

BUILDING BRIDGES

**NORTH
AMERICAN
SPINE SOCIETY
2009 ANNUAL REPORT**



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PRESIDENT'S MESSAGE



*2009 NASS Board of
Directors President
Charles Branch Jr, MD*

Despite the turbulent economy, NASS boasts many accomplishments for 2009. Our key staff and excellent committee volunteers produced one of the best years on record for the society. We received more member applications than any other year with a 97% member retention rate. NASS' Annual Meeting saw the largest attendance on record. The Public Affairs Committee, under the direction of Raj Rao, MD, launched our new patient education website, www.knowyourback.org. The Spine Masters Institute underwent a name change to more accurately reflect its mission. As the Spine Education and Research Center (SERC), we had an excellent year, doubling our programs and revenue from 2008. These successes made us stronger as a society, and will continue to position NASS members as *the* leaders in spine care.

BUILDING BRIDGES

As the thematic platform for my year as President of the North American Spine Society, I chose to focus on the concept and reality of "Building Bridges." In this era of increased competition for resources for health care expenditures and the aggressive pursuit of value-based health care decision- and policy-making, linking our spine care communities for the purpose of transmitting information, informing personnel and, ultimately strengthening ourselves, is imperative.

In 2009, major bridges were, and are still being, built between the professional societies focused on spine care. Leadership meetings with agendas for progress occurred and will continue between NASS and AAOS, AANS and CNS, AAPMR and ISIS. Collaborative programs and efforts are underway with SRS, CSRS and the SAS. We created a Value Task Force and managed a multi-society Spine Summit with a follow-up meeting set for 2010. Each of these societies represents a unique series of relationships between individuals and small groups. These relationships form the foundation for the bridges that will support our current and future initiatives.

ETHICS AND DISCLOSURE

NASS continued raising the bar for professionalism within the society by conducting ethics hearings through the Professional Conduct & Ethics Committee. To complement our enhanced disclosure policy, which was implemented in late 2008, we created a comprehensive online disclosure module, streamlining the disclosure process for members and participants in NASS programs. This new process resulted in more than 3000 disclosures and 100% compliance at the annual meeting. NASS also launched a web presence for our ethics disclosure and professionalism initiatives, including links to all policies and letters to Congress, as well as FAQs for all programs.

BOARD OF DIRECTORS

In 2009, the Board of Directors updated the NASS mission statement and central operating principle.

Mission statement: NASS is a multidisciplinary medical organization dedicated to fostering the highest quality, evidence-based and ethical spine care by promoting education, research and advocacy.

Central operating principle: Fostering the delivery of quality spine care.

NASS continued to implement the Board of Directors and staff reorganization in 2009. In addition to adding an ethicist, Dr. David Rothman, to the Board to help guide the society through complex ethics discussions, we reorganized all staff to enhance our ability to advance the Board's agenda. We added monthly Strategic Integration Group phone meetings to improve communications, created several internal work groups to facilitate communication and recognize achievement, and began submitting biweekly reports to keep the Board abreast of all NASS activities. We also conducted two town hall meetings in an effort to gather member feedback on NASS activities.

OTHER ACTIVITIES

In addition to these accomplishments, NASS staff has continued work on a number of initiatives. NASS advocacy efforts are more effective than ever. NASS provided comments and positions on various health care reform proposals, met regularly with Members of Congress and staff to ensure that health care reform does not result in negative outcomes for spine care providers and their patients. Additionally, they developed formal position statements on several of NASS' key advocacy issues, including Medicare SGR, PQRI, CER, physician ownership and medical liability reform. We also increased our influence within the AMA House of Delegates by adding NASS' delegate to a key reference committee overseeing health care policy development.

NASS introduced new member benefits, including its first online educational program, *Exercise: The Backbone of Spine Treatment*; Coding Q&A, a searchable online coding question and answer database; and *Health Policy Review*, a monthly e-publication focusing on key issues in health policy. The Research Council provided comment on the vertebroplasty RCTs published in the *New England Journal of Medicine* and the Evidence-based Guideline Development Committee released a new clinical guideline, *Antithrombotic Therapies in Spine Surgery*. NASS made recommendations to the Institute of Medicine on comparative effectiveness

research priorities related to spine, of which one was selected for their tiered list of priorities. We initiated three new book projects—*Orthopaedic Knowledge Update: Spine 4*, *Instructional Course Lectures: Spine 2* and *Advanced Reconstruction Spine*. *The Spine Journal* increased its publishing frequency to monthly, and the Patient Education Committee reviewed, revised and redesigned our patient education brochures.

We enhanced our media activities to position NASS as the credible authority in defining quality spine care. NASS provided comments on spine wellness, treatments for spine conditions, disclosure, health care reform and other issues to the *Wall Street Journal*, *New York Times*, NPR, CNN, UPI, Forbes, *Prevention Magazine*, the orthopedic trade press and several other media outlets.

Although challenging, 2009 proved to be a very successful year for NASS. The volunteers and staff excelled beyond measure, and I am thankful for your support and insight as we worked together to build bridges between NASS and numerous other medical societies. I am honored to have served as your president in 2009 and look forward to many good years ahead.



Charles Branch Jr, MD
Wake Forest University Baptist Medical Center
Wake Forest, NC
President 2008-2009

2009 BOARD OF DIRECTORS

Charles Branch Jr, MD
President

Ray Baker, MD
First Vice President

Gregory J. Przybylski, MD
Second Vice President

Heidi Prather, DO
Secretary

Michael Heggeness, MD, PhD
Treasurer

Tom Faciszewski, MD
Past President

William Watters III, MD
Research Council Director

Venu Akuthota, MD
Education Council Director

Charles Mick, MD
Health Policy Council Director

Alexander J. Ghanayem, MD
Administration and Development Council Director

Christopher M. Bono, MD
Evidence Compilation and Analysis Chair

Daniel K. Resnick, MD
Clinical Research Development Chair

Jeffrey C. Wang, MD
Continuing Medical Education Chair

Eric Truumees, MD
Education Publishing Chair

William Mitchell, MD
Professional, Economic and Regulatory Chair

Raj D. Rao, MD
Advocacy Chair

Jerome Schofferman, MD
Section Development Chair

F. Todd Wetzel, MD
Governance Committee Chair

Marjorie Eskay-Auerbach, MD, JD
Ethics Committee Chair

David Rothman, PhD
NASS Ethicist

Eric J. Muehlbauer, MJ, CAE
Executive Director

GOVERNANCE COMMITTEE

The Governance Committee, populated in early 2009, ensures that NASS has an effective governing board through the training of current and new board members and aids the development of future leaders. 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 new board member orientation. The committee is also responsible for recognizing NASS members for efforts in the spine care field and ensures proper conditions exist to encourage participation in NASS activities.

In 2009, the committee completed and presented a new, comprehensive board orientation and training, as well as a self evaluation tool.

