

## EuSSAB Meeting Protocol

Thursday, 12 May 2016

EUROSPINE 3<sup>rd</sup> Spring Speciality Meeting 2016 – Kraków, Poland

### Chair:

Christoph Siepe

Chair of Membership Committee

Head of Membership Council

Member of the Executive Committee

### Attendees:

First Name	Last Name	Country	Society	Inst. Mem.
Johan	Van Lerbeirghe	Belgium	Spine Society of Belgium	yes
Bart	Depreitere			
Patrick	Van Schaeybroeck			
Tom	Asklöf	Finland	Finnish Spine Surgery Society	no
Ibrahim	Obeid	France	Groupe d'Etude de la Scoliose	yes
Yann-Philippe	Charles	France	Société Francaise de Chirurgie Rachidienne	yes
Christoph	Josten	Germany	German Spine Society	yes
Ioannis	Magras	Greece	Hellenic Spine Society	yes
John	Mc Cabe	Ireland	Irish Spine Society	yes
Ricardo	Feller	Netherlands	Dutch Spine Society	yes
Arnold	Vreeling			
Tomasz	Potaczek	Poland	Polish Society of Spinal Surgery	yes
Pawel	Jarmuzek			
Maciej	Tesiorowski			
Andrzej	Maciejczak			
Traian	Ursu	Romania	Romanian Medical Society for Spine Surgery	yes
Artem	Gushcha	Russia	Russian Association of Spinal Surgeons	yes
Raoul	Heilbronner	Switzerland	Schweizerische Ges. fuer spinale Chirurgie	no
Serdar	Kahraman	Turkey	EUROSPINE/ Turkish Spine Society	yes
Ahmed	El Nasri	UK	British Scoliosis Society	no
Lisa	Roberts	UK	Society for Back Pain Research	yes
Alistair	Stirling	UK	UK Spine Societies Board	yes

### Protocol:

Christoph Siepe / Anna Faber

## Agenda

1. Introduction of our new Director of Education & Research
2. Summary of previous meetings/ current status/ latest developments
3. Political decision making
4. Preparation for EuSSAB meeting in Berlin
5. EuSSAB as European-wide communication and information platform

## 1. Introduction of Julie-Lyn Noël (JLN), Director of Education & Research

- Trained as a doctor & business education (MBA in Mgmt Technology)
- Worked since 2007 for the European Respiratory Society (NPO)
- Extensive experience in medical education with a.o. expertise in
  - UEMS bodies, applications and policies
  - Talks and negotiations with European committees and national specialty societies
  - Certification & educational platforms (harmonising education in EU)
- Contact: noel@eurospine.org

➤ JLN will contact the group to inquire who is interested in an Education Workshop (EduWS). Maybe this can be realised before the next meeting in Berlin so that results can be presented there.

➤ UEMS update from Haluk Berk, EUROSPINE, Past President: EuSSAB members will be provided with a document via e-mail on the current status quo of developments and recipients will be invited to comment.

## 2. Summary of previous meetings/ current status/ latest developments

### SUMMARY

#### Definition and Terms

- National spine societies join EuSSAB under EUROSPINE as “Institutional Members”
- Joining as Institutional Member will automatically make all of it's members “Associate Members” of EUROSPINE
- National spine societies invited to connect and meet on a regular basis under one common umbrella and communication platform (EuSSAB)

#### Potential/ Opportunities

- Potential to unite several thousand associate members throughout Europe under one common umbrella.
- Strengthen the political weight and influence of all EuSSAB members.
- Potential to unify processes throughout Europe i.e. for a common and homogenous educational program
- Counterweight the position of other global spine societies.

### Rationale and Commitment of EuSSAB

- EUROSPINE does NOT intend to become a professional body over national/ specialist spine societies.
- Intended to be a symbiotic and mutual 'win-win' relationship between EUROSPINE and all of its allied national/ specialist spine societies.
- The members of EuSSAB will define common goals, challenges and strategies in order to solve them as equal partners

➤ Responsibility is transferred to Institutional Members

### Guidelines for Cooperation

- Associate Members will not be contacted directly by EUROSPINE
- Communication between EUROSPINE and its Associate Members via Institutional Societies
- Institutional Membership/ Associate Membership free of charge
- Associate Members will receive certain advantages such as annual reports, access to webcasts, benefit from large networking platforms/ alliances etc.

