



**2013 - 2014** ANNUAL REPORT



Improving  
public health and well being  
by lessening the burden of the disease  
of obesity, and its related diseases,  
**throughout the world**

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## From Our President

### Dear ASMBBS Members,

The ASMBBS in 2014 is stronger than ever thanks to the dedication and support of its members who continue to take the society to new heights through intellectual leadership, committee work, advocacy and education.

This year marks our second annual ObesityWeek, which is fast becoming the go to destination for surgeons, allied health professionals, scientists, physicians, media and policymakers interested in the science of obesity and its treatment. We expect the largest turnout ever for a meeting that will feature a plenary session and educational courses that cover cutting edge science, evidence-based medicine and advances in the medical and surgical treatment of obesity.

The ASMBBS continues to strongly advocate for patient access to obesity treatment in both words and actions, and we have seen several success stories throughout the country, including in North Carolina, where Blue Cross and Blue Shield dropped its six-month weight loss requirement before surgery and changed

its reoperative policy to be consistent with ASMBBS guidelines and recommendations. We are also working hard to get all state and federal health marketplaces established under the Affordable Care Act (ACA) to provide full coverage of obesity treatments by 2016 through various national and local initiatives.

This year we had our first “National Summit for the Provision and Coordination of Care of an Obese Population.” Representatives from more than 20 groups including the American Heart Association, American Diabetes Association, The Obesity Society, Aetna, Blue Cross Blue Shield, American College of Orthopaedic Surgeons (AAOS), and American Academy of Family Physicians attended this event. We believe this will be the start of a new alliance that will lead to better care for our patients.

During ObesityWeek, we will debut a patient motivational video describing the journey of three patients who made the decision to have bariatric surgery after years of struggling with obesity. The patients include a nurse, a veteran and former NFL player, who all say having surgery was the most important decision of their lives. We are taking our message to the patients themselves.

I would personally like to thank all those members who served on the Executive Council for their leadership and support. I'd also like to thank the hundreds of volunteer committee members who put in countless hours doing the work of this society. Thanks to them and all of you our best days as an organization are ahead of us.

A handwritten signature in blue ink that reads "Ninh T. Nguyen". The signature is fluid and cursive.

**Ninh T. Nguyen, MD**  
ASMBBS President

# Executive Council



**President**  
Ninh T. Nguyen, MD



**President-Elect**  
John M. Morton, MD



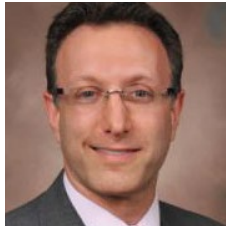
**Secretary/Treasurer**  
Raul Rosenthal, MD



**Past President**  
Jaime Ponce, MD



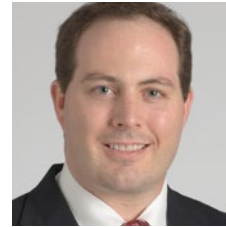
**Senior Past President**  
Robin L. Blackstone, MD



**Councilperson-At-Large**  
Marc Bessler, MD



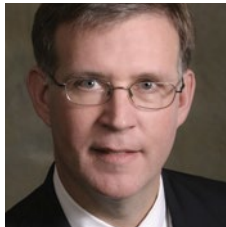
**Councilperson-At-Large**  
Matthew Brengman, MD



**Councilperson-At-Large**  
Stacy Brethauer, MD



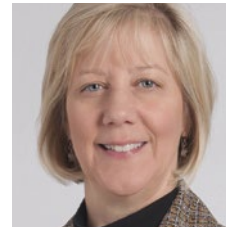
**Councilperson-At-Large**  
Matthew Hutter, MD



**Councilperson-At-Large**  
David Provost, MD



**Councilperson-At-Large**  
Alfons Pomp, MD



**IH President**  
Karen Schulz, MSN, CNS,  
CBN



**IH President-Elect**  
Christine Bauer, MSN, RN,  
CBN



## From Our Executive Director

**Dear ASMBS Members,**

2014 was another fast paced and productive year for the ASMBS. However, this year held something special that will forever stand out in my treasure chest of cherished memories.

I, along with our Executive Committee, had the opportunity to go to Iowa City for an amazing visit with Dr. Mason, our first president and the father of obesity surgery. At 94, Dr. Mason remains brilliant, compassionate, and humble. These qualities, as well as integrity, leadership, innovation, adherence to scientific rigor, and a deep concern for the wellbeing of patients are the values he instilled in the ASMBS since its founding - values that remain at the core of our organization today.

As you read through the pages of this annual report, which represent a snapshot of a year in the life of the ASMBS, you can see how the organization remains true to the spirit of our founding father.

Education and advocacy continue to be of prime importance to the ASMBS membership. Through active advocacy efforts on key legislative and regulatory issues, we continued to serve as a voice for our members and the profession in an ever-changing environment. Also, by providing a wide range of high quality learning experiences that reflect the interdisciplinary nature of our field, we provide important opportunities for members to shape their practices and improve patient care.

There are many other important projects that are in the works or that are just now coming to fruition that will set the stage for further advancement of the field – a new book, a new video, a clinical trial, a National Collaborative Care Summit, to name a few. You will find information and updates on these and other projects in upcoming issues of our extremely popular news magazine, connect, as well as on the ASMBS website.

The ASMBS relies significantly on the volunteer work of our leadership teams and individual members who put in many, many hours of work with great thoughtfulness and concern for the field and the members. I'm not sure people realize just how much of their personal time they actually give, or have given, but I am convinced we have the best members in the world. I am also extremely appreciative to have such a gifted, passionate and dedicated staff whose individual and collective efforts make the "ASMBS wheel go round".

The work of the ASMBS demonstrates its vitality. As always, the future holds both promise and challenge. As we go forward, may we continue to be guided by the qualities of the man who helped shaped our organization's values and proceed with the vision, wisdom and courage to build upon what he started.

A handwritten signature in blue ink that reads "Georgeann Mallory". The signature is written in a cursive, flowing style.

**Georgeann Mallory, RD**  
ASMBS Executive Director

# Our ASMBS Staff

**Georgeann Mallory**

Executive Director

**Kristie Kaufman**

Operations Director

**Kim Carmichael**

Financial Manager

**Jennifer Wynn**

Executive Assistant

*Liaison to Executive Council, IH Executive Council*

**Teresa White**

CPD Compliance Coordinator

*Liaison to Clinical Issues, IH Clinical Issues and Guidelines*

**Susan Cox**

Office Services Coordinator

*Liaison to Insurance*

**Lauren Tucker**

CPD Coordinator

*Liaison to Program, IH Professional Education*

**Martha Lindsey**

Meetings & Corporate Council Coordinator

*Liaison to Bariatric Surgery Training, Corporate Council*

**Susie Good**

Membership Coordinator

*Liaison to International Development, Membership, Pediatric, Research*

**Amelia Sim**

State Chapter Coordinator

*Liaison to Access to Care, Emerging Technology, Patient Safety, State Chapters*

**Christine Hawn**

CBN and Integrated Health Coordinator

*Liaison to CBN Certification, IH Membership, IH Multidisciplinary Care, IH Support Group*

**Erik Jonasson**

Communications Coordinator

*Liaison to Communications, Public Education, IH Communications*

**James Osterhout**

Technology Specialist

**Kyle Tucker**

Web Developer & Graphic Designer

**Kayla Ford**

Part-Time File Clerk

**Jordan Spencer**

Temporary Graphic Design Assistant

# About the Society



## THE MISSION OF THE AMERICAN SOCIETY FOR METABOLIC AND BARIATRIC SURGERY

### Our Universal Goals:

- › Improve patient care
- › Advance the science and understanding of metabolic and bariatric surgery
- › Foster interdisciplinary communication on obesity and obesity related conditions
- › Improve access to metabolic and bariatric surgery
- › Provide high quality education and support for our members
- › Increase membership, retention, and value
- › Increase public understanding of obesity and metabolic and bariatric surgery

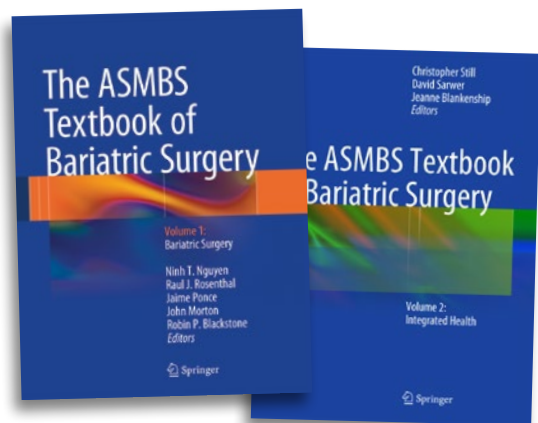


# Executive Initiatives



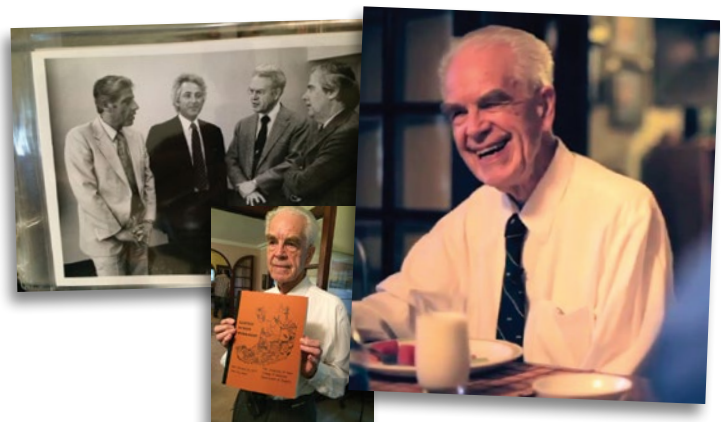
Motivational Video

The ASMBS Textbook of Bariatric Surgery



National Summit for the Provision and Coordination of Care of an Obese Population

Tribute to Dr. Edward Mason





## Access to Care

Wayne English, MD

The Access to Care Committee has the principal mission to assist patients affected by metabolic disease and obesity in obtaining appropriate, safe and effective medical care. Committee Activities Include: developing the strategic vision and strategies to make improvement in access to care; advocating for legislative changes on the state and local level that will affect health care coverage; addressing the politics, policies and ethics of access issues on the local, state and national levels; and bringing together initiatives/partners to effectively address access issues.

### Committee Members

**Chair**

Wayne English, MD

**Co-Chair**

Brandon Williams, MD

**EC Liaison**

John Morton, MD

**OAC Liaisons**

Chris Gallagher

Joe Nadglowski

**ASMBS Staff Liaison**

Amelia Sim

**Members**

Allen Browne, MD  
 Anthony Petrick, MD  
 Cheryl Williams, MD  
 Estaban Varela, MD  
 Christopher Eagon, MD  
 Giselle Hamad, MD  
 Gustavo Bello, MD  
 Homero Riva, MD  
 Mary Lou Walen  
 Michael Edwards, MD

N. Fulginiti, MD  
 Rachel Moore, MD  
 Roc Bauman, MD  
 Samuel Bledsoe, MD  
 Toms Augustin, MD  
 Walter Lindstrom, Esq  
 Guilherme Campos, MD  
 Gary A. Richardson, MD  
 Mary S. Silberschmidt, MD  
 Maureen Quigley, MD

### Super STARS & STARS (State Access Representatives):

**Super STARS**

Valerie J. Halpin (NW)  
 John M. Morton (SW)  
 Ajay K. Upadhyay (SW)  
 Lloyd H. Stegemann (Lower Midwest)  
 Teresa L. LaMasters (Upper Midwest)  
 Brandon Williams (Southeast Central)  
 John D. Scott (Mid-Atlantic)  
 Dominick Gadaleta (NE)

James J. Hamilton Jr., MD  
 Philip Gachassin, MD  
 Ashley H. Vernon, MD  
 David G. Von Rueden, MD  
 Jamie P. Loggins, MD  
 Matthew J. Weiner, MD  
 Carl M. Pesta, DO  
 Jeff A. Genaw, MD  
 Rachel L. Dickerson, NP-BC  
 Carol M. Church, RN, MS, Ed, MA, CNS-BC  
 James B. Pitt, DO  
 Paul N. Bird, MS  
 Walter S. Medlin, MD  
 John S. Pender, MD  
 Luis A. Garcia, MD, MBA  
 Gary J. Anthone, MD  
 John P. Gens, MD  
 Alex Onopchenko, MD  
 Charles F. Bellows, MD  
 Shawn Tsuda, MD  
 Ashutosh Kaul, MD  
 Christopher Joe Northup, MD  
 Sarah M. Kitchen, RN, BSN, CBN  
 Valerie J. Halpin, MD  
 Ann M. Rogers, MD  
 Sivamainthan Vithiananthan, MD

John D. Scott, MD  
 Kristin J. Turek, CNP  
 Pamela R. Davis, RN  
 Michael V. Seger, MD  
 Eric T. Volckmann, MD  
 Troy M. Glembot, MD  
 Patrick M. Forgionem MD  
 Brian Sung, MD  
 Shanu N. Kothari, MD  
 Adam J. Kaplan, MD  
 Richard A. Fermelia, MD  
 Members

**Industry Ad Hoc**

**Ethicon**

Henry Alder  
 Natalie Heidrich  
 Gary Richardson

**Covidien**

Gina Baldo  
 Vincent Zeringue  
 Michael Morseon

**Apollo Endosurgery**

Janet S. Fike, MHA, FACHE,  
 CPC-H, CPMA  
 Ted Stephens  
 Michael Oberg

**STARS**

Michael A. Todd, MD  
 Ann Couch, RN, CBN, CPC  
 Robert A. Berger, MD  
 Ajay Upadhyay, MD  
 Jonathan A. Schoen, MD  
 Darren S. Tishler, MD  
 Thomas P. Barnett, MD  
 Joseph E. Chebli, MD  
 Titus D. Duncan, MD  
 Peggy A. Latare, MD  
 Matthew C. Christophersen, MD  
 Alian G. Garay, MD  
 Jayaraj Salimath, DO, BSN  
 Brenda M. Cacucci, MD

Continue on following page ➔

# COMMITTEE REPORTS

## Committee Goals:

### Short Term:

State Health Exchanges - a leading priority for our society. Bariatric surgery coverage in any uniform benefit is essential.

