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MESSAGE FROM OUR PRESIDENT

Dear ASMBS Members,

The Annual Report was first put out in Las Vegas in 2010 while I served as Secretary-Treasurer of the ASMBS. Within these pages you will see testimony to a vibrant, focused and dynamic society that has become the established leader in Metabolic and Bariatric Surgery (MBS) and one of the most recognized organizations in health care quality.

One of the strong themes of ASMBS leadership is to demonstrate the value of membership by making our members aware of the dedicated effort their colleagues are making on their behalf. This is a volunteer “army” of surgeons, integrated health colleagues and staff who donate their time to serve on committees.

Another strong theme of the last few years has been to align our organization around the strategic plan. In these pages you can see the stated goals and objectives of each of our committees and recognize the work they have done on our behalf. You can also see those members who have participated and I hope you will communicate with them about their contribution to our specialty. This report is supported in part by the corporate council who has aligned themselves along these same goals and objectives.

Finally, it is through the membership and leadership of these committees and the hard work these surgeons and integrated health teams put into the committee work that allow their leadership skills to be recognized and for them to make their way into the senior leadership of the ASMBS. This process provides the prospective, demonstrated work ethic and seasoning needed to lead our society. To all my colleagues who have been called or volunteered to serve, I thank you for donating your unique and considerable intellectual capabilities and passion in service of the Society and its goals.

Sincerely,

Robin Blackstone, MD, FACS, FASMBS
President, American Society for Metabolic & Bariatric Surgery

EXECUTIVE COUNCIL MEMBERS

The ASMBS Executive Council is responsible for governing the organization, including strategic planning, policy development, program direction and fiscal management for the Society.

Staff Liaison: Jennifer Wynn

President
Robin L. Blackstone, MD, FACS, FASMBS
Scottsdale, AZ, USA

President-Elect
Jamie Ponce, MD, FASMBS
Dalton, GA, USA

Past President
Bruce Wolfe, MD, FASMBS
Portland, OR, USA

Senior Past President
John Baker, MD, FASMBS
Little Rock, AR, USA

Secretary/Treasurer
Ninh Nguyen, MD, FASMBS
Orange, CA, USA

Councilperson-at-Large
John Morton, MD, FASMBS
Stanford, CA, USA

Councilperson-at-Large
Emma Patterson, MD, FASMBS
Portland, OR, USA

Councilperson-at-Large
David Provost, MD, FASMBS
Denton, TX, USA

Councilperson-at-Large
Raul Riosenthal, MD, FASMBS
Weston, FL, USA

Councilperson-at-Large
Samer Mattar, MD, FASMBS
Indianapolis, IN, USA

Councilperson-at-Large
Marc Bessler, MD
New York, NY, USA

Councilperson-at-Large
Regina Pavlos, MD, FASMBS
Indianapolis, IN, USA

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

IH President-Elect
Karen Schulz, RN, MSN, CBN
Rocky River, OH, USA
ABOUT THE ASMBS

The American Society for Metabolic & Bariatric Surgery (ASMBS) is the largest society for this specialty in the world.

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.

MISSION OF THE AMERICAN SOCIETY FOR METABOLIC & BARIATRIC SURGERY

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
Creating change and promoting excellence has been a role of the ASMBS since it was founded in 1983 by a small group of surgeons determined to better serve patients by advancing the art and science of metabolic and bariatric surgery. Two thousand eleven-twelve was a pinnacle year for tremendous momentum and change within the ASMBS.

During the past year, ASMBS took historic steps toward evolving our quality and accreditation program, culminating in a new program and partnership with the American College of Surgeons. This was a significant accomplishment, achieved in a relatively short amount of time, and will set the focus of quality in metabolic/bariatric surgery for the next decade. With this merger and new program, we endeavor to have a united voice to be able to provide more support to our members so they can better serve their patients through improved processes, comparative data, and quality collaborations.

This year’s annual meeting marks another historic event, as this will be the last stand-alone meeting of the ASMBS. In November of next year we will be joining with The Obesity Society to host the first annual Obesity Week™. We are very excited about what promises to be a dynamic and comprehensive meeting covering the full spectrum of obesity science and treatment. Still it is not without some feelings of nostalgia that we transition to new traditions. At my very first ASBS meeting in 1986, I was both an attendee and an exhibitor (promoting the benefits of patient programs and services) with less than two weeks employment in a bariatric surgery practice under my belt. Much to my dismay, none of my booth materials arrived. It was just me, a six-foot table and lots of curiosity about what I might be selling. My first ASBS meeting as Executive Director was in Quebec where, with the help of Dr. Picard Marceau, I navigated my way through managing my first ASBS meeting. The meeting was a great success with a few hundred attendees and about 15 exhibits – my how times have changed! Pat Watson later joined the organization and took over the meeting planning duties and it now takes the expertise of our full staff to facilitate the top-notch meetings our members have come to expect.

The Society’s lead in serving its membership is also evident in many other spheres of activity. It is ultimately all of the organization’s strategies, tactics, education and events that advance the field and make each member’s experience worthwhile. The following pages of this report chronicle the outstanding work and achievements of the ASMBS committees and partners over the past year.

The ASMBS office has also worked to help lead the advancements of the organization by building the organizational capacity needed to support our leadership, committees and members in executing high quality programs and initiatives. Through strong leadership, membership and support, the ASMBS is prepared to continue taking the lead on the most pressing issues facing the metabolic/bariatric surgery field.

Throughout the year, the effectiveness of the organization was due in large part to the thoughtful and committed direction of ASMBS President Robin Blackstone, MD, and the leadership team of the Executive Council and the Committee Chairs.

I am proud and privileged to partner with the Executive Council, Committee leaders, members and staff as we work together to implement today the changes that are essential for our organization to succeed tomorrow.

Sincerely,

Georgeann Mallory, RD
Executive Director of the ASMBS
ASMBS STAFF

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

Kristie Kaufman
Operations Director

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

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

Kim Carmichael
Financial Manager

Jennifer Wynn
Executive Assistant
Liaison to Executive Council, Access and Quality and Standards Committees

Teresa White
Program & CME Coordinator
Liaison to Program and Clinical Issues Committees

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

Leslie Galloway
Graphic Art & Design Coordinator
Liaison to Communications Committee

Nooriel Nolan
CME Assistant
Liaison to Public Education, Research and State & Local Chapters Committees

James Osterhout
Technology Specialist

Mike Osterhout
Lead Developer

Chelle Martin
Administrative Assistant

Mariah Pearson
Part-time File Clerk


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

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
- Tool kit - continue to update as needed
- Access to Care Statement - completed and published in SOARD
- Coverage Map - to be presented June 2012
- Milliman battle - response sent to Milliman, letter of concern sent to HHS Secretary Sebelius, State Chapter Milliman Response to State Insurance Commissioners. Paper Submitted to Annals of Surgery
- Identify “hot spots” in need of ASMBs support
- Identify opportunities to form coalitions on the issues of patient access including ADA and 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
- First Responders - speakers who can address access issues to media when appropriate
- Building a bridge to PCPs: sample curriculum to extend nation-wide. Working with EES
- 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 - letter and ASMBs statement sent to medical directors
- Forge Relationships with industry to better understand and coordinate their approach - tech assessments/FDA
- Provide membership with timely updates on access to care issues - monthly Potomac Currents newsletter
- Increase access to metabolic and bariatric surgery overall or with insurers and or employers
- Annual Access to Care course
- Essential Health Benefit
- Dedicated outreach to physician congressmen in order to find a metabolic and bariatric surgery champion
- Maintain New Hampshire, Georgia, Illinois and Mississippi bariatric surgery coverage
- PAC Committee - coordinate with ACS Washington office on access issues

ACCOMPLISHMENTS:

- ASMBs Response to the CMS Sleeve Gastrectomy Decision
- California/Texas Essential Health Benefits Testimony
- Pre-op Weight Loss Letter
- Obesity Care Continuum
- IOM Letter on Discrimination
- Response to 1-800-GetSlim
- BOLD™ Comparative Study for Sleeve
- Qnexa Drug Response

COMMITTEE OBJECTIVES:

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

SPECIFIC PROJECTS THAT ACHIEVED THE GOALS/OBJECTIVES:

- Access to Care Log developed and posted on committees.org
- Informing membership through the Top 5 on the 5th newsletter
- Iowa benefits restored
- Georgia letter regarding state employee health benefits

FUTURE PLANS:

National Quality Forum:
In another effort to promote the mainstreaming of metabolic and 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 Morton, MD, FASMBS
- BMI 30-35: Bipan Chand, MD, FASMBS
- National Quality Forum Quality Measure: John Morton, MD, FASMBS
- Minority Outreach: Homero Rivas, MD, FASMBS
BARIATRIC SURGERY TRAINING

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

COMMITTEE MEMBERS

Chair: Scott Shikora, MD, FASMBS
Co-Chair: Alfons Pomp, MD, FASMBS
EC Liaison: Samer Mattar, MD, FASMBS
Staff Liaison: Pat Watson, CMP
Assistant Staff Liaison: Susan Cox
Robert Bell, MD
Robert Brolin, MD
Patrick Chiasson, MD
Ronald Clements, MD
Gregory Dakin, MD, FASMBS
Eric DeMaria, MD, FASMBS
William Gourash, MSN, CRNP
Daniel Jones, MD
Timothy Kuwada, MD, FASMBS
Samer Mattar, MD, FASMBS
Daniel McKenna, MD
Joseph Moran MD, FASMBS
Nissin Nahmias, MD, FASMBS
David Provost, MD, FASMBS
Raul Rosenthal, MD, FASMBS
Michael Sarr, MD
Philip Schauer, MD, FASMBS
Bruce Schirmer, MD
David Tichonsky, MD, FASMBS
Erik Wilson, MD, FASMBS

COMMITTEE GOALS:

Short Term:
- Survey membership for training needs and satisfaction with current training opportunities/programs
- Evaluate applications and award Certificates of Satisfactory Training to eligible fellows completing their training
- Promotion of Fellowship Certificate program; increase awareness and understanding of our Core Guidelines via website and conferences
- Provide SESAP-type items for the Fundamentals Exam to the Program Committee

Mid Term:
- Discuss and integrate existing surgeons into the ASMBS Certificate of Satisfactory Training Program
- Establish educational and training resources for fellows
- Prepare a curriculum for residents who rotate through a bariatric surgery practice
- Explore the training needs and provide International members educational and training resources

Long Term:
- Update the Fellowship Training curriculum based on recommendations from Credentialing Committee
- Work towards a designated Board certification

COMMITTEE OBJECTIVES:

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

SPECIFIC PROJECTS IN PROGRESS TO ACHIEVE GOALS/OBJECTIVES:

- ASMBS Certificate of Satisfactory Training in Bariatric Surgery Fellowship (award annually)
- Continue to facilitate communication with program directors and fellows
- Update and expand Fundamentals Exam annually

SPECIFIC PROJECTS COMPLETED THAT ACHIEVED THE GOALS/OBJECTIVES:

- Updated the Fundamentals of Bariatric Surgery Exam for Annual Meeting course, June 2012
- 42 Certificates of Satisfactory Training have been awarded to eligible candidates
- Evaluating 50 new applications for the Certificate Program

FUTURE PLANS:

- Update the Fellowship Training curriculum based on recommendations from Credentialing Committee
- Work towards a designated Board certification
- Create a pocket manual for residents and fellows that has the fundamentals of bariatric surgery
- Reach out to the International Committee to explore the training needs of the international community
- Develop a brochure on the Fellowship Certificate Program
The mission of the Clinical Issues Committee is to create evidence-based guidelines and position statements regarding clinical issues to enhance quality in metabolic and bariatric surgery patient care and to support ASMBS member practices. The Clinical Issues Committee also performs systematic review of existing statements and guidelines, researches the current data and makes appropriate updates and revisions as evidence becomes available. The committee is also charged with developing time-sensitive statements or recommendations related to new developments in the field of bariatric surgery.

**COMMITTEE GOALS**

**Short Term:**
- Develop evidence-based guidelines and position statements to reflect the mission of the ASMBS
- Perform ongoing review of existing position statements and guidelines; revise and update as deemed necessary based on current data

**Mid Term:**
- Ongoing identification of issues to develop statements and provide topics for EC Review
- 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 Public Education Committee and others as need arises
- Provide ongoing clarity on issues related to metabolic and bariatric 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

**SPECIFIC PROJECTS IN PROGRESS TO ACHIEVE GOALS/OBJECTIVES:**
- New topics in statement development as a result of the “Call for Statements Topics”: A) Metabolic Bone Disease; B) Standards for Outcome Reporting in Bariatric Literature
- BMI 30-35 Statement in development
- Issue annual “Call for Statement Topics” to membership to gather input on member needs for ASMBS support – Fall 2012

**SPECIFIC PROJECTS COMPLETED THAT ACHIEVED THE GOALS/OBJECTIVES:**
- “Call for Statement Topics” was issued to committee chairs and general membership (September 2011)
- Development and publication of the Algorithm for Review of Existing Statements/Guidelines (November 2011)
- Subcommittee appointed for the Review of Existing Guidelines and Statements. The first statement to be addressed is the Prophylactic Measures to Reduce Risk of Venous Thromboembolism (2007)
- Updated and published the ASMBS Policy Statement on Gastric Plication (2011)
- Development and publication of the ASMBS Global Bariatric Healthcare Statement (August 2011)
- Development and publication of the ASMBS Position Statement on Sleeve Gastrectomy as a Bariatric Procedure (October 2011)
- Development and publication of the ASMBS Peri-Operative Management of Obstructive Sleep Apnea Statement (April 2012)

**FUTURE PLANS:**
- To continue to develop evidence-based guidelines and position statements based on the developing needs and practices within the metabolic and bariatric surgery field of specialty, the ASMBS member’s needs, and professional practice gaps recognized within ASMBS committees
- Publication of the above statements not yet finalized
- Ongoing systematic review/revision of all existing guidelines and position statements
The aim of the Communications Committee is to facilitate communication between the ASMBS and its members, potential members and the public. This includes making recommendations on new opportunities and technologies to enhance communications; working with the ASMBS staff to develop methods for timely identification of pertinent journal articles, special reports, media events, and Society activities appropriate for promotion; and maintaining active communication channels with the ASMBS President and the Executive Council.