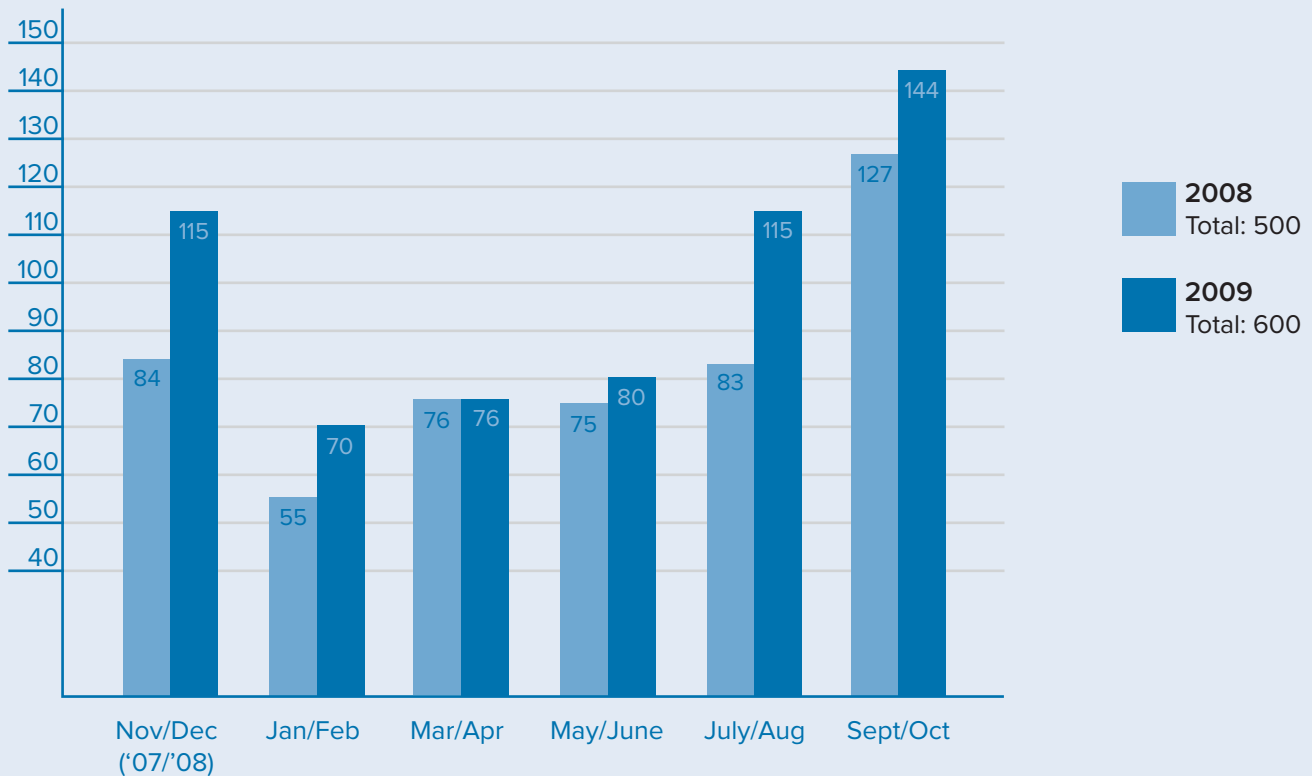


2009 NASS Board of Directors

MEMBERSHIP STATISTICS

NASS welcomed 600 new members in 2009, bringing the total membership to 5,500. 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. Although NASS has members in 66 countries, membership is primarily based in North America (94%).

2008-2009 NEW MEMBER GROWTH CHART



NEW MEMBERS BY SPECIALTY

Anesthesiology: 4
 Anterior Spine: 1
 Chiropractic Care: 4
 Coding Professional: 12
 Emergency Medicine: 1
 Family Practice/Internal Medicine: 3
 Neurology: 2
 Neurophysiologist: 1
 Neurosurgery: 145
 Nurse/Nurse Practitioner: 8
 Orthopedic Surgery: 180
 Pain Medicine/Management: 44

PM&R: 147
 Physical/Occupational Therapy: 9
 Physician Assistant: 12
 Psychiatry/Psychology: 5
 Radiology: 5
 Research: 12
 Sports Medicine: 6
 Surgical Assistant: 1
 Surgical Technician: 1
 Trauma Surgery: 1
Total: 600

NEW MEMBERS BY PERCENTAGE

Orthopedic Surgery: 30%
 Neurosurgery: 24%
 PM&R: 24%
 Pain Medicine: 7%
 Other: 15%

CONTINUING MEDICAL EDUCATION

24TH ANNUAL MEETING: NOVEMBER 10-14, 2009, SAN FRANCISCO, CALIFORNIA

NASS continues to develop an outstanding educational experience and provides high-quality continuing medical education for its members. More than 900 abstracts were submitted for consideration. A total of 119 podium presentations, 94 focused paper presentations and 179 electronic posters were featured over the four-day period. Final attendance for the meeting reached upwards of 3,900 medical education attendees, the largest attendance on record.

Premeeting Courses

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

- Coding Update 2009: Essentials and Controversies of Operative and Nonoperative Spine Care Coding
- Section on Spine Biologics and Research
- Section on Motion Technology
- Advanced Rehabilitation for Surgeons and Other Spine Specialists
- Critical Concepts in Adult Deformity Surgery
- Advances in the Surgical Treatment of Acute Spine Trauma

Technique Workshop topics included:

- Cervical Spine Stabilization
- Interbody Fusion Technologies

Symposia

NASS 24th Annual Meeting symposia covered various surgical and medical/interventional issues:

- Surgical Management of Lumbar Degenerative Deformity
- The Hip-Spine Syndrome: What Is It and What Should We Recommend for Patients?
- Stem Cell Therapy in Spine Fusion and Disc Degeneration
- Expanding Diagnostic Testing to Improve Surgical Outcomes: Present and Future
- The Great American Health Care Debate: What Does Our Future Hold?
- Spine and Sports: Implications for the Senior Athlete
- Controversies in Cervical Spine Surgery

Technical Exhibition

The Technical Exhibition at the NASS 24th Annual Meeting set the record both in terms of participation by vendors and new member services available. Two hundred and ninety companies educated more than 3,900 professional spine care attendees on the latest products and services available in the spine care field. This was a sixty company increase over the 23rd Annual Meeting. San Francisco featured the debut of the NASS Resource Center in the Technical Exhibition. This area allowed members to check their membership and dues status, learn about upcoming NASS educational courses, engage the leaders in NASS' advocacy efforts, stay connected with their office in the Cyber Café and learn new techniques at the exercise demonstration area. NASS is continually updating the Technical Exhibition to fulfill its mission in complementing the exceptional continuing medical education offered at the Annual Meeting.

Allied Health Track Programming

NASS provided multidisciplinary education for its allied health members focusing specifically on nurse practitioners and physician assistants through concurrent sessions during the Annual Meeting. Topics included:

- Spine Radiology, Interventional Procedures, PM&R and the Spine Patient
- New Technologies in Spine Surgery: A Review of Indications, Procedures and Relevant Data
- Spine Care and the Elderly Patient



3,900 spine care professionals attended the 2009 Annual Meeting in San Francisco.

24TH ANNUAL MEETING SCIENTIFIC PROGRAM COMMITTEE AND SCIENTIFIC PROGRAM REVIEWERS

The **Scientific Program Committee** is responsible for the educational development of the meeting.

Charles L. Branch, Jr., MD
President

Christopher J. Standaert, MD
Alexander R. Vaccaro, MD, PhD
2010 Program Co-chairs

Venu Akuthota, MD
Education Council Director
2008 Program Co-chair

Steven D. Glassman, MD
David R. O'Brien, Jr., MD
2009 Program Co-chairs

William Mitchell, MD
2008 Program Co-chair

Jeffrey C. Wang, MD
CME Committee Chair

Scientific Program Reviewers are responsible for grading abstracts. Spine care professionals submitted 925 abstracts for the 24th Annual Meeting.

