

From the SRS Newsletter
February 2007

SRS Advocacy Committee

The Advocacy committee serves to provide effective and timely responses to professional and public issues for the SRS. Its task is to provide advocacy for our patients, the members of the SRS, and the specialty of spinal deformity treatment. The committee acts as the monitor of media issues involving spinal care for the SRS, and brings pertinent spinal deformity issues to the attention of the Executive Committee, board of directors and SRS members. In August, 2006, a SRS written policy for Advocacy committee to address media issues was completed by Dave Polly and Jeff Kanel. In addition to providing balanced, scientific statements to counter public misperceptions about spinal care, the committee also believes it is important for the SRS to be proactive in getting involved early into initiatives that would impact spinal care and increase the public visibility of the SRS. Steve Richards had a very challenging year as chair of the committee for 2005-2006, but effective responses were made to several controversial issues affecting spinal care and new initiatives have begun.

Reimbursement Issues

Centers for Medicare and Medicaid Services FY 2007 reimbursement proposal represents decreases for several spinal procedures (circumferential spinal fusion, spinal fusion with complications, spinal fusion without complications). Advocacy committee members Drs. Lorenz, van Dam, and Ondra) researched this information to provide a response. David Polly and Bruce van Dam, sponsored by SRS, attended the Medical Coverage Advisory Committee meeting in Baltimore on November 30, 2006. The Coverage and Analysis Group of MCAC, chaired by Dr. Steve Phurrough, reviewed ICD 722.6, degenerative disk disease and critiqued the scientific basis for surgical treatment. A negative recommendation by this group may have resulted in support for decreased reimbursement for spinal surgery for degenerative disease. The evidence given was adequate to delay any final decisions by Medicare, but it was clear that additional high quality evidences specific to this population is needed in the future to show that surgery makes a difference in degenerative conditions of the spine. That was the final meeting recommendation of the MCAC, and Medicare will expect it to be done. Ultimately, spine societies need to be **proactive** by producing scientific data to prove the efficacy of their surgery. In the interim, spine surgeons need to remain vigilant and respond with vigor to any challenge to the needs of our patients who have spinal disease.

Government policy makers do not have a ready source of information to consult to understand the economic burden of musculoskeletal disease. Recognizing that this puts orthopaedics at a disadvantage, the AAOS under the Bone and Joint Decade has initiated the BMUS project. This will summarize the relevant literature regarding all the economic analysis of the cost of orthopaedic disease. The SRS board is strongly supporting this initiative and has formed a SRS/BMUS Task Force, chaired by John Dormans, with Bob Campbell, Steve Richards, Mike Yaszemski, and George Thompson as members. The

AAOS has already agreed to emphasize “scoliosis and related conditions” in the chapter on spinal issues.

Public Advocacy Issues

School Screening has been endorsed by SRS and the AAOS as a means for early detection of progressive idiopathic scoliosis and states in the past have required mandatory screening, but the political climate is changing. In 2004 U.S. Preventive Service Task Force issued a recommendation against the routine screening of asymptomatic adolescents for idiopathic scoliosis because of lack of evidence based reports on efficacy of identifying patients, questionable effectiveness/hard of bracing and cost of screening. This recommendation will not be re-visited until approximately 2008. In an effort to have greater orthopaedic input into future USPSTF recommendations, POSNA member Michael Vitale MD (who has a strong background in evidence-based medicine) was nominated in July 2006 for a seat on the task force, and awaits response. Twenty states currently require school screening, but likely that number will drop with time. In 2006, Maryland repealed its program for scoliosis screening in schools. This decision was based, in large part, on the USPSTF report. In response to Maryland’s decision, the SRS Advocacy committee wrote a letter to their AAP Chapter Committee on School Health expressing concern about their decision. No response was received. This letter was also circulated to the representative committees in the remaining states. The letter generated a response from one of California’s committees on school health, but they were noncommittal toward the continuation of scoliosis screening. A pro-active response to this trend is for SRS to provide these committees with an updated position statement on school screening for scoliosis, since the current SRS - AAOS joint position statement was last revised in 1992. During this past summer, members of SRS, AAOS, and POSNA have begun working together to update this statement and the final revision will be circulated to the states’ AAP Chapters. California implied that the upcoming revised position statement would have some impact on their recommendations.

Professional Advocacy Issues

In June 2006, National Committee for Quality Assurance (NCQA) proposal for “Spine Care Recognition Program” was reviewed and an in-depth response from SRS was formulated/returned by Drs. Polly and Ondra (included Dr Akbarnia, as president of SRS).

In response to a call for support for a foreign colleague, Dr Ufuk Aydinli, Turkish Spine Society, the advocacy committee through Dr. Ondra wrote a letter to the Turkish neurological and orthopaedic societies. This was sent over the signatures of Drs. Akbarnia and Ondra to the involved parties.

