Lessening the Burden
of the Disease of Obesity

ASMBS
The American Society for
Metabolic and Bariatric Surgery
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MESSAGE FROM
OUR PRESIDENT

Dear ASMBS Members,

It has been a challenging but extremely rewarding year at ASMBS. Building on our 28-year history as a professional association for the field of bariatric surgery, the ASMBS worked closely with our committees to establish a new strategic plan this year. The Strategic Plan, which is outlined in this report, will serve as a guide for the organization for the next three to five years.

The Society’s advocacy efforts have also taken a large step forward. Advocating for our members and promoting the value of bariatric surgery to legislators and policymakers is an important priority for the ASMBS both on the state and national level. Through the hard work of our Access to Care Committee, ASMBS State Chapters and policy professionals, ASMBS continues to take the lead in supporting legislative and regulatory issues that may affect our field. We have built a strong alliance with the Obesity Action Coalition (OAC), the increasingly important patient arm of our advocacy efforts. It is through our participation and patient involvement efforts that the OAC will grow to its full potential as a partner for our advocacy efforts.

Economic issues continue to challenge surgical practices and require the efforts of our organization. Global economic crisis, budget tightening, increased regulations, looming unknowns in healthcare reform all contribute to uncertainties in our field. The challenges are complex and demanding but we are accustomed to marching uphill. We have faced many adversities in bariatric surgery and with determination we continue to marshal our resources and strive for improvement.

To assist our members in their efforts to provide quality care, providing evidence-based guidelines of care for our field is important work that is carried out primarily by the Clinical Issues Committee and often in collaboration with other ASMBS committees. In 2009, The Emergency Care of Patients with Complications Related to Bariatric Surgery and Updated Position Statement on Sleeve Gastrectomy were developed, submitted for member review, revised, approved by the Executive Council and published. We are anticipating several new guidelines in 2010.

The media presence of the ASMBS has increased dramatically over the years. As president, I represented the views of the ASMBS via national and local newspapers, magazines, and radio and television interviews on almost a weekly basis. All of these efforts have helped promote a better understanding of obesity, bariatric surgery and provide patients with information about their disease and their options. Additionally, we have been able to establish the ASMBS as the leading resource for bariatric surgery.

The calendar year of the ASMBS is June to June or Annual Meeting to Annual Meeting. The ASMBS has remained dedicated to offering the highest quality continuing medical education providing our members with the educational offerings they need to stay current and the skills they need to serve their patients. Although the Annual Meeting is the largest educational event, enhancing the Annual Meeting curriculum, the ASMBS offers a variety of innovative educational programs for surgeons and integrated health professionals throughout the year.

Since the annual meeting is fast approaching, the completion of my term as ASMBS president is also fast approaching. The ASMBS is an outstanding organization. I have always been, and remain, continuously impressed with our members, both collectively and individually, whose expertise, commitment, and willingness to help, advise, and support is selflessly given solely for the improvement of the field and to serve the best interest of our patients. It has truly been my pleasure to serve on the ASMBS Executive Council and an honor to serve as ASMBS President this year.

John W. Baker, MD, FACS, FASMBS
President, ASMBS
VISION:
To improve public health and well being by lessening the burden of the disease of obesity and related diseases throughout the world.

UNIVERSAL GOALS:

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

MISSION:

To improve the care & treatment of people with obesity
To advance the science & understanding of metabolic & bariatric surgery
To foster communication between health professionals on obesity and related conditions
To be the recognized authority & resource on metabolic & bariatric surgery
To advocate for the health care policy that ensures patient access to high quality prevention & treatment of obesity
To be a highly valued specialty society that serves the educational & professional needs of our diverse membership
## ASMBS COMMITTEE STRATEGIC PLAN OVERVIEW

