

# 2013 ANNUAL REPORT



# PRESIDENT'S MESSAGE



## Dear Colleagues:

It has been an exciting, challenging, successful and humbling year for me as president of this great Society. The seamlessness of my transition into the American Society of Anesthesiologists® (ASA) presidency is a testament to the professionalism and

talents of my predecessors and associates. More broadly, I was honored – and humbled – to have worked with the more than 52,000 members who make up ASA®, thousands of whom volunteer their time and expertise to help make our Society one of the most influential and successful in the world.

The year 2014 looks to be a crucial one for health care legislation and regulation, and ASA is fully prepared to meet any coming challenge head on. The success we are sure to have in 2014 will be directly related to the hard work and dedication of our ASA leaders in 2013. I would like to highlight a few of our notable accomplishments this past year.

### **PERIOPERATIVE SURGICAL HOME (PSH) MODEL OF CARE**

“Better health, better patient care, and reduced per capita expenditures” is the triple-aim identified by the Institute for Healthcare improvement in 2012. These are also the essential goals of the PSH model, the development of which represents one of ASA's primary objectives in 2014. Last October, a budget was approved to fund resources, education and support from ASA in facilitating learning among PSH participants.

The PSH model places the physician anesthesiologist in a leading role in perioperative care that will lower costs and improve patient safety and satisfaction.

### **QUALITY DATA, QUALITY INSTITUTE**

The ever-increasing quantity of data collected by the Anesthesia Quality Institute (AQI) is allowing us to rise above other specialties in the ability to quantify performance and outcomes. Currently, the AQI has amassed more than 14 million cases in its databases – almost 7 million of which were added in 2013 alone. The AQI also created a mobile application for its Anesthesia Incident Reporting System to allow even easier participation in sharing data that are being sought by clinicians, policymakers and government.

### **HEALTH POLICY RESEARCH**

Hopefully you've been reading the “Policy Matters” column every other month in the ASA NEWSLETTER, which updates members on ASA's new Health Policy Research (HPR) department. With a full year under their belts, the HPR staff is making important inroads toward informing the public, policymakers and our peers to help improve outcomes and quality of care. In 2013, HPR collected datasets spanning many years that will be used for important research in our specialty.

### **PHYSICIANS FIRST**

In 2013, ASA made great strides in effectively communicating that “When Seconds Count... Physician Anesthesiologists Save Lives.”™ This educational endeavor has reached thousands of media markets. Through it, physician anesthesiologists share their personal stories of the difference they've made in the lives of their patients. Through this endeavor and other channels, we are informing the public and legislators about the absolutely critical role we play in health care.

### **STRATEGY FOR THE FUTURE**

To say 2013 was an eventful year is an understatement. We began to see the effects of the Affordable Care Act, we helped lead the effort for Independent Payment Advisory Board repeal legislation, and we continue to work hard on SGR reform legislation, continue to work with the FDA and lawmakers to address drug shortages, and we are increasing our efforts to serve your needs – and those of your patients – in the states, just to name a few of our initiatives. Through it all, there has been one constant driving the actions of this Society – our strategic plan. It has been the foundation upon which the ASA staff and our thousands of volunteers have stood as they addressed the many pressing issues of 2013 and beyond. The mission of our strategic plan is to advance the practice and secure the future of anesthesiology – a future that will be judged by how well we continue to provide exemplary care to our patients.

As you read through the following report and see the incredible work performed in 2013 by our fearless army of physician volunteers and ASA staff, I think you'll see, like I do, that 2013 was a pivotal year – a foundation upon which our future successes will be based.

I thank you all for your hard work in 2013 and look forward to working with you as we build a future guided by an unwavering dedication to patient-centered, physician-led care.

John M. Zerwas, M.D.  
2013 President  
American Society of Anesthesiologists

*A Foundation of Leadership*

ASA's advocacy team – including ASA's physician leadership – its potent grassroots network, a politically active membership and its professional advocacy staff continued to be an effective voice for the specialty before federal and state policymakers. During 2013, ASA worked successfully to identify and address legislative and regulatory issues impacting physician anesthesiologists' practices. Key accomplishments included:

## NEW PAYMENT MODELS

ASA has successfully positioned itself at the forefront of discussions related to alternative payment models with the development of the physician anesthesiologist-led Perioperative Surgical Home (PSH), a new model of integrated and coordinated care. The PSH model of care provides an important blueprint for the future of anesthesiology.

## MEDICARE PAYMENT IMPROVEMENTS

While ASA has a close eye on the future with the PSH, it has also worked to improve current payments for ASA members. ASA-endorsed revisions to the Medicare Economic Index (MEI) formula in the 2014 Medicare Physician Fee Schedule Final Rule will result in a net positive impact of 1 percent for physician anesthesiologists' Medicare allowed charges.



## PRESERVING VETERANS' HEALTH

ASA partnered with congressional allies and Veterans Service Organizations (VSOs) in opposition to an unprecedented new U.S. Department of Veterans Affairs policy mandating independent practice for all advanced practice registered nurses (APRN), including nurse anesthetists, in all states and in all facilities across the VA health system.

