



2015 ANNUAL REPORT

AMERICAN SOCIETY OF ANESTHESIOLOGISTS



Dear Colleagues,

It was an incredible honor to be allowed to serve as president of the American Society of Anesthesiologists in 2015. Over the course of my year as president, something I had long known was validated time and time again: physician anesthesiologists are absolutely indispensable to the delivery of high-quality and safe medical care to our patients. Whether in the operating or procedure room, intensive care unit, pain medicine suites, perioperative clinic, at the administrative level or in the provision of cutting-edge research, no other medical specialists are as dedicated to their profession and their patients.

I'm exceedingly proud to be involved in the Society that ably represents more than 52,000 physician anesthesiologist leaders. I believe that no other specialty society is as committed to its patients or physician members. From its numerous physician volunteers to its professional staff, ASA at all times is dedicated to "advancing the practice and securing the future" of anesthesiology.

ASA's accomplishments in 2015 were all the more remarkable for the environment in which they occurred. The rate of change currently taking place in health care is overwhelming, and it can be difficult to keep up. Thanks in part to years of forward thinking, commitment to our strategic plan and a talented professional staff and organization structure, ASA was well-positioned to turn the challenges of 2015 into great opportunities.

ASA is fortunate to have one of the most effective lobbying teams in Washington, D.C., and we made significant progress on tough issues in 2015, such as the Medicare Provider Payment Modernization Act of 2015 (MACRA), the Veterans Health Administration draft Advanced Practice Registered Nursing handbook, and expansion of anesthesiologist assistant practice in several states, to name just a few.

Educational products were updated to allow busy practicing physicians to meet MOCA 2.0 requirements and to provide the highest quality of medical care.

The designation of the Anesthesia Quality Institute's NACOR data warehouse as a Qualified Clinical Data Registry (QCDR) means that physician anesthesiologists can fulfill their CMS reporting requirements and avoid cuts in their Medicare fees. NACOR has quickly become an important resource in efforts to improve the quality and safety of the medical care we deliver to our patients, decrease anesthesia-related complications and decrease costs.

It was a banner year for the Perioperative Surgical Home (PSH) model of care. The first PSH Learning Collaborative successfully wrapped up in November, and a second iteration will build upon the accomplishments of the first.

I want to express my sincerest gratitude to each and every member of the ASA. Your commitment to your patients, profession and ASA is unmatched in the medical world. I thank you, along with my colleagues, our professional staff and most importantly my family, for your support during my tenure as ASA President. I am immensely proud of our profession's achievements in 2015, and I look forward to continuing to assist ASA as we work to advance the quality and safety of anesthesia care for our patients and profession.

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

American Society of Anesthesiologists





Advocacy for the specialty is always a top priority for ASA



In 2015, an unprecedented number of ASA members contributed to our advocacy initiatives, illustrating the Society's commitment to patient safety and improved care.

The tireless efforts of volunteer ASA members and the

Advocacy Division in 2015 paid off in a number of important ways and strengthened the foundation from which we will meet policy and legislative challenges in the future.

Year	Key Contacts	Grassroots Network
2014	457	3,225
2015	503	7,612

American Society of Anesthesiologists
2015 Annual Report

2015 activities:

Protect Safe VA Care

The Protect Safe VA Care initiative enjoyed a very successful launch at the ANESTHESIOLOGY® 2015 annual meeting, collecting comments on the proposed VHA Nursing Handbook, which seeks to grant independent practice for all VA advanced practice registered nurses. ASA-supported language is included in current appropriations legislation that encourages VA to engage external and internal stakeholders in the development of a handbook that does not conflict with the current Anesthesia Service Handbook, which directs team-based, physician-led care.

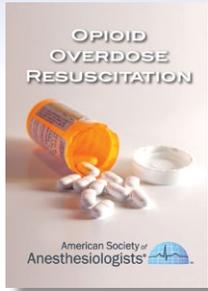


ASA Legislative Conference

The Society's voice was heard loudly on Capitol Hill in 2015. A record-setting 611 attendees met in Washington, D.C., at the ASA Legislative Conference to learn about the political, regulatory and legislative issues impacting anesthesiology. Attendees at the 2015 conference reported more than 230 congressional visits.



Response to Drug Abuse Epidemic



ASA is active within the AMA Task Force to Reduce Prescription Opioid Abuse, which is developing and implementing recommendations designed to have a measurable impact on the prescription drug abuse epidemic. In addition, ASA created a layperson pocket guide for identification and response to overdose, which was distributed by the Fraternal Order of Police and distributed to its 330,000-strong membership.

AA Expansion in the States

The Society was busy in 2015 building upon the 17 jurisdictions and Guam where anesthesiologist assistants (AAs) may now practice. AA legislation is expected in a number of states in 2016 and 2017 as ASA continues efforts to protect the Anesthesia Care Team model in state legislatures.

Conversion Factor Fix

Careful analysis and recomputation by ASA helped to identify a calculation error in the CMS announced 2016 Medicare anesthesia conversion factor. After notification by ASA, CMS issued a public correction of the conversion factor from \$22.3309 to \$22.4426.

Positive Steps Toward Drug Shortage Mitigation

The FDA finalized ASA-supported recommendations on vial sizes in a guidance document for industry, which recommends that “a drug product’s vial fill size should be appropriate for the labeled use and dosing of the product.” This decision follows a formal letter of support to the FDA Commissioner in which ASA explained that vial sizes appropriate for the labeled use and dosing of the product are imperative to reducing waste.

FDA Approval of Sugammadex to Reverse Effects of Neuromuscular Blockade

The FDA approved sugammadex to reverse the effects of neuromuscular blockade induced by rocuronium bromide and vecuronium bromide. Over the past several years, ASA had formally communicated to the FDA that there is a need for a drug to provide physician anesthesiologists with better capabilities to reverse neuromuscular blockade induced by rocuronium or vecuronium.

Interlaminar Epidural Injections

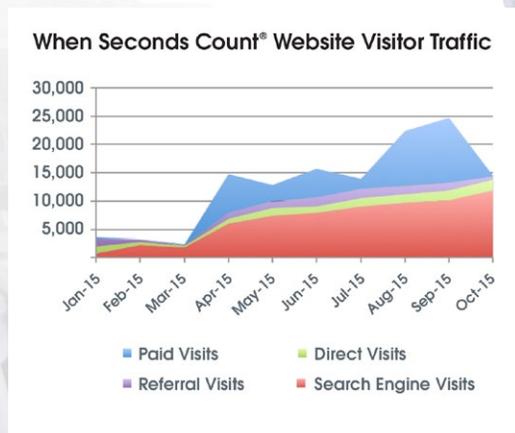
After successful efforts that convinced CMS to reverse drastic reductions to the value of interlaminar epidural injections, ASA continues to work with other pain organizations to obtain fair and accurate values for these services, which are so important to ASA members and the patients they serve.



Positive public awareness of the specialty, our Society and the importance of patient-centered, physician-led care has never been higher.

In 2015, ASA's Public Relations staff spread ASA messaging to tens of millions by expertly leveraging traditional media and leading-edge technology.

