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American Academy of Otolaryngology—Head and Neck Surgery

April 2012—Vol.31 No.04

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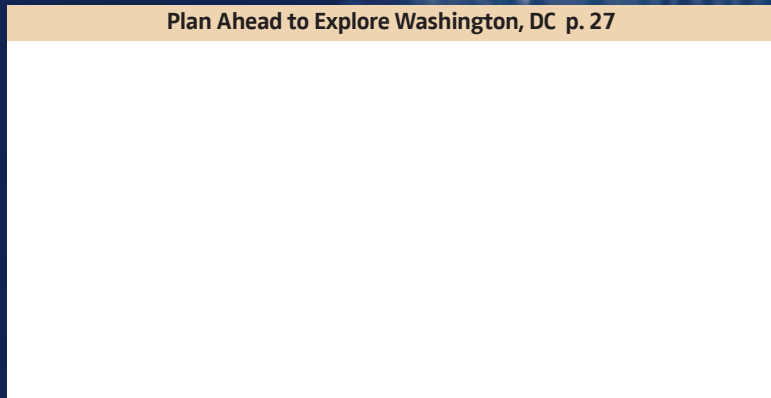
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American Academy of Otolaryngology—Head and Neck Surgery

April 2012—Vol.31 No.04



## Your 2012 Annual Meeting & OTO EXPO

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OTOLARYNGOLOGY—  
HEAD AND NECK SURGERY

**David R. Nielsen, MD**  
Executive Vice President, CEO, and Editor,  
the *Bulletin*

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## Remembering the Past to Celebrate the Future

It was a cold snowy December Thursday—his clothes were soaked after marking trees for cutting on his land. By the time this robust 67-year-old made it back to his mansion it was one o'clock and he was chilled to the bone. The general's neck was wet and snow was hanging from his hair. By four o'clock the weather was perfectly clear; but the rain, hail, and snow from that day would take its toll. That night he developed a sore throat. When he awakened Friday, he felt ill and the sore throat had worsened. He stayed in, which was out of character as he was seldom ill. By dinner his throat was so sore he could hardly eat and hoarseness was setting in. As usual, after dinner he retired to his study to finish up the day's "indoor" work. His

only increased his airway distress and he appeared to almost suffocate. By eleven o'clock he was worse. The general decided bloodletting would be a better course and Rawlins withdrew a pint.

Dispatchers were sent for the family physician and friend, Dr. James Craik, and two other physicians, Dr. Elisha Cullen Dick and Dr. Gustavus Richard Brown. Dr. Craik performed two bloodletting venesections of 20 ounces each, placed a blister of dried beetles around the throat, and gave the general vinegar and hot water, which led to near suffocation and severe coughing. When Dr. Dick arrived, he performed a fourth venesection of 32 ounces. In desperation, the physicians administered calomel and tartar rectally; but the patient did not

With our 2012 AAO-HNSF Annual Meeting & OTO EXPO in Washington, DC, Sept, 9-12; it seemed fitting that we recount the last days of the father of our country. His vibrant life was snuffed out in 30 hours by a head and neck disease that otolaryngologists continue to treat. In my next letter, I will discuss the likely diagnosis and the treatments which may have contributed to his death.

wife, Martha, retired; but, by his grandson's account, was stressed by the general's illness and couldn't sleep. When he finally came to bed around eleven o'clock, she chided him. His memorable response, "I came so soon as my business was accomplished. You well know that through a long life, it has been my unvaried rule, never to put off till the morrow the duties that should be performed today."

He awakened at three o'clock with shaking chills. He could hardly speak and had trouble breathing. At daybreak, Caroline, his longtime maid, found the general in severe respiratory distress. Martha sent her for Tobias Lear, his trusted secretary. The estate's overseer, George Rawlins, prepared a mixture of molasses, vinegar, and butter, but when the general tried to swallow, it

improve. Dr. Dick recommended perforating the trachea, but was overruled because the procedure was too controversial.

The general knew his time had come.

He instructed Lear and Rawlins on how to put his military letters and papers in order. He told Dr. Craik, "Doctor, I die hard, but I am not afraid to go. I believed from my first attack that I should not survive it. My breath cannot last long." By his grandson's account, he sent Martha to his private desk drawer to bring him two papers—his wills. He told her to preserve one and burn the other.

By six o'clock, he told Lear, "I feel myself going; thank you for your attentions; but I pray you take no more trouble about me. Let me go off quietly. I cannot last long." He labored to breathe. At ten o'clock




*Rodney Lusk*

**Rodney P. Lusk, MD**  
**AAO-HNS/F President**

he murmured, "I am just going. Have me decently buried; and don't let my body be put into the vault in less than three days after I am dead." Lear could not speak and the general whispered with all his remaining strength, "Do you understand?" Lear answered "yes." George Washington, the great general, patriot, and father of our great country, uttered these last words—"Tis well."

Between ten and eleven o'clock, Lear noted the breathing became easier. Washington lay quietly and felt his own pulse. "I saw his countenance change. I spoke to Dr. Craik, who sat by the fire. As he came to the bedside the general's hand fell from his wrist and he expired without struggle or a sigh," Lear stated. With a firm and collected voice Martha asked, "Is he gone?" Lear signaled that he was no more. "Tis well," she said. "All's now over; I shall soon follow him; I have no more trials to pass through."

With our 2012 AAO-HNSF Annual Meeting & OTO EXPO in Washington, DC, Sept, 9-12, it seemed fitting that we recount the last days of the father of our country. His vibrant life was snuffed out in 30 hours by a head and neck disease that otolaryngologists continue to treat. In my next letter, I will discuss the likely diagnosis and the treatments that may have contributed to his death. 



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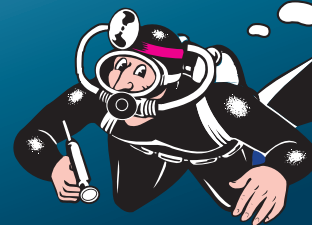


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"I can whack at my drums and still hear the singer."



## The Call of Spring

For many of us along the Eastern Seaboard, this past winter has been relatively warm and mild. By the time you read this, spring will have formally begun, blossoms will be turning the trees and shrubs into palettes of multi-colored splendor, and preparations to enjoy the warmer weather, and even plans for summer outings, will be under way. Here at your Academy headquarters in Alexandria, VA, we are already putting the finishing touches on our program for September 9-12 in Washington, DC, which you will see outlined in the preliminary program in this *Bulletin*. Each year the wonderful pageantry of research, clinical instruction, scientific presentations, and miniseminars is blended by the hard work of our Coordinators for Scientific Program and Instruction Course Program and their committees into the Annual Meeting & OTO EXPO that is such an essential part in the professional life of every otolaryngologist.

In addition to the critical clinical content, your Academy and Foundation boards of directors, elected leaders, committees, staff, and other societies and friends organize essential leadership, sub-specialty society, governance, planning, allied health, and development meetings to carry on the work of fostering excellence in healthcare. The tremendous support and collegiality of our international fellows, members, honored guests, and friends solidifies this meeting as the premier gathering for otolaryngologists worldwide. Opportunities for social interaction also abound with alumni events and reunions of many kinds taking place during the evening and social hours. There is no better opportunity anywhere in the world for the breadth and depth of clinical and societal interaction than can be found each year at our annual meeting.

Having our meeting in Washington, DC, in 2012 is especially auspicious, considering that this is a presidential election year. Although it is difficult

to predict the topics of debate and the nature of campaign discussions six months from now as people are preparing to go to the polls, we can be assured that the economy in general, and the cost of healthcare in specific, will be at the top of the list. Once again, the entire house of medicine must endure a short-term “patch” to the “UN”-Sustainable Growth Rate formula (SGR) during 2012, only to face the specter of huge reductions in payment for services on January 1, 2013, unless Congress acts once and for all to replace the SGR with a fair and viable solution.

We are not just sitting on the sidelines watching the debate, nor are we limiting our involvement to vocally objecting to unworkable proposals. The Academy is proactively engaged in addressing quality improvement in the delivery of otolaryngology care and specifically identifying gaps in knowledge and delivery of care, overuse of certain types of care, and ways in which we can more effectively provide better value for the care we provide. Much of this work is being carried out specifically for otolaryngology by our Research & Quality and Health Policy Departments, by our Patient Safety and Quality Improvement Committee, Outcomes Research and Evidence-Based Medicine Committee, Advisory Committee on Quality, Guidelines Development Task Force, and the many content committees, which systematically contribute suggestions, as well as review material and proposals from other sources. In the past, health policy groups, such as our Physician Payment Policy Workgroup (3P) and BOG Socioeconomic, and Grassroots Committee would discuss policy considerations and make recommendations to the boards for action. Today, many of our clinical content committees are also effectively using their clinical expertise and evidence to inform our health policy directions and decisions.


I encourage each of you to continue to make attendance and participation in



*David R. Nielsen MD*

**David R. Nielsen, MD**  
AAO-HNS/F EVP/CEO

our annual meeting a priority for your professional life. At this year's meeting, you will see increasing evidence of the exceptional value of Academy membership and meeting attendance through the focus and targeting of educational content to address quality improvement, documentation, use of technological accelerators of care, such as electronic health records, new devices and drugs, and systems approaches to delivering care, and preparation for participation in Maintenance of Certification (MOC) for our board certification through the American Board of Otolaryngology and state licensure requirements. The education you receive through the clinical content of the annual meeting, and through other Academy/Foundation educational offerings, is the best value hour for hour, and dollar for dollar, that you can receive anywhere in the world.

As we share this fall's preliminary program with you, we urge each of you to increase your involvement in, and expand your understanding of, the roles we, as practicing otolaryngologists, must play in healthcare reform. Do this by planning to register early and attend the best meeting in the world this fall in Washington, DC. I hope to see you all there! 



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## ICD-10 and Version 5010

The Ninth Revision (ICD-9) coding system for reporting diagnoses and procedures will officially be replaced with two new codes in October 2013: the ICD-10 Clinical Modification (ICD-10-CM) for diagnoses and the ICD-10 Procedure Coding System (ICD-10-PCS) for procedures. From the conception of ICD-10 and the 5010 HIPAA standards, our Academy has worked tirelessly to stave off implementation before preparation is complete. The changes seem to do no more than add to the layers of bureaucracy, further challenging our ability to do what we do best—provide quality care for our patients.

The previous snail's pace of government information related to ICD-10 and 5010 seems like a bullet now. Many of my colleagues are already reporting holdups in reimbursement, increased bureaucracy, and severe challenges in meeting the requirements of the new 5010 HIPAA standards, which took effect January 1, 2012, and will be actively enforced by the Office of E-Health Standards and Services (OEHS), starting July 1. Although the Department of Health and Human Services (HHS) has announced its intent to delay the date, the current deadline for implementing ICD-10-CM is October 2013. The Academy has disseminated this information in many formats, including mail, the *Bulletin*, email, tweets, Facebook, conferences, and more, but I suspect many of us are still unaware of these changes.

The ICD change affects all of us. There are many more ICD-10 diagnosis codes (70,000 ICD-10-CM and 70,000 ICD-10 PCS) than ICD-9 codes (17,000), with ICD-10 codes having a maximum length of seven characters compared to five characters under ICD-9. In the case of acute sinusitis, for example, there are 14 ICD-10 diagnosis codes compared to only six under ICD-9. While amusing to some, my immediate response to seeing some of these codes was a wave of nausea. In order to fully comprehend the extraneous burden



Michael Seidman, MD

of ICD-10, you will have to review a few extreme examples of these codes: W61.11XA = injury related to macaws and V91.07XA = injury from water skis on fire. I used to water ski quite a bit, but I am hard pressed to remember the last time the skis were on fire!

Another example of a new code is Y93.F4 = injury from playing brass instruments. Perhaps more interesting to zoologists, there are 312 animal codes compared to nine in the previous version. There are separate codes for “bit-ten by a turtle” and “struck by a turtle.”

Likewise, a poorly healed fracture can now fall into one of 2,595 different codes. With 10- to 15-minute patient visits, it seems virtually impossible for a physician to code properly. While the physician or an administrator can research the appropriate code, it is important to consider that this requires extensive time away from the patient and may detract from a physician's ability to provide expert and compassionate patient care.

The AAO-HNS is advocating continuously on our behalf. The reporting and coding undoubtedly requires increased physician documentation for hospitals to take full advantage of ICD-10-PCS, which applies only to care provided in the inpatient hospital setting. The impact analysis accompanying the proposed rule seemingly ignores the impact of the increased documentation requirements that are permanently required to permit the fullest use of ICD-10.


The AAO-HNS has seriously questioned how “super-bills” can be effective. ICD-10, if fully utilized, will likely require that the bills be many pages (instead of today's convenient one-pager), and be converted to electronic format at an additional cost to affected physician practices. For example, a study by Nachimson Advisors, LLC, noted that one software firm currently offers an electronic “super-bill” add-on to their practice management system for \$995 per user. At the very least, the impact of ICD-10 on

the use of “super-bills” will, in turn, have significant consequences for physician office procedures and productivity.

The HHS agrees that implementation of ICD-10 code sets may cause serious cash flow problems for providers, but argues that these could be addressed through mechanisms such as periodic interim payments. However, these mechanisms are neither automatic nor problem-free, and AAO-HNS believes their use should rarely be required. Thus, HHS should begin by adopting a reasonable compliance date to minimize cash flow and other problems, and should listen carefully to the physicians, vendors, and payers who will be affected by changes in the code standards.

An Academy member reached out to me in early January regarding a billing issue related to the switch. She learned that the system she was using was sold to another company, and decided that this switch would be the best way to transition EMR to EHR. Her practice made the change last April and spent countless hours to prepare for 5010. Despite their best efforts and intentions, they received communication on January 6, 2012, informing them to expect payment delays. She found it difficult to believe that EMR vendors and large insurance companies, such as BlueCross, Aetna, Cigna, and Medicare, were not ready for the 5010 transition.

Karen Zupko & Associates suggested establishing several lines of credit and having them readily accessible for the disruption, which is expected to last at least three to six months. Requirements that force the physician community to incur new loans and accumulate interest against their practices just to survive ICD-10 are, quite frankly, intolerable.

ICD-10 should not be implemented until it can run without significant financial hardship or demand absurd implementation deadline requirements. New signs will need to be created for our waiting rooms and here are just a few suggestions: Watch out for falling turtles! Beware angry macaws! Fire-throwing mountain bikes ahead! And yes, there are codes for most of these. 

## Attend the First AAENTA Congress in Zimbabwe

For the first time, the AAO-HNSF will meet June 3-6 in Central Africa with leaders of the Zimbabwean Society of Otolaryngology and otolaryngologists from Central, South, and East Africa.

**James L. Netterville, MD**, Academy president-elect; **Gregory W. Randolph, MD**, coordinator for international affairs; **James E. Saunders, MD**, immediate past chair of the Humanitarian Efforts Committee; and **Clemence Chidziva**,

MD, chair of the Organizing Committee, invite you to combine this meeting with a memorable tour of magnificent Victoria Falls and opportunities for safaris and sightseeing.

“AAENTA, the All Africa ENT & Audiology Congress, was born out of a dire need to promote intra- and inter-regional cooperation among colleagues in Africa and globally,” Dr. Chidziva said. “PAFOS, the Pan-African Federation of Otorhinolaryngological Societies, will have its executive committee meeting as part of this initiative.”

The congress program also will include Drs. Prahlad Basanth, Charles Buturo, Chris Prescott, **Merry E. Sebelik**, and Richard Wagner, and **Professor Johan Fagan**.

To register for the meeting, book your hotel, and arrange pre/post congress tours, visit [www.aaenta.org](http://www.aaenta.org) or contact Mukta Cardozo by email at [African.incentive@omone.co.zw](mailto:African.incentive@omone.co.zw), by phone



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Helicopter over Victoria Falls, Zimbabwe.

## Dates to Remember

**April 7** WHO World Health Day: 2012 theme Aging and Health.

**April 12-15** ENT for the PA-C Westin Arlington Gateway Hotel, Arlington, VA.

**April 15** International Travel Grant application deadline: [international@entnet.org](mailto:international@entnet.org).

**April 16** Millennium Society Early Housing and Registration for Annual Meeting & OTO EXPO Opens.

**April 16** World Voice Day.

**April 22-28** OHANCAW (Oral Head and Neck Cancer Awareness Week) (see January 2012 *Bulletin*).

**April 27-28** AAO-HNSF Coding & Reimbursement Workshop, Chicago.

**April** Notification: acceptance sent for oral and poster scientific presentations for 2012 AAO-HNSF Annual Meeting & OTO EXPO.

**May 1** International Visiting Scholars application deadline: [international@entnet.org](mailto:international@entnet.org).

**May 1** Otolaryngology Historical Society Call for Papers closes: [museum@entnet.org](mailto:museum@entnet.org).

**May 6-8** BOG Spring Meeting and OTO Advocacy Summit.

**May 7** General Registration opens for 2012 AAO-HNSF Annual Meeting & OTO EXPO.

**May 31** Humanitarian Resident Travel Grants application deadline: [humanitarian@entnet.org](mailto:humanitarian@entnet.org).

**June 1** Proposed 2012-2013 Combined Budget presented in the *Bulletin*.

**June 1** Monthly mini PR and media outreach tools available for members.

**June 22** Early registration discount deadline to save for the 2012 AAO-HNSF Annual Meeting & OTO EXPO.

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# The Art of Tonsillectomy: The UK Experience for the Past 100 Years

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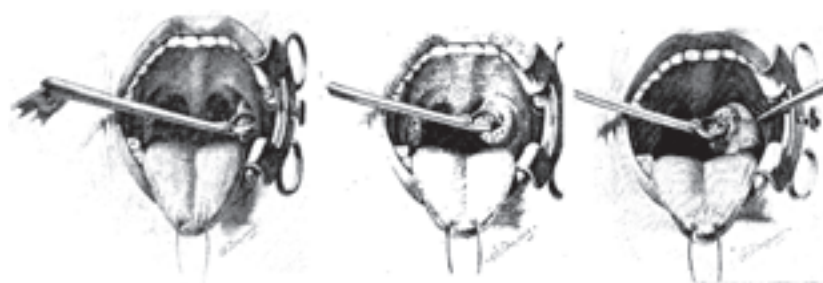
**T**onsillectomy is one of the oldest operations in surgery. Celsus in *De Medicina* (47 BC) gives the earliest description of tonsillectomy. Various descriptions exist in the world's literature dating from Galen and Paul of Aegina to Ambrose Paré.

George Ernest Waugh is the father of tonsillectomy, as it is known today. In 1909, he pioneered the subcapsular blunt dissection and reported no complications in more than 700 patients.

An alternative method of "cold steel" tonsillectomy is the guillotine technique, where the tonsil is amputated using a specially designed guillotine device. Otto



George Ernest Waugh, father of modern tonsillectomy.




Subcapsular blunt dissection pioneered by Dr. Waugh.

Oswald Popper introduced the haemostatic guillotine in 1929.

The introduction of various instruments has greatly facilitated tonsillectomy. In 1948, Sir Victor Negus introduced curved forceps and the knot pusher.

The Boyle-Davis gag (Dr. Henry Edmund Gaskin Boyle was a pioneer anesthetist) was designed for use with tracheal tubes to improve surgical access to the oropharynx. Initially, the anesthetic team had to hold it in position while the surgeon operated. David Alexander Draffin's idea was to suspend it on a bipod consisting of two rods dedicated "to the weary hands of cooperative anesthetists and nurses."

A key event in the history of tonsillectomy was the National Prospective Tonsillectomy Audit in 2005. It was the biggest audit conducted in the UK, involving 250 institutions and more than 40,000 patients. After a review of practice and complication rates in the first 28 days, hot techniques, such as electrocautery or coblation tonsillectomy, were shown to be associated with double the complication rates compared with cold techniques (table 1).

The "cold steel" technique, as performed 100 years ago, is still associated with fewer complication rates than new techniques. In the last 100 years, we have failed to agree to an optimal technique for tonsillectomy. Maybe in the next 100? 



Boyle-Davis mouth gag, Draffin rod, and the Negus curved forceps and knot pusher.

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Technique	% postoperative hemorrhage	% return to theatre
Cold steel dissection with ties and packs	1.30	1.0
Cold steel dissection with diathermy haemostasis	2.9	1.7
Bipolar scissors	3.9	2.4
Monopolar diathermy	6.1	4.0
Coblation	4.4	3.1

Table 1: Various tonsillectomy techniques and hemorrhagic rates from the 2005 study.

This article is based on a paper presented September 12, 2011, during the Otolaryngology Historical Society meeting. If you are interested in presenting at the 2012 OHS meeting on September 10 in Washington, DC, or wish to join or renew as an OHS member, email [museum@entnet.org](mailto:museum@entnet.org).



## Singing, Speaking Salvation-Applied Diversity

*H. Steven Sims, MD  
Chicago, IL*

**M**y practice is based in Chicago—a city with a rich tradition of gospel music. Thomas Dorsey, Mahalia Jackson, and the Barrett Sisters laid a foundation

The less adulterated, visceral cry of the heart, however, is much more likely in a Chicago church on Sunday morning. The message and the delivery are distinctly different and our approach to these individual artists must be professional and culturally competent.

