



**VOLUNTEERISM**

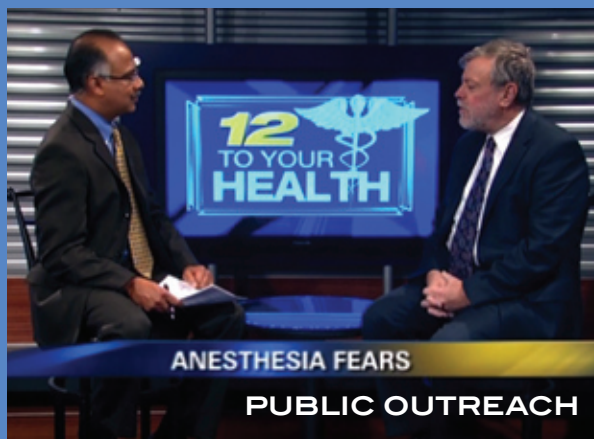
# American Society of Anesthesiologists



**EDUCATION**



**ADVOCACY**



**PUBLIC OUTREACH**

**RESEARCH**



**MEMBER SERVICES**



# 2010 ANNUAL REPORT

# *Excelling in Health Care's*



Mark A. Warner, M.D.



Alexander A. Hannenberg, M.D.



John A. Thorner, J.D., CAE



Ronald Szabat, J.D., LL.M.

Dear Colleagues,

The year 2010 was full of particularly dramatic events in our professional lives: the enactment of sweeping health system reform, repetitive challenges to the scope of medical practice, and mass casualties in Haiti. In each of these dimensions, our Society and our specialty were challenged and yet had a meaningful impact on the course of events.

Our political advocacy thwarted legislative provisions that would have caused the crippling Medicare payment formula to proliferate in the coverage of the millions of newly insured under federal health reform. Considering the intense focus on the cost of reform and our singular interest in these provisions, our success is genuinely remarkable. The prominence of our political action committee provided the foundation for this success. The potency of ASAPAC has been recognized, both in its size and its track record, in supporting successful candidates: it was ranked first among health care PACs in both respects.

We established a number of important partnerships during the year. We worked effectively with a coalition of surgical specialties to articulate our shared viewpoint on important elements of health legislation, including opposition to the reform bill drafted in the Senate.

When faced with ongoing shortages of numerous intravenous anesthetic drugs, we came together with the Food and Drug Administration (FDA) and convened a summit of manufacturers, distributors, regulators and legislators to find ways to ensure adequate supplies of drugs important for patient care. ASA also worked aggressively with state components to advocate for key member issues, such as pain medicine, and continues to engage individual members to participate in the political process.

ASA grew to a record-breaking 46,000 members this past year, and their voices were heard consistently in major news outlets across the nation. Several alarming and misguided challenges to the role of the physician in perioperative care appeared in the press, which provided an opportunity to inform the public about the training and skills of the anesthesiologist. The media fascination with thiopental and lethal injection, Michael Jackson's death and other events allowed us to showcase our members' expertise.

# Changing Environment

The range of educational programs offered by ASA, including those offered at ANESTHESIOLOGY 2010, the Society's annual meeting, has grown with the goal of making us the "one stop shop" for continuing education and maintenance of certification. Innovative use of new technology is evident in our distance learning portfolio and the new ASA website.

We began a relationship with the American College of Surgeons' "Operation Giving Back" to coordinate anesthesiologists' relief work in Haiti and elsewhere. Our work orchestrating members' volunteerism in Haiti was recognized with an industry award.

During 2010, we continued to build a strong financial foundation that makes all of the above work possible. The corporate supporter program is off to a great start, and *NEWSLETTER* advertising and marketing of ASA publications are all going strong. And despite the recent economic downturn, our financial reserves have never been stronger.

ASA's support of several related organizations and foundations allows them to do the work that constitutes the core values of anesthesiology as a medical


specialty. The Anesthesia Quality Institute, which we launched in 2009, has made tremendous progress in establishing a national clinical outcomes registry for our specialty. By the end of 2010, the National Anesthesia Clinical Outcomes Registry (NACOR) contained 2,100 providers, 300 hospitals, 50 anesthesia practices, and hundreds of thousands of individual cases. Member practices receive quarterly benchmarking reports showing their performance and comparing it to national aggregates. This effort will provide the data needed to identify the most effective practices, allow us to meet the performance measurement requirements emerging in medical practice and take control of the demands for clinical data collection. We celebrated the 25th anniversary of the Anesthesia Patient Safety Foundation in 2010 and look forward to the Foundation for Anesthesia Education and Research's 25th anniversary in the coming year. The Wood Library-Museum has embarked on a dramatic project to digitize its pre-eminent collection, making it accessible worldwide.

We have much to be proud of in 2010, and we have much to look forward to in 2011.

Sincerely,



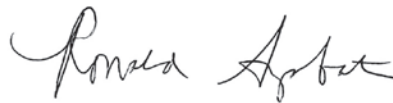
Mark A. Warner, M.D.  
2011 ASA President



Alexander A. Hannenberg, M.D.  
Immediate Past President



John A. Thorner, J.D., CAE  
Executive Vice President, Park Ridge, IL



Ronald Szabat, J.D., LL.M.  
Executive Vice President, Washington, D.C.



# Excelling in Health Care's Changing Environment



Like the rest of the country, 2010 at ASA was a time of tremendous change. The largest driver of change for ASA members was the enactment of health care reform. The full impact that this legislation will have on the practice of medicine is yet to be known, but all experts expect it to be profound.

ASA adapted the attitude that it must maintain a forward-thinking strategy for the organization in this time of change, adjusting to the new environment to meet the needs of our members. We carried that philosophy through all that we accomplished in 2010. For every new endeavor we examined, we asked the question, will this make ASA a strong and relevant representative of anesthesiologists in the new health care world?

In an environment that is ever-changing, ASA stayed ahead of the curve with a focus on building stronger relationships with legislators and regulators, shaping public opinion and offering the specialty's most sought-after educational opportunities.

We have you, the ASA members, to thank for our successes throughout the year. Your dedication allowed the organization to embrace the change that occurred and recognize success as the health care environment continues to evolve.



# Achievements 2010

## *ASA, Your Key Advocate in Health Care Reform*

- **ASA members make an impact with legislators** – ASA launched its “Engage 2010” campaign designed to increase member participation in the political process, in addition to participating in ASAPAC. ASA members assisted local candidates by knocking on doors, making phone calls and hosting fundraisers.