The When Seconds Count® educational endeavor helped to support advocacy efforts and professional and public outreach initiatives focused on consumer and trade media, social media and website content.



When Seconds Count® website traffic generated more than 143,500 visits from the following sources: paid media, referrals, direct visits and search engine visitors.

2015 was a year of firsts:

- **The inaugural Physician Anesthesiologists Week 2015** included eight gubernatorial proclamations, member-developed videos and podcasts, in-hospital activities and digital messaging. ASA audio news releases were heard by more than 188 million people, and more than 1,000 daily newspapers posted the release.

- **The first annual Women's Pain Update** showcased seven scientific studies on women and pain, with news promoted in an infographic and Twitter chat securing 1.2 million impressions.

Women's Pain Update

Music, yoga and rose oil are among the remedies proven effective for women suffering with everything from fibromyalgia, backaches, menstrual cramps and labor pain, according to a review of new research related to women and pain by the American Society of Anesthesiologists' (ASA). Every day we learn more about pain and gain new insights into managing it. Don't let pain stand in your way of living life to the fullest.

WOMEN Respond Differently TO PAIN

While women are more likely than men to suffer from fibromyalgia, they don't report more pain from the condition – however, men are more likely to cope with pain by avoiding activity.

- 747 women and 48 men receiving treatment for fibromyalgia: researchers looked at sex differences in response to pain
- Men and women reported the same level of pain and function
- Men were more likely to view pain as being harmful
- Men were more likely to show activity, thinking it would help them avoid pain

Source: *Clinical Journal of Pain*, Oct. 11, 2014

WOMEN REPORT More Pain AFTER SURGERY

In a study of more than 22,000 people having one of 30 different types of surgeries – from appendectomy to knee replacement – women reported slightly more intense pain after surgery than did men.

Source: *Anesthesiology*, May 2014

Type of Anesthesia MAKES A DIFFERENCE

Nerve block and IV anesthesia may make recovery easier than general anesthesia.

In a study of 64 women having surgery for breast cancer, those who had regional anesthesia with a nerve block found better pain than those who had general anesthesia in the following ways:

- LESS PAIN AFTER SURGERY
- LESS NAUSEA AND VOMITING
- LESS MEDICATION NEEDED AFTER SURGERY
- FASTER RELEASE FROM HOSPITAL

Source: *Anesthesiology*, March 2014

Music CAN HELP DURING LABOR

158 women giving birth were randomly assigned: 77 listened to music during labor, 79 did not. Those who listened to music:

- had less pain and anxiety at all stages of labor
- had better blood flow and their babies had better heart rates
- needed less pain medication after the baby was born

Source: *Gynecology and Obstetrics Investigation*, Sept. 16, 2014

Pain DURING PREGNANCY

More than 1 in 7 pregnant women are prescribed opioids (narcotics) for pain during pregnancy, according to a study of more than 530,000 women.

Most common reason is back pain.

IN U.S. WHAT IS A study of 57 million pregnant women found those who reported or showed signs were:

- Five times more likely to die in the hospital
- Their babies were twice as likely to be stillborn, be born early or lose post-growth before birth

Source: *Anesthesiology*, Dec. 2014

Help FOR PAINFUL PERIODS

Massaging rose oil into the abdomen can ease painful periods.

Seventy-five women with painful periods were divided into three groups. All massaged their abdomens:

- 1/3 with rose oil
- 1/3 with unperfumed almond oil
- 1/3 used no oil

They reported how much pain they had before and after massage:

- Pain was reduced in the first period, but there wasn't much difference between the groups
- In the second period, women who used the rose oil experienced much less pain than those in the other two groups

Source: *Journal of Obstetrics and Gynecology*, Sept. 25, 2014

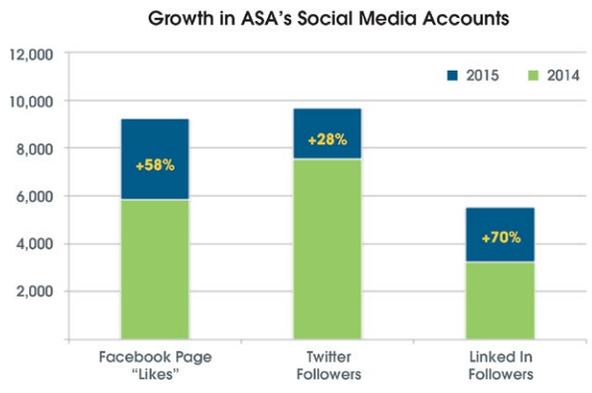
Yoga Helps RELIEVE CHRONIC BACK PAIN

- In a 12-week study, 23 women who practiced yoga reported that chronic back pain was nearly three times less than when they started
- In the control group, pain actually increased in 20 women who did not do yoga

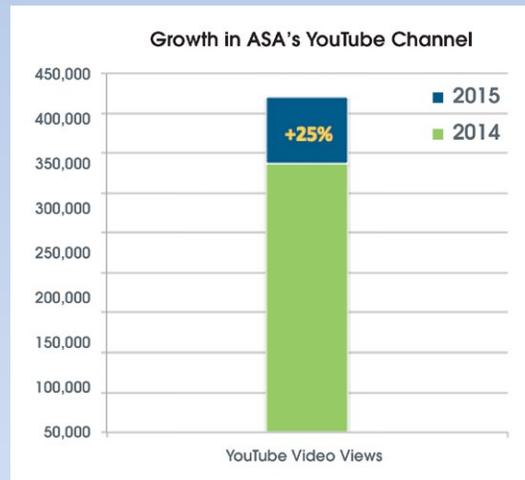
Source: *Journal of Evidence-Based Complementary & Alternative Medicine*, July 2014

And ASA's messaging was in the news 24 hours a day, seven days a week:

- **Media outreach** for the *Anesthesiology* journal, ANESTHESIOLOGY® 2015 and other ongoing engagement resulted in more than 1,300 mentions in outlets such as the *New York Times*, *Washington Post* and NBC's "Today" Show.
- **Updated and refreshed patient education brochures** created to inform patients and increase specialty awareness.
- **Visitor traffic to the When Seconds Count® website** grew by 463 percent. Digital advertising and organic searches resulted in more than 143,500 visitors.
- **ASA's Facebook page** increased its "likes" by 58 percent, the LinkedIn page increased followers by 70 percent, Twitter increased by 28 percent and the YouTube channel's video views increased by 25 percent.



There was significant growth in the number of followers across all of ASA's social media accounts.



ASA experienced a 25 percent growth in the number of YouTube video views.

ASA's digital advertising and social media campaign to reach expectant parents about pain management options garnered 4 million impressions, led more than 11,000 visitors to the When Seconds Count® website and earned nearly 400 social media engagements.

ASA's digital advertising and social media campaign to reach chronic pain sufferers garnered nearly 1.3 million impressions, reached more than 280,000 people, led more than 11,000 visitors to the When Seconds Count® website and earned more than 7,500 social media engagements.