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<tr>
<th>Committee</th>
<th>Objectives</th>
<th>Activities: 2009-10</th>
<th>Short-term Goals</th>
<th>Mid-term Goals</th>
<th>Long-term Goals</th>
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<tr>
<td>ACCESS TO CARE</td>
<td>Increase access to care</td>
<td>Finalize and publish position statement</td>
<td>Support STAR program</td>
<td>Continue to increase STAR groups</td>
<td>Increase access to care</td>
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<td></td>
<td>Coordinate efforts of the ASMBS within the organization and in conjunction with efforts of other organizations</td>
<td>Establish “state of access” to determine benchmarks and future progress</td>
<td>• Add 10 groups</td>
<td>Model Policy</td>
<td>Establish bariatric surgery as standard benefit</td>
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<td></td>
<td>Formulate strategic and targeted approach to improve access</td>
<td>• Obtain information from state chapters/members</td>
<td>• Conduct media communications training</td>
<td>Create model policy of coverage for others to emulate</td>
<td>Help establish CPT codes on new treatments, as appropriate</td>
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<td></td>
<td>Increase awareness of access issues and progress among the public and members</td>
<td>• Review/analyze national policies</td>
<td>• Create &quot;tool kit&quot; with information on access</td>
<td>Forge relationships with members of state and federal government</td>
<td>Establish obesity as a recognized disease</td>
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<td></td>
<td>Identify reasonable targets for progress in short-, mid- and long-term</td>
<td>Hold three access to care programs at state meetings</td>
<td>• Coordinate efforts from national basis</td>
<td>• Identify allies and opponents</td>
<td>Become “go to” group for expert commentary on issues of access providing national perspective</td>
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<td></td>
<td>• Number of health plans/employers</td>
<td>Provide national support/expertise to local access issues</td>
<td>Identifying &quot;hot spots&quot; and &quot;fence sitters&quot; in need of ASMBS support</td>
<td>Support OAC</td>
<td>Increase access to bariatric surgery overall or with insurers and/or employers specific percentages for each TBD</td>
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<td></td>
<td></td>
<td>Present on access issues to national insurers and employers</td>
<td>Policy Efforts</td>
<td>• Increase membership to 90,000</td>
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<td></td>
<td></td>
<td>• Tech assessments, State government forums, Insurer medical directors</td>
<td>• Identify targets</td>
<td>Establish mechanism to stay abreast of top issues at state and federal level</td>
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<td>First Responders</td>
<td>Speakers Bureau</td>
<td>• Coordinate with STAR, OAC and EC progress reports</td>
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<td>• Establish speakers who can address access issues from inside and outside membership</td>
<td>Forge relationship with industry to better understand and coordinate their approach</td>
<td>• Identify areas for appropriate collaboration</td>
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<td>Provide membership with timely updates on progress</td>
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<td></td>
<td>Increase access to bariatric surgery overall or with insurers and/or employers specific percentages for each TBD</td>
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<tr>
<td>BARIATRIC MEDICINE</td>
<td>Increase understanding and value of bariatric medicine</td>
<td>Establish Certified Obesity Medicine Physician (COMP) test with TOS</td>
<td>Double membership by June 2019</td>
<td>Develop educational program for Annual Meeting</td>
<td>Establish understanding bariatric medicine and improve access to it</td>
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<td></td>
<td>Increase ASMBS membership</td>
<td>Identify national presenting opportunities</td>
<td>Complete COMP and start examinations</td>
<td>Develop value proposition for coverage of bariatric medicine</td>
<td>Increase ASMBS membership by 10%</td>
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<td>▪ 2 per member (subject to funding approval)</td>
<td>Define bariatric medicine for professionals and patients</td>
<td>Increase bariatric physician attendance at Annual Meeting</td>
<td>Be &quot;standard&quot; part of national meetings</td>
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<td></td>
<td></td>
<td>Establish value proposition for bariatric medicine members to join ASMB</td>
<td>Establish educational program for Annual Meeting</td>
<td>Increase bariatric physician attendance at Annual Meeting</td>
<td>Increase bariatric physician attendance at Annual Meeting</td>
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<td></td>
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<td>Develop educational program for Annual Meeting</td>
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<tr>
<td>BARIATRIC TRAINING</td>
<td>Identify training needs of members</td>
<td>Finalize application form for ASMB Fellow Certification/Designation</td>
<td>Training Needs</td>
<td>Develop standard, structured Fellowship curriculum</td>
<td>Establish highly regarded curriculums for residents and fellows</td>
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<td>Develop recommendations to optimize training and certification programs</td>
<td>Update and expand Essentials exam</td>
<td>▪ Establish mechanism to assess training needs</td>
<td>Develop curriculum for surgical residents</td>
<td>Update training requirements, as necessary</td>
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<td>Increase awareness of program</td>
<td>▪ Explore viability of developing online &quot;compendium&quot;</td>
<td>• Identify and encourage residents to become members</td>
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<td>▪ Letter that defines program, value, deadlines, curriculum</td>
<td>▪ Survey membership for training needs and satisfaction with current training</td>
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<td>▪ Business meeting/annual report</td>
<td>opportunities/programs</td>
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<td>Send to program directors and fellows</td>
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<td>CLINICAL ISSUES</td>
<td>Identify existing and emerging gaps in guidelines/position statements</td>
<td>Finalize statements on: Preoperative Diet • Mini Gastric Bypass • Emergency Care</td>
<td>Develop timeline for development of position statements and prioritize, i.e. Pediatric Bariatric Surgery • Improving safety profile • Medical tourism • Surgery for &lt;BMI 35 • Metabolic surgery</td>
<td>Ongoing identification issues to develop statements and provide topics to EC for review • Perioperative management of sleep apnea</td>
<td>Define clinical issues/topics for medical and patient community • Proactive and reactive Issue positions/guidelines on more regular basis</td>
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<td>Increase understanding of clinical issues</td>
<td>Update pre-op guidelines</td>
<td>Establish timeline for reviewing statements</td>
<td>Finalize 3-5 statements per year</td>
<td>Provide clarity on issues related to bariatric and metabolic surgery</td>
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<td>Establish and disseminate standards and protocols</td>
<td>Develop poster on emergency care for dissemination at annual meeting</td>
<td>Develop dissemination strategy for position statements • Web site • Publication • Posters • Direct distribution to insurers, members, employers, media, etc.</td>
<td>Continually assess needs of obesity community for clinical clarity on existing and emerging issues</td>
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<td>Establish timeline based on relative clinical importance of issues</td>
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<td>Establish standards and protocols for developing statements</td>
<td>Establish standards and protocols for developing statements</td>
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<td>COM munications</td>
<td>Disseminate information to members</td>
<td>Identify/explore appropriate channels for communication • Facebook • Twitter • Other social networking</td>
<td>Establish presence in approved social media channels • Provide ongoing updates to content • Communicate important issues to membership, i.e. new developments, news, new studies, etc.</td>
<td>Facilitate development of user-friendly ASMBS Web site • Establish inter-member communication mechanisms • Webinars • Secure intranet site • Newsletter</td>
<td>Establish state-of-the-art communication between members • Evaluate communications channels for effectiveness • Gauge member participation</td>
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<td>Help provide information to consumers</td>
<td>Develop objectives and recommendations for content in using social media channels • Provide recommendation on update to ASMBS Web site</td>
<td>Establish visibility with other Committees to increase utilization of communications function</td>
<td>Support other committees in dissemination of information</td>
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<td>Facilitate communication between members</td>
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<td>EMERGING TECHNOLOGIES</td>
<td>Promote responsible use and safety and efficacy</td>
<td>Form task force to develop consensus statement on endoluminal therapy with ASGE</td>
<td>Co-develop consensus statement on endoluminal therapy</td>
<td>Identify and provide education based on needs of bariatric and metabolic community</td>
<td>Be recognized authority on emerging technology in metabolic and bariatric surgery inside and outside ASMBS</td>
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<td>Identify educational needs and emerging technologies</td>
<td>Identify areas of emerging technologies ASMBS should have a position on and provide to EC</td>
<td>Develop/provide guidance on coding for new procedures</td>
<td>Create schedule for development</td>
<td>Direct how and what kind of research needs to be done on select technologies in need of guidance</td>
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|                                 | Identify and promote appropriate research                                     | Issue yearly report or overview of emerging technologies  
  • Clinical trials  
  • Off-label use  |                                                                                                                                             | Coordinate with Insurance Committee                                                                                                                     |                                                                                                                                                   |
| FINANCE                         | Provide financial oversight and recommendations on short-term and long-term financial goals and potential shortfalls | Identify new potential revenue streams                                                                                                                                                                    | Establish financial targets  
  • CME  
  • Corporate development  
  • Materials development  
  • Membership  
  • Dues  
  • Publications/supplements | Provide financial forecasts                                                                                                                        | Achieve financial security and stability                                                 |
| INSTITUTIONAL RELATIONS         | Foster/improve communication between ASMBS and other societies including international societies and bodies | Develop structure, governance and financial arrangement for 2013 Obesity Week  
  • Interview and choose companies for management of Obesity Week  
  • Convene first meeting of Steering Committee (May) | Develop plan for implementation, marketing and management of Obesity Week Conference  
  Identify other societies for developing more formal relationships  
  • ADA, AAFP, ACCE, etc.  
  Recommend ASMBS goals and strategies for each society  
  Develop action plan for achieving “partnerships” with other societies | Evaluate 2013 meeting for strengths and weaknesses between organizations  
  Select site for 2014 OW Meeting  
  Establish relationships with three to five societies | Build on Obesity Week  
  Maintain relationships with other societies and groups  
  Identify new opportunities for strategic partnerships |
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<td>INSURANCE</td>
<td>Increase reimbursement for bariatric and metabolic surgery</td>
<td>Implement sleeve gastrectomy code</td>
<td>Develop bariatric CPT code course for Annual Meeting</td>
<td>Develop online course</td>
<td>Achieve leadership on insurance issues</td>
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<td>Ensure appropriate CPT coding</td>
<td>Develop email communication/alert to inform members about new code</td>
<td></td>
<td>Evaluate possible add-on code for HHR with band codes</td>
<td>Provide clarity to members</td>
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<td></td>
<td>Provide clarity on issues to members</td>
<td>Evaluate and update CPT code list from ASMBS web site</td>
<td></td>
<td>Identify and prioritize new CPT code needs</td>
<td>Become established resource for state chapters</td>
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<td>Answer member questions via email from Committee</td>
<td></td>
<td>Communicate with state chapters to identify local insurance issues</td>
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<td>Determine top 5 FAQs for dissemination to membership or via Web site</td>
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<td>INTERNATIONAL</td>
<td>Increase membership of international members</td>
<td>Develop plan for international recruitment</td>
<td>Formulate plan to teleconference/webcast parts of Annual Meeting</td>
<td>Conduct co-sponsored courses</td>
<td>Consider creating ASMBS-supported masters program to enable surgeons to travel</td>
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<tr>
<td>DEVELOPMENT</td>
<td>Enhance experience for international members</td>
<td>Develop value proposition for international members</td>
<td>Develop &quot;award&quot; for best international presenters</td>
<td>Increase international membership</td>
<td>to international meetings and simultaneously proctor local surgeons</td>
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<td>Establish ties to international organizations (IFSO)</td>
<td>▪ Provide budget, logistics and selection criteria</td>
<td>Conduct reception for International members at ASMBS</td>
<td>Ongoing recruitment and engagement of international members</td>
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<td></td>
<td></td>
<td>▪ Coordinate with Institutional Relations</td>
<td></td>
<td>▪ Possibly in partnership with IFSO</td>
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<td>PEDIATRIC</td>
<td>Provide leadership on pediatric obesity surgery</td>
<td>Develop guidelines for criteria for Adolescent Bariatric Specialty Centers that can be used</td>
<td>Develop programming for Annual Meeting</td>
<td>Publish position statements on issues in pediatrics</td>
<td>Identify needs in area of pediatric surgery</td>
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<td></td>
<td>Increase adult-surgeon membership on committee</td>
<td>by credentialing agency ▪ Coordinate with Clinical Committee</td>
<td>Develop ASBMS guideline for surgical care of the morbidly obese adolescent from</td>
<td>Establish ASBMS educational programming on pediatric obesity</td>
<td>Provide leadership on responsible use of pediatric surgery in bariatric and</td>
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<td></td>
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<td>Secure appointment of committee members to program committee and BSRC</td>
<td>published best practice guidelines</td>
<td></td>
<td>metabolic surgery</td>
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<td>Become authoritative voice and resource on teen obesity and surgery</td>
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<td>MEMBERSHIP</td>
<td>Increase membership</td>
<td>Establish yearly membership targets by categories</td>
<td>Increase membership by 5 percent</td>
<td>Conduct timely surveys to determine member satisfaction and report findings</td>
<td>Increase membership by 10 percent</td>
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<td></td>
<td>Enhance value of membership</td>
<td><strong>i.e.</strong> &quot;Banders,&quot; geographies, etc.</td>
<td>Improve retention by 5 percent</td>
<td>Coordinate recruitment efforts with other committees</td>
<td>Improve retention by 10 percent</td>
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<td></td>
<td>Improve retention</td>
<td>Develop targeted recruitment plan</td>
<td>Provide recommendations for enhancing value of membership</td>
<td>Conduct membership drive engaging current members of ASMBS</td>
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<td></td>
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<td>Provide specifics and tactical plan</td>
<td>Work with other committees to add Interactive Member Area on Web site</td>
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<td>Conducted letter campaign targeted at non-member surgeons with 10% response</td>
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<td>Evaluate success or weaknesses</td>
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<td>Mail outreach to current MIS fellows inviting them to join ASMBS and attend Annual Meeting</td>
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<td>Track membership renewal to determine attrition</td>
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<td>Survey to assess what membership means to members; present findings</td>
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<td>PROFESSIONAL LIABILITY</td>
<td>Identify optimal resources for risk management</td>
<td>Review case-specific consents for informed consent project</td>
<td>Continue informed consent project</td>
<td>Develop resources for risk management</td>
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<td>Identify gaps in risk management</td>
<td>Connect with SRC re: BOLD database to determine ability to extract data on surgery complications</td>
<td>Hold CME event about liability at Annual Meeting</td>
<td>Provide updates to members on important professional liability issues or perspectives</td>
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<td>Improve access to reasonably cost professional liability insurance</td>
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<td>Validate risk management techniques for insurance providers</td>
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<td>Provide recommendations for dissemination to ASMBS members</td>
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<td>Seek endorsement, preferred rates for adoption</td>
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<td>Activities</td>
<td>Short-term Goals</td>
<td>Mid-term Goals</td>
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<tr>
<td>PROFESSIONAL EDUCATION</td>
<td>Identify professional education needs</td>
<td>Conduct Fall event (November)</td>
<td>Evaluate educational offerings</td>
<td>Prepare program for Obesity Week</td>
<td>Create new opportunities to attract members to educational offerings</td>
</tr>
<tr>
<td></td>
<td>• Topics</td>
<td>Plan for upcoming courses at Annual Meetings</td>
<td>Provide recommendations for future offerings</td>
<td>Conduct well-attended professional education events</td>
<td>Establish targets for each year</td>
</tr>
<tr>
<td></td>
<td>• Faculty</td>
<td>• Combined courses</td>
<td>Define success for professional education offerings</td>
<td>Establish targets for each year</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Venues</td>
<td>• Fundamentals of research</td>
<td>• number of events</td>
<td></td>
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<tr>
<td></td>
<td>• Regional vs. National</td>
<td>• More labs</td>
<td>• attendance</td>
<td></td>
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<td></td>
<td>• Online</td>
<td></td>
<td>• revenue</td>
<td></td>
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<td></td>
<td></td>
<td>Establish targets for each year</td>
<td></td>
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<tr>
<td>PROGRAM</td>
<td>Enhance value and quality of programming for ASMBS members</td>
<td>Identify Basic Science and Mason Lecturers for Annual Meeting</td>
<td>Improve meeting quality by adding debate, literature review and expert panels to sessions</td>
<td>Suggest areas of focus for member submissions</td>
<td>Obesity Week programming</td>
</tr>
<tr>
<td></td>
<td>Increase member satisfaction</td>
<td>Reviewed abstracts and made selections; will limit submissions to 120 abstracts next year</td>
<td>Improve abstract submission grading process</td>
<td>• Identify subject area gaps</td>
<td>Improve attendance at Annual Meeting</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Recommend and secure keynote speaker</td>
<td>Offer downloadable program and record replay of concurrent sessions</td>
<td>• Improve scientific quality and value via more invited lectures, symposia and literature reviews</td>
<td>Increase member satisfaction</td>
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<td></td>
<td>Develop keynote speaker targets</td>
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<tr>
<td>PUBLIC EDUCATION</td>
<td>Identify gaps in patient education</td>
<td>Continue to revise Patient Education Booklet on obesity/Collaborate with ASMBS Foundation</td>
<td>Develop public education page/section for Web site</td>
<td>Develop content for Web site and other patient information materials</td>
<td>Become pre-eminent source for patient education on bariatric and metabolic surgery</td>
</tr>
<tr>
<td></td>
<td>Identify tools to help ASMBS members</td>
<td>Review and evaluate current public education/information</td>
<td>• Provide recommendations for content areas</td>
<td>• Identify pieces/sections</td>
<td>Provide objective, best-in-class patient information</td>
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<td></td>
<td></td>
<td></td>
<td>• Search engine optimization</td>
<td>• Coordinate use of content on Web site with Communications Committee</td>
<td>Develop patient education materials in other languages, as appropriate</td>
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<td></td>
<td></td>
<td></td>
<td>• Consumer-friendly information</td>
<td></td>
<td>Produce marketable electronic version of booklet</td>
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<tr>
<td>Committee</td>
<td>Objectives</td>
<td>Activities</td>
<td>Short-term Goals</td>
<td>Mid-term Goals</td>
<td>Long-term Goals</td>
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<tr>
<td>RESEARCH</td>
<td>Promote the highest quality research in metabolic and bariatric surgery</td>
<td>Improved grant application and selection process</td>
<td>Improve recognition of grant recipients at Annual Meeting and other means</td>
<td>Continue progress in linking Committee to reputable research entities, i.e. LABS and SRC</td>
<td>Establish Research Internet portal for ASMBS members including list of funding opportunities, link to research resources and comprehensive research bibliography</td>
</tr>
<tr>
<td></td>
<td>Establish grant opportunities for academic and private practice research</td>
<td>• Assigned reviewers to each grant</td>
<td>Increase research mentoring</td>
<td>Identify funding opportunities</td>
<td>Continue focus on mentoring</td>
</tr>
<tr>
<td></td>
<td>Identify new research opportunities</td>
<td>• Established formal process for applying for extensions</td>
<td></td>
<td>Alert member to research resources and funding availability</td>
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<tr>
<td></td>
<td></td>
<td>• Improve accountability of grant recipients</td>
<td></td>
<td>• Coordinate with Communications Committee</td>
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</tr>
<tr>
<td>STATE AND LOCAL CHAPTERS</td>
<td>Increase number of state chapters</td>
<td>Develop and implement policies, guidelines and best practices</td>
<td>Increase number of state chapters from 15 to 16</td>
<td>Increase number of state chapters from 16 to 20</td>
<td>Establish chapters in all 50 states</td>
</tr>
<tr>
<td></td>
<td>Establish need/value of chapter creation</td>
<td>• Relations/coordination with ASMBS</td>
<td>Encourage adoption of standard policies and guidelines for chapters</td>
<td>Facilitate adoption of specific strategic objectives and issues analysis in each chapter</td>
<td>Promote positive relations between Chapters and national ASMBS</td>
</tr>
<tr>
<td></td>
<td>Improve communication between chapters and ASMBS</td>
<td>• Web site template</td>
<td>Establish ongoing mechanism of communication between chapters and ASMBS</td>
<td>Develop/promote access to care and rapid response plans</td>
<td>Establish early warning system to uncover beginnings of favorable or unfavorable activity in a market</td>
</tr>
<tr>
<td></td>
<td>Evaluate state of care in each state</td>
<td>• Rapid response team</td>
<td>Develop value proposition for becoming a State Chapter</td>
<td>Coordinate activity between chapters</td>
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<td></td>
<td>Identify needs and opportunities in each state</td>
<td>• State Chapter Course</td>
<td>Explore ways to increase membership in ASMBS</td>
<td>Determine scope of Chapters’ agendas</td>
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<td></td>
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<td>• Role of chapters</td>
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<td>Provide analysis of existing state chapters</td>
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<td>• Locations</td>
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<td>• Progress</td>
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<td>• Members</td>
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<td>• Issues</td>
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<td></td>
<td></td>
<td>• Actions</td>
<td></td>
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<tr>
<td>STRATEGIC PLANNING</td>
<td>Establish short-, mid- and long-term planning and framework</td>
<td>Evaluate committee strategic plan and offer to EC for final input</td>
<td>Present strategic plan to committee chairs at Annual Meeting</td>
<td>Finalize ASMBS Strategic Plan</td>
<td>Optimize ASMBS committee activities</td>
</tr>
<tr>
<td></td>
<td>Provide guidance to EC on big picture issues</td>
<td>Coordinate approval by EC</td>
<td>Establish progress reporting system</td>
<td>Update plan, as appropriate</td>
<td>Help prioritize and schedule key ASMBS initiatives</td>
</tr>
<tr>
<td></td>
<td>Establish objectives for Committees</td>
<td>Report on progress to EC</td>
<td></td>
<td>Review progress of strategic plan</td>
<td>Updates to strategic plan</td>
</tr>
<tr>
<td></td>
<td>Help establish ASMBS vision, mission and goals</td>
<td>Provide guidance to committees</td>
<td></td>
<td>Establish semi-annual process to update/inform strategic plans</td>
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</table>
AMERICAN SOCIETY FOR METABOLIC AND BARIATRIC SURGERY
INTEGRATED HEALTH SCIENCE SECTION

