



ANNUAL REPORT

AMERICAN SOCIETY OF ANESTHESIOLOGISTS

American Society of
Anesthesiologists® 

MESSAGE FROM THE PRESIDENT

Dear Colleagues,

It has been an honor to serve as your ASA president this past year. And what a year it has been.

We saw the launch of the Perioperative Surgical Home (PSH) learning collaborative – a network that allows us to learn from one another to improve the quality of patient-centered surgical care. With the launch, 44 provider organizations are working to advance the PSH model. These organizations and groups are currently working to define the model, pilot it, and assess whether it proves superior to conventional perioperative care.

And we've expanded ASA's Anesthesia Quality Institute (AQI), which provides our specialty with an unbiased source of data and the ability to influence the creation of quality indicators and standards. This year, the National Anesthesia Clinical Outcomes Registry (NACOR) was designated as a Qualified Clinical Data Registry (QCDR) by the Centers for Medicare & Medicaid Services (CMS) for Physician Quality Reporting Systems (PQRS) reporting.

NACOR is the only anesthesia QCDR. The QCDR includes specialty-specific measures developed outside the existing pool of PQRS measures. The designation empowers physician anesthesiologists to report on measures that matter to them and their patients. Who better to know how to measure anesthesia performance than physician anesthesiologists?

Our advocacy division has also been very active – turning the tide on opt-outs and defending against state legislative efforts to abandon physician-led anesthesia care. On the federal level, the focus has been on protecting patient safety for our nation's veterans and actively lobbying against a proposal that would remove physician-led care from surgical anesthesia. These efforts are supported by our When Seconds Count™ educational endeavor. Results from these public relations efforts were strong in 2014 with more than 900 media placements that included our key messages, quotes from ASA spokespersons or the Society name. High-profile national media have consistently covered ASA in 2014, including: ABC Radio, CBS Radio, NPR, ABC, CBS, CNN,

Fox News, *Popular Science*, *Reader's Digest*, *Scientific American*, *The New York Times* and *The Wall Street Journal*.

This year, the Administrative Council approved the creation of a new staff position to serve as an ombudsman to our subspecialty societies. With a continued commitment to the subspecialty and related societies, we have worked to strategically develop new collaborations and strengthen existing society relationships and partnerships. The primary focus has been communicating, advocating and working with anesthesiology subspecialty, academic and related organizations with very positive results.

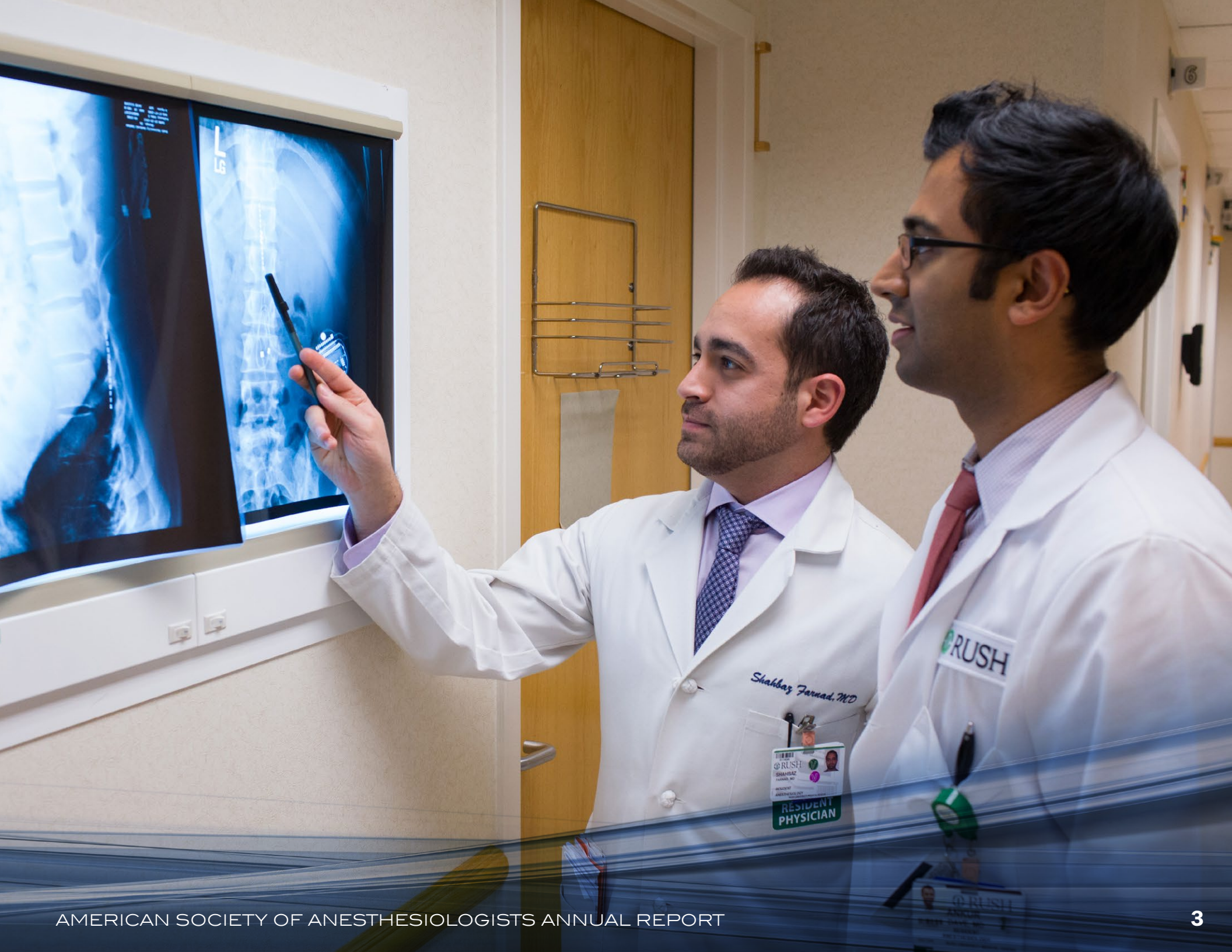
Another major milestone for the Society was the completion of our new headquarters in Schaumburg, Illinois. The three-story, 71,000-square-foot building provides a significant upgrade to our former offices and offers us the opportunity for growth in years to come.

Again, it has been my privilege to have served as your 2014 ASA president and to have been a part of the remarkable achievements we have made this past



year. I look forward to the future progress of our profession and the continued leadership and support of ASA.

Jane C. K. Fitch, M.D.
2014 President
American Society of Anesthesiologists



ADVOCATING FOR YOU

The Advocacy Division is the specialty's voice for key external stakeholders, including the U.S. Congress, federal agencies, state legislature and state agencies. Priorities for the division include preserving patient access to physician-administered or physician-led anesthesia and pain care, appropriate payment for anesthesia and pain services and working to create a legislative and regulatory environment for safe, accessible anesthesia and pain care.



Members of the Massachusetts Society of Anesthesiologists with Rep. Joe Kennedy III (D-4-MA).

ASA Member Sean Hunt, M.D., with Rep. Frank Guinta (R-NH-01) (left) and House Speaker John Boehner (R-OH-08).



Key accomplishments in 2014 included:

- Battling surgical anesthesia provisions within the proposed Veterans Health Administration (VHA) Nursing Handbook, a new national policy document seeking to mandate a nurse-only model of care in Department of Veterans Affairs facilities, in lieu of physician-led anesthesia care
- Presentation of the nation's most comprehensive anesthesiology practice conference, PRACTICE MANAGEMENT 2014
- Success in working collaboratively with the pain physician community to reverse Medicare-mandated payment reductions for certain interventional pain codes
- Support for a new national Medicare payment policy for anesthesia for screening colonoscopies

Right: Rep. Andy Harris, M.D. (R-MD-01), the first anesthesiologist elected to Congress.

- Release of new Timely Topics payment and practice management resources
- Successful partnerships with key state component societies in preserving physician-administered and physician-led anesthesia care
- Effective collaboration with state component societies to secure the 17th jurisdiction endorsing physician-led, team-based anesthesia care with anesthesiologists assistants
- Leadership in continuing to work to address drug shortages
- The nation's top physician political action committee, ASAPAC.



Protecting Veterans' Access to Quality Care

Since 2013, ASA has made protecting Veterans' access to safe anesthesia care its top advocacy priority. The Department of Veterans Affairs (VA) is proposing a VHA Nursing Handbook, which would abandon physician-led, team-based surgical anesthesia care, the current consensus model of care in VA. This proposal would implement a new mandate for solo nursing practice for all Advanced Practice Registered Nurses (APRN), including nurse anesthetists, in all VA facilities, regardless of state law, fundamentally changing care delivery in VA. In direct meetings with VA leadership, ASA

leadership and staff raised serious concerns with this plan, while also working with internal and external stakeholders who find the proposal deeply troubling. Prominent national Veterans Service Organizations, the VA's own Chiefs of Anesthesiology, national medical organizations and a bipartisan group of Members of Congress have all urged VA to reconsider this ill-advised policy.

ASA has developed key Congressional supporters on this issue who worked to include ASA-supported language on the VHA Nursing Handbook in recently enacted government funding legislation. This handbook language calls for greater

stakeholder input from organizations such as ASA and requests that any new handbooks "do not conflict with other handbooks already in place within the VHA," a direct reference to the consensus Anesthesia Service Handbook. After passage in both the House and the Senate, President Obama signed this legislation into law providing a temporary reprieve from the Nursing Handbook advancing. It is expected that VA will issue the proposed VHA Nursing Handbook in the Federal Register in the near future. The issuance of the Handbook will be accompanied by a request for public comment. At that time, ASA will activate

its membership for a strong response to illustrate the medical communities' opposition to the plan that would disrupt care to Veterans.

Payment and Practice Management Resources

PRACTICE MANAGEMENT 2014 demonstrated how it is the best venue for anyone interested in learning how an anesthesia and pain medicine practice can succeed and thrive in today's turbulent practice management and payment environment. Looking to the future, the Perioperative Surgical Home (PSH) model of care was a focus of many sessions.

ASA's leadership and collaborative efforts resulted in a decision by the Centers for Medicare & Medicaid Services (CMS) to reverse dramatic decreases to payment for interlaminar epidural injections for CY2015. While final resolution of this matter is yet to be determined, ASA is committed to obtaining fair payment for these services and will continue all efforts to achieve that end.

Continued on page 6

Members of the Arizona Society of Anesthesiologists with Rep. Ann Kirkpatrick (D-AZ-01).



ADVOCATING FOR YOU

Continued from page 4

In its proposed rule for the 2015 Medicare Physician Fee Schedule (MPFS), CMS proposed to classify anesthesia for a screening colonoscopy as an essential benefit. In formal comments, ASA urged CMS to “pay the anesthesia provider for the service and that payment should not be conditioned on the presence of other specified diseases, conditions, or situations.” ASA is pleased that CMS subsequently finalized that proposal and specifically noted in the corresponding final rule that, “This final rule with comment period establishes national policy and takes precedence over any local coverage policy that limits Medicare

coverage for anesthesia services furnished during a screening colonoscopy by an anesthesia professional.” This new policy became effective on January 1, 2015.