## DRUG SHORTAGES

ASA continued its ongoing leadership in efforts to address shortages of critical anesthesia and pain drugs. Partnering with the Food and Drug Administration (FDA), ASA continued work on the implementation of the Food and Drug Administration Innovation and Safety Act (FDASIA) – a new federal law containing a provision advanced by ASA to further empower the FDA to address drug shortages.

At the state level, ASA partnered with the Missouri State Society of Anesthesiologists on a successful initiative to educate lawmakers about how the European Union's international export restrictions could be triggered by the state's use of propofol in its lethal injection protocol. The initiative resulted in Missouri Governor Jay Nixon opting against the use of propofol by the state, thus averting a potential nationwide shortage of the drug.

## PAYMENT AND PRACTICE MANAGEMENT RESOURCES

PRACTICE MANAGEMENT 2013 was the nation's premiere meeting for knowledge-sharing related to the ever-changing anesthesia payment and practice management landscape. Leading experts in anesthesia shared their perspectives and tools for building and maintaining successful practices.

The year was also marked by the unveiling of a new ongoing series of practice management tools known as the "ASA Payment and Practice Management Memos." These timely memos provide members with insight into many of the hot payment and practice issues of the day. The new memos complement current ASA resources, including the updated 20th version of the ASA CROSSWALK,<sup>®</sup> a must-have publication for all ASA members and their payment and business staff

## ELECTRONIC HEALTH RECORDS AND 'MEANINGFUL USE'

The Office of the National Coordinator (ONC) extended Stage 2 of the Electronic Health Records Incentive Program and delayed the implementation of Stage 3 of the program. ASA maintained the program's hardship exemption from payment penalties for physician anesthesiologists. ASA also worked with Rep. Diane Black (TN) to secure the re-introduction of H.R. 1331, the "Electronic Health Records Improvement Act," legislation to fix flaws in the Electronic Health Records program to ease physician anesthesiologists' successful participation in the program.

# ADVOCATING FOR YOU

## NEW STATE AFFAIRS RESOURCES

ASA's newly formed State Affairs Department proved a valued resource to ASA members and state components. Working closely with ASA state component society leaders and staff, the department has developed new advocacy materials, facilitated increased dialogue with state leaders, and served as a general policy, legal and issue-based resource. These collaborative efforts advanced patient-centered, physician-led care in states and helped turn back numerous ill-advised efforts to weaken state patient safety standards.

## REPEAL OF ONEROUS PROVISIONS OF THE PPACA

ASA worked with lawmakers on the introduction of H.R. 2817, the "Protect Patient Access to Quality Health Professionals Act of 2013," legislation sponsored by Rep. Andy Harris, M.D. (MD), the first physician anesthesiologist elected to Congress. The legislation would repeal PPACA's so-called "non-discrimination" clause, an allied health provider-endorsed provision that prohibits health plans from "discriminating" against non-physician health care providers in plan participation.

ASA continued its efforts to repeal PPACA's Independent Payment Advisory Board (IPAB). As co-leader of the IPAB Repeal Coalition, a group of 25 medical specialty and health organizations, ASA worked to secure support to eliminate the onerous board that is authorized to cut Medicare payments to physicians.

As a result of ASA and coalition partner advocacy, H.R. 351, the "Protecting Seniors' Access to Medicare Act of 2013" sponsored by Rep. Phil Roe (TN), has 218 bipartisan cosponsors.

## FEDERAL LEGISLATION

ASA continues work to increase patient access to the services of physician anesthesiologists through the introduction of Senate bill S.1444, the "Medicare Access to Rural Anesthesiology Act of 2013," legislation sponsored by Sens. Ron Wyden (OR) and Johnny Isakson (GA). The legislation would ensure that the same financial incentives exist for hospitals to hire and contract with physician anesthesiologists in rural areas as already exist for other anesthesia providers. This is the first time the legislation has been introduced in the Senate.

ASA worked with other physician stakeholders to secure the re-introduction of H.R. 1427, the "Truth in Healthcare Marketing Act of 2013." The transparency legislation introduced by Rep. Larry Bucshon (IN) and David Scott (GA) would ensure consumers are aware of the credentials of the health care providers they use.



## FEDERAL AND STATE LEGISLATIVE AND REGULATORY RESOURCES

ASA's 2013 Legislative Conference was the nation's largest conference focused exclusively on federal and state legislation and regulations impacting physician anesthesiologists and their practices. The 2013 meeting featured key policymakers from both the federal and state levels, including a governor, two state attorneys general, two members of Congress (including anesthesiology's own Rep. Andy Harris), the chief medical officer for CMS and a key FDA drug shortages official.

## POLITICAL ENGAGEMENT

ASA's Political Action Committee (ASAPAC) ended 2013 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.



# IMPROVING QUALITY OF CARE IN ANESTHESIA

In 2013, ASA recruited Richard P. Dutton, M.D., M.B.A., current executive director of the AQI, to don a second hat as chief of the newly formed Quality Division. This group, which will include the HPR Department, the Department of Quality and Regulatory Affairs and a growing staff of methodologists and researchers, will be responsible for leading ASA's efforts to promote performance measurement in the specialty. Activities will include work with the National Quality Forum and the Centers for Medicare & Medicaid Services (CMS) to develop measures for physician anesthesiologists to comply with emerging federal incentive programs, work with the AQI to become a Qualified Clinical Data Registry under new payment rules, and the ongoing support of ASA's already robust development of clinical standards and practice parameters.

