AABIP's Vision: The American Association for Bronchology and Interventional Pulmonology is the leader in helping patients breathe easier and live longer through minimally invasive diagnostic and therapeutic interventions.

AABIP's Mission: The mission of the American Association for Bronchology and Interventional Pulmonology is to advance the care of patients with thoracic diseases through the synergy of innovative technologies, minimally invasive procedures, and transformative education and research.

President Corner

It’s been a busy winter at the AABIP and our collective efforts are paying off in advancing and advocating for our beloved field: interventional pulmonology (IP).

Our educational offerings have expanded and now include two mobile Apps addressing linear EBUS and IP knowledge assessment tool. The educational webinars continue to be offered on a monthly basis and are very popular. Journal clubs will soon be introduced in the rotation among the other interesting clinical topics of the webinars. Additionally, the AABIP Graduating Fellows Tool Kit is now available and should be a valuable resource for our fellows as they navigate the job market and look for their ideal job.

I am thrilled to see the energy of our members in the regional chapters. The Midwest Chapter has really raised the bar for other chapters to follow suit and organize similar events with the goal of networking and exchanging knowledge and ideas in IP.

But I am most proud of the effort led by our organization, in collaboration with leading pulmonary organizations, to create standards for fellowship training in interventional pulmonology. These standards have been published in CHEST and are available on-line (http://journal.publications.chestnet.org/article.aspx?articleid=2600843). We will be busy over the next 6-12 months turning these accreditation guidelines into an accreditation process that involves IP fellowship training programs around the country.

The AABIP board exam was conducted on 12/09/2016 and represented the last chance for applicants to apply through the practice pathway. The pass rate was 93%. Congratulations to all applicants who passed and crowned their IP practice with the recognition of AABIP board certification.

As my presidency winds down over the next 8 months, I feel assured of the bright future of IP. Bright young people are joining our field in droves and established interventional pulmonologists are delivering compassionate and effective care to their patients while other are conducting research and expanding our evidence base.

And lastly: I want to remind everyone to not only be a caring physician but also be a leader who positively impacts the people working behind the scenes. When I do my procedures and run around from bronchoscopy to chest tubes to the ICU, I am reminded of the tremendous contribution of the team around me: house staff, nurses, respiratory therapists and advanced practice providers. Remember to thank them every once in a while and recognize that you can’t deliver your high quality care to your patients without their effort. So buy pizza for the endoscopy suite one day, take them all out for a coffee or drink on another day or just walk in one day and say “thank you for all you do”.

May this Spring bring you joy, blessings and fulfilling days.
The newly formed Midwest Chapter of the AABIP gathered in Chicago for their inaugural meeting on 1/21/2017. Over 30 members were in attendance and had the opportunity to network with colleagues and discuss interesting IP topics.

- David Sonetti, University of Wisconsin, led a discussion on current controversies in IP management of lung transplant patients.
- Neeraj Desai, Chicago Chest Center, facilitated a stimulating conversation about what factors are important in developing a successful private IP practice.
- Laura Frye, University of Chicago, discussed the ever-changing role of IP in lung cancer management.
- Christine Argento, Northwestern University, highlighted the new accreditation standards for IP fellowships which led the audience to discuss the impact of these standards on current IP fellowship programs.
- Tim Murgu, University of Chicago, facilitated a brainstorming session on developing collaborative research projects.
- Scott Ferguson, Acting AABIP Midwest Chapter Representative, University of Wisconsin, discussed the function of the Midwest Chapter and communication with the AABIP and the nomination process to elect the chapter representative to the AABIP.

Following the meeting, a survey was sent to all members in the Midwest asking for votes for Representative. There were three highly qualified nominees and a tight race. Neeraj Desai came away with the most votes, and is now the first elected representative for the term 2017-2021 of the Midwest Chapter. The Midwest members are looking forward to his representation and anticipating another fulfilling meeting in the future.
Announcing the AABIP EBUS App

AABIP is proud to announce the first official clinicians guide to linear endobronchial ultrasound.

This app providing in depth information on mediastinal anatomy, lung cancer staging (including stage calculator), EBUS procedural considerations, clinical literature, cytopathology, and case examples.

We hope this app would provide proper education and help to deliver better care for our patients. The app is available for the iPhone and iPad.


AABIP- KAT - American Association for Bronchology and Interventional Pulmonology Knowledge Assessment Tool

AABIP is excited to release the first question bank app designed specifically to challenge and improve your knowledge in the field of interventional pulmonary through the use of case based questions, explanations and suggested readings. With the app download you will receive 5 free sample questions and additional blocks of questions are available through in-app purchases. Additional updated question blocks will be made available in the near future.


AABIP Fellows Tool Kit

The goal of this toolkit is to provide newly graduating interventional pulmonologists with the basic resources and information necessary to begin an IP career and to assist graduating fellows in negotiating a position within an active IP program. We hope that this program will reduce the stress associated with this critical juncture in an academic and clinical career.
Membership Committee

Announcing newly elected members of the AABIP Membership Committee

David Hsia, MD
Chair of AABIP Membership Committee

Membership committee goals are to get members engaged with the AABIP and serve as a liaison between the General Membership and the organization leadership.

It gives us great pleasure to announce the newly selected members of our membership committee:

Angela Argento
Cynthia Ray
Jennifer Toth
Abdul Hamid Alraiyes

Congratulations to 2016 AABIP Diplomate Certified Physicians

The AABIP webinars are recorded and most of them are immediately available to members free of charge on our website at: http://aabronchology.org/education/webinars/

Dr. Momen Wahidi has initiated this project in August 2015 and served as the initial moderator. Now, these webinars are run almost every month. The current moderators, Drs. David Hsia from Harbor-UCLA and Russell Miller form the Naval Medical Center San Diego do a fantastic job selecting relevant topics and expert faculty.

