

bulletin

American Academy of Otolaryngology—Head and Neck Surgery December 2013—Vol.32 No.12

2013 Committee Highlights

14

CPT Changes for 2014:
What ENTs Need to Know

38

2013 Annual Report:
Accomplishments—
Achievements—Opportunities

Year-Long Education Needs Assessment Initiative a Success 39



DYMISTA®

(azelastine hydrochloride and
fluticasone propionate) Nasal Spray
137 mcg/50 mcg per Spray



First and Only

for rapid and more

Indication

Dymista Nasal Spray, containing an H₁-receptor antagonist and a corticosteroid, is indicated for the relief of symptoms of seasonal allergic rhinitis in patients 12 years of age and older who require treatment with both azelastine hydrochloride and fluticasone propionate for symptomatic relief.

Important Safety Information

- Patients may experience somnolence. Caution patients against engaging in hazardous occupations requiring complete mental alertness, such as driving or operating machinery
- Patients should avoid concurrent use of alcohol or other central nervous system (CNS) depressants because additional reductions in alertness and additional impairment of CNS performance may occur
- Because of the inhibitory effect of corticosteroids on wound healing, avoid use in patients with recent nasal ulcers, nasal surgery, or nasal trauma until healed
- Glaucoma, cataracts, and increased intraocular pressure may be associated with nasal corticosteroid use; therefore, close monitoring is warranted in patients with a change in vision and/or with a history of increased intraocular pressure, glaucoma, and/or cataracts
- Patients using corticosteroids may be susceptible to infections and may experience a more serious or even fatal course of chicken pox or measles. Dymista should be used with caution in patients with active or quiescent tuberculosis; fungal, bacterial, viral, or parasitic infections; or ocular herpes simplex
- Systemic corticosteroid effects, such as hypercorticism and adrenal suppression, may occur with very high dosages or at the regular dosage in susceptible individuals. If such changes occur, discontinue Dymista gradually, under medical supervision
- Potent inhibitors of cytochrome P450 (CYP) 3A4 may increase blood levels of fluticasone propionate
- Ritonavir: coadministration is not recommended
- Other potent CYP3A4 inhibitors, such as ketoconazole: use caution with coadministration
- Intranasal corticosteroids may cause a reduction in growth velocity when administered to pediatric patients. Monitor the growth routinely of pediatric patients receiving Dymista
- In clinical trials, the most common adverse reactions that occurred with Dymista Nasal Spray, azelastine hydrochloride nasal spray, fluticasone nasal spray, and vehicle placebo groups, respectively, were dysgeusia (4%, 5%, 1%, <1%), epistaxis (2% for each group), and headache (2%, 2%, 2%, and 1%)
- Pregnancy Category C: based on animal data; may cause fetal harm



complete *relief*

from seasonal allergy symptoms^{1,2}

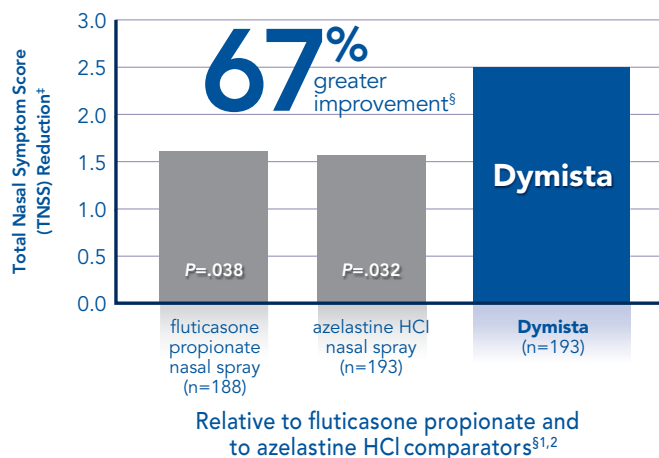
Rapid Symptom Relief vs Placebo

30 minute
onset^{*†}



Identified by patients as the most important attribute of SAR treatment³

Magnitude of Nasal Symptom Relief



*Onset of action was defined as the first timepoint at which Dymista was statistically superior to placebo in the mean change from baseline in instantaneous TNSS and was sustained thereafter.¹

†Change from baseline in instantaneous TNSS following administration.²

Data shown are from study MP 4004. Across the 3 pivotal clinical trials, the improvement with Dymista ranged from 40% to 67% greater than the improvement achieved with either comparator.²

‡Change from baseline in the placebo-subtracted mean TNSS for each day (maximum score 24), averaged over the 14-day study period.²

§Percent difference represents the improvement in TNSS with Dymista relative to fluticasone propionate or azelastine HCl comparator. The fluticasone propionate and azelastine HCl comparators used the same device and vehicle as Dymista and are not commercially marketed.²

References: 1. Dymista [package insert]. Somerset, NJ: Meda Pharmaceuticals Inc; 2012.

2. Data on File. Meda Pharmaceuticals Inc. 3. Marple BF, Fornadley JA, Patel AH, et al. Keys to successful management of patients with allergic rhinitis: focus on patient confidence, compliance, and satisfaction. *Otolaryngol Head Neck Surg.* 2007;136:S107-S124.

Please see Brief Summary of Full Prescribing Information on the following pages.

DYMISTA[®]
(azelastine hydrochloride and
fluticasone propionate) Nasal Spray
137 mcg/50 mcg per Spray

www.Dymista.com

DYMISTA (AZELASTINE HYDROCHLORIDE 137 MCG / FLUTICASONE PROPIONATE 50 MCG) NASAL SPRAY

Brief Summary (for Full Prescribing Information, see package insert)

1 INDICATIONS AND USAGE

Dymista Nasal Spray is indicated for the relief of symptoms of seasonal allergic rhinitis in patients 12 years of age and older who require treatment with both azelastine hydrochloride and fluticasone propionate for symptomatic relief.

5 WARNINGS AND PRECAUTIONS

5.1 Somnolence

In clinical trials, the occurrence of somnolence has been reported in some patients (6 of 853 patients) taking Dymista Nasal Spray [see *Adverse Reactions* (6.1)]. Patients should be cautioned against engaging in hazardous occupations requiring complete mental alertness and motor coordination such as operating machinery or driving a motor vehicle after administration of Dymista Nasal Spray. Concurrent use of Dymista Nasal Spray with alcohol or other central nervous system depressants should be avoided because additional reductions in alertness and additional impairment of central nervous system performance may occur [see *Drug Interactions* (7.1)].

5.2 Local Nasal Effects

In clinical trials of 2 to 52 weeks' duration, epistaxis was observed more frequently in patients 38 treated with Dymista Nasal Spray than those who received placebo [see *Adverse Reactions* (6)].

Instances of nasal ulceration and nasal septal perforation have been reported in patients following the intranasal application of corticosteroids. There were no instances of nasal ulceration or nasal septal perforation observed in clinical trials with Dymista Nasal Spray. Because of the inhibitory effect of corticosteroids on wound healing, patients who have experienced recent nasal ulcers, nasal surgery, or nasal trauma should not use Dymista Nasal Spray until healing has occurred. In clinical trials with fluticasone propionate administered intranasally, the development of localized infections of the nose and pharynx with *Candida albicans* has occurred. When such an infection develops, it may require treatment with appropriate local therapy and discontinuation of treatment with Dymista Nasal Spray. Patients using Dymista Nasal Spray over several months or longer should be examined periodically for evidence of *Candida* infection or other signs of adverse effects on the nasal mucosa.

5.3 Glaucoma and Cataracts

Nasal and inhaled corticosteroids may result in the development of glaucoma and/or cataracts. Therefore, close monitoring is warranted in patients with a change in vision or with a history of increased intraocular pressure, glaucoma, and/or cataracts.

Glaucoma and cataract formation were evaluated with intraocular pressure measurements and slit 56 lamp examinations in a controlled 12-month study in 612 adolescent and adult patients aged 12 years and older with perennial allergic or vasomotor rhinitis (VMR). Of the 612 patients enrolled in the study, 405 were randomized to receive Dymista Nasal Spray (1 spray per nostril twice daily) and 207 were randomized to receive fluticasone propionate nasal spray (2 sprays per nostril once daily). In the Dymista Nasal Spray group, one patient had increased intraocular pressure at month 6. In addition, three patients had evidence of posterior subcapsular cataract at month 6 and one at month 12 (end of treatment). In the fluticasone propionate group, three patients had evidence of posterior subcapsular cataract at month 12 (end of treatment).

5.4 Immunosuppression

Persons who are using drugs, such as corticosteroids, that suppress the immune system are more susceptible to infections than healthy individuals. Chickenpox and measles, for example, can have a more serious or even fatal course in susceptible children or adults using corticosteroids. In children or adults who have not had these diseases or been properly immunized, particular care should be taken to avoid exposure. How the dose, route, and duration of corticosteroid administration affect the risk of developing a disseminated infection is not known. The contribution of the underlying disease and/or prior corticosteroid treatment to the risk is also not known. If exposed to chickenpox, prophylaxis with varicella zoster immune globulin (VZIG) may be indicated. If exposed to measles, prophylaxis with pooled intramuscular immunoglobulin 74 (IG) may be indicated. (See the respective package inserts for complete VZIG and IG prescribing information.) If chickenpox develops, treatment with antiviral agents may be considered.

Corticosteroids should be used with caution, if at all, in patients with active or quiescent tuberculous infections of the respiratory tract; untreated local or systemic fungal or bacterial infections; systemic viral or parasitic infections; or ocular herpes simplex because of the potential for worsening of these infections.

5.5 Hypothalamic-Pituitary-Adrenal (HPA) Axis Effects

When intranasal steroids are used at higher than recommended dosages or in susceptible individuals at recommended dosages, systemic corticosteroid effects such as hypercorticism and adrenal suppression may appear. If such changes occur, the dosage of Dymista Nasal Spray should be discontinued slowly, consistent with accepted procedures for discontinuing oral corticosteroid therapy. The concomitant use of intranasal corticosteroids with other inhaled corticosteroids could increase the risk of signs or symptoms of hypercorticism and/or suppression of the HPA axis. The replacement of a systemic corticosteroid with a topical corticosteroid can be accompanied by signs of adrenal insufficiency, and in addition some patients may experience symptoms of withdrawal, e.g., joint and/or muscular pain, lassitude, and depression. Patients previously treated for prolonged periods with systemic corticosteroids and transferred to topical corticosteroids should be carefully monitored for acute adrenal insufficiency in response to stress. In those patients who have asthma or

other clinical conditions requiring long-term systemic corticosteroid treatment, too rapid a decrease in systemic corticosteroids may cause a severe exacerbation of their symptoms.

5.6 Use of Cytochrome P450 3A4 Inhibitors

Ritonavir and other strong cytochrome P450 3A4 (CYP3A4) inhibitors can significantly increase plasma fluticasone propionate exposure, resulting in significantly reduced serum cortisol concentrations [see *Drug Interactions* (7.2) and *Clinical Pharmacology* (12.3)]. During postmarketing use, there have been reports of clinically significant drug interactions in patients receiving fluticasone propionate and ritonavir, resulting in systemic corticosteroid effects including Cushing syndrome and adrenal suppression. Therefore, coadministration of Dymista Nasal Spray and ritonavir is not recommended unless the potential benefit to the patient outweighs the risk of systemic corticosteroid side effects.

Use caution with the coadministration of Dymista Nasal Spray and other potent CYP3A4 inhibitors, such as ketoconazole [see *Drug Interactions* (7.2) and *Clinical Pharmacology* (12.3)].

5.7 Effect on Growth

Corticosteroids may cause a reduction in growth velocity when administered to pediatric patients. Monitor the growth routinely of pediatric patients receiving Dymista Nasal Spray [see *Use in Specific Populations* (8.4)].