- > Essential Health Benefits Toolkit
- > Deep dive into ACA QHP's
- > Obtain sleeve gastrectomy coverage for all Medicare, TRICARE and CHAMPVA beneficiaries
- > Continue efforts to obtain bariatric surgery coverage for Medicaid beneficiaries
- > Continue efforts to obtain bariatric surgery coverage for State Employee in all 50 States and DC
- > Maintain communication network (Super STAR and STAR Support)
- > Develop and maintain legislative visit program – working closely with OAC and Potomac Currents
- > Access to Care Toolkit - Taskforce assigned to update as needed
- > Military Subcommittee Task Force developed
- > Review member roster
- > Partnership for Treating Obesity: Identify opportunities to form coalitions on the issues or patient access including Academy of Nutrition and Dietetics, American Hospital Association, American Academy of Pediatrics, American College of Allergy, Asthma and Immunology, American College of Cardiology, American College of Emergency Physicians, American College of Gastroenterology, American College of Physicians, American College of Preventive Medicine, American College of Surgeons, American Congress of Obstetricians and Gynecologists, American Psychiatric Association, American Society for Reproductive Medicine, American Society of Anesthesiologists, American Society of Bariatric Physicians, American Urological Association, Heart Rhythm Society, Society for Cardiovascular Angiography and Interventions, Society for Vascular Surgery, Society of American Gastrointestinal Endoscopic Surgeons, Society of Nuclear Medicine, Society of Thoracic Surgeons.
- > Mainstreaming ASMBS projects to consider
- > Building a bridge to PCPs: sample curriculum to extend nationwide
- > Support for OAC - Increase membership to 50,000
- > Establish mechanism to stay abreast of issues with industry partners
- > Forge Relationships w/industry to better understand and coordinate their approach-TEC assessments/FDA
- > Provide membership with timely progress updates on access to care issues - monthly Potomac Currents newsletter and ASMBS Connect
- > Increase access to bariatric surgery overall; with insurers and/or employers
- > Annual Access to Care Symposium
- > Dedicated outreach to physician congressmen in order to find a bariatric surgery champion
- > Develop roster of ASMBS members with important government contacts
- > Consider developing PAC Committee- Coordinate with ACS Washington office on Access Issues
- > Rural Subcommittee – will address access issues related to rural programs
- > Adolescent Subcommittee – will address access issues related to adolescent patients

## Committee Objectives:

- > Increase awareness of access issues and progress among the public and members
- > Identify reasonable targets for progress in short, medium and long term
- > Specific Projects completed since last report (November 2013) that achieved the goals & objectives:
- > Essential Health Benefit Toolkit: available for members on ASMBS website
- > LCD Reconsideration Requests submitted to Novitas and First Coast Service Options requesting revision of comorbidity definitions felt to be too restrictive, and soon to be sent to Noridian requesting sleeve gastrectomy coverage for age 65 and older
- > Military Task Force developed to continue working on sleeve gastrectomy coverage for TRICARE beneficiaries
- > Mississippi and Ohio Medicaid beneficiaries now with bariatric surgery coverage
- > Georgia State Employee benefits now include bariatric surgery
- > North Carolina: preoperative medical weight management no longer required for BCBS NC



# Bariatric Surgery Training

*Alfons Pomp, MD*

The Bariatric Surgery Training Committee is responsible for designing guidelines and resources for metabolic and bariatric surgery training and fellowship programs. It also certifies that trainees have received adequate training through validation of their experience and the development and continuous updating of examinations.

### Committee Members

#### Chair

Alfons Pomp, MD

#### Co-Chair

Corrigan McBride, MDEC Liaison

#### EC Liaison

Alfons Pomp, MD

#### Fellowship Council

Daniel B. Jones, MD

#### ASMBS Staff Liaison

Martha Lindsey

#### Members

Melissa Bagloo, MD

Robert L. Bell, MD

Robert E. Brolin, MD

Patrick M. Chiasson, MD

Ronald H. Clements, MD

Gregory F. Dakin, MD

Eric De Maria, MD

William F. Gourash, MSN CRNP

Timothy S. Kuwada, MD

James Lau, MD

Matthew Martin, MD

Samer Mattar, MD

Nissin C. Nahmias, MD

Prasanth Ramachandra, MD

Raul J. Rosenthal, MD

Philip R. Schauer, MD

Bruce Schirmer, MD

Scott Shikora, MD

David Tichansky, MD

### Committee Goals:

#### Short Term:

- › Compile results of Program Director Survey to create published editorial sharing the feedback on the Fellowship Curriculum.
- › Write a letter to the ABS requesting continued Bariatric representation on the board. Include three possible nominations for a position on the board.
- › Review the change of starting date for the start of Fellowships initiated by the House of Medicine.
- › Prepare a bariatric surgery curriculum for general surgery residency programs –
- › Develop a suggested guideline or paper that can be submitted to SCORE for adjusting their curriculum.

#### Mid Term:

- › Create a brochure to promote Fellowship Certificate program – increase awareness and understanding of our Core Guidelines; make available at other conferences (SAGES, ACS, etc)
- › Establish educational and training resources for fellows
- › Discuss the feasibility of integrating existing surgeons into the ASMBS Certificate of Satisfactory Training Program
- › Explore the training needs, and provide International members educational and training resources

#### Long Term:

- › Consider creating a validated program/curriculum for non-fellows

### Specific projects that achieve goals and objectives:

- › Finalize a survey to see if bariatric fellowship Program Directors want to have their fellowships fall under the ACGME umbrella and rules. Reviewed in 2013, but needs to be reviewed again by the committee and brought to the EC for final approval.
- › Bariatric Curriculum for Residents: Creating a bariatric curriculum for American Board of Surgery surgical residency programs

### Future Plans & Projects:

- › Fellowship Brochure: Develop an electronic brochure on the Fellowship Certificate Program to be available online.
- › Create a pocket manual for residents and fellows that has the fundamentals of bariatric surgery



# Clinical Issues

Shanu N. Kothari, MD

The mission of the Clinical Issues Committee is to create evidence-based guidelines and position statements regarding clinical issues to enhance quality in metabolic and bariatric surgery patient care and to support ASMBS member practices. The Clinical Issues Committee also performs systematic review of existing statements and guidelines, researches the current data and makes appropriate updates and revisions as evidence becomes available. The committee is also charged with developing time-sensitive statements or recommendations related to new developments in the field of bariatric surgery.

## Committee Members

<p><b>Chair</b> Shanu N. Kothari, MD</p> <p><b>Co-Chair</b> Julie J. Kim, MD</p> <p><b>EC Liaison</b> Stacy Brethauer, MD</p> <p><b>ASMBS Staff Liaison</b> Teresa White, RHIA</p>	<p><b>Members</b> Mohamed Ali, MD Toms Augustin, MD Dan Azagury, MD Naveen Ballem, MD Guilherme Campos, MD Jonathan Carter, MD Pamela Davis, RN, CBN, CCM</p>	<p>Eric DeMaria, MD Dan Eisenberg, MD Maher El Chaar, MD Barry Fisher, MD Daniel Gagné, MD Jason Michael Johnson, DO Mark Kligman, MD Fady Moustarah, MD</p>	<p>Pavlos Papasavas, MD Manish Parikh, MD Ann Rogers, MD Keith Scharf, DO Bruce Schirmer MD David Schumacher, MD Harvey Sugerman, MD Dana Telem, MD.</p>
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## Committee Goals:

### Short Term:

- > *Standardized Reporting Outcomes for Bariatric Surgery* – Completed and approved by EC; sent to SAGES and TOS for potential co-endorsement.
- > *ASMBS Position Statement on Accreditation of Bariatric Surgery Centers* – Completed; received co-endorsement by SAGES; currently being reviewed by ACS and SSAT as well.
- > *Alcohol Use after Bariatric Surgery* – Completed and ready for EC review at the ObesityWeek 2014 meeting; will then go to membership for comments.
- > Revision of the *Prevention and Detection of Gastrointestinal Leak after Gastric Bypass including the Role of Imaging and Surgical Exploration* (original statement published in January 2009) – Completed and ready for EC review at the ObesityWeek 2014 meeting; will then go to membership for comments.
- > Joint Statements in Process:
  - » ASGE/SAGES/ASMBS: *Role of Endoscopy in the Bariatric Surgery Patient*
  - » Joint statement with the International Society for the Perioperative Care of the Obese Patient (ISPCOP): *The Optimal Perioperative Care of the Obese Patient*
  - » Joint statement with American Association of Hip and Knee Surgeons (AAHKS) on hip and knee replacement in the obese patient
  - » Joint guidelines with SAGES: *High-Risk Patients Undergoing Laparoscopic Surgery*

### Mid Term:

- > Proposed Joint Statements – these statements with joint societies require executive leadership to reach out to the respective presidents. Dr. Morton and Dr. Kothari will initiate this process with the respective societies – cardiac, OB/GYN and ADA.
- > Ongoing identification of issues to develop statements and provide topics for EC Review
- > Ongoing review/revision of all existing and new statements

### Long Term:

- > “Choosing Wisely” Campaign – development of statements on five challenges that are faced in clinical practice in relation to reducing cost of care.
- > Co-sponsored statement with the National Lipid Association on *The Role of Metabolic and Bariatric Surgery in the Management of Lipid Disorders*
- > Define clinical issues/topics for medical and patient community - proactive and reactive; coordinate with the Public Education Committee and others as need arises
- > Provide ongoing clarity on issues related to bariatric and metabolic surgery

### Specific projects in progress to achieve goals and objectives:

- > Call for Statements will be issued to the membership in January 2015.
- > Existing Statement Review and Recommendations
- > Standardized Reporting Outcomes for Bariatric Surgery – Completed
- > ASMBS Position Statement On Accreditation Of Bariatric Surgery Centers – Completed
- > ASGE/SAGES/ASMBS Joint Statement: Role of Endoscopy in the Bariatric Surgery Patient – Completed

### Future Plans:

- > To continue to develop evidence-based guidelines and position statements based on the developing needs and practices within the bariatric and metabolic surgery field of specialty, the ASMBS member’s needs, and professional practice gaps recognized within ASMBS Committees
- > Publication of all eight statements mentioned above..
- > Increase involvement in joint statements with other societies/ organizations as relative to the bariatric surgery patient (see Proposed Joint Statements in Mid-Term Goals section above)
- > Ongoing evaluation of existing statements for revision



# Communications

*Brian Smith, MD*

The aim of the Communications Committee is to facilitate communication between the ASMBS and its members, potential members and the public. This includes making recommendations on new opportunities and technologies to enhance communications; working with the ASMBS staff to develop methods for timely identification of pertinent journal articles, special reports, media events, and Society activities appropriate for promotion; and maintaining active communication channels with the ASMBS President and the Executive Council.

## Committee Members

**Chair**

Brian Smith, MD

**Co-Chair**

Marina Kurian, MD

**Immediate Past-Chair**

Kevin Reavis, MD

**Liaisons to Executive Council**

Ninh Nguyen, MD

Raul Rosenthal, MD

**Liaisons to IH Communications**

Gregory Byer, CSCS

Nathaniel Sann, MSN CRNP  
FNP-BC

**Liaison to Pediatric Surgery**

Janey Pratt, MD

**Liaison to Public Education**

Richard Peterson, MD, MPH

**ASMBS Staff Liaison**

Erik Jonasson

**Members**

Patricia Eichhorn, MD

Jonathan Finks, MD

Jessica Folek, MD

Mark Fusco, MD

Carlos Galvani, MD

Valerie Halpin, MD

Daniel Herron, MD

Marcelo Hinojosa, MD

Matthew Kroh, MD

Jamie Loggins, MD

Allan Okrainec, MD

David Overby, MD

Emma Patterson, MD

Shawn Tsuda, MD

Matthew Weiner, MD

## Committee Goals:

**Short Term:**

- > Continue updates to ASMBS.org website and ASMBS Member Database
- > Develop the Mobile App for ObesityWeek 2015 through collaboration with TOS
- > Facilitate communication with members through use of ASMBS.org

**Mid Term:**

- > Moderate inter-member communication mechanisms
- > Moderate video and image content, including the ASMBS BMI Library
- > Support other committees in dissemination of information

**Long Term:**

- > Evaluate communications channels for effectiveness and gauge member participation
- > Establish state of the art communication between members
- > Ongoing moderation of content on ASMBS social media channels

## Major Accomplishments in 2014:

- > ASMBS Website Relaunch
  - >> New website staged for review and deployment at Spring Educational Event
  - >> Full Database update, which allows for ASMBS members to access their membership dashboard by logging in to ASMBS.org, and creates the opportunity for future development of on-site educational tools and features.
  - >> Public Education Committee content has been incorporated into the website as the "Patient Learning Center."
- > ObesityWeek Mobile App
  - >> Feedback from both ASMBS and TOS was collected from the 2013 Mobile App.
  - >> The Communications Committee selected a new vendor for 2014 based on this feedback.
  - >> Committee has provided input on the content, marketing, and aesthetics of the app.
- > ASMBS Social Network Updates
  - >> Facebook page - Currently has 2,857 likes as of 9/30/14
  - >> Twitter - Currently has 2,296 followers as of 9/30/14
  - >> LinkedIn – Currently has 2,127 members as of 9/30/14
  - >> Social media channels continue to grow in popularity and engagement.



# Emerging Technologies & Procedures

*Aurora D. Pryor, MD*

The Emerging Technology and Procedures Committee advises the Executive Council, other committees and the general membership of new technologies and procedures and how these may impact current and future care of patients. The goal of the committee is to not only evaluate these technologies and procedures, but also to better educate our members on how they can evaluate and possibly incorporate them into practice.

## Committee Members

### Chair

Aurora D. Pryor, MD

### Co-Chair

George M. Eid, MD

### EC Liaison

Marc Bessler, MD

### ASMBS Staff Liaison

Ameila Sim

### Members

Mohamed R. Ali, MD

Gregory F. Dakin, MD

Dean J. Mikami, MD

Rana Pullatt, MD

Tomasz Rogula, MD, PhD

Alan Saber, MD

Kevin E. Wasco, MD

Erik B. Wilson, MD

Natan Zundel, MD

### Newly Added

Keith Gersin, MD

Matthew Kroh, MD

Valerie Halpin, MD

### Thanked for Their Service

Alex P. Nagle, MD

Carol A. McCloskey, MD

## Committee Goals:

### Short Term:

- > Develop official ASMBS media reply to new FDA devices
- > Further develop the Registry – Inventory of Emerging Technology and Procedures currently on the website as of October 2012. Build website around existing data and allow member and industry input to include links to animations, PowerPoints.
- > Review of endolumenal space occupying devices (e.g. balloons). Expected outcomes and suggested uses.
- > Opinion paper on lessons learned from bariatric devices. Include reasons for failure and strategies to circumvent in future. Survey key stakeholders

### Mid Term:

- > Work with Matt Hutter, MD (ACS Database and Co-Chair Research Committee) to develop ASMBS registry of new procedures in conjunction with the new Quality database to enable tracking/ studies of technology.

### Long Term:

- > Develop proposal for a study of new procedures in a prospective randomized multicenter.

## Specific projects in progress to achieve goals and objectives:

- > Attend the FDA Hearing on Enteromedics Device – June 17, 2014
- > Submit manuscript to SOARD based on ObesityWeek2013 ET&P Symposium –final version almost complete
- > Work with Program Committee on OW2014 Symposium – R&D speakers from local device companies?
- > Further develop official ASMBS media reply to new FDA devices
- > Annually review/revise existing ASMBS Position Statement on Emerging Endosurgical Interventions for Treatment of Obesity – shift focus to cover variety of relevant topics
- > Identify and promote appropriate research of new technologies
- > Issue yearly report/overview of emerging technologies
- > Identify a process through which new procedures/devices can be recognized

## Specific projects completed since last report (September 2013) that achieved the goals and objectives:

- > Held a consensus discussion/symposium on new techniques and technologies at ObesityWeek 2013
- > Members of the ET&P worked assisted Program Committee in choosing abstracts for presentation at ObesityWeek that highlighted new technologies and procedures in scientific session.
- > Drafted paper based on Emerging Technologies Survey - Emerging technologies and procedures: Results of an online survey and real time poll conducted at the ASMBS Symposium at OW2013 (almost completed)
- > New committees members invited to participate

## Future Plans:

- > Develop a proposed template for obesity device studies (paper on why devices fail & lessons learned)
- > Continue to provide input for the FDA and other regulatory bodies on ET& P that impact metabolic surgery and obesity care. Chairs to be available as experts, if not panelists, for FDA Panels and need for metabolic areas and not just weight control.
- > Keep website updated on Emerging technology to educate members and public
- > Web based resources on emerging tech for members
- > Resource to centrally evaluate emerging technology



# Insurance

*Matthew Brengman, MD*

The Insurance Committee bridges the gap between the details of insurance coverage and coding and the practicing surgeon. We focus on education of the surgeon and office administrative staff on the trends and changes in insurance coverage, coding and insurance access. The committee acts as a liaison between the ASMBS, insurers and CMS on the specifics of coverage for bariatric procedures. The committee seeks to identify new and commonly performed bariatric procedures and acts as a champion for the development of CPT codes for effective and efficient reimbursement. Finally, the committee acts in concert with other committees of the ASMBS on acute and chronic access to care issues.

