

2015

**YEAR END
REVIEW**

Mission Statement

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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Letter From Our President



Dear ASMB Members,

This has been an exceptional year for ASMB. We have seen meaningful gains in surgical volume, quality efforts, primary investigation, surgeon/integrated health education and training, patient outreach, and collaborating physician involvement. All of our events and accomplishments have occurred from a direct result from our incredible, involved members and dedicated staff especially our exceptional Executive Director, Georgeann Mallory. Please read this annual report to learn about what your society is doing to help you and your patients.

ASMB's financial margin is strong and supports our mission of decreasing the burden of obesity. We have 25 committees and taskforces working diligently to accomplish this goal. This past year we saw our partnerships grow with our Obesity Summit involving over 35 medical societies to collaborate in treating patients with obesity and with our joint Metabolic and Bariatric Surgery Accreditation and Quality Improvement Program, with whom we began the nationwide DROP (Decreasing Readmissions through Opportunities Provided).

To further our quality mission, a closed-claims registry was initiated this year through the Quality Improvement and Patient Safety Committee and ASMB in now a member of the National Quality Forum. Our Membership Committee has re-invigorated our Fellow of the American Society of Metabolic and Bariatric Surgery designation and we provide further member value with our annual Compensation Survey that will partner with the Medical Group Management Association. Our State Chapter Committee achieved a singular achievement: state chapter representation in all 50 states. Our Clinical Issues Committee was named Committee of the Year and it is easy to see why with over 10 position statements produced.

To provide our members with as much contemporary information as possible, ASMB created the following new ToolKits: Low BMI Surgery, Pre-Op Weight Loss, Intra-Gastric Balloon, and Revisional Surgery. In order to reach policy makers, ASMB and the Access Committee has established the ObesityPAC, <https://asmbs.org/obesitypac>. ASMB's new political action committee will demonstrate to policymakers that the obesity community is serious about its priorities and that we are prepared to take our fight for our patients to the next level. We took special efforts to raise awareness about obesity and treatment through our patient portal of inspiring stories (This Time It Counts), public service announcements (We Start Today) and the ASMB Film Festival at Obesity Week 2015. Our meetings have thrived with a 70% increase in attendance at Obesity Week-End 2015 and 431 abstracts submitted to Obesity Week 2015 in Los Angeles.

I want to take this opportunity to thank you for the confidence you placed in me over a year ago. I have given you and ASMB my best effort and will be always grateful for this career-defining honor. Once again, thank you for the honor and privilege as serving as your President this past year!

A handwritten signature in black ink that reads "John Morton". The signature is fluid and cursive, with a long horizontal line extending from the end.

John M. Morton, MD
ASMB President

Executive Council



President
John M. Morton, MD



President-Elect
Raul Rosenthal, MD



Secretary/Treasurer
Stacy Brethauer, MD



Past President
Ninh Nguyen, MD



Senior Past President
Jaime Ponce, MD



Councilperson-At-Large
Eric DeMaria, MD



Councilperson-At-Large
Matthew Hutter, MD



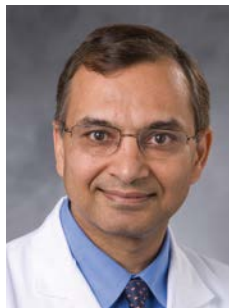
Councilperson-At-Large
Alfons Pomp, MD



Councilperson-At-Large
David Provost, MD



Councilperson-At-Large
Aurora Pryor, MD



Councilperson-At-Large
Ranjan Sudan, MD



IH President
Christine Bauer, MSN, RN,
CBN



IH President-Elect
Karen Flanders, MSN, ARNP

Our ASMBS Staff

Georgeann Mallory

Executive Director

Kristie Kaufman

Director of Operations, ASMBS Education

Kim Carmichael

Financial Manager

Jennifer Wynn

Director of Committee Affairs, Assistant to Executive Director
Liaison to Ethical Advisory Committee

Teresa White

Director of Grants and CME Compliance
*Liaison to Clinical Issues, Development Liaison Group,
and IH Clinical Issues and Guidelines Committees*

Lauren Tucker

Program Manager
Liaison to Program, IH Program and Professional Education

Martha Lindsey

Convention Manager
Liaison to Bariatric Surgery Training Committee and Corporate Council

Leslie Vinson

State Chapters Manager
*Liaison to State Chapters, Access To Care, Military,
Quality Improvement & Patient Safety, Insurance,
Emerging Technology & Procedure Committees*

Susan Good

Membership Manager
*Liaison to International Development, Pediatric Surgery,
Membership and Research Committees*

Christine Hawn

IH Membership and CBN Manager
*IH Executive Council, IH Membership, IH Multidisciplinary Care,
IH Support Group, and IH CBN Certification Committees*

Claire Wilsen

Marketing, Communication and New Media Manager

James Osterhout

Director of Information Technology

Kyle Tucker

Creative & Software Development Manager

Linnea "Naya" McCarty

Graphic Designer

Linnea Erickson

Front Office Coordinator and Staff 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



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; address the politics, policies and ethics of access issues on the local, state and national levels; and bringing together initiatives and partners to effectively address access issues.

Committee Members

Chair

Wayne English, MD

Co-Chairs

Brandon Williams, MD
John Scott, MD

EC Liaison

John Morton, MD

OAC Liaisons

Chris Gallagher
Joe Nadglowski

ASMBS Staff Liaison

Leslie Vinson

Members

Allen Browne, MD
Christopher Eagon, MD
Gustavo Bello, MD
Mary Lou Walen
Rachel Moore, MD
Roc Bauman, MD
Walter Lindstrom, Esq
Anna R. Ibele, MD
Arthur M. Carlin, MD

Robert O. Carpenter, MD
Robert B. Lim, MD
Corrigan L. McBride, MD
Richard M. Peterson, MD
Kinga Powers, MD, PhD
Jerome F. Schrapps, MD
Matthew M. Hutter, MD
Jeffrey Ganaw, MD
Carl Pesta, MD
Rachel Blind, NP-BC, CBN

Super STARS & STARS (State Access Representatives):

Super STARS

Dominick Gadaleta, MD (Northwest)
John D. Scott, MD (Mid Atlantic)
Brandon Williams, MD (Southeast Central)
Teresa LaMasters, MD (Upper Midwest)
Lloyd Stegemann, MD (Lower Midwest)
Valerie Halpin, MD (Northwest)
Ajay Upadhyay, MD (Southwest)

STARS

(NY) Ashutosh Kaul, MD
(NH) John P. Gens, MD and Maureen Quigley, APRN
(ME) Jamie Loggins, MD
(MA) Sheila Partridge, MD
(VT) Patrick Forgione, MD
(CT) Darren Tishler, MD
(RI) Siva Vithiananthan, MD
(NC/SC) Ranjan Sudan, MD
(MD) David Von Rueden, MD
(NJ) Alex Onopchenko, MD
(PA) Ann M. Rogers, MD
(DE) Rahul Singh, MD
(VA/WV) Troy Glembot, MD
(AL) Todd Foreman, RN
(FL) Joseph Chebli, MD
(GA) Titus Duncan, MD
(OH) Joe Northup, MD
(TN) Pamela Davis, MD
(KY) Joshua Steiner, MD

(IN) Brenda Cacucci, MD
(MI) Matthew Weiner, MD
(WI) Shanu Kothari, MD
(MN) Daniel A.P. Smith, MD
(IL) Jayaraj Salimath, Do, BSN
(MO) James Pitt, DO
(IA) Matthew Christopherson, MD
(NE) Gary Anthone, MD
(KS) James Hamilton, MD
(Canada) Michel Gagner, MD
(LA) David Treen, MD
(MS) Paul Bird, MD
(AR) Josh Roller, MD and John Baker, MD
(OK) Sarah Kitchen, RN, BSN, CBN
(TX) Michael Seger, MD
(NM) Charles F. Bellows, MD
(CO) Matthew Metz, MD
(MT) John Pender, MD
(ND) Luis Garcia, MD
(OR) Valerie Halpin, MD
(SD) Kristin Turek, MD
(WY) Richard Fermelia, MD
(ID) Allan Garay, MD
(WA) Brian Sung, MD
(AK) Michael Todd, MD
(AZ) Robert Berger, MD
(HI) Brian Wong, MD
(CA) Ajay Upadhyay, MD
(NV) Shawn Tsuda, MD
(UT) Walter Medlin, MD and Eric Vlockman, MD

Industry Ad Hoc

Ethicon

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

Potomac Currents

Chris Gallagher

Obesity Action Coalition

Joe Nadglowski

The Obesity Society

Ted Kyle

COMMITTEE REPORTS

Committee Goals

- › Affordable Care Act/Health Insurance Exchanges: Convert 28 “No” states to “Yes” states with the “Leave No States Behind” campaign
 - › Utilized Essential Health Benefit Toolkit documents
 - › Letters sent to State Insurance commissioners requesting a meeting to address the lack of bariatric surgery coverage under the ACA
 - › Meetings occurred in TX, CT, GA, WA, FL, OR, TN, MO, LA, MN, VA and CO – Focuses on 12 states initially for political reasons and population density
- › Second letter was submitted with emphasis on clarification of hospitalization section of the EHB
- › Third letter was submitted with emphasis on gender discrimination and obesity as a disability; violation of the Civil Rights Act of 1964
 - › Obesity as a Protected Class under Title VII of the Civil Rights Act of 1964
 - › Title VII prohibits discrimination by covered employers on the basis of race, color, religion, sex or national origin
 - › Disparate impact resulting from the Affordable Care Act: a facially neutral policy that disproportionately impacts members of a protected class
 - › The Equal Employment Opportunity Commission (EEOC) now takes the position that morbid obesity should be recognized as a disability under the ADA of 2008
 - › 2008 Amendment of ADA of 1990 broadens the definition a covered disability as a physical or mental impairment that substantially limits one or more major life activities, a history of having such an impairment, or being regarded as having such an impairment.
 - › ADA of 2008: The amendment broadened the definition of “disability,” thereby extending the ADA’s protections to a greater number of people. The ADA also added to the ADA examples of “major life activities” including, but not limited to, “caring for oneself, performing manual tasks, seeing, hearing, eating, sleeping, walking, standing, lifting, bending, speaking, breathing, learning, reading, concentrating, thinking, communicating, and working” as well as the operation of several specified major bodily functions.
 - › A paragraph addressing the lack of state employee coverage was added to ID, MT, PA, WI and SC
- › Thanks to the many STARs and Super STARs for their participation in this campaign
- › Social media campaign
 - › Twitter: 1,594 impressions, 113 clicks, 12 retweets, 15 favorites
 - › Facebook: 498 people reached, 16 likes, 11 shares
 - › Emails: 1,842 received, 450 opened (24.5% open rate), 114 clicks
- › Deadline for selecting benchmark plans for the State Exchange was June 1, 2015

TRICARE Sleeve Gastrectomy Task Force

- › DHA Office of Medical Reimbursement recently completed a review of the sleeve gastrectomy literature – being submitted to the DOD
 - › Summary being reviewed by the Deputy Director of the DOD
 - › Being coordinated within the branches of the service
 - › Submitted to the Director of the DOD
- › John Scott to visit to the Hill - Communication with Senator Graham’s staff – chair of senate subcommittee for military personnel, working on getting an initiative through committees
- › Continue working behind the scenes to prepare for possible congressional inquiries
- › Sign on letter from Armed Services committee’s subcommittees for military personnel

VA Bariatric Surgery Task Force

- › Developing a network of VA surgeons within each of the 23 VISNs to expand bariatric surgery access to all veterans - have 4-5 so far
- › Members: George Eid, Dan Eisenberg, Cori McBride, Robert O’Rourke, Carl Pesta, Chris Gallagher, Brandon Williams, Wayne English
- › Two meetings held so far; first meeting May 18, 2015
- › Recent study
 - › On average, only 250 bariatric surgery procedures are being performed throughout all 23 VISNs within the VA system. Only 3-4 programs perform more than 30 cases annually
 - › 58% reduction in 10 year mortality for obese veterans undergoing bariatric surgery compared to those that do not have surgery
- › Develop toolkit
- › Patient education, legislative action website and social media campaign
- › Chief of Surgery and Regional Director lists generated
- › Washington DC campaign
 - › Director of VA
 - › Veterans Affairs committee
- › Call to Action blast email to be submitted after approval by EC, requesting Surgeon champions to represent each VISN
 - › Each VISN surgeon champion will be asked to request a meeting with regional directors
 - › Identify gaps (void VISN)
- › VA Task Force Town Hall Meeting at ObesityWeek (hopefully will have representatives from all 23 VISNs attending)
 - › PPT presentation
 - › Questions from audience

Medicaid Coverage in all 50 States: Only MONTANA remains

State employee Coverage in all 50 States: PA, SC, MT, ID, WI

- › PILOT programs initiated in: GA, OK, AR, LA
- › State Employee and Medicaid Coverage in Washington: benefit now extended to individuals > 18 years of age with:
 - › Washington State
 - › BMI >40
 - › BMI 35 - 40 with one comorbidity
 - › BMI 30 - 35 with Type 2 Diabetes

ObesityWeek Access to Care Symposium

- › The Affordable Care Act and ASMBS No State Left Behind Campaign: John Scott, MD
- › Lessons Learned in Successful Policy Negotiation with a Private Insurer: Ranjan Sudan, MD
- › Social Media Campaign and National Advocacy Update: Chris Gallagher and Joe Nadglowski
- › Metabolic Evolution of Bariatric Surgery as a Means to Improve Access to Care: Henry Buchwald, MD
- › Building the Case: Excluding Obesity Treatment is Illegal and Discriminatory: Jennifer Shinall, PhD and JD
- › Question & Answers: Panel Members

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COMMITTEE REPORTS

Committee Objectives

- › Increase awareness of access issues and progress among the public and members
- › Identify reasonable targets for progress in short med and long term

Specific Projects that Achieved Goals/Objectives

- › Medicare Sleeve gastrectomy coverage now 100% covered with no age restrictions
- › LCD Reconsideration Request to revise comorbidity definitions felt to be too restrictive
 - › Revise language in LCD regarding comorbidity definitions for hypertension, cardiomyopathy, sleep apnea and hepatic steatosis.
- › Contact via letters and meetings with State Insurance commissioners requesting to address the lack of bariatric surgery coverage under the ACA
- › Planning of ObesityWeek Access to Care Symposium
- › Development of VA Bariatric Surgery Task Force
- › Efforts on multiple fronts to secure sleeve coverage in Tricare plans

Future Plans

- › Employee Awareness Task Force
- › Focus on largest employers in each state (data from industry)
Adolescent Surgery Task Force: Allen Brown, MD
 - › Day in Bariatric Surgery - IL, SC, TN, OH, FL, TX, PA, MN and CT
 - Telehealth Task Force – to improve patient access to care (Will perform feasibility analysis)



Bariatric Surgery Training

Alfons Pomp, MD, FASMBS

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, FASMBS

Co-Chair

Corrigan McBride, MD

EC Liaison

Alfons Pomp, MD, FASMBS

Immediate Past Chair

Scott Shikora, MD

ASMBS Staff Liaison

Martha Lindsey

Members

Melissa Bagloo, MD

Morgan Bresnick, MD

Judy Chen, MD

Ronald Clements, MD

Gregor Dakin, MD

Eric DeMaria, MD

Karen Flanders, MSN, ARNP

Matthew Fourman, MD

William Gourash, ARNP

Brandon Grover, MD

James Lau, MD

Matthew Martin, MD

Samer Mattar, MD

Rachel Moore, MD

Nissin Nahmias, MD

Carl Pesta, MD

Dana Portenier, MD

John Price, MD

Prashanth Ramachandra, MD

Raul Rosenthal, MD

Michael Russo, MD

Philip Schauer, MD

Bruce Schirmer, MD

Scott Shikora, MD

Committee Goals

Short Term

- > ASMBS Certificate of Satisfactory Training in Bariatric Surgery Fellowship (award annually)

Mid Term

- > Work towards a designated Board added qualification through the ABS Task Force.

