

AMERICAN SOCIETY OF ANESTHESIOLOGISTS

WE ARE

52,905

*Advancing the Practice and Securing the Future*

**2016** ANNUAL REPORT

# MESSAGE FROM THE PRESIDENT ● ● ● ● ● ●



The VA nursing rule. ACA regulation. Scope of practice. MACRA. Alternative payment models. Out-of-network billing ... The hallmark of 2016 was change. There was a seemingly endless litany of transformative issues that challenged medicine overall and the specialty of anesthesiology in particular.

And yet here we are, in 2017, perhaps stronger than we've ever been as a Society and as a specialty.

Despite the immense number of challenges that confronted us in 2016, I'll remember it as one of the best years of my life. The three years that I served as an ASA officer were nothing short of a crusade – a crusade devoted to ensuring that every American has access to physician-led anesthetic care.

The ultimate preservation of physician-led, team-based anesthesia care in the U.S. Department of Veterans Affairs (VA) at the end of 2016 was a huge victory for our patients. It also was a testament to what our Society can accomplish when we connect advocacy with purpose. When we work together, our influence is boundless.

Other crucial issues were advanced in 2016. As it always has been and always will be, science is the foundation of our profession. ASA went the extra mile this year and was the convener of a research summit in May. It was designed to provide synergies and map out a strategic vision for advancing medicine and patient care through research.

Another first in 2016 was the September Brain Summit organized by ASA, which was designed to address the challenge of postoperative delirium. It was attended by an incredible variety of stakeholders, including AARP, the U.S. Department of Health & Human Services, American College of Surgeons, American Academy of Orthopaedic Surgeons, National Quality Forum, National Institutes of Health, The Joint Commission and the Institute for Healthcare Improvement. This summit positioned ASA at the forefront of efforts to combat a condition that costs society an estimated \$150 billion.

Perhaps our biggest challenge going forward is the Medicare Access and CHIP Reauthorization Act (MACRA) and its incentive payment aspects, now known as the Quality Payment Program, or QPP. Last year we assembled a terrific team of staff and members who will continue to address this issue and provide our members with the tools necessary to ensure that ASA will lead the way with action that results in improved quality, and not allow the financial drivers of MACRA to hijack clinical decisions and compromise patient care.

As I hand the baton off to Dr. Plagenhoef, I am reminded of the **strength** of our specialty and our society. Together we must build on the strength of this past year.

**Strength** does not come from staying within your comfort zone. **Strength** comes from going outside your comfort zone, believing, and achieving what you thought impossible.

My prayer for ASA – forever strong. What an honor it has been to stand with you over this past year.

A handwritten signature in black ink that reads "Daniel J. Cole". The signature is fluid and cursive.

Daniel J. Cole, M.D.  
2016 ASA President





The Society's advocacy achievements in 2016 were, literally, record-breaking.

# 90,000

More than **90,000 comments** were submitted to the *Federal Register* through [www.SafeVACare.org](http://www.SafeVACare.org) in support of an ASA-led, multi-pronged campaign to preserve the physician-led, team-based model of anesthesia care in the U.S. Department of Veterans Affairs (VA).

More than 30,000 comments were received from veterans and their families. And ASA helped to secure the support of more than **140 members of Congress** and several Veterans' organizations.



It was a record-setting year for the annual **LEGISLATIVE CONFERENCE** as well. In May, the event set an attendance record with **611 participants**.

#### ASA's advocacy experts were busy on multiple fronts in 2016.

- The Society successfully advocated for the CY 2017 Medicare Physician Fee Schedule Final Rule that included increases to anesthesia and RBRVS Conversion Factors, preservation of values assigned to codes describing anesthesia for GI endoscopy, and more.
- ASA co-led a multi-stakeholder effort to develop solutions for out-of-network payments.
- We helped preserve another year of no state Medicare supervision opt-outs.
- The Society supported passage of the Comprehensive Addiction and Recovery Act (CARA) to help address the prescription opioid abuse epidemic.