The ASA Relative Value Guide® and the ASA CROSSWALK® are recognized as premier resources for anesthesia coding. These important tools are reviewed and updated annually. 2014 marked the 20th anniversary of CROSSWALK.

The Payment and Practice Management Department launched its Timely Topics offerings in 2013 and this library was further enhanced and expanded in 2014. ASA members find these articles useful and practical. We look forward to building even more on this successful series in 2015.

Member Advocacy

Participation in ASA's Grassroots Network and Key Contacts program continues to grow. In 2014, ASA members engaged in record levels of advocacy and involvement. During the Legislative Conference and summer Congressional district work period there were more than 300 meetings between elected officials and physician anesthesiologists – the highest level yet!

Additionally, several members sponsored site visits with elected officials, introducing



Rep. James Lankford (R-OK-05) pays a site visit to Mercy/Edmond I-35 Wellness Center with Adam Cotton, M.D. (center), and Jay Cunningham, D.O. (left).



them to local constituents and explaining the importance of their work as physician anesthesiologists. These personal interactions build meaningful relationships with elected officials, who also receive first-hand glimpse into your medical specialty.

Members of the Louisiana Society of Anesthesiologists meet with Senator David Vitter (R-LA).

State Affairs Resources

State Affairs serves as a state-level advocacy resource to ASA's state component societies, providing strategic guidance, message development and research assistance for state legislative and regulatory initiatives. In 2014, no state governor opted out of Medicare's patient safety regulations. Legislative successes were enjoyed in states including Florida, Massachusetts, Michigan and New York, where lawmakers sided with physicians and continued existing requirements for physician-administered or physician-led team-based anesthesia care. Indiana became the 17th jurisdiction to authorize licensure of anesthesiologist assistants. Utah and West Virginia enacted important Truth in Advertising legislation. The Texas Board of Nursing withdrew its proposal to expand nurse anesthetist regulations.

ASA also participated in an amicus brief for a U.S. Supreme Court hearing regarding the Federal Trade Commission's (FTC's) overstep of federal power in a North Carolina Board of Dentistry case. Additionally, ASA submitted formal comments to the FTC strongly urging the agency to end its inappropriate interjection into state health statutory and regulatory matters. Beyond providing direct assistance to component society leadership, staff and members, State Affairs was also involved with state political organizations, helping to promote physician anesthesiologists to state elected officials. Finally, physician anesthesiologists are now members of five state legislatures, serve as commissioners of two state departments of health, sit on medical or osteopathic boards in nearly 30 states and are state medical association presidents in four states.

In 2015, State Affairs anticipates continued advocacy on topics including nurse anesthetist supervision requirements, pain medicine, licensure of anesthesiologist assistants and truth in advertising. State Affairs is eager to assist state component societies with these and other advocacy initiatives.

Drug Shortages

ASA continued its ongoing leadership in efforts to address shortages of critical anesthesia and pain drugs. Partnering with the U.S. Food and Drug Administration (FDA) and key stakeholders, ASA continued work on implementation of the Food and Drug Administration Innovation and Safety Act (FDASIA), a legislative package of important FDA provisions that includes Title X, a section dedicated solely to preventing and mitigating national drug shortages. As part of these efforts, ASA co-convened a third summit to examine in-depth the manufacturing, economic and regulatory factors that contribute to drug shortages and consider possible solutions.

ASA member Mark Brady, M.D.,
with Rep. Kevin Yoder (R-KY-03).



Rep. Phil Roe, M.D. (R-TN-01)

Political Activity

The American Society of Anesthesiologists Political Action Committee (ASAPAC) ended 2014 as the largest physician political action committee in the country and one of the 50 largest of all the nation's Federal Election Commission (FEC) registered political action committees.

Georgia Society of Anesthesiologists member Rafael Pascual, M.D. (right), and Gov. Nathan Deal view a campaign television ad released on September 2, 2014. Dr. Pascual presented Gov. Deal with an ASAPAC contribution for his re-election campaign and a check from Anesthesia Associates of Gainesville. GSA-PAC also supported the governor's re-election and jointly hosted an October fundraiser with the Medical Association of Georgia and other medical specialty societies.



THE QUALITY DIVISION

Promoting Quality, Tackling Regulatory Issues

The Quality and Regulatory Affairs Department (QRA) continues to promote the essential role of physician anesthesiologists in patient safety and health care quality. QRA provides regulatory advocacy for members, supports important ASA committees and engages with external stakeholder societies and federal agencies.



QRA works to ensure that physician anesthesiologists are able to meet the numerous requirements for performance reporting in U.S. health care. In 2014, QRA provided regulatory support and

contributed ASA measures to the Anesthesia Quality Institute's (AQI's) National Anesthesia Clinical Outcomes Registry (NACOR) during its successful petition to become a Qualified Clinical Data Registry (QCDR) for the Physician Quality Reporting System (PQRS). QRA also shepherded seven anesthesia care measures through the American Medical Association (AMA) Physician Consortium for Performance Improvement (PCPI) member voting process.

QRA continues to tackle regulatory issues by facilitating member collaboration on matters that impact physician anesthesiologists. QRA monitors changes to accreditation and practice standards from external organizations such as The Joint Commission and the Association of periOperative Registered Nurses (AORN). In 2014, QRA coordinated with physician leaders to ensure that Recommended Practices on Surgical Attire put forth by AORN would reflect workplace needs without overburdening physician anesthesiologists.

Translating complex regulatory, accreditation and measure reporting materials into understandable and actionable information for physician

anesthesiologists remains a primary objective for QRA. In 2014, QRA worked with the Committee on Quality Management and Departmental Administration to update both the Conditions of Participation and the Manual for Anesthesia Department Organization and Management (MADOM). QRA supported the Committee on Performance and Outcomes Measurement on their revisions to the key document "Patient Satisfaction and Experience with Anesthesia." QRA also worked with AQI, the Advocacy Division and physician payment groups to produce written materials and webinars on regulatory reporting, new CMS penalties and the evolving QCDR mechanism.

AQI – A Leader Among Registries

Founded in 2008, the Anesthesia Quality Institute (AQI) is now a leader among medical specialty registries. In 2014, AQI's National Anesthesia Clinical Outcomes Registry (NACOR) grew to include data from more than 255 practices, representing 37,000 providers, 3,600 facilities and more than 22 million cases. AQI's Anesthesia Incident Reporting System (AIRS) has captured more than 1,300 detailed case reports from adverse events and near-misses in real clinical practice.

HOW TO PARTICIPATE IN QCDR REPORTING FOR 2015

The National Anesthesia Clinical Outcomes Registry (NACOR) was approved as a Qualified Clinical Data Registry (QCDR) for the Centers for Medicaid and Medicare Services (CMS) Physician Quality Reporting System (PQRS) in 2014.

For 2015, AQI and the American Society of Anesthesiologists (ASA) are providing this service to eligible professionals in anesthesia. In 2015, QCDR reporting will be free for ASA members who are participating in NACOR. QCDR reporting will be offered to non-member participants in NACOR at a nominal cost.

Please note: The current reporting requirements for 2015: Practices must report on 9 measures including 2 outcomes measures.

If you are currently an AQI participant and would like to report through the QCDR:

You must:

- Contact ASA at QCDR@asahq.org and an ASA representative will contact you to assist you in the process of signing up for QCDR reporting.
- Self-nominate with AQI for QCDR reporting at the beginning of 2015. Contact Annette Antos to self-nominate.
- Attend regular phone calls/meetings to ensure that AQI is receiving the proper data.
- Sign off on the regular monthly data reports that AQI will send to the practice.
- Approve the final transmission of EP performance data to CMS.

If you are not an AQI participant and would like to report through the QCDR:

You must:

- Sign up to become a NACOR participant. Steps include:
 - Completion of a Business Associate Agreement with the AQI.
 - Payment of any necessary fees. AQI participation is free to ASA members and any EPs working with them in the care team model.
 - Completion of the AQI practice profile.
 - Transmission of electronic data to the registry (including the necessary measure codes) beginning in January 2015.
- Contact ASA at QCDR@asahq.org and an ASA representative will contact you to assist you in the process of signing up for QCDR reporting.
- Self-nominate with AQI for QCDR reporting by the beginning of 2015. Contact Annette Antos to self-nominate.
- Attend regular phone calls/meetings to ensure that AQI is receiving the proper data.
- Sign off on regular monthly data reports that AQI will send to the practice.
- Approve the final transmission of EP performance data to CMS.

In 2014, NACOR was designated as a Qualified Clinical Data Registry (QCDR) by CMS, enabling eligible providers to report performance to the Physician Quality Reporting System (PQRS). A quality capture system is under development for use in anesthesia information management systems to facilitate both local quality improvement and national regulatory reporting.

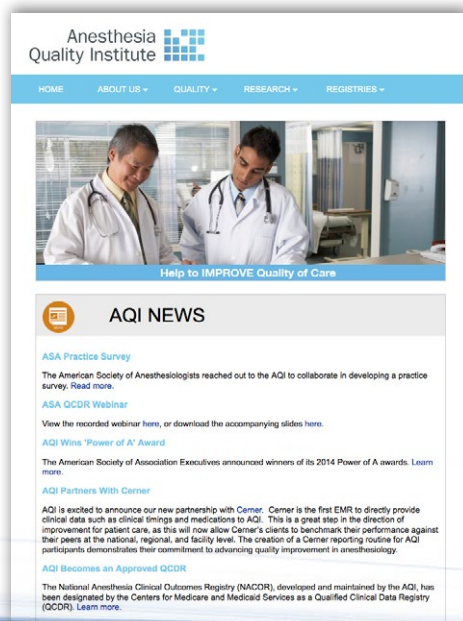
AQI registries are organized to help physician anesthesiologists and their groups easily submit case information and receive reports that identify opportunities for improvement. AQI reports show trends in performance over time and in comparison to peers. Aggregate data

from AQI registries is also available to researchers and professional societies interested in documenting trends in the national practice of anesthesia.

Data from AQI was contributed to dozens of academic publications in 2014 and was published in anesthesiology, general health care and information technology literature. NACOR is earning recognition among researchers as the largest and most comprehensive source for demographic information on surgical and anesthesia practice in the U.S.

AQI's newly formed Practice Quality Improvement Committee (PQIC) is working with data from NACOR to define common outcome definitions, intuitive reporting and recommendations for best practice in anesthesia quality management. The PQIC joined AQI's Data Use Committee, AIRS Steering Committee and Board of Directors in contributing important intellectual capital to AQI's mission of facilitating continuous quality improvement in anesthesiology.

AQI represents the best of what anesthesiology brings to modern medicine: the integration of information technology with organized self-reflection. The result of this integration is a steady expansion of surgical capabilities, increased operational efficiency and continued improvements in patient safety.