Long Term

- > Create a web-based resource for residents and fellows that has the fundamentals of bariatric surgery, based in curriculum from Fundamentals of Bariatric Surgery course.

ASMBS Mission Met by the Committee

To raise and maintain the quality and safety standards of metabolic and bariatric surgery through provision of standard curricula, supportive resources, and evaluation of the training of bariatric surgeons, fellows and residents.

Committee 2015 Objectives

- > Certification for PAs and Possibly NPs
- > Residents Curriculum: Essentials in Bariatric Surgery Curriculum App
- > Medical Student Curriculum

2015 Activities Accomplished to Meet the Objectives

- > Finalized evaluation and revisions to ASMBS Fellowship Certificate curriculum requirements.
- > Reviewed and approved 72 ASMBS Certificates of Acknowledgement of Satisfactory Training: Metabolic and Bariatric Surgery for Fellows

2015 Activities Still in Progress

- > Working with task force towards a curriculum for American Board Certification through a revision of the current fellowship curriculum to meet the model required by the ABS. Propose curriculum to the ABS in 2016



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

Chair

Shanu N. Kothari, MD

Co-Chair

Julie J. Kim, MD

EC Liaison

Stacy Brethauer, MD

ASMBS Staff Liaison

Teresa White

Members

- Mohamed Ali, MD
- Toms Augustin, MD
- Dan Azagury, MD
- Naveen Ballem, MD
- Guilherme Campos, MD
- Robert Carpenter, MD, MPH
- Jonathan Carter, MD
- Eric DeMaria, MD
- Dan Eisenberg, MD
- Maheer El Chaar, MD
- Barry Fisher, MD

- Daniel Gagné, MD
- Saber Ghiassi, MD, MPH
- Brandon Grover, DO
- Isam Hamdallah, MD
- Marcelo Hinojosa, MD
- Jason Michael Johnson, DO, FACS
- Mark Kligman, MD
- Fady Moustarah, MD
- Sabrena Noria, MD, PhD
- Robert O'Rourke, MD
- Pavlos Papasavas, MD
- Manish Parikh, MD

- Anthony Petrick, MD
- Ann Rogers, MD
- Keith Scharf, DO
- Bruce Schirmer MD
- David Schumacher, MD
- Brian Smith, MD
- Harvey Sugerman, MD
- Dana Telem, MD

IH CIG Committee Liaisons

- Terry McKenzie, RN, CBN
- Stephanie Sogg, PhD

ASMBS Missions Met by the Committee

- > To improve the care and treatment of people with obesity and related diseases by providing timely, evidence-based guidelines to society members caring for patients with obesity.
- > To be the recognized authority and resource on metabolic and bariatric surgery by working in a collaborative fashion with fellow societies to develop position statements that mutually benefit the members and patients of each respective society on issues directly related to obesity.
- > To advance the science and understanding of metabolic and bariatric surgery by (1) identifying issues and needs that our members face in their practice and by publishing new position statements addressing these needs, trends and state-of-the-art practices of the field of metabolic and bariatric surgery; (2) continuing to update the systematic review of existing statements and revise them as needed based on current literature.

Committee Goals

Short-Term

- > Proposed Joint Statements with Obesity Summit task force: Infertility and Bariatric Surgery with ACOG and ASRM
- > Revision of two existing statements: (1) Preoperative Supervised Weight Loss Requirements from 2011 and (2) Bariatric Surgery in Class I Obesity from 2012
- > Publication of collaborative statements with the National Lipid Society (NLA) and the American Association of Hip and Knee Surgeons (AAHKS)

Mid-Term

- > Ongoing identification of issues to develop statements and provide topics for EC Review
- > Ongoing review/revision of all existing and new statements

Long-Term

- > Joint guidelines with American Heart Association and American Diabetes Association
- > Provide ongoing clarity on issues related to bariatric and metabolic surgery

Committee 2015 Objectives

- > Identify existing and emerging gaps in guidelines/position statements
- > Increase understanding of clinical issues
- > Establish and disseminate standards and protocols
- > Establish timeline based on relative clinical importance of issues

2015 Activities Accomplished to Meet the Objectives

- > Standardized Reporting Outcomes for Bariatric Surgery, published in SOARD, May 2015
- > ASGE/SAGES/ASMBS: Role of Endoscopy in the Bariatric Surgery Patient, published in SOARD, May 2015
- > Revision of the 2009 statement, Prevention and Detection of Gastrointestinal Leak after Gastric Bypass including the Role of Imaging and Surgical Exploration, published in SOARD, May 2015
- > ASMBS participation with the ABIM Foundation in their initiative, Choosing Wisely: Five Things Physicians and Patients Should Question. Clinical Issues committee submitted the top five things patients should question when considering bariatric surgery. Published June 2015

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COMMITTEE REPORTS

- › 5. ASMBS Position Statement on Alcohol Use Before and After Bariatric Surgery, submitted to SOARD September 2015.
- › 6. Three statements completed and currently with membership for review and comment:
 - › ASMBS Position Statement on Intra-Gastric Balloon Therapy
 - › ASMBS Position Statement on Vagal Blocking Therapy for Obesity
 - › ASMBS Position Statement on Long-Term Survival Benefit after Bariatric Surgery

2015 Activities Still in Progress

- › ASMBS Position Statement on Accreditation of Bariatric Surgery Centers
- › Joint Statements in Process:
 - › National Lipid Association (NLA) and ASMBS position statement on The Role of Metabolic and Bariatric Surgery in the Management of Lipid Disorders – will likely be ready for EC review at OW meeting
 - › American Association of Hip and Knee Surgeons (AAHKS) and ASMBS position statement on the timing of bariatric surgery in relation to hip and knee procedures
- › Revision of the 2012 statement, Bariatric Surgery in Class I Obesity
- › Revision of the 2011 statement, Preoperative Supervised Weight Loss Requirements



Communications

Daniel Herron, 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
Daniel Herron, MD

Co-Chair
Richard Peterson, MD, MPH

Immediate Past-Chair
Brian R. Smith, MD

IH Communications Liaison
Nathaniel J. Sann, MSN, CRNP, FNP-BC

ASMBS Staff Liaison
Claire Wilsen, MA

ASMBS IT Staff Liaisons
Kyle Tucker
James Osterhout

Members
Joshua B. Alley, MD
Gregory Byer, MD
Jonathan Finks, MD
Carlos Galvani, MD

Valerie Halpin, MD
Marcelo Hinojosa, MD
Marina Kurian, MD
Allan Okrainec, MD
D. Wayne Overby, MD
Aileen A. Murphy, DO
Kevin Reavis, MD
Michael A. Russo, MD
Shawn Tsuda, MD
Duc C. Vuong, MD

Matthew J. Weiner, MD
Mark Fusco, MD
D. Wayne Overby, MD
Emma Patterson, MD
Carlos Galvani, MD

ASMBS Mission Met by the Committee

- > To foster communication between health professionals on obesity and related conditions

Committee Goals

Short-Term

- > Provide content for members to share on social media, delivered weekly in connect Stories of the Week emails
- > Conduct a survey of member’s social media needs and expectations, and results will be reviewed and findings will be integrated in 2015-2016 social media efforts

Mid-Term

- > Create a video course to educate people considering weight-loss surgery on important information to know prior to surgery, in conjunction with the Public Education committee
- > Create a library of articles suitable for members to share with patients on social media
- > Evaluate communications channels for effectiveness and gauge member participation

Long-Term

- > Create a mobile app for people considering weight-loss surgery
- > Continue ongoing technological and content development for the ASMBS.org website

Committee 2015 Objectives

- > Disseminate information to members
- > Help provide information to consumers
- > Facilitate communication between members

2015 Activities Accomplished to Meet the Objectives

- > Signed contract for vendor providing the framework for Obesity Week-End and ObesityWeek 2015

- > Developed a list of ten videos to be part of the video course for people considering weight-loss surgery, in conjunction with the Public Education committee
- > Created the apps for Obesity Week-End and ObesityWeek 2015*
- > Reviewed and updated the email mailing lists to better engage with members and supporters of ASMBS*
- > Launched the This Time It Counts site, and distributed promotional cards at Obesity Week-End, the Your Weight Matters conference, and to members through mail*
- > Promote the SOARD Journal Club to members and throughout the bariatric surgery community*
- > Have grown ASMBS’ social media presence, increasing the number of followers and bringing SOARD to Twitter*

	As of 9/30/2014	As of 10/14/2015
Facebook Page Likes	2,857	3,483 (+626)
Twitter Followers	2,296	3,164 (+)
LinkedIn Members	2,127	3,315 (+)
Twitter: SOARD	--	106

2015 Activities Still in Progress

- > Continuing to review, provide feedback, and revise content on the ASMBS.org website to ensure the site is up-to-date
- > Creating content for a mobile app for people considering weight-loss surgery

* Projects completed with assistance from the ASMBS staff



Emerging Technologies & Procedures

George M. Eid, 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

George M. Eid, MD

Co-Chair

Erik B. Wilson, MD

EC Liaison

Aurora D. Pryor, MD

ASMBS Staff Liaison

Leslie Vinson

Members

Mohamed R. Ali, MD

Keith S. Gersin, MD

Valerie J. Halpin, MD

Matthew D. Kroh, MD

Dmitry Oleynikov, MD

Michael A. Russo, MD

Gregory F. Dakin, MD

Donald T. Hess, MD

Dean J. Mikami, MD

Alan Saber, MD

Natan Zundel, MD

Zeid M. Keilani, MD

Matthew Y. Lin, MD

Emanuele Lo Menzo, MD, PhD

Jaime Ponce, MD

Konstantinos Spaniolas, MD

Paul E. Enochs, MD

David A. Provost, MD

Matthew M. Hutter, MD, MPH

Shanu N. Kothari, MD

ASMBS Missions Met by the Committee

- > To keep the membership abreast of new technologies related to Bariatric and Metabolic Surgery
- > To act as resource for the FDA and other regulatory bodies on ET& P that impact metabolic surgery and obesity care.

Committee Goals

Short-Term

- > Keep website updated on Emerging technology to educate members and public
- > Web based resources on emerging tech for members
- > Review papers /statements on new technologies receiving FDA approval such as endolumenal space occupying devices
- > Contribute to educational sessions on emerging technologies at the annual meetings

Mid-Term

- > ASMBS to host an innovation summit centered on technologies in the field of Bariatric and metabolic surgery. One to two days summit involving all stakeholders such VC, innovators and clinicians
- > Create a framework of what constitutes an approved Bariatric procedure
- > 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

Committee 2015 Objectives

- > Keep website updated on Emerging technology to educate members and public
- > Create a framework on what constitutes an approved Bariatric procedure
- > Engage all stakeholders in the field of emerging bariatric and metabolic procedures, in the form of educational sessions or by inviting them to contribute data and new information to our web-based educational tools

2015 Activities Accomplished to Meet the Objectives

- > A slide template was developed to describe all new technologies
- > CLEARING HOUSE – created a list of contacts for all emerging technology industries as they will be contacted to provide new data and information to our website to keep it updated
- > Hosting an innovation symposium at OW 2015
- > Created a draft proposal /template on how new technologies and procedures can be evaluated
- > ASMBS representation at the biggest national VC summit organized by JP Morgan in San Francisco
- > Worked with the clinical issues committee to draft a statement on space occupying technologies (balloons)

2015 Activities Still in Progress

- > Continue to update the website periodically
- > Engaging the industry to work closely with our committee and ASMBS providing periodical updates on new technologies and contributing to emerging technology educational sessions
- > Continue to work with our leadership, industry representatives and VC to host a dedicated innovation summit meeting



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 L. Brengman, MD

Co-Chair
Helmuth T. Billy, MD

EC Liaison
Stacy A. Brethauer, MD

ASMBS Staff Liaison
Leslie Vinson

Members
Ann Couch, RN, CBN, CPC
Matthew M. Hutter, MD, MPH
Gregg H. Jossart, MD
Ashutosh Kaul, MD
Peter C. LePort, MD
Walter Lindstrom Jr., Esq.
Rachel L. Moore, MD
Wayne J. English, MD
Tina G. Napora, CPC

Jaime Ponce, MD
Beth A. Schrope, MD
Don Jay Selzer, MD
Mary Lou Walen
Mario Morales, MD
Thomas White, MD
Ben Kocaj, MBA
Alexander Onopchenko, MD
Nicole Gier, Ethicon
Natalie Heidric, Ethicon

Ad Hoc Member
Chris Gallagher

Committee Goals

Short Term

- > Coordinate with EC on new code generation
- > Regularly evaluate and update the CPT and ICD-10 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
- > Create updates 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 bariatric CPT codes review when notified

Committee Objectives

- > Increase reimbursement for bariatric and metabolic surgery
- > Educate on appropriate CPT Coding
- > Provide clarity on insurance issues to members
- > Be a resource to ASMBS State Chapters, Access, Membership and

their staff

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. Presented project to Executive council for administrative action.
- > Developed Re-Operative Resource Toolkit for ASMBS.org including
 - >> Precertification Checklist
 - >> Letter of Medical Necessity advice and template
 - >> Document on speaking with medical directors
 - >> Commonly used Diagnosis codes for Re-Operative Surgery with ICD-9 to ICD-10 crosswalk
 - >> Literature review resource
 - >> Review of major national and regional insurers policies on reoperative bariatric surgery and their specific requirements.
 - >> Review of CPT codes for use with common Re-Operative procedures
- > 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 2015 and ObesityWeek 2015 business issues and coding courses and webinars for members and their staff
 - >> ASMBS Spring Event 2015 Las Vegas
 - >> "Integrated Health: The Best Kept Secrets in Bariatric Surgery" includes topic – ICD-9 and CPT Coding 101

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COMMITTEE REPORTS

- » “Practice Building and Medical Management for Surgeons and Practice Managers” includes topic – Coding in Bariatric surgery and Medical Weight Loss
- » ASMBS Annual Meeting at ObesityWeek 2015:
- » “Duodenal Switch Course” – included topic – Coding the Duodenal Switch
- » Published the following articles in connect – the official news magazine of the ASMBS:
 - ▶ July/August 2015 – NCCI Enacts New PTP Coding Edit for Primary Bariatric Surgery and Paraesophageal Hernia Repair
 - ▶ May/June 2015 – New Reporting and Reimbursement Guidelines from Anthem on Care of Patients with Morbid Obesity
- » Responded to Proposed inpatient rule from CMS and to the new RVU valuation in the proposed Physician Fee Schedule for 2016.