Venu Akuthota, MD
Howard S. An, MD
Neel Anand, MD
Paul A. Anderson, MD
Paul Arnold, MD
Benoy Benny, MD
Gregory Bentley, MD
Sigurd Berven, MD
Mark H. Bilsky, MD
Christopher Bono, MD
Jacob M. Buchowski, MD
Allen Carl, MD
Leah Y. Carreon, MD, MSc
Joseph S. Cheng, MD
Bryan W. Cunningham, MSc
Aleksandar Curcin, MD
Mark Dekutoski, MD
John R. Dimar, MD
Mladen Djurasovic, MD

Ronald G. Donelson, MD
Thomas E. Dreisinger, PhD
Jo M. Fasen, PT
Michael G. Fehlings, MD, PhD, FRCS(C)
David E. Fish, MD, MPH
Alexander J. Ghanayem, MD
John A. Glaser, MD
Steven D. Glassman, MD
Jeffrey A. Goldstein, MD
Purnendu Gupta, MD
Munish Gupta, MD
Richard D. Guyer, MD
Robert W. Irwin, MD
Robert Isaacs, MD
Michael G. Kaiser, MD, FACS
James D. Kang, MD
Larry T. Khoo, MD
Brian Kwon, MD
Ronald A. Lehman, MD

John C. Liu, MD
Mohammed E. Majd, MD
Kano Mayer, MD
Paul C. McAfee, MD
Charles A. Mick, MD
William Mitchell, MD
George S. Miz, MD
Thomas E. Mroz, MD
Mark T. Nolden, MD
David R. O'Brien Jr, MD
Stephan Parent, MD
Tushar Patel, MD
Joseph H. Perra, MD
Jeffrey D. Petersohn, MD
Frank M. Phillips, MD
David W. Polly, MD
Heidi Prather, DO
Gregory J. Przybylski, MD
Y. Raja Rampersaud, MD
Bernard A. Rawlins, MD
Glenn R. Rechtine, MD
Michael L. Reed, DPT, MSc, OCS
K. Daniel Riew, MD
Joseph Riina, MD
David P. Rouben, MD
Jerome Schofferman, MD
Frank J. Schwab, MD
Christopher I. Shaffrey, MD
Stefano Sinicropi, MD
Jeffrey M. Spivak, MD
William J. Sullivan, MD
William C. Tally, MD
Scott G. Tromanhauser, MD
Jeffrey C. Wang, MD
Peter G. Whang, MD
Michael L. Whitworth, MD
Jon J. Wilson, MD
Kirkham B. Wood, MD
S. Tim Yoon, MD, PhD
Jack E. Zigler, MD
Michael R. Zindrick, MD

Abstract Categories	# Submitted	# Accepted
Basic Science/Biologics	80	42
Biomechanics	111	49
Complications	65	22
Diagnostics/Imaging	73	19
Epidemiology/Etiology	34	21
Exercise Therapies/Functional Restoration	6	3
Injections/Interventions	37	20
Motion Preservation	73	29
Socioeconomics/Industrial/Ergonomics	17	9
Spinal Deformity	150	80
Surgery—Cervical	67	34
Surgery—Thoracolumbar	182	47
Trauma	30	17
Total	925	392

SPRING BREAK 2009: BACK TO REALITY

Spring Break was held in Rio Grande, Puerto Rico, April 23-25, 2009 at the Rio Mar Beach Resort. Participants included 124 paid attendees, 25 faculty, 30 guests and 37 exhibitor reps. Program Co-chairs were Ray Baker, MD and Ken Yonemura, MD.

2009 CME HANDS-ON COURSES**Coding Update 2009 (Winter)**

January 23-24, 2009, Breckenridge, CO
38 attendees

Lumbar Spinal Injections

February 6-7, 2009, Spine Masters Institute
42 attendees

PA/NP Advanced Surgical Skills

March 6-7, 2009, Spine Masters Institute
59 attendees

Lumbar Spinal Injections

March 20-21, 2009, Spine Masters Institute
45 attendees

Minimally Invasive Spine Surgery

April 2-4, 2009, Spine Masters Institute
11 attendees

Coding Update 2009 (Spring)

April 3-4, 2009, New Orleans, LA
60 attendees

Advanced Injections

June 12-13, 2009, Spine Masters Institute
40 attendees

Exercise: The Backbone of Treatment

June 27, 2009, Spine Masters Institute
50 attendees

Coding Update (Summer)

July 24-25, 2009, Baltimore, MD
81 attendees

Rehabilitation for Spine Surgeons and Other Spine Specialists

September 12, 2009, Spine Masters Institute
47 attendees

Spine Trauma Update

October 9-10, 2009, Spine Masters Institute
20 attendees

2009 Online CME Courses**Exercise: The Backbone of Treatment**

Launch date: November 1, 2009

SECTION ON SPINE BIOLOGICS AND RESEARCH

Led by Chair Jeffrey Wang, MD, 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. 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 NASS 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 San Francisco Annual Meeting and began work on a clinical biologics textbook and a possible animal model 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 Chair Avinash Patwardhan, MD, the Motion Technology Section held a very successful premeeting course at the 2009 Annual Meeting.



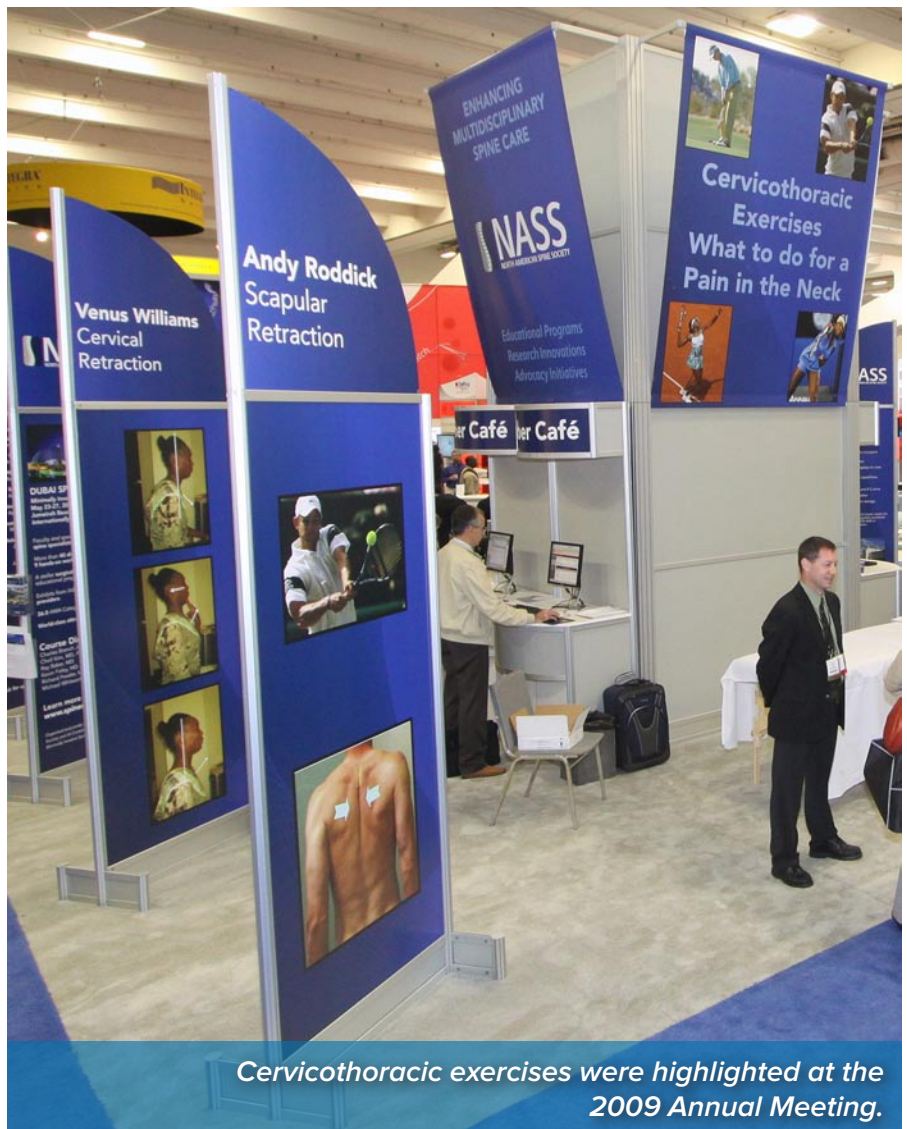
Coding Update 2009

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 or understanding spine treatments. Jerome Schofferman, MD, Chairs this section and coordinated the planning of two successful offerings: a regional Rehabilitation course held at the Spine Education & Research Center, and a premeeting course at the 2009 Annual Meeting. The Annual Meeting course is being adapted into an online CME activity to be launched in 2010.

EXERCISE COMMITTEE

The Exercise Committee is a multidisciplinary committee 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 late 2008, the Exercise Committee surveyed NASS surgeon members regarding their attitudes about the utilization of pre- and postoperative physical therapy, and the results from the survey were used as a paper presentation at the 2009 Annual Meeting. At the 2009 Annual Meeting in San Francisco, Committee members and volunteer physical therapists discussed cervicothoracic exercises with attendees and are looking at producing a video on the topic.



