Improving public health and well being by lessening the burden of the disease of obesity, and its related diseases, throughout the world.
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From Our President

Dear ASMBS Members,

This has been an exciting year with tremendous amount of work and productivity from all our committees. Our ASMBS in 2013 is different and better. A new meeting concept with the ObesityWeek, a new news magazine with “Connect”, new accreditation standards with the MBSAQIP, and a new web site with newer and expanded content including a patient portal and technique videos have given us a new face.

The Annual Report serves as a great summary of all the present and future work that reflects our vibrant and dynamic society that now is well recognized as the leader in Metabolic and Bariatric Surgery. Our Committees have been working on valuable goals for all of us. Each one of the more than 300 members that are participating in the committees and leadership are dedicated and volunteering their time and effort to serve our Society.

This report reflects, in many ways, why the ASMBS is stronger with better educational events, larger membership, wider collaboration with different professional societies, persistent political advocacy, improved access to care, broader communication, and documentation of our knowledge through evidence-based guidelines and research. The hard work of our volunteers and the resolute commitment of the ASMBS to its vision and mission maintains us on a steady course to move forward, facing challenges as they arise as well as taking advantage of the opportunities that come our way.

To all of you, please find here what your Society proudly has been working on.

Sincerely,

Jaime Ponce, MD
President, American Society for Metabolic and Bariatric Surgery

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Executive Council

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

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Jaime Ponce, MD
PRESIDENT

Ninh Nguyen, MD
PRESIDENT-ELECT

Robin Blackstone, MD
PAST PRESIDENT

Bruce Wolfe, MD
SENIOR PAST PRESIDENT

John Morton, MD
SECRETARY/TREASURER

Marc Bessler, MD
COUNCILPERSON-AT-LARGE

Stacy Brethauer, MD
COUNCILPERSON-AT-LARGE

Samer Mattar, MD
COUNCILPERSON-AT-LARGE

Emma Patterson, MD
COUNCILPERSON-AT-LARGE

Alfons Pomp, MD
COUNCILPERSON-AT-LARGE

Raul Rosenthal, MD
COUNCILPERSON-AT-LARGE

Karen Schulz, RN, CBN, CNS
INTEGRATED HEALTH PRESIDENT

Christine Bauer, RN, MSN, CBN
INTEGRATED HEALTH PRESIDENT-ELECT
About the Society

The ASMBS is the largest society for its specialty in the world.

Our Universal Goals:

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

Dear ASMBS Members,

2013 marks 30 years of remarkable growth for the ASMBS — growth in membership, vision, effectiveness, collaboration and credibility. Organizational milestones such as this are a great time for us to remember where we’ve been, examine where we are, and look forward to where we’re going.

Our 30th anniversary website, asmbs30.org, dedicates the celebration of our 30 years as a professional society, gives a very interesting and detailed look at where we have been and an opportunity to collectively honor the enormous contributions of our membership throughout the years.

As you read through this annual report, you will appreciate the breadth and depth of work of today’s membership and the future potential of the many ASMBS programs. It is today’s leadership and members’ extraordinary contributions that are driving innovation and advances in our field and preparing the ASMBS for the future.

In addition to many projects outlined in this report, the ASMBS has been deeply entrenched in the work of building two very important strategic business partnerships that will provide opportunity to grow and improve our educational programs and our accreditation and quality program. The main objective of any partnership is synergy with the ultimate goal of one plus one to equal five (not just two). We are achieving this feat through our partnerships with the American College of Surgeons (ACS) and The Obesity Society (TOS). Combining strengths and common interests with ACS has led to a unification of our accreditation and quality programs to form the Metabolic and Bariatric Surgery Accreditation and Quality Improvement Program, MBSAQIP, which will be fully implemented in early 2014. Collaborating with ACS will allow the quality program to move forward in ways that would not have been possible independently. Likewise, our endeavor with TOS to co-locate our annual meetings creating ObesityWeek will offer much greater educational and networking opportunities to both of our memberships.

Throughout 2013, the ASMBS continued to promote understanding of obesity and metabolic and bariatric surgery to the widest possible audiences. With our network of spokespeople, ASMBS serves as the media’s trusted source for accurate, timely and science based information on metabolic and bariatric surgery. With communication to our membership an important prong of our outreach goals, we launched an informative and creative news magazine, connect, earlier this year and will have a phenomenal new website by the time you read this report.

We have every reason to be proud of our society. The ASMBS provides a wide variety of knowledge resources, learning experiences, and other tools to help members maximize their performance and advance the field. We also serve as the voice of the profession and advocate on its and our patients’ behalf. We have a special organization with its mix of professional interests, collegiality, volunteerism and the desire to give something back. There is no doubt we have a long and important future ahead.

Sincerely,

Georgeann Mallory, RD
Executive Director, American Society for Metabolic and Bariatric Surgery
Our ASMBS Staff

DIRECTOR OF OPERATIONS
Kristie Kaufman

FINANCIAL MANAGER
Kim Carmichael

EXECUTIVE ASSISTANT
Liaison to Executive Council and IH Executive Council
Jennifer Wynn

CPD COMPLIANCE COORDINATOR
Liaison to Clinical Issues, IH Clinical Issues & Guidelines and IH Multidisciplinary Care Committees
Teresa White

OFFICE SERVICES COORDINATOR
Liaison to Insurance and IH Support Group Committees
Susan Cox

REGISTRATION & ADMINISTRATIVE COORDINATOR
Liaison to Emerging Technologies & Procedures, Pediatric Surgery and Research Committees
Nooriel Nolan

CPD COORDINATOR
Liaison to IH Professional Education and Program Committees
Susie Good

MEMBERSHIP & CHAPTERS COORDINATOR
Liaison to Access to Care, International Development, IH Membership, Membership and State & Local Chapters Committees
Amelia Sim

CBN AND CORPORATE COUNCIL COORDINATOR
Liaison to Bariatric Surgery Training, CBN Certification and Corporate Council Committees
Martha Lindsey

MEETINGS COORDINATOR AND CPD ASSISTANT
Mirtha Robles

COMMUNICATIONS COORDINATOR
Liaison to Communications, IH Communications and Public Education Committees
Erik Jonasson

GRAPHIC DESIGNER
Kyle Tucker

TECHNOLOGY SPECIALIST
James Osterhout

PART-TIME FILE CLERK
Mariah Pearson
COMMITTEE REPORTS

Access to Care

The Access to Care Committee has the principal mission to assist patients affected by metabolic disease and obesity in obtaining appropriate, safe and effective medical care.

Committee Activities Include:

- Developing the strategic vision and strategies to make improvement in access to care
- Advocating for legislative changes on the state and local level that will affect health care coverage
- Address the politics, policies and ethics of access issues on the local, state and national levels
- Bringing together initiatives/partners to effectively address access issues

Committee members:

CO-CHAIR
Brandon Williams, MD

IMMEDIATE PAST CHAIR & EC LIAISON
John Morton, MD

ASMBSS STAFF LIAISON
Amelia Sim

Super STARs and STARs (State Access Representatives):

NORTHEAST REGION
Super STAR: Dominic Gadaleta, MD
CT - Jonathan Aranow, MD
MA - Ashley Vernon, MD
NH - Maureen Quigley, APRN
NJ - John Gena, MD
NY - Mitchell Rudin, MD
RI - Sivamainthan Vithiananthan, MD
VT - Patrick Forgione, MD

MID ATLANTIC REGION
Super STAR: John Scott, MD
DE - John Pender, MD
MD - David Vona Rueden, MD
NJ - Alex Onopchenko, MD
PA - Ann Rogers, MD
VA - Peter Hallawell, MD
WV - Adam Kaplan, MD

SOUTHEAST CENTRAL REGION
Super STAR: Brandon Williams, MD
AL - Ann Couch, RN
GA - Donja Duncan, MD
MI - Christopher (Joe) Northup, MD
TN - Brandon Williams, MD

UPPER MIDWEST REGION
Super STAR: Teresa Lamasters, MD
IA - Matthew Christophersen, MD
IL - Jayaraj Salimath, DO BSN
IN - Brenda Lazzem, MD
KS - James Hamilton, Jr., MD
MI - Arthur Carlin, MD
WI - Kevin Wasco, MD
WI - Shani Kothari, MD
Canada - Michel Gagnier, MD

LOWER MIDWEST REGION
Super STAR: Lloyd Stegemann, MD
IA - Stephanie Barnes, MD
IL - Paul Bird, MD
IL - Charles Bellows, MD
OK - Sarah Kitchen, RN BSN CBN
TX - Richard Peterson, MD

NORTHWEST REGION
Super STAR: Valerie Halpin, MD
AK - Michael Todd, MD
ID - Allan Garay, MD
MT - Walter Medlin, MD
ND - Luis Garcia, MD
OR - Valerie Halpin, MD
SD - Kristin Turek, MD
WA - Jeffrey Hunter, MD
WY - Richard Ferreria, MD

SOUTHWEST REGION
Super STAR: John Morton, MD
& Ajay Upadhyaya, MD
AZ - Robert Berger, MD
CA - Ajay Upadhyaya, MD
HI - Peggy Latore, MD
NV - Shawn Tuda, MD
UT - Eric Volckmann, MD

Industry ad hoc appointed:

ETHICON
Gary A. Richardson
Henry Alder

COVIDIEN
Gino Blasso

POTOMAC CURRENTS
Chris Gallagher

OBESITY ACTION COALITION
Joe Nadglowski

WALEN & ASSOC, INC.
Mary Lou Walen

AD HOC
Vincent Zeringue
Guilllmero M. Campos, MD
Kim Marley, MD

CONTINUED ON FOLLOWING PAGE ➔
COMMITTEE REPORTS

Committee goals:

- National Coverage Decision regarding COE designation
- State Health Exchanges - a leading priority for our society. Bariatric surgery coverage in any uniform benefit is essential
  - Developing coverage map to provide status of obesity treatment coverage in the state exchange plans
  - Develop strategic plan state by state
  - Strategic lobbying will be critical
- Maintain communication network (Super STAR and STAR Support)
  - Maintain STAR for every state
  - Identify "hot spots" in need of ASMBS support
- Develop and maintain legislative visit program – working closely with OAC and Potomac Currents
- Access to Care Toolkit - Taskforce assigned to update as needed
- Coverage Map
- TEC Assessment response – regarding access starting at BMI 30
- Partnership for Treating Obesity: Identify opportunities to form coalitions on the issues or patient access including Academy of Nutrition and Dietetics, American Hospital Association, American Academy of Pediatrics, American College of Allergy, Asthma and Immunology, American College of Cardiology, American College of Emergency Physicians, American College of Gastroenterology, American College of Physicians, American College of Preventive Medicine, American College of Surgeons, American Congress of Obstetricians and Gynecologists, American Psychiatric Association, American Society for Reproductive Medicine, American Society of Anesthesiologists, American Society of Bariatric Physicians, American Urological Association, Heart Rhythm Society, Society for Cardiovascular Angiography and Interventions, Society for Vascular Surgery, Society of American Gastrointestinal and Endoscopic Surgeons, Society of Nuclear Medicine, Society of Thoracic Surgeons
- Continue efforts to obtain bariatric surgery coverage for Montana, Mississippi, Ohio, South Carolina and New Mexico Medicaid beneficiaries
  - Meeting with New Mexico Medical Director pending
  - Working on scheduling meeting with Montana Medical Director
- Rumor is circulating that Texas Medicaid is no longer covering bariatric surgery; initial contact with State did not confirm this. Will continue to monitor.
- 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 nationwide
- Support for OAC - Increase membership to 50,000
- Establish mechanism to stay abreast of issues with industry partners
- Sleeve gastrectomy coverage letters sent to medical directors for: TRICARE, Palmetto GBA, Noridian
  - Palmetto removed age restriction; LCD public comment period ended July 15, 2013
  - Final LCD pending
  - Noridian taking over Palmetto later this year and is expected to honor changes made by Palmetto
    - Noridian currently has sleeve gastrectomy coverage with age limit to 60 and younger
    - This decision will provide the whole country with unrestricted sleeve gastrectomy coverage
- Forge Relationships with industry to better understand and coordinate their approach - TEC assessments/FDA
- Provide membership with timely progress updates on access to care issues - monthly Potomac Currents newsletter and ASMBS Connect
- Increase access to bariatric surgery overall; with insurers and/or employers
- Annual Access to Care Course (will be merging efforts with TOS during Obesity Week)
- Dedicated outreach to physician congressmen in order to find a bariatric surgery champion
- Develop roster of ASMBS members with important government contacts
- PAC Committee – Coordinate with ACS Washington office on Access Issues
- Rural Subcommittee – will address access issues related to rural programs
- Adolescent Subcommittee – will address access issues related to adolescent patients

Committee objectives:

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

Specific projects completed that achieved goals and objectives:

- Recruited STARs for each state, even in states where ASMBS State Chapters do not exist
- Informing membership through ASMBS Connect
- Sleeve Gastrectomy Coverage for Medicare beneficiaries
- Communication network firmly established to work through implementation phase of the ACA
- CMS Sleeve Gastrectomy Decision
- Partnership for Obesity Treatment
- Nevada bariatric surgery coverage for Medicaid beneficiaries

May 2013
Super STARs: 7
STARS: 35
Committee Members: 28
Total: 68

September 2013
Super STARs: 7
STARS: 46
Committee Members: 30
Total: 83

Future plans:

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

Task Force Creation and Committee Participation:

- Super STARS Communication Network: Wayne English, MD
- Coverage Map: Tom Augustin, MD
- Sleeve Gastrectomy: John Morton, MD
- BMI 30-35: TBD
- National Quality Forum Quality Measure: John Morton, MD
- Minority Outreach: Homero Rivas, MD
- Access to Care Toolkit: Brandon Williams, MD
- Adolescent Bariatric Surgery: TBD
- Rural Subcommittee: Kim Marley, MD
Conference objective: To raise and maintain the quality and safety standards of metabolic and bariatric surgery through validation of their experience and the development and continuous updating of examinations.

Committee members:

**CO-CHAIR**
Alfons Pomp, MD

**EC Liaison**
Samer G. Mattar, MD

**ASMBS Staff Liaison**
Nooriel Nolan

**Members**
- William F. Gourash, MSN CRNP
- Daniel B. Jones, MD
- Timothy S. Kowada, MD
- Matthew Martin, MD
- Corvigan McBride, MD
- Daniel McKenna, MD
- Joseph Moran, MD
- Nussi C. Nahmias, MD
- Raul J. Rosenthal, MD
- Philip R. Schauer, MD
- Bruce Schirmer, MD
- David Tichansky, MD

**Committee goals:**

**Short-term:**
- Comply with the new endoscopy guidelines for fellowship being developed by SAGES, when reviewing applications for the 2014 Fellowship Certificate program
- Create a brochure to promote Fellowship Certificate program – increase awareness and understanding of our Core Guidelines; make available at other conferences (SAGES, ACS, etc.)
- Prepare a bariatric surgery curriculum for general surgery residency programs – work with International Committee to survey trending needs

**Mid-term:**
- Explore the possibility of a designated Board certification – survey members
- Discuss the feasibility of integrating existing surgeons into the ASMBS Certificate of Satisfactory Training Program
- Establish educational and training resources for fellows
- 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
- Consider creating a validated program/curriculum for non-fellows

**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 completed that achieved goals and objectives:

- Updated the core curriculum for ASMBS Certificate of Satisfactory Training in Bariatric Surgery program – announced in September 2012 and the application window was opened for recent graduates
- 2013 ASMBS Certificate of Satisfactory Training in Metabolic and Bariatric Surgery Program – 41 applicants this year, all but 1 approved
- Fundamentals Exam: Updated and expanded 2013 Exam for the Fundamentals of Bariatric Surgery course held at ASMBS 30th Annual Meeting
- Creating a survey to see if bariatric fellowship Program Directors want to have their fellowships fall under the ACGME umbrella and rules – draft in review by committee
- Bariatric Curriculum for Residents: Creating a bariatric curriculum for American Board of Surgery surgical residency programs – see what is currently required by ABS, survey trending needs internationally; speak with International Committee first; develop a survey to distribute to International ASMBS members – in process; committee researching ABS requirements

**Future plans and projects:**

- Fellowship Brochure: Develop an electronic brochure on the Fellowship Certificate Program to be available online – approved by ASMBS President Ponce to be sent to Fellowship Program Directors
- Board Certification: Work towards a designated Board certification – survey members to see how they feel about this issue. Explore whether the American Board of Surgery will be agreeable. Tabled for now.
- Certification of non-fellows: determine whether to expand on the fellowship certification program; require certification (and passage of an exam) for anyone practicing bariatric surgery who did not do a fellowship. Will need to run this by the Executive Council prior to pursuing. Membership survey will be needed as well to see if there is interest. Tabled for now.
- Create a pocket manual for residents and fellows that has the fundamentals of bariatric surgery
Committee reports

Clinical Issues

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

Committee members:

CO-CHAIR
Shanu Kathari, MD

EC Liaison
Stacy Brehauer, MD

ASMBs Staff Liaisons
Susan Cox
Teresa White

Members

Pamela Davis, RN, CBN, CCM
Eric DeMaria, MD
Dan Eisenberg, MD
Maher El-Chaar, MD
Barry Fisher, MD
Daniel Gagné, MD
Matthew Hutter, MD, MPH
Jason Michael Johnson, DO
Julie Kim, MD
Mark Kligman, MD
Fady Moustapha, MD, MPH
Pavlos Papasavas, MD
Mark Parikh, MD
Rohit Patel, MD
Ann Rogers, MD
Keith Scharf, DO
Bruce Schimmer MD
David Schumacher, MD
Harvey Sugerman, MD
Dana Telem, MD

Committee goals:

Short-term:

- Finalize statements of:
  - Metabolic Bone Changes after Bariatric Surgery Final Draft to EC Sep 2013
  - Standardized Reporting Outcomes for Bariatric Surgery Draft to EC Nov 2013
  - Alcohol Use after Bariatric Surgery Draft to CIC Nov 2013
- Review Revision Task Force Guidelines when Completed November 2013
- Collaborate with SAGES Guidelines Committee to establish some joint guidelines, beginning with topics related to high-risk patients, i.e., Cirrhosis, pulmonary hypertension, cardiac disease, undergoing laparoscopic surgery\(t\) - two Clinical Issues Committee Members will be assigned to a joint committee; no draft guidelines to date.