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

MISSION STATEMENTS:
1. To increase the awareness of the importance of the “integrated multidisciplinary” approach to the treatment of obesity
2. To optimize patient access to comprehensive and long-term bariatric and metabolic surgical health care
3. To promote better understanding of the role of integrated health professionals in bariatric and metabolic surgery
4. To be the recognized authority on the “integrated multidisciplinary” approach to caring for the bariatric and metabolic surgical patient
5. To increase integrated health professional membership value and retention
6. To cultivate a knowledgeable, skilled and empowered membership inclusive of all integrated health specialties
## INTEGRATED HEALTH SCIENCE SECTION STRATEGIC PLAN 2009/2010

1. To increase the awareness of the importance of the “integrated multidisciplinary” approach to the treatment of obesity

<table>
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<tr>
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</table>
| Define the integrated multidisciplinary approach and its role in metabolic and bariatric care | Possibly establish a new committee to focus on "Multidisciplinary Care" | Conduct systematic literature review of the “integrated multidisciplinary” approach and multidisciplinary team utilization in bariatric and metabolic surgery (include obesity and medical/surgical specialty utilization of multidisciplinary teams and approach as needed) | Seek inclusion of definition of IH in bariatric surgical textbooks  
Achieve high awareness among surgical, medical and patient community of IH in the discipline of bariatric surgery |
|                                                                           | Professional Education Committee    | Develop position statement on IH for dissemination inside and outside ASMBS  
- Encourage the use of “Integrated Health” terminology throughout the organization and in all documentation  
- Re-survey the membership of the ASMBS regarding the utilization of the multidisciplinary approach and teams and pre- and post-operative care  
- Seek inclusion in Compendium |
|                                                                           | Executive Council                   | Penetrate post graduate and other courses to include role of Integrative Health (i.e. collaborative programs)  
Highlight publications of journal articles that feature the integrated multidisciplinary approach to bariatric surgery |
| Establish integrated multidisciplinary approach as key to risk reduction/management and cost effective care | Multidisciplinary Care Committee     | Establish at group to meet with Novus – to get information and help crafting a plan with action steps to establish this position. (Initial discussion in first year, plan development and possibly a co-authored position statement in second year)  
Encourage use of phrases like risk reduction/management in presentations, articles and press releases |
|                                                                           |                                      | Investigate BOLD database to determine feasibility of doing risk analysis or cost impact study as a result of multidisciplinary approach (Possibly a task force)  
Consider the formation of an ad hoc committee to assess the OAC’s, TOS’s and Novus’s perception of Integrated Health’s current role with respect to risk reduction/management and investigate how to maximize our outreach to engaging in partnerships/collaborations  
Develop an organized lobbying effort emphasizing the multidisciplinary teams and approach to metabolic and bariatric surgery from a risk reduction perspective |
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</table>
| Increase awareness of the clinical value of the integrated multidisciplinary approach has on patient outcomes | Executive Council                    | Increase Integrated Health representation on the Organizational Committees to three next year with the goal of a total of five (one from each of the major disciplines) | Generate position statements, white paper and/or clinical guidelines establishing the clinical value of the integrated multidisciplinary approach  
- Identify & prioritize key topics for clinical guidelines & position statements  
Achieve publication of journal articles on role of IH in bariatric surgery and in improvement of patient outcomes  
Develop course at annual meeting exploring the clinical value, cost and risk reduction aspects of post operative follow-care  
- Educate the public about the safety and value of multidisciplinary bariatric surgical care |
|                                                                           | Executive Council in conjunction with Multidisciplinary Care Committee | Foster relationship with at least three obesity advocacy/education/treatment forums to promote the importance and value of the integrated and multidisciplinary approach |                                                                                                                                                                                                                           |
|                                                                           | Professional Education Committee     | Develop publication plan and schedule                                                                                   |                                                                                                                                                                                                                           |
|                                                                           | Multidisciplinary Care Committee      | Explore possibility of and implement where applicable, “Collaborative” courses and programs for the 2010 Annual Conference |                                                                                                                                                                                                                           |
|                                                                           | Clinical Issues and Guidelines Committee | Research/coordinate other disciplines as to their strategies for achieving multidisciplinary care reimbursement (e.g. cranial-facial surgery, transplant, breast reconstruction, cardiac rehab) |                                                                                                                                                                                                                           |
|                                                                           |                                      | Direct the Clinical Issues and Guidelines committee to perform a systemic review of the variables associated with bariatric surgical outcomes in regard to optimal weight loss and maintenance and quality of life |                                                                                                                                                                                                                           |
2. To optimize patient access to comprehensive and long-term bariatric and metabolic surgical health care

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<tr>
<th>Objectives</th>
<th>Committee/Individual Responsibility</th>
<th>Short-term Activities</th>
<th>Long-term Activities</th>
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<tbody>
<tr>
<td>Establish the Clinical and patient value for comprehensive, long-term</td>
<td>TBA</td>
<td>Write a systematic review of the literature on bariatric surgical patient follow-up and</td>
<td>Direct a position paper on recommendations for post-operative care</td>
</tr>
<tr>
<td>follow-up</td>
<td></td>
<td>retention</td>
<td>Explore the possibility of a research project utilizing the BOLD database to uncover</td>
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<td></td>
<td>Recommend to the surgeon portion of the organization to add the Integrated Health</td>
<td>important aspects of post-operative care and adherence</td>
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<td></td>
<td>perspective to the ASMBS position statement titled “Bariatric Surgery: Postoperative</td>
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<td></td>
<td>Care”</td>
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<td></td>
<td>Find a collaborator to investigate patient’s perceived value of comprehensive long term</td>
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<tr>
<td>Identify barriers to care and implement strategies to improve access,</td>
<td>Executive Council</td>
<td>Increase and organize Integrated Health presence within the organizational Access</td>
<td>Establish adequate reimbursement for post-surgical care</td>
</tr>
<tr>
<td>reimbursement and adherence</td>
<td></td>
<td>Committee</td>
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<tr>
<td>Establish economic value (higher return on investment – ROI model)</td>
<td></td>
<td>Research/contact other disciplines as to their strategies for achieving long-term</td>
<td>Investigate strategy of “bundling” or “package” deal approaches in post-operative</td>
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<td>follow-up care</td>
<td>multidisciplinary care with insurance companies by inviting representatives of the</td>
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<td>(e.g. cranial-facial surgery, transplant, cardiac rehab, diabetes)</td>
<td>companies to discuss</td>
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<td></td>
<td>Develop forum for reimbursement specialist to share information with the membership</td>
<td></td>
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<tr>
<td></td>
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<td>regarding barriers to comprehensive long-term care</td>
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# AMERICAN SOCIETY FOR METABOLIC AND BARIATRIC SURGERY
## INTEGRATED HEALTH SCIENCE SECTION