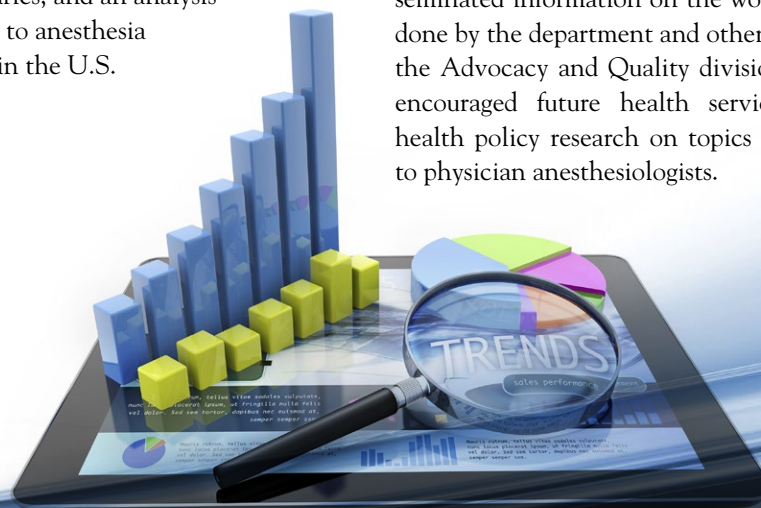


Health Policy Research: Demonstrating the Value of the Specialty

In 2014, Health Policy Research (HPR) continued its research development efforts to demonstrate the value of physician anesthesiologists. HPR collaborated on a comprehensive literature review about the Perioperative Surgical Home (PSH) model of care, which was published in the December 2014 issue of The Milbank Quarterly. In addition, HPR conducted analyses on several topics, including use of moderate sedation in Medicare, a profile of pediatric inpatient procedures and trends in the use of anesthesia billing modifiers. In 2014, HPR also initiated several larger projects still under way, including an economic study of the PSH, a profile of anesthesia services trends among Medicare beneficiaries, and an analysis of access to anesthesia services in the U.S.

HPR supported other departments within the Quality and Advocacy divisions in a variety of ways. HPR conducted literature reviews to provide supporting data for ASA's key political issues, and contributed to documents used in federal and state advocacy. HPR also helped develop anesthesia quality measures and explored the validity of NACOR through cooperative research and data analysis with AQI.

HPR regularly engages in outreach to ASA members, other medical specialty organizations and policymakers. In 2014, HPR published four Policy Briefs and five articles for the ASA NEWSLETTER. HPR staff attended many conferences and events to give presentations and connect with researchers from other organizations. Using these opportunities, HPR disseminated information on the work being done by the department and others within the Advocacy and Quality divisions, and encouraged future health services and health policy research on topics relevant to physician anesthesiologists.



THE LEARNING DIVISION

Collaborate. Innovate. Educate.

In 2014, the Education Department and Publications and Digital Content Department were merged to form the ASA Learning Division. Together, the two departments created a unified core purpose: “A professional development team focused on designing and optimizing information delivery to advance the specialty’s knowledge and skill and enhance patient safety.”

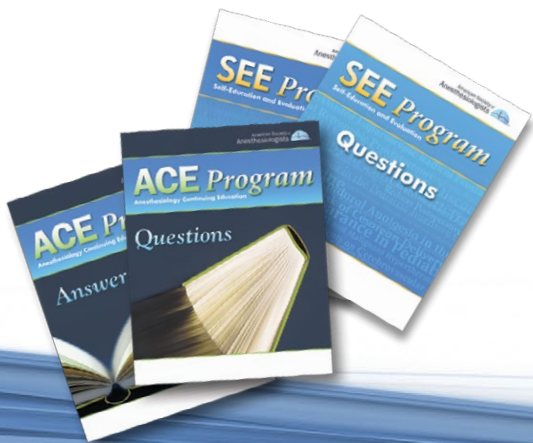
Education Department

The Education Department offers educational activities in a variety of formats designed to fit the needs of ASA membership. These include live activities, enduring materials, journal-based CME, test-item writing, manuscript review,

simulation and performance improvement activities for CME and Maintenance of Certification in Anesthesiology (MOCA®) requirements.

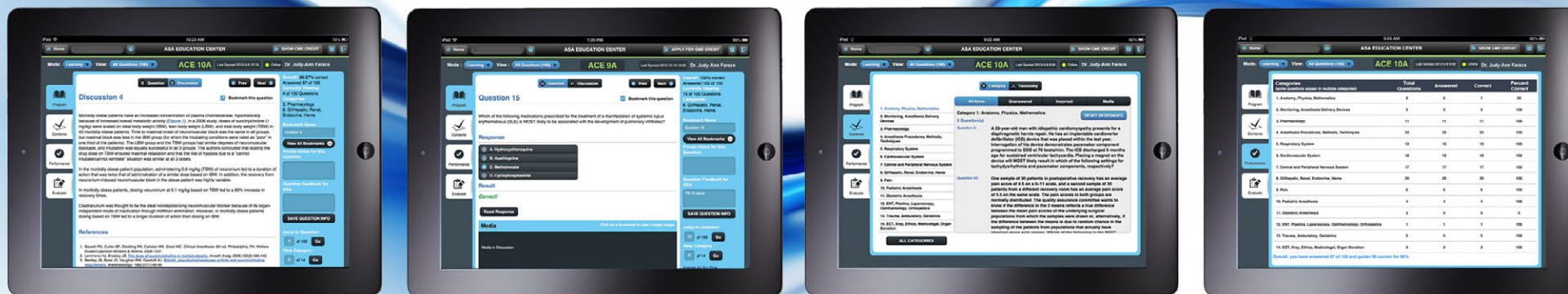
The Education Department collaborates with affiliated subspecialty and component societies to provide jointly-sponsored live activities. CME activities support members in their need for continuing professional development, including compliance with regulatory and institutional requirements (professional standing), lifelong learning and self-assessment, and performance improvement. Through ASA activities, physician anesthesiologists gain the knowledge and skills to improve their professional competency and performance with the intent to optimize patient care.

The Education Department also supports the Simulation Education Network (SEN), a system of ASA-endorsed simulation programs held in centers across the country to deliver training to physician anesthesiologists. Courses are designed to realistically recreate challenging clinical cases to allow participants to problem-solve in a manner similar to actual clinical experience.

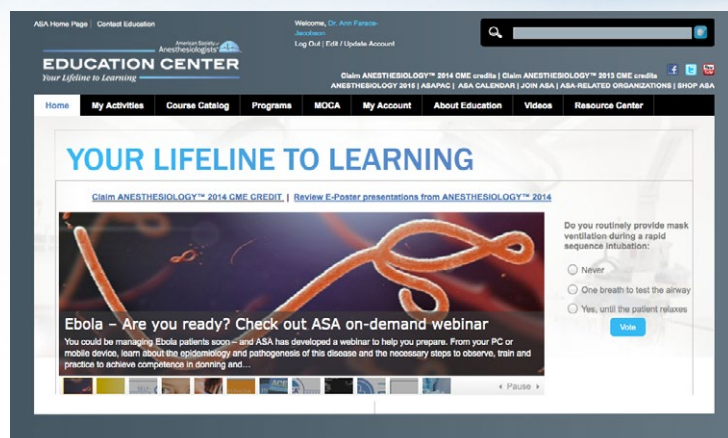


2014 EDUCATIONAL ACTIVITIES



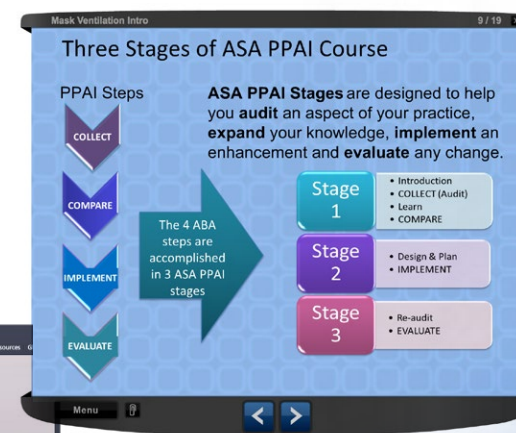
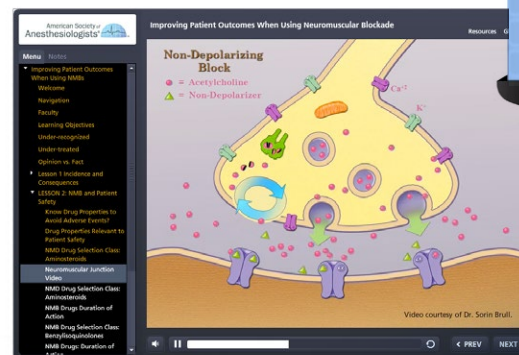


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Rapid Response to Ebola Outbreak

In response to the Ebola outbreak in 2014, the Education Department helped develop anesthesia-specific Ebola guidelines and created a popular on-demand webinar available on PC and mobile platforms that offered CME and Part II MOCA credit.



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The Simulation Education Program is the culmination of consultation among leaders in anesthesia simulation.

The program advocates for the promotion of learning through simulation and specifically approves programs of quality in anesthesiology simulation training.



THE LEARNING DIVISION

Publications and Digital Content

In an effort to align the Society's expanding electronic and print initiatives with the needs of its growing and dynamic membership, ASA formally restructured its existing Communications Department in 2013.

The Publications and Digital Content (PDC) Department grew from collaboration between ASA staff and members of the Ad Hoc Committee on Publications. This work was bolstered by input from thousands of ASA members who expressed their desire for cutting-edge publications and information that met the day-to-day needs encountered in their practices.

2014 was a pivotal year for the following ASA publications:

- **ASA NEWSLETTER:** New features and columns were approved in 2014, emphasizing ASA members' need for increased clinical content and timely, relevant information. Riding the momentum from 2014, expect a dramatically enhanced electronic NEWSLETTER experience in 2015.

- **ASAhq.org:** Members of the PDC worked closely with the Web and Digital Services Department throughout 2014 to revitalize the ASA website. Launched January 13, 2015, the new, dramatically improved site features a responsive design that was a direct response to the needs of ASA members.

- **ASAP Weekly:** This member publication featuring news and information was redesigned in 2014 to be responsive on all electronic platforms. Improved content and functionality helped ASAP's open rate improve from approximately 21 percent to a high of 40 percent in October 2014.

- **ASA Daily News:** The official news source for ASA members at the ANESTHESIOLOGY® annual meeting went all-electronic in 2014. The new Daily News dramatically reduced waste and production costs, but also increased readership and provided new avenues for advertising and corporate sponsorship.