6 ADVERSE REACTIONS

Systemic and local corticosteroid use may result in the following:

- Somnolence [see *Warnings and Precautions* (5.1)]
- Local nasal effects, including epistaxis, nasal ulceration, nasal septal perforation, impaired wound healing, and *Candida albicans* infection [see *Warnings and Precautions* (5.2)]
- Cataracts and glaucoma [see *Warnings and Precautions* (5.3)]
- Immunosuppression [see *Warnings and Precautions* (5.4)]
- Hypothalamic-pituitary-adrenal (HPA) axis effects, including growth reduction [see *Warnings and Precautions* (5.5 and 5.7), *Use in Specific Populations* (8.4)]

6.1 Clinical Trials Experience

Because clinical trials are conducted under widely varying conditions, adverse reaction rates observed in clinical trials of a drug cannot be directly compared to rates in the clinical trials of another drug and may not reflect rates observed in practice. The safety data described below reflect exposure to Dymista Nasal Spray in 853 patients (12 years of age and older; 36% male and 64% female) with seasonal allergic rhinitis in 3 doubleblind, placebo-controlled clinical trials of 2-week duration. The racial distribution for the 3 clinical trials was 80% white, 16% black, 2% Asian, and 1% other. In the 12-month open-label, active-controlled clinical trial, 404 Asian patients (240 males and 164 females) with perennial allergic rhinitis or vasomotor rhinitis were treated with Dymista Nasal Spray, 1 spray per nostril twice daily.

Adults and Adolescents 12 Years of Age and Older

In the 3 placebo-controlled clinical trials of 2-week duration, 3411 patients with seasonal allergic rhinitis were treated with 1 spray per nostril of Dymista Nasal Spray, azelastine hydrochloride nasal spray, fluticasone propionate nasal spray, or placebo, twice daily. The azelastine hydrochloride and fluticasone propionate comparators use the same vehicle and device as Dymista Nasal Spray and are not commercially marketed. Overall, adverse reactions were 16% in the Dymista Nasal Spray treatment groups, 15% in the azelastine hydrochloride nasal spray groups, 13% in the fluticasone propionate nasal spray groups, and 12% in the placebo groups. Overall, 1% of patients in both the Dymista Nasal Spray and placebo groups discontinued due to adverse reactions.

Table 1 contains adverse reactions reported with frequencies greater than or equal to 2% and more frequently than placebo in patients treated with Dymista Nasal Spray in the seasonal allergic rhinitis controlled clinical trials.

Table 1. Adverse Reactions with ≥2% Incidence and More Frequently than Placebo in Placebo-Controlled Trials of 2 Weeks Duration with Dymista Nasal Spray in Adult and Adolescent Patients With Seasonal Allergic Rhinitis				
	1 spray per nostril twice daily			
	Dymista Nasal Spray (N=853)*	Azelastine Hydrochloride Nasal Spray† (N=851)	Fluticasone Propionate Nasal Spray† (N=846)	Vehicle Placebo (N=861)
Dysgeusia	30 (4%)	44 (5%)	4 (1%)	2 (<1%)
Headache	18 (2%)	20 (2%)	20 (2%)	10 (1%)
Epistaxis	16 (2%)	14 (2%)	14 (2%)	15 (2%)

*Safety population N=853, intent-to-treat population N=848

†Not commercially marketed

In the above trials, somnolence was reported in <1% of patients treated with Dymista Nasal Spray (6 of 853) or vehicle placebo (1 of 861) [see *Warnings and Precautions* (5.1)].

Long-Term (12-Month) Safety Trial:

In the 12-month, open-label, active-controlled, long-term safety trial, 404 patients (12 years of age and older) with perennial allergic rhinitis or vasomotor rhinitis were treated with Dymista Nasal Spray 1 spray per nostril twice daily and 207 patients were treated with fluticasone propionate nasal spray, 2 sprays per nostril once daily. Overall, adverse reactions were 47% in the Dymista Nasal Spray treatment group and 44% in the fluticasone propionate nasal spray group. The most frequently reported adverse reactions (≥ 2%) with Dymista Nasal Spray were headache, pyrexia, cough, nasal congestion, rhinitis, dysgeusia, viral infection, upper respiratory tract infection, pharyngitis, pain, diarrhea, and epistaxis. In the Dymista Nasal Spray treatment

group, 7 patients (2%) had mild epistaxis and 1 patient (<1%) had moderate epistaxis. In the fluticasone propionate nasal spray treatment group 1 patient (<1%) had mild epistaxis. No patients had reports of severe epistaxis. Focused nasal examinations were performed and no nasal ulcerations or septal perforations were observed. Eleven of 404 patients (3%) treated with Dymista Nasal Spray and 6 of 207 patients (3%) treated with fluticasone propionate nasal spray discontinued from the trial due to adverse events.

7 DRUG INTERACTIONS

No formal drug interaction studies have been performed with Dymista Nasal Spray. The drug interactions of the combination are expected to reflect those of the individual components.

7.1 Central Nervous System Depressants

Concurrent use of Dymista Nasal Spray with alcohol or other central nervous system depressants should be avoided because somnolence and impairment of central nervous system performance may occur [see *Warnings and Precautions* (5.1)].

7.2 Cytochrome P450 3A4

Ritonavir (a strong CYP3A4 inhibitor) significantly increased plasma fluticasone propionate exposure following administration of fluticasone propionate aqueous nasal spray, resulting in significantly reduced serum cortisol concentrations [see *Clinical Pharmacology* (12.3)]. During postmarketing use, there have been reports of clinically significant drug interactions in patients receiving fluticasone propionate and ritonavir, resulting in systemic corticosteroid effects including Cushing syndrome and adrenal suppression. Therefore, coadministration of fluticasone propionate and ritonavir is not recommended unless the potential benefit to the patient outweighs the risk of systemic corticosteroid side effects.

Ketoconazole (also a strong CYP3A4 inhibitor), administered in multiple 200 mg doses to steady-state, increased plasma exposure of fluticasone propionate, reduced plasma cortisol AUC, but had no effect on urinary excretion of cortisol, following administration of a single 1000 mcg dose of fluticasone propionate by oral inhalation route.

Caution should be exercised when Dymista Nasal Spray is coadministered with ketoconazole and other known strong CYP3A4 inhibitors.

8 USE IN SPECIFIC POPULATIONS

8.1 Pregnancy

Dymista Nasal Spray: Teratogenic Effects: Pregnancy Category C:

There are no adequate and well-controlled clinical trials of Dymista Nasal Spray, azelastine hydrochloride only, or fluticasone propionate only in pregnant women. Animal reproductive studies of azelastine hydrochloride and fluticasone propionate in mice, rats, and/or rabbits revealed evidence of teratogenicity as well as other developmental toxic effects. Because animal reproduction studies are not always predictive of human response, Dymista Nasal Spray should be used during pregnancy only if the potential benefit justifies the potential risk to the fetus.

Azelastine hydrochloride: Teratogenic Effects: In mice, azelastine hydrochloride caused embryo-fetal death, malformations (cleft palate; short or absent tail; fused, absent or branched ribs), delayed ossification, and decreased fetal weight at an oral dose approximately 610 times the maximum recommended human daily intranasal dose (MRHDID) in adults (on a mcg/m² basis at a maternal dose of 68.6 mg/kg). This dose also caused maternal toxicity as evidenced by decreased body weight. Neither fetal nor maternal effects occurred at a dose that was approximately 26 times the MRHDID (on a mcg/m² basis at a maternal dose of 3 mg/kg).

In rats, azelastine hydrochloride caused malformations (oligo- and brachydactylia), delayed ossification and skeletal variations, in the absence of maternal toxicity, at an oral dose approximately 530 times the MRHDID in adults (on a mcg/m² basis at a maternal dose of 30 mg/kg). At a dose approximately 1200 times the MRHDID (on a mcg/m² basis at a maternal dose of 68.6 mg/kg), azelastine hydrochloride also caused embryo-fetal death and decreased fetal weight; however, this dose caused severe maternal toxicity. Neither fetal nor maternal effects occurred at a dose approximately 53 times the MRHDID (on a mcg/m² basis at a maternal dose of 3 mg/kg).

In rabbits, azelastine hydrochloride caused abortion, delayed ossification, and decreased fetal weight at oral doses approximately 1100 times the MRHDID in adults (on a mcg/m² basis at a maternal dose of 30 mg/kg); however, these doses also resulted in severe maternal toxicity. Neither fetal nor maternal effects occurred at a dose approximately 11 times the MRHDID (on a mcg/m² basis at a maternal dose of 0.3 mg/kg).

Fluticasone propionate: Teratogenic Effects: Corticosteroids have been shown to be teratogenic in laboratory animals when administered systemically at relatively low dosage levels. Subcutaneous studies in the mouse and rat at doses approximately equivalent to and 4 times, respectively, the MRHDID in adults (on a mcg/m² basis at maternal doses of 45 and 100 mcg/kg respectively), revealed fetal toxicity characteristic of potent corticosteroid compounds, including embryonic growth retardation, omphalocele, cleft palate, and retarded cranial ossification.

In the rabbit, fetal weight reduction and cleft palate were observed at a subcutaneous dose less than the MRHDID in adults (on a mcg/m² basis at a maternal dose of 4 mcg/kg). However, no teratogenic effects were reported at oral doses up to approximately 25 times the MRHDID in adults (on a mcg/m² basis at a maternal dose of 300 mcg/kg) of fluticasone propionate to the rabbit. No fluticasone propionate was detected in the plasma in this study, consistent with the established low bioavailability following oral administration [see *Clinical Pharmacology* (12.3)].

Experience with oral corticosteroids since their introduction in pharmacologic, as opposed to physiologic, doses suggests that rodents are more prone to teratogenic effects from corticosteroids than humans. In addition, because there is a natural increase in corticosteroid production during pregnancy, most women will require a lower exogenous corticosteroid dose and many will not need corticosteroid treatment during pregnancy.

Nonteratogenic Effects: Fluticasone propionate crossed the placenta following oral administration of approximately 4 and 25 times the MRHDID in adults (on a mcg/m² basis at maternal doses of 100 mcg/kg and 300 mcg/kg to rats and rabbits, respectively).

8.3 Nursing Mothers

Dymista Nasal Spray: It is not known whether Dymista Nasal Spray is excreted in human breast milk. Because many drugs are excreted in human milk, caution should be exercised when Dymista Nasal Spray is administered to a nursing woman. Since there are no data from well-controlled human studies on the use of Dymista Nasal Spray by nursing mothers, based on data from the individual components, a decision should be made whether to discontinue nursing or to discontinue Dymista Nasal Spray, taking into account the importance of Dymista Nasal Spray to the mother.

Azelastine hydrochloride: It is not known if azelastine hydrochloride is excreted in human milk.

Fluticasone propionate: It is not known if fluticasone propionate is excreted in human milk. However, other corticosteroids are excreted in human milk. Subcutaneous administration to lactating rats of 10 mcg/kg of tritiated fluticasone propionate (less than the maximum recommended daily intranasal dose in adults on a mcg/m² basis) resulted in measurable radioactivity in the milk.

8.4 Pediatric Use

Safety and effectiveness of Dymista Nasal Spray in pediatric patients below the age of 12 years have not been established.

Controlled clinical studies have shown that intranasal corticosteroids may cause a reduction in growth velocity in pediatric patients. This effect has been observed in the absence of laboratory evidence of HPA axis suppression, suggesting that growth velocity is a more sensitive indicator of systemic corticosteroid exposure in pediatric patients than some commonly used tests of HPA axis function. The long-term effects of this reduction in growth velocity associated with intranasal corticosteroids, including the impact on final adult height, are unknown. The potential for "catch-up" growth following discontinuation of treatment with intranasal corticosteroids has not been adequately studied. The growth of pediatric patients receiving intranasal corticosteroids, including Dymista Nasal Spray, should be monitored routinely (e.g., via stadiometry). The potential growth effects of prolonged treatment should be weighed against the clinical benefits obtained and the risks/benefits of treatment alternatives.

