

DEDICATED TO FOSTERING  
THE HIGHEST QUALITY,  
EVIDENCE-BASED AND  
ETHICAL SPINE CARE BY  
PROMOTING EDUCATION,  
RESEARCH AND ADVOCACY

[ *North American Spine Society 2008 Annual Report* ]



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# PRESIDENT'S MESSAGE

[ *Enhancing multidisciplinary spine care* ]



*2008 NASS Board of  
Directors President  
Tom Faciszewski, MD*

By far the biggest undertaking of the Board of Directors in 2008 was the restructuring of the Board itself, along with the Councils and Committees that comprise NASS leadership. In this era of accountability and transparency, it became clear that NASS needed a guiding principle—a delineation of what mattered most to NASS and its members—so that we could more clearly and responsibly determine our vision and strategy.

In the hopes of streamlining NASS operations, we began the restructuring process with a series of strategic planning meetings that included senior staff and analyzed what worked and what didn't. We then jettisoned over 60 separate projects that were outside of the new Central Operating Principle (COP). We pared down the Council structure into a lean, mean, management machine, facilitating communication between areas of influence and eliminating the "silo effect" that often plagues growing organizations. NASS staff reorganization followed shortly thereafter.

## **ETHICS AND DISCLOSURE**

Another significant undertaking this year was in the arena of conflict of interest and disclosure policy. Potential conflicts of interest are not in themselves bad—in fact, the future of medical innovation is contingent upon cooperation between physicians and industry.

In a letter to the United States Senate Special Committee on Aging in March 2008, I discussed why this symbiotic relationship is necessary for the advancement of medicine; counseling NASS members to avoid all collaboration with industry that would stifle innovation, impede progress for the field of spine care and, ultimately, be counter to the patients' best interests. With NASS' guiding principle to "foster the delivery of quality spine care," we cannot neglect innovation. What we must do is to provide clear direction to both our members and industry for how to collaborate with the highest degree of ethical behavior and professionalism.

## [ *President's Message* ]

During the June 2008 meeting, the Board decided to create a new Conflict of Interest (COI) Review Panel, as well as an ex officio position for an ethicist on the Board of Directors. The new COI Review Committee will assist NASS members in determining—from an unbiased perspective—the existence and/or severity of potential conflicts and their proper disclosure, as well as evaluating the conflicts of potential candidates for leadership positions in the organization.

### ADVOCACY EFFORTS

NASS members continue to face and overcome drastic cuts to reimbursements through Medicare. In early July, NASS helped convince Congress to avert scheduled cuts of 10.6% for 2008 and provided for a 1.1% increase in 2009 reimbursements. NASS continues to fight for fair reimbursement and a long term fix to the flawed Sustainable Growth Rate (SGR) formula.

### MILESTONE: A FULL YEAR OF COURSES AT THE SPINE MASTERS INSTITUTE

NASS' educational bio-skills lab facility experienced great success in 2008. A total of 32 educational hands-on courses were scheduled at the Spine Masters Institute through the end of 2008. The diversity of courses that NASS presented this year truly encompassed our multi-disciplinary nature. Topics included: Lumbar Spinal Injections, Cervical Spine Stabilization, Minimally Invasive Spine Techniques, PA/NP Surgical Skills and Spine Surgery, Technology Update: Implications for Allied Health Professionals. The Spine Masters Institute (SMI) integrates the latest, most robust media and audio technology available, engineered to meet NASS' vision of training and collaboration. The facility boasts such technology applications as automatic camera tracking, and simultaneous live and on-demand recordings of video, audio and imaging from multiple rooms which are streamed directly to NASS' Web site.

### WHAT ELSE HAVE WE DONE FOR YOU LATELY?

Although the initiatives above have encompassed a lot of our time this past year, we've continued in our work on the many important and urgent projects that we have always handled such as writing new policies, hearing professional conduct cases, influencing the reimbursement system, and educating our members in a variety of ways.

We published three new evidence-based clinical practice guidelines: *Diagnosis and Treatment of Degenerative Lumbar Spinal Stenosis*, *Antibiotic Prophylaxis in Spine Surgery*, and *Diagnosis and Treatment of Degenerative Lumbar Spondylolisthesis*. These are just one example of how we continue to define quality health care.

NASS' Advocacy Council and Coding committees continue to actively participate in the CPT/RUC process to protect and grow reasonable reimbursement for services provided by physicians providing spine care. Building on the success of *The Spine Journal*, we evaluated and renegotiated our publishing partnership with Elsevier Science to benefit members, readers and authors. Beginning in January 2009, we increased the *Journal's* frequency to monthly, increased four-color printing (and eliminated those charges to authors) and provided a complimentary online subscription to *Seminars in Spine Surgery* to members. We were also accepted by Thomson Scientific for indexing and will report the *Journal's* first impact factor in 2010.

We are also developing a micro Web site targeted toward the general public to educate them on spinal disorders and back pain management. The site will promote NASS and its members as a credible, unbiased and up-to-date spine care resource.

Although this year has been one of the most successful—and the most challenging—in NASS' history, our volunteers, leaders and staff members have all been up to the challenge. I am honored to have served as President in 2008 and to have worked with such amazing leadership, volunteers and staff. We have a truly valuable and dynamic organization. My sincere thanks to you, the membership, for allowing me the honor of leading the greatest Society in the world dedicated to multidisciplinary spine care.



Thomas Faciszewski, MD  
Marshfield Clinic, Marshfield, WI  
President 2007-2008

# 2008 BOARD OF DIRECTORS

[ *Assuring quality spine care* ]

Tom Faciszewski, MD  
*President*

Charles L. Branch Jr., MD  
*First Vice President*

Ray M. Baker, MD  
*Second Vice President*

Gregory J. Przybylski, MD  
*Secretary*

Michael Heggeness, MD, PhD  
*Treasurer*

Richard D. Guyer, MD  
*Past President*

William C. Watters III, MD  
*Research Council Director*

Jerome Schofferman, MD  
*Clinical Care Council Director*

Jeffrey C. Wang, MD  
*Education Council Co-Director*

Alexander J. Ghanayem, MD  
*Education Council Co-Director*

Venu Akuthota, MD  
*Member Services Council Director*

Heidi Prather, DO  
*Public Education Council Director*

Marjorie Eskay-Auerbach, MD, JD  
*Socioeconomic Affairs Council Co-Director*

Charles Mick, MD  
*Socioeconomic Affairs Council Co-Director*

William Mitchell, MD  
*At Large Board Member*

Eric J. Muehlbauer, MJ, CAE  
*Executive Director*

## GOVERNANCE COMMITTEE

The Governance Committee ensures that NASS has an effective governing board through the training of current board and committee members and aids the development of future leaders for the society. The committee identifies future leaders of the society and strives to get them engaged in NASS activities, teaches new board and committee members about their duties, roles and responsibilities, and oversees orientation of new board members. The committee is also responsible for recognizing NASS members for efforts in the field of spine care and ensures that proper conditions exist to encourage participation in NASS activities. The Governance Committee was officially populated at the beginning of 2009.



# MEMBERSHIP STATISTICS

[ *Advancing the spine care community* ]