ASA also led successful efforts in 2016 to ease physician anesthesiologists' transition to the **Medicare Access and CHIP Reauthorization Act (MACRA)** payment system. Most notably, our Quality and Regulatory Affairs staff hosted a 30-day member comment period on **8 quality measures**. And successful lobbying efforts led to more anesthesia quality measures being labeled as outcome and high-priority – a designation that gives ASA members a greater opportunity of success under MACRA.

#### The Quality team also:

- Successfully advocated for CMS to remove the cross-cutting measure requirement for eligible clinicians in MACRA.
- Led multiple anesthesia QCDRs to harmonize **4 quality measures** so anesthesia practitioners, using any anesthesia Qualified Clinical Data Registry (QCDR), will have common measures to report and be fairly scored.
- Worked with fellow medical specialty registries to expand the scope of QCDRs and to ensure ASA members receive credit under MACRA for participation in a medical registry.

# MACRA





# 54,000

Performance-based, value-driven care demands quality data that is easy to access and use. In 2016, the AQI grew to include data from more than **500 practices** representing **54,000 providers** – that's a **50% increase** over 2015.

The AQI's National Anesthesia Clinical Outcomes Registry® (NACOR®) expects to submit data for more than **400 practices** in the 2016 reporting year.

AQI continues to move nimbly to meet member needs in a rapidly-changing health care landscape. Notably in 2016, AQI moved its technical operations, data intake and hosting of NACOR to ArborMetrix, greatly improving analytics and reporting capabilities.



## ● ● ● ● ● ● ● ● ● ● HEALTH POLICY RESEARCH

The experienced HPR\* team analyzes “big data,” industry trends, health care policy and published research to demonstrate the value of physician anesthesiologists and to improve patient safety and quality care.



In 2016, HPR served ASA members with:

- **4 published articles** – two on the effect of the anesthesia opt-out regulation, one on differences in cost impact between types of anesthesia professionals and one on use of billing modifiers in research.
- Creation of the 2016 *ASA ANESTHESIA ALMANAC*, a reference data book useful to anyone interested in the field of anesthesia.
- Extensive analysis of nationwide anesthesia practice composition and Veterans Health Administration data to support ASA members and Society advocacy efforts.
- Support of the Committee on Standards and Practice Parameters, leading to important updates of guidelines and advisories.

*\*The Health Policy Research Department has been renamed Analytics and Research Services.*







# ● ● ● PERIOPERATIVE SURGICAL HOME (PSH)

The Perioperative Surgical Home's professional suite of resources and services diversified impressively in 2016. Most notably, the PSH created its **PSH Portfolio** – a comprehensive suite of resources that include support in the areas of Education, Consultation, Engagement and Economics. Also new in 2016 was the **PSH Consult** service. Never have PSH experts been better able to assist stakeholders in developing their own individually tailored models of care.



The **PSH Learning Collaborative 2.0** launched in April 2016 on the tail of a successful inaugural Learning Collaborative 1.0 in 2015.

Highlights of the PSH Learning Collaborative 2.0 as of December 2016 include:

- **147 pilots** planned or under way, compared to 64 pilots launched in collaborative 1.0
- **782 registered users** of the PSH Community on PremierConnect
- **14,489 visits** to the PSH Community (as of September 30, 2016)
- **13 educational webinars** and member sharing calls



## PSH Summit 2016

Jointly convened by University of California-Irvine Health and ASA in Chicago in June, the summit welcomed more than **300 attendees**.

# 18,000+

**7 PSH organizations** submitted data to the AQI for more than **18,000 cases** by the first data submission deadline, compared to 6 organizations and 1,695 cases in collaborative 1.0.