**COMMITTEE 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
- Expand video library with pearls and revision techniques
- Develop a communication plan for each ASMBS committee

**Long Term:**
- Establish state of the art communication between members
- Evaluate communications 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 IN PROGRESS TO ACHIEVE GOALS/OBJECTIVES:**

- Developing a members resource; Bariatric Movies & Images (BMI) Library
- Maintaining current Social Media Networks and exploring new areas of communication
- www.asmbscommittees.org: Internal network for all committee members to collaborate and communicate.
- Facebook page - currently has 1,184 Likes as of 4/23/12
- Twitter - currently has 733 followers as of 4/23/12
- LinkedIn - currently has 627 Members as of 4/23/12
- Introducing ASMBS members with a chance to join an ASMBS Committee to promote Involvement among members
- Developing an Audience Response System for the ASMBS 29th Annual Meeting
- Building a Mobile Web App for the ASMBS 29th Annual Meeting
- Holding monthly committee conference calls to keep with current technologies and communicate project feedback

**SPECIFIC PROJECTS COMPLETED THAT ACHIEVED THE GOALS/OBJECTIVES:**

- Established presence in social networking
- Completed www.asmbscommittees.org, allowing committee members access to ASMBS Committee’s Strategic Plan for Implementation
- Investigate emerging technologies and social media networks

**FUTURE PLANS:**

- Collaborate with Search Engine Optimization (SEO) consultant regarding website re-development
- Modify our BMI Library and educational resources (with sister societies) to become the largest and most user-friendly media resource and archive for ASMBS Members
- Add to and modify format of current networks to maximize ASMBS web presence and member usage
- Streamline communication via mobile technologies for daily as well as annual meeting usage
- Continue to hold monthly committee conference calls
The Emerging Technology Committee had primarily focused on evaluating new technologies in the treatment of obesity and obesity related illnesses. The committee’s name and focus was recently changed to include “Procedures” and now encompasses Emerging Technology and Procedures. The committee advises the Executive Council, other committees and the general membership of new technologies and procedures and how these may impact current and future care of patients. The goal of the committee is to not only evaluate these technologies and procedures, but also to better educate our members on how they can evaluate and possibly incorporate these technologies and procedures into practice.

**COMMITTEE GOALS:**

**Short Term:**
- Participate/Present during the May 2012 FDA Panel on Obesity Devices. We will have several representatives from ASMBS and our committee present at the panel. Continue to work with ASGE leadership on this matter
- Design and post Inventory of Emerging Technology and Procedures (ET & P) on website. The content of the inventory includes name of company, contact information with a link to company, product or product line information and brief synopsis of the literature that has been reported with the new technology
- Coordinate the ET & P Symposium at the Annual Meeting with the Program Committee
- Continue to use the Top 5 on the 5th newsletter to communicate more regularly/rapidly with membership as need arises

**Mid Term:**
- Develop a paper on endoluminal revisional bariatric therapies and publish in SOARD or other high impact journal to update members of current and potentially new devices and procedures that may impact their practice
- Develop a summary document on several of the “Devices” that are being used in metabolic and bariatric surgery. This ongoing document will review and summarize many of the tools used in obesity care with the intent of publication for dissemination to our members
- Assist Clinical Issues Task Force to address the topic of, and develop a policy for, the evaluation and adoption of new technologies, techniques, and procedures into clinical practice. This task force will develop this guidance document for the EC

**Long Term:**
- Be the recognized authority on Emerging Technology and Procedures in metabolic and bariatric surgery inside and outside the ASMBS
- Provide governing bodies and industry on the mechanisms to effectively evaluate new technologies, techniques and procedures
- Continue to provide members with the appropriate information on new technologies, techniques and procedures that may impact care of the obese patient
- Coordinate with other committees to best train members in anticipation of these new technologies, techniques and procedures

**COMMITTEE OBJECTIVES:**

- Promote responsible use, safety and efficacy of emerging technologies, techniques and procedures
- Identify emerging technologies, techniques and procedures, and advise members of potential impact
- Identify educational needs of current and future technologies, techniques and procedures to best train members
- Identify and promote appropriate research of new technologies

**SPECIFIC PROJECTS IN PROGRESS TO ACHIEVE GOALS/OBJECTIVES:**

- The committee’s name and focus was recently changed to include “Procedures” and now encompasses Emerging Technology and Procedures
- Developing Inventory (Registry) of ET & P that impacts obesity care
- Developing Emerging Revisional Therapy document
- ET & P Symposium developed for 2012 Annual Meeting (with Program Committee)

**SPECIFIC PROJECTS COMPLETED THAT ACHIEVED THE GOALS/OBJECTIVES:**

- White Paper: A Pathway to Endoscopic Bariatric Therapies published November 2011
- Task force attended FDA/NIH device workshop October 17 and 18, 2011
- Endoscopy Training Survey completed and result to be addressed at Annual Meeting, June 2012

**FUTURE PLANS:**

- Develop a proposed template for obesity device studies
- Continue to provide input for the FDA and other regulatory bodies on ET & P that impact metabolic and bariatric surgery and obesity care
The Insurance Committee bridges the gap between the details of insurance coverage and coding and the practicing surgeon. This committee focuses on education of the surgeon and office administrative staff on the trends and changes in insurance coverage, coding and insurance access. The committee acts as a liaison between the ASMBS, insurers and CMS on the specifics of coverage for bariatric procedures. The committee seeks to identify new and commonly performed bariatric procedures and act as a champion for the development of CPT codes for effective and efficient reimbursement. Finally, the committee acts in concert with other committees of the ASMBS on acute and chronic access to care issues.

COMMITTEE GOALS:

Short Term:
- Regularly evaluate and update the CPT and ICD-9 Codes for Bariatric Surgery for the website
- Develop communication/alerts to inform members about new codes
- Handle hotline via insurance@asmbs.org to respond to member inquiries regarding insurance issues
- Determine FAQ for dissemination to membership via Top 5 on the 5th newsletter and website
- Coordinate with Program Committee to develop coding webinars for members and their staff
- Clarify gastric plication coding
- Determine scope and address any issues for the removal of Laparoscopic Adjustable Gastric Band from inpatient-only status
- Maintain communication with insurance carriers’ Medical Directors regarding the mandatory medical weight loss prior to surgery

Mid Term:
- Communicate with State Chapters and Access Committees to identify local and national insurance issues
- Continue to coordinate with Program Committee on updating insurance coding educational courses and webinars
- Monitor AMA CPT or RUC issues that would involve metabolic and bariatric surgery

Long Term:
- Achieve leadership on insurance issues
- Develop and pursue need for CPT Codes (endoluminal, BPD/DS lap, and internal hernia) and approach AMA CPT panel if required
- Prepare for five-year bariatric CPT codes review
- Develop a manual for billing personnel on strategy for appeals, etc.

COMMITTEE OBJECTIVES:

- Increase reimbursement for metabolic and bariatric surgery
- Ensure appropriate CPT coding
- Provide clarity on insurance issues to members
- Be a resource to ASMBS State Chapters, Access, Membership and their staff

SPECIFIC PROJECTS IN PROGRESS TO ACHIEVE GOALS/OBJECTIVES:

- Regularly evaluate and update the CPT and ICD-9 codes for bariatric surgery for the website. The list will be reviewed every October and should be published by the following January
- Handle hotline via insurance@asmbs.org to respond to member inquiries regarding insurance issues
- Determine FAQs for dissemination to membership via Top 5 on the 5th newsletter and website
- Develop communication/alerts to inform members about new codes and insurance issues
- Coordinate with Program Committee to develop coding webinars for members and their staff

SPECIFIC PROJECTS COMPLETED THAT ACHIEVED THE GOALS/OBJECTIVES:

- Evaluated and updated the CPT and ICD-9 codes for bariatric surgery and disseminated via January 5th Top 5 on the 5th newsletter and on website
- Advised membership regarding CMS’ decision to removed CPT code 43770 (Laparoscopy, surgical, gastric restrictive procedure; placement of adjustable gastric restrictive device) from the inpatient-only list. Call for Comments issued March 5, 2012 to see how this is affecting members’ hospitals
- Insurance@amsbs.org hotline continues to address individual questions from members and their staff
- Call for Action issued April 4, 2012 along with Access Committee and Executive Council for public comments to CMS’ March 29, 2012 proposed decision regarding the Sleeve Gastrectomy
- Sleeve Gastrectomy ICD-9 Coding and DRG Mapping – effective October 1, 2011, new ruling published
- Bariatric Surgery Complications now recognized:
  - $39.01 - Infection due to gastric band procedure
  - $39.09 - Other complication of gastric band procedure
  - $39.81 - Infection due to other bariatric procedure
  - $38.89 - Other complications of other bariatric procedure

FUTURE PLANS:

- Re-address Model Benefit Policy pending Quality and Standards requirements and legislation
- Continue to develop and pursue need for CPT Codes for bariatric issues as they arise and approach AMA CPT panel if required
- Develop a manual for appeals
- Continue communication process with State Chapters and Access on local and national insurance issues
- Prepare for five-year bariatric CPT codes review
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 (IFSO).

**COMMITTEE GOALS:**

Short Term:
- Develop award for best international presenters - including budget, logistics and selection criteria
- Create an International COE program to be endorsed by IFSO
- Increase international membership - coordinate with the Membership Committee

Mid Term:
- Formulate plan to teleconference/webcast parts of Annual Meeting
- Conduct co-sponsored international courses
- Develop networking opportunities for International members
- Ongoing recruitment and engagement of International members

Long Term:
- Consider creating ASMBS-supported Master’s program to enable surgeons to travel to international meetings and simultaneously proctor local surgeons
- Dedicated session for international attendees
- Create Standardized Training Guidelines for Global Bariatric Surgery
- Create Mentorship Program for training of International members in developing nations

**COMMITTEE OBJECTIVES:**

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

**SPECIFIC PROJECTS IN PROGRESS TO ACHIEVE GOALS/OBJECTIVES:**

- Secure funding for the International Reception and Awards
- Plan International Symposium for 29th Annual Meeting
- Identify and select recipients of the 2012 International Award

**SPECIFIC PROJECTS COMPLETED THAT ACHIEVED THE GOALS/OBJECTIVES:**

- Increased International membership in 2011 by 23%
- In conjunction with the Membership Committee, we have revised the process for international members to join the ASMBS

**FUTURE PLANS:**

- Continue to market to International members the importance of joining the ASMBS
- Continue to market to International members the importance of becoming a FASMBS
- Continue to partner with IFSO to promote ASMBS membership and course offerings
- Create subcommittee to begin working on ASMBS International Centers of Excellence
- PR campaign among ASMBS members and to IFSO promoting the benefits of International members joining ASMBS, highlighting membership, International Centers, Education and IFASMBS
- Partner with the Communications Committee to webcast portions of the postgraduate courses

**COMMITTEE MEMBERS**

Chair: Raul Rosenthal, MD, FASMBS
Co-Chair: Samer Mattar, MD, FASMBS
EC Liaison: Raul Rosenthal, MD, FASMBS
Staff Liaison: Barbara Peck
Ahmed Ahmed, MD
Estuardo Behrens, MD, FASMBS
Juan Contreras, MD
Giovanni Dapri, MD, FASMBS
John Dixon, MD, PhD
Michel Gagner, MD, FASMBS
Carlos Galvani, MD
Sayeed Ikramuddin, MD
Andrei Keldar, MD
Tracy Martinez, BSN, RN, CBN
Etwar McBean, MD, FASMBS
Almino Ramos, MD, FASMBS
Alan Saber, MD, FASMBS
Shashank Shah, MD
Ian Soriano, MD
Samuel Szomstein, MD, FASMBS
David Tichansky, MD, FASMBS
Jayashree Toodkar, MBBS, MS, DLS
Paul Wizman, MD, FASMBS
Natan Zundel, MD, FASMBS

**IFSO Leadership**

President: Antonio Jose Torres, MD, PhD
President-Elect: Pradeep Chowbey, MS
Past President: Karl Miller, MD
The function of the Membership Committee is to act as liaisons for members to ensure needs of membership are being met by the society, address member concerns, review membership applications, assist applicants in the application process when necessary, stimulate membership, and ensure access of members to society benefits.

**COMMITTEE MEMBERS**

Chair: Samuel Szomstein, MD, FASMBS  
Co-Chair: John Kelly, MD  
EC Liaison: Emma Patterson, MD, FASMBS  
Staff Liaison: Barbara Peck  
Tristan Behrens, MD, FASMBS  
Mathias Fobi, MD, FASMBS  
Christopher Northup, MD  
Stephen Wohlgemuth, MD, FASMBS  
Natan Zundel, MD, FASMBS  
Elias Chousleb, MD  
Etwar McBean, MD, FASMBS  
Anthony Petrick, MD, FASMBS  
David Tichansky, MD, FASMBS  
IH Liaison:  
Christine Bauer, MSN, RN, CBN  
IH Membership Chair:  
Constance Simms, RN, CBN

**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 of 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 IN PROGRESS TO ACHIEVE GOALS/OBJECTIVES:**

- Develop and carry out survey of membership regarding the value of membership to provide EC with firm feedback from members
- Ongoing recruitment and retention of ASMBS members
- Increase membership by 5% in 2012
- Revision of the Fellow of the ASMBS (FASMBS) program

**SPECIFIC PROJECTS COMPLETED THAT ACHIEVED THE GOALS/OBJECTIVES:**

- Simplified the membership process by changing the requirements for Candidate membership, Regular membership and International membership
- Increase International membership by 23% for 2011
- Increased overall membership by 5% in 2011
- Sought grant support for complimentary membership and SOARD subscription for Candidate members in 2012
- Worked with the Obesity Action Coalition (OAC) to include OAC membership for all ASMBS members in 2012
- In appreciation for our military members service, instituted a discount for active-duty ASMBS members

**FUTURE PLANS:**

- Collaborate with Bariatric Numbers Taskforce
- Continue targeted recruitment efforts
- Compile and report results of member survey to the Executive Council
- Continue promoting the FASMBS program
THE PATIENT SAFETY COMMITTEE

The Patient Safety Committee supports the mission and values of the American Society for Metabolic & Bariatric Surgery by promoting continuous improvement in patient safety and risk reduction. These goals are achieved by the integration and coordination of patient safety initiatives of member surgeons. Patient safety initiatives are processes designed to reduce medical errors through process analysis and participation in quality improvement reporting. The Patient Safety Committee believes that the most effective manner to decrease surgeon exposure to liability is through improving patient safety. We acknowledge that patient safety will not eliminate risk for litigation. However, we are working to help our members by studying trends in malpractice suits, professional liability insurance costs, its availability, as well as identification of gaps in risk management, and the development of expert witness guidelines.

