

# 2014 ANNUAL REPORT



SAFETY

INTEGRITY

SERVICE

INNOVATION

QUALITY



AMERICAN SOCIETY OF  
PLASTIC SURGEONS<sup>®</sup>



THE PLASTIC SURGERY  
FOUNDATION<sup>™</sup>

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### THE MISSION STATEMENT OF THE 2014 ASPS/PSF/PSPS STRATEGIC PLAN:

To represent the plastic surgeons who are board-certified by the American Board of Plastic Surgery (a member of the American Board of Medical Specialties) and to provide our members with professional services in Continuing Medical Education, Research & Scientific Affairs, Practice Management, Advocacy for the specialty with the Federal Government and State Legislatures and regulatory authorities and to educate the public on the importance of choosing an ASPS Member Surgeon.



AMERICAN SOCIETY OF  
PLASTIC SURGEONS®

The American Society of Plastic Surgeons (ASPS) is the largest plastic surgery specialty organization in the world. Founded in 1931, the Society is composed of more than 7,000 physician members and represents more than 94 percent of all board-certified plastic surgeons in the United States who perform cosmetic and reconstructive surgery.

[PlasticSurgery.org](http://PlasticSurgery.org)



THE PLASTIC SURGERY  
FOUNDATION™

Founded in 1948, The Plastic Surgery Foundation (The PSF) works on behalf of the specialty to guide future innovation and organizational collaboration. Our goal is to guide the latest breakthroughs in plastic surgery research and develop guidelines for plastic surgeons in order to promote the highest clinical outcomes and patient safety. The PSF is a world leader in research, championing initiatives that have a significant impact on clinical practice. We also work to educate and cultivate the pipeline of surgeon scientists to assure that ASPS members will spearhead research and medical innovation now and for years to come.

[ThePSF.org](http://ThePSF.org)

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Building on past accomplishments and to ensure a successful future, in 2014, the American Society of Plastic Surgeons and The Plastic Surgery Foundation developed a comprehensive strategic plan. Outlining strategic goals for every ASPS division, the five-year plan focuses on the key values of the association while building on its core goals of serving the ASPS membership and elevating the specialty of plastic surgery.

### The Vision Statement:

- ASPS and its affiliated organizations will serve the board-certified plastic surgeon, patients, the general public, the research and scientific community and governmental and regulatory authorities as the premier authoritative source for clinical, scientific and market and practice management information to enable the specialty to thrive as the healthcare landscape changes.
- ASPS will be market-driven in producing content and related products and services that members and other stakeholders find valuable.
- ASPS will significantly reduce its financial dependence on member dues in favor of generating alternative revenue streams that reflect the value of ASPS programs.
- ASPS will be the authoritative source for clinical outcomes data that will enable it to develop evidence-based quality and performance measures in plastic surgery.

### Core Values:

**Integrity** - We always do the right thing regardless of the cost or consequences.

**Transparency** - We communicate openly with all stakeholders and fully disclose all relevant facts while respecting the need for confidentiality where appropriate.

**Respect** - We treat every member, every leader and every colleague with dignity and respect. We express our differences of opinion respectfully.

**Serving the Members' Interests** - We do what is best for the member and not what is best for the perpetuation of the society or the elected leadership.

**Protecting the Specialty** - We take the long view on what will be in the best interests of the specialty, as a whole.

**We are Proactive** - We anticipate challenges and seek to put solutions in place before major problems develop.

**Flexibility** - We recognize that at times plans must change to react to circumstances and we can pivot quickly to adopt a new strategy.

### 10 Goals:

1. To remain in the forefront in providing leading clinical education programs for the resident, general plastic surgeon and all subspecialties.
2. To provide meaningful practice management support services to help member private practices thrive in an increasingly competitive healthcare landscape.
3. To support new and existing programs that will increase member engagement with the society and position the society as the connector for peer-to-peer fellowship and exchange.
4. To effectively advocate for the specialty in Washington, DC, and the state capitals.
5. To take the lead in scientific research that will support innovation and generate data for developing quality standards.
6. To develop strategic relationships with partners to strengthen the specialty worldwide.
7. To reach the general consumer to brand the ASPS member surgeon as the right choice among those offering cosmetic surgery and procedures.
8. To grow non-dues revenues from the provision of practice management, educational and database service provided to members and non-members.
9. To ensure the growth, stability, financial health and sustainability of the ASPS/PSF/PPSPS.
10. To expand membership across existing categories and create new pathways for core specialties and non-physicians to participate in ASPS.

**The five pillars of this strategic plan – Patient Safety, Integrity, Service, Innovation and Quality – support the mission of The American Society of Plastic Surgeons. This annual report is built around these strong pillars, the foundation of the American Society of Plastic Surgeons.**

The American Society of Plastic Surgeons looked to enhance the engagement with and benefits for its more than 7,000 members through a variety of member-focused initiatives.

With a new mission statement and multi-year strategic plan, ASPS now has the structure and goals to keenly focus its efforts on education, advocacy and research to elevate the specialty. A redesign of Plastic Surgery Education Network (PSEN) and the launch of PSEN University helped ASPS enhance featuring integrated learning for its members.

ASPS created a national consumer campaign that drove patients to Find-A-Surgeon at [plasticsurgery.org](http://plasticsurgery.org), which is now ranked among the top national websites for information and referrals for plastic surgery. Through Public Service Announcements, ASPS led the charge against unsafe Plastic Surgery Tourism, while informing the public about the dangers that may exist when traveling to have plastic surgery procedures.

Advocacy initiatives at the state and national level led to the defeat of unnecessary expanded scope of practice and support new Breast Cancer Reconstruction bills that have passed in six states. Celebrity singer and actress Patti LaBelle was asked to represent this important legislation, while serving as the official celebrity spokesperson for the Breast Reconstruction Awareness Campaign.

Through Plastic Surgery Practice Solutions, patient-acquisition tools and practice solutions are made available to members while Access Medical Purchasing provides members with savings through access to group medical purchasing. New ASPS endorsed partners provide support and management solutions to ASPS. Key partnerships, including one with the FDA, help build the National Breast Implant Registry and the PROFILE Registry.

A new logo was created for ASPS International Members to promote inclusion and generate a visual affiliation with ASPS as a global leader in plastic surgery.

Multi-center studies in research and emerging technologies such as fat grafting, finger amputation and replantation were supported by The Plastic Surgery Foundation, which invested more than \$3 million in research funding in 2014.

The power and vision of 7,000 plastic surgeons behind these initiatives and others ensure the specialty continues to flourish.

# PATIENT SAFETY

In the first pillar of the new ASPS Strategic Plan, the following 2014 initiatives focused on PATIENT SAFETY in the specialty of plastic surgery.

## **CRAFT** (*Cancer Risk After Fat Transfer*)

This project was led by Principal Investigators Clara Lee, MD, and Terry Myckatyn, MD. The data was collected by the following four participating centers: MD Anderson Cancer Center in Houston, University of Chicago, Washington University in St. Louis, and Memorial Sloan Kettering Cancer Center in New York. Final study data clean-up and analysis are in progress. This study will determine if the use of autologous fat grafting to supplement post-mastectomy breast reconstruction is associated with an increased risk of breast cancer recurrence in Stages I, II, and III breast cancer patients. (*Research & Scientific Affairs*)

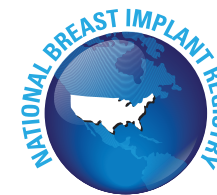


## **PROFILE Registry** (*Patient Registry and Outcomes for Breast Implants and Anaplastic Large Cell Lymphoma Etiology and Epidemiology*)

The PROFILE Registry was established to determine whether an association exists between Breast Implants and Anaplastic Large Cell Lymphoma. It is a collaboration between ASPS/PSF and the FDA. Since its inception, more than 53 cases have been reported to The PSF. (*Research & Scientific Affairs*)

## **Management of Complications in Plastic Surgery Symposium**

ASPS held its second Management of Complications in Plastic Surgery Symposium, which focused on breast and body contouring procedures. The comprehensive, two-day program offered expert advice on prevention of liposuction deformities, procurement of proper consent and documentation, avoidance of VTE and the ability to identify and manage problem patients. (*Education*)



## **National Breast Implant Registry (NBIR)**

The PSF, FDA and breast implant manufacturers are developing a National Breast Implant Registry. This quality improvement initiative will allow physicians to determine the rates and indications for reoperation. (*Research & Scientific Affairs*)

## **Patient Safety Plastic Surgery News Publications**

The Patient Safety Committee developed and published a series of articles on preoperative, intraoperative and postoperative communication in *Plastic Surgery News*. (*Quality & Health Policy*)

# INTEGRITY

In the second pillar of the new ASPS Strategic Plan, the following 2014 initiatives focused on INTEGRITY in the plastic surgery specialty.

## Physician Compare Review

The Health Policy Committee reviewed the intelligent-search functionality on the Physician Compare website and provided recommendations for updates to the CMS vendor, as requested. The Committee's recommendations ensure that the search results included on the website provide the most accurate and current data related to plastic surgery procedures. *(Quality & Health Policy)*

## Plastic Surgery Annual Procedure Statistics

Each year a questionnaire is distributed to more than 23,000 ABMS board-certified physicians. Last year, the questionnaire was returned by 801 physicians including 479 plastic surgeons, 221 dermatologists and 101 ENTs. The data is combined with TOPS and responses are aggregated/extrapolated to the population likely to perform cosmetic/reconstructive plastic surgery. ASPS offers the most comprehensive, reliable statistics on cosmetic and reconstructive plastic surgery procedures performed in the United States. *(Research & Scientific Affairs)*



## Participation in the National Correct Coding Initiative

As part of the National Correct Coding Initiative, the Coding and Payment Policy Committee provided input on suggested coding edits, giving plastic surgery a stronger voice in procedural coding. *(Quality & Health Policy)*

## RBRVS Update Committee Surveys and Presentation

Practice expense inputs for several CPT codes were updated during participation in the RUC, based on survey results. The relative value units associated with several codes were updated, based on current member practices, as presented in the RUC survey data. *(Quality & Health Policy)*

# SERVICE

In the third pillar of the new ASPS Strategic Plan, the following 2014 initiatives focused on SERVICE in the plastic surgery specialty.