## Committee Members

**Chair**  
Matthew Brengman, MD

**Co-Chair**  
Helmuth Billy, MD

**EC Liaison**  
Matthew Brengman, MD

**ASMBS Staff Liaison**  
Susan Cox

**Members**  
Lauren Baldwin, RN  
Mark Colquitt, MD  
Ann Couch, RN, CBN, CPC  
Timothy Ehrlich, MD  
Wayne English, MD  
Chris Gallagher, Ad Hoc  
Matthew Hutter, MD, MPH  
Gregg Jossart, MD  
Ashutosh Kaul, MD

Peter LePort, MD  
Walter Lindstrom Jr., Esq.  
Rachel Moore, MD  
Tina Napora, CPC  
John Pilcher, Jr. MD  
Jaime Ponce, MD  
Beth Schrope, MD  
Don Jay Selzer, MD  
David Voellinger, MD  
Mary Lou Walen

## Committee Goals:

### Short Term:

- > Coordinate with DS surgeons and complete application for CPT Coding for Biliopancreatic Diversion/Duodenal Switch, Laparoscopic.
- > Regularly evaluate and update the CPT and ICD-9 Codes for Bariatric Surgery for the website
- > Update FAQ and online information for the website
- > Develop communication/alerts to inform members about new codes
- > Handle hotline via insurance@asmbs.org to respond to member inquiries regarding insurance issues
- > Determine FAQ for dissemination to membership via connect and the web site
- > Maintain communication with Insurance carriers' Medical Directors regarding policy changes

### Mid Term:

- > Develop a resource for our Members that describe the direct implications on the future ICD-10 on bariatric codes, diagnosis, etc.
- > Communicate with State Chapters and Access Committees to identify local & national insurance issues
- > Continue to coordinate with Program Committee on updating insurance coding educational courses at Spring Events and ObesityWeek
- > Monitor AMA CPT or RUC issues that would involve bariatric surgery

### Long Term:

- > Achieve leadership on insurance issues
- > Develop and pursue CPT Codes for BDP/DS
- > Prepare for 5-year bariatric CPT codes review

## Specific projects in progress to achieve goals and objectives:

- > CPT coding for Biliopancreatic Diversion/Duodenal Switch, Laparoscopic Application: Survey of DS surgeons completed May 2014 for the application process. Executive Council to make the final determination once application completed as to whether ASMBS will pursue CPT code with AMA
- > Regularly evaluate and update the CPT and ICD-9 Codes for Bariatric Surgery for the website
- > Handle hotline via insurance@asmbs.org to respond to member inquiries regarding insurance issues.
- > Determine FAQ for dissemination to membership via e-newsletter and web site and continue to develop communication/alerts to inform members about new codes and updated insurance coverage changes
- > Coordinated with Program Committee to develop Sprint Event 2014 and ObesityWeek 2014 business and coding courses
- > Published articles in connect – the official news magazine of the ASMBS

## Future Plans:

- > Continue to work with Program Committee to develop Coding and Business Courses for Spring Event and ObesityWeek
- > Continue process for CPT application for Laparoscopic Duodenal Switch
- > Educate members on appropriate coding and changes in coding
- > Develop guidelines for appropriate inpatient and outpatient bariatric classification
- > Continue coding hotline
- > Continue communication process with State Chapters and Access on local and national Insurance issues
- > Continue involvement and guidance toward bariatric reoperation CPT codes
- > Refine and publish post-operative bariatric laboratory testing coding guide





# International Development

**Samer G. Mattar, MD**

The International Development Committee works to integrate international members from around the world by developing relationships between the ASMBS and its members with organizations and institutions in foreign countries with similar goals and activities; facilitating international collaboration and cooperation to advance the treatment of obesity through education, research and policy initiatives; and maintaining an active relationship with the International Federation for the Surgery of Obesity and Metabolic Diseases.

## Committee Members:

### Chair

Samer G. Mattar, MD

### Co-Chair

Natan Zundel, MD

### EC Liaison

Raul J. Rosenthal, MD

### ASMBS Staff Liaison

Amelia Sim

### Members

Abdelrahman A. Nimeri, MD

Ahmed R. Ahmed, MD

Alan Saber, MD

Antonio Jose Torres, MD PhD

Diego R. Camacho, MD

Estuardo J. Behrens, MD

Evelyn A. Dorado, MD

Girish Kumar Juneja, MBBS MS

Guilherme M. Campos, MD

Ian S. Soriano, MD

John B. Dixon, MD PhD

Luigi Angrisani, MD

Manoel P. Galvao Neto, MD

Manuela Mazzarella

Michel Gagner, MD

Paul B. Wizman, MD

Ramon Vilallonga, MD PhD

Rudolf A. Weiner, MD

Samuel Szomstein, MD

Sayed Ikramuddin, MD

Shashank S. Shah, MS & Sunil Bhojru, MD

New Members: Moataz M. Bashah, MD

Aley El-Din Tohamy, MD

Cynthia-Michelle Borg, MD

## Committee Goals:

### Short Term:

- > Increase international membership - coordinate with the Membership Committee.
- > Manage all aspects of Awards for Best International Presenters, including budget, logistics, and selection criteria.
- > Conduct co-sponsored international courses.
- > Develop space on the ASMBS website that is dedicated to issues of interest to our International members.
- > Develop the criteria for US sites that will host visiting international surgeons and create a listing of these programs on our website.

### Mid Term:

- > Formulate plan to teleconference/webcast parts of Annual Meeting.
- > Develop networking opportunities for international members.
- > Dedicated session for International members at Annual Meetings.

### Long Term:

- > Create ASMBS-supported Master's program to enable mentor surgeons to travel to international meetings and proctor local surgeons.
- > Create Standardized Training Guidelines for Global Bariatric Surgery.

## Specific projects that achieve goals and objectives:

- > Continue to increase the membership of international surgeons through promotional and educational activities that attract these individuals through their inherent value.
- > Establish training courses that are specifically tailored for the needs of our international members, during our Annual Meeting and at the IFSO meeting. Also explore funding opportunities for additional training courses outside these venues.

## Specific projects completed since last report (June 2012) that achieved the goals and objectives:

- > Increase the presence and exposure of ASMBS in international meetings such as in Peru, Colombia, and Mendoza.

## Future Plans:

- > Implementation of the IFASMBS program.



# Membership

*John J. Kelly, MD*

The function of the Membership Committee is to act as liaisons for members to ensure needs of membership are being met by the society, address member concerns, review membership applications, assist applicants in the application process when necessary, facilitate the FASMBS program, stimulate membership, and ensure access of members to society benefits

### Committee Members:

#### Chair

John J. Kelly, MD

#### Co-Chair

Anthony T. Petrick, MD

#### EC Liaison

David Provost, MD

#### ASMBS Staff Liaison

Amelia Sim

#### Members

Estuardo J. Behrens, MD

Elias Chousleb, MD

Mathias A. L. Fobi, MD

Abraham Fridman, DO

Colleen I. Kennedy, MD

Marina S. Kurian, MD

Robert B. Lim, MD

Etwar H. McBean, MD

Robert L. Michaelson, MD

Christopher J. Northup, MD

Anthony T. Petrick, MD

Vafa Shayani, MD

Andre F. Teixeira, MD

David S. Tichansky, MD

Stephen D. Wohlgemuth, MD

Natan Zundel, MD

### Committee Goals (Overall):

- > Increase Membership: Timely review membership application; Assist applicants in application process when necessary; Propose ideas to stimulate membership
- > Increase Retention: Address member concerns; Contact lapsed members
- > Enhance Value of Membership: Facilitate the FASMBS program; Ensure access for all to society benefits; Ensure member's needs being met

### Committee Goals 2013-2014:

- > Increase Membership (Goal about 6%)
  - » As of Sept = @5% MD, @18% Int'l, %12% IH. Total new= 9.5%
- > Increase Retention (improve by 10%)
  - » As of Sept overall loss of members = 592 members or 14% loss from 2013
  - » Will need to review numbers from prior year to compare and will have full report in Nov
- > Increase Value – exploring opportunities to enhance value to all members

### Committee Goals:

- > Increase Membership
  - » Enhance enrollment of MIS/Bari Fellows
  - » Potential Proposal of introductory rate or waived membership fee first year for MIS/Bari fellows
  - » IH and International recruitment
  - » Increase non surgeon Physician membership-SPI discussion
- > Increase Retention
  - » Monitor enhanced electronic payment of dues
  - » Continue to remind members of value through society email, news
- > Enhance value of membership
  - » Monitor of any feedback from electronic renewal
  - » Increased FASMBS recognition and recruitment targeted for 2014 with introduction of new guidelines
  - » Contact other committee leadership (particularly IH and International) to understand drivers of their member satisfaction.
  - » International members' inability to apply for ASMBS grants



## Patient Safety

*Daniel B. Jones, MD, MS*

The Patient Safety Committee supports the mission and values of the American Society of Metabolic and Bariatric Surgeons by promoting continuous improvement in patient safety and risk reduction. These goals are achieved by the integration and coordination of patient safety initiatives of member surgeons. Patient safety initiatives are processes designed to reduce medical errors through process analysis and participation in quality improvement reporting. The Patient Safety Committee believes that the most effective manner to decrease surgeon exposure to liability is through improving patient safety. We are studying trends in malpractice suits, identifying gaps in risk management and developing education offerings. We also believe there is a role for tele-proctoring, simulators, and team simulation to advance safer practices.

### Committee Members

<p><b>Chair</b> Daniel B. Jones, MD, MS</p> <p><b>Co-Chair</b> Giselle Hamad, MD</p> <p><b>EC Liaison</b> Raul Rosenthal, MD</p> <p><b>ASMBS Staff Liaison</b> Noorie Nolan</p>	<p><b>Members</b> John Baker, MD, Carlos Barba, MD Nicholas Bertha, DO Fernando Bonanni, MD Daniel Cottam, MD Ramsey Dallal, MD Tejwant Datta, MD Eric DeMaria, MD</p>	<p>Brian Jacob, MD Robert Lim, MD Henry Lin, MD Jeffrey Lord, MD Jerome Lyn-Sue, MD Saniea Majid, MD Michael Malvesti, PharmD Tracy Martinez, BSN, RN, CBN Anthony Petrick, MD</p>	<p>Raul Rosenthal, MD Kinga Powers, MD PhD William Sweet, MD Shawn Tsuda, MD</p>
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### Committee Goals:

#### Short Term:

- > Work with Program Committee to develop tracks for ASMBS 2014 educational events
- > Distribute Malpractice Vignettes 2014 to ASMBS membership via CONNECT – ASMBS Online Magazine
- > Patient Safety Education for patients on web/app
- > Bariatric Early Warning System (BEWS) – promote download of poster

#### Mid Term:

- > National Registry for Closed Claims Cases
- > Bariatric Early Warning System (BEWS)
- > Incorporate in future ABLIS course offerings
- > Disseminate Perioperative and Postoperative Checklists in collaboration with Bariatric Times
- > Provide updates to members on important professional liability and patient safety issues as they arise
- > Continue to develop resources for risk management

#### Long Term:

- > Patient Safety Education for surgeons, nurses, anesthesiologists
- > ASMBS clinical care pathways Library
- > Patient Safety Award

### Committee Goals:

- > Identify gaps & members needs in patient safety, risk management and professional liability
- > Identify and develop optimal resources for patient safety, risk management and professional liability
- > Provide recommendations for promotion & dissemination of patient safety and risk management information
- > National Registry for Closed Claims Database
- > Electronic Patient Information Resource – website -- online educational modules for postoperative information for patients
- > ASMBS 2014 Educational Programs including Spring Event and ObesityWeek
- > Patient Safety Award

### Specific projects completed since last report (June 2014) that achieved the goals and objectives:

- > National Registry for Closed Claims Cases survey of ASMBS members completed
- > Monthly publications of Malpractice Vignettes in CONNECT online magazine
- > Clinical Pathways Library
- > Patient Safety Award

### Future Plans:

- > Patient Electronic Resource -- liability risks of preop, intraop and post op care (Jones, Hamad)
- > Webinar Series for ED



# Pediatric Surgery

*Kirk Reichard, MD*

The mission of the Pediatric Surgery Committee is to develop, foster and promote best care practices and resources for the pediatric/adolescent bariatric surgery patient. The Pediatric Committee has continued to carry out its strategic mission in response to the increasing prevalence of severe obesity within the adolescent population and associated rise in the number of weight loss surgeries being performed as a result of this public health crisis. Since its inception in 2007, the committee has quickly developed into an authoritative resource focused on all aspects of bariatric care for an emerging population. As such, the committee membership consists of a blend of pediatric and adult bariatric surgeons with representation from the behavioral and integrated health community.

## Committee Members:

<p><b>Chair</b> Kirk Reichard, MD</p> <p><b>Co-Chair</b> Anita Courcoulas, MD, MPH</p> <p><b>Immediate Past Chair</b> Marc Michalsky, MD</p> <p><b>EC Liaison</b> Alfons Pomp, MD</p>	<p><b>ASMBS Staff Liaisons</b> Susan Cox Nooriel Nolan</p> <p><b>Members</b> Jeremy Aidlen, MD Karen Bailey, MD Kathryn Bass, MD Mary Brandt, MD Allen Browne, MD</p>	<p>Nancy Tkacz Browne RN, MS, PNP, CBN Joy Collins, MD Robert Cywes, MD, PhD Nestor de la Cruz-Munoz, MD Daniel DeUgarte, MD Thomas Inge, MD Samer Mattar, MD Janey Pratt, MD</p>	<p>Steven Teich, MD Mark Wulkan, MD Cynthia Yensel ,MS, RN, CPNP, CBN Meg Zeller, PhD Jeffrey Zitsman, MD</p>
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## Committee Goals:

### Short-term:

- > Develop resources for adolescent - pediatric program development: Tool Kit to include patient and family materials and informed consents as well as professional journal resources and educational content in the members section
- > Continue to develop educational tracks for ASMBS Spring Event and ObesityWeek and other educational offerings (including MBSAQIP information) with the Program Committee
- > Maintain presence on the Access to Care Committee in order to address specific issues pertaining to pediatric/adolescent bariatric and metabolic issues

### Mid-term:

- > Establish national leadership position on responsible use of pediatric/adolescent surgery in bariatric and metabolic surgery and continue to serve as an expert resource for developing pediatric/adolescent centers
- > Continue to refine or add resources for developing & existing pediatric/adolescent centers
- > Maintain web content for Public (coordinate with Public Education Committee) and Professionals to be available in the members section
- > Work with MBSAQIP Standards Subcommittee to develop parameters for separate Pediatric/Adolescent Accreditation guidelines and credentialing recommendations

### Long-term:

- > Expand and disseminate resources for developing pediatric/adolescent centers
- > Collaboration with the research committee to foster the use of the new database to answer pediatric/adolescent specific questions
- > Identify members of committee to serve as site reviewers for A-MBSAQIP

## Specific projects in progress to achieve goals and objectives:

- > Work with MBSAQIP Standards Subcommittee to develop pediatric/adolescent-specific guidelines
- > Developing resources pediatric/adolescent patient –family booklet, follow-up care guidelines, informed consents for developing and existing pediatric/adolescent centers
- > Developing web presence for pediatric/adolescent issues in collaboration with other organizations
- > Collaborating with Public Education Committee on their website content for adolescents
- > Collaborating with Access to Care Committee on access to pediatric/adolescent surgery issues

## Specific projects completed since last report that achieved the goals and objectives:

- > Toolkit material outlines are currently being finalized for presentation to the EC. The Program and Communications Committees staff liaisons are being consulted as to how best to present on the web site and for EC approval.

## Future Plans:

- > Provide formal Continuing Professional Development (CPD) courses to satisfy future MBSAQIP requirements for pediatric/adolescent providers
- > Expand and disseminate resources for developing pediatric/adolescent centers
- > Continue to develop web presence for pediatric/adolescent issues including collaboration with other organizations
- > Collaboration with the research committee to foster the use of the new database to answer pediatric/adolescent specific questions



# Public Education

*David Provost, MD*

The Public Education Committee is responsible for educating the public on bariatric surgery via printed and web-based materials as well as through the media; i.e. radio, newspaper, television and journals. The committee's mission is to advance the science and understanding of metabolic and bariatric surgery with the intent of improving medical care and treatment of people with obesity and related diseases.