3. To promote better understanding of the role of integrated health professionals in bariatric and metabolic surgery

<table>
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<th>Committee/Individual Responsibility</th>
<th>Short-term Activities</th>
<th>Long-term Activities</th>
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<tbody>
<tr>
<td>Define best practices and clinical guidelines for Integrated Health professionals</td>
<td>Clinical Issues and Guidelines Committee</td>
<td>Continue the reorganization of the Clinical Issues and Guidelines Committee to include representation from the five major disciplines of the IHSS</td>
<td></td>
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<td></td>
<td>Executive Council</td>
<td>Encourage the IHSS EC and the “organizational” Clinical Guidelines Committee to continue support the CG&amp;I committee chair in establishing the clinical guideline process</td>
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<td></td>
<td>Executive Council with input from membership</td>
<td>Identify &amp; prioritize key topics for clinical guidelines &amp; position statements.</td>
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<td></td>
<td>Clinical Issues and Guidelines Committee</td>
<td>Direct the CG&amp;I committee to set into place the following: an initial policy for the development of clinical guidelines and position statements and a flow process for approval of guidelines and position statements</td>
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<td></td>
<td>Professional Education Committee</td>
<td>IHSS to establish support from the IHSS Professional Education Committee in order to facilitate the guideline and position development process</td>
<td></td>
</tr>
<tr>
<td>Identify and promote how Integrated Health professionals produces optimal outcomes by best addressing the surgical patients needs in the context of an integrated multidisciplinary team</td>
<td>Professional Education Committee</td>
<td>Request a presentation to explore the multidisciplinary team in care of the bariatric surgical patients at the 2010 or 2011 Annual Meeting</td>
<td>Explore the possibility of and implement where applicable, “Collaborative” courses and programs for the 2010 Annual Meeting.</td>
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<tr>
<td>Objectives</td>
<td>Committee/Individual Responsibility</td>
<td>Short-term Activities</td>
<td>Long-term Activities</td>
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<tr>
<td>Validate and enhance credibility</td>
<td>Multidisciplinary Care Committee</td>
<td>Develop a plan to access and educate the public directly regarding the “integrated multidisciplinary” approach to bariatric surgical care</td>
<td>Encourage the IHSS membership to publish. Send letter to membership from the Associate Editors of Integrated Health of SOARD</td>
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<td></td>
<td>IHSS members to the Organizational Communication Committee</td>
<td>Encourage and support the member authorship of articles in the lay press aimed at educating patients on any aspect of bariatric surgical care relevant to them, especially long-term aftercare issues, e.g. Self, Shape, Prevention, Diabetic Forecast</td>
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<td>Develop a listing of “key” Integrated Health members from each of the major disciplines as contact resources and train these contacts with the ASMBS media course</td>
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<td></td>
<td>Support and encourage further Integrated Health representation within the Foundation and OAC</td>
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<td></td>
<td>List papers that have been authored by IHSS members on the IHSS section of the website</td>
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<tr>
<td>Promote the “integrated multidisciplinary” approach in metabolic &amp; bariatric surgical care</td>
<td>IHSS members to the Organizational Communication Committee</td>
<td>Reorganize the ASMBS website to increase visibility of the Integrated Health Section.</td>
<td>Develop a slide presentation for members to use outlining the benefits of the “integrated multidisciplinary” approach and team</td>
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<td></td>
<td>Pursue Integrated Health representation on the organizational Communication Committee</td>
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<tr>
<td>Position as uniquely qualified to treat the bariatric and metabolic surgical patients (based upon extensive clinical experience/insights/sensitivity and focus on specialized care)</td>
<td>Executive Council</td>
<td>The IHSS to invite Roger Kissin to discuss public relations opportunities currently and how to develop a plan to increase these opportunities and to be ready to take advantage of them when they appear</td>
<td>Implementation of plan developed with Roger</td>
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<td>Media training for all IHEC members – begin the process at the 2010 meeting</td>
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<td>Increase Integrated Health member representation on the organizational Public Education Committee</td>
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<tr>
<td>Identify and respond to emerging issues</td>
<td>Executive Council</td>
<td>Develop strategies to identify and respond to emerging issues</td>
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5. To increase integrated health professional membership value and retention

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<th>Objectives</th>
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<tbody>
<tr>
<td>Define the value of membership for each discipline and category and develop marketing strategies</td>
<td>Membership Committee</td>
<td>Charge the IHSS Membership Committee with overall review of the state of IHSS membership</td>
<td>Continue to build on value proposition for membership</td>
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<td>Membership Committee to survey the active IHSS membership to identify what they perceive as present and future value</td>
<td>Increase membership by 5 percent</td>
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<td>Develop value proposition for IH membership  ▪ Highlight on website and disseminate</td>
<td>Charge the Membership Committee with the development of an ongoing strategic and creative member recruitment/retention action plan based upon ASMBS survey and other available data</td>
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<td></td>
<td></td>
<td>▪ Develop plan for recruitment</td>
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<td>Reach out to the surgeons by way of a letter from the IHSS president (invite ASMBS president to join letter) encouraging the promotion among their staff and key institutional players of the value of ASMBS membership</td>
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<td>1. Survey non-renewing members to elicit reasons for lapsing membership</td>
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<td>2. Survey those who have come to ASMBS events but have not joined</td>
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<td>3. Project target numbers for annual IHHS ASMBS member retention and new member recruitment</td>
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<td>4. Create a welcome packet to be distributed to potential members at ASMBS functions</td>
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<td>5. Develop creative strategies to acknowledge new members as well as senior members at the Annual Meeting</td>
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<td>Market the advantages of membership to healthcare management professionals</td>
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<td>IHSS EC to support the activities of the IHSS Membership Committee Chair as a member of the &quot;organizational&quot; Membership Committee</td>
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</tr>
<tr>
<td>Facilitate dialogue between leadership and members and communication among members</td>
<td></td>
<td>Regular updates in the ASMBS newsletter by the IHSS leadership (published every other month on ASMBS website)</td>
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<td>Charge the IHSS-designated member of the Communications Committee to explore use of social marketing tools by IHSS</td>
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<td></td>
<td>Charge the IHSS EC to explore and develop a plan for the 2010 Annual Business Meeting</td>
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</table>
5. To cultivate a knowledgeable, skilled and empowered membership inclusive of all integrated health specialties

<table>
<thead>
<tr>
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</table>
| Provide collaborative educational programs that meet the needs of all integrated Health members | IHSS Representative(s) to the organizational Research Committee  
Executive Council                                                                                      | Operationalize evaluation and posting of abstracts from all of the different disciplines represented on the multidisciplinary team on the IHSS portion of the website (development of team committee)  
Establish a mentoring pool to provide guidance to IHSS members with research development and with publication in SOARD  
Increase IHSS membership on Communication Committee and direct the IHSS members to facilitate optimal IHSS exposure on ASMBS website and to include resource library | Explore the idea of an online journal club with CEU's offered for attendance – utilizing a Webinar approach |
| Increase the research skills of the Integrated Health membership with focus on knowledge of research fundamentals, the process of implementing research studies and utilizing and consuming research | IHSS Representative(s) to the organizational Research Committee  
Executive Council                                                                                      | Collaborate with the organizational post graduate research course at the Annual Meeting  
Facilitate "Integrated Health" readership of research-based journals especially SOARD and Obesity Surgery (Discuss with Dr. Sugarman how we can measure this) | |
## AMERICAN SOCIETY FOR METABOLIC AND BARIATRIC SURGERY
### INTEGRATED HEALTH SCIENCE SECTION

<table>
<thead>
<tr>
<th>Objectives</th>
<th>Committee/ Individual Responsibility</th>
<th>Short-term Activities</th>
<th>Long-term Activities</th>
</tr>
</thead>
<tbody>
<tr>
<td>Identify &amp; provide multiple avenues/platforms for communication, collaboration and project development &amp; completion</td>
<td>Communications Committee representatives</td>
<td>Make available a “Web Work Space” for each of the IHSS committees</td>
<td>IHSS EC to lobby for upgrading of the website with group collaboration and Webinar capabilities</td>
</tr>
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<td></td>
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<td>IHSS Executive Council will direct the Professional Education Committee to support course and program directors as a liaison with ASMBs services</td>
</tr>
<tr>
<td>Support the credentialing efforts of the various Integrated Health disciplines</td>
<td>Broaden the RN Certification Committee to include potential for other disciplines</td>
<td>Maintain the CBN Certification Program</td>
<td>Submit a proposal (June 2010) to the ASMBS Foundation to fund a formal feasibility study project with regard to the credentialing options of each of the major disciplines of the IHSS</td>
</tr>
</tbody>
</table>
ASMB Executive Council 2009 - 2010

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

<table>
<thead>
<tr>
<th>Position</th>
<th>Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>President</td>
<td>John W. Baker, MD, FASMB</td>
</tr>
<tr>
<td>President Elect</td>
<td>Bruce M. Wolfe, MD, FASMB</td>
</tr>
<tr>
<td>Secretary/Treasurer</td>
<td>Robin L. Blackstone, MD, FASMB</td>
</tr>
<tr>
<td>Past President</td>
<td>Scott A. Shikora, MD, FASMB</td>
</tr>
<tr>
<td>Senior Past President</td>
<td>Kelvin D. Higa, MD, FASMB</td>
</tr>
<tr>
<td>Councilman-at-Large</td>
<td>Ninh T. Nguyen, MD, FASMB</td>
</tr>
<tr>
<td>Councilman-at-Large</td>
<td>Jaime Ponce, MD, FASMB</td>
</tr>
<tr>
<td>Councilperson-at-Large</td>
<td>Eric J. DeMaria, MD, FASMB</td>
</tr>
<tr>
<td>Councilperson-at-Large</td>
<td>Michel M. Murr, MD, FASMB</td>
</tr>
<tr>
<td>Councilperson-at-Large</td>
<td>Christine J. Ren Fielding, MD, FASMB</td>
</tr>
<tr>
<td>IH President</td>
<td>Gregory L. Schroder, MD, FASMB</td>
</tr>
<tr>
<td>IH President-Elect</td>
<td>William F. Gourash, MSN, CRNP</td>
</tr>
<tr>
<td></td>
<td>Laura M. Boyer, RN, CBN</td>
</tr>
</tbody>
</table>
A dedicated staff provides support to carry out the goals and objectives of the Society.

Executive Director
Convention Director
Director of Operations
Financial Manager
Member Services Manager
Systems Administrator
Publication & Promotion Specialist
Communications and CME Coordinator
CME Assistant and Grants Coordinator
Senior Administrative Services Coordinator
Administrative Assistant

Georgeann Mallory, RD
Pat Watson, CMP
Kristie Kaufman
Kim Carmichael
Barbara Peck
Richard Russ
Erin McConnell
Natalie Squitiro
Jennifer Wynn
Susan Cox
Teresa White
ASMBS COMMITTEES 2009 - 2010

ASMBS Committees serve as a valuable resource to the Executive Council and the Society. They are responsible for identifying and carrying out projects and activities approved by the Council as the critical steps in accomplishing our strategic plan. The work and projects of the committees are outlined in the 2010 Strategic Plan.

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:

- Develop the strategic vision and strategies to make improvements in access to care
- Advocate 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
- Bring together initiatives/partners to effectively address access issues

Chair & EC Liaison

Robin L. Blackstone, MD
John M. Morton, MD
John W. Baker, MD
Jonathan S. Aranow, MD
Nestor F. de la Cruz-Munoz, MD
Alexander Onopchenko, MD
Mitchell S. Roslin, MD
Gregory L. Schroder, MD
David S. Tichansky, MD
Mary Lou Walen

Co-Chair

Immediate Past Chair

State Access Representatives (STARS)

Roc W. Bauman, MD
Michael D. Bono, MD
Stephen E. Burpee, MD
Valerie J. Halpin, MD
Steven B. Katsis, MD
Keith C. Kim, MD
John M. Morton, MD
Bradley J. Needleman, MD

Douglas O. Olsen, MD
Alexander Onopchenko, MD
Terry W. Pinson, MD
Mitchell S. Roslin, MD
Gregory L. Schroder, MD
Michael A. Schweitzer, MD
Lloyd H. Stegemann, MD
G. Derek Weiss, MD
Bariatric Medicine

The Bariatric Medicine Committee provides resources to clinicians interested in obesity medicine and the comprehensive care of the bariatric surgery patient.