## Federal Advocacy

ASPS continues to fight for the priorities of its members, focusing on efforts to provide adequate reimbursement, facilitate patient access to reconstructive procedures, cut the red tape between physicians and Medicare beneficiaries, improve federal support for graduate medical education, and reduce the burden created by the explosion of mandatory federal reporting. A 25 percent cut in Medicare reimbursements was stopped and legislation was introduced that would mandate patient education on breast reconstruction, allow for private contracting with Medicare beneficiaries and increase funding and slots for GME. *(Advocacy)*

## State Advocacy

ASPS worked in the states to stop the maneuvering of unqualified or under-qualified providers trying to gain legal authority to provide services beyond a level for which they are sufficiently trained. ASPS also advocated for state laws that mirror the ASPS federal goal of mandating that breast cancer patients know what reconstructive options are covered by insurance.

ASPS was successful in defeating expanded scope of practice for optometrists in California and Tennessee, advancing the Kentucky Breast Cancer Patient Education Act, defeating a cosmetic tax in Minnesota, and stopping medical liability reforms in New York and California. *(Advocacy)*

## Review of Proposed Insurance Coverage Policies

Coding and Payment Policy Committee volunteers reviewed and responded to several drafted/proposed insurance coverage policies at the request of several payers. Providing input on the proposed policies is yet another way to impact payment and reimbursement among payers, as well as provide insight from the perspective of plastic surgeons. *(Quality & Health Policy)*

## ADM Reimbursement Advocacy

ASPS sent letters to the medical directors of several payers that had implemented policies supporting denial of the use of specific types of Acellular Dermal Matrix in plastic surgery procedures. The letters encouraged payers to allow physicians to determine which type of ADM should be used in plastic surgery procedures and also encouraged the procedures to be covered/reimbursed. *(Quality & Health Policy)*



## Regulatory Updates

The Health Policy department provided monthly regulatory updates to the membership which were published in *Plastic Surgery News*. These updates provided important information to members on regulatory issues such as the transition to ICD-10-CM, HIPAA updates and information on the Physician Payments Sunshine Act. *(Quality & Health Policy)*

## THE BREAST CANCER PATIENT EDUCATION ACT

The American Society of Plastic Surgeons (ASPS) proudly leads in the effort to pass the Breast Cancer Patient Education Act, which requires the Secretary of Health and Human Services to plan and implement an education campaign to inform breast cancer patients of the availability and coverage of breast reconstruction and other available alternatives post-mastectomy.

ASPS is committed to educating women about the availability of post-mastectomy procedures that can support their breast cancer recovery. The Breast Cancer Patient Education Act will inform women of their right to breast reconstruction under federal law and provide women with information about when breast reconstruction or prostheses may be appropriate within their recovery plan.



First introduced in 2012, the Breast Cancer Patient Education Act (H.R.1984/ S.931) is sponsored by U.S. Representatives Leonard Lance (R-NJ-07) and Donna Christensen (D-VT-At Large), as well as Senators Roy Blunt (R-MO) and Sherrod Brown (D-OH). The bill has been introduced and referred to subcommittee in both chambers but has yet to be heard in either house. ASPS staff is excited to announce that a record number of co-sponsors has been achieved during the 113th Congress. ASPS is currently meeting with members of Congress to gain additional co-sponsors increasing the likelihood that the bill will be heard by the House Energy & Commerce Committee. A summary of activity follows.

### **H.R.1984 House Activity:**

- Introduced in May 2013
- Sponsored by Rep. Leonard Lance (R-NJ-07) and Rep. Donna Christensen (D-VI-At Large)
- The bill has been introduced and referred to the House Energy & Commerce Committee (E&C).
- ASPS has met with almost every member of the Energy & Commerce Committee which is composed of 54 members.
- ASPS will continue to build support for this bill by meeting with other key members of the House in an effort to gain momentum through additional co-sponsorship.

### **S.931 Senate Activity:**

- Introduced in May 2014
- Sponsored by Sen. Roy Blunt (R-MO) and Sen. Sherrod Brown (D-OH)
- The bill has been introduced and referred to the Senate Health, Education, Labor & Pensions Committee

### **Other Activity:**

- ASPS hosted an educational briefing on Capitol Hill about the Breast Cancer Patient Education Act and Breast Reconstruction Awareness Day on May 7.
- Speakers included house sponsor, Rep. Leonard Lance (R-NJ-07), Loren Schechter, MD, Chair of the Government Affairs Committee, ASPS Patients of Courage Dora Arias (NJ) & Gina Maisano (NY), and Maimah Karmo (PA) of the Tigerlilly Foundation.
- More than 30 lawmakers and staff attended the educational briefing.

### **Breast Cancer Patient Education Act (BCPEA) Coalition:**

- Created by ASPS
- Comprising 27 national and regional patient advocacy organizations in the coalition, including the American Cancer Society Cancer Action Network and numerous state plastic surgery societies.

## SERVICE, SYNERGY AND SUPPORTING THE SPECIALTY WERE THE LEGACY OF MY PRESIDENCY IN 2014



Two of the goals of my presidency in 2014 were redesigning the organization and bringing the specialty together. I believed that it was necessary to reorganize the society so it was better able to meet the challenges of the future and provide service to its members. I also felt very strongly that, as president, I should facilitate bringing plastic surgeons together both domestically and internationally.

The strategic plan was my baby. I believe that in order to become a more responsive and robust society that could meet the challenges of a different financial and legal environment, we needed to be much more forward thinking and much more corporate in nature. By establishing a true corporate identity, we could develop a business model, look at educational programs and make the organization more responsive to membership needs while enabling the society to finance those initiatives into the future without placing additional burden on the members.

Our first order of business was to evaluate the mission statement, the organizational structure and develop a strategic plan. I was thrilled with the commitment of leadership, both physicians and non-physicians, to this very different initiative which proved to be a very rich experience for all of the leadership within ASPS. At the end of this process, we accepted the necessity of speaking with one voice of unity and defining a clear vision for the future of our organization. I was privileged to share the leadership of this initiative with Dr. Kevin Chung, former president of The PSF, Dr. Scot Glasberg, current ASPS president, and Dr. Nick Vedder, sitting president of The PSF, who are brilliant surgeons, great friends and excellent partners.

In addition to the strategic plan and corporate restructuring, my other goal as president was to help develop programs and initiatives that would bring plastic surgeons together and keep the society moving forward while continuing to be of service to its members. I reached out to the global community of plastic surgeons to advocate for reducing duplications of services and educational initiatives while providing a more unified platform to serve members under a more organized umbrella. The synergies gained by such a construct could provide more strategically designed educational programs while gaining efficiencies that could be reflected in dues reduction and reduced fees for courses. Unfortunately, this proposition was not well accepted as others were not ready to commit to a change in an organizational paradigm.

However, issues and challenges in the international community presented opportunities for ASPS during my presidential year. The International Society of Plastic & Regenerative Surgeons (ISPRES) was excited by the potential embodied by a new paradigm. As a result, they became the first society to align themselves within the umbrella of the American Society of Plastic Surgeons.

In addition, the International Confederation for Plastic, Reconstructive and Aesthetic Surgery (IPRAS) which represents 104 member nations and an estimated 30,000 members was having difficulty fulfilling its mission as the agent for fostering plastic surgery education and collegiality internationally. By advocating for a new construct, founded in the principles of the shared governance, transparency and responsibility, ASPS was able to facilitate the formation of a new international society which will serve to improve education and innovation, surgical quality, patient safety and advocacy. We signed a new document that will define a new organization for an international society in Boston in October.

As plastic surgeons, I believe we are extraordinarily privileged to do what we do. As a result, we owe it to ourselves, our profession and our patients to be able to give back in some way. Service was a key theme for me and was reflected in the two presidential citations I awarded during my tenure. Brig. Gen. W. Bryan Gamble, MD, representing those who serve in uniform, and William (Bill) P. Magee, Jr., MD, co-founder and CEO of Operation Smile, representing those who serve the needy, were the two great men I recognized because they represent all that is good about service.

During my presidential address, I focused on asking people who have served in uniform, medical societies and philanthropic organizations to stand and be recognized. By doing so, I attempted to foster the culture of service that is one of the five pillars of our new strategic plan, the other pillars being safety, integrity, innovation and quality.

All of those pillars reflect that the real mission for us is to serve our patients, profession and community with integrity. We do this by providing the necessary education to our members so we can innovate to increase the safety and quality to the population we serve.

It is my fervent hope, that during my presidential year, I served you and our specialty well.

With my very best wishes,

**Robert X. Murphy, Jr, MD**  
2014 President  
American Society of Plastic Surgeons

## INTERNATIONAL MEMBERSHIP GROWS, ADVOCACY, EDUCATION NEW NATIONAL REGISTRIES ADD TO RECORD FINANCIAL YEAR



Service to members led our vision at the American Society of Plastic Surgeons and The Plastic Surgery Foundation in 2014. This annual report highlights our many accomplishments last year that were a direct result of our efforts to work on behalf of the Specialty with federal and state legislatures and regulatory agencies, industry, state and regional societies, subspecialty societies and international societies. This commitment to service continues to be my guiding principle as executive vice president of ASPS.

Four major initiatives dominated the ASPS agenda in 2014:

- Advocacy for the Specialty
- Clinical Education, both live and online
- Quality Initiatives such as the development of new, national clinical data registries
- Public Education such as the ongoing “Do Your Homework” campaign and the “Plastic Surgery – The Lives We Touch” national television advertising campaign.

The long-anticipated National Breast Implant Registry (NBIR) became a reality when officials from the Food and Drug Administration (FDA) joined us at our 2014 annual meeting in Chicago to announce the launch of this joint venture between the FDA and ASPS. The NBIR will capture implant procedures and follow-up visits in a cost-effective manner that, if successful, will greatly reduce the current burden and expense of post-approval studies that require manufacturers to follow healthy patients for a decade after implantation. The data collected will be aggregated to resolve clinical questions and conduct studies. After considerable efforts in working with the manufacturers and other stakeholders, we plan to begin collecting data for the NBIR and other registries before the end of this year.

It was a record financial year for ASPS, which saw its net income more than double from the prior year. A combination of the traditional ASPS programs and the newer, non-traditional programs, such as practice solutions, led to the financial gains.

ASPS’s online educational portal, PSEN, now holds an extensive collection of professionally produced plastic surgery video content. In 2014, PSEN launched PSEN University, providing a more interactive and intimate online learning experience.

We continue to dedicate the resources that our members provide through the Plastic Surgery Educational Campaign (PSEC) to fight the battle against encroachment on the specialty by non-plastic surgeons. In 2014, ASPS launched “Plastic Surgery – The Lives We Touch,” a national television advertising campaign with a toll-free number for the public to contact an ASPS call center for more information about plastic surgery. The call center received more than 15,000 calls and referred more than 5,000 people to our members’ offices.

Part of our strategy to educate the public is to recruit celebrities to lend their name to the cause, including singer and actress Patti LaBelle in 2014, not only for charitable purposes but also to increase public awareness recognition of who are the real board-certified plastic surgeons.

