



# 2017

ANNUAL REPORT

American Society of  
Anesthesiologists®

# Message from the President



## Dear colleagues:

It has been a profound honor to serve as your American Society of Anesthesiologists (ASA) President this past year. What an amazing year it was! As we prepare for the future, we will be wise to keep professional citizenship at the forefront of our considerations and efforts. Personal responsibility for the current and future state of anesthesiology should be reflected in every physician anesthesiologist's actions — whether inside the operating room, providing necessary clinical and administrative leadership, or in state capitals or on Capitol Hill. The initiatives and achievements ASA has accomplished for you, your patients, your practice and your specialty are impressive, numerous and undeniable.

To recognize those physician anesthesiologists who are exemplary professional citizens, we introduced a new professional designation in 2017, Fellow of the American Society of Anesthesiologists® (FASA™). Almost 400 physician anesthesiologists have already applied for and earned this honorary FASA designation.

We enhanced educational efforts. From the computer-based simulation program Anesthesia SimSTAT to the multitudes of presentations at ASA meetings, ASA disseminated existing and emerging anesthesia knowledge aimed at improving patient safety and quality of care, as well as the future of our specialty.

We enhanced practice management. We unveiled Group Practice Solutions, which provides groups with education, quality improvement resources and marketing opportunities such as those in our corporate support program. At PRACTICE MANAGEMENT™ 2017, thought leaders and practice executives shared proven business strategies, and attendees had actions they could immediately implement at their practices. The effects of an exemplary practice reach far beyond the walls of O.R.s. Practice management assistance has also been incredibly well served through the efforts of the Anesthesia Quality Institute and its resources to assist members in understanding MACRA, MIPS and quality reporting.

Tied to both enhanced educational efforts and enhanced practice management and clinical leadership, our Perioperative Surgical Home (PSH) Learning Collaborative 2.0 was highly successful.

These last few years, we advocated more comprehensively and successfully for our patients and our specialty than ever before. In 2016 and 2017, we successfully defended physician-led anesthesia care in multiple state legislatures and within the Department of Veterans Affairs (VA). By leading physicians to engage in unprecedented numbers, our collective voices were effective in persuading legislators and the VA to stand with patients in maintaining physician anesthesiologist-led care – the gold standard of care in our specialty.

Our victory on behalf of our Veterans' last year is among our greatest victories ever, and it showcased the vital importance of our ASAPAC and the influence of our voice on Capitol Hill. We submitted to the AMA House of Delegates an unprecedented resolution calling for an in-person meeting with the intended purpose of developing consensus principles for a nationally unified, multispecialty plan to combat the APRN Consensus Model and APRN Compact – both standardized national plans supported by more than 50 national nursing organizations. The goal is to transition away from each state fighting this battle in their unique ways. On a similar front, ASA led research that resulted in four publications demonstrating clearly that nurse independent practice does not improve access to care.

Because anesthesia provider supply within the VA was brought into question, ASA established the Center for Anesthesia Workforce Studies (CAWS) so that ASA will become the authority on anesthesiology workforce supply, including data on all categories of anesthesia practitioners.



We took aggressive leadership action to help create greater urgency and more effective solutions in combatting our national emergency that is the opioid abuse crisis. This valuable work included creation of the ASA and Premier, Inc. collaborative that involves physician anesthesiologist-led efforts in 30 different institutions. We have engaged on the national stage to present physician anesthesiologists as the content experts in pain management and narcotics and as the best-equipped leaders in addressing the opioid epidemic.

We led the house of medicine on building multispecialty unity on the ever threatening out-of-network billing front and significantly changed the narrative from physicians being the root cause of the problem to the truth – that insurance companies have created intentional gaps in health insurance coverage with their tiered and narrowed networks.

ASA also stepped up to take a leadership role in protecting pediatric patients receiving sedation and anesthesia in dental offices. We worked to cause greater awareness of and address safety and quality of care inconsistencies in the office-based, pediatric dental anesthesia realm.

At the beginning of my year as president, I reached out to the American College of Surgeons (ACS) to address something that has been a major irritant at the local level – nonevidence-based O.R. attire guidelines. ASA and ACS agreed to co-fund a study which ultimately demonstrated that skullcaps, both home-laundered cotton and commercially manufactured, are better at preventing potential contaminant fallout than bouffant caps. This culminated in the O.R. Attire Summit on February 27, 2018. Expect improved guidelines soon.

Also crucial to positioning our specialty and ASA in the best position in the foreseeable future, we offered town hall-style meetings at the ANESTHESIOLOGY® 2016 and 2017 annual meetings to initiate dialogue about how best to redesign our specialty to create the brightest future 10 to 20 years from now. This culminated in the Strategic Dialogue Summit in January 2018, where representatives of all stakeholder groups within our specialty convened to perform a SWOT analysis (strengths, weaknesses, opportunities and threats) of our specialty.