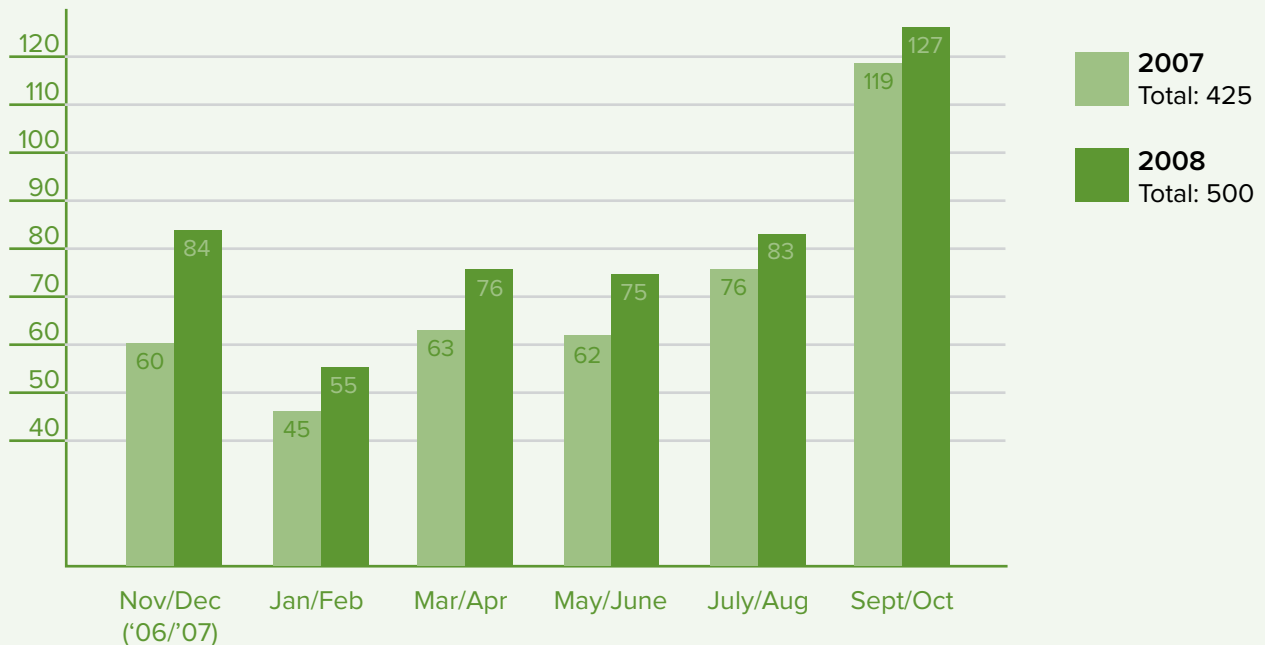


## NASS Reaches Membership Milestone!

NASS welcomed its 5,000th member in 2008.

*John T. Mahan, MD,  
Orthopedic Surgeon  
Spine Surgery, PSC, Louisville, KY*

2007-2008 NEW MEMBER GROWTH CHART



NASS welcomed 500 new members in 2008, bringing the total membership to 5,000.

The membership is comprised of 27 specialties, with orthopedic surgery (50%), neurosurgery (20%), physical medicine and rehabilitation (12%), and pain management (5%) making up the majority of membership. Although NASS has members in 45 countries, membership is primarily based in North America (95%).

# CONTINUING MEDICAL EDUCATION

[ *Teaching evidence-based ethical spine care* ]

## **23<sup>RD</sup> ANNUAL MEETING: OCTOBER 14-18, 2008, TORONTO, ONTARIO, CANADA**

The Annual Meeting continues to demonstrate NASS' ability to provide high-quality continuing medical education for its members. More than 900 abstracts were submitted for consideration, and a total of 105 podium presentations, 97 Special Interest Paper Presentations and 189 posters were featured over the four-day period. Final attendance for the meeting reached upwards of 3,700 participants.

### **Premeeting Courses**

NASS also offered a varied selection of courses in response to previous success and demand:

- Coding Update 2008
- Evolution of Spinal Care Practice in the 21st Century
- Section on Spine Biologics and Research
- Section on Motion Technology
- Young Spine Surgeons Forum
- An Introduction to Spine Care for Nonphysician Providers
- Evidence-Informed Management of Chronic Low Back Pain Without Surgery
- Conducting Clinical Research in Spine: Information for Study Coordinators

Technique Workshop topics included:

- Lumbar Spinal Injections
- Cervical Spine Stabilization
- Interbody Fusion Technologies
- Minimally Invasive Spine Surgery

### **Symposia**

NASS 23rd Annual Meeting symposia covered various surgical and medical/interventional issues: Improving Surgical Outcomes with Postoperative Rehabilitation; Degenerative Lumbar Spondylolisthesis; Update and Evolution in the Treatment of Cervical Disc Disease; Update on Biologics and Basic Research for Spinal Disorders; Applying Evidence-Based Medicine into Your Practice; Lessons Learned from Disc Arthroplasty; The Socioeconomic \$port of \$pine Care and Current Concepts for the Treatment of Spinal Trauma.

### **Exhibits**

The Technical Exhibit Hall at the NASS 23rd Annual Meeting brought together 236 companies across a multidisciplinary spectrum, providing attendees with the opportunity to supplement their Continuing Medical Education (CME) efforts with access to the most advanced equipment and techniques industry had to offer.



*Over 3,700 spine care professionals attended the 2008 Annual Meeting in Toronto.*

## Scientific Program Reviewers are responsible for grading abstracts.

Spine care professionals submitted 921 abstracts for the 23rd Annual Meeting. The 2008 reviewers were:

Venu Akuthota, MD  
 Joseph T. Alexander, MD  
 Howard S. An, MD  
 Paul A. Anderson, MD  
 D. Greg Anderson, MD  
 Ray M. Baker, MD  
 Edward C. Benzel, MD  
 Scott D. Boden, MD  
 Charles L. Branch, Jr., MD  
 David B. Cohen, MD  
 Christopher H. Comey, MD  
 Patrick J. Connolly, MD  
 Aleksandar Curcin, MD, MBA  
 Christopher J. DeWald, MD  
 Rob Dickerman, DO, PhD  
 Paul H. Dreyfuss, MD

Michael G. Fehlings, MD, PhD,  
 FRCSC  
 Lisa A. Ferrara, PhD  
 David Fish, MD  
 Robert J. Gatchel, PhD  
 Alexander J. Ghanayem, MD  
 John A. Glaser, MD  
 Steven D. Glassman, MD  
 Ziya L. Gokaslan, MD  
 Michael W. Groff, MD  
 Richard D. Guyer, MD  
 James S. Harrop, MD  
 Alan S. Hilibrand, MD  
 Robert W. Irwin, MD  
 Robert Isaacs, MD  
 Michael Janssen, DO

James D. Kang, MD  
 Brian Kwon, MD  
 Dennis J. Maiman, MD  
 Robert F. McLain, MD  
 Charles A. Mick, MD  
 William Mitchell, MD  
 George S. Miz, MD  
 Thomas E. Mroz, MD  
 David R. O'Brien, Jr., MD  
 Vikas V. Patel, MD  
 Jeffrey D. Petersohn, MD  
 Bernard A. Pfeifer, MD  
 Frank M. Phillips, MD  
 David W. Polly, MD  
 Heidi Prather, DO  
 Joel M. Press, MD  
 Craig H. Rabb, MD  
 Raj D. Rao, MD  
 Michael L. Reed, DPT, MSc, OCS  
 Daniel K. Resnick, MD  
 Joshua Rittenberg, MD  
 Jerome Schofferman, MD  
 Christopher I. Shaffrey, MD  
 Gwendolyn A. Sowa, MD, PhD  
 Christopher J. Standaert, MD  
 Jeffrey C. Wang, MD  
 Michael Y. Wang, MD  
 F. Todd Wetzel, MD  
 David A. Wong, MD, MSc  
 Christopher A. Yeung, MD  
 Way Yin, MD  
 Kenneth S. Yonemura, MD  
 S. Tim Yoon, MD, PhD

Abstract Categories	Total Number of Abstracts Submitted	Total Number of Accepted Abstracts
Anatomy/ Physiology	48	19
Biologics	49	29
Biomechanics	118	35
Diagnostics/Imaging	77	33
Epidemiology/Etiology	41	22
Medical Management/ Interventional Treatment	45	24
Surgery	543	229
<b>Total</b>	<b>921</b>	<b>391</b>



*A total of 105 podium presentations, 97 special interest paper presentations and 189 posters were featured over the four-day meeting.*





*A February Lumbar Spinal Injections course was one of seven NASS courses held at the Spine Masters Institute in 2008.*

[ *Continuing Medical Education* ]

**SPINEEEEK 2008**

In lieu of holding a Spring Break meeting, NASS participated in SpineWeek 2008 on May 26-31, 2008, in Geneva, Switzerland. SpineWeek's second official meeting assembled the leading scientific societies that focus on disorders of the spine for a meeting of the minds. SpineWeek is unique because each society maintains its own abstract submission and scientific program selection for abstracts. NASS presented 40 abstracts throughout the week in various timeslots and featured 32 posters.

**2008 CME HANDS-ON COURSES**

The North American Spine Society is accredited with commendation by the Accreditation Council for Continuing Medical Education (ACCME) to provide continuing medical education for physicians. This esteemed commendation was awarded to only six percent of all organizations that applied for accreditation in the 2004 accreditation cycle.