Our continuing growth in international members demonstrates the success of our outreach to plastic surgery societies around the world. Our 2014 President, Robert X. Murphy, MD, who was heavily engaged in these efforts, contributed to that growth. Under Dr. Murphy’s leadership, ASPS stepped in to shepherd the international confederation through a crisis.

I would like to extend a note of thanks to the dedicated ASPS staff, the Executive Committee and the Board of Directors and to each and every member who makes ASPS the leading plastic surgery society in America and beyond. The extent of the synergy between the ASPS leadership and staff was epitomized in 2014 through a joint strategic planning process that produced a new five-year plan for the combined organizations. We look forward to beginning to realize our ambitious goals in the year ahead.

Sincerely,

**MICHAEL D. COSTELLOE, JD**  
Executive Vice President  
American Society of Plastic Surgeons

## INNOVATION

In the fourth pillar of the new ASPS Strategic Plan, the following 2014 initiatives focused on INNOVATION in the plastic surgery specialty.

### PSF Investigator-Initiated Grant Program

The PSF awarded 32 investigator-initiated research grants in 2014, totaling nearly \$670,000 in funding to these investigators. This helps shape the future of plastic surgery research and trains researchers. *(Research & Scientific Affairs)*

### Online Grant Writing Module

The Researcher Education Committee, led by Ergun Kocak, MD, developed a Grant Writing Module in Plastic Surgery Education Network (PSEN) to educate grant applicants on the necessary components to submit a competitive grant application. Grant applicants will be able to use these resources to make their grant applications more successful. *(Research & Scientific Affairs)*

### Principal Investigators Association

The PSF has entered into an agreement with the Principal Investigators Association to share resources for grant writing. This creates a new generation of strong researchers and grant writers. *(Research & Scientific Affairs)*

### Find-A-Surgeon Updates

The Find-A-Surgeon page on plasticsurgery.org now has a smarter search database on a single field, accepts ZIP codes, city and state, city and country and a specific address. Consultation requests have replaced email with a consultation request form sent to both surgeon and patient with all the provided information. Higher-resolution photos are now present on a surgeon’s profile. More than 8,900 consultation requests were sent since Oct. 27, 2014, to more than 3,400 unique members. More than 7 million Find-A-Surgeon searches were conducted since Feb. 18, 2014.

On average, a member has appeared more than 2,600 times on a Find-A-Surgeon search since the beginning of 2014. *(Information Technology)*

### Responsive ASPS Website Design

ASPS created an innovative public-facing side of the website, including Find-A-Surgeon, that scales to smaller screen sizes for an improved user experience on smart devices. The ‘For Medical Professionals’ page is also responsive and visually organized. Overall, the redesigned site is more user-friendly by providing a better member and public experience on all devices. The Find-A-Surgeon search box always presents content logically, in an organized, and clean format, presenting easily identified information at-a-glance. *(Information Technology)*





# QUALITY

In the fifth pillar of the new ASPS Strategic Plan, the following 2014 initiatives focused on QUALITY in the plastic surgery specialty.

## Critical Appraisal for Plastic and Reconstructive Surgery

The Quality department provided critical appraisal and assigned Levels of Evidence to articles accepted for publication in *Plastic and Reconstructive Surgery*. Critical appraisal supports the ASPS Evidence Based Medicine initiative, which emphasizes the importance of combining the best available research and evidence with physician expertise and patient preferences to provide the highest quality care. (*Quality & Health Policy*)

## ASPS Responds to the CMS Medicare Physician Fees Schedule and Hospital Outpatient Prospective Payment System Proposed and Final Rules

ASPS Committee Member Staff performed a review and analysis of these two CMS proposed and final rules and coordinated responses to advocate on behalf of the society. ASPS successfully advocated for several changes to the CMS policies as proposed, which positively impacted physician reimbursement. (*Quality & Health Policy*)

## Chronic Wound Care Measures Stewardship

ASPS became the official stewards of the Chronic Wound Care measures, which ASPS previously developed in conjunction with the AMA-PCPI. As the official measure stewards, ASPS is able to conduct maintenance on the measures, updating the measure set in a way that is most beneficial to plastic surgeons providing wound care. (*Quality & Health Policy*)

## AHRQ Grant for PROS Conference

The PSF was awarded an R13 Conference Grant from AHRQ to convene the Patient-Reported Outcomes in Surgery (PROS) Conference. The PSF was awarded this grant and the conference will be convened in January 2015. The PSF positioned itself as a leader in Patient-Reported Outcomes in all of surgery, not only plastic surgery. (*Research & Scientific Affairs*)

## Grant Applicant Mentoring Session

During Plastic Surgery The Meeting 2014, previous PSF grant applicants met with PSF researchers to discuss ways to strengthen their grant applications for the year ahead. Grant applicants were able to resubmit their grant applications or use what they learned to strengthen new grant applicants. (*Research & Scientific Affairs*)



## Tracking Operations & Outcomes for Plastic Surgeons

The TOPS/NSQIP validation manuscript was accepted into the *Annals of Plastic Surgery*. In addition, abstracts were created reflecting TOPS aesthetic surgical outcomes. Also, a surgical risk assessment tool based on TOPS data was developed. Enhancements were made to the Breast Implant Module in TOPS including Incision Type, Implant Position, Biologic and Prosthetic Products. These initiatives generated high visibility studies/reports/presentations/publications showcasing TOPS for what it can deliver to our Members. TOPS was featured in the third edition of the AHRQ publication, "Registries for Evaluating Patient Outcomes: A User's Guide." (*Research & Scientific Affairs*)



## GRAFT (General Registry of Autologous Fat Transfer)

GRAFT is the first national registry developed to determine the safety and efficacy of fat grafting procedures to the breast. J. Peter Rubin, MD, and Babak Mehrara, MD, are the principal investigators for GRAFT. The core site data collection began in August 2014 and the registry will open to all board-certified plastic surgeons following the pilot phase.

GRAFT:

- Is a web-accessible national quality assurance registry
- Applies The PSF's BREAST-Q® scales
- Provides insight into patient safety and will help establish best practice guidelines that have a broad impact on the plastic surgery community.

(*Research & Scientific Affairs*)



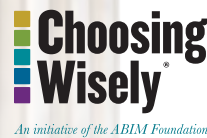
## FACE-Q

The objective of this research, led by Andrea Pusic, MD, of Memorial Sloan Kettering Cancer Center, is to develop and validate an online FACE-Q survey. The FACE-Q database development is in progress. Six sites have been identified for the pilot phase data collection and testing scheduled to begin in Spring 2015. The FACE-Q is a patient-reported outcome instrument to measure patient satisfaction and quality of life following facial cosmetic procedures. It is an important tool with which researchers/clinicians may evaluate success of facial aesthetic procedures. (*Research & Scientific Affairs*)

# QUALITY

## Finger Replantation and Amputation: Challenges in assessing Impairment, Satisfaction and Effectiveness (FRANCHISE) Study

This project, led by Kevin Chung, MD, will apply concepts of evidence-based medicine to improve assessment of impairment, disability and outcomes of treatment in patients with digit amputations who undergo revision amputations or replantations. Fifteen sites will participate in this study. IRB review and database development for FRANCHISE is in progress. The data will help improve the measures used to assess treatment outcomes and degree of disability that results from various amputation injuries, and the accuracy of PROs in rating this disability and recovery after treatment. *(Research & Scientific Affairs)*



## Choosing Wisely

The ASPS Choosing Wisely list of Five Things Physicians and Patients Should Question was finalized and released in 2014. Participation in this national quality initiative helps physicians and patients engage in conversations about the appropriate use of tests and procedures, and supports physician efforts to help patients make smart and effective care choices. *(Quality & Health Policy)*

## Autologous Breast Reconstruction Clinical Practice Guideline

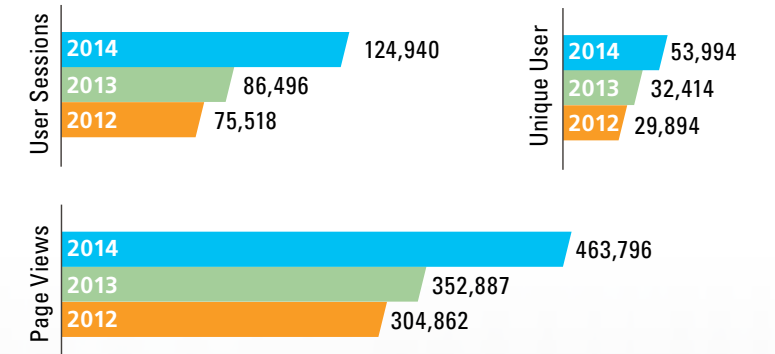
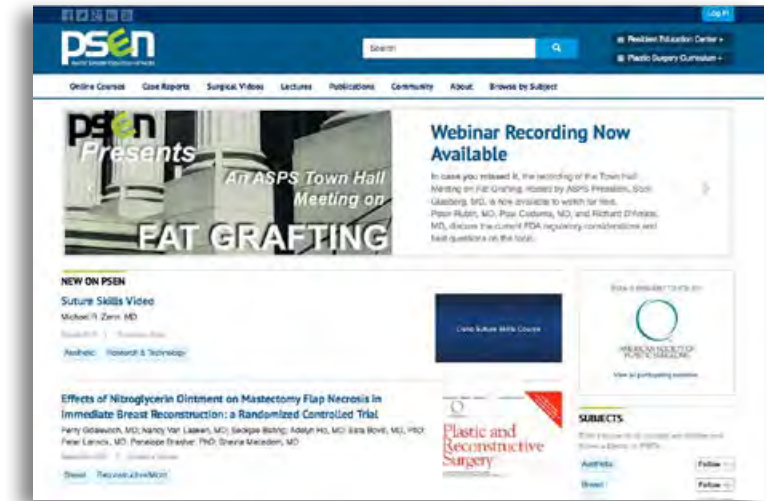
The Autologous Breast Reconstruction Guideline Development Work Group was convened to begin the development of a new ASPS evidence-based clinical practice guideline, focusing on autologous breast reconstruction which will provide recommendations for planning for and performing this surgical procedure, based on the highest level, most current evidence. *(Quality & Health Policy)*

## PQRS Information

The Quality Department Staff provided information and resources to the membership regarding participation in the Physician Quality Reporting System (PQRS). The information helped members understand reporting methods and requirements, and also provided training on use of the ASPS PQRS Wizard. *(Quality & Health Policy)*

## PSEN Redesign

PSEN navigation and functionality was redesigned in 2014 to make the content more accessible. The Navigation was retooled to reflect the most frequently accessed content, the Search functions and filters were redesigned, and a Follow feature was introduced allowing members to be notified when content of interest to them is posted. Members can find the CME courses, Case Reports, Surgical Videos and other clinical content of interest faster and easier on all devices. *(Education)*



Total Pieces on Site	2012	2013	2014
CASE REPORTS:	54	70	112
LITERATURE REVIEWS:	53	61	91
RECORDED PANELS:	147	228	276



## PSEN Free Webinar Series

In April of 2014, PSEN launched a new monthly free webinar series. The goal was to provide timely information to members on clinical and practice management topics. Members could register for free to attend live webinars or watch the recordings posted after the event. PSEN has hosted clinical webinars covering Breast Augmentation and Breast Reconstruction, as well as practice management topics such as SEO and how to protect against Internet Data Breaches. *(Education)*



Designed specifically for members, office staff and coding specialists, the 2014 Plastic Surgery Coding Workshop helped navigate the science of reimbursement and prepared members for coding changes during workshops March 7-8 in Phoenix, Ariz., May 2-3 in Boston, June 27-28 in Nashville, Tenn. and Aug. 8-10 in Chicago. The workshops were led by Surgeon Proctors: **Melissa A. Crosby, MD; Raymond V. Janevicius, MD; Erin M. Kennedy, MD; Martha S. Matthews, MD; Scott D. Oates, MD; John C. Oeltjen, MD, PhD; Gedge Rosson, MD; and David P. Schnur, MD.** Across all four workshops, 94 percent of attendees indicated they planned to implement new strategies in their practice after attending the session.