Chair
Sasha Stilley, MD

EC Liaison
Michael M. Murr, MD

Immediate Past Chair
Christopher D. Still, DO FACN FACP
Fadi Hendee, MD
John D. Herried, MD
Kevin D. Huffman, DO
Holly F. Lottan, MD
David B. Sarwer, PhD
Kenneth J. Storch, MD PhD

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 bariatric surgery patient care and to support ASMBS member practice.

Chair
Bruce Schirmer, MD

Co-Chair
Stacy A. Brethauer, MD

EC Liaison
Eric J. DeMaria, MD
Mohamed R. Ali, MD
Robin L. Blackstone, MD
Cynthia K. Buffington, PhD
Pamela R. Davis, RN CBN CCM
Titus D. Duncan, MD
J. Chris Eagon, MD
Barry L. Fisher, MD
Terrence Fullum, MD
Daniel J. Gagne, MD
John J. Gleysteen, MD
Jonathan A. Hata, MD
Matthew M. Hutter, MD MPH
Kenneth B. Jones Jr., MD
Julie J. Kim, MD
Shanu N. Kothari, MD
Matthew D. Kroh, MD
Crystine M. Lee, MD
Paul E. O’Brien, MD
Manish S. Parikh, MD
Ann M. Rogers, MD
Raul J. Rosenthal, MD
Michael G. Sarr, MD
Vadim Sherman, MD
Dennis C. Smith Jr., MD
Harvey J. Sugarman, MD
Michael D. Williams, MD

Bariatric Surgery Training

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

Chair
Samer G. Mattar, MD

Co-Chair
Scott A. Shikora, MD

EC Liaison
Michel M. Murr, MD
Robert L. Bell, MD
Robert E. Brolin, MD
Ronald H. Clements, MD
William F. Gourash, MSN CRNP
Paul J. Guske, MD
Daniel B. Jones, MD
Marina S. Kurian, MD
Jalme Ponce, MD
Janey S. A. Pratt, MD
David A. Provost, MD
Christine J. Ren Fielding, MD
Raul J. Rosenthal, MD
Michael G. Sarr, MD
Bradley J. Needleman, MD
Bruce Schirmer, MD
David S. Tichansky, MD
Bruce M. Wolfe, MD
Erik B. Wilson, MD
ASMBS COMMITTEES 2009 - 2010

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.

Chair
Kevin M. Reavis, MD

Co-Chair
Bipan Chand, MD

EC Liaison & Immediate Past Chair
Ninh T. Nguyen, MD
Stacy A. Brethauer, MD
Amy I. Cha, MD
Frank H. Chae, MD
Matthew D. Kroh, MD
Jamie P. Loggins, MD
Dean J. Mikami, MD
Ioannis Raftopoulos, MD PhD
Brian R. Smith, MD
Alfonso Torquati, MD

Ethical Advisory

The Ethical Advisory Committee acts as an advisory board for the Executive Council and the ASMBS President.

Chair
Kenneth G. MacDonald Jr., MD
Robert E. Brolin, MD
Henry Buchwald, MD PhD
George S. M. Cowan Jr., MD
Mervyn Delfel, MD
Cornelius Doherty, MD
Latham Flanagan Jr., MD
S. Ross Fox, MD
Kelvin D. Higa, MD
Neil E. Hutches, MD
Kenneth B. Jones Jr., MD
John H. Linner, MD
Alex M. C. Macgregor, MD
Edward E. Mason, MD PhD
J. Patrick O’Leary, MD
Walter J. Portes, MD
Philip R. Schauer, MD
Scott A. Shikora, MD
Harvey J. Sugerman, MD
Boyd E. Terry, MD
Alan C. Wittgrove, MD

Emerging Technology

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

Chair
Bipan Chand, MD
Kelvin D. Higa, MD
William Richards, MD
Stacy A. Brethauer, MD
Gregory F. Dakin, MD
George M. Eid, MD
Donald T. Hess, MD
Kelvin D. Higa, MD
Aurora D. Pryor, MD
Raul J. Rosenthal, MD
Alan Saber, MD
Philip R. Schauer, MD
Kevin E. Wasco, MD
Morris J. Washington, MD
Natan Zundel, MD
Alfonso Torquati, MD

Finance

The Finance Committee is charged with providing strong financial stewardship aimed at securing and advancing the organization’s long-term ability to serve its membership.

Chair
Robin L. Blackstone, MD
John W. Baker, MD
Bruce M. Wolfe, MD
Georgeann N. Mallory, RD LD
ASMBS COMMITTEES 2009 - 2010

Institutional Relations

The Institutional Relations Committee is charged with creating strategic alliances with key organizations and professional societies to help foster ASMBS mission and goals.

Chair: Philip R. Schauer, MD
EC Liaison: John W. Baker, MD

Other Members:
Peter N. Benotti, MD
Jeanne D. Blankenship, MS RD CLE
Nestor F. de la Cruz-Munoz, MD
Edward L. Felix, MD
David R. Flum, MD
John J. Gileysteen, MD
Tracy Martinez, BSN RN CBN
J. Patrick O’Leary, MD
Walter J. Portes, MD
Raul J. Rosenthal, MD
Michael G. Sarr, MD
Bruce Schirmer, MD
Christopher D. Still, DO FACN FACP
Harvey J. Sugerman, MD

Insurance

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

Chair & EC Liaison: Jaime Ponce, MD
Co-Chair: Matthew L. Brengman, MD
Immediate Past Chair: Marina S. Kurlan, MD

Other Members:
John D. Angstadt, MD
Gary J. Anthone, MD
Mark A. Colquitt, MD
Nestor F. de la Cruz-Munoz, MD
Timothy B. Ehrlich, MD
Wayne J. English, MD
Gregg H. Jossart, MD
Keith C. Kim, MD
Peter C. LePort, MD
Walter Lindstrom Jr., Esq.
Tina G. Napora, CMA CPC
Douglas O. Olsen, MD
John A. Pilcher Jr., MD
David A. Provost, MD
Brian B. Quebbemann, MD
Paresh C. Shah, MD
Adam B. Smith, DO
David C. Voellinger, MD
Mary Lou Walen

International Development

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

Chair: Raul J. Rosenthal, MD
Co-Chair: Samer G. Mattar, MD
EC Liaison: Scott A. Shikora, MD

Other Members:
Ahmed R. Ahmed, MD
Estuardo J. Behrens, MD
Juan E. Contreras, MD
Giovanni Dapri, MD
Sayeed Ikramuddin, MD
Etwar H. McBean, MD
Aimino C. Ramos, MD
Adam Saber, MD
Shashank S. Shah, MS
Paul B. Wizman, MD
Natan Zundel, MD

Nominating

The Nominating Committee is charged with choosing a slate of nominees for vacancies on the Executive Council and presenting the slate to the membership.

Chair: Kelvin D. Higa, MD
Co-Chair: Titus D. Duncan, MD
EC Liaison: Alfons Pomp, MD

Other Members:
Scott A. Shikora, MD
ASMBS COMMITTEES 2009 - 2010

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

Chair
David S. Tichansky, MD

Co-Chair
Samuel Szomstein, MD

EC Liaison & Immediate Past Chair
Christine J. Ren Fielding, MD
Estuardo J. Behrens, MD
Patricia S. Choban, MD
Edward C. Facundos, MD
Mathias A. L. Fobi, MD
Peter T. Hallowell, MD
Joseph I. Kamelgard, MD
Thomas H. Magnuson, MD
Corrigan L. McBride, MD
Paul M. Sollnick, MD
Natan Zundel, MD

Professional Education

The mission of the Professional Education Committee is to promote and support development of accredited post-professional education programs that advance the skills, clinical practices, and research endeavors of metabolic and bariatric surgery professionals to enhance the quality of patient care, optimize outcomes, and improve patients’ quality of life.

Chair & EC Liaison
Ninh T. Nguyen, MD
Daniel M. Herron, MD
Carlos Carrasquilla, MD
Ricardo V. Cohen, MD
Amir Mehran, MD
Emma J. Patterson, MD
Cid A. Pitombo, MD MS PhD
Alfonso Pompe, MD
Jaime Ponce, MD
Kevin M. Reavis, MD
Mary Jane Reed, MD
Brian R. Smith, MD
Sherman C. Smith, MD
Alfonso Torquati, MD
J. Esteban Varela, MD MPH

Co-Chair

Pediatric Surgery

The mission of the Pediatric Surgery Committee is to develop, foster and promote best care practices for the pediatric bariatric surgery patient.

Chair
Thomas H. Inge, MD
Marc P. Michalsky, MD
Gregory L. Schroder, MD
Allen F. Browne, MD
Anita P. Courcoulas, MD
Sanjeev Dutta, MD
Victor F. Garcia, MD
Mark L. Wulkan, MD
Jeffrey L. Zitzman, MD

Co-Chair

Professional Liability

The Professional Liability Committee is responsible for studying malpractice problems, professional liability insurance availability, and problems associated with same.

Chair
Jeffrey L. Lord, MD
Ramsey M. Dallal, MD
John W. Baker, MD
J. Clay Wellborn Jr., MD
Carlos A. Barba, MD
Eric S. Bour, MD
Robert E. Brollin, MD
Daniel R. Cotton, MD
Spencer A. Holover, MD
Keith C. Kim, MD
James W. Maher, MD
Douglas O. Olsen, MD
William A. Sweet, MD

Co-Chair

EC Liaison

Immediate Past Chair
ASMBS COMMITTEES 2009 - 2010

Program

The Program Committee is responsible for developing and arranging the Annual Meeting plenary session. The committee identifies needs, professional gaps, and barriers; reviews and grades submitted abstracts; selects relevant topics and educational design; secures guest speakers; and contributes to the development of overall conference programming.

Chair
Marc Bessler, MD
Ninh T. Nguyen, MD
Eric J. DeMaria, MD
Nicolas V. Christou, MD
Daniel W. Birch, MSc MD
Bipan Chand, MD
John B. Dixon, MD
R. Armour Forse, MD
Daniel J. Gagne, MD
Michel Gagner, MD
Daniel M. Herron, MD
Matthew M. Hutter, MD MPH
William B. Inabnet III, MD
Daniel B. Jones, MD
Shanu N. Kothari, MD
Marina S. Kurian, MD
Samer G. Mattar, MD
John M. Morton, MD
Michel M. Murr, MD
David A. Provost, MD
Aurora D. Pryor, MD
Scott A. Shikora, MD
L.E. Sasha Stiles, MD
Daniel Evan Swartz, MD
Sivamalinthan Vithiananthan, MD
Jeffrey L. Zitsman, MD

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.