## HEALTH POLICY RESEARCH

During 2013, HPR obtained key datasets that serve as the basis of analysis to address important research questions relevant to anesthesiology. Such analyses support ASA's advocacy and efforts of other ASA committees. The datasets span multiple years and include Medicare claims data, hospital characteristics and anesthesia workforce data.

HPR conducted literature reviews and published multiple policy briefs during the past year. HPR worked closely with the AQI and actively participated in the Committee on Future Models of Anesthesia Practice to promote the PSH model of care.

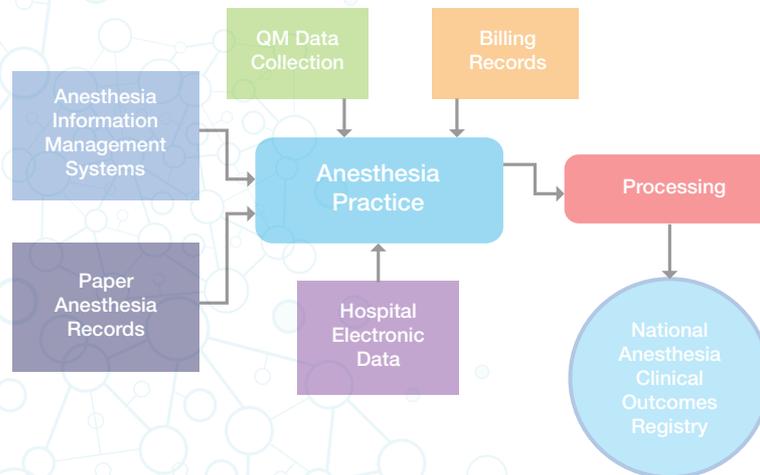
HPR also undertook active outreach efforts to support and promote health services and health policy research important to anesthesiology. These efforts included serving as faculty for anesthesia-related conferences and seminars, and meeting with researchers from other medical societies to discuss common research issues and potential opportunities for collaboration.

## ANESTHESIA QUALITY INSTITUTE



In 2013, AQI's National Anesthesia Clinical Outcomes Registry (NACOR) grew to include data from more than 200 contributing practices in 43 states, covering 15,000 providers, 2,300 facilities and more than 14 million cases. A parallel registry, the Anesthesia Incident Reporting System (AIRS), has more than 1,000 case reports from adverse events and near-misses in real clinical practice. AQI released a mobile app in the fall for Android and iOS devices allowing physician anesthesiologists to report these cases straight from their phones. These reports provide an early warning system for threats to patient safety and are the basis for a monthly "case study" in the ASA NEWSLETTER, which has proven to be both popular and educational.

AQI was created in 2009 as a non-profit affiliated organization of ASA to organize the quality management, patient safety and comparative effectiveness efforts of the society, and create a national registry of anesthesia cases and outcomes. AQI is currently the largest anesthesia registry in the country. Recognizing the need for improvement in anesthesia quality management, AQI enables practices to improve the patient's quality of care, lower anesthesia complication rates and enhance operational efficiency.



# LIFELONG EDUCATIONAL PROGRAMMING

The Education Division is a relative newcomer to the ASA organizational structure but has made great strides in the last three years to provide an expanded portfolio of activities to help members meet continuing medical education (CME) requirements and Maintenance of Certification in Anesthesiology (MOCA®) credits. The majority of the progress was due to the Education Summit held in 2010. The summit focused on two major areas of member need: MOCA and practice management. An Education Blueprint capturing the Education Summit proceedings was approved by the House of Delegates in 2011. The ASA Education Center website now offers nearly 200 CME-certified activities, including self-assessments, patient safety education, and performance improvement activities as well as a growing collection of practice management modules for members, including resident-targeted activities.

In 2013, new activities from the Education Blueprint were launched, including:

**Self-assessment Module – Critical Care (MOCA Part 2; subspecialty content)**

**A-ACLS: First Response to Circulatory Crisis in the OR**

**Ultrasound-Guided Regional Anesthesia Portfolio**

**Practice Performance Assessment and Improvement (PPAI) for groups**  
(allows participants to enroll and track their progress and performance as a group as well as individually).

In addition to launching blueprint activities, the Education Division recommended that a new meeting focused on quality of care be developed. As a result, the ASA Quality Meeting: Creating and Measuring Quality in Anesthesiology™, which was held on November 9 and 10 in Rosemont, Ill. Beverly Philip, M.D. chaired the meeting targeted to physician anesthesiologists interested in implementing quality improvement activities in their practices.

The program was limited to 150 participants to allow small-group discussions so attendees could formulate quality improvement initiatives for their own practices. The program sold out in less than four weeks, indicating great interest in quality management education in an environment of continuing changes in the health care environment. Two quality meetings are planned for 2014, one in Dallas on April 12-13, and a second at the new ASA headquarters in Schaumburg, Ill., in the fourth quarter.