All culture has its language and

misconception often drives a wedge between physician and patient. Far too many patients have come to my office primarily to feel a sense of vindication after having been told that if they wanted to take care of their voices, they should stop singing gospel music. It is, however, fair to assess the singer and what he or she knows about voice production. Here are a few sample questions you can ask:

- Have you ever worked with a voice coach or teacher?
- When did you start singing?
- Do you know your voice part?
- Do you warm up? What is your warm-up?
- Does your choir director talk about taking care of your voice?

The answers to these questions not only help establish a rapport with the patient, but they also help you understand the singer. A person who started singing at an early age may have continued singing during puberty and developed some bad habits while his or her voice was changing. This is good information to have. A singer who does not know his or her voice part is more susceptible to singing out of their natural range and encountering vocal fatigue issues.

As part of the ensuing discussion with the patient, analogies can help show connections to concepts that are more familiar. An experienced runner would never get out of bed, put on brand new running shoes, and head for the door to run a half-marathon without stretching or breaking in the running equipment. The clinician can share this idea and then point out that experienced singers often embark on a vocal half-marathon without conditioning the vocal tract muscles or rehearsing. We can then draw the parallel that in both instances, the performance is likely to be suboptimal.

We can also ask about the singing environment:

- Does the church have a sound system?
- Who runs the soundboard at your church—a professional or volunteer?
- What is the background music? What is competing with your voice?

upon which Donald Lawrence, Heather Headley, and Smokie Norful continue to build. Covering Chicago, Detroit and, recently, Indianapolis, I have the wonderful privilege of caring for those who lead worship. I grew up in a singing family, so this is as much a mission ministry as it is a practice, and it is this specific background that can be celebrated in its application to my work today. Gospel music is home for me, so I welcome you to a wonderful world.

We begin by recognizing that gospel singing was birthed from a unique, venerable, and passionate cultural experience. Certainly marquee artists at the Lyric Opera of Chicago tend to have more formal training, academic degrees in music, and their own diverse backgrounds.

idioms, so this is a good place to start. I would not suggest that anyone who is unfamiliar with the vernacular begin using terms associated with gospel music with patients or clients. Feigned familiarity is seldom appreciated. It is helpful, however, to have a common understanding of how some terms are used and what ideas are often being conveyed by the usage of these terms. If a patient explains to you that he or she “blew,” “tore it up,” or “sang hard,” chances are there may be a pattern of voice overuse to address.

Hearing and actually processing what the patient says is the beginning of any healthy interaction between a care provider and someone in need of care.

It is equally important to remember that gospel singing is not synonymous with vocal abuse. This common



- Do you sing in an old or new building? How are the acoustics?
- How long is the average song?

Once again, these questions help the clinician build an accurate picture of what the patient's voice is being asked to do. The call-and-response tradition of African-American gospel music lends itself to comparatively long songs. One song can last 10 to 15 minutes with an upward modulation of the key (often two to three times) as the emotional intensity in the congregation builds. We can earnestly honor the gospel tradition by understanding that a quest for brilliance is not designed to ruin voices, but rather to underscore the tradition of a psalmist. Few could read the writings of King David and not understand the emotional weight of "as a deer pants for water, so my soul yearns for you." These words carry such heft as to inspire exuberant singing. So, as we seek to instruct gospel singers, we create alternatives to convey the message. Hand and body gestures, enunciation, and proper phrasing can accomplish the same goals.

If a patient explains to you that he or she "blew," "tore it up," or "sang hard," chances are there may be a pattern of voice overuse to address.

For choir singing, the typical structure is a 1-3-5-chord triad with a relatively high tenor and taxing soprano line. The brilliance of the music is maintained by the piercing sound of men and women singing in full voice at the upward end of their vocal registers.


Typically, the accompaniment includes a heavy bass presence and liberal percussion. So, a good sound person elevates the voice over the music by using a microphone and an amplifier. This is far preferable to having the singers "clench harder and sing louder," as is sometimes the remedy suggested. Being aware of the performance environment and providing

helpful suggestions can further build a rapport with the patient.

Keeping gospel tradition in mind, we work with the singers to optimize their individual voices and not to transform them into bel canto artists. We try to adhere to a few simple principles:

- Stay focused on the goal. Praise is not performance.
- Don't overcomplicate things.
- We should study to show ourselves approved.
- You don't have to lay your voice on the altar every Sunday.
- Pride is an enemy.
- We must all know our limitations and use our own, unique gifts.

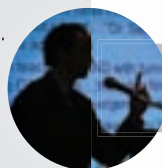
Using the precepts as guides, we are more likely to be helpful, culturally appropriate, and good caregivers. Hopefully we allow worshippers to continue making a joyful noise.

*H. Steven Sims, MD, is director of the Chicago Institute for Voice Care, understands the vocal needs of the performing artist and professional communicator as a vocalist/lecturer himself. *



The AAO-HNS is embarking on a new initiative, **Your Academy in Action**, to engage with members and nonmembers by strategically identifying and participating in key state, local, and other society and specialty meetings.

We look forward to hearing from you!



**AMERICAN ACADEMY OF  
OTOLARYNGOLOGY-  
HEAD AND NECK SURGERY**

| [academyaction@entnet.org](mailto:academyaction@entnet.org)

## Your Academy in Action We Need Your Help!

The goals of this initiative are as follows:

- Offer key staff experts as speakers/presenters to educate physicians on issues facing their practice, their patients, and the specialty, and provide insight into Academy policies and initiatives.
- Promote the value of Academy membership to members and nonmembers.
- Provide a venue for gathering feedback by initiating discussions with a wide variety of members and nonmembers on topics of mutual importance.

Some topics include:

Legislative  
advocacy and  
health policy

Maintenance of  
Certification, CME,  
educational meetings

Research  
and quality

Membership and  
additional ways  
to get involved

In some cases, we would like to incorporate interested Academy members into these presentations as subject matter experts. If you are interested in participating in **Your Academy in Action**, or would like to suggest a meeting for the group to attend, please contact: [academyaction@entnet.org](mailto:academyaction@entnet.org).

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**When:** September 9–12, 2012

**Where:** Washington, DC  
Walter E. Washington  
Convention Center

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1

### Be Part of the World's Largest Gathering of Otolaryngologists!

More than 6,000 medical experts gather from around the globe to participate in this annual conference.

2

### Exceptional Educational Offerings

Earn up to 27.5 CME credit hours by attending instruction courses, miniseminars, and scientific oral presentations.

3

### Networking Opportunities

Learn from your colleagues at lectures, presentations, and educational programs delivered by world-renowned physicians.

4

### The Latest Evidence-Based Information

Analyze evidence-based information and updates on practical applications affecting operative procedures, drugs, and medical devices.

5

### The Practice of Medicine Extends Beyond the Exam Room

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# Your 2012 Annual Meeting & OTO EXPO: Overview

With this *Bulletin* you have received the Preliminary Program for this year's premier educational event. Professionals from around the world will come together in Washington, DC, in September to take part in the 2012 Annual Meeting & OTO EXPO. Tailored specifically for practicing otolaryngologist-head and neck surgeons and associates, researchers in otolaryngology, senior academic professors and department chairs, leaders of ORL international societies, fellows-in-training, and residents, the annual meeting will provide everything you need to broaden and enrich your understanding of otolaryngology-head and neck surgery.

In its 116th year, the annual meeting is "the world's largest gathering of otolaryngologists." Each fall, the annual meeting provides an opportunity for thousands of Academy members, non-member physicians, allied health professionals, administrators, and exhibiting companies to assemble. It attracts more than 6,000 medical experts and professionals from around the world and, again this year, will feature the sought-after components of instruction courses, miniseminars, scientific oral

presentations, honorary guest lectures, and hundreds of scientific posters.

## Annual Meeting & OTO EXPO Program Overview

The Program Advisory Committee and the Instruction Course Advisory Committee have worked tirelessly to construct a program that meets your current and future needs. From basic practice management skills and techniques to cutting-edge surgical procedures, the annual meeting is focused on making you a better doctor.

## Scientific Program and Its Tracks

The annual meeting's Scientific Program is composed of scientific oral presentations, miniseminars, and scientific poster presentations. The posters will be on display throughout the conference during registration hours. The oral presentations and miniseminars are included in the price of a full conference registration and take place at 10:30 am on Sunday and from 8:00 am-noon Monday through Wednesday.

■ **Scientific oral presentations**—A series of eight-minute oral presentations that take place within either 50-or 80-minute sessions that focus on cutting-edge

clinical and translational basic research aspects of otolaryngology.

- **Miniseminars**—Presentations, case studies, and/or interactive discussions that provide an in-depth, state-of-the-art look at a specific topic.
- **Scientific posters**—Nearly 400 posters are on display throughout the annual meeting in Hall C.

## Tracks for Learning

The robust menu of offerings includes nine tracks that reflect bodies of knowledge in the traditional areas of knowledge:



■	Business of Medicine/Practice Management
■	Facial Plastic and Reconstructive Surgery
■	General Otolaryngology
■	Head and Neck Surgery
■	Laryngology/Broncho-Esophagology
■	Otolaryngology/Neurotology
■	Pediatric Otolaryngology
■	Rhinology/Allergy
■	Sleep Medicine

In crafting this year's Scientific Program, the Program Advisory Committee also assembled five new mini-programs within the overall scientific curriculum. They are briefly described on the following pages.



The 2011 Annual Meeting & OTO EXPO brought members together.

Also read highlights from the program by its coordinators on page 23.

### Monday—Patient Safety and Quality Improvement

The Patient Safety and Quality Improvement (PSQI) miniprogram was developed under the guidance of **David W. Roberson, MD**, and **Rahul K. Shah, MD**, co-chairs of the AAO-HNS PSQI Committee. This year's program will start with a session on the leadership view of PSQI. Our membership must be prepared with programs that support measuring performance and taking steps to make improvements in our practice when necessary as payers, government, consumers, and medical/surgical boards all increase their demand for documentation. This miniprogram will include sessions focused on making patient safety a national priority, advancing programs that support clinicians and patients, and the PSQI Committee's current projects, including injuries in sinus surgery and tonsillectomy disasters.

See more detail in this program on page 39 in this issue.

### Tuesday—Basic and Translational Sleep Apnea—From Bench to Bedside and Beyond

Developed under the guidance of **Edward M. Weaver, MD, MPH**, and his co-chairs **Scott E. Brietzke, MD, MPH**, and **Pell Ann Wardrop, MD**. This program was developed in collaboration with the AAO-HNS/F OREBM and Sleep Medicine Committees. The goal of the miniprogram is to start at the basic science level of a disease, walk through the steps of how the disease develops, and then review the latest treatments of the disease. In 2008 the focus was otology, 2009 rhinology, 2010 facial plastics, and 2011 pediatrics.

See more about this program on page 39 of this issue.

### Tuesday—Global Health 2012 International

An international symposium focused on Academy relations and activities in a variety of key regions around the globe will take place Tuesday morning. President **Rodney P. Lusk, MD**, will welcome the audience, and President-elect **James L. Netterville, MD**, will describe his vision for enhanced international collaboration. The AAO-HNSF Regional Advisors for Africa, the

Balkans, Europe, Latin America, and the Pacific Rim will introduce eminent speakers to describe the state of otolaryngology in these regions, including socioeconomic and workforce issues. **Nancy L. Snyderman, MD**, member of the International Steering Committee, will introduce the first Snyderman International Visiting Scholar as Ambassador.

### Tuesday—Career Development and Succeeding in Practice

To be geared toward residents, fellows, and young physicians, the Tuesday morning program will consist of three miniseminars focused on those individuals interviewing, setting up, or running a practice, and provide tips for balancing your personal life with the demands of being a physician. The miniseminars' highlights will cover "Interviewing: What to Ask and How," "Top 10 Business Mistakes I Have Made in Practice," and "Finding Balance in a Surgical Career." During "Interviewing: What to Ask and How," physicians who are starting or changing careers will be exposed to mock interviews, learn successful interview tips, and discover some important questions that physicians should expect during the face-to-face. "Top 10 Business Mistakes I Have Made in Practice" will focus on what is often not discussed in practice management—the mistakes made in setting up and running a practice. It will present four otolaryngologists who have all formed their own practices, all in different stages of their careers. The experts will discuss errors they made along the way, including poor job selection, bad choice of partners, errors in forming professional relationships, isolation of referring physicians, and failed business ventures.

At the conclusion of the residents, fellows-in-training, and young physicians program, "Finding Balance in a Surgical Career" will address real-life case histories for maintaining a work-life balance. As physicians, we face extraordinary demands on our time and need to learn how to balance the demands of our careers and family, while also allowing time to cultivate personal interests. During this interactive miniseminar, otolaryngologists will share practical techniques and pearls regarding time management and work-life balance. The panel will include both private and academic otolaryngologists





who manage busy practices and make substantial contributions to their institutions and specialty societies while maintaining strong relationships with their friends and families, and pursuing interests outside of medicine.

### Wednesday—Simulation in Otolaryngology

A special Simulation in Otolaryngology program will take place Wednesday morning. Featuring “ORL Simulation FORUM: A Potpourri from the Cutting Edge,” “Simulation: Disruptive Innovation and Our Quest to Excel,” and “Simulators for Endoscopic Airway Surgery: Current and Future,” the simulation program focuses on the rapidly developing area of educational innovation within otolaryngology. “ORL Simulation FORUM: A Potpourri from the Cutting Edge” will specifically address simulation-based education (SBE) and the continuum from surgical techniques to management of complex clinical scenarios, in which residents and medical students are able to learn and practice SBE skills in a controlled, safe environment absent of time pressures and duty hour restrictions imposed by clinical operations. Following this introduction, “Simulation: Disruptive Innovation and Our Quest to Excel” will discuss patient safety, medical education, and ongoing professional development. Learn how simulation lets surgeons and entire OR teams harness technologic advances and new educational strategies for the benefit of our patient.

To conclude the Wednesday program, attendees will have the opportunity to learn how simulation in surgical education is gaining momentum within otolaryngology in “Simulators for Endoscopic Airway

Surgery: Current and Future.” This panel will introduce specific simulator models that can be used to teach psychomotor, technical, and team skills for a variety of procedures. Both biologic tissue and plastic organs can be used as models, ranging from the incredible egg to organosilicate models and commercial manikins. The panel will address model procurement and the development of educational activities.

### Instruction Course Program

Presented by experts in the field of otolaryngology and other healthcare professionals, the instruction course program will include some of the “essential” courses presented throughout the years, and new courses designed to offer constructive techniques and wisdom. Of the more than 200 courses, you should plan to attend one or more of our most popular offerings:

- “Five New Landmarks to Make You a Better Sinus Surgeon,” presented by **Ralph B. Metson, MD**
- “Common Causes of Hoarseness That Are Commonly Missed,” presented by **Jacob Pieter Noordzij, MD**, and **Seth M. Cohen, MD, MPH**
- “Red, White, and Ulcerative Lesions of the Oral Cavity,” presented by **Susan Muller, DMD, MS**
- “Sinus Headache, Migraine, and the Otolaryngologist,” presented by **Mark Mehle, MD**
- “The Ten-Minute Exam of the Dizzy Patient,” presented by **Joel A. Goebel, MD**
- “Improving Outcomes in Septal Surgery,” presented by **Grant Gillman, MD**

- “Chronic Cough and Other Sensory Disturbances,” presented by **Robert W. Bastian, MD**
- “Controversies in the Management of Thyroid Nodule,” presented by **Ashok R. Shaha, MD**
- “Current Trends in the Management of Sudden Hearing Loss,” presented by **David S. Haynes, MD**, and **George Wanna**
- “Ear Pressure and Pain,” presented by **William H. Slattery, MD**, and **Eric P. Wilkinson, MD**

Early registration for these one-or two-hour courses increases the possibility of receiving your first-choice selections and saves you money. Instruction course fees are \$50 an hour and \$70 an hour for hands-on courses, if you register before June 22. Instruction course fees increase after the advance registration deadline to \$70 an hour and \$90 an hour for hands-on courses.

### OTO EXPO

The OTO EXPO is a central gathering point for attendees to meet and greet each other while learning more about the latest in products and services in our industry. The OTO EXPO has more than 300 companies that cater to every aspect of your practice—device manufacturers, pharmaceutical companies, collections, EMR systems, waiting room solutions, financial management firms, and more.

New this year! A Practice Management Pavilion has been designed to highlight the latest in advanced technologies for health-care professionals, such as electronic health records, database management software, business services, and other products and services related to the practice of otolaryngology. This designated area is your one-stop shop for practice management solutions, providing an opportunity for quick comparison of company products/services, and will help you maximize your time on the show floor.

Attendees registered for the full annual meeting will also have two options for lunch in the OTO EXPO this year. They may select the traditional box lunch option or opt for a \$15 daily meal voucher to be redeemed at any concession stand on the Walter E. Washington Convention Center’s show floor.

## Planning for the Meeting Resources

**Preliminary Program—Registration information can be found in the Preliminary Program booklet and online.**

**Online—The Ultimate Resource, Use Its Interactive Itinerary Planner helps you choose and create a personalized schedule.**


The interactive itinerary planner has grown more sophisticated, with new ways to design your schedule and customize your annual meeting experience. The educational program will be available online

later this month. The revamped interactive itinerary planner will allow you to search the educational program by area of interest/track, date, and time, and/or by the program type. Networking opportunities, such as the Alumni Receptions, will be searchable as well, along with the AAO-HNSF committee meetings and other association events.

## Continuing Medical Education Credit

The AAO-HNSF is accredited by the Accreditation Council for Continuing

Medical Education to provide continuing medical education for physicians. The AAO-HNSF designates this live activity for “AMA PRA Category 1 Credits™.” For the first time ever, physicians from outside the United States will be awarded CME certificates for attending the session at the annual meeting. Visit our website for additional information.

Registration opens May 7. We encourage everyone to register and book your hotel room early. We’ll see you in Washington, DC. 

## From the 2012 Scientific Program Coordinator

*Interviewed by M. Steele Brown  
John H. Krouse, MD, PhD  
Scientific Program Coordinator*

**T**he Scientific Program at this year’s Annual Meeting & OTO EXPO in Washington, DC, features some significant additions to what has been a very successful formula during the past several years.

According to Scientific Program Coordinator **John H. Krouse, MD, PhD**, the 2012 Scientific Program will again be integrated across all areas of the specialty—from basic and translational science to clinical research and practice—and will offer all of the same features attendees have come to expect.



John H. Krouse, MD, PhD

“The program will have approximately the same number of miniseminars (90) that we had last year,” he said. “The same is true of the oral presentations (250), and the poster presentations (400).”

Dr. Krouse said the AAO-HNSF Program Advisory Committee (PAC), which has increased the number of presentations and miniseminars regularly during the past few years, has the program where it wants it.

“Just in terms of size, I think that we, as a program committee, feel we are right where we want to be now,” he said. “At this point,

were we to add any more, I think we would begin to dilute what has become an outstanding program. So, pragmatically, we don’t want to be any bigger, because at 13 rooms running consecutively, we are at a good size that meets the needs of our attendees.”

So with the program’s base as solid as ever, Dr. Krouse said the PAC looked to make improvements to the early segment, adding two morning seminars focused on adding value for attendees.

“One of our ‘hot button’ issues this year—how to move into practice—is geared for residents and fellows, but it really can apply to anyone,” he said. “So on Tuesday morning from 8:00 am–noon, we will talk about how you get into a practice setting for the first time. Or maybe you want to move and establish a new practice, so we will go over interviewing, setting up contracts, the mistakes people make, etc. This is all geared toward letting people know what to do and how to do it.”

The second morning block will focus on simulation.

## Simulation

“One of the big trends in education and clinical development has been the use of clinical simulators to allow physicians to get training in various competencies in a lab-based setting,” he said. “So on Wednesday morning we will have back-to-back sessions from 8:00 am–noon, which will be led by experts from around the world.

“We will also have a simulation expo, so people can move around and look at different stuff. This isn’t so much of a workshop, but a forum to discuss how simulation can be used in education to enhance clinical practice.”


## Clearly Defined Tracks

Dr. Krouse said both programs will take place in the same room and will be split into three parts to allow for a comprehensive review of the topics.

Dr. Krouse said the PAC also increased the number of business-minded sessions by 50 percent this year, to roughly 16 sessions,

“One of the big trends in education and clinical development has been the use of clinical simulators to allow physicians to get training in various competencies in a lab-based setting.”

and will, for the first time, clearly delineate tracks by topic in the program this year.

“We want to make sure, from a lifelong learning perspective, it is easy to track what you need to know from room to room,” he said. “We want to make that knowledge easily accessible from session to session and make it easier to get through the meeting successfully.” 

## Instruction Course Committee Coordinator Speaks

**Eduardo M. Diaz, Jr., MD**  
*Instruction Course Coordinator*

It seems like just yesterday I assumed the role of coordinator for instruction courses for the Academy, and yet, here we are four years later and I'm writing my last article for the *Bulletin* as coordinator.