With your support we can do even better. We need every physician anesthesiologist to be a member of ASA and for every member to give of their time and money to continuously strengthen our collective efforts. Imagine what we could accomplish if we all engaged in advocacy, supported ASAPAC and donated to our related foundations.

Professional citizenship requires the full attention of physician anesthesiologists, at every stage of their career, in shaping the future of the specialty. To that end, I appointed an ad hoc committee to focus on transforming residency education to include all nonclinical topics that insightful leaders agree are absolutely essential if we wish to create the best and brightest future for anesthesiology.

As you can see, last year we produced a voluminous cumulative work product that validates ASA membership value. I have no doubt that ASA's ability to "advance the specialty and secure the future" will continue to grow stronger in the years to come. Thank you for the privilege and honor to serve in this role.

**Jeffrey Plagenhoef, M.D., FASA**  
2017 ASA President



# Message from the CEO



## Dear colleagues:

I'm proud to have worked alongside Dr. Plagenhoef, the Administrative Council and Executive Committee this year. Together with ASA members, we've worked to accomplish many successes in 2017, and ASA staff worked tirelessly to support and propel the initiatives mentioned throughout this report.

ASA's focus on improving the member experience remains strong. We have enhanced ASA's digital presence and will be launching a new website in 2018. We have increased resources, improved customer service and conducted research to identify how ASA can best support those just starting out in the specialty. We are committed to continuous improvement and high member satisfaction.

This was an especially exciting year for ASA staff, as we were named a winner in the 2017 Chicago Best and Brightest Companies to Work For® at both the regional and national levels. Only companies that distinguish themselves as having the most innovative and thoughtful human resources approach receive this honor.

We're thrilled with this recognition. The power of an association is reflected not only in the engagement of its members, but also in the staff working to support it. Our staff are deeply committed to our mission and members. In return for that dedication, we strive to make ASA an incredible place to work.

I'm confident that combined efforts from leadership, staff and members will create a better future for our patients, practice and the specialty.

**Paul Pomerantz**

Chief Executive Officer



# 2017 MAJOR ACHIEVEMENTS

## Secured Physician-Led Anesthesia Care for Veterans

In January 2017, the Department of Veterans Affairs (VA) preserved its physician-led, team-based model of care—a victory for our nation's Veterans.

In 2016 when the VA proposed a policy that would have removed physician anesthesiologists from the operating room, ASA sprang to action embarking on a campaign to protect our nation's Veterans.

ASA secured more than 338 million impressions in the form of:



## Launched State-of-the-Art Simulation Education

ASA and CAE Healthcare introduced Anesthesia SimSTAT—a first-of-its-kind virtual operating room. Its interactive, screen-based simulation offers anesthesia providers real scenarios and virtual, responsive patients. The first module, Trauma, enables learners to test their skills in managing anesthetic emergencies involving accident victims.





# 2017 MAJOR ACHIEVEMENTS

## Developed Resources to Ease the Quality Reporting Process

Because of the many changes introduced by the Medicare Access and CHIP Reauthorization Act (MACRA), ASA launched several resources to help inform ASA Members, including biweekly MACRA Memo emails and a new MACRA-specific website.

Furthermore, ASA and the Anesthesia Quality Institute® (AQI®) helped ease the Merit-based Incentive Payment System (MIPS) reporting burden for eligible clinicians by offering Quality Concierge®, a full-service reporting and management solution, online reporting tools, and workshops to help practices learn how to successfully meet MIPS requirements.

Additionally, ASA worked with the Centers for Medicare & Medicaid Services (CMS) to expand the available MIPS continual performance improvement activities. Changes included recognition of the Perioperative Surgical Home (PSH) model by CMS in two improvement activities: the PSH Care Coordination Improvement Activity and PSH Population Management Strategies (as recognized under the Use of Patient Safety Tools).



## Achieved Strong Attendance at Top ASA Meetings

ASA meetings facilitate learning and networking with anesthesia leaders from around the world. Meetings are dedicated to various topics including: quality, business, leadership, policy, practice management, professional development and more.



More than 14,000 registrants gathered in Boston at ANESTHESIOLOGY® 2017 to discuss topics pertinent to advancing the specialty, practice and patient safety. A strong international presence and diverse group of speakers made this event a true gathering of global anesthesia professionals.

## EXECUTIVE PHYSICIAN LEADERSHIP PROGRAM 2017

The Executive Physicians Leadership Program sold out for the second year in a row. The program helps physician anesthesiologists develop their leadership skills—a highly requested topic from members.

## LEGISLATIVE CONFERENCE 2017

LEGISLATIVE CONFERENCE 2017 welcomed a record number of residents.

## PRACTICE MANAGEMENT™ 2017

PRACTICE MANAGEMENT™ saw record-breaking attendance and 90 percent of attendees in both 2016 and 2017 said they would recommend the meeting to colleagues.

Learn more [asahq.org/meetings](http://asahq.org/meetings)



# STATE AND FEDERAL VICTORIES IN ADVOCACY

In 2017, ASA defended proposals that jeopardized physician anesthesiologists' leadership, launched an initiative to combat the opioid crisis and protected patients' interests.