To continue to meet member needs, the Education Division recently convened a Second Education Summit, under the guidance of Arnold J. Berry, M.D. and Dr. Philip, ASA vice president for scientific affairs. The theme for the summit was “What Education Do Anesthesiologists Need for Future Practice? Identifying, Understanding, Adapting to and Embracing Change” and included four focus areas:

- Changes in delivery of patient care (medical science)
- Defining, measuring and improving value (system science)
- Managing evolving models of team-based care (organization science)
- Understanding and implementing new technology

This second summit was the first large-scale effort to implement principals of education planning by identifying practice gaps based on a robust needs-assessment. Each of the four work groups held great discussions with a significant focus on the relationship between each of the topics and the PSH model of care. The proceedings will soon enter the governance approval process as a blueprint for the next three to four years of education activity development.



# PUBLIC RELATIONS

## ASA Educates Audiences, Regains Share of Voice

### RESEARCH

You may not be surprised to know that the majority of the public is unaware that an anesthesiologist is a physician, but the research we conducted in 2013 found that many policymakers – legislators and regulators – are not aware of this. We also found that across the board – from policymakers to the general public – people don't realize the extent of a physician anesthesiologist's involvement in patient care before, during and after a procedure or that should an emergency arise, it is the physician anesthesiologist who steps in and often saves the lives of patients.

### MESSAGING

Physician anesthesiologists are highly trained experts who evaluate, monitor and supervise patient medical care before, during and after surgery. Physician anesthesiologists lead the Anesthesia Care Team and make critical medical decisions when seconds count to ensure optimal patient care. Quality of care matters above all. It's too risky to administer anesthesia without the supervision of a physician. When Seconds Count...Physician Anesthesiologists Save Lives.™

### WHEN SECONDS COUNT™ EDUCATIONAL ENDEAVOR

Based on audience research, ASA's new educational endeavor, When Seconds Count... Physician Anesthesiologists Save Lives.™ was developed to increase awareness about the critical role physician anesthesiologists play and help change how people view our role and the vital contributions made by the specialty.

Tools developed to assist ASA members in spreading our key messages include:

- When Seconds Count™ (WSC) website
- Internal Message Map
- Brochure
- Cost fact sheet
- Education and training fact sheet
- FAQ of questions asked by policymakers
- Videos of physician and patient stories
- Leadership Spokesperson Training

10,453 visits	6,706 unique visitors
35,214 pageviews	3.41 pages/visit

Initial metrics illustrating success of [asahq.org/whensecondscount](http://asahq.org/whensecondscount)

### BUILDING AND CULTIVATING MEDIA RELATIONSHIPS

Strong relationships with influential journalists are the key to increasing visibility for our specialty and educating critical stakeholders.

- Dr. Fitch met with reporters from *Reader's Digest*, *Vogue* and the *Wall Street Journal* in New York City
- Media teleconference in September addressed ASA's concerns with the Veteran Health Administration's release of its final draft of the APRN Independent Practice Policy in Nursing Handbook. Subsequent coverage appeared in *MedPage Today*, *Becker's ASC Review* and *KevinMD.com*

Activities ramped up during the ANESTHESIOLOGY™ 2013 annual meeting.

68 placements reported in 2012

436 placements reported in 2013, reaching an estimated audience of more than 74 million

### NOTABLE COVERAGE

ASA members provided interviews and expertise to several top-tier media outlets in 2013 on a wide variety of topics, including chronic pain, drug shortages, robotic sedation, federal legislation and regulation, innovative research and scope-of-practice issues. The ASA Advocacy and Public Relations teams worked throughout the year to prepare member spokespeople for interviews.





## BEING SOCIAL



@ASALifeline  
 3,896 - November 2012 ▲  
 5,571 - November 2013 **43%**

@PatientLifeline  
 1,138 - November 2012 ▲  
 2,213 - November 2013 **94%**



3,896 - November 2012 ▲  
 5,571 - November 2013 **68%**



161,438 views - November 2012 ▲  
 242,274 views - November 2013 **50%**



2,802 - November 2012 ▲  
 4,429 - November 2013 **58%**

According to the Healthcare Hashtag Project, #ANES2013 was the #3 trending health care conference hashtag worldwide during the time of the meeting.

- Overall daily engagement increased almost 50 times, by more than 4,000 percent
- 2012: Average daily use of meeting hashtag: 10 posts/day
- 2013: Average daily use of meeting hashtag: 499 posts/day

## LEADERSHIP SPOKESPERSON TRAINING PROGRAM (LSTP)

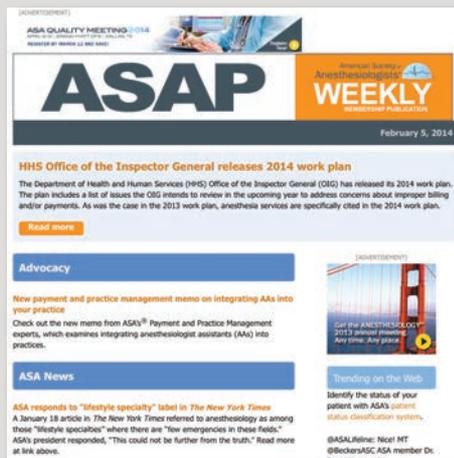
One hundred nineteen ASA members trained to deliver WSC messages during 15 LSTP sessions conducted in 2013.