### CURRENT STATUS & LATEST DEVELOPMENT

**25** Institutional Members have joined EUROSPINE since October 2014. This adds up to almost **6,900** spine specialists from across Europe.

Country	Institutional Member	Associate Members
1 Austria	Österreichische Gesellschaft für Wirbelsäulenchirurgie	132
2 Belgium	Spine Society of Belgium	281
3 Czech Republic	Czech Spine Surgery Society	122
4 Germany	Deutsche Wirbelsäulengesellschaft	1.576
5 Greece	Hellenic Spine Society	150
6 Hungary	Hungarian Spine Society	110
7 Italy	Societa Italiana di chirurgia vertebrale - Gruppo Italiano Scoliosis	320
8 Norway	Norwegian Spinal Surgeon Society	41
9 Poland	Polish Society of Spinal Surgery	308
10 Portugal	Sociedade Portuguesa de patologia da coluna vertebral	95
11 Romania	Romanian Medical Society for Spine Surgery	60
12 Spain	Sociedad Española de Columna Vertebral	240
13	Spanish Society of Spine and Spinal Cord Surgery	114
14 Switzerland	swiss orthopaedics	949
15 Turkey	Turkish Spine Society	289
16 UK	UKSSB	790
17 Ireland	Irish Spine Society	45
18 France	Groupe d'Etude de la Scoliose	120
19	Société Française de Chirurgie du Rachidienne	345
20 Russia	Russian Association of Spine Surgeons	310
21 Sweden	Swedish Society of Spinal Surgeons	175
22 Slovenia	Spine Society of Slovenia	66
23 Croatia	Croatian Society for Spinal Surgery	30
24 UK	Society for Back Pain Research	159
25 Netherlands	Dutch Spine Society	173
TOTAL		<b>6.841</b>

incl. in UKSSB

### Benefits

- Free access to webcasts from the Annual General Meetings
- Institutional Membership benefits (educational curriculum)
- Ratification of spine centres

In order to gain access to the full range of EUROSPINE membership benefits, associate members have to apply for a full EUROSPINE membership.

Alistair Stirling raised the question regarding a potential need for reduced EUROSPINE membership fees for non-surgeons and healthcare scientists including allied health professionals. The issue will be discussed within EUROSPINE.

### Communication

- Communication works well between EUROSPINE and its Institutional Members.
  - However, the distribution of information from the institutional members (=national spine societies) to their associate members is rather limited.
  - Associate Members should be informed thoroughly about the latest EuSSAB developments throughout Europe, about their membership advantages such as the free webcast links, distribution of welcome letters etc..

## 3. Political decision-making

### Basic entry criteria of societies for EuSSAB membership access

- A national society which represents the majority of national spine specialists (“relevant society”)
- Should have a democratic process
- Should ideally be multidisciplinary



It was decided that EuSSAB is now a **closed circle** (25 members as per 12 May 2016 as listed above).

New applicants will have to present themselves to the EuSSAB Board and submit an official application, providing relevant information about their society. The EuSSAB Board will then ratify / vote on the acceptance of any new application by majority vote of the present EuSSAB members.

### Democratic process

Upcoming topics which require a decision / vote should be circulated to the EuSSAB members prior to the upcoming meeting so that they can be discussed internally. This is particularly important for countries with >1 society .

- As a rule the following applies: **1 country = 1 society = 1 representative = 1 vote**
- For countries with more than one society: **1 country = multiple societies = multiple representatives = 1 vote.**

Thus, countries with >1 society may have to **alternate voting rights by equal rotation**.

- If multiple countries are represented within one society (i.e. Russia, Ukraine):  
**1 society = multiple countries = 1 representative = 1 vote**
  - Decisions are generally made based on the **majority** of votes.
- **All representatives** of a country are invited to attend the EuSSAB meeting.
- **1 representative per society receives access to one free registration to the meeting** (i.e. EUROSPINE spring/ annual meeting).

#### **EuSSAB Representation at EUROSPINE ExCom**

It was decided to have one EuSSAB representative elected who will be invited to certain EUROSPINE ExCom meetings where relevant EuSSAB issues will be addressed.

