V. Benny, MD and Douglas M. Burns, MD. The course and facility were very well received by the attendees. The meeting was sold out, with 40 attendees, including seven international attendees representing Brazil, Canada, Columbia, Egypt and Mexico.

The evaluation was completed by 35 participants: 71% orthopedic surgeons, 14% neurosurgeons and 6% anesthesiologists. Of those who completed the evaluation, 0% indicated they were PM&R physicians. 100% of respondents indicated that the content was useful to their practice and that participation in the course would improve their future professional effectiveness. The majority of comments indicated that participants would incorporate the following treatments into their practices: transforaminal epidural injections and radiofrequency ablation. The faculty was highly rated, with 91-100% top scores.

The Evaluation and Treatment of Adult Spinal Deformity: Skull to Sacrum course took place February 6-7 in Phoenix at the Science Care Training Lab and was chaired by Sigurd H. Berven, MD. Attendance was higher than the previous year, with 30 attendees and six stations. Five companies participated with lab equipment for the course including Biomet, DePuy Synthes, Globus, Medtronic and NuVasive. The evaluations were very positive. Attendees enjoyed the lab station rotations and one-on-one interactions with the faculty and companies.

Winter Coding Update 2015: Essentials and Controversies of Spine Care Coding was held February 27-28 at Cliff Lodge in Snowbird, UT and chaired by Dale Blasier, MD, FRSCC, MBA and Scott Horn, DO. With 23 attendees, participation was on par with recent winter courses. This year it was not marketed in conjunction with the Evidence & Technology Spine Summit, but as a separate offering. Attendees were pleased with the course and faculty. However, due to declining attendance and rising costs, NASS will no longer offer a winter Coding Course. There will be a spring course April 8-9, 2016, at the Palomar Hotel in San Diego, in addition to the pre-meeting course at the 2016 Annual Meeting.

In its fourth year under NASS’ direction, the Evidence & Technology Spine Summit was held February 26-28 at the Cliff Lodge in Snowbird, UT. Although attendance was lower than it has been since NASS took over the event in 2012, attendees were pleased with the program. Featuring medical, surgical and joint didactic sessions, as well as ePosters, a medical workshop and a technical exhibition, the 11th Annual Evidence & Technology Spine Summit was attended by more than 150 participants. Attendees came from 33 U.S. states, plus Australia, Chile, Denmark, Japan, Panama, South Korea and the United Kingdom.

Leslie Norwalk, Strategic Counsel to Epstein Becker Green, a national law firm that specializes in health care and life sciences, gave a keynote presentation on the “Future of Health Care.” Prior to this role, Ms. Norwalk served the Bush Administration as the Acting Administrator for the Centers for Medicare & Medicaid Services (CMS).

The conference concluded with a Joint Session/Town Hall Meeting that addressed questions and discussed controversies facing NASS and the future of medicine. Attendees and faculty enjoyed the location and weather. NASS will hold the 12th Annual Evidence & Technology Spine Summit from February 24-27, 2016 back at The Canyons in Park City, UT.

The Advanced Interventional Spine Procedures for Complex Pain and Functional Impairment course scheduled for May 1-2 at the Spine Education Research Center (SERC) and chaired by E. Kano Mayer, MD was canceled due to lower than anticipated registration.

The Complication Avoidance and Management in Minimally Invasive Spine Surgery course was held May 29-30 at SERC and chaired by Sheeraz Qureshi, MD and Kern Singh, MD. We had 23 attendees, and five companies participated in the lab sessions: DePuy, Life Spine, Medtronic, Orthofix and Globus. Attendees noted that the course was informative and organized with experienced and knowledgeable speakers.

The Art and Science of the Physical Examination course was held June 26-27 at SERC and chaired by Gregory Whitcomb, DC and co-chaired by Rick Placide, MD, PT. There were 18 registered attendees and nine faculty members. The attendees were mostly physician assistants, nurses and nurse practitioners.

Two members of the Section on Radiology participated with radiology lectures, reinforcing collaboration efforts. The course ran very smoothly and the hands-on practical sessions were favored by most attendees.

Spine Across the Sea, a collaborative event between NASS and the Japanese Society for Spine Surgery and Related Research (JSSR) took place July 26-30 on the Big Island, Hawaii. The chairs, Tom Mroz, MD and Wellington Hsu, MD from NASS and Hiroaki Nakamura, MD, PhD from the JSSR, assembled a great meeting that incorporated faculty from NASS and JSSR into each symposium to ensure each session and symposium were truly collaborative. Of the 212 abstracts submitted, 89 podium presentations and 31 eposters were accepted.
Presented symposia included: Cervical Myelopathy (OPLL), Biologics: New Technologies and Stem Cell; Adult Spinal Deformity: Where are We Now?; Minimally Invasive Spine Surgery: Degenerative Spondylolisthesis Debate; Management and Treatment of Sports-Related Spine Injuries and Complications in Cervical Spine: My Worst Case. Attendance at the meeting was more than anticipated. Attendees noted on the evaluations that this collaborative meeting was one of their favorite events and that they definitely plan to attend in the future.

The Fundamentals of Spine Surgery and Interventional Pain Management hands-on cadaver training course for residents and fellows took place August 21-22 at the Science Care lab facility in Long Beach, CA. The course chairs, Edward Dohring, MD and Donna Lahey, RNFA, assembled a top-notch faculty which included Jeffrey Wang, MD; Patrick Hsieh, MD, MS; Paul Park, MD; Chris Ornelas, MD; Serena Hu, MD; Joseph Cheng, MD, MS; Alison Stout, DO and Paul Gause, MD. In its third year, the training had 24 attendees with seven stations: one focusing on injections and six focusing on surgical treatments. Companies participating in the lab sessions included Alphatec Spine, DePuy Synthes, NuVasive, Orthofix, Stryker and Zimmer Biomet. Lab rotations for both injections and surgical stations gave the fellows a balanced educational experience. The attendees were very complimentary of the course and indicated that they learned a great deal during the didactic and lab sessions.

30th ANNUAL MEETING
October 14-17, 2015, Chicago, Illinois

The Annual Meeting continues to offer an outstanding educational experience and provide high-quality continuing medical education for its members. A record 1,180 abstracts were submitted for consideration. The scientific program offered more than 500 presentations, including symposia, best paper presentations, ePosters, instructional courses and technique workshops. The Program Chairs were Michael D. Daubs, MD and Gwendolyn Sowa, MD, PhD.

The Technical Exhibition featured 340 companies and educated more than 3,100 professionals on the latest developments in equipment, supplies and services available in the spine care field. Earning more than $3.6 million and covering 87,000 net square feet, the Technical Exhibition featured the Surgical Innovation Labs, where exhibitors could demonstrate their products on cadaveric specimens and hold training workshops, the Learning Place, featuring the ePosters and the exercise demonstration area for learning new exercise-based therapies and a Career Fair, where members could search for new career opportunities amongst the live companies recruiting.

ONLINE COURSE & WEBINAR OFFERINGS

In 2015, NASS offered 22 OnDemand courses at www.spine.org including:

- Section on Radiology Webinar Series
  - MRI Essentials for the Spine Specialist: Cervical and Lumbar MRI (expires 7/7/2016)
- Section on Allied Health Webinar Series: Collaborative Concepts in Spine Care
  - Triage (expires 7/1/2016)
  - Medical Necessity (expires 7/18/2016)
  - An Integrated Model (expires 8/26/2016)
- Section on Biologics & Basic Research Webinar Series
  - Infection Control (expires 7/1/2016)
  - Osteoporosis and the Elderly (expires 7/22/2016)
  - BMP: Risk Management Strategies (expires 8/26/2016)
- ICD-10 Webinar (expires 10/1/2017)
- Understanding and Developing Online Strategies for Growing Your Practice or Business (expires 6/1/2018)
- Cervical Spine Degenerative Disorders and Management (expires 7/1/2018)
- Annual Meeting Symposia OnDemand:
  - 2012 (expires 10/26/2015)
  - 2013 (expires 10/11/2016)
  - 2014 (expires 11/14/2017)
  - 2015 (released in late October 2015)
- Evidence & Technology Spine Summit OnDemand:
  - 2014 (expires 2/28/2017)
  - 2015 (expires 2/28/2018)
- 2014 Summer Spine Meeting OnDemand (expires 7/26/2017)
- 2015 Spine Across the Sea OnDemand (expires 7/31/2018)
### 2015 Annual Meeting Abstract Analysis