Richard Carson, Alabama Society Executive Director (left), Peter C. Loux, D.O. and Gregory W. Bouska, M.D. meet with John Boehner (R-OH), who was elected Speaker of the House following Republican Congressional victories in the November 2010 election.



- **ASA fights payment battles on the legislative front** – ASA began 2010 by successfully fighting against a provision in the Patient Protection and Affordable Care Act (PPACA) that would have established a public option tied to Medicare rates and twice beat back looming 20 percent cuts to the Medicare Sustainable Growth Rate (SGR) formula. ASA also worked to advance House and Senate letters to Health and Human Services Secretary Kathleen Sebelius, asking her to use her special authority to examine and correct anesthesiology's "33 percent problem." Additionally, Truth and Transparency and Rural Pass-Through legislation were reintroduced and additional cosponsors gained.
- **ASA focused on regulatory issues in the age of health care reform** – With the passage of PPACA, many battles shifted to regulations associated with implementing the health reform law. In response to passage of PPACA, ASA created an Accountable Care Organizations (ACOs) Task Force to examine the ways ACOs could redefine how anesthesiologists both deliver care and receive payment for services. Similarly, ASA convened its own Task Force to address federal roadblocks to "meaningful use" of Health Information Technology. In addition, ASA's regulatory department achieved victories in revisions to the 2009 CMS Interpretive Guidelines on hospital conditions of participation that included: the removal of language exempting nurses from the labor epidural physician supervision requirement, as well as positive changes to the pre- and post-anesthesia evaluation requirements. Also, ASA continued to take a leadership role in addressing drug shortages, such as seen with propofol and succinylcholine, by co-convening a Drug Shortages Summit with a range of interested stakeholders.



Jeff Mueller, M.D. (far right), Charles W. Otto, M.D. and his wife Carol with Rep. Gabrielle Giffords (D-AZ). Rep. Giffords was the victim of a shooting in January 2011. Several anesthesiologists at the University Medical Center, Tucson, Arizona, were involved in Giffords' initial care.

- **ASAPAC leads all health professional PACs in the U.S. in contributions** – ASAPAC was also the top-ranked health industry PAC for "bet(ting) best on congressional candidates," according to the newspaper *POLITICO*. Members personally delivered over 300 in-district ASAPAC checks to local U.S. House, U.S. Senate, gubernatorial and state legislative political candidates, including winning candidates such as anesthesiologist Andy Harris, M.D. (R-MD) and Larry Bucshon, M.D. (R-IN), the husband of an ASA member.





Above: Kenneth Elmassian, D.O. with Rep. Mike Rogers (R-MI).



At right: The Georgia Society meets with Sen. Johnny Isakson (R-GA).  
From left: Donald S. McLeod, M.D., Patrick O. Maher, M.D., Kathryn A. Grice, M.D.,  
Steven L. Sween, M.D., Sen. Johnny Isakson, Carolyn F. Bannister, M.D.,  
Patrice A. Goggins, M.D., and Stephen C. Grice, M.D.

Below: Murray A. Kalish, M.D., Robert E. Johnstone, M.D.,  
Rep. Shelley Moore Capito (R-WV), David Graf, M.D. and Alex Skaff, M.D.



*"In the midst of the health care reform debate, ASA remained focused on the needs of its members and successfully thwarted a key provision that would have tied a new public option to existing problematic and unacceptably low Medicare payment rates."*

Ron Szabat, J.D., LL.M.  
Executive Vice President  
Washington, D.C.



- **Pain medicine a key focus at state level** – ASA assisted the Oklahoma Society of Anesthesiologists in helping Oklahoma become the first state to enact legislation that makes it unlawful to practice interventional pain management unless such individual is a licensed M.D. or D.O., with limited procedural exceptions for nurse anesthetists. ASA also provided financial assistance to the Iowa Society of Anesthesiologists and resources to the Arizona Society of Anesthesiologists in their legislative and/or regulatory battles, to ensure only those appropriately qualified are allowed to practice interventional pain management. Finally, ASA worked with the Washington State Society of Anesthesiologists to obtain adoption of office-based surgery regulations. This increases the number of states that regulate the office setting to 27.



Washington State Society members meet with Rep. Adam Smith (D-WA). *From left:* Peter Dunbar, M.B., Daniela C. Alexianu, M.D., Sean Kincaid, M.D., Rep. Adam Smith (D-WA), Vita S. Pliskow, M.D., James Burkman, M.D., Aparna Ananth, M.D., and Mark F. Flanery, M.D.



Members of the Oklahoma Society meet with Rep. John Sullivan (R-OK), author of the Health Care Truth and Transparency Act of 2011. ASA was a leading supporter of this legislation that would prohibit misrepresentation in health care and would require the disclosure of a provider's licensure in any health care related advertisement. *From left to right:* Chase R. Kornegay, M.D., Kevin J. McKeown, M.D., J.W. Greenawalt III, M.D., Rep. John Sullivan (R-OK), Jane C.K. Fitch, M.D., Ryan Hulver, D.O. and Matthew E. Brown, D.O.



Rep. Peter Roskam (R-IL) shakes hands with Gary F. Tzeng, M.D.



Photo courtesy of Kenneth Elmassian, D.O.



- **Improved communications through new online initiatives –**

ASA carefully examined how we were communicating with members in an effort to identify the most effective channels and methods to reach our busy membership base, providing them the information they needed to know from ASA. Through this communications audit, we learned that members wanted a weekly e-newsletter that contained important news updates from the organization, including: ASA's role in top news of the day, Washington updates, scientific updates and product/event news. Based on our member needs, ASA developed ASAP, the official weekly e-newsletter that comes directly to members' e-mail boxes each Wednesday afternoon.



#### This Issue's Top Story

**ASA Scores Victory on Labor, Endorsed Supervision**  
 CNA recently issued revised Interpretive Guidelines to the Hospital Conditions of Participation that contain major victories for ASA's regulatory lobbying efforts. These guidelines revise major sections of the December 2009 CNA Hospital Interpretive Guidelines, including removal of language that specifically exempted labor epidurals from the physician supervision requirements.

#### ASA News

**Tucson Injured Received Trauma Care Out of Reach for Many**  
 After the tragedy in Tucson, and as part of ASA's outreach to media regarding the important role anesthesiologists play in trauma care, Anesthesia Quality Institute's executive director and trauma anesthesiologist, Richard P. Dutton, M.D., M.B.A., spoke with the Wall Street Journal regarding the state of trauma care in the United States and the role of a trauma anesthesiologist in caring for trauma victims. Read the full article [here](#).