Criteria:

- Voluntary position, highly motivated
- 2 years experience within EuSSAB
- 1 application only for countries with >1 society
  - Election is valid for a 1-year term

An invitation to apply as a 'EuSSAB Ambassador' will be sent all founding members of EuSSAB (participants of the Lyon meeting) as they are eligible and as they fulfill the criteria of 2 years of previous experience.

All participants of the upcoming meeting in Berlin will receive a list of candidates via e-mail prior to the meeting. Elections will be held anonymously in Berlin 2016.

#### **4. Agenda topics for EuSSAB meeting in Berlin**

- Introduction and summary of the past meeting (15 min)
- Election of EuSSAB Ambassador (15 min)
- Define guidelines for cooperation (15 min)
- Summary Education Workshop (15 min)
- Presentation of new applications for EuSSAB (≈15 min)
- Update from Russia (≈15 min)
- Presentation Spine Tango (≈15 min)

As outlined previously, all EuSSAB members are invited to pro-actively submit suggestions for agenda topics prior to the upcoming meeting, which will be held in Berlin during EUROSPINE 2016 on **Thursday, 6 October from 12–14hrs**. Please save the date!

## 5. EuSSAB as European-wide communication and information platform

Presentation from Belgium “Spine specialists vs. policy makers in Belgium: a call for change“  
by Dr. Bart Depreitere



[http://www.eurospine.org/cm\\_data/16-05-12\\_EuSSAB\\_presentation.pdf](http://www.eurospine.org/cm_data/16-05-12_EuSSAB_presentation.pdf)

### Abstract

*In 2014, a report of the Christian Mutuality on spine surgery practice variation, spine surgery associated sick leave as well as failed back surgery syndrome numbers in Belgium, coincided with the election of a right-winged cabinet eager to cut in the healthcare budget and with a revival of a longstanding question to reform the outdated spine surgery reimbursement code list. This coincidence placed spine surgery in the spotlight as an area where a lot of money could be saved. The Spine Society of Belgium (SSBe) received the task of modernizing its surgical code list, along with the duty to establish a framework of measures for quality improvement and measures that should reduce the numbers of spine surgeries. To increase pressure and achieve short-term savings, the government decided to cut the reimbursement for spinal implants by an average rate of 30%.*

*The SSBe, established in 2012 as a society representing spine care activities of orthopedic surgery, neurosurgery and physical and rehabilitation medicine, requested a platform for direct communication with the policy makers, which resulted in the creation of an ad hoc spine task force in March 2015. In this platform, the SSBe presented figures on evolutions of spine and other locomotor surgeries in Belgium and abroad in order to draw the exact contextual background on spine surgery practice. Also, the SSBe took the lead at the very first task force meeting by launching a set of quality enhancing measures including a spine registry, guidelines, better registration of actual practice through a modernized code list, peer review committees for decisions on extensive surgeries and installment of multidisciplinary clinics. The policy makers embraced all proposals, however, this was accompanied by a strong wish from their side to couple reimbursement to fulfillment of the above criteria as compulsory requirements as well as a wish to only reimburse spine surgery in a limited number of hospitals only. This felt to the SSBe representatives as an over-rigorous measure that would never achieve sufficient support for effective implementation and that would even not be realistic. Dialogue was kept up and finally resulted in a proposal on spine units acceptable to all parties: each hospital can become a spine unit if they fulfill a set of staffing criteria and minimal service requirements, outline their management algorithms in a spinal handbook – for which a template will be provided-, register a predefined set of indications through Spine Tango and organize a multidisciplinary clinic one a month. This spine unit concept will allow all centers to enhance quality in a gradual and bottom up manner and come along with the development of a national spine registry, a Belgian guideline (in the form of a template for the hospitals' spinal handbook) and a modernized spine surgery reimbursement code list.*

*Currently, texts are being reviewed and are going through the political decision process. A potential role for the industry, e.g. in contributing to fund the registry, still needs to be defined. Ideally, a triple partnership of policy makers, caregivers and industry should be installed in the future in order to maximally facilitate overlapping interests. Finally, it is clear that a positive evolution of this story was only possible due to the creation of a united multidisciplinary national spine society that could speak with one voice as well as to the conviction that aiming for improved quality is the only way forward for our field.*

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We look forward to seeing you in Berlin on **Thursday, 6 October from 12–14hrs**



Christoph Siepe