8.5 Geriatric Use

Clinical trials of Dymista Nasal Spray did not include sufficient numbers of patients 65 years of age and older to determine whether they respond differently from younger patients. Other reported clinical experience has not identified differences in responses between the elderly and younger patients. In general, dose selection for an elderly patient should be cautious, usually starting at the low end of the dosing range, reflecting the greater frequency of decreased hepatic, renal, or cardiac function, and of concomitant disease or other drug therapy.

10 OVERDOSAGE

Dymista Nasal Spray: Dymista Nasal Spray contains both azelastine hydrochloride and fluticasone propionate; therefore, the risks associated with overdosage for the individual components described below apply to Dymista Nasal Spray.

Azelastine hydrochloride: There have been no reported overdosages with azelastine hydrochloride. Acute azelastine hydrochloride overdosage by adults with this dosage form is unlikely to result in clinically significant adverse events, other than increased somnolence, since one (1) 23 g bottle of Dymista Nasal Spray contains approximately 23 mg of azelastine hydrochloride. Clinical trials in adults with single doses of the oral formulation of azelastine hydrochloride (up to 16 mg) have not resulted in increased incidence of serious adverse events. General supportive measures should be employed if overdosage occurs. There is no known antidote to Dymista Nasal Spray. Oral ingestion of antihistamines has the potential to cause serious adverse effects in children. Accordingly, Dymista Nasal Spray should be kept out of the reach of children.

Fluticasone propionate: Chronic fluticasone propionate overdosage may result in signs/symptoms of hypercorticism [see *Warnings and Precautions* (5.2)]. Intranasal administration of 2 mg (10 times the recommended dose) of fluticasone propionate twice daily for 7 days to healthy human volunteers was well tolerated. Single oral fluticasone propionate doses up to 16 mg have been studied in human volunteers with no acute toxic effects reported. Repeat oral doses up to 80 mg daily for 10 days in volunteers and repeat oral doses up to 10 mg daily for 14 days in patients were well tolerated. Adverse reactions were of mild or moderate severity, and incidences were similar in active and placebo treatment groups. Acute overdosage with this dosage form is unlikely since one (1) 23 g bottle of Dymista Nasal Spray contains approximately 8.5 mg of fluticasone propionate.

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ACCOMPLISHMENTS—ACHIEVEMENTS—OPPORTUNITIES:
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2013 ANNUAL REPORT



AMERICAN ACADEMY OF
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the *Bulletin*

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article submitted.

14 2013 Committee Highlights

38 CPT Changes for 2014:
What ENTs Need to Know

Ad Index

MedaPharma.....	IFC-3	AAO-HNSF Call For Papers.....	23
Olympus.....	4	AAO-HNSF Membership.....	34
Triological.....	7	Burres Medical.....	35
Arches Natural.....	8	AAO-HNSF GINN Scholar.....	36
Doc's ProPlugs.....	10	AAO-HNSF Cochrane Scholars.....	39
AAO-HNSF IRT.....	13	McKeon.....	BC

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09 aao-hns/f news

- 09 December: Revel in Resources
- 11 You and Your Academy Media Choices
- 12 We Have Our Finger on the Pulse of Our Membership
- 14 2013 Committee Highlights
- 24 2014 AAO-HNS/F Committee Application Cycle Open Now!
- 29 Get Involved with the Journal
- 29 Academy Leadership—Save the Date
- 30 Support Millennium Society, Advance the Specialty
- 31 Out of Committee: Lassa Fever and Tuberculosis in ENT Practice in Africa

feature: 2013 Annual Report

35 legislative & political advocacy

- 35 State Tracker Conference Calls Begin this Month
- 35 Year-end SGR Negotiations: Stay Informed
- 35 Is There a Doctor in the House (or Senate)?

36 regulatory advocacy & business of medicine

- 36 3P Update: Academy Efforts Regarding New Technology
- 38 CPT Changes for 2014: What ENTs Need to Know

39 education

- 39 Year-Long Education Needs Assessment Initiative a Success

December 2013 | Vol.32 No.12

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TRIOLOGICAL SOCIETY RESEARCH GRANTS



The Triological Society continues to promote research into the causes of and treatments for otolaryngic diseases by providing financial support for the research efforts of young otolaryngologists. Since 1974, the Society has awarded more than \$3 million to otolaryngologists-head and neck surgeons in support of clinical and basic research. The Society's two competitive research grant programs are described here.

Triological Society Research Career Development Awards

Research Career Development Awards are available to otolaryngologists who hold full-time, part-time and contributed service medical school faculty appointments. These awards provide support for the research career development of otolaryngologists-head and neck surgeons who have made a commitment to focus their research endeavors on patient-oriented research such as clinical trials, translational research, outcomes research and health services research. Five awards are available for up to \$40,000 each to be expended over a one or two year period.

Letters of intent are due December 16, 2013 (midnight ET) and applications are due January 15, 2014 (midnight ET) through the CORE grant program.

Guidelines and additional information are available at <http://www.triological.org/researchgrants.htm>. Questions may be referred to Gail Binderup at info@triological.org or 402-346-5500.

Triological Society/American College of Surgeons Clinical Scientist Development Award

This award provides supplemental funding to otolaryngologists-head and neck surgeons who receive a new NIH Mentored Clinical Scientist Development Award (K08/K23) in 2013/2014 or have an existing award with a minimum of 3 years remaining in the funding period as of June 1, 2014. This award is being offered as a means to facilitate the research career development of otolaryngologists-head and neck surgeons, with the expectation that the awardee will have sufficient pilot data to submit a competitive R01 proposal prior to the conclusion of the K award. This award will provide financial support in the amount of \$80,000 per year for up to five years, or for the remainder of the term of existing grants, to supplement the K08/K23 award. Funding is dependent upon receipt of meritorious applications.

The application deadline is May 10, 2014.

Details are available at <http://www.triological.org/researchgrants.htm>. Questions may be referred to Gail Binderup at info@triological.org or 402-346-5500.

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December: Revel in Resources

The AAO-HNS/F had a very productive year, and this month as you receive the Annual Report in this issue, make use of the tools our colleagues helped prepare for you.

Committee Work

The Committee Highlights on page 14, along with the Annual Report, spotlight myriad topics and issues AAO-HNS/F worked on throughout the year.

Our committees are responsible for producing large quantities of work and content. You can get a working understanding of what is being done in one sitting by scanning this easily digestible summary. Chances are, an item or two or more will catch your attention. As you find those topics, take note that this is also the right time to apply to serve on a committee.

To work in committees that interest you most, you may choose from those that help develop the Foundation's education activities, a BOG Committee to work the grassroots arm of the Academy impacting your states and communities, or one of the other committees which have a more relevant clinical or specialty focus. Applications will be accepted through February 3, 2014. In my own experience, service on an Academy or Foundation committee is one of the most rewarding professional experiences that also helps further the Academy's mission.

Quality Knowledge Products Available

During the year, Academy Member volunteers with staff support created some exceptional tools and resources. With the New Year not far away, I want to remind you hard-working practitioners that these resources are available when you need them. Many of you also know I have long been involved in the Physician Payment Policy Work Group (3P) and now with its Ad Hoc Payment Model Workgroup. The latter's summary of the different quality knowledge products, Clinical Practice Guidelines, Clinical Consensus Statements, Clinical Indicators, and Position Statements provide members with a quick study guide on how to best use each.

These four documents were offered in the August *Bulletin*, and are available at <http://www.entnet.org/Practice/loader.cfm?csModule=security/getfile&pageID=175934>.

Knowing the CPT Process

No doubt many of us who struggle to do more each day do not have the time to study how the systems by which we are reimbursed and which generally define health policy function. One such system is the CPT process, with which I have been involved for nearly 15 years. Since there are a few basics that I think we all benefit from knowing, I have included some information here.

The CPT Structure

Codes have been created, modified, and maintained by the AMA since 1966. CPT code is the national standard for electronic reporting of healthcare information relating to physician services as designated in the final rule for HIPAA August 17, 2000. The code set is maintained by the AMA CPT Editorial Panel that consists of 17 members, 11 of whom are nominated by medical societies plus one member each from the Blue Cross and Blue Shield Association, America's Health Insurance Plans, the American Hospital Association, and CMS. The remaining two seats are assigned to members of the Health Care Professional Advisory Committee. The Editorial Panel Executive Committee consists of the Editorial Panel co-chair, who serves as chair of CPT Assistant Editorial Board, and three Members-At-Large elected by the entire panel. One must be a third-party payer representative. Although specialty societies do not have designated seats on the panel, I was honored to serve on it from 2004-2008. **Lee D. Eisenberg, MD, MPH**, preceded and mentored me some years before.

The Role of CPT Advisors

Otolaryngologists can truly influence coding relating to our specialty in supporting the Editorial Panel. Advisors are nominated by national medical specialty societies from




Richard W. Waguespack

Richard W. Waguespack, MD
AAO-HNS/F President

those represented in the AMA House of Delegates and AMA HCPAC. They serve by offering specialty-specific advice on coding and nomenclature to the Editorial Panel and AMA staff. Otolaryngology is represented by CPT Advisors from the AAO-HNS, Triological Society, AAOA, and AAFPRS and can suggest revisions, review, and promote understanding on the use of CPT.

To explore the code development process, visit <http://www.entnet.org/Practice/Applying-for-CPT-codes-and-Obtaining-RVU.cfm>.

The AAO-HNSF Is an Education Resource

While in Vancouver, it was apparent that the Foundation's Annual Meeting is among our best resources. The educational opportunities are abundant, and combined with committee work, the whole experience is one of the best values in specialty medical meetings. The January *Bulletin* will feature the Foundation's Education program and future. I will discuss its recent Needs Initiative Outcomes that many of you participated in through a member-wide education survey addressing our current continuing professional development needs. This year's Annual Meeting was a real success on many levels, the weather notwithstanding, and I look forward to bringing you the best specialty resources in the year ahead. 



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You and Your Academy Media Choices

Earlier in the year, some of you participated in a survey on how you read and use the *Bulletin*, and how you would prefer to use it in the future.

While the *Bulletin* is not an “academic” clinical publication, for purposes of evaluating its success and effectiveness as a periodical it is included in the universe of otolaryngology publications along with *ENT Today* when comparing such measures as circulation, readership, ads, citations, and other forms of use. Data of this type from the publishing world helps us compare our periodicals to one another and benchmark, improve, and market the *Bulletin*. It influences advertising

We are a diverse specialty with many varying ideas of what should be prioritized.

sales, submissions of columns from members and other societies, encourages use for meeting notices, and demonstrates the importance of this vehicle for all of our members to communicate broadly about specialty society interests, socioeconomic, political, business, and practice issues. *PERQ/HCI* by Kantar, a proprietary publication evaluating service, looks at medical journal readership among healthcare professionals and is of particular importance to the *Bulletin* as a non-academic periodical. Within this universe of otolaryngology publications, the *Bulletin* has a long-standing history of being highly ranked for readership (in the industry this means “eyeballs on the page”), making it particularly attractive for classifieds, ads, meeting notices, and member use to share information to the broader Academy membership. During my tenure here, it has always

ranked among the top third of the more than nine measured otolaryngology publications.

On our survey, more than 300 of our members gave direct feedback to specific questions. The questions were strongly worded to elicit honest opinions, both negative and positive, for the purpose of improving the *Bulletin*. Here is a short capitulation of what we found.

- The majority of respondents peruse every *Bulletin* issue and read articles of interest or read every issue cover to cover (74.2 percent).
- The vast majority of respondents read the *Bulletin* in print (90.5 percent) rather than online (19.0 percent).
- A majority collectively said they would use a mobile device to access some element of the *Bulletin* such as a Table of Contents (37 percent), listen to a podcast or browse and article (31 percent); access available alerts (20 percent); or comment on topics (13 percent). However, a large number (47 percent) said they would not use their mobile device to read the *Bulletin*.

As you can see, we seem to be evolving in our preferences for access to content. As a “curator” for content, the Academy will continue to respond to this evolution in ways that we hope will increase the relevance of our content and programming, as well as facilitate the real-time and point-of-service access that is increasingly demanded.