Mid-term:

- Ongoing identification of issues to develop statements and provide topics for EC Review (Current Activity)
- Ongoing review/revision of all existing and new statements (Current Activity)
- Further develop working group with SAGES to develop joint guidelines for specific topics in common (i.e., evaluation and management of the high-risk patient) (Upcoming Activity)

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 bariatric and metabolic surgery

Committee Objectives:

- Identify existing and emerging gaps in guidelines/position statements
- Increase understanding of clinical issues relevant to the membership and affiliated organizations
- Establish and disseminate standards and protocols
- Establish timeline based on relative clinical importance of issues
- Liaison with other ASMBs committees to develop and review joint statements

Specific projects in progress

- New topics in statement development as a result of the Call for Statements:
  - Metabolic Bone Disease (near completion)
  - Standards for Outcome Reporting in Bariatric Literature
  - Alcohol Use After Bariatric Surgery

Specific projects completed

- Position Statement published September 2013 in SOARD - Bariatric Surgery in Class I Obesity
- Chair and Co-Chair participated in a task force created for the development of an ideal evaluation pathway for a new guideline - Integrating Emerging Bariatric Technique into Clinical Practice. Pathway was vetted through the Clinical Issues Committee
- Evaluated for update - Emerging Endoscopic Interventions for the Treatment of Obesity (January 2009). No update required. This was reviewed as part of recent EC response to Emerging Technology paper on endoluminal therapy for weight regain

Future plans:

- To continue to develop evidence-based guidelines and position statements based on the developing needs and practices within the bariatric and metabolic surgery field of specialty, the ASMBs member's needs, and professional practice gaps recognized within ASMBs Committees
- Publication of the above statements not yet finalized - Metabolic Bone Changes after Bariatric Surgery
- Increase utilization of contracted research assistant for literature reviews, summaries, and draft development for statements
- Evaluate Prevention and Detection of Gastrointestinal Leak after Gastric Bypass Including the Role of Imaging and Surgical Exploration (January 2009) under committee's ongoing systematic review/revision of all existing guidelines and position statements

ASMBs 2012–2013
Communications

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

Committee members:

**CO-CHAIR**
Marina Kurian, MD

**EC LIAISON**
Ninh Nguyen, MD

**IMMEDIATE PAST CHAIR**
Kevin Reavis, MD

**ASMBS STAFF LIAISON**
Erik Jonasson

**PUB-ED LIAISON**
Richard Peterson, MD, MPH

**PEDS LIAISON**
Janey Pratt, MD

**MEMBERS**
Klit Ben-David, MD
Stacy Brethauer, MD
Gregory Byer, CSCS
Bipan Chand, MD
Patricia Eichhorn, MD
Jonathan Finks, MD
Jessica Folek, MD
Matthew Goldblatt, MD
Ajay Goyal, MD
Valerie Halpin, MD
Daniel Herron, MD
Marcelo Hijarrosa, MD
Matthew Kroh, MD
Jamie Loggins, MD
Dean Mikami, MD
Kenric Murayama, MD
Allan Okrainec, MD
Emma Patterson, MD
Shawn Tsuda, MD

**Web Development**

**SUBCOMMITTEE CHAIR**
Mark Fusco, MD

**MEMBERS**
Carlos Galvani, MD
D. Wayne Overby, MD
Emma Patterson, MD

**IH COMM LIAISONS**
Gregory Byer, CSCS
Rachel Dickerson, NP-C
Nathaniel Sann, FNP-BC, MSN

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COMMITTEE REPORTS

Committee goals:
- Short-term:
  - Continue content placement and design for updated ASMBS website
  - Create an outline for a committee leadership forum on updated ASMBS website
  - Refine social media policy in response to challenges created by increased user participation
- Mid-term:
  - Facilitate development of user-friendly ASMBS Web site
  - Moderate inter-member communication mechanisms
  - Moderate video and image content (ASMBS BMI Library)
  - Support other committees in dissemination of information
- Long-term:
  - Evaluate communications channels for effectiveness and gauge member participation
  - Establish state of the art communication between members
  - Ensure that information directly related to the ASMBS on other platforms is up-to-date
  - Ongoing moderation of content on ASMBS social media channels
  - 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 and objectives:

Collaboration with ASMBS IT Department:
- ASMBS Website 2.0
  - Reviewing progress on monthly conference calls
  - Web Development subcommittee created in January actively participating in ASMBS website construction
- Additional ASMBS Domain Names Acquired
  - ASMBS.com acquired in February 21, 2013, now redirects to ASMBS.org
  - Multiple ASMBS domains purchased (.me, .co, .tv, .info, .biz, .so) and will soon redirect to current website
- ASMBS Wikipedia Page
  - Wikipedia.com entry for ASMBS updates remain
  - Updates were recommended for the general Bariatric Surgery reference page on Wikipedia. Updates made by Mark Fusco in March 2013 and remain to the present (9/16/13)
- ASMBS Social Network Updates
  - Facebook page - 2,412 Likes as of 9/16/13
    - Content posted here automatically populates ASMBS Twitter account
    - Content continuously updated with information on ASMBS events (meetings, courses, news updates, etc.)
  - Twitter - 1,565 followers as of 9/16/13
    - Page regularly updated, and populated automatically by Facebook updates
  - LinkedIn - 1,875 members as of 9/16/13
    - Utilized by surgeon and some integrated health membership with new discussions and member requests to join group weekly
    - Content continuously policed for relevance and posting-etiquette by ASMBS staff, questionable content forwarded to committee moderators
    - Committee chair, co-chair, past-chair, and subcommittee chair given “Moderator” access to screen and filter content
    - Content that is “flagged” as inappropriate or uses inappropriate/unprofessional language is forwarded to moderators before it is posted to public discussion
    - ASMBS Social Media Policy added to group profile in March 2013 after closing a discussion in which user replies became unprofessional
    - Additional language is being considered for addition to the official ASMBS Social Media Policy to reflect the ability of moderators to ultimate close or delete unprofessional discussions/comments

Specific projects completed since last report (January 2012) that achieved goals and objectives:
- BMI Library CME Material Collection Ended
- CME materials (questions, answers, citations) collection ended March 29, 2013, information currently being processed for individual videos

Continued progress:
- Continued monthly committee conference calls to keep up with current technologies and communicate project feedback
- Project Management
  - Basecamp.com being utilized to track active committee projects and discussions; currently utilized by committee leadership and active subcommittee
- Acquisition of Lucrative Web Domains
- Purchased ASMBS domain names listed above

Future plans:
- ASMBS coverage maps – assist committees involved in completion of maps (State Chapters, Access, etc.)
- Public Education Content – currently in final stages of review and will be posted to updated ASMBS website when complete
- Communication Technologies – development of new user-friendly, keystroke-minimum Audience Response System in progress for ObesityWeek
**Committee Reports**

**Emerging Technologies & Procedures**

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

**Committee members:**

**CO-CHAIR**
George M. Eid, MD

**EC LIAISON**
Marc Bessler, MD

**ASMBS STAFF LIAISON**
Nooriel Nolan

**MEMBERS**

Mohamed R. Ali, MD
Gregory F. Dakin, MD
Carol A. McCloskey, MD
Dean J. Mikami, MD
Alex P. Nagle, MD

Rana Pullatt, MD
Tomazz Rogula, MD, PhD
Alan Saber, MD
Kevin E. Wacso, MD
Erik B. Wilson, MD
Natan Zundel, MD

**Short-term:**

- Update and Maintain Registry – Inventory of Emerging Technology and Procedures currently on the website. Build new webpages around existing data and allow member and industry input to include links to animations.

**Mid-term:**

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

**Long-term:**

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

**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 technology, techniques and procedures to best train members
- Identify and promote appropriate research of new technologies

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

- Members of the ET&P worked with the Program Committee in choosing abstracts for presentation at ObesityWeek that will highlight new technologies and procedures scientific session.
- Hosting a consensus discussion on new techniques and technologies for publication in SOARD at ObesityWeek.
- Worked in conjunction with ASMBS IT department to continue developing the Inventory of Emerging Technology and Procedures section of the new ASMBs website; objective is to make it more dynamic, interactive and informative. Creating a member discussion group was discussed as well.
- Polled the membership on a list of the Top 10 Emerging Investigational Procedures to evaluate experience, exposure and whether current abstracts available or whether peer reviewed.
  - Banded plication
  - Gastric plication
  - Mini (loop) gastric bypass
  - Gastric balloon
  - Endoscopic sleeves
  - Intragastric stapling (e.g. TOGA)
  - Stoma reduction
  - Neuromodulation/Gastric Pacing
  - Endoscopic suturing
  - Evacuating gastrostomy tubes
- Committee members attended FDA conference on new devices

**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 surgery and obesity care. Chairs to be available as experts, if not panelists, for FDA Panels and need for metabolic areas and not just weight control.
- Keep website updated on emerging technology to educate members and public
- Web based resources on emerging tech for members
- Resource to centrally evaluate emerging technology
COMMITTEE REPORTS

Insurance

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

Committee members:

CO-CHAIR
Parish Shah, MD

EC LIAISON
John Morton, MD

ASMBS STAFF LIAISON
Susan Cox

MEMBERS
Lauren Baldwin, RN
Helimut Billy, MD
Mark Colquitt, MD
Timothy Ehrlich, MD
Wayne English, MD
Chris Gallagher
Matthew Hutter, MD, MPH
Gregg Jossart, MD
Ashutosh Kaul, MD
Peter LePort, MD
Walter Lindstrom Jr., Esq.
Tina Napora, CPL
John Pitcher, Jr. MD
Jaime Ponce, MD
Beth Schrope, MD
Don Jay-Selby, MD
David Voellinger, MD
Mary Lou Walen

Committee goals:

Short-term:

- Regularly evaluate and update the CPT and ICD-9 Codes for Bariatric Surgery for the website
- Update FAQ and online information for the website
- Develop communication/alerts to inform members about new codes
- Handle hotline via insurance@asmbs.org to respond to member inquiries regarding insurance issues
- Determine FAQ for dissemination to membership via Connect and web site
- Coordinate with Program Committee to develop Coding Seminars for Members and their staff
- Maintain communication with Insurance carriers’ Medical Directors regarding policy changes

Mid-term:

- Communicate with State Chapters and Access Committees to identify local & national insurance issues
- Continue to coordinate with Program Committee on updating insurance coding educational courses and webinars
- Monitor AMA CPT or RUL issues that would involve bariatric surgery
- Participate in the Revision task force and provide coding support

Long-term:

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

Committee objectives:

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

Specific projects in progress to achieve goals and objectives:

- Currently reviewing the information and reformatting for the new website
- Handle hotline via insurance@asmbs.org to respond to member inquiries regarding insurance issues
- Determine FAQ for dissemination to membership via Connect and web site
- Develop communication/alerts to inform members about new codes and insurance issues
- Coordinate with Program Committee to develop Coding courses for members and their staff
- Work with the Revision Task Force on coverage and coding issues

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

- Evaluated and updated the CPT and ICD-9 codes for bariatric surgery
- Advised membership regarding CMS’s decision to add 43280 to the ULCI edit list via publication and hotline
- Lobbied for and received increased reimbursement on outpatient Lap-Band
- Advised membership and lobbied CMS regarding RVU value for 43775
- Coordinated and participated in the well-received business issues course for the Fall and Spring events
- Developed for the Program Committee and scheduled at our 30th ASMBS Annual Meeting at ObesityWeek: Optimizing Your Practice: Coding and Reimbursement
- Insurance@asmbs.org hotline continues to address individual questions from members and their staff
- Provided billing guidance on ordering routine follow-up labs
- Met with Palmetto regarding amended sleeve coverage

Future plans:

- Develop inpatient and outpatient guidelines
- Pursue CPT Codes for BPD/DS
- Continue communication process with State Chapters and Access on local and national Insurance issues
- Prepare for 5-year bariatric CPT codes review
COMMITTEE REPORTS

International Development

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.

Samer G. Mattar, MD
COMMITTEE CHAIR

Committee members:

CO-CHAIR
Natan Zundel, MD

EC LIAISON
Raul J. Rosenthal, MD

ASMB STAFF LIAISON
Amelia Sim

MEMBERS
Ahmed R. Ahmed, MD
Luigi Angrisani, MD
Estuardo J. Behrens, MD
Sunil Bhojwul, MD
Diego R. Camacho, MD
Guilherme M. Campos, MD
Pradeep Chowbey, MBBS
Giovanni Dapri, MD PhD
John B. Dixon, MD PhD
Evelyn A. Durado, MD
Michel Gagner, MD
Carlos A. Gaivani, MD
Sayed Ikramuddin, MD
Girish Kumar Juneja, MBBS MS
Andrei Keidar, MD
Tracy Martinez, BSN RN CBN

Committee goals:

Short-term:

▶ Increase international membership - coordinate with the Membership Committee
▶ Manage all aspects of Awards for Best International Presenters - including budget, logistics, and selection criteria
▶ Conduct co-sponsored international courses

Mid-term:

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

Long-term:

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

Committee objectives:

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

Specific projects in progress to achieve goals and objectives:

▶ Continue to increase the membership of international surgeons through promotional and educational activities that attract these individuals through their inherent value.

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

☑ Increased the presence and exposure of ASMBS in international meetings such as in Peru, Colombia, and Mendoza.

Future plans:

▶ Facilitate the hosting of international ASMBS members who aspire to visit ASMBS bariatric centers.
Membership

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

Committee members:

**CO-CHAIR**
John J. Kelly, MD

**EC LIAISON**
Emma J. Patterson, MD

**ASMBS STAFF LIAISON**
Amelia Sim

**MEMBERS**
Estuardo J. Behrens, MD
Elias Chousleb, MD
Mathias A. L. Fobi, MD
Abraham Fridman, DO.
Colleen J. Kennedy, MD
Marina S. Kurian, MD
Robert B. Lim, MD
Etwar H. McBean, MD
Robert L. Michaelson, MD
Christopher J. Northup, MD
Anthony T. Petrick, MD
Vafa Shayan, MD
Andre F. Teixeira, MD
David S. Tschansky, MD
Stephen D. Wohl gemuth, MD
Natan Zundel, MD

Committee goals:

**Short-term:**
- Increase membership by 2.5%
- Improve retention by 5%
- Establish the online application process

**Mid-term:**
- Coordinate recruitment efforts with other committees
- Increase International membership (recruit new countries)
- Enhance membership into Local Chapters

**Long-term:**
- Increase membership by 7.5%
- Improve Retention by 10%
- Enhance International Value of ASMBS Membership

Committee objectives:

- Increase membership
- Enhance value of membership (local, national and International)
- Improve retention

Specific projects in progress to achieve goals and objectives:
- Ongoing recruitment and retention of ASMBS member, including International and non-surgical members
- Increase membership by 2.5% (Half Period)
- Revision of the ASMBS (FASMBS) program
- Increase retention by 5%
- Continue to improve website application/recommendation process.

