



ANNUAL REPORT 2016

NEUROSURGERY
LEADING THE WAY



NEUROPOINT
ALLIANCE

est. 2008

NPA CHAIR'S MESSAGE



NEUROPOINT ALLIANCE: THE PEOPLE BEHIND THE NUMBERS

The NeuroPoint Alliance (NPA) is a not-for-profit, 501(c)(6) corporation that was created to oversee and coordinate a variety of projects involving the acquisition, analysis and reporting of clinical data affecting neurosurgical practice. NPA also serves as a resource for neurosurgeons and others who want to perform multicenter clinical trials and post-marketing surveillance of neurosurgical devices. NPA's present projects include an industry-sponsored registry for stereotactic radiosurgery, investigator initiated multicenter trials of EC-IC bypass procedures, management of cervical spondylotic myelopathy and the well-established Quality Outcomes Database (QOD) projects in spine and cerebrovascular surgery.

Recent and developing NPA initiatives include a partnership with the American Academy of Physical Medicine and Rehabilitation (AAPM&R) to create a spine care registry, collaboration with movement disorder neurologists and industry to create a deep brain stimulator registry, a joint project with the Institute for Healthcare Improvement (IHI) that will utilize data from our QOD-Spine Surgery registries to improve the quality of spine surgery and partnering with the FDA and the Society of Neuro Interventional Surgery (SNIS) to create a post-marketing surveillance registry for clot retrieval devices used in the care of acute, ischemic stroke patients.

NPA also works closely with other neurosurgical organizations, including the American Board of Neurological Surgery (ABNS), Congress of Neurological Surgeons (CNS), Neurosurgery Research & Education Foundation (NREF), the Journal of Neurosurgery Publishing Group (JNSPG), Society of Neurological Surgeons (SNS) and the Spine Section – all of whom have representatives on our Board of Directors. NPA has become neurosurgery's data management organization, and we can be very proud of its accomplishments. The NPA is recognized by neurosurgeons, other physicians, hospitals, payors, industry leaders and federal agencies as an essential organization for improving the quality of patient care.

Robert E. Harbaugh, MD, FAANS
2015-2016 NPA Chair



NEUROPOINT ALLIANCE'S MISSION

Organized neurosurgery believes that prospective, systematic tracking of practice patterns and patient outcomes will allow surgeons from multiple specialties to improve the quality, efficiency and ultimately, the value of care. In support of this mission, the AANS, in cooperation with a broad coalition of other neurosurgical societies including the CNS, SNS and ABNS, created the NPA, a not-for-profit corporation, in 2008.

NPA coordinates a variety of national projects involving the acquisition, analysis and reporting of clinical data from surgical practice. NPA is designed to meet the quality care and health care research needs of individual surgeons and surgical practices, national organizations, health care plans, biomedical industry and government agencies. NPA is devoted to gathering, analyzing and publishing data on the science of surgical practice, which is the habitual and systematic collection, analysis and feedback of data, inseparable from practice, via its audited registries. NPA's QOD is the largest spine registry in the U.S.

GOVERNANCE STRUCTURE

NPA's Board of Directors is comprised of representatives from the CNS, SNS, ABNS, AANS/ CNS Joint Section on Disorders of the Spine and Peripheral Nerves, the JNSPG and the NREF. The Board of Directors is responsible for setting the strategic direction of the NPA.

Mohamad Bydon, MD



Recently appointed vice director for the NPA's Quality Outcomes Database (QOD), Mohamad Bydon, MD, works with senior leadership to provide clinical oversight for the Quality Outcomes Database (QOD) registry in the areas of data management, integration, analysis, reporting and quality control. In this role and working with QOD's Practice Based Learning Network, he has developed education materials for the registry and facilitated training seminars for QOD registry centers.

Dr. Bydon was also instrumental in the refinement of QOD Spine Registry data collection processes, providing essential input on the areas of inclusion/exclusion criteria, the auditing plan and other quality control areas and contributed to the development of the first neurosurgery-specific spine measures for the Centers for Medicaid & Medicare's Physician Quality Reporting System (PQRS) and development of the NPA's QOD Qualified Clinical Data Registry (QCDR) in 2015 and continuing in 2016.