## Premier Opioid Initiative

As pain medicine specialists, physician anesthesiologists are at the forefront of addressing drug addiction and opioid overuse and abuse. In September 2017, ASA launched a national opioid safety pilot in partnership with the hospitals of Premier Inc. that seeks to decrease opioid use during surgery, after surgery and at discharge by employing multimodal therapy through evidence-based medical practices and patient education. As part of the pilot, ASA physician-members are serving as educators to the participating hospitals, engaging in monthly webinars and acting as a resource.

## When Seconds Count®

Educating patients about anesthesia, pain management and the medical experts committed to patient safety and high-quality care during surgery, procedures and other treatments is a major focus for When Seconds Count®.

To ensure the website's continued success and relevance, ASA identified ways to optimize and enhance the site, including search engine optimization, user experience enhancements and messaging updates. The website was updated with new branding and design; adjusted tracking and analytics; content optimized for online searches; and enhanced multimedia assets, including videos and graphics. The refreshed When Seconds Count® website launched in January 2018.

## ASA Political Action Committee (ASAPAC)

ASAPAC is the political component of the American Society of Anesthesiologists—a separate, segregated fund within ASA devoted solely to permitting anesthesiology to participate in elections involving the U.S. House of Representatives and U.S. Senate. In some states, ASAPAC is also able to participate in gubernatorial elections.



## More than \$2.1 million

was raised for the ASAPAC; a record-breaking amount—making it America's #1 Physician PAC for the ninth year in a row.

## State Affairs

There were no new opt-outs from the Medicare safety standard.

## Maintaining Patient-Centered, Physician-Led Care

Strong wins for patient safety were achieved in Arkansas, Arizona, New York and others. Illinois successfully removed nurse anesthetists from an Advanced Practice Registered Nurses (APRN) bill eliminating physician involvement requirements that became law. The American Medical Association (AMA) adopted a resolution championed by physician anesthesiologists that effectively engaged the entire house of medicine in a strategic initiative to oppose the efforts of non-physicians at the state and federal levels to dismantle physician-led team-based models of care and, specifically, to oppose the harmful APRN Compact which would eliminate physician involvement requirements for APRNs who practice under a multistate license.

## Out-of-Network Payment

The Ad Hoc Committee on Out-of-Network Payment (AHCONP) was developed in part to change the narrative developed by insurance companies. The narrative had been unrefuted and successful. ASA and several specialty groups educated lawmakers about patients' experiences of "surprise insurance gaps" rather than "surprise bills," as depicted by insurance companies. Because of AHCONP's work with non- and for-profit physician organizations, insurance companies are having a more difficult time convincing lawmakers of their "solution" to out-of-network payment.

Rather than adopting bad language, states are vetoing, negotiating, creating study committees and delaying these measures. Other organizations are also adopting medicine's recommendations as was witnessed with the National Health Council's "Policy Recommendations for Reducing Health Care Costs," the National Conference of Insurance Legislators adoption of an Out-of-Network Balance Billing Transparency Model Act, and the AMA's adoption of Resolution 115. As promoted by ASA, Resolution 115 adopted principles related to unanticipated out-of-network care.

Additionally, ASA and the American College of Emergency Physicians (ACEP) Consensus Principles and Solutions now have more than 10 specialty organization endorsements. Critical to these successes has been the AHCONP's relationship development with state component physician leaders. Every success is attributed to this ongoing relationship between the national and state leaders.

Learn more [asahq.org/advocacy](https://asahq.org/advocacy)



# ASA FOUNDATIONS PROVIDE FUNDING AND EDUCATION



## The Anesthesia Foundation®

*A non-profit organization founded by a group of concerned physician anesthesiologists in 1956 to provide low-interest loans to residents in anesthesiology who are in need of financial assistance.*

- In 2017, there were 42 residents receiving low-interest loans from the Foundation and 18 residents who previously received loans
- The Anesthesia Foundation, in conjunction with a fundraising effort by the Texas Society of Anesthesiologists, provided grants totaling \$20,300 to 10 residents affected by destruction from Hurricane Harvey



## Anesthesia Patient Safety Foundation (APSF)

*Improves the safety of patients during anesthesia care by encouraging and conducting safety research and education; patient safety programs and campaigns; and national and international exchange of information and ideas.*

- Provided \$800,000 in anesthesia patient safety research support
- The APSF Newsletter was circulated among 175,000 anesthesia professionals



## ASA Charitable Foundation

*Improves health and medical care in underserved communities, increases access to quality anesthesia care and supports the anesthesiology profession's response to disasters and health crises.*

- Supported three Global Scholars' participation in ANESTHESIOLOGY 2017 from low-resource countries (Zimbabwe, Nepal and Ukraine)
- Raised \$19,000 for its global surgical safety partner, Lifebox, at a special screening of the award-winning documentary "The Checklist Effect" during ANESTHESIOLOGY 2017