Chair
Keith C. Kim, MD
Jaime Ponce, MD
George M. Eid, MD
Jeffrey L. Lord, MD
Ross L. McMahon, MD
Frank H. Chae, MD
Joy L. Collins, MD
Daniel R. Cottam, MD
Mathias A. L. Fobi, MD
Daniel M. Herron, MD
Carol A. McCloskey, MD
Melodie K. Moorehead, PhD ABPP PA
Christopher J. Northup, MD
Mary Jane Reed, MD
Michael A. Snyder, MD
ASMBS COMMITTEES 2009 - 2010

Research

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

Chair
William B. Inabnet III, MD
Ronjan Sudan, MD
Bruce M. Wolfe, MD
David R. Flum, MD
Mohamed R. Ail, MD
Robert L. Bell, MD
Ramsey M. Dallal, MD
John B. Dixon, MD
William F. Gourash, MSN CRNP
Daniel M. Herron, MD
Donald T. Hess, MD
Matthew M. Hutter, MD MPH
Daniel B. Jones, MD
Mohammad Khalid Jamal, MD
Shahzeer Karmali, MD
Keith C. Kim, MD
Subhash U. Kini, MD
Rajesh E. Kuruba, MD
James N. Lau, MD
Peter P. Lopez, MD
Corrigan L. McBridge, MD
Kenneth G. MacDonald Jr., MD
Edward C. Mun, MD
Michel M. Murr, MD
Ninh T. Nguyen, MD
Anthony T. Petrick, MD
Dana D. Portenier, MD
Nancy Puzziferri, MD
Malcolm K. Robinson, MD
Isaac Samuel, MD
Michael A. Schweitzer, MD
Daniel J. Scott, MD
Vadim Sherman, MD
Kimberley E. Steele, MD
Alfonso Torquati, MD
Shawn Tsuda, MD
Mark J. Watson, MD

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.

Chair & EC Liaison
Gregory L. Schroder, MD
Lloyd H. Stegeman, MD
Stephen E. Archer, MD
Roc W. Bauman, MD
Michael D. Bono, MD
Matthew L. Brengman, MD
Patricia S. Choban, MD
Ronald H. Clements, MD
Kenneth E. Cleveland, MD
Titus D. Duncan, MD
Mathias A. L. Fobi, MD
Luis V. Gorospe, MD
Neil E. Hutchcr, MD
James M. Kane Jr., MD
Michel M. Murr, MD
Bradley J. Needelman, MD
Ninh T. Nguyen, MD
Alexander Onopchenko, MD
Brian B. Quebbemann, MD
Sheila K. Partridge, MD
William O. Richards, MD
Michael A. Schweitzer, MD
Philip R. Schauer, MD
John D. Scott, MD
Erik B. Wilson, MD
ASMBS COMMITTEES 2009 - 2010

Strategic Planning

The Strategic Planning Committee is responsible for creating and achieving the Society’s mission and vision by developing and implementing a dynamic planning process.

Chair
Philip R. Schauer, MD
Scott A. Shikora, MD
John W. Baker, MD
Marc Bessler, MD
Robin L. Blackstone, MD
Eric J. DeMaria, MD
Titus D. Duncan, MD
William F. Gourash, MSN CRNP
Kelvin D. Higa, MD
Ninh T. Nguyen, MD
Michael G. Sarr, MD
Scott A. Shikora, MD
Bruce M. Wolfe, MD

AMA Representatives
George S. M. Cowan Jr., MD
James M. Kane Jr., MD
George S. M. Cowan Jr., MD
Harvey J. Sugerman, MD

ACS Governor
Michael G. Sarr, MD

Historian

SOARD Editor

IFSO North American Representative
Kelvin D. Higa, MD

Chapter Representative
Raul J. Rosenthal, MD

IFSO Representative to General Council
Scott A. Shikora, MD

IFSO Representative to General Council

Scott A. Shikora, MD
INTEGRATED HEALTH SCIENCES OF ASMBS

IH Executive Council

IH President
IH President-Elect
IH Past President
IH Senior Past President
Secretary
Member at Large
Member at Large
Member at Large
Member at Large
Executive Council Liaison

William F. Gourash, MSN CRNP
Laura M. Boyer, RN CBN
Bobbie Lou Price, RN BSN CBN
Tracy Martinez, BSN RN CBN
Jennifer D. Schwettmann, MSPT
Jeanne D. Blankenship, MS RD CLE
Stephen J. Ritz, PhD
David B. Sarwer, PhD
Karen M. Schulz, RN MSN CBN
Cynthia K. Buffington, PhD
Scott A. Shikora, MD

IH Membershipship

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.

Chair
Co-Chair
Immediate Past Chair

Lynn M. Bolduc, MS RD LD CDE
Constance S. Simms, RN CBN
Adam L. Dungey, BSN RN CBN
Bridget C. Mattson, PharmD
Carol A. Signore, MAT MS LMFT

IH Nominating

The IH Nominating Committee is charged with presenting a slate of nominees to the membership for vacancies on the Integrated Health Executive Council. As prescribed in the Bylaws, membership on this committee is assigned by the IHSS Executive Council and includes two members-at-large and the Past and Senior Past Presidents of the IHEC.

Chair

Tracy Martinez, BSN RN CBN
Greg Cox, PhD
Margaret M. Furtado, MS RD LDN
Bobbie Lou Price, RN BSN CBN

IH Professional Education

The mission of the IH Professional Education Committee is to promote and support 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. Membership will include representation from the five major disciplines of IHSS.

Chair

Karen M. Schulz, RN MSN CBN
Kelli E. Friedman, PhD
William F. Gourash, MSN CRNP
Jennifer D. Schwettmann, MSPT
Cassie L. Truran, RD

Integrated Health Sciences Section Committees

IH Clinical Issues

The mission of the IH Clinical Issues 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 and to support IHSS ASMBS member practice.

Chair

Pamela R. Davis, RN CBN CCM
Jeanne D. Blankenship, MS RD CLE
Teri L. Barker, RN CBN
Hilary S. Blackwood, NP
Dale S. Bond, PhD
Anthony N. Fabricatore, PhD
David Kellenberger, PA-C
Paula R. Kilgore, RN CBN
Paulina P. Low, RD LDN CDE
Lorraine Oliveto-Rivera, FNP
Julie M. Parrott, MS RD LD
Harry Pina, PhD
Jennifer D. Schwettmann, MSPT
Stephanie Sogg, PhD
Lisa West-Smith, PhD LCSW
INTEGRATED HEALTH SCIENCES OF ASMBS

IH Program
The IH Program Committee is responsible for developing and arranging the Annual Meeting Main Session. The committee identifies needs, professional gaps, and barriers; reviews and grades submitted abstracts; selects relevant topics and educational design; secures guest speakers; and contributes to the development of overall conference programming.

Chair
Teresa D. Leath, RN CBN
Immediate Past Chair
Karen M. Schulz, RN MSN CBN
Sue C. Bunnell, RN BS CBN CHSP
Ronald K. Evans, PhD
Karen M. Flanders, NP CBN
Kelli E. Friedman, PhD
Jennifer R. Gianos, RN CBN RNFA CNOR
Shannon M. Jansma, PA-C RD
Jill G. Meador, RN BSN CBN
Bobbie Lou Price, RN BSN CBN
Maureen T. Quigley, ARNP
Stephen J. Ritz, PhD

Chair
William F. Gourash, MSN CRNP
Christine C. Bauer, MSN RN CBN
Melissa M. Davis, MSN APRN BC CNS RNFA
Ruth M. Davis, RN BSN
Teresa D. Leath, RN CBN
Tracy Martinez, BSN RN CBN
Jessie M. Moore, APRN

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.

RN Certification
The RN Certification Committee is dedicated to enhancing and promoting the specialty of bariatric nursing care by maintaining the CBN certification program. Its objectives are to:

a. Develop and maintain an RN professional practice certification for the specialty of Bariatric Nursing Care.
b. Administer a fair, valid, and reliable examination process.
c. Administer an examination that certifies professional knowledge and skill in bariatric standards of care and expected outcomes.
d. Communicate the value of this credential to the public and other key constituencies.

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

ASMBS Finance Committee:

Robin Blackstone, MD, Chair, John Baker, MD, Bruce Wolfe, MD, Georgeann Mallory, RD

The ASMBS Finance Committee and Executive Council remain committed to providing strong financial stewardship aimed at securing and advancing the organization’s long-term ability to serve our members and our patients. We are committed to protecting and building the financial strength of the Society so that the members will continue to receive better education, services and products in the future.

The primary sources of revenue to fund our programs and services are revenue from meetings, membership dues, our journal, Surgery for Obesity and Related Diseases, and grants. The ASMBS passed a solid, fiscally responsible budget for 2010 and will continue to make strategic investments in the coming year.

Each year, the ASMBS financial records are formally reviewed by an independent accounting firm with a full audit performed every three years.

The following report provides an overview of the 2009 finances.

<table>
<thead>
<tr>
<th>AMERICAN SOCIETY FOR METABOLIC AND BARIATRIC SURGERY, INC.</th>
<th>2009</th>
<th>2008</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Assets</td>
<td>$4,498,516</td>
<td>$3,775,808</td>
</tr>
<tr>
<td>Total Liabilities</td>
<td>$633,619</td>
<td>$852,414</td>
</tr>
<tr>
<td>Net Assets</td>
<td>$3,864,897</td>
<td>$2,923,394</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>AMERICAN SOCIETY FOR METABOLIC AND BARIATRIC SURGERY, INC.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Statements of Revenues and Expenses - Accrual Basis</td>
</tr>
<tr>
<td>December 31, 2009 and 2008</td>
</tr>
<tr>
<td>REVENUES</td>
</tr>
<tr>
<td>Conference and Education</td>
</tr>
<tr>
<td>Membership Dues</td>
</tr>
<tr>
<td>Other Revenues</td>
</tr>
<tr>
<td>Advocacy</td>
</tr>
<tr>
<td>TOTAL REVENUES</td>
</tr>
</tbody>
</table>

| EXPENSES                                                   | 2009  | 2008  |
| Conference and Education                                   | 2,076,369 | 2,477,766 |
| Supporting Services/Management & General                   | 1,743,554 | 1,963,343 |
| Advocacy                                                   | 90,591   | 37,587   |
| TOTAL EXPENSES                                             | 3,910,514 | 4,478,696 |

OTHER INCOME (EXPENSE)  *

| Investment Income (Loss)                                  | 752,774   | (946,845) |

CHANGE IN NET ASSETS                                        | 941,502   | (922,331) |

NET ASSETS AT BEGINNING OF YEAR                               | 2,923,395 | 3,845,726 |

NET ASSETS AT END OF YEAR                                     | $3,864,897 | $2,923,395 |
**Certified Bariatric Nurse Program (CBN®)**

The Certified Bariatric Nurse (CBN®) Examination is designed to assess the professional competence of practitioners of Bariatric Nursing. This certification examination program is based on the distinct and well-defined field of nursing practice subscribing to the overall purpose and function of nursing. Bariatric Nursing is a specialty distinct from other nursing specialties and is national scope.