When asked why he has become so involved with the NPA's initiatives, he said "Although well-intentioned, the regulatory burden is posing challenges for many physicians who enjoy taking care of patients and want patient care to be their primary focal point. Physicians have historically, and for good reason, directed their time and attention to treating patients and have left the external variables to others. Today, with increasingly limited resources for health care and with unfunded regulatory mandates, there are expectations that physicians engage health care policy decision makers. The surgical specialties in particular have been tasked with providing outcomes data that demonstrate the value of their particular interventions.

"The triangle of health care rests on cost, quality and access. You can maximize two of these three; but it is nearly impossible to maximize all three. As cost containment efforts come into play, either quality will decrease or access will become more limited. Regulators are asking for high quality at low cost with full access. One example of the imbalance is the cardiac surgery in New York where outcome data penalized those doing the most complex cases to a point where it became difficult for high-risk patients to get heart surgery. These are the unintended consequences of regulations that do not include physician input."

QOD puts data collection in the hands of neurosurgeons to provide meaningful data that will assist doctors in helping patients make the best decisions about their treatment options, and Dr. Bydon has served as a contributor on several of the QOD's manuscripts and analyses, including spine predictive models, return to work and 3- and 12-month outcomes.

QOD's primary purpose is to provide highly reliable, quality information on which interventions provide benefit for specific subsets of patients. This helps give control of care back to patients while helping physicians provide the best care advice. "Surgeons should utilize data to improve patient care, develop alternative treatments and better define how patients will benefit from treatment," said Dr. Bydon. "There is a tremendous benefit to giving doctors control of this data, and combining this data with input from surgeons' practical expertise enables appropriate policy reform," he added.

When asked what the future holds for QOD, Dr. Bydon responded, "QOD is different from the existing regulatory and administrative databases; it is a surgical registry whose goals are aligned with the practice of surgery and patient care."

Dr. Bydon serves as the AANS/CNS Spine Section Liaison to the NPA Board of Directors for 2016-2017 and is also one of AANS' members on the AANS-AAPM&R Joint Spine Registry Task Force, which is developing a business model for a joint registry project.



MAJOR INITIATIVES AND ALLIANCES

REBRANDING: N²QOD BECOMES THE QUALITY OUTCOMES DATABASE

Five years ago, in an effort to meet the growing need for tools to measure and promote quality care, NPA collaborated with several national stakeholders to create an unprecedented program: the National Neurosurgery Quality and Outcomes Database (N²QOD). In 2016, N²QOD expanded beyond the boundaries of its name. Now known as the multi-specialty QOD-Lumbar Spine (including Deformity), QOD-Cervical Spine and QOD-Neurovascular registries, any actively participating surgeon, practice group or hospital system in the U.S. can contribute to and access aggregate quality and outcomes data through a centralized, nationally-coordinated quality program.

“It was very insightful for the NPA to drop ‘Neurosurgery’ from the title and call the registry QOD going forward and to open up the registry to other specialties like pain management to help them assess their quality. It was also helpful that certain exclusion criteria were relaxed which will allow our site and others to enroll more of our patients in the registry,” said Stacey Snodgrass, clinical manager at the University of Oklahoma Health Sciences Center, Department of Neurology & Neurosurgery.

Launched in February 2012, the QOD-Lumbar Spine Registry had over 80 contracted centers with more than 25,000 patients enrolled in 69 sites at the end of fiscal year 2016. The QOD-Cervical Spine Registry launched in March 2013 and at the end of June 2016 had 53 active centers with nearly 9,500 patients enrolled. In December 2014, the QOD expanded its spine registry to accommodate the inclusion of mild to moderate lumbar spinal deformity cases. The QOD is the largest U.S. multi-

institutional spine registry and provides its participating physicians with access to the information necessary to make the best data-driven decisions.