<table>
<thead>
<tr>
<th>Abstract Category</th>
<th>Total Submitted</th>
<th>Total Accepted</th>
<th>% Accepted Compared to Total Submitted</th>
<th>Total Number of Papers Accepted</th>
<th>% Accepted Compared to Total Submitted</th>
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<tr>
<td>Allied Health</td>
<td>11</td>
<td>7</td>
<td>64%</td>
<td>7</td>
<td>64%</td>
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<tr>
<td>Basic Science/Biologics</td>
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<td>31%</td>
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<td>Biomechanics</td>
<td>63</td>
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<td>Complications</td>
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<td>Diagnostics/Imaging</td>
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<td>Epidemiology/Etiology</td>
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<td>Exercise Therapies/Functional Restoration</td>
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<td>1</td>
<td>33%</td>
<td>1</td>
<td>33%</td>
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<tr>
<td>Injections/Interventions</td>
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<td>10</td>
<td>63%</td>
<td>6</td>
<td>38%</td>
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<tr>
<td>Motion Preservation</td>
<td>29</td>
<td>9</td>
<td>31%</td>
<td>6</td>
<td>21%</td>
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<tr>
<td>Socio-Economics/Industrial/ Ergonomics</td>
<td>43</td>
<td>15</td>
<td>35%</td>
<td>9</td>
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<tr>
<td>Spinal Deformity</td>
<td>207</td>
<td>62</td>
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<td>33</td>
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<td>Surgery-Cervical</td>
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<td>49%</td>
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<td>Surgery-Thoracolumbar</td>
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<td>68</td>
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<td>Trauma</td>
<td>34</td>
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<td>Total</td>
<td>1180</td>
<td>376</td>
<td>32%</td>
<td>195</td>
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<tr>
<td>Nonoperative</td>
<td>355</td>
<td>126</td>
<td>35%</td>
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<tr>
<td>Operative</td>
<td>825</td>
<td>250</td>
<td>30%</td>
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### Annual Meeting Attendance by Specialty

![Annual Meeting Attendance by Specialty](chart.png)
The NASS video department produces creative, dynamic content that informs viewers about courses/meetings, advocacy efforts and patient education initiatives, as well as spine procedures and techniques.

Some 2015 highlights:

- A Spine Education & Research Center video highlighted the facility’s features and the benefits of holding surgical and didactic courses at the facility.
- Dozens of testimonials were captured from past attendees and interviews with prominent chairpersons/faculty to emphasize the importance of course/meeting participation by highlighting specific topics and issues that resonate with targeted market segments. This footage was used to promote our meetings.
- A Paths to Leadership video showcased the challenge of being a physician and raising a family. Six physicians, four women and two men, shared their perspectives about balancing work and family life.
- Footage was captured of the Capitol Hill fly-in as NASS volunteers and staff met and discussed policy issues with members of Congress and the House of Representatives. A video was created to convey advocacy efforts to the membership.
- Three exercise videos were produced to show patients the appropriate ways to do neuromotor control exercises, core stabilization exercises and directional preference exercises.
- An Essential Sessions video was recorded during the annual meeting with approximately 25 session moderators summarizing the topics addressed during his/her respective session.
- Footage was captured during several hands-on courses and demonstrations for Spine Education & Research Center clients.

To view some of the video content, go to www.youtube.com/NASSspine.
Since Advocacy’s ascension to a NASS Council in 2014, it has made significant progress implementing a variety of programs aimed at strengthening NASS’ brand in Washington, DC. In addition to fostering critical relationships on Capitol Hill on behalf of spine specialists, NASS complemented these efforts through strategic member outreach programs. Each program was designed with the intent to increase congressional engagement opportunities for NASS members. Below are few examples of the key accomplishments in 2015.

**NASS’ Top Advocacy Victories in 2015:**

- NASS Advocacy played a key role in efforts repealing Medicare’s flawed Sustainable Growth Rate (SGR) formula. The bipartisan legislation passed overwhelmingly in both chambers of Congress, putting an end to the annual threat of provider cuts once and for all.
- As a result of intense congressional pressure, the Centers for Medicare and Medicaid Services (CMS) announced that Medicare claims would not be denied solely based on ICD-10 codes for one year, beginning October 1, 2015.
- NASS and its medical allies garnered enough support in the House of Representatives to repeal the Affordable Care Act’s (ACA) Independent Payment Advisory Board (IPAB).
- The President signed into law a two-year delay of the ACA’s 2.3% Medical Device Tax.
- The House of Representatives passed the 21st Century Cures Act, which included language to streamline interoperability requirements for Electronic Health Record (EHR) vendors.
- NASS secured congressional support for preserving the In-Office Ancillary Services Exemptions (IOASE) for physicians in response to the Obama Administration’s proposal for removal.
- Congress passed and the President signed into law legislation that provided eligible professionals (EPs) in the Medicare program greater flexibility to qualify for a hardship waiver under the Meaningful Use (MU) program.

**Member Engagement Activities:**

NASS Advocacy initiated a new grassroots program to support NASS members who volunteer their time to host members of Congress at their local practices. In 2015, NASS successfully coordinated 10 site visits and is currently planning additional meetings in 2016.

**Increased Presence on Capitol Hill:**

NASS’ annual Advocacy Conference was held on May 19 in Washington, DC. Several members of NASS’ Board and Advocacy Council heard from thought leaders across the health spectrum about physician shortage issues, value-based payments, EHR Interoperability, medical innovation and private contracting in Medicare. Special guest congressional speakers included Representatives Tom Price, MD (R-GA), Ami Bera, MD (D-CA) and Senator Bill Cassidy, MD (R-LA).

NASS Advocacy coordinated efforts with the North American Spine Foundation and U.S. Representatives Patrick Murphy (D-FL) and Tom Rooney (R-FL) to introduce a bipartisan resolution in support of the Foundation’s 10 X 25 Initiative. The resolution, H. Res. 432, aims to raise awareness about the Initiative by designating February 2016 as “National Spine Ability Month.” A total of 27 members of Congress signed on in support of this resolution.

**Expanding Influence:**

Implemented independent advocacy campaign—building the NASS brand in Washington, DC and informing key legislative offices of NASS’ positions on key issues impacting the spine care field. NASS staff held more than 150 independent meetings with congressional offices to establish contacts and promote NASS’ advocacy agenda.
RECOGNITION:
NASS Advocacy awarded Jeffrey J. Wise, MD of Warrenton, VA, the “Spine Advocacy Award” at the 2015 Annual Meeting in Chicago. The presentation of this award marked the first time a member of NASS was recognized for making exceptional contributions to federal advocacy efforts on behalf of the society.

SPINEPAC
NASS’ advocacy efforts could not exist without the support of SpinePAC, the political action committee of the National Association of Spine Specialists. SpinePAC continues to be the most effective means of accomplishing legislative success on behalf of spine specialists in Washington, DC. This was a banner year for SpinePAC as it raised nearly $80,000, which represents a 65% increase from the previous year. All NASS members are encouraged to contribute to SpinePAC. Learn more at: https://www.spine.org/Advocacy.aspx

In 2015, SpinePAC hosted its inaugural SpinePAC Golf Outing at the NASS Spine Across the Sea meeting in Hawaii. The event was a huge success, generating a total of $15,000 in donations to the PAC.

During the 2015 Annual Meeting in Chicago, NASS Advocacy hosted an Advocacy Symposium with faculty and guest speaker Mark Halperin, a political analyst/journalist and author. The PAC reception generated $12,500 for SpinePAC.
SPINEPAC 2015 Annual Report

It’s been a great year
Total fundraising in 2015 compared with past years

<table>
<thead>
<tr>
<th>Year</th>
<th>Amount</th>
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<tbody>
<tr>
<td>2012</td>
<td>$51,965</td>
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<tr>
<td>2013</td>
<td>$58,775</td>
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<td>2014</td>
<td>$47,006</td>
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<tr>
<td>2015</td>
<td>$78,651</td>
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We’re making a difference
Contributions to committees:

<table>
<thead>
<tr>
<th>Category</th>
<th>Amount</th>
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</thead>
<tbody>
<tr>
<td>House Energy and Commerce</td>
<td>$13,000</td>
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<tr>
<td>House Ways and Means</td>
<td>$5,500</td>
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<tr>
<td>Senate Finance</td>
<td>$4,000</td>
</tr>
<tr>
<td>Senate Health, Education, Labor, and Pensions</td>
<td>$3,000</td>
</tr>
</tbody>
</table>

SpinePAC Supports Healthcare Providers in Congress
In 2015, SpinePAC made contributions to the following physicians, nurses, and other providers:

- Ami Bera (D-CA)
- Brett Guthrie (R-KY)
- John Barrasso (R-WY)
- Larry Buchshon (R-IN)
- Phil Roe (R-GA)
- Randy Paul (R-KY)
- Raul Ruiz (D-CA)
- Renee Ellmers (R-NC)
- Tim Murphy (R-PA)
- Tom Price (R-GA)

For a list of 2015 political disbursements, please contact Madeline Kroll (mkroll@spine.org)

Thank you to PAC Club Members for Making 2015 a Banner Year!
Starting in January 2016, SpinePAC is introducing a new Club level program, including incentives for giving at each level. Stay tuned for more information, or contact Madeline Kroll (mkroll@spine.org) to find out how you can get involved today!