We are proud to announce that the CBN Exam is in its third year of testing and we have over 750 CBN's in the US and abroad.
MEMBERSHIP GROWTH

The ASMBS is the largest organization in the world solely devoted to the surgical treatment of obesity. Our members are the lifeblood of our organization. Members represent surgeons and professionals from a wide variety of specialty areas all of which play key roles in the care of the bariatric patient. Through their volunteer efforts, our members contributed to the advancement of the ASMBS by serving as board members, committee chairs, and committee and task force members working on a range of activities. ASMBS membership has continued to grow to over 3300 active members.
2009 - 2010 AWARDS AND HONORS

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

2009 Recipients
Christopher Still, DO, FACP
Grant Title: Identification of Molecular Markers for NASH
Amount Awarded: $50,000
Funded by: ASMBS Foundation

Daniel De Ugarte, MD
Grant Title: Impact of Metabolic/Bariatric Surgery on Diet-Induced Childhood Obesity: Implications for Long-Term Health and Offspring Metabolic Phenotype
Amount Awarded: $50,000
Funded by: ASMBS Foundation

Michael B. Peters, Jr., MD
Grant Title: Autonomic Nervous System Function and Novel Determinants of Glucose Homeostasis Following Bariatric Surgery
Amount Awarded: $43,000
Funded by: ASMBS Foundation

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

Aurora D. Pryor, MD
Duke University
Grant Title: Early intervention in patients with predicted poor long-term outcome following laparoscopic Roux-en-Y gastric bypass: a prospective randomized study
Amount Awarded: $50,000
Funded by: ASMBS Foundation

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

2009 Recipient
Bobbie Lou Price, RN, BSN, CBN
Greenville, North Carolina

2010 Recipient
Jessie C. Moore, APRN
New Haven, Connecticut

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.

2009 Recipient
Rebecca Petersen, MD MSc
Seattle, WA
Prospective Application of the Obesity Surgery Mortality Risk Score (OS-MRS) May Improve Outcomes in High-Risk Patients Undergoing Bariatric Surgery

2010 Recipient
Patricia Gnatotkin, MD
Johnstown, PA
Pancreatic Islet Isolation in a Rat Model Shows Increased Insulin Secretion After Gastric Bypass

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

2009 Recipients
Kerstin Zalesin, MD
Royal Oak, MI
Differential Loss of Fat and Lean Mass in the Morbidly Obese After Bariatric Surgery

Jamie Seiler, PA-C
Danville, PA
Changes in Bone Mineral Density and Body Composition Following Roux-en-Y Gastric Bypass Surgery
MEDIA OUTREACH YEAR IN REVIEW

JUNE 2009 - JUNE 2010

The American Society for Metabolic and Bariatric Surgery (ASMBS) and Communication Partners & Associates continued its efforts in the past year to increase awareness of morbid obesity as a disease, increase acceptance of bariatric surgery as a treatment to resolve morbid obesity, Type 2 diabetes and other co-morbid conditions, and enhance patient access. ASMBS leadership has helped to further established ASMBS as the leading authority comprised of the foremost experts in the field of metabolic and bariatric surgery.

Our year-to-date public relations efforts include the following activities: News Bureau, Strategic Planning, Media Training and on-site and off-site Media Relations for the ASMBS 26th Annual Meeting. The News Bureau secured scores of interviews for ASMBS spokespersons and included the drafting, submission and eventual publication of a letter to Time magazine refuting Al Roker’s claims about the danger of surgery. Op-Ed outreach on health care reform, an announcement about two major insurers covering sleeve gastrectomy, and media outreach on the Diabetes Surgery Summit. Strategic planning work included several meetings and retreats and resulted in the development of short-, mid- and long-term objectives, strategies and activities for the organization at large and each of its committees.

Based on our media relations activities this year, a significant amount of media coverage was generated for ASMBS that spanned print, radio, TV, internet and social media resulting in more than 600 million media impressions so far, in some of the top national and major U.S. city news outlets, which include but are not limited to: USA Today, The Wall Street Journal, The New York Times, Los Angeles Times, Associated Press, Reuters, Reuters Health, NBC Today show online, ABCnews.com, AARP Bulletin, Bloomberg, U.S. News & World Report, Health Magazine, Better Homes and Gardens magazine, CBS Radio- Boston, NY Daily News, Chicago Tribune, Philadelphia Inquirer, Dallas Morning News, Detroit Free Press, St. Petersburg Times, several regional business journals, various trade outlets like WebMD, Medscape, Bariatric Times.

ASMBS has also been viral on social media networking platforms. The ASMBS Twitter page has been generating a great deal of attention as links to news stories featuring ASMBS and society interests are tweeted, along with press releases posted on the ASMBS website. Currently ASMBS has more than 200 Twitter followers and many of them pass along or “retweet” those links to hundreds of their followers, driving people to view stories and issues important to ASMBS, and bringing them to the ASMBS website. At the Annual Meeting, video stories were also repurposed for YouTube, where they received several thousand views.

Surgery for Obesity and Related Diseases (SOARD)

Harvey J. Sugerman, M.D.
Editor-in-Chief

Surgery for Obesity and Related Diseases (SOARD) has now entered its sixth year of publication. We have negotiated a new five year contract with Elsevier, which has been a very supportive publisher. The number of manuscripts submitted continues to increase and is associated with the improvement in the quality of our publication. We have a strong Editorial Board that has worked hard to make this possible and to which I am very grateful. SOARD has also been financially beneficial to the ASMBS and its revenues for the Society are guaranteed to increase annually. We look forward to our first “impact factor” later this year.
ADVOCACY UPDATE

Passage of Health Care Reform
The most important event of the early months of 2010 was President Obama signing into law comprehensive health care reform legislation, entitled The Patient Protection and Affordability Act (PPAA). The new law includes a number of provisions that will be beneficial for patients seeking access to, and coverage of, obesity treatment.

The most important provisions related to access to care include: establishment of temporary high-risk pools for those who have not been able to secure health insurance due to obesity or another medical condition; mandatory health plan coverage, without cost-sharing of preventive services with an A or B recommendation of the U.S. Preventive Services Task Force (such as screening for obesity and providing intensive behavioral counseling); prohibition of health plans placing annual and lifetime limits on the amount of dollar value of coverage; and elimination of the ability for health plans to cancel or “rescind” coverage when patients become ill. While some of these and other patient protections will become effective within six months of enactment of the law, others will not take effect until 2014.

While the above patient protections are good news for those who struggle with their weight, the surgical community in general was disappointed with what was not included in the Patient Protection and Affordability Act. For example, ASMBS joined with the surgical community on a number of occasions over the past 15 months in calling on Congress to include a permanent fix of the flawed sustainable growth rate (SGR) formula under Medicare’s physician payment system. Since Congress failed to include the SGR fix in health care reform, physicians continue to face an across-the-board 21 percent payment cut. Other issues that were voiced by the surgical community throughout the reform process included Congress’s failure to incorporate meaningful medical liability reform into the final package and creation of an unelected, unaccountable Medicare advisory commission.

Moving forward, the ASMBS will actively participate in the federal regulatory rulemaking process to help the Department of Health and Human Services and the Centers for Medicare & Medicaid Services craft final regulations that will provide clear instructions to health insurance carriers regarding newly covered obesity counseling and treatment services.

Resolution Designating National Childhood Obesity Awareness Month Moves Forward
On March 26, 2010, the United States Senate passed legislation introduced by Senators Kirsten Gillibrand (D-NY) and George V. Voinovich (R-OH) to designate the month of September as National Childhood Obesity Awareness Month – bringing national attention to a growing epidemic among youth in the United States. In addition, the resolution requests that the president issue a proclamation calling on the federal government, states, tribes and localities to observe September with programs that promote healthy eating and physical activity among all ages. The companion resolution (H. Res. 996), introduced by Representatives Marcia Fudge (D-OH) and Kay Granger (R-TX), is currently pending final approval in the U.S. House of Representatives.

Tennessee and New York ASMBS State Chapters Take Advantage of ESCAP
At the beginning of 2010, the Tennessee and New York ASMBS State Chapters signed up to participate in ASMBS’s new Enhanced State Chapter Advocacy Program (ESCAP), which was established through a grant from the ASMBS Foundation. Under ESCAP, ASMBS State Chapters are afforded the opportunity to directly contract with ASMBS’s Washington Policy Consultant, Christopher Gallagher, and have Chris serve as the Chapter’s Washington Representative on both State and Federal issues.

To date, Chris has made introductory meetings with almost all of the offices in both the Tennessee and New York Congressional delegations. During these visits, New York and Tennessee legislators were encouraged to cosponsor a resolution designating September as the National Childhood Obesity Awareness Month. The influence of these two state chapters directly resulted in 10 legislators co-sponsoring the resolution.

ASMBS Endorses HR 5209, Healthy CHOICES Act
On May 5, 2010, ASMBS endorsed HR 5209, Representative Ron Kind’s (D-WI) Healthy CHOICES (Communities through Helping to Offer Incentives and Choices to Everyone in Society) Act – comprehensive legislation targeting many of the critical areas surrounding obesity such as prevention, treatment, research, nutrition and wellness, physical activity and our built environment. Following are some of the highlights of the legislation:

- Establish BMI as a “vital sign” and require BMI information to be provided in vaccination records for school-age children.
- Establish grant program to help states disseminate information about BMI results to parents and children.
- Expand coverage for obesity prevention and treatment services in Medicare, Medicaid, and SCHIP.
- Expand coverage of medical nutrition therapy in Medicaid and SCHIP.
- Provide grants to promote healthy eating behaviors and physical activity in communities disproportionately affected by overweight and obesity.
- Provide grants to train health professionals and health profession students on how to prevent and treat obesity.
- National Center for Health Statistics: Expand collection of data on obesity.
AMERICAN SOCIETY FOR METABOLIC AND BARIATRIC SURGERY
STATE AND LOCAL CHAPTERS

Arizona Chapter of the
American Society for Metabolic and Bariatric Surgery
President: Robin Blackstone
Vice-President: Andrew Marziale
Secretary/Treasurer: David Podkarpen
Advocacy Representative: Stephen Burpee

The Arizona Chapter of ASMB was incorporated in 2009 and recognized by the society in June of 2009. We currently have five ASMB Centers of Excellence in Arizona: Flagstaff Regional Hospital in Flagstaff, Arizona NorthWest Hospital in Tucson, Arizona and three in the greater Phoenix area: Banner Gateway, Phoenix St. Luke’s and Scottsdale Shea Medical Center. All of these programs are strong supporters of the Arizona Chapter and all centers accept both Medicaid and Medicare patients.

We had our first annual scientific meeting on February 5 - 6, 2010 with over 50 surgeons and integrated health members attending. Dr. Kelvin Higa, Senior Past President of ASMB gave a keynote speech on the ethics of Bariatric Practice. In 2010 we had a series of lectures focused on bariatric surgical revision, review of the ASMB Position Statement, The Emergency Care of the Bariatric Surgical Patient, and discussions on how to decrease our liability and how risk adjusted outcomes will impact the future of our specialty. We were able to fund the meeting through an unrestricted grant from Ethicon Endosurgery. The speakers all donated their honorarium back to the Arizona Chapter.