COMMITTEE GOALS:

Short Term:
- Patient Safety Symposium developed with the Program Committee for our Annual Meeting, June 2012
- Publication of the data from the Malpractice Survey 2011 to be presented at Annual Meeting, June 2012
- Continue to publish Malpractice Vignettes in the Top 5 on the 5th newsletter

Mid Term:
- Continue to develop resources for risk management
- Refine Perioperative Checklist for bariatric surgery
- Develop “Patient Bariatric Early Warning System” document/resource
- Provide updates to members on important professional liability and patient safety issues as they arise
- Translate Informed Consents into Spanish

Long Term:
- Development of National Registry for Metabolic and Bariatric Surgery Liability cases (Closed Claims Database)
- Continue to seek ways to improve patient safety
- Continue to provide education on patient safety and liability issues at Annual Meeting and other course offerings
- Continue refinement of Perioperative Checklists
- Develop guideline on the medico-legal implications of adopting emerging technologies

COMMITTEE OBJECTIVES:

- Identify gaps and members needs in patient safety, risk management and professional liability
- Identify and develop optimal resources for patient safety, risk management and professional liability
- Provide recommendations for promotion and dissemination of patient safety and risk management information
- Improve access to reasonably priced professional liability insurance
- Development of National Registry for bariatric surgery liability cases (Closed Claims Database)

SPECIFIC PROJECTS IN PROGRESS TO ACHIEVE GOALS/OBJECTIVES:

- Developing “Patient Bariatric Early Warning System” document/resource
- Developing bariatric surgery version of the Perioperative Checklist
- Continue to publish Malpractice Vignettes in the Top 5 on the 5th newsletter

SPECIFIC PROJECTS COMPLETED THAT ACHIEVED THE GOALS/OBJECTIVES:

- Patient Safety Symposium developed with the Program Committee for Annual Meeting, June 2012
- Survey results of Bariatric Surgeons’ Medical Malpractice being presented Plenary Session, June 2012
- Claims Closed Database speaker scheduled for Plenary, June 2012
- Developed a Mentor System to promote patient safety for Members Only and posted on website (10/5/2011)
- Malpractice Vignettes published in the Top 5 on the 5th newsletter beginning January 2012

FUTURE PLANS:

- Continue to seek ways to improve patient safety
- Development of National Registry for bariatric surgery liability cases
- Continue to provide education on patient safety and liability issues at Annual Meeting and other course offerings
- Develop guideline on the medico-legal implications of adopting emerging technologies

COMMITTEE MEMBERS:

Chair: Ramsey Dallal, MD, FASMBS
Co-Chair: Daniel Cottam, MD
EC Liaison: John Baker, MD, FASMBS
Staff Liaison: Susan Cox

John Baker, MD, FASMBS
Carlos Barba, MD, FASMBS
Nicolas Bertha, DO
Fernando Bonanni, MD, FASMBS
Eric Bour, MD, FASMBS
Jessica Chorney-Wilson, MSN, RN, CBN
Daniel Davis, DO
Troy Glembot, MD, FASMBS
Brian Jacob, MD
Daniel Jones, MD
Keith Kim, MD
Jeffrey Lord, MD
James Maher, MD
Tracy Martinez, BSN, RN, CBN
Douglas Olsen, MD, FASMBS
Anthony Petrick, MD, FASMBS
William Sweet, MD

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

**COMMITTEE MEMBERS**

Chair: Marc Michalsky, MD  
Co-Chair: Kirk Reichard, MD  
EC Liaison: David Provost, MD, FASMBS  
Staff Liaison: Susan Cox  
Karen Bailey, MD  
Kathryn Bass, MD  
Mary Brandt, MD  
Allen Browne, MD  
Nancy Tkacz Browne, RN, MS, PNP  
Joy Collins, MD  
Anita Courcoulas, MD, FASMBS  
Nestor de la Cruz-Munoz, MD, FASMBS  
Daniel DeUgarte, MD  
Victor Garcia, MD  
Thomas Inge, MD  
Tinamarie Juengert, RN  
Samer Mattar, MD, FASMBS  
Alan Posner, MD  
Janey Pratt, MD  
Steven Teich, MD  
J. Esteban Varela, MD, MPH, FASMBS  
Mark Wulkan, MD  
Cynthia Yensel, MS, RN, CPNP  
Meg Zeller, PhD  
Jeffrey Zitsman, MD

**COMMITTEE GOALS:**

**Short Term:**
- Continue to recruit adult surgery members as well as selected non-surgical members in an effort to reflect the multidisciplinary nature of the programs represented by this committee
- Develop resources for adolescent - pediatric program development
- Continue to develop Pediatric Symposium for plenary session for Annual Meetings

**Mid Term:**
- Establish leadership on responsible use of pediatric surgery in metabolic and bariatric surgery
- Establish a resource toolkit for developing and existing pediatric centers
- Develop web content for public (coordinate with Public Education Committee) and professionals users

**Long Term:**
- Define specific criteria for Pediatric BSCOE guidelines by collaboration with the Quality and Standards Committee
- Expand and disseminate resources for developing pediatric centers
- Collaboration with the Research Committee to foster the use of the new database to answer pediatric/adolescent-specific questions

**SPECIFIC PROJECTS IN PROGRESS TO ACHIEVE GOALS/OBJECTIVES:**

- Developing guidelines with Quality and Standards Committee for surgical care of the morbidly obese adolescent from published best practice guidelines
- Nominated member to Access to Care Committee
- Developing resources: Pediatric patient/family booklet, follow-up care guidelines, informed consents for developing and existing pediatric centers
- Continue to develop web presence for pediatric/adolescent issues in collaboration with other organizations

**SPECIFIC PROJECTS COMPLETED THAT ACHIEVED THE GOALS/OBJECTIVES:**

- Published ASMBS Pediatric Committee Best Practice Guidelines (Sep 2011)
- Nominated a member of the Pediatric Committee to become a member and liaison of the Access to Care Committee
- Developed Pediatric Symposium for Plenary Session for 29th Annual Meeting, June 2012

**FUTURE PLANS:**

- Develop Pediatric Metabolic and Bariatric Surgery Accreditation and Quality Improvement Program guidelines through collaboration with the Quality and Standards Committee
- Expand and disseminate resources for developing pediatric centers
- Continue to develop web presence for pediatric/adolescent issues including collaboration with other organizations
- Collaboration with the Research Committee to foster the use of the new database to answer pediatric/adolescent-specific questions
The Program Committee is responsible for developing and arranging all of the annual educational events for the ASMBS with the annual conference being the primary educational event. The committee identifies needs, professional gaps, and barriers; reviews and grades submitted abstracts; selects relevant topics and educational design; secures guest speakers; contributes to the development of overall conference programming.

COMMITTEE MEMBERS
Chair: Ninh Nguyen, MD, FASMBS
Co-Chair: Daniel Herron, MD
EC Liaison: Ninh Nguyen, MD, FASMBS
Staff Liaisons: Kristie Kaufman and Teresa White

Scientific Quality/Value-Added Subcommittee:
Chair: Michel Gagner, MD, FASMBS
Wayne English, MD
R. Armour Forse, MD, FASMBS
Alan Saber, MD, FASMBS

Poster/Video Subcommittee:
Chair: Shanu Kothari, MD
Daniel Gagné, MD, FASMBS
John Morton, MD

Emerging Technologies & Concepts Subcommittee:
Chair: Bipan Chand, MD, FASMBS
Nicolas Christou, MD
Keith Gersin, MD, FASMBS
Sivamainthan Vithiananthan, MD

Medical Specialties:
Co-Chair: John Dixon, MD
Co-Chair: Daniel Jones, MD
Samer Mattar, MD, FASMBS

Scientific Papers:
Chair: Aurora Pryor, MD
Marina Kurian, MD, FASMBS

COMMITTEE GOALS

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

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

Long-Term:
- Obesity Week™ program development
- Improve attendance at the 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
- Increase member attendance by 5%

SPECIFIC PROJECTS IN PROGRESS TO ACHIEVE GOALS/OBJECTIVES:

Changes for 2012 Annual Meeting:
- Poster/Video – pleased with poster session in 2011 but recommend improving video sessions by utilizing a panel of three to discuss each video and feature special top three videos
- ASMBS/TOS Integration (formerly Medical Specialties Track) – medical symposium in 2012 instead of its own tract
- Scientific Papers (formerly Program) – more implementation of the smart phone audience response system; questions submitted by texting or computers in back of room; top papers to continue
- Scientific Papers (formerly Program) – improved video sessions by utilizing a panel of three to discuss each
- ASMBS/TOS Integration (formerly Medical Specialties Track) – video and feature special top three videos
- Scientific Papers (formerly Program) – more implementation of the smart phone audience response system; questions submitted by texting or computers in back of room; top papers to continue
- Scientific Papers (formerly Program) – improved video sessions by utilizing a panel of three to discuss each
- ASMBS/TOS Integration (formerly Medical Specialties Track) – video and feature special top three videos
- Scientific Papers (formerly Program) – more implementation of the smart phone audience response system; questions submitted by texting or computers in back of room; top papers to continue
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- ASMBS/TOS Integration (formerly Medical Specialties Track) – video and feature special top three videos
- Scientific Papers (formerly Program) – more implementation of the smart phone audience response system; questions submitted by texting or computers in back of room; top papers to continue
- Scientific Papers (formerly Program) – improved video sessions by utilizing a panel of three to discuss each

SPECIFIC PROJECTS COMPLETED THAT ACHIEVED THE GOALS/OBJECTIVES:

Utilized more value-added elements in 2011 Plenary Session
- Determined that only Top Papers will have discussants in 2012
- President selected and invited the Edward E. Mason guest lecturer
- Moved the Labs/BSAC function from the Communications Committee to the Professional Education subcommittee of the Program Committee
- Offered successful 2nd Annual Fall Event, September 23-24, 2011, Chicago, IL
- Utilized “Call for Ideas” for the first time to seek out suggestions from the membership regarding topics for symposia, postgrad courses, etc. Also extended a Needs Assessment survey

FUTURE PLANS:
- Ongoing planning of Obesity Week™ with TOS
- Continued development, with the goal of growth, of the 2012 Fall Event
The Public Education Committee is responsible for educating the public on metabolic and bariatric surgery via printed and web-based materials as well as through the media; i.e. radio, newspaper, television and journals.

The mission of the committee is to advance the science and understanding of metabolic and bariatric surgery with the intent of improving medical care and treatment of people with obesity and related diseases.

COMMITTEE MEMBERS

Chair: Keith Kim, MD
Co-Chair: Nestor de la Cruz-Munoz, MD, FASMBS
EC Liaison: Jaime Ponce, MD, FASMBS
Staff Liaison: Nooriel Nolan

Joy Collins, MD
Carol McClaskey, MD

Richard Peterson, MD
Brad Snyder, MD
Sivamainthan Vithiananthan, MD
Cynthia Buffington, PhD

Ad Hoc Members:
Joe Nadglowski
Roger Kissin

COMMITTEE GOALS:

Short Term:
• Launch the newly developed public education section of ASMBS website - providing consumer-friendly, evidence-based content

Mid Term:
• Coordinate use of content on website with Communications Committee
• Complete the updated Patient Booklet for public consumption
• Develop patient education materials in other languages as appropriate

Long Term:
• Become pre-eminent source for patient education on bariatric and metabolic surgery
• Provide objective, best-in-class, evidence-based patient information
• 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/OBJECTIVES:

Website:
• Developed detailed content for publication on the ASMBS website, including the following topics: Understanding Obesity, Bariatric Surgery, Adolescent Obesity, Selecting a Surgeon/Program, Life After Surgery, Paying for Surgery, Nutrition Post-op, Myths & Misconceptions and FAQs

Patient Booklet:
• Drafted updated content for the new Patient Booklet resource will be finalized after the 2012 Annual Meeting

FUTURE PLANS:

• Further develop the Public Education Committee webpage - endeavor to support interactive forums, current event updates, and general messages from the ASMBS to the public, as well as explore ways in which the website could be used as an advocacy tool
• Coordinate with the Professional Education Subcommittee (of Program Committee) to develop video-based education segments for the website
• Develop schedule for regular review and updating of public portal to ensure the most current information is provided
QUALITY & STANDARDS

The mission of the Quality and Standards Committee is to:

- Develop and oversee the national, regional and state MBS Quality Improvement Program
- Promote communication and understanding between the ACS and ASMBS in quality and safety in bariatric surgery

COMMITTEE GOALS:

- Educate members about outcomes-based accreditation standards and how to use them
- Oversee the development of the national, regional and state Quality Improvement collaboratives
- Work directly with payers to gain acceptance of outcomes-based accreditation in Metabolic and Bariatric Surgery (MBS)
- Oversee the Joint Task Force for Credentialing in Metabolic and Bariatric Surgery
- Standardize the ICD9 and CPT codes for bariatric complications/procedures working with Insurance Committee
- Identifying surgeon site visitors for the Metabolic and Bariatric Accreditation and Quality Improvement Program (MBS AQIP)
- Develop educational offerings for Annual Meeting around quality

COMMITTEE OBJECTIVES:

- Participate in an annual review of the MBS AQIP program administered by the Committee on Metabolic and Bariatric Surgery. The annual review to occur at the ASMBS Annual Meeting
- Oversee the ASMBS BSCOE program through administration of the Bariatric Surgery Review Committee
- Return BOLD™ data to registered users through March 31, 2012 in a format that may be utilized by the programs

FUTURE PLANS:

- Provide a Public Use File of BOLD™ data through March 31, 2012
- Conduct an Annual Survey of membership to determine satisfaction with service and quality of the MBS AQIP program beginning in 2014
- Participate in developing a Standards manual for the MBS AQIP program
- Host the Annual MBS Quality Forum at the ASMBS Annual Meeting

ACCOMPLISHMENTS:

- Transformed the ASMBS BSCOE program into a unified program with the American College of Surgeons (ACS) creating one standard for accreditation in bariatric surgery: The Metabolic and Bariatric Surgery Accreditation and Quality Improvement Program
- Developed a rationale for transition from volume-based to outcomes-based standards for accreditation
- Established a Rural Subcommittee to incorporate rural, new or small-volume programs and pathways to quality through process outside of volume
- Established a collaboration with the Michigan Bariatric Surgery Collaborative (MBSC)
- Collaborated on development of similar data elements between the ASMBS, ACS and MBSC
- Established a new joint data registry for the unified program
- Developed educational offerings for Annual Meeting around quality reporting

QUALITY AND STANDARDS COMMITTEE YEAR IN REVIEW:

In late 2010, a critical review of the ASMBS BSCOE program indicated that data was emerging that the 10 standards that had been put in place in 2004 to allow ASMBS to award accreditation to programs was being challenged by new data on outcomes-based accreditation. Concurrent with this information was data that showed the results of smaller collaborative groups in achieving enhanced patient safety. The Quality and Standards Committee was formed in February of 2011 to conduct ongoing review of the ASMBS BSCOE program. The committee was structured to provide wide representation of the society membership. In addition, two special subcommittees were formed. The Rural Subcommittee, led by Wayne English, MD, was formed to address the specific challenges in achieving accreditation in a rural, small-volume program or new program environment. The second subcommittee was developed to allow a scientific calculation of the numbers of Metabolic and Bariatric Surgery procedures that take place annually, led by Anita Courcoulas, MD. Finally, a taskforce of surgeons representing ASMBS, SAGES and ACS was established to develop joint recommendations for credentialing in MBS, led by Barry Inabnet, MD.