Diamond Club
$5,000

- Michael E. Farah, MD
- Michael J. Hitselberger, MD
- Robert E. Morris, MD
- D. Bruce Porter, MD
- John L. Price, MD
- Paul A. Glazer, MD
- Paul J. Anderson, MD
- Philip L. Schmader, MD
- Stanley E. Davis, MD

Platinum Club
$2,500-$4,999

- Donald J. Gruenewald, MD
- D. Bruce Porter, MD
- John L. Price, MD
- Paul A. Glazer, MD
- Paul J. Anderson, MD
- Philip L. Schmader, MD
- Stanley E. Davis, MD

Gold Club
$1,000-$2,499

- Alan R. Brown, MD
- Alan M. Willbrand, MD
- Arman Khachatrian, MD
- Brian J. Iannone, MD
- Christopher G. Purdy, MD
- Claudia S. Bernieri, MD
- David L. Maguire, MD
- Donald DeGange, MD
- Donna M. Lauer, MD
- Edward J. Stofel, MD
- Eric T. Thorne, MD
- F. Todd White, MD
- Heidi Plotkin, DO
- Jeffrey C. Wang, MD
- John A. Lopez, MD
- Jose E. Rodriguez, MD
- Michael A. Hinojosa, MD
- Mohamed N. Bhihas, MD
- Nilsha Naradwaj, MD
- Paul A. Glazer, MD
- Paul J. Anderson, MD
- Philip L. Schmader, MD
- Stanley E. Davis, MD

Silver Club
$500-$999

- Amos A. Schwartz, MD
- Brian M. Eiler, MD
- Clifford C. Douglas, MD
- Daniel S. Kelig, MD
- Eric L. Muhlbeier, MD
- Gail T. Greenspan, MD
- Gary B. Vergano, MD
- Harvey M. Birkholz, MD
- James G. Lynch, MD
- John L. Price, MD
- Joseph D. Elder, MD
- Joseph S. Cheng, MD
- Lawrence J. Lankar, MD
- Mark E. Ruiz, MD

Bronze Club
$250-$499

- A. Kay Khanna, MD
- Aaron R. Kall, MD
- Christopher D. Gerak, MD
- Constantino A. Triantou, MD
- Daniel I. Zarin, DO
- David A. Reardon, MD
- Dennis R. Golub, MD
- Donald J. Berardi, MD
- Douglas J. O’Shea, MD
- Emily S. Weiss, MD
- Eric S. Wiemer, MD

Friend

- A. Gordon Lyons, MD
- Alexander Curran, MD
- Amahraj Pillay, MD
- Andrew M. Craft, MD
- Anthony F. Fauci, MD
- Antonio Carbone, MD
- Antonino P. Rosta, MD
- B. Christopher Meyer, MD
- Babak Lahoz, MD
- Barbara W. Wiss, MD
- Brian M. Eiler, MD
- Christopher R. Davis, MD
- Craig B. Mayer, MD
- David D. Johnson, MD
- David S. Filler, MD
- David E. Sheinkopf, MD
- David B. Chudacoff, MD
- David S. Filler, MD
- David E. Sheinkopf, MD
- David B. Chudacoff, MD
- David S. Filler, MD
- David E. Sheinkopf, MD
- David B. Chudacoff, MD
- David S. Filler, MD
- David E. Sheinkopf, MD

Total Amount Raised in 2015
$78,651

"Participating in SpinePAC because in today’s changing healthcare environment, it is critically important that we as providers have a strong voice in the government decision making process as it relates to medicine. I view my participation in the PAC as an investment in the future of healthcare. In supporting SpinePAC I am supporting the interests of physicians, other medical professionals, our patients, and the communities we serve each day." - Donna Lebar, BABA, CHIR, The Spine Institute of Arizona
COMMITTEE ON ETHICS AND PROFESSIONALISM (CEP)

The CEP continually strives to “raise the bar” for ethics not only within NASS but in the entire field of spine care. To that end, its policies are constantly being reviewed and strengthened. In 2015, the committee revised and strengthened the Expert Witness Guidelines as well as the Code of Ethics. Both were ratified by the Board of Directors.

The Board of Directors ruled in October 2011 to make disclosure information—in range format—available to the general public. The 2015 annual public index includes all member disclosure information provided to NASS after February 2012 and the disclosure information provided was current as of July 7, 2014. Review 2015 Index

The committee finalized the online CME course “Nothing to Hide: Professionalism and Disclosure for the Spine Care Provider,” an engaging, dynamic video with content presented by F. Todd Wetzel, MD. This course helped members gain a better understanding of the importance of medical professionalism and the concept of conflict of interest (COI) in both the practice and business of medicine. The course was made complimentary to NASS members. Read course description

2015 CEP* contributions to NASS publications:
- “Evolution of Chinese and Western Medical Ethics” Muehlbauer, E. & Wetzel, FT. (SpineLine, May/Jun 2015)
- “Problem Patients, Difficult Doctors & Strained Encounters” Schofferman, J. (SpineLine, Jul/Aug 2015)

*Author information above is incomplete; for the purpose of this report, only current members of the committee are included.

PROFESSIONAL CONDUCT & ETHICS COMMITTEE (PCEC)

One case, initiated late in 2013, was reviewed and the committee determined there was a lack of jurisdiction in the matter. A second new case was submitted early in 2014 and a prima facie determination made in September, 2014. The case proceeded to a hearing which was held in conjunction with the 2014 Annual Meeting in San Francisco. The PCEC’s final report and recommendations were submitted to the Board of Directors for review and were ratified at the 2015 Summer Board Meeting. Two new complaints were submitted in 2015.

CONFLICT OF INTEREST REVIEW PANEL

In addition to the annual review of the Board of Directors’ disclosures and vetting of all new and reappointed committee chairs, 13 reviews were completed (self-referred, vetting of new leadership members, etc.).

PROFESSIONAL COMPLIANCE PANEL (PCP)

The PCP monitored a sample of sessions during the Annual Meeting and found that the vast majority of our disclosure rules are being followed. A couple of minor concerns were revealed and will be addressed accordingly in the future.

SECTION DEVELOPMENT COMMITTEE (SDC)

In 2015, the SDC continued working with consultant members who supplement the sections and act as expert advisors. The committee worked to better refine the vision for the future of Sections as “microcosms” of NASS by regularly contributing helpful articles and resources to SpineConnect and SpineLine.