**Coding Update Course (Winter)**

January 18-19, 2008, Jackson Hole, WY  
35 attendees

**Lumbar Spinal Injections**

February 8-9, 2008, Spine Masters Institute  
Chair: Kevin Pauza, MD  
25 attendees

**Lumbar Spinal Injections**

March 7-8, 2008, Spine Masters Institute  
Chair: David R. O'Brien, MD  
28 attendees

**Lumbar Discography**

March 28, 2008, Spine Masters Institute  
Chair: Jon J. Wilson, DO  
17 attendees

**Coding Update Course (Spring)**

April 4-5, 2008, Las Vegas, NV  
98 attendees

**Cervical Spine Stabilization**

May 16-17, 2008, Spine Masters Institute  
Chair: Brett Taylor, MD  
18 attendees

**Minimally Invasive Spine Surgery**

June 6-7, 2008, Spine Masters Institute  
Chair: Frank Phillips, MD  
18 attendees

**Coding Update Course (Summer)**

July 18-19, 2008, Washington, DC  
120 attendees

**PA/NP Surgical Skills Course**

August 1-2, 2008, Spine Masters Institute  
Co-Chairs: Lindley Pittman, PA-C and Ray Hines, PA-C  
42 attendees

**Spine Surgery Technology Update: Implications for Allied Health Professionals**

August 15-16, 2008, Spine Masters Institute  
Chair: Mike L. Reed, DPT, MSC, OCS  
42 attendees

# RESEARCH

[ *Defining optimal spine care* ]

“At the core of patient care and NASS member interests are clinical care and scientific research. The Research Council works diligently to provide members with the information they need in both arenas.”

*William C. Watters III, MD, Research Council Director*

In late 2008 the programs under the Clinical Care Council led by Jerome Schofferman, MD, and the Research Council, led by William Watters III, MD, were combined under one unit retaining the Research Council name. The new Research Council is now led by Dr. William Watters with assistance from Drs. Daniel Resnick and Christopher Bono and continues to be staffed by the Research Department led by Pamela Hayden. The Council continues to integrate evidence-based medicine into NASS projects and the spine field, analyze evidence and help provide relevant and current scientific spine care information for NASS members. In 2008, the Council dedicated its time to advancing the science of spine on behalf of the NASS membership and spine field.

## **WASHINGTON STATE APPROVES COVERAGE FOR LUMBAR AND CERVICAL ARTIFICIAL DISCS**

The Washington State Health Technology Assessment Program (HTA) voted on October 17, 2008 to provide coverage, with conditions, for lumbar and cervical artificial discs after reviewing evidence and hearing public testimony from six collaborating spine societies and patients who received discs. According to an October 20th e-mail sent to stakeholders by the HTA, the Health Technology Clinical Committee (HTCC) determined that sufficient evidence exists to conclude that using artificial discs in back and neck surgery is equivalent, and in some cases slightly better than fusion surgery. And even though no reliable cost

data is yet available, it should be covered when used according to FDA indications. The HTCC, made up of independent health professionals, reviews evidence regarding safety, efficacy, and cost effectiveness of various medical procedures and equipment. Based on a scientific report, the HTCC determines if the state will pay for those procedures in a variety of state-sponsored health care programs administered by the Health Care Authority, Labor and Industries, and the Department of Social and Health Services.

Six societies with an interest in spine teamed up over many months to provide the state Clinical Committee with additional evidence and provide public testimony in order to preserve patient access to this treatment.

- American Association of Neurological Surgeons
- Cervical Spine Research Society
- Congress of Neurological Surgeons
- North American Spine Society
- Scoliosis Research Society
- Spine Arthroplasty Society

## **ADVOCATING FOR MUSCULOSKELETAL RESEARCH FUNDING**

As a participant in the American Academy of Orthopaedic Surgeons' Research Capitol Hill Days, NASS sent a physician and patient representative to Capitol Hill to advocate on behalf of spine for more musculoskeletal research funding.

### GOVERNMENT COMMENT TO SUPPORT SPINE

The NASS Research Council and committees support spine care through various comments submitted to government.

- The Council submitted comments to the Centers for Medicare and Medicaid Services (CMS) on its proposal to consider certain conditions “hospital-acquired never events” and not pay hospitals for the associated care. CMS’ list of conditions was inconsistent with traditional lists of never events and included items not 100% preventable. NASS commented on this topic because it is common for such efforts to begin at the hospital level and move to a provider level.
- NASS weighed in with CMS in response to a request for public comments on the 2008 proposed national coverage determination on thermal intradiscal therapies.
- The NASS Exercise Task Force and Advocacy Committee sent letters of support to the US House and Senate in support of the “Physical Activity Guidelines for Americans Act,” which will set forth national guidelines for physical activity to create the exercise equivalent of the food pyramid.

### FOOD AND DRUG ADMINISTRATION

The Research Council is responsible for oversight and surveillance of FDA-related issues for NASS. In conjunction with Dr. Bernard Pfeifer, NASS’ FDA Liaison, NASS staff provides surveillance of spine-related issues at the FDA.

### CLINICAL GUIDELINES

NASS clinical guidelines provide up-to-date treatment information and help define quality care. NASS uses a transparent, evidence-based methodology, incorporating levels of evidence and grades of recommendation, in the development of its clinical guidelines. NASS Evidence-Based Guideline Development Committee members are trained in evidence analysis as a requirement of participation. Three guidelines are available for free download on the NASS Web site:

- *Diagnosis and Treatment of Degenerative Lumbar Spondylolisthesis*
- *Diagnosis and Treatment of Degenerative Lumbar Spinal Stenosis*
- *Antibiotic Prophylaxis in Spine Surgery*

In 2008, the Evidence-Based Guideline Development Committee completed the *Antithrombotic Therapies in Spine Surgery* guideline and developed recommendations for translation of NASS’ evidence-based clinical practice guidelines into other languages.

### PERFORMANCE MEASURES AND PAY-FOR-PERFORMANCE

NASS is a member of the AMA-convened Physicians’ Consortium for Performance Improvement (PCPI)—the primary body developing performance measures for physicians. NASS has co-lead organization status in the Consortium for the development of spine measures with the American Academy of Orthopaedic Surgeons, American Association of Neurological Surgeons/Congress of Neurological Surgeons and American Academy of Physical Medicine and Rehabilitation. In this forum, NASS voices its position on issues related to performance measures and pay-for-performance that may affect spine care providers.

2008 brought increased interest and movement toward value-based purchasing. Staff and NASS’ representative to the Consortium, Dr. David Wong, reviewed various documents for the PCPI to which NASS has lent support, including one on specification and categorization of measure exclusions and another on the evidence base required for measure development. NASS also participated in a Consortium town hall meeting to discuss measure development methodology and future plans. NASS provided comment on CMS’ issues paper on value-based purchasing, which is the first step toward planning a transition from pay-for-reporting to pay-for-performance in Medicare. NASS also reviewed and commented on the addition of some NCQA Back Pain Recognition measures to the Physician Quality Reporting Initiative (PQRI). Surveillance and comment continues regarding the administration and effectiveness of the PQRI.

### EVIDENCE-BASED MEDICINE TRAINING

NASS has made an online, self-directed evidence-based medicine and evidence analysis training program available to members in conjunction with the University of Alberta's Centre for Health Evidence (CHE). This program is based on content from the "Users' Guides to the Medical Literature." CHE consolidated all of these resources onto a desktop customized for NASS. Users receive continuing medical education credit for completion of the program. All NASS clinical guideline developers have been trained and training opened to relevant NASS committees in 2007 and to the general membership in 2008.

### PATIENT SAFETY

The Patient Safety Task Force continues to administer the NASS Spine Safety Alert Program, which monitors a variety of government resources for patient safety-related notices that may be useful to NASS members, and distributes them via e-mail and member publications. In 2008, the Task Force issued 44 notices relevant to spine care and its providers. The Task Force endorsed the concept of the WHO Safe Surgery Checklist and supported the establishment of Surgical Vital Statistics, asking countries to track surgical volume and in-hospital surgical death rates. Dr. David Wong participated in the meeting to develop the safe surgery checklist and the program launch. The Task Force also submitted comments on the federally-proposed rule for the Patient Safety and Quality Improvement Act of 2005, which set forth the framework for establishment of patient safety organizations. A NASS representative also participated in the 2nd International Patient Safety Congress, in which NASS acted as a supporting organization. The Task Force provided input to the FDA on its draft Public Health Notice on Life-Threatening Complications Associated with Recombinant Human Bone Morphogenetic Protein in Cervical Spine Fusion, at the request of the FDA.