Anesthesiology, the journal of the American Society of Anesthesiologists

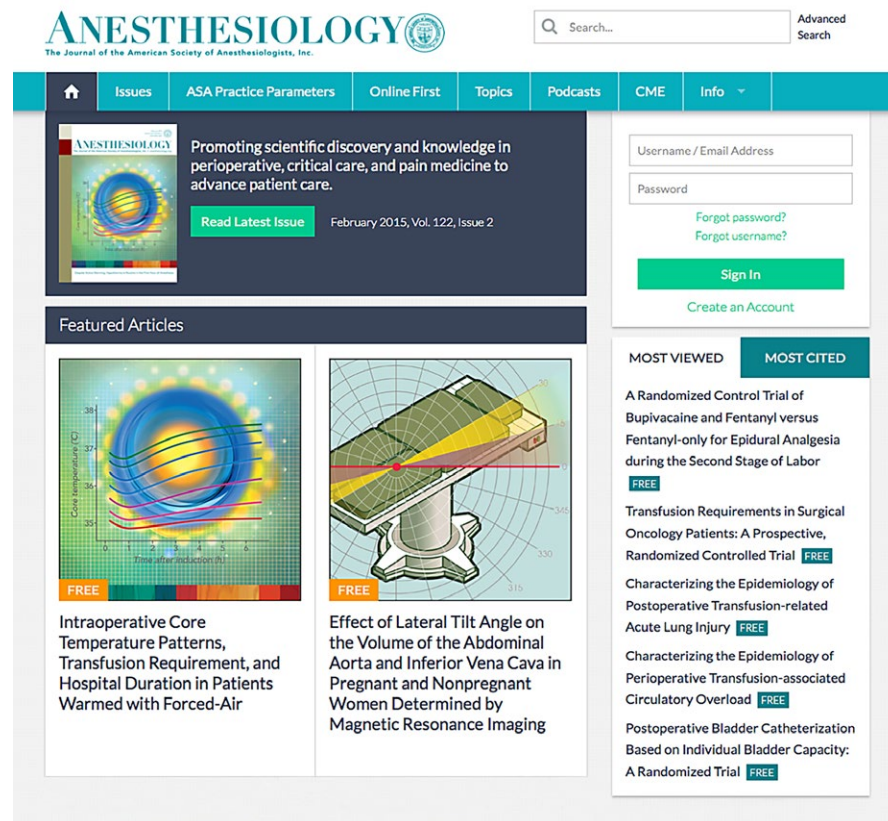
Anesthesiology, the official medical journal of the American Society of Anesthesiologists, has consistently been the world leader in peer-reviewed anesthesiology research in since 1940. In 2014, the journal incorporated changes to greatly improve the user experience and position the journal as a leading scientific publication that will help to transform the specialty – and medicine overall – for years to come.

In late 2014, the journal moved to a new online platform in conjunction with Silverchair Information Systems. Improvements include:

- New taxonomy so readers can discover the most relevant content,
- Topic collections that can be browsed in more than 30 specific subject areas,
- Search, browse and discover related information, using an intuitive interface employing the best practices,
- Optimized for viewing in any size from a desktop to tablet to smartphone,
- Share content via email, social media or download a PDF,
- Easy-to-use citation tool,
- Manage email alerts for Online First, New Issue or Topic.



Also the groundwork was laid for cross-search topic functionalities from journal articles with other society products and services, providing an unprecedented level of access and ease of use for members.



2014 Anesthesiology facts:

- **Readership continues to grow:** average daily visits to the *Anesthesiology* website increased 59 percent from 2013.
- **Returning visitors are increasing, too:** up by 32 percent over 2012.
- **Anesthesiology maintains an Impact Factor of 6.168**, making it the highest-ranking publication among anesthesiology journals.

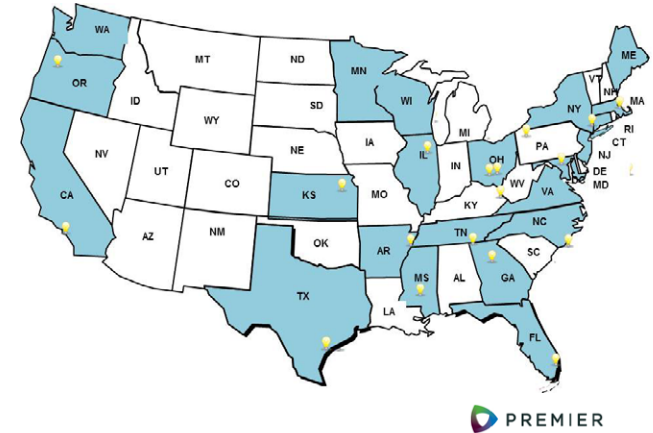
PERIOPERATIVE SURGICAL HOME

At its October 2013 meeting, the ASA House of Delegates authorized investment in the Perioperative Surgical Home (PSH) model of care. Soon after, Celeste G. Kirschner, CAE, ASA's director of member services was tapped to lead the initiative as Perioperative Surgical Home executive. The goal of the initiative was for ASA to create an environment where the PSH model can develop and grow where its value can be objectively demonstrated, and where ASA can build on the PSH to help define the future of the specialty.

Learning Collaborative

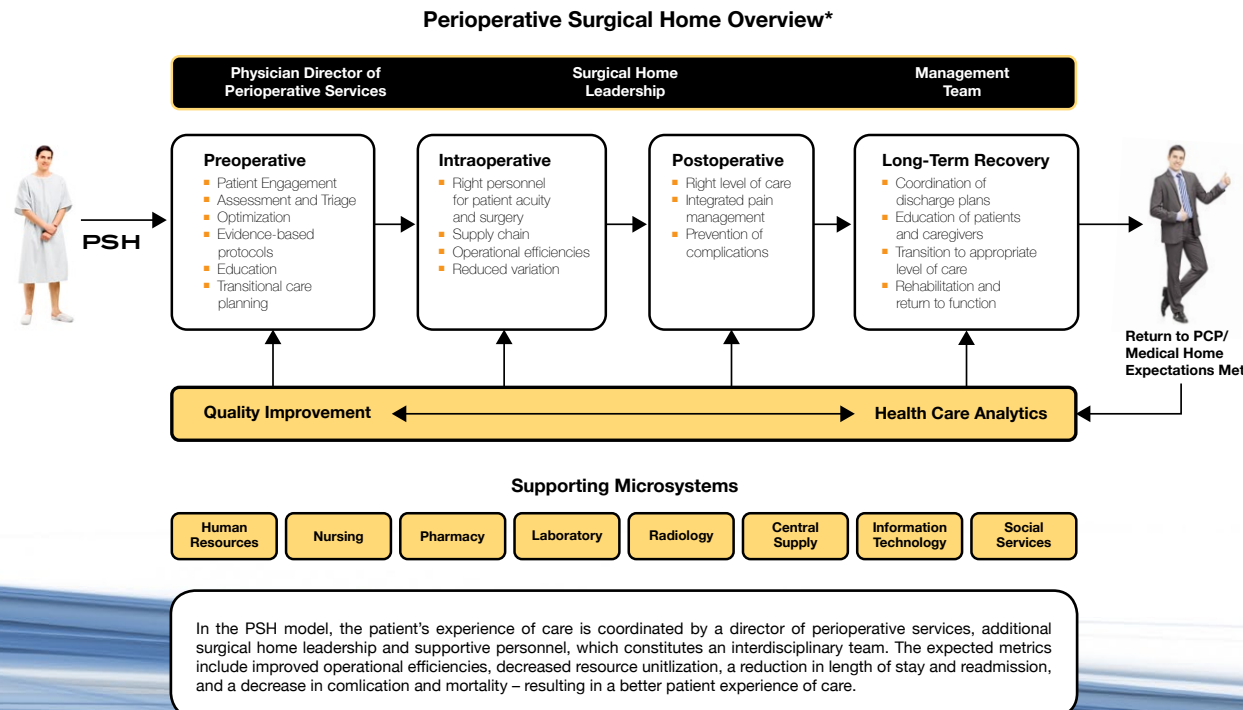
The development and implementation of the PSH Learning Collaborative was a primary focus during 2014. In April, ASA engaged Premier, Inc., a healthcare performance improvement alliance, to assist in the development and operation of a PSH Learning Collaborative. Forty-four organizations nationwide are participating in the collaborative, with participation from academic practices, community-based practices, ambulatory surgery centers and pediatric hospitals.

The collaborative held its first meeting in July, and will continue activity through November 2015. The participating physician anesthesiologists and their colleagues are pioneering the way to better patient outcomes, reduced costs and improvements in the health care system overall.



Annual PSH Summit

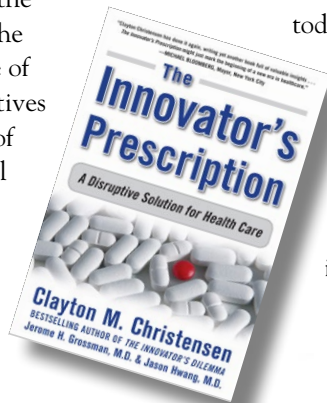
In 2014, the University of California, Irvine hosted the first Perioperative Surgical Home Summit. The summit attracted more than 300 participants from across the country as well as internationally. In 2015, ASA and UC Irvine will work cooperatively to host the second summit June 27-28 in Huntington Beach, Calif. A one-day preconference meeting on the “nuts and bolts” of the PSH will be presented on Friday, June 26.



ANESTHESIOLOGY® 2014

The ANESTHESIOLOGY® 2014 annual meeting featured more than 20 sessions about the PSH, along with several abstracts and e-posters. The opening session, “Are You the Anesthesiologist of the Future?” featured game-changing “disruptive innovations” taking place in medicine that present untold opportunities for physician anesthesiologists to become leaders in the coming health care paradigm. At the center of the session – and at the center of this new paradigm – is the PSH model of care, which puts physician anesthesiologists at the head of a health care system that aims to improve the patient experience and outcomes and reduce costs of care.

Jason Hwang, M.D., M.B.A. is coauthor of *The Innovator's Prescription: A Disruptive Solution for Health Care*, the 2010 Book of the Year recipient of the American College of Healthcare Executives and 2011 winner of the Health Journal Circle Prize for Inspiring Innovation.



(From left) Zeev Kain, M.D., M.B.A., Mark Warner, M.D., and Jason Hwang, M.D., M.B.A. answer audience questions after their presentations on the Perioperative Surgical Home at the ANESTHESIOLOGY® 2014 annual meeting in New Orleans.

Dr. Hwang spoke on the disruptive forces in health care today, and how the PSH can be part of that disruption. Mark A. Warner, M.D., ASA past president professor of anesthesiology and dean, Mayo School of Graduate Medical Education, and Zeev Kain, M.D., M.B.A., associate dean for clinical operations, UC Irvine, presented real-world examples of PSH successes and offered insights into how physician anesthesiologists can incorporate the tenets of the PSH in their own practices.

ACCELERATING PERFORMANCE IMPROVEMENT

Measure with defined metrics

Report transparently

Share best practice

Execute collaboratively



COMMITTED TO EDUCATION, INNOVATION, SCIENCE

The ANESTHESIOLOGY® 2014 annual meeting held in New Orleans was a great success, attracting nearly 13,000 attendees. The meeting, held in October, featured a wide spectrum of topics and an international focus, designed to promote the latest research and technology in the field of anesthesiology. Always the premier educational event for physician anesthesiologists and industry professionals worldwide, the 2014 meeting included more than 500 sessions across 10 dedicated learning tracks, including subspecialty and international workshops and panel discussions.

Highlights:

- Two new ASA initiatives, the **Perioperative Surgical Home (PSH)** model of care and the **Quality Clinical Data Registry**, were hot topics highlighted throughout the meeting.



Karen B. Domino, M.D. presenting the Emery A. Rovenstine Memorial Lecture.