While the subjective input of the committee remains important, we have tried to rely more on objective evaluations of past courses and their presenters.

The past four years have, with few exceptions, been a pleasure. I've had the honor of working with some fantastic clinicians who have made every effort to produce what, year to year, has been outstanding instruction course curricula. I thank each of those committee members for making my tenure such an easy one. Special thanks are extended to **Robert H. Maisel, MD**, and **Andrew Blitzer, MD, DDS**, the two immediate past instruction course coordinators. Without their help, leading this committee

would have been a much more daunting task. Their insight and experience helped all of us stay true to the committee's mission.

I also want to thank the Academy staff members whom I have been so fortunate to work with. Their guidance, attention to detail, and ability to keep the process moving forward while I tended to other things made my tasks much easier. It is with their support I am proud to say that the Instruction Course Advisory Committee was selected as a model committee for the Academy in 2010.


The committee's workflow has changed significantly during the last few years. When I first joined the committee, after recently completing my fellowship, the process for selecting suitable abstracts to present as instruction courses was, in my opinion, more subjective. While the subjective input of the committee remains important, we have tried to rely more on objective evaluations of past courses and their presenters. This has resulted in fewer, but better-received courses that have produced significant savings for the Academy while positively influencing the content of our curricula. That important transition began with Dr. Maisel, was continued by Dr.

Blitzer, and, I hope, evolved further under my leadership.

After serving as coordinator for instruction courses, I know that I leave the committee in good hands, but also pass a great committee on to **Sukgi S. Choi, MD**. I have every confidence that under her leadership the committee will continue to select excellent topics to be presented by experienced lecturers with a track record of producing quality, well-received courses, while assuring that new presenters are given the opportunity to provide insights into their own expertise.

Like many others these days, the Academy faces pressure to provide more with less. It is asked to help prepare its newest members for the practice of otolaryngology—head and neck surgery and its “older” members with access to quality educational resources in order to facilitate maintenance of certification, all while continuing to face economic pressures and provide greater support for research and humanitarian projects—two very important foci.

I'm confident the committee will continue to serve the AAO-HNSF well with all of the above. I will miss being an integral part of that evolution, but want to thank each of you and the leadership for giving me the opportunity to serve in this important role.

Thank you. 

### Member Service

#### Maximize Your Membership—Get Involved with AAO-HNS/F

**Saturday, September 8, 4:30 pm–5:30 pm**

Find out more about the value of your membership any time during the annual meeting. Update your profile, pay your dues, check on your subscriptions, buy a member directory CD, and much more at the Member Service kiosk.

#### Humanitarian Forum and Booth

**Sunday, September 9, 3:30 pm–5:30 pm**

During this popular forum, the recipients of the Distinguished Award for

Humanitarian Efforts and the Gold Award for Humanism in Medicine talk about their programs, and Academy members and residents returning from overseas missions present short informal reports. This is a great networking opportunity for anyone planning a medical mission.

#### Humanitarian Booth

There are many opportunities to volunteer around the world, so let us help you find one that suits you best. Visit our humanitarian display in the registration area to talk with members who have lived this rewarding experience and pick up resource materials.

#### Millennium Society Donor Appreciation Lounge

We are pleased to offer all Millennium Society members exclusive access to a special Appreciation Lounge. The lounge will offer a relaxing environment to enjoy complimentary breakfast and lunch, make plans for the evening, check email, and network with other Millennium Society members. Millennium Society Members will receive their official Donor Appreciation Lounge invitation in late summer 2012. To join the Millennium Society, visit [www.entnet.org/donate](http://www.entnet.org/donate). See a full listing of members in the Donor Spotlight polybagged in the July *Bulletin*.



## Meeting Voices: Academy Leaders Talk about What Goes Into a Great Annual Meeting Experience

The *Bulletin* asked some of the Academy's leaders a few questions regarding what goes into getting the most of the Annual Meeting & OTO EXPO. Look for additional views in upcoming issues. They shared what works for them and what doesn't. Here's what they had to say:

### Michael G. Glenn, MD

Presidential candidate Michael G. Glenn, MD, Virginia Mason Medical Center, Seattle, WA, said it is important for physicians to challenge themselves and take courses outside their area of interest and expertise. He said, for him, this has always been an entertaining way to catch up on other areas of the specialty.

"I am the medical director of a large clinic here in Seattle, and I think it is fascinating to learn all of the things about other specialties that I've never had other exposure to," he said. "With the meeting, I can go deep into something I've not been exposed to because the schedule makes it easy to get access and provides me



Michael Glenn, MD

an opportunity to keep up on areas outside my areas of expertise."

Dr. Glenn said he also makes sure to plan out his daily schedule prior to the meeting, but makes sure not to subscribe to too many sessions.

"You'll always be running off to session after session when you might want to stop and catch up with a colleague or talk to someone you wanted to meet," he said. "But you also don't want to show up at the meeting without a plan, because then you'll probably miss out on a popular session. You have to find that balance."

Dr. Glenn also cautioned against following the flock.

"Just because a session is popular, that doesn't mean you need to choose it," he said. "I have been to so many miniseminars where only 12 people are in the room, but it was probably the best thing I learned about all day. The miniseminars are really under-represented—there are always little-known secrets in there."

### Eben L. Rosenthal, MD

Coordinator-Elect for Scientific Programs Eben L. Rosenthal, MD, UAB School of Medicine, Division of Otolaryngology, Head & Neck Surgery, Birmingham, AL, said planning ahead is as

A great year for me is all about involvement—the more I participate, the more I enjoy it.

important from a social standpoint as it is from an educational one.

"If I know as much about the schedule as I can ahead of time, I can schedule lunches with colleagues," he said. "I can also get to as much of the meeting as I want and make it to all of the sessions I want to attend."

Dr. Rosenthal said he also encourages meeting attendees to participate in committees and get involved in the meeting itself. Part of that process includes registering early.

"Getting all of that taken care of—registering for the meeting, your hotel, identifying any particular areas you want to increase your knowledge, and scheduling two or three miniseminars—helps a lot," he said. "I feel I get more out of it if I have some sort of focus for the year."

"A great year for me is all about involvement—the more I participate, the more I enjoy it. When I'm giving an instruction course or I'm involved with a committee,

etc., I feel more engaged and I get more out of it."

Dr. Rosenthal said it is also important to schedule time with colleagues with whom he wants to catch up.

"That makes for a really good year if I've emailed ahead and set up those meetings," he said. "It always makes a big difference in how much I enjoy my time. Doing that planning prior to the trip makes for a great meeting."

### Kathleen Yaremchuk, MD, MSA

Kathleen Yaremchuk, MD, MSA, Henry Ford Hospital, Detroit, MI, a candidate for academic director-at-large, also stressed planning ahead.

"Register for the meeting and the hotel as soon as possible," she said. "If you need to make changes to your arrival and departure dates you can do so easily if you have reservations to begin with. Review the course selection and lectures to plot out a strategy as to where to spend your time."

Dr. Yaremchuk, who serves as the chair of the Department of Otolaryngology—Head



Kathleen Yaremchuk, MD, MSA

Register for the meeting and the hotel as soon as possible if you need to make changes to your arrival and departure dates you can do so easily if you have reservations to begin with.

and Neck Surgery and Sleep Medicine at the Henry Ford Health System in Detroit, said morning lectures often stimulate her thoughts and are usually the best lectures of the meeting. She said the social aspect of the meeting is also important to her.

"It is helpful to contact friends and arrange to catch up with the people you trained with," she said. "I am amazed how many ex-residents get together at the annual meeting and tell stories of the 'good old days' in residency. Many have stayed in close contact ever since residency."

Lastly, she said, leave time to stop and take a breather.

"Leave time to enjoy yourself," she said. "Don't over commit to many courses. Be spontaneous and enjoy the city where the meeting is at."

### Shannon P. Pryor, MD

Section for Women in Otolaryngology Chair Shannon P. Pryor, MD, with Mid-Atlantic Permanente Medical Group, said her approach to meetings today is quite different than it was during her early years at the Annual Meeting & OTO EXPO.

"Now I have so many committee meetings, I'm not able to take advantage of as much of the meeting as I was before," she said. "But when I wasn't so committed, I looked at the schedule ahead of time and arranged my work schedule to see what was available each day, decide what courses I did not want to miss, and planned my days around those courses I wanted to take."

Dr. Pryor said she always preferred the miniseminars and longer-format presentations.

"I always looked at those and planned my day from there, then I'd go to the

research sessions in between if I had time," she said. "I also always blocked off two hours—and not at lunch, because you don't get to talk to the exhibitors when it is so crowded—mostly in the afternoon to walk through and look at the presentations at a quieter time. And with regard to the miniseminars, it was always fun to learn about something outside what I do everyday and stretch myself a little bit."

Dr. Pryor said she also encourages attendees to attend committee meetings and see what is going on.



Shannon P. Pryor, MD

to those functions. There is a lot going on that people need to know about."

Dr. Pryor said the sessions on socioeconomic, practice management, and quality improvement initiatives are also important and should not be overlooked.

"It is not just all science and clinical out there," she said.

### Jayme R. Dowdall, MD

Section for Residents and Fellows representative Jayme R. Dowdall, MD, Massachusetts Eye and Ear Infirmary, Boston MA said she tells newer members to plan ahead, but also encourages them to become familiar with the Academy's website, [www.entnet.org/annualmeeting](http://www.entnet.org/annualmeeting).

"It is important to have a list of first-, second-, and third-line choices for courses, because free tickets are available to residents and fellows and they need to sign up and take advantage of those," she said. "There are also a lot of other meetings surrounding the Academy's meeting that are especially pertinent to new members. If you search to see if any of these dovetail into the Adacemy Meetings, you can really make the most out of the trip."

Dr. Dowdall said she also encourages residents and fellows to attend committee

meetings, which are open to all attendees.

"This increases your chances of being placed on that committee in the future," she said. "So it is important to look on the website and to plan your flights and activities around these events."

Dr. Dowdall also stressed how important it is to attend the Residents and Fellows General Assembly.

"This is typically on Monday afternoon and it has been beneficial to me in the past because of the breakout sessions




Jayme R. Dowdall, MD

If you search to see if any of these dovetail into the Adacemy Meetings, you can really make the most out of the trip.

And with regard to the miniseminars, it was always fun to learn about something outside what I do everyday and stretch myself a little bit.

and the opportunity to talk with Academy leaders," she said. "For instance, one year I was able to get a lot of information about CORE grants and how to review grants for CORE, which was important to me. The assembly is also a great place to check out things that interest you. It is a great information session, and it also provides you an opportunity to talk to lots of people in a short amount of time."

Dr. Dowdall said a new tool will be available for residents and fellows this year.

"I always found the annual meeting to be overwhelming as a resident," she said. "So this year, we are putting together a Section for Residents and Fellows Guide to the meeting. It will be up on the website prior to this year's meeting. And we will also be offering free resident and fellow miniseminars, just as we have in past years." 

## Plan Ahead to Explore Washington, DC

In Washington, DC, you'll enjoy access to fascinating free attractions and historic sites. Touch a moon rock, marvel at the Hope Diamond, view Dorothy's ruby slippers, or explore Native American culture at the Smithsonian Institution's 15 Washington, DC, area facilities. There are many ways to approach a look at the Washington DC Metro area sites. Depending on your interests and available time, a little planning can ensure a great experience. See some options on these pages. Discover treasures like the Gutenberg Bible at the Library of Congress, the only Leonardo da Vinci painting in North America at the National Gallery of Art, and historic documents like the Declaration of Independence at the National Archives.

Away from these celebrated sites, Washington, DC, unwinds into a fascinating network of neighborhoods where visitors discover trendy boutiques, hip bars, and restaurants, plus art galleries, historic homes, and lush parks and gardens. Shoppers love the store-lined streets of Georgetown, while jazz music fans won't want to miss a trip to U Street, where Duke Ellington played his first notes. The city's international character shines through in the Adams Morgan and Dupont Circle neighborhoods, two prime destinations for eclectic dining and nightlife, and the historic center of the city's embassy community.

The arrival of several new eateries has made the nation's capital a prime destination for dining out, with many of the city's top tables located in the downtown Penn Quarter neighborhood. DC is also earning new recognition as a thriving performing arts town, with 65 professional theatre companies based in the metropolitan area presenting edgy world premieres and celebrated Broadway musicals throughout the year.

As you begin to plan your trip to Washington, DC, consider extending your stay to take full advantage of everything the nation's capital has to offer.

### Frequently Asked Questions about Washington, DC

#### How can I tour the White House?

Tours of the White House are available by advance arrangement through your U.S. representative or senators. Tours are arranged for groups of 10 or more, but smaller groups and families can request

For more information, call the White House Visitors Center at 1-202-456-7041 or visit [whitehouse.gov](http://whitehouse.gov). You can locate the office of your U.S. representative by visiting [house.gov](http://house.gov). For your U.S. senator's office, visit [senate.gov](http://senate.gov).

#### How can I tour the U.S. Capitol or see Congress in session?

To visit areas of the U.S. Capitol beyond the Capitol Visitor Center, you must make a reservation in advance. Note that tour schedules can fill up quickly,



DC at night

to join a tour. Submit a request through your elected official's office at least one month, and up to six months, in advance. Tours are arranged on a first-come, first-served, basis. Visitors who are not U.S. citizens should contact their embassy in DC about tours for international visitors, which are arranged through the Protocol Desk at the State Department. These self-guided tours are available from 7:30 am-11:00 am Tuesday through Thursday, 7:30 am-noon on Fridays, and 7:30 am-1:00 pm on Saturdays (excluding federal holidays or unless otherwise noted). All guests 18 and older will be required to present valid, government-issued photo identification. All foreign nationals must present their passport. All other forms of foreign identification will not be accepted.

so it is advisable to book your tour well in advance of your visit. The Capitol is open to the public for tours Monday through Saturday. U.S. residents can go directly through the offices of their U.S. representative or U.S. senators. Many Congressional offices offer their own staff-led tours to constituent groups of up to 15 people, and most can assist you in booking a general tour. Tours can also be arranged directly through the U.S. Capitol Visitor Center using the online reservation system at [visitthecapitol.gov](http://visitthecapitol.gov). A limited number of same-day tour tickets may also be available at the Capitol Visitor Center. Tickets are not required to tour the Capitol Visitor Center, which is open 8:30 am-4:30 pm, Monday through Saturday. Visit [aoc.gov](http://aoc.gov) for more information. The Senate and House Galleries are





Air and Space museum

open to visitors whenever either body is in session. In addition, the House Gallery is open 9:00 am-4:30 pm, Monday through Friday, when the House is not in session. The Senate Gallery is open 9:30 am-4:00 p.m., Monday through Friday, when the Senate is not in session. Passes are required to enter either gallery at any time. Visitors may obtain gallery passes from the offices of their U.S. senators or U.S. representative. Gallery passes are available for international visitors at the

House and Senate Appointment Desks on the upper level.

Information about tours for visitors with special needs is available from the Congressional Special Services Office at 1-202-224-4048 or 1-202-224-4049 (TDD).

### Which attractions require tickets?

Many of Washington, DC's major attractions are open for the public and

do not require tickets, including the museums of the Smithsonian system, the National Zoo, the National Gallery of Art, and the national monuments and memorials. Some of Washington, DC's most popular ticketed attractions, including the Newseum, National Museum of Crime & Punishment, Madame Tussauds, the U.S. Holocaust Memorial Museum, and the International Spy Museum, allow visitors to avoid waiting in line by reserving their tour tickets for a small fee.

Timed passes are needed for the permanent exhibition at the U.S. Holocaust Memorial Museum. Passes are free and are distributed daily beginning at 10:00 am on a first-come, first-served basis. You can reserve tickets for a service charge of \$1.75 (for groups of 21 or smaller). Groups of 21 or more qualify to make a scheduled visit to the museum for the permanent exhibition: The Holocaust or the current special exhibitions. Group reservations are free and must be submitted using the museum's online reservation system. Requests are processed on a first-come, first-served basis, and may be submitted from 24 hours to 12 months in advance of the visit date. Visit [ushmm.org](http://ushmm.org) or call 1-202-488-0400 for additional information.

Tickets are also required to tour the U.S. Capitol. To guarantee availability, you should reserve your tour in advance online at [visitthecapitol.gov](http://visitthecapitol.gov) or



Mount Vernon



The Kennedy Center

through the offices of your U.S. representative or U.S. senators. A limited number of same-day tour tickets may also be available at the Capitol Visitor Center.

While the Library of Congress, the Supreme Court, Ford's Theatre, the National Gallery of Art, and the Smithsonian museums do not require tickets, you may want to check schedules in advance to take advantage of guided interpretive tours, lectures, IMAX movies, and other programs.

### Can we tour the FBI building?

At this time, the FBI tour at the J. Edgar Hoover Building is closed for renovations. Please call 1-202-324-3447 or visit [fbi.gov](http://fbi.gov) for more information.

### Can we tour the Pentagon?

Members of the general public must contact the offices of their U.S. representative or U.S. senators to request a tour. You can find your senators' contact information at [senate.gov](http://senate.gov) and your representative's information at [house.gov](http://house.gov). All tour requests must be made at least two weeks in advance and no earlier than three months prior to the requested tour date. Military personnel assigned to the Pentagon with escort privileges may request to accompany their friends and family on tours of the facility. If you are assigned to the Pentagon or if you are visiting a Pentagon staff member, contact the Pentagon Force Protection

Agency at 1-703-697-1001 to determine escort status. The Pentagon tour office will accept and process group tours from educational institutions (schools/colleges/academies), churches, government agencies, or military organizations consisting of five or more visitors. Please review the Group Tour Guidelines before making a Group Tour request. Call 1-703-697-1776 or visit <http://pentagon.afis.osd.mil> for more information.

### How does Metro work?

Washington, DC, is proud to have one of the world's best public transportation systems. Most visitors quickly master the Metro system and, in the process, they discover that it's a quick, efficient, and affordable way to get around the city, and many find it to be an enjoyable attraction.

The Metro operates Monday through Thursday from 5:00 am-midnight; Friday until 3:00 am; Saturdays from 7:00 am to 3:00 am; and Sunday from 7:00 am-midnight. Base fares start at \$1.75 per trip (including trips between all downtown points), but the rates are higher for visitors traveling from the suburbs and during rush hour. To calculate the distance and fares between two stops, visit [metroopensdoors.com](http://metroopensdoors.com).

There are five lines, Red, Blue, Orange, Yellow, and Green, connected to each other at transfer stations in downtown and the close-in suburbs. Some stations are serviced by more than one line. Trains are clearly

marked with the color of the line. Trains indicate the direction in which they are traveling with the name of the end-point of the line. During rush hour, trains usually come every five to six minutes. At off-peak times, trains come every 12 minutes. Late-night trains come every 15 to 20 minutes.

Tickets can be purchased by cash or credit cards from vending machines located at the stations. Station managers are on hand to assist you in purchasing your tickets.

### Mount Vernon—Home and estate of the father of our country.

George Washington's plantation on the banks of the beautiful Potomac River offers visitors a chance to understand America's first hero and the fascinating world in which he lived. Since the Mount Vernon Ladies' Association bought the nearly empty Mansion in 1858, it has gathered Washington objects and used archaeology and research to piece together clues about the buildings and gardens of a bygone era. More than one million visitors come to walk in Washington's footsteps each year, making Mount Vernon the most popular historic estate in America. Open 365 days of the year. September hours are 9:00 am–5:00 pm. To purchase tickets call 1-800-429-1520 or email [onlineticketing@mountvernon.org](mailto:onlineticketing@mountvernon.org). 

## Top 10 Things to Do in Washington, DC

1. Visit the Smithsonian museums and galleries.
2. Tour the national monuments and memorials.
3. Tour the Three Houses of Government.
4. Take a walk through Georgetown.
5. Walk, bike, or kayak along the Chesapeake and Ohio Canal.
6. Attend a concert at the Kennedy Center.
7. Visit other museums.
8. Take in a baseball game at Nationals Park.
9. Explore Mount Vernon.
10. Take a walking tour of Old Town, Alexandria.

## Three Days in DC

### Day 1

The National Mall, home to many of the magnificent museums of the Smithsonian Institution, is a great place to start your day. See the magnificent jewels, dinosaurs, and mammals on display at the National Museum of Natural History; the airplanes and interactive flight simulators at the National Air and Space Museum; and the stories, arts, and crafts at the National Museum of the American Indian. And it's all free of charge. The museums also offer free tours to groups who reserve in advance.

There's more to explore on the National Mall than just the Smithsonian Institution. Art lovers won't want to miss a visit to the National Gallery of Art, while the National Archives is a must for any American history buff. Enjoy a quick dinner in downtown or at a Capitol Hill neighborhood eatery, then visit Union Station. The glorious train station is the departure point for tours of the monuments at moonlight offered by Old Town Trolley. Bike and Roll and City Segway Tours (ages 16 and older) also offer evening tours in season departing from other points in the city. If you've booked a private charter, resist the temptation to see all of the monuments during the day


and stop on your way back from dinner to see a few of them at night time.