## Committee Members

### Chair

David Provost, MD

### Co-Chair

Joy Collins, MD

### Immediate Past Chair

Keith Kim, MD

### EC Liaison

David Provost, MD

### ASMBS Staff Liaison

Erik Jonasson

### Members

Carol Abbott, RN

Sajida Ahad, MD

Joshua Alley, MD

Elizabeth Dovec, MD

Timothy Ehrlich, MD

Valerie Halpin, MD

Walter Medlin, MD

Christopher Northup, MD

Richard Peterson, MD

Joanne Prentice, RN

Mitch Roslin, MD

Michael Seger, MD

Connie Stapleton, PhD

### Ad Hoc

Roger Kissin

Joe Nadglowski

## Committee Goals:

- > Identify gaps in patient education
- > Identify patient education tools to help ASMBS members
- > Make ASMBS a pre-eminent source for patient education on bariatric and metabolic surgery with best-in-class, evidence-based information.

## Major Committee Accomplishments in 2014:

- > Reviewed content for Patient Learning Center surrounding Life After Surgery.
- > Began publishing patient education articles in the ASMBS Foundation Newsletter.
- > Developed schedule for regular review and updating of public portal to ensure the most current information is provided

## Future Plans:

- > Further develop the Public Education Committee web page
- > Begin the Marketing of Patient Learning Center Content to ASMBS Members
- > Continue providing review and updates of patient-focused content.
- > Plan initiatives for marketing ASMBS patient video.



# Program

*Daniel Herron, MD*

The Program Committee is responsible for developing and arranging all of the annual educational events for the ASMBS with the annual conference being the primary educational event. The committee identifies needs, professional gaps, and barriers; reviews and grades submitted abstracts; selects relevant topics and educational design; secures guest speakers; contributes to the development of overall conference programming. The Program Committee, through the Professional Education Subcommittee, is responsible for the promotion and development of accredited post-graduate educational programs that advance the skills, clinical practices, and research endeavors of metabolic and bariatric surgery professionals to enhance the quality of patient care, optimize outcomes, and improve patients' quality of life.

## Committee Members

**Chair**

Daniel Herron, MD

**Co-Chair**

Aurora Pryor, MD  
Ninh Nguyen, MD

**EC Liaison**

Marc Bessler, MD

**Immediate Past Chair & EC Liaison**

Ninh Nguyen, MD

**ASMBS Staff Liaisons**

Kristie Kaufman  
Susie Good

**Scientific Quality/Value-Added**

**Subcommittee Chair**

Michel Gagner, MD

**Members**

Wayne English, MD  
Alan Saber, MD

**Poster/Video**

**Subcommittee Chair**

Brandon Williams, MD

**Members**

Mohamed R. Ali, MD  
Shanu Kothari, MD  
Monali Misra, MD  
Alan Saber, MD

**Emerging Technologies and Concepts**

**Subcommittee Chair**

Bipan Chand, MD

**Members**

Keith Gersin, MD  
Peter Hallowell, MD  
Ann Rogers, MD

**Scientific Papers**

**Subcommittee Chair**

Ranjan Sudan, MD

**Members**

Benjamin Schneider, MD  
Stephen Wohlgemuth, MD

**Professional Education**

**Subcommittee Chair**

Aurora Pryor, MD

**Members**

Matthew Kroh, MD  
Bradley Needleman, MD  
Shawn Tsuda, MD

**International Effort**

**Subcommittee Chair**

Natan Zundel, MD  
Keith C. Kim, MD  
Erik B. Wilson, MD

**MOC**

**Subcommittee Chair**

Aurora D. Pryor, MD

**Member**

Bruce Schirmer, MD

Continue on following page ➔

## COMMITTEE REPORTS

### Committee Goals:

#### Short-Term:

- › Improve meeting quality via value-added elements: Debates, literature review, expert panels, clinical symposia
- › Improve abstract submission/grading process
- › Develop keynote speaker targets
- › Secure keynote speaker well in advance of the meeting; work with the President on securing Mason lecturer
- › Suggest areas of focus for member submissions; identify subject area gaps
- › Evaluate educational course offerings
- › Provide recommendations for future educational activities based on data collected from learner evaluations and post-tests which clearly identify professional practice gaps and needs assessments
- › Define success for professional education offerings; number of offerings, attendance, revenue
- › Continue to work with TOS on development of ObesityWeek in 2013
- › Develop audience response system based on smart phone texting
- › Develop an electronic system for submission of questions

#### Mid-Term:

- › Offer downloadable program and record/replay of concurrent sessions
- › Develop audience response system to survey participant on issues and use for planning following years; need budget
- › Conduct well-attended professional educational activities that meet member needs
- › Establish educational activity targets for each year
- › Collaborate with TOS to develop ObesityWeek program

#### Long-Term:

- › ObesityWeek program development.
- › Improve attendance at the annual meeting and Fall/Spring Events
- › Increase member satisfaction
- › Create new opportunities to attract members to educational activities
- › Establish educational activity targets for each year

### Specific projects in progress to achieve goals and objectives:

- › Changes for 2015 Annual Meeting/ObesityWeek
- › Ongoing planning of "ObesityWeek" with TOS
- › Offer downloadable program and record/replay of concurrent sessions.
- › Continued development, with the goal of growth, of the 2015 ObesityWeek
- › Discussions with Freeman to improve Audio/Visual requirements for 2015 OW.

### Specific projects completed since last report (June 2014) that achieved the goals and objectives:

- › Develop keynote speaker targets
- › Spanish Translation being offered at the 2014 Spring Educational Event.
- › Secure keynote speaker well in advance of the meeting; work with the President on securing Mason lecturer.
- › Suggest areas of focus for member submissions; identify subject area gaps.
- › Evaluate educational course offerings.
- › Provide recommendations for future educational activities based on data collected from learner evaluations and post-tests which clearly identify professional practice gaps and needs assessments.
- › Define success for professional education offerings; number of offerings, attendance, revenue.

- › Continue to work with TOS on development of ObesityWeek in 2014.
- › Establish educational activity targets for each year.
- › Collaborate with TOS to develop ObesityWeek program.
- › Expand faculty pool to prevent duplicitous presenters and improve variety of information and presentations.
- › Program - Increased video presentations, debates, less duplication, shorter program, less conflict of International/State events, for 2014 ObesityWeek planned,.
- › Roundtables planned for breakfast at 2014 Spring Event.
- › Discussions with TOS as to Program/Abstract Book alternatives (PDF, Mobile App, Online, etc.)

### Future Plans 2015:

- › Ongoing planning of "ObesityWeek" with TOS
- › Continued development, with the goal of growth, of the annual Spring Educational Event and ObesityWeek 2015.
- › Continued development of the overall educational program of the ASMBS



# Research

*Ranjan Sudan, MD*

The mission of the Research Committee is to advance the science of metabolic and bariatric surgery by advocating clinical and basic science research.

## Committee Members

<b>Chair</b> Ranjan Sudan, MD	<b>Members</b> Mohamed Ali, MD Robert Bell, MD Peter Benotti, MD Scott Cunneen, MD Ramsey Dallal, MD John Dixon, MD Jonathan Finks, MD Armour Forse, MD	William Gourash, MSN CRNP Donald Hess, MD Shahzeer Karmali, MD Subhash Kini, MD Rajesh Kuruba, MD Peter Lopez, MD Corrigan McBride, MD Michel Murr, MD Dana Portenier, MD	Nancy Puzziferri, MD Malcolm Robinson, MD Isaac Samuel, MD Michael Schweitzer, MD Vadim Sherman, MD Kimberley Steele, MD Dimitrios Stefanidis, MD Gladys Strain, PhD Alfonso Torquati, MD Deborah Winegar, PhD
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## Committee Goals:

### Short Term:

- > Provide ASMBS membership updates on BOLD Data Access Data is being prepared for release
- > Complete the 2014 Research Grant Review Process
- > Submit a multi-institutional grant to PICORI

### Mid Term:

- > Offer the next post-graduate course in research in conjunction with the SSAT to further the relationships between the two societies.
- > Create mechanisms for multi-institutional studies - develop a platform to run randomized control studies within the new ASMBS-ACS Quality Initiative

### Long Term:

- > Alert members to new research resources and funding availability - Coordinate with the Communications Committee to offer this information through the website

## Future Plans:

- > Create pathways for the membership to access data from the new ACS-ASMBS database (within the new MBSAQIP program) just as the RC had worked to provide access in the past through BOLD.
  - » In this regard it will be critically important for the RC to have well defined representation in the new ACS-ASMBS structure – presented to EC
- > Work with ASMBS leadership and the Foundation to ensure future funding of research grants.
- > Work with Program Committee to offer the Fundamentals of Bariatric Research Course again in 2015.
  - » Offer the next post-graduate course in conjunction with the SSAT to further the relationships between the two societies.





# State and Local Chapters

*Michael Nusbaum, MD*

The State and Local Chapters Committee is charged with promoting the ASMBS State Chapter initiative and advancing the work of the chapters. They are responsible for reviewing applications and charter agreements, assisting chapters in the formation process, and ongoing monitoring of chapter activities.

## Committee Members

### Chair

Michael Nusbaum, MD

### Co-Chair

Christopher Joyce, MD

### EC Liaison

Raul Rosenthal, MD

### ASMBS Staff Liaison

Amelia Sim

### State Chapter Presidents

- \*Todd Foreman, MD (AL)
- David Podkameni, MD (AZ)
- Kelvin D. Higa, MD (CA)
- Michel Gagner, MD (Canada)
- Ranjan Sudan, MD (NC/SC)
- Jonathan S. Aranow, MD (CT)
- \*Samuel Szomestein, MD (FL)
- Titus D. Duncan, MD (GA)
- \*Brian Wong, MD (HI)
- Rami E. Lutfi, MD (IL)
- Margaret M. Inman, MD (IN)
- \*James Parrish, MD (LA)
- \*Michael A. Schweitzer, MD (MD)

- \*James A. Foote, MD (MI)
- \*Charles A. Svendsen, MD (MN)
- \*Stephen Scott, MD (MO)
- David Carroll, MD (MS)
- \*Luis A. Garcia, MD (Dakota Yellowstone – MT, ND, SD, ID & WY)
- Thomas J. White, MD (NE)
- Muhammad S. Feteiha, MD (NJ)
- \*Terence J. Clarke, MD (NY)
- Christopher Joe Northup, MD (OH)
- Hamilton S. Le, MD (OK)
- Valerie J. Halpin, MD (OR)
- Michael D. Bono, MD (PA)
- Brandon Williams, MD (TN)

- \*Richard Peterson, MD (TX)
- \*Troy M. Glembot, MD (VA)
- \*Robert L. Michaelson, MD (WA)
- Kevin E. Wasco, MD (WI)
- Pending Chapter Presidents**
- Teresa LaMasters, MD (IA)
- Charles Bellows, MD (NM)
- Jonathan Schoen, MD (CO)
- Michael Peters, MD (DE)
- Jamie Loggins, MD (ME)

(Note: \* New)

## Committee Goals:

### Short Term:

- > Continue developing webpages on ASMBS site for current chapters
- > Create “STAR Manual” for training – possibly coordinate with OAC
- > Research forming a Military Chapter & International Chapter of ASMBS
- > Create “Running an Effective State Chapter”

### Mid Term:

- > Develop a State Chapter of the Year Award
- > Continue to increase number of chapters
- > Create a strategy for reviewing chapter website content w/ Communications Committee
- > Establish early warning system to uncover favorable or unfavorable activity in a market
- > Develop/promote access to care and rapid response plans

### Long Term:

- > Hold Annual Chapter President Meetings– 2015 Spring Event
- > Establish chapters in all 50 states –11 States left.
- > Promote positive relations and ongoing communication between Chapters and ASMBS

## Committee Objectives:

- » Increase number of state chapters.
- » Establish need/value of chapter creation
- » Improve communication between chapters and ASMBS
- » Evaluate state of care in each state
- » Identify needs and opportunities in each state
- » Improve the collegiality of colleagues and programs in each state
- » Provide CME for Chapter meeting:[asmbs.org/state-chapters/state-chapter-meeting-cme](http://asmbs.org/state-chapters/state-chapter-meeting-cme)

## Specific Projects that Achieved Goals/Objectives:

- > Collected State Chapter dues
- > Quarterly State Chapter Presidents’ conference calls

## Specific Projects completed since last report (June 2013) that achieved the goals & objectives:

- > Continue developing webpages on ASMBS site for current chapters
- > Prepare chapters for State-to-State insurance fight
- > Continue “Meet My Legislator Day” w/ Chris Gallagher (ongoing – started 2013)
- > State Chapters formed in 2013/2014: CT, Dakota Yellowstone, MO, NE, MN
- > Annual Chapter President Meeting: Miami.
- > Hold quarterly “go to” meetings for Chapter Presidents

## Future Plans:

- > The main focus of the committee will be to have a chapter in each state and strengthen existing chapters to make them more relevant in local access to care discussions. The hope is that Chapter leadership will become the local experts for access to bariatric care in their state.

# From Our Integrated Health President

**Dear ASMBS Members,**

The 2013-2014 year has been a busy one for the Integrated Health Section of the ASMBS. In addition to education the group on the new standards, our seven committees continued their work on projects that advance our strategic plan. An emphasis has been placed on involving new IH talent on our committees. For the past year a website tool available to all members has placed 18 new members on committees adding fresh ideas to the work flow.

Below you'll find highlights from the past year from our hard-working committee volunteers:



- › **IH Nominating Committee**, under the direction of chair Bill Gourash, completed the 2014 election slate to include an excellent selection of experienced members to enter leadership positions.
- › **IH Clinical Issues and Guidelines Committee**, under chair Pam Davis, continued their work and near completion on the current Nutrition and Psychosocial Assessment recommendations. The committee has been working with the American College of Sports Medicine to review the existing literature and develop exercise guidelines for metabolic and bariatric surgery patients. In addition, Clinical Issues and Guidelines are developing a toolkit for startup programs which includes a bariatric patient sensitivity program.
- › **IH Professional Education Committee**, under chair Karen Flanders, has developed the second annual ObesityWeek curriculum that continues to bring surgeons and Integrated Health team members together. For the first year we will have the opportunity to offer at least two Integrated Health courses online after the meeting for CEU credits. We are looking forward to our second annual Town Hall meeting on Tuesday of ObesityWeek where members can interact with IH leadership and contribute ideas to the strategic plan.
- › **CBN Certification Committee**, under chair Bill Gourash, continues to certify and recertify nurses with over 133 of new certified CBN's and 67 recertified CBN's this year.
- › **IH Membership Committee**, under chair Lisa Luz, reduced the IH membership approval process turn-around time by nearly 70 percent.
- › **IH Communications Committee**, under chair Nate Sann, continues to work on a new IH website that will include an on-line forum for Integrated Health members. They are also planning an online research mentoring program to provide consulting to IH members who would like to develop research ideas.
- › **IH Support Group Committee**, under chair Stephen Ritz, continues working on new national directory and support group tool kit. They have created an on-line support group manual that should be up on the website as a resource soon.
- › **IH Multidisciplinary Care Committee**, under chair Tracy Martinez, completed and is currently analyzing data from a Multidisciplinary survey.

It has been my privilege over the last two-and-a-half years to be the Integrated Health president and work with so many esteemed colleagues and friends. I am grateful for the IH leaders that have served with me on the council and the many dedicated committee members. Standardization in the quality of the patient experience is now in full swing and will continue to improve as we compare not only our ideas, but our outcomes.

Our patients continue to experience a safer and more successful journey due to the dedication of the ASMBS Integrated Health team.

A handwritten signature in blue ink that reads "Karen Schulz".