Special lectures included:

- **The Opening Session:** "Are You the Anesthesiologist of the Future?" featured game-changing "disruptive innovations" taking place in medicine that present untold opportunities for physician anesthesiologists to become leaders in the coming health care paradigm. A presentation from Louisiana Governor Bobby Jindal wrapped up the opening session.
- **The Emery A. Rovenstine Memorial Lecture,** "Health Care at the Cross-roads: The Imperative for Change," was presented by Karen B. Domino, M.D.
- **The John W. Severinghaus Lecture on Translational Science,** "Basic Science to Clinical Practice: The Tale of Long-Acting Opioids," was presented by Evan D. Kharasch, M.D., Ph. D.
- **The ASA/APSF Ellison C. Pierce Lecture on Patient Safety:** "Competence and Teamwork Are Not Enough – The Value of Cognitive Aids," was presented by David Gaba, M.D.
- **The first-ever Society for Airway Management (SAM) Ovassapian Lecture,** "The Airway Approach Algorithm: What would Andy Say?" was presented by William H. Rosenblatt, M.D.

Opening Session speakers (from left):
Zeev Kain, M.D., M.B.A., Louisiana
Gov. Bobby Jindal, Mark Warner, M.D.,
and Jason Hwang, M.D., M.B.A.



Left: Annual Meeting Chair
Michael F. O'Connor, M.D. (left) and
2014 ASA President Jane C.K. Fitch, M.D.



AND TECHNOLOGY THROUGH MEETINGS

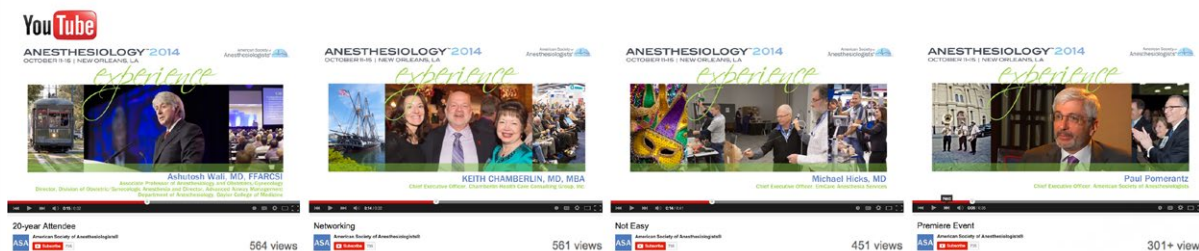
ASA Past President John Neeld, M.D., (at right) received the ASA's 2014 Distinguished Service Award in recognition of his contribution to dramatically advance the safety of anesthesia. The award is the highest honor ASA bestows and is presented annually to a member for outstanding clinical, educational or scientific achievement, contribution to the specialty and/or exemplary service to the Society.



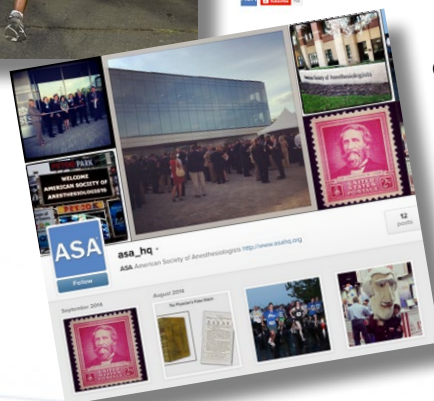
ASA spearheaded an innovative video program to highlight via ASATV the major strategic priorities of the Society as well as feature the daily activities of the meeting. ASATV showcased seven topical interviews with ASA leadership on advocacy and membership, among other topics. Headlines were produced to illustrate a rundown of the daily events, general sessions speakers, education sessions and the meeting floor.



Our YouTube ANESTHESIOLOGY® 2014 playlist (below) was heavily viewed last fall. Overall in 2014, ASA's YouTube channel received more than 336,000 visits.



More than 300 runners registered for the fifth annual ASA-sponsored Run for the Warriors® conducted by Hope for the Warriors®. The event raised more than \$60,000 for U.S. military service members and their families. The run was covered by FOX New Orleans.



Our Instagram launch (pictured at left) coincided with the ANESTHESIOLOGY® 2014 annual meeting, helping to increase exposure and encourage attendees to follow us on this new platform. Annual meeting Selfie Photo Contest winner Shawn Palmieri (ASA student member) created a buzz in the French Quarter, and Annual Meeting New Orleans Photo Contest winner Chad Greene (ASA student member) snapped the winner (shown below) at the National World War II Museum.



COMMITTED TO EDUCATION, INNOVATION, SCIENCE

International Corner

In 2014, nearly 80 countries were represented at the world's largest anesthesiology meeting. International attendees included the presidents of 18 international anesthesia societies and 104 presenters. Five international sessions were held during the meeting.

Top countries represented at ANESTHESIOLOGY® 2014 were:
Canada, Japan, China, Mexico, Brazil, The Netherlands and United Kingdom.

Connecting With the Industry

Nearly 300 exhibiting companies showcased their product innovations, services and cutting-edge technology to attendees in the new Connection Center that included the exhibit hall, two industry product theatres, and a new hands-on Product and Technology Showcase as well as the ASA Resource Center, electronic posters and Medically Challenging Cases areas, and connection lounges.

The Connection Center included a new Affiliated Subspecialty Society Pavilion. This dedicated exhibit space for affiliated subspecialty societies included ASRA, SAMBA, SCA, SEA, SOCCA and SOAP. In addition panels held at the 2014 meeting, more than 50 subspecialty and anesthesia-related groups also co-located meetings including IARS, ASATT, SASM and WFSA.



The International Anesthesiology Presidents' Luncheon (18 international anesthesia societies participated in ANESTHESIOLOGY® 2014).

to the subspecialty
ANESTHESIOLOGY® 2015 will take place
October 24-28, 2015 in San Diego.



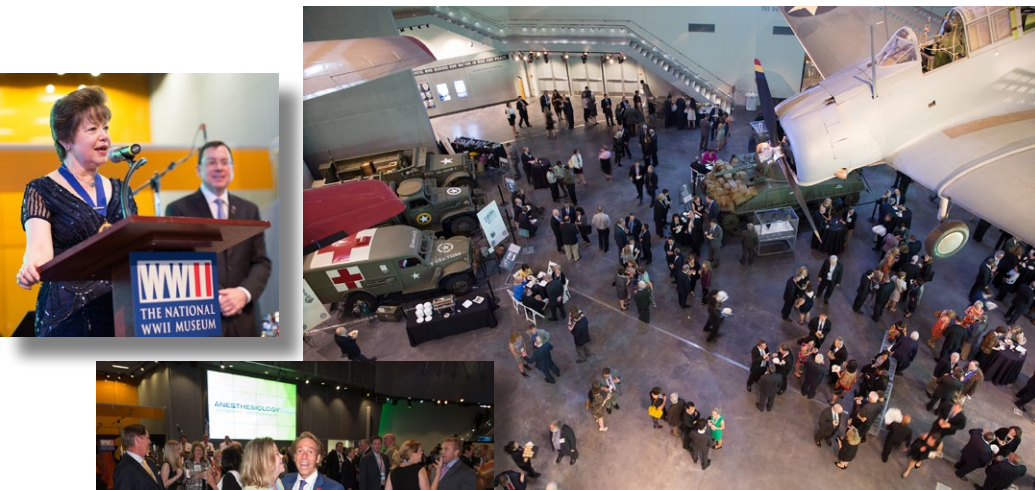
The International Connection Lounge



E-Posters area in the new ASA Connection Center – the “largest time-based electronic poster program in the world.”



AND TECHNOLOGY THROUGH MEETINGS



The President/President-Elect Reception at the National WWII Museum in the U.S. Freedom Pavilion featured a special WLM exhibit.



Nearly 300 exhibiting companies showcased their product innovations, services and cutting-edge technology to attendees in the new Connection Center.



PRACTICE MANAGEMENT 2014

In January, more than 900 attendees participated in PRACTICE MANAGEMENT 2014 in Dallas. The conference featured keynote speakers Frank G. Opelka, M.D., FACS, associate medical director, American College of Surgeons; Michael R. Hicks, M.D., M.B.A., chief executive officer, EmCare Anesthesia Services; and ASA President Jane C.K. Fitch, M.D.

The educational event delivered up-to-date information about the state of practice management, including a special focus on the Perioperative Surgical Home as well as relevant, timely and dynamic content devoted to practice management and anesthesiology.



PUBLIC RELATIONS: EDUCATING THE PUBLIC ABOUT

When a routine surgical procedure goes bad or an emergency arises, patients rely on physician anesthesiologists to evaluate, diagnose and intervene, and save lives. ASA members already know this; legislators, policy influencers, hospital administrators, the media and the public need to know it as well.

ASA's educational endeavor *When Seconds Count... Physician Anesthesiologists Save Lives™* was launched in September 2013 to increase awareness of the critical role of physician anesthesiologists and to help increase the public's knowledge of the specialty. This award-winning endeavor grew out of research showing that a majority of the public – and even many policymakers – were unaware that anesthesiologists are physicians. Six out of 10 Americans do not know that anesthesiologists are physicians.

These messages are spread by ASA members, state component societies, the *When Seconds Count™* (WSC) website, digital advertising and media relations, and also are supplemented by activities focusing on the Perioperative Surgical Home.



ASA Member Engagement

ASA members are vital to the *When Seconds Count™* endeavor's success and helped spread the word to all key audiences in 2014. To support members in these efforts, ASA distributed message maps, provided updates with ongoing communication through *ASAP Weekly* and the *ASA Newsletter*, and conducted seven webinars on the *When Seconds Count™* endeavor.

AMAX
AMERICAN
MEDICAL
ASSOCIATION
**STATE MEDICAL
SOCIETY WEBINAR**

**ONGOING
COMMUNICATION**

ASAP **WEEKLY**



Toolkit materials with new and updated elements helped ASA members spread key messages about the importance of physician-led anesthesia care. A brochure for policymakers about physician-led anesthesia care won an American Graphic Design Award from Graphic Design USA.



PATIENT-CENTERED, PHYSICIAN-LED CARE



"This was an excellent educational activity"

"Very informative and applicable to the struggles our specialty is facing."

"I wish I had done this years ago!"

"Excellent program. Very timely to help educate more of us to be good ambassadors for our specialty."

Leadership Spokesperson Training Program sessions (LSTP) are another way the Public Relations Department helped ASA members deliver key messages and discover the importance of telling stories of patient lives saved by physician anesthesiologists.

State Component Societies State component societies are another key contributor to spreading vital When Seconds Count™ messages. Several state component societies placed key When Seconds Count™ messages in their communications, adopting elements of ASA advertising and tailoring template toolkit materials.

When Seconds Count™... Website

The When Seconds Count™... website visitor traffic continues to grow at a strong pace. From January 1 to December 18, the website generated the following results:

- 25,508 site visits
- 21,147 unique visitors
- 49,131 page views

Overall, Facebook and other digital advertising campaigns have driven policymakers, the media and the public to visit the WSC website. In 2014, nearly 50 percent of the WSC website visitor traffic was driven by digital advertising campaigns.