Future Plans

- > Continue to work with Program committee to develop Coding and Business Courses for Spring Event and ObesityWeek 2014
- > Continue to develop and pursue need for CPT Codes for bariatric issues as they arise and approach AMA CPT panel as required
- > Maintain and Update the Re-Operative Toolkit as needed
- > Continue coding hotline
- > Continue communication process with State Chapters and Access on local and national Insurance issues
- > Prepare for bariatric CPT codes review when notified
- > Provide support to re-operative task force as needed
- > Continue Process for BPD-DS CPT code in conjunction with ACS and SAGES
- > Respond to initiatives and requests for information by CMS



International Development

Natan Zundel, MD

The ASMBS 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

<p>Chair Natan Zundel, MD</p> <p>Co-Chairs Homero Rivas, MD Samuel Szomstein, MD</p> <p>EC Liaison Jaime Ponce, MD</p> <p>IFSO Coordinator Samer Mattar, MD</p> <p>IFSO Past President Luigi Angrisani, MD</p> <p>IFSO President Rudolph Weiner</p>	<p>IFSO President-Elect Natan Zundel, MD</p> <p>Ad Hoc Member, IFSO Executive Director Manuela Mazzarella</p> <p>ASMBS Staff Liaison Susan Good</p> <p>Members Sanjay Agrawal, MD Ahmed R. Ahmed, MD Ramzi Alami, MD FACS Dan Azagury, MD Moataz Bashah, MD</p>	<p>Estuardo J. Behrens, MD Cynthia-Michelle Borg, MD Diego R. Camacho, MD Guilherme Campos, MD Minyoung Cho, MD John B. Dixon, MD PhD Michel Gagner, MD Manual Galvao Neto, MD Yitka Graham, Researcher Sayeed Ikramuddin, MD Mousa Khoursheed, MD Muffazal Lakdawala, MD Wei-Jei Lee, MD</p>	<p>Abdelrahman Nimeri, MD Pablo Omelanzuck, MD Blanca Rios, MD Alan Saber, MD Shashank S. Shah, MS Ian S. Soriano, MD Aley El-Din Tohamy, MD Antonio Torres, MD, PhD Ramon Vilallonga, MD, PhD Paul Wizman, MD Peng Zhang, MD</p>
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ASMBS Mission Met by the Committee

- To foster communication between health professionals on obesity and related conditions throughout the world

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
- Develop the criteria for US sites that will host visiting international surgeons and create a listing of these programs on our website
- Select an IFSO Chair of International committee

Mid-Term

- Formulate plan to teleconference/webcast parts of Annual Meeting
- Diversifying the committee with new committee members from other Countries like Kuwait, Argentina, Korea, China and more
- Increase attendance at OW15 with more attendance from other countries
- Dedicated session for International members at Annual Meetings
- Develop networking opportunities for international members
- Conduct co-sponsored international courses
- Increase attendance at OW15 with more attendance from other countries

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

- Offering applications in other languages to facilitate the process to future International members. Languages suggested were Chinese, French, Spanish, Arabic, and Portuguese. Volunteers from the International committee will assist in the translation process.
- Develop space on the ASMBS website that is dedicated to issues of interest to our International members

Committee 2015 Objectives

- Increase membership of international members
- Enhance experience for international members

2015 Activities Accomplished to Meet the Objectives

- Increase membership of international members
 - » Diversifying the committee with new committee members from other Countries like Kuwait, Argentina, Korea, China and more
 - » Meeting the objective of enhancing the international experience has impacted the number of international applicants
- Enhance experience for international members
 - » Ensure VISA applications are processed earlier and more smoothly. The International Invitation AND the link to the VISA application government site is readily available on the ASMBS landing page AND the ObestiyWeek 2015 landing page.
 - » Space on the ASMBS website has been dedicated to International members

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- » Offering sessions covering Low BMI with translation for Chinese as well as Emerging Technology & Procedures (Balloon, Edo Barrier)
 - ▶ Wednesday 11/4/2015
 - International Reception
 - International Paper Session
 - ▶ Friday 11/6/2015
 - Panel Session: Bariatric Surgery in the Low BMI Asian Patient Population
 - Panel Session: IFSO Latin America – From the Patient Point of View: Novel Procedures and Proposals
 - Panel Session: IFSO
- » Dedicated session for International members at Annual Meetings.
- » Develop networking opportunities for international members.
- » Conduct co-sponsored international courses

2015 Activities Still in Progress

- > Develop the criteria for US sites that will host visiting international surgeons and create a listing of these programs on our website.
- > Increase international membership - coordinate with the Membership committee.
- > Manage all aspects of Awards for Best International Presenters - including budget, logistics, and selection criteria.
- > 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.
- > Offering applications in other languages to facilitate the process to future International members. Languages suggested were Chinese, French, Spanish, Arabic, and Portuguese. Volunteers from the International committee will assist in the translation process.
- > Develop space on the ASMBS website that is dedicated to issues of interest to our International members.



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 Kelly, MD

Co-Chair

Anthony Petrick, MD

EC Liaison

David Provost, MD

Immediate Past Chair

Samuel Szomstein, MD

IH Liaison

Adam L. Dungey, BSN RN

ASMBS Staff Liaison

Susan Good

Members

Naif AlEnazi, MD

Philip A. Cohen, MD

Darrell Doucette, MD

Stephanie Dunkle-Blatter, MD

Robert Lim, MD

Erik G. Lough, MD

Scott Monte, PharmD

Prakesh Paragi, MD

Jon s. Pressett, MD

Kamran Samakar, MD

Vafa Shayani, MD

April N. Smith, PharmD

Andre F. Teixeira, MD

David Tichansky, MD

Stephen Wohlgemuth, MD

Natan Zundel, MD

ASMBS Mission Met by the Committee

- > To be a highly valued society that serves the educational and professional needs of our diverse membership

Committee Goals

Committee Goals (Overall)

- > Increase Membership (Goal about 10%)
- > Increase Retention (improve by 10%)
- > Increase Value by exploring opportunities to enhance value to all members
- > Better Communication between Membership committee and ECEC
- > Create alternative/more attractive pricing options
- > International Initiative

Short Term

- > Increase membership
- > Increase retention
- > Enhance value to membership
- > Goals include completion of at least 2 action items designed to enhance value
- > FASMBS Guidelines complete and through EC
- > Continued discussion ongoing about value added possibilities.
- > Initiate New Member Campaign targeting Candidates, Graduation Fellows, Young Surgeons, Non-Surgeons (ie. Anesthesiologists, Doctors of Pharmacy, Bariatricians, etc.) and other Non-Members
- > Explore potential of IH Member to the Surgeon Memberships committee and vice versa

Mid Term

- > Coordinate recruitment efforts with other committees
- > To increase non-surgeon physician recruitment- Ongoing at midterm. Difficult to determine how to add value to their membership. Needs focus of attention
- > Target graduating fellows to join. Obtain fellows list from Fellowship Council.

- > Address potential for reduced intro rate with EC
- > Increase International membership (recruit new countries)
- > Enhance membership into Local Chapters

Long Term

- > Increase membership by 10%
- > Improve Retention by 10%
- > Enhance International Value of ASMBS Membership

Committee 2015 Objectives

- > Increase membership
- > Enhance value of membership
- > Improve retention

2015 Activities Accomplished to Meet the Objectives

- > Increase Membership
 - » Email sent to Graduating Fellows inviting them to join ASMBS with 10% discount
 - » Add an IH Member to the Surgeon Membership committee and add a surgeon to the IH Membership committee in order to encourage/enhance collaborative efforts in promoting ASMBS membership to an entire staff as opposed to individuals.
 - » Increase International membership (i.e. China)
- > Enhance Value of Membership
 - » FASMBS/IFASMBS Program re-evaluated, updated and initiated
- > Improve Retention
 - » Email sent to Candidates encouraging renewal
 - » 7 attempts via email and postal service, sent to renewals and inactive members

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2015 Activities Still in Progress to Meet the Objectives

- > Increase Membership
 - » Reach out to specialists: Anesthesiologists, Endocrinologists, Gastroenterologists, Psychiatrists, Physicians Assistants, etc.
 - » Reaching out to ASMBS interested/ non-members who have registered for OW15
 - » Offer discounts to facilities, practices, organizations, etc. which bring in several new members. For example: Surgeons, Affiliates, & IH from one organization will receive a discount when all join at once. Discount has not been determined, nor has number of membership required qualifying for discount.
 - » Increase International recruitment
- > Enhance Value of Membership
 - » Enhance membership into Local Chapters
 - » Monitor of any feedback. Survey to be sent separately from renewal as to simplify renewal as well as survey and profile updates.
 - » Continued recognition and recruitment for FASMBS/IFASMBS (over 60 applications received in 2015)
 - » Contact other committee leadership (particularly IH and International) to understand drivers of their member satisfaction. Assign committee members to search and review other surgical society web sites to see what benefits we could copy / membership values
 - » Continue efforts for MOC & CME to automatically transfer to ACS as a benefit of convenience to members
 - » Consider having own ASMBS web site community similar to ACS site for bariatric surgery.
- > Improve Retention
 - » Continued communication with inactive members to encourage renewal
 - » Monitor enhanced electronic payment of dues – improvements have been discussed and planned for 2016 Renewal Process (better communication, earlier starting point, better electronic access, etc.)



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

Chair

Kirk Reichard, MD

Co-Chair

Samer Mattar, MD

EC Liaison

Alfons Pomp, MD

ASMBS Staff Liaison

Susan Good

Members

Jeremy Aidlen, MD
 Karen Bailey, MD
 Kathryn Bass, MD
 Mary Brandt, MD
 Kimberly Brennan, RN CBN
 Allen Browne, MD
 Nancy Tkacz Browne RN, MS,
 PNP, CBN

Joy Collins, MD
 Anita Courcoulas, MD
 Robert Cywes, MD, PhD
 Nestor de la Cruz-Munoz, MD
 Ashish P. Desai, MBBS MS FRCS
 Daniel DeUgarte, MD
 Thomas Inge, MD
 Bradley Linden, MD
 Marc Michalsky, MD

Ann O'Connor, MD
 Janey Pratt, MD
 Elizabeth Renaud, MD
 Steven Teich, MD
 Mark Wulkan, MD
 Meg Zeller, PhD
 Jeffrey Zitsman, MD

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 the 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

Committee 2015 Objectives

- > Provide leadership on pediatric/adolescent bariatric surgery.
- > Expand membership (adult surgeons, nursing, behavior sciences, etc.)
- > Develop and maintain web content for Professionals (Public information to be coordinated with Public Education).
- > Collaborate with Access to Care committee for adolescent -pediatric bariatric surgery issues.
- > 2015 Activities Accomplished to Meet the Objectives
- > Develop and maintain resources for existing / developing centers that provide care for adolescent patients.
- > Develop symposium for plenary session for ASMBS annual meeting during Obesity Week

2015 Activities Still in Progress

- > Develop web content for Professionals (Public information to be coordinated with Public Education)
- > Establish resource toolkit for developing & existing pediatric centers.



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, Executive Council Liaison

David Provost, MD

Co-Chair

Joy Collins, MD

Liaison to Obesity Action Coalition

Joe Nadglowski

Liaison to Integrated Health Program

Pamela R. Davis, RN, CBN, MBA

ASMBS Staff Liaison

Claire Wilsen

Members

Joshua Alley, MD

Adam Beall, MD

Colleen Cook, MD

Elizabeth A. Dovec, MD

Timothy B. Ehrlich, MD

Valerie J. Halpin, MD

Melanie Judd, MD

Walter S. Medlin, MD

Christopher J. Northup, MD

Carl Pesta, MD

Richard Peterson, MD, MPH

Franchell Richard-Hamilton, MD

Michael Seger, MD

Flavia Soto, MD

Duc Vuong, MD

Ad Hoc

Roger Kissin

ASMBS Missions Met by the Committee

- > To improve the care and treatment of people with obesity and related diseases
- > To advance the science and understanding of metabolic and bariatric surgery

Committee Goals

Short-Term

- > Revising patient learning center articles to ensure up-to-date content
- > Plan initiatives for marketing ASMBS patient video

Mid-Term

- > Create a video course to educate people considering weight loss surgery on important information to know prior to surgery, in conjunction with the Communications committee
- > Further develop the Public Education committee web page
- > Translate articles in the Patient Learning Center into Spanish

Long-Term

- > Create a mobile app for people considering weight-loss surgery
- > Expand the marketing of Patient Learning Center content to ASMBS members
- > Continue providing review and updates of patient-focused content

Committee 2015 Objectives

- > Identify gaps in patient education
- > Identify tools to help ASMBS members

2015 Activities Accomplished to Meet the Objectives

- > Have submitted articles to connect and for the ASMBS Foundation newsletter
- > Drafted survey to learn more about how members use social media professionally
- > Revised misconception articles for the Patient Learning Center

2015 Activities Still in Progress

- > Creating content for a mobile app for people considering weight-loss surgery



Program

Aurora D. Pryor, MD

The Program committee is responsible for developing and arranging all of the annual educational events for the ASMBS with ObesityWeek and Obesity Weekend being the primary educational events. The committee identifies needs, professional gaps, and barriers; reviews and grades submitted abstracts; selects relevant topics and educational design; secures guest speakers; and 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 Aurora D. Pryor, MD	Poster Brandon Williams, MD	Scientific Papers Ranjan Sudan, MD	International Effort Natan Zundel, MD
Co-Chair Michel Gagner, MD	Subcommittee Chair Monali Misra, MD	Subcommittee Chair Stephen D. Wohlgemuth, MD	Subcommittee Chair Bruce Schirmer, MD
Immediate Past Chair Daniel M. Herron, MD	Jason M. Johnson, MD	Benjamin E. Schneider, MD	Keith C. Kim, MD
EC Liaison Aurora D. Pryor, MD	Emerging Technologies and Concepts Erik B. Wilson, MD	Awards Dana A. Telem, MD	Video Shanu N. Kothari, MD
Staff Liaisons Kristie Kaufman Lauren Tucker	Subcommittee Chair Bipan Chand, MD Ann M. Rogers, MD	Subcommittee Chair Shawn Tsuda, MD Jeremy T. Aidlen, MD Matthew D. Kroh, MD	Subcommittee Chair Alan Saber, MD Mohamed R. Ali, MD John D. Scott, MD Sivamainthan Vithianathan, MD

ASMBS Missions Met by the Committee

- > To improve the care and treatment of people with obesity and related diseases
- > To advance the science and understanding of metabolic and bariatric surgery
- > To be a highly valued specialty society that serves the educational and professional needs of our diverse membership

Committee Goals

Short-Term

- > Suggest areas of focus for member submissions; identify subject area gaps and plan new sessions for Obesity Week-End and OW2016
 - » Live Surgery
 - » Controversies
 - » Revisions
 - » Video
 - » IH-MBSAQIP Clinical Reviewers Course
 - » Balloon/Endolumenal
 - » Practice Building
- > 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 and revenue
- > Continue to work with TOS on development of ObesityWeek 2016
- > 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
- > Establish educational activity targets for each year
- > Collaborate with TOS to develop ObesityWeek program

Long-Term

- > ObesityWeek program development
- > Improve attendance at ObesityWeek and Obesity Weekend
- > Increase member satisfaction
- > Create new opportunities to attract members to educational activities
- > Establish educational activity targets for each year

Committee 2015 Objectives

- > Enhance value and quality of programming for ASMBS members
- > Increase member satisfaction
- > Identify professional education needs: topics, faculty, teaching models, venues, regional vs. national, international and online
- > Increase member attendance by 5%

2015 Activities Accomplished to Meet the Objectives

- > Great program for both ObesityWeek and Obesity Week-End
- > Excellent reviews and attendance at Obesity Week-End
- > Selected dates and venues for ObesityWeek through 2019

2015 Activities Still in Progress

- > Finalizing plans for ObesityWeek 2015 and future meetings.