**The WSJ Covers ASA's Statement on the Market's Removal of Sodium Thiosulfate**  
 ASA was delighted to learn that the anesthetic drug sodium thiosulfate (Pentothal®) will no longer be available to patients in the United States. The sole manufacturer of Pentothal®, Hospira, will cease production because of the Italian government's concerns about lethal injection. Read ASA's statement.

**ASA Seeks to Educate FTC on the Qualifications of Anesthesiologists in Treating Chronic Pain**  
 ASA has moved aggressively to clarify misconceptions previously articulated by the Federal Trade Commission (FTC) to the Alabama State Board of Medical Examiners concerning the role of anesthesiologists in treating chronic pain.

#### Advocacy Updates

[ASA Grassroots Network](#)

#### Lifeline News

[Know Your Vital Health](#)

#### In Every Issue

[ASA NEWSLETTER](#)

[Cancer Center](#)

[What's New](#)

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[David Glasgow](#)

[Director of Marketing and Communications](#)

[Jeri Greenough](#)

[Manager of Public Relations](#)

# 2010 Communications



- **ASA's website is new and improved ([www.asahq.org](http://www.asahq.org)) –**

ASA's new website was launched at ANESTHESIOLOGY 2010 in October. It provides an improved user experience. The Google search engine, streamlined information and extensive knowledge base for accessing the latest information on anesthesiology are some of the key innovations you'll find on the site. User visits continue to increase steadily. The website has already had almost 1.5 million views.





- **Top-tier media regularly turn to ASA for credible anesthesia information and access to knowledgeable anesthesiologists –**

As a result, the media prominently featured anesthesiologists throughout the year as experts on a wide variety of anesthesia topics. Spokespeople reinforced key Lifeline Campaign messages about the role of the physician anesthesiologist on a medical treatment team.



### Intraoperative Awareness

An ABC15 KNXV-TV (Phoenix) segment aired on December 17 and featured Daniel J. Cole, M.D. who stressed how rare awareness is during surgery and how anesthesiologists consider it unimaginable and do everything possible to prevent it.



*The public and media recognize the role of anesthesiologists as physicians who make modern medicine possible.*



### Over-the-Counter Cough Medicines Escape FDA Restrictions

Teens Seeking Inexpensive High from Key Robitussin Ingredient Prompted Scrutiny

By Jane E. Allen

**ABC News Medical Unit – Sept. 14, 2010**

“Dr. Michael H. Entrup, an ASA board member and an anesthesiologist in Providence, R.I., said in an interview that he’s been warning parents for years about the abuse of DXM. The father of three college-age children, he said he’s become particularly worried about DXM because many youngsters today combine it with prescribed stimulants for ADHD.”

**Heading To Surgery?  
Time To Take Stock Of Your Health**



By Scott Hensley

**NPR Health Blog** – April 16, 2010

“The idea really grew out of clinical practice,” Dr. Peter Pronovost, an anesthesiologist and patient safety expert, told Shots, “Anesthesiologists were seeing people suffer complications needlessly because of some of their vital health parameters.”

Someone who didn’t smoke and was in good physical shape “would fly through surgery,” while someone with bad health habits wouldn’t, according to Pronovost.

**AP** Associated Press

WALL STREET JOURNAL

THE DENVER POST

Los Angeles Times

CHICAGO SUN-TIMES



- **The 2010 Vital Health Campaign served as the next iteration of the Lifeline Campaign** – highlighting the role of anesthesiologists in maintaining patients’ vital health when they are at their most vulnerable. As part of the campaign, ASA worked to demystify the anesthesia experience, inviting reporters to watch anesthesiologists in action across the perioperative care spectrum. The story in the *Chicago Sun-Times* (at right) is one piece that resulted from this work.

- **ASA communications efforts were widely recognized among industry peers in 2010** – Here’s an overview of the recognition ASA received for communications work in 2010.

1. ASA’s public relations Vital Health Campaign won two MarCom Awards (hosted by the Association of Marketing and Communication Professionals). The Vital Health campaign won placement in each category entered: Platinum for the Research/Study category and Gold for the External Communications Program category.
2. The *NEWSLETTER* won an APEX Award of Excellence for One-of-a-Kind Health & Medical Publications – Wellness issue.
3. ASAP won a Web Health merit award.
4. The 2009 Annual Report took bronze in the Association Trends Awards.





## Understanding how it works

1. **What is anesthesia?**  
It's the practice of medicine dedicated to relieving pain and total loss of the surgical patient before, during and after surgery.
2. **What is the benefit of anesthesia?**  
When anesthesia is used as needed, the patient feels no pain during a surgical procedure and often does not remember the procedure.
3. **What are the types of anesthesia?**  
A. The types include general, local and regional.  
B. General: The most familiar type. It affects the whole body. The patient is unconscious, cannot be aroused or feels pain, and feels nothing. Patient has no memory of procedure afterward. Used during open heart, lung, brain and abdominal surgery.  
C. Local: Number one small area of patient's body. Patient stays awake and alert. Used for smaller operations or less-invasive procedures.  
D. Regional: Blocks pain in one area of a body, such as an arm or leg. Used for orthopedic surgical procedures such as knee or hip replacements and, in children, for C-sections.
4. **Are patients given anything to ease their anxiety about sleep?**



In anesthesia, on TV is lessening the fear of the patient. The patient is unconscious, cannot be aroused or feels pain, and feels nothing. Patient has no memory of procedure afterward. Used during open heart, lung, brain and abdominal surgery.

any under the anesthesia administration?"  
A. Often, a mild sedative agent is administered intravenously early in the process as a means to reduce the anxiety associated with surgery.  
B. How is the anesthesia administered?  
A. In most cases, the patient is given oxygen to breathe through a mask for a couple of minutes. After this, drugs are injected into the IV line to cause unconsciousness. It is followed by a muscle relaxant drug that makes it easier to insert a breathing tube and also assist the surgical work.  
C. The breathing tube may then be connected to a ventilator (breathing machine), which breathes for the patient during the surgery. Frequently, anesthesia also helps to relax the patient and to eliminate the pain while the patient is asleep.  
D. The depth of anesthesia is monitored during the procedure and more drugs are added as necessary to keep the appropriate level of anesthesia and muscle relaxation, and to control the body's response to surgery.  
E. Some anesthesia is administered by the administration of emergency drugs if needed.