## Foundation for Anesthesia Education and Research (FAER)

*Dedicated to developing the next generation of physician-scientists in anesthesiology by providing grants to support careers in research, education and training related to the field.*

- \$1.95 million in funding was approved in 2017, for a total of \$38.125 million since 1986
- 12 physician anesthesiologists received research grant opportunities



## Wood Library-Museum of Anesthesiology (WLM)

*The premier library and museum devoted to the history of the specialty.*

- WLM website traffic reached nearly 100,000 annual visits, compared to 2,400 in 2011
- George S. Bause, M.D., M.P.H., celebrated his 30th anniversary as WLM Honorary Curator
- Kathryn E. McGoldrick, M.D., was honored as 2017 WLM Distinguished Service Award Recipient



# MEDIA COVERAGE

## ASA Further Solidified as the Industry Thought Leader

ASA members and leadership represent the anesthesia community at large and provide a professional's point of view to further educate the public when difficult conversations arise. In 2017, members lent their expertise to a variety of news outlets, helping to secure the nearly 2,000 media placements ASA garnered, resulting in 2.8 billion media impressions. Highlights include:



Anita Gupta, D.O., Pharm.D., was a guest on an episode of “The Dr. Oz Show” where she discussed options for reducing pain in daily life without the use of opioids.



Asokumar Buvanendran, M.D., Chair of ASA's Committee on Pain Medicine, discussed opioid use trends on Sirius XM's “Doctor Radio.” He shared insights from an ASA survey that looked at how millennials and other generations cope with pain and understand opioids.

## POLITICO

James D. Grant, M.D., M.B.A., FASA, was quoted in POLITICO about post-hurricane drug shortages. Dr. Grant discussed how damage from Hurricanes Irma and Maria impacted production in the drug and medical device industries in Puerto Rico.

## The New York Times

*The New York Times* featured ASA President Jeffrey Plagenhoef, M.D., FASA, as he discussed sedation for children undergoing dental procedures.



On television, “FOX Business News” featured ASA Secretary John Dombrowski, M.D., FASA, who provided expert advice on how physician anesthesiologists can be a part of the solution to the nation's opioid crisis, and highlighted ASA's efforts in this critical area.

Learn more [asahq.org/about-asa/newsroom](https://asahq.org/about-asa/newsroom)



# QUALITY MEASUREMENT AND REPORTING

## ASA Created Resources to Assist in Quality Measurement and Reporting

ASA supports members in a variety of quality management matters such as CMS MIPS reporting, tracking trends over time and comparing local physician anesthesiologist and practice data to national benchmarks. ASA offers its members several practice management resources designed to help manage a successful anesthesiology practice.

ASA created several resources to guide members through MACRA—a topic of great interest for them in 2017. Whether they sought introductory information, were interested in using quality reporting tools or wanted to keep up with ASA's latest advocacy news, ASA offered:



46 MACRA sessions at meetings and events



15 MACRA Memos—biweekly emails dedicated to all things MACRA



15 MACRA articles in the *ASA Monitor*®



1 ASA/American Hospital Association MACRA Podcast



15 approved QCDR measures



9 MACRA modules explained how the rules and regulations impact physician anesthesiologists and anesthesia providers



3 MACRA videos discussed AQI's services

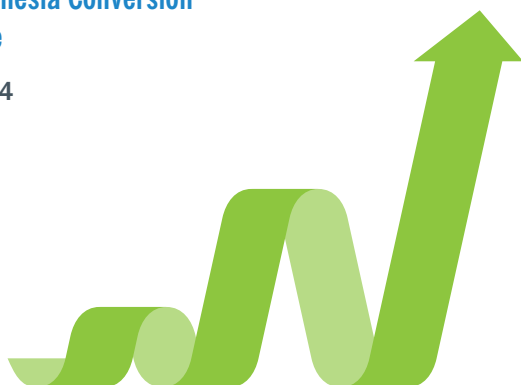


20,000 physicians, nurse anesthetists and anesthesiologist assistants reported quality data and improvement activities to CMS with assistance from the AQI's National Anesthesia Clinical Outcomes Registry® (NACOR®)

Additionally, ASA successfully argued against a CMS proposal to update a component of the fee schedule that would have resulted in a decrease to the Medicare Anesthesia Conversion Factor.

## Medicare Anesthesia Conversion Factor Increase

2017 \$22.0454



**Final Rule for CY2018 Fee Schedule**  
**\$22.1887**

Learn more [asahq.org/macra](https://asahq.org/macra)



# CHANGING THE FUTURE OF CARE

## Striving for Positive Patient Outcomes

The Perioperative Surgical Home (PSH) model of care demonstrates the important role that physician anesthesiologists fulfill in delivering better patient outcomes, fewer complications, less pain, earlier return to functionality and lower costs. This model of care emphasizes patient-centered, physician-led care in a team-based environment. ASA offers a PSH Portfolio to assist organizations in implementing this model of care. The PSH portfolio is a comprehensive suite of services, resources and tools that support team-based care through education, consultation, engagement and economics.