**Karen Schulz RN, CBN, CNS**

President ASMBS Integrated Health

# Integrated Health Executive Council



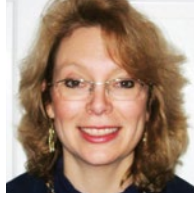
**President**

Karen Schulz, MSN,  
CNS, CBN



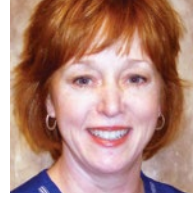
**President-Elect**

Christine Bauer, MSN, RN,  
CBN



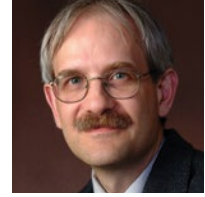
**Secretary**

Julie Parrott, MS, RD,  
ACE-CPT



**Past President**

Laura Boyer, RN, CBN



**Senior Past President**

William Gourash, MSN,  
CRNP



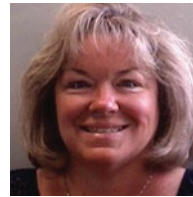
**Member-At-Large**

Lynn Bolduc, MS, RD, LD,  
CDE



**Member-At-Large**

Pamela Davis, RN, CBN



**Member-At-Large**

Karen Flanders, MSN,  
ARNP, CBN



**Member-At-Large**

Wendy King, PhD



**Member-At-Large**

Maureen Quigley, MS,  
ARNP



**Member-At-Large**

Lisa West-Smith, PhD,  
LCSW

## Goals of the ASMBS Integrated Health Section

- ▶ Increase awareness of the importance of an integrated multidisciplinary approach to the treatment of obesity
- ▶ Optimize patient access to comprehensive and long-term bariatric and metabolic surgical health care
- ▶ Promote a better understanding of the role of integrated health professionals in bariatric and metabolic surgery
- ▶ Be the recognized authority in the integrated multidisciplinary approach to caring for the bariatric and metabolic surgical patient
- ▶ Increase integrated health professional membership value and retention
- ▶ Cultivate a knowledgeable, skilled and empowered membership inclusive of all integrated health specialties



## IH CBN Certification

*William Gourash, MSN, CRNP*

This committee is responsible for maintaining the all of the aspects necessary for the further development and maintenance of the CBN certification program. It is divided into eight subcommittees of three or more members which focus on areas vital to the certification program: Practice Analysis, Examination Development, Policy and Procedures, Marketing & Feasibility, Educational Preparation, Accreditation, Financial and Recertification.

### Committee Members

#### Chair

William Gourash, MSN, CRNP

#### Co-Chair

Jessie Moore, ARPN

#### ASMBS Staff Liaison

Christine Hawn

#### Accreditation

Tammy Beaumont (leader)

Renee O'Daniel

Carol Abbott

#### Practice Analysis

Sandy Tompkins (leader)

Susan Dugan

Teresa Fraker

#### Marketing

Jamie Carr (leader)

Narelle Story

Trudy Ivins

#### Policy and Procedures

Ann Couch (leader)

Lisa Luz

#### Examination Development

Jessie Moore (leader)

Ruth Davis

Maureen Quigley

#### Examination Preparation

Bobbie Lou Price (leader)

Christine Bauer

Barb Lawrence

#### Finance

Tracy Martinez

Bobbi Lou Price

Jessie Moore

William Gourash (leader)

#### Recertification

Sally Strange

Barbara Allen

Pam Dye

Latasha Baxter

### Committee Goals:

- > Continue to develop and maintain an RN professional practice certification for the specialty of Bariatric Nursing Care.
- > Administer a fair, valid, reliable and legally defensible examination process.
- > Administer an examination that certifies professional knowledge and skill in bariatric standards of care and expected outcomes.
- > Administer a fair, valid, reliable and legally defensible re-certification process.
- > Communicate the value of this credential to the public and other key constituencies.
- > Administer a fiscally responsible certification program while allocating appropriate resources for growth.
- > Share credentialing and certification knowledge within the ASMBS and related organizations.

### Committee Objectives:

- > Further development and maintenance of the CBN certification program strategic plan.
- > Construction and implementation of a psychometrically sound examination.
- > Enable and foster intra and inter-subcommittee communication.
- > Utilization of ASMBS communication platforms (Basecamp, Webinar, & Conference Calls in 2015) for committee and subcommittee communications.
- > Development and implementation of an administrative structure, process and policies for the CBN.
- > Attainment of Accreditation(s) and maintenance of accreditations(s) of the CBN certification program.
- > Explore and develop a structure for the CBN Certification Program congruent with ASMBS and the requirements for accreditation.
- > Revise the CBN "process flow" to incorporate a web-based platform for scheduling, tracking and reporting individual certificants and as a group information and trends that will integrate and be inclusive of all aspects of the certification process (Pre-examination,

Examination, Post-examination and Recertification) and foster a professional development focus (i.e. Learningbuilder.com).

- > Yearly revision and update the CBN Candidate Handbook.
- > Further development, implementation and maintenance of in-person, online and written educational preparation modalities for the examination separate from examination development.
- > Develop the infrastructure to foster international candidates.
- > Increase the examination candidates by 25% (275/year by 2016).
- > Achieve goal of recertification by certificants at 50% (January 2016).
- > Regular evaluation of the service and costs of certification consultants
- > Support the investigation into potential certification programs for dietitians, behavior health professionals and midlevel practitioners (PAs and NPs).
- > Explore, develop criteria and implement a CBN Service/ Development/Support award to recognize those who give extraordinary support or service in the development and continuation of the CBN Certification.

### Short and Mid Term Activities:

#### > Overall Committee

- » Initiate and continue a schedule of full committee meetings throughout the year utilizing webinar technology (April and September 2015).
- » Chair/Co-chair to continue to initiate conference calls to assist subcommittees in communication and work projects (minimum of 3 per year per subcommittee) (December 2014 & annually).
- » Obtain outside IT support and guidance regarding the consultation for development of the web-based aspects of the recertification process, and explore a whole integrated examination through recertification web based process which focuses on the professional development of candidates and certificants (Implement 2015/2016).
- » Propose to IHS EC and further develop administrative structure, process and policies for the CBN. Certification Program congruent with ASMBS and requirements for accreditation (November 2015).

## IH COMMITTEE REPORTS

- » Continue to support credentialing feasibility investigations of other IH disciplines (Dietitians, NPs/PAs and behavioral health practitioners (2014 & annually).
- » Explore, develop criteria and implement a CBN Service/Development/Support award (November 2015).
- » Expand CBN Exam offerings internationally in February, 2015, and promote this opportunity at the IFSO meeting in Montreal and make the necessary arrangements with our test vendor.
- » Update and expand the CBN Online Review Course, and record the course at the 2014 Spring Event. (Summer/Fall 2014 & every 2 years)
- » Evaluate and retain a consultant to help with our efforts toward accreditation. (June 2015).
- » Each subcommittee to focus on completion of the policy and documentation projects directed toward best practice and submission to achieve accreditation. (November 2015)
- > **Accreditation**
  - » Evaluate and retain a consultant to help with our efforts and submission (June 2015).
  - » Investigate and develop timeline for submission for accreditation of the CBN certification program by the ABNS (June 2015).
  - » Investigate and develop report regarding the possible approaches for certification program administration that would meet the accreditation standards of the ABNS and report to IHS EC (December 2015).
  - » Continue gathering and developing verification information that validated that we meet the 18 standards necessary for the ABNS accreditation application (January 2016).
- > **Practice Analysis**
  - » Evaluation current bariatric nursing practice with the current practice analysis (June 2016).
  - » Meet with certification consultant to further explore Practice Analysis review options (January 2015).
  - » Revised practice analysis implementation. (Survey development, administration and result evaluation (June 2016).
  - » Update the CBN Practice Analysis Manuscript.
  - » Marketing
  - » Investigate, develop and implement a policy regarding accepting support from industry or other outside sources for marketing events (June, 2015).
  - » Publication of the certificant survey results (June, 2015).
  - » Develop, and implement additional strategies to communicate with CBN certificants starting with CBN Newsletter (June 2014, November 2014 & semiannually)
  - » Develop a first draft of a comprehensive strategic marketing plan (November, 2015).
  - » Preliminary international candidate marketing strategy (revised CBN brochure, handbook and website to foster international candidate information; certification presentation at IFSO, CBN presence on IFSO website,
  - » Explore, develop criteria and implement a CBN Service/Development/Support award to recognize those who give extraordinary support or service in the development and continuation of the CBN Certification (November, 2015).
- > **Policy and Procedure**
  - » Establish priority list of CBN policies needed and initiate development (June, 2015).
- » Review online registration process and make recommendations and proposal for revision (March 2014). Recommendations to be implemented in the Learning builder web-based system.
- » Participate in the revision of the CBN process flow to incorporate a web-based platform for scheduling, tracking and reporting individual certificants and as a group that will integrate and be inclusive of all aspects of the certification process (Pre examination, Examination, Post examination and Recertification) and foster a professional development focus. (i.e. Learningbuilder.com) (November 2015).
- » Develop a policy regarding the eligibility of MBSAQIP nurses.
- > **Examination Development**
  - » Item bank analysis and organization of items for revision to meet accreditation standards (August 2014 & annually).
  - » On-line Item review and revision of selected items by committee members (mechanism is now in place (August 2014 & bimonthly in 2015).
  - » Test Construction and Set Pass Point meeting for 2015 examination (September 2014 & annually).
- > **Examination Preparation**
  - » Revision and extension of the CBN examination preparation review course (1 day to 1 ½ day) (June 2014 & every 2 years).
  - » Update of the online CBN educational program (June, October 2014 completion & every 2 years).
  - » Review Feedback from Study Guide Draft and Revise for Final Edition (June 2014).
  - » Develop proposal for “core curriculum” development (December 2015).
  - » Discuss and evaluate the possible development of a Webinar preparation course (June 2015).
  - » Train presenters in item writing skills (November 2015).
  - » Develop and produce study guide flash cards (June 2015).
- > **Financial**
  - » Annual Review of the financial standing of the CBN with ASMBS administration (December 2014).
- > **Recertification**
  - » Further develop and review of the recertification process and program in preparation to the development of a web based application (June 2015).
  - » Obtain IT outside support and guidance regarding the consultation of outside IT development of the web-based aspects of the recertification process, and explore a whole integrated examination through recertification web-based process, which focuses on the professional development of candidates and certificants.. (December 2014) (Implement 2015/2016).
- > **Management**
  - » Monthly Chair & Co-chair and Chair/Co-chair and ASMBS CBN Coordinator communication calls to discuss the progress of each of the subcommittees (2015).
  - » Continue to develop a strong relationship with the American Board of Nurse Specialties (ABNS) by attending their meeting and actively participating in the organization (March and September 2014 and annually).
  - » Work with ASMBS administrative staff to develop a “certificate of recognition” for committee members, item writers and special events participants.



## IH Clinical Issues and Guidelines

*Pam Davis, RN, CBN*

The ASMBS Clinical Issues and Guidelines Committee represents multiple disciplines of bariatric Integrated Health professionals with at least one member representing the following disciplines - nursing, behavioral health, nurse practitioner or physician assistant, registered dietitian, and exercise physiologist. The Committee members are appointed by the IHEC President with input from the Committee Chair and Co-Chair.

### Committee Members

#### Chair

Pam Davis, RN, CBN

#### Co-Chair

Stephanie Sogg, PhD  
Terry McKenzie, RN, CBN

#### ASMBS Staff Liaison

Teresa White, RHIA

#### Members

##### Registered Dietitians

Rebecca Dilks, RD, LDN  
Laura Greiman, RD, MPH  
Julie Parrott, MS, RD, ACE-CPT  
Gretchen Spetz, MS, RD, LD  
Carol Wolin-Riklin, MA, RD, LD

##### Behavioral Health

Allison Grupski, PhD  
Leslie Heinberg, PhD  
Jennifer Lauretti, PhD, ABPP

Stephanie Sogg, PhD  
Lisa West-Smith, PhD, LCSW

##### Registered Nurses

Pam Davis, RN, CBN  
Terry McKenzie, RN, CBN  
Debra Proulx, RN, BHS, MBA, CBN

##### Exercise Behavior

Dale Bond, PhD

##### Pharmacists

April Smith, PharmD, BCPS

##### Nurse Practitioner/Physician's Assistant

Melissa Davis, MSN, APRN, BC, CNS, RNFA  
Karen Flanders, MSN, ARNP, CBN  
Sandy McCoy, RN, MSN, FNP-C, CBN

##### Administration

R. Austin Wratchford, MHA

### Committee Goals:

#### Short Term:

- › Psychosocial Guidelines: These guidelines were finalized and submitted to the Clinical Issues Committee and the IH EC. Recommendations for changes were suggested, and substantial revisions were made. Final version was submitted to the IH EC on October 6, 2014. Discussion and further recommendations will be made at the November meeting of the IH EC. Chair of this working group is Stephanie Sogg, and additional members are Jennifer Lauretti and Lisa West-Smith.
- › Sensitivity Guidelines: Final guidelines will be submitted to IH EC for their November meeting. Karen Flanders and Pam Davis have been reviewing the articles that were submitted for these guidelines.
- › Nutrition Guidelines: These are currently being revised by the Nutrition Guidelines Subcommittee. This subcommittee is chaired by Julie Parrott and includes IH CIGC members Rebecca Dilks, Laura Greiman and Gretchen Spetz as well as ad hoc members Lilian Craggs-Dino, Laura Frank and Kellene Isom. The estimated timeline for submission to the IH EC is December 2014.

#### Mid Term:

- › Toolkit: R. Austin Wratchford, MHA, was enlisted as the Chair of the Toolkit subcommittee in May 2014. Bi-weekly conference calls are held with the members of this subcommittee to discuss the progress made in each of the nine topic areas identified. Three objectives for this projects are as follows: (1) To provide tools for the creation of a new program, (2) to provide assistance and tools for those in established programs, and (3) that each document will closely adhere to the MBSAQIP guidelines.
- › Physical Activity Guidelines: This is a joint guideline being developed with the ACSM. Dale Bond, ASMBS representative, and John Jakicic, ACSM representative, are coordinating this effort. Wendy King, ASMBS representative is assisting in the development of the guidelines.

### Committee Objectives:

- › To raise and maintain the quality and safety standards of metabolic Identify clinical issues pertinent to the care of the metabolic and bariatric surgery patient
- › Establish guidelines/position statements regarding the multidisciplinary management and care of the metabolic and bariatric surgical patient
- › Review, revise and update existing position statements and guidelines to reflect the most current research and standards of care.

### Specific projects that achieve goals and objectives:

- › Psychosocial Guidelines – final revisions
- › Sensitivity Guidelines Development
- › Nutrition Guidelines Revision
- › Toolkit Development
- › Joint Physical Activity Guidelines with ACSM



# IH Communications

*Nate Sann, FNP-BC, MSN*

The aim of the Integrated Health Communications committee is to facilitate communication within AMSBS integrated health membership in order to enhance the flow of information between integrated health and the surgeon members. This includes communicating in outside forums, moderating communication over official forums, and ensuring that relevant integrated health is available to all members.

### Committee Members

#### Chair

Nate Sann, FNP-BC, MSN

#### Co-Chair

Rachel Dickerson, NP-BC, CBN

#### IHEC Liaison

Karen Shulz, MSN, CNS, CBN

#### ASMBS Staff Liaison

Erik Jonasson

#### Members

Gregory Byer, CSCS

Tina Mussleman, MA, RD, CCN

### Committee Goals:

- > Disseminate information to IH Membership
- > Help provide information to the general public
- > Facilitate communication between members

### Committee's Top 4 Goals (Projects):

- > Assist with development, content and implementation of revised ASMBS website.
- > Maintain presence in approved social media channels
- > IH Communication Forum (Improving the networking capabilities)
- > Committee specific project management system

### Current Projects:

- > Working with the ASMBS IT staff and outside contracting to revise the ASMBS.org website and provide guidance for functionality that will benefit membership and increase communication across disciplines and to the general public.
- > Develop an integrated online membership application process and renewal process to increase convenience and reduce attrition.
- > Developing a social networking forum within the new website to enhance communication for members and committees.