SRS affiliation status for organizations that work with the SRS.

SRS board of directors established “honorary fellowship” status for the Scoliosis Association (Stan/Janice Sacks) and National Scoliosis Foundation (Joe O’Brien). The committee will continue to work with both of the groups to provide SRS endorsement for

events such as “Bicycle Across America” fund raising events, continue to waive registration charges to annual meeting and provide endorsement for both groups solicitation of scoliosis research and education funds, and publications.

National SRS Advocacy Issues

Pediatric Device Development remains an important issue. A conference call took place May 23, 2006, with Bob Jasak (AAOS lobbyist), Jeanie Kennedy (AAOS who manages regulatory affairs with FDA technology issues), John Dormans (SRS), Steve Richards (SRS), and Ellen Raney (POSNA). The FDA has expressed a willingness to be more communicative. The SRS (along with POSNA) will identify pediatric devices that already are being utilized off-label due to FDA regulations and will try to arrange a meeting with FDA officials to discuss possible remedies. The AAOS is working on several legislative initiatives regarding orthopaedics and is forming a pediatric orthopaedic panel to help advise it on issues.

Since 2004, Bob Campbell has represented both the SRS and the AAOS for the American Academy of Pediatrics federal task force meetings in Washington regarding pediatric device development legislative reform. The results of the 2005 AAOS sponsored survey regarding pediatric devices innovation, sent to both SRS and POSNA members, was the first known national physician survey for the needs of devices for pediatric patients and now represents the “gold standard “. The results of this survey are the only physician driven data that was made available to Congress and the FDA during this initiative. Surveys by other pediatric subspecialty societies are now being planned, based on the approach of the 2005 SRS/POSNA/AAOS survey. The staff of the Senate committee on Health, Education, Labor, and Pensions was briefed on pediatric device needs in November, 2005, by Bob Campbell and Dr. Ann Halbower, a pediatric pulmonologist from Johns Hopkins University. A coalition of organizations, headed by the American Academy of Pediatrics, continued to strongly lobby the Senate for a legislative approach for pediatric device development reform, and the “Pediatric Medical Device Safety and Improvement Act of 2006” bill was just introduced into the U.S. Senate by Senators Dodd and DeWine on December 6th, 2006. Passage is doubtful for the current lame-duck Senate session, but the bill will probably be re-introduced in next year’s session with an improved chance of passage. Both the AAOS and SRS will continue to try to influence this legislation to provide maximum benefit for orthopaedic device development for children.

SRS position statements represent an increasingly important source of authoritative information regarding spinal deformity issues for patients, media, and other professional and governmental organizations. With the emphasis on evidence-based medicine data to justify choices of spine deformity treatment and their cost, it has become a priority for SRS to update and revise all position statements as needed. The 1992 SRS position statement on spinal cord monitoring is being reviewed for update by John Dormans and Jim Malcolm of the SRS Spinal Cord monitoring committee to provide updated position statement. The position statement for school screening is also undergoing revision. The

SRS board recently approved a new position statement on the need for reform in pediatric spinal device development and this can be reviewed on the SRS website.

Other national advocacy issues include media exposure of the SRS at the upcoming 2007 AAOS meeting in San Diego. The Academy has agreed to provide a media interview for SRS participants involved in both the POSNA Specialty Day Symposium “Spinal Growth and Modulation (Fusionless)” as well as the Instructional Course Lecture “Approaches to the Very Young Child with Spinal Deformity: What’s New and What Works”.

Discussions continue about the Academy providing additional media updates on the progress of the role of genetics in idiopathic adolescent scoliosis, but final decisions are still pending. The AAOS has provided radio air time at their 2007 meeting for Steve Richards to discuss scoliosis.

Several new initiatives for the SRS were discussed at the recent SRS Cabinet meeting in Dallas. Dr. Richard Kyle, president of AAOS, attended this meeting and emphasized the importance of advocacy in promoting orthopaedics. The possibility of a public service announcement through AAOS for SRS was discussed and this project is being explored.

Another topic discussed at the Cabinet meeting was the absence of a list of orthopaedic surgeons willing to treat adult patients with congenital disease. The Academy has expressed a strong interest in surveying the membership of AAOS to determine if there are members willing to place themselves on such a list, and the list could be provided to organizations such as the National Organization for Rare Disorders to provide their membership with this important information. Discussions continue about this initiative. Although all orthopedists would be surveyed, this would be identified as an SRS initiated project.

Call for PARTICIPATION!

The Advocacy committee would like to identify the members of SRS who are already politically active in their local political issues and who would be willing to work with them on issues that affect the SRS members. We are serious!! Please contact Tiffany Jackson, Education Manager, in the SRS office if you would like to make a contribution to these efforts.

Robert M. Campbell, Jr., MD
Chair, SRS Advocacy committee