In December 2014, 92 percent of the WSC website visitor traffic was driven by a Facebook digital advertising campaign.



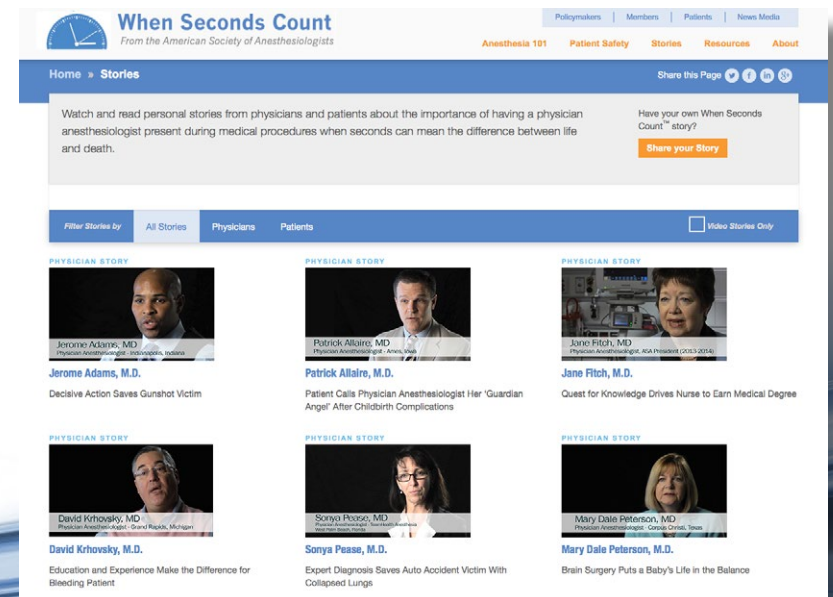
■ Facebook/Paid Media

■ Non-Paid Media

Physician and Patient Videos

When Seconds Count™ videos share stories of "close calls" where the involvement of a physician anesthesiologist made a life-saving difference. Video visibility and views of Stephanie Arnold and Dr. Jerome Adams stories grew more than

500 percent from August 2013, thanks to support from Facebook advertising campaigns. The When Seconds Count™ video series won a Gold MarCom award, presented by the Association of Marketing & Communication Professionals.



PUBLIC RELATIONS: EDUCATING THE PUBLIC ABOUT

Legislative Conference

Activities surrounding the 2014 Legislative Conference included the announcement of the inaugural Physician Anesthesiologists Week (Jan. 11-17, 2015), a presentation on storytelling and WSC educational endeavor messages, and a staffed booth offering WSC resources to members. A print and digital advertising campaign sharing Stephanie Arnold's close call increased visibility of the endeavor during the conference.

Advertisements appeared in:

National Journal



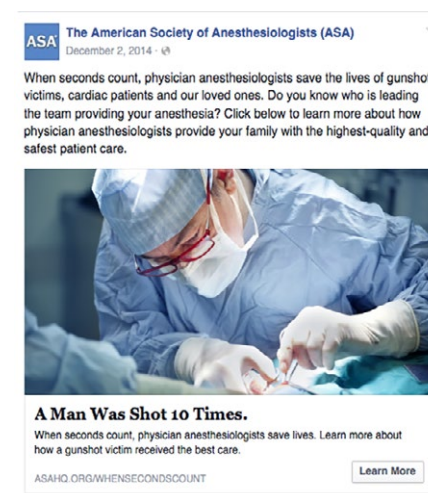
Digital Advertising

Over a two-week period, the Stephanie Arnold Facebook campaign achieved the following results:

- 482 percent increase in WSC site traffic (from 47 visitors per day to 274)
- 8,729 clicks on the ASA Facebook page and the WSC website
- 428,339 total ad impressions
- 457 likes (the average ASA Facebook post generates 4.4 likes)
- 28 comments (the average ASA Facebook post generates 0.2 comments)
- 100 shares (the average ASA Facebook post generates 0.5 shares)

In December, ASA conducted another WSC advertising campaign on Facebook and generated the following results:

- 24,812 clicks on the ASA Facebook page and the WSC website
- 1,799,017 total ad impressions
- 34,187 clicks on the ads
- 1,939 likes of the Facebook ad
- 304 comments on the Facebook ad
- 273 shares of the Facebook ad



PATIENT-CENTERED, PHYSICIAN-LED CARE

Media Relations

Year-round outreach to top-tier national consumer and trade media continued to keep ASA top of mind with key journalists.

Proactive media outreach surrounding the ANESTHESIOLOGY® 2014 annual meeting secured 281 broadcast, print and online mentions of meeting news, reaching an estimated audience of more than 19 million.



Medscape

THE WALL STREET JOURNAL.

fu pregnancy.

Modern Healthcare

POPULAR SCIENCE
THE FUTURE NOW

HealthDay
News for Healthier Living

Outreach to media in support of the launch of the Perioperative Surgical Home (PSH) Learning Collaborative resulted in coverage of the care model in:

- Modern Healthcare
- Health Affairs
- Health & Hospital Networks
- KevinMD.com
- Minnesota Physician
- Becker's ASC Review
- Infection Control Today
- MedCity News



BECKER'S
ASC REVIEW
Practical Business, Legal and Clinical Guidance for Ambulatory Surgery Centers

ICT INFECTION CONTROL TODAY

Minnesota Physician

MEDCITY NEWS

The Anesthesiology journal news release program had another successful year promoting the important scientific advances in the field and raising the visibility of Anesthesiology and the ASA.



HealthDay
News for Healthier Living

msn HEALTHY LIVING

U.S. News & WORLD REPORT

The Philadelphia Inquirer
philly.com

medpagetoday's
KevinMD.com
Social media's leading physician voice

Medscape

PUBLIC RELATIONS: EDUCATING THE PUBLIC ABOUT

Social Media

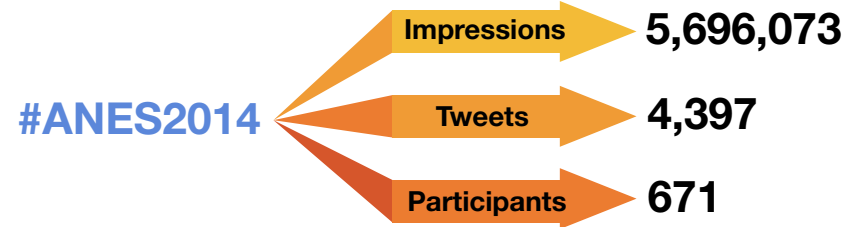
In January 2014, ASA implemented the Social Media Task Force and ASA Social Media Matrix to increase engagement and two-way conversations as well as introduce a cross-departmental, cohesive approach to social media outlets with a unified ASA voice.

Increased followers

ASA LinkedIn Company followers increase by 122%
ASA Facebook likes increase by 58%
ASA Twitter followers increase by 34%
ASA YouTube views increase by 29%

Increased engagement

In 2014, ASA social media posts increased in likes, comments, shares and retweets. While the clicks on Twitter links in 2013 were around 100 per month, clicks in 2014 were often more than 1,000 per month. In August of 2014, ASA Twitter links were clicked 1,678 times.



#ANES2014

- The official meeting hashtag #ANES2014 was used 4,397 times, a 47% increase over 2013, and ranked #1 on the list of Healthcare Conference Hashtags.
- **Twitter Rally:** ASA members and advocates tweeted about the critical conversations patients should have with their physician anesthesiologist.
- **Ambassador Programs:** Twenty-seven Social Media Ambassadors tweeted and posted about everything from beignets and gumbo to the perioperative surgical home. Nearly 300 Online Community Ambassadors added meaningful conversation to the platform that encourages discussion among attendees.
- **Contests:** Attendees participated in a number of contests, including photo and trivia contests.

#ASAWLC

At the ASA Legislative Conference in May, the public relations department launched the Social Media Ambassador Program and conducted a Twitter Rally to advocate for physician-led care. A number of U.S. senators and representatives posted about their meetings with ASA members.

#Pain101

- In September, ASA hosted a Twitter chat on pain along with the American Pain Society. The chat featured Ed Mariano, M.D. as an ASA pain expert and contributors used the hashtag #pain101 a total of 417 times, leading to 1,291,296 impressions.



PATIENT-CENTERED, PHYSICIAN-LED CARE

A photograph of a female patient with dark hair, wearing a blue and white patterned hospital gown, sitting up in a hospital bed. She is smiling and looking towards a male physician. The physician, with grey hair, is wearing blue scrubs and a red stethoscope. He is sitting at a desk, gesturing with his right hand while talking to the patient. In the background, there is a computer monitor, a printer, and a window.

ASA CORPORATE SUPPORTERS

ASA Industry Supporters provided generous unrestricted support for the vital functions of ASA in 2014. This support represents more than \$1 million in non-dues revenue helping the Society provide its members with the tools and knowledge they need to deliver the best and safest medical care as well as advance the practice of anesthesiology.

ASA is proud to recognize the following Industry Supporters:

Baxter

Teleflex®

Hospira



Edwards

Masimo®

PharMEDium

COVIDIEN



ASA INFORMATION TECHNOLOGY UPDATES

In 2014, ASA's Information Technology (IT) Department made significant improvements to the technology available to ASA members and staff. Critical advancements include:

■ We moved!

The IT Department designed and built ASA's new technology infrastructure in Schaumburg, Illinois and a new co-location Data Center, providing higher availability of ASA assets to members and staff. The department also added enhanced meeting and collaboration capabilities (Audio-Video) to support increased staff production and non-dues revenue from conference center sales.

■ Association Management System (AMS)

The IT department continued to make progress on the replacement of ASA's current Customer Relationship Management (CRM). The new AMS (Personify) will provide a better interface and system for ASA staff, better Web interfaces for ASA members to do business with ASA on the Web and greater business intelligence for ASA leadership (staff and members) to make decisions about membership and strategy going forward.

■ Website Improvement Project

The new asahq.org was launched for ASA members and its constituents using responsive design technology (usable on desktops, tablets and smartphones) while adding new features to improve the member experience, such as an enhanced Standards and Guidelines portal.

■ Learning Management System (LMS)

Progress was made on ASA's new LMS implementation. The new LMS will provide more advanced CME tracking, enhanced online course features and a new mobile-ready platform for CME in anesthesiology.



OUR CHARITABLE WORK

Global Humanitarian Outreach (GHO)

The global anesthesia crisis impacting primarily the poorest countries is well known to the Committee on Global Humanitarian Outreach (GHO). The crisis is impacted by limited training and education, lack of access to essential medicines, including oxygen, and few safety monitors such as pulse oximetry. The GHO Committee and its partner, the ASA Charitable Foundation (ASACF), work to alleviate the barriers to safe anesthesia in low-income countries across the globe.

The Rwanda Overseas Teaching Program is a GHO partnership with the Canadian Anesthesiologists' Society International Education Foundation (CASIEF) for which ASA sends six volunteers a year to teach anesthesia residents in Kigali, Rwanda. In 2014, Ana Crawford, M.D., Christopher Press, M.D., Marcel Durieux, M.D., Kate Liberman, M.D., Stewart Chritton, M.D. and Michael Heine, M.D. each spent a month teaching and interacting with the growing number of physician anesthesiologists practicing in Rwanda. Following the 1994 Genocide, Rwanda had only one remaining practicing physician anesthesi-

ologist. Today there are 13 trained physician anesthesiologists in practice, still a small number for a country of nearly 12 million people.

