Lessening the Burden
of the Disease of Obesity
The vision of the Society is to improve public health and well-being by lessening the burden of the disease of obesity and related diseases throughout the world.
To improve the care & treatment of people with obesity
To advance the science & understanding of metabolic & bariatric surgery
To foster communication between health professionals on obesity and related conditions
To be the recognized authority & resource on metabolic & bariatric surgery
To advocate for the health care policy that ensures patient access to high quality prevention & treatment of obesity
To be a highly valued specialty society that serves the educational & professional needs of our diverse membership

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, value
- Increase public understanding of obesity and metabolic and bariatric surgery
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MESSAGE FROM OUR PRESIDENT

Dear ASMBS Members,

During the last year, the ASMBS leadership and staff have been devoted to carrying out the mission of the ASMBS in the critical areas of education, advocacy, patient care and research. The focus has been implementation of the strategic plan, which was established last year and calls for improvements to the structure, organization and function of all ASMBS committees. The number of ASMBS members who have made meaningful contributions to these many spheres of activity has been phenomenal, reflecting the knowledge, dedication, passion, and commitment to accomplishment of our mission. Highlights in each of those domains were as follows:

Education
ASMBS has continued to organize and present multiple postgraduate courses and other educational programs, including our annual meeting, hosting of the IFSO meeting, additional postgraduate courses such as the first annual Fall Educational Event, and a large number of local and regional programs through state chapters. Plans for merging our meeting with The Obesity Society (TOS) have made steady progress in preparation for the inaugural Obesity Week in November 2013. The Obesity Compendium continues to be a major educational tool available to our members and trainees.

Patient Care
We pursued a closer working relationship with the Surgical Review Corporation (SRC) following completion of our contractual agreement with SRC. In the future there will be greater input from ASMBS regarding Center Of Excellence criteria and policy. ASMBS is participating in a consortium to establish the certification examination for bariatric medicine. ASMBS responded with an analysis regarding establishment of guidelines for the appropriate length of hospitalization following bariatric surgery (Milliman Guidelines). ASMBS continues to issue position statements on appropriate topics in bariatric surgery, including position statements on preoperative weight loss requirements, gastric plication, and access to care for obesity treatment. Other ASMBS position statements were reviewed and were not changed, including the statement on sleeve gastrectomy.

Advocacy
ASMBS has been active at the national, regional and local levels to advocate for access to bariatric surgical and related care. At the national level our focus has been on educating appropriate persons in government, including legislative and executive branches. Testimony was provided to the Institute of Medicine regarding inclusion of obesity treatment as a component of healthcare reform. ASMBS also testified at the FDA hearing on extension of indications for LapBand® to BMI 30 with comorbidity. Multiple meetings with legislative, HHS and White House staff are described in detail in the summary of obesity advocacy activities by Christopher Gallagher, President of Potomac Currents. That report can be found in the member’s only section on the ASMBS website. We have also provided materials for use at state and local levels when coverage decisions require advocacy. We have formalized a coalition, “The Obesity Care Continuum” or OCC. This coalition consists of ASMBS, Obesity Action Coalition (OAC), TOS, and the American Dietetic Association (ADA). By formally joining forces with these organizations we have a broad-based obesity advocacy coalition with a combined membership of over 100,000 patient and healthcare professional advocates. This gives us more leverage in meeting with government officials, as well as a broad-based expertise and manpower to respond to all of the issues that arise in Washington on a continuous basis.

Research
The ASMBS continues to provide a major forum for the presentation and discussion of original bariatric surgical research at its national and regional meetings. SOARD has continued to develop as a premier surgical journal, having achieved an impact factor rating of 9th among the more than 60 surgical journals in its first year of earning such a designation. ASMBS provided formal input to the NIH draft of the NIH proposal for future obesity-related research. Direct financial support of original research continues. In addition, a formal partnership with the SRC is in place to maximize the research potential of the COE program and BOLD is in place.

Organization
The elections process for ASMBS was reviewed by a taskforce, with changes to the bylaws proposed and ultimately approved by the membership. The revised process calls for an open nominations process and election of officers by electronic vote of the members. We have increased efforts to inform the membership of the activities of the Society, and developments in our field through the highlighting of key publications and establishment of the Top 5 on the 5th Newsletter.

As can be seen from the above summary, the scope of activities of the ASMBS is extensive. The success of managing such an all-encompassing program is directly attributable to the high level of competence and dedication provided by our Executive Director Georjanne Mallory and the ASMBS staff, as well as all of the volunteer leaders, committee members and members at large. I would also like to thank the ASMBS Foundation for their ongoing support of the ASMBS and our education, research and advocacy initiatives. It has been an honor to serve as the President this year. Our challenge to achieve fair treatment of the severely obese while we pursue our educational and research objectives remains before us but I am confident we are up to the challenge.

Bruce M. Wolfe, M.D., FASMBS
President, ASMBS
The ASMBS Executive Council is responsible for governing the organization, including strategic planning, policy development, program direction and fiscal management for the Society.

President: Bruce M. Wolfe, MD, FASMBS
President-Elect: Robin L. Blackstone, MD, FASMBS
Secretary/Treasurer: Titus D. Duncan, MD, FASMBS
ASMBS Staff Liaison: Jennifer Wynn

President
Bruce M. Wolfe, MD, FASMBS
Portland, OR, USA

President-Elect
Robin L. Blackstone, MD, FASMBS
Scottsdale, AZ, USA

Secretary/Treasurer
Titus D. Duncan, MD, FASMBS
Atlanta, GA, USA

Past President
John W. Baker, MD, FASMBS
Little Rock, AR, USA

Senior Past President
Scott A. Shikora, MD, FASMBS
Boston, MA, USA

Councilman-at-Large
Samer G. Mattar, MD
Indianapolis, IN, USA

Councilman-at-Large
Michel M. Murr, MD, FASMBS
Tampa, FL, USA

Councilman-at-Large
Ninh T. Nguyen, MD, FASMBS
Orange, CA, USA

Councilman-at-Large
Emma J. Patterson, MD, FASMBS
Portland, OR, USA

Councilman-at-Large
Jamie Ponce, MD, FASMBS
Dalton, GA, USA

Councilman-at-Large
Gregory L. Schroder, MD, FASMBS
Richmond, VA, USA

IH President
Laura Boyer, RN, CBN
Covington, LA, USA

IH President-Elect
Karen Schulz, RN, MSN, CBN
Rocky River, OH, USA
From the Executive Director

It is my pleasure and privilege to work in an organization with deeply committed members, a team of hardworking and dedicated staff and a strong leadership with vision to carry out the Society’s strategic plan.

Overall, the 2010-2011 year gave rise to several new initiatives aimed at increasing value for the individual member as well as improving the field of metabolic and bariatric surgery. One of the primary initiatives this year was to begin implementation of the strategic plan. As you read through this Annual Report, and especially the Strategic Plan Implementation – Committee Reports section, it is clear that the committees are the backbone in carrying out the strategic plan of the ASMBS and that they have had an extremely productive year.

Within the ASMBS office, we increased staff and restructured tasks to provide operational support for the committees and keep momentum moving forward. Our goal within the ASMBS office is to create an environment where our leadership and membership can achieve the Society’s strategic objectives and increase and strengthen our services and programs to fulfill the mission of the organization. We introduced several new projects such as ASMBScommittees.org, Top 5 on the 5th and the First Annual Fall Educational Event. In addition, there is much more to look forward to in the upcoming year including our newly updated web site.

The year on the whole was outstanding for the ASMBS. We experienced record breaking attendance at our 2010 Annual Meeting, held a successful First Annual Fall Educational Event, had a 5% growth in membership, did an excellent job informing the public as well as our medical colleagues through representation at various medical meetings and numerous interviews with the media totaling of over 750 million impressions, advanced the access-to-care initiative with many of our leadership making impactful visits in Washington DC, responded to membership’s call for a change in process for attaining leadership positions within the organization and began building a solid structure for Obesity Week 2013. As described in the Financial Report, this was also a robust fiscal year for the ASMBS.

Although we accomplished a great deal, we are keenly aware that we have many challenges ahead particularly with regard to access to care. The ASMBS is committed to maintain an active and informed ‘voice’ for our members and the patients they serve. We look forward to another productive year and welcome your input and encourage you to stay actively involved.

A dedicated staff provides support to carry out the goals and objectives of the Society.

Georgeann Mallory, RD  
Executive Director

Kristie Kaufman  
Operations Director

Pat Watson  
Convention Director
Liaison to Emerging Technologies, Insurance and Bariatric Training Committees

Barbara Peck  
Member and Integrated Health Services Director  
Liaison to Membership, International Committees and IH Committees

Kim Carmichael  
Financial Manager

Jennifer Wynn  
Executive Assistant  
Liaison for Executive, Corporate Council, Research and State Chapters Committees

Teresa White  
Program and CME Coordinator  
Liaison for Program, Clinical Issues and Bariatric Medicine Committees

Susan Cox  
Office Services Coordinator  
Liaison for Pediatric and Patient Safety Committees

Leslie Galloway  
Graphic Art and Design Coordinator  
Liaison to Communications Committee

Nooriel Nolan  
CME Assistant  
Liaison for Public Education and Access Committees

James Osterhout  
Technology Specialist

Richard Russ  
Systems Administrator

Julie Ritsema  
Administrative Assistant
ACCESS TO CARE COMMITTEE

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 improvements 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
• Bringing together initiatives/partners to effectively address access issues

Chair & EC Liaison: John Morton, MD, FASMBS
Co-Chairs: Wayne English, MD
           Mitch Roslin, MD
EC Liaison: Robin Blackstone, MD, FASMBS
ASMBs Staff Liaison: Nooriel Nolan

Members: Robin Blackstone, MD
         Christopher Eagon, MD
         Gisella Hamad, MD
         Rivas Homero, MD, FASMBS
         Walter Lindstrom, Esq
         Alexander Onopchenko, MD, FASMBS
         Anthony Patrick, MD, FASMBS
         John Scott, MD, FASMBS
         Mary Lou Walen
         Brandon Williams, MD
         Erik Wilson, MD
         Irene Zolotorofe, RN

Industry AD HOC Members: Henry Alder - Ethicon; Judy Dean, Lebel Delman, Troy Hopper, Randy Price - Allergan; Chris Gallagher - Potomac Currents; Dean Geraci - Covidien; Joe Nadglowski - OAC; Jacqueline Sneve – SRC; Kyle Ted - TOS Representative

Committee Goals:
• Health exchanges - a leading priority for our society. Bariatric surgery coverage in any uniform benefit is essential. Strategic lobbying will be critical in the year to come.
• Support STAR Program - Establish STAR for every state
  - Colorado added
• Tool kit - Continue to update as needed
• Access to Care Statement - completed and to be published in SOARD
• Coverage Map - to be presented June 2011
• Develop a Access to Care log of ongoing battles and outcomes - ongoing
• Milliman battle- response sent to Milliman, letter of concern sent to HHS Secretary Sebelius, State Chapter Milliman Response to State Insurance Commissioners
• Identify “hot spots” in need of ASMBS support
• Identify opportunities to form coalitions on the issues or patient access including ADA, AHA
• Start thinking strategically in order to mainstream ourselves:
  • US News and World Report so that they rank the best bariatric programs
  • Ad Council
  • NFL and MLB
  • National Quality Forum Bariatric Surgery Specific Quality Measure
• Rapid Response Team
• First Responders - Speakers who can address access issues to media when appropriate
• Media training on website and annual course
• Building a bridge to PCPs: sample curriculum to extend nation-wide
• Support for OAC - Increase membership to 50,000
• Establish mechanism to stay abreast of issues with industry partners
• Coordinate with CMS on pre-op requirements and sleeve gastrectomy coverage
• Forge relationships w/industry to better understand and coordinate their approach - Tech assessments/FDA
• Provide membership with timely updates on progress on access to care issues- monthly Potomac Currents newsletter
• Increase access to bariatric surgery overall or with insurers and or employers
• Develop a model policy
• Annual Access to Care Course

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
ACCESS TO CARE COMMITTEE continued

Specific Projects that Achieved the Goals and Objectives:

- Access to Care Log-Developed and posted on ASMBSCommittees.org
- Informing membership through the Top 5 on the 5th

Future Plans:

- National Quality Forum:
  In another effort to promote the mainstreaming of bariatric surgery, ASMBS will propose the first bariatric quality measure ever submitted to the National Quality Forum. The proposed quality measure is that hospitals providing bariatric surgery maintain a data registry. This will be similar to the existing quality measure for CT surgery currently provided by STS. This measure can be co-sponsored by the American College of Surgeons in an effort to present a common cause for quality.