QUALITY *and* REGULATORY AFFAIRS

The Quality and Regulatory Affairs (QRA) department advocates for you in the areas of professional standards, performance outcomes, quality assurance and regulatory affairs as they intersect with quality initiatives. In 2015, QRA staff were instrumental in strengthening relationships and engagement with regulatory agencies and accrediting bodies and educating ASA members on federal quality reporting programs.

QRA helped define quality in our medical specialty by:

- Successfully adding five anesthesia quality measures for reporting to the Physician Quality Reporting System (PQRS) and received National Quality Forum Endorsement of two quality measures.
- Streamlining the QRA website to reflect member needs and inquiries. The website has been updated with current and relevant information on quality reporting programs and regulatory items.
- Successfully expanding the number of non-PQRS Qualified Clinical Data Registry (QCDR) measures available for reporting from 11 to 27 via the ASA QCDR.
- Updating the Manual for Anesthesia Department Organization and Management according to the practice and individual needs on quality capture and reporting, policies and procedures, and recent pressing topics for the practice of anesthesiology.
- Contributing substantial comments to CMS and the National Coordinator for Health IT to shape future regulatory policy for both Stage 3 Meaningful Use and MACRA in a way that physician anesthesiologists can participate in such programs in the most meaningful manner.



ANESTHESIA QUALITY INSTITUTE

To be successful in the current performance-based and value-driven health care landscapes, physician anesthesiologists and their care teams need access to quality and benchmarking data.

The AQI's National Anesthesia Clinical Outcomes Registry (NACOR) allows anesthesiology groups to easily submit cases and receive customized reports that show performance trends over time on a variety of measures.

Big changes took place in AQI in 2015, as the Institute partnered with ArborMetrix to provide technical operations, data intake and hosting for NACOR. This new partnership will improve analytics and reporting modules to help accelerate quality improvement initiatives and regulatory reporting.

In September 2015, the AQI added Executive DeLaine Schmitz, who previously had overseen registries for the Society of Thoracic Surgeons, which are regarded as some of the most advanced medical registries in existence.

Also in 2015:

- NACOR grew to include data from more than 363 practices (a 42 percent increase over 2014), representing 52,000 providers and 4,900 facilities.
- The AQI Anesthesia Incident Report System (AIRS) has captured more than 1,500 detailed case reports from adverse events and near-misses in real clinical practice.
- NACOR, which has been designated as a Qualified Clinical Data Registry by CMS, worked with more than 80 practices to submit data to CMS for the first time.
- AQI staff answered more than 100 data requests from ASA members and other researchers. And more than 22 research papers were published based on mining of AQI databases.
- AQI held its first Anesthesia Data Conference in August, drawing 80 attendees representing experienced researchers and those just beginning their careers.

HEALTH POLICY RESEARCH

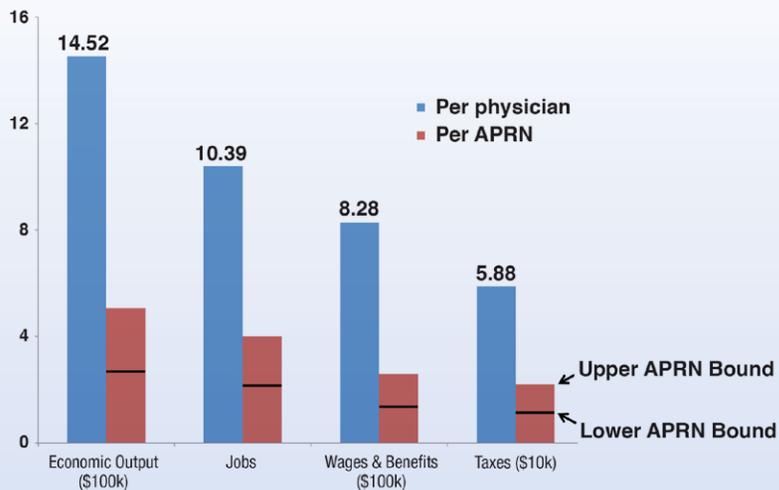
The Health Policy Research (HPR) department undertakes analyses to demonstrate the value of physician anesthesiologists and provide information to help improve patient safety and quality care. HPR influences anesthesia practice in many ways by analyzing relevant “big data,” industry trends, health care policies and published research.

It was a busy year for HPR as it continues to be involved in several crucial projects to support ASA and its members.

- Four articles authored or co-authored by HPR staff were accepted for peer-reviewed publication in 2015, covering topics such as anesthesia opt-out regulations, physician group concentration and the use of billing modifiers in research. Such documents help to advance ASA’s advocacy priorities.
- HPR focused on national and state trends regarding where physician anesthesiologists, nurse anesthetists and anesthesiologist assistants practice. These reports help identify policy priorities related to the anesthesia workforce.
- HPR critically evaluated a major published report that examined the economic benefits of advanced practice nurses. HPR identified several flaws in the report and used available data to demonstrate the substantially higher economic value of physicians.
- HPR now supports the ASA Committee on Standards and Practice Parameters, and one methodologist joined the HPR team in October. Two updated practice guidelines (Obstetric Anesthesia, and Prevention, Detection, and Management of Respiratory Depression Associated with Neuraxial Opioid Administration) were approved by the House of Delegates.

Economic Impact of Physicians and Nurses in North Carolina Per Provider

From 2014 IMS Health Physician Economic Impact Study and 2015 Duke APRN Economic Impact Study



QUALITY DIVISION

PERIOPERATIVE SURGICAL HOME

The Perioperative Surgical Home (PSH) continued its rapid evolution, and 2015 was a milestone year for growth and productivity.

The PSH Learning Collaborative 1.0 successfully wrapped up in November with 44 leading health care organizations collaborating and sharing their respective experiences with the PSH model. These founding members ultimately demonstrated that the PSH is an innovative model of care with the potential to drive meaningful and lasting change in perioperative costs, outcomes and the patient experience. Member recruitment for the Learning Collaborative 2.0 began in November 2015.



Other PSH highlights included:

- Significant progress on exploration of payment modalities, including meetings and coaching sessions on medical directorships, co-management and bundled payments.
- Initial society/association outreach efforts have resulted in an endorsement from the American Academy of Orthopaedic Surgeons and increased collaboration with the American Hospital Association. These outreach efforts to other societies and associations will continue through 2016.
- Presentation of a poster at the AHA meeting in July.
- Creation of a PSH Supplement based on content from the 2015 PSH Summit. The supplement was mailed to ASA members with the February 2016 *ASA Monitor*.



MEMBER SERVICES

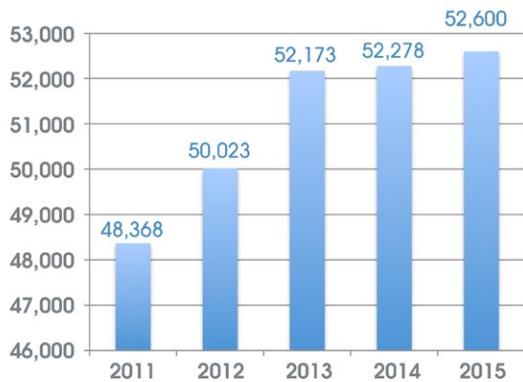
At the ANESTHESIOLOGY® 2015 annual meeting in October, ASA kicked off a campaign to highlight the many ways anesthesia providers benefit from belonging to ASA – “Membership Matters.”