Over the summer a great deal of work was done in an attempt to work with the original administrator for the program including two key meetings in Raleigh in March and August as well as the development of a white paper widely circulated to provide input from all parties. In addition, meetings began in September with the American College of Surgeons to develop a plan for eventual collaboration between the quality programs of the two societies, a process endorsed unanimously by both the Executive Council of the ASMBS and the Board of Regents. Over the next few months, the difficulties in our working relationship with the administrator of the program became more severe, resulting in a need for the Executive Council to terminate that relationship on January 1, 2012. Working with the American College of Surgeons Executive Director, David Hoyt, MD, Clifford Ko, MD, Karen Richards and Gay Vincent, Comptroller, the Executive Council of ASMBS used this opportunity to forge a Memorandum of Understanding that has led to the formation of the Metabolic and Bariatric Accreditation and Quality Improvement Program, the first unified accreditation in MBS in the United States.

In moving forward, all approved programs and over 200 provisional programs have joined together to enter data into a second-generation data registry. The Committee on Metabolic and Bariatric Surgery has been formed by equal nominees from the ASMBS and ACS and will be charged with administering the program. The first chair will be Robin Blackstone, MD, FACS, FASMBS. 2012 will see the development of new accreditation standards that are outcomes based, further development of the data registry to include outcomes-based reporting as well as the development of an international program. The relationship that has been forged between the ACS and ASMBS signals a new era of acceptance and value of Metabolic & Bariatric Surgery within American Surgery.
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
- Establish guidelines for DAC & DDC subcommittees to assist with functioning of entities as they operate within the larger ASMBS Metabolic and Bariatric Surgery Accreditation and Quality Improvement Program (MBS AQIP).
- Create Writing Groups within the RAC subcommittee as mentoring opportunity
- Populate new subcommittees with new members consistent with ASMBS guidelines and approval by ASMBS president

Mid Term
- Identify funding opportunities
- Alert members to research resources and funding availability - coordinate with the Communications Committee
- Develop a platform to run randomized control studies within the new ASMBS MBS AQIP

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/OBJECTIVES

- Worked with the ASMBS Program Committee to offer the Fundamentals of Bariatric Research course again this year. The topic for this year’s course is “How to Read and Evaluate Literature in Bariatric Surgery”
- Secured funding for two research grant awards for the 2012 Program year from the ASMBS Foundation and Industry/Synovis; winners will be announced at Annual Meeting
- Updated a comprehensive report of past research grants progress to date
- Established a new structure of subcommittees within the Research Committee (RC): Research Advisory Committee (RAC), Data Access Committee (DAC) and the Data Dissemination Committee (DDC)
  - RAC: Oversees the DAC and DDC subcommittees; writing groups will be established, within the RAC subcommittee, to accomplish the goal of increased research mentoring
  - DAC: Determines who can have access to patient data - structure and duties of this subcommittee are under review, as part of ASMBS MBS AQIP transition
  - DDC: Reviews publication requests for manuscripts/abstracts using previously granted data (currently BOLDSM data). Several manuscripts have been reviewed under the leadership of John Marton, MD, FASMBS

FUTURE PLANS:

- Create pathways for the membership to access data from the new ACS-ASMBS database just as the RC had worked to provide access in the past through BOLDSM
- The RC will need well-defined representation in the new ACS-ASMBS structure
- Redefine membership of the Research Committee to be relevant in the new paradigm
- Work with ASMBS leadership and the ASMBS Foundation to ensure future funding of research grants
- Work with Program Committee to offer the Fundamentals of Bariatric Research Course again in 2013
- Become the platform to run clinical trials

COMMITTEE MEMBERS
Chair: Ranjan Sudan, MD, FASMBS
Co-Chair: Matthew Hutter, MD, MPH
EC Liaison: Bruce Wolfe, MD, FASMBS
Staff Liaison: Nooriel Nolan
Mohamed Ali, MD, FASMBS
Robert Bell, MD
Daniel Cottam, MD
Ramsey Dallal, MD
John Dixon, MD, PhD
William Gourash, MSN, CRNP
Daniel Herron, MD
Donald Hess, MD
Shahzeer Karmali, MD
Keith Kim, MD
Subhash Kini, MD, FASMBS
Rajesh Kuruba, MD
James Lau, MD
Peter Lopez, MD
Corrigan McBride, MD, FASMBS
Michel Murr, MD, FASMBS
Dana Portenier, MD
Nancy Puzziferri, MD
Malcolm Robinson, MD
Isaac Samuel, MD
Michael Schweitzer, MD, FASMBS
Daniel Scott, MD
Vadim Sherman, MD
Kimberley Steele, MD
Alfonso Torquati, MD
Shawn Tsuda, MD
William Inabnet III, MD

Ranjan Sudan, MD, FASMBS
Committee Chair
STATE & LOCAL CHAPTERS

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

Lloyd Stegemann, MD, FASMBS
Committee Chair

COMMITTEE MEMBERS

Chair: Lloyd Stegemann, MD, FASMBS
Co-Chair: Michael Nusbaum, MD, FASMBS
EC Liaison: Raul Rosenthal, MD, FASMBS
Staff Liaison: Nooriel Nolan

Chapter Presidents:

Patrick Chasson, MD (AZ)
John Morton, MD, FASMBS (CA)
Michel Gagner, MD, FASMBS (Canada)
Roc Bauman, MD, FASMBS (NC/SC)
Michel Murr, MD, FASMBS (FL)
Titus Duncan, MD, FASMBS (TN)
Christopher Joyce, MD, FASMBS (IL)
Stuart Veresman, MD (MI)
Kenneth Cleveland, MD, FASMBS (MS)
Michael Nusbaum, MD, FASMBS (NJ)

STARS:

Roc Bauman, MD, FASMBS
Michael Bono, MD, FASMBS
Stephen Burpee, MD
Frank Chae, MD

COMMITTEE GOALS:

Short Term:
- Continue to hold Educational Symposiums in non-chapter states as means of facilitating chapter growth and preparing chapters for state-to-state insurance fight
- Create “STAR Manual” for training – possibly coordinate with OAC
- Research forming a Military Chapter of ASMBS
- Establish “Running an Effective State Chapter” manual to improve efficiency and effectiveness of current state chapters
- Evaluate ways to create economy of scale to lower costs for state chapters without compromising effectiveness

Mid Term:
- Continue to increase number of chapters
- Coordinate activity between chapters, evaluate feasibility of regional chapter system
- Determine scope of Chapters’ agendas
- Establish early warning system to uncover beginnings of favorable or unfavorable activity in a market
- Develop/promote access to care and rapid response plans

Long Term:
- Establish chapters in all 50 states
- Promote positive relations and ongoing communication between Chapters and national ASMBS

COMMITTEE OBJECTIVES:

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

SPECIFIC PROJECTS IN PROGRESS TO ACHIEVE GOALS/OBJECTIVES:

- In December 2011, Committee Chair, Dr. Lloyd Stegemann, began holding a series of conference calls with non-chapter states to gauge the interest of surgeons in that state to form a chapter. Non-chapter states with the greatest ASMBS membership were targeted.
- In February 2012, Dr. Stegemann, and Joe Nadglowski of the OAC and ASMBS Foundation began holding educational symposiums in non-chapter states. At these new chapter face-to-face meetings, Dr. Stegemann and Mr. Nadglowski educate attendees on local access issues, as well as walk them through the step-by-step process of forming an ASMBS chapter (including forming bylaws, filing for non-profit status, electing officers, etc.) At the completion of the symposium, the attendees have written their bylaws and elected their initial leadership team. The aim is to prepare them for the anticipated state-to-state fight for bariatric care and emphasize the value of chapters in these fights.
- Dr. Stegemann and Mr. Nadglowski have held five such symposiums already, in the following states: Alabama, Iowa, Indiana, Kansas, and Louisiana

FUTURE PLANS:

The main focus of the committee moving forward will be to look for ways to strengthen existing chapters and make them more relevant to the surgeon’s everyday practice. We need to improve communication from chapter leadership to their members so that members are not duplicating efforts and their members know the good work they are doing. At the June ASMBS meeting we will be seeking feedback from attendees on how to accomplish these goals.
The 2011-2012 year has been an exciting one for the Integrated Health Section of the ASMBS. Similar to the organizational leadership, we have begun aligning our projects and activities within the section around our strategic plan. An emphasis has been placed on reaching out to the membership for committee participation while maintaining a mix of disciplines and experience levels. As a result we have seen many new faces on the Integrated Health (IH) committees. I hope to see many more in the coming months as we are in the planning stages of developing a website tool to help streamline committee volunteering and recruitment.

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

• IH Nominating Committee - a revised and improved IH Elections process
• IH Clinical Issues and Guidelines – completed their first paper, Gastric Band Adjustment Credentialing Guidelines, and began a collaborative effort with the American College of Sports Medicine to develop exercise guidelines for metabolic and bariatric surgery patients
• IH Professional Education – merged with IH Program committee to streamline IH education
• CBN Certification – launched the CBN Recertification program and began recertifying CBNs
• IH Membership Committee – grew our membership by 8% since June 2011
• And launched committees for IH Communications, IH Support Group and the IH Multidisciplinary Care committee

It has been a year full of change and new developments. At the same time many of us are experiencing workplace change and pressures, it takes untold dedication to pursue the goals of the committees in addition to our “day jobs.” For that reason, I am especially proud of the hard work and dedication of our volunteers. I am also extremely grateful for and impressed with the staff at the ASMBS office. Their dedication to supporting the membership through this past year of change and growth has been invaluable.

Sincerely,

Laura Boyer, RN, CBN
President, ASMBS Integrated Health Sciences Section
IH EXECUTIVE COUNCIL

The Integrated Health 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.

Staff Liaison: Barbara Peck

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

President-Elect
Karen M. Schulz, RN, MSN, CBN
Rocky River, OH, USA

IH Past President
William Gourash, MSN, CRNP
Pittsburgh, PA, USA

IH Senior Past President
Bobbie Price, BSN, RN, CBN
Greenville, NC, USA

IH Secretary
Christine Bauer, MSN, RN, CBN
Havre De Grace, MD, USA

IH Member-at-Large
Stephen Ritz, PhD
Decatur, GA, USA

IH Member-at-Large
Margaret Furtado, MS, RD, LDN
Baltimore, MD, USA

IH Member-at-Large
Maureen Quigley, APRN
Lebanon, NH, USA

IH Member-at-Large
Julie Farber, MS, RD, LD
Freehold, NJ, USA

IH Member-at-Large
Maureen Quigley, APRN
Lebanon, NH, USA

IH Member-at-Large
Stephen Ritz, PhD
Decatur, GA, USA

IH Member-at-Large
Lisa West-Smith, PhD, LCSW
Georgetown, KY, USA

EC Liaison
Robin Blackburn, MD, FACS, FASMBS
Scottsdale, AZ, USA

ABOUT THE INTEGRATED HEALTH

The vision of the Integrated Health is to improve public health and well-being by lessening the burden of the disease of obesity and related diseases throughout the world.

Universal Goals:

- 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
The ASMBS Clinical Issues and Guidelines Committee represents multiple disciplines of Integrated Health professionals with at least one member representing the following disciplines - nursing, behavioral health, nurse practitioner or physician assistant, nutrition, and exercise physiologist. The role of this committee 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.

**COMMITTEE GOALS:**

**Short Term**
- Gastric Band Adjustment Credentialing Guidelines completed, approved, ready for publication
- Completion of literature review; begin development of Revised Guidelines for Psychological Evaluation
- Draft Guidelines for Sensitivity Training

**Mid Term**
- Guidelines for Sensitivity Training completed and published in SOARD and posted on the ASMBS website.
- Draft Guidelines for Psychological Evaluation
- Draft Guidelines for Physical Activity and Exercise Guidelines for the Bariatric Patient

**COMMITTEE OBJECTIVES:**

- Provide a basis for evidence-based, multidisciplinary care of the bariatric patient.

**SPECIFIC PROJECTS THAT ACHIEVED THE GOALS/OBJECTIVES:**
- Completed Position Statement regarding Credentialing Guidelines for LAGB adjustments

**FUTURE GOALS:**
- Complete Guidelines for Psychological Evaluation
- Complete Guidelines for Physical Activity and Exercise Guidelines for the Bariatric Patient
- Complete Guidelines for Sensitivity Training
- Review and revise, as needed, Nutrition Guidelines

**IH CLINICAL ISSUES & GUIDELINES**

**COMMITTEE MEMBERS**

Chair: Pam Davis, RN, BSN, CBN
Co-Chair: Lisa West-Smith, PhD, LCSW
IHEC Liaison: Julie Parrott, MS, RD, LD
Staff Liaison: Barbara Peck
Jeanne Blankenship, MS, RD, CLE
Dale Bond, PhD
Melissa Davis, MSN, APRN, BC, CNS, RNFA
Karen Flanders, NP, CBN
Laura Greiman, RD, MPH
Paula Kilgore, RN, CBN
Jennifer Lauretti, PhD, ABPP
Terry McKenzie, RN, CBN
Bonnie Nece, ARNP-BC, CBN
Julie Parrott, MS, RD, LD
Harry Pino, PhD
Debra Proulx, RN, CBN
Jennifer Schwettmann, MSPT
Stephanie Sogg, PhD
IH MEMBERSHIP

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.

Constance Simms, RN, CBN
Committee Chair

COMMITTEE MEMBERS

Chair: Constance Simms, RN, CBN
Co-Chair: Nathaniel Sann, FNP-C, MSN
IHEC Liaison: Christine Bauer, MSN, RN, CBN
Staff Liaison: Barbara Peck
Lynn Bolduc, MS, RD, LD, CDE
Kelly Gemmel, RD
Bridget Mattson, PharmD
Carol Signore, MA, MS, LMFT

COMMITTEE GOALS:

Short Term:
• Overall review of the state of IH Membership
• Increase IH membership, decrease IH attrition

Mid Term:
• Survey the active IH Membership to identify perceived present and future value
• Develop electronic version of our membership application

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

SPECIFIC PROJECTS IN PROGRESS TO ACHIEVE GOALS/OBJECTIVES:

• Membership survey – pending revisions and approval. Submission to the Membership will occur in the Fall
• Updates to the membership application – the committee has reviewed and suggested revisions. We will also be exploring the option of adding an electronic version of the application
• The IH committee members will be tasked to contact non-renewing members to decrease attrition
• IH Health Expo Center at the 2012 Meeting – planning is underway for an IH Expo Center to be opened Monday, June 18, 2012. The Expo Center will have a membership lounge and other things of interest for IH members
• Mentorship Program development – the committee has drafted a preliminary outline for the program
• Membership in OAC is now included for all IH members

SPECIFIC PROJECTS COMPLETED THAT ACHIEVED THE GOALS/OBJECTIVES:

• Outreach letters – the committee has reviewed the letter, suggested revisions, and it was sent out to the Membership
• Nate Sann, FNP-BC, MSN was appointed to the organizational Communications Committee.
• The IH Membership Chair was invited to join and serve on the organizational Membership Committee

FUTURE PLANS:

• Membership survey – once we have this information back, it will greatly assist the committee with the other projects that we are working on
• Complete the updates to the membership application
• Special Interest Groups development – the committee will determine member interest in this through the survey
The goal of the committee is to investigate the literature that has been published regarding the role of the team members in the care and long-term success of the bariatric surgical patient. This committee is comprised of each integrated team member including exercise, behavioral health, nursing, nutrition, surgery, and obesity medicine.