Specific projects completed since last report (June 2012) that achieved goals and objectives:
- Simplified and expedited membership application by establishing the online application process
- Conducted membership drives to engage current and past members of ASMBS
- Increased overall membership by 2% (5% surgeons) (short Calendar year)
- New Countries reached (Russia and China)
- Attrition reduced by 20%

Future plans:
- Continue targeted recruitment effort nationally and Internationally
- Enhance International Value of ASMBS Membership
- Establish the new Program
- Improve online application process
- Collaborate with IH to improve IH membership
Committee Reports

Patient Safety

The Patient Safety Committee supports the mission and values of the ASMBS 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 seek to reduce medical errors through process analysis and participation in quality improvement reporting. The Patient Safety Committee believes that the one of the most effective ways 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. We also believe there is a role for tele-proctoring, simulators, and team simulation to advance safer practices.

Committee Members

Chair
Daniel Jones, MD, MS

Committee Members

Co-chair
Giselle Hamad, MD

EC Liaison
Samer Mattar, MD

ASMBS Staff Liaison
Susan Cox

Members

John Baker, MD
Carlos Barba, MD
Nicholas Berha, DO
Fernando Bonanni, MD
Jessica Chorney-Wilson, RN, MSN, CBN
Daniel Cottam, MD
Ramsey Dallal, MD
Tejwant Datta, MD
Daniel Davis, DO
Eric DeMaria, MD
Troy Gluminek, MD
Teodor Grantcharov, MD, PhD

Brian Jacob, MD
Robert Lim, MD
Jeffrey Lord, MD
Jerome Lyn-Sue, MD
Michael Malvesti, PharmD
Tracy Martinez, BSN, RN, CBN
Anthony Patrick, MD
Raul Rosenthal, MD
William Sweet, MD
Shawn Tsuda, MD

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COMMITTEE REPORTS

Committee goals:

Short-term:
- Integrate patient safety within educational programs at our Annual Meeting at ObesityWeek and Spring Events
- Share liability case studies and highlight learning points with the ASMBS Membership
- Use learning centers to promote skills and safe practices for surgeons
- Assess need for a National Registry for bariatric surgery liability cases

Mid-term:
- Develop educational materials to promote patient safety and aid in early detection of complications
- Continue to develop resources for risk management
- Implement tele-proctoring and to assist surgeons early in learning curve

Long-term:
- Establish a process to track adverse events nationally and use data to promote safe practices
- Continue to seek ways to improve patient safety
- Teach team training using simulation to promote use of checklists, speaking up, and closed loop communication
- Develop bariatric surgery on-line education for surgeons, nurses, and anesthesiologist trainees similar to currently designed institution modules to provide the fundamentals of patient safety and risk management principles to increase the safety of patients and staff
- Develop ASMBS Clinical Care Pathways
- Academic Business Collaborative (ABC) - to look at best bariatric programs based on morbidity. Academics in business to look at how the bariatric program is organized and determine what the better programs are doing that the other programs are not doing. The aim is to determine what are the best practices among the accredited programs getting the best outcomes. MBSAQIP data should provide the best data for this type of project.

Committee objectives:

- Identify knowledge gaps and member needs in patient safety, risk management and professional liability
- Provide education on patient safety and risk management
- Development of national registry for bariatric surgery liability cases (Closed Claims Database)

Specific projects in progress to achieve goals/objectives:

- Contribute patient safety and risk reduction content to Annual Meeting at ObesityWeek and Spring Events. Currently scheduled:
- Evaluate the use of simulation for skill acquisition in bariatric surgical techniques utilizing the Bariatric Skills Acquisition Center (BSAC) during ObesityWeek. The committee will collect initial data on suturing baseline skills and skill acquisition in the BSAC using video-trainers and porcine stomach explants to simulate suture reinforcement and gastric plication. Future activities may involve full procedural simulation and team-training.
- Designing patient Bariatric Early Warning System (BEWS) poster for electronic download as a patient safety tool for bariatric hospitals and centers to guide nurses and teams. Scoring system developed to improve communication between nurses, physicians, and residents for patients who may be in need of intervention. BEWS score is calculated and charted as vital signs in paper chart or Electronic Medical Records (EMR). This will be made available as posters via ASMBS website.
- Developing bariatric surgery version of the Perioperative Checklist. Committee seeks to review/modify existing checklists and determine approach to integrating existing checklists. Plans to collaborate with other societies and published established checklists for the use of the Society for pre-, peri-, and post-operative lists.
- Continue to publish Malpractice Vignettes in the ASMBS e-newsletter and ASMBS website Members Only section. The subcommittee has summarized closed claims to develop twelve additional educational vignettes documenting patterns of patient care and associated mitigating circumstances that have led to liability claims against bariatric surgeons. The committee voiced strong interest in a Closed Case Database to improve quality and acquisition process to support Vignettes. Pending topics include:
  - The Importance of Surgeon - Anesthesiologist Communication
  - DVT Prophylaxis That Wasn’t, A Fatal Story
  - Disastrous Team Training and Hand-Off Management
  - Post Op Bowel Obstruction #1
  - Post Op Bowel Obstruction #2
  - A Surgeon’s Nightmare: The Importance Of A Careful Consent Process
  - Anastomotic Failure And Staple Length
  - LAGB: A Case With Fatal Pitfalls In Post Discharge Management
  - A Fatal Cascade
  - A Leak Event Compounded
  - Risks Of Non-Standard Surgery
  - Lap Band Placement Gone Away, and the Cascade that Followed
  - Survey members for needs assessment for a Closed Claim Database. Examination of closed claims, the settlement factors, and the jury verdicts and awards is the best way to judge the severity of patient care safety issues and how to avoid them.
  - Collaborating with Public Education Committee to develop educational modules to address the patients’ pre- and post-operative experience. Online website with pre- and post-surveys will reinforce their educational needs. Modules will use video, PowerPoint, and voiceover.
  - Developing an electronic Patient Resource for patients in collaboration with the Public Education and Communications Committees. The information will be in the form of 150 to 200 word packets which will be linked by a keyword search or FAQ. The topics to be covered include (not limited to): medications (interactions, indications, contraindications), nutrition (pre-op, emphasis on post-op nutrition, supplementation, and progression), post-op pain (early, intermediate, and late), post-op issues/ complications (leak, VTE, internal hernias, adhesions, gallstones, ulcers, strictures), and weight regain

Specific projects completed that achieved goals and objectives:

- Malpractice vignettes published in the Top 5 on the 5th e-newsletter through December 2012

Future plans:

- Continue to seek ways to improve patient safety
- Continue to provide education on patient safety and liability issues at our Annual Meeting at ObesityWeek and Spring Event Course offerings
- Implement tele-proctoring to assist surgeons early in learning curve
- Teach team training using simulation to promote use of checklists, speaking up, and closed loop communication
- On-line education for surgeons, nurses, and anesthesiologist trainees similar to currently designed institution modules to provide the fundamentals of patient safety and risk management principles, as well as methods to increase the safety of patients and staff on bariatric surgery
- Develop ASMBS Clinical Care Pathways
- Assess need for a National Registry for bariatric surgery liability cases
- Academic Business Collaborative (ABC) - to look at best bariatric programs based on morbidity. Academics in business to look at how bariatric program is organized and determine to find out what the better programs are doing that the other programs are not doing. The aim is to determine what are the best practices among the accredited programs getting the best outcomes. MBSAQIP data should provide the best data for this type of project. This project will require external research funding
Pediatric Surgery

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:

CO-CHAIR
Anita Courcoulas, MD, MPH

EC STAFF LIAISON
Alphonse Pom, MD

ASMBS STAFF LIAISON
Susan Cox

MEMBERS
Jeremy Aisen, MD
Karen Bailey, MD
Kathryn Bass, MD
Mary Brandt, MD
Allen Browne, MD
Nancy Browne RN, MS, PNP, CBN
Joy Collins, MD
Robert Gwes, MD, PhD
Nestor de la Cruz-Munoz, MD
Daniel Delgarie, MD
Thomas Inge, MD
Samer Mattar, MD
Marc Michalsky, MD
Janey Pratt, MD
Steven Teich, MD
J. Esteban Varela, MD, MPH
Mark William, MD
Cynthia Yensel, MS, RN, CPNP, CBN
Meg Zeller, PhD
Jeffrey Zitzman, MD

Committee goals:

Short-term:

► Continue to recruit adult surgery members as well as selected Integrated Health members in an effort to reflect the multidisciplinary nature of the programs represented by this committee
► Continue to develop resources for developing adolescent/pediatric programs
► Develop Pediatric Symposium for Scientific Sessions for future Annual Meetings at ObesityWeek

Mid-term:

► Establish leadership on responsible use of bariatric and metabolic surgery in pediatric/adolescent patients
► Add additional journal resources to Professional Toolkit for developing and existing pediatric centers
► Coordinate with Public Education Committee in continuing to develop public educational resources for patients and their families

Long-term:

► Define specific criteria for the pediatric/adolescent program within the Metabolic and Bariatric Surgery Accreditation and Quality Improvement Program in collaboration with the Quality and Standards Committee
► Expand and disseminate resources for developing pediatric/adolescent centers
► Collaborate with the research committee to foster the use of the new MBASAQIP database to answer pediatric/adolescent specific questions
► Provide leadership on pediatric/adolescent obesity surgery
► Develop and maintain resources and web content for developing and existing pediatric/adolescent centers
► Develop and maintain resources and web content for the public, in collaboration with the Public Education Committee
► Advocate for improved access to care for morbidly obese pediatric/adolescent patients seeking bariatric surgery
► Increase adult-surgeon membership on committee

Specific projects in progress to achieve goals and objectives:

► Developing with Quality and Standards Committee guidelines for surgical care of the morbidly obese pediatric/adolescent through the Metabolic and Bariatric Surgery and Quality Improvement Program
► Developing patient – family-based resources with the Public Education Committee for the website
► Continue to develop web presence for pediatric/adolescent issues in collaboration with other organizations
► Collaborate with Access to Care Committee for pediatric/adolescent bariatric surgery issues

Specific projects completed since June 2012 that achieved goals and objectives:

► Developed the informational Pediatric Toolkit for developing and existing pediatric centers by creating web content for the professional section of the ASMBS website. Links are available to the 2011 and 2012 pediatric Annual Meeting presentations given by surgeons and integrated health professionals.
► The Toolkit also contains adolescent & pediatric obesity related journal references that include 38 different categories with over 360 references
► Developed Pediatric Symposium – Management of Adolescent Obesity for the Program Committee at our 30th Annual Meeting during ObesityWeek
► Collaborated with the Public Education Committee on the development of educational materials for the patient and their family

Future plans:

► Provide a clearinghouse for collaboration between bariatric surgeons with an interest in pediatric/adolescent bariatric surgery and regional weight management programs
► Expand and disseminate resources for developing pediatric/adolescent centers
► Continue to develop web presence for pediatric/adolescent issues including collaboration with other organizations
► Collaboration with the research committee to foster the use of the new database to answer pediatric/adolescent specific questions
COMMITTEE REPORTS

Program

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

Committee members:

**CO-CHAIR**
Daniel Herron, MD

**EC LIAISON**
Ninh Nguyen, MD

**STAFF LIAISONS**
Kristie Kaufman
Teresa White

**Scientific Quality/Value-Added**

**SUBCOMMITTEE CHAIR**
Michel Gagner, MD

**MEMBERS**
Wayne English, MD
Alan Saber, MD

**Emerging Technologies and Concepts**

**SUBCOMMITTEE CHAIR**
Bipan Chand, MD

**MEMBERS**
Shawn Tsuda, MD
Keith Gersin, MD

**Poster/Video**

**SUBCOMMITTEE CHAIR**
Shanu Kothari, MD

**MEMBERS**
Daniel Gagne, MD
Monali Misra, MD
Brandon Williams, MD
Mohamed R. Ali, MD

**Scientific Papers**

**SUBCOMMITTEE CHAIR**
Aurora Pryor, MD

**MEMBERS**
Benjamin E. Schneider, MD
Ranjan Sudan, MD
Stephen D. Wohlgemuth, MD
Jeffrey L. Zitsman, MD

**Professional Education**

**SUBCOMMITTEE CHAIR**
Daniel Herron, MD

**CHAIR OF BSAC**
Kevin Reavis, MD

**DIRECTOR OF LABS**
Brian Smith, MD

**MEMBER**
Bradley J. Needleman, MD

**International Effort**

**SUBCOMMITTEE CHAIR**
Natan Zundel, MD

**MEMBERS**
Keith C. Kim, MD
Erik B. Wilson, MD

**MOC**

**SUBCOMMITTEE CHAIR**
Aurora D. Pryor, MD

**MEMBER**
Bruce Schirmer, MD

CONTINUED ON FOLLOWING PAGE
**COMMITTEE REPORTS**

**Committee goals:**

**Short-term:**
- ObesityWeek program development for 2013:
  - Collaborate with TOS in overall development of program and schedule, and selection of joint ObesityWeek keynote speakers.
- Develop and schedule ASMBS-specific programming.
- Improve meeting quality via value-added elements: Debates, literature review, expert panels, clinical symposia.
- Improve the process for abstract submission and grading.
- 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.

**Mid-term:**
- Offer downloadable program and recorded replay of concurrent sessions.
- Conduct well-attended professional educational activities that meet member needs.
- Establish educational activity targets for each year.
- Collaborate with TOS to develop ObesityWeek program for 2014.
- Develop programming to attract interest from international attendees.

**Long-term:**
- Ongoing ObesityWeek program development.
- Improve attendance at the ObesityWeek and 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% per year.

**Specific projects in progress to achieve goals and objectives:**
- Changes for 2013 Annual Meeting at ObesityWeek:
  - Two days of pre-conference courses and 3-1/2 days of Plenary Session (to be called Scientific Sessions).
  - IH Main Session will become a fourth track of the Plenary and will encompass all 3-1/2 days.
  - ASMBS/TOS Integration in symposia – Metabolic and Adolescent symposia.
  - Scientific Papers – ongoing implementation of the smart phone audience response system; questions submitted by texting; top papers with discussants to continue; top 15 Posters for 2013; continue Posters of Distinction; integrate related videos within paper sessions.
  - Continued development, with the goal of growth, of the 2012 Fall Event and 2013 Spring Event.
  - Continued focus on offering self-assessment for Maintenance of Certification.

**Specific projects completed since last report (June 2012) that achieved goals and objectives:**
- Utilized more value-added elements in in 2012 Plenary Session.
- 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. Added an advanced endoscopic suturing lab to OW lineage.
- Offered successful 3rd Annual Fall Event and 2013 Spring Educational Event.
- Utilized “Call for Ideas” and Needs Assessment survey to seek out suggestions from the membership regarding topics for symposia, postgrad courses, etc.
- Addition of two new subcommittees: (1) Maintenance of Certification, (2) International Effort.
- Development of CME for SOARD articles.
- Development of BMI Video Library with CME credit available.
- Development of CME for SOARD article reviewers.
- Provided an IFSO half-day course at the 2013 Spring Event.

**Future plans:**
- Ongoing planning and development of 2014 ObesityWeek with TOS with goal of growth.
- Continued development of the 2014 annual Spring Educational Events with the goal of growth.
- Continued development of the overall educational program of the ASMBS.
Committee reports

Public Education
The Public Education Committee is responsible for educating the public on bariatric surgery via printed and web-based materials as well as through the media; i.e. radio, newspaper, television and journals.