- Task Force Creation and Committee Participation Requirement
  - Coverage Map: Wayne English, MD
  - Sleeve Gastrectomy: John Baker, MD, FASMBS
  - Model Policy: Mitch Roslin, MD
  - Primary Care: John Morton, MD, FASMBS
  - BMI 30-35: Bipan Chand, MD
  - National Quality Forum Quality Measure: John Morton, MD, FASMBS
  - Minority Outreach: Homero Rivas, MD, FASMBS
BARIATRIC SURGERY TRAINING COMMITTEE

The Bariatric Training Committee is responsible for designing guidelines for bariatric surgery training programs, including fellowship training and testing.

Chair & EC Liaison: Samer Mattar, MD, FASMBS
Co-Chair: Scott Shikora, MD, FASMBS
ASMBS Staff Liaison: Pat Watson

Members:
- Robert Bell, MD
- Robert Brolin, MD
- Patrick Chiasson, MD
- Ronald Clements, MD
- Gregory Dakin, MD, FASMBS
- William Gourash, MSN CRNP
- Daniel Jones, MD
- Timothy Kuwada, MD, FASMBS
- Alfons Pomp, MD, FASMBS
- David Provost, MD
- Raul Rosenthal, MD, FASMBS
- Michael Sarr, MD
- Bruce Schirmer, MD
- David Tichansky, MD, FASMBS
- Erik Wilson, MD

Committee Goals:

Short Term:
- Establish resource for fellows (electronic)
- Survey membership for training needs and satisfaction with current training opportunities/programs
- Develop standard, structured Fellowship curriculum
- Develop curriculum for surgical residents

Mid Term:
- Discuss and integrate existing surgeons into the ASMBS Certificate Program

Long Term:
- Update training requirements as necessary

Committee Objectives:

- Identify training needs of members
- Develop recommendations to optimize training and certification programs

Specific Projects that Achieved the Goals and Objectives:

- Introduced the Certificate of Acknowledgement of Satisfactory Training in Bariatric Surgery Program
- Updated and Expanded the Essentials Exam

Future Plans:

- Develop a bank of bariatric surgery test questions
- Develop the administration of the Certificate of Acknowledgement of Satisfactory Training in Bariatric Surgery Program
- Review and update the Core Curriculum for ASMBS Fellowship Training Guidelines
**CLINICAL ISSUES COMMITTEE**

The mission of the Clinical Issues Committee is to create evidence-based guidelines and position statements regarding clinical issues to enhance quality in bariatric surgery patient care and to support ASMBS member practice.

**Chair:** Stacy Brethauer, MD  
**EC Liaison:** Titus Duncan, MD, FASMBS  
**ASMBS Staff Liaison:** Teresa White  
**Members:** Mohamed Ali, MD, FASMBS | Matthew Kroh, MD  
Pamela Davis, RN, CBN, CCM | Crystine Lee, MD  
Eric DeMaria, MD, FASMBS | Paul O’Brien, MD  
Titus Duncan, MD, FASMBS | Manish Parikh, MD  
J. Chris Eagon, MD | Ann Rogers, MD, FASMBS  
Barry Fisher, MD | Michael Sarr, MD  
Daniel Gagné, MD, FASMBS | Bruce Schirmer, MD  
Matthew Hutter, MD, MPH | Vadim Sherman, MD  
Julie Kim, MD, FASMBS | Dennis Smith, Jr., MD, FASMBS  
Shanu Kothari, MD | Harvey Sugerman, MD, FASMBS

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**Committee Goals:**

**Short Term:**
- Develop algorithm for statement flow  
- Develop dissemination strategy for position statements

**Mid Term:**
- Ongoing identification of issues to develop statements and provide topics for EC Review  
- Develop timeline for review/revision of all existing and new statements  
- Establish standards and protocols for developing statements  
- Establish relationship with Endocrine Society

**Long Term:**
- Define clinical issues/topics for medical and patient community - proactive and reactive. Coordinate with the Bariatric Medicine and Public Education Committee  
- Provide ongoing clarity on issues related to bariatric and metabolic surgery

**Committee 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

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**Specific Projects that Achieved the Goals and Objectives:**

- Finalization and publication of the Preoperative Weight Loss Requirements Statement  
- Finalization and publication of the ASMBS Policy Statement on Gastric Plication  
- Finalization of the algorithm for Processes of Statement Development  
- The following statements are in process:  
  1. BMI 30-35  
  2. Mini-Gastric Bypass  
  3. Medical Tourism  
  4. Metabolic Surgery  
  5. Perioperative Management of Sleep Apnea  
  6. Pediatric/Adolescent Bariatric Surgery

**Future Plans:**
- To continue to develop evidence-based guidelines and position statements based on the developing needs and practices within the bariatric surgery field of specialty, the ASMBS member's needs, and professional practice gaps recognized within ASMBS Committees  
- Publication of the above statements (#1-6) not yet finalized  
- Ongoing systematic review/revision of all existing guidelines and position statements
COMMUNICATIONS COMMITTEE

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.

Chair: Kevin Reavis, MD
Co-Chair: Joseph Talarico, MD
EC Liaison: Ninh Nguyen, MD, FASMBS
ASMBS Staff Liaison: Leslie Galloway

Members:
- Kfir Ben-David, MD
- Stacy Brethauer, MD
- Amy Cha, MD
- Jonathan Finks, MD
- Carlos Galvani, MD
- Matthew Goldblatt, MD
- Ajay Goyal, MD, FASMBS
- Valerie Halpin, MD
- Daniel Herron, MD
- Timothy Jackson, MD
- Matthew Kroh, MD
- Jamie Loggins, MD, FASMBS
- Dean Mikami, MD
- Kenric Murayama, MD
- Emma Patterson, MD, FASMBS
- Brian Smith, MD
- Shawn Tsuda, MD

Committee Goals:

Short Term:
- Establish presence in approved social media channels
- Provide ongoing updates to website content
- Website content and oversight
- Develop a communication plan for each ASMBS committee

Mid Term:
- Facilitate development of user-friendly ASMBS website
- Establish inter-member communication mechanisms
- Support other committees in dissemination of information
- Develop a communication plan for each ASMBS committee

Long Term:
- Establish state-of-the-art communication between members
- Evaluate communication channels for effectiveness
- Gauge member participation
- Ongoing technological and content development on website

Committee Objectives:

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

Specific Projects that Achieved the Goals and Objectives:

- Introduced ASMBS Committees.org by webinar and PowerPoint to all committee members
- Established presence on Facebook & Twitter and continually informing the membership
- Top 10 essential videos of bariatric surgery collected
- Developed Bariatric Movies and Images (BMI) Library Task Force and Chair
- Developed Bariatric Skills Acquisition Center (BSAC) leader and subcommittee

Future Plans:

- Continue to grow and add information to the ASMBS virtual library (BMI)
- Expand BSAC
- Add committee involvement links to registration and dues, A project designed to instruct ASMBS members on how to get involved in committee membership
- Expand Top 10 essential videos of bariatric surgery
- Expand and build BMI library
EMERGING TECHNOLOGIES COMMITTEE

The Emerging Technologies Committee evaluates new technologies for treatment of obesity, advises the Executive Council and other committees in their efforts around new technologies and informs the members to help guide their usage of new technologies.

Chair & EC Liaison: Bipan Chand, MD
Co-Chair: Aurora Pryor, MD
EC Liaison: Emma Patterson, MD, FASMBS
ASMBS Staff Liaison: Pat Watson

Members:
- Gregory Dakin, MD, FASMBS
- Ramsey Dallal, MD, FASMBS
- George Eid, MD, FASMBS
- Donald Hess, MD
- Dean Mikami, MD, FASMBS
- Kenric Murayama, MD
- Alan Saber, MD, FASMBS
- Kevin Wasco, MD, FASMBS
- Natan Zundel, MD

Committee Goals:

Short Term:
- Develop a Task Force (ASMBS/ASGE) to co-develop a consensus statement on endoluminal therapy
- Develop/provide guidance on coding for new procedures-coordinate with insurance committee
- Use Top 5 on the 5th to communicate more regularly/rapidly with membership
- Identify a process through which new procedures can be recognized

Mid Term:
- Identify and provide education based on the needs—work with professional education committee
- Develop a statement on revisional endoluminal therapy

Long Term:
- Be the recognized authority on emerging technology in metabolic and bariatric surgery inside and outside the ASMBS

Committee Objectives:

- Promote responsible use, safety and efficacy of emerging technologies
- Identify education needs
- Identify emerging technologies
- Identify and promote appropriate research
INSURANCE COMMITTEE

The Insurance Committee focuses on addressing issues and concerns of ASMBS members regarding health insurance coverage for bariatric surgery procedures and is responsible for initiating and coordinating creation of new CPT codes and RVU valuation.

Chair & EC Liaison: Jaime Ponce, MD, FASMBS
Co-Chair: Matthew Brengman, MD, FASMBS
ASMBS Staff Liaison: Pat Watson
Members: John Angstadt, MD, FASMBS
Mark Colquitt, MD, FASMBS
Michael Edye, MD
Timothy Ehrlich, MD
Wayne English, MD
Gregg Jossart, MD
Keith Kim, MD
Marina Kurian, MD, FASMBS
Peter LePort, MD, FASMBS
Walter Lindstrom, Esq.
Kenneth Mitchell, Jr, MD, FASMBS
Tina Napora, CMAC
John Pilcher, Jr, MD, FASMBS
Brian Quebbemann, MD, FASMBS
Paresh Shah, MD
Adam Smith, DO, FASMBS
David Voellinger, MD, FASMBS
Mary Lou Walen

Committee Goals:

Short Term:
• Develop a document on how to get paid for band adjustments
• Develop a bariatric CPT code course for Annual Meeting

Mid Term:
• Develop a manual for billing personnel on strategy for appeals, etc.
• Develop an online course for CPT coding
• Evaluate possible add-on code for HHR with band codes
• Identify and prioritize new CPT code needs
• Communicate with state chapters to identify local insurance issues

Long Term:
• Achieve leadership on insurance issues
• Intersection of Access (Global Benefit) ASGMS (Specialty designation) and increasing reimbursement

Committee Objectives:

• Increase reimbursement for bariatric and metabolic surgery
• Ensure appropriate CPT Coding
• Provide clarity on insurance issues to members
• Be a resource to ASMBS State Chapters

Specific Projects that Achieved the Goals and Objectives:

• Evaluated and updated the CPT Code list on the ASMBS web site
• Frequently Asked Questions posted monthly on the top 5 on the 5th and ASMBS web site
• Provided communication/alerts to inform the membership about new codes
• Developed an insurance question hotline for AMSBS members insurance inquiries
• Developed a CPT course for the 2011 ASMBS Annual Meeting
• Developed a survey to determine case denials secondary to Milliman Guidelines
• Worked with Access to Care Committee on comment on the AHRQ update on comparative effectiveness Research on the treatment of GERD – no mention of bariatric surgery

Future Plans:

• Develop a document on how to get paid for band adjustments
• Develop a standardized complications code list; NSQUIP, BOLD, ASMBS
• Develop a model policy
• Develop a manual for billing personnel on strategy for appeals
• Develop an online course for CPT coding
• Develop formal communications with ASMBS State Chapters to identify local insurance issues
• Develop regular schedule for review of codes posted on ASMBS web site
• Ongoing - Review need for new codes and development as needed (Endoluminal, Laparoscopic DS)
• Work with RUC when appropriate
INTERNATIONAL DEVELOPMENT COMMITTEE

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.