2015 SDC contributions to SpineLine:
- “Wonder Medicine for the Spine: Hope or Hype?” Section on Biologics and Basic Science Research (SpineLine, Mar/Apr 2015)
- “15 Years of Lumbar Arthroplasty in the United States: A Perspective” Section on Motion Technology (SpineLine, May/ Jun 2015)
GRANTS

Each year NASS awards research grants to applicants with the highest quality spine-related research. Research funding is available for research grants, young investigator grants and nontraditional, nonsurgical treatment grants. The 2015 research funding application solicitation resulted in 169 letters of proposal with 39 invitations to submit full grant applications. In 2015, NASS awarded three grants and two fellowships for a total of $150,000:

Grant (Young Investigator—Clinical):
Development of a Virtual Reality Graded Exposure Intervention for Chronic Low Back Pain
Primary Investigator: Zina Trost, PhD
Amount: $46,300 Two-Year Grant

Grant (Basic)
Do Human Annulus Cells Actively Try to Repel Nerve Ingrowth into the Disc?
Primary Investigator: Helen E. Gruber, PhD
Amount: $41,025 Funding Year Two of a Two-Year Grant (Partial Funding)

Grant (Young Investigator—Basic)
Treatment with the NFkB Inhibitor NEMO-Binding Domain Peptide to Inhibit Disc Degeneration
Primary Investigator: Juliane Glaeser, PhD
Amount: $48,874 Funding Year One Only of a Two-Year Grant

Research Traveling Fellowship
Narihito Nagoshi, MD, PhD, Univ. of Toronto, Canada
Amount: $7,000

Clinical Traveling Fellowship
Gaurav Raj Dhakal, MBBS, MS, Washington Univ. Medical Center, Icahn School of Medicine Mount Sinai, Nicklaus Children’s Hospital (formerly Miami Children’s Hospital
Amount: $6,800

RESEARCH COUNCIL

In 2015, the Research Council was directed by Charles Reitman, MD; Zoher Ghogawala, MD, FACS; and Charles Cho, MD, MBA. The Council integrates evidence-based medicine into NASS projects and the spine field where possible. It analyzes evidence and helps provide scientific spine care information and recommendations to NASS members as well as regulatory and policy bodies. The Council conducts regular surveillance of the spine field, reviewing information from various government, quality and regulatory sources for issues of relevance, as well as from the American Medical Association and other specialty medicine-related groups. The Council provides evidence-based medicine training, literature search services and article retrieval for the society-at-large.

Council activities in 2015 included:

- **Advocacy and Health Policy Collaboration.** The Research Council collaborates with NASS Advocacy and Health Policy efforts, providing scientific input to NASS and the Alliance for Specialty Medicine. Issues include comparative effectiveness research, performance measurement, patient safety, regulation, health care and health care reform issues related to quality.

- **Government and Other Comments to Support Spine Care.** The NASS Research Council and its committees support spine care through various projects and comments submitted to government and other bodies. These comments can be viewed on the NASS website at [https://www.spine.org/Pages/ResearchClinicalCare/QualityImprovement/ScientificPolicyComments.aspx](https://www.spine.org/Pages/ResearchClinicalCare/QualityImprovement/ScientificPolicyComments.aspx). The Council performed the following reviews and submitted comments on the following in 2015:
  - 2016 Medicare Physician Fee Schedule Proposed and Final Rules
  - Physician Compare Benchmark Considerations
  - Pilot Measure Specifications for Acute and Sub-Acute Low Back Pain Functional Status Outcome Measure
  - AHRQ Draft Comparative Effectiveness Review: Noninvasive Treatments for Low Back Pain
  - Proposed and Final Rules for Stage 3 Meaningful Use Criteria for EHR Incentive Program
  - Proposed and Final Rules for Hospital Inpatient Prospective Systems for Acute Care Hospitals and the Long-Term Care Hospital Prospective Payment System
  - Request for Information Regarding Implementation of the Merit-Based Incentive Payment System, Promotion

2015 Research Award Winners (L-R). Clinical Research Development Chair, Zoher Ghogawala, MD, FACS with winners Juliane Glaeser, PhD; Helen E. Gruber, PhD; Narihito Nagoshi, MD, PhD; Zina Trost, PhD and Research Council Director, Charles Reitman, MD. (Not pictured: Gaurav Raj Dhakal, MBBS, MS.)
of Alternative Payment Models, and Incentive Payments for Participation in Eligible Alternative Payment Models
» Reclassification of Thoracolumbosacral Rigid Pedicle Screw Systems; Classification and Effective Date of Requirement for Premarket Approval for Dynamic Stabilization Systems
» Spine-Related Measures Under Consideration by Measures Application Partnership for Use in Federal Quality Reporting Programs

• **AAOS Clinician Scholar Development Program.** Each year NASS sponsors a participant interested in pursuing a career as a clinician scholar. The workshop sessions for this program focus on topics such as the career timeline, collaboration with scientists, mentorship, academic promotion, grants and funding resources, working with specialty groups, and balancing it all with a fulfilling personal life. Following their participation, these individuals author a *SpineLine* article to share their experience with our membership. In 2015, Emmanuel N. Menga, MD was sponsored by NASS for this program.

• **Food and Drug Administration (FDA).** The Research Council, in conjunction with the Health Policy Council, is responsible for oversight and surveillance of FDA-related issues. NASS convened a combined Spine Forum and Spine Summit one-day event on May 18, 2015 in Washington, DC, where clinical and policy issues of common interest were discussed by attendees. Eight spine-related societies, representatives from FDA, National Institutes of Health/National Institute of Arthritis and Musculoskeletal and Skin Diseases, and the Orthopedic Surgical Manufacturers Association participated. NASS also engaged the FDA in discussions about becoming an FDA Network of Experts organization.

• **Patient Centered Outcomes Research Institute (PCORI).** As PCORI developed comparative effectiveness questions for spine research funding, NASS participated in question development meetings and engaged PCORI in discussion regarding appropriate study methodology and developments specific to spine.

**EVIDENCE-BASED CLINICAL GUIDELINES**

NASS evidence-based clinical guidelines assist spine care providers in the diagnosis and treatment of spinal conditions. NASS uses a transparent, evidence-based methodology, incorporating levels of evidence and grades of recommendation in its guideline development. As a requirement of participation, NASS’ volunteer guideline authors are trained in evidence analysis.

Seven guidelines are available for free download on the NASS Web site, https://www.spine.org/Pages/ResearchClinicalCare/QualityImprovement/ClinicalGuidelines.aspx:

- Diagnosis and Treatment of Adult Isthmic Spondylolisthesis
- Diagnosis and Treatment of Degenerative Lumbar Spondylolisthesis (Revised 2014)

Additionally in 2015, the NASS Evidence-Based Guideline Development Committee finalized its list of clinical questions to be addressed in a new guideline topic, Diagnosis and Treatment of Low Back Pain. The guideline working group is composed of seven sections: Diagnosis, Imaging, Medical and Psychological Treatment, Physical Medicine and Rehabilitation, Interventional Treatment, Surgical Treatment and Cost-Effectiveness. The working group will address 82 clinical questions in these areas.

**APPROPRIATE USE CRITERIA (AUC)**

NASS continued its work on appropriateness criteria using a modified version of the RAND method. Currently, criteria on cervical fusion are available in hard copy and through the NASS mobile app. In 2015, work began on the new NASS AUC on Degenerative Lumbar Spondylolisthesis.

NASS representatives participated in other AUC projects, including the National Athletic Trainers’ Association project on Appropriate Care for the Spine-Injured Athlete, the Calgary Appropriate Use Criteria for Lumbar Fusion and AUCs related to spine through the American College of Radiology.

**PERFORMANCE MEASUREMENT**

NASS is a member of the Physician Consortium for Performance Improvement (PCPI)—a multi-stakeholder community for the advancement of measurement science, quality improvement, and clinical registries. In this forum, NASS voices its position on issues related to performance measures and value-based purchasing that may affect spine care providers. NASS staff and physician representatives, Carlos Bagley, MD and John Easa, MD represented NASS at the PCPI.

NASS held memberships on various advisory committees related to performance measurement, including John Easa, MD as NASS Representative on PCPI’s Measure Advisory Committee (MAC), Carlos Bagley, MD as NASS Representative on the National Quality Forum’s (NQF) Musculoskeletal Steering Committee, and David Chandler, MD as NASS Representative on the AAOS Board of Specialty Societies (BOS) Research Committee.
The NASS Performance Measurement Committee hosted two educational sessions at the 2015 Annual Meeting on “Navigating CMS Quality Initiatives (PQRS and Value-Based Modifier): How to Successfully Report and Avoid Payment Adjustments” and “Current CMS Quality Initiatives Reporting Requirements and Transition to the New Merit-Based Incentive Payment System (MIPS).” An educational document was also updated on the 2016 Physician Quality Reporting System and to identify measures in that program that apply to spine. https://www.spine.org/Pages/ResearchClinicalCare/QualityImprovement/PerformanceMeasurement.aspx

EVIDENCE-BASED MEDICINE TRAINING

In 2015, NASS began offering a new, interactive web-based training on the fundamentals of evidence-based medicine (EBM). The course combines recorded didactic presentations that may be watched OnDemand, homework assignments and a live webinar to allow for practice in critiquing studies and assigning levels of evidence. It is intended for those who wish to develop their skills in critically analyzing study methodologies and assigning levels of evidence to studies based on how the studies are being utilized to answer a specific clinical question. For information on the next online course, go to: https://www.spine.org/Education/ContinuingEducation/CoursesConferences.aspx.