# MEMBERSHIP MATTERS

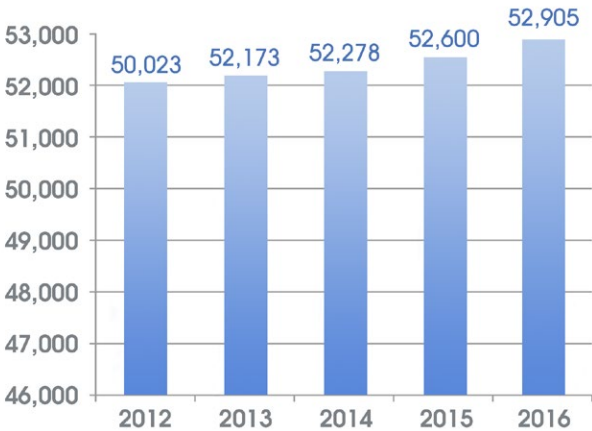
*It all starts here. ASA is first and foremost a member-driven organization. As such, we have no higher priority than retaining and growing our membership by providing you with world-class value and resources you can find nowhere else.*

How did our ranks grow in 2016?

- **6%** of Active members were new or rejoined
- **11%** of members across all types were new or rejoined
- **93%** of Active members were retained
- **9%** of members across all types were retained
- **9%** of practicing members reside outside the U.S.
- We created the new **Anesthesiologist Assistant** member category

Our Unified Dues billing program grew substantially in 2016, with **41 Component Societies** participating into 2017. **80% of all members** will renew their ASA and component society membership for 2017 on one invoice.

Year Over Year Growth



## CORPORATE SUPPORT

The level of industry support shown to ASA in 2016 speaks volumes about the confidence our Corporate Supporters have in the Society.

Despite the multitude of challenges faced by industry in the current environment, ASA's partnerships flourished in 2016:

- **\$1.79 million in non-dues revenue** was raised to support ASA initiatives and educational programs.
- Expanded commercial support opportunities helped to secure \$401,000 in educational grants – a **50% increase** over 2015. Funding from educational grants allowed ASA to offer more free CME education to ASA members than ever before.

ASA is proud to recognize the following Industry Supporters for their generous support in 2016.

Teleflex®

Edwards

FRESENIUS KABI  
caring for life

PharMEDium®  
AmerisourceBergen

Hospira  
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MERCK  
Be well

Mallinckrodt  
Pharmaceuticals

Medtronic  
Further Together

## EDUCATION

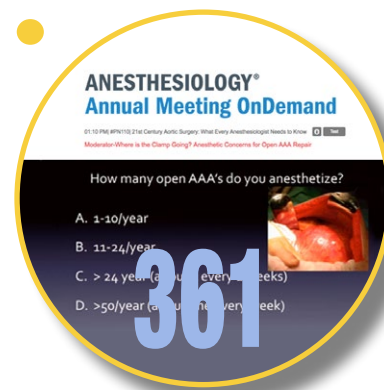




# EDUCATION

ASA's Education Department thought big in 2016.

Debuting at ANESTHESIOLOGY® 2016 in Chicago, ANESTHESIOLOGY Annual Meeting OnDemand featured an incredible **361 hours** of presentations from the meeting and up to 141.5 AMA PRA Category 1 Credits™, making it the most comprehensive CME-accredited program available to anesthesia professionals.



## ANESTHESIA SIMSTAT

Accessible world-class simulation education became a reality in 2016 with Anesthesia SimSTAT, a hyper-realistic educational product that allows learners to navigate a fully functioning O.R., PACU and L&D suite. After a year of hard work in 2016, Anesthesia SimSTAT will be formally delivered in 2017.

### Some other notable highlights in 2016:

- Accredited activities: **147**
- Number of users accessing ASA online Education Center: **122,641**
- Number of education grants received: **6**
- Average participant satisfaction rating on accredited activities: **91%**



# 10,000+

More than **10,000 members** downloaded the improved **ASA® My Learning app** in 2016, and many more utilized the ever-growing live activities, enduring materials and journal-based CME offered throughout the year.





# DIGITAL CONTENT & PUBLICATIONS



ASA members are increasingly demanding Society products and resources at any time and any place and on the device of their choice. In 2016, ASA continued to respond to your needs in important ways. With the creation in 2016 of the Digital Strategy Division, all member resources pertaining to education, information technology and publications will have at their core the idea of an optimized member experience.