# IH Membership

*Lisa Luz, RN, MSN, CBN*

The IH Membership Committee works to ensure needs of membership are being met by the society, address member concerns, review membership applications, assist applicants in the application process when necessary, stimulate both new and renewal memberships, increase visibility of IH members in the ASMBS and ensure access of members to society benefits, thereby increasing value of membership.

### Committee Members

#### Chair

Lisa Luz, RN, MSN, CBN

#### Co-Chair

Nathaniel Sann, FNP-C, MSN

#### EC Liaison

Maureen Quigley, APRN

#### ASMBS Staff Liaison

Christine Hawn

#### Members

Constance Simms, RN, CBN

Lynn Bolduc, MS, RD, LS, CDE

Amy Pearce, RN, CBN

Rachel Carrasca, PharmD

Kristin Kamprath, MPAS, PA-C

Ame Franks, FRN, CMSRN, CBN

Colleen Berg, FP-C

Laura Campisi

Adam Dungey, BSN, RN

Connie Stapleton, PhD

### Committee Goals:

#### Short Term:

- > Increase IH Membership
- > Continue to review the IH membership process for opportunities for positive change
- > Continue to review the online membership application for any needed updates

#### Mid Term:

- > Satisfaction survey for active members mid-year
- > Perform survey of non-renewing members to ascertain reasons for not renewing
- > Promote membership value through website and social media
- > Promote visibility of IH membership at ASMBS conferences

#### Long Term:

- > Increase retention of membership pool (decrease attrition)
- > Develop outreach tools to encourage surgeon members and administrators to promote IH membership

### Committee Objectives:

- > Continue to work towards defining the value of membership for each IH discipline
- > Continue to promote IH membership through online marketing, updated website, etc.
- > Review and update new member welcome letter to include all of the advantages of membership

### Specific Projects that Achieved Goals/Objectives:

- > Electronic membership application
- > Implementation of new application review process to decrease turnaround time by approximately 70 percent
- > Clarification of membership categories and establishment of policy for review of student, affiliate associate, and industry applicants

- > Proposal to Integrated Health Executive Council of 10 percent discount rate for IH membership fees to practices with multiple members
- > IH Membership survey
- > Retention survey for non-renewing members
- > Communication of advantages of membership to non-renewing members to increase annual renewal numbers
- > IH Membership welcome letter with overview of membership benefits
- > Working with IHCC to promote membership via social media outlets
- > Development of letter to surgeon members and hospital administrator promoting allied health membership by focusing on the attributes it can bring to their programs and hospitals

### Specific Projects completed since last report (June 2012) that achieved the goals & objectives:

- > Updated IH membership application
- > Expedited IH membership application review process
- > Implemented more efficient and timely application review process
- > Created electronic version of IH membership application
- > Electronic membership application review process versus paper
- > Membership drive at Annual Conference (IH Expo)

### Future Plans:

- > Continue to update online application process
- > Refine membership categories as they relate to new certification programs
- > Develop online renewal system with ASMBS IT staff and website development
- > Continue targeted recruitment efforts to increase overall membership
- > Obtain feedback via member surveys and retention surveys in 2015





# IH Multidisciplinary Care

*Tracy Martinez, BSN, RN*

This committee is comprised of a representative from each specialty of the integrated team; fitness, behavioral health, nursing, nutrition, surgeons and obesity medicine. The goal of the committee is to investigate what literature has been published regarding the role of the team members in the care and long-term success of the bariatric surgical patient.

### Committee Members

#### Chair

Tracy Martinez, BSN, RN

#### Co-Chair

Mark Verschell, PsyD

#### EC Liaison

Wendy King PhD

#### ASMBS Staff Liaison

Christine Hawn

#### Members

Dale Bond, PhD

Guilherme Campos, MD

Laura Frank, PhD, MPH, RD, CD

Nicole Franklin, PsyD

Elizabeth Goldenberg, MPH, RD, CDN

Kimberly Gorman, PhD

Wendy King, PhD

Christopher Still, DO

Alan Wittgrove, MD

### Committee Goals:

#### Short Term:

- › Request \$500 statistician funds to further analyze survey results
- › Develop a strategy for writing the white paper

#### Long-Term:

- › The long-term goal is the development of a white paper on current multidisciplinary practice, define our ongoing contribution to the bariatric surgery specialty and heighten the awareness among professionals, and the public, of the impact the bariatric surgery team can make on patient outcomes. Currently, there are no society papers, guidelines or statements to define the role of the integrated team members and their impact in the field of bariatric and metabolic surgery. We have had to include other medical specialties in our literature search due to the lack of publications within bariatric surgery. Ultimately, we would like this to be published and accessible on the ASMBS website.

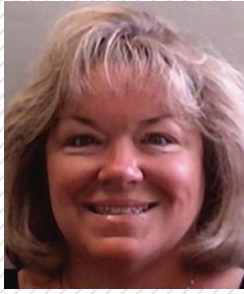
### Specific projects completed and in progress since last report (June 2012) that achieved the goals and objectives:

- › This committee disseminated the bariatric surgery program survey to 250 identified programs.
- › This committee developed a strategy to achieve a higher completion rate on the surveys that were submitted but were incomplete in order to have a more comprehensive survey from which to gather data.
- › The committee decided to submit an abstract for this year's annual meeting summarizing the survey findings which was accepted for presentation for ObesityWeek 2014.

- › Following the closing of the first round of surveys, analyzing of the data, and extensive committee discussion, the following steps were taken:
  - › A follow-up survey was sent to those who did not complete the survey the first time in an attempt to ascertain why the survey participants may not have completed some portions of the survey and to encourage them to take proactive steps in completing the survey.
  - › This follow-up survey gave them access to their original submission so that they could see, and hopefully complete, the areas that were incomplete.
- › The committee sent a final email to all survey recipients stating the following:
  - › "Cordial greetings once again from the ASMBS Integrated Health Multidisciplinary Care Committee. We will be closing our survey in just a few days, and the response from the ASMBS membership has been very good. If you have not yet had time, or have only partially completed our survey, we would be grateful if you would use this opportunity to represent the services that your Program | Practice provides to your bariatric surgery patients. Simply forward this email to your respective providers - our survey has sections for specialists in the fields of surgery, nutrition, behavioral health, exercise, obesity medicine, and nursing. Thank you again for taking the time to participate in our survey."

### Future Plans:

- › The committee will write and publish a white paper related to the multidisciplinary care of bariatric surgery patients and the success of bariatric surgery teams on patient outcomes.



# IH Professional Education

*Karen Flanders, ARNP, CBN*

The Integrated Health Professional Education Committee is responsible for planning, reviewing, approving and arranging the educational content for all Integrated Health activities, including but not limited to, the ASMBS Fall/Spring Event as well as ObesityWeek. The committee develops the program in direct response to identified needs, professional gaps and barriers. The IH Professional Education Committee is comprised of a chair, co-chair, past chair, IH EC Liaison and core committee members, in addition to subcommittees consisting of IH Abstract Committee, Behavioral Health Committee, Nutrition Committee, Post-Graduate Committee, and Multidisciplinary Committee. The IH Professional Education Committee, by means of the Abstract, Behavioral Health, Nutrition, Post-graduate and Multidisciplinary Subcommittees, is responsible for the promotion and development of accredited post-professional education programs that advance the skills, clinical practices, and research endeavors of metabolic and bariatric surgery professionals to enhance the quality of patient care, optimize outcomes, and improve patients' quality of life.

## Committee Members

### Chair & IHEC Liaison

Karen Flanders, ARNP, CBN

### Co-Chair

Maureen T. Quigley, APRN

### Immediate Past Chair

### ASMBS Staff Liaison

Susie Good

### Members

Laura Boyer, RN, CBN  
 Kelli Friedman, PhD  
 William Gourash, MSN, CRNP  
 Leslie Heinberg, PhD  
 Karen Schulz, RN, MSN, CBN  
 Dale Bond, PhD  
 Laura Frank, PhD, RD, CD, MPH

### Abstract

Sue Bunnell, RN, BS, CBN, CHSP  
 Lillian Craggs-Dino, DHA, RDN, LDN, CLT  
 Dorothy Ferraro, DNP, APRN-CS, CBN  
 Kelli Friedman, PhD  
 William Gourash, MSN, CRNP  
 Wendy King, PhD  
 Stephen Ritz, PhD  
 Sharon Zarabi, RD, CDN, CPT

### Behavioral Health

David Sarwer, PhD  
 Leslie Heinberg, PhD  
 James Mitchell, MD  
 Kelli Friedman, PhD  
 Meg Zeller, PhD  
 Janelle Coughlin, PhD

### Multidisciplinary

Dale Bond, PhD  
 Kristine Steffen, PharmD, PhD

### Nutrition

Laura Frank, PhD, MPH, RD, CD  
 Laura Geriman, RD, MPH  
 Julie Parrott, MS, RD, ACE-CPT

### Post-Graduate

Brett Gordon, MS, PA-C

### Professional Education

Dale Bond, PhD  
 Laura Boyer, RN, CBN  
 Laura Frank, PHD, MPH, RD, CD  
 Kelli Friedman, PhD  
 William Gourash, MSN, CRNP  
 Leslie Heinberg, PhD

## Committee Goals 2015:

### Short Term:

- > Select IH Professional Education Committee Co-chair
- > Select Abstract Committee Chair
- > Rotate and add committee members to Abstract Committee
- > Rotate and add committee members to IH Professional Education Committee
- > Improve communication and collaboration with surgeons, ASMBS and/or TOS in planning of educational events

### Mid Term:

- > Develop a depository of potential IH course directors
- > Develop a depository of potential IH course speakers
- > Develop a depository of potential keynote speakers

### Long Term:

- > Explore and add website offerings to education
- > Explore international educational opportunities
- > Ensure smooth transition of courses from year to year and process for development of new courses that fit the needs of the membership
- > Continue to increase opportunities for collaborative courses



# IH Support Group

*Stephen J. Ritz, PhD*

The mission of the Support Group committee is to promote the development of the concept of support groups in the care of bariatric surgical patient; identify the needs of support group leaders and develop strategies to meet these needs; identify, develop and distribute resources for support groups and support group leaders, and encourage the exchange of ideas and networking among support group leaders.

## Committee Members

### Chair

Stephen J. Ritz, PhD

### Co-Chair

Kellie Armstrong, RN, MS, CBN

### IHEC Liaison

Julie Parrott, MS, RD, CPT

### ASMBS Staff Liaison

Christine Hawn

### Members

Dale Bond, PhD

Francine Broder, Psy.D.

Paul Davidson, PhD

William Hilgendorf, PhD, HSPP

Elizabeth Loosemore, PhD, RD, LDN

Sarah Muntel, RD

Millie Sasaki, RN, BSN

## Committee Goals:

### Short Term:

- › Publish completed support group manual on ASMBS website
- › Review, refine, and make additional suggestions for MBSAQIP support group leadership definition

### Mid Term:

- › Develop an ASMBS Community Standard for program support group facilitators
- › Survey to be developed for dissemination to new support group leaders, facilitators and programs assessing their needs and resources for support group facilitation

### Long Term:

- › Develop ASMBS policies and protocols for evidence-based and best practice with regard to the development and facilitation of bariatric surgery support groups

## Committee Objectives:

- › The objective of the IHSGC is to give the bariatric surgery patient and their personal support system the tools to be as successful as they can be, while providing the healthcare team the resources to be able to provide those tools to patients and those support systems
- › To optimize the support group experience spanning all phases of the bariatric surgery journey for the patient and their personal support systems
- › To optimize bariatric surgery programs and their affiliated personnel's ability to provide competent and meaningful support group services
- › To provide strategies and resources to encourage, increase and retain support group membership and attendance
- › To promote the importance and value of the bariatric surgery support group

## Specific projects in progress to achieve goals and objectives:

- › Revision of the ASMBS website Support Group Directory
- › Development of an updated Support Group Manual and Toolkit
- › Revise the online support group directory

## Specific projects completed since last report that achieved the goals and objectives:

- › Addition of new SG Committee members due to turnover of 50% of the committee
- › Completion of the first and second draft of the Support Group Facilitator Manual
- › New committee application approved and being used to screen applicants
- › Four new members approved by IHEC since February 2014
- › Support Group Committee Vision and Mission Statements

# Awards and Honors

## John Halverson Young Investigator Award

Papers accepted for oral presentation in the Scientific Sessions with Medical Students or Residents as first author at the time of the application are eligible for the John Halverson Young Investigator Award. The recipient of this award demonstrates excellence in bariatric surgery research, presentation of their findings and fielding of questions during the presentation. The recipient is awarded a monetary gift and a plaque of recognition.

### 2013 Recipient:

**Ali Aminian, MD, Cleveland, OH**

*RISK PREDICTION OF COMPLICATIONS OF METABOLIC SYNDROME BEFORE AND 6-YEARS AFTER GASTRIC BYPASS*

## Poster Awards

Two first authors of posters will be selected to receive a monetary gift and certificate based on the excellence of their poster presentation on their selected topic in the field of bariatric surgery.

### 2013 Recipients:

#### 1st Place

**Andre Teixeira, MD, Orlando, FL**

*IS PREOPERATIVE MANOMETRY NECESSARY IN EVALUATING REFLUX SYMPTOMS FOR SLEEVE GASTRECTOMY CANDIDATES?*

#### 2nd Place

**Daniel Bacal, MD, Dearborn, MI**

*INFLUENCE OF SURGEON OPERATIVE TIME ON POST-OPERATIVE TIME ON POSTOPERATIVE COMPLICATIONS FOLLOWING LAPAROSCOPIC GASTRIC BYPASS*

## Top Video Award

Presenter/first author of video will be selected from video abstract presentations to receive a monetary gift and certificate based on the quality of the video and its scientific merit to the field of metabolic and bariatric surgery.

### 2013 Recipient:

**Cyrus Moon, MD, Bakersfield, CA**

*STAGED CONVERSION OF A DISTAL ROUX-EN-Y GASTRIC BYPASS TO A DUODENAL SWITCH FOR WEIGHT LOSS FAILURE AND DIARRHEA*

## Research Grant Awards

The ASMBS Research Grant Awards program is open to any principal investigator who is an ASMBS member. Awards are conferred on a competitive basis by submission of a grant application that is reviewed and evaluated by the ASMBS Research Committee and approved by the Governing Board. Upon their completion, the results of this project are expected to be presented at the ASMBS Scientific Sessions, as well as published in SOARD. Funding for the 2013 Research Grant program was provided by the ASMBS Foundation.

### 2013 Recipient:

**Kimberley Steele, MD, Johns Hopkins University School of Medicine**  
Grant Title:

*NEUROBIOLOGIC ALTERATIONS INDUCED BY BARIATRIC SURGERY: THE GUT-BRAIN AXIS AND ITS RELATIONSHIP TO WEIGHT LOSS*

**Amount Awarded: \$50,000**

## Integrated Health Research Award

First authors of papers accepted for the Integrated Health Papers Session are eligible for the Integrated Health Research Award. The recipient of this award demonstrates excellence in bariatric surgery research, presentation of their findings and fielding of questions during the presentation. The recipient is awarded a monetary gift sponsored by the ASMBS Foundation.

### 2013 Recipients:

#### 1st Place

**Dale Bond, PhD, Providence, RI**

*BARI-ACTIVE: A RANDOMIZED CONTROLLED TRIAL OF A PREOPERATIVE BEHAVIORAL INTERVENTION TO INCREASE PHYSICAL ACTIVITY IN BARIATRIC SURGERY PATIENTS*

#### 2nd Place

**Jonathan Carter, MD, San Francisco, CA**

*PREDICTORS OF HOSPITAL LENGTH-OF-STAY AFTER LAPAROSCOPIC GASTRIC BYPASS: AN ANALYSIS OF 9,593 PATIENTS FROM NATIONAL SURGICAL QUALITY IMPROVEMENT PROGRAM*

## ASMBS Foundation's Outstanding Achievement Award

The ASMBS Foundation's Outstanding Achievement Award honors an ASMBS member who supports the goals and vision of the ASMBS Foundation, has displayed a lasting impression and selfless commitment to the ASMBS organization and has made significant contributions to the field of metabolic and bariatric surgery.