Committee members:

CO-CHAIR
Joy Collins, MD

EC LIAISON
Stacy Brehauer, MD

IMMEDIATE PAST CHAIR
Keith Kim, MD

STAFF LIAISON
Nooriel Nolan

MEMBERS
Carol Abbott, RN
Sajida Abad, MD
Joshua Alley, MD
Cynthia Buffington, PhD
Carol McCloskey, MD
Richard Peterson, MD
Joanne Prentice RN

Specific projects completed that achieved goals and objectives:

- Added new members to help strengthen the make-up of the committee and better accomplish the current projects and objectives.
- Developed detailed content for publication on the ASMBS website, including the following topics:
  - Disease of Obesity
  - Understanding Obesity
  - Benefits of Bariatric Surgery
  - Types of Surgery
  - Surgery for Diabetes
  - Life After Surgery
  - Nutritional Guidelines
  - Psychological Aspects
  - Adolescent Obesity
  - Medical Tourism
  - Paying for Surgery
  - Myths and Misconceptions
  - Frequently Asked Questions
  - Hospital Accreditation
- Created website prototype for EC review of interactive content
- Drafted and updated content for the new Patient Booklet resource; will be finalized after the launch of the Public Education webpages.

Future plans:

- Create a Spanish language version of the Patient Booklet after approval and finalization
- Further develop the Public Education Committee web page
- 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.

Committee goals:

Short-term:
- Launch the newly developed public education section of ASMBS website - provides consumer-friendly, evidence-based content
- Compile website content into a newly updated Patient Booklet for public consumption - modify and/or add sections to suit needs of facilities that will purchase & distribute these pamphlets

Mid-term:
- Coordinate use of content on website with Communications Committee.
- Develop patient education materials in other languages as appropriate
- Regular review and update of the Public Education Website material

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
COMMITTEE REPORTS

Research

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

Committee members:

MEMBERS

Ranjan Sudan, MD
Bruce Wolfe, MD
Peter Benotti, MD
Scott Cummean, MD
Ramsey Dallal, MD
John Dixon, MD
Jonathan Finks, MD
Armour Forse, MD
William Gourash, MSN CRNP
Donald Hess, MD
Jill Hurley, OTRL, CHT
Shahzeer Karmali, MD
Subhash Kini, MD
Rajesh Kuruba, MD
Peter Lopez, MD
Corrigan McBride, MD
Michel Murr, MD
Dana Portenier, MD
Nancy Puzziferri, MD
Malcolm Robinson, MD
Isaac Samuel, MD
Michael Schweitzer, MD
Vadim Sherman, MD
Kimberley Steele, MD
Dimitrios Stefanidis, MD
Glady’s Strain, MD
Alfonso Torquati, MD
Deborah Winerup, PhD

Committee goals:

Short-term:

- Provide ASMBS membership updates on BOLD Data Access – publish in the ASMBS Insider newsletter
- Populate subcommittees with new members consistent with ASMBS guidelines and approval by ASMBS president
- Secure funding for the ASMBS 2014 Research Grant Award Program

Mid-term:

- Establish guidelines for DAC & DDC subcommittees to assist with functioning of entities as they operate within the larger ACS-ASMBS Quality Initiative
- Offer the next post-graduate course in research in conjunction with the SSAT to further the relationships between the two societies.
- Create Writing Groups within the RAC subcommittee as mentoring opportunity
- Develop ASMBS sponsored Research Fellowship - mentor young investigators through research
- Identify funding opportunities (ongoing) for Fellowship Program & others
- Create mechanisms for multi-institutional studies - develop a platform to run randomized control studies within the new ASMBS-ACS Quality Initiative

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

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 completed that achieved goals and objectives.

- BOLD data conversion: Sudan presented an update on BOLD data conversion to EC at the Spring Event (May 2013). There it was determined that he would write up and present the statistical data summary at the November 2013 Annual Meeting (1st ObesityWeek). Abstract accepted for presentation
- RC secured funding for one 2013 Research Grant – 22 grants were submitted for consideration this year. Winner selected – a young investigator
- Developed protocol/policy for reviewing requests to support a study or grant proposal (organizations/individuals requesting ASMBS Letter of Support for a grant being submitted to other organizations)
- A Research Grant Award Booklet was created to showcase the past winners and further promote the program – to be distributed at the Business Meeting and at the Foundation Luncheon in November 2013 OWW
- Worked with Program Committee to offer the Fundamentals of Bariatric Research Course again in 2013 – this year’s course focused on how to write a winning grant/manuscript. It is designed for surgeons, integrated health and primary clinicians. It was created in conjunction with SSAT
- Chair is working on a proposal/template for creating Pathways to Multi-Institutional Trials.
- DDC continues to review requests for manuscript publication using previously acquired BOLD data

Future plans:

- Create pathways for the membership to access data from the new ACS-ASMBS database (within the new MBSAQIP program) just as the RC had worked to provide access in the past through BOLD
  - In this regard it will be critically important for the RC to have well defined representation in the new ACS-ASMBS structure
- Revise the previous ASMBS-SRC working document in light of the changes in the relationship between the two organizations – create proposal that works within the new MBSAQIP
- Redefine membership of the research committee to be relevant in the new paradigm
- Work with ASMBS leadership and the Foundation to ensure future funding of research grants.
- Work with Program Committee to offer the Fundamentals of Bariatric Research Course again in 2014.
- Develop a Fellowship Program through which mentoring of young investigators can occur during research projects
- Become the platform to run clinical trials
  - Create needs-assessment survey – pinpoint centers seeing significant numbers of patients & design trial around it
- Develop template to process and implement projects

22 ASMBS 2012–2013
State and 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.

Committee members:

CO-CHAIR
Christopher Joyce, MD

EC LIAISON
Raul Rosenthal, MD

IMMEDIATE PAST CHAIR
Lloyd Stegemann, MD

STAFF LIAISON
Amelia Sim

Chapter presidents:

Richard D. Stahl, MD (AL)
David Podkameni, MD (AZ)
Kelvin D. Higa, MD (CA)
Michel Gagner, MD (Canada)
Ranjan Sudan, MD (NC/SC)
Jonathan S. Aranow, MD (CT)
Michel M. Murr, MD (FL)
Titus D. Duncan, MD (GA)
Steven F. Fowler, MD (HI)
Walter S. Medlin, MD (ID)
Rami E. Lutfi, MD (IL)
Margaret M. Inman, MD (IN)
Rachel L. Moore, MD (LA)
Kuldeep Singh, MD (MD)
Matthew J. Weiner, MD (MI)
Chris J. Eagon, MD (MO)
David Carroll, MD (MS)
Walter S. Medlin, MD (Dakota Yellowstone – MT, ND, SD, IA & WY)
Thomas J. White, MD (NE)
Muhammad S. Feteihia, MD (NJ)
Ashtuosh Kaul, MD (NY)
Christopher Joe Northup, MD (OH)
Hamilton S. Le, MD (OK)
Valerie J. Halpin, MD (OR)
Michael D. Bono, MD (PA)
Brandon Williams, MD (TN)
Glen M. Iide, MD (TX)
Peter T. Hallowell, MD (VA)
Ross L. McMahon, MD (WA)
Kevin E. Wasco, MD (WI)

CONTINUED ON FOLLOWING PAGE
Committee goals:

Short-term:
- Determine whether State Chapter dues will be collected by ASMBS, on the membership dues statement, and the amount to be collected.
- Continue developing webpages on ASMBS site for current chapters
- Prepare chapters for State-to-State insurance
- Design a “Meet My Legislator Day” to address access issues by establishing connections with local leadership – in process with Chris Gallagher
- Create “STAR Manual” for training – possibly coordinate with OAL
- Research forming a Military Chapter & International Chapter of ASMBS
- Create “Running an Effective State Chapter” manual to improve efficiency and effectiveness of current state chapters – different chapters will be asked to write sections of this manual

Mid-term:
- Develop a State Chapter of the Year Award, to be awarded at the ASMBS annual Business meeting
- Continue to increase number of chapters.
- Create a strategy for reviewing chapter website content, in conjunction with Communications Committee
- Establish early warning system to uncover beginnings of favorable or unfavorable activity in a market
- Develop/promote access to care and rapid response plans

Long-term:
- Hold annual Chapter President Meetings – training for presidents (media, etc.)
- 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
- Work with ASMBS CPD Department to provide CME credits for Chapter meetings

Specific projects completed:

- Developed webpages on ASMBS site for current chapters, ongoing
- Began preparing chapters for State-to-State insurance fight - Dr. English has STARs in place in every state, ready to work beginning October 1st

<table>
<thead>
<tr>
<th>May 2013</th>
<th>September 2013</th>
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</thead>
<tbody>
<tr>
<td>Super STARs: 7</td>
<td>Super STARs: 7</td>
</tr>
<tr>
<td>STARs: 35</td>
<td>STARs: 46</td>
</tr>
<tr>
<td>Committee Members: 28</td>
<td>Committee Members: 50</td>
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<tr>
<td>Total: 68</td>
<td>Total: 83</td>
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</tbody>
</table>

- Design a “Meet My Legislator Day” to address access issues by establishing connections with local leadership – in process with Chris Gallagher (ongoing – started on August 12 - October 9, 2013)
- Continue to increase number of chapters – ongoing (4 new chapters and 5 more pending)

- Current Chapters: 29
- TARs: AL; AZ; CA; CT; Dakota Yellowstone (ND, SD, WY, MT & ID); FL; GA; HI; IL; IN; LA; MD; MI; MO; MS; NC; SC; NE; NJ; NY; OH; OK; OR; PA; TN; TX; VA; WA; WI, Canada
- Preliminary/Forming Chapters: 5
- Remaining: 33

<table>
<thead>
<tr>
<th>May 2013</th>
<th>September 2013</th>
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<tbody>
<tr>
<td>State Chapters: 25</td>
<td>State Chapters: 29</td>
</tr>
<tr>
<td>States: 26 + 1 (Canada)</td>
<td>States: 34 + 1 (Canada)</td>
</tr>
<tr>
<td>Pending Chapters: 4</td>
<td>Pending Chapters: 5</td>
</tr>
<tr>
<td>Total: 30 + 1</td>
<td>Total: 39 + 1</td>
</tr>
</tbody>
</table>

- Annual Chapter President Meetings where media training (how to give a good interview, etc.) and other important education can be provided - next meeting is scheduled during the 2014 Spring Event in mid-May in Las Vegas.
- Administrative support staff – (JFTE) was hired at ASMBS office, at the request of the Chapters, to assist Chapters with cumbersome paperwork duties. The hope is that lessening the administrative burden of Chapter functioning, the leadership can focus on what’s really important, advocacy and outreach.
- Hold quarterly “go-to” meetings for Chapter Presidents where leadership can discuss any local issues and seek feedback from the group – June 19, 2013 at 9pm EST & September 18, 2013 at 8pm EST.

Future plans:
The main focus of the committee moving forward will be to look for ways to strengthen existing chapters to make them more relevant in local access to care discussions. The hope is that Chapter leadership will become the local experts, the “go to” people to speak on/bariatric care in their state. In pursuit of this, we need to improve communication from chapter leadership to their members as well as to the community through advocacy and outreach. The initial steps towards achieving these goals will be:

- Encourage Chapter leadership to establish local relationships before there is an emergency – both with colleagues, and with media & state representatives
- Facilitate more collaboration between states in the same region
- Provide training for Chapter Presidents
- Chapter Homework:
  - Get to know who the reporters are in your area
  - Get to know local legislators
- Interact with state healthcare Exchange
- Provide an updated toolkit for Chapters that includes resources for advocacy/lobbying

State Chapter Presidents’ Summit was held in Dallas, Texas on February 3-4, 2013. The purpose of this face-to-face meeting of state leadership was to share best practices in chapter development/functionality and to develop a state Chapters National Agenda for the upcoming year. Attendees heard lectures and participated in discussions on Chapter Building, Advocacy, and Addressing Access to Care Issues at the State Level, Education & Outreach, and the importance of state collaborative within the MBSAGJP.

A new system of STAR (State Access to Care Representative) reporting was established by the Access Committee, and approved by State Chapters Committee leadership. The goal of this new system is to improve communication between the chapters, the Access Committee and the national society. The nation was divided into regions, each represented by a SuperSTAR. Local/Chapter STARs will now report any local access issues to their regional SuperSTAR, who will report the issue to the Access Committee (serving as members therein). Likewise, any national/regional access issues will be reported from Access Committee to SuperSTAR, to local chapter STAR.
Dear ASMBS Members,

The 2012-2013 year has been a busy one for the Integrated Health Section of the ASMBS. The IH Council joined with organizational leadership and the ACS to make recommendations for the new MBSAQIP standards. The Council and several members from our Behavioral Health leadership, worked with our physician council to secure the future of Integrated Health in the care of the bariatric patient.

In addition to the work on the new standards, our seven committees continued their work on projects that advance our strategic plan. An emphasis has been placed on involving new IH talent on our committees. We are now using a website tool available to all members to help streamline committee volunteering and recruitment. Many integrated health members have been added and are now serving in their new positions.

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 was completed for the second year
- **IH Clinical Issues and Guidelines Committee** – continue their work to update the current Nutrition and Psychosocial Assessment guidelines. The committee has reached agreement with the American College of Sports Medicine to develop exercise guidelines for metabolic and bariatric surgery patients. In addition, Clinical Issues and Guidelines are developing a toolkit for startup programs which includes a bariatric patient sensitivity program
- **IH Professional Education** – has developed the curriculum for ObesityWeek that will include more days of programming and many new offerings where surgeons and Integrated Health learn together in joint sessions. We are looking forward to a Town Hall meeting where members can interact with IH leadership and contribute ideas to the strategic plan
- **CBN Certification** – continues to certify and recertify nurses with 173 new certified CBN’s and 50 recertified CBN’s this year
- **IH Membership Committee** – grew our membership by 7% in the last year.
- **IH Communications Committee** – working on new IH website with an on-line forum for Integrated Health members
- **IH Support Group Committee** – working on new online directory and support group tool kit
- **IH Multidisciplinary Care Committee** – completed and is currently analyzing data from a Multidisciplinary survey

Over the next year I look forward to our Integrated Health Membership working more closely together through our new website forum. With 1652 Integrated Health members we have much to share. I am grateful for your continued participation in our society. Collectively we are moving our Integrated Health professions forward in a way that enhances patient safety and quality of care.

Sincerely,

Karen Schulz, RN, CBN, CNS
President, ASMBS Integrated Health
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: Jennifer Wynn

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Goals of the ASMBS Integrated Health Section

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

We strive to cultivate a knowledgeable, skilled and empowered membership that includes all integrated health specialties.
IH Clinical Issues and Guidelines

The mission of the IH Clinical Issues and Guidelines Committee is to create evidence-based guidelines and position statements with focus on clinical issues related to the integrated multidisciplinary team as well as issues related to the individual Integrated Health disciplines with the goal of enhancing the safety, quality and outcomes of bariatric and metabolic surgical patient care.

Committee members:

**CHAIR**
Pam Davis, RN, CBN

**CO-CHAIR**
Lisa West-Smith, PhD

**IHEC LIAISON**
Pam Davis, RN, CBN

**ASMBSS STAFF LIAISON**
Teresa White

**MEMBERS**

- Dale S. Bond, PhD
- Melissa M. Davis, MSN APRN BC CNS RNFA
- Rebecca J. Dilkis, RD LDN
- Karen M. Flanders, NP CBN
- Laura M. Greiman, RD MPH
- Paula R. Kilgore, RN CBN
- Jennifer M. Laurerri, PhD ABPP

- Terry L. McKenzie, RN CBN
- Julie M. Parrott, MS RD CPT
- Debra A. Proulx, RN
- Jennifer D. Schwettmann, MSPT
- Stephanie Seng, PhD

Short-term:

- Completion of revision of Psychological Evaluation Guidelines for Metabolic and Bariatric Surgery Patients (original document from 2004)
- Completion of DRAFT of revision of Nutritional Guidelines for Metabolic and Bariatric Surgery Patients (original document from 2008)
- Completion of Sensitivity Training Guidelines
- Release of initial 8-10 documents for Metabolic and Bariatric Surgery Program Toolbox

Mid-term:

- Publication of Psychological Evaluation Guidelines for Metabolic and Bariatric Surgery Patients
- Completion of revision of Nutritional Guidelines for Metabolic and Bariatric Surgery Patients
- Publication of Sensitivity Training Guidelines
- Release of 6-10 additional documents for Metabolic and Bariatric Surgery Program Toolbox
- Establishment of timeline and work distribution for Activity Guidelines for Bariatric Surgery Patients

Long-term:

- Completion of revision of Nutritional Guidelines for Metabolic and Bariatric Surgery Patients
- Release of three Special Nutritional Considerations for Metabolic and Bariatric Surgery Patients: Pregnancy, Transplant, Bari-athlete
- Draft of Activity Guidelines for Bariatric Surgery Patients
- Release of 6-10 additional documents for Metabolic and Bariatric Surgery Program Toolbox

Committee objectives:

- Create evidence-based guidelines and position statements with a focus on clinical issues related to the integrated multidisciplinary team.
- Review, revise and update existing guidelines and position statements relating to Integrated Health.
- Develop templates and resources to assist in the implementation of MBSAQIP guidelines.