The primary mode of member interaction with the Society is digital, and your engagement with our ever-improving website in 2016 was higher than ever before.

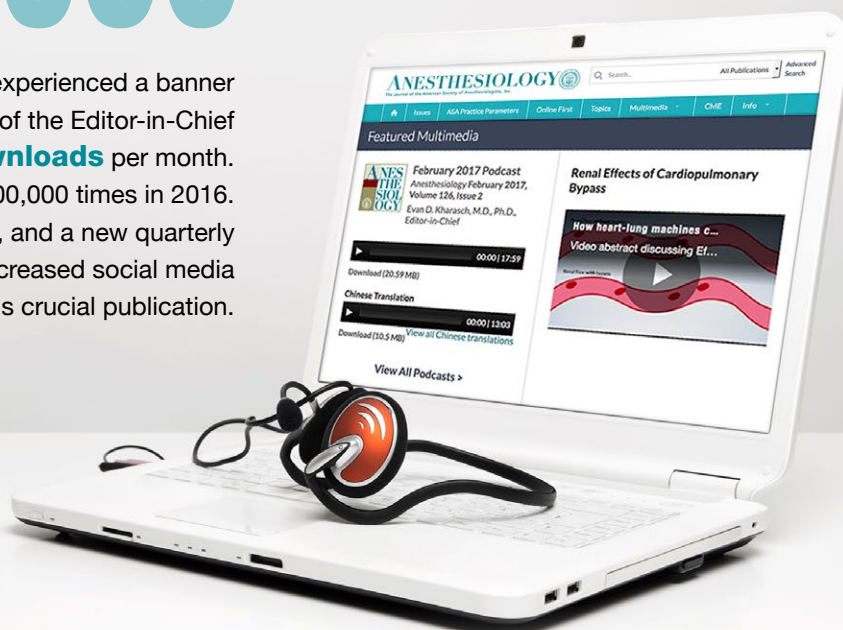
2016 numbers compared to 2015:

- **24% increase** in site sessions (1,997,630)
- **20% increase** in site users (1,249,575)
- **11% increase** in page views (4,805,918)
- **6% increase** in mobile usage (smartphone/tablet) (1,220,371)
- **2% increase** in international sessions (outside the U.S.) (447,910)

The ASA Monitor™ received **11,808 page views** in October 2016, compared to 6,373 in October 2015. Also, the Monitor launched a podcast program in April, amassing more than **17,000 downloads** in its first six months.

# 30,000

The world-renowned journal *Anesthesiology*® experienced a banner year in 2016. The new Chinese translation of the Editor-in-Chief monthly podcasts averaged **30,000 downloads** per month. Journal podcasts were downloaded more than 500,000 times in 2016. Video abstracts for select titles were launched, and a new quarterly Twitter Journal Chat program brought increased social media engagement to this crucial publication.



# ASA MEETINGS

*The ANESTHESIOLOGY® annual meeting isn't just the highlight of each year for the Society – it's a highlight for a large contingent of anesthesia professionals from all over the world.*

# 14,000

The ANESTHESIOLOGY 2016 annual meeting in Chicago featured:

- **14,000 total registrants**, 21% of whom were international
- Nearly **300 exhibitors**
- More than **\$87,000 raised** at the first-ever "Come Together for a Cause," a fun-filled event that supported ASA's foundations
- Debut of the new ANESTHESIOLOGY Annual Meeting OnDemand education product



The increasingly popular

## **PRACTICE MANAGEMENT™** conference

in January welcomed a total of **1,093 participants**.

## The first-ever **Executive Physician Leadership Program** –

in collaboration with Northwestern  
Kellogg

School of Management – surpassed our  
expectations. Although the attendance  
goal was 40, a total of **51** participated.

Due to its enormous success, the  
program will be repeated in 2017.