Chair: Raul Rosenthal, MD, FASMBS
Co-Chair & EC Liaison: Samer Mattar, MD, FASMBS
ASMBS Staff Liaison: Barbara Peck

Members:
- Ahmed Ahmed, MD
- Estuardo Behrens, MD
- Juan Contreras, MD
- Giovanni Dapri, MD, FASMBS
- John Dixon, MD
- Harry Frydenberg, MD
- Michel Gagner, MD, FASMBS
- Carlos Galvani, MD
- Sayeed Ikramuddin, MD
- Tracy Martinez, BSN, RN, CBN
- Etwar McBean, MD, FASMBS
- Almino Ramos, MD
- Alan Saber, MD, FASMBS
- Shashank Shah, MS
- Samuel Szomstein, MD
- Paul Wizman, MD, FASMBS
- Natan Zundel, MD
- Karl Miller, MD
- IFSO President
- Antonio Jose Torres, MD
- IFSO - President-Elect

Committee Goals:

Short Term:
- Formulate plan to teleconference/webcast parts of Annual Meeting
- Develop award for best international presenters - including budget, logistics, selection criteria
- Establish ties to the international organizations (IFSO) - coordinate with Institutional Relations Committee

Mid Term:
- Conduct co-sponsored international courses
- Increase international membership - coordinate with the Membership Committee
- Develop networking opportunities for international members

Long Term:
- Consider creating ASMBS-supported Master’s program to enable surgeons to travel to international meetings and simultaneously proctor local surgeons
- Ongoing recruitment and engagement of international members
- Dedicated session for internationals

Committee Objectives:
- Increase membership of international members
- Enhance experience for international members

Specific Projects that Achieved the Goals and Objectives:
- Converted all Affiliate Surgeon Members practicing outside the US to International members
- Developed an International Fellow of the ASMBS (IFASMBS) membership designation
- Developed an Award for International presenters at the Annual Meeting
- Organized a networking reception for International registrants at the Annual Meeting
- Collaborated with the Clinical Issues Committees on the Medical Tourism paper and the Spanish translation of the ER poster

Future Plans:
- Develop an Asian-Pacific and European postgraduate course during the Annual Meeting that will address the obesity problem in those regions of the world
- Finalize guidelines on medical tourism in bariatric surgery
- Consider developing a webcast of some of the main postgraduate courses during our annual meeting
- Work with IFSO board members in increasing interaction at IFSO chapter meetings
MEMBERSHIP COMMITTEE

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, stimulate membership, and ensure access of members to society benefits.

Chair: David Tichansky, MD, FASMBS
Co-Chair: Samuel Szomstein, MD
EC Liaison: Emma Patterson, MD, FASMBS
ASMBS Staff Liaison: Barbara Peck
Members: Estuardo Behrens, MD
Patricia Choban, MD, FASMBS
Edward Facundus, MD, FASMBS
Christine Ren Fielding, MD, FASMBS
Past Chair
Mathias Fobi, MD, FASMBS
Peter Hallowell, MD
John Kelly, MD
Thomas Magnuson, MD
Corrigan McBride, MD, FASMBS
Christopher Northrup, MD
Bernadette C. Profeta, MD
Steve Wohlegmuth, MD
Natan Zundel, MD

Committee Goals:

Short Term:
• Increase membership by 5%
• Improve retention by 5%
• Provide recommendations for enhancing value of membership
• Work with other committees to add interactive member area on website

Mid Term:
• Conduct timely surveys to determine member satisfaction and report findings
• Coordinate recruitment efforts with other committees
• Conduct membership drive engaging current members of ASMBS

Long Term:
• Increase membership by 10%
• Improve retention by 10%

Committee Objectives:
• Increase membership
• Enhance value of membership
• Improve retention

Specific Projects that Achieved the Goals and Objectives:

• Updated the membership application process
• Developed and passed an International Fellow of the ASMBS (IFASMBS) membership designation
• Increased surgeon membership by 7.5%
• Decreased attrition from 5% to 3.5%
• Conducted a letter campaign to encourage membership growth of International members and nonmember attendees of the 2010 ASMBS Annual Meeting and 2010 IFSO Congress

Future Plans:
• Conduct an annual telephone and letter campaign to encourage renewal of membership
• Will develop and conduct a members satisfaction survey
• Continue recruitment and retention of surgeon and physician members
The Patient Safety Committee, formerly known as the Professional Liability Committee, is responsible for studying malpractice problems, professional liability insurance availability, and problems associated with same.

Ramsey M. Dallal, MD  
Chair & EC Liaison: Ramsey M. Dallal, MD, FASMBS  
Co-Chair: Daniel R. Cottam, MD  
EC Liaison: John W. Baker, MD, FASMBS  
ASMB Staff Liaison: Susan Cox  
Members: Carlos A. Barba, MD, FASMBS  
Nicolas A. Bertha, DO  
Fernando B. Bonanni, MD, FASMBS  
Eric S. Bour, MD, FASMBS  
Robert E. Brolin, MD  
Brian P. Jacob, MD  
Keith C. Kim, MD  
Jeffrey L. Lord, MD  
James W. Maher, MD  
Tracy Martinez, BSN, RN, CBN  
Douglas Olsen, MD, FASMBS  
Anthony T. Petrick, MD, FASMBS  
William A. Sweet, MD

Committee Goals:

Short Term:  
• Update Survey to be approved by EC then send to Membership  
• Develop a Clinical Advisor Program to promote patient safety  

Mid Term:  
• Develop resources for risk management  
• Provide updates to members on important professional liability issues or perspectives  
• Develop statement on Medical Legal Liability issues regarding emerging technologies  
• Update Expert Witness qualifications  
• Review and update 2003 SRC COE Standards  

Long Term:  
• Improve Patient Safety  
• Continue to provide education on patient safety & liability issues at Annual meeting  
• Develop statement on Medical Legal Liability in the era of Medical Tourism

Committee Objectives:  
• Identify gaps in risk management  
• Identify and develop optimal resources for risk management  
• Identify gaps & members needs in Patient Safety and Professional Liability  
• Improve access to reasonably priced professional liability insurance  
• Provide recommendations for promotion & dissemination of risk management information  
• To be a highly valued specialty society that serves the educational and professional needs of our diverse membership

Specific Projects that Achieved the Goals and Objectives:  
• Name changed to Public Safety to reflect scope of committee’s goals  
• Developed survey to better understand the bariatric malpractice environment  
• Developed Clinical Advisor Program for surgeon members  

Future Plans:  
• Develop statement on legal liability of medical tourism  
• Implement Clinical Advisor Program  
• Developing Patient Safety Checklist  
• Finalize policy on Expert Witness Qualifications
The mission of the Pediatric Surgery Committee is to develop, foster and promote best care practices for the pediatric bariatric surgery patient.

**Chair:** Marc P. Michalsky, MD  
**Co-Chair:** Kirk Reichard, MD  
**EC Liaison:** Gregory L. Schroder, MD, FASMBS  
**ASMBS Staff Liaison:** Susan Cox

**Members:**  
Karen A. Bailey, MD  
Kathryn D. Bass, MD  
Mary L. Brandt, MD  
Allen F. Browne, MD  
Joy L. Collins, MD  
Anita P. Courcoulas, MD, FASMBS  
Victor F. Garcia, MD  
Thomas H. Inge, MD  
Samer G. Mattar, MD, FASMBS  
Alan R. Posner, MD  
Janey S. A. Pratt, MD  
Steven Teich, MD  
Nancy Tkacz-Browne, RN, MS, PNP, CBN  
J. Esteban Varela, MD, MPH, FASMBS  
Katie J. Werth, NP  
Mark L. Wulkan, MD  
Meg Zeller, PhD  
Jeffrey L. Zitsman, MD

**Committee Goals:**

**Short Term:**
- Develop 1/2 day program for Annual Meeting - coordinate with the Program Education Committee
- Develop ASMBS guidelines for surgical care of the morbidly obese adolescent from published best practice guidelines
- Develop a presence on the ASMBS web site
- Survey membership regarding pediatric issues
- Develop a grant project to submit to industry in January 2012
- Develop methodology for estimating the number and type of adolescent bariatric cases performed annually

**Mid Term:**
- Publish Guidelines on issues in pediatrics
- Establish leadership on responsible use of pediatric surgery in bariatric and metabolic surgery

**Long Term:**
- Identify needs for education in the care of the Adolescent Bariatric Patient
- Provide leadership on responsible use of pediatric surgery in bariatric and metabolic surgery
- Become authoritative voice and resource on teen obesity and surgery

**Committee Objectives:**
- Provide leadership on pediatric obesity surgery
- Increase adult-surgeon membership on committee

**Specific Projects that Achieved the Goals and Objectives:**
- Pediatric Symposium at the 28th Annual Meeting
- Best Practice Guidelines developed and under review by membership

**Future Plans:**
- Develop a presence on the website
- Obtain number of pediatric bariatric cases performed annually
- Publish Pediatric Guidelines
- Finalize SRC Pediatric COE guidelines
PROGRAM COMMITTEE

The Program Committee is responsible for developing and arranging the educational content for the ASMBS Annual Meeting. They develop the program in direct response to identified needs, professional gaps and barriers. For the Plenary Session, they review and grade submitted abstracts, select relevant topics for value-added sessions, develop appropriate educational format to meet educational objectives, and secure the guest speakers. The Program Committee, through the Professional Education Subcommittee, is responsible for the promotion and development of accredited post-professional education programs that advance the skills, clinical practices and research endeavors of metabolic and bariatric surgery professionals to enhance the quality of patient care, optimize outcomes and improve patients’ quality of life.