Specific projects in progress to achieve goals and objectives:

- Psychological Evaluation guidelines for Metabolic and Bariatric Surgery Patients
- Nutritional Guidelines for Metabolic and Bariatric Surgery Patients
- Metabolic and Bariatric Surgery Program Toolbox
- Activity Guidelines for Bariatric Surgery Patients (this is a joint project with the ACSM)

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

- Psychological Evaluation guidelines for Metabolic and Bariatric Surgery Patients
  - Completion of comprehensive literature review
  - Development of draft document
  - Peer review of final draft
- Nutritional Guidelines for Metabolic and Bariatric Surgery Patients
  - Completion of comprehensive literature review
  - Development of draft document
- Metabolic and Bariatric Surgery Program Toolbox
  - Development of categories for components of toolbox
  - Development of toolbox timeline for completion
  - Rough draft of toolbox components
- Activity Guidelines for Bariatric Surgery Patients (this is a joint project with the ACSM)
  - Ongoing calls with ACSM regarding work division

Future plans:

- Expansion of Metabolic and Bariatric Surgery Program Toolbox to include patient education templates
- Development of training guidelines for signs and symptoms of surgical complications
- Development of training guidelines for mobilizing the bariatric patient
The aim of the Integrated Health Communications Committee is to facilitate communication within AMSBS integrated health membership in order to enhance the flow of information between integrated health and the surgeon members. This includes communicating in outside forums, moderating communication over official forums, and ensuring that relevant integrated health is available to all members.

Committee members:

**CO-CHAIR**
Rachel Dickerson, NP-BC, CBN

**IHEC LIAISON**
Jill Meador, RN, BSN, CBN

**ASMB STAFF LIAISON**
Erik Jonasson

**MEMBERS**
Lynn M. Bolduc, MS, RD, LD

Gregory Byer, CSCS

Tina Mussleman, RD, CCN

Committee goals:

**Short-term:**
- Establish presence in approved social media
- Provide ongoing updates to website content
- Monitor and provide guidance for social media policy
- Develop an IH Communication forum for inter-member communications

**Mid-term:**
- Support other IH committees with dissemination of information
- Develop a communication plan for each IH committee
- Support other committees with inter-committee communications

**Long-term:**
- Re-evaluate members needs
- Provide on-going technology support
- Provide content and website maintenance

Committee objectives:

- Disseminate information to members
- Help provide information to consumers
- Facilitate communication between IH members, committees and surgeons

Specific projects in progress to achieve goals and objectives:

- Developing a member survey to access membership communication needs
- Creating a social media letter to send to hospital administrators to promote the use of social media in bariatric practices
- Providing content and oversight for development and beta testing of new website
- Developing a social networking forum within the new website to enhance communication for members and committees

Specific projects completed that have achieved goals and objectives:

- Established and maintain a presence in social media
- Completed a communications needs assessment
- Letter to hospital administration from ASMB’s leadership endorsing and promoting social media in professional networking and patient/program outreach was approved by the IHEC and ready for dissemination
- Two IHCC members sit on the surgeon’s communication committee and website development task force

Future plans:

- Create additional networking capabilities on new website that promote communication across committees in order to remove the silo effect and redundancy
- Provide ongoing support to other IH committees
- Add to and modify content to current networks
- Continue to hold routine committee conference calls
IH Membership

The function of the IH Membership Committee is to act as liaison 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:

**CO-CHAIR**
Nathaniel J. Sann, FNP-BC, MSN

**IHEC LIAISON**
Maureen Quigley, APRN

**ASMSB STAFF LIAISON**
Amelia Sim

**MEMBERS**
Lynn M. Bolduc, MS, RD, LD, CDE
Rachael L. Carrasca, PharmD
Lisa C. Luz, RN, MSN, CBN
Madlen G. Orsak, MS, RD, LD
Amy K. Pearce, RN, CBN

Committee goals:

**Short-term:**
- Increase IH membership
- Overview of current IH membership process
- Provide recommendations for enhancing value of membership
- Promote membership value through website and social media

**Mid-term:**
- Develop electronic version for membership application and renewal process
- Survey active membership for to determine member satisfaction
- Survey non-renewing members for rationale and provide feedback to IHEC

**Long-term:**
- Increase retention
- Develop recruitment plan
- Develop outreach tools to encourage surgeons and administrators to promote ASMSB membership to their staff

Committee objectives:

- Develop membership letter that welcomes new members and provides overview of membership benefits
- Define the value of membership for each IH discipline
- Promote membership through online marketing

Specific projects in progress

- Membership survey
- Retention survey for non-renewing members
- Membership welcome letter and overview of membership benefits
- Developing digital application format
- Working with IHCC to promote membership via social media

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

- Transferred mentorship project to the IH Clinical Issues and Guidelines Committee and on hold until the completion of the Tool Kit project.
- Updated membership application
- Converted membership application review process to electronic in addition to paper.
- Had membership drive at the IH Health Expo at Annual Conference.

Future plans:

- Conversion to an automated online application process and automatic renewal system.
- Continue targeted recruitment efforts
- Reduce attrition through analysis of retention surveys and changing process to enhance value in membership
IH CBN® Certification

This committee is responsible for maintaining the all of the aspects necessary for the further development and maintenance of the CBN certification program. It is divided into eight subcommittees of three or more members which focus on areas vital to the certification program:

- Practice Analysis
- Examination Development
- Policy and Procedures
- Marketing & Feasibility
- Educational Preparation
- Accreditation
- Financial
- Recertification

Committee members:

CO-CHAIR
Jessie Moore, APRN

ASMBS STAFF LIAISON
Martha Lindsay

Accreditation
LEADER
Tammy Beaumont, BSN, RN, BC, CBN
MEMBERS
Renée O’Daniel, RN, MSN, CBN, Carol Abbott, RN, CBN*

Exam Development
LEADER
Jessie Moore, APRN
MEMBERS
Melissa Davis, RN, BSN, MBA**
Ruth Davis, RN, BSN, MBA
Maura Berman, RN, BSN, MBA, CNOR
Maureen Quigley, APRN

Marketing
LEADER
Jamie Carr, RN, CBN
MEMBERS
Tina Shelton, MSN, RN, CBN
Narelle Story, RN, MSN, CBN
Truey Ivens, RN, CBN*

Policy and Procedures
LEADER
Patti Anderson, RN, BSN
MEMBERS
Lisa Luz, RN, MSN, CBN*
Ann Couch, RN, CBN, CPC*

Finance
LEADER
William Gourash, MSN, CRNP
MEMBERS
Tracy Martinez, BSN, RN, CBN
Bobbie Lou Price, BSN, RN, CBN
Jessie Moore, APRN

Exam Preparation
LEADER
Bobbie Lou Price, BSN, RN, CBN
MEMBERS
Christine Bauer, MSN, RN, CBN
Barb Lawrence, RN, MEd

Committee goals:

- Continue to develop and maintain an RN professional practice certification for the specialty of Bariatric Nursing Care.
- Administer a fair, valid, reliable and legally defensible examination process.
- Administer an examination that certifies professional knowledge and skill in bariatric standards of care and expected outcomes.
- Administer a fair, valid, reliable and legally defensible re-certification process
- Communicate the value of this credential to the public and other key constituents.
- Administer a professionally responsible certification program while allocating appropriate resources for growth
- Share certification and certification knowledge within the ASMBS and related organizations
- Explore and develop a structure for the CBN Certification Program congruent with ASMBS and the requirements for accreditation
- Further development, implementation and maintenance of a recertification process and program
- Yearly revision and update the CBN Candidate Handbook
- Periodic review, revision of the eligibility evaluation process
- Development, implementation and maintenance of 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
- Development, implementation and maintenance of a strategic marketing plan
- Increase the examination candidates by 20% (September 2014) 50% (2015)
- Achieve goal of recertification by certificants at 75% (January 2014 2015)
- Regular evaluation of the service and costs of certification consultants
- Support the investigation into potential certification programs for dieticians, behavior health professionals and medical practitioners (PAs and NPs)
- Recognize LBNS, and others who have display extra-ordinary support or service to the development and continuation of the CBN Certification.
- Explore and implement a CBN Service/Development/Support award

Committee objectives:

- Further development and maintenance of the CBN certification program strategic plan
- Construction and implementation of a psychometrically sound examination
- Enable and foster intra and inter-subcommittee communication
- Utilization of ASMBS communication platforms (Basecamp, Webinar, & Conference Calls in 2015) for committee and subcommittee communications
- Move to a calendar year base of operations.
- Development and implementation of an administrative structure, process and policies for the CBN
- Attainment of Accreditation(s) and maintenance of accreditations(s) of the CBN certification program

* New member over last year
** Retiring member
IH COMMITTEE REPORTS

Short- and mid-term activities:

Overall committee:
- Chair/co-chair to explore intra-subcommittee and inter-subcommittee communication strategies within ASMBS communication structure and implementation among the subcommittees. (May 2013 - Basecamp setup for the committee and subcommittees)
- Initiate and continue a schedule of full committee meetings throughout the year utilizing webinar technology. (April, July and October 2013)
- Chair/Co-chair to initiate conference calls to assist subcommittees in communication and work projects (minimum of 3 per year) (May 2013)
- Review, add appropriately & re-evaluate the membership on each of the subcommittees (April 2013)
- Obtain IT outside support and guidance regarding the development of the IT aspects of the recertification process, finalize IT development plan and implement. (June 2014)
- Evaluate the timing of the examination windows and solidify decision (September 2013 / January 2014)

Policy and Procedure:
- Revision of the eligibility criteria review process with development of appropriate audit processes and documentation (June 2013)
- Develop policy format for all CBN policies (June 2015)
- Yearly revision and update the CBN Candidate Handbook (October 2013)
- Establish priority list of CBN policies needed and initiate development (October 2013)
- Collaboration with Accreditation Subcommittee in policy and procedure development and documentation for accreditation submission to ABNS (December 2014)
- Meet with each subcommittee and assist in policy development (June 2013 2014)
- Review online registration process and make recommendations and proposal for revision (November 2015)
- Implement audit process of eligibility criteria to sit for examination (February 2014)

Examination Development:
- Test Construction and Set Pass Point meeting for 2014 examination (September 2013)
- Post-examination review and relaying conference calls (March & August 2013)
- Item bank analysis and organization of items for revision to meet accreditation standards (June 2013)
- Item reference resource review and update (June 2013)
- On-line Item review and revision of selected items by committee members (mechanism is now in place (October 2013)
- Send out and review survey to candidates who took the examination (March and September 2015)
- Item writer call, selection, orientation (webinars) and assignment (March 2013 – October 2013)
- Formal submission of request to SOARD, Surgery, Obesity and Nursing Journals for item-writer access (March 2014)
- Documentation of the policies & procedures of the subcommittee (in conjunction with P&P and Accreditation subcommittees) (June 2014)

Examination Preparation:
- Revision of the “On-line” CBN educational program (October 2012)
- Development and Implementation of regular update/revision for “On-line” course (March 2014)
- Yearly update of the “In-person” CBN preparation course and evaluation of need for additional course offerings (June 2013 & November 2013)
- Presentation of CBN Review course for 2013 Spring Meeting and OW (June 2013, November 2013)
- Send out and review survey to candidates who took the examination (March and September 2015)
- Develop proposal for study guide” (July 2012)
- Development and publishing of CBN Study Guide (January 2014)
- Develop proposal for “core curriculum” development (February 2014)
- Develop and Implement a Webinar preparation course (June 2014)

Financial:
- Annual Review of the financial standing of the CBN with ASMBS administration (December 2015)
- Modify 2013 FY budget plan (May 2015)
- Develop and approve 2014 Calendar Year Budget (December 2013)
- Development of first draft of a 3 year financial strategic plan (June 2014)
- Initial implementation of the financial strategic plan (CY 2014)

Recertification:
- Setup of the subcommittee and orientation to the current recertification process and program (August 2015)
- Further develop and implement the recertification process and program (March 2014)
- Initiate the redesign of the recertification web interface (March 2014)
- Collaborate with Marketing Subcommittee to market the recertification (June 2014)
- Develop recertification policy statements in collaboration with the Policy and Procedure Subcommittee (June 2014)
- Maintenance of the recertification program (December 2013) Committee members doing the reviews
IH Professional Education

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

Karen M. Flanders, NP, CBN
COMMITTEE CHAIR

Goals accomplished in 2013:

- Developed job descriptions, guidelines and protocols for:
  - Course Director (Spring Event & OW) selection process
  - Course Director (Spring Event & OW) responsibilities
  - Collaborative Course Director selection process
  - Collaborative Course Director responsibilities
  - Course Speaker Selection (Spring Event & OW)
  - Abstract Discussant process
- Developed excel spreadsheet of current and past course directors
- Successful Spring Event in NOLA
- Completed planning for ObesityWeek
- Selected a keynote speaker with a diverse broad appeal to the IH membership
- Included four (4) discussants for IH Abstracts

Committee goals for 2014:

Short-term:
- Include a question on the evaluations for suggestions for keynote speakers
- Select Abstract Committee Co-chair
- Rotate and add committee members to Abstract Committee
- Develop a timeline for ObesityWeek planning
- Develop a timeline for Spring Event planning
- Improve communication with surgeons, ASMBS and/or TOS in planning of educational events
- Offer a Certificate of Attendance for Gastric Band Adjustment course

Mid-term:
- Develop a depository of potential IH course directors
- Develop a depository of potential IH course speakers

Long-term:
- Explore and add website offerings to education
- Develop a depository of potential keynote speakers
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:

**CO-CHAIR**
Kellie C. Armstrong, RN, MSN, CBN

**EC LIAISON**
Julie Parrott, MS, RD, CPT

**ASMBS STAFF LIAISON**
Susan Cox

**MEMBERS**
William A. Hilgendorf, PhD, HCPP
Sarah E. Muntel, RD
Lori Nevins, LCSW

Committee goals:

**Short-term:**
- Addition of new SG Committee members due to turnover of 50% of the committee (Nov 2013)
- Completion of the initial draft of the Support Group Facilitator Manual (Nov 2013)
- Revision of the ASMBS website Support Group Directory (Nov 2013)

**Mid-term:**
- Develop ASMBS policies and protocols for evidence-based and best practice with regard to the development and facilitation of bariatric surgery support groups.

**Long-term:**
- Development of an ASMBS Community Standard for program support group facilitators (5yrs.)

Committee objectives:

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

Specific projects in progress

- Review the online support group directory
- Development of an updated Support Group manual and Toolkit

Specific projects completed

since last report (June 2012) that achieved goals and objectives:
- Support Group Committee Vision and Mission Statements
### Awards and Honors

#### John Halverson Young Investigator Award

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

**2012 RECIPIENT**
M. Logan Rawlins, MD
Charlotte, VA
**ELEVATED HEMOGLOBIN A1C IN DIABETIC PATIENTS DOES NOT IMPACT INCREASED COMPLICATION RATES IN ROUX-EN-Y GASTRIC BYPASS**

#### Poster Awards

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

**2012 RECIPIENTS**

1st Place:
David Spector, MD
Boston, MA
**THE AFFERENT LOOP SYNDROME OF THE ROUX-EN-Y GASTRIC BYPASS: HYPERGLYCEMIA AS A SENSITIVE MARKER FOR SMALL BOWEL OBSTRUCTION**

2nd Place:
Anthony Gonzalez, MD
Miami, FL
**THE USE OF IV ACETAMINOPHEN IN A MULTIMODAL PAIN APPROACH IN BARIATRIC SURGERY DOES IT AFFECT OPIOID REQUIREMENTS?**

#### Top Video Award

Presenter first author of video will be selected from among all video abstract presentations to receive a monetary gift and certificate based on the excellence of their video presentation on their selected topic in the field of bariatric surgery.