During the business meeting we discussed the process for running the chapter in the upcoming years. We have set dues at $300 per surgeon per year and $35 per integrated health member. We also agreed to participate in the ASMB program for State Resources. We scheduled our next chapter’s meeting at 6pm on June 24, 2010, during the 27th ASMB Annual Meeting. Our goal for 2010 is to promote access to care in the State of Arizona.

California Chapter of the
American Society for Metabolic and Bariatric Surgery
President: Namir Kothkonda, MD
President Elect: John Morton, MD
Vice President: Ninh Nguyen, MD

Illinois Association of Bariatric Surgeons, Inc.
President: Vivek Prachand, MD
Vice President: Christopher Joyce, MD
Treasurer: James Kane, Jr., MD
Access to Care Representative: Vivek Prachand, MD

Michigan Bariatric Society
President: Wayne English, M.D.
Vice President: Kevin Krause, M.D.
Secretary: Stuart Yerzenman, M.D.
Treasurer: Matt Weiler, M.D.
Vice: Jamie Foote, M.D.
State Access Representative: Art Carlin, MD

The Michigan Bariatric Society leadership is developing relationships with federal and state legislators, and the Michigan State Medical Society. We plan to speak at upcoming meetings to educate our legislators and medical colleagues about the disease of obesity and caring for bariatric surgery patients.

The Michigan Bariatric Society is also planning to attend the Michigan Association of School Boards Meeting to help increase obesity awareness in Michigan schools; especially childhood obesity and the need for healthy food choices and to emphasize physical activity in schools. The Michigan Bariatric Society firmly embraces Michelle Obama’s “Let’s Move” campaign and our members are working hard to have her message heard in our local communities.

The 3rd Annual Michigan Bariatric Society Meeting is being held on November 12, 2010 in Ann Arbor, MI.

The Bariatric Society of the Carolinas
Pro Tem Officer: Roc Bozman, MD
Pro Tem Officer: John Scott, MD

The members of the North Carolina Bariatric Society have joined together with our colleagues from the state of South Carolina to form The Bariatric Society of the Carolinas. We look forward to a renewed and concerted approach to providing quality bariatric surgical care in the Carolinas and the opportunity to enhance the quantity of bariatric care through legislation and education.

Oklahoma Society for Metabolic and Bariatric Surgery, Inc.
President: Luis V. Grapo, MD
Vice President: Steven Katz, MD
Secretary/Treasurer: Kevin Fisher, MD
Access to Care Representative: Steven Katz, MD

Oregon Society for Metabolic and Bariatric Surgery
President: Stephen Archer, MD
VP/Elect: Steve Tesigni, MD
Secretary: Kathryn Kellenbeck, Bariatric Coordinator
State Access Representative: Thuy Hughes, MD

The Oregon Society of Metabolic and Bariatric Surgery (OSMBS) was established in October 2008 with 16 members in the state. The society has played a role in insurance negotiations with the statewide insurers for state employees such as teachers. Bruce Wolfe’s input in this process was invaluable and this process will likely yield a benefit to thousands of citizens in Oregon. The benefit will especially expand psychological support. The OSMBS provided a real entity for communication with the insurers. One stated goal of the OSMBS in the last year to help expand access to surgeons in the cities where patients actually live, a process that breaks down with the centers of excellence at times. We have not made headway in this regard. The COE process is a solidified part of most insurance plans at this point. Many OSMBS members feel that the benefits of a COE are not counterbalanced by the inconvenience and potential danger of being so far from the operating surgeon. On behalf of those members I include this in this report.
AMERICAN SOCIETY FOR METABOLIC AND BARIATRIC SURGERY
STATE AND LOCAL CHAPTERS

Tennessee Chapter of the
American Society for Metabolic and Bariatric Surgery, Inc.
President: Douglas O. Olsen, MD
Vice President: Jaime Ponce, MD
Secretary/Treasurer: Albert T. Spaw, MD
Integrated Health: Pamela R. Davis, RN CBN CCM
Access to Care Representative: Douglas O. Olsen, MD

The TN chapter of ASMBS currently has 69 paid members. Over the last year, the TN chapter has accomplished the following achievements:

- Developed and launched a new website http://www.tnasmb.org/default
- Held their third conference
- Began working with Chris Gallagher via the Enhanced State Chapter Advocacy Program (ESCAP)
- Access to Care committee had several conference calls and activities including a conference call with Blue Cross of Tennessee regarding coverage of complications of bariatric surgery, outcomes at CCE versus non-CCE programs and vertical sleeve gastrectomy. They now have a new Medical Director and the Access to Care committee is pursuing a meeting to discuss coverage of vertical sleeve gastrectomy.

Texas Association of Bariatric Surgeons
President: Joseph Kuhn, MD
Vice President: Glenn Indes, MD
Secretary: Hugh Babineau MD
Treasurer: Brad Snyder, MD

The Texas Chapter of the ASMBS has been active in the past year. We held a two day statewide meeting in January with scientific presentations regarding new information about robotic surgery, revisions, sleeve gastrectomy, nutritional requirements, and other topics. Industry support was important. The annual meeting also included a patient-centered program with lectures, luncheon, fashion show, and combined dinner banquet with the physicians. The Texas Chapter officers interacted with insurance carriers through official presentations that helped to make significant coverage changes related to bariatric surgery for Blue Cross Blue Shield. The Chapter leadership was instrumental in working with a state legislator for getting a bill passed to allow for bariatric coverage for retired state employees. The Chapter negotiated and arranged for a management company to help run the society, allowing for optimal collection of dues, surgeon participation, and industry support.

The Florida State Chapter of the ASMBS
President: Michel Murt, MD
Vice President: Paul Rosenthal, MD
Treasurer: Robert Marerna, MD
Secretary: Jeff Lord, MD
Member at Large: Keith Kim, MD

The Mississippi Chapter of the American Society of Metabolic and Bariatric Surgery
President: Kenneth Cleveland, MD
Secretary/Treasurer: Adam Duncey, BSN, RN, CBN
State Advocate: Terry Pinson, MD
The New Jersey Society for Bariatric Surgeons, Inc.
President: Hans J. Schmidt, MD
Vice-President/Secretary: Morris Washington, MD
Treasurer: Michael Nusbaum, MD
ATC Representative: Alex Onopchenko, MD

At the ASMBS meeting in Dallas, we had an evening meeting with 11 members attending; the focal point was a talk “Facts You Need to Know When Talking to a Medical Director or Politician” by Neil Hutchet, MD. It was decided that in order to keep better in touch on a state level, frequent conference calls would be held. Conference calls among the seven officers/board members and ATC Representative were held July 29 and November 18, 2009, and March 9, 2010. Our annual business meeting, attended by nearly 30 surgeons and integrated members was held December 5, 2009, and preceded by three bariatric talks as part of the NJ ACS meeting. Most society business has focused on Access to Care and working with our insurance carriers to provide bariatric surgery without unreasonable barriers. To that end, the NJ society, along with the ASMBS and other state societies petitioned the medical direct of Aetna to include coverage of laparoscopic sleeve gastrectomy. This was approved. We have met with our Horizon BC/ BS Medical Director with data supporting LSG, and also reduction of the mandatory six month pre-operative weight loss requirement. Negotiations are ongoing. We will have another conference call before June, and then meet in Las Vegas.

The New York State Chapter of the American Society for Metabolic and Bariatric Surgeons
President: Dominick Gadaleta, MD
Past President: Mitchell Roslin, MD
Secretary: Jeff Nicoastro, MD
Treasurer: Brian Jacob, MD
Board Members: Michael Hill, MD
Board Members: Ashu Pableo, MD
Board Members: Greg Dalini, MD

The Ohio Society for Bariatric Surgery
President: Bipan Chand, MD
Past President: Patricia Choban, MD
Secretary/Treasurer: Bradley Needleman, MD
Board of Directors: John P. Maguire, MD
Access to Care Representative: Bradley Needleman, MD

The Pennsylvania Society of Bariatric Surgery
President: Michael Bono, MD
Vice President: Fernando Bonanni, MD
Secretary/Treasurer: Luciano D’Marco, MD
Access to Care Representative: Michael Bono, MD

Virginia Bariatric Society
President: Matthew Breneman, MD
Vice President: Mark Fontana, MD
Board of Directors: Neil Hutchet, MD
Board of Directors: Gregory Schroder, MD
Board of Directors: Bruce Schirmer, MD
Board of Directors: Stephen Wohlgemuth, MD
Access to Care Representative: Gregory Schroder, MD
ASMBS FOUNDATION

Founded in 1997, the ASMBS Foundation works directly with the ASMBS to promote research and education, increase public and scientific awareness and understanding of obesity, and community health initiatives.

ASMBS Foundation Board of Directors 2009 – 2010

Officers:
President - Kelvin Higa, MD, FASMSB
Secretary/Treasurer - David Provost, MD, FASMSB
Executive Director - Joe Nadglowski

Members:
ASMBS Corporate Council - Trevor Frickey
ASMBS Executive Director - Georgeann Mallory, RD
ASMBS Integrated Health - Bobbie Lou Price, RN, BSN, CBN
Council Member at Large - Robert Brolin, MD, FASMSB
Council Member at Large - Philip Schauer, MD, FASMSB
Council Member at Large - Scott Shikora, MD, FASMSB
Council Member at Large - Alan Wittgrove, MD, FASMSB
Mission

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

- Raise Funds: To raise funds that directly support critical research and education on obesity, morbid obesity, and metabolic and bariatric surgery.
- Increase Scientific and Public Awareness and Understanding: To increase awareness and understanding of obesity as a disease and that treatment of obesity and morbid obesity can prevent, improve or resolve many metabolic diseases including type 2 diabetes and other diseases including cancer.
- Improve Access to Quality Care and Treatment: To improve access to care for Americans with obesity and morbid obesity by eliminating policy, societal, economic and medical barriers that deny people appropriate treatment and support.

Supported Programs

- Double Platinum Sponsor of the Certified Bariatric Nurse Program
- Funded 19 ASMBS Research Grants to date
- Supported the ASMBS Nutrition Guidelines Project
- Supported the ASMBS Obesity Compendium
- Supported the ASMBS Online CME Program
- Funded the Integrated Health Research Awards
- Supported the Edward Mason Professorship at the University of Iowa
- Supported the educational and advocacy initiatives of the Obesity Action Coalition (OAC)
- Sponsored the Walk on the Capitol in Washington, DC in 2008
- Funded the official Walk from Obesity Cookbook
- Developed the Bryan G. Woodward Community Grant Program to support local initiatives to address the obesity epidemic - to date, has funded nine grants

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.

2009 Recipient
Mathias L. Fobi, MD FACS, FICS, FASMBS, FACN

2010 Recipient
Harry Sugerman, MD
Lessening the Burden of the Disease of Obesity