The NPA chose Vanderbilt University Medical Center (VUMC), one of the nation’s leading centers in health services research and medical informatics, to provide data coordination, analysis and reporting services for the QOD registries. Given the complexities of spine procedures, QOD has created an extraordinary measurement system to track patient data. Spine surgery had never before been broadly characterized in a comprehensive, prospective national database. NPA has strong analytic support from VUMC to manage QOD data and translate that learning into real outcome changes for patients.

QOD-NEUROVASCULAR

With the QOD-Spine program successfully established, the NPA expanded into other subspecialty areas of neurosurgery with the QOD-Neurovascular Registry. The Neurovascular Registry collects data on treatments for aneurysms, AVMs, carotid stenosis, intra-arterial thrombolysis or mechanical thrombectomy and intraparenchymal hemorrhage and was implemented in December 2014 following a six-month pilot phase.

QOD AND QCDR

NPA strives to help surgeons treat their patients better through novel, national data systems that incorporate relevant measures of surgical quality. The data are used to advance medical evidence, which is used to promote quality and improve real-world care. Data collection and analysis is not only important for surgeons to validate their treatment outcomes for patients, peers, publishers and payors, it is taking the responsibility for quality assurance to the highest level. Participating centers are actively involved with NPA and each other to help define and follow good practices for data completeness and data consistency for accurate interpretation, reporting and analysis consistent with high data quality standards.

QOD was designated as an official Centers for Medicare & Medicaid Services (CMS) Qualified Clinical Data Registry (QCDR) vendor for 2016, providing an additional means through which eligible providers could participate in the Physician Quality Reporting System (PQRS). There is an increasing demand for neurosurgeons to demonstrate to payors and the public the value of the

“The real break-through at our site in particular was when we started receiving quarterly reports showing where our organization stands compared to other practices. As a data coordinator, it is easy to lose sight of why we invest significant efforts into collecting all of this data. Our providers became very engaged once they began to see quality data reports resulting from our efforts and can use the data for their own projects and publications. As we have continued to grow through the years with QOD, we have moved into the most exciting phase of our collection efforts to date. With the onboarding of our own PhD to lead our data analysis efforts, we have begun to produce patient-facing resources to assist patients and providers with shared decision-making and have discussed physician-facing report cards. We have used our data during insurance contract negotiations and for quality projects. We emphasize our abilities to return patients to work quickly and safely while reducing pain and improving quality of life. We are also using data to build in-roads with several area hospitals to emphasize consistency across the care dynamic. For me, as a data coordinator, it has been challenging and exciting to have built the foundation of these collection efforts and then see the process come full circle to benefit the practice and improve the patient experience. We now have tools that help make decisions while also emphasizing the value of surgical spine care treatment in a health care market driven to reduce costs.” —Melissa Mehrlich, RN, MHA, CCRP, Carolina Neurosurgery and Spine Associates, Charlotte, N.C.

services they provide. With the exception of the CMS' Physician Quality Reporting Initiative (PQRI), these efforts are largely fragmented and decentralized among different payors. By managing a national quality reporting infrastructure, NPA meets the current needs of neurosurgeons while collecting data that influences the design and selection of future quality outcome measures.

QOD'S PATIENT-SPECIFIC PREDICTIVE CALCULATOR

QOD was designed with a longitudinal structure and includes patient-reported outcomes (PROs). QOD is the only nationally coordinated registry in the U.S. to measure one-year effectiveness of care using validated, patient-centered measures. PROs are a key element in patient-centered care, as they may be more reflective of underlying health status than physician reporting. The registry contains multiple enrollment variables (patient; structural; clinical; surgical) and longitudinal quality data focused on PROs for risk adjustment.

As such, QOD's design allows for additional meaningful quality improvement efforts that directly benefit patients. A web-based predictive calculator for registry centers has been developed for piloting in fiscal year 2017. This tool will facilitate and simplify informed patient decisions by returning individualized outcome probability graphs demonstrating and predicting the disability, pain and quality of life outcomes for the patient. Data analyses include expected benchmarks of care and predictive outcomes derived from the 12-month follow-up data, identifying ways to improve the value of care in spine patients.