The ASA GHO Latin American Lifebox Program is in its second year. In 2014, in collaboration with Vanderbilt University and the ASACF, 50 Lifeboxes were delivered to Guyana. Kelly McQueen, M.D. delivered 20 Lifeboxes to Georgetown Public Hospital in May 2014 and initiated the education program for physicians, nurses and technicians. In November 2014, Berend Mets, M.B., Ch.B., Ph.D. led a team including Clifford Gevirtz, M.D., Jason Mitchell, M.D. and Joseph Schlesinger,

M.D. to finalize the delivery, including pediatric probes, and continue education and training. A follow-up team will return to Guyana in spring of 2015.

The GHO has a website for ASA members interested in volunteering overseas, and in 2015 plans to expand the site to provide additional information and opportunities to interact with well-known surgical nonprofit organizations. A new program, ASA Resident Scholarship in International Anesthesia, was approved in 2014 and will be launched in Ethiopia in July 2015.

The GHO works closely with the Committee on Trauma and Disaster Preparedness (COTEP) and in late 2014



Elizabeth T. Drum, M.D., FAAP, FCPP, member of the Committee on Global Humanitarian Outreach, with a small patient in Ethiopia.

worked to provide educational materials on Ebola for ASA members interested in volunteering in countries experiencing this epidemic, as well as those preparing for the worst here in the U.S.

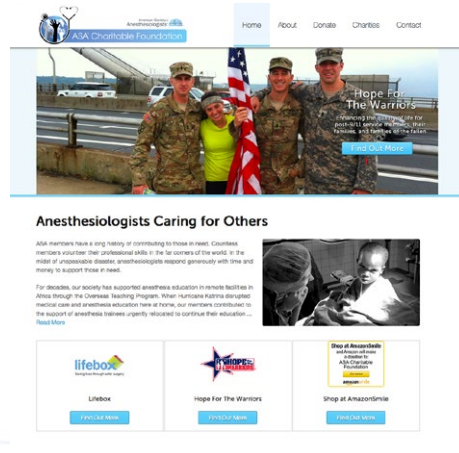


Kelly McQueen, M.D. (left) delivered 20 Lifeboxes to Georgetown Public Hospital in Guyana in May 2014 and initiated the education program for physicians, nurses and technicians.

ASA Charitable Foundation

Founded in 2011, the ASA Charitable Foundation supports the charitable endeavors of ASA members to improve health and medical care in underserved communities, increase access to quality anesthesia care and support the anesthesiology profession's response to disasters and health crises.

The foundation, along with the ASA Resident Component, sponsored a friendly national competition among residency programs for Lifebox fundraising. A small, anonymous group of donors pledged a matching gift for the residency, raising the largest sum for ASA's Lifebox campaign. The University of Rochester achieved that distinction, and the residency challenge yielded more than \$15,000 in support of the Lifebox safe surgery program.



The Resident Component announced that the competition will recur in 2015.

At the ANESTHESIOLOGY® 2014 annual meeting, Teleflex again provided an opportunity to generate a corporate contribution toward the Lifebox campaign.



Alexander Hannenberg, M.D. (left) accepts a check from Justin McMurray, President and General Manager, Anesthesia and Respiratory Division, Teleflex, for \$20,000 toward the Lifebox campaign.

The 2014 House of Delegates approved a pilot of an ASA Charitable Foundation-sponsored program to bring promising young physician anesthesiologists from the developing world to the ANESTHESIOLOGY® 2015 annual meeting. The Global Scholars program will allow these leaders of our specialty to take home knowledge, network and gain

new perspectives on fortifying the medical specialty of anesthesiology in areas where the need is enormous. The foundation will raise funds to support this program beginning in 2015.

Anesthesia Foundation

The Anesthesia Foundation is committed to helping anesthesiologists succeed. Over the past 58 years, the Anesthesia Foundation has assisted the future leaders of the specialty by granting loans worth millions of dollars to thousands of anesthesiology residents in training. In 2014, 20 anesthesiology residents and fellows across the country received or are receiving loans in a total amount exceeding \$185,000.

Anesthesia Patient Safety Foundation (APSF)

APSF awarded \$449,000 in research grants in October 2014. Since 1987, APSF has awarded 106 grants totaling \$9.5 million. APSF also sponsored a multidisciplinary conference in September 2014 to discuss patient safety opportunities created by the Perioperative Surgical Home model. The 2014 APSF/ASA Ellison C. Pierce Patient Safety Memorial Lecture was delivered by David M. Gaba, M.D. The topic for the APSF Board of Directors Workshop at the ANESTHESIOLOGY® 2014 annual meeting was "Competence and Teamwork Are Not Enough: Implementing Emergency Manuals and Checklists."



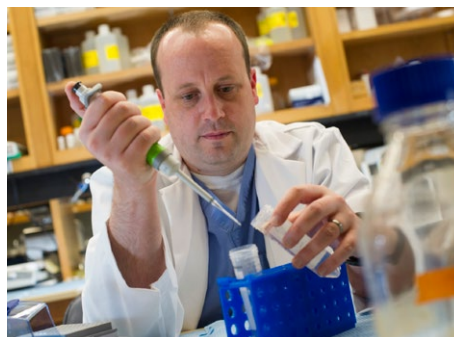
David M. Gaba, M.D. delivered the ASA Ellison C. Pierce Patient Safety Memorial Lecture at ANESTHESIOLOGY® 2014.

ASA FOUNDATIONS

Foundation for Anesthesia Education and Research (FAER)

Thanks to its generous donors, the Foundation for Anesthesia Education and Research (FAER) provides anesthesiology research grant funding in basic science, clinical, translational, health services and education research. In 2014, 16 physician anesthesiologists representing 13 institutions received FAER grants. The award funding exceeded \$2.5 million, which is the highest amount FAER has ever awarded in a single year.

In addition to its support of academic faculty, FAER aims to expand the scientific talent in the specialty by providing fellowships to medical students with an interest in anesthesiology and research. In 2014, 60 medical students matched into the Medical Student Anesthesia Research Fellowship Summer Program through which they participated in research activities in anesthesiology departments around the country and presented posters at the ANESTHESIOLOGY® 2014 annual meeting. Also in 2014, two medical students received grant funding from FAER to participate in yearlong anesthesia research fellowships.



As part of a new initiative, FAER hosted the first-ever Anesthesiology Conference on Innovation and Entrepreneurship (ACIE) in January 2014. ACIE aimed to expand knowledge of invention and innovation in anesthesia, and educate physician anesthesiologists on how to be successful physician entrepreneurs. Attendees learned from experienced physician entrepreneurs and a top-tier group of experts who discussed key ingredients underlying effective “bench to bedside” product development and technology commercialization.

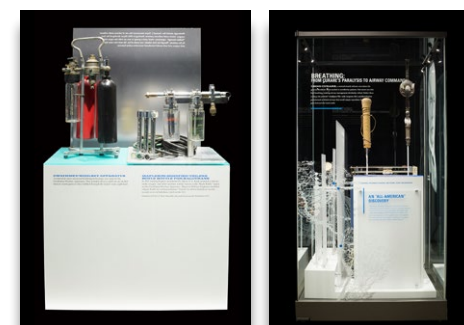
Advances in anesthesiology are made possible by individuals who believe in education and research. Supporting talented physician anesthesiologists through the formative stages of their careers will expand research in anesthesiology,

and will benefit the specialty, medical centers and, most importantly, patients. FAER thanks all of its donors for investing in the future of anesthesiology through research and education.

Wood Library-Museum of Anesthesiology (WLM)

In 2014, the WLM completed its largest move to-date and in June joined ASA in its new Schaumburg headquarters building. The WLM’s new exhibits were showcased at the ASA ribbon-cutting ceremony in August and, as promised, are both visually spectacular and breathtaking. Collaborating with ASA and The National WWII Museum, the WLM proudly created a wartime anesthesia exhibit for the ANESTHESIOLOGY® 2014 annual meeting in New Orleans. The WLM

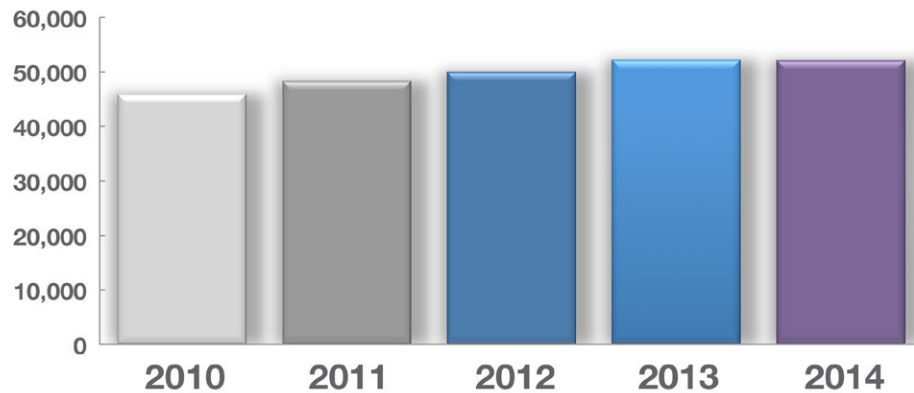
continued its many digitization projects and as of December completed digitizing 500 of its rare book items (available online). The WLM is most delighted to share the story and inspire passion about the history of the specialty, the Society and the future of anesthesiology. Please visit the recently launched online exhibit titled *The History of Anesthesia* available at woodlibrarymuseum.org.



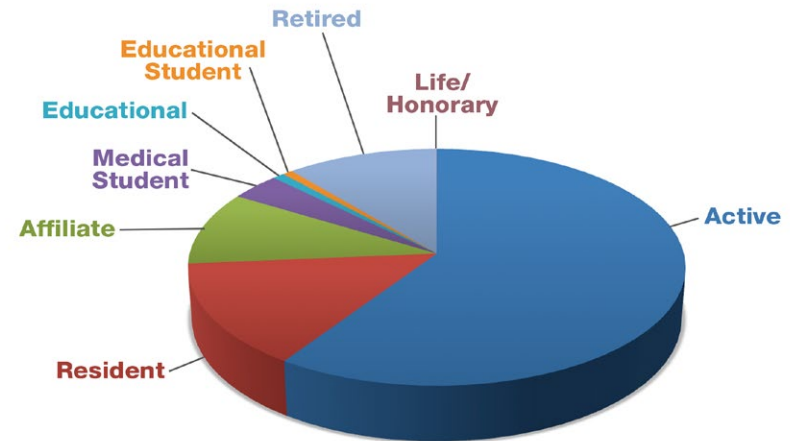
MEMBER SERVICES

Physician anesthesiologists across a wide range of demographics continue to recognize the value of ASA membership. In 2014, ASA's active membership grew slightly, while total membership remained stable year over year, with more than 52,000 members. Interestingly, new five-year comparison data show that total membership is up a sizeable 13 percent from 2010 – a reflection of ASA's proactive efforts to engage member participation in the organization and ensure its programs, products and initiatives continue to deliver value.