While statistics can sometimes be re-enforcing, they can also be misunderstood or misused and can lead to erroneous conclusions. There are some examples in our survey. We asked which topics were of least interest to our readers. At first glance, the topics rated of least *interest* to readers revealed subjects that we know from other survey resources are important to our members (advocacy efforts, articles about work and peers, and advertising and classifieds). Since we know that our members care a lot about these topics, it would be a mistake to assume that these topics should be eliminated. In fact, 35 percent,




David R. Nielsen MD

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

25 percent, and 24 percent respectively list these topics in the top three reasons why they read the *Bulletin*. So instead of assuming the three least important topics are not appreciated, we should be amazed to find that the least popular topics are still critical to between a quarter and a third of our members. In other words, the least valued topic on the list is still among the most important topics for a fourth of our readers!

The same careful interpretation is required when looking at the least *useful* content. While humanitarian, international, and editorial content received the lowest ranking out of our list of 10 subjects, 60 percent to 66 percent of respondents stated that this content was “very” or “somewhat” useful to their practices. Again, since we know the huge interest and devotion our members give to international and humanitarian efforts, isn’t it remarkable that our lowest scores have such overwhelming support? If this were an election, 66 percent would be considered a landslide victory!

While we have learned much about how the *Bulletin* can evolve and better meet your needs, a strong underlying message is this: we are a diverse specialty with many varying ideas of what should be prioritized. And the *Bulletin* is doing a remarkable job of meeting our needs. 

We Have Our Finger on the Pulse of Our Membership

The Board of Governors (BOG) is hard at work. Healthcare reform and the passage of the Affordable Care Act into law in 2010 have greatly influenced the practice of medicine. The impact of changes such as implementation of ICD-10, the opening of enrollment for health exchanges, the development of various payment paradigms, and the consequences of practice guidelines felt by all of our members. There are so many moving targets that we need to be aware of and respond to. The BOG's commitment is to represent and address these concerns and needs of our Academy members through the member societies as represented by their governors, committees, and Academy health policy and government affairs teams. We need to have our finger on the pulse of the membership.

The past year has been remarkable for accomplishing this. The biggest news in this regard has been the concerted effort to make your voices more accessible by restructuring the BOG itself. However, there are still societies and pockets of the country that we don't hear from.

Under the present BOG leadership, and

We want to hear from you.

This is your opportunity to be heard. Let us know these important details by emailing BOG@entnet.org.

the efforts of the BOG Socioeconomic and Grassroots Committee, we have identified 10 regions across the states and the territories, and appointed 10 regional representatives so that societies, big and small, can report more easily to the BOG. The success of this was evident during this fall's BOG meeting in Vancouver, BC, Canada, on September 28. Eight

of the 10 regional representatives were present and all regions were represented at the meeting. Each region delivered compelling reports that are now being considered by the appropriate resources. It is our goal that this new structure will provide better communication not only through the Governors and the society's representatives to the BOG Socioeconomic and Grassroots and the BOG Legislative Affairs Committees, but also the regional reps who will call on their assigned societies. If you feel your society or region wasn't part of this year's regional effort, it may be that we don't have your contact information or know who your leadership is. We want to hear from you. This is your opportunity to be heard. Let us know these important details by emailing BOG@entnet.org.


The fall meeting had many other highlights. The AAO-HNS Government Affairs team introduced the "state trackers" and In-district Grassroots Outreach (I-GO) programs. These programs will radically change the way we are able to respond to state legislative bills and interact locally with our elected officials. It will make us more effective in our efforts to support or defeat bills that affect our ability to successfully care for our patients. A key element is the identification of individual Academy members who will serve as "trackers" for their states. The concept is to work collaboratively with the local ENT specialty society in coordination with the state medical society. The tracker will receive support from the BOG and the Academy in the form of regular emails, which will summarize pertinent bills, monthly conference calls, and assistance in writing action reports and letters to legislators, if appropriate. The BOG is developing this list of trackers right now and welcomes hearing from interested individuals.

During the past year, the BOG hosted many interesting lectures, including a session on the use of social media in medicine; a lecture by **Rahul K.**



Wendy B. Stern, MD
BOG Chair-Elect

Shah, MD, "Patient Satisfaction Scores and How They Impact Your Practice;" and a session on insurance exchanges. The BOG also presented a well-attended, successful, and thought-provoking miniseminar at this year's annual meeting entitled, "Hot Topics in Otolaryngology 2013: ACOs." Our speakers were excellent. Raymund C. King, MD, JD, laid the legal and health reform backdrop for ACOs, while C. Brett Johnson, JD, MPH, MS, described the manifestations and impact of ACOs. **James C. Denneny III, MD**, described the Academy's approach and attitude to the changing payment policies and paradigms, and **Denis C. Lafreniere, MD**, now the BOG immediate past chair, concluded the miniseminar by describing how the BOG is responding to the needs of our membership and the Academy.

We are already planning BOG-related activities taking place in Alexandria, VA, March 2-3, 2014. These BOG meetings will be part of an AAO-HNS Leadership Forum, February 28 through March 3, and will feature strategic planning, BOG committee meetings, leadership sessions, advocacy briefings, and CME. It is an opportunity to get involved, network, and learn. We hope to see someone from every society. Even if you are not a society representative, come. Guests are invited to sit in on committee meetings/sessions and participate in training and possible CME. Check us out! 



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 that 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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2013 Committee Highlights

Committees are the lifeblood of the AAO-HNS/F and a great way for members to contribute meaningfully to the organization and the specialty. At the AAO-HNSF 2013 Annual Meeting & OTO EXPOSM in Vancouver, BC, Canada, Academy and Foundation committees met and discussed achievements during the past year and planned for 2014. On the following pages are brief summaries of actions taken by many of the committees.

To view a list of current committee members, please refer to the November 2013 *Bulletin*, or visit <http://www.entnet.org/community/committees.cfm>.

To join a committee, visit www.entnet.org/committees and fill out an application before the February 3, 2014, deadline.

STANDING COMMITTEES

Audit Committee

Kenneth W. Altman, MD, PhD, Chair

- The audit of the consolidated financial statements for the year ended June 30, 2013, (FY13) was substantially complete at the time of the Annual Meeting and was on track for completion in early October.
- The audit committee did not meet during the Annual Meeting, but met later in October 2013 to review the audit with staff and the independent auditors.

Ethics Committee

Lauren S. Zaretsky, MD, Chair

Susan D. McCammon, MD, Committee Chair-Elect

- **Susan D. McCammon, MD**, was selected as chair-elect, effective October 2013, until she assumes the chair position October 2014.
- Two of three submitted miniseminars "Exercises in Futility and Off Label Uses of Drugs and Technology" were approved and presented at the 2013 Annual Meeting.
- The Ethics-based Patient Management Perspectives in Otolaryngology Module was completed and published.
- The Ethics Maintenance of Certification Instruction Course was completed and presented at the annual meeting.
- Eleven position statements were reviewed and recommended to the BODs to be reaffirmed, revised, or sunset.
- Several policies were developed, or revised, and presented to the BODs for approval in conjunction with

the implementation of the Code for interactions with companies. Two of the most significant policies are the Financial and Intellectual Relationships Disclosure Policy and the related Resolution Policy. An official rollout of these policies and an online form is expected in the next few months.

- Additionally in 2014, a new member handbook is expected to be available and it will include member-related policies and guidance.

Finance and Investment Subcommittee of the EC (FISC)

Gavin Setzen, MD, Chair

- The FISC worked throughout the year transitioning the managed investment portfolio to the new independent investment advisor, selected by the FISC at the 2012 Annual Meeting, through an RFP process.
- During spring 2013, the FISC focused on working with staff to develop the FY14 budget, which was approved by the Board of Directors at its meeting in May 2013.
- On a quarterly basis, the FISC met to review financial statements, forecasts, and budget to actual variances and reviewed the annual audit and report of the Audit Committee.
- At the 2013 Annual Meeting, the independent investment advisor made a presentation to the subcommittee about the managed portfolios FY13 investment performance and market outlook. Investment performance reports are reviewed and discussed by the FISC

quarterly and with the investment advisor at least bi-annually.

- The subcommittee continues to discuss a strategy for investing the proceeds from the sale of the former headquarters building, which were recently received from the buyer as repayment of a note entered into at the time of the sale. Preservation of principal is essential as the proceeds are intended to reduce debt on the current headquarters building.
- An updated reimbursement agreement outlining the terms pursuant to which the Academy and Foundation share costs and provide for reimbursement of expenses was endorsed by the FISC and approved by the ECs on behalf of the BODs.

Science and Educational Committee

Richard M. Rosenfeld, MD, MPH, Chair

- The Science and Educational Committee capitalized on opportunities for collaboration, advancement, and innovation in the Foundation's research, quality, education, and knowledge offerings. In 2013, the committee put special emphasis on its role as an advisory body to the Foundation Board of Directors. Focus areas for 2013 included the identification and addressing of performance gaps in otolaryngology, relationship disclosure policies and procedures, and strategic assessment of the full slate of the Foundation's scientific and educational products.

ACADEMY COMMITTEES

Airway and Swallowing Committee

Joel H. Blumin, MD, Chair

- The Airway and Swallowing committee sponsored four basic and translational miniprograms as miniseminars at the 2013 Annual Meeting—"Reflux: Pathophysiology to Management;"

“Airway: Advances in Management; Voice: From Cells to Song; and Dysphagia: From Science to Clinical Practice.”

- Two additional miniseminars under laryngology/broncho-esophagology were also presented—Practical Approach to Swallowing Problems and Endoscopic vs. Open Treatment of Laryngotracheal Stenosis.
- The committee has reviewed five position statements:
 - Foreign Bodies of the Upper Aerodigestive Tract http://bit.ly/foreign_bodies;
 - The Roles of Flexible Laryngoscopy Videostroboscopy <http://bit.ly/flexiblelaryng>;
 - Fiberoptic Endoscopic Examinations of Swallowing <http://bit.ly/fiberendo>;
 - Laryngoscopy and Bronchoscopy http://bit.ly/Laryngo_Broncho;
 - Laryngopharyngeal Reflux http://bit.ly/Laryngo_Reflux.
- The committee continues to work on developing new miniseminar topics, and continues the ongoing discussion of new educational activities.
- Members of the committee have been active in the international tracheotomy collaborative and are gathering data regarding tracheotomy and developing best practice guidelines.

Allergy, Asthma, and Immunology Committee

James W. Mims, MD, Chair

- The committee presented four instruction courses and one miniseminar at the Annual Meeting:
 - “Sublingual Immunotherapy (SLIT): Why and How?”
 - “Skin Testing for Inhalant and Food Allergies”
 - “Pediatric Allergy Update 2013”
 - “Eosinophilic Gastrointestinal Disorders for the ENT”
 - “Food Allergy 2013: State of the Science”
- Reviewed and updated Allergy and Remote Practice Allergy Policy Statements
- Reviewed and provided comments on an Aetna Immunotherapy Policy Change

- Reviewed and updated “Allergies and Hay Fever” and “Antihistamines, Decongestants, and Cold Remedies” patient leaflets.
- In a joint effort with AAOA, the committee proposed to the Academy’s Executive Committee to sunset and remove the Allergy Clinical Indicator from the Academy’s website. The motion was approved.
- Two committee members are serving on the guideline development group for Allergic Rhinitis, which was originally submitted to the guideline task force by this committee.
- Participated in the development of an AAO-HNSF, AAAAI, and ACAAI joint letter to the FDA in response to their consideration of over-the-counter status for a nasal steroid (Sanofi/Nasacort).