### PROFESSIONAL SOCIETY COALITION TASK FORCE ON LUMBAR FUSION

Under the leadership of Steven Glassman, MD, and Daniel K. Resnick, MD, the participants in this multi-society task force include the American Academy of Orthopaedic Surgeons, American Association of Neurological Surgeons/Congress of Neurological Surgeons, Scoliosis Research Society and NASS. In response to the 2006 CMS MCAC review of lumbar fusion for degenerative disc disease, the societies formed this coalition to act as an advocate and clearinghouse for efforts to clarify, define and develop evidence on this topic across societies and their members. The coalition is working with CMS, AHRQ and NIH to develop opportunities to stimulate and catalog evidence on lumbar fusion. A grant application has been drafted to support a multi-stakeholder workshop on how to develop appropriate evidence relative to fusion. In addition, the Professional Society Coalition Task Force on Lumbar Fusion submitted comments to CMS on the proposed national coverage decision topics on BMP and multilevel fusion. A work group within the coalition is also updating the AANS/CNS lumbar fusion guidelines.

### SPINE REGISTRY

NASS volunteers and staff continue to examine how NASS might design a registry project to help expand the evidence base related to spine.

### NOMENCLATURE

NASS continues work to examine issues related to clarifying the nomenclature for degenerative disc disease and develop solutions for the language barriers that cloud use of this term. The first project to help clarify use is an article for *The Spine Journal* as a call to action.

### RESEARCH FUNDRAISING

The Research Fund Management Committee worked to raise funds to support research grants at NASS. In addition to the traditional fundraising venues, the society Web site is now set up to take online research donations directly and in conjunction with meeting registrations.

# ADVOCACY

[ *Advancing policies that promote high quality spine care* ]

The Association continued to work with the Alliance of Specialty Medicine to promote the delivery of quality spine care for our patients. The Spine Advocates Program continued to grow as did use of the NASS Legislative Action Center, which provides an extremely valuable benefit to our membership, facilitating contact with their Congressional representatives. The Association will continue the fight to shape the delivery of health care for the benefit of our membership and their patients during the health care reform debate that is expected to occur in 2009.

Recognizing the need to influence the debates that shape health care policy, NASS established the National Association of Spine Specialists—an IRS-designated 501(c)(6) trade association. The Association 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 that they require.

All members of the North American Spine Society are members of the Association (unless they opt out), with a portion of member dues allocated to advocacy efforts. The Association relies on its members to advocate on behalf of the spine care field and the patients it treats.

## **WASHINGTON, DC OFFICE/ALLIANCE OF SPECIALTY MEDICINE**

The Washington Office remains a key component of NASS' advocacy operation. NASS continues to be an active member of the Washington-based Alliance of Specialty Medicine, a nonpartisan coalition of twelve medical societies representing more than 200,000 specialty physicians in the United States. The Association is represented in the Alliance by its Washington office staff who work with other member organizations to promote access to specialty care through fair Medicare physician reimbursement, medical liability reform and improved quality of care legislation, among other issues.

## **GOVERNMENT AFFAIRS**

Physician payment reform under Medicare continued to be at the top of NASS' legislative agenda. In late July of 2008, Congress approved a bill that would retroactively prevent 10.6% cuts scheduled to begin earlier that month. Based on the funding mechanism used to offset the fix—cuts to Medicare Advantage plans, which paid a 12-15% premium over traditional Medicare fee-for-service plans at the time—President Bush vetoed the legislation. Congress subsequently voted to override the veto and in doing so enacted 18-months of positive updates for physician reimbursements under Medicare, extending the 0.5% update passed for the first half of this year through the end of 2008 and providing a 1.1% increase through 2009.

Until Congress replaces the sustainable growth rate formula with a reimbursement system that more accurately reflects the cost of providing care to our nation's seniors, Medicare physician reimbursement will remain at the top of NASS' advocacy agenda. The NASS Advocacy Committee realizes that many other issues impact our members and makes every attempt to educate our members on these issues and mobilize them to take action when necessary.

## [ Advocacy ]

In 2008, the Advocacy Committee wrote *SpineLine* articles focused on the presidential race and the health reform options each candidate offered. These articles informed members of NASS' position on health care reform and provided the information necessary for our members to determine which option they preferred. In addition, each issue provided updates on the progress of state and federal legislation with the potential to affect members' practices and patients.

The Advocacy Department continued to track a limited number of state health policy issues. In order to maximize NASS resources, Advocacy staff met regularly with government relations staff from other medical societies to share information on state-level developments, which provided very valuable information to our members through e-news and action item alerts when necessary.

### GRASSROOTS ACTIVITY

The Spine Advocates Program is NASS' grassroots advocacy network. Membership in the program continued to grow in 2008. Spine Advocates received the monthly Spine Advocates Update e-mail newsletter, which provided updates on health

policy issues being discussed at the state and federal levels. Participants in the program also received action alerts when an issue was being debated in their state or federal legislatures. These alerts prompted members to contact their lawmakers and provided talking points to educate officials on how these issues impact physicians and patients in their district. These alerts resulted in more than 600 email contacts between NASS members and Members of Congress and an additional 200 phone calls during the debate on physician reimbursement.

NASS continued to operate the Legislative Action Center ([www.capwiz.com/spine](http://www.capwiz.com/spine)), an online tool designed to help facilitate communication between policymakers and the public. This tool provides members with current information on the status of key legislation and allows members and their patients to contact their elected officials about NASS' key issues and ask for support on legislation that places NASS members' ability to practice medicine at risk. This tool also allows the Advocacy staff to send newsletters and alerts when action on a specific measure is needed, and coordinates member contact with their lawmakers.

The National Association of Spine Specialists' Board of Directors supports state and federal health care policies that provide patients with access to the specialists and technologies they require for the treatment of spine disorders. Through the Association's Legislative Action Center, members and their patients can obtain information on the latest legislative and regulatory proposals with the potential to affect access to quality spine care, and communicate with representatives in Washington and the state capitols.

**President:** Richard D. Guyer, MD  
**First Vice President:** Tom Faciszewski, MD  
**Second Vice President:** Charles L. Branch Jr., MD  
**Advocacy Committee Chair:** Jeffrey J. Wise, MD  
**Secretary:** Gregory J. Przybylski, MD  
**Treasurer:** Michael Heggeness, MD, PhD  
**Past President:** Jean-Jacques Abitbol, MD  
**Past President:** David A. Wong, MD, MSc  
**Past President:** Joel Press, MD  
**At-Large Member:** Ray M. Baker, MD  
**At-Large Member:** Heidi Prather, DO  
**Co-chair of Socioeconomic:** Charles Mick, MD  
**Co-chair of Socioeconomic:** Marjorie Eskay-Auerbach, MD, JD  
**Young Physician Representative:** Alok Sharan, MD  
**Executive Director:** Eric J. Muehlbauer, MJ, CAE  
**Industry Representative:** Diana Bogard, Medtronic  
**Industry Representative:** Rick Taft, ArthroCare Spine

# HEALTH POLICY AND REIMBURSEMENT

[ *Fostering the delivery of quality spine care* ]

## AMA CPT AND RUC ACTIVITIES

NASS' Advocacy Council continued to actively participate in the CPT/RUC process to protect and grow reasonable reimbursement for services provided by spine care physicians. Charles Mick, MD, the Advocacy Council Director, continued to serve as the NASS Advisor to the AMA Specialty Society RVS Update Committee (RUC). William Mitchell, MD, served as the CPT Advisor for NASS. Collectively, Drs. Mick and Mitchell were highly effective in successfully representing the interests of NASS members.

In conjunction with several other specialty societies, NASS presented and the CPT Editorial Panel accepted the following code changes:

- An editorial revision of code 63020 to include endoscopically assisted approaches. This revision is also applicable to the lumbar (63030) and additional cervical or lumbar interspaces (63035).
- A proposal to establish two Category III codes 022XT1, 022XT2 to report presacral lumbar arthrodesis including partial discectomy and preparation of the interspace for fusion.
- A proposal for injection of contrast during fluoroscopic guidance and localization that is an inclusive component of codes 62263, 62264, 6226X, 62270-62273, 62280-62282, 62310-62319, 0027T.
- A proposal to change the cervical disc arthroplasty code from a Category III (tracking) code, to a Category I CPT code.

NASS also developed the following proposals for consideration in early 2009:

- A proposal to create four new codes to describe removal and revision of percutaneous arrays and plate/paddle electrodes.