In addition to the online option, NASS hosted a live course in conjunction with NASS’ 2015 Annual Meeting in Chicago. Both the online training and one-day live course fulfill the EBM training requirement for the committees where this is required.

PATIENT SAFETY

The Patient Safety Committee continues to administer the NASS Spine Safety Notice Program, monitoring government resources for patient safety-related notices that may be useful to NASS members, and distributing them via e-mail and member publications. In 2015, the committee issued 26 notices, including four high-impact spine safety alerts, 12 moderate-impact spine safety warnings and 10 low-impact spine safety cautionary notices of relevance to spine care and its providers. https://www.spine.org/Pages/ResearchClinicalCare/PatientSafety/SpineSafetyAlerts.aspx.

In addition, a multidisciplinary work group was organized and began revision of the Sign, Mark & X-ray document, which will now be a multi-society effort.

NASS SPINE REGISTRY

The spine field continues to need evidence to support treatment of spine disorders and injuries. Research is needed to help prove or disprove the effectiveness of various spine treatments as well as their value. The NASS Spine Registry will collect data to enhance understanding of spine care treatments and their resulting patient outcomes, as well as examine the natural history of spine disorders. NASS will track patient care and outcomes, with the long-term potential goals of using the data to develop measures for quality improvement purposes, best practices and to begin closing the gaps in medical evidence for spine care and for advocacy purposes.

In 2015, the core NASS registry platform was finalized. Site training was provided for pilot sites and the NASS Registry Pilot began. Pilot sites plan to collect data for 1,000 total patients to test registry processes and administrative and financial costs. Necessary adjustments needed as a result of the pilot will be made prior to a full launch. The registry design is aimed to keep costs and administrative burden at a minimum.

NASS also is an active member of the Physician Clinical Registry Coalition, which advocates for policies that enable the development of clinical data registries and enhance their ability to improve quality of care through the analysis and reporting of these outcomes.
The Health Policy Council, under the direction of David R. O’Brien, Jr., MD, oversees NASS’ activities related to coding and reimbursement, regulatory affairs, coverage, and value.

NASS provided expert commentary on the proposed and final rules for the Medicare physician fee schedule as well as numerous other regulatory and legislative issues.

The Health Policy Division, encompassing the Advocacy, Health Policy, Research, and Clinical Care departments, continues to produce a monthly email publication, Health Policy Review, that provides members with timely and useful information for succeeding in today’s health care market, including:

- legislation and regulation affecting spine care and medicine as a whole
- research and clinical care
- practice management issues
- coverage issues
- coding and reimbursement

CODING COMMITTEE

Under the leadership of R. Dale Blasier, MD and Scott Horn, DO, the Coding Committee continued to work closely with other specialties in the development, modification and valuation of CPT codes through the American Medical Association’s CPT Editorial Panel Resource-Based Relative Value Scale Update Committee (RUC). William Mitchell, MD and David O’Brien, Jr., MD represent NASS at the CPT Editorial Panel while Karin Swartz, MD; E. Kano Mayer, MD; and Charles Mick, MD represent NASS at the RUC.

Additionally, the Coding Committee responded to approximately 50 coding questions from NASS members in 2015. The committee updated Common Coding Scenarios for 2015 to reflect code changes and value adjustments, and developed new scenarios to assist in understanding appropriate coding.

The Coding Committee conducted two in-person coding courses to provide up-to-date coding and reimbursement information specific to spine care.

COVERAGE COMMITTEE

NASS coverage recommendations are developed to advocate for NASS’ positions on various clinical and practice issues to ensure continued provision of quality spine care. After releasing 16 coverage recommendations in 2014, the Coverage Committee developed additional coverage recommendations for NASS to share with payors, patients and spine care providers. NASS will continue its efforts to advocate for fair and appropriate coverage decisions while promoting evidence-based medicine. The committee currently has more than 20 coverage recommendations in development.

Coverage recommendations published in 2015:

- Cervical Artificial Disc Replacement (REVISION)
- Percutaneous Sacroiliac Joint Fusion
- Sacroiliac Joint Injections

In October 2015, NASS launched the Coverage eBook, available at no cost to NASS members and for an annual subscription to nonmembers. The eBook is a 100+ page online, searchable book that includes NASS’ current 18 coverage recommendations, extensive citations, active links to published research and interactive elements such as video. NASS will add recommendations and revise existing recommendations periodically based on the availability of new evidence-based literature and the feedback it receives from members, patients and insurance entities. Subscribers automatically will have access to the most recent edition online.

Along with leadership from other Health Policy Council committees, Coverage Committee leadership met with various payors to discuss and collaborate on our combined coverage efforts:

- NASS meeting with Anthem: April 2015
  The Payor Policy Review Committee (PPRC) reviewed numerous policies from Anthem. During this meeting, PPRC and Coverage Committee leadership educated Anthem’s team on the work done by the two committees and how Anthem and NASS can continue to effectively collaborate.

- NASS meeting with Aetna: July 2015
  NASS shared information on our coverage efforts through the Coverage Committee and PPRC. Our teams discussed Aetna’s policy review schedule, an Aetna liaison for NASS, and Aetna’s current use of NASS resources. After the meeting, Aetna shared a couple of policy-related questions with NASS, and we provided our evidence-based responses with Aetna’s medical policy team for their reference and use.

- NASS meeting with Cigna: October 2015
  This meeting was held to review Cigna’s new program through eviCore for pre-certification of certain spinal injections. This online tool was demonstrated at this meeting, and NASS submitted a comment letter with feedback and suggestions for the program to ensure fair and appropriate coverage decisions for our members and their patients.
• NASS meeting with Blue Cross Blue Shield Association (BCBSA): December 2015
  During this meeting, BCBSA shared their recent development on Evidence Street and 2016 priorities with NASS. We shared a complete list of NASS resources including our Coverage Committee efforts. This collaboration has given NASS an opportunity to work closely with BCBSA’s medical policy and clinical effectiveness teams and has given them access to our subject-matter experts and evidence-based coverage recommendations, which they have started utilizing in their recent policy development work.

For more information on NASS’ coverage efforts and to view the anticipated list of topics, please click here.

**PAYOR POLICY REVIEW COMMITTEE (PPRC)**

PPRC members reviewed and provided feedback on many coverage policy review requests from insurance companies this year. In lieu of comments on a specific policy, the committee developed a general response letter to payors advising them that the policy is insufficient and needs considerable work before NASS will be able to respond. This letter was approved by the Executive Committee and will require EC approval on a case-by-case basis before it is sent to payors.

Topics reviewed by PPRC in 2015:
• Cervical Artificial Disc Replacement
• Exercise for Neck Pain
• Exercise for Low Back Pain (LBP)
• Expandable Cages
• Lumbar Artificial Disc Replacement
• Lumbar Fusion
• Spinal Manipulation for Low Back Pain (LBP)
• Thoracic and Thoracolumbar Fusion for Scoliosis
• X-ray Guidelines

**VALUE COMMITTEE**

Under the leadership of and Emily Karlen, MPT, the Value Committee developed and presented a breakout session entitled “Balancing Quality with Cost in Spine Care: Strategies and Challenges” at the 2015 Annual Meeting.

The Value Committee formed an Alternative Payment Model (APM) Workgroup to oversee NASS’ policy and education efforts surrounding APMs. The committee developed and published a series of value-focused articles in *SpineLine*.

The Value Committee granted three value abstract awards at the NASS Annual Meeting:

• “Effect of Obesity on Cost per Quality Adjusted Life Years Gained Following Anterior Cervical Discectomy and Fusion in Elective Degenerative Pathology” (Silky Chotai, MD)
• “Cost-Utility Analysis of Primary versus Revision Surgery for Adult Spinal Deformity” (Tina Raman, MD)
• “Operative Management of Adult Spinal Deformity Results in Significant Increases in QALYs Gained Compared to Nonoperative Management: Analysis of 479 Patients with Minimum 2-year Follow-Up” (Justin Scheer, BS).
At the 2015 Annual Meeting, the Exercise Committee presented four exercises: Core Stabilization, Mechanical Diagnosis Treatment, Neurodynamics and Neuromotor Control. Physical therapists educated attendees on the four exercises using live equipment, handouts and new exercise videos produced by the NASS Exercise Committee.