**2012 RECIPIENT**
Sherif Hakky, MSC, MRCS
**ONE-STEP REMOVAL OF A SLIPPED GASTRIC BAND AND REPAIR OF A LARGE PARADESOPHAGEAL HERNIA FOLLOWED BY REVISION TO A GASTRIC BYPASS. WAS IT ALL TOO MUCH AT THE SAME TIME?**

#### Research Grant Awards

The ASMBS Research Grant Awards program is open to any principal investigator who is an ASMBS member. Awards are conferred on a competitive basis by submission of a grant application that is reviewed and evaluated by the ASMBS Research Committee and approved by the Governing Board. Upon their completion, the results of this project are expected to be presented at the ASMBS Plenary Session, as well as published in SOARD. Funding for the 2010 Research Grant program was provided by the ASMBS Foundation and Synovis Surgical Innovations.

**2012 RECIPIENTS**

**Stacy A. Brethauer, MD**
Cleveland Clinic, OH
**Grant Title:**
Obesity-Induced Diabetes - Searching for a Cure Through Bariatric Surgery
**Amount Awarded:** $50,000

**Joram D. Mul, PhD**
Metabolic Diseases Institute
University of Cincinnati, OH
**Grant Title:**
Melanocortin Receptor-4 Function is Critical for Energy Homeostasis Changes Following Vertical Sleeve Gastrectomy
**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 Sciences.

**2012 RECIPIENT**
David Sarwer, PhD
Philadelphia, PA
**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.

**2012 RECIPIENT**
Kelvin Higa, MD
Fresno, CA

#### International Awards

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

**2012 RECIPIENTS**

**Ricardo V. Cohen, MD, FACS**
Sao Paulo, Brazil
**Metabolic Improvement in Type 2 Diabetes inSubjects Without Severe Obesity with the Endoscopic Duodenal-Ileal Bypass Liner**

**Jayashree S. Todkar, MBBS, MS, DLS**
Pune, India
**Gut Microflora and Obesity: Are They Related? Impact of Sleeve Gastrectomy on Gut Microflora**

**Manoel P. Galvao Neto, MD**
Sao Paulo, Brazil
**R-YGB: Endoscopic Gastric Banding by Means of a Novel Endoscopic Saturing Device. First Series OUS**

#### 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.

**2012 RECIPIENTS**

1st Place:
Wendy King, PhD
Pittsburgh, PA
**ALCOHOL PROBLEMS BEFORE AND IN THE FIRST TWO YEARS FOLLOWING BARIATRIC SURGERY**

2nd Place:
Connor Magee, MD, FRCS
Liverpool, UK
**RHEOSTAT (REACTIVE HYPOLYCEMIA EXAMINATION OF SYMPTOM STATISTICS): A TOOL FOR SCORING AND INVESTIGATING HYPOLYCEMIA FOLLOWING GASTRIC BYPASS**
The very essence of the ASMBS is its membership. Our members represent surgeons and professionals from a wide variety of specializations throughout the world—all of which play crucial roles in the care of bariatric patients. Since 1983, our multidisciplinary society has grown to include over 2,300 surgeons and physicians, and over 1,700 integrated health professionals.

International Growth
The ASMBS continues its endeavor to broaden its global community of bariatric surgery professionals. We can proudly report that we have members in over 52 countries across the world (see map below).
Financial Report

ASMBS Finance Committee

- John Morton, MD
- Ninh Nguyen, MD
- Jaime Ponce, MD
- Georgeann Mallory, RD

Overview

ASMBS’ financial position continues to remain strong. The 2012 budget was developed to focus on investing in programs and services to support the profession while monitoring emerging trends within the economy and the field. The year ended with a positive change in net assets of $518,284, which includes income from operations of $157,160, and investment income of $361,124. The market value of the investment portfolio at the end of 2012 was at a record high of just under $5.2M.

The budget for 2013 was compiled with the same attention to short and long term goals. The Finance Committee and Executive Council continue to work together to ensure ASMBS’ financial health remains strong by paying close attention to getting the most of its cash, short-term and long-term investments.

The ASMBS maintained a solid financial base in 2013 with a positive change in net assets of over $400,000 for the nine months ended September 30, 2013. At the end of the third quarter, the investment accounts have grown to just under $5.2M, with total cash from operations invested to date of $3.3M.

Education

During 2012, the ASMBS hosted two primary meetings, the Annual Meeting and the Fall Educational Event, as well a Sleeve Gastrectomy course and additional online education. The ASMBS is very proud to report record attendance at the 2012 Annual Meeting held in San Diego with revenues again peaking to the level of the 2010 Annual Meeting held in Las Vegas. The third annual ASMBS Fall Educational Event more than doubled in registration dollars from that of 2011.

The ASMBS continues to grow its educational programs and in 2013 the Annual Meeting becomes part of the first annual Obesity Week meeting to be held in November. This meeting will combine the efforts and science of two organizations, ASMBS and The Obesity Society.

The Fall Educational Event was renamed in 2013 as the meeting moved to the Spring Educational Event. Net income from this meeting has more than tripled that of 2012 and the Sleeve Course more than doubled in net income from that of 2012.

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 dues make up approximately 20% of our total revenues. ASMBS membership grew by approximately 7% in 2012 and 8% in 2013.

ASMBS Foundation

The Foundation supports the ASMBS and its initiatives toward education, research, and advocacy. In 2012, the Foundation gave close to $215,000 in support of the ASMBS. See the Foundation report on page 48 for details.

Wells Fargo Investments

THREE YEAR QUARTERLY MARKET VALUES

In March, 2011, ASMBS put $1M in Certificates of Deposit with Wells Fargo with maturity dates aligned to support cash flow during the period of transition to the 2013 Obesity Week meeting. These funds are included in the graph. The balance in the investment accounts on December 31, 2012 was just under $5M. At the end of the third quarter of 2013, the balance was just under $5.2M. Investment income for the year 2012 was $361,124, and $387,204 for the nine months ending September 30, 2013.
Financial Statements

Each year the ASMS 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, 2012 and 2011.

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

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

<table>
<thead>
<tr>
<th></th>
<th>2012</th>
<th>2011</th>
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<tbody>
<tr>
<td>Total Assets</td>
<td>$6,058,755</td>
<td>$5,727,312</td>
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<tr>
<td>Total Liabilities</td>
<td>612,441</td>
<td>799,282</td>
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<td>Net Assets</td>
<td>$5,446,314</td>
<td>$4,928,030</td>
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</tbody>
</table>

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

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

<table>
<thead>
<tr>
<th></th>
<th>2012</th>
<th>2011</th>
</tr>
</thead>
<tbody>
<tr>
<td>Conference and Online Education</td>
<td>$2,900,538</td>
<td>$2,458,160</td>
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<tr>
<td>Membership Dues/Journals</td>
<td>884,856</td>
<td>868,000</td>
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<td>Royalties—SOARD Journal</td>
<td>79,105</td>
<td>72,852</td>
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<tr>
<td>Other Revenues</td>
<td>408,539</td>
<td>401,598</td>
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<tr>
<td><strong>TOTAL REVENUES</strong></td>
<td>$4,273,038</td>
<td>$3,800,610</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Conference and Online Education</td>
<td>$1,880,050</td>
<td>$1,552,661</td>
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<tr>
<td>Supporting Services/Management &amp; General</td>
<td>2,235,828</td>
<td>2,079,737</td>
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<tr>
<td><strong>TOTAL EXPENSES</strong></td>
<td>$4,115,878</td>
<td>$3,800,610</td>
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<tr>
<td><strong>NET OPERATING INCOME</strong></td>
<td>$157,600</td>
<td>$168,212</td>
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<tr>
<td><strong>INVESTMENT INCOME (LOSS)</strong></td>
<td>361,124</td>
<td>(122,773)</td>
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<tr>
<td><strong>CHANGE IN NET ASSETS</strong></td>
<td>$518,284</td>
<td>$45,459</td>
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<td></td>
<td></td>
<td></td>
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<tr>
<td>Net Assets at Beginning of Year</td>
<td>$4,928,030</td>
<td>$4,882,591</td>
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<tr>
<td><strong>Net Assets at End of Year</strong></td>
<td>$5,446,314</td>
<td>$4,928,030</td>
</tr>
</tbody>
</table>
Media Outreach and Public Relations
June 2012 – September 2013

The American Society for Bariatric Surgery (ASMS) and its public relations firm, Communication Partners Associates, created and implement 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 ASMS as a leading authority on metabolic and bariatric surgery and obesity and obesity-related diseases.

Over the last 15 months, the ASMS was a trusted source for scores of news stories spanning newspapers, the web, television, social media and radio outlets. It is estimated that more than 1 billion were exposed to nearly 100 stories featuring commentary from the ASMS and its members on subjects including diabetes surgery, the American Medical Association classification of obesity as a disease, formats. Our Impact Factor for 2012 was 4.121, ranking 100th among all the main medical journals and just behind the British Journal of Surgery.

Over the last 15 months, the ASMBS was a trusted source for scores of news stories spanning newspapers, the web, television, social media and radio outlets. It is estimated that more than 1 billion were exposed to nearly 100 stories featuring commentary from the ASMS and its members on subjects including diabetes surgery, the American Medical Association classification of obesity as a disease, formats. Our Impact Factor for 2012 was 4.121, ranking 100th among all the main medical journals and just behind the British Journal of Surgery.

Through its news bureau, the ASMS issued official statements on several major issues including the Centers for Medicare and Medicaid (CMS) review of bariatric facility certification, the American Medical Association’s classification of obesity as a disease Governor Chris Christie’s and U.S. Rep. Tom Reed disclosures that they had bariatric surgery while in office. The ASMS issued joint statements on the AMA decision and CMS facility certification. The ASMBS has also been active on social media platforms. ASMS is on Facebook, Twitter, LinkedIn, and YouTube, which have been drawing many followers as news stories, are posted and tweeted, along with ASMS news releases, presentations, and position statements. Since January 2013, ASMS Facebook visitors have increased nearly 25 percent, and Twitter followers have grown by 35 percent.

The ASMS 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

Surgery for Obesity and Related Diseases (SOARD) is now in its ninth year of publication and the next to last year of its contract with Elsevier. The Journal continues to present new and important articles related to our severely obese patients, their comorbidities, and the positive impact of bariatric surgery on these comorbidities, including their significant psychological issues. There have been a number of important articles from our Integrated Health colleagues, as well as continued reports on the benefits and risks of the various bariatric procedures, including gastric bypass, sleeve gastrectomy, gastric plication, and the newer potential endoscopically inserted devices. Case reports are still accepted for publication in an online format only, unless the Case Report is associated with a video, when it is given priority in both the print and online formats. Our Impact Factor for 2012 was 4.121, ranking SOARD 8th amongst 198 surgical journals and just behind the British Journal of Surgery (4.500) and Archives of Surgery (4.100). Obesity Surgery ranked 21st. There have been major changes to the Integrated Health Editorial Board this year with suggestions from our Associate Editor for this section, Bill Gourash. As we are about to enter our final contract year with Elsevier, we have engaged Paula Gantz as a consultant to evaluate this contract. A request for proposals has been sent to a number of other publishers, as well as to Elsevier. We have been very happy with the editorial support from Elsevier, but are concerned that our contract could be much more favorable. We plan to have a new contract in place by early 2014. As Editor-in-Chief, I am deeply indebted to our Associate Editors, as well as the efforts given by (most of) our membership in providing timely and quality reviews. The rapidity of manuscript review is very important for authors considering submission to SOARD.

Harvey Sugerman
Editor-in-Chief
Advocacy Update

Obesity Care Continuum

In March 2011, ASMBS joined other leading obesity advocate groups in founding the Obesity Care Continuum or “OCC” - a coalition comprised of the ASMBS, Obesity Action Coalition, The Obesity Society, Academy of Nutrition and Dietetics, and the American Society of Bariatric Physicians. The purpose of the OCC is to pool the resources of its member groups and better coordinate federal and state advocacy efforts to secure access to, and coverage of, the continuum of care surrounding the treatment of overweight and obesity. With a combined membership of over 125,000 patient and healthcare professional advocates, the OCC covers the full scope of care from nutrition, exercise and weight management through pharmacotherapy to device and surgery. The coalition is a major advocacy force in the continuing debate over the critical need to both prevent and treat obesity.

Advocacy Issues

ESSENTIAL HEALTH BENEFITS PACKAGE

The primary focus of the advocacy activities of the obesity community continues to be on the Obama Administration and the Department of Health and Human Services (HHS) to include coverage for obesity treatment services in the essential health benefits package for the new health exchange plans being developed at the state level. Over 300 congressional visits have taken place since the passage of health care reform in early 2010 in an effort to advocate for this goal. In addition, there have been multiple visits with President Obama’s domestic policy staff at the White House and staff within the Offices of the HHS Secretary and US Surgeon General highlighting the need for coverage of obesity treatment services under health care reform.

The Obesity Care Continuum also ensured that an obesity advocate participated in every single public “listening session” that the Department of Health and Human Services held - both at the national and regional levels during late 2011 to help HHS better understand the concerns of stakeholder groups regarding essential health benefits. At each of these sessions, obesity advocates made oral comments stressing the essential and medically necessary nature of obesity treatment services.

At the state level, ASMBS and other members of the Obesity Care Continuum actively participated in the public review process associated with states selecting their benchmark health plan to determine the scope of each state’s EHB package. During 2012, the OCC provided formal guidance to virtually every state that chose to formally establish a state-administered health exchange.

Advocacy efforts to influence the initial regulatory phase of implementing health reform culminated in 11 national healthcare organizations submitting a joint comment letter in late 2012 in response to proposed regulations issued by HHS on essential health benefits. Specifically, these groups asked whether or not HHS defines management of obesity and metabolic disorders as part of “chronic disease management” or, at a minimum, a serious medical condition worthy of protection under the Department’s regulations regarding pre-existing conditions or discriminatory benefit designs. Unfortunately, HHS did not address these concerns in the final regulations and at press time, obesity advocates were still attempting to get further clarification from HHS.

The large coalition that issued this request for clarification by HHS regarding obesity treatment’s role as an essential health benefit, included: ASMBS, American Society of Bariatric Physicians, American Association of Clinical Endocrinologists, American Institute for Cancer Research, Academy of Nutrition and Dietetics, Campaign to End Obesity Action Fund, Mental Health America, National Alliance for Mental Illness, National Lipid Association, Obesity Action Coalition, and The Obesity Society.

In response to HHS’s failure to address the concerns of the obesity community in the final regulations, OCC leaders secured a May 16, 2013 letter from Representatives Barletta (R-PA) and Schwartz (D-PA) to HHS requesting that the Department provide the obesity community with a response to their specific questions about obesity being a chronic disease. Sadly, in its June 24, 2013 response letter, HHS stated that the Department did in fact “respond, in the aggregate, to the questions raised by the obesity community.” Unfortunately, the HHS response letter did not include the specific language from the final regulations that responded to the questions raised by the obesity community. To further press HHS for clarity surrounding obesity treatment issues in the final EHB regulations, the obesity community secured a second letter to HHS from Senator Mikulski (D-MD) -- again asking for specific language that addresses the concerns of the obesity community.

At the time of this report, ASMBS State Chapters and State Advocacy Representatives (StARs) were preparing for the October 1st roll out of state exchange health plans. The Access to Care Committee is coordinating a comprehensive analysis of every Qualified Health Plan (QHP) to ascertain the coverage status of obesity treatment services such as bariatric surgery, pharmacotherapy, and weight loss programs.

MEDICARE BARIATRIC SURGERY CENTERS OF EXCELLENCE

On July 26, 2013, ASMBS led a coordinated advocacy effort that included other OCC member groups, the American College of Surgeons, the Society of American Gastrointestinal Endoscopic Surgeons, and the American Association of Clinical Endocrinologists in expressing strong opposition to the proposed National Coverage Decision (NCD) that CMS issued on June 27, 2013 that proposed to eliminate the Medicare Centers of Excellence (COE) requirement for bariatric surgery centers.