**COMMITTEE GOALS:**

**Short Term:**
- Literature search
- Prioritize goals and timeline

**Mid-Term:**
- Break into discipline-specific subcommittees to write survey questions
- Conduct a survey of the membership
- Review responses from the membership

**Long Term:**
- Development of a white paper to clarify the role of the multidisciplinary bariatric team members and to be able to define and achieve awareness among professionals and the public of our ongoing contribution in the bariatric specialty
- Publish the white paper in SOARD and post on the ASMBS website

**SPECIFIC PROJECTS IN PROGRESS TO ACHIEVE GOALS/OBJECTIVES:**
- We are currently reviewing drafts of the survey questions before sending to the Integrated Health Executive Council and Executive Council for comment

**SPECIFIC PROJECTS COMPLETED THAT ACHIEVED THE GOALS/OBJECTIVES:**
- We completed our literature search. Currently there is no society paper, guidelines or statement to define the role and importance of the integrated team members. Other medical specialties were included in the literature search due to the lack of publications within metabolic and bariatric surgery
- Divide into subcommittees (discipline specific) for member’s survey question writing

**FUTURE PLANS:**
- Send the survey out to the membership
- Review survey responses
- Begin drafting the white paper
IH PROFESSIONAL EDUCATION

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

Karen Schulz, RN, MSN, CBN
Committee Chair

COMMITTEE MEMBERS
Chair: Karen Schulz, RN, MSN, CBN
Co-Chair: Karen Flanders, NP, CBN
Staff Liaison: Teresa White & Kristie Kaufman
Laura Boyer, RN, CBN
Kelli Friedman, PhD
William Gourash, MSN, CRNP
Jennifer Schwettmann, MSPT
Cassie Truran, RD
Maureen Quigley, APRN

GOALS ACCOMPLISHED 2011:
• Return behavioral health program back into the Integrated Health offerings
• Co-Directors for all courses
• Maximized number of collaborative courses
• Successful Fall Meeting
• Updated and completed planning for Annual Meeting
• Expanded committee to include Program Committee as subcommittee with Chair and Co-Chair involvement in Professional Education

COMMITTEE GOALS 2012:
Short Term:
• Continue to look for opportunities to improve collaboration between IH and physician programs
• Provide more resources for course directors
• Improve Quality of ASMBS Integrated Health Programming
• Plan Fall Event 2012
• Plan outline for Obesity Week™ by Annual Meeting

Mid Term:
• Work on multi-media approach to education offerings

Long Term:
• Add website offerings to education
IH PROGRAM

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

COMMITTEE MEMBERS
Chair: Maureen Quigley, APRN
Co-Chair: Karen Flanders, NP-C
Staff Liaison: Teresa White & Kristie Kaufman
Theresa Leath, RN
Wendy King, PhD
Bobbie Lou Price, RN
Jill Meador, RN
Shannon Jansma, PA-C, RD
Mara Berman, RN, BSN

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 IH 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 IN PROGRESS TO ACHIEVE GOALS AND OBJECTIVES:
• Guidelines for award recipients for the IH Main Session
• Revision of abstract judging sheets
• IH Program Committee will officially begin functioning as a subcommittee of the IH Professional Education Committee beginning this June 2012 in San Diego

SPECIFIC PROJECTS COMPLETED THAT ACHIEVED THE GOALS/OBJECTIVES:
• A keynote speaker was chosen for the IH Program Main Session
• The planning and implementation of the IH Program Main Session was completed
• A list was created to include the start date of each IH Program member. All members were queried as to their interest in continuing on the committee, with the goal of new membership, while maintaining an experienced core group. Ronald Evans, PhD and Karen Schultz, RN MSN resigned from the committee. Sharon Zarobi, RD and Wendy King, PhD joined the committee
• Networking guidelines were updated

FUTURE PLANS:
• Planning for the IH Main Session, including networking sessions, during Obesity Week™

RECOMMENDATIONS:
• A central collection/dissemination system for CVs for those members interested in joining an IH committee

Maureen Quigley, APRN
Committee Chair
IH CBN® CERTIFICATION

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 and Feasibility, Educational Preparation, Accreditation and Financial.

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

COMMITTEE MEMBERS:
Chair: Bill Gourash, MSN, CRNP
Co-Chair: Jessie Moore, APRN
Staff Liaison: Barbara Peck

Accreditation
Laura Smolenak, RN, CBN
Tammy Beaumont, BSN, RN, BC, CBN
Renee O’Daniel, RN, CBN

Practice Analysis
Karen Baumann, MHA, RN, CBN
Sandy Tompkins, RN, CDE, CBN

Marketing
Jamie Carr, RN, CBN
Tina Shelton, RN, CBN

Policy and Procedures
Harpreet Gujra, MSN, CRNP, CBN
Judy Tiede, RN, MSN
Patti Anderson, RN, BSN

Examination Development
Jessie Moore, APRN
Melissa Davis, MSN, APRN, BC, CNS, RNFA
Ruth Davis, RN, BSN, MBA
Mara Berman, RN, BSN, MBA, CNOR
Maureen Quigley, APRN

COMMITTEE GOALS:
• Continue to develop and maintain a 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 recertification process
• Communicate the value of this credential to the public and other key constituencies
• Share credentialing and certification knowledge within the ASMBS and related organizations

COMMITTEE OBJECTIVES:
• Utilization of ASMBS communication platforms for committee and subcommittee communications
• Construction and implementation of a psychometrically sound examination
• Attainment of accreditation(s) and maintenance of accreditation(s) of the CBN® certification program
• Development and implementation of an administrative structure, process and policies for the CBN® Certification Program congruent with ASMBS and requirements for accreditation
• Development, initiation, implementation and maintenance of a strategic marketing plan
• Increase the examination candidates by 20%
• Development, implementation and maintenance of a recertification process
• Achieve goal of recertification by certificants at 85%
• Yearly revision and update of the CBN® Candidate Handbook
• Periodic review, revision of the eligibility evaluation process
• Develop, implement and maintain 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
• Development, implementation and maintenance of a strategic financial plan
• Regular evaluation of service and costs of certification consultant
• Support the investigation into the feasibility and interest into potential certification programs for dietitians, behavioral health professionals and midlevel practitioners (PAs and NPs)

SHORT- AND MID-TERM ACTIVITIES:

Over-all Committee:
• Chair to encourage conference calls to assist subcommittees in communicating and work projects (minimum of 3 per year)
• Propose to IH EC and further develop administrative structure, process and policies for the CBN® Certification Program congruent with ASMBS and requirements for accreditation.
• 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)
• Write and submit a proposal to the ASMBS Foundation asking for funding for this project
• Investigate with PES [certification consultant] a preliminary cost estimate
• Coordinate credentialing feasibility investigations with ad hoc committees of dieticians, behavior health professionals and midlevel practitioners

Examination Development:
• Test Construction and Set Pass Point meeting for 2012 examination
• Post-examination review and rekeying conference calls
• Item bank analysis and selection of revision items
• Item reference resource review and update
• Item review and revision by committee members
• Item-writer call, selection, orientation [webinars] and assignment
• Formal submission of request to SOARD, Surgery, Obesity and Nursing Journals for item-writer access
• Documentation of the policies & procedures of the subcommittee (in conjunction with P&P and Accreditation subcommittees)

Marketing:
• Develop a first draft of a comprehensive strategic marketing plan
• Implementation of strategic marketing plan
• Recruit marketing professional consultant
• Review initial plan and utilize the current monies set aside by the ASMBS Corporate Council at initial marketing activities.
• Email survey of CBN® certificants to ascertain perceived value of the CBN® certification
• Development and implementation of a policy for utilization of the CBN® logo for promotional purposes
Policy and Procedure:
- Development and implementation of the recertification process and program
- Maintenance of the recertification program
- Yearly revision and update of the CBN® Candidate Handbook
- Periodic review, revision of the eligibility evaluation process
- Collaboration with Accreditation Subcommittee in policy and procedure development and documentation for accreditation submission to ABNS

Financial:
- Review of the financial standing of the CBN® with ASMBS administration
- Development of first draft of a financial strategic plan
- Initial implementation of the financial strategic plan

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 Integrated Health Executive Council
- Develop submission for accreditation by the ABNS
- Investigate “Magnet” hospital accreditation and implications to CBN® program and report to Marketing Subcommittee
- Investigate and develop timeline for submission for accreditation of the CBN® certification program by the NCCA
- Develop submission for accreditation by the NCCA

Examination Preparation:
- Revision of the online CBN® educational program
- Yearly update of the in-person CBN® preparation course and evaluation of need for additional course offerings
- Develop proposal for core curriculum
- Implementation of core curriculum plan

Practice Analysis:
- Educate Subcommittee on Practice Analysis review with help of consultant
- 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
- Investigation and recommendation regarding the revision process with cost estimate and timeline

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 fifth year of testing and we have over 1000 CBN’s in the US and abroad.
IH SUPPORT GROUP

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

COMMITTEE MEMBERS

Chair: Stephen Ritz, PhD
Co-Chair: Kellie Armstrong, RN, MS, CBN
Staff Liaison: Barbara Peck
Sarah Muntel, RD
Linda Neumann-Potash, RN, MN, CBN
Lori Nevins, LCSW
Paula O’Neil, RN, BSN, BC
Debra Petitpain, MS, RD
Diana Rouse, RN, BSN, CBN
Chrystyna Senkel, PA-C
Jacquelyn Smiertka, RN, CBN

COMMITTEE GOALS:

Keeping in mind that the Integrated Health Support Group (IHSGC) was a relatively new committee, the immediate goal was to initiate a meaningful dialogue among committee members as to how best to serve the needs of the ASMBS/Integrated Health Executive Council within the committee structure. Committee member discussion and brainstorming identified the need to clearly formulate an overarching vision statement while fleshing out the relevant missions statements in the service of that vision. The finalized vision and mission statements are as follows:

Vision Statement:
To be the recognized authority for bariatric surgery programs and their patients and support systems as related to all aspects of the support group experience spanning all phases of the bariatric surgery journey.

MISSION STATEMENTS:
• To optimize the support group experience spanning all phases of the bariatric surgery journey for the patient and their personal support systems
• To optimize bariatric surgery programs and their affiliated personnel’s ability to provide competent and meaningful support group services
• To provide strategies and resources to encourage, increase and retain support group membership and attendance
• To promote the importance and value of the bariatric surgical support group

Short Term:
• Completion of the IHSG Vision and Mission Statements
• Identification of IHSG subcommittees for each generated Mission Statement

Mid Term:
• Subcommittee generated specific and actionable initiatives for each identified mission statement

Long Term:
• Report to IHEC about recommended implementation of identified initiatives

COMMITTEE OBJECTIVES:
• Implement approved initiatives

SPECIFIC PROJECTS IN PROGRESS TO ACHIEVE GOALS AND OBJECTIVES:
• Regularly scheduled subcommittee meetings with updates to the IHSGC

FUTURE PLANS:
Develop algorithmic and heuristic evidence-based best practice policies and protocols for the facilitation of and involvement with the bariatric surgery support group.
2011 AWARDS & HONORS

JOHN HALVÉRSON 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.

2011 RECIPIENT
Helen Heneghan, MD
Cleveland, OH, USA

REDUCED CARDIOVASCULAR RISK IN OBESE PATIENTS AFTER BARIATRIC SURGERY IS RELATED TO CERAMIDE-MEDIATED REDUCTION IN APO B LEVEL AND (ApoB)/(ApoA-I) RATIO

POSTER AWARDS

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

2011 1ST PLACE RECIPIENT
Dimitrios Stefanidis, MD, PhD
Charlotte, NC, USA

LAPAROSCOPIC ROUX-EN-Y GASTRIC BYPASS IS SAFE AND PROVIDES EXCELLENT RELIFX CONTROL AFTER FAILED NISSEN FUNDOPLICATION

2011 2ND PLACE RECIPIENTS
Vedra A. Augenstein, MD
Charlotte, NC, USA

TRANSORAL CIRCULAR STAPLING TECHNIQUE DECREASES STRICURE RATES AT THE GASTROJEJUNOSTOMY AFTER ROUX-EN-Y GASTRIC BYPASS COMPARED WITH THE TRANSGANSTRIC TECHNIQUE

David A. Nguyen, BA, BS
Los Angeles, CA, USA

SUCCESSFUL WEIGHT LOSS WITH LAPAROSCOPIC ADJUSTABLE GASTRIC BANDING (LAGB) IS DIRECTLY DEPENDENT ON THE NUMBER OF ADJUSTMENTS IN THE FIRST THREE YEARS

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 Research Grant program has been provided by the ASMBS Foundation.

2011 RECIPIENT
William J. Raum, MD
Portland, OR, USA

Grant Title
Treatment of Low Metabolic Rates and Low Lean Body Mass After Bariatric Surgery

Amount Awarded: $50,000

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.

2011 RECIPIENT
Christopher Still, DO, FACN, FACP
Danville, PA, USA

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.

2011 RECIPIENT
Philip Schauer, MD, FASMBS
Cleveland, OH, USA

INTERNATIONAL AWARDS PROGRAM

In order to encourage, support and acknowledge those surgeons from tier two and three countries who have overcome financial hurdles to attend the ASMBS Annual Meeting, we have developed the "International Awards Program". The Committee determined the top three podium, posters or video contributions from those surgeons and acknowledge them with a monetary award. Sponsored by IFSO/Bariatric Advantage and ASMBS Foundation plus waived registration to the ASMBS Annual Meeting.

2011 RECIPIENTS
Wei Jei Le, MD, PhD
Min-Sheng General Hospital, Taoyuan, Taiwan

COMPARISON OF THE POST-PRANDIAL GUT HORMONE CHANGE BETWEEN LAPAROSCOPIC SLEEVE GASTRECTOMY AND GASTRIC BYPASS FOR THE TREATMENT OF TYPE 2 DIABETES MELLITUS

Xelly Zárate, MD
Instituto Nacional de Ciencias Medicas y Nutricion, Mexico City, Mexico

LONG TERM RESULTS OF A RANDOMIZED TRIAL COMPARING BANDED VERSUS STANDARD LAPAROSCOPIC ROUX-EN-Y GASTRIC BYPASS.