Chair: Marc Bessler, MD, FASMBS
Co-Chair & EC Liaison: Ninh Nguyen, MD, FASMBS
ASMBS Staff Liaison: Teresa White

Members:
- Daniel Birch, MD
- Carlos Carraquilla, MD, FASMBS
- Bipan Chand, MD
- Nicolas Christou, MD
- Ricardo Cohen, MD
- John Dixon, MD
- R. Armour Forse, MD, FASMBS
- Daniel Gagné, MD, FASMBS
- Michel Gagner, MD, FASMBS
- Daniel Herron, MD
- Matthew Hutter, MD
- William Inabnet, MD
- Daniel Jones, MD
- Shau Kothari, MD
- Marina Kurian, MD, FASMBS
- Atul Madan, MD, FASMBS
- Samer Mattar, MD, FASMBS
- Amir Mehran, MD, FASMBS
- John Morton, MD, FASMBS
- Michel Murr, MD, FASMBS
- Emma Patterson, MD, FASMBS
- Cid Pitombo, MD
- Alfons Pomp, MD, FASMBS
- Jaime Ponce, MD, FASMBS
- David Provost, MD
- Aurora Pryor, MD
- Kevin Reavis, MD
- Mary Jane Reed, MD, FASMBS
- Scott Shikora, MD, FASMBS
- Brian Smith, MD
- Sherman Smith, MD, FASMBS
- Sasha Stiles, MD
- Daniel Swartz, MD
- Alfonso Torquati, MD
- J. Esteban Varela, MD, FASMBS
- Sivamanthan Vithiananthan, MD
- Jeffrey Zitsman, MD

Committee Goals:

Short Term:
- Improve meeting quality via value-added elements: Debates, literature review, expert panels, symposia
- Improve abstract submission/grading process
- Develop keynote speaker targets
- Secure keynote speaker well in advance of the meeting - work with president on Mason lecturer
- Suggest areas of focus for member submissions - identify subject area gaps
- Evaluate educational course offerings
- Provide recommendations for future educational activities based on data collected from learner evaluations and post-tests which clearly identify professional practice gaps and needs assessments
- Define success for professional education offerings - number of offerings, attendance, revenue
- Begin work with TOS on structure of Obesity Week

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

Long Term:
- Obesity Week program development
- Improve attendance at the annual meeting and Fall/Spring Events
- Increase member satisfaction
- Create new opportunities to attract members to educational activities
- Establish educational activity targets for each year

Committee 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, online

Specific Projects that Achieved the Goals and Objectives:

- Integrated the Professional Education Committee into the Program Committee as a subcommittee.
- Utilized more value-added elements in Plenary Session – additional symposia, debates, audience response systems and emerging technologies session.
- Restructuring of the entire Program Committee into subcommittees: (1) Scientific Quality/Value-Added, (2) Poster/Video, (3) Medical Specialties Track, (4) Program, (5) Professional Education
- Revised the abstract grading scale to offer less broad range of grades and provided more specific criteria
- President chose and invited the Edward E. Mason guest lecturer
- President to officially open the Plenary Session
- Worked with TOS to lay out the basic framework of the combined meetings during “Obesity Week”
- Offered successful First Annual Fall Event in November 2010 and Gastric Restrictive Procedures course in conjunction with ACS in October 2010

Future Plans:

- Ongoing planning of “Obesity Week” with TOS
- Continued development, with the goal of growth, of Fall/Spring Events
- Continued development of the educational program of the ASMBS Annual Meeting
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.

Committee Goals:

Short Term:
- Develop the framework for the public interface of the ASMBS website and define the purpose, functions and content categories/format.

Mid Term:
- Develop content for website and other patient information materials - identify pieces/sections.
- Coordinate use of content on website with Communications Committee and develop functional links to other organizations and websites to drive traffic to the website.
- Develop a schedule for systematic review of public education portion of website for the purpose of maintaining accuracy and timeliness.

Long Term:
- Become pre-eminent source for patient education on bariatric and metabolic surgery.
- Provide objective, best-in-class, evidence-based patient information.
- Develop patient education materials in other languages as appropriate.
- Investigate funding on the website through advertising.

Committee Objectives:
- Identify gaps in patient education
- Identify patient education tools to help ASMBS members

Specific Projects that Achieved the Goals and Objectives:
Through a series of conference calls, the following main components were identified for this project:

Purpose #1: Education, to include the following elements:
- Statistics, criteria/eligibility for surgery, types of procedures to include animation, co-morbidities and their resolution, risks of surgery-vs- benefits, common complications, nutritional needs/complications
- Current important topics, i.e. medical tourism
- Future – areas of research, new procedures
- Glossary of medical terms

Purpose #2: Communicate
- Myth-vs-Reality, life-long compliance/support, insurance-related issues, important news/publications, COE explanation, FAQs, how to find a surgeon, how to find a COE.

Purpose #3: Advocate
- Insurance-related issues, obesity-related discrimination issues

Purpose #4: Survey/Gather Information

Future Plans
- To coordinate, with the Professional Education Subcommittee (of the Program Committee), the development of video-based education segments for the public and professional base of the website.
- To develop detailed content for the public education portion of the ASMBS website.
- Once the public portion of the website is completed, a schedule for regular review and updating will be developed and implemented.
The mission of the Research Committee is to advance the science of metabolic and bariatric surgery by advocating clinical and basic science research.

Committee Goals:

Short Term:
- Improve recognition of grant recipients at the Annual Meeting and other means
- Increase research mentoring

Mid Term:
- Continue progress in linking committee to reputable research entities, i.e. LABS and SRC
- Identify funding opportunities
- Alert member to research resources and funding availability - Coordinate with the Communications Committee

Long Term:
- Establish research internet portal for ASMBS members including list of funding opportunities, link to research resources and comprehensive research bibliography
- Continue focus on mentoring

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

Specific Projects that Achieved the Goals and Objectives:
- Secured funding for one research grant award for the 2011 Program year from the ASMBS Foundation
- Compiled a comprehensive report of past research grants progress to date
- Drafted a policy on the grant program and the review process
- Improved the Grant application and selection Process
- Worked with the Program Committee to offer the Fundamentals of Bariatric Research Course again this year
- Continued progress in linking committee to Reputable Research Entities, i.e. LABS and SRC

Future Plans:
- Work to improve recognition of grant recipients
- Incorporate the SRC’s Research Advisory Committee (RAC), Data Access Committee (DAC) and the Data Dissemination Committee (DDC) as subcommittees of the Research Committee.
- Continue progress in linking committee to reputable research entities
- Establish a research internet portal for ASMBS members including list of funding opportunities, link to research resources, and comprehensive research bibliography
- Develop a Travelling Research Fellowship Award
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 the applications and charter agreements, assisting chapters in the formation process and ongoing monitoring of chapter activities.

**Committee Goals:**

**Short Term:**
- Increase number of state chapters from 23 to 30.
- Increase percentage of ASMBS members who are also State Chapter members to 50%.
- Identify and address barriers to state chapter formation.
- Establish standardized policies and guidelines for chapters.
- Establish ongoing mechanism of communication between State Chapter Committee members to review progress in achieving stated goals.
- Poll state chapter members to assess needs from ASMBS.

**Mid Term:**
- Increase number of state chapters from 30 to 40.
- Increase percentage of ASMBS members who are also State Chapter members to 75%.
- Coordinate activity between chapters.
- Establish early warning system to uncover beginnings of favorable or unfavorable activity in a market.
- Establish ongoing mechanism between chapters and ASMBS.

**Long Term:**
- Establish chapters in all 50 states.
- Increase percentage of ASMBS members who are also State Chapter members to 100%.
- Develop/promote access to care and rapid response plans.
- Promote positive relations between state chapters and between state chapters and national ASMBS.

**Committee Objectives:**

- Increase number of state chapters
- Improve communication between chapters and ASMBS
- Evaluate state of care in each state
- Identify needs and opportunities in each state
- Improve collegiality between colleagues and programs in each state
- Offer joint sponsorship to provide CME credits during Chapter meeting

**Specific Projects that Achieved the Goals and Objectives:**

- Six (6) states have been received preliminary approval to start a State Chapter this year. This brings our total number of State Chapters to twenty-three (23).
- Establishment of meeting time for State Chapters at the Annual Meeting.
- State Chapter forum held at the Annual Meeting to answer questions and assist states interested in starting a State Chapter.

**Future Plans:**

- Establish clear communication lines between state chapter committee representatives and State Chapter Committee Chair. This will be done by holding quarterly conference calls. Each State Chapter Committee Representative will be required to give an update on the work their chapter has been doing that quarter and the ongoing issues their state is facing that need to be addressed.
- Ensure that State Chapters submit required paperwork to update the committee on their activities and leadership structure.
- Work with industry partners to identify key leaders in each of the targeted states and open dialogue with that leader regarding establishment and development of a state chapter.
- Create a subcommittee that will be charged with aiding new State Chapter applicants through the process once they have expressed interest. This subcommittee will also be charged with identifying barriers to new State Chapter applicants and will be asked to make recommendations on how to overcome those barriers.
- Creation of a Frequently Asked Questions (FAQ) section that will be found in the State Chapters section of the ASMBS website.
- Creation of a State Chapter Activities section in the State Chapters section of the ASMBS website. State Chapter representatives will be responsible for updating their section on a quarterly basis.
- Explore the feasibility of developing a Website template that could be used by state chapters to enhance communication between state chapter members.
- Poll the current State Chapter leadership as to what their needs are from the ASMBS.
- Creation of a “hotline” mechanism for State Chapters to alert national leadership of local issues or concerns.
QUALITY AND STANDARDS COMMITTEE

The mission of the Quality and Standards Committee is to:
- Maintain oversight of the ASMBs COE program administered by the Surgical Review Corporation with regular reports to the Executive Committee of ASMBs
- Examine, update and support the development of new standards to keep pace with change in the quality environment
- Establish collaboration between the ASMBs Centers of Excellence Program and the ACS Bariatric Network

Chair & EC Liaison: Robin Blackstone, MD
ASMBs Staff Liaison: Jennifer Wynn

Members:
- Wayne English, MD
  Quality/Standards Committee Rural Subcommittee Chair
- William Inabnet, MD
  Data Dissemination Committee Chair
- Samer Mattar, MD, FASMBS
  Bariatric Training Committee Chair
- John Morton, MD, FASMBS
  Access to Care Committee Chair
- Jaime Ponce, MD, FASMBS
  Insurance Committee Chair
- Kirk Reichard, MD
  Pediatric Surgery Committee Chair
- Raul Rosenthal, MD, FASMBS
  International Development Chair
- Karen Schulz, RN, MSN, CBN
  Integrated Health Section President Elect

Lloyd Stegemann, MD
State and Local Chapters Committee Chair
Ranjan Sudar, MD, FASMBS
Research Committee Chair
Matthew Hutter, MD
American College of Surgeons Bariatric Committee Chair
Ninh Nguyen, MD, FASMBS
American College of Surgeons Bariatric Committee Chair
David Provost, MD
SRC Bariatric Surgery Review Committee Chair
Deborah Winegar, PhD
BOLD Database Expert

Committee Goals:
- Establish formal liaisons from ASMBs to ACS committees regarding excellence programs
- Review the 10 standards that were developed for the original certification and propose new standards
- Examination of critical differences between ASMBs and ACS programs and begin to work toward co-recognition of the two programs
- Incorporate rural, new or small volume programs and pathways to excellence through structure, process and outcomes
- Collaborate on development of similar data elements between the two programs
- Standardize the ICD9 and CPT codes for bariatric complications/procedures working with Insurance committee
- Develop educational offerings for annual meeting around quality reporting
- Incorporation of National Quality improvement process measures into BOLD/ACS databases
- Develop a Standards guideline book to articulate the pertinent standards and their implementation by collaboration on the standards between ASMBs and ACS

Activities:
- Conduct ongoing review of current standards for qualification of the COE program and recommend changes to the Executive Council
- Review de-identified minutes of BSRC and DDC to coordinate interpretation of guidelines with ASMBs policy
- Conduct an Annual Survey of membership to determine satisfaction with service and quality of the program
- Quarterly updated from ASMBs/SRC and ACS about changes in programs that impact the quality
- Foster Collaboration and standardization on core data elements between the ACS BSN database and ASMBs/SRC BOLD database
- Hold an annual forum for new, low volume and geographically isolated programs to examine best practice and share strategies through the Rural subcommittee
INTEGRATED HEALTH EXECUTIVE COUNCIL

The Integrated Heath Executive Council is responsible for directing the activities of the Integrated Health Section of the ASMBS, including strategic planning and acting as representatives of their disciplines to the Executive Council and the society.

**Vision**
To improve public health and well-being by lessening the burden of the disease of obesity and related diseases throughout the world.