- A proposal to require the use of image guidance with the facet injection codes, which was considered in February 2009. NASS' proposal supports the recommendations contained in the Office of the Inspector General (OIG) report regarding facet injections that was released in September. The purpose of the report was to determine the extent to which Medicare Part B payments for facet joint injections meet Medicare program requirements and to determine what policies and safeguards exist to ensure that payments meet Medicare program requirements. The report found that 63% of facet joint injection services allowed by Medicare in 2006 did not meet Medicare program requirements, resulting in approximately \$96 million in improper payments. The OIG also found that over 50% of the providers billing facet injections are not the typical spine/interventional pain medicine specialties. The OIG report makes the following recommendations to CMS for addressing this problem:
  - Strengthen program safeguards to prevent improper payment for facet joint injection services.
  - Clarify billing instructions for bilateral services.
  - Take appropriate action regarding the undocumented, medically unnecessary and miscoded services identified in the sample.

The RUC created the Five-Year Review Identification Workgroup to respond to CMS' concerns regarding overvalued codes. The workgroup identified some potentially misvalued codes and CMS suggested that codes that grew at least 10% per year over the course of three years be reviewed. This generated a list of 114 services, 15 of which were relevant to spine care. NASS led a multispecialty consortium to develop action plans explaining the increase in utilization for spine related codes identified through the screening as potentially misvalued. Those codes were: 20551, 22214, 22533, 22843, 22851, 22849, 61795, 63056, 63650, 63685, 63660, 64483, 64484, and 63655.

### **SURGICAL AND MEDICAL CODING COMMITTEES**

The Surgical and Medical Coding Committees continued to monitor, review and comment on spine-related coding and reimbursement issues, effectively representing the concerns of NASS members. The Coding Committees took on many activities throughout 2008. They developed and submitted Coding Q&A columns for each issue of *SpineLine*. Additionally, the Committees assisted with reviewing and responding to member inquiries relating to correct coding. Coding resources for the 2009 *NASS Common Coding Scenarios* publication also were reviewed and updated. Proposed coding applications for presentation to the CPT Editorial Panel were given consideration and developed. The committees also evaluated and drafted comments on spine-related policies and regulations developed by CMS and private insurers.

### **CODING QUESTION SUBMISSIONS**

The Coding Committees again fielded a high volume of coding question submissions from members in 2008. The questions were distributed to Committee members, who formulated a comprehensive response to the NASS member. This bank of questions has been compiled and uploaded onto the NASS Web site and is searchable by the NASS membership.

### **PRACTICE MANAGEMENT COMMITTEE**

The Practice Management Committee (PMC) developed and presented a premeeting educational course at the NASS Annual Meeting to address issues in socioeconomics and practice management as identified during discussion by the PMC. The half-day course was dedicated to the evolution of spine care practice in the 21st century. Presentations discussed corporate culture, career development including pros and cons of various practice models, practice management styles and strategies for conflict resolution.

### **PRACTICING PHYSICIANS ADVISORY COUNCIL APPOINTMENT**

As a result of his nomination by NASS, Christopher Standaert, MD, was selected to serve on the Centers for Medicare and Medicaid Services (CMS) Practicing Physicians Advisory Council. The Council is charged with advising CMS on proposed changes in Medicare policy, regulations, and manual instructions related to physicians' services. The Council consists of 15 physicians including both participating and nonparticipating physicians, and physicians practicing in rural and underserved urban areas. In addition to the 11 members of the Council who must be state-licensed doctors of medicine or osteopath, other members may include dentists, podiatrists, optometrists and chiropractors.

Additionally, NASS, in conjunction with AANS/CNS, nominated Joseph Cheng, MD, to the Council. Greg Przybylski, MD, who currently serves on the Council, concludes his term in 2009.

### **HOSPITAL INPATIENT PROSPECTIVE PAYMENT SYSTEMS FISCAL YEAR 2009 RATES**

The Advocacy Council submitted comments to the Centers for Medicare and Medicaid Services (CMS) on the Proposed Changes to the Hospital Inpatient Prospective Payment Systems Fiscal Year 2009 Rates, published in the April 30, 2008 Federal Register. The comments focused on FzioMed, Inc.'s submission of an application for new technology add-on payments for FY 2009 for Oxiplex. The Advocacy Council leadership reviewed the proposal and available literature and agreed that NASS believes that the evidence demonstrating efficacy is not sufficient at this time to support an add-on payment for Oxiplex.

### **NASS INDUSTRY FORUM**

On September 7-8, 2008, NASS held its first Industry Forum at the Spine Masters Institute in Burr Ridge, IL. Twenty-one representatives from industry, as well as NASS leadership and staff, attended. Topics covered during the presentations included NASS' operating principle and mission, ethics, FDA device approval, coverage, reimbursement, and evidence-based medicine. During a great deal of interaction and discussion, attendees focused on ways in which NASS and industry can better work together, as cooperation is key to delivering quality spine care. Attendees also addressed in depth current and future opportunities and challenges facing spine care.



# DISCLOSURE, ETHICS AND PROFESSIONALISM

[ *Valuing ethics and professionalism in spine care* ]

The NASS Ethics Committee advises NASS leadership on the latest research and legislation regarding issues of disclosure, ethics and professionalism, including the regular maintenance and revision of NASS' policies in these areas.

The Committee also distributes information, articles, papers and is available to provide education for the membership on issues of ethics and professionalism in spine care. The Ethics Committee also periodically provides symposia for general attendance by members at annual meetings. The Ethics Committee also oversees the activities of two subordinate bodies, the Conflict of Interest Review Panel and the Professional Conduct & Ethics Sub-Committee.

In 2008, Chair Marjorie Eskay-Auerbach MD, JD, led the Ethics Committee in an extensive review of NASS ethics and professionalism policies and procedures. The Committee also submitted official statements to both the US Senate Special Committee on Aging (led by Senators Kohl and Grassley) in February 2008 and, in March 2008, to the Institutes of Medicine, for a hearing regarding Conflicts of Interest in Physician-Industry Relationships.

In September 2008, the Ethics Committee hosted a Roundtable on Ethics in Industry Relations, which was held at the NASS Headquarters facility and attended by the NASS Executive Committee, leaders from the Ethics Committee and PCEC, as well CEO's and Chief Compliance Officers of many of the leading device manufacturers. The Roundtable's purpose was to provide an opportunity for NASS to both explain its concerns and to gain insight from companies regarding their positions on issues such as distributorships, ghostwriting of papers, exhibits, sponsorships, NASS' educational facility (SMI), and the efficacy of AdvaMed in addressing or providing

guidance with respect to those issues. The meeting stimulated many ideas relative to an anticipated code of conduct for NASS' interaction with industry, and gave NASS leadership a more complete picture of the challenges ahead for both professional organizations and those relationships.

The action that received the most attention in 2008, however, was the Ethics Committee's development of a comprehensive NASS Disclosure Policy, which was adopted by the Board of Directors in October 2008. Going several steps further than the original policy (which had been adopted in January 2006), the new policy adopted at the Toronto Annual Meeting requires that participants disclose actual dollar amounts of all relationships held in the 12 months preceding disclosure (this wording was altered in January 2009 to read "estimated" dollar amounts). According to the NASS Ethics Committee, "the goal [was] to create an environment of scientific validity, in which learners can judge for themselves whether the information they receive is objective and unbiased, and to be sure that our members are current and forthright in their dealings with one another and with their colleagues and patients." Though adopted in October 2008, the Disclosure Policy was gradually phased in and did not receive its full implementation until January 2009, with the launch of the Online Disclosure System. (In late 2008 the system was still undergoing beta-testing with successful results through members of the BOD and Committee Chairs.)

Also in October 2008, the Board of Directors created a Conflict of Interest Review Panel and added the position of "Ethicist" as an ex-officio member of the Board of Directors. The Board extended an invitation to serve to David J. Rothman, PhD, President of the Institute on Medicine as a Profession and Bernard Schoenberg Professor of Social Medicine at Columbia University's College of Physicians & Surgeons.

### **CONFLICT OF INTEREST REVIEW PANEL (COIRP)**

The NASS Board of Directors voted to create a Conflict of Interest Review Panel (COIRP) in October 2008. The COIRP assists members and the BOD to determine if a member has a Conflict of Interest (COI), and if so whether said COI would materially interfere with the proposed task or assignment of that member. In the event there is a complaint to the Professional Conduct & Ethics Committee (PCEC) regarding a COI, the COIRP serves in an advisory capacity to the PCEC. In such an instance, the COIRP would potentially make a recommendation to the PCEC. In addition, the COIRP would send one member to any meeting or hearing to advise the PCEC on the nature of the COI and its applicability within the NASS COI rules. The COI review panel also plays a significant role in the vetting of nominees for the presidential line, Board of Directors, and certain committee chairs. As the Panel was created at the end of the year, it was not fully populated until February 2009.