Chih-Kun Huang, MD
Bariatric & Metabolic International Surgery Center, E-Da Hospital, Kaohsiung County, Taiwan

LAPAROSCOPIC ROUX-EN-Y GASTRIC BYPASS FOR THE TREATMENT OF TYPE II DIABETES MELLITUS WITH BODY MASS INDEX 25-35 , A PROSPECTIVE STUDY

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.

2011 IH MAIN SESSION 1ST PLACE RECIPIENT
Paul A. Lorentz, MS, RN, RD
Rochester, MN

A COMBINED GROUP AND INDIVIDUAL MODEL FOR POST-BARIATRIC SURGERY FOLLOW-UP CARE

2011 IH MAIN SESSION 2ND PLACE RECIPIENT
Nestor de la Cruz-Munoz, MD, FASMBS
Doral, FL

CHANGES IN PHYSICAL FUNCTION OF MORBIDLY OBESE OLDER ADULTS AFTER BARIATRIC SURGERY

American Society for Metabolic & Bariatric Surgery | 30
FINANCIAL REPORT

ASMBS FINANCE COMMITTEE
Ninh Nguyen, MD, FASMBS; Robin Blackstone, MD, FACS, FASMBS; Jaime Ponce, MD, FACS, FASMBS and Georgeann Mallory, RD

OVERVIEW
The ASMBS Finance Committee and Executive Council are dedicated to maintaining a strong financial base to strengthen and improve ASMBS programs that support our mission. Each year there is detailed attention given to developing a prudent and financially sound operational budget for the Society as well as carefully monitoring the investment portfolio. The year 2011 ended with a positive change in net assets of $45,439, which includes income from operations of $168,122 and loss on investments of $122,773. The loss on investments included unrealized losses of $329,633 due to the market decline in the latter part of 2011. Realized investment income was $206,860 in 2011 and $202,563 in 2010. The market value of our portfolio has recovered to just short of our June 2011 peek as of the date of this report.

EDUCATION
The ASMBS hosts two face-to-face primary meetings each year, the Annual Meeting and the Fall Event, as well as providing online education. Although the 2011 Annual Meeting revenues were down from our record making revenues of 2010’s Las Vegas meeting, we had another successful year with total revenues of over $2,000,000. As expected, the ASMBS’s 2011 second annual Fall Educational Event grew from the previous year. We are looking forward to the future growth and success of this meeting as we change our schedule in 2013, and the Fall Educational Event becomes an annual Spring Educational Event, and the Annual Meeting becomes part of Obesity Week™ and moves from June to November of 2013.

As seen on the opposite page, the total revenues and expenses from conferences and online education were significantly lower in 2011 than those of 2010. This is largely attributed to the ASMBS hosting the International Federation for the Surgery of Obesity and Metabolic Disorders (IFSO) Congress in 2010. Although the meeting itself did not generate a positive income, the hosting of this meeting inflated our overall conference and education revenues and expenses in the year 2010.

MEMBERSHIP
Throughout the history of the ASMBS we have experienced yearly membership increases. We attribute this success to the hard work of our staff and our many committee members. Membership makes up approximately 20% of our total revenues.

ASMBS FOUNDATION
Support from the ASMBS Foundation continues to grow. The Foundation supports the ASMBS and its’ initiatives toward education, research, and advocacy. In 2011, the Foundation gave close to $195,000 in support of the ASMBS, an increase of 15% over 2010.

The market value of the ASMBS investment account held with Wells Fargo peeked during 2011 at close to $3.8M, with initial cash investments of $2.3M all invested during the years 2001 to 2007. During 2011, ASMBS put $1M in Certificates of Deposit with Wells Fargo which are not reflected in the above schedule. These funds were invested with maturity dates aligned to support cash flow during the period of transition to the 2013 Obesity Week™ meeting.
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, 2011 and 2010.

<table>
<thead>
<tr>
<th>AMERICAN SOCIETY FOR METABOLIC AND BARIATRIC SURGERY, INC.</th>
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<tbody>
<tr>
<td>Statements of Assets, Liabilities and Net Assets - Accrual Basis</td>
<td></td>
</tr>
<tr>
<td>December 31, 2011 and 2010</td>
<td></td>
</tr>
<tr>
<td><strong>Total Assets</strong></td>
<td>2011</td>
</tr>
<tr>
<td><strong>Total Liabilities</strong></td>
<td>$799,282</td>
</tr>
<tr>
<td><strong>Net Assets</strong></td>
<td>$4,928,030</td>
</tr>
</tbody>
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<thead>
<tr>
<th>AMERICAN SOCIETY FOR METABOLIC AND BARIATRIC SURGERY, INC.</th>
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</thead>
<tbody>
<tr>
<td>Statements of Revenues and Expenses - Accrual Basis</td>
<td></td>
</tr>
<tr>
<td>December 31, 2011 and 2010</td>
<td></td>
</tr>
<tr>
<td><strong>REVENUES</strong></td>
<td>2011</td>
</tr>
<tr>
<td>Conference and Online Education</td>
<td>868,000</td>
</tr>
<tr>
<td>Membership Dues/Journals</td>
<td>72,852</td>
</tr>
<tr>
<td>Royalties - Soard Journal</td>
<td>401,598</td>
</tr>
<tr>
<td>TOTAL REVENUES</td>
<td>$3,800,610</td>
</tr>
<tr>
<td><strong>EXPENSES</strong></td>
<td></td>
</tr>
<tr>
<td>Conference and Online Education</td>
<td>$1,552,661</td>
</tr>
<tr>
<td>Supporting Services/Management &amp; General</td>
<td>$2,079,737</td>
</tr>
<tr>
<td>TOTAL EXPENSES</td>
<td>$3,632,398</td>
</tr>
<tr>
<td><strong>NET OPERATING INCOME</strong></td>
<td>168,212</td>
</tr>
<tr>
<td><strong>INVESTMENT INCOME (LOSS)</strong></td>
<td>(122,773)</td>
</tr>
<tr>
<td><strong>CHANGE IN NET ASSETS</strong></td>
<td>45,439</td>
</tr>
<tr>
<td><strong>NET ASSETS AT BEGINNING OF YEAR</strong></td>
<td>4,882,591</td>
</tr>
<tr>
<td><strong>NET ASSETS AT END OF YEAR</strong></td>
<td>$4,928,030</td>
</tr>
</tbody>
</table>
MEMBERSHIP GROWTH

Our members are the lifeblood of our organization and represent surgeons and professionals from a wide variety of specialty areas, all of which play key roles in the care of the bariatric patient. Since 1983, our multidisciplinary society has grown to over 2100 surgeons and physicians and over 1500 integrated health providers.

CONNECTING THE BARIATRIC COMMUNITY

In 2011, the ASMBS endeavored to broaden our global community of bariatric surgery professionals and we are proud to report that we now have members in over 52 countries worldwide.

Antigua and Barbuda - 1
Argentina - 7
Australia - 9
Austria - 2
Belgium - 3
Bolivia - 1
Brazil - 27
Canada - 51
Channel Islands UK - 1
Chile - 5
Colombia - 10
Costa Rica - 5
Cyprus - 2
Dominican Republic - 1
Egypt - 4
France - 5
Germany - 7
Greece - 5
Guatemala - 2
Honduras - 1
India - 10
Iraq - 1
Israel - 4
Italy - 12
Japan - 5
Jordan - 2
Korea South - 4
Kuwait - 7
Lebanon - 2
Mexico - 17
Netherlands Antilles - 1
New Zealand - 2
Norway - 1
Pakistan - 1
Panama - 1
Peru - 2
Philippines - 3
Portugal - 1
Qatar - 1
Romania - 1
Saudi Arabia - 6
Singapore - 3
Spain - 4
Sweden - 3
Switzerland - 2
Taiwan - 5
The Netherlands - 3
Turkey - 2
United Arab Emirates - 3
United Kingdom - 13
Venezuela - 12
MEDIA OUTREACH AND PUBLIC RELATIONS
June 2011 - June 2012

The American Society for Metabolic & Bariatric Surgery (ASMBS) and its public relations firm, Communication Partners & Associates, conducted strategic communications programs designed to increase awareness of 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.

Activities included global, national, and local media relations, strategic planning, message development, media training, issues management, communications support for ASMBS quality initiatives and ASMBS Annual Meeting media outreach.

Over the last year, the ASMBS was a trusted source for hundreds of news stories spanning newspapers, web, television, social media and radio outlets. It is estimated that more than 840 million were exposed to stories featuring commentary from the ASMBS on subjects including diabetes surgery, gastric bypass and gastric band surgery, the science of obesity, the role of BMI, the positive effects of bariatric surgery on infertility, heart disease, migraines and cancer prevention, the dangers of limiting access to obesity care and the safety of bariatric and metabolic surgery.


ASMBS has also been active on social media platforms. ASMBS is on Facebook, Twitter, Linked-In, and YouTube, which have been drawing many followers as news stories featuring ASMBS are posted and tweeted, along with ASMBS news releases, presentations and position statements.

The ASMBS continues to be a major force in shaping the discourse on obesity, obesity-related diseases and metabolic and bariatric surgery throughout the world.

SOARD ANNUAL REPORT 2012

Surgery for Obesity and Related Diseases (SOARD) is now into its eighth year of publication and the third year of its second contract with Elsevier. SOARD continues to present new and important articles related to the severely obese patient, their co-morbidities and the positive effects of bariatric surgery. In the past year, there have been a number of relevant issues regarding sleeve gastrectomy, gastric plication, gastric banding, use of a single port, efficacy for T2DM, as well as other comorbidities, and the management of surgical complications. SOARD still accepts interesting case reports; however, these are now being published online only as the volume of “original articles” has increased. Case reports associated with a video, which can be downloaded from the web, will continue to be published in print format. The Impact Factor for 2011 was 3.173, as slight decrease from the first Impact Factor of 3.862, which still placed us slightly ahead of Obesity Surgery. Additionally, the Editorial Board has been expanded with an increasing representation of highly qualified national and international authors.
IMPLEMENTATION OF HEALTH CARE REFORM

Essential Benefit Package
The primary focus of ASMBS advocacy activities continues to target 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 200 congressional visits have taken place since passage of health care reform in early 2010 in an effort to advocate for this goal.

ASMB & OBESITY CARE CONTINUUM EFFORTS ON THE ISSUE

House & Senate Letters to HHS
In July 2011, 54 House Members joined Representative Edolphus Towns (D-NY) in signing a letter to Department of Health and Human Services (HHS) Secretary Kathleen Sebelius urging her to “better standardize access to obesity treatment services through HHS establishing a comprehensive definition of “preventive and wellness services and chronic disease management” services within the Essential Health Benefits (EHB) package under the new health care reform law to include the full continuum of medically necessary interventions, including behavioral, nutritional, pharmaceutical, psychosocial, and surgical, to treat those affected by obesity.” During September, Senators Akaka (D-HI), Inouye (D-HI) and Mikulski (D-MD) sent a similar letter to Secretary Sebelius. The strong support for the House and Senate letter resulted from over 500 advocates sending more than 1500 email messages to Capitol Hill – urging their legislators to sign the letters.

Health Care Organization Coalition Letter
On September 27, 2011, 19 healthcare professional and patient advocacy organizations led by the Obesity Care Continuum (OCC) sent a letter to U.S. Department of Health and Human Services (HHS) Secretary Kathleen Sebelius – urging HHS 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.”

The coalition letter, which was also signed by groups such as the American Osteopathic Association, the Heart Failure Society of America, the Arthritis Foundation, the American College of Surgeons, the American College of Cardiology, and the American Society of Anesthesiologists, also states that while health insurance plans generally provide coverage for a comprehensive treatment approach for many of the chronic diseases associated with obesity, the same is not true regarding the specific treatments for obesity. The letter continued, stating that “A truly reformed health care system should provide coverage for the continuum of care for the overweight or obese patient – including behavioral, nutritional, pharmaceutical and surgical treatment. Such an approach would be consistent with diagnosis and treatment coverage policy for other chronic diseases.”

OCC Leaders Speak Out for Obesity Treatment During HHS Regional Forums on Essential Health Benefits
During November 2011, the United States Department of Health and Human Services (HHS) held a number of regional listening sessions across the country to hear from local stakeholders about which services should be included in the Essential Health Benefits (EHB) package for the new state-based health exchange plans being developed under the health care reform law. Healthcare professionals and patient advocates from the Obesity Care Continuum (OCC) spoke at each of these sessions about the “essential” nature of obesity treatment and why it is critical that HHS include these services in the EHB package.

HHS Regional Listening Sessions were held in Boston, Dallas, New York City, Philadelphia, Kansas City, Atlanta, Denver, Seattle and San Francisco. OCC advocates at the HHS forums included: Dr. John Morton in San Francisco; Dr. Caroline Apovian in Boston; Dr. Titus Duncan and Pam Davis in Atlanta; Dr. Walter Medlin in Seattle; Drs. Lou Aronne and Dan Herron in New York City; Dr. Joseph Kahn and Tammy Beaumont in Dallas; and Eliza Kingsford in Denver. Many of the advocates mirrored their comments on the statements provided by the leadership of the ASMBS, The Obesity Society (TOS) and the Obesity Action Coalition (OAC) who all spoke during the October 2011, national HHS forums on provider and consumer perspectives on the composition of the EHB package.

The statements by ASMBS, TOS and OAC all focused on the critical necessity of specifically including evidence-based obesity treatments in the EHB package. In addition, all three groups highlighted how discrimination and stigma continue to be major obstacles for achieving broad access to, and coverage of, obesity treatment.

Policymakers, Providers and Patients Oppose HHS Proposed Regulations that Suggest Bariatric Surgery & Weight Loss Programs be Excluded Services
On October 28, 2011, Representative Edolphus Towns (D-NY) and five other members of the New York Congressional delegation sent a joint letter to Health and Human Services Secretary Kathleen Sebelius -- expressing their concern over the Department suggesting that bariatric surgery and weight loss programs be excluded services as part of the Department’s August 22nd proposed regulations on consumer health insurance template documents.

The October 28th Towns letter, which was also signed by New York Representatives Clarke (D-NY), Maloney (D-NY), Meeks (D-NY), Nadler (D-NY) and Rangel (D-NY), questioned why HHS was “sending contradictory messages regarding health benefits coverage to states and health plans as both work together toward developing their State Health Exchange plans. In addition, it is our fear that this proposed sample SBC, a consumer education document, will enable health plans to continue to deny coverage for so many Americans that are affected by obesity.”

Providers and patients also weighed in with HHS in two separate comment letters. A number of healthcare professional groups, including the American College of Surgeons, American College of Osteopathic Surgeons, and the American Association of Clinical Endocrinologists signed an OCC coordinated October 21 coalition letter to HHS. Among other points, the coalition letter discussed how “the safety and efficacy of bariatric surgery is well documented and a primary reason why many federal and state government health plans provide coverage for surgical intervention for those with severe obesity.”