**Universal Goals of the Integrated Health Executive Council**

- To increase the awareness of the importance of the “integrated multidisciplinary” approach to the treatment of obesity
- To optimize patient access to comprehensive and long-term bariatric and metabolic surgical health care
- To promote better understanding of the role of integrated health professionals in bariatric and metabolic surgery
- To be the recognized authority on the “integrated multidisciplinary” approach to caring for the bariatric and metabolic surgical patient
- To increase integrated health professional membership value and retention
- To cultivate a knowledgeable, skilled and empowered membership inclusive of all integrated health specialties
IHS Council Goals:

Short Term:
• Increase understanding and implementation of the IH Strategic Plan among all Committee members
• Refine committee member selection and participation policies
• Reach out to the membership on a regular basis by email and/or newsletter with a request for committee participation
• Send out to committee members a yearly recognition of their service in the form of a letter or certificate.
• Survey committee members about what would make their experience more productive and worthwhile
• Develop Liaison –Committee relationship to improve communication between IHEC and the committees and standardize committee meeting and activity reporting
• Introduce the web-based committee communication tool
• Increase Integrated Health representation on the Organizational Committees
• Establish a mentoring pool to provide guidance to IHSS members with research development and with publication in SOARD

Mid Term:
• Form an alliance with TOS around the advocacy of “integrated multidisciplinary” approach to the treatment of obesity
• The IHSS to invite Roger Kissin to discuss public relations opportunities currently and how to develop a plan to increase these opportunities and to be ready to take advantage of them when they appear
• Media training for all IHEC members

Long Term:
• Generate position statements, white paper and/or clinical guidelines establishing the clinical value of the integrated multidisciplinary approach
• Encourage the IHSS membership to publish in SOARD. Send letter to membership from the Associate Editors of Integrated Health of SOARD

IHS Council Objectives:
• To increase the awareness of the importance of the “integrated multidisciplinary” approach to the treatment of obesity
• To optimize patient access to comprehensive and long-term bariatric and metabolic surgical health care
• To promote better understanding of the role of integrated health professionals in bariatric and metabolic surgery
• To be the recognized authority on the “integrated multidisciplinary” approach to caring for the bariatric and metabolic surgical patient
• To increase integrated health professional membership value and retention
• To cultivate a knowledgeable, skilled and empowered membership inclusive of all integrated health specialties

Specific Projects that Achieved the Goals and Objectives:
• Increased Integrated Health presence within the following organizational Committees: Patient Safety (formerly Liability) Communication, Research, International, Obesity Week (marketing subcommittee), State Chapters, Pediatric Surgery and Access Committees
• Established a new Committee: Multidisciplinary Care Committee, and re-established the Support Group Committee
• Introduced strategic plan implementation to each IH Committees via IHEC liaisons
• Identified & prioritized key topics for clinical guidelines & position statements.
• Further developed IH/MD collaborative courses for the Annual Meeting

Future Plans:
• Develop and refine the definition of Interdisciplinary healthcare team
• Establish adequate reimbursement for post-surgical care
• Encourage membership to participate in research and peer interaction.
• Develop a stronger committee structure and strategic plan implementation process
The ASMBS Clinical Issues and Guidelines Committee represents multiple disciplines of bariatric Integrated Health professionals with at least one member representing the following disciplines - Nursing, Behavioral Health, Nurse Practitioner or Physician Assistant, Registered Dietitian, and Exercise Physiologist. The Committee members are appointed by the IHEC and the Chair according to the needs of the committee. Our role is to identify clinical issues pertinent to the care of the bariatric surgery patient and to establish guidelines/position statements regarding the multidisciplinary management and care of the bariatric surgical patient.

Chair: Pam Davis, RN, CBN, CCM
Co-Chair: Lisa West-Smith, PhD, LCSW
IHEC Liaison: Julie Parrott, MS, RD, LD
ASMBS Staff Liaison: Barbara Peck
Registered Dietitians: Jeanne Blankenship, MS, RD, CLE
Registered Nurses: Paula Kilgore, RN, CBN
Nurse Practitioner/Physician's Assistant: Hilary Blackwood, NP
Exercise Physiologists: Dale Bond, PhD
Behavioral Health: Jennifer Schwettmann, MSPT
Registered Nurses: Tracy Martinez, BSN, RN, CBN
Lisa West-Smith, PhD, LCSW
Nurse Practitioner/Physician's Assistant: David Kellenberger, PA-C
Lorraine Olivero-Rivera, FNP

**Committee Goals:**

**Short Term - June 2011**
- Identify point person for the Role of the RN in Performing LAGB Adjustments - David Kellenberger (tentative)
- Prepare survey questions to gather baseline data regarding the Role of the RN in Performing LAGB Adjustments; target survey distribution after ASMBS conference
- Prepare rough draft of Guidelines for Sensitivity Training - Dale Bond, lead; Paula Kilgore, Pam Davis, contributors; consult Rebecca Puhl for input
- Completion of review of existing Psychological Evaluation/Report; completion of lit review; begin development of Revised Guidelines for Psychological Evaluation - Stephanie Sogg, PhD, Lisa West-Smith, Anthony Fabricatore, contributors

**Mid Term - December 2011**
- Send Guidelines for Sensitivity Training to EC
- Provide analysis of ASMBS Membership Survey regarding the role of the RN in performing LAGB adjustments (including the disciplines of RNs and NP/PAs) to EC

**Long Term - June 2012**
- Submit draft for Physical Activity and Exercise Guidelines for the Bariatric Patient to EC

**Committee Objectives:**
- Provide a basis for evidence based, multi-disciplinary care of the bariatric patient.

**Future Plans:**
- Complete Guidelines for Sensitivity Training
- Complete Guidelines for Psychological Evaluation/Report
- Complete Position Statement regarding the Role of the RN in performing LAGB adjustments
- Complete Guidelines for Physical Activity and Exercise Guidelines for the Bariatric Patient
MEMBERSHIP COMMITTEE

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 membership, and ensure access of members to society benefits.

Chair: Lynn Bolduc, MS, RD, LD, CDE
Co-Chair: Constance Simms, RN, CBN
IHEC Liaison: Christine Bauer, MSN, RN, CBN
ASMBS Staff Liaison: Barbara Peck

Members: Kelly Gemmel, RD
Bridget Mattson, PharmD
Nathaniel Sann, FNP-BC MSN
Carol Signore, MAT MS LMFT

Committee Goals:

Short Term:
• Overall review of the state of IH membership
• Survey the active IH membership to identify perceived present and future value

Mid Term:
• Develop value proposition for IH membership
• Develop plan for IH membership recruitment
• Develop outreach tools to encourage surgeons to promote ASMBS membership to their staff
• Develop marketing plan of the advantages of membership to healthcare management professionals
• Encourage IH Membership Chair to work with and serve on the organizational membership committee

Long Term:
• Develop value proposition for IH membership
• Develop plan for IH membership recruitment
• Develop outreach tools to encourage surgeons to promote ASMBS membership to their staff
• Develop marketing plan of the advantages of membership to healthcare management professionals

Committee Objectives:

• Define the value of membership for each discipline and category and develop marketing strategies
• Develop value proposition for IH Membership
• Identify potential growth segments and develop targeted strategies to increase recruitment and retention (e.g. affiliated associate members, disciplines less represented, new disciplines)

Specific Projects that Achieved the Goals and Objectives:

• Reviewed all IH membership applications submitted monthly, with approximately 300 applications reviewed since July 2010

Future Plans:

• Will revise the IH Membership Application, as well as develop questions for one comprehensive survey of the membership post-meeting.
• Contact non-renewing members to improve retention
• Committee to review updates to the ASMBS website and make suggestions for additions.
• Conduct letter campaign to nonmember CBN’s and nonmember attendees to the Annual Meeting, inviting them to join
• Membership committee to develop new targets for membership recruitment
• Reach out to new membership targets via direct mail, email and telephone campaign
PROGRAM COMMITTEE

The Program Committee is responsible for developing the content, planning and implementing the IH Main Session at the Annual Meeting.

Chair: Maureen Quigley APRN  
Chair-Elect: Karen Flanders, NP, CBN  
Staff Liaison: Barbara Peck  
Members: Mara Berman, RN, BSN, MBA, CNOR  
Sue Bunnell, RN, BS, CBN, CHSP  
Ronald Evans, PhD  
Kelly Fried, PhD  
Shannon Jansma PA-C RD  
Theresa Leath, RN, CBN  
Bobbie Lou Price, RN, BSN, CBN  
Jill Meador, RN, BSN, CBN  
Stephen Ritz, PhD  
Karen Schulz, RN, MSN, CBN

Committee Goals:

Short Term:
- Develop a program that will engage and educate our attendees
- Provide a program with cutting edge content
- Select a dynamic keynote speaker who will have a message with a broad appeal to the diverse IH membership

Mid Term:
- After abstracts are reviewed, provide feedback to speakers on abstracts/submissions to ensure that presentations are what are envisioned by the committee.

Long Term:
- Engage the IH membership to attend the main session
- Assemble and maintain an experienced review committee with the ability to mentor new members
- Maintain a committee of diverse members who represent the membership

Specific projects that achieved the goals and objectives

- A keynote speaker was chosen for the IH Program Main Session
- The planning and implementation of the IH Program Main Session was completed

Future Plans:

- Consider making presentations available online
- Collaboration with TOS (is there an IH membership in TOS?)
- Consider post meeting review by email to identify strengths and weaknesses of meeting, and identify best practices for future planning. (A review is done at the December subgroup meeting, but I plan to discuss this topic at our meeting in June so that this can be done immediately post meeting, when our recollections are fresh)
- Consider maintenance of a log of duration of terms of IH Program members, which would allow for growth of the committee, while maintaining an experienced core group.
- Have a central collection/dissemination system for CVs for those members interested in joining an IH committee
MULTIDISCIPLINARY CARE COMMITTEE

Chair: Tracy Martinez, BSN, RN, CBN
Co-Chair: Amanda Budak RN, MSN, CBN
IHEC Liaison: Laura Boyer, RN, CBN
Staff Liaison: Barbara Peck
Members: Cynthia Buffington, PhD
Guilherme Campos MD
Laura Frank PhD, RD, CD, MPH
Elizabeth Goldenberg, MPH, RD, CDN
Arrin Larson BS, NSCA-CPT
Cathy Reto, PhD
Jennifer Schwettmann, MSPT
Dana Shuster MD
Chris Still, DO, FACN, FACP
Alan Wittgrove MD, FASMBS

Committee Goals:

Short Term:
• Literature review
• Prioritizing goals and timelines
Mid Term:
• Conduct membership survey
• Investigate data w/BOLD, Novus
• Possible alliance w/TOS

Long Term:
• TBA-Pending committee meetings/consensus

Future Plans
The Multidisciplinary Care Committee is newly formed. 2011-2012 will be a time of organizing, developing objectives, and providing structure for growth and productivity of the committee.

PROFESSIONAL EDUCATION COMMITTEE

Committee will review, approve and support planning of all yearly Integrated Health activities. Members will support and collaborate with potential presenters and directors make sure educational programs align with strategic plan.