Credentials and Membership Committee

Pierre Lavertu, MD, Chair

- The Credentials and Membership Committee is charged with determining eligibility for Academy membership, continuing review of Academy member categories, and developing campaigns to increase membership by making all otolaryngologist-head and neck surgeons aware of the need to support the Academy’s overall mission.
- At this year’s meeting, the committee discussed working closely with Academy staff on the creation and implementation of new alternatives for increasing the AAO-HNS membership and reinstating non-members and help in our overall efforts to ensure we do not lose members who transition out of residency.

Complementary/Integrative Medicine Committee

Edmund A. Pribitkin, MD, Chair

- The miniseminar “Integrative Approach to Atypical Facial Pain and Headache” was presented and supported by the Complementary/Integrative Medicine Committee and the Rhinology and Allergy Education Committee.
- The committee discussed possible topics for miniseminars for the 2014

Annual Meeting and proposed “Tinnitus and Dizziness in the Difficult Patient” as well as “A CIM approach to Difficult and Resistant Chronic Rhinosinusitis.”

CPT and Relative Value Committee

Jane T. Dillon, MD

- A *Bulletin* article was published on the importance of time and intensity when completing Specialty Society Relative Value Scale Update Committee (RUC) surveys.
- A RUC panel was developed and showcased at the annual meeting highlighting the importance of the surveys, and the AMA RUC process slides were posted onto the Academy website.
- The committee nominated and obtained Board approval for two new RUC trainees, **Pete S. Batra, MD**, and **Peter Manes, MD**, and one new CPT Alternate Advisor, **Lawrence M. Simon, MD**, and nominated and obtained Board approval for a new CPT/RVU Committee Chair, **John T. Lanza, MD**.
- The committee integrated and solicited participation of ARS members in the April RUC survey of four nasal endoscopy codes (31237-31240).
- A letter was submitted to CMS in support of a HCPCS J code for Propel drug-eluting sinus stent.
- CPT slides on AcademyU® were updated and reposted for member access and education on the general Academy website.
- Staff coordinated with Karen Zupko & Associates to draft a *Bulletin* article on correct coding for endoscopic skull-based procedures and to highlight the importance of RUC surveys in their coding course materials.

Diversity Committee

Lisa Perry-Gilkes, MD, Chair

- Awarded two Harry Barnes Endowment Travel Grants to assist with travel to the annual meeting.
- Awarded two Diversity Endowment Resident Leadership Grants to assist with travel to the annual meeting.

- **Candice C. Colby-Scott, MD**, wrote an article for the June issue of the *Bulletin*.
- **Phyllis B. Bouvier, MD**, wrote an article for the October issue of the *Bulletin*.

Endocrine Surgery Committee

Ralph P. Tufano, MD, Chair

- The committee provided 14 volunteers as faculty for another sold-out Ultrasound Workshop September 28 in Vancouver.
- The committee is working on “branding” thyroid/parathyroid on the Academy’s new website design, patient information materials, and in the 2014 annual meeting program.
- The committee will sponsor several miniseminars for the 2014 meeting. A committee goal is to work with AAO-HNSF leadership to establish a Head and Neck Endocrine Surgery category for listing instructional courses, miniseminars, and scientific program presentations and posters for the 2014 annual meeting.
- To highlight Thyroid Cancer Awareness month September 2014, the committee will write a *Bulletin* feature article and collaborate with the thyroid cancer patient support group ThyCa on community outreach in Orlando during the Academy’s annual meeting.
- **Robert A. Sofferman, MD**, is developing a Head and Neck Ultrasound Certification in conjunction with the American Institute for Ultrasound in Medicine (AIUM.)
- **Ralph P. Tufano, MD**, and others are working to establish Thyroid/parathyroid Surgery Courses for residents and fellows in their training programs. He proposed a miniseminar on thyroidectomy skills training to the Society of University Otolaryngologists (SUO).
- Several committee members took part in thyroid humanitarian missions to Africa and Asia led by **Merry E. Sebelik, MD**.
- Under the new survey guidelines, the committee will review the proposed survey on “Laryngeal Nerve Monitoring and Laryngeal Examination.”

- Because the committee is active year-round, there will be one or more conference calls to maintain the momentum through the year.

Equilibrium Committee

Joel A. Goebel, MD, Chair

- The committee presented two miniseminars at the Annual Meeting:
 - “Emerging Concepts in Migraine Associated Dizziness,” moderated by **Michael E. Hoffer, MD**
 - “Advances in the Objective Diagnosis of Ménière’s Disease,” moderated by **Jeremy Hornibrook, FRACS**

Geriatric Otolaryngology Committee

Robert T. Sataloff, MD, DMA, Chair
Alan Rubin, MD, Chair-elect

- The committee was awarded the Model Committee designation this year and gratefully acknowledged the assistance of the Academy in achieving this honor.
- Work is beginning on a geriatric otolaryngology book with Thieme publishing to be available late in 2014. The book’s editors, Dr. Sataloff, **Michael M. Johns III, MD**, and **Karen M. Kost, MD**, distributed a robust outline that touches on more than 12 major topic areas addressing traditional clinical issues in treating the aged and other quality-of-life issues that influence treatment.
- As the book takes shape, a patient leaflet will be developed about otolaryngic care for the aging patient.
- Miniseminar topics were proposed for 2014 and 2015, including otolaryngic disease in the aging patient, balance and falls, and sleep surgery.
- Dr. Rubin was acknowledged as the incoming chair.

Head and Neck Surgery and Oncology Committee

Christine G. Gourin, MD, MPH, Chair

- The committee discussed electronic publication of the 4th edition update of the American Joint Committee on Cancer staging manual.
- Guideline topic discussion included management of the neck mass, which

was identified by the committee as a suitable topic for guideline development.

- The committee presented two miniseminars: on “The ‘New’ Cancer Patient: Young, Non-Smoker, HPV+ Evaluation,” pertaining to the management and evaluation of HPV+ oropharyngeal cancer, which were well attended. The need for an annual update in the face of the HPV epidemic was discussed.

Hearing Committee

Douglas D. Backous, MD, Chair

- The committee responded to a letter to the editor in response to the publication of A New Standardized Format for Reporting Hearing Outcome in Clinical Trials.
- The committee participated in the external peer review of the American Society of Neurophysiological Monitoring (ASNM) Intraoperative neurophysiological monitoring (IONM) Practice Guidelines for Supervising Professionals.
- The committee participated in the external peer review of the AAO-HNSF Clinical Practice Guideline: Tinnitus.
- The committee reviewed/edited seven AAO-HNS position statements: Statement 1: Otology/Neurotology; Statement 2: Ototoxicity; Statement 3: Stapedectomy/stapedotomy; Statement 4: Red Flags—warning of ear disease; Statement 5: Hearing Impairment; Statement 6: Evaluation prior to hearing aid fitting; and Statement 7: Posturography.
- The committee presented three instruction courses at the annual meeting: “Medical-Legal Evaluation of Hearing Loss: Review and Update,” moderated by **Robert A. Dobie, MD**; “Sudden Sensorineural Hearing Loss: An Otolologic Emergency?” by **Sujana S. Chandrasekhar, MD**, and **James E. Saunders, MD**; and “Implantable Hearing Devices: Indications, Surgery, Outcomes,” moderated by **Jose N. Fayad, MD**, and **Jack J. Wazen, MD**.

Imaging Committee

Gavin Setzen, MD, Chair

- The ultrasound (US) group, led by **Robert A. Sofferman, MD**, and including **Russell B. Smith, MD**, **Lisa A. Orloff, MD**, and **Merry E.**

Sebelik, MD, worked diligently with the American Institute of Ultrasound in Medicine (AIUM) and ACS to develop U.S. Guidelines for Head and Neck. A future *Bulletin* article is planned to provide members more details.

- The committee and staff continue to advocate against decreased payment and prior authorization for in-office imaging services. Advocacy efforts included:
 - Comments to the Milliman Care Guidelines requiring a CT scan prior

ancillary services exception to the STARK law.

- Two position statements were reviewed: Point-of-Care Imaging in Otolaryngology (reaffirmed) and Intraoperative Use of Computer Aided Surgery (added references).
- **Joseph Scharpf, MD**, and **David R. Friedmann, MD**, participated in the external peer review process for the clinical practice guideline (CPG) on Bell's palsy, chaired by **Reginald F. Baugh, MD**. The committee



The WIO Section Assembly.

to stapedectomy.

- National Imaging Associates (NIA, a Radiology Benefit Manager, RBM) restricting coverage of miniCT in Florida and New York; AAO-HNS sent Coventry letter; Dr. Setzen and staff joined call in August; Coventry agreed to pay for this in south Florida.
- United HealthCare (UHC) miniCT peer-to-peer review prior authorization issue: UHC changed systems error so it's no longer required for a peer-to-peer review solely based on the use of a miniCT; published article in *The News* August 22 to let members know.
- Signed on to Coalition for Patient Centered Imaging (CPCI) comment letter on August 9 in opposition to HR 2914 to limit the in-office

volunteers, David Friedmann, MD, and Jeff Kim, MD, will participate in the external review for the CPG on tinnitus.

- The committee joined with the American Rhinologic Society (ARS) to develop a questionnaire to jointly survey Academy and ARS members, including residents and fellows-in-training, regarding practice patterns and other aspects of CT imaging in patients with paranasal sinus disease. A future issue of the *Bulletin* will include a summary of the survey results.
- The committee is reviewing more than 100 online courses to determine whether they are imaging-related or not to create a new library of courses that members could take to meet accreditation requirements.

Implantable Hearing Devices Committee

Craig A. Buchman, MD, Chair

- Presented an instruction course, "Implantable Hearing Devices: Indications, Surgery, Outcomes" at the annual meeting.
- Submitted comments and presentation at the Washington State HealthCare Authority (WHCA) Health Technology Assessment on Unilateral and Bilateral Cochlear Implants.
- Provided comments on the Wellpoint Clinical Guideline on Auditory Brainstem Responses (ABRs) and Evoked Otoacoustic Emissions (OAEs) for Screening and Diagnosis of Hearing Disorders.
- Submitted a letter to Intermountain related to their lack of coverage for bone-anchored hearing aids (BAHA).
- Reviewed and provided edits to two position statements: Implantable Devices and Cochlear Implants.
- Reviewed and provided edits to Cochlear Implants and Meningitis Fact Sheet.
- Reviewed and provided content edits to Health Information Page-Cochlear Implants.
- Updated and continues to maintain an Implantable Auditory Devices List.

Infectious Disease Committee

Farrel Buchinsky, MBChB, Chair

- The committee presented "Multi-resistant Bacterial Infections in 2013," a miniseminar moderated by **Tulio A. Valdez, MD**.
- The committee conducted a survey on antibiotic usage in the perioperative period in common otolaryngological procedures.
- Committee members assisted with preliminary and external peer reviews for the Acute Otitis Externa guideline update.
- Committee members authored a *Bulletin* article focusing on infectious diseases encountered in West Africa.
- The Infectious Diseases Society of America (IDSA) sought the support of the committee with two of its congressional initiatives: Limited Population Antibacterial Drug (LPAD) proposal and the related

Strategies to Address Antimicrobial Resistance (STAAR) Act.

- The committee reviewed and supported the retention of the Academy's Communicable Diseases Policy.

Media and Public Relations Committee

Wendy B. Stern, MD, Chair

- The committee worked on public outreach activities and health observances such as World Voice Day and KIDS ENT month.
- The committee supported the Academy's response to media requests from publications including the *Wall Street Journal* and *Parade* magazine.
- At the spring 2013 BOG meeting, the committee conducted a training session on social media. The committee also cosponsored a miniseminar, "Utilization of Social Media in Medicine," at the Annual Meeting.
- The committee is working with the Ethics Committee to develop guidelines for Academy members for reference on the effective, ethical, and legal use of social media.
- The committee is striving to make public relations information more accessible to the membership, particularly with relation to guidelines.

