

I have been in solo private practice for 17 years. I have and am actively contributing to the scientific knowledge base of bariatric surgery. I have over 100 peer reviewed publications and over 150 national presentations (abstracts ranging from podium to videos). My H index is 16 and my i10 index is 30. My work has been cited over 1100 times. I am currently president of the Texas Chapter of the ASMBS and chair of the Research Committee.

My vision for the ASMBS is to increase visibility and volume of bariatric surgery in the United states. I head the ASMBS Task Force on Numbers and am well aware of our stagnant growth of cases. Add the additional challenge of new anti-obesity medications and it is apparent that we are facing an existential threat to our field. I believe the best way to counter this is through education and demonstrating long term success. Our medical colleagues and perhaps the population at large doubt the long-term success of our surgeries. We have to demonstrate efficacy over the long term. As Chair of the ASMBS Research Committee, I am continuing the effort to use the MBSAQIP to track long term outcomes of specific clinical problems. The ASMBS Research Collaborative has the capability of changing the way we practice, by parlaying our national database into a viable method of performing nationwide prospective studies. The results we generate can then be used to educate patients and referring providers.

My vision of the MBSAQIP is to work closely with the ACS and wrest control of our data back from them. Although they currently manage the MBSAQIP, we are the producers and consumers of this data. We pay for it and I think we need to make it more responsive to our needs. We have answered the easy questions and it is time we need to start thinking on a tertiary level. This needs to be a living, breathing database where we can add and delete fields as needed. And we absolutely need to start reporting long-term data.

There are two other areas where I think we can impact the future of our field. One is with the TREO Foundation. I feel that the best way to direct our efforts to treat, research and follow outcomes of surgery is through social media. I want to push our efforts away from methods such as the "Walks from Obesity" and into modern social media. I feel we can crowdsource funding this way, as well as go "direct to consumer." I have been successful with this in my own practice and have 81,000 followers. The second area is through AI. Matt Kroh is the chair of the AI Task Force and under his leadership, we can leverage AI to both reach, educate and inform patients about surgery. Surgeons should be the tip of the spear for these efforts, instead of allowing our industry partners to control this conversation.

In conclusion – I have a proven track record of hard work and commitment to this organization.