## How to access your surgery risks

A patient's ability to manage his or her own health and be the best health possible before undergoing surgery plays a critical role in the surgery's success and the patient's recovery, stresses Dr. John E. Vazquez, chairman of the department of anesthesiology at Mount Sinai Hospital.

Vazquez and the American Society of Anesthesiologists (ASA) recommend that patients better understand their own health status and anesthesia risks by answering the health-related questions at [www.knowyourvitalhealth.com](http://www.knowyourvitalhealth.com) and, subsequently, request their pre-surgery health report provided by the ASA tool.

Questionnaire participants are urged to get smoking, diet or in-



## ANESTHESIOLOGY IN THE NEWS



# Vital Health Campaign

## FROM THE COVER

# ANESTHESIA ANXIETY

Doctor tells apprehensive patients risks are tiny; any drive on highway is more dangerous

BY SANDY THORN CLARK

As many as one-fourth of Americans suffer from anesthesia phobia to the degree they may postpone surgery. And, because of a lack of understanding about anesthesia, more than 75 percent fear anesthesia during surgery. Such fears — chronicled in a quarterly health survey recently released by the 43,000-member American Society of Anesthesiologists (ASA) — are unfounded, according to Dr. John E. Vazquez, who has specialized in anesthesiology for 17 years, including six at Mount Sinai Hospital where he chairs the department of anesthesiology.

"The data simply doesn't support that level of anxiety," stresses Vazquez, 48, surrounded in his office by sentimental dog photos and framed abstract art he painted. "I tell patients that they are more at risk on Chicago expressways."

Vazquez is quick to point out that over the past 25 years, anesthesia-related mortality rates have decreased dramatically — from two deaths per 10,000 anesthetics administered to one death per 200,000 to 300,000 anesthetics administered. To put it in perspective, Vazquez tells his patients that a person is about 40 times more likely to be struck by lightning than to die from anesthesia-related complications.

Those statistics are comforting to patient Vicki Brown, 45, of Forest Park, undergoing anesthesia for surgery to remove bunions that have caused her pain for 35 years.

During Vazquez's pre-op mini-interview, Brown says she isn't allergic to medications, was hospitalized for asthma in 1995, had two C-sections with no complications, and smokes "very little" (transla-



**SLEEP MODE**  
"There'll be no memory before you know it," says Dr. John E. Vazquez, who monitors you to be asleep before surgery.

tion upon Vazquez's prodding: "one cigarette per day"). When Vazquez asks Brown if she has questions, the patient expresses her one wish: "All I want is [for you to] bring me out of it [the anesthesia] on time."

"You'll be in recovery before you know it," assures Vazquez, warmly clasping Brown's hand. And he confesses relating to those who experience anesthesia anxiety: "It's fear of the unknown. I'm one of those people who gets apprehensive when I fly. At the end of the day, they're both a risk, but we do so many things every day with a much higher risk."

What can go wrong during anesthesia? An allergic reaction to the anesthetic drug itself and airway problems, answers Vazquez, stressing that monitors and equipment detect both. "We're trained to deal with complications as they arise," he adds matter-of-factly.

Vazquez, also chief medical officer of Sinai Medical Group, makes it abundantly clear: "The healthier lifestyle you maintain, the better your response before, during and after surgery — including your response to anesthesia."

The doctor, who oversees anesthesia being administered to 30 to 40 Mount Sinai patients a day, expresses excitement about the customized "Know Your Vital Health Tool" at [www.knowyourvitalhealth.com](http://www.knowyourvitalhealth.com), designed to help the public recognize and improve their vital health measures prior to receiving anesthesia.

Like other ASA members, Vazquez believes that accurate in-

formation and education are keys to decreasing anesthesia anxiety. For example, nearly 40 percent of the ASA survey respondents incorrectly believe that being under a general anesthesia is the same as being asleep, and 17 percent mistakenly think that general anesthesia numbs a small area of the body without altering a patient's awareness. In actuality, a patient is unconscious while under general anesthesia and has no awareness of other sensations.

Prior to undergoing a procedure requiring anesthesia, the ASA recommends that patients:

- Discuss their medical history (including the medications and herbal remedies they are taking or have recently taken) with their anesthesiologist.
- Ask about the anesthesia to be administered, the duration of the anesthesia, and the associated risks for a person with their medical profile.
- Check the credentials of the physicians performing their surgery, including the anesthesiologist.

• Work to be in the best possible health before the procedure.

In his life apart from Mount Sinai, Vazquez lives in West Town, enjoys leisure time on the Michiana Shores, in his life apart from Mount Sinai, Vazquez lives in West Town, enjoys leisure time on the Michiana Shores, paints, and enjoys books (currently he's reading *The Coast of Monte Cristo* by Kinsale and listening to *The Who*).

Dogs are his love. Vazquez is still heartbroken over the loss of Abu, his 14-year-old lab-shepherd mix, to kidney cancer, but is head-over-heels for Sadie, a lovable 10-year-old mix he rescued from euthanasia following Abu's death.

"There's no love like a dog's love," explains the doctor, his eyes welling with emotion.

Sandy Thorn Clark is a local freelance writer.





# 2010

## Continuing Medical Education

*ASA Education Initiatives Provide Innovative Resources to Physicians Who Make Modern Medicine Possible.*

- **First-ever Education Summit** – Forty physician leaders from across ASA came together in November 2010 to brainstorm ideas for new programs or enhancements to existing ASA education programs. Attendees included ASA elected officers and section, committee and editorial board chairs engaged in activities related to four topics:

- Practice Management
- Maintenance of Certification/Licensure (MOC/MOI)
- Quality and Patient Safety
- Non-Anesthesiologists

Representatives from the Anesthesia Quality Institute (AQI), the Anesthesia Patient Safety Foundation (APSF) and the American Board of Anesthesiology (ABA) participated. The ideas generated from the workgroups are now being vetted, and the results will be incorporated into a comprehensive three-year plan recommending a strategic direction for ASA education. The plan will serve as a basis for allocating financial and staff resources. Although the Summit focused on the four topical areas, ASA will continue to offer high-quality education on a wide variety of other topics.