Medical Devices and Drugs Committee

Anand K. Devaiah, MD, Chair

- The MDCC reviewed and reaffirmed the "Physician Drug Dispensing" Position Statement at the 2012 Annual Meeting. The Board of Directors approved this action item in December of 2012.
- The MDCC reviewed and revised the "Medical Use of Cocaine" Position Statement. The Board of Directors approved this action item in May 2013.
- The committee created an Excel database of committee member interests for media interviews, *Bulletin* articles, medical policy reviews with insurers, or any other requests for weighing in with clinical expertise.

- Several MDCC members provided expertise for WellPoint's request for comments for Sinus Ostial Patency Policy and Usage of Propel Device.

Medical Informatics Committee

Subinoy Das, MD, Chair

- At the annual meeting, the committee worked on its plans for 2014 including:
 - Development of a new miniseminar on telemedicine.
 - A *Bulletin* article on electronic medical record (EMR) systems interoperability issues.
 - Development of a medical informatics expert's list.
 - Development of an article about HIPAA challenges.

work has been supported in part by a grant from the AAO-HNSF.

- The data was presented October 2 with about 200 members present. Univariate data was presented that suggests the use of vascularized tissue reduces fistula rate, however, multivariable regression will be needed to establish significant differences. This effort will be extended for subgroup analysis and a miniseminar is under development for the 2014 meeting.

Patient Safety and Quality Improvement Committee

David W. Roberson, MD, Co-Chair

Rahul K. Shah, MD, Co-Chair

- Committee oversight of the Choosing



Members Lauren S. Zaretsky, MD, and Sonya Malekzadeh, MD, chat between committee sessions.

Microvascular Committee

Douglas B. Chepeha, MD

- The committee is engaged in a national retrospective review of reconstructive techniques after surgical salvage of patients who have failed chemoradiation treatment. Thirty-four institutions have sent data on 498 patients. The goal is to understand how different approaches to reconstruction affect fistula rate. The information is designed to guide future reconstructive approaches and help develop evidence for how surgeons should approach high-risk reconstructive cases. This

Wisely campaign response by the Academy to identify test and/or procedures that should be questioned and to engage patients in discussions about appropriateness of care. PSQI engaged Academy committees and GTF, as many of the topics in our final list came from Academy published clinical practice guidelines. The AAO-HNSF top five list of things physicians and patients should question was presented at the *Choosing Wisely*® press conference in Washington, DC, in February. A committee-sponsored commentary article appeared in the

April issue of *Otolaryngology-Head and Neck Surgery*.

- PSQI was instrumental in working with the FDA on the use of codeine post tonsillectomy and/or adenoidectomy. The FDA issued an alert last year. The committee communicated to the membership on the FDA's action and representatives from PSQI were included in FDA conference calls to provide input on the issue. PSQI committee co-chair Dr. Roberson and EVP and CEO Dr. Nielsen co-authored a commentary article with an FDA official that was published in the June 6 *New England Journal of Medicine* (<http://bit.ly/NEJMDrug>).
- The PSQI sponsored two well-attended miniseminars at the annual meeting:
 - "Big Patients Big Worries," focused on reviewing the unique requirements of obese patients to ensure quality care.
 - "In Office Safety: Are you putting your patients at risk?" focused on compounded pharmaceuticals, allergy vial preparation, and sterilization and safe use of equipment.
- It reviewed the position statement on performance measures.
- Data analysis and manuscript development is currently underway for the Post-Op Criteria for Obstructive Sleep Apnea (OSA) database study. The study assesses whether specific risk factors for adverse outcomes can be identified among patients with OSA undergoing ENT surgery.
- PSQI was notified that a paper by Cote, et al., "Death or Neurologic Injury after Tonsillectomy in Children," recently published in *Anesthesia & Analgesia*, had conclusions similar to the committee's "Major Morbidity and Mortality after Tonsillectomy" paper published in *The Laryngoscope*. The PSQI has reached out to Dr. Cote and colleagues in anesthesia about a possible joint effort to develop an evidence-based guideline for perioperative tonsillectomy care.
- A patient safety web link developed and tested last year to capture de-identified safety event information from members in a secure environment is

now available to members. PSQI will be concentrating on best methods of communicating to members about the link and highlighting its location on the website to make it more prominent this year.

- In addition to the two publications mentioned above, Dr. Shah continues to address the most recent and relevant information on patient safety and quality improvement in his monthly *Bulletin* column.

Pediatric Otolaryngology Committee

Kenny H. Chan, MD, Chair

- The committee chair and membership developed *Bulletin* content for KIDS ENT month that included utility of clinical practice guidelines in pediatric otolaryngology as well as a fact sheet on safety issues.
- The committee developed *Bulletin* content on tonsillectomy and/or adenoidectomy analgesia and codeine black box warning.
- The committee chair and membership developed a GTDF proposal for laryngomalacia.
- The committee sponsored a miniseminar at the annual meeting on "Tonsillectomy Analgesia without Codeine."
- Members of the committee reviewed and offered comment on AAO-HNS Policy Statements regarding "Infant Hearing Screening" and "Pediatric Otolaryngology."

Physician Resources Committee

David W. Kennedy, MD, Chair

- The committee continues to work toward completing a consensus document to address what is believed to be an impending shortage of otolaryngologists. The document will assist in providing the specialty and our members with the education and tools needed to prepare for workforce changes. Fundamental to this document is understanding accurately the current workforce. This year we researched the different organizations publically reporting national otolaryngology numbers. A key finding was that the majority

of these organizations use the same source, the AMA Master File, as the basis for their reporting. The final report is currently being analyzed.

- The committee was provided data by ABOto strongly suggesting that the other databases may underestimate the otolaryngology workforce. This database needs to be reconciled against these other data sources including the AAO-HNS membership data. A subgroup of the committee is working on otolaryngology workforce numbers reconciliation. Clearly providing accurate information to the specialty on this issue is critical for future workforce planning. Moving ahead, a committee subgroup will work with other academy groups, such as Women in Otolaryngology, the Diversity Committee, and the Section of Young Otolaryngologists to identify additional information that we need to collect from our workforce to improve data accuracy.
- The committee reviewed and provided feedback on two Academy position statements: "Reimbursement for Taking Hospital Call" and "Scope of Practice for Non-physician Providers."

Plastic and Reconstructive Surgery Committee

Donna J. Millay, MD, Chair

- The PRS committee presented a miniseminar at the annual meeting titled "Coding and Precertification Strategies for Nasal Surgery."
- Several committee members reviewed and provided comments on the Botulinum Toxin Treatment Policy Statement.

Rhinology and Paranasal Sinus Committee

Scott P. Stringer, MD, Chair

- Reviewed Aetna's Rhinoplasty/Septoplasty policy.
- Reviewed and revised the Dilation of Sinuses, Debridement of Sinus Cavity after FESS and Sinus Endoscopy Position Statements; the Allergy Clinical Indicator; and

the five patient information leaflets related to Rhinology.

- Submitted three miniseminars for the Annual Meeting.
- Included key rhinology codes within the Academy ICD-10 Superbill as a resource for the general membership.
- Facilitated successful participation in the Specialty Society Relative Value Scale Update Committee (RUC) surveys of nasal endoscopy codes 31237-31240 for the April RUC meeting.

Skull Base Committee

Gregory J. Artz, MD, Chair

- During the past year we have worked with **Roberto Cueva, MD**, in preparing guidelines for the reporting of results in vestibular schwannoma management. These guidelines were finalized and approved by the committee. The goal of these guidelines is to standardize reporting standards for all the major journals in otolaryngology. After discussions with the American Neurotologic Society and the American Otologic Society, we hope to gain approval from all the major journals in the next year.
- The committee will attempt to gain approval of one to two miniseminars for the 2014 Annual Meeting on topics that would interest the general otolaryngologist and improve their clinical care of patients. Topics under consideration include physiology and treatment of CSF leaks, outcome of endoscopic anterior skull-base surgery, and management of difficult otolaryngologist complaints such as otalgia and aural fullness. In addition, we will be assisting with skull-base content on the website as directed by the education and steering committees.
- We have been exploring the idea of compiling a list of skull base centers to be placed on the official AAO-HNS website to help direct referrals for rural and community otolaryngologists searching for centers of excellence to refer patients with complex skull base issues.

Sleep Disorders Committee

Pell Ann Wardrop, MD, Chair

- Presented two miniseminars, “Pediatric Obstructive Sleep Apnea Syndrome: Guidelines, Evidence, and Nuance” and “Creating a Comprehensive Sleep Center in an Otolaryngology Practice,” at the annual meeting.
- Submitted two Academy letters to Medicare Administrative Contractors (MACs) expressing concern that otolaryngologists certified in sleep medicine are not permitted to fit oral appliances.
- Reviewed and revised eight position statements related to sleep medicine.
- Submitted one letter to Palmetto (a MAC) regarding their sleep testing policy in independent diagnostic testing facilities (IDTFs), which does not allow otolaryngologists to supervise or interpret sleep studies in that site of service.
- Reviewed and revised the UPPP Clinical Indicator.
- Collaborated with the Patient Safety and Quality Improvement Committee to develop and administer a sleep survey.
- Developed a new position statement on oral appliances.

Trauma Committee

Joseph A. Brennan, MD, Chair

- Two miniseminars were conducted by dedicated committee members at the annual meeting: “High-Anxiety Head and Neck Trauma Cases: Lessons Learned” and “Practical Otologic Considerations in Head and Neck Injury.”
- The Society of Military Otolaryngology successfully launched a Sunday Trauma Workshop with lectures and dinner, which was widely praised.
- Trauma Committee members are writing a textbook on Head and Neck Trauma, which should be published in 2014.
- The Trauma Committee plans to submit three miniseminars for the 2014 annual meeting on topics ranging from disaster preparedness for otolaryngologists to the challenges of sustaining a high-level trauma program.

Additionally, the committee will be working with the Society of Military Otolaryngologists to conduct the 2014 Trauma Workshop focused on “Mass Casualty—Before, During, and After.”

Voice Committee

Clark A. Rosen, MD, Chair

- The Position Statement on Videostroboscopy was submitted with revisions due to changes in practice since original statement. **Ryan C. Branski, PhD**, worked to construct an “acceptable” compromise with other healthcare professionals involved. During the recent CPT Committee Meeting, the statement was accepted with the revisions.
- The Voice Therapy and Dysphonia position statement was also on the agenda at the annual meeting for the CPT Committee review.
- Dr. Rosen suggested that the committee direct attention to issues surrounding Botox single-dose versus multi-dose vial use, noting some pressure in the environment to restrict multi-dose use. **VyVy N. Young, MD**, and a pharmacy associate are conducting a literature search seeking optional suggestions that might include using an existing allergy hood set-up as an alternative to single vial restrictions. Another suggestion might be for the hospital or its own pharmacy to pre-mix at lower dosage quantity. Or, in some institutions an arrangement can be made, according to **Albert L. Merati, MD**, for the pharmacy technician to deliver an appropriate dose for use in the OR and take back once administered. It was also suggested that an evidence-based study be considered.
- Dr. Merati introduced the Global Trach Initiative and asked that members read the initiative documents.
- A draft position statement on In-office Photoangiolytic Laser Treatment of Laryngeal Pathology was presented for advice and comment to the CPT Committee. CPT requested additional background from the Voice Committee.

- Dr. Branski will work with committee members to submit miniseminar topics.

Young Physicians Committee

Monica Tadros, MD, Chair

- Formation of NEW Young Physicians Section! The committee received approval from the Academy Board of Directors to transition to an Academy Section effective October 2013.



Ayesha N. Khalid, MD, will serve as the chair of the section during the initial transition year. A Governance Task Force will be formed to develop and document a new governance structure.

- **Lawrence M. Simon, MD**, developed a survey to collect information to inform AAO-HNS/F decisions about the young-physician demographic and needs gaps.
- The committee co-sponsored two miniseminars at the annual meeting: "Avenues to Leadership" and "Using Social Media in Medicine" and presented the instruction course "E&M Coding."
- A Young Physicians' "Reflections" article is planned for publication in *Otolaryngology-Head and Neck*

Surgery every quarter. The first article was accepted from Dr. Simon for an upcoming publication.