Quality Improvement & Patient Safety

Eric J. DeMaria, MD

The Quality Improvement & 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>Chair Eric J. DeMaria, MD</p> <p>Co-Chair Dana A. Telem, MD</p> <p>EC Liaison Eric J. DeMaria, MD</p> <p>Immediate Past Chair Daniel B. Jones, MD</p>	<p>ASMBS Office Liaison Leslie Vinson</p> <p>Members Lionel Brounts, MD Edward L. Felix, MD David B. Lautz, MD Henry Lin, MD Saniea F. Majid, MD</p>	<p>Kinga A. Powers, MD, PhD Giselle G. Hamad, MD Daniel R. Cottam, MD Robert Lim, MD Jeffrey L. Lord, MD Anthony T. Petrick, MD Carl Pesta, MD William A. Sweet, MD</p>	<p>Michael A. Malvesti, PharmD Tracy Martinez, BSN RN CBN Jonathan Carter, MD Andre Teixeira, MD Philip A. Omotosho, MD Caitlin Halbert, DO</p>
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Committee Goals

Short Term

- > Work with Program committee to develop tracks for ASMBS 2015 and 2016 educational events – possible focus on clinical care pathways and how to do a Quality Improvement project
- > Collect more case studies and continue to publish Malpractice/ Patient Safety Vignettes in 2015/2016 to ASMBS membership via CONNECT – ASMBS Online Magazine
- > Pursue development of Closed Claims Registry by partnering with several medical malpractice insurance carriers (to be identified)
- > Develop Quality Improvement focus as charged by EC name change of committee to the Quality Improvement and Patient Safety (QIPS) committee.
- > Further refine process for ASMBS Patient Safety Award and contribute a nomination from QIPS committee discussion
- > Develop informed consent template for intra-gastric balloon procedure

Mid Term

- > National Registry for Closed Claims Cases
- > Pursue Development of a curriculum for Certificate of Quality
- > Pursue alternate publication / online discussion options for Patient Safety / Malpractice Vignettes with Invited Discussion commentary
- > Provide updates to members on important professional liability and patient safety issues as they arise
- > Continue to develop resources for risk management
- > Help create a mechanism by which ASMBS can endorse and encourage high performing programs exhibiting patient safety and quality improvement in all aspects of bariatric care.

Long Term

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

- > Potentially create an ASMBS endorsed clinical pathway for bariatric surgery.
- > Publish research from Closed Claims registry

Committee Objectives

- > 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.
- > Identify and employ process measures to identify and disseminate quality improvement initiatives.

Specific projects in progress to achieve goals and objectives

- > Malpractice / Patient Safety Vignettes (Sweet, DeMaria , Lim, Cottam, Majid, Omotosho, Powers, Teixeira)
 - » Expert Discussant of each vignette provided
 - » Gather more vignettes to allow continued publication- including patient safety “close calls”
 - » Continue to publish case reports thru December 2015
 - » Continue to evaluate for future publication
- > National Registry for Closed Claims Database (Sweet, DeMaria , Lim, Cottam)
 - » Contact insurance carriers to develop partnerships
 - » Determine IRB vs. Quality Improvement focus
 - » Investigate data use agreement strategy
 - » Recruit and train reviewer group
 - » Develop data collection form

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- > ASMBS 2015 Educational Programs
 - » ObesityWeek 2015 and Spring Event June 2016 and ABLS Course offerings regarding liability reduction and patient safety.
 - » BSAC at OW2015
 - » Quality forum at OW2015 discussing several initiatives put forth through committee including Clinical Pathways research and How to do a Quality Improvement Project
 - » Patient Safety Award: Contribute to process for nomination/ evaluation of individuals for the annual award to individual or team that best promotes culture of safety In discussion with ASMBS Foundation Awards committee and EC
- > Quality Improvement Focus: Consistent with committee name change; Drs. Petrick, DeMaria, Telem, Carter, Halbert, Omotosho subgroup to meet by phone to begin to develop concepts
 - » Subcommittee to develop QI agenda for discussion
 - » Identify and disseminate quality improvement initiatives.
 - » Certificate of Quality
- > Specific projects completed since last report (March 2015) that achieved the goals and objectives
- > National Registry for Closed Claims Cases - Draft letter sent to insurance carriers to identify carriers with which to partner, develop complete data collection form, develop process, identify and train reviewers. Conference calls with each interested company to assemble “partner” list.
- > Monthly publication of Malpractice Vignettes in CONNECT online magazine: Dr., William Sweet leads this project. Collect more cases including Patient Safety vignettes and “close calls” A mechanism for confidential Member electronic discussion is being considered.
- > Clinical Pathways Library: Dr. Dana Telem is leading this project. Abstract is accepted for poster presentation at OW 2015 with manuscript to follow shortly. Planned submission to SOARD on completion. Potential discussion on transforming this into a society wide initiative to possibly create a single endorsed pathway.
- > Patient Safety Award: Dr. Henry Lin drafted language for an ASMBS Patient Safety Award. ASMBS Foundation Awards committee embraced concept and gave first award in 2014. Liaison with EC and Foundation and newly created Awards committee.
- > Developed a template for informed consent for intra-gastric balloon procedure and submitted to EC for approval

Future Plans

- > Review document defining expert witness
- > Continued attention to the Quality Improvement agenda for QIPS committee with specific focus on a quality improvement certificate concept and methodology to identify and disseminate quality improvement initiatives.



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

Chair

Matthew M. Hutter, MD

Co-Chair

Mohamed R. Ali, MD

EC Liaison

Matthew M. Hutter, MD

Immediate Past Chair

Ranjan Sudan, MD

ASMBS Staff Liaison

Susan Good

Members

Ali Aminian, MD

Peter N. Benotti, MD

Nicholas J Christian, PhD

Scott A. Cunneen, MD

Ramsey M. Dallal, MD

John B. Dixon, MD PhD

Jonathan F. Finks, MD

R. Armour Forse, MD

Luis A A Garcia, MD FACS MBA

William F. Gourash, MSN CRNP

Donald T. Hess, MD

Jill K. Hurley, OTRL CHT

Timothy D Jackson, MD MPH

Todkar S Jayashree, MBBS MS DLS

Wendy C King, PhD

Subhash U. Kini, MD

Michael J Lee, MD

Emanuele Lo Menzo, MD PhD

Peter P. Lopez, MD

Corrigan L. McBride, MD

Robert W. O'Rourke, MD

Nancy Puzziferri, MD

Malcolm K. Robinson, MD

Stanley J Rogers, MD

Isaac Samuel, MD

Michael A. Schweitzer, MD

Vadim Sherman, MD

Kimberley E. Steele, MD

Dimitrios Stefanidis, MD

Gladys W. Strain, PhD

Dana A. Telem, MD

Mark L. Wulkan, MD

ASMBS Missions Met by the Committee

- > To advance the science and understanding of metabolic and bariatric surgery
- > To improve the care and treatment of people with obesity and related diseases

Committee Goals

Short Term

- > Release the ASMBS membership updates on Bariatric Surgery Center of Excellence Participant Use File
- > Secured funding for two grants – \$25,000 each

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
- > Collected & reviewed over 25 applications and selected two winners of the grants
- > Worked with Program committee to offer the Fundamentals of Bariatric Research Course again in 2015.

Long Term

- > Alert members to new research resources and funding availability - Coordinate with the Communications committee to offer this information through the website
- > Prepare, roll out and complete the 2015 Research Grant Review Process and select recipients.

Committee 2015 Objectives

- > Promote the highest quality research in metabolic and bariatric surgery
- > Establish grant opportunities for academic and private practice research
- > Identify new research opportunities

2015 Activities Accomplished to Meet the Objectives

- > Promote the highest quality research in metabolic and bariatric surgery
 - » Worked with Program committee to offer the Fundamentals of Bariatric Research Course again in 2015.
- > Establish grant opportunities for academic and private practice research
 - » Secured funding for two grants – \$25,000 each
 - » Collected & reviewed over 25 applications and selected two winners of the grants
 - » Prepare, Roll out and Complete the 2015 Research Grant Review Process and select recipients.
- > Identify new research opportunities

2015 Activities Still in Progress

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



State and Local Chapters

Christopher Joyce, 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

Christopher Joyce, MD

Co-Chair

Rachel Moore, MD

EC Liaison

Raul Rosenthal, MD

Immediate Past Chair

Michael Nussbaum, MD

ASMBS Office Liaison

Leslie Vinson

Chapter Presidents

Todd Foreman (AL)*

Josh Roller (AR)

David Podkameni (AZ and Southwest Group: AK, AZ, CO, NM, NV)

Brian Smith (CA)

Michel Gagner (Canada)

Jason Johnson (NC/SC)*

Jonathan Schoen (CO)*

Aziz Benbrahim (CT)*

Michael Peters (DE)*

Samuel Szomestein (FL)*

Titus D. Duncan (GA)

Josh Steiner (KY)

Mark Grief (HI)*

Michael Phelps (IA)*

Vafa Shayani (IL)

Margaret M. Inman (IN)

Uyen Chu (LA)*

Elizabeth Dovec (MD)*

Carl Pesta (MI)*

Howard McCollister (MN)*

Stephen Scott (MO)*

David Carroll (MS)

Luis A. Garcia (Dakota Yellowstone: MT, ND, SD, ID & WY)*

Thomas J. White (NE)

Michael Bilof (NJ)*

Terence J. Clarke (NY)*

Christopher Joe Northup (OH)

Hamilton S. Le (OK)

Kevin Reavis (OR)*

Michael D. Bono (PA)

Jenny Weaver (TN)*

Richard Peterson (TX)*

Troy M. Glembot (VA/WV)*

Robert L. Michaelson (WA)*

Kevin E. Wasco (WI)

* New

Committee Goals

Short Term

- > Develop new chapters: There is now a chapter presence in every state. We have 36 Chapters: 26 Individual Chapters (including Canada), 5 joint chapters of 2 adjacent states, and 3 group chapters of 5 states combined. One individual state, KS, and one group chapter, New England, have preliminary status. See maps for details, first map shows group chapters and the second map shows updated Chapter Presidents and STARS.
- > Continue developing webpages on ASMBS site for current chapters; waiting on updates from State Chapter Presidents
- > Research forming a Military Chapter & International Chapter of ASMBS
- > Determine best practices in each state to share with other chapters

Mid Term

- > Develop a State Chapter of the Year Award, to be awarded at the ASMBS annual Business Meeting
- > Advance the remaining preliminary chapters to full chapter status
- > Create a strategy for reviewing chapter website content, in conjunction with Communications committee
- > Establish early warning system to uncover beginnings of favorable or unfavorable activity in a market
- > Develop/promote access to care and rapid response plans

Long Term

- > Hold Annual Chapter Presidents' Summit – training for presidents (media, etc.) – Review 2015 Las Vegas event and plan for the 4th Annual Presidents' Summit in 2016
- > Facilitate AR-OK and KY-OH joint chapter merges. Leadership from TN and MS have discussed merging their meetings and possibly their chapters.
- > Promote positive relations and ongoing communication between Chapters and national 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 chapter
- > Improve the collegiality of colleagues and programs in each state
- > Offer joint sponsorship to provide CME credits during Chapter meeting can now be found at asmbs.org/state-chapters/state-chapter-meeting-cme
- > Provide accounting tax filing assistance for the chapters

2015 Activities Accomplished to Meet the Objectives

- > Established Chapter presence in all 50 states
- > Collected State Chapter dues – ASMBS is collecting dues for all but a few states
- > Successfully completed the 3rd Annual State Chapter Presidents' Summit in Las Vegas
- > ASMBS sponsored CME available for State Chapter Meetings
- > We have quarterly State Chapter Presidents' conference calls

2015 Activities Still in Progress

- > Advance remaining states with preliminary to full chapter status
- > Strengthen existing chapters
- > Plan next Annual Presidents' Summit
- > Facilitate more collaboration between states in the same region

From Our Integrated Health President

On behalf of the Integrated Health Executive Council, welcome to Obesity Week 2015!

Many volunteer hours from expert providers have been given to assure your experience at this year's conference is intellectually and professionally fulfilling. Additionally over the last twelve months members of the council and the seven integrated health committees have continued the work of our strategic plan. Its design includes objectives to provide you with evidence based care resources, access to care initiatives, and increase awareness of the value of integrated health in the care of patients who struggle with the disease of obesity.

Below are highlights of these hard working committees:



- › **Certification Committee**, our CBN certification has finalized an important partnership with a new testing agency. A survey was conducted to all ASMBS advanced practice nurses and physician assistants to determine interest in a certification for this level of practice.
- › **The IH Support Group Committee** has published an online manual to assist support group facilitators who are responsible for conducting support group meetings. Soon to come will be an online toolbox to include items such as topic ideas and handouts.
- › **The IH Multidisciplinary Care Committee** has continued work on a white paper that will analyze current multidisciplinary care research and examine roles in the multidisciplinary team.
- › **IH Membership Committee** The IH Membership Committee has made changes that allow new member applications to be approved by an integrated health member sponsor instead of surgeon sponsor. Innovative strategies regarding membership dues and value added member benefits are being considered.
- › **The Communications Committee** has worked closely with the ASMBS marketing and IT staff to update the integrated health page of the ASMBS website allowing us opportunity to provide more resources on line (i.e. education presentations with CEUs).
- › **The Clinical Issues and Guidelines Committee** has continued to work on revisions to Psychosocial Presurgery Recommendations, the Nutrition and Sensitivity guidelines. Upcoming revisions will include the collaboration with the Communications committee regarding a guideline or statement on Telemedicine care.
- › **The Professional Education and Program Committee** have worked collaboratively with the ASMBS Surgeon Program committee and TOS to bring you this week's conference courses and lectures. Obesity Weekend was another of their successful endeavors.

Integrated Health has increased its representation on several ASMBS Surgeon committees and taskforces such as the MBSAQIP committee, Communication, Awards, Bariatric Training, Endoscopy Taskforce, and Essentials Taskforce.

I look forward to another year of working with so many esteemed colleagues and friends. I will continue to shepherd our vision and mission with the passion for integrated health's value and importance in providing quality care.