*"This was an excellent educational activity."*

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

*"I wish I had done this training years ago!"*

*"Excellent program – Very timely to help educate more ASA members to be good ambassadors for our specialty."*



## AWARD-WINNING E-NEWSLETTER AND THE LAUNCH OF ASAP WEEKLY

In 2013, ASAP – all the news from ASA as soon as possible – was recognized by PR News with a first-place award in the 2013 Nonprofit PR Awards for Member Communications.

To further improve our primary electronic member communications vehicle, ASA released a responsive design template for the new ASAP weekly. This format further streamlines content and allows for easy viewing on any device. Additional data-driven analytics are available in this format to allow for further improvements.

# GLOBAL PARTNERS IN QUALITY OUTCOMES & PATIENT SAFETY

The ANESTHESIOLOGY™ 2013 annual meeting attracted more than 15,300 attendees to San Francisco last October. The event dedicated five days to broadening worldwide perspectives on the latest science and technology in the specialty of anesthesiology. More than 700 sessions, including special lectures, hands-on workshops and late-breaking panel discussions, allowed national and international attendees to collaborate during this premier, comprehensive, anesthesia-related educational event.

International registrants accounted for more than 25 percent of meeting attendees (3,800) and represented almost 90 countries.

Nearly 300 exhibiting companies and vendors showcased their product innovations, services and cutting-edge technology to attendees in the exhibit hall and in the ASA Industry Product Theater.

To accommodate the global focus of this year's meeting, ASA premiered the International Attendee Service Center, enabling International attendees to connect with their colleagues from across the globe. Language facilitators, speaking Chinese, Japanese, Portuguese and Spanish, were on hand.

ASA's new online community launched at the ANESTHESIOLOGY™ 2013 annual meeting. More than 6,700 attendees created their own profile, managed their onsite schedule, connected with colleagues in advance of, during and following the meeting, created discussion groups and completed session evaluations, plus much more.



Todd C. Sacktor, M.D., presented "Understanding What Happens to Memory During Anesthesia" at the 2013 John W. Severinghaus Lecture on Translational Science.



Special lectures at the annual meeting.



Top countries represented at the ANESTHESIOLOGY™ 2013 annual meeting were:

Canada, Japan, China, Brazil, Australia, Mexico, United Kingdom, France, Netherlands, Germany and South Korea

Nearly 600 runners registered for the fourth annual ASA-sponsored Run For the Warriors® conducted by Hope For the Warriors®. The event raised more than \$78,000 for U.S. military service members and their families.



The Welcome Reception offered attendees the opportunity to socialize and network with fellow physicians while enjoying wine hosted by various corporate supporters and exhibitors.

The President/President-Elect Reception was held at San Francisco City Hall in the historical rotunda.

### PRACTICE MANAGEMENT 2013

In January 2013, more than 900 attendees participated in PRACTICE MANAGEMENT 2013 in Las Vegas. The conference featured keynote speakers Korcy von Kessel, LifeWings; Stanley W. Stead, M.D., M.B.A., Stead Health Group, Inc.; and 2013 ASA President John M. Zerwas, M.D.

The educational event delivered up-to-date information about the state of practice management, including business and technology trends, changes in regulations and laws, and best practices to manage an anesthesiology practice in today's environment.



**ANESTHESIOLOGY™ 2014**  
OCTOBER 11-15 | NEW ORLEANS, LA

# ASA CORPORATE SUPPORTERS

ASA Corporate Supporters provide generous unrestricted support for the vital functions of ASA, including member resources, professional development programming and advancement of the specialty.

ASA has maintained seven Industry Supporters through 2013. Surgical Information Systems supported ASA at the Industry level until July 2013, and continued to support ASA as an Annual Meeting Supporter in 2013. Edwards Lifesciences increased its participation from Annual Meeting Supporter to Industry Supporter in June 2013.

ASA is proud to acknowledge and recognize the following ASA Corporate Supporters for their generous support in 2013:



***Baxter***



**Teleflex®**



**SURGICAL  
INFORMATION  
SYSTEMS**



Phar**MED**ium



**MERCK**  
*Be well*



**MASIMO®**



*Hospira*



**Edwards**

# TECHNOLOGY IMPROVEMENTS

In 2013, the Information Technology Department made significant improvements to the technology available to ASA members. Critical advancements include:

- Delivered a new search solution for asahq.org to improve speed and relevance for search results, in addition to a faceted search for more advanced filtering of results.
- Launched the WSC website using responsive design techniques for easier viewing on mobile devices to support this educational endeavor.
- Converted 12 years of ASA NEWSLETTER content on asahq.org to a friendlier Web format for improved searching and filtering by year, issue and article. This content is now searchable through third-party search engines such as Google and BING.
- Released new ACE and SEE iPad® mobile apps for mobile access to these educational products for continuing medical education (CME) and Maintenance of Certification in Anesthesiology (MOCA®) certification.
- Launched the newly designed ASAP Weekly e-newsletter with more relevant content and implemented responsive design techniques, making it easier to read on mobile devices.
- Began several projects that will deliver future value to membership, including a newly redesigned asahq.org, ASA store, member directory and Education Center.



# OUR CHARITABLE WORK

ASA was committed to aiding those in need in 2013 on a national and international scope through its Global Humanitarian Outreach (GHO) program and Charitable Foundation. ASA thanks its members who generously contributed to these important initiatives to aid and support those in need.