For the last few years the NASS Exercise Committee has been working on an algorithm for low back pain. A few Exercise Committee Members joined efforts with the Evidence-Based Guideline Development Committee to develop a guideline on the diagnosis and treatment of low back pain, which is expected to be released in 2017.

The Governance Committee ensures that NASS has an effective governing board. The committee identifies future leaders of the society and strives to engage them in NASS activities. In addition, the Governance Committee educates new board and committee members about their duties, roles and responsibilities, and oversees new member orientation. The committee is responsible for recognizing NASS members for their efforts in the spine care field and ensures conditions are favorable for participation in NASS activities.

The Governance Committee, in conjunction with the NASS Board of Directors, approved adding two At-Large positions on the Board of Directors. In 2015, Matthew Smuck, MD and Norman Chutkan, MD were elected onto the Board as At-Large Members.

NASS hosted its fourth Leadership Development Program Course at the 2015 Annual Meeting. Course faculty included Kevin O’Connor, CSP who provided a session on the art and skill of physician leadership.

NASS hosted its fourth Committee Orientation Program Meeting at the Annual Meeting. All new committee members were invited and encouraged to attend this orientation meeting. Christopher Bono, MD, Mitchel Harris, MD and Eric Muehlbauer, MJ, CAE provided an introduction to NASS and our committee evaluation improvement project.
The Spine Education & Research Center (SERC) is a cutting-edge training facility created to provide an optimal learning environment for advancements in care. The facility accommodates groups of all sizes and specialties for everything from educational events to product demonstrations to trainings. With each passing year, more physicians and healthcare professionals return to SERC to enhance their skills and enjoy everything the state-of-the-art facility has to offer.

2015 TOTALS
- 58 courses (4 NASS, 54 external)
- 126 Inquiries received
- 46% of inquiries became confirmed courses
- Average number of stations per course: 4
- Average attendance per course: 30
- Approximately 2,000 attended events at SERC in 2015

NEW DEVELOPMENTS
- The facility’s observation room was converted into a Private Development Lab in 2014. This year served as its first full year of operation, allowing groups to host intimate lab sessions. This new room allows SERC to host two events simultaneously.
- The Executive Lounge, built in 2014, has proved very popular as a casual networking environment complete with a 60” television, couches, lounge chairs, a beverage station, and an electronics charging area.
- To showcase the remodeled facility, high-quality photos were taken and used in marketing materials, including a revised web site and brochure: www.ChicagoBioSkillsLab.com.

FIVE-YEAR BOOKING TRENDS
Year to year, SERC has stayed on a strong path. Industry continues to show the strongest interest in utilizing the facility. SERC always receives high customer service and experience comments. Small variations in numbers year to year can be attributed to client budget cuts, popular dates already being booked, and rotating course locations.
THE SPINE JOURNAL

The Spine Journal continued to provide members, readers and the spine field with top-tier research in 2015. The Journal received a record number of submissions (a 43% increase over 2014) and published a record number of clinical studies, commentaries, basic science, case reports and images in spine care. Article citations and downloads increased as well, keeping The Spine Journal in position as the top-ranked publication among spine titles and high among all orthopedic journals (11th out of 74).

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Outstanding Paper Awards

The Spine Journal and NASS awarded two Outstanding Paper Awards in 2015:

Outstanding Paper: Surgical Science

Morbidity and Mortality of Complex Spine Surgery: A Prospective Cohort Study in 679 Patients Validating the Spine A dverse Event Severity (SAVES) System in a European Population

Sven Karstensen, BSc; Tanvir Bari, BSc; Martin Gehrchen, MD, PhD; John Street, MD, PhD; Benny Dahl, MD, PhD, DMSci

Outstanding Paper: Surgical Science

Total Disc Arthroplasty versus Anterior Cervical Interbody Fusion: Use of the Spine Tango Registry to Supplement the Evidence from RCTs

Lukas P. Staub, MD, PhD; Christoph Ryser, MD; Christoph Röder, MD; Anne F. Mannion, PhD; Jeffrey G. Jarvik, MD; Max Aebi, MD; Emin Aghayev, MD

Reviewer Recognition

Reviewers are key to the quality and success of a journal, and with The Spine Journal’s rapid increases in submissions, demands for peer review have never been higher. Five reviewers were recognized at the annual Editorial Board meeting for their consistently high-quality reviews throughout the year.

The 2015 Reviewer Honor Roll:

- David Levi, MD
- John Mayer, DC, PhD
- Daniel J. Mazanec, MD
- James Rainville, MD
- Christy Tomkins-Lane, PhD

2015 Reviewer CME Course

The Executive Editorial Board presented a highly successful CME session, “How to Do a Quality Manuscript Review” during TSJ’s full Editorial Board meeting at the NASS Annual Meeting in Chicago. Deputy Editor, Conor O’Neill, MD, moderated. Presenters included:

- Taylor Bowen, TSJ Managing Editor on Life-Cycle of a Manuscript
- Conor O’Neill, MD, on What Makes a Good Manuscript and Using Quality Checklists
- Eric Hurwitz, DC, PhD, on Statistical Analysis, Interpretation and Presentation: What to Look (and Look Out) For
- Eric Truumees, MD, on the Importance of Good Reviews (and How Bad Ones Impact the Process)
- Andrew Schoenfeld, MD, on Elements of a Good Review
- Michael Stauff, MD on The Reader’s Perspective & Ethical Guidelines for Reviewers

British Association of Spine Surgeons 2015 Supplement

The Spine Journal was pleased to publish a supplement for the British Association of Spine Surgeon’s meeting in March 2015. Under the direction of Guest Editor Sashin Ahuja, MBBS, MS Orth, DNB Orth, FRCS, FRCSE (Orth), MScOrth Eng, the supplement included several original articles and editorials in addition to the full complement of podium and poster abstracts.
Marking NASS’ 30-year anniversary, SpineLine Medical Editor William Sullivan, MD, remarked in his January/February editorial that he never could have imagined the wide-ranging involvement he’s experienced at NASS, e.g., Membership, Coding/Billing, Health Policy, SpineLine Editor. “But that is also one of the best parts of a diverse organization such as NASS,” he says. “There is something for everyone…” which he and the Editorial Board strive to reflect in every issue of SpineLine.

Content in the 2015 issues included a widely diverse collection of clinical articles, topical debates, socioeconomics updates, ethics discussions, NASS News and much more. A few highlights among the vast offerings...

Review Articles
• Own the Bone: Spine Practitioners’ Opportunity in Managing Patients with Fragility Fractures
• Caring for Diabetic Patients Requiring Spine Procedures
• What is the Prescription for Change in Health Care?
• Sections Features: Current State of Spinal Intraoperative Imaging and Navigation; Wonder Medicine for the Spine: Hope or Hype?; 15 Years of Lumbar Arthroplasty in the United States: A Perspective; Pregnancy, Childbirth and Axial Pain: The [Still Rather] Silent Epidemic

Curve/Countercurve Debate
• Degenerative Scoliosis: Appropriate Surgical Treatment Options

Value Series
• Measuring Value of Spine Care at the Individual Patient Level
• Implementation of Evidence-Informed Physical Therapy and Chiropractic Care Improves Value for Patients
• Implementing Accountable Care in Spine Surgery to Promote Sustainable Health Care
• A Patient’s Perspective on Value
• Using Big Data to Advance Value-Based Spine Care

Ethics
• Evolution of Chinese and Western Medical Ethics
• Problem Patients, Difficult Doctors and Strained Encounters
• Ethical Issues Related to Health Systems Restrictions on New Products, Technology

The SpineLine Editorial Board and staff conducted a reader survey in 2015 to gather feedback and ideas for topics of interest. Readers gave SpineLine high marks—“highly relevant and well-written,” “concise and clear articles,” “variety of timely topics”—and offered several topics which the Editorial Board included in their editorial planning for 2016.

PATIENT EDUCATION COMMITTEE
The Patient Education Committee continued to develop a wide breadth of content on the KnowYourBack patient education website and blog. New topics included: spondylolisthesis, SI joint pain, discography, pinched nerve and minimally invasive surgery. In 2015, the Public Affairs Committee provided relevant articles for the KnowYourBack blog, giving patients a way to keep up with the latest developments in the area of spine care. The committee invited members of NASS sections and committees to review existing content on their topics of expertise to ensure the information remains current and accurate, and to provide new content to fill any gaps.