Cervicothoracic exercises were highlighted at the 2009 Annual Meeting.

RESEARCH

RESEARCH COUNCIL

The Research Council dedicates its time to advancing the science of spine on behalf of the NASS membership and spine field. In 2009, the Research Council was led by William Watters III, MD, with Daniel Resnick, MD, and Christopher Bono, MD. The Council works 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. The Council is responsible for regular surveillance of the spine field, including information from various government, quality and regulatory sources for issues of relevance, as well as from the American Medical Association and other specialty groups. The Council also provides evidence-based medicine education and literature searches for the society at large. Council activities in 2009 included:

> **Recommendation of Comparative Effectiveness Research Priorities to the Institute of Medicine (IOM)**

In addition to allocating \$400 million to the Secretary for Health and Human Services for comparative effectiveness research, the American Recovery and Reinvestment Act of 2009 mandated that IOM produce a consensus report by June 30, 2009 that provided specific recommendations to Congress and the Secretary for expenditure of these funds. IOM was required to solicit and consider public input as it developed its recommendations. In response to the IOM request for input on priorities for comparative effectiveness research, NASS submitted the following suggested priorities for spine, one of which was selected by IOM as a fourth quartile priority:*

- Compare natural history with the effectiveness of treatment with vertebroplasty and percutaneous vertebral augmentation for vertebral compression fractures.
- Compare the effectiveness of two physical therapy treatment protocols (traditional eclectic physical therapy program versus physical therapy using the Delitto classification system) for chronic axial low back pain by following subjects over two years utilizing pain measure (eg, VAS), functional status (eg, Oswestry Disability Index), psychosocial measure (eg, SF-36), work status (in applicable populations) and medication utilization.

- What surgical approach best relieves pain and improves functional outcomes for patients with symptomatic cervical disc herniation that have failed appropriate nonsurgical care?

> **Response to *New England Journal of Medicine (NEJM)* Publication of Two Vertebroplasty Randomized, Controlled Trials**

The Research Council developed a formal response, *Newly Released Vertebroplasty RCTs: A Tale of Two Trials*, to the publication by *NEJM* of two vertebroplasty randomized controlled trials in August 2009 comparing vertebroplasty to sham procedures. The response can be found at http://www.spine.org/Documents/NASSComment_on_Vertebroplasty.pdf.

> **Department of Defense (DoD) Orthopedic Research Recommendations**

NASS, along with other orthopedic specialty societies, contributed to a presentation of recommended priorities for a Department of Defense stakeholders' meeting related to the FY 2009 \$66 million appropriation for orthopedic research. Specifically, the Army was interested in understanding the best way to spend the appropriation.

> **Washington State Health Technology Assessment Program (HTA)**

Following comments from NASS and others, the HTA agreed that a structured, intensive multidisciplinary program for management of pain was required for the lumbar artificial disc replacement (ADR), but not cervical ADR, which was reflected in the updated findings and decision. The limitations of coverage for lumbar and cervical were separated within the findings and decision document as well. The Washington State Multisociety Work Group also developed comments on the structured intensive, multidisciplinary program and its accompanying materials proposed to be required prior to spine surgery in Washington State for workers' compensation patients.

> **New York State Workers' Compensation Guidelines**

The Research and Health Policy Councils developed comments on New York State workers' compensation draft clinical guidelines on low back and cervical spine during the final phases of their formalization. NASS' comment agreed with previous comments submitted by the AAOS. New York State members were also notified via member e-news of the opportunity to comment individually.

> **Research Funding Directory Revised to Electronic, Searchable Format**

The Research Funding Directory, a resource to help physicians locate research funding, was updated. The new version is a searchable online resource found on the NASS website.

> **Advocacy**

The Research Council continues to support the Advocacy Council by providing input on letters and comments for NASS and the Alliance for Specialty Medicine, specifically related to issues of CER, health care and health care reform issues related to quality and value based purchasing.

> **Contemporary Concept on Manipulation, Mobilization and Massage**

One of the last Contemporary Concept papers, this document was completed and submitted for publication in *The Spine Journal*.

> **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.

> **Food and Drug Administration**

The Research Council is responsible for oversight and surveillance of FDA-related issues for NASS. In conjunction with Bernard Pfeifer, MD, NASS' FDA Liaison, NASS staff provides surveillance of spine-related issues at the FDA. In 2009, multiple regulatory articles were disseminated via *SpineLine*, e-news and NASS website regarding:

- The FDA Orthopaedic and Rehabilitation Devices Panel determination that Stryker Biotech's PMA application for OP-1 putty was not approvable.

- The FDA's requirement that manufacturers of certain Class III devices (approved prior to 1976), including pedicle screws, submit safety and effectiveness information by August 7, 2009.
- The FDA Warning Letter Addressing Improper Promotion of the Valeo™-C VBR Device.

CLINICAL GUIDELINES

NASS clinical guidelines provide up-to-date treatment information and help define quality spine 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.

Four guidelines are available for free download on the NASS website:

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

In 2009, the Evidence-Based Guideline Development Committee completed a comprehensive review of the literature related to cervical radiculopathy from degenerative disorders and the guideline was nearing completion at year end. The guideline is scheduled for publication in 2010.

REVIEW AND RECOMMENDATION STATEMENTS

It has become increasingly important for medical societies to comment on specific topics in the public forum to foster quality care, for policy purposes, and in anticipation of external requests from insurance carriers, government entities, quality improvement bodies, other medical societies and external bodies on behalf of their memberships. Historically, societies have developed organizational statements in a variety of forms, the most common being the position statement. However, with the virtually universal adoption of evidence-based medicine, groups are increasingly stepping away from purely consensus papers and the term "position statements." NASS has opted to develop its statements in the form of Review and Recommendation Statements.

On the spectrum of methods, review and recommendation statements are midway between pure consensus papers and formal guidelines. Although a formal guideline process is optimal, issues of practicality, resources and time relative to working within the constraints of a not-

for-profit volunteer environment must be considered, leading to this middle ground option. Given the considerable scrutiny policy statements undergo, the process nonetheless must be rigorous, inclusive, consistent, transparent and make efficient use of NASS resources. In review and recommendation statements, the scope and number of questions addressed are generally smaller than those of a formal clinical guideline, allowing review of more limited literature, more rapid response and incorporation of transparently identified consensus where the evidence is lacking. In these statements, a review takes place on a topic and recommendations are made based on the evidence or, when lacking, consensus.

The first two statements are under development—Cervical Epidural Steroid Injections and Discography.

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. In this forum, NASS voices its position on issues related to performance measures and pay-for-performance that may affect spine care providers. Staff and NASS' representative to the Consortium, David Wong, MD, continue to represent NASS at PCPI. In 2009, overuse measures for back pain was accepted as a topic by the PCPI with the intention of developing surgical and medical measures. The work group for this project, to be formed in 2010 and in which NASS will participate, will be multispecialty, multistakeholder. NASS also signed on to an Alliance for Specialty Medicine letter submitting comments to CMS on 2010 PQRI reporting options. The Performance Measurement Committee also reviewed and commented on the CMS final rule related to the 2010 PQRI program.

EVIDENCE-BASED MEDICINE TRAINING

NASS' online, self-directed evidence-based medicine and evidence analysis training program is 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 has consolidated all of these resources onto a desktop customized for NASS. Users receive continuing medical education credit for completion of the program. This training is available to all NASS members and committees. In addition, a proposal for a one-day training course on evidence-based medicine and evidence analysis has been developed and will begin in 2010 as an alternative training option to the online modules for EBM.

PATIENT SAFETY

The Patient Safety Committee continues to administer the NASS Spine Safety Alert Program, monitoring 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 2009, the Committee issued 30 notices relevant to spine care and its providers. The Patient Safety Committee and staff also reviewed and commented on the revised Joint Commission on Accreditation of Healthcare Organization's universal protocol. Additionally, the Committee had previously surveyed the NASS membership regarding antibiotic prophylaxis use and used those results to write an article for *SpineLine* that included NASS' guideline recommendations on the topic.