These combined efforts led HHS to remove “bariatric surgery” and “weight loss programs” from the list of excluded services in the final regulations published in early 2012.

State Benchmark Plans Provide Scant Coverage for Obesity Treatment
In early 2012, HHS also issued a list of 153 state health benchmark plans (three per state and the District of Columbia), which states could adopt for their health exchange and essential benefit plan. In compiling this list, HHS chose the largest (by enrollment) three small group health plans in each state based on information included in the Department’s HealthCare.Gov website.

Member groups of the Obesity Care Continuum joined with the STOP Obesity Alliance Research team at the George Washington University in reviewing coverage for obesity treatment services in each of the 153 State benchmark plans. This evaluation focused on coverage for “bariatric surgery” and “weight loss programs” - two specific obesity treatment benefits that were highlighted in every available benchmark plan.

This review found that twenty states do not have a single top-three small employer plan that covers bariatric surgery. Eighteen states impose restrictions on coverage such as limiting benefits for bariatric surgery or imposing additional costs to purchase bariatric surgery coverage. In only four states (California, Maryland, New Jersey, Rhode Island) is coverage included in one or two plans. In only three states (Hawaii, North Dakota, and New Hampshire) do all three of the insurance products cover bariatric surgery. Irrespective of state, out of 153 total insurance products, only 20 include coverage of bariatric surgery; 90 exclude coverage, 20 offer limited coverage, 6 offer coverage at additional cost, and 17 did not have data available.
ASMBS Comments on HHS Essential Health Benefits Bulletin
On January 31, 2012, ASMBS submitted strong comments to the United States Department of Health and Human Services (HHS) in response to the Department’s December 16, 2011 Essential Health Benefits (EHB) Bulletin - a guidance document outlining proposed policies that will give states more flexibility and freedom in developing their state health exchange plans and the Affordable Care Act mandate to offer a comprehensive EHB package.

In responding to the HHS Bulletin, ASMBS implored the Department to “carefully examine the implications should HHS choose not to designate obesity treatment services as an essential benefit that state health exchange plans must cover under the Affordable Care Act.” In addition, ASMBS highlighted “the additional medical costs associated with obesity and how evidence-based treatment, ranging from cognitive behavioral therapy to drug treatment to surgical treatment all have documented potential to significantly reduce the costs of untreated obesity.” In closing, ASMBS warned that “endorsement of the status quo, which is basically what HHS is suggesting by giving its approval to states to adopt a small market plan approach to benefit setting, will have chilling effects on both future and current coverage of obesity treatment services.”

MEDICARE COVERAGE POLICY

ASMBS and OCC Support Medicare Coverage for Sleeve Gastrectomy
On October 30, 2011, both ASMBS and the Obesity Care Continuum submitted comments to CMS expressing support for the agency recently initiating a National Coverage Analysis (NCA) process to examine possible Medicare coverage for sleeve gastrectomy. CMS issued the September NCA in response to an August 22, 2011, request for reconsideration of the Bariatric Surgery for the Treatment of Morbid Obesity NCD to review evidence for inclusion of sleeve gastrectomy as a covered procedure.

Both ASMBS and the OCC comments stressed how “data exist to demonstrate that weight loss and complications for the vertical sleeve gastrectomy are comparable and fall between two CMS-approved weight loss surgical procedures Roux-en-Y gastric bypass and adjustable gastric banding. Furthermore, Medicare coverage of vertical sleeve gastrectomy will afford those Medicare patients affected by obesity an additional treatment option for addressing their weight and obesity-related comorbidities while maintaining gastrointestinal continuity. Finally, expanding Medicare coverage for this procedure will ensure consistent patient access to obesity treatment options across both the non-Medicare and Medicare patient population.

On March 29, 2012, the Centers for Medicare & Medicaid Services announced a proposed National Coverage Decision (NCD) with evidence development for sleeve gastrectomy. As such, CMS is suggesting that Laparoscopic Sleeve Gastrectomy (LSG) for the treatment of obesity (BMI ≥ 35 kg/m2) be covered only in randomized controlled trials (RCTs) meeting a number of specific conditions.

In late April 2012, ASMBS submitted comments to CMS stating its concern that CMS’s conclusions in the proposed decision memo were based on an incomplete review of available evidence. In addition, ASMBS was troubled by CMS’s failure to evaluate the majority of Medicare beneficiaries who could benefit from full coverage of sleeve gastrectomy.

Medicare Finalizes Coverage Policy on Intensive Counseling
On November 29, 2011, the Centers for Medicare & Medicaid Services (CMS) issued a National Coverage Decision (NCD) memorandum regarding intensive behavioral counseling for Medicare beneficiaries affected by obesity. Under the final coverage decision, CMS is proposing to cover counseling when furnished by a qualified primary care physician or other primary care practitioner and in a primary care setting. In terms of frequency, CMS proposes to cover: one face-to-face visit every week for the first month; one face-to-face visit every other week for months 2-6; one face-to-face visit every month for months 7-12.

While each of the member groups of the Obesity Care Continuum (OCC) praised CMS for proposing such a comprehensive schedule of counseling intervention, each group also urged CMS to strongly consider expanding the providers eligible to deliver such services to include dietitians, nutritionists, mental health professionals, Certified Obesity Medical Physicians (COMP) and bariatric surgeons.

USPSTF Updating Obesity Screening & Management Recommendations
On November 23, 2011, the OCC submitted comments in response to the U.S. Preventive Services Task Force’s (USPSTF) latest draft recommendations regarding screening for and management of obesity in adults. The timing of the Task Force’s update to its recommendations comes at a critical juncture given the recent coverage activities by Medicare described above regarding intensive behavioral counseling for obesity.

In commenting, the OCC appreciated “that the USPSTF recognizes the significant evidence surrounding multicomponent interventions as effective obesity treatment requires a multidisciplinary approach. The OCC also believes that intensive behavioral counseling services are a critical component of fostering quality and successful weight loss outcomes and can be used as a stand-alone treatment, or in conjunction with pharmacotherapy or bariatric surgery.”

FDA REVIEW AND APPROVAL OF NEW OBESITY DRUGS
ASMBS continues to support Obesity Care Continuum efforts to encourage FDA to approve new obesity drugs so that providers will have more treatment tools to address obesity.

ENHANCED STATE CHAPTER ADVOCACY PROGRAM (ESCAP)
UPDATE
The Michigan Bariatric Society and Tennessee and New York ASMBS State Chapters continue to participate in ASMBS’s 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 ASMS’s Washington Policy Consultant, Christopher Gallagher, and have Chris serve as the Chapter’s Washington Representative on both State and Federal issues.
STATE CHAPTERS

ARIZONA CHAPTER
President: Patrick M. Chiasson, MD
Vice-President: David Podkameni, MD
Treasurer: James Madura, MD
Access to Care: Robert Berger, MD
Chapter Coordinator: Carol Signore, MAT, MS, LMFT
STARS: Robert Berger, MD

Activities:
• Arizona Chapter website was established in August 2011
• Membership drive to “Mountain States” region by mail in fall of 2011 with poor response
• Website continues to be used as a vehicle for membership recruitment
• Decision not to pursue a meeting until membership is improved
• Officers met for dinner meeting in May 2012 to discuss plans for future development of Chapter
• Plans for Chapter meeting at ASMBS
• Effort again will be made to extend membership and participation to bariatric surgeons in neighboring “Mountain” states including, Colorado, New Mexico, Utah, and Nevada, where current ASMBS Chapters do not yet exist to establish concept for a “collaborative”
• Chapter is exploring numerous avenues to improve access to care. We hope to establish effective working relationships with our state legislature and build mutually beneficial partnerships with national and regional corporations that are interested in bariatric patient success.

CALIFORNIA CHAPTER
President: John Morton, MD, FASMBS
Vice-President: Kelvin Higa, MD, FASMBS
Secretary/Treasurer: Alan Wittgrove, MD, FASMBS
Members-at-large: Brian Quebbemann, MD, FASMBS
Members-at-large: Ajay Upadhyay, MD
Members-at-large: Shyam Dahiya, MD
STARS: John Morton, MD, FASMBS

Activities:
• Chapter Meeting/Reception held at ACS Congress, October 2011 - President Robin Blackstone, MD spoke; discussion of collaboration between ASMBS and ACS
• Board Meeting/Dinner in San Francisco, October 2011
• Primary Care Physicians’ Obesity Summit Course, funded by industry & hosted by Dr. John Morton, held April 18, 2011
  • 40 primary care physicians attended an industry-supported activity that provided over three hours of lecture by Drs. Reaven, Gardner, Morton on obesity issues from the metabolic to surgical
  • Outreach to physician community
• CMS Medicare Guidelines Outreach - emailed an advocacy call-to-action request to all California ASMBS members (and others) to respond to the CMS proposed decision on limiting Medicare coverage of the sleeve gastrectomy

CANADA CHAPTER
President: Michel Gagner MD, FASMBS
Vice-President: Simon Birou, MD
Treasurer: Nicolas Christou, MD
Secretary: Mervyn Deitel, MD, FASMBS

Activities List:
• Officially incorporated as the Canada ASMBS Chapter in May 2011
• First meeting of the Canadian Chapter held on June 15, 2011 at ASMBS meeting in Orlando, FL.
• A one-day organizing meeting for IFSO 2014 was held in Montreal in April 2011 at the main host hotel, with Drs. Gagner, Birou, Christou and Deitel present. The Canadian Chapter will be responsible for the 2014 IFSO Congress (Aug 26-30) in Montreal.
• Dr. Christou is exploring CME credit for attendees
• The 2014 Congress has had preliminary announcements in the journal of IFSO, Obesity Surgery.
• Conference calls have been held and the opening reception, social program and commercial support are begin investigated.
• Committee hopes to meet at IFSO in Istanbul in 2013

THE BARIATRIC SOCIETY OF CAROLINAS (BSC)
Co - Presidents: John Scott, MD, FASMBS and Roc Bauman, MD, FASMBS
Vice President: Karl Byrne, MD
Secretary and Integrated Health Rep: Amanda Budak, RN, CBN, PhD(c)
Secretary, NC: Joseph Moran, MD, FASMBS
Treasurer, SC: Jason Johnson, DO
Treasurer, NC: Keith Gersin, MD, FASMBS
Membership: Stephen McNatt, MD
STARS: Roc Bauman, MD, FASMBS (NC)

Activities:
• Organizational meeting of the Bariatric Society of the Carolinas held in June 2011 at ASMBS meeting
• Conducted an email drive to support the advocacy efforts for CMS sleeve gastrectomy coverage
• South and North Carolina ACS/ASMBS State Chapter Meeting upcoming in Myrtle Beach, SC on July 14, 2012

FLORIDA CHAPTER
President: Michel Murr, MD, FASMBS
Vice President: Raul Rosenthal, MD, FASMBS
Treasurer: Robert Marema, MD, FASMBS
Secretary: Jeffrey Lord, MD
STARS: Keith Kim, MD

Activities:
• Officially incorporated as the Florida ASMBS Chapter in August 2011
• Conducted an email drive to support the advocacy efforts for CMS sleeve gastrectomy coverage
• Conducted an email drive to support the advocacy efforts for CMS sleeve gastrectomy coverage
• South and North Carolina ACS/ASMBS State Chapter Meeting upcoming in Myrtle Beach, SC on July 14, 2012
GEORGIA CHAPTER
President: Titus Duncan, MD, FASMBS
Vice President: Michael Williams, MD, FASMBS
Secretary/Treasurer: John Bagnato, MD

Activities

• Officially Incorporated as the Georgia State Chapter of the ASMBS in December 2011
• Partnered with the Obesity Action Coalition, the Georgia Society of the American College of Surgeons, medical device makers and other stakeholders in advocating for bariatric coverage for members of the State Health Benefits Plan.
  • Successfully persuaded legislators to restore $1.75 million to the state budget to cover the bariatric surgery benefit for Georgia State Employees for the 2013 fiscal year.
• Currently lobbying Georgia Governor Nathan Deal and the members of the Department of Community Health Board to ensure that the funding does not fall victim to a line item veto.
• Georgia Chapter has recently joined the Facebook and Twitter communities

ILLINOIS ASSOCIATION OF BARIATRIC SURGEONS, INC
President: Christopher Joyce, MD
President Elect: Rami Lutfi, MD
Treasurer: Vafa Shayani, MD, FASMBS
Secretary: Jonathan Wallace, MD, FASMBS
STARS: Jonathon Wallace, MD, FASMBS

Activities:

• Meeting with Blue Cross Blue Shield (BCBS) - Chapter President Christopher Joyce, MD and ASMBS President Robin Blackstone, MD met with Medical Director of BCBS of Illinois regarding the elimination of the six-month preoperative weight loss requirement, September 21, 2011. This was one of a series of meetings that resulted in the withdrawal of the BCBS requirement for IL, TX, OK, NM.
• Fall meeting of the Illinois Association of Bariatric Surgeons, Chicago, IL -- scientific session focused on Sleeve Gastrectomy; BCBS negotiations discussed; Board of Directors was created.
• Integrated Health Membership section of chapter was created, January 2012
• First Board of Directors meeting, January 2012
• IL Chapter mailed letters to Illinois legislators regarding the Medicaid cuts that would negatively impact access to care for bariatric surgery patients.
• Second Board of Directors meeting, April 2012
• Spring Meeting of the Illinois Association of Bariatric Surgeons - scientific sessions focused on adjustable gastric banding and gastric plication; updates on Medicaid changes discussed

MICHIGAN BARIATRIC SOCIETY (MBS)
President: Stuart R Verseman, MD
Vice-President: Matthew Weiner, MD
Secretary: Jamie Foote, MD
Treasurer: Carl Pesta, DO
Vicar: Jeffrey Genaw, MD

Activities:

• MBS members participated in the “Care of the Obese Patient” talk at the October 2011 Meeting of the Michigan State Medical Society
• Fourth Annual MBS Meeting, November 2011: 116 attendees including physicians and Integrated Health
• Continued advocacy group to support efforts with national and state government to promote medical coverage for obesity
• Working to change required medical weight loss requirement
• Members of the MBS also participate in the Metabolic and Bariatric Surgery (MBS) Collaborative to help advance the care and safety of bariatric surgery patients in the state of Michigan

MISSISSIPPI CHAPTER
President: Kenneth Cleveland, MD
Vice-President: Michael King, MD, FASMBS
Secretary/Treasurer: Adam Dungey, BSN RN CBN
State Access to Care Representative: Terry Pinson, MD
STARS: Terry Pinson, MD

NEW JERSEY SOCIETY FOR BARIATRIC SURGEONS
President: Michael Nusbaum, MD, FASMBS
Vice President: Muhammad Feteiha, MD, FASMBS
Treasurer: Michael Bilof, MD, FASMBS
STARS: Alexander Onopchenko, MD, FASMBS

Activities:

• NJ Chapter meeting held in June 2011 at the ASMBS Annual Meeting
• Board Meeting November 2011
• Chapter Meeting December 2011
• Board Meeting January 2012
• Board Meeting April 2012
• Planned Chapter Meeting at the ASMBS 2012 Annual Meeting
STATE CHAPTERS, CONTINUED

NEW YORK CHAPTER
President: Dominick Gadaleta, MD, FASMBS
Secretary: Terence Clarke, MD, FASMBS
Treasurer: Brian Jacob, MD
Trustee: Greg Dakin, MD, FASMBS
Trustee: Ashutosh Kaul, MD, FASMBS
Trustee: Alok Gandhi, DO, FASMBS
Trustee: Marina Kuran, MD FASMBS
Trustee: Daniel Herron, MD
Past-President: Mitch Roslin, MD
Executive Director / Liaison: Mary Lou Walen
STARS: Mitchell Roslin, MD

Activities:
• Visits to Capitol Hill were made in Spring and Fall of 2011, with the assistance of Washington Chapter Representative, Chris Gallagher
• Chapter responded quickly when notified that the Essential Health Benefits Package sample document excluded coverage for bariatric surgery. Chapter leadership traveled to Capitol Hill, making inroads with members of NY Congressional delegation - led to Rep Edolphus Towns championing two letters to HHS in support of bariatric surgery as an essential health benefit
• NYS sent a letter to HHS with specific concerns regarding the suggestion that bariatric surgery and weight loss programs be a denied benefit.
• Continued communication with Payors both, major and smaller companies, reveals an ongoing interest on the part of insurance Chief Medical Officers to participate with the chapter meetings and discussions on issues regarding access and structure of benefits under the Affordable Care Act.
• Chapter Elections were held at the Chapter meeting in June 2011
• NYS Fall Meeting was held at Westchester Medical Center in November 2011 - included its first Integrated Health Session
• Membership has doubled but NYS continues efforts to strengthen participation through reviewing website recruiting and conducting ongoing new member drives (focus on rural programs) encouraging all bariatric surgeons and IH professionals in NY to join the Chapter
• NYS Chapter members are kept informed through the Advocacy Newsletter
• Recruiting for NYS Insurance Committee Chair opening

OHIO SOCIETY FOR BARIATRIC SURGERY
President: Joe Northup, MD
Vice President: John Zografakis, MD, FASMBS
Secretary/Treasurer: Patricia Choban, MD, FASMBS
STARS: Bradley Needleman, MD

Activities:
• Ohio Society for Bariatric Surgery Annual Meeting held in May 2012 in Columbus
• Chapter meeting will be held at ASMBS Annual Meeting in June 2012

OREGON CHAPTER
President: Steven A. Tersigni, MD, FASMBS
Vice President: Valerie Halpin, MD
Secretary/Treasurer: Robin Stephenson, RN
STARS: Valerie Halpin, MD

Activities:
• Leadership attended the state meeting regarding the Oregon Health Plan and coverage for bariatric surgery
• Increased awareness on state level and improved access for care - Type II diabetes is no longer the only co-morbidity for bariatric coverage for OHP
• Held a successful Walk from Obesity in Bend, Oregon in 2011
• Planning a state-wide Walk From Obesity event for September 2012

PENNSYLVANIA SOCIETY OF BARIATRIC SURGERY
President: Michael Bono, MD, FASMBS
Vice-President: Fernando Bonanni, MD, FASMBS
Secretary/Treasurer: Luciano DiMarco, DO
STARS: Michael Bono, MD, FASMBS

TENNESSEE CHAPTER
President: Douglas Olsen, MD, FASMBS
Vice-President: Jaime Ponce, MD, FASMBS
Secretary/Treasurer: Brandon Williams, MD
IH Rep: Jennifer Jayaram, RN, FNP
STARS: Pamela Davis, RN, CBN, CCM

Activities:
• TN Chapter Conference held in February 2011 at the HCA Corporate Office Conference Center - covered topics included Micro/Macro Nutrient Absorption, COE Renewal, Sleeve Gastrectomy, Duodenal Switch Discussion, Postop Psychological Co-Morbidities, Legislative Update, and local Tennessee Topics
• Provided support for three Fall 2011 Walks from Obesity across the state of Tennessee, in Chattanooga, Knoxville and Nashville - total of 210 participants and over $8,700 raised for the ASMBS Foundation
• TN leadership reached out to TN Congressional delegation to urge support of comprehensive obesity treatment services within the Essential Health Benefits package
• Chapter leaders urged legislators to support House and Senate signing off on letters to HHS Secretary Kathleen Sebelius
• Leadership traveled to Capitol Hill in September 2011 to participate in the special lobby coordinated by the Obesity Action Coalition
• Inform members of important updates through the newsletter, The Advocate
• Considering support for more Walks from Obesity in Fall 2012
• Conference planning has begun for 2012

OKLAHOMA SOCIETY FOR METABOLIC AND BARIATRIC SURGERY, INC.
Past President: Luis Gorospe, MD
Contact: Sarah Kitchen, RN, BSN, CBN
STARS: Steven Katsis, MD

Activities:
• Elections in process for 2012/13 leadership
TEXAS ASSOCIATION OF BARIATRIC SURGEONS (TABS)
President: Glen Ihde, MD
Vice-President: Brad Snyder, MD
Secretary: David Provost, MD
Treasurer: Richard Peterson, MD, MPH
Board Member: Tim Faulkenberry, MD, FASMBS
Board Member: Garth Davis, MD, FASMBS
Board member: Tina Matin, MD
Board Member: Todd Wilson, MD
Board Member At Large: Hugh Babineau, MD, FASMBS
Past President & STAR: Lloyd Stegemann, MD, FASMBS
IH President: Cindi Inkpen, MPA, CBSGL
IH Vice President: Renee O’Daniel, RN
IH Past President: Connie Klein, NP, CBN
IH Board Member: Sharla Stroup, RN, CBN

Activities:
- First Regional Board meeting was held April 2011
- Held a Chapter meeting in June 2011 at ASMBS Annual Meeting
- Provided a series of speakers at the Texas Medical Association meeting in July 2011
- Hired a management firm to assist with the Texas Association of Bariatric Surgeons (TABS) Annual Meeting.
- Joined the advocacy fight in regards to Blue Cross Blue Shield coverage - prepared and sent a letter to BCBS Texas regarding the six-month weight loss diet requirements - resulted in BCBS withdrawing the requirement in TX, IL, OK, and NM
- TABS Annual Meeting was held in January 2012 in Austin, TX
- Future Projects:
  - Create video support groups for the public through TABS website
  - Improve communication among members through quarterly regional meetings
  - Quality Improvement Initiative aimed at spreading information that has been peer reviewed
  - Set up programs to evaluate school lunches and nutritional guidelines set by the state
  - Consider a legal review by board members, which would offer liability carriers an anonymous review of merit cases involving bariatric surgery
  - Bylaws changes to allow non-bariatric surgeons/physicians to join the membership in a meaningful way
  - Join the Facebook and Twitter communities

WISCONSIN CHAPTER
President: Kevin Wasco, MD, FASMBS
Vice-President: Michael Garren, MD
Treasurer: Shanu Kothari, MD
Secretary and Alternate: Steve Weiland, MD and Joseph Regan, MD
STARS: Joseph Regan, MD

Activities:
- Chapter President attended Leadership and Advocacy Council Meeting in Washington, D.C. - knowledge from this event was shared with membership
- Held monthly teleconferences in an effort to consistently communicate and advocate for common goals within Wisconsin - will continue throughout 2012
- Developed new Chapter website
- Ongoing effort to work with state legislators and employers to improve patient access to bariatric surgery
- Planned events for 2012:
  - Chapter meeting in June 2012 at the ASMBS Annual Meeting
  - Event to discuss advocacy progress with State of Wisconsin Representatives (September 13, 2012)
  - Chapter Meeting November 2012

VIRGINIA BARIATRIC SOCIETY
President: Stephen D Wohlgemuth, MD, FASMBS
Vice President: Peter T. Hallowell, MD,
Integrated Health Co Chairs: Jeanne Sanders, RN, CBN & Anna Dietrich-Covington, RN, BSN, CBN
Board of Directors: Neil Hutcher, MD; Gregory Schroder, MD,FASMBS; Eileen Peterson; Bruce Schirmer, MD; Steve Wohlgemuth, MD, FASMBS; Matthew Brengman, MD, FASMBS
STARS: Gregory Schroder, MD, FASMBS

Activities:
- Virginia Bariatric Society Annual Meeting was held in September 2011 at the Wyndham Virginia Crossings Hotel and Convention Center - was well attended and sponsored by industry
- Ongoing dialogue with the Health Benefits Program for the Commonwealth of Virginia to monitor the progress of their pilot one-year mandatory diet, education and counseling program (October 2011- June 2012). Updates scheduled for ASMS 2012 meeting
- Ongoing planning for the yearly meeting and identification of Integrated Health champion to add IH Sessions and get much needed CEU/CME for membership
- Dialogue with neighboring chapters - ongoing discussions with members of Maryland and West Virginia in forming a regional chapter to increase participation and efficiencies
- Ongoing advocacy in support of substantive issues facing bariatric surgeons such as the initial call for input and subsequent comment on the CMS policy about sleeve gastrectomy coverage
CORPORATE COUNCIL

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

STEERING COMMITTEE MEMBERS:

Robert Dougherty
Chair
Gary Richardson
Chair-Elect
Gina Baldo
Secretary
Tom Kinder
Senior Past Chair
Larry Fulton
Director-At-Large

Eileen Peterson
Director-At-Large
Kathy Vogel
Director-At-Large
Randy Price
Immediate Past Chair
Represented by Nicole Thomas
Robin Blackstone, MD, FASMBS
ASMBS President
Laura Boyer, RN, CBN
ASMBS IH President

Jamie Ponce, MD, FASMBS
ASMBS Appointed Member
Karen Schulz, RN
ASMBS Appointed Member – IH
Georgeann Mallory, RD
ASMBS Executive Director
Pat Watson, CMP
ASMBS Staff Liaison

CORPORATE COUNCIL MEMBERS
As of April 2012

Allergan Medical
Amerilab Technologies Inc.
Automated Medical Products Corp.
Bariatric Advantage
Bariatric Choice
Bariatric Fusion, Inc.
Bariatric Times
Building Blocks Vitamins
Covidien
Crospon
DEVROM-The Parthenon Co, Inc.
Ethicon Endo-Surgery
Etna Interactive
Exemplo Medical, LLC
Gore & Associates
HoverTech International
MDnetSolutions
Nestle HealthCare Nutrition, Inc.
Novus Insurance Program, RRG
Nutritional Resources, Inc.
Obesity Prevention, Policy & Mgmt.
Philips Healthcare
PRM – Patient Relationship Mgmt.
Reshape Medical, Inc.
Robard Corporation
Rosemont Media, LLC
Shimadzu Medical Systems
Surgical Excellence, LLC
Synovis Surgical Innovations
Twinlab Corporation
UNJURY Protein and OPURITY Vitamins
Vibrynt, Inc.
WLSBoards.com

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

The ASMBS would like to acknowledge and extend gratitude to the Corporate Council for supporting the production of the 2011-2012 Annual Report.
ASMBS FOUNDATION

Founded in 1998, 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.

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 supports 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 2012, the Foundation has given a total of $1,316,000 in support of ASMBS programs and projects.

ASMBS FOUNDATION BOARD OF DIRECTORS

<table>
<thead>
<tr>
<th>Name</th>
<th>Title</th>
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<tbody>
<tr>
<td>David Provost, MD, FASMBS</td>
<td>President</td>
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<td>Raul Rosenthal, MD</td>
<td>Secretary/Treasurer</td>
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<td>Laura Boyer, RN</td>
<td>Integrated Health</td>
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<td>Robert Brolin, MD</td>
<td>Council Member at Large</td>
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<td>Robert Dougherty</td>
<td>ASMBs Corporate Council</td>
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<td>Helen Fobi, RN</td>
<td>Council Member at Large</td>
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<td>Keith Kim, MD</td>
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<td>Tom Kinder</td>
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<td>Georgeann Mallory, RD</td>
<td>ASMBs Executive Director</td>
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<td>Scott Shikora, MD, FASMBS</td>
<td>Council Member at Large</td>
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<td>Alan Wittgrove, MD, FASMBS</td>
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<td>Bruce Wolfe, MD, FASMBS</td>
<td>ASMBs Corporate Council</td>
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<tr>
<td>Joe Nadgowski</td>
<td>Executive Director</td>
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<tr>
<td>Connie Stillwell</td>
<td>Director of Programs</td>
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OPERATION M.O.R.E.

The Foundation developed a fundraising campaign 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 over a million dollars and the 5 year goal is to reach the 5 million dollar mark.

SUPPORTED PROGRAMS:

- Double Platinum Sponsor of the Certified Bariatric Nurse Program
- Funded 22 ASMBS Research Grants
- Supported the ASMBS Nutrition Guidelines Project
- Supported the ASMBS Online CME Program
- Funded the ASMBS 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 from Obesity, Walk on the Capitol in Washington, DC in 2008
- Funded the Walk from Obesity Cookbook
- Funded 10 Bryan G. Woodward Community Grants to support local initiatives to address the obesity epidemic
- Sponsored the ASMBS Fall Educational Courses
- Funded the ASMBS Access and Advocacy Program
- Supported the ASMBS International Committee Awards
- The revised ASMBS Patient Booklet
- The ASMBS jLog™ Program, an online educational project to meet the information needs of patients and referring physicians regarding metabolic and bariatric surgery
- Supported the ASMBS Quality Improvement Project

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.
Obesity Week™ 2013 marks the beginning of an annual collaborative event addressing this chronic and multifaceted disease.

In its first year, Obesity Week™ has brought together the resources of the American Society for Metabolic & Bariatric Surgery (ASMBS) and The Obesity Society (TOS) to co-locate their respective annual meetings under one roof. This initiative has resulted in the development of the preeminent annual scientific and educational conference covering the full scope of the obesity issue, from cutting-edge basic science and clinical research to intervention and public policy discussions that can impact the quality of life for millions who suffer from obesity.

Obesity Week™ participants will benefit from the educational, networking and scientific synergies created through the collaboration of these international obesity organizations. Programming will cover the full interdisciplinary spectrum and feature the world’s leading experts in their respective fields. A comprehensive agenda will include:

• Scientific sessions of both TOS and ASMBS
• Pre-conference continuing education
• Policy and public health discussions
• Co-sponsored programming and networking events
• Industry-sponsored symposia

In addition, Obesity Week™ will feature an exposition hall that is the largest of its kind, showcasing the newest, most innovative products, services and technologies from leading global companies and organizations.

Please visit www.ObesityWeek.com for more information on attending, sponsoring or exhibiting at Obesity Week™ 2013. Or, contact us at info@ObesityWeek.com.