**Learning objectives achieved:**

- Code mapping and coding in both ICD-9 and ICD-10-CM
- Use of dummy codes for medical/cosmetic cases
- Addressing concepts shared during discussion of revenue leaks, including verifying insurance eligibility
- Trend denials and change documentation techniques to conform to ICD-10-CM
- Change how burns and ER visits are coded
- Look closely at existing superbills, update cpt codes and prepare for ICD-10

*“I believe the area discussing revenue talks was extremely beneficial and we will be implementing changes in the office.”*

*“The workbook is a great resource.”*

*“I attended the workshop in 2013 and use my workbook almost every day for help and guidance. When I thought my hospital wasn’t going to send me this year, I was almost in tears.”*



## MANAGEMENT OF COMPLICATIONS IN PLASTIC SURGERY

Co-Chairs **Dennis Hammond, MD**, and **Simeon Wall Jr., MD**, led the Management of Complications in Plastic Surgery meeting March 28-29 in Rosemont, Ill. Attendees raved about the honesty and insightfulness shared during the presentation. Many teaching points were taken away by surgeons who learned about anticipated and unanticipated complications that sometimes occur during surgery, and how they were rectified using better judgment and safety practices.

**Strategies gained:**

- Take a very close look at our informed consent practices among other things.
- Know how to better manage unhappy patients.
- Better communication with patients – changes in pre-operative evaluation to be more thorough.
- Improved strategies for VTE prophylaxis improvement in abdominoplasty techniques.
- Change my approach with smokers

*“As someone who has been in practice more than 20 years, it was refreshing to attend a meeting where I was able to take away several ideas which I will use in my practice and which will improve patient care.”*

*“The first meeting I’ve been to where people didn’t just show misleading slides and show off.”*

*“An absolutely excellent program, multiple ideas and techniques that will give me increased judgment/safety in my practice.”*

*“Excellent and honest program; should be given yearly.”*

*“Thought the ‘Tales of the Crypt’ and all of the presenters who were so honest with their complications and to have legal expertise, was outstanding!”*

*“The ‘On The Hot Seat’ panels were great. This was one of the best conferences I have ever attended.”*

*“The best meetings I have attended have been generous and humble. Honest presentations and sharing of the truth is the best way to learn. We always learn, or should learn from our failings. What a wonderful chance to learn from the experts who like all of us, have occasionally failed. Thanks!”*

SUPPORTED BY:





## BREAST SURGERY & BODY CONTOURING SYMPOSIUM

SANTA FE, NEW MEXICO

The ASPS Breast Surgery & Body Contouring Symposium held August 7-9 in Santa Fe, N.M., assembled the masters of the specialty to discuss the hottest topics, including fat grafting, shaped implants, and patient safety. This ASPS symposium, led by Chair **Maurice Nahabedian, MD**, and Co-Chair **J. Peter Rubin, MD**, featured a focused, comprehensive educational program with industry-leading faculty and helped members stay on the cutting edge of breast surgery and body contouring.

### Strategies gained:

- New techniques for difficult breast reconstruction
- Marketing techniques
- Protocol for nipple sparing procedures
- Pre-op patient selection

*“Probably the best conference I’ve been to in a long while. Should be benchmark from now on. New diversity of speakers very refreshing!”*

*“I felt that the group of faculty at this meeting was one of the best for any meeting that I’ve attended.”*

*“Excellent faculty and strong content and clinical recourses. Nice to see new faces.”*

*“Loved the new diversity in speakers. Not the same ideas pushed from year to year.”*

*“This is an exceptional symposium ... there is a lot of practical information and cutting-edge developments, and it keeps getting better.”*

*“Excellent conference. This conference provided the most relevant content to practices of any conference I have attended.”*

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IMAGING EXCELLENCE FROM  
CANFIELD

## DUELING *perspectives* in Aesthetic Plastic Surgery

### Dueling Perspectives in Aesthetic Plastic Surgery Symposium

Dueling Perspectives, a brand-new symposium, offered an opportunity to debate surgical strategies and discuss perspectives in techniques for topics such as rhytidectomy, neck lifts, rhinoplasty, nonsurgical therapies, breast augmentation, blepharoplasty and reduction mammoplasty. It offered members an opportunity to actively engage in debate on these popular techniques and procedures in a format frequently requested by members during surveys.

Chair **Maurice Nahabedian, MD**, joined co-chair **J. William Little, MD**, to lead the Dueling Perspectives in Aesthetic Plastic Surgery meeting June 20-22 in Washington, D.C. The presenters explored approaches to neck surgery, facelifts and fat grafting.

### Strategies gained:

- More aggressive approach to the neck
- More fat grafting to face

*“Excellent format! Best panel discussions of any meeting I’ve ever attended.”*

*“The concept that great minds don’t think alike is a great concept. I was thrilled by this conference.”*

*“This was the best conference I have attended in years. Well informed, lot of time for discussion. Wonderful!”*

SUPPORTED BY:

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IMAGING EXCELLENCE FROM  
CANFIELD

ALLERGAN

MENTOR





Plastic Surgery The Meeting 2014 attracted more than 3,000 plastic surgeons and allied medical personnel including residents, Fellows, medical students and international physicians to Chicago on Oct. 11-14.

ASPS President Robert X. Murphy, MD, joined The PSF President Kevin C. Chung, MD, to spearhead service, research, integrity and innovation as key themes for the meeting. A deep lineup of aesthetic, reconstructive and practice management experts led panels and courses in continuing medical education with course credits. The premier annual meeting in plastic surgery once again put plastic surgeons in a position to more effectively command their solo, small group and academic practices, an integral skill needed when facing the rapidly changing medical environment that surrounds physicians.

Surgeons were encouraged to explore Deep Dive Pathways Concepts, an integrated learning cycle that involved general sessions, instructional courses and case discussion sessions with patient markings, live demonstrations and surgical videos for each of the seven tracks. The meeting also debuted The PSF Shark Tank Innovation Challenge, giving researchers a shot at funding and support while informing other plastic surgeons and industry representatives about their cutting-edge research projects.

The 2014 meeting included three full days of cosmetic programming with mini-symposia on aesthetics as well as one-hour free live demonstrations on facial fillers using injectables.

Other demonstrations included live patient markings during opening ceremonies. Plastic surgeons lined patients for surgical cuts, cleft lip, breast reduction and reconstruction to abdomioplasty/lipoabdominoplasty with the proceedings sent via closed-circuit broadcast to screens inside the ballroom. ASMS Day included unilateral cleft lip repair, soft tissue defect management in children, facial fractures, deficient face contouring and orthognathic surgery.

International representation at Plastic Surgery The Meeting 2014 was significant with 45 countries, including Switzerland, New Zealand, Canada, Mexico and Taiwan among others sending representatives. The largest contingents included 104 representatives from Brazil plus an additional 32 Australian Society plastic surgeons. This attendance showcased the international outreach ASPS/PSF leadership.

Premier Partners for Plastic Surgery The Meeting included: Platinum: Sientra, ALPHAEON, LifeCell. Gold: MTF, Merz.



**Plastic Surgery News (PSN)**

ASPS publications consistently strive to be among the best in plastic surgery, and all of association publishing. Therefore, the publications are submitted for national award consideration each year. From the Association Media and Publishing, PSN was awarded the Excel Gold Award in Feature Writing and Bronze Award for General Excellence.



**Plastic & Reconstructive Surgery (PRS)**

PRS was named Gold Best Peer-Reviewed Journal from the American Society of Healthcare Publication Editors (ASHPE) and recognized by the Apex Awards for Publication Excellence; it was the third year in a row for both honors. Additional awards include Silver ASHPE awards for Best Special Supplement for the 2014 Pain Management edition, and Apex awards for both of PRS' blogs (PRS Resident Chronicles and PRSonally Speaking) best Video Media (for the 2014 "Perfect Breast" video). Social media presence and Video Gallery were finalists for the esteemed Eddie and Ozzy awards.