### **PROFESSIONAL CONDUCT & ETHICS SUB-COMMITTEE**

The NASS Professional Conduct and Ethics Committee, led by Marjorie Eskay-Auerbach, MD, JD, continued its mission to review cases of possible ethical misconduct in relation to expert witness testimony, as well as other ethical disputes. Several cases were addressed in formal hearings in 2008. Results of all hearings that result in disciplinary action are published in *SpineLine*. The Committee expanded the extensive PCEC Procedural FAQ and the NASS Ethics Timeline on the NASS Web site, and continued to publish timely and informative articles in *SpineLine* on various ethical issues such as “Ethical Considerations of Authorship,” “The Department of Justice Decision: What Does it Mean for Spine Surgeons?,” “Deferred Prosecution Agreements Demystified,” “Honor Thy Neighbor: Ethics and the Orthopedic Spine Surgery Match,” “Hospital Privileges and Due Process,” and “Ethics of Direct Advertising to Consumers.”

### **LEADERSHIP COMMITTEE**

Under the Leadership of Drs. Tom Faciszewski and Charles Branch (whose NASS presidencies straddled the 2008 calendar year), the mission of the NASS Leadership Committee is to coalesce resources from the spine care community in order to seek ways to provide cost-efficient, evidence-based, ethical care, and to promote the awareness, involvement, and satisfaction of patients. In 2008, the Committee discussed ways NASS can move forward with outcomes, and absorbed two workgroups created at the September 2008 Roundtable on Ethics in Industry Relations: the Workgroup on Fair Market Value and the Workgroup on Recommendations for a Code of Ethics for Industry/NASS Interactions.

# SECTION DEVELOPMENT

[ *Educating the specialties of spine care* ]

Facilitating the growth of subspecialties within NASS, Section Development assists in the creation of targeted specialty programming such as pre-meeting courses, hands-on courses, and symposium during the NASS Annual Meeting.

## SECTION ON SPINE BIOLOGICS AND BASIC RESEARCH

Led by Chair Dr. Jeffrey Wang, the mission of the Biologics Section is the comprehensive study, evaluation, and presentation of biological therapies and basic science applications for the diagnosis and treatment of spinal disorders. In 2008, the section continued its work to evaluate—in an unbiased, comprehensive manner—the biological treatments and basic science for spinal conditions, as well as to provide an avenue for the North American Spine Society to foster an educational forum for the presentation and dissemination of practical applications of biological treatments in all stages of research. The Biologics Section held a very successful premeeting course at the Toronto Annual Meeting and began work on both a clinical biologics textbook and a publication on animal models, to become a supplement to *The Spine Journal*.

## SECTION ON MOTION TECHNOLOGY

The mission of the Section on Motion Technology is to provide a forum for the discussion and dissemination of information regarding motion preservation and stabilization technologies, including nonfusion and nontraditional methods. The Section may also stimulate or collaborate on position papers and/or educational content. Under the leadership of 2005-2008 Chair Dr. Michael Zindrick, the Motion Technology Section held a very successful premeeting course at the

2008 Annual Meeting. The Motion Section was not officially populated until the beginning of 2009.

## EXERCISE TASK FORCE

The Exercise Task Force is a multidisciplinary task force charged with evaluating and consolidating all existing NASS exercise-related publications and educating spine care providers and patients about the role exercise can play in promoting spine health and reducing back pain.

In 2008, the task force was created to ensure a continued focus on exercise following the dissolution of the Multidisciplinary Patient Care Committee.

In collaboration with the Advocacy Committee, in March the task force wrote letters to Congress supporting the Physical Activity Guidelines for Americans Act. In June, members reviewed and commented upon the Physical Activity Guidelines report. Task force members also reached out to the American College of Sports Medicine (ACSM) to explore opportunities for collaboration in the ACSM Exercise is Medicine™ program.

At the 2008 Annual Meeting in Toronto, task force members and volunteer physical therapists discussed with attendees the role of exercise and physical therapy in a postoperative rehabilitation program. And in December 2008, NASS surgical members were surveyed regarding their attitudes about and utilization of pre- and postoperative physical therapy.

## REHABILITATION, INTERVENTIONAL AND MEDICAL SPINE (RIMS)

The mission of the Rehabilitation, Interventional and Medical Spine (RIMS) is to develop NASS' intellectual capabilities in the titled areas by identifying spine physician and allied health education needs. RIMS designs educational efforts to instruct in necessary areas and identifies enduring education materials for physicians and patients that may aid in improving spine treatments or understanding of spine treatments. RIMS was not officially populated until the beginning of 2009.

# PUBLICATIONS

[ *Delivering the message of spine care* ]

Through a distinguished collection of periodicals, serials, publications and online resources, the NASS publishing program is a critical means by which NASS helps members learn and practice the highest quality evidence-based and ethical spine care.

## **THE SPINE JOURNAL**

*The Spine Journal (TSJ)* experienced unprecedented growth during the outstanding leadership of Dr. Charles Branch, who served as Editor in Chief from 2004–2008. He initiated many of the successes outlined below and worked to position *TSJ* to become the leading journal in medical scientific spine publishing. Dr. Eugene Carragee succeeded Dr. Branch as Editor in Chief in mid 2008 and began to implement several initiatives to build on *TSJ*'s success. Highlights of their remarkable transitional year include:

- NASS negotiated a new publishing agreement with Elsevier resulting in significant production and financial improvements.
- *TSJ* was accepted by Thomson Scientific for Impact Factor indexing.
- *TSJ* accomplished impressive growth in content, readership and advertising support. We increased print pages, in press e-pub articles, reprints, online article requests, subscriptions and ad pages. *TSJ*'s acceptance rate became more competitive also, down to 30% from the previous year's 46%.
- Dr. Chris Bono joined the editorial board as Deputy Editor, Orthopedic Surgery.
- Dr. Brad Weiner joined the board in a new Deputy Editor position, Evidence & Methods, to oversee one of Dr. Carragee's initiatives to add EBM analysis and discussion to original research manuscripts.

- Dr. Conor O'Neill joined the editorial board as Special Features Editor. Adding to current special features, he will implement new initiatives including Journal Reports and Topics in Clinical Practice.
- *TSJ* added a new pool of specialty area consultants to serve as expert reviewers.
- Robin Campbell joined the NASS editorial office as Managing Editor.

## **Editor in Chief**

Charles L. Branch, Jr., MD: 2004-2008

Eugene J. Carragee, MD: 2008-2012

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Conor O'Neill, MD

## **Associate, Advisory and Special Consultant**

### **Editorial Boards**

*The Spine Journal* is fortunate to have a distinguished board of more than 160 expert international peer reviewers serving on the Associate, Advisory and Special Consultant Editorial Boards. Please see the January issue of *TSJ* for a complete listing.

## **NASS Editorial Staff**

Director of Publications

Pamela Towne

## **Managing Editor**

Robin T. Campbell

## **Editorial Assistant (Stanford)**

Heidi McCormick

## [ Publications ]

### **SPINELINE**

In spine publishing, *SpineLine* is considered unique for delivering practical content relevant to diverse interests. *SpineLine* coverage spans clinical content, practice matters, ethical concerns, socioeconomic topics, advocacy issues and related news tailored to NASS' multidisciplinary and multispecialty audience of readers.

In his second year as Medical Editor, Eric Truumees, MD, along with the *SpineLine* Editorial Board, increased *SpineLine's* value and pertinence with timely topics, new columns and new contributors. In addition to his hours of prepublication editorial work, Dr. Truumees presents insightful commentary weaving together each issues' articles and how they reflect the broader issues in spine and health care.

Highlights of the 2008 volume include several thought-provoking Invited Reviews:

- Curbing the Escalating Costs of Medical Care: Financial Foundations, Standardization and the Role of the Patient
- Dynamic Stabilization
- Osteoporosis and SpineCare, Part I: General Overview and Medical Management
- Osteoporosis and Spine Care, Part II: Surgical Management
- Analgesic Discography: Can Analgesic Testing Identify a Painful Disc?