The comments from the groups expressed strong concern that the proposed NCD would be a “radical departure from previous bariatric surgery quality initiatives and is based upon an incomplete review and analysis of the evidence.” The groups also highlighted that “in addition to safeguarding compromised patients, the accreditation process also contributes to enhancing bariatric surgery effectiveness. A key component of facility accreditation includes appropriate patient selection whereby key personnel provide essential service to the accredited bariatric center. The preoperative evaluation of the patient seeking bariatric surgery involves multiple professional disciplines, including surgery, internal medicine, registered dietitians, cardiology and mental health professionals. Without the facility certification requirement, nutritional/psychological evaluation services may not be provided or supported.”

Representatives from ASMBS and ACS also conducted joint visits with key legislators on both the Senate Finance Committee and House Ways and Means Committee to educate congressional staff about the possible negative impact of CMS’s proposed coverage decision. Unfortunately, CMS issued a final coverage decision on September 24, 2013, which eliminated all COE requirements for Medicare patients effective September 25th.
ADVOCACY UPDATE

AMA ADOPTS POLICY DECLARING OBESITY A DISEASE
On June 18, 2013, the American Medical Association’s (AMA) House of Delegates (HOD) adopted policy recognizing obesity as a disease state with multiple pathophysiological aspects requiring a range of interventions to advance obesity treatment and prevention. The new AMA policy resulted from a resolution sponsored by the American Association of Clinical Endocrinologists (AACE) with strong support from ASMBS and the obesity community.

TREAT AND REDUCE OBESITY ACT
The Treat and Reduce Obesity Act of 2013 (TROA) is a bipartisan, bicameral bill, which has been introduced in the 113th Congress by Representatives Bill Cassidy, MD (R-LA) and Ron Kind (D-WI) and Senators Tom Carper (D-DE) and Lisa Murkowski (R-AK). The bill aims to effectively treat and reduce obesity in older Americans by increasing Medicare beneficiaries’ access to qualified practitioners that can deliver intensive behavioral therapy for obesity and allowing Medicare Part D to cover FDA-approved obesity drugs. Leadership from ASMBS and the Obesity Care Continuum has contacted over 200 congressional offices – urging legislators to co-sponsor and support final passage of the TROA.

CONGRESSIONAL CAUCUS FOR TREATING OBESITY SERIOUSLY
Currently, there are more than 200 Congressional caucuses established for a wide range of topics including health issues such as cancer, diabetes, cardiovascular disease, arthritis, and mental illness. The OCC is reaching out to Members of Congress – urging them to take a proactive leadership role in establishing a Treat Obesity Seriously Congressional Caucus to help better elevate the importance of ensuring patient access to treatment for this disease affecting one in every three Americans. Such a Congressional Caucus would provide a forum where individuals affected by obesity, healthcare professionals and policymakers can proactively come together for a serious discussion about current and new treatment avenues that could help so many Americans address their obesity and improve their health.

ASMBS HOSTS SECOND WASHINGTON STRATEGY SUMMIT ON ADVOCACY/PARTNERSHIP FOR TREATING OBESITY
Obesity Advocates came together on April 15, 2013 in Washington DC to coordinate future advocacy efforts surrounding patient access to, and coverage of, obesity treatment services. The Advocacy Summit, which was sponsored by ASMBS, brought together leaders from numerous groups with an interest in treating obesity. In addition to discussing the current outlook for coverage of obesity treatment services in the new state based health exchanges, participants also laid the groundwork for the creation of the Partnership for Treating Obesity – a new broad based coalition to promote fair health plan coverage practices for those affected by obesity.
State Chapters

Alabama Chapter

PRESIDENT
Richard Stahl, MD
VICE PRESIDENT & PRESIDENT-ELECT
Andrew DeV prize, MD
SECRETARY/TREASURER
Kenneth Todd Forman, MD
TRUSTEE AT LARGE
John Glysteen, MD
STAR
Ann Couch, RN CBN CPC

Activities:
- Inaugural meeting of the chapter Feb. 23, 2015

Arizona Chapter

PRESIDENT
David Podkameni, MD
VICE PRESIDENT
James Madura, MD
TREASURER
Carlos Galvani, MD
STAR
Robert Berger, MD
CHAPTER COORDINATOR
Carol Michelle Thomas, NP

Activities:
- Arizona chapter Web site was established in August 2011, we are revising the website and plan to provide a link for annual dues payment.
- Membership drive to “Mountain States” region by mail in fall of 2012 with better response than 2011
- Website continues to be used as a vehicle for membership recruitment
- Conjoined meeting with ACS/ASMBS Arizona chapter, good response
- Plans for Chapter meeting at ASMBS Obesity week
- Effort again will be made to extend membership and participation to bariatric surgeons in neighboring “Mountain” states including, New Mexico, Utah, and Nevada, where current ASMBS Chapters do not yet exist to establish concept for a “collaborative”. So far, response from Utah
- Chapter is exploring numerous avenues to better 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. Over the past year we were able to gain some access and somewhat influence the choices of health care plans that are being planned for the Arizona exchange.

California Chapter

PRESIDENT
Kevin D. Higa, MD
STAR
Ajay Upadhyay, MD

The CA Chapter is in the process of being reorganized. Unfortunately, filings with the IRS had not been done over the past few years. The previous 501 status has been suspended. Dr. Higa as the elected chapter president has been in contract with an attorney who is currently working on obtaining a current 501 status for the chapter so we can then elect a board and officers. Dues have not been collected from any previous members for approximately 2 years.

Canada

PRESIDENT
Michel Gagner, MD
VICE PRESIDENT
Simon Biron, MD
SECRETARY
Mervyn Dietel, M.D.
TREASURER
Nicolas Christou, M.D.

Activities:
- Informal meeting during CAPBS Meeting at ASMBS Meeting at ASMBS Chapters in Texas?
- Executive meeting at IFSO (Delhi) and Montreal Feb 19, 2013
- Reception during ASMBS meeting, Thursday, November 14, 2013 at 6:15pm – 7:30pm.
- Preparatory meeting for IFSO meeting ongoing
- IFSO 19th World Congress in Montreal, Canada on August 26-30, 2014 www.IFSO2014.com

Bariatric Society of the Carolinas

NC CO-PRESIDENT
Roc Bauman, MD
SC CO-PRESIDENT
John Scott, MD
VICE PRESIDENT
Karl Byrne, MD
SECRETARY, SC AND ALLIED HEALTH REPRESENTATIVE
Amanda Budak, RNMSN
SECRETARY, NC
Joseph Moran, MD
TREASURER, SC
Jason Johnson, DO
TREASURER, NC
Keith Gierman, MD
MEMBERSHIP COORDINATOR
Stephen McNatt, MD
SC STAR
Roc Bauman, MD

Activities:
- Successfully lobbying of Palmetto GBA for gastric sleeve coverage
- Lobbying efforts in North Carolina regarding state Medicaid coverage
- Lobbying efforts in Washington and Columbia regarding South Carolina Essential Health Benefit package
- Lobbying efforts for state employee coverage in South Carolina
- Attendance at ASMBS state chapter presidents meeting in Dallas in 2013
- Successful annual meeting in 2012 in Myrtle Beach in conjunction with state chapters of ACS
- Scheduled annual meeting at Grove Park Inn, NC in July 2013.
- Scientific debates
- Research posters and presentation
- Allied Health forum
- Election of new officers
STATE CHAPTERS

Connecticut
PRESIDENT/SECRETARY/VICE PRESIDENT
Jonathan Aranow, MD
TREASURER
Craig Floch, MD
BOARD MEMBERS
Aziz Benbrahim, MD
Daniel Davis, MD
Elmer Vain, MD
Paula O’Neil, RN

Activities:
- Planning a meeting in next month to either have a member vote for new governing council or at least new designations for current board members.

Dakota-Yellowstone Chapter
PRESIDENT
Walter Medlin, MD
VICE PRESIDENT
Luis A. Garcia, MD MBA
TREASURER
Rebecca R. Grant, LPN
STAR (SD)
Kristin J. Turek, CPN
STAR (ND)
Luis A. Garcia, MD MBA
STAR (MT)
Walter Medlin, MD
STAR (WY)
Richard A. Fermelia, MD
STAR (ID)
Alan Garay, MD

Florida Chapter
PRESIDENT
Michel Murr, MD
VICE PRESIDENT
Raul Rosenthal, MD
TREASURER
Robert Marama, MD
SECRETARY
Jeff Lord, MD
MEMBER AT LARGE AND STAR
Keith Kim, MD

Activities:
- Florida Chapter of the ASMBS Meeting June 20, 2012; San Diego Hilton, San Diego.
  - Attendees: Michel Murr, MD (Tampa), Susan Orellana (Tampa), Michelle Pineault (Viera), Carol Abbott, RN, CBPN (Jacksonville), Sunil Sharma, MD (Jacksonville), Eric Piner, MD, Bestoun Ahmed (Jacksonville), John Dietrick, MD (Tampa)
- ASMBS Florida Chapter Meeting on September 20-21, 2013; Orlando, FL
  - Attendees: Michel Murr, MD (Tampa), Lynn Thompson

Georgia Chapter
PRESIDENT & STAR
Titus Duncan, MD
VICE PRESIDENT
Michael Williams, MD
SECRETARY/TREASURER
John Bagnato, MD

Activities:
- Even though this was the first full year of operation for the Georgia Chapter of the ASMBS, we are heavily engaged in a state legislative fight to get restoration of the bariatric surgery benefit for the Georgia State Employees Health Benefit Plan. During the 2013 Georgia General Assembly, legislation was proposed to create a bariatric surgery pilot project within the Georgia State Health Benefit Plan to collect data and fully study the cost and benefit of fully restoring bariatric surgery coverage. The legislation was well received and adopted by both the House and Senate Health Committees and passed the full House of Representatives. Unfortunately, an attempt in the Senate to amend the legislation with an insurance mandate for coverage of autism prevented the passage in the waning hours. The Chapter remains engaged on this issue and work for the 2014 legislative session is underway. The Chapter engaged its members on this issue with “Calls to Action” for phone calls and emails to legislators. The Chapter also solicited and organized testimony before the legislative committees.
- The Chapter has chosen to invoice members in June of every year to avoid confusion and increase membership because other surgical specialty groups in Georgia invoice in January. The membership invoicing and drive to increase membership is underway.

Hawaii Bariatric Surgery
PRESIDENT
Steven Fowler, MD
VICE PRESIDENT
Brian Wong, MD
TREASURER
Mark Grief, MD
SECRETARY/STAR
Peggy Latave, MD
PAST PRESIDENT
Stanley Zagorski, MD

Activities:
- Walk from Obesity – December 16, 2012
- HB’s Annual Dinner Event – January 2013
- Hawaii Bariatric Society is to hold their first Bariatric Science Symposium at the Aulani Resort in Kapolei on February 7, 2014.

Illinois Association of Bariatric Surgeons
PRESIDENT
Ram Luthfi MD
VICE-PRESIDENT
Vafa Rami Lutfi, MD
TREASURER
Titus Duncan, MD

Activities:
- September, 2012 - Fall Meeting, Illinois Association of Bariatric Surgeons, Chicago, IL
- President, Dr. Joyce, started with update on insurance issues in Illinois and the latest with the mandatory medical weight management
- Focus on the Medicaid update with the idea of cancelling obesity coverage for Public Aid Illinois patients. Members were updated on the eventual criteria decided for bariatric surgery approval process for this group of patients
- Dr. Chang gave a talk about handling sleeve complications focusing on endoscopic management of staple line leaks
- Elections were held for the new officers and Dr. Lutfi was elected President, while Christina Crews was elected Allied Health President
- Plan for a change in CME activity to 1.5 day educational summit for June 13-14 2013 with 6.5 hours CME with Live Surgery
- Plan for educational dinner meeting for October of 2013
Indiana Chapter

**PRESIDENT**
Margaret Inman, MD

**VICE-PRESIDENT/SECRETARY**
Robert Cooper, MD

**TREASURER**
Eric Knapp, MD

**ACCESS TO CARE STATE REPRESENTATIVE**
- Brenda Casucci, MD - STAR
- **AT-LARGE MEMBER**
  - Chris Haugho, MD
- **AT-LARGE MEMBER**
  - Samer Mattar, MD

**Activities:**
- Initial Chapter creation meeting
- Board of Directors voted upon and established
- Bylaws created
- Final bylaws updated and approved by attorney
- Incorporation of Association/Articles of Incorporation as Non-Profit Entity in Indiana
- EIN/Tax ID info obtained
- W-9 info obtained
- Creation of budget
- Dues collection and bookkeeping
- Officers listed created
- Preliminary application and final application to national ASMBS
- Directors and Officers Insurance obtained for Board & Business Insurance obtained
- Invoices sent out to members for dues payment
- Business bank account opened
- Discussions with CPA to apply for 501(c)(6) status
- Tax exempt paperwork completed: 1024 form thru the Dept of the Treasury Internal Revenue Service. Also, User Fee for Exempt Organization Determination of Request form 8718.
- Completion of 990-N for federal taxes. Completion of NP-20A State Form and the NP-20 Form.
- 5T-105 form obtained—showing retailers we receive tax exemption
- Meeting with Indiana Wellness Council of Indiana President (Indiana Chamber of Commerce Branch) to establish partnership and relationship
- Exhibit space at Indiana Chamber of Commerce HR events to educate employers about the ROI of bariatric surgery and the economics of obesity
- Meeting with St. Vincent Health government relations department to introduce ourselves as the obesity experts in Indiana
- Ongoing communication with Dr. Wayne English re: sleeve coverage—call to action document shared with state chapter to help remove “N” designation
- Clinical Pearls of Emergency Care poster taken to approximately 15 hospitals in Indiana
- 4 Newsletters have been shared with the state chapter
- Website has been created: http://www.indianaasbms.org
- Email address for chapter has been created: info@indianaasbms.org
- Packet to employers who exclude bariatric surgery as a covered benefit has been created.
- Material is sent to employers who have exclusion. In addition, members have asked for packets to be sent to them so they can meet with employers 1-1 to discuss the benefits of having bariatric surgery as a covered benefit.
- Dr. Inman and Dr. Casucci attended a DMFA Legislative meeting
- Solidification of annual meeting, Saturday, 9-21-13 (Sheraton Indianapolis Hotel @ Keystone at the Crossing–8787 Keystone Crossing, Indianapolis, IN 46240): Negotiation of pricing for event/meeting
- Obtainment of speakers for the conference (How will health care Reform Impact Bariatric Surgery? — Surgery is the Public Health Intervention for Obesity — Patient Compliance After Bariatric Surgery — Sharing of Cases — Business Meeting/Elections
- Meeting with Government Relations department at St Vincent Health re: Indiana State exchange and bariatric surgery coverage
- CME and CNE obtainment for 1st Annual Indiana State Chapter of the ASMBS Conference and Business Meeting (4.0 CME and CNE credit hours received by attendees)
- Contact attempts to 26 legislators in the Indiana General Assembly
- Meeting with Susan Brooks, Congresswoman—District 5—State Representative

Louisiana Chapter

**PRESIDENT**
Rachel L. Moore, MD

**SECRETARY**
James N. Parrish, MD

**TREASURER**
George Merriman, MD

**MEMBER AT-LARGE**
Andrew Hargroder, MD

**MEMBER AT-LARGE**
James Barnes, MD

**STAR**
Stephanie Barnes, MD

**Activities:**
- March 3, 2012 interest meeting to discuss formation of a chapter. Stegemann and Nadglowski were present to advise us
- May 18, 2012 Board meeting via conference call. Approval to open checking account, hire lawyer, and other business
- Chapter meeting and social event during ASMBS Conference in San Diego in June 2012
- January 13, 2013 meeting in New Orleans during the Louisiana American College of Surgeons. This included chapter business and two speakers.
- ASMBS granted approval for full chapter status on March 21, 2013
- May 11, 2013 was the Statewide Walk from Obesity with simultaneous events scheduled in Lafayette, Baton Rouge and New Orleans. Due to severe thunderstorms, New Orleans was cancelled and Baton Rouge was held 5/18/13
- The group worked together via email on edits of band and bypass risk sheets and approval of a brand new list of potential complications for vertical sleeve gastroplasty, all of which was approved by the Louisiana Disclosure Panel on May 17, 2013
- 6/1/2013 social event during ASMBS Spring meeting in New Orleans
- The next chapter meeting, including officer elections, will be in November during Obesity Week Atlanta
- Statewide Walk from Obesity March 9, 2014, during which we are planning to continue Lafayette, Baton Rouge and New Orleans and add Houma and Alexandria