2010 Emery A. Rovenstine Lecturer Kevin K. Tremper, M.D., Ph.D.

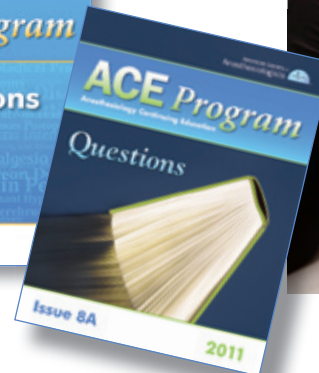
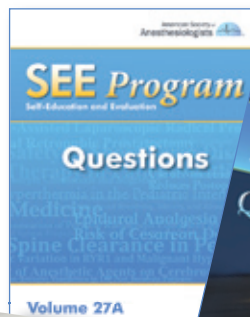
- **The American Board of Anesthesiology (ABA) approved ASA programs for its Maintenance of Certification in Anesthesiology (MOCA®)** – In January 2010, ASA launched its Simulation Education Network and by year-end had endorsed 25 simulation centers. Each center offers courses that, with completion of an ASA-hosted evaluation and improvement process, will satisfy the ABA part IV MOCA simulation requirement.

In addition to the process for simulation, the ABA approved the template for the Practice Improvement (PI) modules also in part IV MOCA. And in December 2010, ASA received approval along with high praise from both the American Board of Medical Specialties and the ABA for its “Fundamentals of Patient Safety” course, which can be used toward satisfying the 20 credits of Patient Safety CME required in part II MOCA. The PI Modules and the Patient Safety modules will be launched in spring 2011.

- **ASA granted ACCME® reaccreditation** – ASA was awarded a four-year accreditation by the Accreditation Council for Continuing Medical Education (ACCME).

This was ASA's first reaccreditation under ACCME's rules passed in 2006 and, with an April 2011 Progress Report to address one deficiency, ASA will be considered for Accreditation with Commendation, a six-year award.

The requirements emphasize a planning process, both for an overall program and for individual educational activities such as the ANESTHESIOLOGY Annual Meetings.



# ANESTHESIOLOGY 2010

## ■ ANESTHESIOLOGY 2010 had a whole new look and feel –

This year's meeting drew 15,685 individuals to beautiful San Diego, with nearly 18 percent of that figure coming from 70 countries outside of the United States.

ANESTHESIOLOGY 2010 offered key educational opportunities, featured speaker events, state-of-the-art technology and a first-ever networking reception held at PETCO Park, home of the San Diego Padres.

Motivational speaker Jeff Skiles, co-pilot of the "Miracle on the Hudson" flight, spoke to a full house at the opening session. Skiles compared the training and focus on passenger safety of a pilot with an anesthesiologist's role in patient care. He finished to a standing ovation, and his work continues to be quoted by members who attended the session.

In addition to the opening session, participants enjoyed superior presentations by Kevin K. Tremper, M.D., the Emery A. Roventine Memorial Lecturer, and Warren M. Zapol, M.D., the John W. Severinghaus Lecturer.

*"From a 30,000-foot level, medical care and airline flying are really quite similar. We both have to marry incredibly complex technology with large groups of highly trained experts working in an environment with an almost infinite number of variables where failure even once is not an option."*

– Jeff Skiles

*"Miracle on the Hudson" co-pilot*

Keynote speaker Jeff Skiles, "Miracle on the Hudson" co-pilot, with Mark A. Warner, M.D. and Alexander A. Hannenberg, M.D.





"ANESTHESIOLOGY 2010 provided members with invaluable face-to-face interactions between peers. From the contact I had with members at the PETCO Park event to the interactions during educational sessions and the opportunity to speak with exhibitors about the latest technology in our field, all of these opportunities are irreplaceable. You really have to be on site to get the most value."

– Alexander A. Hannenberg, M.D.

5,200 ANESTHESIOLOGY 2010 attendees celebrated at PETCO Park in October 2010.



At ANESTHESIOLOGY 2010, participants took part in more than 500 educational sessions, including 128 refresher courses, 36 workshops, 117 panels, and 244 Problem-Based Learning Discussions (PBLDs). The meeting featured 133 abstract posters, discussions and presentations, plus Medically-Challenging Cases and Scientific and Education Exhibits.

ANESTHESIOLOGY 2010 focused heavily on the value of “face to face” networking and interaction with colleagues and peers at the meeting. Those who were looking for an evening event that offered entertainment and a networking opportunity were able to participate in the first-ever opening reception held at PETCO Park, home of the San Diego Padres.



Above: Problem-Based Learning Discussion (PBLD) panel.

At right: Anesthesiologists Lt. Colonel Eric F. Holt, D.O., U.S. Air Force (left), and Christopher J. Nagy, M.D. at the ASA Run for the Warriors.



Exhibitors present state-of-the-art technology and services available to anesthesiologists.

The meeting also focused heavily on social responsibility among our membership. ASA honored its military service members throughout ANESTHESIOLOGY 2010, one example being the ASA Run for the Warriors®, which raised funds for wounded service members. The meeting also provided wellness screening opportunities for members and was committed to “greening” the meeting through reduced use of paper and plastic products.

ASA expanded the use of technology with the introduction of an ASA Mobile App for attendees to navigate the meeting and also offered free WiFi. ASA enhanced the use of Audience Response technology in more educational sessions as well. The organization also used web technology to broadcast educational content to those ASA members unable to attend the meeting in San Diego.

The decision to open the exhibits on Saturday was well received by both attendees and exhibitors. This scheduling improvement offered more attendees more time for interactions with exhibitors so they could learn more about the latest state-of-the-art technology and services available to the specialty of anesthesiology.





Timothy R. Lubenow, M.D. (center) instructs a cadaver workshop.



After the January 2010 earthquake in Haiti, Alexander A. Hannenberg, M.D. and K.A. Kelly McQueen, M.D. (*far right*) visit the country to deliver medical books for students (donated by Elsevier) and assess the need for care. Also pictured (*second from right*) is ASA member Jack M. Berger, M.D., Ph.D., an anesthesiologist from the University of Southern California.





- **Launched ASA Global Humanitarian Outreach**

**Program** – The ASA Committee on Global Humanitarian Outreach (GHO) was created to provide the ASA membership with information on the global anesthesia crisis and opportunities to address it. A key focus for the group is volunteer service and education.

American Society of  
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**GLOBAL HUMANITARIAN OUTREACH**

We are proud to report that ASA members en masse rose to the challenge and offered support to the earthquake victims in Haiti. ASA members traveled to Haiti to provide direct services, donated money to support relief efforts and also worked with the HQ communications team to tell the stories of the people in Haiti through an interactive blog and image library on the ASA website. This communications work won the GHO a Communitas Award in the category of “Making a Difference.” The ASA was awarded this honor based on membership’s commitment to social responsibility, our efforts in effectively communicating the need in Haiti and highlighting our members’ service to those in need.

The GHO will continue to identify opportunities to serve those in need of anesthesia services worldwide and will address the critical anesthesiologist shortage in many countries.