## GHO

Thirty-four million anesthetics are delivered each year without pulse oximetry. In 2013, GHO grew its partnership with Lifebox, a global not-for-profit organization, to provide life-saving pulse oximeters for operating rooms in developing countries around the world. ASA members, supported by ASA and the California Society of Anesthesiologists, traveled to Guatemala and Nicaragua in November 2013 to deploy 240 pulse oximeters and provide oximetry and safe surgery checklist training. Adrian Gelb, M.D., Berend Mets, M.D., Alexander Hannenberg, M.D., Christina Menor, M.D. and UCSF resident Pablo Guzman, M.D. conducted training for nearly 400 physician anesthesiologists, nurses and anesthesia technicians during programs held in Guatemala City, Managua and Leon.



At the ANESTHESIOLOGY™ 2013 annual meeting, GHO delivered a training session titled “How to Deliver Lifebox Training in the Field.” The faculty included several Lifebox veterans with experience in multiple African nations. Attendees obtained an understanding of how to set up and run a Lifebox workshop in low-resource settings.



The ANESTHESIOLOGY™ 2013 annual meeting also featured a fundraising program hosted by Teleflex® that resulted in a \$25,000 donation from Teleflex to the ASA Charitable Foundation for Lifebox. [asahq.org/gho](http://asahq.org/gho)



## ASA CHARITABLE FOUNDATION

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

The Charitable Foundation is collaborating with the ASA Resident Component to host its national resident challenge for Lifebox fundraising in 2014. A group of donors has pledged a matching gift for the residency program producing the largest contribution for Lifebox, and the program raising the largest donation-per-resident will also be recognized at the ANESTHESIOLOGY™ 2014 annual meeting. [asacharity.org](http://asacharity.org)

## ANESTHESIA FOUNDATION

Throughout its more than 50 years of existence, the Anesthesia Foundation has granted thousands of loans that have assisted the future leaders of the specialty. From October 2012 to October 2013, the Foundation granted 14 loans to anesthesia residents and fellows across the country totaling more than \$82,500. [anesthesiafoundation.org](http://anesthesiafoundation.org)

# SUPPORTING THE FUTURE OF THE SPECIALTY

## ANESTHESIA PATIENT SAFETY FOUNDATION (APSF)

APSF awarded \$543,461 in research grants in 2013. Since 1987, APSF has awarded 102 grants totaling \$8,996,853. APSF also sponsored a multidisciplinary conference in September 2013 to discuss advanced medical technology training. The 2013 Ellison C. Pierce Patient Safety Memorial Lecture was delivered by Alan F. Merry, M.B., Ch.B., FANZCA, FRCA. The APSF Board of Directors Workshop at the ANESTHESIOLOGY™ 2013 annual meeting addressed the possibilities of a NTSB-like entity to respond to adverse anesthesia events. [apsf.org](http://apsf.org)

## FOUNDATION FOR ANESTHESIA EDUCATION AND RESEARCH (FAER)

FAER advances medicine through research and education in anesthesiology. FAER's grants and programs drive the anesthesiology specialty forward and positively affect the careers of individuals who will improve patient care and safety, and will find solutions to challenges in the future.

In 2013, in support of physician anesthesiologists and anesthesiology trainees, FAER committed \$2.4 million to funding research grants and more than \$300,000 to programs. The research grant funding was awarded to 17 physician anesthesiologists representing 12 institutions. This was the second-highest amount FAER has ever awarded in a single year. FAER's all-time grant funding surpassed \$31 million.

The early career funding provided by FAER through the generosity of the entire anesthesiology community not only influences individual careers, it also changes the future of anesthesiology for the better.



FAER owes a great deal of gratitude to its individual donors and the component societies, subspecialty societies, practice groups, corporations, academic departments and, of course, ASA, who makes it possible to provide opportunities that sustain research and education in anesthesiology. [faer.org](http://faer.org)

## WOOD LIBRARY-MUSEUM OF ANESTHESIOLOGY (WLM)

In 2013, WLM continued its digitization projects, which allowed its website to grow in content.

Preparations also began for what will prove to be WLM's largest move to-date. In late spring 2014, WLM will join ASA in its new headquarters in Schaumburg, Ill. Since January 2013, WLM has collaborated with ASA and a museum exhibit design company to create a destination that promises to be visually spectacular and breathtaking. Using treasures from all WLM collections, we are delighted to share the story and inspire passion about the history of the specialty and Society and the potential for its future. [woodlibrarymuseum.org](http://woodlibrarymuseum.org)