Curve/Countercurve Editors Jeffrey C. Wang, MD, and Heidi Prather, DO, presented debates between experts on controversial topics, including:

- Fusion versus Interspinous Device for Lumbar Spondylolisthesis
- Management of Sacral Insufficiency Fractures
- TLIF, XLIF or ALIF for Adjacent Segment Degenerative Disc Disease?
- BMP for Cervical Fusion?
- Surgery versus Radiation Therapy for Spine Metastases

Francis Shen, MD and Jonathan Grauer, MD took the lead on the newly reinstated Radiology Rounds, co-editing interesting cases with clinical images such as:

- Lap Belt Injury in the Pediatric Patient
- Cervicothoracic Facet Cyst
- Spinal Capillary Hemangioma in a Patient with Chronic Hip Pain
- Clinical and Radiographic Discrepancies: Double Diagnoses in Spine Disorders

Spine in Sports also returned to the *SpineLine* line-up in 2008 with:

- Sacroiliac Joint Pain in Athletes: A Biomechanical Treatment Approach

In addition to those mentioned above, several other Board members contributed content and/or reviewed manuscripts including the individuals listed below. The full Editorial Board convened via conference calls and during the Annual Meeting in Toronto to develop ideas for 2009.

The Editorial Board is grateful to the NASS President, the many NASS members and other authors who contribute to *SpineLine*. Please see reports of the Ethics, Practice Management, Coding, and Advocacy Committees elsewhere in this annual report for listings of their respective authors.

#### **SpineLine Editorial Board**

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[ Publications ]

**CONTEMPORARY CONCEPTS IN SPINE CARE**

*Contemporary Concepts in Spine Care* is a series of referenced reviews on issues in spine care, presented in the context of historical development and providing rationale that leads to current practice. Each review discusses, criticizes and references relevant scientific data, suggests future studies and makes general recommendations for current practice. Each paper is published in *The Spine Journal* and as part of the *Contemporary Concepts* print and electronic series. Individual titles and/or the complete set are available for purchase to spine providers (members receive a discount) who look to NASS for well-referenced statements on specific spine care treatments and procedures.

The Contemporary Concepts program falls under the direction of the Contemporary Concepts Committee, which is responsible for recommending appropriate topics, recruiting authors and reviewing and approving manuscripts. The Committee met during the 2008 Annual Meeting to develop new topics, identify the leading experts and invite them as potential authors.

**New in 2008**

The Committee initiated or approved development of several new titles in 2008, including:

- Percutaneous Disc Decompression
- Management of Thorocolumbar Spine Trauma
- Contemporary Management of Isthmic Spondylolisthesis: Adult and Pediatric
- Spinal Manipulation and Mobilization (recommended by the NASS Complementary Medicine Committee)
- Massage and Other Therapeutic Modalities (recommended by the NASS Complementary Medicine Committee)
- Medical Management of Neck and Arm Pain
- Degenerative Lumbar Scoliosis

**PUBLIC EDUCATION TASK FORCE/PATIENT EDUCATION COMMITTEE**

The Public Education Task Force became the Patient Education Committee in the 2008 board reorganization. The Committee oversees the development of NASS patient education materials such as the popular public education series of brochures and patient-focused Web content. The Committee met in October 2008 during the Annual Meeting in Toronto to review existing brochures, evaluate topics for new brochures, discuss the potential of including animations of spine anatomy/procedures on the Web site, plan for an online clearinghouse of educational materials and consider translating specific brochures into Spanish.

In 2008, the Task Force revised and reprinted several existing brochures. The series now includes over 30 brochure titles, available as printed pamphlets for spine providers to use with their patients. Patients may also view (and download) each brochure on the NASS Web site at [www.spine.org](http://www.spine.org). Top selling print versions are Lumbar Spinal Stenosis, Herniated Lumbar Disc and Spinal Injections, which are also among the most visited pages on [www.spine.org](http://www.spine.org).



*The Spine Journal, SpineLine and Contemporary Concepts in Spine Care are three of the many periodicals, serials and other publications produced by NASS' publishing program.*

# SPINE MASTERS INSTITUTE

[ *Housing the future of spine care* ]

In 2008, NASS made its facilities available to outstanding organizations to hold didactic and hands-on educational courses and conference activities.

Organizations renting the Spine Masters Institute (SMI) for their educational courses and conferences have raved about its exceptional services and equipment, including professional event planners and concierge assistance, advanced information technology (IT) support, 12-station bio-skills lab, eight C-arms and an O-arm, as well as other unique and customized features.

NASS takes pride in providing the best services to meet the needs of our diverse clients. During 2008, 33 courses were held at SMI—seven NASS courses, seven society/medical education company courses and 18 corporate courses.

The following associations and medical education companies rented the facility to provide education to their attendees:

- Pfiedler Enterprises
- BroadWater, a SpineUniverse company
- International Spine Intervention Society (ISIS)
- American Academy of Physical Medicine & Rehabilitation (AAPM&R)
- American Society for Surgery of the Hand (ASSH)

The following companies have held courses at SMI:

- Kyphon
- Stryker
- Kimberly Clark
- Blackstone/Orthofix
- Stryker Interventional Spine
- DePuy
- Spine Wave
- Medtronic

NASS has nine courses slated for 2009 at the Spine Masters Institute: two basic injections courses, an advanced injections course, three hands-on surgical courses, an advanced PA/NP surgical skills course, an exercise course and rehabilitation medicine for surgeons course.



*The Spine Masters Institute hosted 33 courses during 2008.*

## SPINEPAC

SpinePAC is the political action committee fund through which the Association 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 Association members and executives of corporate member companies. During the 2008 election cycle, SpinePAC contributed approximately \$111,000 to support candidates who support spine care providers and their patients. These contributions went to candidates for federal office—58% Democrat and 42% Republican—who are Congressional leaders and support sound health care policies; most served on committees with jurisdiction over health care issues, including physician reimbursement, quality improvement and medical liability reform. SpinePAC would like to thank the following individuals for their support in 2008:

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# DONOR RECOGNITION

[ *Funding the future of spine care* ]

## RESEARCH FUND DONORS

NASS would like to thank the following contributors for their leadership and generosity in contributing to the advancement of spine care through the NASS research funds. (*January–December 2008*)

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# AWARDS RECOGNITION

[ *Leading in the research of spine care* ]

Each year awards are presented at the NASS Annual Meeting to individuals who were nominated for their outstanding contributions to NASS and the field of spine care. These awards are named for past NASS leaders who exemplified excellence and dedication.

## 2008 AWARD WINNERS

**Eugene J. Carragee, MD, Palo Alto, California:** Wiltse Award for excellence in leadership and/or clinical research in spine care.

**Kenneth M.C. Cheung, MD, Hong Kong, China:** Farfan Award for outstanding contributions in spine-related basic science research.

**David A. Wong, MD, MSc, Greenwood Village, Colorado:** Selby Award for contributing greatly to the art and science of spinal disorder management through service to NASS.

## RESEARCH GRANTS

Each year NASS awards research grants to applicants with the highest-quality spine-related submissions. Funding is available for general research grants, young investigators and this year's application included a new category: nontraditional, nonsurgical treatment. The 2008 research grant application netted 34 grant applications and one fellowship application. Ultimately, three grants were funded for a total of \$147,669.00.

### Young Investigator Award

**Wan-Ju Li, PhD:** Intervertebral Disc Regeneration from Co-cultures Disc and Stem Cells in Biomimetic Engineered Extracellular Matrix Stimulated by Mechanically Active Bioreactor

### Young Investigator Award

**Francis H. Shen, MD:** Novel Scaffold Using Human Adipose-derived Stromal Cells

### Research Grant

**Dilip K. Sengupta, MD:** Defining the Abnormal Kinematics of Lumbar Spine Instability as a Cause of Degenerative Low Back Pain—A Biomechanical Study of the Kinematics of Cadaver Lumbar Spine



*2008 NASS Research Grant winners. From left, NASS President Tom Faciszewski, MD; President-elect Charles L. Branch Jr., MD; grant-winners Dilip Sengupta, MD, Frank Shen, MD, Wan-Ju Li, PhD; Past-president Richard D. Guyer, MD; and Research Council Director William C. Watters III, MD.*



*Charles L. Branch Jr., MD (left) and Tom Faciszewski, MD (right) present the 2008 NASS-TSJ Outstanding Paper Award to Angus Don, MD (second from right) and co-author Eugene Carragee, MD (second from left) for their paper: Is the self-reported history accurate in patients with persistent axial pain following a motor vehicle accident?*

[ Awards Recognition ]

**OUTSTANDING PAPER AWARDS**

The *Spine Journal* awarded one Outstanding Paper Award and recognized two runner-up papers in a presentation at the 2008 NASS Annual Meeting. The winning manuscripts were subsequently published in the January 2009 issue:

**TSJ Outstanding Paper**

**Angus S. Don, FRACS, Eugene J. Carragee, MD:** Is the Self-Reported History Accurate in Patients with Persistent Axial Pain after a Motor Vehicle Accident?