Chair & IHEC Liaison: Karen M. Schulz, RN MSN CBN
Staff Liaison: Barbara Peck
Members: Kelli E. Friedman, PhD
William F. Gourash, MSN CRNP
Jennifer D. Schwettmann, MSPT
Cassie I. Truran, RD

Committee Goals:

Short Term:
• Improve collaboration between IH and physician programs
• Provide more resources for course directors
• Improve Quality of ASMBS Integrated Health Programming
• Work on multi-media approach to education offerings
Mid Term:
• Add website offerings to education
Long Term:
• Integrate IH programming into Obesity week

Committee Objectives:

Short Term:
• Find opportunities to conduct educational programs that are collaborative between IH and the physician group
• Communicate with and offer assistance to course directors

Long Term:
• Integrate suggestions from course evaluations into following year offerings
• Improve longevity of programs and transition of course directors by asking for assignment of educational co-directors
• Review and coordinate annual meeting offerings to ensure logical and interesting programs
• Return behavioral health program back into the Integrated Health offerings

Future Plans
The Multidisciplinary Care Committee is newly formed. 2011-2012 will be a time of organizing, developing objectives, and providing structure for growth and productivity of the committee.

American Society for Metabolic & Bariatric Surgery | 26
Committee Chair & IHEC Liaison
William Gourash, MSN, CRNP

Committee Objectives:
- Utilization of ASMBs communication platforms for committee and subcommittee communications
- Development and implementation of an administrative structure, process and policies for the CBN Certification Program congruent with ASMBs and requirements for accreditation
- Regular evaluation of service and costs of certification consultant
- Construction and implementation of a psychometrically sound examination.
- Development, initiation, implementation and maintenance of a strategic marketing plan
- Increase the examination candidates by 20% (September 2012)
- Achieve goal of recertification by certificants at 85% (September 2012)
- Development, implement and maintenance of the recertification process and program
- Yearly revision and update the CBN Candidate Handbook
- Periodic review, revision of the eligibility evaluation process
- Development, implementation and maintenance of a strategic financial plan
- Attainment of Accreditation(s) and maintenance of accreditation(s) of the CBN certification program
- Development, implementation and maintenance of in-person, online and written educational preparation modalities for the examination.
- Periodic review and evaluation of the practice analysis and development of a proposal for update/revision as necessary.
- Support the investigation into the feasibility and interest into potential certification programs for dieticians, behavior health professionals and midlevel practitioners (PAs and NPs)

Mission Statement:
The RN Certification Committee is dedicated to enhancing and promoting the specialty of Bariatric Nursing Care by maintaining the CBN certification program.

Committee Goals:
- Continue to develop and maintain an RN professional practice certification for the specialty of Bariatric Nursing Care
- Administer a fair, valid, and reliable examination process.
- Administer an examination that certifies professional knowledge and skill in bariatric standards of care and expected outcomes
- Administer a fair, valid, and reliable re-certification process
- Communicate the value of this credential to the public and other key constituencies

Short and Mid Term Activities Overall Committee
- Chair to introduce and assist in setting up each subcommittee with the Committee Connection Website and encourage utilization (March 2011 – June 2011).
- Chair to encourage conference calls to assist subcommittees in communication and work projects (minimum of 3 per year) (June 2011 – June 2012)
- Search for and recommend potential Co-chair (October 2011)
- Propose to IHEC and further develop administrative structure, process and policies for the CBN Certification Program congruent with ASMBs and requirements for accreditation. (June 2011 – February 2012)
- Review our contract with PES consultant, our level of satisfaction with their services and make decision regarding extension of contract for the short term (1-2 years) and long-term (3-4 years). (June 2010)
- Write and submit a proposal to the Foundation asking for funding for this project (May 2011)
- Propose to IHEC and further develop administrative structure, process and policies for the CBN Certification Program congruent with ASMBs and requirements for accreditation. (June 2011 – February 2012)
- Review our contract with PES consultant, our level of satisfaction with their services and make decision regarding extension of contract for the short term (1-2 years) and long-term (3-4 years). (June 2010)
- Write and submit a proposal to the Foundation asking for funding for this project (May 2011)
- Propose to IHEC and further develop administrative structure, process and policies for the CBN Certification Program congruent with ASMBs and requirements for accreditation. (June 2011 – February 2012)
- Review our contract with PES consultant, our level of satisfaction with their services and make decision regarding extension of contract for the short term (1-2 years) and long-term (3-4 years). (June 2010)
- Write and submit a proposal to the Foundation asking for funding for this project (May 2011)
- Investigate with PES (certification consultant) a preliminary cost estimate (May 2011).
- Coordinate credentialing feasibility investigations with ad hoc committees of dieticians, behavior health professionals and midlevel practitioners. (June 2011 – May 2012)

Examination Development
- Test Construction and Set Pass Point meeting for 2012 examination (September 2011)
- Post-examination review and rekeying conference calls (August 2011 and February 2012).
- Item bank analysis and selection of revision items (July 2011)
- Item reference resource review and update (September 2011)
- Item review and revision by committee members (September 2011)
- Item writer call, selection, orientation (webinars) and assignment, December 2011 – May 2012
- Formal submission of request to SOARD, Surgery, Obesity and Nursing Journals for item-writer access (December 2011).
- Documentation of the policies & procedures of the subcommittee (in conjunction with P&P and Accreditation subcommittees) May 2012
- Marketing
- Develop a first draft of a comprehensive strategic marketing plan (January 2012)
- Implementation of strategic marketing plan (January 2012 – July 2013)

RN CERTIFICATION COMMITTEE
This committee is responsible for maintaining all of the aspects necessary for the further development and maintenance of the CBN certification program. It is divided into seven 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 and Financial.

Accreditation: Laura Smolenak, RN, CBN
Tammy Beaumont, BSN, RN, BC, CBN
Renee O’Daniel, RN
Practice Analysis: Karen Baumann, MHA, RN, CBN
Sandy Tompkins, RN, CDE, CBN
Marketing: Jamie Carr, RN, CBN
Tina Shelton, RN, CBN
Narelle Story, RN, BSN, CBN
Policy and Procedures: Harpreet Gujral, MSN, CRNP, CBN
Judy Tiede, RN, MSN
Patti Anderson, RN, BSN
Examination Development: Jessie Moore, APRN
Maura Berman, RN, BSN, MBA, CNOR
Melissa Davis, MSN, APRN, BC, CNS
Ruth Davis, RN, BSN, MBA
Maureen Quigley, APRN
Examination Preparation: Christine Bauer, MSN, RN, CBN
Sherry Allgood, RN, BSN, CBN
Barb Lawrence, RN, Med
Financial: Tracy Martinez, BSN, RN, CBN
Bobbi Lou Price, BSN, RN, CBN
ASMB Staff Liaison: Barbara Peck
• Recruit marketing professional consultant (September 2011)
• Revise initial plan and utilize the current monies set aside by the Corporate Council at initial marketing activities. (June 2011)
• Email Survey of CBN certificants to ascertain perceived value of the CBN certification. (October 2011)
• Development and implementation of a policy for utilization of the CBN logo for promotional purposes. (March 2012)

Policy and Procedure
• Development and implementation of the recertification process and program (August 2011)
• Maintenance of the recertification program (September – June 2013)
• Yearly revision and update the CBN Candidate Handbook (September 2012)
• Periodic review, revision of the eligibility evaluation process (October 2012)
• Collaboration with Accreditation Subcommittee in policy and procedure development and documentation for accreditation submission to ABNS (July 2011 – February 2012)

Financial
• Review of the financial standing of the CBN with ASMBS administration (September 2011)
• Development of first draft of a financial strategic plan (January 2012)
• Initial implementation of the financial strategic plan (February – June 2012)

Accreditation
• Investigate and develop report regarding the possible approaches for certification program administration that would meet the accreditation standards of the ABNS and report to IHS EC (October 2011)

• Develop submission for accreditation by the ABNS (February 2012)
• Investigate “Magnet” hospital accreditation and implications to CBN program and report to Marketing Subcommittee (September 2011)
• Investigate and develop timeline for submission for accreditation of the CBN certification program by the NCCA (June 2012)
• Develop submission for accreditation by the NCCA (February 2013)

Examination Preparation
• Revision of the “On-line” CBN educational program (September 2011)
• Yearly update of the “In-person” CBN preparation course and evaluation of need for additional course offerings (June 2011, June 2012)
• Develop proposal for “core curriculum” (December 2011)
• Implementation of “core curriculum” plan (May 2012)

Practice Analysis
• Educate Subcommittee on Practice Analysis review with help of consultant (May – August 2011)
• Review of the CBN Practice Analysis (SOARD article and original document) & and recommendation regarding the need for minor update/revision or major update/revision of practice analysis. (January 2012)
• Investigation and recommendation regarding the revision process with cost estimate and timeline. (May 2012)

CERTIFIED BARIATRIC NURSE PROGRAM (CBN®)

The Certified Bariatric Nurse (CBN®) Examination is designed to assess the professional competence of practitioners of Bariatric Nursing. This certification examination program is based on the distinct and well-defined field of nursing practice subscribing to the overall purpose and function of nursing. Bariatric Nursing is a specialty distinct from other nursing specialties and is national scope. We are proud to announce that the CBN Exam is in our fourth year of testing and we have over 900 CBN’s in the US and abroad.
JOHN HALVERSON YOUNG INVESTIGATOR AWARD

Papers accepted for the Plenary Session 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.

**2010 Recipient**
Logan Rawlins, MD
Beavercreek, OH
*Revision of Roux en y Gastric Bypass to Distal Bypass for Failed Weight Loss*

KARL STORZ ENDOOSCOPY-AMERICA BARIATRIC SURGERY FELLOWSHIP AWARD

This award recognizes outstanding achievement in research by a Fellow in the area of bariatric surgery. Karl Storz Endoscopy-America awards the selected Fellow with a fully-sponsored scholarship to the Laparoscopic Training Center in Strasbourg, France, in its efforts to promote continuing education in the field of surgical treatment of obesity.

**2010 Recipient**
Ayman B. Al Harakeh, MD
La Crosse, WI
*The Natural History and Metabolic Consequences of Morbid Obesity in Patients Denied Coverage for Bariatric Surgery*

POSTER AWARDS

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

**2010 Recipients**
Jason J. Rasmussen, MD
Lexington, KY
*Challenging the Current Paradigm in NASH: It Takes More Than Obesity and Metabolic Syndrome to Cause Significant Fibrosis*

Charalambos Rammos, MD
Peoria, IL
*Body Composition Analysis in Bariatric Surgery: Use of Air Displacement Plethysmography*

INTEGRATED HEALTH RESEARCH AWARD

First authors of papers accepted for the Integrated Health Main 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.

**2010 Recipients**

1st Place
Harpreet Gujral, MSN CRNP CBN and Christine Tea, RN, CBN
Fairfax, VA
*Evaluation of Nurses' Attitudes Towards Adult Obese Patient*

2nd Place
Katherine Applegate, PhD
Durham, NC
*Bariatric surgery evaluation and results of treatment in patients with Bipolar Disorder (BP)*
ASMBS 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 Plenary Session, as well as published in SOARD. Funding for the 2010 Research Grant program was provided by the ASMBS Foundation.

2010 Recipients
William O. Richards, MD
University of South Alabama
Grant Title: Vascular Endothelium Changes after Bariatric Surgery
Amount Awarded: $50,000

Aurora D. Pryor, MD
Duke University
Amount Awarded: $50,000

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.

2010 Recipient
Harvey J. Sugerman, MD, FASMBS
Sanibel, FL

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.

2010 Recipient
Jessie M. Moore, APRN
New Haven, Connecticut
At January 1, 2008 the market value of the Society’s investment account held with Wells Fargo was $3.4 M. The investments dropped to a low of just over $2.4 Mil in March of 2009. By March of 2010 the investment account had made a full recovery to a market value of just over $3.4 M. We suffered a large investment loss in 2008 which was fully recovered in the years 2009 and 2010, with the larger portion of that recovery reflected in the 2009 investment income of $752,774.
**FINANCIAL STATEMENTS**

Each year the ASMBS financial records are formally reviewed by an independent accounting firm with a full audit performed every three to four years. The following report provides a summary of financial activity for the years ended December 31, 2010 and 2009.