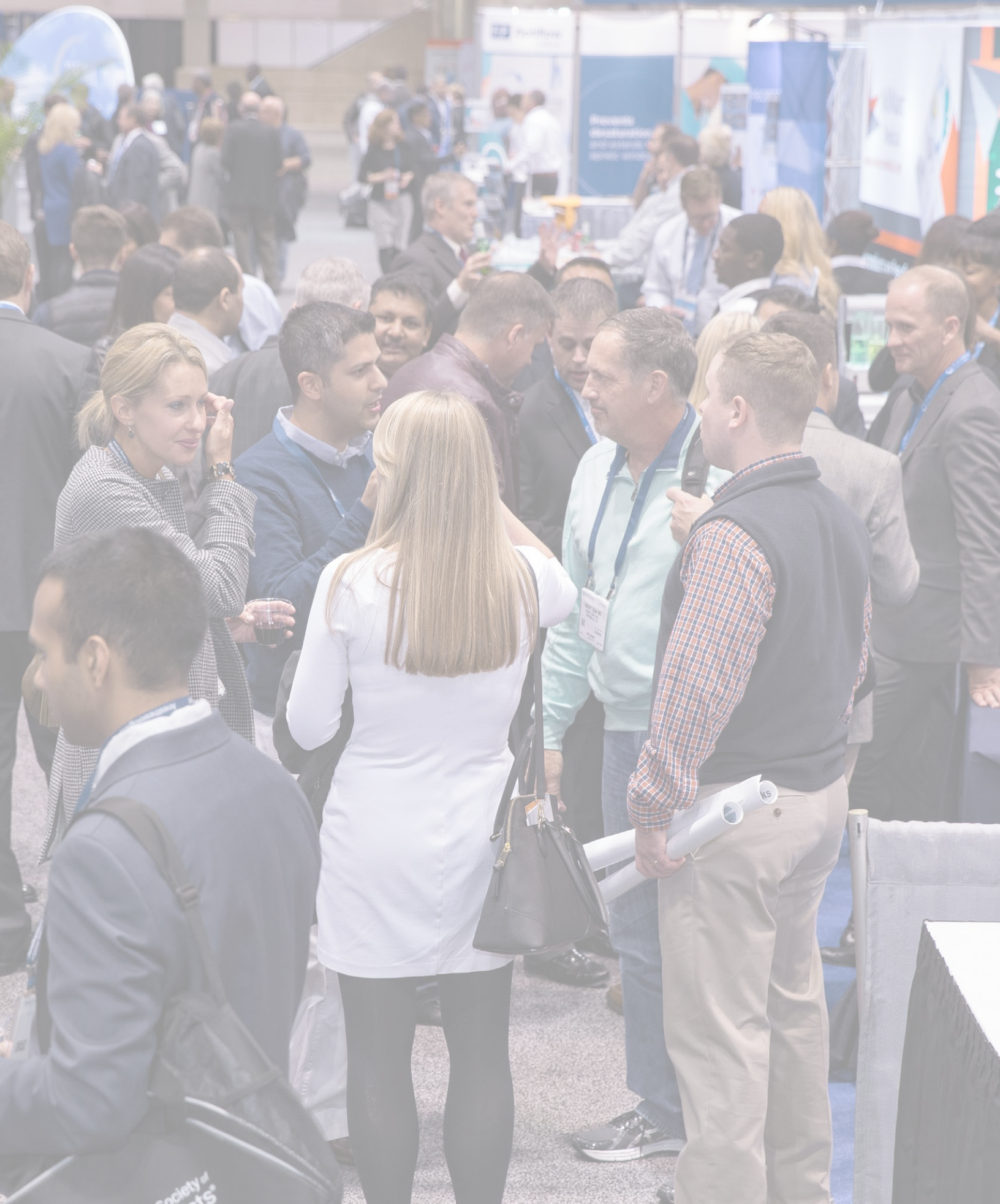


The Society's state-of-the-art headquarters building in Schaumburg, Illinois, continued to be a critical asset to ASA in 2016. The building's Conference Center hosted **40 committee meetings and events**, drawing more than 1,200 attendees. On-site event hosting saved ASA more than **\$140,000**. The Conference Center also hosted **88 external meetings** in 2016, drawing more than **2,500 guests**.