PROFESSIONAL SOCIETY COALITION TASK FORCE ON LUMBAR FUSION

Under the leadership of Steven Glassman, MD, and Daniel K. Resnick, MD, the participants in this multisociety 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 organizations and their members. The Coalition received a \$50,000 AHRQ grant and society funding from multiple societies to support a multistakeholder workshop on comparative efficacy of treatments for the lumbar spine, including registry development. The coalition spent the second half of 2009 planning the workshop, scheduled for July 2010. Participants will include representatives from 16 different medical societies, three different government agencies, payers and stakeholders with interests in registry development, value, performance measurement and ethics.

A work group within the Coalition is also updating the AANS/CNS lumbar fusion guidelines.

SPINE REGISTRY

The NASS Registry Subcommittee continues to examine how NASS might participate in a registry project to help expand the evidence base related to spine. After reviewing multiple existing registry projects in 2009, the Subcommittee concluded these would not likely meet member needs nor be cost-effective for one society. The Subcommittee then approached multiple societies with an interest in spine with an invitation to participate in a society coalition to develop a registry plan. Six societies agreed to join forces and work with a registry vendor, Outcomes, Inc., to develop a plan for such a project.

NOMENCLATURE

NASS continues 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, which is planned for publication in 2010.

The American Society of Neuroradiology (ASNR) and American Society of Spine Radiology (ASSR) has revised the lumbar disc nomenclature manuscript, originally written in 2001 by a multisociety collaborative work group which included NASS (*Nomenclature & Classification of Lumbar Disc Pathology: Recommendations of the Combined Task Force of the North American Spine Society, American Society of Spine Radiology, and American Society of Neuroradiology*. By David F. Fardon, MD and Pierre C. Milette, MD). NASS is providing ASNR/ASSR with comments on the revision.

RESEARCH SURVEY REVIEW

The Research Survey Review Committee was mobilized in 2009 to review and process requests to survey the NASS membership.

ADVOCACY

Much of 2009 was spent focusing on comprehensive health care reform efforts with the NASS Advocacy Committee and staff spending considerable time addressing provisions in the health care reform law that have a negative impact on spine care providers and patients. These issues include an Independent Payment Advisory Board, Comparative Effectiveness Research language and the lack of a long-term Sustainable Growth Rate (SGR) fix.

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 organization—as its advocacy arm. The Association was founded in 1999 and continues to be administered by NASS. 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, technologies and treatments they require for quality spine care. The Association is governed by the NASS Executive Committee, with the NASS Advocacy Committee overseeing NASS' advocacy efforts.

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 patients.

WASHINGTON, DC OFFICE/ALLIANCE OF SPECIALTY MEDICINE

The Washington Office remains a key component of NASS' advocacy operation. In 2009, NASS Advocacy hired Andrés (Andy) Dhokai to coordinate legislative efforts in the DC Office and implement an independent advocacy campaign to supplement NASS' work with the Alliance of Specialty Medicine. NASS continues to maintain its membership in the Alliance, a nonpartisan coalition of 11 medical societies representing over 100,000 specialty physicians. The Alliance provides surveys, white papers, statistics, testimony, briefing materials, letters of support and other resources on key health care issues. The Association is represented in the Alliance by NASS 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. NASS staff and the Alliance meet frequently with lawmakers, legislative staff and administrative officials to weigh in on health care policies as they are crafted. NASS' participation in the Alliance increased significantly in 2009 and the Association has become a leading figure in this coalition. NASS had the largest contingent of attendees at the 2009 Alliance fly-in and heavily weighed in on all communications sent to Congress. NASS staff manage the Alliance website including the

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: Charles Branch Jr, MD
First Vice President: Ray Baker, MD
Second Vice President: Gregory Przybylski, MD
Secretary: Heidi Prather, DO
Treasurer: Michael Heggeness, MD
Past President: Tom Faciszewski, MD
Health Policy Council Director: Charles Mick, MD
Advocacy Committee Chair: Raj Rao, MD
Executive Director: Eric J. Muehlbauer, MJ, CAE

recent upgrade, oversee Alliance caucus development within the American Medical Association (AMA) House of Delegates and Co-chair the Alliance's Communication Workgroup. Staff work closely with the coalition to provide NASS' perspective on communications and positions adopted by the group.

Health care reform legislation was also the main focus of the Alliance in 2009. The coalition sent numerous letter and policy statements to Congress on issues of concern to specialists. The Alliance ramped up public relations efforts in 2009, sending press releases and providing interviews to news sources on health care reform and physician reimbursement issues. The Alliance began a rebranding campaign that will allow for better visibility on the Hill. This effort includes the hiring of a media and public relations firm that will develop marketing pieces to educate Members of Congress on what the Alliance is, key issues for specialists and why access to quality specialty care is important.

GOVERNMENT AFFAIRS

Since the inception of NASS' Advocacy program, members and staff have stressed the importance of policies that preserve patient access to high quality, evidence-based specialty care. The Advocacy Committee and staff make their best effort to address each issue that arises.

The NASS Advocacy Committee and staff spent most of 2009 addressing provisions contained in the health care reform law that will have a negative impact on spine care providers and patients. These issues include an Independent Payment Advisory Board, Comparative Effectiveness Research language and the lack of a long-term SGR fix. The Committee and staff believe that much of the foreseeable future will be spent addressing these issues. Until Congress replaces the SGR 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 spine care and makes every attempt to educate members on these issues and mobilize them to take action when necessary.

NASS began an independent lobbying campaign in 2009 that will continue to supplement work in the Alliance and brand NASS as the leader in spine care. Advocacy Committee members and staff attended meetings and other relevant events on behalf of the Association to establish the brand and positions of spine

care providers on Capitol Hill. Meetings focused on the need to replace the SGR, implement strong medical liability reforms and increase access to high quality specialty care. NASS also worked hard to influence the activities and positions of the Alliance to represent the needs of spine care providers and their patients.

NASS Advocacy developed and the NASS Board approved three position statements in 2009—Medicare Physician Reimbursement, CMS' Physician Quality Reporting Initiative and Comparative Effectiveness Research. Three additional papers were in the process of being finalized—Physician Ownership of Modalities, Physician Ownership of Facilities and Medical Liability Reform—and should be approved by the Board in early 2010. The Advocacy Committee has several additional topics it will develop in 2010 and will continue identifying new topic areas for future position statements.

The Advocacy Department continued to track a limited number of state health policy issues. To maximize NASS resources, Advocacy staff met regularly with government relations staff from other medical societies and attended state legislative meetings, held by the American Medical Association, to share information on state-level developments. These meetings provided valuable information that was delivered to NASS members through NASS' Health Policy Review, e-news and action item alerts when necessary.

GRASSROOTS ACTIVITY

Member involvement continued to grow in 2009. NASS increased member contacts to Congress, meetings on the hill and in-district, and the number of members giving to SpinePAC. NASS continued to operate the Legislative Action Center (www.capwiz.com/spine), an online tool designed to help facilitate communication between policymakers and the public. NASS Advocacy used this tool to provide regular and more frequent updates on its work in DC. The Advocacy Committee also included regular pieces in NASS' Health Policy Review and E-News, providing education on health care reform and other important policy issues. NASS Advocacy also provided members with current information on the status of key legislation and encouraged members and their patients to contact their elected officials.

NASS members received numerous action alerts on issues being debated in their state or federal legislatures in 2009. These alerts prompted members to contact their lawmakers and provide talking points to educate officials on how these issues impact physicians and

patients in their district. Alerts resulted in more than 300 e-mail contacts between NASS members and Members of Congress and an additional 500 phone calls during debates on health care reform.

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. SpinePAC raised more than \$120,000 in 2009, the largest single year collection in its history and almost twice as much as collections in the last non-election year. This record fundraising effort allowed SpinePAC to contribute over \$63,000 to candidates who support spine care providers and their patients. These contributions went to candidates for federal office—62% Democrat and 38% 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.

See donor recognition on page 31.