Anesthesia practitioners from all over the world agreed.

In 2015:

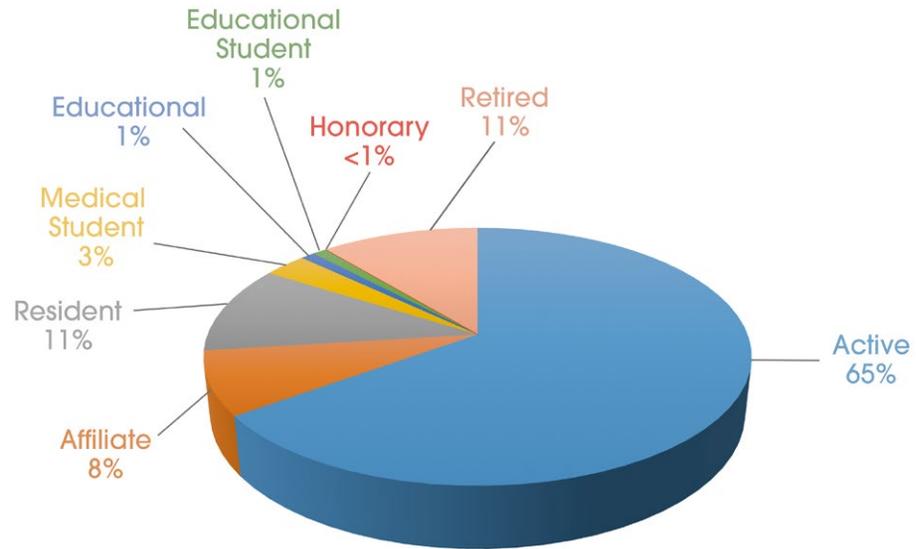
- 7 percent of active members were new or rejoined in 2015.
- 12 percent of members across all types were new or rejoined in 2015.
- 94 percent of active members were retained.
- 91 percent of members across all types were retained.

Year Over Year Growth



The features, services and products that come with ASA membership can be found nowhere else and at no better value. Also in 2015, the ASA Members Services Department launched an online Return On Investment calculator that underscores the direct impacts of ASA membership and how those impacts extend beyond the member to include their patients, their practice and the specialty of anesthesiology.

2015 ASA Membership



Unified Dues Billing Program

Now in its sixth year, the Unified Dues billing program has grown substantially, with 36 component societies participating as we move into 2016.

77 percent of all members will renew their ASA and component society for 2016 on one invoice.



The many ASA staff and member volunteers who operate within the Meetings and Exhibits Department create world-class events and activities through which the Society achieves its scientific, educational, advocacy, public relations, member services and networking successes.

In 2015, the ANESTHESIOLOGY annual meeting lived up to its reputation as the largest, most comprehensive anesthesia-related educational meeting in the world.

ANESTHESIOLOGY® 2015 in San Diego was like no other meeting before it:

- More than 14,000 registrants, with almost 300 exhibiting companies.
- For the first time ever, plenary and featured lectures kicked off each day, an enhancement overwhelmingly supported by meeting attendees.
- A renewed emphasis on science and research, which was embraced by clinical and academic attendees alike.
- The first-ever My Meeting app was well received – more than half of all surveyed attendees knew of, downloaded and used the app in some form.
- The inaugural Charitable Networking Event raised funds that benefited the ASA Charitable Foundation, including the newly created Global Scholars Program and Lifebox.
- More than 25 percent of meeting attendees were international – one out of four. That’s an increase from 15 percent less than five years ago to 25 percent today. There were also 37 presidents, executive directors and officers from other national societies in attendance.
- Over 100 international presenters contributed to the meeting, and several international sessions were offered on almost every day, including two Problem-Based Learning Discussions presented in Spanish.



- More than \$45,000 was raised for the annual Hope for the Warriors/Run for the Warriors, which benefits wounded veterans and their families. More than \$300,000 has been raised since 2010.



Other highlights from 2015 include:

- **PRACTICE MANAGEMENT:** More than 800 physician anesthesiologists, practice administrators and specialty leaders attended the 2015 conference in Atlanta, which focused on the value anesthesiologists bring to health care.
- **Perioperative Surgical Home (PSH) Summit:** In June in Huntington Beach, California, more than 500 individuals attended the second annual PSH Summit.
- **ASA Headquarters Building Conference Center:** In 2015, the Conference Center at ASA headquarters hosted 50 ASA committee meetings and events, including two Perioperative Surgical Home Learning Collaboratives, two Certificate in Business Administration programs, the Simulation Education Network Summit, two state society meetings and an ASA Related Organizations meeting. These events drew more than 1,300 attendees to the ASA headquarters. Hosting events at this venue provided a savings of more \$80,000 to ASA.
 - The ASA Headquarters Conference Center also hosted 63 external meetings in 2015, attracting more than 1,800 guests.



EDUCATION DEPARTMENT

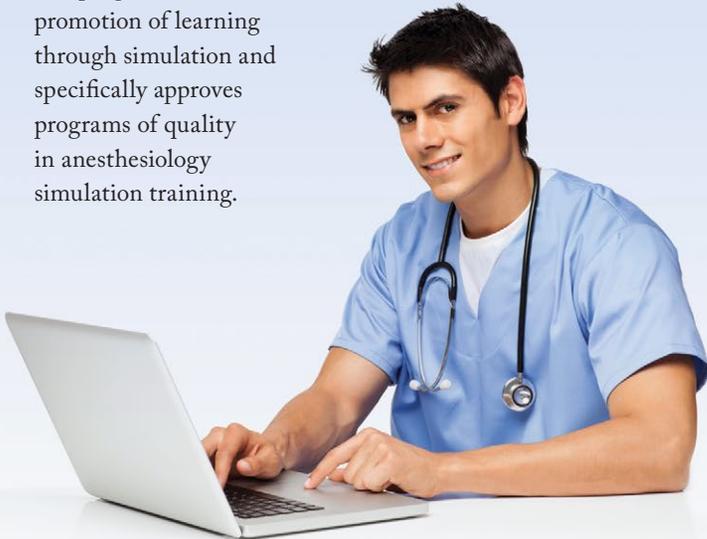
ASA
education center

Just as you never stop learning, the ASA Education Department never stops developing ways to support your need for continuing professional development.

The Education Department oversees an ever-expanding volume of live activities,

enduring materials, journal-based CME, test-item writing, manuscript review, simulation and performance improvement activities for CME and resources to meet the American Board of Anesthesiology's (ABA) Maintenance of Certification (MOCA®) requirements.

The department supports the Simulation Education Network (SEN), a system of ASA-endorsed simulation programs held in centers across the country. The ASA Simulation Education program is the culmination of consultation among leaders in anesthesia simulation. The program advocates for the promotion of learning through simulation and specifically approves programs of quality in anesthesiology simulation training.