Northwestern  
**Kellogg**  
School of Management







ASA continuously seeks new ways to support its Foundations and create mutually beneficial partnerships. At ANESTHESIOLOGY® 2016, the first-ever **Come Together for a Cause** event drew a huge crowd that showed up not just to have fun, but to offer support for all ASA's foundations – **the event raised more than \$87,000.**

It was just one of many Foundation highlights in 2016.



## Anesthesia Foundation

Committed to *Helping Anesthesiologists Succeed*, the Anesthesia Foundation has granted loans worth millions to thousands of anesthesiology residents in the last 60 years.

In 2016, **17 current anesthesia residents and fellows** across the country have received or are receiving loans in a total amount of over **\$100,000.**



## Anesthesia Patient Safety Foundation (APSF)



- The Ellison C. Pierce, Jr., M.D. Patient Safety Memorial Lecture was delivered by **Alexander A. Hannenberg, M.D.**, on “Safety Beyond our Borders, Different but the Same.”
- Facilitated an expert’s conference on “Distractions in the Anesthesia Work Environment: Impact on Patient Safety.”
- Convened a meeting of large anesthesia group and practice management group representatives with members of the APSF Executive Committee to address the topic, ***Production Pressures: Impact on Patient Safety***
- Circulation of the ***APSF Newsletter*** (print/electronic) grew to **122,210.**



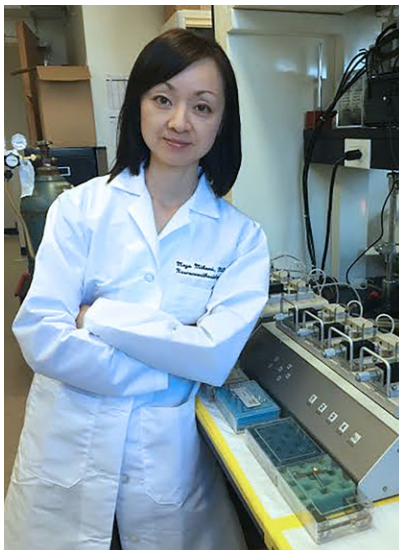
Alexander A. Hannenberg, M.D.



## Wood Library-Museum of Anesthesiology (WLM)



- George S. Bause, M.D., M.P.H., was awarded the 2016 WLM Laureate of the History of Anesthesia, the most prestigious award bestowed by the WLM.
- *New for 2016:* WLM Distinguished Service Award inaugural recipients were Donald Caton, M.D., Elliott V. Miller, M.D., and Charles C. Tandy, M.D.
- The Library acquired important documents from the descendants of Charles T. Jackson (Harvard professor who suggested ether as an anesthetic to William T. G. Morton), clarifying Jackson's role in the Ether Controversy.



## Foundation for Anesthesia Education and Research (FAER)



For more than 30 years, FAER has fueled the future of anesthesiology by supporting early-career anesthesiologists. In its second grant funding cycle in 2016, FAER approved **\$875,000** to fund the research of 6 anesthesiologists and trainees. With this funding, FAER will have committed more than **\$2.5 million** in new funding in 2016, and more than **\$36.2 million** total to anesthesiology and perioperative research since 1986.