**AMERICAN SOCIETY FOR METABOLIC AND BARIATRIC SURGERY, INC.**

**Statements of Assets, Liabilities and Net Assets - Accrual Basis**

December 31, 2010 and 2009

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<thead>
<tr>
<th></th>
<th>2010</th>
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<tr>
<td>Total Assets</td>
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<td>Total Liabilities</td>
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<td>Net Assets</td>
<td>$4,882,591</td>
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</table>

**AMERICAN SOCIETY FOR METABOLIC AND BARIATRIC SURGERY, INC.**

**Statements of Revenues and Expenses - Accrual Basis**

December 31, 2010 and 2009

<table>
<thead>
<tr>
<th></th>
<th>2010</th>
<th>2009</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>REVENUES</strong></td>
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<td></td>
</tr>
<tr>
<td>Conference and Education</td>
<td>$3,919,790</td>
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<td>Membership Dues/Journals</td>
<td>836,440</td>
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<td>Other Revenues</td>
<td>323,725</td>
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<tr>
<td>Advocacy</td>
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<td>92,065</td>
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<tr>
<td><strong>TOTAL REVENUES</strong></td>
<td>5,173,110</td>
<td>4,099,242</td>
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<tr>
<td><strong>EXPENSES</strong></td>
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<td></td>
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<tr>
<td>Conference and Education</td>
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<tr>
<td>Supporting Services/Management &amp; General</td>
<td>1,796,720</td>
<td>1,743,554</td>
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<tr>
<td>Advocacy</td>
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<tr>
<td><strong>TOTAL EXPENSES</strong></td>
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<td><strong>NET OPERATING INCOME</strong></td>
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<td><strong>INVESTMENT INCOME</strong></td>
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<td>752,774</td>
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<td><strong>CHANGE IN NET ASSETS</strong></td>
<td>1,017,694</td>
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<td><strong>NET ASSETS AT BEGINNING OF YEAR</strong></td>
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<td>2,923,395</td>
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<tr>
<td><strong>NET ASSETS AT END OF YEAR</strong></td>
<td>$4,882,591</td>
<td>$3,864,897</td>
</tr>
</tbody>
</table>
The ASMBS is the largest organization in the world solely devoted to the treatment of morbid obesity. Our members are the lifeblood of our organization. Members represent surgeons and professionals from a wide variety of specialty areas all of which play key roles in the care of the bariatric patient. Through their volunteer efforts, our members contributed to the advancement of the ASMBS by serving as board members, committee chairs, and committee and task force members working on a range of activities. ASMBS membership has continued to grow to over 3500 active members.
**SOARD ANNUAL REPORT 2011**

*Surgery for Obesity and Related Diseases (SOARD)* continues to present new and important articles related to the severely obese patient, their co-morbidities and the positive effects of bariatric surgery. It continues to look at the relative merits of various surgical and non-surgical procedures for severe obesity, including a review article on the risks and benefits of sleeve gastrectomy, as well as two of the first articles on vertical gastric plication (an animal and a clinical study) and initial data on a gastroduodenal sleeve. It continues to accept interesting case reports, especially those associated with a video which can be downloaded from the web. SOARD publishes all of the abstracts for the Annual Meeting of the ASMBS and manuscripts which have successfully passed peer review from this meeting. The Journal received its first Impact Factor in June, 2010: 3.862, which placed it 9th amongst all 166 surgical journals, world-wide.

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**MEDIA OUTREACH YEAR IN REVIEW:**

*June 2010 - June 2011*

The American Society for Metabolic and Bariatric Surgery (ASMBS) and its public relations firm, Communication Partners & Associates, continued programs designed to increase awareness of morbid obesity as a disease, increase public and professional understanding of bariatric and metabolic surgery, improve access to care, and further establish ASMBS as a leading authority on obesity and obesity-related diseases, particularly type 2 diabetes.

Activities included national, international, and local media relations; strategic planning, message development, media training, and ASMBS Annual Meeting media outreach and the establishment of the ASMBS press room.


ASMBS has also been active on social media platforms. ASMBS is on Facebook and Twitter, which have been generating a great deal of activity as news stories featuring ASMBS and Society interests are posted and tweeted, along with ASMBS news releases and position statements. Video news stories featuring ASMBS are also available on YouTube, where they received several thousand views.
congressional visits have taken place since passage of health care reform in early 2010 in an effort to advocate for this goal. In addition, there have been multiple visits with President Obama’s domestic policy staff at the White House and staff within the Offices of HHS Secretary Sebelius and US Surgeon General Benjamin highlighting the need for coverage of obesity treatment services under health care reform. A major goal for the coming months is to secure a face to face meeting with HHS Secretary Sebelius to present to her an organizational sign on letter to HHS that the ASMBS and the rest of the obesity community have been circulating within the healthcare community for the last 10 months. The “ask” of that letter urges “the Department of Health and Human Services to seriously evaluate the inclusion of comprehensive obesity treatment services under the “preventive and wellness services and chronic disease management” section of the Essential Health Benefits Package within all certified Health Exchange plans.”

ASMBS has also taken a leadership role in proactively working with the Institute of Medicine (IOM) to address this critical issue. At the request of HHS, the IOM is undertaking a study that will make recommendations on the criteria and methods for determining and updating the essential health benefits package. The Institute will not define specific service elements of the benefit package. Instead, the IOM will review how insurers determine covered benefits and medical necessity and will provide guidance on the policy principles and criteria for the Secretary to take into account when examining Qualified Health Plans for appropriate balance among categories of care; the health care needs of diverse segments of the population; and nondiscrimination based on age, disability, or expected length of life.

On January 14, 2011, ASMBS President Bruce Wolfe testified during a three-day public meeting held by the Institute of Medicine (IOM) regarding essential health benefits that may be included under state-based health insurance exchange plans. Dr. Wolfe, who provided testimony on behalf of the ASMBS, Obesity Action Coalition and The Obesity Society, presented a strong case regarding the essential nature of a comprehensive treatment approach for those affected by obesity. Dr. Wolfe urged the IOM committee members to focus on the following key considerations: (1) Obesity is a life-threatening disease associated with multiple comorbidities; (2) Behavioral, medical and surgical treatments are effective for obesity, resulting in prevention of obesity-related events including death, cardiovascular disease and cancer; and (3) Access to prevention and treatment is severely limited.

**IMPLEMENTATION OF HEALTH CARE REFORM**

**Essential Benefit Package**

The primary focus of ASMBS advocacy activities has been on targeting the Obama Administration and the Department of Health and Human Services to include coverage for obesity treatment services in the essential benefit package for the new health plan exchange plans being developed at the state level. Over 100

Employer Wellness Incentive Programs

A second critical issue that the ASMBS and the obesity community continue to weigh in on revolves around implementation of employers’ abilities to increase premium costs for those affected by obesity and certain other health-related conditions such as diabetes and smoking. On February 24, 2011, ASMBS participated in a half-day Incentive-based Worksite Wellness Program Forum sponsored by the U.S. Department of Health and Human Services. The forum brought together stakeholders from employers, unions and patient advocacy groups to share concerns and discuss ways of implementing worksite wellness regulations related to health care reform.

ASMBS supported the testimony of OAC Board Member and TOS Advocacy Committee Chair Ted Kyle, who during the forum testified that “setting arbitrary BMI goals doesn’t work in wellness programs relating to obesity. What’s needed is access to effective treatment and a focus on longer-term (longer than six month) outcomes.” Employers expressed the need for flexibility in setting up their wellness programs while advocate groups pushed for a set of standards that would determine what a reasonable use of incentives would entail. HHS hopes to work out ways to strike an effective balance between employer flexibility and employee fairness that will lead to better outcomes and lower healthcare costs.

In a February 24, 2011 letter released after the forum, ASMBS joined with 17 other patient advocate groups and unions including the American Heart Association, the American Cancer Society Cancer Action Network and the ALF-CIO, in addressing these issues with the secretaries of Health and Human Services, Labor and the Treasury. The letter urged the administration not to allow employers to implement programs that would lead to discrimination or measures regarded as punitive.

**OBESITY CARE CONTINUUM ADVOCACY EFFORTS**

**Obesity Community Launches “Obesity Care Continuum”**

In March 2011, ASMBS joined with the Obesity Action Coalition (OAC), the Obesity Society (TOS) and the American Dietetic Association (ADA) in forming the “Obesity Care Continuum” or OCC -- a coalition representing the interests of those affected by overweight and obesity and the healthcare professionals and researchers who care for, and develop treatments for, this growing population in our country. The purpose of the OCC is too pool the resources of its member groups and better coordinate federal and state advocacy efforts to secure access to, and coverage of, the continuum of care surrounding the treatment of overweight and obesity. With a combined membership of over 100,000 patient and healthcare professional advocates, the OCC will be a major force in the continuing debate over the critical need to both prevent and treat obesity.
Obesity Care Continuum Promotes Healthy Weight Matters Month

On March 15, the Obesity Care Continuum (OCC) kicked off the first of many advocacy days on Capitol Hill, which will focus on highlighting the need for more treatment avenues for those affected by overweight and obesity. In an effort to highlight this issue, the OCC is urging members of Congress to support a resolution that will designate the month of March 2012 as National Healthy Weight Matters Month. Modeled after the OAC’s Your Weight Matters Campaign, individuals across the country would be encouraged to initiate a conversation with their health care professional about their weight during Healthy Weight Matters Month (resolution attached). OCC advocates visited over 20 congressional offices in search of House and Senate champions to take leadership roles in supporting passage of National Healthy Weight Matters Month.

Obesity Care Continuum Opens Dialogue with FDA regarding Obesity Drugs

On March 22, 2011, representatives from the Obesity Care Continuum met with Food & Drug Administration (FDA) officials regarding recent FDA activity surrounding review and approval of current and pending drugs to treat obesity. The results of the meeting were generally positive with FDA officials acknowledging the scope of the obesity epidemic and the need for safe and effective treatment tools to bridge the gap between lifestyle interventions and surgery. ASMBS believes the meeting marks the opening of a constructive dialogue between the agency and the obesity community toward filling this treatment void.

Obesity Care Continuum Blasts Arizona Governor over Medicaid Fee

On April 5, 2011, the Obesity Care Continuum (OCC) sent a letter to Arizona Governor Jan Brewer (R-AZ) expressing outraged over the Governor’s proposal to levy a $50 fee on Medicaid recipients affected by obesity and that such a policy is clearly discriminatory and extremely uniformed given what we know about financial penalties targeted at those who “fail to address their weight.” On April 7, representatives of the OCC also sat down with Ryan Serote, Director of the State of Arizona’s Washington, DC Office to personally hand deliver a copy of the OCC’s letter to Governor Brewer as well as express the Continuum’s strong concerns regarding this issue.

ENHANCED STATE CHAPTER ADVOCACY PROGRAM (ESCAP) UPDATE

At the beginning of 2011, the Michigan Bariatric Society joined the Tennessee and New York ASMBS State Chapters in signing up to participate in ASMBS’s new Enhanced State Chapter Advocacy Program (ESCAP), which was established through a grant from the ASMBS Foundation. Under ESCAP, ASMBS State Chapters are afforded the opportunity to directly contract with ASMBS’s Washington Policy Consultant, Christopher Gallagher, and have Chris serve as the Chapter’s Washington Representative on both State and Federal issues.
Arizona Chapter
President: Patrick Chiasson, MD
President Elect: Kyle Wilcox, MD
Vice President: David Podkameni, MD
Secretary/Treasurer: John Chiang, MD
Advocacy Representative: Robert Berge, MD
Activities:
• Dinner meeting for officers November 2010
• Continued membership recruitment

The Bariatric Society of Carolinas (BSC)
President: Roc Bauman, MD & John Scott, MD
President Elect: Mark Emery, MD
Secretary/Treasurer: Hau Rhee, MD
Advocacy Representative: Roc Bauman & John Scott
We have had meetings in South Carolina regarding the
South Carolina State Employee Pilot Program where
the state organization lobbied successfully for changes
to the plan to benefit our patients. We are planning on
having our first official meeting to discuss fees, dues,
and membership at this year’s ASMBs.