Haiti Disaster 2010 (*above*): Ralf E. Gebhard, M.D. performs a femoral block while CRNA Manny Paz (University of Miami) assists.

American Society of  
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The ASA is proud to support its foundations and its related organizations through financial and staff support. The products and services they provide ASA members and patients are an invaluable service.

## ■ Anesthesia Quality Institute (AQI)

The AQI was formed in 2009 and began collecting data for the National Anesthesia Clinical Outcomes Registry (NACOR) in 2010. Participation in the AQI is open to every anesthesiology group in the U.S. Data comes from both small and large groups, private and academic practices, and practitioners in every subspecialty discipline. It presently includes more than 400,000 cases. Participating practices receive quarterly reports from the AQI, which include their own data and comparisons to national benchmarks. The AQI plans to include more than 100 practices by the end of 2011 and to steadily expand the quality and quantity of information provided to participants and ASA stakeholders.

[www.aqihq.org](http://www.aqihq.org)



*“By the end of 2010, the National Anesthesia Clinical Outcomes Registry (NACOR) contained 400,000 cases, 2,100 providers, 300 hospitals, and 50 anesthesia practices. Member practices were provided with quarterly benchmarking reports and graphs illustrating their data compared to NACOR aggregated data.”*

Richard Dutton, M.D.  
Executive Director, AQI

*“The contributions of our foundations and related organizations ensure that anesthesiology plays a crucial role in the advancement of medicine. Our foundations allow us to firmly establish the young clinical investigators of today who will develop the novel drugs, monitors, and knowledge that will sustain safe, high-quality perioperative care far into the future.”*

Mark A. Warner, M.D.

#### ■ Anesthesia Patient Safety Foundation (APSF)

The APSF improves the safety of patients during anesthesia care by encouraging and conducting: safety research and education, patient safety programs and campaigns, and international exchanges of information and ideas.

The year 2010 marked the 25th anniversary of the founding of APSF. During 2010, APSF reached a milestone of awarding more than \$6.77 million for patient safety research since the first awards in 1987. The complimentary APSF fire safety video, *Prevention and Management of Operating Room Fires*, has been sent to more than 2,000 anesthesia professionals, nurses and administrators worldwide. The APSF-sponsored Neurologic Injury after Non-Supine Shoulder Surgery registry is collecting cases of adverse neurologic outcomes following shoulder arthroscopic surgery. [www.apsf.org](http://www.apsf.org)

#### ■ Foundation for Anesthesia Education and Research (FAER)

In 2010, FAER offered outstanding career development and research funding opportunities for medical students, residents and anesthesiologists:

- The Medical Student Anesthesia Research Fellowship Program provided anesthesia research experiences for 58 medical students.
- The Resident Scholar Program helped 42 residents explore academic anesthesia at the ASA Annual Meeting.
- The Practice Management Resident Scholar Program introduced 28 residents to the challenges of practice management at the ASA Conference on Practice Management.
- Three \$75,000 Research Fellowship Grants awarded in conjunction with clinical training.
- Two \$100,000 Research in Education Grants focused on developing innovative techniques for educating anesthesiologists.
- Nine \$175,000 Mentored Research Training Grants focused on developing the skills and preliminary data anesthesiologists need to become competitive, independent investigators. [www.faer.org](http://www.faer.org)

## ■ Wood Library-Museum of Anesthesiology (WLM)

In August 2010, the WLM closed its museum gallery to embark on a joint remodeling project with the ASA. The results are quite impressive. Distributed throughout the ASA Headquarters building, one will find 11 exhibit cases and an Emerson Respirator (Iron Lung), enabling staff to be ever-mindful of the specialty we serve.

As they begin to populate the remodeled gallery within the next months, the WLM looks forward to showcasing its museum treasures in this updated and inviting space. Most exciting is the March 2011 launch of the revised WLM website, which will provide worldwide access to digitized gallery objects, digitized rare book items, multimedia files, archive collections and spectacular artwork. The website is being designed to create a unique experience for each visitor, linking all digitized collections for an optimal online learning environment.

Through its vast collections, the WLM continues to preserve the past and promote the future of the medical specialty of Anesthesiology. [www.woodlibrarymuseum.org](http://www.woodlibrarymuseum.org)



### Charrière Inhaler:

Joseph Charrière (1803-1876) was a respected cutler and surgical instrument maker in Paris. On January 20, 1847, three months after William T.G. Morton's first successful public demonstration of ether in Boston, the Charrière inhaler was successfully used for several operations in Paris.



### Chloroform Drop Bottles:

Chloroform was often administered by pouring it onto a cloth or sponge, which was then held over the patient's nose and mouth. A wide variety of chloroform bottles were used to refresh the cloth, drop by drop, as chloroform quickly evaporated from it.





#### ■ Anesthesia Foundation

The Anesthesia Foundation is a non-profit organization founded by a group of concerned anesthesiologists in 1956 to provide low-interest loans to residents in anesthesiology who were in need of financial assistance. Throughout the last 50-plus years, the Foundation has provided 1,200 loans totaling approximately \$5.5 million. The goals and purposes of the Foundation are:

- To support young physicians in their choice of anesthesiology as a specialty;
- Support specific projects that enhance the specialty of anesthesiology and are not supported by other agencies; and
- Recognize and preserve the American heritage of anesthesiology.

Recently, the Anesthesia Foundation has partnered with the ASA to develop a program to assist anesthesiologists in practice experiencing a recent personal, medical or practice hardship through the "Anesthesiology Wellness Loan Program" (AWLP). The Foundation also sponsors the Anesthesia Foundation Award for Excellence in Educational Material. This prestigious award is given for excellence and innovation in books or multimedia with significant impact on the science and practice of anesthesiology, critical care or pain medicine.

[www.anesthesiafoundation.org](http://www.anesthesiafoundation.org)

# 2010

## Strong Financial Foundation



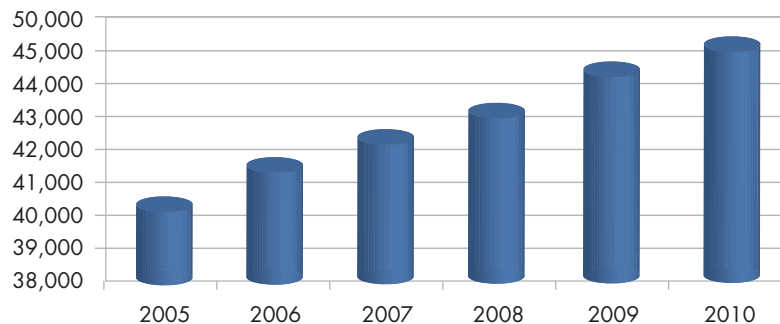
Jerry A. Cohen, M.D., ASA President-Elect  
and Peggy G. Duke, M.D.