Using the predictive calculator, surgeons can enter certain patient characteristics and the type of procedure to determine whether similar patients benefitted from a particular treatment. For example, initial QOD results showed that while 85 percent of patients benefitted from surgery, patients with a high body mass index (BMI), smoking and diabetes appear to have poorer outcomes after spinal surgery. "If [a patient] can get the risk factors under control or quit smoking, that would really improve the outcomes of surgery," says Robert E. Harbaugh, MD, FAANS.



The NPA wishes to thank the following institutions for their participation in the QOD registries:

Allegheny Health Network
Atlantic Neurosurgical Specialists
Augusta Back Neuroscience
Baptist Hospital of Miami
Barrow Neurological Associates
BayCare Clinic
Brain and Spine Surgeons of New York
Butler Health System
Carle Foundation
Carolina Neurosurgery & Spine Association
Center for Neurosciences
Centra Health
CNOS (PhyCare LLC)
Colorado Springs Neurological Associates
Columbia University
Community Hospital
Duke University
Florida Hospital
Geisinger Clinic
Goodman Campbell Brain & Spine

Henry Ford Health System
HonorHealth Osborn Medical Center
IGEA Brain & Spine
Jackson Memorial Hospital
Johns Hopkins University
Maine Medical Partners
Memorial Hermann Health System
Milton S. Hershey Medical Center
Mission Hospital
Mount Sinai Hospital
Neurological Associates, Inc.
Neurosurgical Associates, P.C.
Neuroscience Group
Neuroscience Specialists
NeuroSpine Center of Wisconsin
North Jersey Brain & Spine Center
North Shore LIJ Health System
NorthBay Medical Center
NorthShore University Health System
Norton Leatherman Spine Center

Oklahoma Spine and Brain Institute
 OSF: St. Francis Medical Center
 (University of Illinois College of
 Medicine-Peoria Neurological Institute)
 Piedmont Hospital
 Phoenix Spine Surgery Center
 Regional West Physician Clinic
 Research Medical Center
 Roper St. Francis Healthcare
 Saint Francis Hospital & Medical Center
 Self Regional Healthcare
 Semmes-Murphey Neurologic & Spine Inst.
 Southern Illinois University School of Medicine
 Springfield Neurological and Spine Institute
 St. John Clinic
 St. Luke's Physician Group
 Tallahassee Memorial Healthcare
 The Brain + Spine Center
 Tyler Neurosurgical Associates, P.A.
 University at Buffalo Neurosurgery
 University Hospitals, Cleveland - Case
 Medical Center
 University of Alabama
 University of Arkansas
 University of California - Los Angeles
 University of California - San Francisco
 University of Florida
 University of Kansas Medical Center
 University of Louisville
 University of Miami
 University of Michigan
 University of New Mexico
 University of North Carolina
 University of Oklahoma



University of South Florida – Tampa
 University of Tennessee Medical Center
 University of Texas Southwestern Medical Ctr
 University of Utah
 University of Virginia
 Valley Hospital
 Vanderbilt University
 Wake Forest University Baptist
 Medical Center
 Weill Cornell Medical Center/New York
 Presbyterian Hospital
 Wellmont — Bristol Regional Medical Center
 Wellmont — Holston Valley Medical Center
 Winchester Medical Center

AANS/ASTRO STEREOTACTIC RADIOSURGERY (SRS) REGISTRY

NPA's Stereotactic Radiosurgery (SRS) registry represents collaboration between the AANS and the American Society for Radiation Oncology (ASTRO). This registry defines national patterns of care in radiosurgery, with an eye toward improving health care outcomes, supporting informed decision-making and potentially lowering the cost-of-care delivery to patients. The registry captures treatment information for thousands of patients affected by brain metastases, benign brain tumors and AVMs.

"As SRS is performed in a multi-disciplinary fashion, the partnership between AANS and ASTRO on this registry makes a lot of sense," said Jason P. Sheehan, MD, PhD, and co-director of the SRS Registry program. Working together, the AANS and ASTRO perform better science to improve quality and patient outcomes. Moreover, corporate partners want us to work together on a single, national SRS registry. The data elements, acquisition of the data, data analysis, data governance and dissemination of findings are overseen by the SRS registry board."