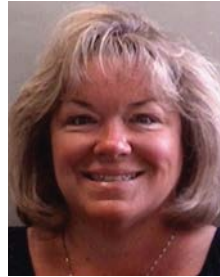
Christine C Bauer

Christine Bauer, MSN, RN, CBN
President ASMBS Integrated Health

Integrated Health Executive Council



President
Christine Bauer, MSN, RN,
CBN



President-Elect
Karen Flanders, MSN,
ARNP



Secretary
Julie Parrott, MS, RD,
ACE-CPT



Past President
Karen Schulz, MSN, CNS,
CBN



Senior Past President
Laura Boyer, RN, CBN



EC Liason
Raul Rosenthal, MD



Member-At-Large
Lynn Bolduc, MS, RD, LD,
CDE



Member-At-Large
Sue Cummings, MS, RD



Member-At-Large
Pamela Davis, RN, CBN



Member-At-Large
Wendy King, PhD



Member-At-Large
Nathaniel Sann, MSN,
CRNP, FNP-BC



Member-At-Large
Stephanie Sogg, PhD

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

The CBN Certification committee is responsible for maintaining the all of the aspects necessary for the maintenance, further development and growth 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. Additionally, it supports credentialing efforts in the other Integrated Health disciplines.

Committee Members

Chair

William Gourash

Co-Chair

Jessie Moore

Accreditation

Subcommittee Chair

Tammy Beaumont

Renee O’Daniel

*Carol Abbott

Practice Analysis

Subcommittee Chair

Sandy Tompkins

Susan Dugan

Teresa Fraker

Marketing

Subcommittee Chair

Jamie Carr

Narelle Story

Trudy Ivins

Policy and Procedures

Subcommittee Chair

Ann Couch

Lisa Luz

Examination Development

Subcommittee Chair

Ruth Davis

Jessie Moore

Maureen Quigley

Examination Preparation

Subcommittee Chair

Bobbie Lou Price

Christine Bauer

Barb Lawrence

Finance

Subcommittee Chair

William Gourash

Tracy Martinez

Bobbi Lou Price

Jessie Moore

Recertification

Sally Strange

Carrie Smith

Barbara Allen*

Pam Dye*

Latasha Baxter*

* Resigned

ASMBS Integrated Health Missions Met by the Committee

Primary

- > Cultivate and support a knowledgeable, skilled and empowered membership

Secondary

- > Improve outcomes through the multidisciplinary approach to the care of patients affected by obesity
- > Increase awareness of the critical role the multidisciplinary approach plays throughout the continuum of care
- > Promote best practices and an evidence-based approach to the treatment of patients affected by obesity

Mission Statement

- > This committee is dedicated to enhancing and promoting the specialty of Bariatric Nursing Care by maintaining, further developing and growing the CBN certification program.

Committee Objectives

- > Continue to develop, maintain and grow an RN professional practice certification for the specialty of Bariatric Nursing Car
- > 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 responsibly certification program while allocating appropriate resources for growth.
- > Extend the availability of the CBN examination/certification to international registered nurses.
- > Support the credentialing interest and efforts for all Integrated Health Professionals.

Overall CBN Committee 2015 Accomplishments

- > Transitioned the CBN certification consultation from Profession Examination Services (PES) to Applied Management Professionals (AMP) by resolving the prior contract and exploring, negotiating and implementing a new contract.
- > Reviewed every aspect of the CBN examination and recertification process and made the necessary modifications to make the consultant transition.
- > Enabled and fostered intra and inter-subcommittee communication by the utilization of ASMBS communication platforms (Basecamp, Webinar, & Conference Calls)
- > Developed the infrastructure to support and foster the availability for international Registered Nurses to participate in the CBN examination/certification

Continue on following page ➤

IH COMMITTEE REPORTS

- › Fostered the development of the CBN recognition award to recognize outstanding CBNs
- › Recognize CBN's, and others who donate their support and/or service to the development and continuation of the CBN Certification with certificates at the end of 2015.
- › Integrated and coordinated the individual activities of the different subcommittee listed below.
- › Supported the investigation into potential credentialing programs for midlevel practitioners (PAs and NPs) by working with Karen Flanders in exploring the feasibility by developing and carrying out a survey of midlevel practitioners known to the ASMBS, which the results will be reported to the IHEC at OW along with preliminary recommendations.
- › Will participate in discussions with the Support Group committee with regard to the feasibility of a credential for bariatric support group leaders.

Focus for 2016

- › Review the examination offering windows
- › Continue the transition to our new certification consultant AMP
- › Fill in the subcommittee member vacancies
- › Increase the examination candidates by 25% (275/year by 2017).
- › Achieve goal of recertification by certificants at 50% (January 2016)
- › Integrate and coordinate all of the activities of the subcommittees especially the undertaking of the Practice Analysis Update, the quest for accreditation, expansion of marketing efforts, and revision of the recertification management process.
- › Foster the review of old committee policies and the development of a comprehensive policy structure.
- › Further develop and explore midlevel practitioner credentialing evaluation by participating in discussions with midlevel practitioner professional organizations and participating in the development of a final recommendation to the IHEC.
- › Continue to support and explore credentialing exploration for dietitians, behavior health professionals and other bariatric professionals
- › Establish Practice Analysis Task Force, Develop update survey, Implement survey, interpret results and revise Practice Analysis document
- › k. Incorporate results of practice analysis survey into all aspects of the CBN program.
- › l. Recruit, train and mentor new group of Item Writers.

Marketing 2015 Accomplishments

- › CBN Newsletter, published biannually
- › CBN brochure revised
- › Nursing Certification Day brochure distribution (distributed more than 1,500 brochures).
- › Assessment of CBN certificants to ascertain certificant needs and perceived value of the CBN certification by use of electronic survey (results in analysis)
- › Develop and launch CBN Recognition Award
- › Review the Post CBN Examination Survey
- › Investigate, develop and implement a policy regarding accepting support from industry or other outside sources, eligibility and use of CBN logo
- › Preliminary international candidate marketing strategy (revised CBN brochure, handbook and website to foster international candidate information; CBN presence on IFSO website)
- › ObesityWeek Events (e.CBN lounge and networking area; ribbons for CBNs & item writers, promotional items (CBN mugs), topic presentations)
- › Exploring special incentives: “fail safe” certification – can retake for no extra charge, veterans administration nurse organization discount, and hospital bulk licenses for review course.

Focus for 2016

- › Continue: Newsletter publication and development, Nursing Certification Day celebration, develop International presence
- › Explore Special Incentives: “fail safe” certification; organizational discounts, hospital packages,
- › Further develop CBN recognition award
- › Develop marketing strategies from PVCT survey results and publish the survey results
- › Expand ObesityWeek CBN events.

Practice Analysis 2015 Accomplishments:

- › Administrative and financial ground work to update the CBN Practice was completed and service contract with consultant complete
- › Tentative timeline for Practice Analysis update established
- › Familiarized subcommittee members with prior Practice Analysis documents and update process
- › OW display in the CBN lounge to initiate recruiting of additional CBNs to take part in Practice Analysis Focus for 2016
- › Establish Practice Analysis Task Force, Develop update survey, Implement survey, interpret results and revise Practice Analysis document
- › Publish manuscript of results from Practice Analysis Update

Policy and Procedure 2015 Accomplishments

- › Updated the eligibility policy to include MBSAQIP nurses
- › Ongoing implementation of eligibility and audit policies
- › Completed 2 revisions of the CBN Handbook (May and September 2015)
- › Updated and revised the online registration information and process
- › Developed a policy in conjunction with Recertification Subcommittee addressing “retiring” CBNs

Focus for 2016

- › Eligibility and audit implementation, review CBN Handbook, Post examination and survey reviews, construction of 2017 examination, Cut-score setting, review of examination policies and “in-person” item review meeting.
- › Discussion and development of policy regarding cost of those that re-take the examination
- › Review of all CBN policies and develop plan for “new” policy development to especially cover the accreditation efforts

Examination Development 2015 Accomplishments

- › Completion of 2-day examination item review/revision meeting at AMP site in June 2015 (very successful) Webinar examination 2016 construction (August-October) (new approach – extremely successful)
- › “Cut Score” meeting: New approach to take place at OW 2015
- › Post- examination review and score finalization conference calls
- › Examination windows lengthened
- › Review of the “Item Bank”
- › Review of examination evaluation surveys
- › Implemented distributing CEUs for Item Writers

Continue on following page ➤

Focus for 2016

- » Post examination and survey reviews, construction of 2017 examination, Cut-score setting, review of examination policies and “in-person” item review meeting, update item bank.
- » New item development to respond to the Practice Analysis Update
- » Invite, organize, educate, precept, and management of “new” 2016 group of Item Writers
- » Evaluation of the current examination windows
- » Reclassify items within bank as needed to concur with updated test blueprint from Practice Analysis committee.

Examination Preparation 2015 Accomplishments

- > 2014 OW “in-person” CBN Review Course completed and 2015 preparation complete
- > Update of the Online CBN Review Course (extended from 8–12 hours); available January 2015
- > Completion of the “Study Guide”; posted on website, October 2015
- > Review of course attendee evaluation surveys

Focus for 2016

- » Continue yearly “in-person” review course, Decision on next revision of Online Review Course, Review evaluation surveys
- » Complete study “flash-card” project
- » Take initial steps to develop a “core curriculum”

Accreditation 2015 Accomplishments

- > Initiated restructuring of this subcommittee
- > Investigated options for consultation with regard to accreditation
- > Monitored our acceptance as filling requirements for the ANCC “Magnet” Hospital Recognition Program
- > Reviewed prior materials obtained for accreditation submission

Focus for 2016

- » Add and educate (with regard to accreditation standards) additional members to subcommittee
- » Implement consultation with consultant
- » Develop platform with which to house accreditation submission materials
- » Develop strategy and time-line for submission for ABNS accreditation
- » Respond to ANCC “Magnet” Hospital Recognition Program policy changes when requested

Financial 2015 Accomplishments

- > Reviewed the total financial standing of CBN with ASMBS administration prior to negotiation with new consultant
- > Reviewed the financial implications of acquisition of the new consultant
- > Year-end review of the financial impact of the contract with AMP

Focus for 2016

- » Annual Review of the financial standing of the CBN program
- » Development of first draft of a 3-year financial strategic plan

Recertification 2015 Accomplishments

- > Process of the recertification candidates on a regular schedule (Q3 months) with review by the subcommittee members
- > Updated the process and CBN Handbook section to accommodate new consultant
- > Ongoing implementation of eligibility and audit policies
- > Wrote recertification article for the CBN Newsletter
- > Developed a policy in conjunction with Recertification Subcommittee addressing “retiring” CBNs

Focus for 2016

- » Eligibility and audit implementation, review CBN Handbook, Post examination and survey reviews, construction of 2017 examination, Cut-score setting, review of examination policies and “in-person” item review meeting.
- » Add and educate additional members
- » Review of the “entire” process and explore other potential platforms to manage the process
- » Collaborate with Marketing Subcommittee to market the recertification
- » Update the recertification policy especially to include

Management 2015 Accomplishments

- > Management of the eight subcommittees by the Chair and Co-chair.
- > Monthly (and at times more frequent) Chair & Co-chair and Chair/Co-chair communication calls to discuss the progress of each of the subcommittees
- > Updated the IHEC with regard to CBN activities with semiannual reports and regular updates (Q 2-3 month) to the IHEC liaison.
- > Carried out the initial transition from PES to AMP certification consultation services
- > Continued to develop a strong relationship with the American Board of Nurse Specialties (ABNS) by attending their meeting and actively participating in the organization.
- > Participated in the ad hoc group supporting the exploration with regard to the feasibility of credentialing for other IH disciplines especially the efforts with midlevel practitioners this year.

Focus for 2016

- » Continue the above processes especially the transition to PES and relationship with ABNS.
- » Support the 2016 activities of each of the subcommittees as listed above with special focus on the practice analysis update, the item writer project, submitting for accreditation, recertification process update and marketing expansion.
- » Implement formal monthly communication calls with the ASMBS CBN coordinator.



IH Clinical Issues and Guidelines

Terry McKenzie, RN, CBN and Stephanie Sogg, PhD

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, pharmacist, and exercise physiologist. The committee members are appointed by the IHEC President with input from the committee chair and co-Chair.

Committee Members

Co-Chairs

Terry McKenzie, RN, CBN
Stephanie Sogg, PhD

IH EC Liaison and Immediate Past Chair

Pam Davis, RN, CBN, MBA

ASMBS Staff Liaison

Teresa White

Registered Dietitians

Laura Greiman, RD, MPH
Julie Parrott, MS, RD, ACE-CPT
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

Ann Couch, RN, CBN, CPC
Pam Davis, RN, CBN
Terry McKenzie, RN, CBN
Debra Proulx, RN, BHS, MBA, CBN

Exercise Behavior

Dale Bond, PhD

Nurse Practitioners/Physician's Assistants

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

Pharmacists

April Smith, PharmD, BCPS

ASMBS IH Missions Met by the Committee

- › To improve outcomes through the multidisciplinary approach to the care of patients affected by obesity
- › To increase awareness of the critical role the multidisciplinary approach plays throughout the continuum of care
- › To promote best practices and an evidence-based approach to the treatment of patients affected by obesity
- › To cultivate and support a knowledgeable, skilled and empowered membership

› Toolkit Development

- ›› Development of multiple documents in many of the content areas is completed; these documents will be reviewed by the full IH CIGC, then to the IHEC. These documents are being developed at various times, so the flow through these reviews will be ongoing for the foreseeable future; materials will be made available through the online Toolkit as they are finalized and approved.
- ›› IH Support Group committee will be working with IH CIGC Patient Education Toolkit Subcommittee in developing content for this section of the Toolkit.

Committee Objectives

- › Collaborate with the surgeons' Clinical Issues Committee to establish a process for developing clinical guidelines
- › Develop the following: (1) an initial policy for the development of clinical guidelines and position statements and (2) a flow process for approval of guidelines and position statements
- › Work with IFSO to collaborate on joint practice guidelines

Activities Slated to Begin Late 2015/Early 2016

- › Form a working group to develop a standardized protocol for conducting literature reviews to be used in the creation of new or updated guidelines/recommendations documents/position statements.
- › Form an ad hoc task force to address clinical, legal, and ethical concerns regarding companies providing "online" behavioral health evaluations for WLS
- › Review and revise Gastric Band Adjustment Credentialing Guidelines for Physician Extenders, originally published in November 2012

2015 Activities Accomplished to Meet the Objectives

- › Continued progress on several activities, as described below.

2015 Activities Still in Progress

- › Psychosocial Guidelines: In final revision process, working with external reviewers; plan is for distribution to IHEC and Executive Council before end of this year.
- › Sensitivity Guidelines: Ready for IHEC review.
- › Nutrition Guidelines Revision: In final revisions, based on feedback from content and style reviewers; will be distributed to IH CIGC by early 2016, and then to IHEC, followed by surgeons' Clinical Issues committee and Executive Council.