### Day 2

Head to U Street for breakfast at a DC institution, Ben's Chili Bowl. Or, if you're visiting on a weekend, visit the colorful flea market at Eastern Market on Capitol Hill. After breakfast, tour the Capitol Hill neighborhood and explore the U.S. Capitol, Library of Congress, and Supreme Court. The neighborhood is also home to Union Station and the Folger Shakespeare Library, which houses the largest collection of Shakespeare memorabilia outside England. For lunch, take the Metro to downtown's Penn Quarter neighborhood. You'll also find lots of dining options (from casual barbeque to elegant French) near the Verizon Center. Or, feast on fresh noodles and flavorful soups in DC's Chinatown. Go undercover at the International Spy Museum, where you can crack codes, take on covers, and even help your group take on its own covert operation. Or, stop by the National Portrait Gallery and Smithsonian American Art Museum, the newest addition to the Smithsonian system. Sorry, you can no longer ride to the top of the Washington Monument, but the Old Post Office Pavilion offers a panoramic view of

the city. Animal lovers may also wish to pay a visit to the National Zoo, home to giant pandas, cheetahs, tigers, and other exotic species. Discover DC's theatre scene. The Kennedy Center's Millennium Stage offers free performances at 6:30 pm nightly. Other theatres, such as the Shakespeare Theatre Company, Arena Stage, Warner Theatre, and National Theatre, regularly present familiar classics. For something more contemporary, catch a show at Woolly Mammoth Theatre Company or Studio Theatre.

### Day 3

Start your morning in one of DC's prized neighborhood attractions, like the Anacostia Community Museum, The Phillips Collection, Washington National Cathedral, or Hillwood Museum and Gardens, and then head to Georgetown for fantastic shopping and sightseeing in a charming historic setting. Step back in time with a mule-driven barge ride on the historic Chesapeake and Ohio Canal, and stop for lunch at a casual bistro. Sports fans can watch the Washington Nationals, Washington Mystics, or DC United in action. If your group is looking for nightlife, head to U Street for live jazz music or Adams Morgan to experience DC's eclectic, international scene. 

## Join Our Millennium Society, Get Early Registration to Annual Meeting & OTO EXPO

We are pleased to announce that early registration and housing for the 2012 AAO-HNSF Annual Meeting & OTO EXPO are exclusively available to Millennium Society members. One of the many ways we thank Millennium Society members for their generosity is by offering access to early registration. If you are not yet a Millennium Society member, you can join by visiting [www.entnet.org/donate](http://www.entnet.org/donate). It's easy to make a tax-deductible gift online.

With every donation, our members make a genuine difference. Through their philanthropy, we are able to help meet the needs of our physicians and empower all to deliver the best patient care. The 2012 Annual Meeting & OTO EXPO is taking place September 9-12


in Washington, DC. Millennium Society members take advantage of booking registration and housing online first.

Current Millennium Society members will receive a registration link on April 16.

As in previous years, Millennium Society members will receive an invitation prior to the annual meeting with the details of what they can look forward to while in Washington, DC, including the Millennium Society Donor Appreciation Lounge. Since its inception, we have received incredible feedback from our donors about how much they value having this "VIP" donor benefit available to them during the meeting. It provides concierge services, meals, and

refreshments, and the lounge is a great place to network.

Please take time to join the Millennium Society by visiting [www.entnet.org/](http://www.entnet.org/) donate by April 15 to take advantage of this special Millennium Society members-only registration, and get your first pick of our highly rated instruction courses. We look forward to a continued relationship with you and seeing you at the upcoming meeting. Again, thank you for your support!

For questions regarding the Millennium Society and early housing and registration opportunities, contact Rudy Anderson, development manager, at [development@entnet.org](mailto:development@entnet.org) or 1-703-535-3718. 



## AAO-HNS/F Events



### Academy Business Meeting

**Saturday, September 8,  
4:30 pm–5:00 pm**

The Academy's Annual Business Meeting takes place in conjunction with the Annual Meeting & OTO EXPO. Join your leaders on Saturday, September 8, for this official event where the president, secretary-treasurer, Audit Committee chair, and executive vice president/CEO present their reports.

### First-Time Attendees' Orientation

**Saturday, September 8,  
5:30 pm–6:30 pm**

The AAO-HNSF Annual Meeting & OTO EXPO can be an overwhelming experience for someone who has never attended. Don't miss the First-Time Attendees' orientation on Saturday, September 8. This event will help you discover how to get the most from the annual meeting and will connect you with other newcomers. You will have an opportunity to participate in small group discussions led by Academy leaders and staff. Academy leaders also facilitate special roundtable discussions for English and Spanish-speaking visitors.

### Board of Governors (BOG) General Assembly

**Monday, September 10,  
5:00 pm–7:00 pm**

Established in 1982 as the grassroots member network of AAO-HNS, the BOG is made up of local, state, regional, and

national otolaryngology–head and neck surgery societies from around the United States and Canada. Members of the BOG are primarily community practitioners in the field. The governor, legislative representative, and public relations representative from each society are encouraged to attend the BOG meeting during the annual meeting.

### Section for Residents and Fellows (SRF) General Assembly

**Monday, September 10,  
2:30 pm–4:30 pm**

The Assembly is the business meeting of the SRF Section. The agenda will feature presentations from AAO-HNS leaders, a keynote speaker, section elections, a

presentation of the 2012 survey results, resolutions, and a presentation of awards.

### Women in Otolaryngology (WIO) General Assembly Luncheon

**Monday, September 10,  
Noon–2:00 pm**

The Assembly is the business meeting of the WIO Section. The agenda will feature presentations from AAO-HNS leaders, a keynote speaker, and presentation of awards.

### Committee Meetings

Please refer to our website for a full listing of scheduled committee meeting information, including the date and time. Committee meeting locations will be finalized and published online in August. Since committee meeting schedules sometimes change, we urge you to bookmark [www.entnet.org/annual\\_meeting](http://www.entnet.org/annual_meeting) and check back before the meeting to make sure your committee schedule has not changed and to confirm the location. Before you register online for the annual meeting, use the Annual Meeting & OTO EXPO site to review this year's Scientific and Instruction Course programs to make sure there are no conflicts with your committee meeting schedule. For details about the activities of AAO-HNS/F committees, email [committees@entnet.org](mailto:committees@entnet.org). 



## Schedule at a Glance

	SATURDAY	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	
TIME	September 8	September 9	September 10	September 11	September 12	TIME
5:30 AM						5:30 AM
6:00 AM			Corporate Symposia	Corporate Symposia	Corporate Symposia	6:00 AM
6:30 AM						6:30 AM
7:00 AM						7:00 AM
7:30 AM						7:30 AM
8:00 AM	Ultrasound Workshop		Miniseminars, Scientific Sessions, and Honorary Guest Lecture	Miniseminars, Scientific Sessions, and Honorary Guest Lecture	Miniseminars, Scientific Sessions, and Honorary Guest Lecture	8:00 AM
8:30 AM		Opening Ceremony and John Conley Lectureship				8:30 AM
9:00 AM		Miniseminars and Scientific Sessions	Women in Otolaryngology Luncheon and General Assembly	Research Award Ceremony	OTO EXPO	9:00 AM
9:30 AM						9:30 AM
10:00 AM		OTO EXPO	OTO EXPO	OTO EXPO	OTO EXPO	10:00 AM
10:30 AM						10:30 AM
11:00 AM		Instruction Courses	Section for Residents & Fellows General Assembly	Instruction Courses	Instruction Courses	11:00 AM
11:30 AM						11:30 AM
12:00 PM		Instruction Courses	Instruction Courses	Instruction Courses	Instruction Courses	12:00 PM
12:30 PM						12:30 PM
1:00 PM						1:00 PM
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2:30 PM						2:30 PM
3:00 PM						3:00 PM
3:30 PM						3:30 PM
4:00 PM						4:00 PM
4:30 PM	Business Mtg					4:30 PM
5:00 PM	Maximize your Membership					5:00 PM
5:30 PM						5:30 PM
6:00 PM	First Time Attendee Orientation	President's Reception	2012 Otolaryngology Historical Society (OHS) Meeting	Board of Governors General Assembly	President's Reception	6:00 PM
6:30 PM						6:30 PM
7:00 PM						7:00 PM
7:30 PM						7:30 PM
8:00 PM						8:00 PM
8:30 PM						8:30 PM
9:00 PM				International Reception (by invitation)		9:00 PM
9:30 PM						9:30 PM
10:00 PM						10:00 PM

# AAO-HNS/F Committee Meetings & Events (Schedule as of 3/21/12)

**AAO-HNS/F Board of Directors Breakfast  
(by invitation only)**  
Saturday, September 8, 7:00 am-8:00 am

**AAO-HNS/F Board of Directors Lunch  
(by invitation only)**  
Saturday, September 8, 12:00 pm-1:00 pm

**AAO-HNS/F Board of Directors Meeting**  
Saturday, September 8, 8:00 am-3:00 pm

**AAO-HNS/F Business Meeting**  
Saturday, September 8, 4:00 pm-4:30 pm

**AAO-HNS/F Executive Committee  
(by invitation only)**  
Friday, September 7, 5:00 pm-7:00 pm

**AAO-HNS/F Executive Committee  
(by invitation only)**  
Wednesday, September 12, 7:30 am-9:00 am

**Airway and Swallowing Committee**  
Monday, September 10, 1:00 pm-2:00 pm

**Allergy, Asthma and Immunology  
Committee**  
Monday, September 10, 2:30 pm-3:30 pm

**Board of Governors Executive Committee  
(by invitation only)**  
Sunday, September 9, 4:00 pm-6:00 pm

**Board of Governors General Assembly**  
Monday, September 10, 5:00 pm-7:00 pm

**Board of Governors Legislative  
Representatives Committee**  
Saturday, September 8, 1:00 pm-2:45 pm

**Board of Governors Luncheon/Leaders  
Training**  
Saturday, September 8, 12:00 pm-12:55 pm

**Board of Governors Socioeconomic  
Grassroots Committee**  
Saturday, September 8, 10:00 am-11:30 am

**Certificate Program for Otolaryngology  
Personnel**  
Tuesday, September 11, 8:30 am-9:30 am

**Complementary/Integrative Medicine**  
Monday, September 10, 1:00 pm-2:00 pm

**CORE Otolaryngology & Practice  
Management Education Committee**  
Monday, September 10, 1:30 pm-2:30 pm

**CPT and Relative Value Committee**  
Monday, September 10, 1:00 pm-3:00 pm

**Credentials and Membership**  
Tuesday, September 11, 9:00 am-10:00 am

**Diversity Committee**  
Tuesday, September 11, 1:00 pm-2:00 pm

**Education Steering Committee**  
Saturday, September 8, 4:00 pm-6:00 pm

**Endocrine Surgery Committee**  
Tuesday, September 11, 6:30 am-8:30 am

**ENT PAC Board of Advisors (by invitation)**  
Sunday, September 9, 2:00 pm-4:00 pm

**Equilibrium Committee**  
Monday, September 10, 1:00 pm-2:00 pm

**Ethics Committee**  
Sunday, September 9, 10:00 am-12:00 pm

**Finance & Investment Subcommittee of  
the E & F**  
Sunday, September 9, 2:30 pm-4:00 pm

**First-Time Attendees Orientation**  
Saturday, September 8, 5:30 pm-6:30 pm

**General Otolaryngology Education  
Committee**  
Sunday, September 9, 3:30 pm-4:30 pm

**Geriatric Otolaryngology Committee**  
Tuesday, September 11, 8:00 am-9:00 am

**Head & Neck Surgery and Oncology  
Committee**  
Sunday, September 9, 5:00 pm-6:00 pm

**Head & Neck Surgery Education  
Committee**  
Monday, September 10, 8:00 am-9:00 am

**Head and Neck Steering Committee**  
Tuesday, September 11, 4:30 pm-5:30 pm

**Hearing and Equilibrium Steering  
Committee**  
Monday, September 10, 4:00 pm-5:00 pm

**History and Archives Committee**  
Sunday, September 9, 10:00 am-11:00 am

**Humanitarian Efforts Committee**  
Sunday, September 9, 2:00 pm-3:00 pm

**Humanitarian Efforts Committee (Open  
Forum)**  
Sunday, September 9, 3:30 pm-5:30 pm

**Imaging Committee**  
Tuesday, September 11, 10:30 am-11:30 am

**Implantable Hearing Devices  
Subcommittee**  
Sunday, September 9, 3:00 pm-4:00 pm

**Infectious Disease Committee**  
Sunday, September 9, 10:00 am-11:00 am

**Instruction Course Advisory Committee**  
Tuesday, September 11, 10:30 am-11:30 am

**International Otolaryngology Committee**  
Sunday, September 9, 11:00 am-12:00 pm

**Journal Editorial Board Meeting**  
Monday, September 10, 12:30 pm-2:30 pm

**Laryngology & Bronchoscopy  
Education Committee**  
Sunday, September 9, 5:00 pm-6:00 pm

**Laryngology & Sleep Steering Committee**  
Tuesday, September 11, 3:00 pm-4:00 pm

**Maximize Your Membership – Get  
Involved with AAO-HNS/F**  
Saturday, September 8, 4:30 pm-5:30 pm

**Media and Public Relations Committee**  
Monday, September 10, 9:00 am-10:30 am

**Medical Devices and Drugs Committee**  
Tuesday, September 11, 2:00 pm-3:00 pm

**Medical Informatics Committee**  
Sunday, September 9, 10:00 am-11:00 am

**Member Relations Steering Committee**  
Tuesday, September 11, 1:30 pm-2:30 pm

**Otology & Neurology Education  
Committee**  
Monday, September 10, 4:30 pm-5:30 pm

**Outcomes Research and EBM  
Subcommittee**  
Monday, September 10, 2:00 pm-3:00 pm

**Panamerican Committee**  
Sunday, September 9, 12:30 pm-1:30 pm

**Patient Groups Steering Committee**  
Tuesday, September 11, 3:00 pm-4:00 pm

**Patient Safety and Quality Improvement  
Committee**  
Sunday, September 9, 3:30 pm-4:30 pm

**Pediatric Otolaryngology Committee**  
Sunday, September 9, 2:00 pm-3:00 pm

**Pediatric Otolaryngology Education  
Committee**  
Monday, September 10, 9:30 am-10:30 am

**Physician Payment Policy Workgroup (by  
invitation only)**  
Monday, September 10, 3:00 pm-4:30 pm

**Plastic & Reconstructive Surgery  
Committee**  
Sunday, September 9, 2:00 pm-3:00 pm

**Program Advisory Committee**  
Saturday, September 8, 2:00 pm-4:00 pm

**Program Advisory Committee**  
Monday, September 10, 3:00 pm-4:00 pm

**Research Steering Committee**  
Tuesday, September 11, 10:00 am-11:30 am

**Rhinology & Allergy Education Committee**  
Sunday, September 9, 2:00 pm-3:00 pm

**Rhinology and Paranasal Sinus  
Committee**  
Monday, September 10, 8:00 am-9:00 am

**Rhinology, Allergy, Immunology and  
Infections Disease Steering Committee**  
Monday, September 10, 4:30 pm-5:30 pm

**Science and Educational Committee**  
Tuesday, September 11, 3:30 pm-4:30 pm

**Section for Residents and Fellows  
Governing Council/Transitioning Meeting**  
Tuesday, September 11, 12:00 pm-1:00 pm

**Section for Women in Otolaryngology  
General Assembly/Luncheon**  
Monday, September 10, 12:00 pm-2:00 pm

**Skull Base Surgery Committee**  
Sunday, September 9, 10:00 am-11:00 am

**Sleep Disorders Committee**  
Sunday, September 9, 4:30 pm-6:00 pm

**Specialty Society Advisory Committee  
(by invitation only)**  
Monday, September 10, 2:00 pm-4:00 pm

**Trauma Committee**  
Monday, September 10, 10:30 am-11:30 am

**Treatment Modalities Steering Committee**  
Monday, September 10, 4:00 pm-5:00 pm

**Voice Committee**  
Monday, September 10, 8:00 am-9:30 am

**Women In Otolaryngology  
Communications Committee**  
Monday, September 10, 8:00 am-9:00 am

**Women In Otolaryngology Development  
Endowments**  
Monday, September 10, 8:00 am-9:00 am

**Women in Otolaryngology Governing  
Council Meeting**  
Tuesday, September 11, 7:00 am-8:30 am

**Women In Otolaryngology Leadership  
Development & Mentorship Committee**  
Monday, September 10, 8:00 am-9:00 am

**Women In Otolaryngology Program  
Committee**  
Monday, September 10, 7:00 am-8:00 am

**Women In Otolaryngology Research &  
Survey Committee**  
Monday, September 10, 7:00 am-8:00 am

**Young Physicians Committee**  
Tuesday, September 11, 10:30 am-12:00 pm

*Refer to the April Bulletin or the AAO-HNS/F website for a complete listing of committee and AAO-HNS/F meetings.*



## Top Five Reasons to Attend the AAO-HNSF 2012 Annual Meeting & OTO EXPO



- 1 Exceptional Educational Offerings**  
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- 2 The Latest Evidence-Based Information**  
Analyze evidence-based information and updates on practical applications affecting operative procedures, drugs, and medical devices.
- 3 Networking Opportunities**  
Learn from your colleagues at lectures, presentations, and education programs delivered by world-renowned physicians.
- 4 Be Part of the World's Largest Gathering of Otolaryngologists!**  
More than 6,000 medical experts gather from around the globe to participate in this annual conference.
- 5 The Practice of Medicine Extends Beyond the Exam Room**  
At the OTO EXPO, review products and services from more than 300 companies that will help you provide the best patient care.

## Register Today!

Register for the AAO-HNSF 2012 Annual Meeting & OTO EXPO and reserve your hotel room online at [www.entnet.org/annual\\_meeting](http://www.entnet.org/annual_meeting).

AAO-HNSF encourages all prospective attendees to register as soon as possible for the Annual Meeting & OTO EXPO to take advantage of reduced registration fees and to avoid waiting in lines onsite. Registration must be completed by midnight, Eastern Daylight Time, on **June 22, 2012**, to obtain the lowest discounted rate. Fees increase at midnight Eastern Daylight Time on **June 22, 2012**.

### AAO-HNS Members are Entitled to Sizable Savings on Registration Rates

Save on the cost of Annual Meeting & OTO EXPO registration by becoming a member, at <http://www.entnet.org/join>.

### Support Your Foundation

Without the generous help of individual donors, corporate supporters, and private foundation donors, many of the programs and services you value would not be possible. Please donate at <http://www.entnet.org/donate>.

### Social Media at the Annual Meeting & OTO EXPO

Stay connected before, during, and after the annual meeting with social media tools dedicated to sharing information and connecting individuals.





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Board of Governors, The Doctors Company  
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## Congressional Hearing Health Caucus Revived

After a six-year absence, the Congressional Hearing Health Caucus is being reestablished on Capitol Hill. In an effort led by U.S. Reps. Tom Latham (R-IA) and Carolyn McCarthy (D-NY), and the support of various organizations within the hearing health community—including the AAO-HNS—work is underway to rebuild membership in the previously inactive caucus.


In February, the AAO-HNS and nine additional organizations hosted a joint kick-off event on Capitol Hill designed to officially announce the renewed Caucus activity. During the luncheon event, Reps. Latham and McCarthy discussed the importance of hearing healthcare and their dedication to establishing a bipartisan forum to address the broad spectrum of issues associated with appropriate hearing healthcare. In addition, invited guests Lucille Beck, PhD, and **Mark D. Packer, MD**, spoke to the event's theme, "How the military and Veterans Administration (VA) are handling the surge in hearing loss/tinnitus cases

related to the wars in Afghanistan and Iraq."

Since the onset of military activity in Afghanistan and Iraq, the incidence of hearing loss and/or tinnitus cases has grown exponentially for the nation's servicemen and women. In an effort to appropriately address this growing trend, the VA and military have been working in earnest to establish

and direction for the Audiology and Speech Pathology Service (ASPS), Blind Rehabilitation Service, Physical Medicine, and the Rehabilitation Service, and Polytrauma and Recreation Therapy Service. Dr. Packer is an Air Force neurotologist, recently appointed as the interim director of the Congressionally mandated Hearing Center of Excellence (HCE). The HCE was established to specifically address prevention, diagnosis, mitigation, treatment, and rehabilitation of hearing loss and auditory system injury for the U.S. Department of Defense and the

VA. More information about the HCE can be found at <http://hearing.health.mil>.

The AAO-HNS hopes the caucus kick-off event will be the first of many successful activities on Capitol Hill that highlight the importance of robust programs to promote and protect hearing health. For more information about the Academy's legislative priorities and/or activities on Capitol Hill, email the AAO-HNS Government Affairs team at [legfederal@entnet.org](mailto:legfederal@entnet.org). 



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programs to adequately document service-connected hearing injuries and provide the care necessary to mitigate the repercussions of hearing-related injuries.