Explaining how this registry differs from its counterparts, Dr. Sheehan notes, "The SRS registry is funded in large part through educational grants from corporate partners Brainlab and Elekta. There is also financial, administrative and intellectual support and governance given by the parent professional societies. The registry is truly a national effort."

In the current three-year period, diverse, high-volume SRS sites are accruing patients to the registry. Data is collected prospectively and stored in a data repository housed by Quintiles, a national company with extensive experience in medical trials and analytics.

The NPA wishes to thank the following institutions for their participation in the SRS registry:

Penn State Hershey Medical Center
Huntsman Cancer Institute—
University of Utah

Jefferson Hospital for Neuroscience
Vanderbilt University Medical Center
University of Virginia Health System
Norton Cancer Institute
UF Health Cancer Center at Orlando Health

University of Southern California in
Los Angeles

William Beaumont Hospital
Carolinas Medical Center
NYU Langone Medical Center
University of Colorado Hospital and UCH
Rocky Mountain Gamma Knife Center
University of Cincinnati, Mayfield Clinic

CERVICAL SPONDYLOTIC MYELOPATHY STUDY

The purpose of this interventional study is to determine the optimal surgical approach (ventral vs. dorsal) for patients with multi-level cervical spondylotic myelopathy (CSM). There are no established guidelines for the management of patients with CSM, which represents the most common cause of spinal cord injury and dysfunction in the U.S. and in the world.

This study, which began in April 2014, aims to test the hypothesis that ventral surgery is associated with superior Short Form-36 Physical Component Score (SF-36 PCS) outcome at one-year follow-up compared to dorsal approaches and that both ventral and dorsal surgery improve symptoms of spinal cord dysfunction measured using the modified Japanese Orthopedic Association Score (mJOA). A secondary hypothesis is that health resource utilization for ventral surgery, dorsal fusion and laminoplasty surgery are different. A third hypothesis is that cervical sagittal balance postoperatively is a significant predictor of SF-36 PCS outcome. The study is expected to conclude in September 2021. The final data collection date is September 2017 for the primary outcome measure.

EXTRACRANIAL-INTRACRANIAL ARTERIAL BYPASS REGISTRY

The EC-IC Bypass Study is a prospective registry evaluating EC-IC bypass for carotid occlusion with persistent or unstable symptoms failing medical management. The study is accruing patients from 11 centers, over three years with 24-month follow-up. Funds for the project were donated by a patient and matched by the Wallace Foundation, which has also committed funds for the development of a follow-up project, assessing mechanisms to facilitate data transfer from the electronic medical records to the QOD.

“Every hospital should follow every patient it treats long enough to determine whether the treatment has been successful, and then inquire ‘if not, why not’ with a view to preventing similar failures in the future.” —Ernest Codman, 1914

NEW FOR 2017

THE AANS AND ACADEMY OF PHYSICAL MEDICINE & REHABILITATION SPINE REGISTRY

The AANS and the American Academy of Physical Medicine and Rehabilitation (AAPM&R) are developing an all-care registry for spine patients. The registry will track surgical and non-surgical (therapeutic and other interventions) longitudinally, and collectively, the data will have the ability to advance the understanding of this ever-growing patient population while demonstrating the quality and value of treatments.

“We are exceedingly excited about the potential of this joint registry. Physiatrists and neurosurgeons are natural partners in caring for patients suffering spine disorders throughout the continuum of care. Through this registry and for the first time, we will have a meaningful database with PROs that will allow us to understand which patients respond to medications, which ones respond to physical therapy, which ones respond to percutaneous treatments and, finally, which ones are best served by surgery. While we normally try all conservative options up-front, we may be able to predict which patients are destined to fail those interventions, and we can go directly to some form of percutaneous or open surgical procedure to, hopefully, eliminate suffering quicker. As the database matures, we will be able to communicate very directly with a patient and say ‘we can predict that this treatment for you has an 85 percent chance of improving quality of life.’ This knowledge will be empowering to physicians as well as patients. We look forward to a long and productive relationship with our colleagues from the AAPM&R,” added 2015-2016 AANS president, H. Hunt Batjer, MD, FAANS.