IH Communications

Nathaniel J. Sann, MSN, CRNP, FNP-BC

The aim of the Integrated Health Communications committee is to facilitate communication within AMSBS integrated health membership, between integrated health and surgeon members, and with potential 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

Nathaniel J. Sann, MSN, CRNP, FNP-BC

Co-Chair

Rachel Blind, NP-BC, CBN

IHEC Liaison

Karen Flanders, RSN, MSN, CBN

ASMBS Staff Liaison

Claire Wilsen

Members

John Archibeque, MSN, MBA, CBSGL, RN, CBN

Gregory Byer, CSCS

Tina Mussleman RN, CCN

ASMBS IH Missions Met by the Committee

- > Increase awareness of the critical role the multidisciplinary approach plays throughout the continuum of care
- > Optimize patient access to comprehensive obesity treatment
- > Cultivate and support a knowledgeable, skilled and empowered membership

Committee Objectives

- > Improve communication within ASMBS membership
- > Increase awareness of IH activities to external audiences and stakeholders
- > Facilitate communication between committees
- > Identify and provide mechanisms for communication and collaboration for project development

2015 Activities Accomplished to Meet the Objectives

- > Developed an Integrated Health portion of the ASMBS.org website to be launched in 2016, creating a space for integrated health professionals to find information, news, and resources
- > Developed a video to encourage members to become leaders and pursue professional development

2015 Activities Still in Progress

- > Continuing to build and improve online content for integrated health professionals, including a resource of online articles for professional development and to share with patients
- > Augment online resources with a comprehensive “Tool Kit” to guide IH membership through the various aspects of developing or enhancing a bariatric practice



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

Adam Dungey, BSN, RN

EC Liaison

Lynn Bolduc, MS, RD, LS, CDE

ASMBS Office Liaison

Christine Hawa

Members

Constance Simms, RN, CBN

Amy Pearce, RN, CBN

Rachel Carrasca, PharmD

Kristin Kamprath, MPAS, PA-C

Ame Franks, RN, CMSRN, CBN

Colleen Berg, FNP-C

Laura Campisi

Connie Stapleton, PhD

Christine Potito, RN, BSN, MEd.

ASMBS IH Missions Met by the Committee

- › Optimize patient access to comprehensive obesity treatment
- › Cultivate and support a knowledgeable, skilled and empowered membership

Committee Objectives

- › Increase membership by 5%
- › Define the current value proposition for IH membership
- › Create incentives and identify barriers to membership
- › Provide recommendations and rationale for potential alliances with other organizations to expand membership base

2015 Activities Accomplished to Meet the Objectives

- › Increase accessibility of membership by allowing associate members to write letters of recommendation
- › Perform survey of non-renewing members to ascertain reasons for not renewing
- › Promote visibility of IH membership at ASMBS conferences
- › Increase retention of membership pool (decrease attrition)
- › Develop outreach tools to encourage surgeon members and administrators to promote IH membership
- › 10 percent Obesity Week-End registration discount for referring IH members
- › Communication of advantages of membership to non-renewing members to increase annual renewal numbers

2015 Activities Still in Progress

- › Satisfaction survey for active members mid-year
- › Promote membership value through website and social media
- › Develop online renewal system with ASMBS IT staff and website development
- › Continue targeted recruitment efforts to increase overall membership
- › IH Membership welcome letter with overview of membership benefits



IH Multidisciplinary Care

Tracy Martinez, BSN, RN, CBN

The IH Multidisciplinary Care 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 CBN

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

Christopher Still, DO, FACN, FACP

Alan Wittgrove, MD

Kathleen Ashton, PhD

Roseann DeLuca, MSN, RN

ASMBS Missions Met by the Committee

- › Improve outcomes through the multidisciplinary approach to the care of patients affected by obesity
- › Increase awareness of the critical role the multidisciplinary approach plays throughout the continuum of care
- › Promote best practices and an evidence-based approach to the treatment of patients affected by obesity

Committee Objectives

- › Define optimal multidisciplinary approach to surgical care
 - › Team members and roles
 - › Coordination of care
 - › Describe current state of multidisciplinary care
- › Evaluate current evidence and identify knowledge gaps regarding the impact of multidisciplinary approach on patient outcomes
 - › Leverage MBSAQIP data when possible

2015 Activities Accomplished to Meet the Objectives

- › Analyze multidisciplinary role survey data and identify trends in data
- › Develop an outline to guide the writing of a white paper regarding the role of the multidisciplinary team in the care of bariatric surgery patients
- › Write first draft of white paper based on survey data and literature review

2015 Activities Still in Progress

- › Identify gaps in current research by analyzing holes in literature review
- › 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
- › Research/contact other disciplines as to their strategies for achieving multidisciplinary care reimbursement
- › Find a collaborator to investigate patient's perceived value of comprehensive long term care
- › Develop a plan to access and educate the public directly regarding the integrated multidisciplinary approach to bariatric surgical care



IH Program and Professional Education

Maureen Quigley, MSN, APRN

The mission of the IH Program and Professional Education committee is to promote and support development of accredited post-professional education programs to improve the care and treatment of people with obesity and related diseases; to advance the science and understanding of metabolic and bariatric surgery; and to be a resource for the educational and professional needs of our diverse membership.

Committee Members

Chair

Maureen Quigley, MSN, APRN

Co-Chair

Paul Lorentz, MS, RN, RD, BBA

EC Liaison

Karen Flanders, MSN, CBN, NP-C

Immediate Past Chair

Karen Flanders, MSN, CBN, NP-C

Members

Dale Bond, PhD

Laura Frank, PhD, RD, CD, MPH

Kelli Friedman, PhD

William F. Gourash, MSN, CRNP

Leslie Heinberg, PhD

Subcommittees

Abstract

Subcommittee Chair

Dory Ferraro, DNP

Members

Karen Flanders, APRN

Kelli Friedman, PhD

Rachel Goldman, PhD

Laura Andromalos, MS, RD, LDN

Wendy King, PhD

Connie Klein, RN, NP-C

Patti Houston, RN

Jane Conway, LCSW, RD, CDN

Behavioral Health Abstract

Leslie Heinberg, PhD

Janelle Coughlin, PhD

Kelli Friedman, PhD

James Mitchell, MD, PhD

Meg Zeller, PhD

Nutrition

Laura Andromalos, MS, RD, LDN

Sue Cummings, RD, LD

Carol Wolin-Riklin, MA, RD, LD

Multidisciplinary

Kristine Steffen, PharmD, PhD

Dale Bond, PhD

ASMBS IH Missions Met by the Committee

- > Improve outcomes through the multidisciplinary approach to the care of patients affected by obesity
- > Increase awareness of the critical role the multidisciplinary approach plays throughout the continuum of care
- > Promote best practices and an evidence-based approach to the treatment of patients affected by obesity
- > Cultivate and support a knowledgeable, skilled and empowered membership

Committee Objectives

- > Enhance the value and quality of educational programming at ObesityWeek, Obesity Week-End and throughout the year
- > Explore new educational opportunities
- > Identify potential collaborations with relevant organizations

2015 Activities Accomplished to Meet the Objectives

- > Planned a very successful and well-received mid-year meeting at Obesity Week-End. There was a total of 538 total registered IH attendees overall. Course attendance as follows:

IH Back to Basics	41
IH Back to the Future	124
MBSAQIP Clinical Review	201
MBSAQIP Next Steps	113
IH Best Kept Secrets	119
Practice Management	121

- > Rotated and added members to the Abstract committee and Professional Program and Education committee
- > Rotated and added course directors and co-directors for ObesityWeek and Obesity Week-End
- > Increased collaborative courses with surgeons and IH as well as TOS and IH for ObesityWeek 2015

2015 Activities Still in Progress

- > ObesityWeek 2015
- > Planning ObesityWeek 2016 and Obesity Week-End
- > Fill vacancies for post-graduate subcommittee
- > A course presentation request sheet was developed and shared with Program and Education committee members. Adding an area on the ASMBS website for suggestions for future presentations would increase access for all members.
- > Explore other venues for education, given the financial barriers to attending conferences for some IH members. Potential areas include:
 - >> A. Online Education
 - > Upload IH sessions videotaped at ObesityWeek 2014 to the ASMBS website
 - > Exploration of links such as MBAQIP and other organizations that provide metabolic and bariatric surgery education to the ASMBS website
 - >> B. Partnership with other organizations in conjunctions with other meetings, such as ACSM, AND and AANP as potential organizations.



IH Support Group

Kellie Armstrong, RN, MS, CBN

The mission of the IH 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

Kellie Armstrong, RN, MS, CBN

Co-Chair

Paul Davidson, PhD

IHEC Liaison

Jill Meador, RN, BSN, CBN

ASMBS Staff Liaison

Christine Hawn

Members

Francine Broder, Psy.D.

Lauren Carey, RD

Elizabeth Loosemore, PhD, RD,
LDN

Lori Nevins, LCSW

Millie Sasaki, RN, BSN, CBN

LoRita Shingleton, MSN, RN, CBN

Julie Parrott, MS, RD, CPT

ASMBS IH Missions Met by the Committee

- › Improve outcomes through the multidisciplinary approach to the care of patients affected by obesity
- › Increase awareness of the critical role the multidisciplinary approach plays throughout the continuum of care
- › Optimize patient access to comprehensive obesity treatment
- › Promote best practices and an evidence-based approach to the treatment of patients affected by obesity
- › Cultivate and support a knowledgeable, skilled and empowered membership

Committee Objectives

- › Provide resources for the education, certification, and continued advancement of support group leaders
- › Increase awareness of the necessity for support groups and improve patient access
- › Further the development, implementation and continued advancement of support groups
- › Facilitate exchange of ideas and networking among support group leaders

2015 Activities Accomplished to Meet the Objectives

- › Publish completed support group manual on ASMBS website

2015 Activities Still in Progress

- › Development of support group facilitator toolkit
- › Review, refine, and make additional suggestions for MBSAQIP support group leadership definition
- › 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
- › Develop ASMBS policies and protocols for evidence-based and best practice with regard to the development and facilitation of bariatric surgery support groups
- › Revision of the ASMBS website Support Group Directory
- › Revise the online support group directory
- › Creating two didactic presentations for ObesityWeek 2015 for the beginning and more seasoned support group leader and planning similar programs for spring training and ObesityWeek 2016

Financial Report

ASMBS Finance Committee

Stacy Brethauer, MD

Raul Rosenthal, MD

John Morton, MD

Georgeann Mallory, RD

Overview

ASMBS remains a fiscally healthy organization in 2014 with a positive change in net assets of \$153,192. ASMBS educational meetings and membership dues continued to show strength and remain the cornerstones of the revenue from which the many ASMBS projects are funded. On December 31, 2014, the ASMBS had net assets of just under \$6.8M and a balance in its investment accounts of just under \$5.4M.

Education

2014 was the second year the ASMBS held 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 second year of collaboration resulted in net earnings for the ASMBS of \$968,000. We are looking forward to the 2015 Obesity Week to be held in Los Angeles and expect the same success as seen in the previous two years.

The ASMBS also hosted the fifth annual ASMBS Spring Educational Event held in Miami in 2014. Attendance to this annual event continues to grow each year. In 2015 the ASMBS Spring Educational Event was renamed and is now known as "Obesity Week-End". The first Obesity Week-End was held in Las Vegas in June, 2015, with registration more than doubling that of 2014, while also maintaining a steady growth in industry support. We are excited to watch and see the future success of this meeting.

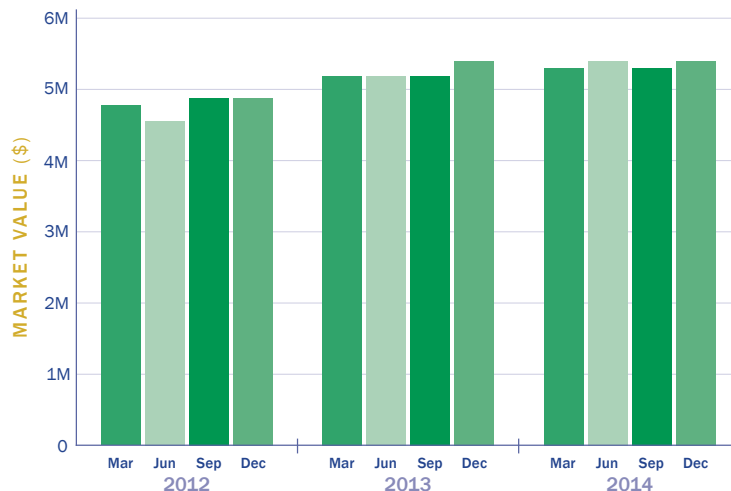
The ASMBS also continues to provide online education and other educational programs.

Membership

The ASMBS membership 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. 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 2014, the Foundation gave \$178,750 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.



As seen above, the 2014 market remained constant after a 30% increase in 2013.

The balance in the investment accounts at December 31, 2013 and December 31, 2014 was just under \$5.4M.

Investment income for the year ended December 31, 2014 was \$180,296.

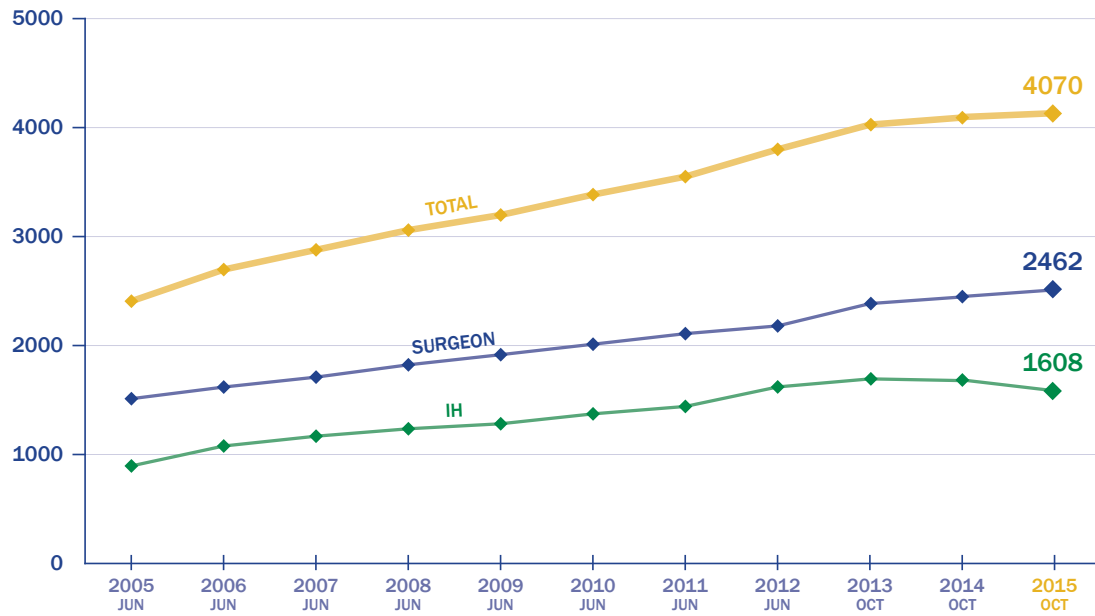
Financial Statements

Each year the ASMBS financial records are formally reviewed by an independent accounting firm with a full audit performed every four to five years. The following report provides a summary of financial activity for the years ended December 31, 2014 and 2013.