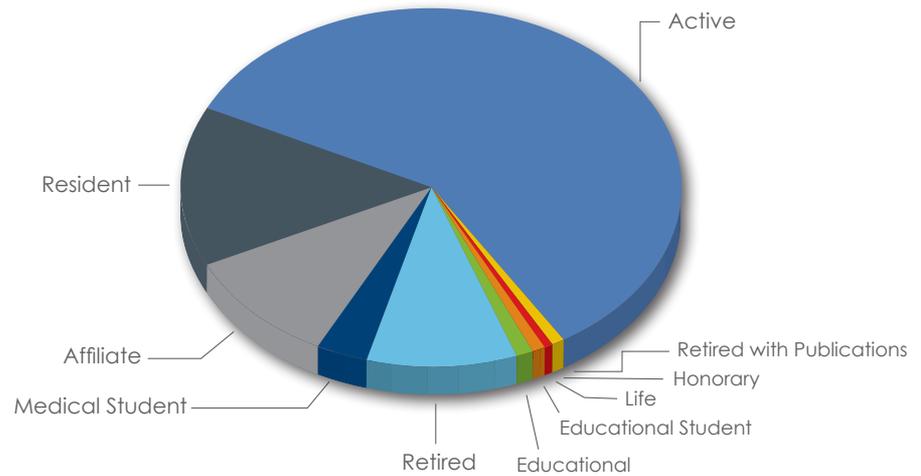
# MEMBERSHIP NUMBERS REACH ALL-TIME HIGH

In 2013, ASA exceeded an important goal, adding more than 800 active members, up 2.66 percent from 2012. We are pleased to report that ASA's membership is the largest it has ever been. The total membership count in 2013 was more than 52,000 – up 4.22 percent from the previous year-end count.

In 2013, physician anesthesiologists across a wide variety of demographics recognized the value of ASA membership:

- Active members: 75 percent male; 25 percent female
- Resident members: 64 percent male; 36 percent female
- International members: 5,200 representing more than 90 countries
- California had the most active members, while New York had the highest number of resident and medical student members