Tactics within the PSH Portfolio resulted in incredible outcomes in 2017, including:

- 192 pilots planned or underway as part of the PSH Learning Collaborative 2.0
- Joining the American Academy of Orthopaedic Surgeons, formal support was provided by the American Urological Association and the American Academy of Physical Medicine and Rehabilitation
- Recognition of the PSH Model by CMS in two MIPS improvement activities

Sample outcomes from organizations that implemented a PSH Pilot:



Created a reduction in 30-day readmission rate by **35%**



Decreased pharmacy costs by **32%**



Demonstrated an average savings of more than **\$4,000 per case**



Saved **\$1.5 million** overall in the first year



Shortened the length of stay by **2.5 days**



Increased patients discharged to home by **38%**

Learn more [asahq.org/psh](https://asahq.org/psh)



By participating in a PSH you get an immediate reduction in complications. You get a reduction in the length of stay, so therefore the cost of providing the care goes down. You also increase your efficiency. You're actually helping the patient because when they have fewer complications—when they don't get readmitted to the hospital—that's less time away from family, and less time away from work.

Gary Loyd, M.D., MMM  
Director of Perioperative Surgical Home  
Henry Ford Health System  
Detroit, Michigan



# GROWING ASA MEMBERSHIP

## ASA Membership Matters to Your Patients, Your Practice and Your Specialty

In 2017, ASA grew to:

**38,496**

physicians

**1,039**

non-physicians

**10,035**

in-training (Residents & Fellows, Medical Students and Educational Students)

**3,454**

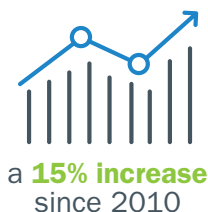
international members

**150**

anesthesia administrators  
& executives – New for 2017

**53,174**

members



Learn more [asahq.org/member-center](http://asahq.org/member-center)

**90%** retention rate of Active members in good standing

**88%** overall member retention rate, exceeding the 82% average association retention rate\*

\*As reported in the 2016 Membership Marketing Benchmarking Report by Marketing General Incorporated™

**278**

**Fellows of the American Society of Anesthesiologists® (FASA™) designated in 2017.**

ASA's highest acknowledgment recognizes members' years of dedication to exceptional education, leadership and excellence in the field of anesthesiology, with an outstanding commitment to their patients, practice and the specialty.



J.P. Abenstein, M.S.E.E., M.D., FASA  
First recipient of ASA's FASA designation



ASA fights for me and the future of my profession while also looking at the best interests of the patients we take care of as anesthesiologists.



Aleksandar Goreski, M.D.  
Community Healthcare System  
Munster, Indiana and East Chicago, Indiana

# CORPORATE SUPPORT STRENGTHENS SOCIETY INITIATIVES

Hundreds of companies provided financial support for ASA's mission. Through exhibits, advertising, sponsorship and education, these companies contributed more than \$7.5 million in revenue to support our society.

Corporate contributions strengthened many initiatives, including:

ANESTHESIOLOGY 2017

PRACTICE MANAGEMENT 2017

ANESTHESIA QUALITY MEETING™

PERIOPERATIVE SURGICAL HOME

EDUCATION

## Education Grant Support Totaled \$700,000 in 2017

Corporate Support provided funding for education grants, enabling ASA to develop complimentary education for its members and the anesthesiology community. These education programs took the form of live sessions and hands-on workshops at ANESTHESIOLOGY 2017 along with online learning through the ASA Education Center.

**Thank you to our Industry Supporters whose contributions allow ASA to create world-class education and resources to improve patient care and outcomes.**



Learn more [asahq.org/about-asa/support-asa/meet-our-industry-supporters](http://asahq.org/about-asa/support-asa/meet-our-industry-supporters)



# IMPROVING PATIENT OUTCOMES

ASA sets the standard for quality anesthesia education. ASA worked tirelessly to deliver education in a variety of formats, covering many topics to keep physician anesthesiologists informed of the latest anesthesia knowledge.

In 2017, there were:



**25,758**

users who  
accessed the  
Education Center



**360**

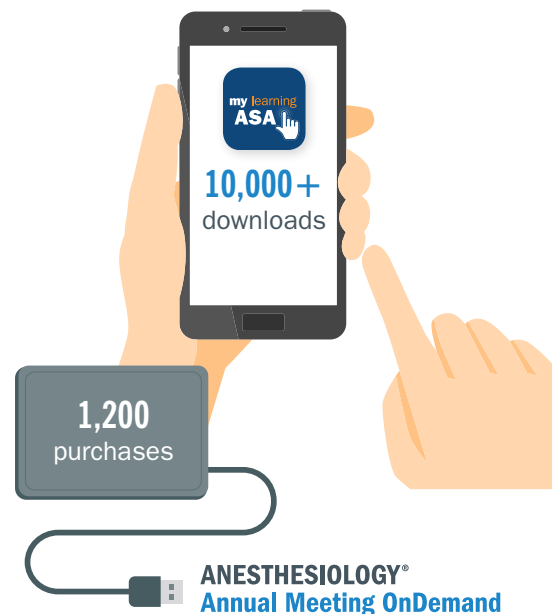
accredited  
activities



**23,886**

credits claimed  
for ASA education  
products

{ **94%** overall learner satisfaction }



## Simulation Education Network (SEN)

This nationwide network of ASA-endorsed simulation programs delivers training to physician anesthesiologists. The courses are designed to recreate challenging clinical cases. In 2017, there were 1,992 participants in 304 simulation courses held at ASA Simulation Endorsed Centers, and approved for MOCA® Part IV credit by the American Board of Anesthesiology (ABA) MOCA® Program.

## Anesthesia SimSTAT

Anesthesia SimSTAT allows participants to learn in a virtual environment. Between July and December 2017:

- 866 licenses were sold
- 304 participants completed the course
- Received a 93 percent satisfaction rating
- 92 percent of participants found it to be a motivational experience

After the completion of the course, participants reported increased confidence in:

- Managing a patient with multiple traumatic injuries
- Developing a differential diagnosis for persistent hypotension in a patient with multiple injuries
- Managing an intraoperative trauma team

## Patient Safety

These online courses cover patient safety principles and are reinforced with anesthesia-specific scenarios and examples. In 2017:

- 31 Patient Safety courses were approved by several ABMS boards for patient safety MOCA® Part II
- 44 Patient Safety courses were approved by the Certification Board for Professionals in Patient Safety recertification continuing education thanks to a new partnership with the Institute for Healthcare Improvement (IHI) and the National Patient Safety Foundation (NPSF)

Learn more [asahq.org/education](https://asahq.org/education)



MOCA 2.0® is a trademark of The American Board of Anesthesiology®.

These activities contribute to the patient safety CME requirement for Part II: Lifelong Learning and Self-Assessment of the American Board of Anesthesiology's (ABA) redesigned Maintenance of Certification in Anesthesiology Program® (MOCA®), known as MOCA 2.0®. Please consult the ABA website, [www.theABA.org](http://www.theABA.org), for a list of all MOCA 2.0® requirements.

These activities contribute to the Part IV: Improvement in Medical Practice requirement of the American Board of Anesthesiology's (ABA) redesigned Maintenance of Certification in Anesthesiology Program® (MOCA®), known as MOCA 2.0®. Please consult the ABA website, [www.theABA.org](http://www.theABA.org) for a list of all MOCA 2.0® Part IV requirements and their associated point values.



# PUBLICATIONS AND DIGITAL CONTENT EDUCATE THOUSANDS OF USERS EACH DAY

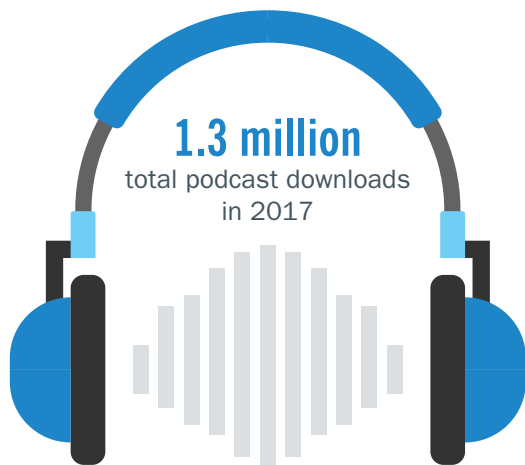
ASA prides itself in providing information across many different channels including several publications, daily news updates and podcasts.

Two communications launched in 2017: *Anesthesiology Today*—a daily e-newsletter with up-to-the-minute aggregated news relevant to members from around the world—and *Monday Morning Outreach*—a weekly email from ASA President James D. Grant, M.D., M.B.A., FASA. These newsletters provide ASA members with timely information related to the specialty, delivered straight to their inboxes.

Additionally, the monthly Editor-in-Chief podcast launched. It has been a convenient, hands-free way for listeners to hear summaries of several highlighted articles from the *Anesthesiology*® journal. The podcast is available in English, Mandarin, Spanish and Portuguese. The podcast received 20,000 downloads per month in 2017.

Another offering is our new monthly podcast—an extended audio interview with authors and editorialists about the content and additional aspects of a featured research article from *Anesthesiology*.