American Society for Metabolic and Bariatric Surgery, Inc.		
Statements of Assets, Liabilities and Net Assets – Accrual Basis		
December 31, 2014 and 2013		
	2014	2013
Total Assets	\$7,306,454	\$7,048,822
Total Liabilities	\$506,982	\$402,542
Net Assets	\$6,799,472	\$6,646,280

American Society for Metabolic and Bariatric Surgery, Inc.		
Statements of Revenues and Expenses – Accrual Basis		
December 31, 2014 and 2013		
	2014	2013
REVENUES	2014	2013
Annual Meeting (net of expense)	\$968,355	\$1,309,806
Other Meetings & Educational Programs	522,064	501,608
Membership Dues/Journals	1,004,099	969,293
Royalties—SOARD Journal	116,027	91,588
Other Revenues	153,765	259,086
TOTAL REVENUES	2,764,310	3,131,381
EXPENSES		
Meetings & Educational Programs	492,090	325,609
Supporting Services/Management & General	2,299,324	2,226,648
TOTAL EXPENSES	2,791,414	2,552,257
NET OPERATING INCOME	(27,104)	579,124
INVESTMENT INCOME (LOSS)	180,296	620,842
CHANGE IN NET ASSETS	153,192	1,199,966
NET ASSETS AT BEGINNING OF YEAR	6,646,280	5,446,314
NET ASSETS AT END OF YEAR	\$6,799,472	\$6,646,280

Membership Growth

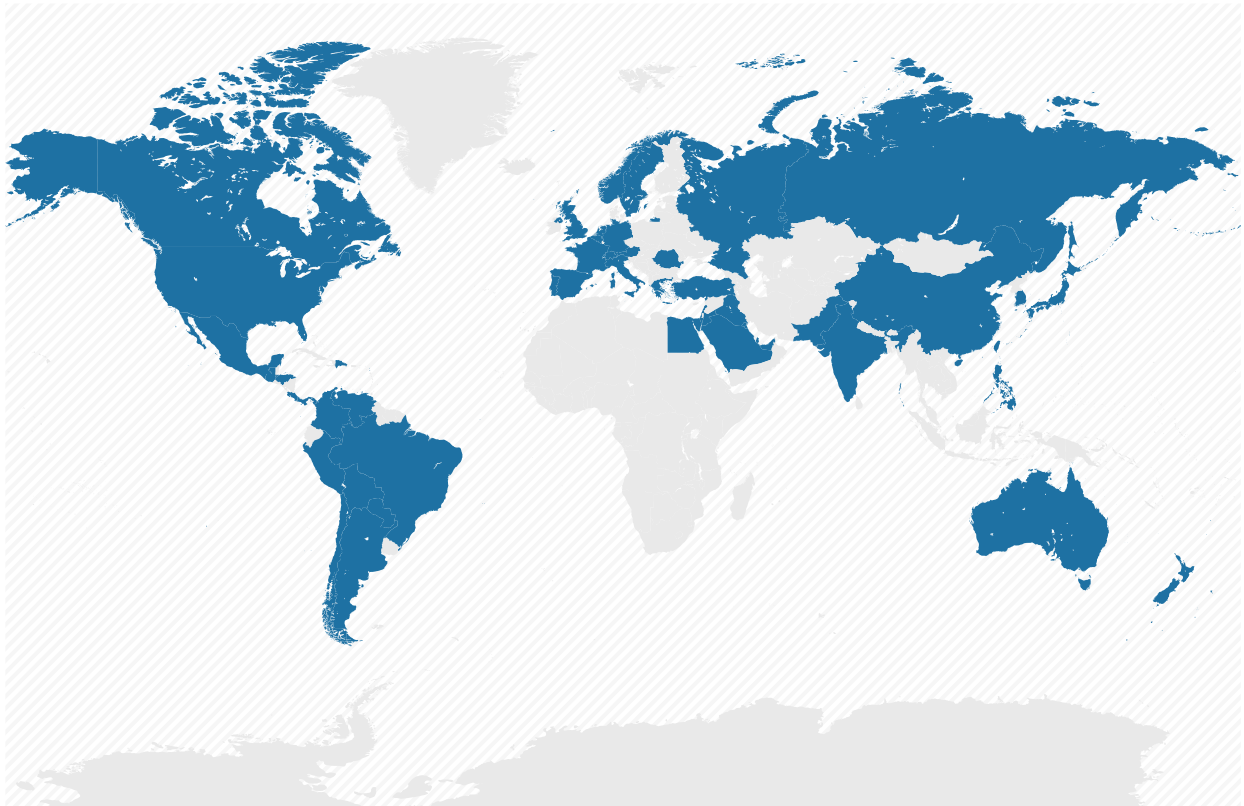


The very essence of the ASMBS is its membership. Our members represent surgeons and professionals from a wide variety of specializations throughout the world—all of which play crucial roles in the care of bariatric patients. Since 1983, our multidisciplinary society has grown to include over 2,300 surgeons and physicians, and over 1,600 integrated health professionals.

International Growth

The ASMBS 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)



State Chapter Leaders

Super STARs

Lower Midwest

Lloyd Stegemann, MD

Southeast Central

Brandon Williams, MD

Southwest

John Morton, MD

Mid-Atlantic

John Scott, MD

Northeast

Dominick Gadaleta, MD

Northwest

Valerie Halpin, MD

Upper Midwest

Teresa LaMasters, MD

	President	State Access to Care Representative
Alabama	Kenneth Todd Foreman, MD	Kenneth Todd Foreman, MD
Arizona	David Podkameni, MD	Robert Berger, MD
California/Nevada	Brian Smith, MD	(CA): Ajay Updadyay, MD (NV): Shawn Tsuda, MD
Canada	Michel Gagner, MD	Michel Gagner, MD
Carolinas	Jason Johnson, DO, FACS	Ranjan Sudan, MD
Colorado	Jonathan Schoen, MD	Matthew Metz, MD
Connecticut	Aziz Benbrahim, MD	Darren Tishler, MD
Dakota Yellowstone (Includes ID, MT, ND, SD, WY)	Luis A. Garcia, MD, FACS	(ID): Alian Garay, MD Luis A. Garcia, MD, FACS (ID): Alian Garay, MD (MT): John Pender, MD (SD): Kristen J. Turek, CPN (ND): Luis A. Garcia, MD MBA (WY): Richard A. Fermelia, MD
Delaware	Michael B. Peters, MD, FACS	Rahul Singh, MD
Florida	Samuel Szomstein, MD	Joseph Chebli, MD
Georgia	Titus Duncan, MD	Titus Duncan, MD
Hawaii	Mark Grief, MD	Brian Wong, MD
Illinois	Vafa Shayani, MD	Jayaraj Salimath, DO, BSN
Indiana	Margaret Inman, MD, FACS	Brenda Cacucci, MD, FACS
Iowa	Michael Phelps, MD, FACS	Matthew Christopherson, MD
Kansas (Pending)	Stanley Hoehn, MD and Brice Hamilton, MD	James Hamilton, MD
Louisiana	Uyen Chu, MD	David Treen, MD
Maryland	Elizabeth Dovec, MD	David Von Rueden, MD
Michigan	Carl Pesta, DO	Matthew Weiner, MD
Minnesota	Howard McCollister, MD	Daniel A.P. Smith, MD
Mississippi	David Carroll, MD	Paul Bird, MD
Missouri	J. Stephen Scott, MD	James Pitt, DO
Nebraska	Thomas White, MD	Gary Anthone, MD
New England (Pending – will include MA, ME, NH, RI and VT)	Matthew Hutter, MD, MPH	(MA): Sheila Partridge, MD (ME): Jamie Loggins, MD (ME): Jamie Loggins, MD (NH): John P. Gens, MD and Maureen T. Quigley, APRN (RI): Siva Vithiananthan, MD (VT): Patrick Forgionne, MD

Continue on following page ➔

STATE CHAPTER LEADERS

New Jersey	Michael Bilof, MD, FACS	Alex Onopchenko, MD, FACS
New York	Terence Clarke, MD	Mitch Roslin, MD
Ohio/Kentucky	Joe Northup, MD	Joe Northup, MD
Oklahoma/Arkansas	Hamilton Le, MD	(OK): Sarah Kitchen, RN, BSN, CBN (AR): Josh Roller, MD
Oregon	Kevin Reavis, MD	Valerie Halpin, MD
Pennsylvania	Michael Bono, MD	Ann Rogers, MD
Southwest (Pending; will include AK, AZ, CO, NM and UT)	David Podkameni, MD	(AK): Michael Todd, MD (AZ): Robert Berger, MD (CO): Matthew Metz, MD (NM): Charles F. Bellows, MD (UT): Walter Medlin, MD and Eric Vlockmann, MD
Tennessee	Jenny Weaver, MD, FACS	Pamela Davis, RN, CBN, MBA
Texas	Richard M. Peterson, MD, MPH, FACS	Michael V. Seger, MD
Virginia/West Virginia	Troy Glembot, MD	Troy Glembot, MD
Washington	Robert Michaelson, MD	Brian Sung, MD
Wisconsin	Kevin Wasco, MD	Shanu Kothari, MD

Advocacy Update

SUMMARY OF ADVOCACY EFFORTS IN 2015

Essential Health Benefits

During 2015, the Obesity Care Continuum (OCC) continued its campaign to secure state health exchange coverage for all evidence-based obesity treatment services. The Obesity Care Continuum was established in 2011 and currently includes the Obesity Action Coalition, The Obesity Society, the Academy of Nutrition and Dietetics, the American Society for Metabolic and Bariatric Surgery, and the American Society of Bariatric Physicians. With a combined membership of over 125,000 healthcare professionals, researchers, educators and patient advocates, the OCC is dedicated to promoting access to, and coverage of, the continuum of care surrounding the treatment of overweight and obesity.

On the federal regulatory front, the OCC continues its five-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. Since the beginning of 2014, these efforts have focused on providing HHS with clear examples of qualified health plans (QHPs) employing discriminatory benefit design language targeting obesity treatment. In the case of bariatric surgery, we have pointed out how a number of states that include coverage of bariatric surgery in their state EHB benchmark plan are providing this coverage – but only accompanied by various discriminatory benefit designs such as prohibitive patient cost sharing and lifetime procedure limits. OCC member groups have also been very aggressive with HHS – urging the department to issue a “frequently asked question” or “FAQ” regarding coverage of weight loss programs as 45 state health exchange plans continue to utilize blanket exclusions for weight loss programs or any obesity management services. Clearly, such blanket exclusions for these services are contradictory to ACA-mandated coverage for USPSTF recommended preventive services for obesity screening and referral for intensive behavioral therapy.

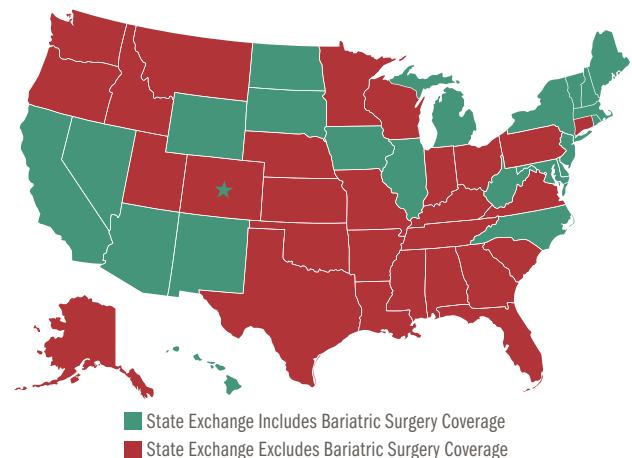
Despite these clear violations of ACA patient protections, HHS continues to side step its oversight authority in favor of letting states work out these issues – instructing advocates to contact state insurance commissioners for any kind of recourse. The obesity community, through the leadership and coordination of the state chapters of the American Society for Metabolic and Bariatric Surgery (ASMBS), contacted over 20 different state insurance commissioners and provided public comment during a number of state-based health exchange forums – advocating for coverage of obesity treatment services such as bariatric surgery and FDA approved obesity drugs as well as ensuring that states are providing robust intensive behavioral therapy services as mandated under the ACA.

While sympathetic, most state insurance commissioners informed obesity advocates that any coverage for obesity treatment services must be approved by the state legislature – a very unlikely scenario given that states are required to pay the costs of any new state mandated benefits.

However, these efforts did bear fruit in Colorado, the first state to change from a non-coverage state to a limited coverage state when the Colorado Division of Insurance (CDI) added coverage for bariatric surgery when it selected the state employee health plan for its EHB benchmark plan for 2017. In announcing the new EHB benchmark selection, CDI listed obesity treatment services as the number one treatment area raised by stakeholders that was lacking in the state’s current benchmark plan. Following is an excerpt from that memorandum:

“While the selected 2012 benchmark plan, the Kaiser Ded/CO HMO 1200D plan, was the largest small group plan, the stakeholders who commented in this year’s process identified stronger support for the Kaiser State Employee Plan because it offers benefits in three areas that are not in the current benchmark: obesity services (specifically bariatric surgery coverage), services provided by chiropractors, and some infertility coverage.”

Summary of Coverage of State Health Exchange Essential Health Benefit (EHB) Benchmark Plans for 2015-2016



Twenty-two states chose benchmark plans that cover bariatric surgery (AZ, CA, DE, HI, IL, IA, ME, MD, NV, NH, NJ, NM, NY, NC, ND, MA, MI, RI, SD, VT, WV and WY).

Five states chose benchmark plans that cover weight-loss programs (CA, DC, NM, MA and MI).

Twenty-eight states chose benchmark plans that cover neither bariatric surgery nor weight-loss programs (AL, AK, AR, CO, CT, FL, GA, ID, IN, KS, KY, LA, MN, MS, MO, MT, NE, OH, OK, OR, PA, SC, TN, TX, UT, VA, WA, WI)

ADVOCACY UPDATE

New NCOIL Policy Supporting Obesity Care

On July 19, 2015, the National Conference of Insurance Legislators (NCOIL) executive committee passed by a vote of 13-3, a resolution in “Support of Efforts to Reduce the Incidence of Obesity and Chronic Disease.” The membership of NCOIL consists of the chairs and members of insurance committees in state legislatures across the country. The purpose of the resolution is to encourage state policymakers to focus on increasing access to obesity pharmacotherapy and bariatric surgery in Health Exchange benchmark plans, Medicaid and other state health programs as well as Qualified Health Plans offered through the exchanges.

The resolution reads as follows:

NCOIL urges the 50 State Legislatures, health departments and other state agencies and institutions to make the prevention and treatment of obesity a high priority and to work to ameliorate obesity-related problems, such as worker productivity and absenteeism, as well as medically related costs, while improving the health and wellness of all persons through the following measures:

Encourage states that operate their own exchanges or those with federal-state partnership exchanges to consider the selection of benchmark plans that allow for access to the entire range of treatment options for wellness and preventive policies, including treatments for obesity such as pharmacotherapy and bariatric surgery

Encourage the implementation of chronic disease management programs (CDMPs) in state Medicaid and other state health programs, or to seek out other sources of program funding for CDMPs, such as grants other public or private programs, that emphasize the management of obesity, including coverage of the full range of obesity treatments, particularly new innovative treatments such as pharmacotherapy and bariatric surgery

Encourage state exchanges to incentivize Qualified Health Plans to include coverage of the full spectrum of obesity treatments or to implement CDMPs that include the full range of obesity treatments, including new innovative measures such as pharmacotherapy and bariatric surgery

The adoption of this new policy by NCOIL resulted from the leadership of New York State Assemblyman Kevin Cahill and Louisiana State Representative Marcus Hunter, in conjunction with OCC member groups and industry, who worked throughout the last two years in crafting the final language that was adopted during the July NCOIL meeting. Adoption of this new policy is even more remarkable given that NCOIL has never passed any resolutions or model legislation that has focused on any specific disease category.