- Creating a community connected through the new AAO-HNS/F community portal, ENTConnect, continues to be a priority of the young physicians.

FOUNDATION COMMITTEES

- Thanks to generous donations by **Ken Yanagisawa, MD**, and **Julia Shi, MD**, the AAO-HNSF Eiji Yanagisawa, MD, International Visiting Scholar Endowment has been established to honor Dr. Yanagisawa's deep commitment to the AAO-HNSF's international mission of encouraging outreach, worldwide collaboration, exchange of information, and education among those in the otolaryngology community.
- **Art A. Ambrosio, MD**, **David O. Francis, MD, MS**, and **James Oberman, MD**, were awarded the 2013-2014 Young Physicians Leadership Grant. Thanks to the generous donations of several of our active members, \$3,000 in grant funding was secured to provide these three young physicians two travel stipends: \$500 to attend the 2013 annual meeting and \$500 to attend a leadership forum/Board of Governors meeting 2014, February 28-March 3, in Alexandria, VA.

Humanitarian Efforts Committee

Merry E. Sebelik, MD, Chair

- **Susan R. Cordes, MD**, **Steven L. Goudy, MD**, **Liana Puscas, MD**, and **Selena E. Heman-Ackah, MD**, coordinated and awarded 29 residents and fellows-in-training with Humanitarian Travel Grants in 2013 to offer services in 15 less-developed countries.
- This year, the AAO-HNSF recognized several humanitarians for their tireless work to several under-served populations, both domestically and overseas, including:
 - **James E. Saunders, MD**, was awarded the 2013 Distinguished Award for Humanitarian Service.
 - **Phyllis B. Bouvier, MD**, was awarded the Arnold P. Gold Foundation 2013 Award for Humanism in Medicine.
- The committee worked with AAO-HNSF Development Staff to:
 - Renew and expand external funding for the Humanitarian Travel Grant Program.

Development Committee

Nikhil J. Bhatt, MD

- The Development Committee hosted a champagne reception during the annual meeting to thank members who made generous charitable contributions as Millennium Society Life, Patron, and Sustaining level donors. About 75 people attended including a majority of the Board of Directors, various Academy and Foundation leaders, as well as invited donors.
- Dr. Bhatt announced a fundraising campaign in honor of **David R. Nielsen, MD**, in recognition of his many years of service to AAO-HNS/F in anticipation of his stepping out of his role as EVP and CEO in 2015.

- Increase visibility of AAO-HNS Members' humanitarian efforts.
- Increased participation by AAO-HNS members in Global Surgery

"Century of Excellence" books to renewing OHS members.

- The committee strongly urged the Academy to post the historical col-



societies affiliated with the Academy; 37 International Visiting Scholarships (IVS) and 68 international travel grants have been distributed to international otolaryngologists from 24 countries; and 60 percent of submissions to the "white journal" are international.

- The committee launched the first International Assembly at the Annual Meeting, which showcased the many international programs. Twelve International Visiting Scholars from Africa, Egypt, India, Latin America, and Southeast Asia attended the annual meeting followed by short-term observerships.
- The Global Health 2013 was well received and well attended with "good will ambassadors" from India, New Zealand, Panama, Thailand, and Uganda. **Prof. Bernard G. Frayssse** spoke on Francophone Africa.
- **G. Richard Holt, MD**, Regional Advisor for the Middle East, **Eugene N. Myers, MD, FRCS Edin (Hon)**, former International Coordinator, and **Ahmed M.S. Soliman, MD**, of Philadelphia, hosted the first Egyptian-American Satellite Meeting at the Annual Meeting.

- Incoming International Coordinator, **James E. Saunders, MD**, is working closely with the Coalition for Global Hearing Health and the IFOS Hearing for All Initiative in support of the World Health Organization (WHO) Prevention of Deafness Program and its Technical Advisor Shelly Chadha, MD.
- The committee will work closely with Academy president **Richard W. Waguespack, MD**, to welcome the 2014 honored countries: Dominican Republic, Ecuador, Saudi Arabia, and the United Kingdom.

- organizations beyond the AAO-HNS.
- Developed consensus among Humanitarian Efforts Committee members and activists identifying humanitarian educational needs of AAO-HNS membership, resulting in an array of proposals to submit to the 2014 Program Committee.

History and Archives Committee

Lawrence R. Lustig, MD, Chair

- **Marc D. Eisen, MD, PhD**, president of the Otolaryngology Historical Society (OHS), hosted the well-attended OHS annual meeting and reception at the Vancouver Club. The four OHS presenters, **P. Ryan Camilon, Lanny G. Close, MD, C. Eduardo Corrales, MD**, and **Amit A. Patel, MD**, will write up their topics as *Bulletin* articles. In 2013, monthly *Bulletin* articles on historical topics resulted in increased OHS membership. OHS members are urged to sponsor residents as members and OHS attendees.
- Deadline for the 2014 OHS call for papers is May 15, 2014.
- Committee volunteers staffed the OHS booth in Vancouver and gave

lection on the Academy website and encouraged posting links to historical articles from the "white" journal and *Laryngoscope*.

- Dr. Lustig announced the second edition of *Otorhinolaryngology—an Illustrated History*, by **Neil F. Weir, FRCS**, and **Albert Mudry, MD, PhD**.
- The Barelli/Kirchner papers now housed at the History Factory are being reviewed by Tracy L. Sullivan, former director of the Adams Center.
- **William M. Wexler, MD**, donated Rhode Island otolaryngologist Nathan Bolotow, MD's historic nasopharyngeal endoscopes for the Academy HQ lobby display.
- Digitizing the oral histories was back-burnered, pending the recommendations of the Historical Archives Task Force.

International Steering Committee

Gregory W. Randolph, MD, Chair

- Looking back at the end of his four-year term, International Coordinator Dr. Randolph, noted that the International Corresponding Societies (ICS) network has grown to 54

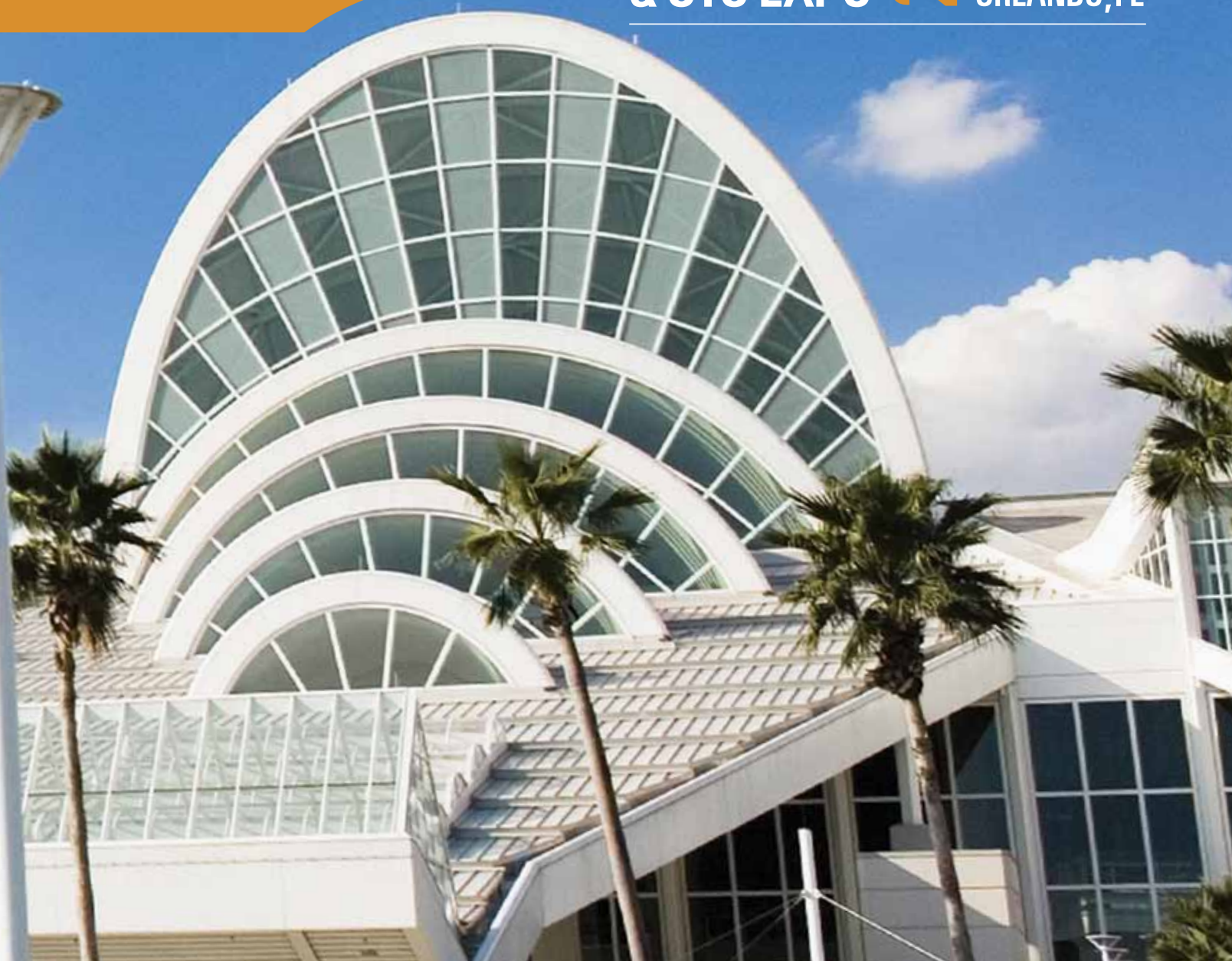
International Otolaryngology Committee

Nikhil J. Bhatt, MD, Chair

- Dr. Bhatt urged the committee to actively recruit new international members. Member "tool kits" with application forms and engagement brochures were distributed to the committee.
- Dr. Bhatt invited national societies to publicize the Orlando call for papers

CALL FOR PAPERS 2014 DEADLINES

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ANNUAL MEETING **21-24**
& OTO EXPOSM **ORLANDO, FL**



Visit www.entnet.org/annual_meeting to submit your abstract.

Instruction Course

Submission Opened: November 4, 2013
Submission Closed: December 2, 2013
Notifications Sent: Late March 2014

Miniseminar

Submission Opened: November 4, 2013
Submission Closed: December 2, 2013
Notifications Sent: Late March 2014

Scientific (Oral & Poster)

Submission Opens: January 21, 2014
Submission Closes: February 18, 2014
Notifications Sent: Late April 2014



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and to share the Orlando slides at their international congresses.

- Dr. Bhatt welcomed six international travel grantees (from China, Egypt, Japan, South Africa, and Venezuela) who are studying in U.S. and Canadian otolaryngology departments.
- This fall, the 2014 travel grant application forms will be distributed to U.S. and Canadian department chairs.
- The committee is actively soliciting mentor programs to host International Visiting Scholars in short-term observerships.
- The committee will be closely involved in the growth of the International Speakers Bureau that provides a resource of more than 130 Academy members available to speak at international congresses.
- Dr. Bhatt invited Academy leaders to the International Reception, an opportunity to celebrate and thank our international attendees on the final night of the Annual Meeting.

Outcomes Research and EBM Subcommittee

Scott E. Brietzke, MD, Chair

- Presented a miniseminar on “Pediatric OSAS: Guidelines, Evidence, and Nuance” at the Annual Meeting.
- Published two systematic reviews: “Macrolide therapy for chronic rhinosinusitis: a meta-analysis” and “Use of specific neuromodulators in the treatment of chronic, idiopathic cough: a systematic review.”
- Updated the eligibility specifications for the AAO-HNSF Maureen Hannley Grant to include special consideration for those looking to engage the CHEER Research Network and/or those looking to address the research gaps from one of the AAO-HNSF Clinical Practice Guidelines.
- Reviewed and updated two policy statements: Evidence-Based Medicine and Use of Animals in Research.
- Wrapped up the *Parent Response to Ear Disease in Children with and*

without Tubes (PREDICT) QOL Study with two oral presentations at the annual meeting and will be submitting manuscript(s) for publication in late 2013.