### 2013 Recipient:

**Alan Wittgrove, MD, La Jolla, CA**

## Circle Of Excellence Award

Each year during the ASMBS Annual Meeting, the Integrated Health Chair presents the Circle of Excellence Award to an outstanding member who has made a significant contribution to the Integrated Health Sciences section of the ASMBS. This award recognizes achievement in the fields of education, research, patient care, administrative and/or public awareness, as well as dedicated and loyal services to the Integrated Health Science Section.

### 2013 Recipient:

**Margaret Furtado, MS, RD, LDN, Saint George's Grenada**

## International Awards

In order to encourage, support and acknowledge those surgeons from tier two and three countries who have overcome financial hurdles to attend the ASMBS Annual Meeting, we have developed the "International Awards Program". The International Committee will determine the top podium, posters or video contributions from those surgeons and acknowledge them with a monetary gift plus waived registration to the ASMBS Annual Meeting. Funding for the International Awards is provided equally in part by IFSO and the ASMBS Foundation.

### 2013 Recipients:

**Marcos A Berry, MD, Clinica Las Condes, Santiago, Chile**

*REVISIONAL SURGERY FROM FAILED ADJUSTABLE GASTRIC BAND TO LAPAROSCOPIC SLEEVE GASTRECTOMY IN ONE SURGICAL TIME*

**Eduardo Del-Villar, MD, ABC Medical Center, Mexico City, Mexico**

*PREVALENCE OF ANEMIA DURING THE FIRST YEAR AFTER ROUX-EN-Y GASTRIC BYPASS (RYGB)*

# Membership Growth

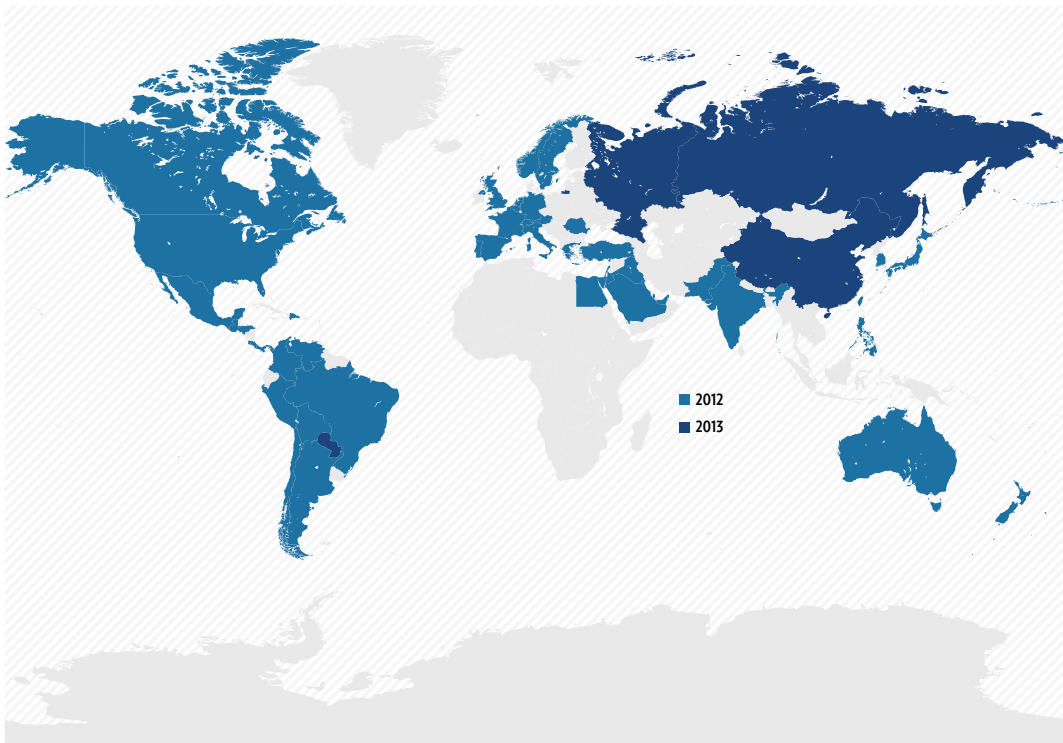


**The very essence of the ASMBMS is its membership.** Our members represent surgeons and professionals from a wide variety of specializations throughout the world—all of which play crucial roles in the care of bariatric patients. Since 1983, our multidisciplinary society has grown to include over 2,300 surgeons and physicians, and over 1,700 integrated health professionals.

## International Growth

The ASMBMS continues its endeavor to broaden its global community of bariatric surgery professionals. We can proudly report that we have members in over **52 countries** across the world.

( see map below )



# 2014 Financial Report

## ASMBS Finance Committee

Raul Rosenthal, MD

John Morton, MD

Ninh Nguyen, MD

Georgeann Mallory, RD

## Overview

ASMBS remains a fiscally healthy organization, ending fiscal year 2013 ahead of budget. This reflects the work and responsible stewardship of the staff and leadership. In 2013 ASMBS educational meetings and membership dues continued to show strength and remain the cornerstones of our revenue from which the many ASMBS projects are funded. The year ended with a positive change in net assets of \$1.2M, which includes income from operations of \$579,124, and investment income of \$620,842. On December 31, 2013, the ASMBS had a balance in net assets of just over \$6.6M and a balance in its investment accounts of just over \$5.4M.

The ASMBS continues to do well in 2014 although membership growth this year was minimal and the total revenues of ObesityWeek, held in November, are unknown at this time.

## Education

2013 was both an exciting and challenging year for the ASMBS as it transformed its annual meeting in collaboration with The Obesity Society to form one meeting, ObesityWeek, which combines the science and educational programs of both organizations. This much larger meeting provides a broader spectrum of education to a much wider audience.

## Wells Fargo Quarterly Market Values

*In March, 2011, ASMBS put \$1M in Certificates of Deposit with Wells Fargo with maturity dates aligned to support cash flow during the period of transition to the 2013 ObesityWeek meeting. During this transition, \$400,000 was transferred back to the operating account to support cash flow and \$600,000 was transferred to securities.*

*The balance in the investment accounts at December 31, 2013 was just over \$5.4M. At the end of the third quarter of 2014 the balance was just under \$5.3M. The investment accounts showed high earnings in 2013 due to a 30% increase in the market, with investment income of \$620,842. Those earnings have declined in 2014 with investment income of \$76,500 for the nine months ended September 30, 2014.*

As a result, the ASMBS annual meeting historically held in June, is now a part of ObesityWeek held in early November. The inaugural ObesityWeek meeting was very successful, providing net earnings to the ASMBS of just over \$1.3M, surpassing the financial return of prior annual ASMBS meetings. We are currently working hard in preparation for the second annual ObesityWeek to be held in Boston and look forward to its continued success.

The ASMBS also hosted the fourth annual ASMBS Spring Educational Event held in New Orleans in 2013. Attendance and support continues to grow for this annual event. Meeting registration, as well as industry attendance and support, increased at the 2013 meeting and at the 2014 meeting held in Miami.

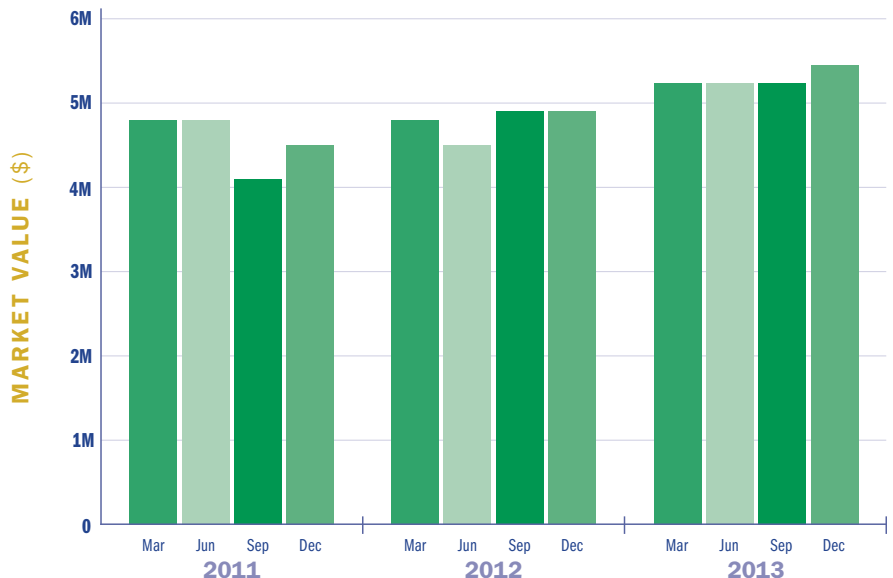
The ASMBS also continues to provide online education and other educational programs.

## Membership

The ASMBS membership now exceeds 4,000 members with strong representation of surgeons and integrated health professionals. Throughout the history of the ASMBS we have experienced yearly membership increases. In 2013 membership grew by 5%. Membership dues make up approximately 20% of our total revenues.

## ASMBS Foundation

The Foundation supports the ASMBS and its initiatives toward education, research, and advocacy. In 2013, the Foundation gave close to \$158,000 in support of the ASMBS. They provide a large part of the support for the extremely important advocacy initiatives of the ASMBS and they are the sole supporter of our yearly research grants. We are very appreciative of the support from the ASMBS Foundation.



# Financial Statements

Each year the ASMBS financial records are formally reviewed by an independent accounting firm, with a full audit performed every three to four years. The following report provides a summary of financial activity for the years ended December 31, 2013 and 2012.

American Society for Metabolic and Bariatric Surgery, Inc.		
Statements of Assets, Liabilities and Net Assets – Accrual Basis		
December 31, 2013 and 2012		
	2013	2012
Total Assets	\$ 7,048,822	\$ 6,058,755
Total Liabilities	402,542	612,441
Net Assets	\$ 6,646,280	\$ 5,446,314

American Society for Metabolic and Bariatric Surgery, Inc.		
Statements of Revenues and Expenses – Accrual Basis		
December 31, 2013 and 2012		
REVENUES	2013	2012
Annual Meeting (net of expense)	\$ 1,309,806	\$ 1,034,894
Other Meetings & Educational Programs	501,608	415,468
Membership Dues/Journals	969,293	884,856
Royalties—SOARD Journal	91,588	79,105
Other Revenues	259,086	307,765
<b>TOTAL REVENUES</b>	<b>\$ 3,131,381</b>	<b>\$ 2,722,088</b>
EXPENSES	2013	2012
Meetings & Educational Programs	\$ 325,609	\$ 329,100
Supporting Services/Management & General	2,226,648	2,235,828
<b>TOTAL EXPENSES</b>	<b>\$ 2,552,257</b>	<b>\$ 2,564,928</b>
NET OPERATING INCOME	579,124	157,160
INVESTMENT INCOME (LOSS)	620,842	361,124
<b>CHANGE IN NET ASSETS</b>	<b>\$ 1,199,966</b>	<b>\$ 518,284</b>
NET ASSETS AT BEGINNING OF YEAR	\$ 5,446,314	\$ 4,928,030
<b>NET ASSETS AT END OF YEAR</b>	<b>\$ 6,646,280</b>	<b>\$ 5,446,314</b>

# Media Outreach and Public Relations

June 2013 - September 2014

The American Society for Metabolic & Bariatric Surgery (ASMBS) with the help of its public relations firm, Communication Partners & Associates, continued to successfully engage patients, consumers, health professionals and policymakers on the disease of obesity and metabolic and bariatric surgery.

Programs were designed to increase awareness, enhance public and professional understanding, improve patient access to care, and further establish ASMBS as a leading authority on obesity and related diseases and conditions.

Programs included conducting national media relations around issues of importance to ASMBS including patient access, safety and effectiveness of bariatric surgery, the rise of metabolic surgery, classification of obesity as a disease, accreditation and new data that emerged from ObesityWeek 2013. Interviews for ASMBS leadership and members were secured and news stories appeared in scores of top media outlets including Associated Press (AP), NY Daily News, WebMD, NPR, CBS, NBC, Fox, The Wall Street Journal, Reuters, Los Angeles Times, Miami Herald, MDNews, diabetes publications and many others.

## **AP** Few Eligible Patients Can Get Weight Loss Surgery

*Last year, about 160,000 U.S. patients underwent weight loss surgery — roughly the same number as in 2004. That's only about 1 percent of the estimated 18 million adults who qualify nationwide for the surgery, according to the American Society for Metabolic and Bariatric Surgery.*

*"If we were talking about breast cancer, no one would be content with having only one percent of that population treated," says Dr. John Morton, professor of surgery at Stanford University. "Yet if you look at the impact of obesity on life expectancy, it's by far one of the most dangerous conditions we have in public health."*

Strategic communications included message development around key issues in obesity and metabolic and bariatric surgery, issuance of news releases on the AMA resolution calling for greater patient access to evidence-based treatments for obesity and the ASMBS being awarded a seat in the AMA House of Delegates, access to care,

accreditation, quality improvement, the positive impact of bariatric surgery on heart disease and diabetes and the long-term safety and effectiveness of bariatric surgery. The ASMBS, working with its partners, spearheaded an effort in Washington, DC to gain coverage under the Affordable Care Act among states that exclude bariatric surgery. The ASMBS developed an ad that appeared in Roll Call, a leading DC-based publication read by legislators and policy makers. The ad called for an end to discrimination against those with obesity by including bariatric surgery in state health exchanges. The ASMBS continues the fight and hopes to see changes in the policy that is more favorable to people with obesity.

The ASMBS also updated its fact sheets on obesity, access to care and metabolic and bariatric surgery. These fact sheets have become an important resource for news media (and our members for their own media efforts) throughout the country.

The ASMBS news magazine, "connect," continues to be a strong outlet for news about obesity and metabolic and bariatric surgery. Issues consistently draw over 4,000 visitors each month. This past year, the web-based magazine features a new design to better showcase articles, blogs and photos generated for ASMBS members. Some of the most popular stories included those on reoperative surgery, overcoming barriers to care with insurers, new procedure estimates for bariatric surgery, the positive and negative influence of the media on obesity, and the rise of obesity medicine.

The ASMBS is in the midst of producing its first patient video describing the journey of three patients who made the decision to have bariatric surgery after years of struggling with obesity. The patients, a nurse, a veteran and former NFL player say it was the most important decision of their lives. The video will debut at ObesityWeek 2014 and will be featured on "connect."

Outreach to news media for ObesityWeek 2014 is underway. The ASMBS expects top news outlets to attend and develop stories on the new data that will be revealed at the meeting. News releases featuring commentary from the authors of the study will be provided to news media and interviews will be arranged. The ASMBS will again have a pressroom to serve as a focal point for news media in attendance.

2013 – 2014 was a very successful year with momentum building for 2014 - 2015.



# SOARD Annual Report

We are now coming to the end of our first ten years of the publication of SOARD. It's been a very exciting and rewarding ten years, as our Impact Factor has progressively increased from its first measurement of 2.7 four years after the Journal was started to 4.9 in 2014, an increase from 4.1 in the previous year. This places SOARD as the seventh best surgical journal of over 180 in this category, two places above the Journal of the American College of Surgeons! This is reflective of the popularity of bariatric surgery, the quality of reviews and editorial recommendations from our Editorial Board, which consists primarily of ASMBS members.

There has been a progressive increase in the number of submissions. There were 404 articles submitted in 2013 and by the end of this September there have already been 423. Over 50% of our articles come from the U.S., 25% from Europe, and around 5% each from South America, Asia and the Middle East. Our rejection rate for original articles remains at about 30%. This means that we have accepted more articles and Elsevier has been generous with our editorial page allotment, so that there is not a large backlog of manuscripts, which have not appeared in print. Of course, all articles are published on line as "E-pub before print" and are accessible through PubMed or Science Direct within a few months of acceptance and galley approval.

