



**NAMDRC**

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**FAQs - The NAMDRC Industry Advisory Committee**

**What is the National Association for the Medical Direction of Respiratory Care (NAMDRC), and how does it differ from ACCP, ATS, SCCM and other organizations?**

Created by ATS, ACCP and the American Society of Anesthesiologists in the late 1970s to address health policy issues unique to pulmonary medicine, the NAMDRC mission has evolved to focus its efforts on regulatory and legislative barriers to access to quality care in pulmonary, critical care and sleep medicine. NAMDRC prides itself in its ability to work cooperatively with members of Congress and at regulatory agencies on behalf of NAMDRC members and their patients.

**Who comprises the NAMDRC membership and what are their specialties?**

NAMDRC members come from a genuine cross section of subspecialties within pulmonary medicine, including general pulmonary medicine, critical care and sleep medicine. Many NAMDRC members serve as medical directors of a broad spectrum of hospital based services, including respiratory therapy departments, pulmonary rehabilitation, critical care units, pulmonary function and sleep labs, etc. in academic and non-academic centers nationwide. Other members are devoted to private practice. Also, because of NAMDRC's mission, many NAMDRC members show a specific interest in public policy and how it impacts the services provided to their patients.

**What are the benefits to NAMDRC members?**

The two primary benefits to NAMDRC members include the monthly ***Washington Watchline*** which focuses on public policy issues unique to pulmonary medicine. Members occasionally contact the NAMDRC Executive Office with questions pertaining to coding, billing, and other management associated issues. If the Executive Office staff is unable to answer specific questions, the leadership of the organization will provide timely responses to member queries.

As a member of NAMDRC, physicians are encouraged to attend the annual meeting and educational conference that offers a three day opportunity to learn about innovations in pulmonary medicine, new public health policies that affect physicians and how those policies

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*Established in 1977 as the National Association for Medical Direction of Respiratory Care*

*NAMDRC's primary mission is to improve access to quality care for patients with respiratory disease by removing regulatory and legislative barriers to appropriate treatment.*

*42<sup>nd</sup> NAMDRC Annual Meeting and Educational Conference - March 14 - 16, 2019  
The Fairmont Sonoma Mission Inn, Sonoma, CA*

may affect the day-to-day management of their respective practices. NAMDRC members enjoy reduced registration fees.

### **What is the Industry Advisory Committee (IAC) and who are its members?**

NAMDRC prides itself in its strong commitment that corporate partnerships are vital to the delivery of pulmonary related health care services. IAC members include representatives of pharmaceutical companies, device manufacturers and home care providers.

### **Why should companies join the NAMDRC IAC and what are the fees?**

There are several reasons to join the IAC. Because of the strong commitment of the NAMDRC leadership and Executive Office to a genuine “partnership,” IAC members enjoy numerous benefits including complimentary registration to the NAMDRC Annual Meeting, inclusion in the **Washington Watchline** distribution, space in the **Watchline** when IAC members want to share information with NAMDRC members, access to NAMDRC Executive Office expertise and assistance, and a range of more specific benefits that often are concentrated at the NAMDRC Annual Meeting.

Fees for Gold membership in the IAC are \$15,000 annually and Platinum membership is \$25,000. The calendar for membership begins whenever the company joins the IAC, not necessarily on a January 1 calendar year timeframe.

### **What events occur at the Annual Meeting?**

The Annual Meeting occurs every March and includes approximately 18 hours of CME oriented educational programs for approximately 100-125 physicians. Sessions are plenary, interactive, and IAC members are encouraged to attend all educational as well as social events. Currently, the NAMDRC leadership and IAC members believe that exhibits detract from the opportunities to meet casually with attendees and thought leaders during sessions, breaks and social events.

IAC members meet collectively with the NAMDRC leadership as it outlines its regulatory and legislative issues that are on its radar for the coming months/year. This IAC meeting is chaired by a representative from the IAC who is responsible for soliciting agenda items from current IAC members.

The leadership also makes itself available for closed door meetings with individual IAC members on issues of importance to that specific company. These meetings can range from 30-60 minutes as long as the IAC member informs NAMDRC prior to the Annual Meeting to ensure that appropriate physician expertise is available for these candid, closed door discussions.

On occasion, IAC members have hosted private breakfasts or other events for non CME type presentations and discussions. Additionally, with appropriate planning, IAC members and the NAMDRC Executive Office can coordinate more comprehensive focus groups, sometimes running three hours as long as scheduling permits.

### **Aside from the Annual Meeting, what other opportunities exist for IAC members?**

NAMDRC regards IAC membership as an ongoing relationship, not one that begins and ends at the annual meeting. Throughout the year, IAC members have access to the NAMDRC Executive Office to discuss issues of mutual interest. IAC members often bring health policy issues to the attention of NAMDRC, and a very thorough vetting process occurs internally within NAMDRC to ensure that any actions the Association may take with Federal agencies or the Congress are directly related to reducing or eliminating barriers to quality care. With that specific litmus test, NAMDRC ensures its own credibility with these agencies and will frequently reach out to its sister societies to determine their respective interest in the issue that the NAMDRC leadership has identified as appropriate for further action.

Also, IAC members will often query NAMDRC about opportunities for “face time” at other conferences such as CHEST and the ATS Annual Conference. These discussions can range from casual discussions to more specific “focus group” type opportunities as long as scheduling permits.

Some IAC members have coordinated focus groups with NAMDRC on specific issues at times throughout the year, sometimes as free standing events at the IAC member’s discretion.

### **What opportunities exist for IAC members to get involved with the governance of NAMDRC?**

NAMDRC bylaws identify the organization as a 501(c)(6) tax exempt organization for physicians who practice pulmonary medicine. Some IAC members choose to have physician employees or consultants join NAMDRC as members, outside of the IAC membership. This is permitted. IAC members or their employees/consultants are precluded from participation in the Program Committee for the Annual Meeting.

Discussions regarding the format of the non CME related educational and social activities are certainly encouraged, and the annual luncheon meeting of the leadership and the IAC is chaired by an IAC member.

### **If IAC members have questions or concerns, who should they contact?**

The NAMDRC Executive Office is generally open 9 am to 5 pm east coast time except on Federal holidays. The Executive Director, Phillip Porte, and Dr. David Eubanks are always available to assist IAC members throughout the year on issues of common interest.

Phillip Porte, Executive Director, can be reached by telephone at 703-752-4359 or via email at [phil@namdrc.org](mailto:phil@namdrc.org).

Dr. Dave Eubanks can be reached by telephone at 407-960-4130 or via email at [dave@namdrc.org](mailto:dave@namdrc.org).