Tentative Schedule of Upcoming Webinars:

- March: Complicated Pleural Infections: Case Based Discussion, YC Gary Lee, University of Western Australia.
- April: Journal Club, Ara Chrissian and Javier Diaz, Henry Ford Hospital.
- May: Publishing in IP: Insight from 25 Years as Senior Editor of the JOBIP, Atul Mehta, Cleveland Clinic
- July: Transbronchial Cryobiopsy, Fabien Maldonado & Ryan Kern, Vanderbilt University Medical Center & Mayo Clinic
Funding Opportunity:

The American Association for Bronchology and Interventional Pulmonology (AABIP) is inviting applications for research awards. Award applications should be related to the study of interventional pulmonology (IP).

FUNDING: One award of up to $20,000 per year with a possibility of renewal for one additional year. No more than 10% of the awarded amount can be used to support the salary of investigators. Travel costs and publication charges will be limited to $1000 each.

APPLICANTS: Applicants should be a permanent resident, or on an appropriate working visa, of the US or Canada. The study supported by the AABIP must be carried out in the United States or Canada at an accredited medical institution in the discipline of IP. Applicants should be members in good standing of the AABIP. The applicant must submit a study budget and a letter from the department chair and the institutional grants office to show that the institution where research will be carried out has the infrastructure to carry out such the proposed project. These items include:

- Investigation Review Board (IRB) approval
- Health Information Patient Privacy Act (HIPPA) compliance certificate
- Federal Wide Assurance Certificate or its number
- Institutional and personal certificate of Human research compliance
- Institutional and personal certificate of Animal research compliance (if animal research is part of the application)

DATA, PUBLICATION AND POTENTIAL FOR FUNDING FOR 2ND YEAR: if the applicant seeks a second year of funding, the AABIP research committee will review the data accumulated in the first half of the study to consider granting another year of funding. These applications will be reviewed with other new and renewal applications for a fair competition. The AABIP REQUIRES that the data generated from the study supported by it’s funding be presented at the annual AABIP meeting (which is usually held at the Post Graduate course prior to the American College of Chest Physicians (ACCP) annual CHEST conference). The AABIP also REQUIRES the recipient to submit their work / manuscript for publication to the Journal of Bronchology and Interventional Pulmonology. The publication should mention the funding source as AABIP.

APPLICATION PROCESS: Applications should follow an NIH style format. The background, preliminary data, specific aims and research design is limited to 8 pages. In addition, an NIH formatted biosketch for each investigator should be submitted. The application must be submitted online through the AABIP website. Please refer to the AABIP website for relevant submission dates and deadlines. Release of funding will be July 1st, 2017. For templates and more detailed instructions go to:

http://aabronchology.org/category/research/grants/

For inquiries and general questions please contact research committee chairman, Rabih Bechara MD. (rbechara@Augusta.edu or rabih.bechara@ctca-hope.com)
Developing and Sustaining a Community Based Interventional Pulmonology Program

Neeraj R Desai MD MBA FCCP FACP

Interventional Pulmonology has evolved as a subspecialty and includes a broad range of procedures. Historically these services were only offered in the University setting and select community centers. With the growing awareness of lung cancer and tools for lung cancer screening, Interventional Pulmonology is well positioned to offer these services in a wider community setting. In an era of mounting cost and quality initiatives from Clinical Integration Networks (CIN) and Accountable Care Organizations (ACO), we have seen care models shift from specialty silos to integrated delivery systems. The concept of value-based care has evolved and focus of which is to improve efficiency, enhance the patient experience and reduce cost. Low cost of procedures and efficient delivery positions Interventional Pulmonology well in the value-based care era.

Building an Interventional Pulmonology program whether in the community or academic setting requires a thorough evaluation and developing a business plan.

The key steps in the developing a Business Plan are:

1. Lay out the basics of the IP program
2. Gather data on Feasibility and specifics of the Program
3. Focus on compiling data
4. Outline details of the IP Program Business Plan
5. Put it in a compelling form to get funding and support

Market and competitive analysis

One of the most important aspects of a business plan and evaluating a project is to do a thorough analysis of the market and competitors. Demographic data, lung cancer incidence, the number of bronchoscopies, etc. can be obtained from the CMS and other epidemiologic data. Information regarding internal practice patterns, thoracic surgical services and patterns of ICU care will also affect the market size. SWOT (strength, weakness, opportunities, and threats) analysis will help with further competitor analysis.

Financial plan

An Important aspect of the overall development of the program is to come up with financial projections or proforma to evaluate the viability of a project. While administrators with finance and business background typically do this part, it is important to have some knowledge of basic finance terminology and financial tools used in a project e.g. return on investment (ROI), break even point, internal rate of return, etc. Attention should be given to downstream revenue; the revenue generated subsequently by other provided services, as well.

Sustaining an IP program

Once the plan is approved, it important to have a system in place to maintain and add value to the hospital system and practice.

Some of the aspects to consider for are as follows:

1. Lean Principles – More efficient (operationally and in use of capital), faster and delivers a higher quality of care.
2. Billing and Coding
3. Knowledgeable management team
4. Integrating IP in Lung cancer care
5. Avoid duplication of services
6. Co-Management Models

In summary, Interventional Pulmonology is an integral part of thoracic care, and when developing and sustaining a program, it is crucial for an Interventional Pulmonologist to be proactive not only in the clinical arena but also in the administrative and business aspect of the process.

For more information watch AABIP webinar Starting an IP Practice: practical considerations, Kevin Kovitz & Kim French

http://aabronchology.org/education/webinars/
### AABIP Executive Officers

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*Write to us!*  
If you have comments on this issue or suggestions for upcoming editions write to ah.alraiyes@gmail.com