## ASA Charitable Foundation



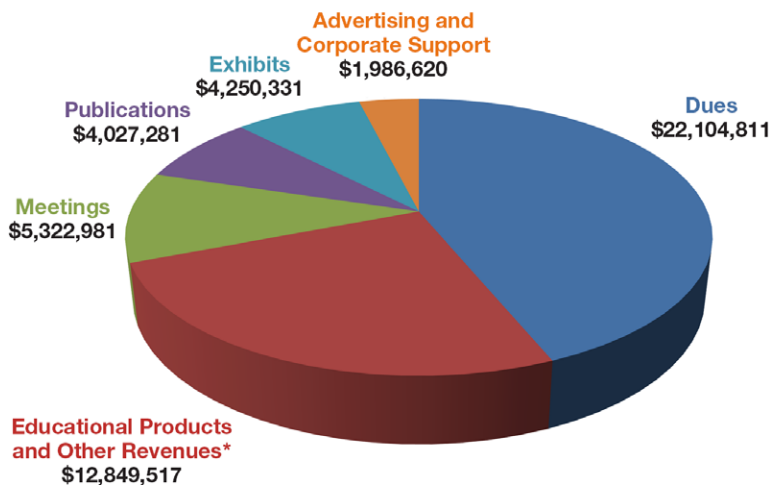
American Society of  
Anesthesiologists'

ASA® Charitable Foundation

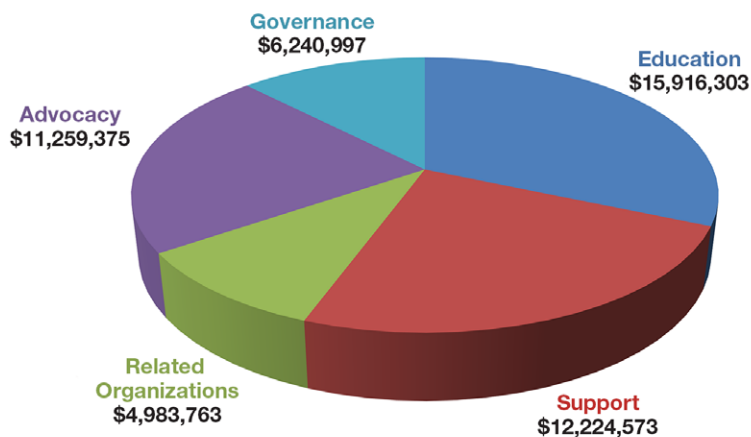
The 2016 ASA Resident Lifebox Challenge concluded with an impressive flurry of activity in its final weeks. A total of 11 residency programs participated, raising more than **\$25,000** in aggregate to support the ASA Lifebox Campaign. This total represents the cost of 100 Lifebox oximeters, which will be distributed to low-resource settings across the world.



## Projected 2016 Operating Revenues Total \$50,541,541

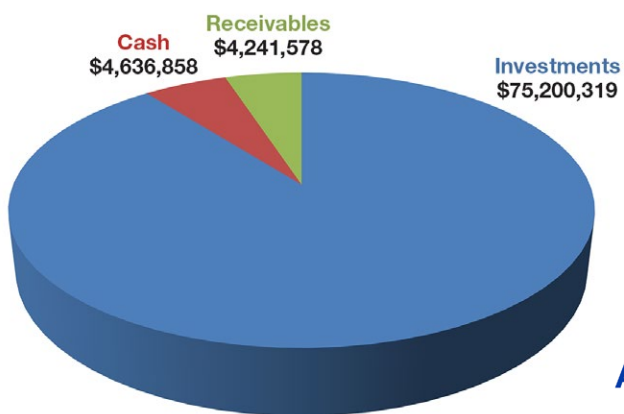


## Projected 2016 Operating Expenses Total \$50,625,011

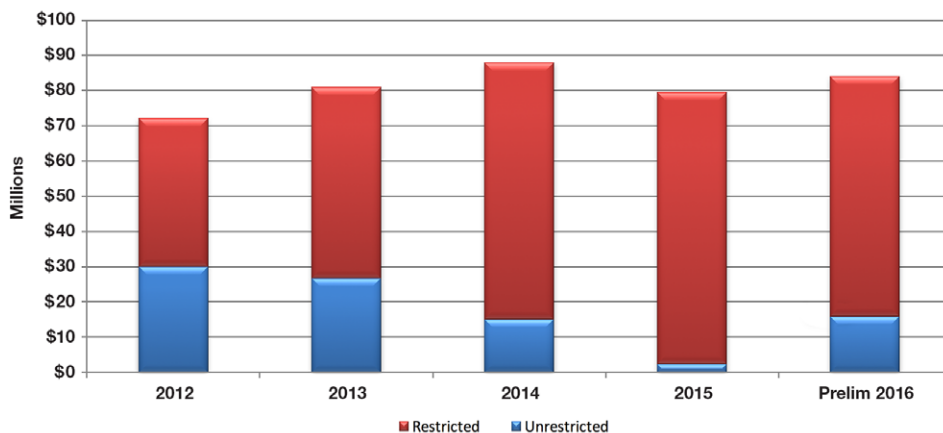


\*Includes \$3,258,503 from Reserves for Investment Allocation and Reserve Funded Projects