Michigan Bariatric Surgery

**PRESIDENT**
Matthew Weiner, MD

**VICE-PRESIDENT**
Jamie Foote, MD

**SECRETARY**
Carl Pesta, DO

**TREASURER**
Jeff Genaw, MD

**VICAR**
David Chengolis, MD

**STAR**
Art Carlin, MD

**Activities:**
- Quarterly conference calls
- Access to Care discussions – BCBS pre-operative weight loss requirements
- Annual meeting – September 19, 2013
- Quarterly MBSC meetings
Mississippi Chapter

**PRESIDENT**
David Carroll, MD

**SECRETARY/TREASURER**
Paul Bird, MS

**STAR**
Paul Bird, MS

**Activities:**
- Worked with various organizations to add bariatric coverage through the state health plan for all State Employees. Sent information to support groups asking them to contact appropriate officials, contacted state senators and representatives to provide professional information. Result, as of January 1, 2013, State Health Plan added bariatric surgery as a covered procedure.
- Chapter Meeting updates
  - Planning Session on or about September 13
  - Annual Meeting at ASMBS Convention On or about November 20
  - Date of Annual Election Meeting: On or about November 20, 2013

Missouri Chapter

**PRESIDENT**
J. Christopher Eagon, MD

**VICE PRESIDENT**
J. Stephen Scott, MD

**TREASURER**
Cindy Roberts, MSN RN FNP

**STAR**
James B. Pitt, DO

Nebraska Chapter

**PRESIDENT**
Thomas J. White, MD

**VICE PRESIDENT/SECRETARY**
Gary J. Anthone, MD

**TREASURER**
Corrigan L. McBride, MD

**STAR**
Gary J. Anthone, MD

The New Jersey Society for Bariatric Surgeons

**PRESIDENT**
Muhammad Feteihia, MD

**VICE PRESIDENT**
Michael Bilof, MD

**TREASURER**
Glenn Forrestor, MD

**STAR**
Alex Onopchenko, MD

**Activities:**
- June 2012; Chapter meeting; at San Diego, National ASMBS
- December 2012; Chapter meeting; Woodbridge, NJ, State ACS Meeting
- January 2013; Officers meeting, Morristown, NJ
- January 2013; VP & Treasurer Meeting, Millburn, NJ
- May 2013; Chapter meeting; Red Bank, NJ
- November 2013; Planned Chapter meeting at the National ASMBS Conference
- December 2013; Planned Chapter meeting at the State ACS Meeting

New York Chapter

**PRESIDENT**
Ashutosh Kaul, MD

**IMMEDIATE PAST PRES.**
Dominick Gadaleta, MD

**SR. PAST PRESIDENT**
Mitchell Roslin, MD

**SECRETARY**
Terrence Clarke, MD

**TREASURER**
Greg Dakin, MD

**TRUSTEES AT LARGE**
Alick Gandhi, DO
Marina Kurian, MD
Daniel Herron, MD
William Graber, MD

**STAR**
Mitchell Roslin, MD

**Activities:**
- The NYS Chapter’s Fall Conference was cancelled second to Hurricane Sandy With the ASMBS meeting moving to November, the Chapter elected to re-schedule the November 2nd meeting to May 17, 2013
- Chapter President, Dr Ashutosh Kaul added two new functions to the May Conference:
  - A Thursday evening dinner for Integrated Health Planning
  - Surgeon access to Board
- Board meetings were held in person or by conference calls
- In May 2012, Drs Kaul and Clarke visited Albany with the ACS for the “NY Coalition of Surgeons to Albany” event
- Further activities are listed in the attached Chapter Spring Newsletter
- NYS Chapter ASMBS Business Meeting
- November 2013 during Obesity Week

The Ohio Society for Bariatric Surgery

**PRESIDENT**
Joe Northup, MD (STAR Rep)

**VICE PRESIDENT**
John Zografakis, MD

**SECRETARY/TREASURER**
Pat Choban, MD

**PAST PRESIDENT**
Brad Needleman, MD

**Activities:**
- Annual CME Meeting: Currently Scheduled for August 2013, Columbus, OH.
Oregon Society of Metabolic & Bariatric Surgery

**PRESIDENT**
Valerie J. Halpin, MD

**VICE PRESIDENT**
Kevin Reavis, MD

**STAR**
Valerie J. Halpin, MD

**Activities:**
- Bariatric panel Oregon/Washington ACS meeting in Lake Chelan, June 14-17, 2013. Our session is Monday, June 17th with the following agenda:
  - 10:00-10:20 Endoscopic Management of Bariatric Complications and Obesity; Kevin Reavis, MD
  - 10:20-10:40 Medical tourism for bariatric surgery: the ethical issues; Valerie Halpin, MD
  - 10:40-11:05 MBSAQIP: Quality and the New Bariatric Accreditation; John Morton, MD
  - 11:05-11:15 Questions and Answers Panel of all speakers; Moderator Bruce Wolfe, MD
- We will be having a chapter meeting on Monday, June 17th, in the morning at Campbell’s Resort in Lake Chelan.
- State Chapter Meeting November 14 at Obesity Week

Pennsylvania Society

**PRESIDENT**
Michael Bono, M.D.

**VICE PRESIDENT**
Fernando Bonanni, M.D.

**SECRETARY & TREASURER**
Luciano DiMarco, D.O.

**STAR**
Ann Rogers, M.D.

**Activities:**
- State Chapters President leadership summit
- We recently attended the first State Chapter Leadership Summit where the needs of each state chapter were reviewed. The purpose of the meeting was for the development of state chapters, yearly tasks, and future goals as guided by the ASMBS leadership.

Tennessee Chapter

**President & STAR**
Brandon Williams

**VICE PRESIDENT**
Jaime Ponce

**SECRETARY / TREASURER**
Virginia Weaver

**INTEGRATED HEALTH REPRESENTATIVE AND PROGRAM CO-CHAIR**
Jennifer Jayaram

**PROGRAM CO-CHAIR**
Pamela Davis

**Activities:**
- Chapter Conference 2012 held on November 16, 2012, in Nashville, TN at HCA Corporate Office Conference Center
- Provided 5.5 CME credits for physicians and CEU credits for nurses

Texas Association of Bariatric Surgeons

**PRESIDENT**
Glen M. Rude, MD

**VICE PRESIDENT**
Brad E. Snyder, MD

**SECRETARY**
David A. Provost, MD

**TREASURER**
Richard M. Peterson, MD

**STAR**
Richard M. Peterson, MD

**Allied Health Reps**

**PRESIDENT**
Renee O’Daniel, NR, BSN, CBN

**VICE PRESIDENT**
Sharla Stroup, RN, CBN

**BOARD MEMBER**
Carol Wolin-Riklin, MA, RD, LD

**Regional Reps**

**WEST REGION**
Tim L. Faulkenberry, MD

**COASTAL**
Garth P. Davis, MD

**NORTHEAST**
Sina Matar, MD

**SOUTH-CENTRAL**
Todd Wilson, MD

**Activities:**
- Agenda topics and speakers
  - Gastric Bypass as an Ongoing Surgical Treatment Option – Alan Whitgrove, MD
  - Band Over Bypass – Patient Selection – Helmuth Billy, MD
  - Is It Necessary to Buttress or Oversew the Sleeve Staple Line? – Helmuth Billy, MD
  - Options for Revision Procedures – Raul Rosenthal, MD
  - Panel Discussion – Moderator: Jaime Ponce, MD
  - Long-Term Patient Engagement – Tracy Martinez, RN, CBN
  - How to Incorporate the Bariatrician into a Surgical Program – Chris Still, DO
  - Nutritional Update – Jacqueline Jacques, MD
  - National ASMBS Update – Jaime Ponce, MD
- The Tennessee Chapter provided support for a Walk from Obesity in Nashville, TN on March 25, 2013.
- The Tennessee Chapter provides ongoing financial support of Chris Gallagher, advocate with Potomac Currents.
- Brandon Williams went with Wayne English, Chris Gallagher, and Joe Nadglowski to visit U.S. Congressman Marsha Blackburn (R-TN) and U.S. Congressman Diane Black (R-TN) on April 17, 2013. They advocated for improved access to weight loss medical therapy and surgery, and inclusion of these benefits in the Essential Health Benefits of the Tennessee Health Exchange.

∠ Is It Necessary to Buttress or Oversew the Sleeve Staple Line? – Helmuth Billy, MD

Texas Association of Bariatric Surgeons

**PRESIDENT**
Glen M. Rude, MD

**VICE PRESIDENT**
Brad E. Snyder, MD

**SECRETARY**
David A. Provost, MD

**TREASURER**
Richard M. Peterson, MD

**STAR**
Richard M. Peterson, MD

**Allied Health Reps**

**PRESIDENT**
Renee O’Daniel, NR, BSN, CBN

**VICE PRESIDENT**
Sharla Stroup, RN, CBN

**BOARD MEMBER**
Carol Wolin-Riklin, MA, RD, LD

**Regional Reps**

**WEST REGION**
Tim L. Faulkenberry, MD

**COASTAL**
Garth P. Davis, MD

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Sina Matar, MD

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Todd Wilson, MD

**Activities:**
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Ang Is It Necessary to Buttress or Oversew the Sleeve Staple Line? – Helmuth Billy, MD
Virginia Bariatric Society

**PRESIDENT**
Peter Hallowell, MD

**VICE PRESIDENT**
Troy Glembot MD

**CO-CHAIR ALLIED HEALTH & SECRETARY**
Anna Dietrich-Covington BSN, RN, CBN

**CO-CHAIR ALLIED HEALTH**
Tina Shelton MSN, RN, CBN

**STAR**
Peter Hallowell, MD

**Activities:**
- September 21, 22, 23, 2012 Virginia Bariatric Society Meeting
- May 30, 2013 Virginia Bariatric Surgery Collaborative Meeting
- Walk for Obesity September 14, 2013 Charlottesville, Virginia
- Chapter updates (meetings, upcoming events/walks, etc)
- Walk for Obesity September 14, 2013 Charlottesville, Va.
- May 2, 3, 4, 2014 Virginia Bariatric Society Meeting

Washington Chapter

**PRESIDENT**
Ross McMahon, MD

**VICE PRESIDENT**
Bob Michaelson, MD

**TREASURER**
Peter Billing, MD

**AT LARGE**
Pat Paulson, RN
Rick Lindquist, MD

**Activities:**
- Journal club monthly Sept-June. Executive meeting (4 per year). Annual meeting at ASMBS 2012
- Annual meeting at Obesity Week. Meetings scheduled prior to Journal club
- Monthly Journal club Sept-June
- On April 25, presented a talk to the WA chapter of the American College of Emergency Physicians Annual Meeting as a representative of WA ASMBS. "Bariatric Surgical Emergencies"
- On March 16, 2012, a public hearing of the Washington State Health Technology Assessment Program -Sleep Apnea diagnosis and treatment subcommittee, in favor of bariatric surgery as a treatment modality for sleep apnea.
- Met with State reps of Medicare for improving coverage for sleeve.
- WA ASMBS held regular meetings during 2012 and continue to do so into 2013. Fortunately, our monthly journal club provides a useful venue to meet both formally and informally, so opportunities to meet and discuss are frequent.
- Our members took advantage to send on line written testimony and statements regarding CMS coverage of bariatric surgery. We also participated, and continue to do so, in the “Walk from Obesity” in cooperation with Obesity Action Coalition.
- Members attended the Apr. 2013 meeting of the American Society of Bariatric Physicians (ASBP) and offered support to our legislative liaison, Chris Gallagher, who also represents The Obesity Society (TOS) as well as OAC and ASBP.
- We will have representation to WA State Health Care Authority on June 4, 2013 to advocate for improved Medicaid coverage of bariatric surgery.

Wisconsin Obesity Coalition, Inc.

**PRESIDENT**
Kevin Wasco, M.D. of Neenah, WI (star)

**VICE-PRESIDENT**
Michael Garren, M.D. of Madison, WI

**TREASURER**
Shawn Kothari, M.D. of LaCrosse, WI (star)

**SECRETARY & ALTERNATE**
Steve Wisland, M.D. of Wausau WI

**ALTERNATE**
Joseph Regan, M.D. of Milwaukee, WI

**Activities:**
- Wisconsin Chapter Hosted an annual Spring Symposium designed for healthcare providers and healthcare administrators. This program is focused on providing a comprehensive educational event for all healthcare providers of the bariatric patient. The objective of the program is to familiarize and educate healthcare providers on reimbursement, psychological counseling, dietary counseling, and complex case review. A total of 100 participants are expected to attend.
- Key note speaker will include, Dr. Wayne English.
- February 22, 2013 – Kalahari Resort, Wisconsin Dells, WI
- Session 1 – How did you get that covered?
  *Discussions based around prior authorization processes and payment of bariatric services (Panel Discussion)*
- Session 2 – How to choose the non-disruptive patient.
  *Discussions geared toward the psych evaluation process and how to hand the non-optimal patient seeking bariatric surgery (Gundersen Lutheran Program)*
- Session 3 – How to help your patient reach optimal weight loss pre/post-surgery.
  *Discussions on effective pre-op and post-op weight loss regimens to keep patients on track and optimizing their surgery with longevity.*
- Presentation by Keynote Speaker Wayne English, MD on the Michigan Consortium
- November 2013 at our annual meeting, we will be having Attorney Mark Budzinski speaking to our group on informed consent and spousal consent in the Bariatric Surgery Process.
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.

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

Steering Committee members:

CHAIR
Gary Richardson

CHAIR-ELECT
Kathy Vogel

IMMEDIATE PAST-CHAIR
Robert Dougherty

SENIOR PAST-CHAIR
Nicole Thomas

SECRETARY
Gina Baldo

DIRECTORS-AT-LARGE
John O’Dea
Maureen Monahan
Bret Petkus

ASMBS PRESIDENT
Jaime Ponce, MD

ASMBS IN PRESIDENT
Karen Schulz RN

Corporate Council Members
as of September 2013

Allergan Medical
Amerilab Technologies Inc.
Automated Medical Products Corp.
Bariatec Corporation
Bariatric Advantage
Bariatric Bridge
Bariatric Choice
Bariatric Fusion, Inc.
Bariatric Times
Botanical Laboratories, Inc.
Building Blocks Vitamins

Covidien
Crospon
DEVROM—The Parthenon Co, Inc.
Ethicon Endo-Surgery
Fortis Corporation
GE Healthcare
Gore & Associates
HoverTech International
MDnetSolutions
Nestle HealthCare Nutrition, Inc.
Novo Nordisk, Inc.

Nutritional Resources, Inc.
Obesity Prevention, Policy & Mgmt.
R-Kane Products Inc.
Reshape Medical, Inc.
Robard Corporation
SeaPort HealthCare, Inc.
Shimadzu Medical Systems
Surgical Excellence, LLC
Synovis Surgical Innovations/Baxter Health
UNJURY Protein and OPURITY Vitamins
WLSBoards.com

We would like to acknowledge and extend our gratitude to the ASMBS Corporate Council for supporting the production of this year’s Annual Report.
The ASMB Foundation

Founded in 1998, the ASMB Foundation works directly with the ASMB to promote research and education, increase public and scientific awareness and understanding of obesity, and community health initiatives.

The mission of the ASMB Foundation is to:

**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.

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**ASMBS Foundation Board of Directors:**

**PRESIDENT**
- David Provost, MD

**SECRETARY/TREASURER**
- Raul Rosenthal, MD

**EXECUTIVE DIRECTOR**
- Joe Nadgowski

**DIRECTOR OF PROGRAMS**
- Connie Stillwell
- MEMBERS AT LARGE
  - Robin Blackstone, MD
  - Laura Boyer, RN
  - Robert Dougherty

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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:**
- Funded the Walk from Obesity Cookbook
- Funded 10 Bryan G. Woodward Community Grants to support local initiatives to address the obesity epidemic
- Sponsored ASMB Educational Meetings
- Funded the ASMB Access and Advocacy Program
- Supported the ASMB International Committee Awards
- Funded the ASMB 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

**ASMBS Foundation’s Outstanding Achievement Award**

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

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As of the 2nd Quarter of 2013, the Foundation has given a total of $1,545,000 in support of ASMB programs and projects.
Thank you for your help in making 30 years of incredible progress possible.

Here’s to 30 more.

ASMBS
American Society for Metabolic and Bariatric Surgery