**TSJ Outstanding Paper Runner-Up**

**Steven D. Glassman, MD, Leah Y. Carreion, MD, MSc, Mladen Djurasovic, MD, John R. Dimar, MD, John R. Johnson, MD, Rolando M. Puno, MD, Mitchell J. Campbell, MD:** Lumbar Fusion Outcomes Stratified by Specific Diagnostic Indication

**TSJ Outstanding Paper Runner-Up**

**Masashi Miyazaki, MD, Yuichiro Morishita, MD, PhD, Wubing He, MD, Ming Hu, MD, Chananit Sintuu, MD, Henry J. Hymanson, BS, Jonathan Falakassa, BS, Hiroshi Tsumura, MD, PhD, Jeffrey C. Wang, MD:** A Porcine Collagen-Derived Matrix as a Carrier for Recombinant Human Bone Morphogenetic Protein-2 Enhances Spinal Fusion in Rats

**Editors' Choice Award**

The *TSJ* Executive Editorial Board established a new Editors' Choice Award to recognize the top-rated paper published in the *Journal* in a given year. From the 2007 volume year, they were pleased to honor:

**David A. Wong, MD, MSc, Betsy Annesser, DPT, Timothy J. Birney, MD, Roderick G. Lamond, MD, FRCSC, Anant Kumar, MD, Stephen D. Johnson, MD, Sanjay Jatana, MD, Gary Ghiselli, MD:** Incidence of Contraindications to Total Disc Arthroplasty: A Retrospective Review of 100 Consecutive Fusion Patients with a Specific Analysis of Facet Arthrosis

In addition to recognizing these authors from the main podium at the Annual Meeting, the *TSJ* Executive Editorial Board sponsored a Special Interest Group (SIG) discussion devoted to the Editors' Choice winner in which the authors discussed follow-up to the study and potential future developments on the topic.

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[ *Valuing collaboration in spine care* ]

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# FINANCIALS

[ *North American Spine Society 2008 Annual Report* ]

CONSOLIDATED STATEMENTS OF FINANCIAL POSITION	2008	2007 Restated
<b>ASSETS</b>		
<b>Current Assets</b>		
Cash and cash equivalents	\$ 2,790,897	\$ 1,409,674
Accounts receivable—net	88,831	356,520
Pledges receivable	219,224	52,440
Other receivables	234,946	38,271
Prepaid expenses	167,709	245,131
Inventory	95,252	117,177
<b>Total Current Assets</b>	<b>3,596,859</b>	<b>2,219,213</b>
<b>Investments</b>	<b>3,662,423</b>	<b>3,804,575</b>
<b>Long-term pledges receivable—net of discount</b>	<b>597,037</b>	<b>80,784</b>
<b>Property and equipment—net</b>	<b>14,744,000</b>	<b>15,650,337</b>
<b>Bond issue cost—net</b>	<b>195,294</b>	<b>205,479</b>
<b>Total Assets</b>	<b>\$ 22,795,613</b>	<b>\$ 21,960,388</b>
<b>LIABILITIES AND NET ASSETS</b>		
<b>Current Liabilities</b>		
Accounts payable	\$ 390,977	\$ 448,680
Accrued expenses	316,991	335,401
Deferred revenue	1,388,361	1,196,072
<b>Total Current Liabilities</b>	<b>2,096,329</b>	<b>1,980,153</b>
<b>Long-Term Debt</b>		
Bonds payable	12,500,000	12,500,000
Interest rate swap agreement liability	857,118	433,834
<b>Total Long-Term Debt</b>	<b>13,357,118</b>	<b>12,933,834</b>
<b>Net Assets</b>		
Unrestricted	4,952,799	5,175,926
Temporarily restricted	801,168	320,349
Permanently restricted	1,588,199	1,550,126
<b>Total Net Assets</b>	<b>7,342,166</b>	<b>7,046,401</b>
<b>Total Liabilities and Net Assets</b>	<b>\$ 22,795,613</b>	<b>\$ 21,960,388</b>

[ Financials ]

CONSOLIDATED STATEMENTS OF ACTIVITIES	2008				2007
	Unrestricted	Temporarily Restricted	Permanently Restricted	Total	Restated Total
<b>Income</b>					
Dues and fees	\$ 2,025,754			\$ 2,025,754	\$ 1,819,808
Sales of publications and advertising	336,361			336,361	231,697
Contributions and sponsorships	799,767	771,471	38,073	1,609,311	1,976,714
Annual Meeting/education programs	6,969,186			6,969,186	6,656,225
Investment income (loss)	(1,262,848)			(1,262,848)	174,577
Rental income	319,775			319,775	43,500
Royalties	132,734			132,734	138,439
World Spine Society	-			-	215,845
Miscellaneous	26,400			26,400	28,986
Gain on sale of assets	341,331			341,331	-
Net assets released from restrictions	290,652	(290,652)		-	-
<b>Total Income</b>	<b>9,979,112</b>	<b>480,819</b>	<b>38,073</b>	<b>10,498,004</b>	<b>11,285,791</b>
<b>Operating Expenses</b>					
Member services	768,913			768,913	650,866
Publications	1,116,412			1,116,412	1,077,437
Grants and awards	126,907			126,907	193,848
Research and scientific affairs	439,671			439,671	525,316
Annual meeting and education	4,393,643			4,393,643	4,156,394
Advocacy	764,526			764,526	864,009
Spine Masters Institute	841,669			841,669	342,717
World Spine Society	199,437			199,437	583,860
Fundraising and development	242,820			242,820	328,871
Management and general	884,957			884,957	842,062
<b>Total operating expenses</b>	<b>9,778,955</b>			<b>9,778,955</b>	<b>9,565,380</b>
<b>Operating income</b>	<b>200,157</b>	<b>480,819</b>	<b>38,073</b>	<b>719,049</b>	<b>1,720,411</b>
<b>Unrealized loss on interest rate swap agreement</b>	<b>(423,284)</b>			<b>(423,284)</b>	<b>(433,834)</b>
<b>Increase (decrease) in net assets</b>	<b>(223,127)</b>	<b>480,819</b>	<b>38,073</b>	<b>295,765</b>	<b>1,286,577</b>
<b>Net Assets</b>					
Beginning of year	5,175,926	320,349	1,550,126	7,046,401	5,759,824
End of year	\$ 4,952,799	\$ 801,168	\$ 1,588,199	\$ 7,342,166	\$ 7,046,401

[ Financials ]

CONSOLIDATED STATEMENTS OF CASH FLOWS	2008	Restated 2007
<b>Cash flows from operating activities</b>		
Increase in net assets	\$ 295,765	\$ 1,286,577
Adjustments to reconcile increase in net assets to cash from operating activities		
Depreciation and amortization	689,139	414,728
Decrease in reserve for bad debt	(10,000)	(14,400)
Net realized and unrealized loss on investments	1,396,998	43,328
Loss on interest rate swap	423,284	433,834
(Gain) loss on disposal of property and equipment	(342,760)	(7,840)
Changes in		
Receivables	(602,023)	96,652
Prepaid expenses	77,422	(85,269)
Inventory	21,925	37,300
Accounts payable	(57,703)	116,370
Accrued expenses	(18,411)	90,186
Deferred revenue	192,289	(152,383)
<b>Net cash from operating activities</b>	<b>2,065,925</b>	<b>2,259,083</b>
<b>Cash flows from investing activities</b>		
Proceeds from sale of property and equipment	839,311	14,511
Proceeds from sale of investments	1,972,981	1,450,719
Purchase of investments	(3,227,827)	(3,375,128)
Purchase of property and equipment	(269,167)	(9,466,884)
<b>Net cash from investing activities</b>	<b>(684,702)</b>	<b>(11,376,782)</b>
<b>Cash flows from financing activities</b>		
Proceeds from bank issuance	-	12,500,000
Payments on short-term financing	-	(950,000)
Principles payments on mortgage	-	(2,236,111)
<b>Net cash from financing activities</b>	<b>-</b>	<b>9,313,889</b>
<b>Net increase in cash and cash equivalents</b>	<b>1,381,223</b>	<b>196,190</b>
<b>Cash and cash equivalents</b>		
Beginning of the year	1,409,674	1,213,484
End of the year	\$ 2,790,897	1,409,674