Historical fundraising/candidate expenditure breakdowns by party and election cycles

Election Cycle	Receipts	Expenditures	Party Breakdown	
2010*	\$120,685	\$63,554	62% Dem.	38% Rep.
2008	\$134,891	\$ 110,648	58% Dem.	42% Rep.
2006	\$148,514	\$ 153,774	35% Dem.	65% Rep.
2004	\$184,783	\$ 193,654	32% Dem.	68% Rep.
2002	\$81,380	\$ 12,802	37% Dem.	63% Rep.

* Year one of two-year election cycle

HEALTH POLICY AND REIMBURSEMENT

AMA CPT AND RUC ACTIVITIES

NASS' Health Policy Council continued to participate in the CPT/RUC process to protect and grow reasonable reimbursement for services provided by spine care physicians. Charles Mick, MD, the Health Policy 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 the following to the CPT Editorial Panel:

- 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.
- A proposal to create a category III tracking code for minimally-invasive percutaneous facet fusion procedures.
- A proposal for editorial revisions to code 22851.
- A proposal to bundle codes 63075 and 22554 into one code.
- A proposal to split code 61795 into three separate codes.
- A proposal to create a Category III (tracking code) proposal for ultrasound-guided transforaminal epidural injections.

At the RUC, NASS received approval to collect and present data on the positioning time required for several surgical and medical/interventional spinal procedures which may be underestimated in the RUC's standardized pre-service packages. Recommendations based on a multicoalition survey were accepted and will be incorporated into the RUC's standard preservice time packages for use in future surveys.

In conjunction with several other specialty societies, NASS presented relative value recommendations to the RUC on the following codes:

- Four new CPT codes for removal or revision of a spinal neurostimulator electrode percutaneous array or plate/paddle.
- Four new facet joint imaging codes.
- Four transforaminal injection codes.

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 2009. For example, they:

- Developed and submitted coding Q&A columns for each issue of *SpineLine*.
- Reviewed and responded to member inquiries relating to correct coding.
- Reviewed and updated coding resources for the 2010 NASS Common Coding Scenarios publication.
- Considered and developed proposed coding applications for presentation to the CPT Editorial Panel.
- Evaluated and drafted comments on spine-related policies and regulations developed by CMS and private insurers.

At the end of 2009, the NASS Board of Directors approved combining the Surgical and Medical Coding Committees into one committee to allow for more cross-collaboration and to increase efficiency in responding to coding and reimbursement issues.

CODING QUESTION SUBMISSIONS

The Coding Committees continued to field a high volume of coding questions from members in 2009. The questions were distributed to members of the Surgical and Medical Coding Committees, where a comprehensive response was formulated and forwarded to the NASS member. This bank of questions has been compiled and uploaded onto the NASS website and is searchable by the NASS membership.

PROFESSIONAL, ECONOMIC AND REGULATORY COMMITTEE

Under the direction of Chair Christopher Bono, MD, the Professional, Economic and Regulatory Committee (PERC) reviews and comments on medical coverage policies. In 2009, the PERC commented on the following draft medical policies:

- Axial Lumbar Interbody Fusion (WellPoint)
- Implanted Devices for Spinal Stenosis (WellPoint)
- Manipulation Under Anesthesia for Treatment of Chronic Spinal or Pelvic Pain (WellPoint)
- Intradiscal Decompression Procedures (WellPoint)
- Radiofrequency Ablation for the Treatment of Orthopedic and Spinal Pain (United HealthCare)
- Epidural Steroid and Facet Injections for Spinal Pain (United HealthCare)
- Implanted Devices for Spinal Stenosis (WellPoint)
- Spinal Surgery (United HealthCare)
- Noncovered Services for Facet Joint Interventions (Noridian). On this policy, NASS worked with a multi-specialty coalition to oppose Noridian's noncoverage decision and propose a new coverage policy.

MEDICARE EVIDENCE DEVELOPMENT & COVERAGE ADVISORY COMMITTEE (MEDCAC) APPOINTMENT

NASS nominated Way Yin, MD, to the Medicare Evidence Development & Coverage Advisory Committee (MEDCAC), the body that provides expert guidance to CMS on specific clinical coverage topics. Dr. Yin was appointed and serves with approximately 100 other clinical experts, patient advocates, and industry representatives on the committee.

2010 MEDICARE PHYSICIAN FEE SCHEDULE

The Health Policy Council submitted comments to the Centers for Medicare and Medicaid Services (CMS) on the 2010 Proposed Changes to the Medicare Physician Fee Schedule rule. The comments addressed the following issues:

- Support for removal of physician-administered drugs from the formula used to calculate physician payments.
- Support for full implementation of updated practice expense data from the AMA's Physician Practice Information (PPI) survey. Additionally, NASS recommended that the spine surgery data collected in the PPI survey be used to update practice expense values for spine surgery codes.
- Opposition to CMS's use of a new methodology to value several neurostimulator codes, which resulted in negative values, and requested that CMS implement the RUC-approved values for these codes.
- Opposition to CMS' proposal to eliminate payment for office, inpatient, and nursing facility consultations.
- Opposition to creating an independent body to oversee the RUC.
- Suggestions for proposed changes to the Physician Quality Reporting Initiative (PQRI).

NASS also collaborated with the Alliance of Specialty Medicine to submit comments on the proposed rule.

2010 PROPOSED ASC PAYMENT RULE

The Health Policy Council submitted comments to CMS on the 2010 proposed payment rule for payment in hospital outpatient department and ambulatory surgical centers (ASCs). The comments focused on a request to add discography to the list of procedures approved for payment when performed in ASCs. NASS previously made this request to CMS and was denied. The Health Policy Council agreed that an additional request should be made. In the final payment rule, CMS again denied NASS' request.

VALUE TASK FORCE

With a commitment to putting NASS at the forefront of defining value in spine care, the NASS Board established a Value Task Force. To equip Value Task Force members for this task, the Health Policy Council planned a Value Workshop for early 2010 to educate task force members along with interested Board members about the fundamentals and concepts related to value. The workshop will also be videotaped and available to members on the NASS website.

DISCLOSURE, ETHICS AND PROFESSIONALISM

ETHICS COMMITTEE

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 often provides symposia for general attendance by members at annual meetings. The Ethics Committee oversees the activities of two subordinate bodies, the Conflict of Interest Review Panel (COIRP) and the Professional Conduct & Ethics Sub-Committee (PCEC).

January 2009 marked the implementation of a new, comprehensive NASS disclosure policy, which had been 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 requires that participants disclose actual, estimated dollar amounts of all relationships held in the 12 months preceding disclosure. According to the NASS Ethics Committee, which authored the new policy, "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 module.

Although a limited number of members resigned due to the new policy, overall it met with approval by the NASS membership and participants, who felt it greatly simplified the disclosure procedure.

At the 2009 Annual Meeting, six ePosters were removed from the poster kiosks and the meeting content website due to missing disclosure(s). NASS achieved 100% disclosure compliance for all podium presentations. Though in compliance with ACCME rules, which required only that the presenting author disclose (a criteria that was met), some papers were not in compliance with the NASS disclosure policy, which goes further than ACCME policies by requiring that all authors disclose. This action was in keeping with both the disclosure

policy, which states that disclosure is mandatory for all authors, as well as the call for abstracts, which stated: "NASS reserves the right to withdraw an abstract at any time." In place of podium presentations and posters removed for noncompliance, NASS displayed signage and substitution slides.

CONFLICT OF INTEREST REVIEW PANEL (COIRP)

The NASS Board of Directors created the Conflict of Interest Review Panel in October 2008 to assist 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 of 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 vetting nominees for the presidential line, Board of Directors and certain committee chairs. As the Panel was created at the end of 2008, it was not fully populated until February 2009. In March 2009, it undertook an extensive review to vet the entire sitting Board of Directors based on the stipulations laid out regarding COI for leadership in the "Policy on Conflict of Interest in Leadership Positions." The COIRP made recommendations regarding management and/or divestiture of certain relationships for certain board members, and those were agreed to by the board members in question who were given, according to the policy, until November 2010 to complete their compliance plans.