*“ASA’s financial success in 2010 makes it possible for the organization to engage in key activities that support our members in a time of change.”*

– John A. Thorner, J.D., CAE  
ASA Executive Vice President,  
Park Ridge

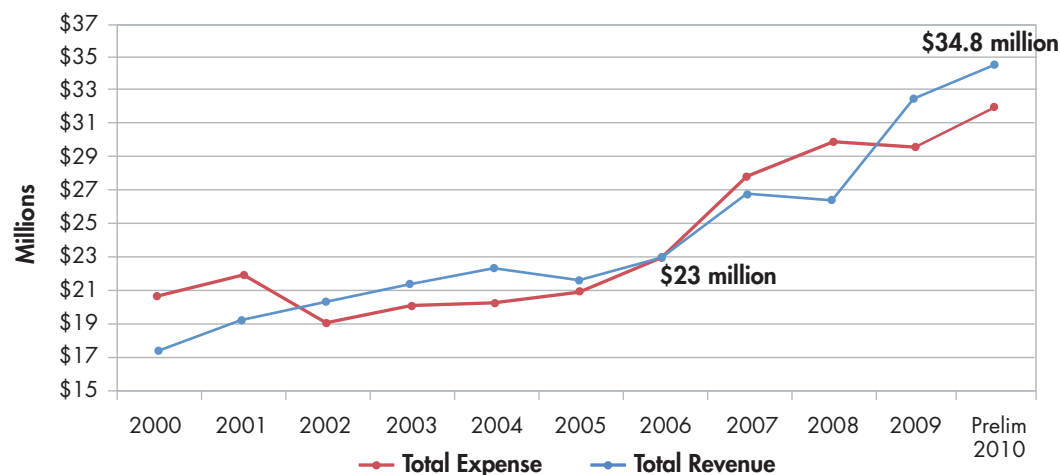
- **Increased total membership by 3 percent to 46,000 members** – This is in addition to the 3 percent membership increase in 2009. We are proud that you recognize the value of membership in ASA. ASA is committed to seeking new opportunities to support and strengthen our changing field, working every day to provide the resources you need to thrive in health care’s changing environment.

ASA Membership Figures

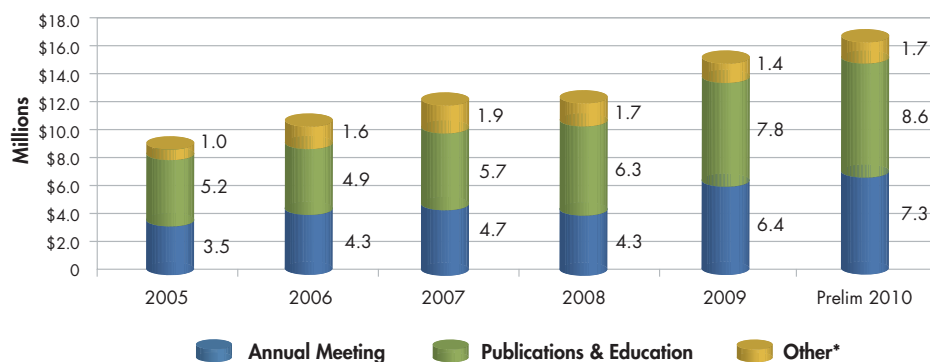


- Winning financials provide a strong foundation for reaching ASA goals** – Despite a down economy and a changing health care environment, ASA continued to maximize revenue streams in 2010. In recent years, ASA made adjustments to its infrastructure, and now is focusing on growth. Our efforts are benefiting the organization as a whole and are getting noticed by peers. In June 2010, *Associations Now*, a leading association industry publication, profiled ASA's success, crediting the Society for developing new revenue streams during a period of depressed economic activity.

Operating Revenue and Expense – 2000 through 2010



Non-Dues Operating Revenue and Expense – 2005 through 2010



\*Other Meetings, Professional Fees and Other

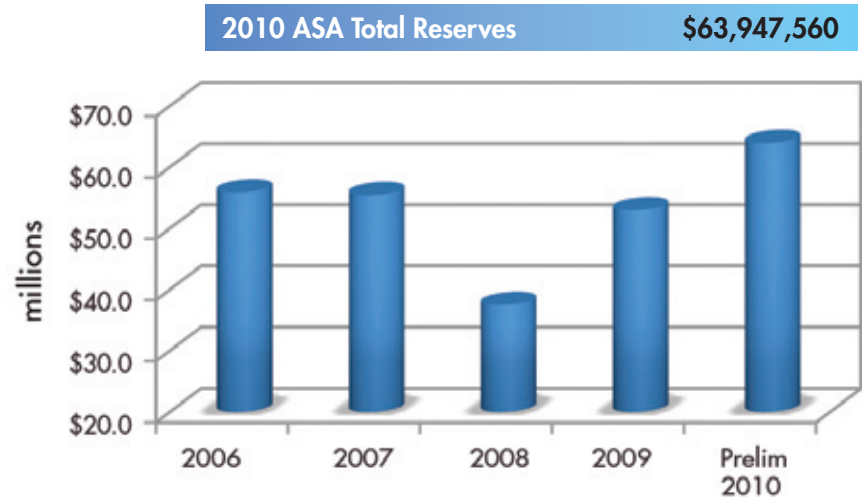
*“In 2009, ASA increased operating revenue 31 percent, from \$25 million to \$32 million in the last year, while changing a \$5 million deficit into a \$3 million surplus. During 2010, these trends continued ...”*

– *Associations Now*, June 2010



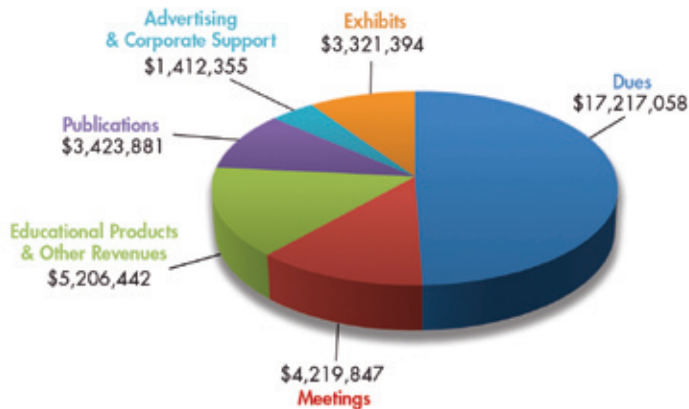


ASA reported total reserves of nearly \$64 million in 2010, an increase of more than \$10 million over 2009. The 2009 total was also a significant gain over 2008. The growing reserves can be attributed to increasing both non-dues and dues revenue (through membership growth). It also can be attributed to holding expenses in check and to carefully investing the Society's funds in improving financial markets. ASA's financial successes support important programs such as advocacy, education and public outreach that make a difference in the professional lives of our members. Our continued successful financial performance allows ASA to reinvest in our members to provide them the resources they need to be the physicians who make modern medicine possible.