INSTITUTE FOR HEALTHCARE IMPROVEMENT PROJECT

The NREF has provided funding to support the NPA’s joint study with the Institute for Healthcare Improvement (IHI). The IHI, a non-profit organization based in Cambridge, Mass., is a leading innovator in health and health care improvement worldwide. The collaboration’s one-year, cooperative project, *Driving Quality Improvement in Spine Surgery: Reducing 90-Day Readmissions Following Elective Spine Surgery*, will develop, test and implement an approach to improving outcomes and reducing 90-day readmissions for spine surgery patients. “The end product will be a ‘tool kit’ for participating surgeons and hospitals around the nation to improve health outcomes following elective spine surgery, as well as reinforcing a culture of continuous quality improvement,” commented Anthony L. Asher, MD, FAANS, vice chair of NPA and QOD director.

FDA POST-MARKET SURVEILLANCE PROJECT

The Food and Drug Administration (FDA) is in discussions with NPA to establish a collaborative registry project that would provide post-market surveillance services to the FDA and industry. The Medical Device Epidemiology Network (MDEpiNET) is a national planning board tasked with evaluating regulatory-grade data sources for the establishment of a national, and possibly international, coordinated registry network for medical device studies to identify complications. Established registries, such as those developed by NPA, provide the potential to enhance post-market device evaluation in a cost-effective and standardized manner.

NIH OPPORTUNITIES

The National Institutes of Health (NIH) is discussing a potential registry project to generate data for un-ruptured intracranial aneurysms through a multi-center registry, with propensity matching. Other potential projects include studies on brain metastases.

WHAT WE HAVE LEARNED

The NPA focuses its clinical registries on promoting the quality of surgical care and providing surgeons with the means to assess risk-adjusted measures of the value and durability of treatment responses. Its registry programs and collaborative efforts assist in the understanding of patient perspectives on clinical outcomes and provide the ability to compare the relative effectiveness of various therapeutic interventions.

Clinical data registries have become valuable tools to support evidence development, performance assessment, comparative effectiveness studies and adoption of new treatments into routine clinical practice. The NPA remains committed to its efforts to provide surgeons with the means to demonstrate value and validity in reporting and improving quality of surgical care through the collection and analysis of outcomes data.



FISCAL 2016 FINANCIAL SUMMARY

AANS, NREF AND NPA

Over the last decade, with the good stewardship of its governance, the AANS built a healthy reserve that serves to protect the organization in the event of financial adversity. Now that the AANS has reached, and even exceeded, its reserve goals, there has been a change in the policies that relate to how the organization budgets for investment income.

Fiscal year 2016 was the first year the AANS established a budget based on anticipated income from investments. This practice enables the AANS to use all of its available resources in the pursuit of benefits for the membership. Based on both history and projections for the future, the AANS anticipated an investment yield of \$600,000 in fiscal year 2016. As it turned out, those 12 months were not a strong investment period. The organization ended up losing nearly \$100,000 instead of realizing the anticipated \$600,000 gain and caused the association's final numbers to show a net loss of \$685,000. Based on historical investment data, it is anticipated that future investment performance will even this out.

Similar investment performance resulted in a loss for the NREF of \$200,000 in fiscal year 2016.

NPA showed a modest profit in this fiscal year.

This report reflects the financial statements of the AANS, NREF and NPA covering the period of July 1, 2015 to June 30, 2016.

While the year-end financials of the AANS, NREF and NPA are audited by outside auditors, this Annual Report is being prepared prior to a completed audit and contains unaudited final numbers. Any material differences between a published financial statement and the auditor's report will be communicated to AANS members in *AANS Neurosurgeon*. Copies of the most recent audit are available to members by writing to: AANS Accounting Department, 5550 Meadowbrook Drive, Rolling Meadows, IL 60008-3852.