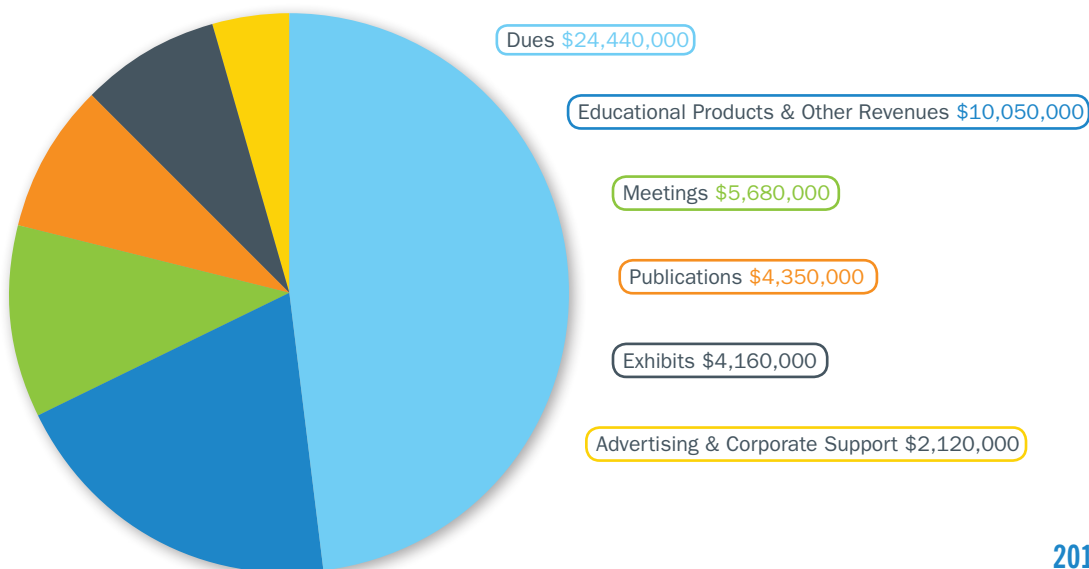
Learn more [pubs.asahq.org](http://pubs.asahq.org)



# FINANCIALS

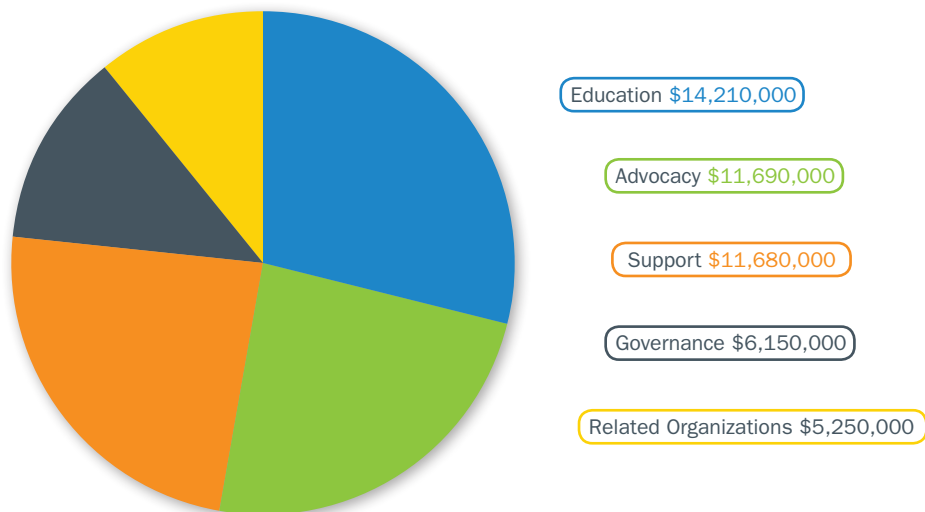
## 2017 PRELIMINARY OPERATING REVENUES

\$50,800,000 (Unaudited)



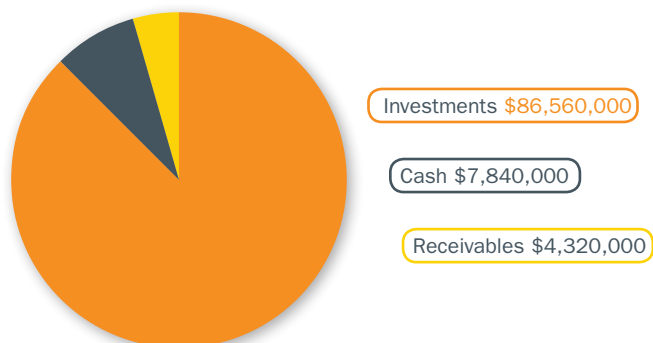
## 2017 PRELIMINARY OPERATING EXPENSES

\$48,980,000 (Unaudited)



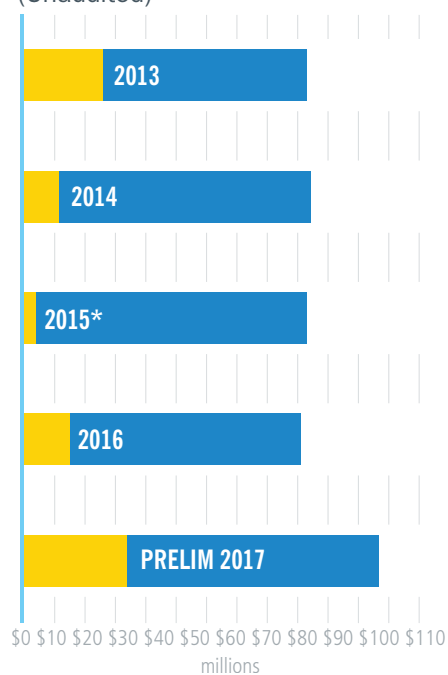
## 2017 PRELIMINARY RESERVES

\$98,720,000 (Unaudited)