With the increased number of submissions, our reviewers have been very busy and we have increased the number of Associate Editors who are primarily responsible for managing the review process, as well as more members of our Editorial Board. Almost every article is sent back to the authors for modification and in a number of instances they have been sent back as many as four to five times, until the article is deemed acceptable for publication. The average time for a review from the date of submission is two weeks. There has also been a large increase in the number of Paired Editorials, which are chosen from the reviewers who express an interest in writing them and which I believe enhances the quality of the Journal.

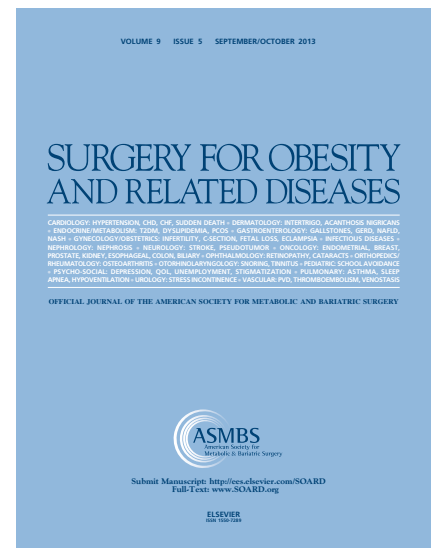
Case Reports submissions have markedly increased and, while I believe Case Reports are of value, they diminish the Impact Factor of the Journal.

Therefore, it has been decided that Case Reports will only be published online as Open Access and require a \$500 fee. Michel Murr has agreed to be the Associate Editor for managing Case Report submissions, most of which need to be rewritten. But as they are short, this is usually not too onerous. Samer Mattar will continue to manage Continued Medical Education (CME) for our readers and reviewers.

As our contract with Elsevier would expire by the end of this year, a Request for Proposals (RFP) was sent to companies interested in publishing SOARD. There were four respondents, which included Elsevier. Extensive negotiations were undertaken with Oxford University Press, but in the end our best offer was from Elsevier, who will be our publisher for the next five years at a substantially improved financial benefit to the ASMBS.

It has been an honor for me to be the Editor-in-Chief of SOARD and I look forward to its continued growth and success.

**Harvey Sugerman, MD**



# Advocacy Update

## Essential Health Benefits

### Federal Advocacy Efforts

In late July, the ASMBS fired its latest salvo in the society's campaign to help secure state health exchange coverage for all evidence-based obesity treatment services including bariatric surgery. In a three-pronged offensive, ASMBS and its partner groups in the Obesity Care Continuum (OCC), are targeting the media, legislative and regulatory policymakers at the federal level, and key decision makers in state health exchanges across the country.

On the federal regulatory front, ASMBS has been engaged in a four-year dialogue with the Department of Health and Human Services (HHS) to address major gaps in obesity treatment coverage that are evident in a majority of state health exchanges. Most recently, these efforts have focused on providing HHS with clear examples of qualified health plans (QHPs) employing discriminatory benefit design language targeting obesity treatment – in states that have already declared bariatric surgery to be a covered service under their state health exchange plan.

For example, a number of QHPs in California, Michigan, New Mexico and New York either outright exclude bariatric surgery coverage, limit patients to one procedure per lifetime or employ prohibitive patient cost sharing – as high as 70 percent for patients seeking bariatric surgery. And in one of the most egregious examples – ASMBS has identified QHPs in states such as Kentucky and Missouri that not only exclude coverage for bariatric surgery but also prohibit coverage for any perceived complications that may be related to a patient's previous bariatric surgery covered under a prior carrier or self-funded plan. Despite these clear violations of Affordable Care Act patient protections (pre-existing condition clauses, lifetime limits and discriminatory benefit design language) HHS continues to side step its oversight authority in favor of letting states work out these issues – instructing advocates like ASMBS to contact state insurance commissioners for any kind of recourse.

These latest developments signaled that it was time for the obesity community to go back to Capitol Hill in hopes of a legislative remedy. While most congressional offices had no desire to engage in a discussion about a legislative mandate for covering obesity treatment, they were intrigued by recent activity over at the Office of Personnel Management (OPM). Earlier in the year, OPM issued specific guidance to both Multi-State Health Plans and Federal Employee Health Benefit Program carriers regarding obesity treatment services – encouraging plans to cover obesity treatment services and also stating that the agency will no longer tolerate plans excluding obesity treatment coverage on the basis that obesity is a “lifestyle” condition or that treatment is “cosmetic.”

In sharing this news on Capitol Hill, ASMBS found that many offices were both appreciative of OPM's leadership on this issue and also a little concerned about the public perception of federal employees receiving access to obesity treatment coverage protections not afforded to the millions of Americans in state health exchange plans.

These feelings led both Representative Eddie Bernice Johnson (D-TX) and Representative Earl Blumenauer to initiate a congressional sign-on letter to HHS Secretary Sylvia Burwell – urging the Department to follow OPM's lead and issue similar guidance on obesity treatment coverage to state health exchanges. The Johnson/Blumenauer letter was sent to HHS on September 15th and included the signatures of 49 Democratic House Members. The strong showing on the letter resulted from over 60 face-to-face meetings with congressional staff as well as numerous ASMBS members reaching out to their legislators during the August congressional recess.

ASMBS also sponsored (thanks to generous industry support), in conjunction with the Obesity Care Continuum, a full-page advertisement in the Capitol Hill newspaper Roll Call during the week that Representatives Johnson and Blumenauer released their congressional sign-on letter. The Roll Call ad, which was supported by 15 national healthcare professional and patient organizations, questioned why state health exchanges were discriminating against obesity treatment – highlighting how over half the state health exchanges in the country exclude coverage for bariatric surgery and only a handful provide coverage for evidence-based weight loss programs or FDA- approved obesity drugs.

ASMBS correctly believed that the ad would be a great catalyst for accelerating early support on the Johnson/Blumenauer letter by shedding light on the unequal coverage standards for obesity compared to other chronic disease states. In addition, the obesity community sought to build on the momentum of the American Medical Association's (AMA) recent adoption of policy stating that obesity is a disease and that the AMA “supports patient access to the full continuum of care of evidence-based obesity treatment modalities such as behavioral, pharmaceutical, psychosocial, nutritional, and surgical interventions.” The passage of this latest AMA obesity resolution directly resulted from a joint ASMBS/ACS resolution on bariatric surgery that was later amended to encompass all obesity treatments. The resolution passed on the House floor without opposition.

## ANNUAL ADVOCACY UPDATE

The hopeful success of this latest advocacy campaign on Capitol Hill could be a tremendous help to obesity advocates on the state level should HHS choose to follow OPM's footsteps – requiring that qualified health plans provide a compelling rationale for excluding coverage for evidence based and medical necessary obesity treatment services. Such guidance from HHS could be a powerful weapon in calling out health plans that wish to continue biased and discriminatory coverage practices against the millions of Americans affected by obesity.

Most recently, ASMBS reached out to the new CCIIO Director Kevin Counihan to request yet another meeting between HHS and the obesity community.

### State Advocacy Efforts

During the summer, the ASMBS Access to Care Committee unveiled its EHB Access Toolkit -- a tremendous online resource for ASMBS members to utilize when reaching out to key state policymakers regarding EHB coverage of bariatric surgery in their respective state. The Toolkit, which took over six months to create, includes: an interactive map highlighting bariatric surgery coverage in each state health exchange; fact sheets and letter templates; and contact information for all the key state decision makers including Governors, State Insurance Commissioners, and State Medicaid Directors.

Over the summer, ASMBS also began a new joint effort with the American College of Surgeons to promote increased coverage of bariatric surgery across state health exchanges. During the fall, ASMBS and ACS State

Chapters will be sending out joint letters to State Insurance Commissioners -- requesting that they meet with Chapter leaders to discuss the reasoning behind the state's coverage exclusion of bariatric surgery.

### Treat and Reduce Obesity Act

ASMBS continues to be supportive of efforts targeted at improving patient access to, and coverage of, FDA-approved obesity drugs. Over the last year, ASMBS has worked closely with other OCC member groups in supporting S. 1184/HR 2415, the Treat and Reduce Obesity Act -- legislation that would provide Medicare recipients and their health care providers with meaningful tools to treat and reduce obesity by improving access to obesity screening and counseling services, and new prescription drugs for chronic weight management. To date, 114 House members have co-sponsored HR 2415 and 5 Senators have cosponsored S. 1184. In addition, ASMBS recently supported a congressional sign on letter to HHS -- urging the Department to utilize its administrative authority to lift the Medicare Part D prohibition on obesity drugs.

### FDA Review & Approval of New Obesity Therapeutics

ASMBS continues its support of industry efforts to move new obesity therapeutics through the FDA approval process. For example, ASMBS submitted formal comments before two recent FDA advisory panels -- one for VBLOC therapy and another for an injectable pharmaceutical.

# State Chapters

## Alabama

### President

Kenneth Todd Foreman, MD

### Vice President & President-Elect

Andrew DeWitt, MD

### Secretary/Treasurer

Jay Suggs, MD

### Trustee at Large

John Glysteen, MD

### STAR

Ann Couch, RN, CBN, CPC

## Arizona

### President

David Podkameni, MD

### Vice President

James Madura, MD

### Treasurer

Carlos Galvani, MD

### STAR

Robert Berger, MD

### Chapter Coordinator

Carol Michelle Thomas, NP

## California

### President

Kelvin Higa, MD

### Secretary

John Morton, MD

### Treasurer

Alan Wittgrove, MD

### Star

Ajay Upadhyay, MD

## Canada

### President

Michel Gagner, MD

### Vice President

Simon Biron, MD

### Secretary

Mervyn Deitel, M.D

### Treasurer

Nicolas Christou, M.D.

## Carolinas

### President

Ranjan Sudan, MD

### NC Co-President

Roc Bauman, MD

### SC Co-President

John Scott, MD

### Vice President

Jason Johnson, MD

### Secretary, SC and Allied Health Representative

Amanda Budak, RN, MSN

### Secretary, NC

Dimitrios Stefanidis, MD

### Treasurer, SC

Jason Johnson, DO

### Treasurer, NC

David Wayne Overby, MD

### Membership Coordinator

Stephen McNatt, MD

### STARs

John Scott, MD (SC)

John Pender, MD (NC)

## Connecticut

### President/Secretary/Vice President

Jonathan Aranow, MD

### VP & Secretary

Neil Floch, MD

### Treasurer

Craig Floch, MD

### Integrated Health Chair

Paula O'Neal, RN, BSN, BC, CBN

### Star

Darren Tishler, MD

## Dakota-Yellowstone

### President

Luis A. Garcia, MD MBA

### Vice President

Luis A. Garcia, MD MBA

### Treasurer

Rebecca R. Grant, LPN

### STAR (SD)

Kristin J. Turek, CPN

### STAR (ND)

Luis A. Garcia, MD MBA

### STAR (MT)

Walter Medlin, MD

### STAR (WY)

Richard A. Fermelia, MD

### STAR (ID)

Alian Garay, MD

## Florida

### President

Samuel Szomstein, MD

### Vice President

Muhammad A. Jawad, MD

### Secretary

John P. Gonzalvo, DO

### Treasurer

Nestor F. de la Cruz-Munoz, MD

### Integrated Health Chair

Lynne Thompson, RN

### Integrated Health Co-Chair

Lillian Craggs-Dino, RDN, LDN

### Past President

Michael Murr, MD

### Board Members

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# Corporate Council



The Corporate Council is organized to develop and enhance the joint strategies and efforts of bariatric surgeons, healthcare professionals and industry professionals. Starting with the initial meeting of its Steering Committee in March, 2002, the Corporate Council has formulated a structure for membership that offers both benefit and opportunity to work with industry peers in appropriately influencing the healthcare of the morbidly obese. During the past year, the Corporate Council partnered in the advancement of metabolic & bariatric surgery by supporting surgeon and integrated health educational programs, advocacy initiatives, RN certification, and exhibits to educate on metabolic & bariatric surgery and the ASMBS. The Corporate Council was also instrumental in the development of standards for product specific promotional materials and advertising.

## Steering Committee Members:

<b>Chair</b> Kathy Vogel	<b>Senior Past Chair</b> Robert Dougherty	<b>ASMBS President</b> Ninh Nguyen, MD	<b>ASMBS Executive Director</b> Georgeann Mallory, RD
<b>Chair-Elect</b> Gina Baldo	<b>Director-At-Large</b> Carol O'Dell	<b>ASMBS IH President</b> Karen Schulz, RN	<b>ASMBS Staff Liaison</b> Martha Lindsey
<b>Immediate Past Chair</b> Gary Richardson	<b>Director-At-Large</b> Maureen Monahan	<b>Appointed Member</b> Raul Rosenthal, MD	
	<b>Director-At-Large</b> Bret Petkus	<b>ASMBS Appointed Member – IH</b> Christine Bauer, MSN, RN, CBN	

## Corporate Council Members:

3Pound Health LLC Apollo Endosurgery, Inc. Automated Medical Products Corp. Bariatec Corporation Bariatric Advantage Bariatric Choice co Diet Direct Inc. Bariatric Fusion, Inc. Bariatric Times	BariatricPal.com BariLife Bariatric Supplements Baxter Health Building Blocks Vitamins Covidien Devrom -The Parthenon Co. Inc Ethicon Endo-Surgery General Surgery News, Obesity Care News, McMahon Publishing Gore & Associates	Health Economic Advisors, Inc HoverTech International MDnetSolutions Mission Pharmacal Company Novo Nordisk OPTIFAST - Nestle Health Science, Nestle HealthCare Nutrition, Inc. ReShape Medical, Inc. R-Kane Products Inc.	Robard Corporation - New Direction System SE Healthcare Quality Consulting SeaPort Insurance Service, Inc. Strativa Pharmaceuticals Thorne Research, Inc. Twinlab Corporation UNJURY Protein OPURITY Vitamins Vancive Medical Technologies
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For full details of the goals and future projects of the Corporate Council, visit [ASMBS.org](http://ASMBS.org)

**The ASMBS would like to acknowledge and extend gratitude to the Corporate Council for supporting the production of the 2014 Annual Report.**

# The ASMBS Foundation

The ASMBS Foundation has helped kick start programs, awarded research and community grants and fueled advocacy, education and awareness initiatives that have helped shape policy and perceptions of obesity and metabolic and bariatric surgery:

- > ASMBS Certified Bariatric Nurse (CBN) Program
- > Awarded 26 ASMBS Research Grants
- > ASMBS Nutrition Guidelines Project
- > ASMBS Online CME Program
- > ASMBS Integrated Health Research Awards
- > Edward Mason Professorship at the University of Iowa
- > Educational and advocacy initiatives of the Obesity Action Coalition (OAC)
- > The 2008 Walk from Obesity's Walk on the Capitol in Washington, DC
- > Walk from Obesity Cookbook
- > Awarded 10 Bryan G. Woodward Community Grants to support local initiatives to address the obesity epidemic
- > ASMBS Fall Educational Courses (2010 & 2011)
- > ASMBS Access and Advocacy Program
- > ASMBS International Committee Awards
- > ASMBS Patient Booklet (revised)
- > ASMBS jLog™ Program
- > ASMBS State Chapter Summit
- > ASMBS Educational Meetings at ObesityWeek
- > ASMBS Quality Improvement Project



As of the 2nd Quarter of 2014, the Foundation has given a total of \$1,700,000 in support of ASMBS programs and projects

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## The ASMBS Foundation's LEAD Awards

The Foundation's Outstanding Achievement, Master Educator, Excellence in Nutrition, Patient Safety & Quality and Distinguished Industry Partner awards honor leaders in the field of bariatric surgery and are presented at the annual LEAD Awards event, held in conjunction with the Annual Meeting of the ASMBS at ObesityWeek.

Congratulations to the  
**Research Committee!**



**Ranjan Sudan, MD**  
Committee Chair

*2014*

COMMITTEE  
OF THE  
YEAR



# LOOKING TO THE FUTURE



obesityweek<sup>SM</sup>

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