2015 was a year of collaboration, innovation and quality education:

- Under a new educational collaboration with the France Foundation, the ASA conducted an accredited symposium at the ANESTHESIOLOGY® 2015 annual meeting, “Traveling the Road to Optimal Pain Management” sponsored by a grant from Hospira. More than 300 annual meeting attendees participated.
- Also for the first time, ASA offered self-study stations allowing attendees to optimize their CME learning opportunities. Four online courses were accessible from any computer or mobile device during the meeting, at any time, to allow participants greater flexibility in their learning opportunities.
- ASA debuted an online recorded webinar, “Ensuring Postoperative Safety and Comfort from Neuromuscular Blockade.” Made possible through a grant from Merck, the online course offers 2.25 complimentary CME credits to ASA members.
- The new Safe Sedation Training – Moderate online course was designed to enhance team-based learning opportunities. It ensured that non-anesthesiologist physicians and team members providing moderate Sedation have the critical clinical information and best practice guidance for their care of routine patients undergoing moderate sedation care. The course offers both CME credit and nursing contact hours.

PUBLICATIONS AND DIGITAL CONTENT

The Publications and Digital Content (PDC) Department was formed in 2014 to oversee the Society's print and electronic communications and publications initiatives.

The PDC Department saw explosive growth in its activities in 2015 as it helped to guide the ASA membership into a dynamic, increasingly electronic future.

- The *ASA Monitor* (formerly the *ASA NEWSLETTER*) microsite went live in October 2015 and was very well received.
- The *Monitor* microsite features responsive design, meaning all content responds dynamically to your mobile, tablet or desktop device.
- Search functions were radically improved, and cross-search functionality between the *ASA Monitor* and *Anesthesiology* was implemented.

- Tagged content automatically flows into informative topic collections.
- Powerful online alerting service notifies members when new content is published in the issues and in the topic collections.
- Online platform experience allows for rich multimedia, such as videos and podcasts.



Evan P. Kharasch, M.D., Ph.D., was selected as the new *Anesthesiology* Journal Editor-in-Chief. His term will start July 2016, at which time current Editor-in-Chief James C. Eisenach, M.D., will become Editor-in-Chief Emeritus.



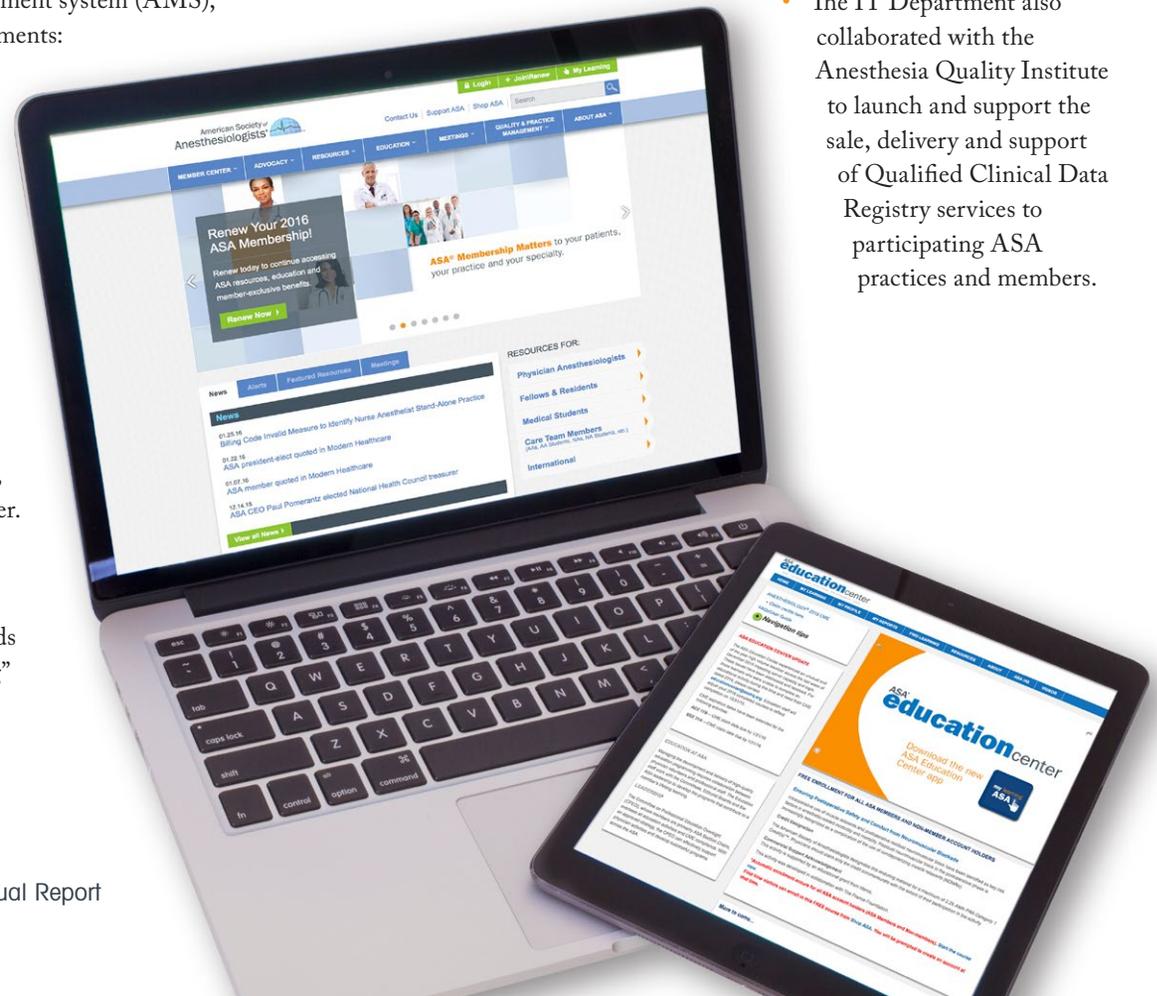
“Responsive design” is terminology used in information technology (IT) to describe Web products that provide an optimal user experience across the widest variety of platforms and devices. It’s also a good way to describe the focus of the IT Department in 2015 – designing products and services that respond to the needs of ASA staff and membership.

IT developments enhanced the member experience in unprecedented ways in 2015:

- A new website was launched in January featuring responsive design technology. New features like the standards and guidelines portal and improvements to the search engine were implemented, along with redesigned webpage templates and more targeted content based on member/customer profiles
- August saw the launch of a new association management system (AMS), including implementation of the following improvements:
 - New Shop ASA store consolidating several legacy e-commerce sites for ASA members.
 - Enhanced Member Directory portal.
 - A new and improved Professional Profile enabling members to share a greater variety of information with ASA. This data allows your Society to deliver more value and provide greater member benefits.
 - Enhanced personalization of ASA members’ experience with features such as purchase history, transcript information, etc., in the Member Center.
 - A new learning management system (LMS) was introduced to improve member and customer experiences and to continue to meet member needs in the future. The mobile-friendly “My Learning” area of the ASA Education Center provides personalized education and content, and supports standardized search terms.