CONFLICT OF INTEREST REVIEW PANEL

Michael DePalma, MD
Marjorie Eskay-Auerbach, MD, JD (ex-officio)
Tom Faciszewski, MD
Richard Guyer, MD
Stanley A. Herring, MD
Mike Reed, DPT
Santhosh Thomas, MD
Brad Weiner, MD
Ken Yonemura, MD

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 2009. Results of all hearings that result in punitive action are published in *SpineLine*. The Committee expanded the extensive PCEC Procedural FAQ and the NASS Ethics Timeline on the NASS website.

LEADERSHIP COMMITTEE

Under the Leadership of Charles Branch Jr, MD, and Ray Baker, MD, the mission of the NASS Leadership Committee is to coalesce resources from the spine care community to support efforts (1) to provide cost-efficient, evidence-based, ethical care and (2) to promote the awareness, involvement and satisfaction of patients. In 2009, the Committee discussed ways NASS can move forward with outcomes and with establishing a common language for disclosure.

PUBLICATIONS

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) continues to experience record growth. In his second year as Editor in Chief, Eugene Carragee, MD, continues to position *TSJ* as the leading journal in medical scientific spine publishing with increased productivity and presence in the spine care field. Dr. Carragee, *Journal* Deputy Editors and staff implemented several new initiatives. Highlights of the *Journal's* unprecedented year include:

- *TSJ* increased its publication schedule from six issues a year to 12. Converting to a monthly schedule led to a marked increase in print pages and in press e-pub articles.
- As a vehicle for publishing scientific research and review, *TSJ* has never been more in demand. In 2009, *TSJ* received 425 manuscripts for publication—a 24% increase from 2008.
- The NASS/*TSJ*-sponsored Outstanding Paper Awards competition saw more entries than in previous years, resulting in a winner in each of the three categories: Basic Science, Surgical Science and Medical & Interventional Science.
- *TSJ* added a new feature to its pages: the Evidence & Methods box: an editorial analysis of each original research article's (clinical studies) context, contribution and implication to the spine care field.
- *TSJ* made a noticeable push for increased editorial content through invited commentaries. The Editorial Board solicited 29 commentaries in 12 issues, each addressing the impact and implication of content in articles published in 2009.
- Breaking out of the clinical studies category, basic science became a separate article type in *The Spine Journal's* repertoire of published material.

SPINELINE

Under the direction of Editor in Chief, Eric Truumees, MD, *SpineLine* expanded in three significant areas in 2009: editorial board leadership, content and commentary.

Dr. Truumees developed a plan which the Editorial Board began implementing in late 2009. With the goal of widening *SpineLine's* editorial perspective, the Board reorganized into six teams and began rotating leadership for all of the major 2010 clinical content.

In addition to unrivaled multidisciplinary content spanning clinical, practice, ethical, socioeconomic and advocacy topics, *SpineLine* instituted two new feature areas: Research Notes, which examined evidence-based clinical guideline development, and Meeting Redux, which launched with in-depth coverage of NASS' Annual Meeting.

Dr. Truumees continued to expand *SpineLine's* commentary forums, not only through his insightful Editor's Messages, but with invited commentaries on timely controversies, newly published research and practice issues. Readers took note judging by the marked increase in Letters to the Editor. Building on this interest for comment and discussion, Dr. Truumees laid the foundation for readers to interact with *SpineLine* online. Work began on a new digital edition of *SpineLine* in the second half of 2009 for launch in 2010.

2009 content highlights included several in-depth, timely Invited Reviews:

- Intraoperative Imaging and Navigation in Spine Surgery
- Blindness Associated with Prone Spinal Surgery: A 2009 Update
- Spinal Cord Stimulation for Persistent Chronic Neuropathic Pain after Spine Surgery
- Pathophysiology and Biomechanical Implications of Ankylosing Spondylitis in the Spine
- Lasers in Spine Surgery: A Review. Related commentary: Lasers in Spine surgery...and other Controversial Topics

Curve/Countercurve Editors Jeffrey C. Wang, MD, and Heidi Prather, DO, invited experts to debate controversial topics, including:

- Cervical Injections: Is the Risk Worth the Benefit?

- Anterior versus Posterior Approach for Cervical Myelopathy
- Safety Considerations in Epidural Steroid Injections: Particulate versus Nonparticulate Steroids
- Degenerative Disc Disease: To Fuse or Not to Fuse?
- Fusion or Arthroplasty for a Symptomatic Degenerative Disc?

Francis Shen, MD, invited and edited interesting Radiology Rounds cases with clinical images such as:

- Diastematomyelia and Tethered Cord in a Patient with Decreased Sensation and Hyperreflexia
- Contrast Flow Patterns Observed During Epidural Steroid Injections
- Vertebral Hemangiomas

PUBLIC AFFAIRS COMMITTEE

In 2009, the Public Affairs Committee was created to develop and provide oversight of NASS public information efforts targeting consumers, NASS members and the broader spine community. Activities included promotion of NASS’ mission through website content, promotional campaigns and other print, electronic or broadcast opportunities.

Under the direction of Raj Rao, MD, the committee launched NASS’ first patient education website, www.knowyourback.org, in November 2009.

PUBLIC EDUCATION COMMITTEE

In 2009, the Patient Education Committee completed a content review of all existing patient education brochures and revised their look. The top selling patient education brochures in 2009 were:

- Stenosis
- Herniated Lumbar Disc
- Injections
- Herniated Cervical Disc
- Exercise

Completion of the revised brochures coincided with the launch of the new patient education website, www.knowyourback.org. All of the newly revised patient education brochures are available on this site. The Patient Education Committee is responsible for oversight of the [knowyourback.org](http://www.knowyourback.org) content. The Committee works closely with the Public Affairs Committee to keep information on the website fresh and interesting.

The Committee began soliciting and collecting materials for the patient education clearing house. This clearing house will be comprised of PowerPoint presentations, hand outs, MRIs, radiographs and any other materials NASS members are willing to share with the patient education committee. To donate your material, please contact Kelly Dattilo at kdattilo@spine.org for information.

The Patient Education Committee lost two long-standing members who oversaw the transition from task force to committee. NASS would like to recognize Teri Holwerda, RN, MSN and Committee Chair Donna Ohnmeiss, PhD for their dedication.



Redesigned patient education brochures



NASS launched its new patient education website, www.knowyourback.org, in 2009

SPINE EDUCATION & RESEARCH CENTER

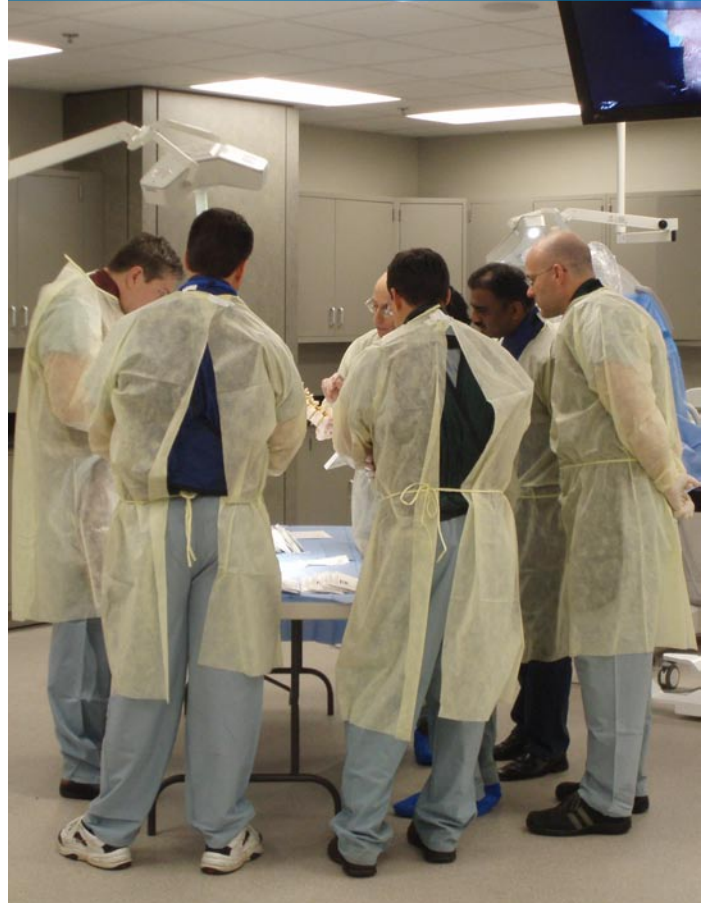
In 2009, NASS changed the name of its training facility to the Spine Education & Research Center (SERC), formerly the Spine Masters Institute, to reflect better the growth it has experienced over the last two years in advancing both spine education and research.