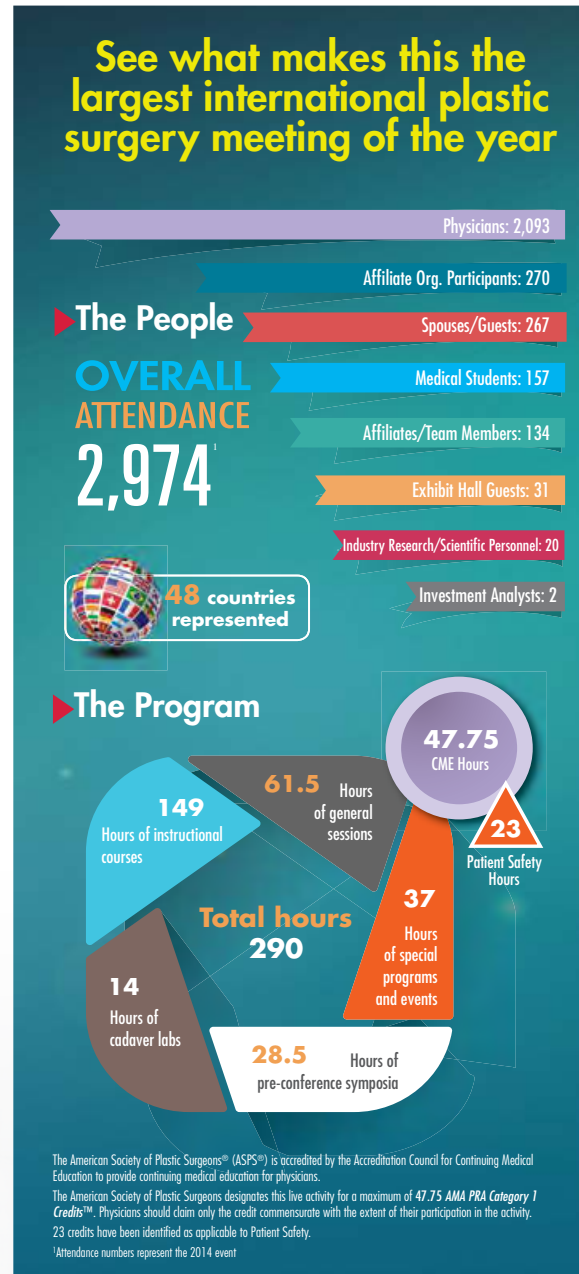


**PRS Global Open**

PRS Global Open has partnered with plastic surgery journals from Korea, India, Pakistan, and Russia to promote patient safety and improved outcomes worldwide. The open access journal is also becoming the go-to publication for abstract supplements for plastic surgery groups from America, Italy, Ireland and more, spreading plastic surgery knowledge globally.

**PRS Impact**

Impact Factor is one measure of a journal's influence, tracking how often articles within a journal are cited. PRS remains the top journal in the specialty, with an impact factor of 2.993. Many sections in the journal outperform some of the surgery journals solely dedicated to those respective topics. For example, the PRS Cosmetic Section had an impact factor of 2.057; the top cosmetic-only journal had an impact factor 1.564. However, Impact Factor is only one way of measuring a journal's impact. Independent researchers discovered that PRS is the No.1 source for top-cited papers on Fat Grafting, the Breast, Aesthetic Surgery, and the No.1 source for "Classic" Plastic Surgery Papers (the top cited papers in the literature). Additionally, PRS and PRS Global Open are proud to launch Altmetrics, article-based reports on the real-time reach and impact of each paper via blogs, news pickups, social media and more. This is a new engaging tool to allow authors and readers to track the impact of their articles even further.



The Oral and Written Board Preparation Course, held Sept. 4-6 in Chicago, was an intensive, interactive and comprehensive three-day course. It featured a new format, focused learning modules and more than 100 plastic surgery cases to provide a thorough overview of principles and management problems applicable to plastic surgeons studying for their ABPS examinations. *Supported by Sientra*  
Chair **Jason K. Potter, MD, DDS** and Co-Chair **Richard Y. Ha, MD**





**AMP**

Access Medical Purchasing (AMP), ASPS’s group purchasing program for its members, experienced significant growth in 2014, with a 14 percent increase recognized over 2013 sales volumes. AMP offers members many additional benefits, including access to discounts on office supplies, FedEx Shipping, cell phones, and the Working Advantage discount program. In 2014, AMP entered into an exclusive agreement with Med Pro Waste Disposal for management of medical waste. This is the only medical waste disposal contract available to non-hospital affiliated AMP members. Members can recognize a significant savings on medical waste management by contacting Med Pro Waste Disposal who can do a comparison of a members current waste hauling and contract and fees. (AMP)

**ENDORSED BY**



AMERICAN SOCIETY OF PLASTIC SURGEONS®

**Endorsed Partners**

In 2014, ASPS brought several new endorsed partners to its members. The Endorsed Partners program offers exclusive plans and discounts to ASPS members. Potential endorsed partners must go through a rigorous process prior to becoming endorsed by the society.

**New Look Now**



New Look Now joined the ASPS Endorsed Partner program in 2014. After spending three years in development working with board-certified plastic surgeons to provide realistic, technical, analytically-programmed simulations for consumers, New Look Now developed a simple platform for consumers to create custom digital before-and-after images as they relate to their aesthetic concerns and/or procedure of interest. This marketing tool is used to connect ASPS members with consumers, capture more leads, convert those leads to consults and eventually to procedures by allowing patients to view the procedural outcome via the simulation. Changing the way consumers make decisions about having aesthetic procedures, New Look Now’s goal is to be the most trusted web-based provider of “before and after photo simulations” for consumers, physicians and manufacturers.



patientNOW became an Endorsed Partner in 2014. The collaboration between ASPS and patientNOW will bring together the ASPS Find-A-Surgeon tool and the patientNOW practice management software by integrating patient inquiries and appointment scheduling. This collaboration will provide Find-A-Surgeon users with a streamlined process to help facilitate initial consultations with ASPS member surgeons who are patientNOW users. Using the ASPS Find-A-Surgeon tool, potential patients can search and refine the list of surgeons using various filter options that are available. When the patient decides on a specific surgeon who is a patientNOW user, a form is provided for the patient to enter their basic contact information. Once the form is submitted, the surgeon will receive a notification on their patientNOW patient engagement system (PAR – Patient Acquisition and Retention) with a reminder to contact the patient immediately to schedule an appointment. The PAR system in patientNOW will automatically provide an email follow up to the patient specific to the procedure of interest along with credentials of the doctor. The PAR algorithm will continue to follow up until the patient schedules an appointment, ensuring the physician sees more qualified patients and all patients see qualified physicians. *Please note: At the time of print, ASPS is working with patientNOW to fully develop this functionality and we will be going through beta testing in 2015.*

## PSF RESEARCH GRANT RECIPIENTS



**David Atashroo**  
Stanford University  
*Enhancing Bony Reconstruction Through Gene Manipulation of ASCs*



**Tiffany Nicole Ballard**  
University of Michigan  
*Patient-Centered Care in Breast Reconstruction*



**Joseph Catapano**  
The Hospital for Sick Children  
*Enhancement of Nerve Regeneration Following Neonatal Nerve Injury*



**Chaitan Devulapalli**  
Johns Hopkins University  
*Preoperative Paravertebral Block in Breast Reconstruction*



**Jason Gardenier**  
Memorial Sloan Kettering Cancer Center  
*Local/Systemic Depletion of Tcells in the Treatment of Lymphedema Targeted Lymphatic Ablation Using Diphtheria Toxin*



**Jeffrey Gusenoff**  
University of Pittsburgh  
*Fat Retention in Diabetics after Pedal Fat Grafting*



**Mohamed Ibrahim**  
Duke University  
*Novel Implantable Optical Oxygen Monitor to Detect Flap Viability*



**Reza Jarrahy**  
University of California Los Angeles  
*A Novel Osteogenic Oxysterol for Cranial Bone Regeneration*



**Ron Michael Johnson**  
Wright State University  
*Transgenic Adipose Stem Cell-Mediated VEGF Delivery*



**Justine J. Lee**  
University of California Los Angeles  
*Osteoclast Mediated Resorption of Engineered Human Bone*



**Benjamin Levi**  
University of Michigan  
*Targeted Mechanism Based Treatment of Heterotopic Ossification*



**Howie Levinson**  
Duke University  
*Development of a Degradable Bioengineered Skin Equivalent*



**Alayna Loiselle**  
University of Rochester  
*Mmp9 Inhibition Decreases Scarring During Flexor Tendon Healing*



**Zeshaan Maan**  
Stanford University  
*Single Cell Analysis of SDF-1 Mediated Stem Cell Recruitment*



**Reid Maclellan**  
Children's Hospital Boston  
*Mechanism of Hemangioma: Role of Follicle-Stimulating Hormone*



**Amy Moore**  
Washington University  
*Vasculogenesis, Schwann Cells and Senescence in Nerve Allografts*



**Christoph Nabzdyk**  
Brigham and Women's Hospital  
*Injectable Shape-Memorizing Scaffolds for Skin Sculpting*



**Michael Neumeister**  
Southern Illinois University  
*Prospective Antiviral Prophylaxis in a Burn Patient Population*



**Christine Novak**  
University Health Network  
*Botulinum Toxin Type A for Cold Sensitivity After Hand Trauma*



**Michael Ogilvie**  
Duke University  
*Delivery of miR through Biodegradable Scaffolds*



**Jennica Platt**  
University Health Network  
*Nipple Delay Prior to Nipple Sparing Mastectomy: A Pilot RCT*



**Christopher Runyan**  
University of Cincinnati  
*Mandibular Reconstruction Using Allograft Revitalization*



**Erika Sears**  
University of Michigan  
*Impact of Treatment Variation for Deep Sternal Wound Infection*



**Alison Snyder-Warwick**  
Washington University  
*Terminal Schwann Cells: Roles in Development and Regeneration*



**Jason Spector**  
Weill Cornell Medical College  
*Differential Density Microsphere Scaffold Optimizes Wound Healing*



**Kristoffer Sugg**  
University of Michigan  
*Epithelial-to-Mesenchymal Transition in Tendon Regeneration*



**Ruth Tevlin**  
Stanford University  
*Mechanisms Involved in Diabetic Fracture Healing*



**Howard Wang**  
University of Texas San Antonio  
*Simulation Model for Microsurgery Training*



**Jonathan Winograd**  
Massachusetts General Hospital  
*Photochemical Tissue Bonding for Sutureless Vascular Anastomosis*



**Alex Wong**  
University of Southern California  
*Evaluation of Human Acellular Dermal Matrix in Joint Arthroplasty*



**Qixu Zhang**  
University of Texas - MD Anderson Cancer Center Houston  
*Acellular Musculofascial Flap Matrix for Muscle Engineering*

## PATIENTS OF COURAGE



**Tyler Southern**

In 2010, Marine Corporal **Tyler Southern** was fighting in Afghanistan when he activated an IED, changing his life forever. After lifesaving surgery and amputations of both legs and his right arm, Tyler awoke 13 days later in Bethesda, Maryland, happy to be alive. Tyler's left arm was also badly injured and an infection threatened a fourth amputation.

A true inspiration, Tyler's hope and refusal to give up drove his medical team through daily debridement, flap coverage and bony reconstruction, saving the limb. After years of surgeries, rehabilitation and chronic pain, Tyler continues to give back by improving the lives of other wounded soldiers.

Tyler teamed up with Navy Seal Jason Redman in a non-profit organization, Wounded-Wear, to help warriors rediscover the hero within. The organization provides free clothing and clothing modifications to wounded warriors, and helps raise awareness of their sacrifice. "You can't change things," Tyler says, speaking of his injuries, "but you can change how you react to what life throws at you."