- The ASA My Learning app was created to offer maximum flexibility in your learning experience. No wireless network available? No problem – the My Learning app syncs your data automatically when you connect to a wireless network.
- Separate apps for ACE and SEE programs became a thing of the past in 2015. All educational programs going forward will be available in one mobile application. The app will launch with the current issues of ACE and SEE, as well as 2015 Journal CME programs.
- A new email/communication delivery platform improved digital communications, including responsive design templates for the weekly *ASAP* electronic publication and all other digital communications to members. A Member eMail Preference Center also was created, allowing for greater member control over ASA digital communications.

- The IT Department also collaborated with the Anesthesia Quality Institute to launch and support the sale, delivery and support of Qualified Clinical Data Registry services to participating ASA practices and members.



In an increasingly competitive and challenging health care environment, it is a testament to ASA's reputation and standing in the field of medicine that ASA Corporate Supporters continue to contribute unrestricted support for the Society, providing our members with the tools and knowledge they need for delivering safe care and advancing the specialty.

2015 was a year of growth and progress for Corporate Development:

- The number of companies participating in the Corporate Supporter Program increased by 22 percent over 2014.
- \$1.5 million dollars in unrestricted non-dues revenue was raised, representing an increase of 29 percent over 2014.
- Additional support was provided for the Annual Perioperative Surgical Home Summit in June, jointly provided by ASA and University of California, Irvine Department of Anesthesiology and Perioperative Care.
- Commercial support for ASA educational programs was introduced for the first time.
- Funding was secured through educational grants from Hospira and Merck for two new education programs:
 - Traveling the Road to Optimal Pain Management (*live symposium*)
 - Ensuring Postoperative Safety and Comfort from Neuromuscular Blockade (*on-demand webinar series*)

ASA is proud to acknowledge and recognize the following Industry Supporters for their generous support in 2015:

Baxter

Teleflex®


Hospira


Edwards


MASIMO

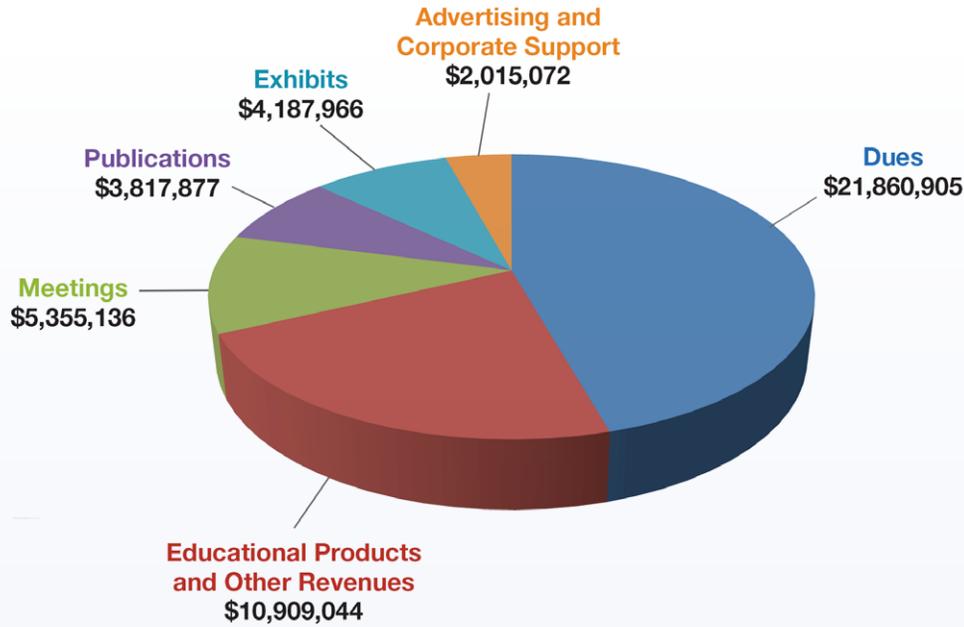
 **Mallinckrodt**
Pharmaceuticals

 **MERCK**
Be well

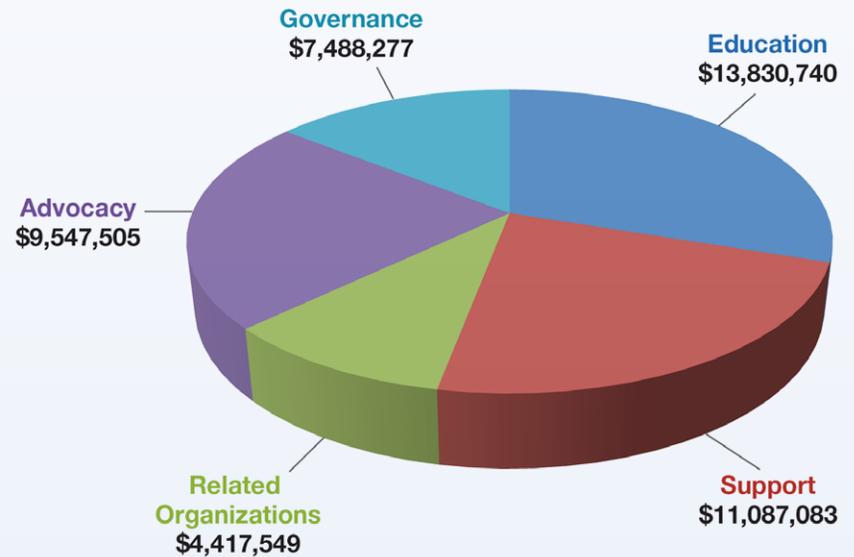
Medtronic
Further. Together


PharMEDium

Projected 2015 Operating Revenues* Total \$48,146,000

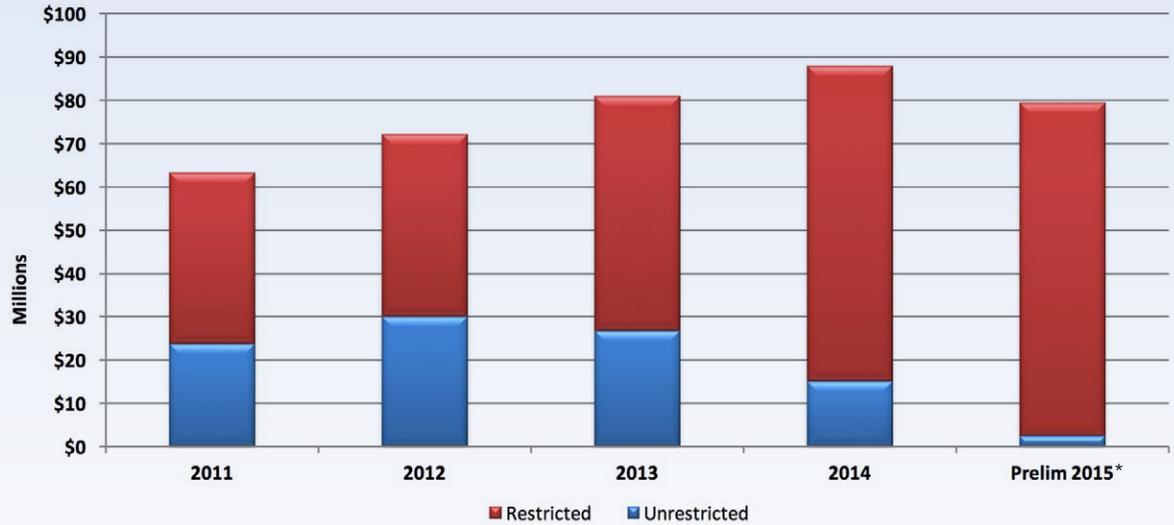


Projected 2015 Operating Expenses* Total \$46,371,154



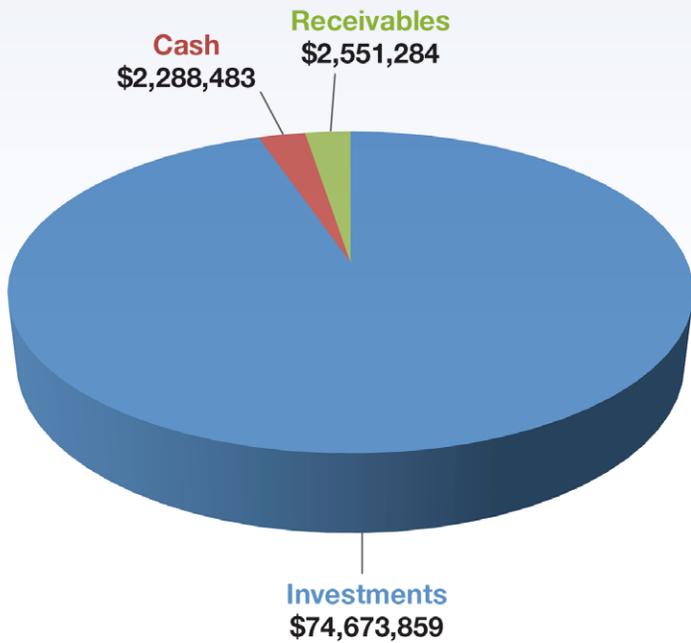
*Preliminary data - subject to audit.

ASA Restricted and Unrestricted Reserves 2011-15



In lieu of using investments to fund the building construction, a long-term financing arrangement totaling \$29.8M, including the Park Ridge land purchase of \$4.0M, was chosen and reserves encumbered.

2015 Preliminary Reserves* Total \$79,513,626



*Preliminary data - subject to audit.



Anesthesia Foundation

The Anesthesia Foundation is committed to *helping anesthesiologists succeed*. Over the past 59 years, the Anesthesia Foundation has granted loans worth millions of dollars to thousands of anesthesiology residents-in-training that have assisted the future leaders of the specialty. In 2015, 13 current anesthesia residents and fellows across the country have received or are receiving loans in a total amount of nearly \$100,000.



Anesthesia Patient Safety Foundation (APSF)

The **Ellison C. Pierce Jr., M.D. Patient Safety Memorial Lecture** was one of the highlights of the ANESTHESIOLOGY® 2015 annual meeting. ASA Past President (2010) Mark A. Warner, M.D., spoke on the topic of “Expanding Our Influence: How the Perioperative Surgical Home Will Improve Patient Safety.”



Other 2015 milestones included:

- An expert’s conference on “Implementing and Using Emergency Manuals and Checklists to Improve Patient Safety.”
- A meeting of large anesthesia group and practice management group representatives with members of the APSF Executive Committee to address the topic, Large Anesthesia/Practice Management Groups: How Can APSF Help Everyone Be Safe?
- Circulation of the *APSF Newsletter* (hard copy and/or electronic) grew to 118,032 recipients

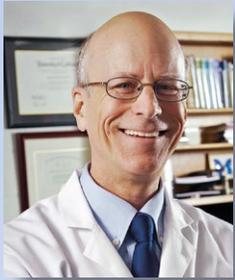


Foundation for Anesthesia Education and Research (FAER)

It was a banner year for FAER, as the foundation experienced unprecedented and record-breaking growth in 2015:

- The \$2.925 million FAER committed in new grant funding in 2015 was the highest amount ever awarded in core career development and education research grants in a single year.
- In April, FAER grant alumnus (2010) Mark D. Neuman, M.D., M.S., was awarded \$11.9 million in funding by the Patient-Centered Outcomes Research Institute for a five-year study examining how to improve patient outcomes after hip fractures in older adults.
- A September study published in *Anesthesiology* reported that the \$25 million in research grants awarded between 1987-2012 helped contribute to \$448 million in later NIH funding – that means every \$1 invested in a FAER grant resulted in \$17 in funding from just the NIH alone.





- FAER selected former *Anesthesiology* Editor-in-Chief James C. Eisenach, M.D., as its new president and CEO.

- A study from 2013 Research Fellowship Grant recipient Catherine L. Chen, M.D., M.P.H., on unnecessary preoperative testing of patients undergoing cataract surgery was published in the April 2015 *New England Journal of Medicine*.
- In July, FAER's office was officially relocated to ASA headquarters, creating synergies and efficiencies that already are helping ASA and FAER better serve the anesthesia community.



Wood Library-Museum of Anesthesiology

The visually spectacular exhibits that are the centerpieces of the ASA headquarters building in Schaumburg, Illinois, continue to turn the heads of visitors on site. The WLM (your library) ranks among the world's premier collections devoted to anesthesia history.

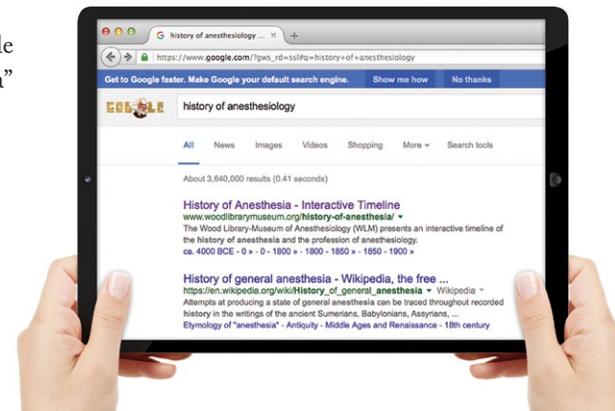


Just as valuable are the resources the WLM offers ASA members, outside researchers, the media, the lay public and others.

In 2015, the WLM continued to be the go-to resource for anesthesia history-related e-learning. WLM staff provided valuable assistance with member publications, presentations and historical fact-checking.

WLM 2015 Milestone

The museum ranked #1 on Google searches for "history of anesthesia" and "history of anesthesiology."



COMMITTEE ON GLOBAL HUMANITARIAN OUTREACH (GHO)

In 2015, GHO committee leadership transitioned from inaugural chair Dr. Kelly McQueen to Dr. Berend Mets. GHO highlights from 2015 include:

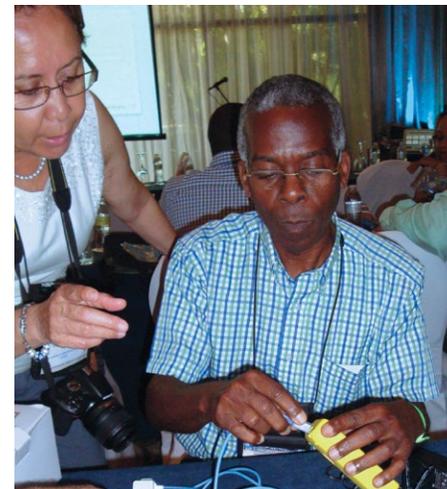
- Creation of the Resident International Anesthesia Scholarship Program, offering residents a one-month rotation in pediatric orthopedic anesthesiology at CURE Hospital in Addis Ababa, Ethiopia. More than 55 American residents applied, and eight were accepted.
- Continued robust collaboration with the Lifebox program in Latin America, including delivery of 105 pulse oximeters to the Dominican Republic, and more than \$90,000 raised for Lifebox through the ASA Charitable Foundation.