The facility began to host weekday courses for companies, including Synthes Spine, Smith & Nephew and Trans1, utilizing one to two lab stations. Smith & Nephew plans to conduct more of these courses throughout 2009 and beyond. SERC staff assisted with two offsite courses for Biomet. SERC can offer societies and companies support with offsite hands-on courses. Additionally, NASS has the potential to manage offsite courses simultaneously with onsite courses at SERC.

Courses held at the facility during 2009 included eight NASS offerings, 30 industry courses and five nonprofit courses.

Several large hands-on courses were conducted for companies and societies, including ANS/St. Jude Medical, Biomet Foot and Ankle, DePuy Spine, Kimberly Clark, Pfiedler Enterprises, Stryker Spine, American Academy of Neurological Surgeons (AANS), American Association of Oral and Maxillofacial Surgeons (AAOMS), American Society for Surgery of the Hand (ASSH), and International Spine Intervention Society (ISIS).

In 2009, 43 events were held at the Spine Education & Research Center.



DONOR RECOGNITION

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 2009)

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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 nontraditional, nonsurgical treatment. In 2009 the research grant application and review process was revised to include a letter of proposal phase prior to invitation of full grant applications. The 2009, research grant application netted 92 letters of proposal for grant applications. Ultimately, one two-year grant and one clinical traveling fellowship were funded for a total of \$54,993.86.

Research Grant

Neuroprotective Approaches to Enhance Recovery in Cervical Spondylotic Myelopathy (two years)
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Clinical Traveling Fellowship

Clinical Traveling Fellowship to Vancouver General/Rothman Institute/Johns Hopkins
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NASS created the Outstanding Paper Awards in 1989 to recognize excellence in unpublished research in spine care, taking into consideration three major disciplines: Basic Science, Surgical Science and Medical and Interventional Science. *The Spine Journal* recognized three papers—one in each of the three categories—in a presentation at the 2009 NASS Annual Meeting. The winning manuscripts were subsequently published in the January 2010 issue:

Outstanding Paper: Basic Science

BMP-2 used in spinal fusion with spinal cord injury penetrates intrathecally and elicits a functional signaling cascade

Anton E. Dmitriev, PhD, MSc; Suzanne Farhang, BSc; Ronald A. Lehman Jr, MD; Geoffrey S. Ling, MD, PhD; Aviva J. Symes, PhD

Outstanding Paper: Surgical Science

Analysis of instrumentation/fusion survivorship without reoperation following primary posterior multiple anchor instrumentation and arthrodesis for idiopathic scoliosis

Marc A. Asher, MD; Sue Min Lai, PhD; Douglas Burton, MD

Outstanding Paper: Medical & Interventional Science

Challenging the cumulative injury model—Positive effects of greater body mass on disc degeneration

Tapio Videman, MD, DMedSci; Laura E. Gibbons, PhD; Jaakko Kaprio, MD, PhD; Michele C. Battié, PhD



2009 Clinical Traveling Fellowship and Research Grant awards presentation, left to right: Ray Baker, MD; William Watters III, MD; Joannes Verlaan, MD, PhD; Branko Kopjar, MD, MS, PhD, accepting on behalf of Michael Fehlings, MD; and Charles Branch Jr, MD.

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FINANCIALS

CONSOLIDATED STATEMENTS OF FINANCIAL POSITION

ASSETS

Current Assets

Cash and cash equivalents	\$ 6,087,342
Accounts receivable—net	218,700
Pledges receivable	199,117
Other receivables	48,438
Prepaid expenses	172,827
Inventory	94,782
Total Current Assets	6,821,206

Investments	4,842,028
Long-term pledges receivable—net of discount	435,644
Property and equipment—net	13,675,446
Bond issue cost—net	186,863
Total Assets	\$ 25,961,187

LIABILITIES AND NET ASSETS

Current Liabilities

Accounts payable	\$ 574,263
Accrued expenses	495,233
Deferred revenue	1,404,093
Current portion of bonds payable	700,000
Total Current Liabilities	3,173,589

Long-Term Debt

Bonds payable	11,800,000
Interest rate swap agreement liability	714,462
Total Liabilities	15,688,051

Net Assets

Unrestricted	7,690,242
Temporarily restricted	964,814
Permanently restricted	1,618,080
Total Net Assets	10,273,136
Total Liabilities and Net Assets	\$ 25,961,187

FINANCIALS

CONSOLIDATED STATEMENTS OF ACTIVITIES	Unrestricted	Temporarily Restricted	Permanently Restricted	Total
Income				
Dues and fees	\$ 2,199,134			\$ 2,199,134
Sales of publications and advertising	290,565			290,565
Contributions and sponsorships	1,275,588	230,926	29,881	1,536,395
Annual Meeting/education programs	8,025,390			8,025,390
Investment income	731,602	99,384		830,986
Rental income	513,759			513,759
Royalties	170,567			170,567
Miscellaneous	31,775			31,775
Net assets released from restrictions—satisfaction of program restrictions	279,724	(279,724)		-
Total Income	13,518,104	50,586	29,881	13,598,571
Operating Expenses				
Program services				
Member services	1,256,011	-	-	1,256,011
Publications	1,278,374	-	-	1,278,374
Grants and awards	93,120	-	-	93,120
Research and scientific affairs	555,867	-	-	555,867
Annual meeting and education	4,019,529	-	-	4,019,529
Advocacy	1,063,887	-	-	1,063,887
Spine Masters Institute	863,274	-	-	863,274
Total program services	9,130,062	-	-	9,130,062
Management and general	1,362,610	-	-	1,362,610
Fundraising and development	100,354	-	-	100,354
Total operating expenses	10,593,026	-	-	10,593,026
Operating income	2,925,078	50,586	29,881	3,005,545
Unrealized gain on interest rate swap agreement	142,656	-	-	142,656
Change in net assets prior to net asset reclassification	3,067,734	50,586	29,881	3,148,201
Net asset reclassifications	(113,060)	113,060	-	-
Change in net assets	2,954,674	163,646	29,881	3,148,201
Net assets, beginning of year, as restated	4,735,568	801,168	1,588,199	7,124,935
Net assets, end of year	\$ 7,690,242	\$ 964,814	\$ 1,618,080	\$ 10,273,136

FINANCIALS

CONSOLIDATED STATEMENTS OF CASH FLOWS	2009
Cash flows from operating activities	
Change in net assets	\$ 3,148,201
Adjustments to reconcile change in net assets to net cash provided by operating activities:	
Depreciation and amortization	971,508
Unrealized gain on investments	(682,274)
Gain on swap interest rate	(142,656)
Decrease in assets	
Receivables	238,139
Prepaid expenses	41,063
Inventory	470
Increase in liabilities	
Accounts payable	183,286
Accrued expenses	178,242
Deferred revenue	15,732
Net cash provided by operating activities	3,951,711
Cash flows from investing activities	
Proceeds from sale of investments	2,716,208
Purchase of investments	(3,213,538)
Purchase of property and equipment	(157,936)
Net cash used by investing activities	(655,266)
Net increase in cash and cash equivalents	3,296,445
Cash and cash equivalents, beginning of year	2,790,897
Cash and cash equivalents, end of year	6,087,342
Supplemental Information	
Unrelated business income taxes paid	-
Interest paid	\$ 586,289