**Aesha Mohammazai**

**Aesha Mohammazai** was horribly mutilated as a child in Afghanistan. Her family gave her away as payment for a family member's crime. Aesha tried to escape but was caught and punished with the brutal amputation of her nose and ears. She was brought to an American military base for medical treatment. There, Aesha began her journey of healing and immigration.

Aesha came to the United States where she bonded with a family who provided her with love and support. At Walter Reed Medical Center in Bethesda, Maryland, Aesha has undergone almost a dozen surgeries to restore her nose and ears. Her surgeries included a radial forearm flap for lining, rib cartilage for support, paramedian forehead flap and ear reconstruction.

Aesha is now comfortable with her appearance and attends school. She is writing a book, serves as a spokeswoman for women's rights and is sharing her story with the world to encourage awareness of the treatment of women. She is a fighter who demands freedom and a better life. Aesha embodies courage and bravery.



**Carol Rech**

**Carol Rech** was diagnosed with Stage 3C breast cancer in 2006. During her treatment, Carol told her children about the women that she met who struggled financially during their treatment with breast cancer. Carol's daughter was so moved that she co-founded Breast Intentions, a charity with a mission to provide crisis intervention for women battling breast cancer who are facing financial hardship.

The organization also serves to educate young women about the need for regular breast self-examinations. Carol jumped into fundraising efforts and has helped establish three additional chapters. She is the organization's only full-time volunteer and has personally helped more than 225 women facing breast cancer.

Carol serves as an inspiration to women who need to talk to someone about their survival. Breast Intentions has raised more than \$850,000 for women in crisis. Carol's strength, humor, compassion and altruism are qualities that set her apart. She has taken a devastating diagnosis and helped create an organization that is a lifeline for other women at their darkest hour.

## PLASTIC SURGERY FOUNDATION CULTIVATES RESEARCH, FOSTERS NEW INITIATIVES FOR THE SPECIALTY



Under the guidance of our Board of Directors and committed volunteers, and with the generous support of our many contributors, The Plastic Surgery Foundation (PSF) has established itself as a respected and accomplished organization dedicated to improving public health by developing innovations and supporting charitable service and care. For over 65 years, The PSF has reliably focused on identifying the most pressing needs facing the future of plastic surgery practice and in turn investing in development of best in class programs and fostering a growing network of plastic surgery researchers, humanitarians and innovators. Through the years, our reach has been substantial.

The Plastic Surgery Foundation's successes and accomplishments of the past have helped build a foundation that in recent years has exhibited significant program growth and has translated into our mission reaching farther than ever before. Through the support of our research programs, we encourage and foster new initiatives that truly hold the potential to allow surgeons to be better surgeons, patients to be safer and medical innovation to flourish. Our charitable and outreach programs help provide clinical care to those previously without access to or the means to receive the care they need. Every day it is gratifying to see the important role The PSF serves within the specialty.

This past year, The PSF has focused on expanding collaborations and building programs that promise to impact future plastic surgery practice. The plastic surgery specialty has a long-standing history of supporting new, exciting clinically relevant research. We have developed new collaborations with ASRM, ASPN, ASMS, AAHS, ACAPS, AAPS, and ASE around the common theme that research is pivotal to the specialty and that by working together we can expand the reach of our collective research investment. Through collaborations such as these, and new ones we continue to develop, The PSF is able to support more researchers who have the bright ideas that will transform how medicine is practiced in the future. Similarly, our commitment to expanding access to care was further strengthened this year when we finalized a new partnership with Fresh Start that resulted in a joint venture called FreshStart Caring for Kids Foundation. The PSF's support and development of this new foundation will help make a difference in children's lives by providing medical care to children with physical deformities.

The PSF continues to showcase its national leadership through its development of programs addressing emerging health policy issues. Through the years, plastic surgery as a specialty and the PSF as an organization have contributed significantly to the advancement of collecting and incorporating patient feedback into clinical care. This year, we were proud to receive a grant from the AHRQ to develop a conference to educate and inform future dialogue about the use of patient reported outcome measures in practice. Additionally, we are leading major clinical studies and developing registries focused on the outcomes of fat grafting, breast implant surveillance, as well as BIA-ALCL. The PSF identified these issues as important to the advancement of the specialty and will continue to be the specialty's go to resource for all of these important issues and others as they emerge.

With each year the pace of innovation seems to increase. This is an exciting time for plastic surgery. This specialty will continue to be on the leading edge of improving lives and transforming medicine. The PSF will continue to be a necessary catalyst in accelerating this transformation. We are guided by the purpose of The PSF to make lives better.

To the PSF family, what a great year! Thank you for your continued support and collaboration.

Sincerely,

**Keith M. Hume, MA**

Staff Vice President – Legislative, Regulatory and Scientific Affairs  
American Society of Plastic Surgeons  
Chief Operating Officer  
The Plastic Surgery Foundation



SUPPORTED BY:  
**INTEGRA**  
FOUNDATION



**The PSF Outstanding Achievement in Plastic Surgery Award**



**Goal:** To recognize an investigator whose innovative research will evolve the treatment of surgical disorders and the practice of plastic surgery.

**Amy K. Alderman, MD, MPH, FACS**

Amy K. Alderman, MD, MPH has been in practice for 10 years, initially at the University of Michigan and now in private practice in Atlanta, Georgia. Dr. Alderman was valedictorian of her medical school class at the University of Alabama and was chief of her residency class at the University of Michigan. During her residency, she received formal training in health services research (RWJ Clinical Scholars Program) and obtained her MPH degree. She started her career on the teaching faculty at the University of Michigan where she was promoted to a tenured Associate Professor of Plastic Surgery. She had a career development award from the RWJ Foundation and external support from the NIH and PSF to evaluate health disparities and surgical outcomes in the breast cancer population. She has over 70 peer-reviewed publications, 10 book chapters, and more than 100 scientific presentations. Currently, she is the ASPS board member for the National Accreditation Program for Breast Centers, Surgical Editor of the Cochrane Breast Cancer Group, president of University of Michigan’s plastic surgery alumni association, treasurer of the Georgia Society of Plastic Surgeons, and a board examiner for the ABPS.

**The PSF Research Impact Award**



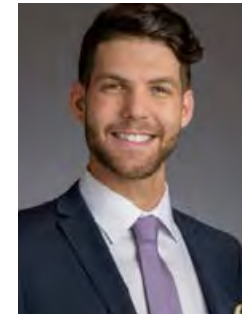
**Goal:** To identify and recognize outstanding PSF-funded research that has been successfully incorporated into practice or served as an innovative catalyst for the development of new technologies or procedures.

**Dennis Orgill, MD, PhD**

Dr. Orgill is Vice Chairman for Quality Improvement in the Department of Surgery at Brigham and Women’s Hospital and Professor of Surgery at Harvard Medical School. He is a reconstructive plastic surgeon and has a PhD from MIT in Medical Engineering. He is the Director of the Brigham and Women’s Hospital Wound Care Center and runs a tissue engineering and wound healing laboratory. His lab at BWH is working to develop better technologies to treat wounds including work with artificial skin, micromechanical forces, platelets and stem cells. He has consulted for several medical device and start-up companies and is the inventor on several patents. He worked on the team that developed Integra, a skin replacement therapy that has been commercially developed and used successfully on thousands of patients.



D. RALPH MILLARD



**Jonathan Kanevsky, MD**

Dr. Jonathan Kanevsky graduated with top honors from McGill University Faculty of Medicine and is now a resident in the Division of Plastic and Reconstructive Surgery at The McGill University Health Center. He was awarded The Charles E. Frosst Medical Prize for research in scar therapy and wound healing. As a surgeon scientist his research interests include scar therapy, medical devices and big data in medicine. Dr. Kanevsky received the McLeod Scholarship Grant to develop a device to decrease scar formation, which was licensed to Menodys Inc. He is currently developing technologies to facilitate breast cancer detection and monitoring of peripheral vascular disease.



**Hunter Moyer, MD**

Dr. Hunter R. Moyer is a partner with Atlanta Plastic Surgery and serves as adjunct faculty with the Emory University Division of Plastic Surgery and The Georgia Institute of Technology Department of Biomedical Engineering. He treats patients in the North Georgia area and combines a love of surgical science with the art of plastic surgery. While in residency, Dr. Moyer spent a year in Dr. Barbara Boyan’s stem cell laboratory, which led to patents on a stem cell delivery device and the formation of a start-up company, SpherIngenics. Since that time, he continues to research the latest innovations in plastic surgery, and he has authored papers in Plastic and Reconstructive Surgery, Tissue Engineering and Biomaterials to name a few. Dr. Moyer has lectured nationally and internationally on stem cells, fat transfer, breast reconstruction and acellular dermal matrix use. He serves as a clinical consultant for Mentor Corporation and Nexus BioSciences, and he is the founder of a stem cell rejuvenation company, AcCELLerate.

- Bernard G. Sarnat Excellence in Grant Writing Award, Clinical Study Section: **Erika Sears, MD**, “Impact of Treatment Variation for Deep Sternal Wound Infection”
- Bernard G. Sarnat Excellence in Grant Writing Award, Basic Science Study Section: **Amy Moore, MD**, “Vasculogenesis, Schwann Cells, and Senescence in Nerve Allografts”

## INTERNATIONAL SCHOLARS IN PLASTIC SURGERY



**Rustam Amonulloyev MD, PhD, DMS**  
Uzbekistan | Plastic Surgery Foundation Scholar

- Cleft Lip and Palate
- Burns and their Complications
- Aesthetic Surgery

*"The PSF International Scholar Program is a great opportunity for me to see and learn cleft and reconstructive surgery. This is a great chance to improve teaching, research and surgical training in Uzbekistan for my students."*



**Pavlo Badyul MD, PhD**  
Ukraine | Achauer Scholar

- Burn Reconstruction
- Perforator Flaps
- Breast Reconstruction
- Reconstruction After Cancer
- Aesthetic Surgery

*"The PSF International Scholar Program is a wonderful opportunity to become acquainted with the great plastic surgeons, increase my knowledge in the field of plastic reconstruction surgery, to learn new techniques. All of these will help me in my work and would enable the citizens of my country to receive high-qualified help corresponding to the world standards of plastic surgery."*



**Isiguzo Chimaobi Markson, MBBCh, MSc, FWACS**  
Nigeria | Plastic Surgery Foundation Scholar

- Breast reconstruction
- Microvascular surgery
- Aesthetic
- Hand Surgery

*"The scholarship will afford me the great opportunity to improve my skill and experience which will impact positively on my patients. It also affords me the great opportunity to network with other plastic surgeons in areas of management and research."*