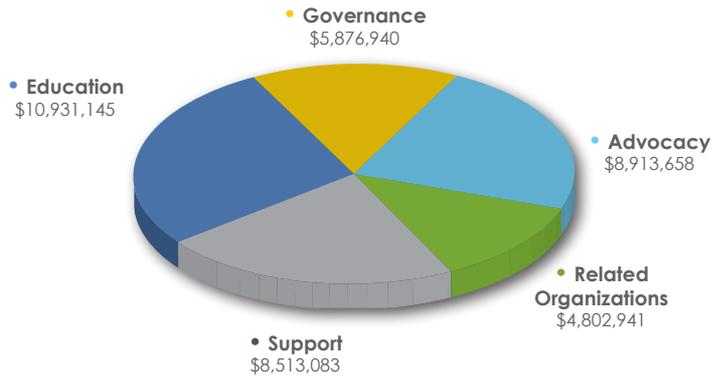
2013 ASA Membership



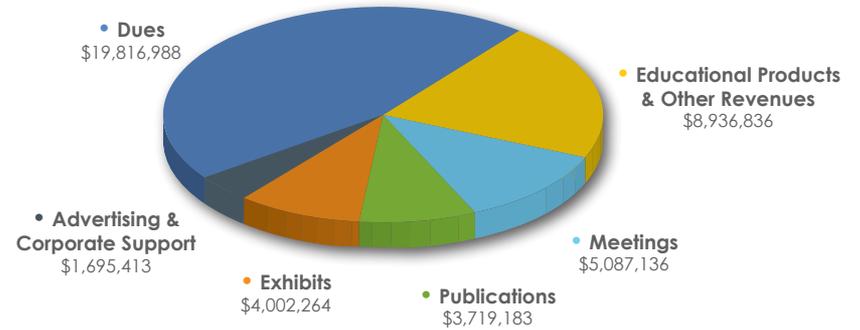
Total Members



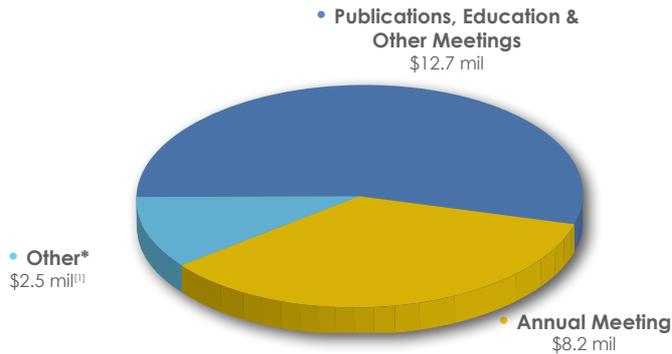
# FINANCIALLY HEALTHY



**2013 Operating Expenses**  
Total \$39,037,767

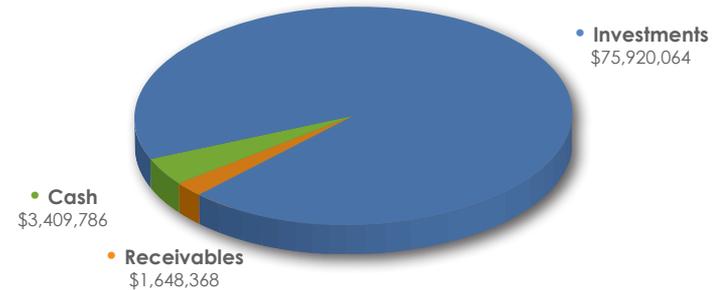


**2013 Operating Revenue**  
Total \$43,257,820



**2013 Non-Dues Operating Revenue**

\*Professional Fees, Investment Allocations<sup>(1)</sup>, and Other



**2013 Reserves**  
Total \$80,978,218

# INCOMING PRESIDENT'S MESSAGE

*Advance patient-centered, physician-led care in 2014*



## Dear Colleagues:

In 2014, ASA will navigate the uncharted waters of health care reform, including the Affordable Care Act. Together, we will step boldly into the future of medicine with the launch of a new model of care delivery – our Perioperative Surgical Home (PSH). The PSH model of care is at the core of our patient safety focus. It allows physician anesthesiologists to provide the most comprehensive care to our patients, helping to ensure their safety and optimal outcomes. This model will position us to take full advantage of our subspecialty areas of expertise and further highlight the differences between physician anesthesiologists and non-physician providers. From cardiac to critical care, obstetric, pediatric and beyond, physician anesthesiologists understand the complete physiology of a patient, best positioning us to devise the optimal treatment plan and make split-second, life-saving decisions when seconds count.

We may see repeal of the Sustainable Growth Rate (SGR) formula this year. This is a golden opportunity for specialty societies such as ASA to innovate. Aqi and the new HPR department will help ASA to critically examine and advance our local and national work and the development of our health policies, respectively, and use data to make sound improvements.

Patient safety remains our first and foremost concern as we explore the intricacies of health care reform. ASA's history is rich in patient safety milestones; through the research of physician anesthesiologists and making better drugs, equipment and monitors, we have made dramatic improvements in mortality and morbidity related to anesthesia. Whether at the state or federal level or within the Veterans Health Administration (VHA), ASA is committed to maintaining the critical patient safety net of physician supervision of anesthesia care. Please also remember to support our Committee on Global Humanitarian Outreach and ASA Charitable Foundation, which are making great strides toward improving anesthesia care all around the world.

Our education offerings in our meetings portfolio continue to grow. Our education product portfolio also continues to expand. ASA must be the lighthouse of education offerings to whom all of our members turn, whether for new knowledge, specialty information or for maintenance of certification needs.

Successful navigation requires excellent communication. This is the year for ASA to focus on communicating in the broadest sense. Last year, ASA launched its When Seconds Count™ endeavor to educate our patients, colleagues and policymakers about who we are as physician anesthesiologists and what we offer as perioperative consultant leaders.

It's never been a better time to be a member of ASA. Exceeding 52,000 at the close of 2013, our membership is at an all-time high, and our Political Action Committee is the strongest it has ever been. However, we must continue our efforts to build our Society and engage all who support our mission, vision and values.

It is my honor and privilege to serve ASA in 2014 as president. I look forward to leading the Society in achieving many milestones that will fuel progress, protect patients, and increase visibility and understanding of the life-saving work physician anesthesiologists do every day.

A handwritten signature in black ink that reads "Jane C. K. Fitch MD".

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



EMBRACING  
CHANGE,  
UNITED FOR  
THE FUTURE



## Dear Colleagues:

As I reflect on my first year as Chief Executive Officer, I'd like to extend my deepest gratitude to ASA leaders, members and staff for welcoming me so warmly to this organization. From day one, I have been impressed with your unwavering commitment, professionalism and skills.

I am pleased to report we closed 2013 with record-breaking membership numbers and outstanding member and staff talent in place to help create a strong foundation for the future.

We can also celebrate the significant progress made on our external brand. In 2013, ASA invested resources in understanding existing public and policymaker perceptions of our specialty. The results helped drive Society-wide messaging, a new Web presence, a library of personal stories, media coverage, member toolkit, leadership training and launching the When Seconds Count... Physician Anesthesiologists Save Lives.™ educational endeavor. The endeavor's website received an outstanding acceptance with nearly 33,000 page views and a notable average visit time of 3.5 minutes in just its first three months. We are excited about building on this momentum over the next year.

2014 is expected to be a year of growth and progress, with our membership numbers approaching 53,000. Our new headquarters is set for completion in early summer, and upgrades to our information architecture are well on their way. More and more, members seek to find essential information online, when they need it, on the device of their choice. Through a dedicated committee of volunteer members and the efforts of staff, we entered 2014 with several new features already in place, including readability, search functions and the new interactive ASA NEWSLETTER and archive features, as well as the newly designed ASAP Weekly. We have also recently launched a major Web redesign project that will offer improved navigational tools to ASA's vast information resources.

I am privileged to acknowledge that ASA has the hardest-working team of volunteers and staff in organized medicine advancing our Society's objectives in state and federal issues, both legislative and regulatory. We are increasingly focused on cultivating key strategic relationships that complement our advocacy efforts. Most notably, ASA has joined and started work with the American Hospital Association to determine how to most effectively leverage our resources relative to the PSH model of care, AQL and in sedation training.

As I look forward to 2014, I am committed to further strengthening the good work we've collectively begun this past year as it relates to our organizational and operational success, our brand and message, and our advocacy efforts.

There is no doubt that this specialty, as all of medicine, is transforming in light of unprecedented pressures. However, I am optimistic about your future. You have tremendous assets that position you well in patient care and safety, health systems management and political advocacy. Let's continue this tremendous work, united as a specialty, to protect patient-centered, physician-led care.

Paul Pomerantz  
Chief Executive Officer  
American Society of Anesthesiologists

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**When Seconds Count...  
Physician Anesthesiologists Save Lives.™**