Total Members



2014 ASA® Membership



2014 Member Demographics

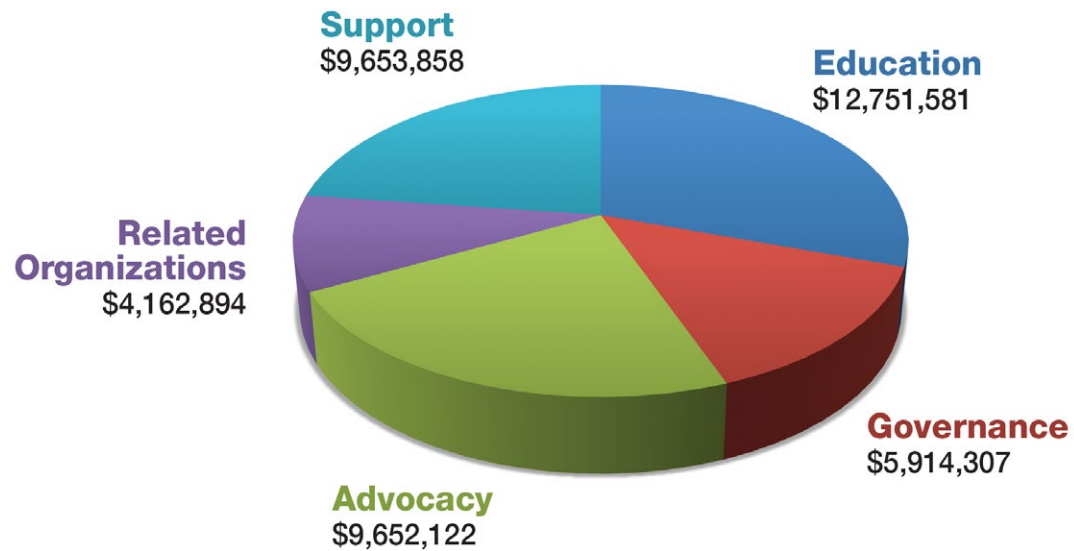
- **Active members:**
75 percent male;
25 percent female
- **Resident members:**
64 percent male;
36 percent female
- **International members:**
nine percent of membership,
representing 101 countries
- **Age of members:**
44 percent of members
are 51 or older

Unified Dues Billing Program

In an effort to simplify the dues payment process for members, ASA implemented its Unified Dues Billing Program, which combines state component society and ASA dues billing into one convenient invoice. Now in its fifth year, the program has grown substantially, with 22 state component societies participating in 2015. Thirty percent of all members will renew their dues with a consolidated invoice in 2015.

FINANCIALLY HEALTHY

2014 OPERATING EXPENSES*



2014 OPERATING REVENUE*

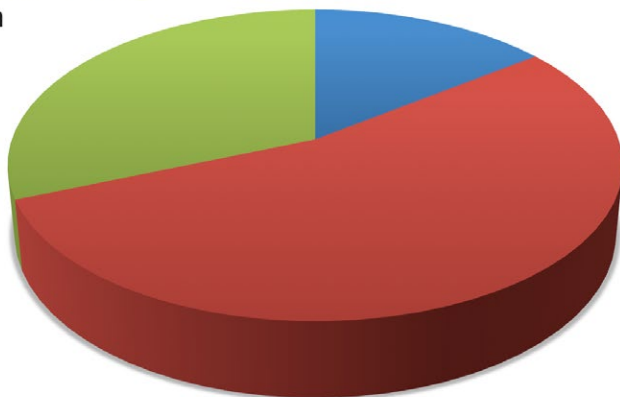


*Preliminary data – subject to audit

2014 NON-DUES OPERATING REVENUE*

**Publications, Education
and Other Meetings**
\$12.9 million

Other*
\$3.5 million



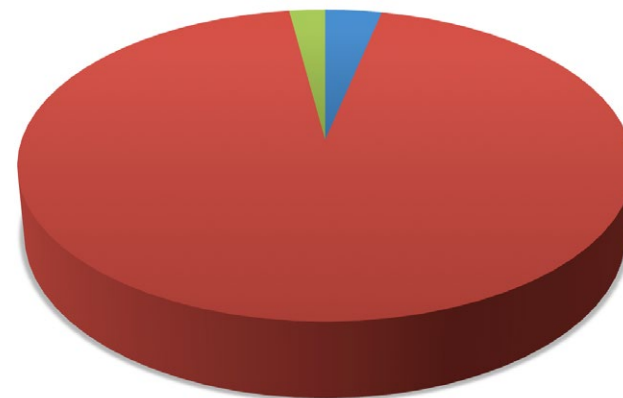
Annual Meeting
\$7.4 million

*Professional fees, Investment Allocations^[1], and Other

2014 RESERVES*

Receivables
\$1,947,313

Cash
\$3,072,111



Investments
\$83,170,588



INCOMING PRESIDENT'S MESSAGE



As I begin my year as ASA President, I'm struck by the evolution of our role. In our continual efforts to improve the quality and safety of anesthesia care, physician anesthesiologists are no longer relegated to a practice solely based in the operating suite. The broad footprint of physician anesthesiologists in the health care environment has expanded to the entire procedural practice and perioperative care. Today we deliver anesthesia care throughout our medical facilities: in procedure rooms, pre-operative clinics, Cath and GI labs, and post-procedural ICUs as well as acute and chronic pain practices. Physician anesthesiologists are leading the team providing the best coordinated care for our patients. Currently, we are poised to extend this role through the perioperative surgical home model of care. This transformative patient-centered, physician-led model of care is designed to improve quality and patient satisfaction, lower costs and ensure patient safety.

Physician anesthesiologists are no strangers to scientific innovations. Our understanding of the long-term consequences of anesthesia and invasive procedures on our patients has significantly

progressed. The science tells us there is much more to recovery than "waking the patient up." Innovations in anesthesiology have demonstrated that improved management of invasive procedures and anesthesia care has tremendous implications on the recovery and long-term health of our patients. I look forward to the ongoing implementation of these innovations in our standard of care, which will continue our specialty's journey to improve the quality and safety of the medical care we deliver to our patients.

Not only is this an exciting time to be a physician anesthesiologist, I believe that this is the best time to be a physician anesthesiologist and am very optimistic regarding our future. We do a tremendous job, every day, protecting the lives of our patients. It is not by accident or happenstance that the top 100 hospitals in the United States, all of varying size and teaching status, share a common characteristic: they all use physician anesthesiologists to lead their anesthesia care. We are not charity cases of hospital administrators – these facilities utilize physician anesthesiologists because their bottom line demands it. Physician anesthesiologists are a quality metric for medical facilities.

This year, as in most years, we will face difficult challenges in our specialty and the entire medical profession. There is no medical specialty or professional organization better positioned to take on these challenges than anesthesiology and the ASA. I look forward to working for all of you to advance our specialty, protect our patients and increase the visibility of the lifesaving work we do every day. It is an honor to serve you in 2015 as your president. Thank you.

J. P. Abenstein, M.S.S.E, M. D.
2015 President

American Society of Anesthesiologists

Dear Colleagues,

Our specialty of anesthesiology has always been fascinating and rapidly changing. Advances in the specialty by physician anesthesiologists over the last 169 years have dramatically improved surgery and medicine as a whole. In fact, The New England Journal of Medicine declared its article on the discovery of ether anesthesia in 1846 as the most important story in the journal's 200-year history.

MESSAGE FROM THE CEO

The year 2014 marked my first full year with ASA. As I look back on 2014, I'm proud of our many accomplishments, but most of all I'm proud to be given the opportunity to work for and with you in what I consider to be the best medical society in the world.

Our number-one priority at ASA is to help you – the member – do your job. In 2014, several notable things happened that dramatically increased our ability to serve you now, and far into the future.

Perhaps most notably, we completed the move into our new, state-of-the-art headquarters building in Schaumburg, Illinois. It was a lot of hard work, but we didn't miss a beat in our service to the ASA membership as we made the transition. Our big-picture focus was modernizing our infrastructure and technology to meet the demands of a busy and tech-savvy membership.

I hope each of you gets to see our amazing new facility for yourself, but even if you don't, you *will* see all of the great new products and services coming out of it. Within our new cutting-edge facility, there was a heavy emphasis on information technology development in 2014. We rolled out a redesigned website that featured an easy-to-use, responsive design. And we made great progress on learning management and association management systems that will improve your member experience with ASA. Look for these programs to launch in spring 2015.

Almost immediately after the ribbon-cutting ceremony last summer, the headquarters building became an in-demand gathering place for a variety of stakeholders, opening up unprecedented opportunities for dialog, collaboration and learning. Last August, we organized the first ASA Component Society Leadership Summit, featuring 52 registered attendees representing

34 component societies – the largest summit of its kind to date. In November, we hosted our first education conference, the ASA Quality Meeting, which was filled to capacity. Reviews of the meeting and nearby amenities were universally positive, and we're looking to build upon that meeting's success.

I was especially excited in 2014 to see the operational base of the journal *Anesthesiology* consolidate and move here. Also in 2014, we saw the beginning of the transition of the Foundation for Anesthesia Education and Research (FAER) from Rochester, Minnesota, to Schaumburg. The new headquarters building now houses the journal, FAER, the Wood Library-Museum of Anesthesiology and the Anesthesia Quality Institute – truly a home base for the Society and its related organizations. And there's room for much more growth.

Through an ever-expanding number of relationships both inside and outside of the specialty, ASA's influence and stature continue to grow within the wider health care ecosystem. In 2014, we focused heavily on enhancing our relationships with subspecialty and component societies and with other influential organizations, including the AMA, American Hospital Association (AHA), National Health Council and the Council of Medical Specialty Societies. Last summer, for the first time, ASA cohosted a very successful physician leadership forum with the AHA that set a great precedent for future collaboration.

Finally, the future was our focus as we approved our 2015-17 strategic plan last year. The document was the result of intensive planning and consideration of the challenges and uncertainties facing the ASA membership. The strategic plan will guide ASA into the future through commitment to eight key priorities: Membership,

Advocacy, Education, Patient Safety and Quality, Developing Care Models, Partnerships, Scientific Discovery and Charitable Activities.

As you read through this annual report, I think you'll be pleased with our accomplishments in 2014. Inside you'll get a detailed update on our advocacy successes, the progress of the Perioperative Surgical Home learning collaborative, the incredible success of the Anesthesia Quality Institute and its Qualified Clinical Data Registry designation, our dramatically improved website and the many notable accomplishments of our Public Relations and Publications and Digital Content departments.

In 2014, we laid a rock-solid foundation. I look forward to building upon this foundation with you in 2015 – and well beyond.



A handwritten signature in dark ink, reading "Paul Pomerantz". The signature is stylized with a large, sweeping "P" and a long, horizontal stroke at the end.

Paul Pomerantz
ASA Chief Executive Officer

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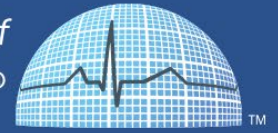
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