Dr. Rachel Freschet (center) with staff at CURE Hospital in Addis Ababa, Ethiopia.



From left: Dr. Kelly McQueen (Immediate Past Chair, GHO), with Resident International Anesthesia Scholarship recipients Dr. Chelsea Willie, Dr. Rachel Freschet, Dr. Meerim Cindy Kim, Dr. Anna Swenson-Schalkwyk, and Dr. Elizabeth Drum (U.S. Program Director for Scholarship program).



Staff trains local medical personnel on use of Lifebox pulse oximeters in the Dominican Republic.

Photo courtesy of Lifebox®

ASA CHARITABLE FOUNDATION

A newly instituted Global Scholars Program in 2015 began supporting three individuals from Mongolia, Zambia and Honduras, who participated in subspecialty society meetings, the ASA annual meeting and were observers at Vanderbilt, Boston Children's Hospital, Mayo Arizona and the University of California, Irvine. These scholars were supported through funds raised during the first-ever Charitable Networking Event at the ANESTHESIOLOGY 2015 annual meeting, which raised nearly \$35,000.



From left: Dr. Natsagdorj Batgombo (Mongolia), Dr. Alexander Hannenberg (President, ASA Charitable Foundation), Dr. Claudia Alvarez (Honduras), Dr. Christopher Chanda (Zambia), Dr. Kelly McQueen (Immediate Past Chair, GHO) and Dr. Berend Mets (Chair, GHO).



Dear Colleagues,

With an external environment defined by uncertainty, volatility, complexity and ambiguity, one thing is certain – CHANGE.

Whether we like it or not, change is occurring and we must leverage our strengths against the fulcrum of change. The good news is that our specialty has a patient-centric focus on change that aligns with our purpose – *to restore health and relieve pain and suffering*. We embrace change when it enhances quality and patient safety, and we will stand firmly on our principles when change will adversely affect our patients.

High-priority issues for us include disruptive public policy, integration of health care systems at both the macro and micro levels, mergers and acquisitions, shifting employment models, new cost-driven health care models, megagroups and impending changes in payment models.

ASA should be commended for its forward thinking in the last few years. We are not simply reacting to external change – we are anticipating it. Enormous effort has been put into our strategic plan, which currently guides how we act, adapt and innovate to achieve greatest relevance in health care.

As we move into 2016, we will focus on several issues with which we are all familiar, and some new ones as well, including:

- **Protecting safe care for our veterans:** The ASA stands ready to work with the VA to deliver high-quality, Veteran-centered care. Removing an anesthesiologist from the perioperative care of our Veterans, as proposed by the VHA in 2013, is not a road map for high-quality, Veteran-centered care.
- **Medicare Access and CHIP Reauthorization Act of 2015 (MACRA):** The solution to SGR repeal brings a new era of payment – MIPS and alternative payment models in which risk shifts from payers to physicians. We cannot repeat what happened when Medicare implemented RBRVS, leaving us with the 33 percent problem.
- **Perioperative medicine and the Perioperative Surgical Home:** We have been innovative in extending our practices to perioperative medicine. An advocacy roadmap for 2016 involves strategic ambidexterity, allowing us to focus equally on preserving and enhancing current practice models while continuing to develop innovative models of care.

- **Scientific discovery:** Scientific discovery is a core value of ASA, and we intend to go the extra mile to work with our scientific community to advance science, which is the foundation of medicine and high-quality patient care.
- **Patient safety:** We will undertake a collaborative national patient safety initiative with a general theme of “Brain Health,” with a specific initial project addressing “postoperative delirium.”

It is impossible to predict all of the changes and challenges that are certain to arise in the future. But ASA is a shining example of a cohesive organization that continues to adapt to and stimulate change for the benefit of its members, our patients and society as a whole.

Daniel J. Cole, M.D.
2016 President

American Society of Anesthesiologists

Dear ASA Members,

Any of the accomplishments highlighted in this report would please any CEO, and together they demonstrate an extraordinary year of progress.

Our membership reached a new high of 52,600, reflecting a strong renewal rate and growth in new members. The ANESTHESIOLOGY annual meeting continues to enhance its value as the specialty's premier anesthesia-related educational event, introducing in 2015 an enhanced scientific program and expanded networking opportunities. The 44-member Perioperative Surgical Home Learning Collaborative successfully completed its work in November, paving the way for Collaborative 2.0, which will launch in April 2016. Our PSH initiatives have produced a significant amount of publications, education and resources. The University of California, Irvine/ASA-sponsored PSH Summit drew more than 500 attendees in its second year. Moreover, the PSH continues to gain traction among other specialties, payers and hospital associations.

Quality measurement and reporting is emerging as a key aspect of member value. 2015 represented the first year that the AQI NACOR reported as a Qualified Clinical Data Registry. During this year, we invested in critical improvements in staffing, processes and technology in order to meet growing member needs for reporting in 2016 and beyond.

In advocacy, our ASAPAC has achieved another record year and continues to be the largest physician PAC for the fifth year in a row. In advocacy, we continue to work to ensure patient safety through physician-led, team-based care while addressing, on the payment side, the challenges of the Medicare Access and CHIP Reauthorization Act (MACRA) passed in April. Our public relations efforts, including our inaugural Physician Anesthesiologists Week, help keep your interests front and center among policymakers and the public.

Just as important as these accomplishments is our work to maintain a strong organization to support you. In 2015 we continued to strengthen our ability to serve you through a redesigned website, and new association and learning management systems. Most critically, our finances and investments are robust.

ASA's achievements in 2015 would not be possible without the commitment and talent consistently displayed by our members, especially those who serve on the House of Delegates, Board of Directors and many committees who give so much of their time and energy to advance the goals of the Society and the specialty. I believe the "secret sauce" of ASA is the partnership with our professional staff who bring to their jobs a passion for your work on a daily basis.



Our goal is to be as committed to you as you are to your patients. Our most important job is to match the relentless pace of change in policy, health care delivery and science so that we can better help you excel in every aspect of your practice.

In 2015, I believe we made great strides in improving our resources and member service. This annual report offers a brief review of the Society's accomplishments. More important, I believe it stands as a testament to a strong, member-first Society that should be proud of its efforts in 2015 – and eminently confident in its future.

A handwritten signature in black ink that reads "Paul Pomerantz". The signature is fluid and cursive, with a prominent star-like flourish at the end of the name.

Paul Pomerantz
ASA Chief Executive Officer
American Society of Anesthesiologists

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