**Sunil Gaba MBBS, MS, MCh**  
India | ASMS/World Craniofacial Foundation Scholar

- Facial Plastic Surgery (Aesthetic)
- Hand & Microvascular Surgery
- Body Contouring
- Hair Transplant

*"The ASPS/PSF International Scholar Program provides a platform for enhancement of clinical skills to provide quality patient care and to explore the best possible options in the field of Plastic Surgery. I will benefit through this program as I gain a new perspective during the time I spend at various renowned surgical facilities that have tremendous equipment, technique and staffing. The program provides insight in the day-to-day functioning and a first-hand experience with the surgical practices and techniques that are followed in these institutions. With the experiences and knowledge gained, I look forward to enhancing patient care at my institute. I highly recommend the program to my fellow Surgeons who want to expand their understanding of Surgical practices and patient care in the United States."*



**Fabiana Zanata, MD**  
Venezuela | Peer Foundation Scholar

- Pediatric Plastic Surgery
- Reconstructive Surgery
- Adipose-Derived Stem Cell Research, Cell Therapy and Tissue Engineering

*"I feel honored to have received the International Scholar Program from the Plastic Surgery Educational Foundation for 2014-2015. My main goal is to use this opportunity to improve my practice, pursuing specialization on Pediatric Plastic Surgery and Reconstructive Surgery, which are areas that not only am I passionate about, but also I have found them to be lacking in my home country. I'm sure this experience will greatly contribute to my ability to help the development of Plastic Surgery in my country."*



**Asif Masood, MD**  
India | Smile Train Scholar

- Cleft lip and palate repair, especially secondary repairs and surgery for speech correction
- Post-burn deformity correction
- Faciomaxillary surgery and reconstructive surgery
- Cosmetic surgery

*"The International Scholar Program will help me improve the quality of service provided to my patients and also help me to develop my unit to provide comprehensive cleft care to my patients with the limited means available to us."*



**Marcia Rosario Perez Dosal, MD**  
Mexico | Smile Train Scholar

- Comprehensive care of patients with cleft lip and palate
- Cleft lip and palate outcomes
- Multicenter studies
- Innovations in cleft lip and tissue engineering

*"The program will help me to update my knowledge in the comprehensive management of patients with cleft lip and palate and learn protocols being used at care centers in the United States so that I can share this information with my colleagues in Mexico."*



AMERICAN SOCIETY OF PLASTIC SURGEONS



THE PLASTIC SURGERY FOUNDATION



## BREAST RECONSTRUCTION AWARENESS FUND GRANT AWARDS

### 2014 BREAST RECONSTRUCTION AWARENESS FUND CHARITABLE CARE GRANT AWARDS

The PSF awarded grants, up to \$15,000, to U.S. based, tax-exempt public 501 (c)(3) charities that have demonstrated a commitment to providing breast reconstruction surgery charity care. Grant funds must be used to directly support the surgical care expenses for women having breast reconstruction.

#### 2014 BRA FUND CHARITABLE CARE GRANT RECIPIENTS

- BREAST INTENTIONS
- BREAST TREATMENT TASK FORCE
- EVELYN'S BREAST FRIENDS FOREVER
- GATEWAY TO HOPE
- HOLY CROSS HOSPITAL, INC.
- NORTHERN WESTCHESTER HOSPITAL FOUNDATION
- RUTGERS UNIVERSITY FOUNDATION

### 2014 BREAST RECONSTRUCTION AWARENESS FUND PUBLIC AWARENESS GRANT AWARDS

The PSF awarded grants, up to \$10,000, to U.S.-based, tax-exempt public 501(c)(3) charities that have demonstrated a commitment to increasing the awareness of breast reconstruction surgery. Grants were awarded to charities with a demonstrated commitment to developing and implementing projects and programs for the purpose of raising the awareness of breast reconstruction surgery options in the community.

#### 2014 BRA FUND PUBLIC AWARENESS GRANT RECIPIENTS

- ADVOCATE HEALTH CARE
- EVELYN'S BREAST FRIENDS FOREVER
- GATEWAY TO HOPE
- LIVING BEYOND BREAST CANCER
- MERCY MEDICAL CENTER
- OSF ST. JOSEPH FOUNDATION
- SCOTT & WHITE HEALTHCARE
- ST. JOHNS - INTEGRATED BREAST CENTER
- THE ROSE OF HOUSTON TEXAS
- UNIVERSITY OF TEXAS SYSTEM
- WATERTOWN REGIONAL MEDICAL CENTER



## PROFILE, GRAFT, TOPS REGISTRIES KEY ACCOMPLISHMENTS ALONG WITH STEWARDING CONTRIBUTIONS LEADING INTERNATIONAL ENGAGEMENT



The accomplishments of The PSF president revolve around team building and member contributions on issues relevant to our patients, by crafting an agenda with national health policy appeal and research that contributes to the health and well-being of our patients and the future of our specialty.

The most significant accomplishment of 2014 for ASPS and PSF was the launching of the National Breast Implant Registry with the U.S. Food and Drug Administration. This registry is a national effort to track every implant over the lifetime of an implant so we can detect any problems, assess outcomes and ensure our patients are indeed safe and carefully monitored. Although there are challenges in implementing the registry, the opportunity to present it to membership together with the FDA was a great feat — a collective feat — of the leadership of ASPS and The PSF.

The Patient Registry and Outcomes for Breast Implants and Anaplastic Large Cell Lymphoma (ALCL) Etiology and Epidemiology (PROFILE) is tracking both silicone and saline breast implants used for aesthetic and reconstructive surgery to determine if there is an association between breast implants and anaplastic large cell lymphoma.

The launching of the General Registry of Autologous Fat Transfer (GRAFT) will determine the safety and effectiveness of fat grafts rich in stem cells that are injected around the face and other body areas. The formation of this registry encourages all members to be fully engaged in studying the effectiveness and scientific research surrounding fat transfers.

The Tracking Operations and Outcomes for Plastic Surgeons (TOPS) registry was initiated with an incredible vision that plastic surgeons could collect plastic surgery-related procedures to measure outcomes for operations both in aesthetic and reconstructive arenas. More than 1.3 million plastic surgery procedures by 1,500 plastic surgeons have been collected to date. With changes in electronic medical records, this collection requires plastic surgeons to be innovative in large database management. We are working with innovative companies to devise a data collection method to make data collection as seamless as possible by transferring the data from each physician's practice to generate population outcomes.

The second major accomplishment at The PSF is the dedicated stewardship of contributions from our members, industry partners and patients. The PSF takes great pride that every dollar spent will go through a rigorous review process by key leaders in The Plastic Surgery Foundation. We have a methodical review of grant applications to ensure they will produce meaningful scientific discovery relevant to plastic surgery practices. The leadership of the PSF will make sure money is used effectively to support ground-breaking projects relating to nerve regeneration, tissue engineering and wound healing. The PSF leadership will safeguard the precious financial resources to ensure the future of the specialty.

The third major accomplishment was international engagement. We have so much to learn from each other and this past year, Korea, Japan and Taiwan have embraced their engagement with ASPS and The PSF. Many countries come to our annual meeting to share their expertise and to allow us to learn from each other. We are proud of our strong bonds with plastic surgery societies around the world. We stand together to protect our specialty and to promote our patients' interest in both aesthetic and reconstructive surgery.

We are working hard in The PSF to demonstrate value for our membership. The information and innovative research highlighted in this annual report should be apparent to our membership that ASPS and The PSF serve the needs of its members. Each and every one of us must make financial investments in our future; the future of our own practices and the vigor of our specialty depends on our collective contribution to PSF. We are all in this together.

Sincerely,

**Kevin C. Chung, MD, MS**  
2014 President  
The Plastic Surgery Foundation

2014 Breast Reconstruction Awareness Sponsors



## THE MALINIAC CIRCLE

Fellows of the Maliniac Circle have made a minimum \$100,000 deferred gift commitment or a \$50,000 outright contribution to the National Endowment for Plastic Surgery or The Plastic Surgery Foundation. This list reflects Maliniac Fellows as of October 31, 2014.

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*\* Deceased*

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The Plastic Surgery Foundation gratefully acknowledges the following ASPS members and others for their donations supporting the PSF received between July 1, 2013 - October 31, 2014.

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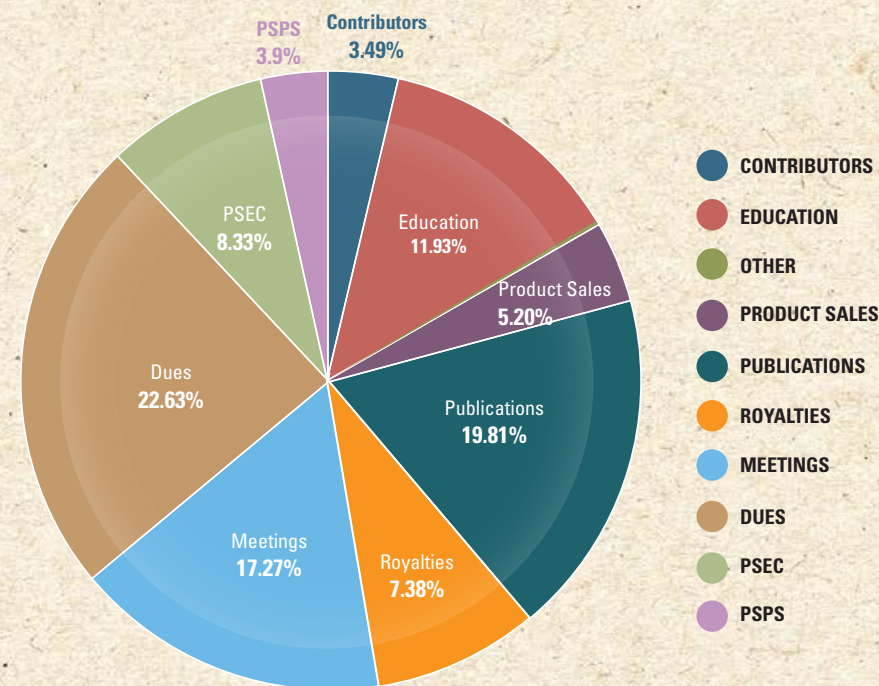
## ASPS FINANCIAL RESULTS

With an innovative multi-year strategic plan combined with effective expense management, Fiscal Year 2014 (FY2014) proved to be a financially successful year for the American Society of Plastic Surgeons. Net income nearly doubled from FY2013 while operating revenues remained consistent year over year. Streamlining management expenses, particularly at the Annual Meeting, led to a decrease in operating expenditures.