## 2013–2017 ASA RESTRICTED AND UNRESTRICTED RESERVES

(Unaudited)



UNRESTRICTED RESTRICTED

\*In lieu of using investments to fund the Schaumburg, Illinois headquarters building, a long-term financing arrangement totaling \$29.8 million was chosen and reserves encumbered.

## ASA2020

There are many exciting opportunities ahead for ASA. To champion these initiatives, ASA2020 was created. It's a vision for the future and a contract with our community. It's our dedication to patient safety, physician-led care and scientific discovery. It's our commitment to become a world leader improving health through innovation in quality and safety.

### Areas of focus through 2020 will be:

- Advocacy
- Quality and Practice Advancement
- Educational Resources
- Member Experience
- Health Systems Leadership Development
- Organizational Excellence/Internal Operations
- Organizational Excellence/Growth and Business Development

### Goals through 2020 are to:

- Meet evolving member needs
- Build and leverage relationships within and outside the specialty
- Position ASA as an indispensable resource for individuals and group practices
- Develop ASA's core competence in product development and project execution
- Build on ASA's reputation as a pioneer and leader in patient safety and quality of care
- Develop a balanced mix of work streams focused on executing core programs, improving, enhancing or expanding current programs, and creating additional member value



# 2017 LEADERSHIP

## 2017 ASA Officers

### President

Jeffrey Plagenhoef, M.D., FASA

### President-Elect

James D. Grant, M.D., M.B.A., FASA

### First Vice President

Linda J. Mason, M.D., FASA

### Immediate Past President

Daniel J. Cole, M.D., FASA

### Vice President for Professional Affairs

Stanley W. Stead, M.D., M.B.A., FASA

### Vice President for Scientific Affairs

Beverly K. Philip, M.D., FACA, FASA

### Secretary

John F. Dombrowski, M.D., FASA

### Treasurer

Mary Dale Peterson, M.D., FASA

### Assistant Secretary

Kenneth Elmassian, D.O., FASA

### Assistant Treasurer

Michael Champeau, M.D., FASA

### Speaker, House of Delegates

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# Incoming President's Message

## Dear colleagues:

2017 was an exciting year for the specialty, and ASA in particular. We've changed how we do business—partnering with group practices, increasing education efforts about MACRA and launching new quality reporting options, expanding the PSH portfolio and offering innovative education opportunities through Anesthesia SimSTAT. We're continuing to advocate to preserve the quality and safety of the team-based models of anesthesia and increase public awareness of your dedication to the total care and relief of pain for your patients before, during and after surgery.

We are thinking strategically about how best to ensure a strong future for physician anesthesiologists and those supporting the specialty. Over the course of this year, you'll see ASA's messaging and look change as we make new services and resources available. We felt change was necessary to reflect we aren't the same ASA of the past. We're evolving and partnering with you for the future.

There are many exciting opportunities ahead for ASA. During this upcoming year, we will continue to drive our health system forward and ensure high quality, low cost and safe medical care, while delivering exceptional patient experiences. We will continue to take action to address national health issues such as the opioid epidemic and brain health. The Perioperative Brain Health Initiative has engaged providers, payers and the public to minimize the impact of pre-existing cognitive deficits, and optimize the cognitive recovery and perioperative experience for senior adults undergoing surgery. Also of importance are wellness issues facing our member physicians.

Shortly after taking office, *The Washington Post* ran an article about a family medicine physician who created a registry of physicians who commit suicide. I read this and immediately created an Ad Hoc Committee on Anesthesiologist Suicide. This committee will look at the reasons, causes and, most important, what we can do to eradicate this crisis.

To further ensure the success of physician anesthesiologists, ASA partnered with the American College of Healthcare Executives (ACHE) in a collaboration that will empower physician anesthesiologists to take leadership roles in the community, including in health systems, state and national medical societies, and elected and appointed offices. ACHE's mission to advance its members and health care management excellence, and their values of integrity, leadership, lifelong learning, and diversity and inclusion are consistent with what we are as physician anesthesiologists, making ASA and ACHE perfect partners.

I'm excited to see what the future of ASA holds as we work toward these initiatives, and I look forward to collaborating with you to ensure our shared continued success.

**James D. Grant, M.D., M.B.A., FASA**  
2018 ASA President





1061 American Lane | Schaumburg, Illinois 60173  
905 16th Street N.W., Suite 400 | Washington, D.C. 20006  
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