## 2016 Preliminary Reserves Total \$84,078,755



## ASA Restricted and Unrestricted Reserves 2012-16



\*Preliminary data – subject to audit.

\*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.



# INCOMING PRESIDENT'S MESSAGE ● ● ● ● ●



ASA is currently riding terrific positive momentum from 2016 into 2017. I'd like to thank Dr. Cole, the Society's leadership and staff, and those committed ASA members who contributed to our successes last year.

As you read this in March, the breakneck pace of change we witnessed in 2016 continues unabated. We're busy on many fronts: scientific research funding, ensuring adequate provider networks and addressing out-of-network billing, MACRA, quality metric development, expansion of the Perioperative Surgical Home, scope of practice, and ensuring patients' rights to high-quality, physician-led care.

We need to be as relentless as the challenges we face. And the only way we can be successful is to maintain a strong ASA – one with the human and financial resources required to address the many issues facing our specialty.

I'm looking forward to the unique contributions that each ASA member can bring to the table this year. Whether you're from academia, private practice, a large group or small group – we are all physician anesthesiologists, we are all on the same team, and as such, we all possess equal responsibility to advance the specialty and secure its future.

In 2017, it's my hope that each ASA member accepts personal responsibility for being a leader, and that we all seek to share equal responsibility to formulate solutions to the problems that face us. With such unity and sense of purpose, there is no problem we cannot solve.

I'm proud and humbled to lead this great organization. But it's your leadership ASA needs if we are to achieve our ultimate potential. Please join me in helping to make this Society 53,000-strong in 2017!

A handwritten signature in black ink that reads "J. Plagenhoef MD".

Jeffrey S. Plagenhoef, M.D.  
2017 ASA President

## ● ● ● ● ● ● ● ● ● ● MESSAGE FROM THE CEO

It was a pleasure and an honor to have worked so closely in 2016 with Dr. Cole, the entire Administrative Council and Executive Committee, and the many ASA members who help to make this Society successful. Because of its membership, I really feel like ASA is the best society in organized medicine.

As Dr. Cole and Dr. Plagenhoef have indicated, it was an immensely challenging year. But it also was a transformative one. We had milestone successes in the favorable VA Final Rule decision, greatly improved data reporting through the Anesthesia Quality Institute, rapidly expanding Perioperative Surgical Home partnerships, increased MACRA resources, and new educational programs devoted to leadership training.

The ASA staff continues to be one of the Society's strongest assets. In 2016, there were some important developments in our staff structure. Notably, under the guidance of the Administrative Council and Executive Committee, we created a comprehensive digital strategy with the goal of improving your overall member experience when interfacing with us digitally. This initiative is being overseen by Brian Reilly, who serves in the newly created position of Chief Digital Strategy Officer. We also reorganized our Quality Division, renaming it the Quality and Practice Advancement Division. This reorganization provides better support for ASA members by creating a unified foundation to support strategy development, resource creation and deployment for value-based and alternative payment models.

Despite seemingly relentless challenges, ASA advanced in so many ways in 2016, and we're still reaping the benefits of those accomplishments. Our membership is higher than it has ever been, we offer more products and services than ever before, and member involvement has never been so widespread.

I look forward to further success under the guidance of Dr. Plagenhoef, and I look forward to working with every member of this great and growing Society in 2017.

A handwritten signature in black ink that reads "Paul Pomerantz".

Paul Pomerantz  
ASA CEO





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