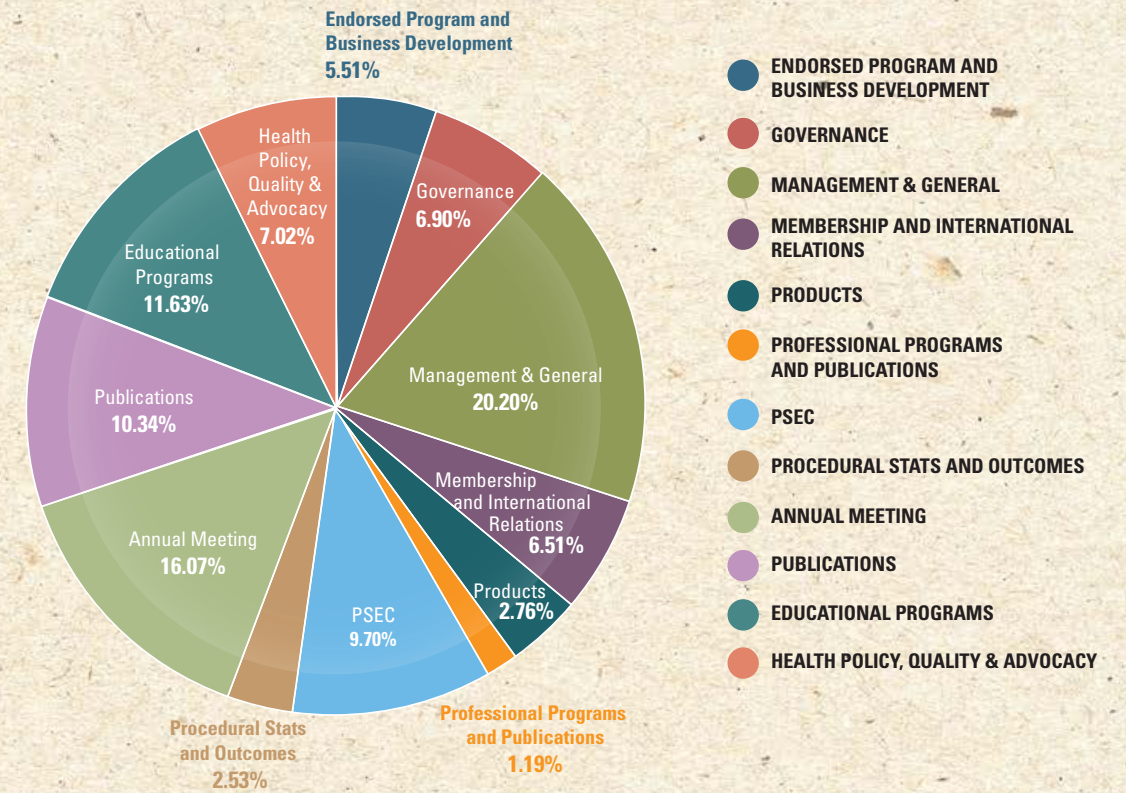
ASPS earned \$23.7 million in operating revenues and incurred \$20.3 million in operating expenses, resulting in Net Operating Income (Earnings Before Interest, Taxes, Depreciation and Amortization) of \$3.7 million in FY2014.

ASPS made several investments in its core values of education, advocacy and member services intended to elevate the specialty. Advocacy at the national and state level were successful in defeating expanded scope of practice while assisting in the passage of Breast Cancer Reconstruction bills in six states. ASPS built on its member services by driving traffic to its redesigned Find-A-Surgeon website through national television commercials, while also building new partnerships to assist members in providing excellent patient care and promoting their specialty to key audiences.

### ASPS FY2014 Operating Revenue



### ASPS FY2014 Operating Expenses



### ASPS Financial Results (\$000)

	2012	2013	2014
REVENUE	21,804	23,788	23,698
EXPENSE	19,733	21,214	20,329
<b>EBITDA</b>	2,071	2,574	3,369
NET NON OPER ACTIVITIES	-1,772	-688	341
<b>NET INCOME (LOSS)</b>	299	1,886	3,710

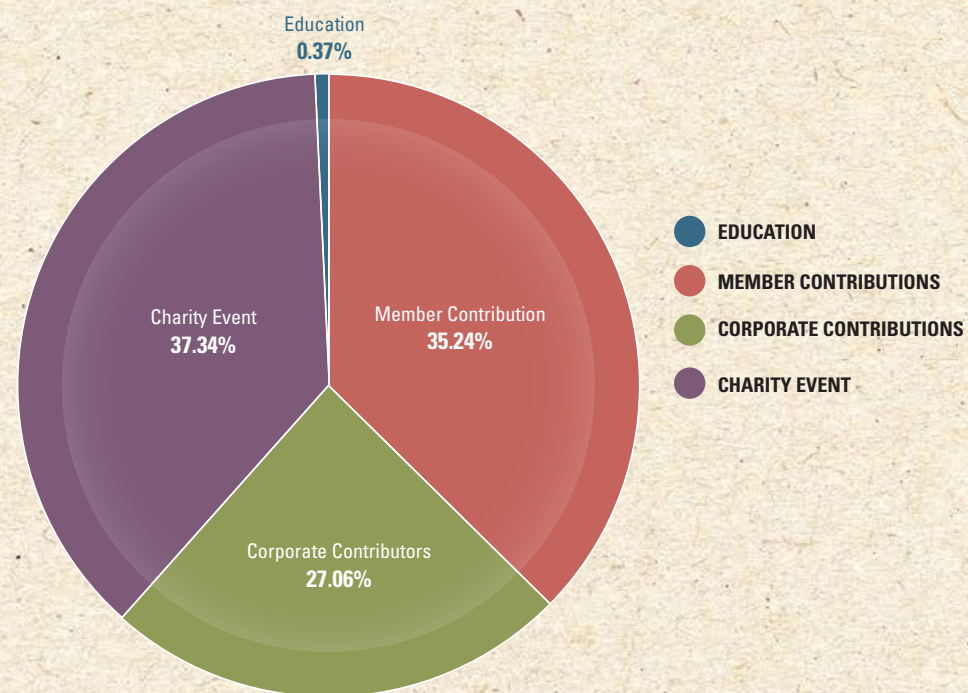


## PSF FINANCIAL RESULTS

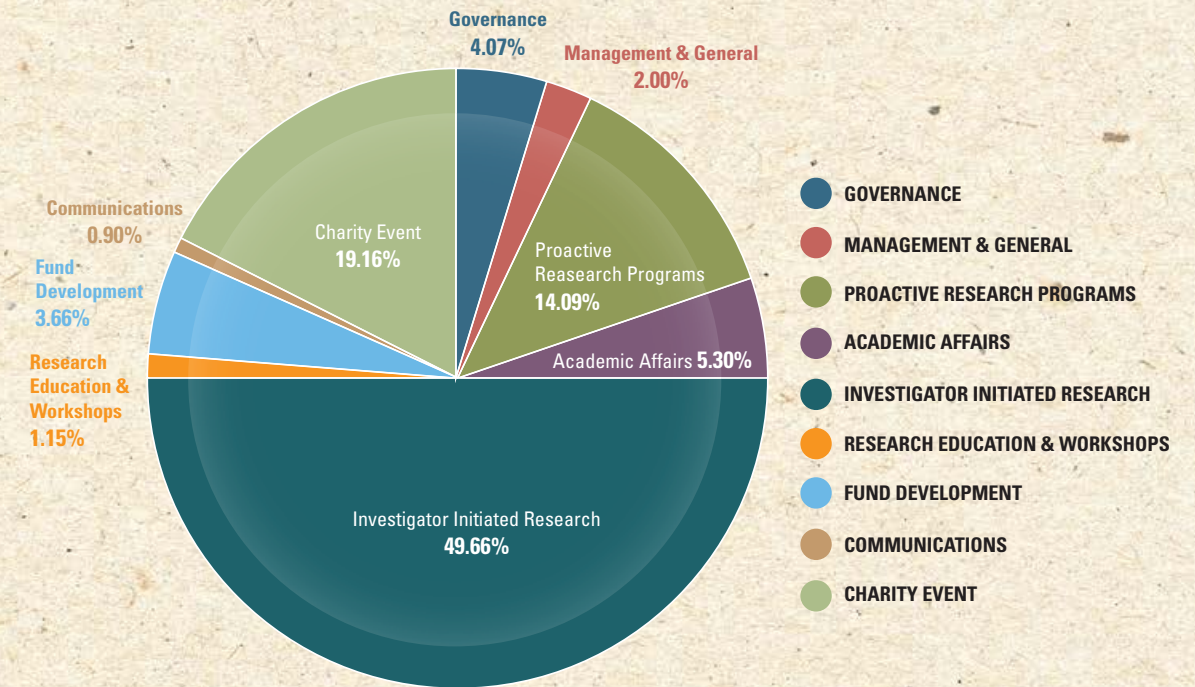
The PSF earned \$2.41 million in operating revenues in FY2014 and incurred \$3.11 million in operating expenses, resulting in a Net Operating Loss of \$692,000. But when net non-operating income of \$1.47 million is applied, primarily composed of the Foundation's investment returns, net income is \$779,000. In FY2014, the Foundation continued to diversify its revenue stream, with 37% driven by the FY2014 fundraising event ("Sheryl Crow Rocks the Midway"), 35% from member contributions, and 27% from corporate contributions.

The PSF made significant investments in accelerating registry development efforts. These registries included the National Breast Implant Registry (NBIR), the Patient Registry and Outcomes for Breast Implants and Anaplastic Large Cell Lymphoma (ALCL) Etiology and Epidemiology (PROFILE), the General Registry of Autologous Fat Transfer (GRAFT), as well as Fat Grafting Oncological Safety. Investigator initiated research was up 14 percent in FY2014, and proactive research programs were up 7 percent in FY2014. The PSF implemented Research Institution efforts with the FRANCHISE study and continued to fund PSF Research Grant programs to invest in the future of Plastic Surgery. In addition, The PSF formed a strategic alliance with Fresh Start Surgical Gifts to found the Fresh Start Caring for Kids Foundation based in Chicago, Illinois.

### PSF FY2014 Operating Revenue



### PSF FY2014 Operating Expenses



### PSF Financial Report

	2012	2013	2014
REVENUE	974	1,594	2,419
EXPENSE	1,926	2,404	3,111
<b>EBITDA</b>	<b>-952</b>	<b>-810</b>	<b>-692</b>
NET NON OPER ACTIVITIES	-670	756	1,471
<b>NET INCOME (LOSS)</b>	<b>-1,422</b>	<b>-54</b>	<b>799</b>



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