Florida Chapter
President: Michael Murr, MD
President Elect: Rami Lufti, MD
Secretary/Treasurer: Vafa Shayani, MD
Advocacy Representative: Jonathon Wallace, MD
Chronological list of activities:
October 28, 2010
Bi-annual Meeting, Florida Association
of Bariatric Surgeons, Hollywood, FL
Guest speaker, Dr. Jane Aronin, MD, gave a basic science
presentation on causes and effects of obesity. It
included review of the literature on both basic and
clinical research. Members were updated on access to
care issues amongst insurers in Florida. Recent length
of stay reports were reviewed. New officers were
elected. A debate over future topics of our meetings
occurred.

Illinois Association of Bariatric Surgeons, Inc
President: Christopher Joyce, MD
President Elect: Rami Lufti, MD
Secretary/Treasurer: Vafa Shayani, MD
Advocacy Representative: Jonathon Wallace, MD
Activities:
• 3rd Annual Illinois Association of Bariatric Surgeons Meeting
November 2010
• 6.5 CME event
• Michigan Schools
• Lobbied for improved school lunch programs
• Potomac Currents
• Jointed with this organization to support efforts
with US and local government to promote medical
care for obesity
• Michigan Doctor’s Day
• Participated in lobbying state legislature to
promote medical coverage for obesity
• Insurance
• Lobbied major insurance carriers to promote
coverage of Sleeve Gastrectomy
• 2011 Plans
• 4th Annual MBS Meeting November 2011
• Speaking at Michigan State Medical Society
Annual Meeting
• Lobbying congressional delegates in fall 2011
• Lobbying state congressional delegates date TBD

Michigan Bariatric Society
President: Kevin Krause, MD
President Elect: Stuart Van den Abeele, MD
Secretary: Rosalyn Haga, MD
Treasurer: James Foote, MD
Advocacy Representative: Arthur Carlin, MD
Activities:
• 3rd Annual Michigan Bariatric Society Meeting
November 2010
• 6.5 CME event
• Michigan Schools
• Lobbied for improved school lunch programs
• Potomac Currents
• Jointed with this organization to support efforts
with US and local government to promote medical
care for obesity
• Michigan Doctor’s Day
• Participated in lobbying state legislature to
promote medical coverage for obesity
• Insurance
• Lobbied major insurance carriers to promote
coverage of Sleeve Gastrectomy
• 2011 Plans
• 4th Annual MBS Meeting November 2011
• Speaking at Michigan State Medical Society
Annual Meeting
• Lobbying congressional delegates in fall 2011
• Lobbying state congressional delegates date TBD

New Jersey Society for Bariatric Surgeons
President: Michael Jay Nusbaum, MD
President Elect: Stuart Van den Abeele, MD
Secretary: Jordan Garrison, MD
Advocacy Representative: Alexander Onopchenko, MD
Activities:
• Seminars/Continuing Education
• Barnes Filipponi Symposium: Wednesday May 11, 2011
Bariatric Surgery in 2011
6.5 AMA PRA Category 1 Credits
• Members Meetings
• NJ Chapter ASMBs Semi-annual Meeting
• ASMBs Annual Conference Meeting
Date, Time, Location TBD
• NJ Chapter ASMBs End of Year Meeting
Ohio Society for Bariatric Surgery  
President: Bipan Chand, MD  
President Elect:  
Vice President: Bradley Needleman, MD  
Secretary/Treasurer:  
Advocacy Representative: Bradley Needleman, MD

Oklahoma Society for Metabolic and Bariatric Surgery, Inc.  
President: Luis Goruspe, MD  
President Elect:  
Vice President:  
Secretary/Treasurer:  
Advocacy Representative: Steven Katsis, MD

Oregon Chapter  
President: Steven Tersigni, MD  
President Elect:  
Vice President:  
Secretary/Treasurer:  
Advocacy Representative: Ann Rogers, MD

Pennsylvania Society of Bariatric Surgery  
President Elect: Michael Bono, MD  
Vice President:  
Secretary/Treasurer:  
Advocacy Representative: Joe Nadglowski

Tennessee Chapter  
President: Douglas Olsen, MD  
President Elect: Jamie Ponce, MD  
Vice President: Brandon Williams  
Secretary/Treasurer: Pam Davis, RN, CNB  
Advocacy Representative: Douglas Olsen, MD

Annual Meeting Agenda  
This year’s annual meeting provided educational offerings to physicians and allied health professionals, as well as patients. Plans are underway for the January 2012 Annual Meeting, which will be held in Austin, TX.

Chapter Activities  
Additional activities this past year include a series of speakers at the Texas Medical Association meeting in July, as well as successful integration to management by LP etc. Our new management firm has assisted in providing stability, management and updating of the membership database, website, collection of dues and registration fees, as well as procurement of sponsorship and exhibitor fees and overall coordination of the annual meeting event. Our chapter also prepared a letter to Blue Cross regarding the 6 month weight loss diet requirements and held a chapter meeting at the annual ASMBS.

Virginia Bariatric Society  
President: Steve Wohlgemuth, MD  
President Elect:  
Vice President:  
Secretary/Treasurer:  
Advocacy Representative: Gregory Schroder, MD

Wisconsin Obesity Coalition  
President: Kevin Wasco  
Vice President: Michael Garren  
Secretary/Treasurer: Steve Weiland & Joseph Regan  
Advocacy Representative: Joseph Regan  
It has been an exciting year for the Wisconsin Obesity Coalition. We have reached out to many of our providers and added new membership to our growing cause in the State of Wisconsin.

- We have become a State Chapter Member for the ASMBS. This is an exciting accomplishment for our group.
- We had two excellent speakers at the 2010 annual meeting. Tim Hoven a Wisconsin Lobbyist on for healthcare. Tim shared with us the new climate at the state and federal levels that have occurred since Tuesday’s election. We talked at length about the political possibility of MA benefits for bariatric surgery being cut as budgets are being trimmed.
- Our second speaker was Jamie Foote, MD from Grand Rapids, MI. Dr. Foote shared with us his expertise with the sleeve procedure, as well as excellent information on endogastric options that are gaining momentum in the field of bariatrics.
- Our group has officially become a non-for-profit organization. Earlier this year we filed our 1024 to the IRS allowing us the following benefits, allowing us better access for educational grants to allow us to bring speakers and educational events to our members.
- We are working forward on a new website to help us be more visible to our members. Work is still in progress on this and will continue to move forward.
- Our membership continues to grow as our group continually makes progress moving forward with changing landscape in Wisconsin.
Founded in 1997, the ASMBS Foundation works directly with the ASMBS to promote research and education, increase public and scientific awareness and understanding of obesity, and community health initiatives.

**Mission**

The Mission of the ASMBS Foundation is to raise funds for conducting research and education, increasing public and scientific awareness and understanding, and improving access to quality care and treatment of obesity and morbid obesity.

**Raise Funds:**

To raise funds that directly support critical research and education on obesity, morbid obesity, and metabolic and bariatric surgery.

**Increase Scientific and Public Awareness and Understanding:**

To increase awareness and understanding of obesity as a disease and that treatment of obesity and morbid obesity can prevent, improve or resolve many metabolic diseases including type 2 diabetes and other diseases including cancer.

**Improve Access to Quality Care and Treatment:**

To improve access to care for Americans with obesity and morbid obesity by eliminating policy, societal, economic and medical barriers that deny people appropriate treatment and support.

As of the 1st Quarter 2011, the Foundation has given a total of $1,115,000 in support of ASMBS programs and projects.

**Operation M.O.R.E.**

The Foundation developed a fundraising campaign in 2010 called “Operation M.O.R.E.” (Monies for Obesity Research and Education). To date, through individual and corporate contributions, Operation M.O.R.E. has raised almost half a million dollars and the goal for 2011 is to reach the million dollar mark.

**Supported Programs**

- Double Platinum Sponsor of the Certified Bariatric Nurse Program
- Funded 21 ASMBS Research Grants to date
- Supported the ASMBS Nutrition Guidelines Project
- Supported the ASMBS Obesity Compendium
- Supported the ASMBS Online CME Program
- Funded the Integrated Health Research Awards
- Supported the Edward Mason Professorship at the University of Iowa
- Supported the educational and advocacy initiatives of the Obesity Action Coalition (OAC)
- Sponsored the Walk on the Capitol in Washington, DC in 2008
- Funded the official Walk from Obesity Cookbook
- Developed the Bryan G. Woodward Community Grant Program to support local initiatives to address the obesity epidemic - to date, has funded nine grants
- Sponsored the ASMBS Fall Educational Courses
- Funded the ASMBS Access and Advocacy Program
- Funded the ASMBS International Committee Awards
- Approved funding of the Revised ASMBS Patient Booklet

**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.
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.

### Steering Committee Members:

- **Chair:** Randy Price
  - Allergan

- **Chair Elect:** Robert Dougherty
  - Bariatric Times

- **Immediate Past Chair:** Tom Kinder
  - Bariatric Advantage

- **Senior Past Chair:** Trever Frickey
  - SIZEWISE

- **Secretary:** Susan Marie Leach
  - BariatricEating.com

- **Directors-at-Large:**
  - Robyn Litzenberger
  - Covidien
  - Gary Richardson
  - Ethicon Endo-Surgery
  - Eran Kabakov
  - Info-Surge, Inc

- **ASMBS President:** Bruce Wolfe, MD, FASMBS
- **ASMBS Integrated Health President:** Laura Boyer, RN, CBN
- **ASMBS Appointed Members:**
  - John Baker, MD, FASMBS
  - Karen Schulz, RN, MSN, CBN
- **ASMBS Appointed Member IH:** Georgeann Mallory, RD
- **ASMBS Executive Director:** Jennifer Wynn

### Corporate Council Members

**As of May 19, 2011**

- Allergan Medical*
- Amerilab Technologies, Inc
- Atlas Technologies, LLC
- Automated Medical Products Corp*
- Bariatric Advantage
- Bariatric Choice co Diet Direct Inc
- Bariatric Fusion, Inc
- Bariatric Times
- BariatricEating.com
- Building Blocks Vitamins
- CareFusion V. Mueller and Snowden Pencer Products
- Ceatus Media Group
- Covidien*
- Crospon
- DEVROM-The Parthenon Co. Inc*
- Ethicon Endo-Surgery*
- Etna Interactice
- Exemplo Medical, LLC
- Gore & Associates
- HoverTech International*
- I-Flow Corporation
- Info-Surge, Inc
- JourneyLite/Ascira Partners, LLC
- MDnetSolutions
- Nashua Nutrition
- Novus Insurance Company, RRG
- Nutritional Resources, Inc
- Philips Healthcare
- Reshape Medical, Inc
- Satiety, Inc
- Shimadzu Medical Systems
- SIZEWISE*
- Synovis Surgical Innovations*
- Vibrynt Inc

* Charter Member

For full details of the goals and future projects of the Corporate Council visit [www.ASMBS.org](http://www.ASMBS.org).

The ASMBS would like to acknowledge and extend gratitude to the Corporate Council supporting the production of the 2010-2011 Annual Report.