Drs. Beck and Packer are on the frontlines of the aforementioned efforts. As the chief consultant for the Office of Rehabilitation Services and the director of the Audiology and Speech Language Pathology Program at the VA's Office of Patient Care Services, Dr. Beck's responsibilities include oversight

## Wanted: A Long-Term Medicare Physician Payment Proposal

In late February, Congress again passed legislation (H.R. 3630) to halt the 27.4 percent cut in Medicare physician payments that was scheduled to take effect on March 1. This latest legislative compromise extends the payment cut reprieve through December 31, 2012. The AAO-HNS and others in the physician community continue to urge federal lawmakers to permanently repeal the flawed Sustainable Growth Rate (SGR) formula and reject short-term patches that provide little-to-no stability for physician practices and their patients. While there remains strong bipartisan support for such legislation, the required budgetary offsets continue to hamper the process.

## Political Resource: Bookmark the 2012 Federal Elections Webpage

The 2012 election season is heating up, and the AAO-HNS Federal Elections webpage has great resources and key information to help you know more about the upcoming races in your state and across the country. Visit

the Federal Elections webpage to learn more about voter registration in your state, Congressional retirements, primary dates and results, and applicable polling data. Visit [www.entnet.org/politics](http://www.entnet.org/politics) to find your 2012 election information today.





## U.S. Supreme Court Hears Constitutionality Arguments of Healthcare Reform

From March 26-28, the U.S. Supreme Court heard arguments on the constitutional challenges to the Patient Protection and Affordable Care Act (ACA). The main issue under consideration by the court is whether the “individual mandate” section of the law, requiring all Americans to be insured by 2014, is constitutional.

The court’s first determination on the law will fall under the Anti-Injunction Act, and whether the challenges to the individual mandate can even be challenged in court at this time. If found to be applicable, the Anti-Injunction Act could prevent the court from ruling on the issue until after taxpayers have actually incurred a financial penalty for failing to comply with the individual mandate.

If the court decides the case can proceed, it would then rule on whether

the individual mandate was a valid exercise of Congress’ legislative powers. Private and state plaintiffs have argued that Congress does not have the power to enact a law requiring all citizens to purchase health insurance or pay a penalty. If the court upholds the individual mandate, it is scheduled to take effect in 2014. However, if the court determines that this minimum coverage requirement is unconstitutional, the court will then determine the “severability” of the individual mandate and whether some, or all, of the comprehensive law must fail.

Lastly, the court also heard arguments regarding the constitutionality of the ACA’s expansion of the Medicaid program to cover all adults younger than 65 with household incomes below the poverty level.

The court will release its decision on these issues this summer, prior to the



November elections. The Academy will continue to closely monitor the proceedings and determine the influence of the decision on Academy members and their patients. For more information, questions, or comments, email [legstate@entnet.org](mailto:legstate@entnet.org). [b](#)

## Time’s Running Out: Register for The 2012 OTO Advocacy Summit & BOG Spring Meeting Today

Help elevate our visibility and strengthen our voice on Capitol Hill by attending the 2012 OTO Advocacy Summit. This year’s advocacy summit is scheduled for May 7-8, in conjunction with the AAO-HNS Board of Governors Spring Meeting. Attendees will:

- Learn about common advocacy “do’s and don’ts”
- Receive an “insiders” legislative update about issues important to the specialty
- Hear Members of Congress discuss various AAO-HNS legislative priorities
- Benefit from pre-scheduled meetings with Members of Congress and/or staff
- Visit the AAO-HNS Capitol Hill office and popular DC monuments (space limited: first-come, first-served)
- Network with colleagues at an exclusive ENT PAC reception

Take advantage of this free AAO-HNS member benefit by registering today at [www.entnet.org/bog&summit](http://www.entnet.org/bog&summit).

### ACGME Approved Otology Neurotology and Skull Base Surgery Fellowship

#### Michigan Ear Institute Providence Hospital

An ACGME approved Neurotology Fellowship is offered by the Michigan Ear Institute in conjunction with Providence Hospital, Southfield, Michigan and Wayne State University. Two positions are available commencing July 1, 2013 for a period of two years

A strong otology residency training experience is required. The candidate must be board eligible or certified and be able to obtain a license to practice medicine in the State of Michigan.

#### Contact:

**Michael J. LaRouere, MD**  
Fellowship Program Director  
Michigan Ear Institute  
30055 Northwestern Hwy., #101  
Farmington Hills, MI 48334  
Phone (248) 865-4444  
Fax (248) 865-6161

## Clarifying Medicare Audiology Billing Services: FAQ on Audiology

**W**e have received a number of questions regarding the requirements for billing audiology services. In response, the Academy developed resources to provide clarification and guidance for the billing of audiology services. (See <http://www.entnet.org/Practice/Medicareupdates.cfm#AUDHP> and the March *Bulletin* article titled “Clarifying Medicare Audiology Billing Services.”)

### What is an NPI and does an audiologist need one to bill Medicare?

Any audiologist who is seeing Medicare patients must obtain a National Provider Identifier (NPI) and enroll in Medicare as a provider. These two separate processes must be

under the supervision of an otolaryngologist and normally bill for services using the otolaryngologist’s NPI” are required to obtain and use their own NPI designating them as the “rendering provider.” The audiologists must also be enrolled in Medicare if they are seeing Medicare beneficiaries; Medicare will not consider the billed charges if the audiologist is not enrolled as a provider. To enroll as a provider, visit <https://pecos.cms.hhs.gov>.

### What services can an audiologist perform?

According to Medicare, as defined in the Social Security Act, section 1861(l)(3), the term “audiology services” specifically means such hearing and balance assessment services furnished by a

There is currently no provision in the law for Medicare to pay audiologists for therapeutic services, such as vestibular treatment, auditory rehabilitation, and auditory processing treatment. While they are considered within the scope of practice for an audiologist, they are not diagnostic tests and therefore cannot be billed to Medicare by audiologists. CMS produced MedLearn Matters article #MM5717 <http://www.cms.hhs.gov/MLNMattersArticles/downloads/MM5717.pdf> that provides a more detailed assessment of which audiology services are covered by Medicare.

It is important to note that Medicare requires a referral from a qualified physician for audiological services rendered by an audiologist. Also, Medicare no longer allows audiologists to use the incident-to billing that had been widely used. Regulatory language from 2003 requires that services with their own benefit category cannot be billed under the incident-to billing methodology.

### What is “incident-to” billing and what does it mean that audiologist services can’t be billed as “incident-to”?

According to Medicare Medlearn Matters article #SE0441, “‘Incident to’ services are defined as those services that are furnished incident to physician professional services in the physician’s office (whether located in a separate office suite or within an institution) or in a patient’s home. These services are billed as Part B services to your carrier as if you personally provided them, and are paid under the physician fee schedule. You do not have to be physically present in the patient’s treatment room while these services are provided, but you must provide direct supervision. That is, you must be present in the office suite to render assistance, if necessary.”

Because audiologists are now required to have their own NPI, services performed by the audiologists must be billed under the name and NPI

It is important to note that for codes where the technician may perform the technical component, they must meet qualifications determined by the local Medicare contractor. Medicare allows the Medicare Administrative Contractor (MAC) to determine what services technicians can perform and what the qualifications are.

completed before Medicare will consider payment of the claims. (Medicare does not reimburse any provider or practitioner who is not enrolled in the program.) Please note that this is not a new policy from CMS; it has been in effect for several years, but CMS has been strengthening its data collection of provider numbers.

The NPI is a unique identification number for covered healthcare providers. All health plans and health-care clearinghouses use the NPIs in the administrative and financial transactions adopted under HIPAA. Audiologists who “perform services

qualified audiologist as the audiologist is legally authorized to perform under state law (or the state regulatory mechanism provided by state law), as would otherwise be covered if furnished by a physician. These hearing and balance assessments are covered as “other diagnostic tests” and therefore private practice audiologists can bill Medicare directly for diagnostic services.


Audiological diagnostic testing refers to tests of the auditory and vestibular systems, e.g., hearing, balance, auditory processing, tinnitus, and diagnostic programming of certain prosthetic devices, performed by qualified audiologists.

of the audiologist, not the physician's name and NPI. Services provided by other non-physician providers (such as audiology/oto-technicians, physician assistants, and nurse practitioners) would be billable as "incident-to" the physician service, but only if the service meets the qualifying criteria for Medicare (reference to Social Security Act, Title XVIII, Chapter 15, Section 1861). It is important to note that if a non-physician provider is performing the technical component of a service, it can only be billed "incident-to"

the qualified physician and not to the audiologist.

For a more thorough explanation of what services an audiology technician or oto-tech can provide, see the Academy's March *Bulletin* article titled "Clarifying Medicare Audiology Billing Services" or the Academy's newly revised audiology services informational webpage at <http://www.entnet.org/Practice/Medicareupdates.cfm#AUDHP>.

The Academy realizes this is a complex issue and other questions may arise

regarding Medicare audiology billing. The Academy has several resources available for members to help them navigate Medicare's audiology billing requirements, including a newly revised Audiology FAQ available on our website. The Academy also provides a coding hotline to members for specific questions about coding, which can be reached from Monday through Friday, 7:00 am-4:00 pm MST at 1-800-584-7773. Additional questions can be submitted to the Health Policy team at [health-policy@entnet.org](mailto:health-policy@entnet.org). 

## AAO-HNSF Annual Meeting Research and Quality Miniprograms

### Patient Safety and Quality Improvement Miniprogram

The Patient Safety and Quality Improvement (PSQI) miniprogram is developed under the guidance of **David W. Roberson, MD**, and **Rahul K. Shah, MD**, co-chairs of the AAO-HNS PSQI Committee.

This year's program will include a session on the Leadership View of PSQI. Our membership must be prepared as payers, government, consumers, and medical/surgical boards increase their demand for documentation that we are measuring performance and taking steps to make improvement when necessary. This miniprogram will include sessions focused on making patient safety a national priority, advancing programs that support clinicians and patients, and current projects of the PSQI Committee, including injuries in sinus surgery and tonsillectomy disasters.

#### Monday, September 10

8:00 am–11:50 am

**Presenters:** Ryan K. Sewell, MD; Giri Venkatraman, MD; and Subinoy Das, MD

#### Injuries in Sinus Surgery

8:00 am–8:50 am

**Moderator:** David W. Roberson, MD

#### Leadership View of PSQI

9:00 am–9:50 am

**Moderator:** Rahul K. Shah, MD

**Presenters:** David R. Nielsen, MD; Robert Miller, MD; and Kylanne Green

#### Tonsillectomy Disasters

10:00 am–10:50 am

**Moderator:** Michael J. Brenner, MD

**Presenters:** Lee D. Eisenberg, MD, MPH, and Reginald F. Baugh, MD

#### Zones of Risk in Facial Plastics Surgery: Where Errors Do and Can Occur for the Plastic Surgeon

11:00 am–11:50 am

**Moderator:** Matthew A. Kienstra, MD

**Presenters:** Brian Nussenbaum, MD

### Basic and Translational Miniprogram

Sleep Apnea—From Bench to Bedside and Beyond

Developed under the guidance of **Edward M. Weaver, MD, MPH**, and his co-chairs **Scott E. Brietzke, MD, MPH**, and **Pell Ann Wardrop, MD**. This program was developed in collaboration with the AAO-HNS/F OREBM and Sleep Medicine Committees. The goal of the miniprogram is to start at the basic science level of a disease, walk through the steps of how this produces disease, and then review the strategies to treat the disease that are currently in development. In 2008 the focus was Otolaryngology, 2009 Rhinology, 2010 Facial Plastics, and 2011 Pediatrics.

#### Tuesday, September 11

8:00 am–11:50 am

**Moderator:** Edward M. Weaver, MD, MPH

**Presenters:** Atul Malhotra, MD; Danielle K Friberg, MD; and Nelson B. Powell, DDS, MD

#### Obstructive Sleep Apnea Pathophysiology

8:00 am–9:20 am

#### Novel Sleep Apnea Surgical Treatments

9:30 am–10:20 am

**Moderator:** Scott E. Brietzke, MD, MPH

**Presenters:** Erica R Thaler, MD; Eric J. Kezirian, MD, MPH; and B. Tucker Woodson, MD

#### Sleep Surgery Treatment Outcomes and Policy

10:30 am–11:50 am

**Moderator:** Pell Ann Wardrop, MD

**Presenters:** Ofer Jacobowitz, MD, PhD; Edward M. Weaver, MD, MPH; and Jonathan R. Skirko, MD



## Reach Patients Anywhere, Anytime, on Any Device with Mobile Websites


People are now accessing the Internet from multiple devices and locations. Whether you're in the comfort of your home, at the office, or walking through the grocery store, you can connect to the web from virtually any place, at any time.

Mobile is the preferred channel of engagement for a fast-growing number of on-the-go patients. Since 2010, mobile searches have grown by four times. In fact, after 5 pm more people perform Google searches on their smartphones than on their desktop computers, and by 2013 mobile phones will overtake PCs as the most common web access devices worldwide. There will be one mobile device for every person on earth by 2015. It's safe to say the future of local online search is going mobile, and as the number of people relying on their mobile devices increases, so does

the urgency for physicians to launch their own mobile presence so they can be available to patients anywhere and anytime.

Optimizing your practice website to a mobile version is a complex process that involves decreasing image size, improving performance speed, and recreating the look and feel of your website to a mobile-compatible format that integrates seamlessly with your existing site. It's about making all of those great features and functions available on your full website, such as your office directions and appointment requesting, accessible on a patient's smaller mobile device. Medical website and Internet marketing companies can help you quickly create a mobile version of your site that will make it faster and easier for your patients to browse your site given the minimal screen size.

Web access is moving to mobile at an incredible pace, and not having a mobile version of your website is going to hinder your practice growth. If there is one marketing entity your practice should focus on in 2012 it's mobile. Don't miss out on an amazing opportunity to expand the breadth and depth of your marketing reach to a growing number of patients who use their smartphones for everything.

Academy Advantage Partner Office offers premium practice websites and online marketing solutions, including local search engine optimization, pay-per-click advertising, blog management, social networking, reputation management, and new mobile websites at a special member rate. To learn more, visit [www.websitesforents.com](http://www.websitesforents.com) or call 1-877-889-4042. 

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#### Faculty:

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John J. Zappia, M.D. Eric W. Sargent, M.D.  
Eleanor Y. Chan, M.D. Robert S. Hong, M.D., Ph.D.  
Edwin Monsell, M.D., Ph.D.

#### Course Dates:

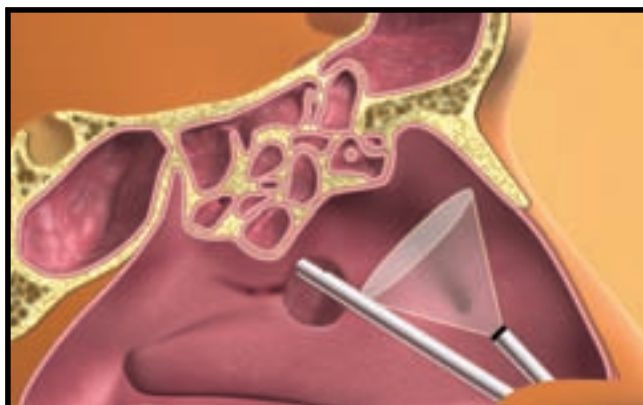
March 5-9, 2012	October 1-5, 2012	November 5-9, 2012
March 4-8, 2013	October 7-11, 2013	November 4-8, 2013
March 3-7, 2014	October 6-10, 2014	November 3-7, 2014

**Co-Sponsors:** Michigan Ear Institute, Providence Hospital

**Credits:** 42.5 hours Category I CME by Providence Hospital

**Tuition:** \$1,600 Physicians In Practice / \$1,400 Residents

For Further Details Please Contact  
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# MIPPA Accreditation Requirements for Providers of Advanced Diagnostic Imaging Take Effect: How Do Otolaryngologists Rate?

Gavin Setzen, MD  
Jenna Minton, Esq.

**B**eginning January 1, 2012, the accreditation requirements outlined in the 2008 Medicare Improvement for Patients and Providers Act (MIPPA) took effect. This legislation requires that all nonhospital-based providers of the technical component of advanced diagnostic imaging procedures (nuclear medicine, CT, and MR) obtain accreditation from one of three accrediting bodies in order to be reimbursed for these services by Medicare. The three accreditation organizations approved by the Centers for Medicare & Medicaid Services (CMS) are the Intersocietal Accreditation Commission (IAC), the Joint Commission, and the American College of Radiology.

Providers who were enrolled in Medicare prior to January 1, 2012, that have not obtained accreditation by January 1 will begin seeing claims denied this month. CMS, along with the accreditation organizations and Congress, have been troubleshooting ways to avoid unintended consequences to new Medicare providers who join the Medicare program after the January 1, 2012, start date, recognizing it will take them time to obtain the necessary accreditation as a new Medicare provider. The Academy will continue to monitor any policy changes that would impact new providers entering the field and apprise members of any changes.

## Otolaryngologists Receive High Marks

The Academy views the accreditation process as an important initiative and recently reached out to the IAC's accrediting organization for CT procedures, ICACTL, to see how our membership was responding to these new requirements. ICACTL reported that otolaryngologists have been extremely proactive in meeting the 2012 accreditation

requirements. In fact, in 2011 ICACTL received the most applications ever in its history in a single year (311) and of those, the majority (71 percent) were from otolaryngology practices! The Academy applauds the membership for this wonderful achievement and is pleased that our membership is leading the way to achieve the highest quality of care in their practices. Likewise, we encourage those who are not yet accredited to contact one of the approved accreditation organizations listed above to begin the accreditation process immediately. Additional information can be found on their websites:

- **Intersocietal Accreditation Commission**  
<http://www.icactl.org/icactl/index.htm>
- **The Joint Commission**  
[http://www.jointcommission.org/accreditation/accreditation\\_main.aspx](http://www.jointcommission.org/accreditation/accreditation_main.aspx)
- **The American College of Radiology**  
<http://www.acr.org/accreditation.aspx>

## Accreditation Important for Your Patients, Practice


In support of the ongoing accreditation efforts by practices, as chair of the AAO-HNS Imaging Committee, I have articulated the critical importance of becoming accredited. Specifically, during the past several years point-of-care imaging has grown in response to such factors as patient convenience, the availability of prompt clinical diagnosis and treatment, and low radiation CT imaging equipment suitable for an office setting. As such, the Academy strongly believes in the provision of high quality comprehensive care to otolaryngology patients and maintains that point-of-care imaging represents a modality of service that is in line with the Institute of Medicine's six dimensions of high quality care: care that is safe, timely, effective, efficient, equitable, and patient-centered.

The benefits to point-of-care imaging are extensive. Patient convenience means

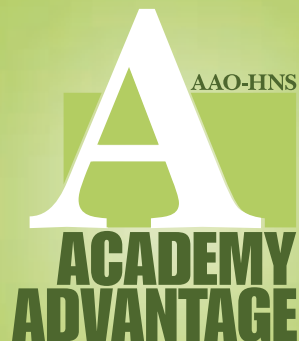
The benefits to point-of-care imaging are extensive. Patient convenience means prompt diagnosis and treatment, and fewer trips to a medical center or doctor's office.

prompt diagnosis and treatment, and fewer trips to a medical center or doctor's office. This results in lower costs to the patient and the health plan. In addition, office-based imaging provides significantly less time away from work for the patient. Time away from work reduces employee productivity, which, in turn, negatively affects their employers, often the very entity responsible for premium payments.

Further, accreditation helps to ensure standardization of CT imaging with a strong focus on quality and patient safety, including avoiding unnecessary CT testing, recommending steps to eliminate avoidable exposure to radiation, and using dose-reduction protocols, in promoting the principle of "as low as reasonably achievable" (ALARA), an important contemporary principle in CT imaging.

The Academy urges any members who have already obtained accreditation to email the health policy department at [healthpolicy@entnet.org](mailto:healthpolicy@entnet.org) in the event they encounter claims processing issues or denial of payment due to processing errors linked to the designation of their accreditation status on the Medicare claims form. In addition, we encourage members to get more involved and participate in the in-person meeting of the Imaging Committee this fall during the annual meeting September in Washington, DC. 





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## AAO-HNS Seeks Coordinator for Practice Affairs

A search is underway for the **Coordinator for Practice Affairs (CPA)**. This position (a non-voting member of the Academy Board of Directors) coordinates the practice affairs efforts of the Academy. This position is responsible for developing and maintaining programs that support and provide practice management related answers to health policy issues. The Coordinator will spearhead collaborative efforts with other specialty societies on priority payer reimbursement issues.

### Specific areas of responsibility include:

- Private sector advocacy in third party reimbursement.
- Publication of the Socioeconomic Survey.
- Providing input on any related educational programs for the Annual Meeting.
- And other practice management related issues identified by the Health Policy Department.

In addition, the Coordinator is responsible for publishing periodic practice management articles for the Academy *Bulletin*. The Coordinator will work closely with the Coordinators for Socioeconomic Affairs to ensure high quality programs for delivery to both the Board of Governors and Board of Directors. The Coordinator will act as BOG Liaison to the Carrier Relations Committee, and the Residents and Fellows Committee.