The five most visited pages on KnowYourBack in 2015 were:
• Acute Low Back Pain
• Cervical Stenosis, Myelopathy & Radiculopathy
• Spinal Fusion
• Epidural Steroid Injections
• Lumbar Discectomy
Throughout 2015, NASS provided consumer and trade media outlets with spokespeople to educate the public on spine-related topics. NASS spokespeople participated in interviews with many media outlets, including: Spinal News International, “60 Minutes,” ProPublica, Spine Surgery Today, Boston Globe, The BackLetter, AAOS Now, Orthopedics Today, Minneapolis Star Tribune, Orthopedics This Week and the MedTech Strategist. In 2015, NASS was specifically mentioned in more than 2,000 news stories, reaching an estimated audience of more than three billion people.

To celebrate NASS’ 30th year, the committee profiled 30 diverse NASS members in a five-part SpineLine feature. Each member answered the questions, “why did you join NASS?” and “why is NASS important to the spine field?” Most cited the multidisciplinary and collaborative nature of the society and the cutting-edge education sessions at the Annual Meeting.

NASS Anniversay: 30 Years, 30 Members
NASS has grown from an organization with just 350 members in 1985 to more than 8,000 in 2015. To celebrate NASS past and its promising future, SpineLine is featuring the second of a series of perspectives on NASS from 30 diverse members in each of the coming issues in 2015.

Nasser Selby, MD
Memorial Hermann, Houston, TX. Joined NASS in 1989

As an academic neurosurgeon dedicated to spine care. During my education, I observed that every discipline approaches spinal ailments very differently. Neurological or orthopedic surgeons, physiatrists, pain physicians, manual therapists and others have their unique angle of view for the problem. The amount of information increases too quickly. People have to consume too much information even in their own disciplines and need to be specialists to stay on the cutting edge. Staying as a sub-specialist doesn’t give you the big picture. Each case is unique and the big picture is the key to the successful treatment. Being part of NASS was a highlight during my “spine education” career. After I moved away and started my own very small practice, NASS was very helpful and made me a member stronger. I cherish the site, the organization and the friendships.

Colette Killeen, MD, PhD
Tufts University School of Medicine, Neurosurgery (Department), Boston, MA. Joined NASS in 2011.

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NASS has a highly evolved organizational structure that streamlines collaborative interactions among many different clinical teams. It is an advanced organizational concept that others try to emulate. NASS continues to not only respond to the changes in health care, but issues everything else, spinal pathologies are almost always multifactorial. In my opinion, no single discipline of medicine/health care is able to comprehend the big picture and treat all types of spinal problems effectively. Unlike in the rest of the medicine/health care system, multidisciplinary teamwork, collaborative philosophy and expertise can be found in NASS. NASS is a great platform for professionals with different backgrounds to learn from each other and create a common language.

The interests of patients, industry and physicians may not be in line with one another. In such a scenario, a strong multidisciplinary fellowship and training and evidence-based approach is required to discover the best balanced way to go.

NASS also has an active Twitter presence, which grew to 4,153 followers in 2015, an increase of 26% from the previous year. With frequent updates on relevant news articles, educational meeting details and more, NASS’ Twitter account has become a key information source for its followers. In addition, NASS’ Facebook page grew to 3,088 “likes,” an increase of 41% in the community. Like its Twitter counterpart, NASS’ Facebook group is active with frequent updates on spine care and timely-sent information.

Social Media
In late 2014, NASS added a new member benefit, SpineConnect, an online engagement platform for members. The discussion-based site is for members to interact with one another and share cases with colleagues around the world in a private, login-required setting.

In 2015, the first full year of the website, there were 1,035 Open Forum posts on 145 unique topics. The site had 274 different contributors to the Open Forum and 4,773 member logins to view the content. Case discussions have continued to be the most popular feature, as members have enjoyed sharing difficult cases or gauging input from colleagues about how to tackle a specific procedure. The site allows for X-ray images to be shared, and physicians often take advantage by allowing colleagues to view the case in a well-rounded manner.

NASS News | 30th Anniversary

NASS has grown from an organization with just 350 members in 1985 to more than 8,000 in 2015. To celebrate NASS’ past and its promising future, SpineLine is featuring the second of a series of perspectives on NASS from 30 diverse members in each of the coming issues in 2015.

Nasser Selby, MD

As the sole of a private practice orthopedic surgeon. I find many communications with my patients over the years. In 1988, I established the Spine Education Center in Dallas to provide education for patients with back and neck pain. My husband, David Selby, MD, was one of NASS’ Boarders. In fact, our meeting place was the City of Hope, a hospice for hospice care for the people who originally conceived the care for multidisciplinary organization devoted to the spine. It didn’t happen overnight, so I had the opportunity to observe many lengthy discussions. Eavesdropping. Unraveled the complexities of the spine world.

Once NASS was established in 1985, I don’t think we named a single meeting! The opportunity for continuing education was so beneficial. In fact, I am an associate member. NASS is an organization of individuals with a common goal: the best possible care of patients with various spine disorders. NASS promotes the sharing of ideas, research and knowledge among spinal professionals. NASS is a good platform for multidisciplinary teamwork and collaboration among spine professionals. Being part of NASS was a highlight during my “spine education” career. After I moved away and started my own very small practice, NASS was very helpful and made me a member stronger. I cherish the site, the organization and the friendships!

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Department of Radiology, Brigham and Women’s Hospital, Harvard Medical School, Boston, MA. Joined NASS in 2010.

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During its 30th Annual Meeting, NASS announced the winners of its prestigious 2015 Recognition Awards.

To be considered for awards, honorees were nominated by their peers for outstanding contributions to NASS and the field of spine care. Three of the awards are named in honor of founding members of NASS who made significant contributions to the early success of the organization. Two new awards were given this year: the first, the Past President Award, recognizes a past president who continues to contribute to the society, and the second, the Spine Advocacy Award, recognizes an advocate who makes contributions to federal advocacy efforts on behalf of patients and members of the society.

**LEON WILTSE AWARD**

The Leon Wiltse Award, to recognize excellence in leadership and/or clinical research in spine care, was awarded to Frank J. Eismont, MD. He was recognized for his more than 30 years of contributions to the field of spinal surgery. In particular, his research in spinal trauma and infection was cited for changing many traditions and advancing methods of treatment and improving patient outcomes.

**DAVID SELBY AWARD**

The David Selby Award, to recognize a NASS member who has contributed greatly to the art and science of spine care through service to NASS, was awarded to Donna M. Lahey, RNFA. A dedicated volunteer, she served on eight NASS committees, authored numerous NASS educational articles and organized and served as faculty for numerous NASS courses.

**HENRY FARFAN AWARD**

The Henry Farfan Award, to recognize outstanding contributions in spine-related basic science research, was awarded to James C. Iatridis, PhD. He is at the forefront of research on annular repair, disc regeneration, pain biology, studies of the notochord and its function in healthy and degenerated discs. He continues to run a continuously-funded NIH research lab and has built a collaborative team of academic spine surgeons, postdoctoral fellows, medical students and orthopedic residents. Dr. Iatridis has an extensive publication history, with more than 200 peer-reviewed articles.

**PAST PRESIDENT AWARD**

The Past President Award, to recognize a former NASS President who has made exceptional contributions to the society and its mission and continues to provide service to the society, was awarded to David A. Wong, MD, MSc, FRCS, who served as the NASS president from 2002 to 2003. For the last 12 years he has continued to be a major contributor to the organization, serving as an active member of many committees.