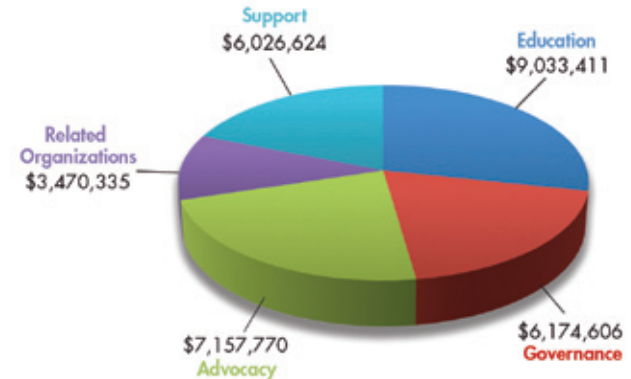


The charts on this page illustrate the tremendous strides made at ASA to increase revenue and decrease expenses. The increase in reserves demonstrates ASA's success toward this goal in 2010.

**2010 Operating Revenue** **\$34,800,977**



**2010 Operating Expense** **\$31,862,746**



# 2011

## Looking Ahead

In the coming year, we will focus specifically on:

**1. Supporting the implementation of our ASA strategic plan.** We will view all the Society's activities through this lens and determine whether current or proposed work will help us meet our strategic goals for the organization.


**2. Highlighting anesthesiologists' role in patient safety.**

The advances we've made to date for patients are impressive, but there is more work to be done. To highlight our interest in patient safety, ANESTHESIOLOGY 2011, October 15-19, 2011 in Chicago will host a series of presentations and meetings directed specifically at patient safety. For example, we are proud to welcome Atul Gawande, M.D., M.P.H., one of the world's top leaders in patient safety, to the annual meeting in Chicago where we will honor him and other patient safety advocates throughout the meeting.

**3. Committing resources to the critical work our foundations and related organizations do to advance the field of anesthesiology.** We celebrated the 25<sup>th</sup> anniversary of the Anesthesia Patient Safety Foundation (APSF) last year in San Diego. We will celebrate 25 years of achievement by the Foundation for Anesthesia Education and Research (FAER) in Chicago this year.

**4. Recognizing the value of the existing work in play and supporting key areas of the ASA's business, including: public outreach, education and advocacy.**

We have made a major commitment to supporting advocacy for our specialty during 2011 and far into the future.



*Atul Gawande, M.D., M.P.H.,  
featured speaker at  
ANESTHESIOLOGY 2011.*

American Society of Anesthesiologists  
**ANESTHESIOLOGY 2011**  
AMERICAN SOCIETY OF ANESTHESIOLOGISTS ANNUAL MEETING



**ANESTHESIOLOGY 2011**  
**OCTOBER 15-19, 2011**  
MCCORMICK PLACE  
CHICAGO



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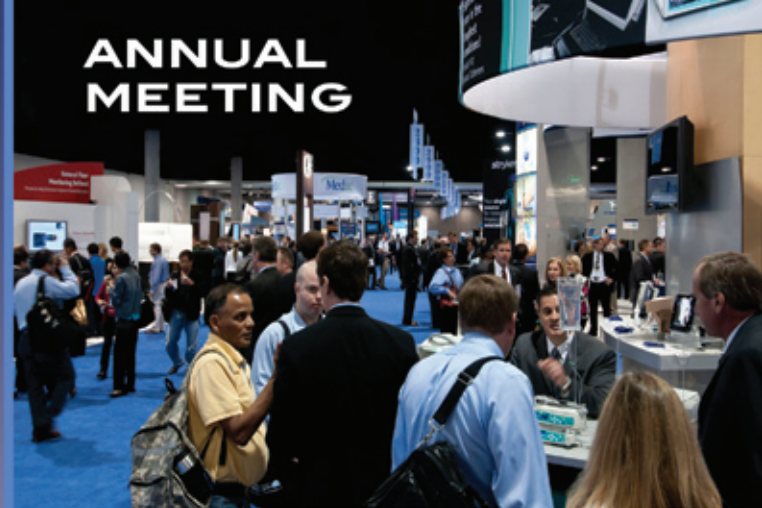
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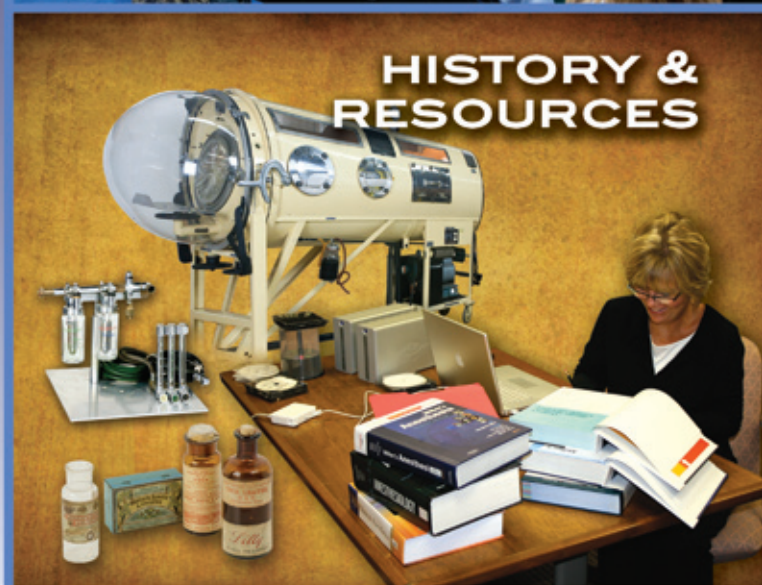
2011

American Society of  
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## ANNUAL MEETING



## HISTORY & RESOURCES



American Society of  
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