*This is a five-year commitment as the candidate will spend a year shadowing the current Coordinator and four years in the position. The CPA also serves as co-chair of the Physician Payment Policy Work Group (3P).* Finalists will be interviewed in Alexandria at the Board of Governors Spring Meeting, Saturday, May 5, 2012; or a teleconference may be possible later in May.

**For more specific information** regarding the job description and responsibilities visit [www.entnet.org/AboutUs/boardsofDirectors.cfm](http://www.entnet.org/AboutUs/boardsofDirectors.cfm). Interested candidates should submit a CV and cover letter to Jenna Kappel at [jkappel@entnet.org](mailto:jkappel@entnet.org) by April 30, 2012.



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## Mark Your Calendars: Health Policy Education Opportunities at 2012 Annual Meeting

**D**uring the 2012 AAO-HNSF Annual Meeting & OTO EXPO September 9-12, in Washington, DC, the Physician Payment Policy (3P) Workgroup and AAO-HNS Health Policy team will present three miniseminars for attendees. These miniseminars are essential for any member, so remember to mark your calendars.

### CMS' Contractor Advisory Committee (CAC) Miniseminar

The Academy is dedicated to ensuring its members are well versed on Medicare payment policies and the importance of the Medicare ENT Contractor Advisory Committee network. This CAC miniseminar will provide members with an inside look from CAC Medical Directors at the administration of Medicare, including national and local coverage determinations, denials, and Recovery Audit Contractors (RAC), and how CACs serve as a means of communication between physicians, societies, and the contractors. The session is designed to teach members about the CAC and how to ensure a positive experience working with the CACs. This timely and important miniseminar will provide members with an understanding of the role CACs play and how they function, and examine the best ways to communicate with contractors. Attendees will learn about the RAC process and how members can prepare for, and properly handle, audits.


### Academy Advocacy for Physician Payment: 2012

Many years of declining reimbursement now threaten the viability of physician practices across specialties and practice settings. This miniseminar will outline the Academy's efforts, specifically the Physician Payment Policy Work Group (3P), to advocate for fair reimbursement for its members in increasingly challenging public and private payer environments. Topics include updates on government healthcare reform; the Current Procedural Terminology (CPT) and Relative Value Update

Committee (RUC) processes and how Academy members can participate; coding and reimbursement for new technology; dealing with payer policies across the spectrum (individual to the Academy and new public and private payment models [e.g., Accountable Care Organizations (ACOs), quality initiatives]); and the importance of the future of quality and payment initiatives. Shared strategies will discuss how members can become actively involved to make a difference for our specialty. Attendees of this miniseminar will learn current healthcare reform initiatives, new payment models, and Academy efforts on Capitol Hill; understand Academy interaction with the AMA's CPT Editorial Panel and Relative Value Update Committee; and examine Academy strategies for interaction with public and private payers, and effective membership involvement.

### ICD-9 Transition Hurdles to ICD-10 Diagnostic Coding

This presentation will assist the ENT physician in determining the influence ICD-10 will have on their practice and other healthcare providers, and present a timeline of essential activities for successful implementation. This session will delve into what physicians should expect to prepare for during implementation processes. This is the largest change to the healthcare system in our history and careful planning will be necessary in order to successfully implement both ICD-10 and 5010. We will also explore common implementation hurdles, outlining why it is important to get started now and how clinical documentation issues will impact physicians. In addition, we will review the most commonly billed ENT ICD-9 diagnosis codes and what they will look like in ICD-10-CM.

These and other miniseminars presented at the annual meeting will educate members on issues that affect everything from their practice to the entire specialty. For more information on these and other seminars, visit the Academy's annual meeting website at [www.entannualmeeting.org](http://www.entannualmeeting.org). 

# Managing Your Practice in Challenging Times

*Richard W. Waguespack, MD  
Brendan C. Stack Jr., MD  
Co-chairs, Core Otolaryngology and  
Practice Management Education  
Committee*

**F**or a practicing physician, keeping up-to-date is a challenge in today's marketplace. The AAO-HNSF-sponsored Coding and Reimbursement Workshops are designed to show you the "must have" information you need in order to stay organized and on track. By attending one of these Friday-Saturday workshops, you will be better prepared to understand the important practice management issues you will face in 2012.

These workshops, presented by Karen Zupko and Associates, will assist you in increasing revenue, decreasing your practice expenses, and reducing your audit risk. You will learn specific actions to better manage your practice by attending a Coding and Reimbursement Workshop this year.

Through the Friday session, "Profitable Practice Management," you will learn how to optimize the business operations of your practice at every level. You will leave the course with a clear plan on how to reduce expenses, optimize business operations, and improve profitability.

## Office Staff Issues?

The recruitment of new office staff members is a time-consuming and challenging process. Make sure you recruit the right staff to do the right job at the right time in the revenue cycle process. The revenue cycle process and necessary tasks are more complex than ever these days. Using automation and technology to its fullest can help you and your staff become more efficient.

## Working Harder, Earning Less?

Monitoring your practice's financial health need not be a full-time job. Running reports, analyzing the results, and operationalizing necessary corrective actions are all part of practice management. The Friday workshop simplifies the financial indicators a busy otolaryngologist needs to review in

detail. All physicians agree that it is important to optimize revenue and minimize expense. But are you confident that you are doing just that in your practice? More than 25 expense reduction tips will be presented.

The Saturday session, "Mastering ENT Coding," will help you take a comprehensive look at how to code the full array of ENT services. You will leave with a solid understanding of what modifiers to use, what code combinations to appeal when denied, and more.

## What's New in Coding in 2012?

Interestingly, many workshop attendees find the most useful information isn't necessarily new. For example, at least five practices learned at the most recent workshop that they were incorrectly billing audiology services to Medicare under the physician's name.

Another identified item is the revised CPT code 69801 (Labyrinthotomy, with perfusion of vestibuloactive drug(s); transcanal)—you are probably already familiar with the descriptor revision that occurred in 2011. But did you know that Medicare changed the postoperative global period for this code to zero days? And, the relative value units (RVUs) were reduced as well, so consider reducing your fee accordingly.


Medicare Recovery Audit Contractor (RAC) audits are common in otolaryngology. Use and misuse of modifiers 24, 25, and 57 are triggering record reviews and paybacks.

Use of high-level E&M codes, such as 99204, 99205, 99214, and 99215, are also audit targets. There often is not a medical need for these high level codes. One Medicare carrier has even noted the presence of much "clinically useless information" in its review of these high-level codes.

AAO-HNSF offers you an excellent opportunity to master the nuances of improving your practice management through these eight regional coding and reimbursement workshops taking place throughout the year. The workshops help you run better business systems and provide a comprehensive look at coding the full array of ENT services. Join us for fast-paced education that improves

your know-how. You will leave smarter so "working harder" is a choice, not a business necessity.

Additional courses this year include: Chicago, IL, April 27-28; Nashville, TN, August 17-18; Baltimore, MD, September 21-22; Costa Mesa, CA, October 26-27; and Chicago, IL, Nov. 16-17. For more information, visit <http://www.entnet.org/conferencesandevents/codingworkshops.cfm>.

Enroll three or more people and save 10 percent on paid registrations. Save even more when you put everything you learn to work in your practice. If the physician is an AAO-HNSF member, all practice employees may attend at the member rate. Sign up today for education that will keep your practice on the leading edge. 

## What Attendees Say about the AAO-HNSF Coding and Reimbursement Workshops:

"The workshops were very informative and easy to follow; they also provided great reference materials."

"This year's workshop was 'spot-on,' addressing smaller practices and their struggle to survive."

"I always feel these workshops are rejuvenating and inspiring where I always learn new information or a new way of looking at an existing problem."

"The workshops provided very useful tips and the interactions with other attendees is very helpful."

"I get enough ideas from the course every year to pay for it in the first month after I return to the office."

"These workshops are always useful and help our practice to increase revenue and decrease coding errors. The course more than pays for itself."



## 2012 G-I-N Conference Scholars, G-I-N North America

The AAO-HNSF is pleased to announce it will sponsor four members (\$1,500 each) to attend the annual Guidelines International Network (G-I-N) North America (NA) Conference December 10-11 in New York, NY. G-I-N aims to encourage partnerships and foster work in the guidelines community, thus supporting evidence-based healthcare and improved health outcomes throughout the world. The theme of the 2012 G-I-N NA Conference is "Evidence Based Guidelines Affecting Policy, Practice, and Stakeholders (GAPPS): Promoting Constructive Dialogue in Guideline Development, Dissemination, and Implementation."

In addition to plenary sessions, conference attendees will have access to workshops and breakout sessions, providing additional skills and knowledge to deepen understanding of guideline

development, adaptation, and implementation. Key themes for the G-I-N NA conference include:

- From bench to trench: how evidence and guidelines shape healthcare policy
- What makes a clinical practice guideline trustworthy?
- Managing the message: advocates, the media, and guideline dissemination
- Making it happen: adapting, implementing, and tracking

### Application and Requirements

In exchange for receiving a G-I-N travel grant, recipients must agree to serve on an upcoming AAO-HNS clinical practice guideline panel. Recipients may serve as either a panel member or



as assistant chair if he or she has prior guideline experience. Recipients are also expected to submit a commentary to *Otolaryngology–Head and Neck Surgery* on any aspect of the guideline (e.g. development, dissemination, adaptation, implementation, etc.) within three months of publication of the clinical practice guideline.

Please note that residents are not eligible, and applicants must be members of the Academy. To access the G-I-N Conference Scholars application, visit [http://www.entnet.org/community/G-I-N\\_scholars.cfm](http://www.entnet.org/community/G-I-N_scholars.cfm).

The deadline for applications is June 1. For questions about becoming an AAO-HNSF G-I-N Scholar, please contact Stephanie Jones at [sljones@entnet.org](mailto:sljones@entnet.org) or 1-703-535-3747.

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## Take Your Practice to the Next Level!

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\* Dates and Locations — Attend One of Our Upcoming Workshops!

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<b>October 26-27</b> <b>Costa Mesa, CA</b> Westin South Coast Plaza	<b>November 16-17</b> <b>Chicago, IL</b> Wyndham Chicago	In conjunction with  <small>KARENZUPKO &amp; ASSOCIATES, INC.</small>

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## Thyroid Outreach to Kenya

**Ryan K. Meacham, MD**  
*University of Tennessee Health Science  
 Center, Memphis, TN*

In October 2011, I had the fortunate privilege to be part of a surgical team that traveled to Migori, Kenya, to provide much-needed humanitarian medical care. Our team of 20 provid-

70 orphan boys and girls. They have constructed a medical clinic complete with exam rooms (including otologic microscopes), a pharmacy, and three operating rooms. To learn more, visit [www.kenyarelief.org](http://www.kenyarelief.org).

Our team saw more than 1,000 patients in three days. There was a preponderance of chronic otitis media and there remains a vast need for future surgeons to perform tympano-mastoidectomies. Our group performed about 30 operations, mostly subtotal thyroidectomies for goiter patients in this iodine-deficient setting. Without resources such as T4/TSH, FNA, CT scans, post-op calcium, and intra-op nerve monitoring, it required judicious operative planning.

One goiter patient who was mildly tachycardic was empirically placed on propranolol and her case was delayed until it could

be safely performed. Another patient who was initially thought to have a goiter was found intra-operatively to have

a thyroglossal duct cyst, and surgery was modified accordingly. We had an ultrasound machine with an endoluminal probe that we used to evaluate each thyroid goiter and determine, along with mirror laryngoscopy, the pre-op mobility of vocal cords.

Although it is highly rewarding to participate in a medical mission and see lives that are forever blessed, it is equally humbling and disappointing to realize one's limitations to help others. A rural mother brought her 2-year-old child into our clinic with a massive facial tumor involving the soft tissues of the upper lip, nose, and malar regions. This tumor had been growing for more than a year, but because of their remoteness, she had previously not been seen by any healthcare provider. Knowing we could not offer her the proper diagnostic workup, extensive surgical resection and reconstruction, and prosthodontic care she would likely need post-operatively, we could not provide anything more than some funds for bus passage to Nairobi to be evaluated there.

Both challenging and gratifying, operating in Kenya was something I will never forget. I hope it will be the first of many such trips. **D**



Drs. Meacham (left) and Caruana with a pre-operative endemic goiter patient.

ers included otolaryngologists, nurse anesthetists, nurse practitioners, nurses, and a dietitian. The surgeons were head and neck surgeons **Merry E. Sebelik, MD**, University of Tennessee; **Bruce H. Campbell, MD**, Medical College of Wisconsin; **Amy Y. Chen, MD, MPH**, Emory; **Salvatore M. Caruana, MD**, Columbia-Cornell; **Kelly M. Malloy, MD**, University of Pennsylvania; and myself, PGY III resident, University of Tennessee.

Our host organization was Kenya Relief, established in 2003 by Steve James, a CRNA from Cullman, AL. He spearheaded Kenya Relief after grieving the unexpected loss of his daughter, who had sponsored a child in Kenya throughout her high school years.

During the last eight years, Kenya Relief has built a full-time orphanage with an accompanying school, library, water well, and dormitories for



In the operating room, Drs. Campbell (left), Sebelik, Chen, Malloy, Caruana, and Meacham.



## Providing Hope 4,000 Miles Away

*Philip C. Chen, MD  
University of Virginia resident  
and travel grantee*

Otolaryngology residents learn a tremendous amount of medical knowledge in five years. Hopefully, they also learn how to be more patient, compassionate, and caring. After all, human interaction is the primary factor differentiating medicine from basic science. Whether it is a specific patient or rotation, experiences throughout residency help shape one's eventual practice. My two mission trips to Bolivia are experiences that played potent roles in my personal and professional development.

I traveled to Santa Cruz, Bolivia's largest city with a population of more than 1 million people, many of whom live in utter poverty on \$3 a day. The founder of Misión de Esperanza, Cindy Thacker, became acquainted with the country that is third in the Western hemisphere on the Failed States Index after adopting three Bolivian children. In 2000, she founded Mission of Hope, Bolivia, to provide free medical care. The hospital treats about 500 patients each week

comprising Quechuan Indians, Bolivians, and Mennonites.

Each spring, **Charles W. Gross, MD**, leads a team of otolaryngologists who donate their services to further the humanitarian and faith-based cause of the Mission. This mission also included Academy members **William E. Gross, MD**, and **David C. Shonka Jr., MD**, and resident **Daniel A. Barker, MD**. I returned from my first trip with a new humility and even greater desire to help the indigent.

With intense enthusiasm for the work of the mission, I asked friends and family to donate to the organization and used social media to foster encouragement and dialogue among those with similar humanitarian visions. As a junior member on the team, I followed the lead of others.

However, on my second trip I assumed a leadership role with increased responsibilities in surgery and overseeing post-operative care and discharge planning. Since resources were so limited, the challenges associated with these responsibilities were amplified.

During my two trips, the group performed more than 125 surgeries,




Dr. Chen with a taxi driver suffering from years of recurrent respiratory papillomatosis with significant airway difficulties that prevented him from working.

including cleft palate and microtia repair, stapedectomy, tympanoplasty, sinus surgery, traumatic rhinoplasty, and excisions of complex head and neck tumors. It was deeply moving during my second trip when patients from prior years traveled significant distances to greet us and express how well they have done since surgery. There is no greater gift or payment than their gratitude. Throughout my training, I welcomed the day when I could use my education to help those in need. Seeing my efforts produce fruit was powerful and inspiring.

The media is inundated with stories pertaining to selfish ambition, conflict, and disarray. Organizations like Mission of Hope, Bolivia, however, vividly and emphatically display the strength and beauty of the human spirit.

I am profoundly grateful to the AAO-HNSF Humanitarian Efforts Committee and the Alcon Foundation for supporting my efforts in this noble cause. It is heartwarming to know that we are not only competent physicians in otolaryngology—head and neck surgery, but also people who truly care about the well-being of our patients, communities, and world.

To learn more about Mission of Hope, Bolivia, contact Executive Director Cindy Thacker by calling 1-434-977-4748 or emailing [cindytha@cstone.net](mailto:cindytha@cstone.net). 



Recovering patients and their families are entertained



## Cleft Mission to Phalodi, India

*Scott R. Chalet, MD  
University of Wisconsin Hospital  
and Clinics, Resident Humanitarian  
travel grantee*

There once was a woman named Kanti Jain, who grew up near Phalodi, Rajasthan, a poor state in northwest India. She was granted a chance to attend medical school in the United States with her best friend, Shareen, and they established prosperous careers at Memorial Sloan Kettering.

In a selfless move, they gave up their careers to take over a small Phalodi clinic. The clinic evolved into the Human Benefit Services Hospital with a dormitory to house poor families, and a school for local poor children.

Kanti established job training to empower local women, a dialysis center, and a rural mobile vaccination unit that now administers 100,000 vaccines a year. For the last six years, she has partnered with Boston-based Medical Missions for

Children (MMFC), which provided cleft repair for five missions.

Thanks to the generous travel grant funded by the Alcon Foundation, I joined MMFC in January 2012. It is difficult to capture my feelings of gratitude, respect, and admiration for these two women and their extended family during a truly amazing week.

As a resident, I gained two mentors who gave me 24/7 access to their knowledge of surgical skills and humanitarian aid during our 35 cleft lip and palate procedures.

**Farhad Sigari, MD, MS**, selflessly gives up multiple weeks a year from his new solo otolaryngology practice for MMFC missions. **Merry E. Sebelik, MD**, head and neck surgeon at the University of Tennessee, Memphis, renewed my passion for teaching, leadership, and humanitarianism, and inspired me to make many more trips.

Seven other MMFC team members created a lean, mean patient-care machine in a remarkable week that centered on patient care ... and masala chai tea. **b**



Named after the lucky Hindu elephant, Ganesh had a double-clefted smile that captured our hearts. We hung a stuffed elephant from the anesthesia machine. The day before Ganesh's operation, we closed the palate of his adorable sister, whose lip was repaired a year ago.

## AAO-HNS Seeks Coordinator for Socioeconomic Affairs

A search is underway for the **Coordinator for Socioeconomic Affairs (CSA)**.

This position (a non-voting member of the Academy Board of Directors) coordinates the socioeconomic efforts of the Academy. This position is responsible for developing and maintaining programs that support and provide socioeconomic answers to health policy issues and assists our members with the socioeconomics of medicine.

### Specific areas of responsibility include:

- Private sector advocacy in third party reimbursement.
- Coordinating the Academy's efforts to influence the CPT coding and RVS systems through work with the Academy's Members and Advisors on the AMA's CPT Editorial Panel, the Relative Value Update Committee (RUC), and the RUC's Practice Expense Review Committee (PERC).

Specific attention is given to Medicare physician payment policy as it affects the specialty of ORL-HNS. The CSA is responsible for serving as Board liaison to selected Academy committees. The CSA works closely with the Government Affairs Business Unit and Health Policy department to achieve these directives. *This is a five-year commitment as the candidate will spend a year shadowing the current Coordinator and four years in the position. The CSA also serves as co-chair of the Physician Payment Policy Work Group (3P).* Candidates should have both experience and passion for these areas, and a visionary approach to ensure that the socioeconomic interests of members are well-served. Finalists will be interviewed in Alexandria at the Board of Governors Spring Meeting May 6-7, 2012.

### For more information

visit [www.entnet.org/AboutUs/boardsofDirectors.cfm](http://www.entnet.org/AboutUs/boardsofDirectors.cfm). Interested candidates should submit a CV and cover letter to Jean Brereton at [jbrereton@entnet.org](mailto:jbrereton@entnet.org) by April 30, 2012.



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With membership comes many rewarding ways to engage with your colleagues through the Academy and its Foundation. Members can select opportunities based on schedules, interests, and priorities.

### Below are just a few ways to start getting involved:

- Education and Clinical Committees
- Component Relations Activities
  - Board of Governors (BOG)
  - Sections for Residents and Fellows-in-Training (SRF)
  - Women in Otolaryngology (WIO)
- Leadership Development Opportunities
- Submissions to the *Otolaryngology – Head and Neck Surgery*, the scientific journal as well as the Academy's monthly news magazine, the *Bulletin*.

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## Mark Your Calendar!

### SECOND BIENNIAL

## Advanced Techniques in Endoscopic Management of Sinonasal Disorders

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Course Director: Donald C. Lanza, MD, MS



### Guests of Honor

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Rodney P. Lusk, MD  
Heinz Stammberger, MD  
S. James Zinreich, MD

### Distinguished Faculty

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Samer Fakhri, MD  
James A. Hadley, MD  
Richard R. Orlandi, MD  
Brent A. Senior, MD  
John W. Sleasman, MD  
Elina Toskala, MD, PhD  
David E. Tunkel, MD  
Eugenia M. Vining, MD

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BJC Medical Group is a dynamic group of providers delivering services to residents in the St. Louis metropolitan region, Illinois and mid-Missouri, and we are part of BJC HealthCare, one of the largest nonprofit health care delivery organizations in the country. We value physician autonomy and encourage active participation in this physician-led organization as you work to build your practice and uphold the BJC standards of excellence. BJC Medical Group is an Equal Opportunity Employer. BJC Medical Group physicians have access to the latest medical technologies, electronic health care record system, dedicated HR support, centralized billing office and a well-established network of referrals.