**SPINE ADVOCACY AWARD**

The Spine Advocacy Award, to recognize a member of the North American Spine Society who has made exceptional contributions to federal advocacy efforts on behalf of patients and members of the society, was awarded to Jeffrey J. Wise, MD. He served as the NASS delegate to the American Medical Association House of Delegates and the American Academy of Orthopaedic Surgeons Board of Specialty Societies for many years. Dr. Wise secured Advocacy’s legacy as a fixture of NASS by leading efforts to formalize the Advocacy Committee (now Council) and became its first official chairman.
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## CONSOLIDATED STATEMENTS OF FINANCIAL POSITION

<table>
<thead>
<tr>
<th>Assets</th>
<th>2015</th>
<th>2014</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Current Assets</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cash and cash equivalents</td>
<td>$ 9,561,955</td>
<td>$ 9,150,122</td>
</tr>
<tr>
<td>Investments</td>
<td>4,381,034</td>
<td>5,090,835</td>
</tr>
<tr>
<td>Accounts receivable</td>
<td>306,451</td>
<td>437,949</td>
</tr>
<tr>
<td>Pledges receivable, net</td>
<td>8,000</td>
<td>-</td>
</tr>
<tr>
<td>Other receivables</td>
<td>74,197</td>
<td>54,893</td>
</tr>
<tr>
<td>Prepaid Expenses</td>
<td>365,523</td>
<td>374,735</td>
</tr>
<tr>
<td>Inventory</td>
<td>70,686</td>
<td>60,143</td>
</tr>
<tr>
<td><strong>Total Current Assets</strong></td>
<td>$ 14,767,846</td>
<td>$ 15,168,677</td>
</tr>
<tr>
<td>Long-term prepaid expenses</td>
<td>87,891</td>
<td>104,958</td>
</tr>
<tr>
<td>Net property and equipment</td>
<td>9,137,718</td>
<td>9,983,993</td>
</tr>
<tr>
<td>Bond issue costs—net of amortization</td>
<td>125,512</td>
<td>136,752</td>
</tr>
<tr>
<td>Notes receivable</td>
<td>200,000</td>
<td>269,455</td>
</tr>
<tr>
<td>Investments—permanently restricted</td>
<td>1,780,552</td>
<td>1,780,552</td>
</tr>
<tr>
<td><strong>Total Assets</strong></td>
<td><strong>$ 26,099,519</strong></td>
<td><strong>$ 28,390,348</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Liabilities and Net Assets</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Current Liabilities</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Accounts payable</td>
<td>$ 104,433</td>
<td>$ 318,259</td>
</tr>
<tr>
<td>Accrued expenses</td>
<td>509,036</td>
<td>478,248</td>
</tr>
<tr>
<td>Deferred revenue</td>
<td>2,536,479</td>
<td>2,446,888</td>
</tr>
<tr>
<td>Current portion of bonds payable</td>
<td>560,000</td>
<td>560,000</td>
</tr>
<tr>
<td><strong>Total Current Liabilities</strong></td>
<td>3,709,948</td>
<td>3,803,395</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Long-Term Debt</strong></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Bonds payable, net of current portion</td>
<td>7,180,000</td>
<td>7,740,000</td>
</tr>
<tr>
<td><strong>Total Liabilities</strong></td>
<td>10,889,948</td>
<td>11,543,395</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Net Assets</strong></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Unrestricted</td>
<td>12,553,098</td>
<td>13,094,629</td>
</tr>
<tr>
<td>Temporarily restricted</td>
<td>875,921</td>
<td>1,025,811</td>
</tr>
<tr>
<td>Permanently restricted</td>
<td>1,780,552</td>
<td>1,780,552</td>
</tr>
<tr>
<td><strong>Total Net Assets</strong></td>
<td>15,209,571</td>
<td>15,900,992</td>
</tr>
</tbody>
</table>

| **Total Liabilities and Net Assets** | **$ 26,099,519** | **$ 27,444,387** |
## CONSOLIDATED STATEMENTS OF ACTIVITIES

<table>
<thead>
<tr>
<th></th>
<th>Unrestricted</th>
<th>Temporarily Restricted</th>
<th>Permanently Restricted</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Income</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dues and fees</td>
<td>$2,990,354</td>
<td>$</td>
<td>$</td>
<td>$2,990,354</td>
</tr>
<tr>
<td>Sales of publications and advertising</td>
<td>334,035</td>
<td>-</td>
<td>-</td>
<td>334,035</td>
</tr>
<tr>
<td>Contributions and sponsorships</td>
<td>1,245,938</td>
<td>105,659</td>
<td>-</td>
<td>1,362,597</td>
</tr>
<tr>
<td>Annual Meeting and educational programs</td>
<td>7,354,289</td>
<td>-</td>
<td>-</td>
<td>7,354,289</td>
</tr>
<tr>
<td>Investment income (loss)</td>
<td>(109,785)</td>
<td>(74,715)</td>
<td>-</td>
<td>(184,500)</td>
</tr>
<tr>
<td>Rental income</td>
<td>688,638</td>
<td>-</td>
<td>-</td>
<td>688,638</td>
</tr>
<tr>
<td>Royalties</td>
<td>243,413</td>
<td>-</td>
<td>-</td>
<td>243,413</td>
</tr>
<tr>
<td>Miscellaneous</td>
<td>192,221</td>
<td>-</td>
<td>-</td>
<td>192,221</td>
</tr>
<tr>
<td>Net assets released from restrictions—satisfaction of program restrictions</td>
<td>180,834</td>
<td>(180,834)</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td><strong>Total Income</strong></td>
<td>13,130,937</td>
<td>(149,890)</td>
<td>-</td>
<td>12,981,047</td>
</tr>
</tbody>
</table>

|                          |              |                        |                        |            |
| **Operating Expenses**   |              |                        |                        |            |
| Program services         |              |                        |                        |            |
| Member services          | 1,400,946    | -                      | -                      | 1,400,946  |
| Publications             | 1,356,217    | -                      | -                      | 1,356,217  |
| Grants and awards        | 198,792      | -                      | -                      | 198,792    |
| Research and scientific affairs | 686,006 | -                      | -                      | 686,006    |
| Annual meeting and education | 4,531,564 | -                      | -                      | 4,531,564  |
| Advocacy                 | 1,402,928    | -                      | -                      | 1,402,928  |
| Spine Education & Research Center | 1,000,885 | -                      | -                      | 1,000,885  |
| **Total program services** | 10,577,338 | -                      | -                      | 10,577,338 |
| Management and general   | 2,227,331    | -                      | -                      | 2,227,331  |
| Fundraising and development | 162,472  | -                      | -                      | 162,472    |
| Foundation fundraising   | 705,327      | -                      | -                      | 705,327    |
| **Total Operating Expenses** | 13,672,468 | -                      | -                      | 13,672,468 |

|                          |              |                        |                        |            |
| **Change in Net Assets** | (541,531)   | (149,890)              | -                      | (556,025)  |

|                          | 13,094,629   | 1,025,811              | 1,780,552              | 15,900,992 |
| **Net Assets, Beginning of Year** | 12,553,098 | 875,921                | 1,780,552              | 15,209,571 |
| **Net Assets, End of Year** |            |                        |                        |            |
## CONSOLIDATED STATEMENTS OF CASH FLOWS

### 2015 | 2014
---|---
**Cash Flows from Operating Activities**
Change in net assets | $(691,421) | $(556,025)
Adjustments to reconcile change in net assets to net cash provided by operating activities:
- Depreciation and amortization | 874,762 | 944,789
- Unrealized (gain) loss on investments | 266,648 | (198,911)
- Bad debts expense | 69,455 | 135,000
- Loss on disposal of assets | 376 | 3,931
Decrease (increase) in assets:
- Receivables | 104,194 | (164,448)
- Prepaid expenses | 26,279 | (89,800)
- Inventory | (10,543) | 12,933
Increase (decrease) in liabilities:
- Accounts payable | (213,826) | 179,643
- Accrued expenses | 30,788 | (28,125)
- Deferred revenue | 89,591 | 18,546
**Net cash provided by operating activities** | 546,303 | 257,533

### Cash Flows from Investing Activities

| 2015 | 2014 |
---|---|
Proceeds from sale of investments | 2,265,394 | 2,074,662
Purchase of investments | (1,822,241) | (1,819,376)
Purchase of property and equipment | (17,623) | (346,836)
Notes receivable issued | - | (175,000)
**Net cash provided (used) by investing activities** | 425,530 | (266,550)

### Cash Flows from Financing Activities

| 2015 | 2014 |
---|---|
Payment on bonds | (560,000) | (560,000)
**Net cash used by financing activities** | (560,000) | (560,000)

### Net increase (decrease) in cash and cash equivalents

| 2015 | 2014 |
---|---|
Net increase (decrease) in cash and cash equivalents | 411,833 | (17,714)
Cash and cash equivalents, beginning of year | 9,150,122 | 9,719,139
Cash and cash equivalents, end of year | 9,561,955 | 9,150,122

### Supplemental Information

| 2015 | 2014 |
---|---|
Unrelated business income taxes paid | 8,612 | 5,000
Interest paid | 68,588 | 98,185