Treat and Reduce Obesity Act

On May 18, 2015, Representatives Paulsen (R-MN) and Kind (D-WI) reintroduced the Treat and Reduce Obesity Act of 2015 (HR 2404). The Treat and Reduce Obesity Act (TROA) would provide Centers for Medicare & Medicaid Services (CMS) with the authority to expand the Medicare benefit for intensive behavioral counseling by allowing additional types of health care providers to offer these services. It would also allow the agency to expand Medicare Part D to provide coverage of FDA-approved prescription drugs for chronic weight management. On June 4th, Senators Carper (D-DE); Cassidy (R-LA); Coons (D-DE), Grassley (R-IA) Heinrich (D-NM); and Murkowski (R-AK) introduced S. 1509 -- the senate companion bill to HR 2404.

The OCC continues to strongly support TROA and has made the legislation one of the coalition’s major advocacy priorities during monthly advocacy days that have taken place throughout 2015. Leaders from every OCC member group have participated in these events and have had a tremendous influence on persuading many members of the House and Senate to cosponsor this critical legislation.

Employer Wellness Programs

On June 19, 2015, the OCC submitted comments in response to the Equal Employment Opportunity Commission’s (EEOC) proposed rule regarding amendments to regulations governing employer wellness programs under the Americans with Disabilities Act (ADA)—taking issue with EEOC’s definition of “voluntary” health risk assessments (HRA) by employers and the allowance of a 30 percent of individual employee premium penalty for those who do not complete the HRA. In addition, OCC leaders joined with the eating disorders community in educating EEOC Commissioner Burrows regarding the negative impact that employer wellness programs can have on those affected by obesity and eating disorders. In addition, advocates highlighted how often the employee health plans screen for obesity but decline from providing coverage for evidence-based obesity treatment avenues.

OCC Leaders Meet with First Lady’s Office regarding the Let’s Move Campaign

During August, ASMBS President-Elect Dr. Raul Rosenthal joined with other leaders from the obesity community in meeting with Debra Eschmeyer, Executive Director of the Let’s Move campaign and Senior Policy Advisor for Nutrition in the Office of the First Lady. Other obesity advocates included OAC Board Chair Ted Kyle and OAC President Joe Nadglowski, TOS President Penny Gordon Larsen and TOS Executive Director Francesca Dea and AND Vice President of Policy Initiatives and Advocacy Jeanne Blankenship.

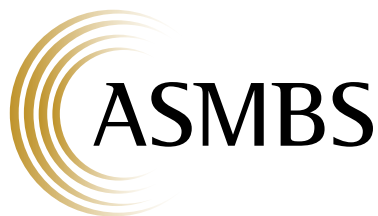
Eschmeyer updated obesity advocates on the short-term priorities of the First Lady including the implementation

of Food and Drug Administration labeling regarding added sugars and the passage of the Childhood Nutrition Reauthorization, which regulates school lunches. The obesity advocates urged the Let's Move campaign and the First Lady to move beyond just prevention and expand focus to include treatment for those children with obesity. In addition, each of the organizations updated Eschmeyer on organization priorities and shared upcoming events like the "It Starts Now" film contest, the Walk from Obesity and the "United We Step" Pedometer Challenge.

OCC Member Groups Meet with U.S. Surgeon General Murthy

On October 15, 2015, OCC leaders joined with leaders from the diabetes community in meeting with U.S. Surgeon General Vivek Murthy to discuss how both communities can work together to support his priorities regarding obesity. During his confirmation hearing, Dr. Murthy identified obesity as a major public health issue that must be addressed. OCC groups urged the Surgeon General to promote efforts that support both prevention and treatment of obesity.

For more about the Obesity Care Continuum contact OCC Washington Coordinator Chris Gallagher at chris@potomaccurrents.com.



Media Outreach and Public Relations

2014-2015

The American Society for Metabolic and Bariatric Surgery (ASMBS) will the help of its public relations and communications consulting 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 increased awareness of the importance of obesity treatment, enhanced public and professional understanding of metabolic and bariatric surgery, and helped improve patient access to care and further establish the ASMBS as a leading authority on obesity and related diseases and conditions.

Programs included message development, strategic planning, media training sessions with ASMBS leadership, national and local media relations, news releases on the ASMBS National Obesity Summit, Choosing Wisely, the ASMBS Film & Video Contest, and the Food and Drug Administration's approval of the dual balloon device. In addition, several news releases and background materials are being prepared for ObesityWeek 2015 featuring ASMBS members discussing their data. Media outreach will commence to secure interviews with healthcare reporters throughout the country.

Over the last year, ASMBS was featured in major news outlets including, The New York Times, Huffington Post, National Public Radio (NPR), Bloomberg/BusinessWeek, U.S. News & World Report, HealthDay News, The Wall Street Journal, Medscape, TIME, Los Angeles Times, Reuters, Fox News, Cosmopolitan, NBCNews.com, USA Today, American Medical News, Miami Herald, Redbook Magazine, General Surgery News, WebMD, Chicago Tribune, Fox Business and numerous obesity and diabetes publications. Topics ranged from the safety and effectiveness of bariatric surgery and emerging technologies to pregnancy, "diabetes surgery," aftercare and issues of patient access.

In addition, we continue to publish, connect, the popular monthly ASMBS news magazine that draws about 4,000 visitors each month. Popular articles over the last year include: The Obesity/Cancer Connection; TOUCHDOWN – Former NFL Players Shed Pounds, Improve Health; Mortality Rate Associated with Bariatric Surgery Reaches New Los, Life Expectancy Reaches New Highs; and The ASMBS National Obesity Summit. Regular features include the ASMBS Presidential Message, News & Notes, Stories of the Week, People Gallery and Study Roundup.

Building on its first motivational patient video— "It Starts Today," which premiered during ObesityWeek 2014—the ASMBS announced the "It Starts Now" Film and Video contest. Videos or films of five minutes or less were sought that creatively inspire, motivate and educate the country about issues related to obesity. The news media were alerted and the ASMBS reached out to television and film and journalism schools, as well as colleges and universities throughout the country. Submissions were judged on originality, creativity, direction, content and thoughtfulness. We were able to secure judges including, Barry Zegel, Senior Vice President and General Manager, CBS Television City; Emmy Award-winning writer and producer, Perry Rein; journalist Dan Childs, managing editor, medical coverage, ABC News; screenplay writer of Remember the Titans, Gregory Allen Howard; Jamie Dukes, NFL Network commentator and former NFL player; and ASMBS President, Dr. Morton. Winners will be announced at ObesityWeek 2015 in Los Angeles.

2014-2015 was a very successful year. We continue to establish ourselves as the leading authority on metabolic and bariatric surgery, shape the national conversation around obesity prevention and treatment and build on the momentum we have achieved over the last several years.

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.

2014 Recipient

Elaine Cleveland, MD, El Paso, Texas

Prospective, randomized, double-blind controlled trial evaluating anterior abdominal wall infusion of local anesthetic to reduce narcotic use in laparoscopic sleeve gastrectomy.

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.

2014 Recipient

Joshua Pfeiffer, MD, La Crosse, WI

Proximal Gastrectomy with Roux-En-Y Reconstruction as a Salvage Procedure for Multiple Failed Funduplications in an Obese Patient

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 2014 Research Grant program was provided by the ASMBS Foundation.

2014 Recipients

Sabrena F. Noria, MD PhD, Ohio State University

Determinants of Diabetes Remission After Bariatric Surgery and the Role of Gut Hormones and Aging

Amount Awarded \$50,000

Luke m. Funk, MD MPH, University of Wisconsin, Madison

Understanding Primary Care Physician Perspectives on Severe Obesity

Amount Awarded: \$25,000

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.

2014 Recipients

First Place

James Mitchell, MD, Fargo, ND

Prevalence of Alcohol Use Disorders After Bariatric Surgery:

A Labs Interview Study

Second Place

Christopher Daigle, MD, Cleveland, OH

Bariatric Surgery in the Cognitively Impaired

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.

2014 Recipient

Robert Brolin, MD, FACS, University Medical Center of Princeton at Plainsboro

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.

2014 Recipient

James Mitchell, MD

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.

2014 Recipients

Miguel Herrera, MD, PhD, Mexico

For the presentation entitled: Preliminary Analysis of Gene Candidate Single Nucleotide Polymorphisms (SNP) Associated to Postoperative Weight Loss in Mexican Mestizo Obese Patients Undergoing Roux-En-Y Gastric Bypass (RYGB). Id – 202536.

Elie Ramly, MD, Lebanon

For the presentation entitled: Concomitant Removal Of Gastric Band And Gastric Bypass: Analysis Of Outcomes And Complications From The Acs-Nsqip Database. Id – 202348.

SOARD Annual Report

Our journal submissions increased from 413 in 2013 to 575 manuscripts submitted last year, of which 350 were original articles and 90 Paired Editorials. We have only had 78 Original Articles submitted as of August 2015. The rejection rate for original articles was 51% last year and is currently at 42%. We published 120 original articles in 2013, which increased to 170 in 2014. The average time between receipt of a manuscript and initial decision or referral to an Associate Editor was less than one day. The average time until reviewers were assigned was 14.5 days and the average time to respond to an invitation was 3.2 days with an average of 3.2 reviews/reviewer. Obviously, some reviewers received many more than 3 and many just 1. The number of revisions per original manuscript is still high at an average of 2/article with several manuscripts requiring up to 5 revisions.

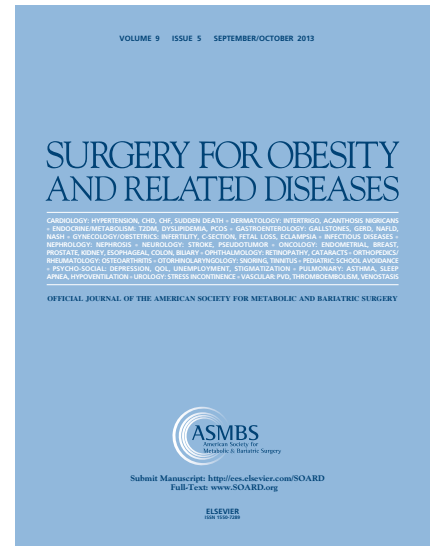
Although our Impact Factor (IF) had progressively increased from a start of 2.9 to a 4.9 as of last year, we saw a decrease to 4.1 this past year. We presume that this was due to the increased denominator, i.e. a larger number of manuscripts published in 2014 than previously. The 2014 IF was derived from the total number of references to manuscripts published in 2012 and 2013 divided by the total number of manuscripts published in 2014. This still places us at #11 of 135 surgical journals and #5 amongst obesity related journals.

We still received 47% of our manuscripts from North America, 34% from Europe and 10% from Asia. The remaining areas are between 1 and 3% from Australia, the Middle East, and South America. With the support of Ethicon, we have initiated a Chinese Edition of SOARD. We have added a few new Associate Editors for specialized areas, e.g. Dale Bond: exercise physiology, Kajsa Sjöholm for genetics-related studies, Alex Moras for gut peptide physiology.

Since initiating a \$500 submission fee for open access case reports, there has been an appropriate decrease in the number of accepted case reports, which is managed by Dr. Michel Murr. The Continuing Medical Education program for both readers of the journal and reviewers of manuscripts has been quite successful. Dr. Samer Mattar. We tried to initiate a Twitter SOARD Journal Club (@soardjc) and this has not been very successful. But we have a new coordinator, Dr. Richard Peterson and the last session was much better attended.

We are in our first year of a new five-year contract with Elsevier. Many of you appreciated the efforts that Angelica Kerr did for SOARD from its inception. Unfortunately, she has been promoted within the Elsevier system and our new publication manager is David Newcombe who has a private company that manages journal submissions: so far, so good.

Our new contract provides for an Abstract Supplement for our annual meeting as part of ObesityWeek. This will be provided to all attendees this year, including members of The Obesity Society. Manuscripts which are accepted still become available online shortly after acceptance and are replaced with edited manuscripts after galleys. They subsequently become available on PubMed as “Epub before print”. At any of these stages, the manuscript can be referenced. Most manuscripts now appear in print within four months of acceptance. Beginning 2016, we will be publishing 10 issues: January, February, March-April, May, June, July, August, September, October-November and December. However, each issue will have fewer original articles.



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:

Chair

Gina Baldo

Chair-Elect

Bret Petkus Chair-Elect

Senior Past Chair

Robert Dougherty

Director-At-Large

Carol O'Dell,

Directors-at-Large

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Immediate Past Chair

Gary Richardson Dougherty

ASMBS President

John Morton, MD, MPH

ASMBS IH President

Chris Bauer

Appointed Members

Raul Rosenthal, MD

Jaime Ponce, MD

ASMBS Executive Director

Georgeann Mallory, RD

ASMBS Staff Liaison

Martha Lindsey

Corporate Council Members:

Automated Medical Products Corp.
Bariatric Advantage
BariatricBridge.com
Bariatric Choice c/o Diet Direct Inc.
Bariatric Fusion, Inc.
Bariatric Times
BariatricPal.com
Baxter Health
Covidien

Devrom, The Parthenon Co. Inc
Ethicon Endo-Surgery
Gore & Associates
Health Economic Advisors, Inc (HEA)
MDnetSolutions
Novo Nordisk
Obesity Prevention, Policy and Management
OPTIFAST, Nestle Health Science,
Nestle HealthCare Nutrition, Inc.

ReShape Medical, Inc.
Robard Corporation, New Direction System
SeaPort Insurance Service, Inc.
Twinlab Corporation
UNJURY Protein OPURITY
Vitamins
Gastric Bypass.com
Enteromedics
KVK-Tech, Inc

Par Specialty Pharmaceuticals (formerly Strativa)
Frontera Strategies
Bariatec Corporation

For full details of the goals and future projects of the Corporate Council visit ASMBS.org

The ASMBS would like to acknowledge and extend gratitude to the Corporate Council for supporting the production of the 2015 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 28 ASMBS Research Grants
- > ASMBS Nutrition Guidelines Project
- > ASMBS Online CME Program
- > ASMBS Integrated Health Abstract Session
- > 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
- > Presents Annual Walk from Obesity Events
- > Presented the 2/22 Florida Pedometer Challenge
- > Presented the First Annual United We Step National Pedometer Challenge

As of the 2nd Quarter of 2015, the Foundation has given a total of just under \$1.9M in support of ASMBS programs and projects.

ASMBS Foundation's Board of Directors

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Raul Rosenthal, MD

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Kim Carmichael

Director of Marketing and Communications

Leslie Galloway

The ASMBS Foundation's LEAD Awards honors those who have shown leadership, education, advancement, and dedication to the field of bariatric surgery. Each year the ASMBS Foundation recognizes the recipients of the following awards during the LEAD Awards reception, held in conjunction with Obesity Week.

Outstanding Achievement Award

Master Educator Award

Excellence in Nutrition Award

Patient Safety & Quality Award

Surgical Innovation Award

Excellence in Clinical Care Award

Distinguished Industry Partner Award

The background of the poster is a photograph of a street in New Orleans. In the foreground, a brown horse is harnessed to a white carriage with a driver wearing a hat. The carriage is moving along a street lined with historic buildings. The building on the right has a prominent balcony with intricate wrought-iron railings and hanging plants. The sky is clear and bright.

obesityweek™ 2016

New Orleans, Louisiana • October 31 – November 5



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