Missouri Baptist Medical Center is a 489-bed acute care hospital with more than 1,300 staff physicians and more than 2,700 employees providing access to leading specialists and the most advanced medical technology. Known for our commitment to extraordinary and compassionate care, we are a leader in open heart surgery, operate a nationally recognized cancer-care program and offer comprehensive orthopedic, gastrointestinal and women's health services.

Missouri Baptist Medical Center has received numerous awards and honors for exemplary service and performance. For the third consecutive year, Missouri Baptist Medical Center has been ranked one of the nation's "100 Top Hospitals" by Thomson Reuters as part of its annual study. Missouri Baptist was the only St. Louis hospital to receive this award. Forbes calls Missouri Baptist Medical Center one of "America's Safest Hospitals".

In 2011, Missouri Baptist Medical Center has earned The Joint Commission's Gold Seal of Approval™ for certification as a Primary Stroke Center.

Missouri Baptist Medical Center received the highest level of Chest Pain Center Accreditation from the Society of Chest Pain Centers in 2010. The Breast Health Care Center at Missouri Baptist was granted a three year/full accreditation designation by the National Accreditation Program of Breast Center (NAPBC). For two consecutive years, HealthGrades has ranked Missouri Baptist No.1 overall in Cardiac programs and bestowed on them the 2010 Coronary Intervention Excellence Award.

Known as the Gateway to the West, St. Louis is a city rich in history and one that continues to reinvent itself. From its roots as a fur trading post and bustling river port, St. Louis and its surrounding suburbs has become home to some of the nation's largest publicly and privately-held corporations.

Take advantage of all the amenities this outstanding community has to offer including, three professional sports teams (baseball Cardinals, football Rams and hockey Blues), the Gateway Arch and world famous St. Louis Zoo, outdoor Muny Opera and St. Louis Symphony. You will also enjoy fine dining and world-class shopping.

St. Louis ranks 7th in the country as headquarters location for Fortune 500 companies and boasts the 6th lowest cost of living among major metro areas. Home to prestigious universities such as Washington University, excellent suburban school systems and over 300 of the finest private schools in the nation, St. Louis is an exceptional place to raise a family.

For more information, please contact:

**Cheryl DeVita**

800-678-7858 x63448 | [cdevita@bjcmgphysicians.org](mailto:cdevita@bjcmgphysicians.org)

BJC Medical Group is an Equal Opportunity Employer.

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

**The University of Chicago Department of Surgery, Section of Otolaryngology-Head and Neck Surgery is seeking a full-time Neuro-Otologist.**

Responsibilities will include patient care, research, and teaching. Prior to the start of employment, qualified candidates must: (1) be board certified/eligible in Otolaryngology; (2) have completed a fellowship in neuro-otology or equivalent training; and (3) obtain active Illinois licensure. Board eligibility/certification in neuro-otology or equivalent clinical experience preferred. Compensation is dependent upon qualifications and includes a generous package of fringe benefits. Start up funds may be negotiated for development of research interests.

*Qualified applicants must apply online to the University of Chicago Academic Career Opportunities site at <http://tinyurl.com/6z9ut65> by uploading a current Curriculum Vitae.*

## UKHealthCare.

The Department of Otolaryngology – Head & Neck Surgery at the University of Kentucky in Lexington, KY seeks an Assistant Professor with an interest in developing a translational or clinical research program in addition to teaching and clinical responsibilities. The successful applicant will provide clinical services as an attending physician on the Otolaryngology – Head & Neck Surgery Service, develop the existing Head and Neck Oncology program, and establish clinical research protocols and participate in the research activities of the Department of Otolaryngology – Head & Neck Surgery.

Position requires an M.D., D.O., or foreign equivalent, eligibility for state medical license, completion of Otolaryngology residency and Head and Neck Oncology fellowship, and board eligible or board certified in Otolaryngology.

Interested applications should email resume to [hjsmita@uky.edu](mailto:hjsmita@uky.edu). The University of Kentucky is an equal opportunity employer. Employment is contingent upon passing a pre-employment drug screen.

To learn more about the University of Kentucky, please visit [ukhealthcare.uky.edu](http://ukhealthcare.uky.edu)



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### **Division Chief, Pediatric Otolaryngology - Head and Neck Surgery**

**Nemours Children's Clinic, Jacksonville, FL**


We are seeking candidates for this full-time position who possess strong leadership and interpersonal skills and who demonstrate collaborative communication. The candidate should have a strong record in pediatric clinical care and education, as well as the ability to shape annual divisional objectives and plans and to manage the support of these goals. The division currently consists of 6 full-time fellowship-trained physicians, 5 audiologists, 4 speech pathologists and 1 Ph.D. researcher within a 70+ physician pediatric subspecialty practice. Complete ancillary services are available on-site. The practice is 100% pediatric case mix and serves children from Southeast Georgia and Northeast Florida. An opportunity for an academic appointment to the Mayo Clinic College of Medicine is available. Nemours offers a competitive salary and a full array of benefits.

Jacksonville is on the northeast coast of Florida. It is bordered by the Atlantic Ocean, and the St. Johns River travels through the city, offering wonderful water views. We have wonderful weather all year-round, allowing outdoor activities and water sports to be enjoyed during personal time.

For further information, please contact: Gary D. Josephson, M.D., Office: 904-390-3690, Cell: 904-226-1231 or [gjosephs@nemours.org](mailto:gjosephs@nemours.org). Nemours Children's Clinic, 807 Children's Way, Jacksonville, FL 32207

Nemours, an Equal Opportunity Employer, is one of the nation's largest pediatric subspecialty practices operating the Nemours Children's Clinics throughout Florida and Delaware and the Alfred I. duPont Hospital for Children in Wilmington, DE.

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**Weill Cornell Medical College**

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1 Weill Cornell Medical Center

## ACADEMIC GENERAL OTOLARYNGOLOGY IN NEW YORK CITY

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If interested, please contact Amy Noitz at  
amn2004@med.cornell.edu

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## Opportunity Available for Pediatric Otolaryngologist

The Department of Otolaryngology/Head & Neck Surgery at The New York Eye and Ear Infirmary has a position available for a fellowship trained pediatric otolaryngologist. Build tertiary level pediatric practice in state-of-the-art settings at NYEE as well as physician satellite offices in multiple geographic areas throughout the New York metropolitan area.

Send CV to: [dmui@nyee.edu](mailto:dmui@nyee.edu)

**Dan Mui, Department Administrator**  
6th Floor North Bldg.  
The New York Eye and Ear Infirmary  
310 E. 14th Street  
New York, NY 10003



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## The Steven & Alexandra Cohen Children's Medical Center of New York

*Department of Otolaryngology, North Shore-Long Island  
Jewish Health System*


### Pediatric Otolaryngologist

The Division of Pediatric Otolaryngology at the Steven & Alexandra Cohen Children's Medical Center of NY is seeking a board certified, fellowship trained Pediatric Otolaryngologist to join our full-time academic faculty. The Children's Medical Center system is the largest provider of pediatric services in New York State.

This position will offer extensive clinical opportunities in all areas of Pediatric Otolaryngology. Responsibilities include patient care, teaching, and opportunities for clinical and basic science research. Competitive salary and benefits will be offered.

**Interested candidates should email or send letter of interest and CV to:**

**Lee P. Smith, MD**  
Chief, Division Pediatric Otolaryngology  
Cohen Children's Medical Center of New York  
North Shore Long Island Jewish Health System  
430 Lakeville Road  
New Hyde Park, NY 11042  
Phone: 717-470-7982  
Email: [LSmith8@nshs.edu](mailto:LSmith8@nshs.edu)





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For information, contact  
Brian Richardson, Physician  
Recruiter at 407-650-7670  
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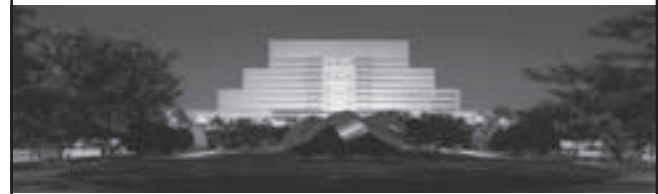
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## Clinical Fellowship in Head and Neck Oncology and Reconstructive Surgery

HEAD AND NECK INSTITUTE

July 1, 2013 – June 30, 2014

The Cleveland Clinic Head and Neck Institute is currently seeking candidates for a one-year fellowship position in Head and Neck Oncology and Reconstructive Surgery.

This Fellowship is primarily clinical in nature with a focus on advanced skull base surgery, microvascular reconstructive surgery and complex head and neck tumor/cancer surgery. The Fellow will be expected to develop and complete one clinical research project, which will result in a presentation and/or publication. The Fellow will be expected to teach the otolaryngology residents, specifically in the area of head and neck oncology and reconstruction.

The applicant must have successfully completed an ACGME-accredited Otolaryngology Residency training program and be ABO board certified/eligible and Ohio license eligible.

Please send your letter of intent with a copy of your most current curriculum vitae to: **Brian B. Burkey, M.D., Vice-Chairman Cleveland Clinic Head and Neck Institute, 9500 Euclid Ave, Desk A71; Cleveland, OH 44195**  
(Phone): 216-445-8837 email: burkeyb1@ccf.org

## Otolaryngologist Expanding Practice in York, PA

A well established, busy four physician group in York, Pennsylvania is looking to add a fifth, full time Board Eligible/Board Certified Otolaryngologist. Our services include Allergy, Audiology and Hearing Aid Sales. Our office has been running on an EMR system since 2006. On-Call rotation with five physicians. Your first year includes an excellent salary and a production bonus. Partnership available after your first year with our practice.

York is a fast growing community with excellent schools and a very comfortable cost of living. It is convenient to Baltimore, Washington and Philadelphia.

Local inpatient hospital is well run and state-of-the-art. Surgical Center is well equipped, and partnership in the Surgical Center is available.

We are looking for a dynamic, motivated individual for partnership track. Income potential in the 90th percentile.

Contact Renee Gohn  
Office- 717-843-9089  
Email- yorkent@comcast.net



## AUGUSTA ENT

a large Ear, Nose & Throat practice in Augusta, Georgia, is seeking a hardworking General Otolaryngologist to join our team serving a growing suburban area.



The practice has 2 offices as well as an ASC, a large Allergy Center, an Audiology / Vestibular Department, CT scanners, Speech Therapists and a Sleep Lab.

Excellent compensation plan, partnership track, and benefits package.

If interested please send email & CV to [emily@augustaent.com](mailto:emily@augustaent.com).



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FULL-TIME FACULTY POSITION**

OTOLARYNGOLOGY/HEAD AND NECK SURGEON- The Department of Otolaryngology/Head and Neck Surgery, University of North Carolina at Chapel Hill School of Medicine is seeking a board-certified or eligible Otolaryngologist for a full time position of Assistant Professor Level on the Clinical Track. The successful candidate should have an interest in developing a strong clinical program in otolaryngology with a special expertise in Head and Neck Oncology and have demonstrated the potential for teaching, patient care and clinical research. Fellowship training in Head and Neck Oncology is preferred. Projected start date is fall of 2012.

Apply online at <http://jobs.unc.edu/2502579>.

**Address cover letter to:**

Harold C. Pillsbury, MD  
Professor and Chair

Otolaryngology/Head and Neck Surgery  
170 Manning Drive, Physician Office Building, CB# 7070  
University of North Carolina School of Medicine  
Chapel Hill, NC 27599-7070  
(919) 966-3342  
Fax (919) 966-7941

*The University of North Carolina at Chapel Hill is an equal opportunity/ADA employer.*

**Academic Head and Neck Otolaryngologist  
Eastern Virginia Medical School  
Norfolk, Virginia**

The Department of Otolaryngology/Head and Neck Surgery/Eastern Virginia Medical School is recruiting a third fellowship-trained Head and Neck Surgeon to complement our practice. Experience in Head and Neck Oncologic Research is strongly desired. This position provides up to 0.5 FTE protected research time as part of our new multidisciplinary Cancer Research Center. The successful applicant will join a very busy Head and Neck division, providing extensive experience in head and neck cancer, endocrine, and microvascular reconstruction. Salary and benefits are outstanding, along with graduated administrative responsibilities.

**CONTACT:**

Barry Strasnick, MD, FACS  
Professor and Chairman  
Department of Otolaryngology/Head and Neck Surgery  
Sentara Norfolk General Hospital/River Pavilion  
600 Gresham Drive, Suite 1100  
Norfolk, Virginia 23507  
757-388-6280  
[strasnb@evms.edu](mailto:strasnb@evms.edu)

**UAB MEDICINE**  
**OTOLARYNGOLOGY**

**Academic Head & Neck Surgeon**

The Division of Otolaryngology at the University of Alabama Birmingham is seeking an academic head and neck surgeon at the Assistant or Associate Professor level. This individual must be fellowship trained in head and neck oncology, board certified/eligible, and able to attain a medical license in Alabama. Training in microvascular surgery highly valued. Individual will practice in the University hospital setting. Educational opportunities include teaching medical students and residents. Research opportunities in clinical research are available. Academic rank and salary will be commensurate with level of training and expertise.

**Interested applicants should contact:**

Eben Rosenthal, MD, FACS      William R. Carroll, MD, FACS  
[eben.rosenthal@ccc.uab.edu](mailto:eben.rosenthal@ccc.uab.edu)      [wcarroll@uab.edu](mailto:wcarroll@uab.edu)

University of Alabama at Birmingham  
205-934-9713

[www.uab.edu/oto](http://www.uab.edu/oto)

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**CHARLOTTE EYE EAR NOSE AND THROAT  
MONROE, NC  
COMPREHENSIVE OTOLARYNGOLOGIST**

Charlotte Eye Ear Nose and Throat Associates, PA, (headquartered in Charlotte, North Carolina) a physician-owned and operated dual specialty practice is seeking a BC/BE full time comprehensive otolaryngologist to practice all aspects of the field for 2013 in our Monroe facility located 20 miles from Charlotte. The largest provider of eye and ENT services in the Charlotte area, CEENTA offers a full range of services including general otolaryngology, pediatric otolaryngology, neurotology, laryngology subspecialty representation, voice center with 2 SLP, sleep medicine and facial plastic surgery.

The group, consisting of forty-seven ENT providers and sixteen locations has state of the art equipped offices including complete audiology services, allergy clinics, a CT scanner, an ambulatory surgery center, sleep lab and an in-house contract research organization.

Charlotte, NC is two hours east of the Appalachian Mountains and 3 1/2 hours west of the Atlantic Ocean. It is nationally recognized for combining academic rigor with rich opportunities in the arts and humanities as well as professional and collegiate athletics. It is also recognized as one of the leading cultural capitals of the south and spectators can cheer their home favorite in just about any sport.

Excellent salary with partnership anticipated, 401(k), professional liability insurance, health insurance, long term disability and life insurance.

Annette Potts, Director-Human Resources  
Charlotte Eye Ear Nose and Throat Associates, PA  
6035 Fairview Road Charlotte, North Carolina 28210  
Email: [apotts@ceenta.com](mailto:apotts@ceenta.com)  
Fax: 704.295.3415  
EOE

**Marshfield Clinic** continues to redefine health care through our innovative technology and practices, but it doesn't end there. We're also redefining what it means to be a physician practicing with us. Our setting in the heart of Wisconsin makes it possible for you to explore all of the lifestyle options which come with living in an environment rich in natural wonders and short on congestion.

Expanding Otolaryngology services has created an opening for a **BC/BE General Otolaryngologist at our Center in Wausau**; and a **BC/BE Otolaryngologist at our Marshfield Center** with a subspecialty interest in Laryngology or Head and Neck Surgery.

We offer a generous guaranteed salary and comprehensive benefits including dental, life, disability and occurrence based malpractice insurance, 38 days paid leave to start plus \$5,800 CME allowance; fully funded retirement plan and matching 401K plan; outstanding schools. Affordable housing. No long commutes. Plentiful outdoor recreation; convenient auto/air transportation to St Paul/Minneapolis, Chicago, Milwaukee, and Madison.

Please contact: Mary Treichel, Physician Recruitment, Marshfield Clinic, 1000 N. Oak Ave., Marshfield, WI 54449. **Phone:** 800-782-8581, extension 15774; **Fax #:** 715-221-5779; **E-mail:** [treichel.mary@marshfieldclinic.org](mailto:treichel.mary@marshfieldclinic.org) **Website:** [www.marshfieldclinic.org/recruit](http://www.marshfieldclinic.org/recruit); **Facebook:** [www.facebook.com/marshfieldclinicphysrec](http://www.facebook.com/marshfieldclinicphysrec)

Marshfield Clinic is an Affirmative Action/Equal Opportunity employer that values diversity. Minorities, females, individuals with disabilities and veterans are encouraged to apply. Sorry, not a health professional shortage area.

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### Northern California ENT and Otology Opportunities

Sutter Health is one of the nation's leading non-for-profit networks whose health care providers join resources and expertise to deliver care to patients in over 100 Northern California communities.

**Current opportunities include:** **Auburn** - Establish a practice with Sutter Medical Group (SMG) or Sutter Independent Physicians (SIP) affiliated with Sutter Auburn Faith Hospital (SAFH). SAFH is an 80-bed community based hospital with a service area of 95,000. **Vacaville** - Join Sutter Medical Group (SMG), affiliated with Sutter Solano Medical Center (SSMC) and Sutter Davis Hospital (SDH). SSMC has 102 licensed beds, is among the top hospital in the region according to independent quality rating organizations. SDH is a 48-bed acute care hospital that provides convenient, quality care. **Sacramento** - Join SMF affiliated with Sutter Medical Center, Sacramento (SMCS). SMCS has more than 400 licensed beds at three facilities: Sutter General Hospital, Sutter Memorial Hospital and Sutter Cancer Center for Psychiatry.

**SMG** is a multi-specialty, 600+ physician group in the Placer, Sacramento, Solano, and Yolo Counties, recognized as a Top Performing group by the Integrated Healthcare Association. **SIP** is an independent practice association comprised of 500+ physicians throughout the Placer, Sacramento, Solano and Yolo counties.

**No matter where you decide to practice within Sutter Health, you'll enjoy:**

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**Contact:** Sutter Health Sacramento Sierra Region Physician Recruitment  
800-650-0625 ▪ [develops@sutterhealth.org](mailto:develops@sutterhealth.org)  
[www.checksutterfirst.org](http://www.checksutterfirst.org)







## Pediatric Otolaryngology - Academic Position

The Department of Otorhinolaryngology is recruiting a third Pediatric Otolaryngologist to join a busy, tertiary Pediatric Otolaryngology practice. This is a unique opportunity to join a rapidly growing Department at a major University Children's Hospital with a large Level III NICU and a Level I Trauma Center. Excellent compensation and benefits. Academic appointment commensurate with experience. Strong interest in resident and medical student teaching and research is encouraged.

*Applicants should forward a CV and statement of interest to:*

Soham Roy, MD, FACS, FAAP

Director of Pediatric Otolaryngology

The University of Texas Medical School at Houston

Department of Otorhinolaryngology-Head & Neck Surgery

713-383-3727 (fax)

Soham.Roy@uth.tmc.edu

<http://www.ut-ent.org>



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## Full Time Faculty Opportunities University of Rochester Medical Center

### Laryngologist

BC/BE, fellowship trained or equivalent experience laryngologist at any rank is sought to help build a nationally prominent laryngology and voice practice. Applicants should have a strong interest in clinical care and academic teaching. Protected research time and resources are available if candidate seeks a career as a clinician-scientist.

### Pediatric Otolaryngologist

BC/BE, fellowship trained pediatric otolaryngologist at any rank is sought to practice at the Golisano Children's Hospital. This position offers excellent opportunities to practice the full range of the specialty in state of the art facilities. Resident teaching is expected and scholarly activities strongly encouraged. Protected research time and resources are available for candidates seeking a career as a clinician-scientist.

### General Otolaryngology

BC/BE otolaryngologists with broad clinical interests are sought to develop a general otolaryngology practice in a community setting with full academic support. Protected research time and resources are available for clinician-scientists.

Our robust clinical practice and training program is affiliated with the University of Rochester Medical Center's Strong Memorial Hospital. The clinical office is located in a new facility opened in 2004. These are excellent opportunities to practice with an established group of academic faculty who already have practices in all Otolaryngology subspecialty areas, in a growing academic department.

The University of Rochester is an affirmative action/equal opportunity employer and strongly encourages applications from women and minorities.

*Interested candidates should send their curriculum vitae and letter of interest to:*

Shawn Newlands, M.D., Ph.D., M.B.A., F.A.C.S.