AANS AND RELATED ORGANIZATIONS STATEMENT OF FINANCIAL POSITION* 06/30/2016

*This report reflects unaudited financials.

ASSETS 2015-2016	AANS	NREF	NPA	Consolidated
Cash and Investments.....	\$21,698,886	\$5,634,105	\$102,447	\$27,435,438
Other Current Assets	6,299,330	1,296,792	894,907	8,491,029
Property and Equipment, net.....	2,675,555	0	0	2,675,555
Other Assets	218,949	0	0	218,949
TOTAL ASSETS.....	\$30,892,720	\$6,930,897	\$997,354	\$38,820,971

LIABILITIES AND EQUITY

Liabilities

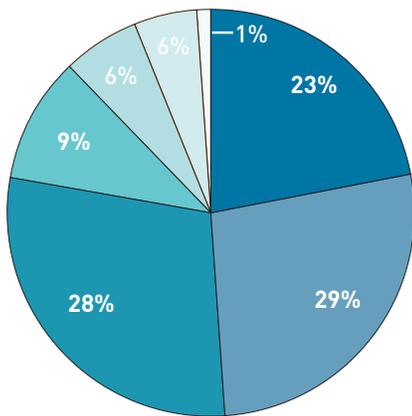
	AANS	NREF	NPA	Consolidated
Accounts Payable	4,435,080	\$1,125,302	\$1,166,663	\$9,884,488
Deferred Revenues.....	4,952,927	243,000	863,956	5,778,972
TOTAL LIABILITIES	\$9,388,007	\$1,368,302	\$2,030,619	\$15,663,460

Equity

Beginning Net Assets.....	\$22,205,869	\$4,281,839	\$(197,050)	\$27,070,333
Net Income	(701,156)	(137,981)	28,204	(19,783)
TOTAL EQUITY	\$21,504,713	\$4,143,858	\$(168,846)	\$27,050,550
TOTAL LIABILITIES AND EQUITY	\$30,892,720	\$5,512,160	\$1,861,773	\$42,714,010

AANS AND RELATED ORGANIZATIONS INCOME STATEMENT For the Year Ended 06/30/16

Revenues	AANS	NREF	NPA	Consolidated	% of total revenue
Dues/Contributions	\$ 2,613,416	0	\$ 1,806,555	\$4,419,971	23%
Annual Meeting	5,564,431	0	0	5,564,431	29%
Publications	5,383,422	0	0	5,383,422	28%
EPM.....	1,725,328	0	0	1,725,328	9%
Fundraising.....	0	1,055,522	0	1,055,522	6%
Resident & Clinical Courses.....	0	1,057,145	0	1,057,145	6%
Investments	(52,737)	(77,399)	0	(130,136)	-1%
Total Revenue	15,233,860	2,035,268	1,806,555	19,075,683	100%



CONSOLIDATED REVENUE SOURCES

- Dues/Contributions Income
- Annual Meeting Income
- Publications
- EPM
- Fundraising
- Resident and Clinical Courses
- Investments

AANS MISSION STATEMENT

The American Association of Neurological Surgeons (AANS) is the organization that speaks for all of neurosurgery. The AANS is dedicated to advancing the specialty of neurosurgery in order to promote the highest quality of patient care.

AANS VISION STATEMENT

- The American Association of Neurological Surgeons will ensure that neurosurgeons are recognized as the preeminent providers of quality care to patients with surgical disorders that affect the nervous system.
- The American Association of Neurological Surgeons will work to expand the scope of neurosurgical care as new technologies and treatments of neurological disorders become available.
- The American Association of Neurological Surgeons will be the organization speaking for neurosurgery through its communications and interactions with the public, media, government, medical communities and third-party payors.
- The American Association of Neurological Surgeons will be its members' principal resource for professional interaction, practice information and education.
- The American Association of Neurological Surgeons will promote and support appropriate clinical and basic science to expand the scope of neurosurgical practice.

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American
Association of
Neurological
Surgeons