Professor and Chair

Department of Otolaryngology

Strong Memorial Hospital

601 Elmwood Avenue

Box 629

Rochester, NY 14642

(585) 758-5700

[shawn\\_newlands@urmc.rochester.edu](mailto:shawn_newlands@urmc.rochester.edu)

## General Otolaryngologist

POSITION NUMBER: M0202609

The University of Kansas Otolaryngology-Head & Neck Surgery Department is seeking a General Otolaryngologist to join a faculty of 15 physicians. The successful candidate will develop a practice at The Kansas University Medical Center and affiliated hospital sites and teach residents & medical students.

## Head and Neck Surgeon

POSITION NUMBER: J0010781

The University of Kansas Otolaryngology-Head & Neck Surgery Department is seeking a BC/BE Head and Neck Surgeon for a full-time academic position. Fellowship training with expertise in microvascular surgery and an interest in oncologic research preferred.

Responsibilities include continued development of a strong clinical practice with three other members of the Head and Neck Team, resident and medical student education, and clinical or basic science research.

## Head and Neck Fellow

POSITION NUMBER: J0020146

### CLINICAL FOCUS

Head and Neck Surgical Oncology, Skull Base Surgery (anterior and lateral), Minimally Invasive Endoscopic Laser Surgery, Minimally Invasive Endocrine Surgery, Microvascular Reconstructive Surgery

Responsibilities will include clinical activities, clinical/basic science research, and resident and medical student teaching. Additional educational opportunities include a graduate level Clinical Research Training series, access to a microvascular laboratory, a craniomaxillofacial plating course and clinical research support personnel.

### APPLICANT REQUIREMENTS

Successful completion of an ACGME-accredited Otolaryngology-Head and Neck Surgery Residency training program, ABO board certified/eligible and Kansas and Missouri license eligible.



## To view position online:

<http://jobs.kumc.edu>  
(Search by Position Number)

## For job information or to apply, contact:

Douglas Girod, MD, FACS  
Professor and Chairman

The University of Kansas  
School of Medicine  
Department of Otolaryngology-  
Head & Neck Surgery  
3901 Rainbow Blvd. MS 3010  
Kansas City, KS 66160

Phone: 913-588-6719  
Email: [dgirod@kumc.edu](mailto:dgirod@kumc.edu)

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Contact Kathleen Kittredge  
800.303.6893  
kathleenkittredge@gmail.com

### BC/BE OTOLARYNGOLOGIST

**Geisinger Medical Center (GMC) in Danville, PA is seeking a BC/BE fellowship-trained Head & Neck Otolaryngologist with special interest in Endocrine Surgery**

Bring your expertise to an established, growing practice at Geisinger Medical Center – Danville, PA. This practice opportunity is pre-built with a broad-range of referrals coming from community-based primary care physicians. Take part in the growth of this dynamic department, teach residents and pursue research in your area of interest.

For more information or to apply for this position, please contact **Autum Ellis, Professional Staff Recruiter**, at 1-800-845-7112, email [amellis1@geisinger.edu](mailto:amellis1@geisinger.edu) or learn more at [Join-Geisinger.org](http://Join-Geisinger.org)

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## OTOLOGIST / NEUROTOLOGIST

Seeking an experienced, fellowship-trained otologist/neurotologist to replace a retiring senior partner at the world-renowned **Shea Ear Clinic** in Memphis, TN. The **Shea Ear Clinic** was founded in 1926 and is a tertiary referral otologic clinic that specializes in the treatment of all diseases of the hearing and balance system, including chronic otitis media, stapedectomy, cochlear implantation, and inner ear perfusion. We are an extremely successful and innovative four-physician private practice with our own outpatient surgery center and hearing aid center. We currently have three otologists and one general otolaryngologist. Our state of the art audiology department has three Aud's and one audiology tech. Clinical appointments are available at the University of Tennessee Department of Otolaryngology – Head and Neck Surgery and teaching of residents is encouraged. Major procedures such as acoustic neuromas are performed at one of several large local hospitals.

**Extremely competitive salary and benefits** plus fast track to partnership, generous signing bonus, and relocation package. Memphis is a major regional medical center that serves patients from the mid-south and beyond. Memphis offers a laid-back lifestyle with a low cost of living and small town southern hospitality, but big-city amenities, professional sports, good schools, and many cultural attractions.

*Please reply ASAP to*

**[john.emmett@sheaclinic.com](mailto:john.emmett@sheaclinic.com)**



**ACADEMIC  
HEAD & NECK SURGEON  
West Virginia University**

The Department of Otolaryngology at West Virginia University is seeking a fellowship-trained head and neck surgeon to expand our well established head and neck oncology service. Expertise with both ablative and microvascular reconstructive procedures is desired. Responsibilities include teaching of residents and medical students, patient care and clinical/basic research.

The Department currently has ten physician faculty members and fifteen residents and has an active NIH-funded research division with three PhD scientists.

West Virginia University is located in beautiful Morgantown, which is rated one of the best small towns in America in regard to quality of life. Morgantown is located 80 miles south of Pittsburgh and three hours from Washington, DC. The position will become available in October 2011 and will remain open until filled. The WVU Health Sciences Center is a smoke free campus. West Virginia University is the recipient of an NSF ADVANCE award for gender equity.

*Contact:*

Hassan Ramadan, MD  
Department of Otolaryngology  
R.C. Byrd Health Sciences Center  
Morgantown, WV 26506-9200  
Telephone: (304) 293-3233; Fax: (304) 293-2902  
e-mail: hramadan@hsc.wvu.edu  
West Virginia University is an EOE/AA employer.



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- Large Allergy Department
- Busy Hearing Aid business with five audiologists
- Electronic Medical Records
- In-office CT Scanner
- Three upscale offices owned by the Practice
- Greater Cincinnati/Northern Kentucky living area offers cosmopolitan/urban, suburban or country lifestyles as well as award winning school systems

**For consideration, send your cover letter and CV to:**

**Sarah Gosney, Administrative Services, Head and Neck Surgery Associates, P.S.C.  
40 N. Grand Avenue, Suite 103, Fort Thomas, KY 41075  
Phone: (859) 572-3046, Fax: (859) 572-3045, Email: sarahg@nkyent.com**

**PEDIATRIC OTOLARYNGOLOGY OPPORTUNITY**

*San Antonio, Texas*



**CHRISTUS  
SANTA ROSA  
Health Care**

CHRISTUS Santa Rosa Medical Group, part of the CHRISTUS Provider Network (CPN), seeks an additional board certified/board eligible Pediatric Otolaryngologist.

In this practice, you will join a well-established department and participate in a shared call arrangement of one in three. Position can accommodate candidates with various areas of special interest. An academic appointment at UT Health Science Center is available if desired.

This practice offers an attractive mix of outpatient and inpatient medicine. The opportunity exists to perform clinical research and to teach residents and medical students. In this position, you will practice at CHRISTUS Santa Rosa Children's Hospital. An attractive compensation package will be offered along with a full and comprehensive benefits package.

CPN was named a 2009 Distinctive Workplace Award Winner by Press Ganey Associates, Inc.

Located at the foot of the picturesque Hill Country, San Antonio is the most popular travel destination in the state of Texas! Because of its outstanding location, vast array of residential communities, exemplary schools, and low cost of living, San Antonio is also a wonderful place to call home. The city's success at attracting newcomers and visitors is recognized among many; Forbes magazine named San Antonio as the No. 5 Best Job Market in America; U.S. News & World Report named it as the No. 2 Best Family Vacation Destinations; and NBC's Today Show ranked it as one of the five friendliest cities in the U.S.

To learn more, visit: [www.christusprovidernetwork.org](http://www.christusprovidernetwork.org) or [www.christussantarosa.org](http://www.christussantarosa.org).

For more information and to apply for this position, contact either:

**Danise A. Cooper**

[dcooper@cejkasearch.com](mailto:dcooper@cejkasearch.com) | 800-678-7858

**Beth Briggs**

[ebiggs@cejkasearch.com](mailto:ebiggs@cejkasearch.com) | 800-678-7858



## COASTAL NORTH CAROLINA PRACTICE OPPORTUNITY

Well established regional Otolaryngology practice is seeking a BC/BE Otolaryngologist. In its fourth decade, this four physician group has three office locations serving Eastern North Carolina.

Practice includes full audiology and allergy services with CT scanner, EMR, and operating/laser suite. Three audiologists and a strong support staff are in place to support further practice growth. All aspects of Otolaryngology are practiced and specialty interests in laryngology, head & neck oncology or facial plastics can be easily integrated into existing practice.

Coastal Eastern North Carolina is a beautiful region rich in history and offering abundant access to local rivers and sounds as well as various beach communities along North Carolina's Outer Banks.

*Interested applicants should contact:*

**T. Oma Hester, MD, FACS**  
**Coastal Ear, Nose & Throat Associates, PLLC**  
 3110 Wellons Blvd.  
 New Bern, NC 28562  
 252-638-2515  
 ohester@coastalent.com



## Southern New Hampshire Otolaryngology Group Seeks Fourth Physician

Three established physicians who appreciate hard work, enthusiasm and the highest quality of medical care are looking for a BC/BE Otolaryngologist who shares the same values.

Manchester, New Hampshire is conveniently located one hour from Boston, the seacoast and the White Mountains. New Hampshire is known for its excellent skiing, hiking, biking and fishing. Its beautiful lakes broaden the appeal to those who enjoy an active outdoor lifestyle set in a temperate four-season climate.

Money magazine has named Manchester, NH as the top small city in the Northeast. It boasts low unemployment, low crime rate and is a wonderful city to raise a family. New Hampshire is unique for having no sales or income tax and has the highest qualities of living in the nation!

Southern New Hampshire continues to grow at a rapid pace, therefore affording us the opportunity to expand. Our physicians have worked hard to earn the respect of the community and are held in the utmost regard.

We offer a 2 year partnership tract, competitive salary with incentive bonus and a very generous benefit package including 401K and profit sharing.

To learn more about our group, please visit our website: [www.entspecialistsnh.com](http://www.entspecialistsnh.com) or contact Heather Rice, [Hrice@entspec.org](mailto:Hrice@entspec.org)

**Ear Nose & Throat Specialists of Southern New Hampshire, PA**  
 30 Canton Street, Suite Two  
 Manchester, NH 03103 • (603)656-2100



## OTOLARYNGOLOGIST OPPORTUNITY

Maine Coast Memorial Hospital, Ellsworth, Maine, is seeking an additional Board Certified or board eligible Otolaryngologist. The physician can look forward to a strong referral pattern and existing patient base. A well-run small community hospital, MCMH provides an excellent environment for a busy Otolaryngology practice. In addition, the physician will be able to walk into a fully equipped office and will enjoy an experienced surgical staff. Surgery is on the hospital campus in both an inpatient or outpatient setting. As a smaller hospital, ER call is light with minimal trauma. Excellent salary, benefits, vacation and CME. Signing and relocation bonuses are available, along with medical education loan reimbursement.

MCMH is committed to serving our patients with excellence in healthcare. The Ellsworth community is nestled on the scenic Maine coast and is surrounded by Acadia National Park with mountains and exceptional year-round recreation including hiking, biking, fishing, hunting, boating, skiing, golf and more. Our neighborhoods are safe, family friendly and have outstanding schools.

### Please send your CV to:

Maine Coast Memorial Hospital  
 Heather Fowler, Physician Recruiter  
 50 Union Street, Ellsworth Maine 04605  
 Phone: (207) 664-5314  
 Fax: (207) 664-5452  
 Email: [hfowler@mainehospital.org](mailto:hfowler@mainehospital.org)

[www.mainehospital.org](http://www.mainehospital.org)

*Maine Coast Memorial Hospital is an  
equal opportunity employer.*



### COLLEGE OF MEDICINE

Department of Otolaryngology - Head & Neck Surgery

The Department of Otolaryngology – Head & Neck Surgery and Myles L. Pensak, MD, FACS, H.B. Brody Professor and Chairman, are expanding their clinical/academic programs and recruiting a full-time, board certified **Otolaryngologist with a background and experience in adult and pediatric otologic patient care including cochlear implantation.**

This position requires a strong interest and commitment to the education of residents, fellows and medical students. Academic appointment will be commensurate with experience/qualifications. MD degree and the obtainment of a permanent Ohio medical licensure required.

Interested candidates should send a letter of interest, CV and a list of three references to:

**[www.jobsatuc.com](http://www.jobsatuc.com)**

*--The University of Cincinnati is an equal opportunity and affirmative action employer--*



18th Annual

## UTAH OTOLARYNGOLOGY UPDATE

**JUNE 22 & 23, 2012 - Salt Lake City**

### GUEST SPEAKERS:

• Patrick J. Antonelli, MD

*James Parkin Lecturer*

*University of Florida*

• Shan R. Baker, MD

*David Dolowitz Memorial Lecturer*

*University of Michigan*

• David R. White, MD

*Steven Gray Memorial Lecturer*

*Medical University of South Carolina*

For further info please contact:

**Halley Langford, 801-581-7515**

**[halley.langford@hsc.utah.edu](mailto:halley.langford@hsc.utah.edu)**

Sponsored by University of Utah Otolaryngology - Head and Neck Surgery  
and by University of Utah School of Medicine



The University of Utah School of Medicine is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians.

### OTOLARYNGOLOGIST

#### **Geisinger Health System is seeking a BC/BE Otolaryngologist**

Bring your expertise to a well-established program at Geisinger Wyoming Valley Medical Center in Wilkes-Barre, PA. Take part in the growth of this dynamic department, teach residents and pursue research in your area of interest.

Visit **[Join-Geisinger.org/266/OtoGWV](http://Join-Geisinger.org/266/OtoGWV)**

to learn more about this position or  
contact Autum Ellis, Physician Recruiter,  
at 1-800-845-7112 or [amellis1@geisinger.edu](mailto:amellis1@geisinger.edu).

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### NORTHWEST HOUSTON OTOLARYNGOLOGIST

Busy, stable general otolaryngology private practice in NW Houston seeks a board certified or board eligible Otolaryngologist to join our group. All facets of otolaryngology are covered at this facility, including an allergy lab, hearing aid lab, VNG and sleep lab. Practice consists of three otolaryngologists (two full time board certified with one subspecialty board certified in sleep medicine & one part-time) and two audiologists. Practice has two locations in medical professional buildings. Demographic base of more than two hundred thousand patients in vicinity of nearby hospital and half a million patients in general NW Houston area.

*Interested physicians should contact*

**Don Unfried at 281-732-9770**

or email at **[donunfried@hcstexas.com](mailto:donunfried@hcstexas.com)**

Pittsburgh Ear Research Foundation  
Division of Otolaryngology Research and Neurotology  
Allegheny General Hospital  
Pittsburgh, Pennsylvania

presents

## Temporal Bone Microanatomy and Hands-On Dissection Workshop

June 22-23, 2012  
October 26-27, 2012

This workshop is intended for otolaryngologists  
interested in the most recent development in  
temporal bone surgical techniques.

Registration Fee: \$400  
Location: Allegheny General Hospital  
Pittsburgh, Pennsylvania  
Course Co-Directors: Douglas A. Chen, MD, FACS  
Todd A. Hillman, MD

For additional information, please contact Allegheny  
General Hospital, Continuing Medical Education, 320  
East North Ave., Pittsburgh, PA 15212, by phone at  
(412) 359-4952, by e-mail at [tcochran@wpahs.org](mailto:tcochran@wpahs.org) or  
by fax (412) 359-8218.

May 18 - 19, 2012 • New York City

## Advanced Endoscopic Skull Base and Pituitary Surgery

COURSE DIRECTORS:  
Vijay K. Anand, MD, FACS  
Theodore H. Schwartz, MD, FACS

GUEST FACULTY:  
John Jane Jr, MD  
Charles Teo, MD



2-DAY COURSE DESCRIPTION: This course is a comprehensive  
overview of the newly emerging field of endoscopic skull base  
surgery combining didactic sessions with hands-on cadaver  
dissection. At the completion of this course, participants should  
be well equipped to start utilizing these approaches in their  
own practices. Endoscopic instruments and surgical navigation  
equipment will be available to participants for use on fresh  
cadavers during laboratory sessions. Participants will have an  
opportunity to discuss difficult cases with the faculty during  
panel discussions. Early registration is highly recommended.

LOCATION: Weill Cornell Medical College  
1300 York Avenue, New York, NY 10065

INFORMATION: Course Coordinator  
Tel: 212-585-6800  
email: [jeg9059@nyp.org](mailto:jeg9059@nyp.org)  
[www.cornellneurosurgery.org](http://www.cornellneurosurgery.org)



Weill Cornell  
Medical College

NewYork-Presbyterian  
Weill Cornell Medical Center

## GEORGIA SOCIETY OF OTOLARYNGOLOGY/ HEAD & NECK SURGERY Annual Summer Meeting & Scientific Assembly July 19-22, 2012 Loews Royal Pacific Resort at Universal Orlando, FL



The 2012 Annual Meeting & Scientific Assembly will consist of half days of CME lectures on Friday, Saturday, and Sunday mornings  
allowing time for attendees to enjoy Orlando and the theme parks. Receive FREE Universal Express access in both Universal Orlando  
theme parks when you book your room at Loews Royal Pacific Resort under the Georgia Society of Otolaryngology room block. Call  
(888) 430-4999 to receive the GSO/HNS room rate. Make sure to join us for a Thursday Night Wine & Cheese Welcome Reception  
and a Saturday Night Dessert & Drinks Party to wind down after a day at the park.



Scan this code from your smart phone to go directly to the online meeting information and registration page.  
Search QR Code in your app store, download, and scan.

For full meeting details and registration visit [www.gsohns.org](http://www.gsohns.org)



12TH ANNUAL  
**Charleston Magnolia Conference**  
JUNE 1 - 2, 2012

— GUEST SPEAKERS —

<b>John W. House, MD</b> President, House Research Institute Los Angeles, CA	<b>John S. Rhee, MD, MPH</b> John C. Koss Professor and Chair Otolaryngology & Communication Sciences Medical College of Wisconsin, Milwaukee, WI
<b>Heinrich Iro, MD</b> Professor & Chair Otorhinolaryngology Head & Neck Surgery University of Erlangen Nurnberg, Germany	<b>James D. Sidman, MD</b> Chief, Otolaryngology Children's Hospital Minneapolis, MN

— TOPICS —

- Endoscopic Sinus Surgery • Pediatric Sleep Apnea
- Endoscopic and Robotic Head and Neck Cancer Surgery
- Management of Cholesteatoma
- Management of Salivary Gland Disease
- Facial Reconstructive Surgery • Endocrine Surgery
- Vascular Anomalies in Children

— RECREATION —

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Otolaryngology - Head & Neck Surgery  
Contact: 843-792-8238 • Email: padlangi@musc.edu  
<http://ENT.musc.edu>

**University Of Michigan Health System**  
**Department of Otolaryngology-Head and Neck Surgery**

**Advanced Research Training in Otolaryngology Program**  
**Post-Residency Research Fellowships**

**July 1, 2012-June 30, 2013**

**July 1, 2013-June 30, 2014**

The Department of Otolaryngology-Head & Neck Surgery is currently seeking candidates for one-year research training fellowships in Otolaryngology. This program has provided research training with internationally recognized faculty for over 20 years.

One position is available per year and is renewable.

Must be a U.S. citizen or permanent resident holding a green card.

<http://www.med.umich.edu/oto/research/artopindex.shtm>

Marci M. Lesperance, MD, FACS, FAAP  
Training Grant Program Director  
CW 5-702

1540 E. Hospital Drive  
Ann Arbor, MI 48109-4241  
(734) 936-9816  
Fax (734) 763-7802



*Tenth Annual*  
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and  
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**June 8–9, 2012**



*An update and overview of current concepts in general otolaryngology, laryngology, rhinology, otology, and head and neck surgery.*

**Distinguished Guest Speaker**

**Michael G. Stewart, M.D., M.P.H.**

Professor of Otolaryngology  
Weill Cornell Medical College, New York, New York

**Program Co-Chairs**

**Lana L. Jackson, Pharm.D., M.D., F.A.C.S.**

**David J. Terris, M.D., F.A.C.S.**

Department of Otolaryngology - Head and Neck Surgery  
Georgia Health Sciences University, Augusta, GA

**FOR QUESTIONS:**

Division of Continuing Education  
Georgia Health Sciences University  
Augusta, GA 30912

**Phone:** 800-221-6437 or 706-721-3967

**Fax:** 706-721-4642

**E-mail:** [MQUARLES@georgiahealth.edu](mailto:MQUARLES@georgiahealth.edu)


**Internet:** [www.georgiahealth.edu/ce/](http://www.georgiahealth.edu/ce/)



**Georgia Health Sciences University**



# Special Thanks To Our IRT Partners



We extend a special thank you to the partners of the AAO-HNSF Industry Round Table (IRT) program. Corporate support is critical to realizing the mission of the Academy, to help our members achieve excellence and provide the best ear, nose, and throat care through professional and public education and research. Our partnerships with these organizations who share this mission allow the Academy to continue to provide the programs and initiatives that are integral to our members providing the best patient care.

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For more information on support  
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Development Office  
Phone: 1-703-535-3718  
Email: [development@entnet.org](mailto:development@entnet.org)

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