- Work continues on two projects:
 - Developing a resource of administrative and national survey databases for use by otolaryngologists, which will be posted on the Academy website (similar to the Outcomes Tools resource that was developed a few years ago).
 - Database Compare is a large project that will look at the variability between large datasets, ultimately resulting in a journal publication.

Panamerican Committee

Juan Manuel Garcia, MD, Chair

- Dr. Garcia listed the committee’s goals to increase:
 - Active participation of U.S. otolaryngologists at the Panamerican Congress, Cartagena, Colombia, October 26-29, 2014
 - Five Latin Americans’ awareness of and membership in the AAO-HNS
 - Collaboration with the Latin American Leadership Summit (Cumbre de Lideres) and **J. Pablo Stolorovitzky, MD**, in the resident and faculty exchange programs with Latin American ORL departments and six U.S. departments.
- The committee will send Annual Meeting and Academy membership information to all Latin American ICS leaders and members of the Cumbre de Lideres, including slide sets in Spanish and English.
- The 2013 Antonio de la Cruz scholar was **Angelo M. Campos, MD**, of Colombia. Another International Visiting Scholar was **Christian Gomez Quiroz, MD**, of Peru. **Ramon A. Franco, Jr., MD**, Regional Advisor for Central America, invited **Amarilis M. Melendez-Medina, MD**, of Panama as the “goodwill ambassador” at the Global Health 2013 Symposium.

2014 AAO-HNS/F Committee Application Cycle Open Now!

Get more involved with your Academy by applying to become a committee member! You can join an education committee to become more involved in the Foundation’s education activities, a BOG committee to become more involved in the grassroots arm of the Academy, or one of the Academy or Foundation committees that fits your area of expertise. Apply now!
<http://entnet.org/committees>

EDUCATION COMMITTEES

Education Steering Committee

Sonya Malekzadeh, MD, Chair, Coordinator of Education

- The Education Steering Committee provided leadership on several initiatives in 2013, including completion of the *Otolaryngology Review: A Lifelong Learning Manual*. The Manual will be released in spring of 2014. In addition, the education committees reviewed 27 expiring courses, published 21 Online Lectures, and submitted 135 questions to use for the Academic Bowl and the Question Bank.

Core Otolaryngology and Practice Management Education Committee

Brendan C. Stack, Jr., MD, Chair

- The committee continues to provide policy and content oversight to the Coding and Reimbursement workshops held regionally each year. Its members serve as experts in ever changing coding and practice management issues. In addition, the committee produced a Home Study Course on “Clinical Competency Issues.”

Facial Plastic and Reconstructive Surgery Education Committee

J. Randall Jordan, MD, Chair

- The committee is developing a Home Study Course titled “Plastic and Reconstructive Problems,” as well as a PMP course on “Nasal Reconstruction.”
- The Academy welcomed Dr. Jordan as the new chair of the committee in October.

General Otolaryngology Education Committee

Karen T. Pitman, MD, Chair

- The committee provided leadership to the third successful *ENT for the PA-C* conference held in conjunction with AAPA and SPAO in New York. The Home Study Course on “Trauma and Critical Care Medicine” will be released in early 2014. The committee also developed a very popular MOC Review Course for the annual meeting.

Head and Neck Surgery Education Committee

Richard V. Smith, MD, Chair

- The committee produced a Home Study Course on “Neoplastic and Inflammatory Diseases of the Head and Neck.” The committee is currently developing a PMP course on “Adult with a Neck Mass.”

Laryngology and Bronchoesophagology Education Committee

Catherine R. Lintzenich, MD, Chair

- The committee produced a PMP course on “Adult with Shortness of Breath” and a Home Study Course on “Laryngology, Voice Disorders, and Bronchoesophagology.”

Otology and Neurotology Education Committee

Bradley W. Kesser, MD, Chair

- The committee produced a Home Study Course on “Otology and Neurotology” and a PMP on “Adult with Recurrent Vertigo.”

Pediatric Otolaryngology Education Committee

Kenny H. Chan, MD, Chair

- The committee worked in conjunction with ASPO to produce the Pediatric Otolaryngology Continuing Education Webinar Series. It included 10 episodes, each one focused on a pertinent pediatric otolaryngologic topic. The committee also produced a Home Study Course on “Congenital and Pediatric Problems” and a PMP on “Child with Recurrent Throat Pain and Fever.”

Rhinology and Allergy Education Committee

Brent A. Senior, MD, Chair

- The committee published a Home Study Course on “Rhinology and Allergic Disorders” and a PMP course on “Adult with Epistaxis.” The PMP “Adult with Recurrent Rhinorrhea” will be published this month.

BOARD OF GOVERNORS (BOG) COMMITTEES

Representatives from Board of Governors societies from across the country were well represented during the AAO-HNSF 2013 Annual Meeting & OTO EXPOSM. Highlights from the meeting include:

BOG Legislative Representatives Committee

Paul M. Imber, DO, Chair

- After a detailed review of legislative efforts to repeal the Sustainable Growth Rate formula, the committee was introduced to exciting new programs including the launch of the In-District Grassroots Outreach (I-GO) program and a new initiative encouraging residents and fellows-in-training to engage in the Academy’s advocacy activities.
- Members also received updates on recent strategic changes to the Academy’s Government Affairs programs, such as new member opportunities regarding state legislative

tracking and the conversion of the BOG Spring Meeting & OTO Advocacy Summit to a spring leadership event.

BOG Rules and Regulations Committee

Joseph E. Hart, MD, Chair

- The committee discussed plans to streamline the operations of the BOG and suggestions on how to increase interest in BOG awards.

BOG Socioeconomic and Grassroots Committee

David R. Edelstein, MD, Chair

- The committee continued the rollout of their Regional Representation Plan to improve communications across BOG regions and to offer members a voice where viable BOG societies aren’t in existence. Individual regional representatives from each of the 10 regions were appointed to the committee. Plans are underway for the regional representatives to conduct periodic conference calls with members within their regions.
- The committee sponsored several panel presentation sessions on a variety of topical issues including: quality controls, implementation of ICD-10, the impact of patient satisfaction scores, and insurance challenges.
- The committee continues to monitor suggestions for important grassroots issues to develop future polls to BOG member societies.

BOG Executive Committee-sponsored Miniseminar

Wendy B. Stern, MD, BOG Secretary

- “Hot Topics in Otolaryngology 2013: ACOs”
- Dr. Stern moderated a compelling panel presentation on current hot topics in otolaryngology with a focus on Accountable Care Organizations (ACOs). The BOG Executive Committee along with the 3P Workgroup also jointly sponsored a miniseminar, “Alternative Payment Models and Academy Advocacy.”



BOG General Assembly

- BOG committee chairs provided updated reports on their committee's activities during the past year.
- The New York State Society of Otolaryngology received the 2013 BOG Model Society Award. **Michael Setzen, MD**, received the 2013 BOG Practitioner Excellence Award.
- **Denis C. Lafreniere, MD**, BOG Chair, presented Recognition Awards to **Sujana S. Chandrasekhar, MD**, and **Wendy B. Stern, MD**, for their service on the BOG Executive Committee.
- Dr. Lafreniere presented BOG Chair Awards to: **Gerald Leonard, MD**, **Robert T. Sataloff, MD**, and **J. Pablo Stolovitzky, MD**.
- Governors (or their alternates) in attendance elected Dr. Stern to the position of BOG Chair-Elect and **Sanjay R. Parikh, MD**, to the position of BOG Secretary.

SECTION FOR RESIDENTS AND FELLOWS-IN-TRAINING (SRF)

Nikhila M. Raol, MD, Chair

The Section for Residents and Fellows-in-Training (SRF) functions as an advisory board to the Board of Directors (BOD). During the Annual Meeting, Monday was officially recognized as Residents Day with several special events geared toward residents.

SRF General Assembly

- The Section held a well-attended General Assembly meeting. During the session, attendees elected the following new officers:
 - **Kanwar S. Kelley, MD, JD**, Chair
 - **John M. Carter, MD**, Vice Chair
 - **Hamad Chaudhary, MD**, Member-at-Large
 - **Meghan N. Wilson, MD**, Information Officer
 - **Sanjeet Rangarajan, MD**, BOG Governor
 - **David S. Cohen, MD**, BOG Legislative Representative
 - **Margaret S. Carter, MD**, BOG Public Relations Representative
- In addition, Dr. Raol transitioned to Immediate Past Chair.

SRF-sponsored/co-sponsored Miniseminars

- "Understanding and Managing Career Burnout"
- "Grant Writing Pearls and Pitfalls: Maximizing Your Funding"
- "Getting Published: Letters, Commentaries, and Social Media"
- "Using Social Media in Medicine"

WOMEN IN OTOLARYNGOLOGY (WIO) SECTION

Susan R. Cordes, MD, Chair

The Women in Otolaryngology (WIO) Section seeks to support women

otolaryngologists by identifying their needs, fostering their development, and promoting women as leaders in the specialty. The Section's Communications Committee connects Women in Otolaryngology via several media outlets including *Bulletin* articles, quarterly eNewsletters, and an ongoing social media presence.

- The Section's Research and Survey Committee completed an analysis of women on journal editorial boards, which was presented as a poster at the Annual Meeting.
- The Endowment Committee funded four projects benefiting women in otolaryngology.
- The Program Committee secured an excellent speaker for the WIO Luncheon and presented a miniseminar, and the Awards Committee identified candidates for various awards, including the Helen F. Krause, MD Trailblazer Award.
- The Leadership and Mentoring Committee continued to work on improving a resident mentoring program and moved forward on plans for a longitudinal leadership program to begin next fall.

WIO Section Committees

- Each of the six WIO committees conducted committee meetings to plan and coordinate their activities for the coming year. The 2012-13 committees' leaders were:
 - Awards, **Valerie A. Flanary, MD**, Chair
 - Communications, **Erika A. Woodson, MD**, Chair
 - Development/Endowment, **Pell Ann Wardrop, MD**, Chair
 - Leadership Development and Mentorship, **Mona M. Abaza, MD**, Chair; **Carol R. Bradford, MD**, Chair-Elect
 - Program, **Lauren S. Zaretsky, MD**, Chair; **Suman Golla, MD**, Chair-Elect
 - Research and Survey, **Linda S. Brodsky, MD**, Chair; **Sujana S. Chandrasekhar, MD**, Chair-Elect

WIO Luncheon/General Assembly

- Christina M. Surawicz, MD, gastroenterologist, Seattle, WA, kicked off the WIO luncheon with her well-attended

interactive presentation, “Women and Leadership.”

- During the session, the Section honored **Dana M. Thompson, MD**, as the recipient of the 2013 Helen F. Krause, MD Trailblazer Award.
- WIO members elected to leadership positions: **Christine B. Franzese, MD**, Chair-Elect, and **Dale Amanda Tylor, MD**, Member-at-Large. The WIO Governing Council welcomed incoming chair, **Mona M. Abaza, MD**, and thanked outgoing chair Dr. Cordes for her great leadership throughout the past year.
- General Assembly attendees had the opportunity to network with their colleagues and learn more about WIO Section committees and the Academy by participating in breakout roundtable discussions.
- The WIO Endowment Fund has continued to be very successful in its fundraising efforts and plans to once again offer Requests for Proposals that fulfill the Section’s charge to support the career development of women otolaryngologists-head and neck surgeons.

The Section encourages women in all aspects and phases of their careers to consider participation and/or leadership in the WIO Section through the committee application process or by running for elected office.

WIO Co-Sponsored Miniseminar

- “Avenues to Leadership: Opportunities at Every Level”

ADVISORY/OTHER COMMITTEES

Ad Hoc Payment Model Workgroup

James C. Denny III, MD, Chair

- Clarified differences and utility of clinical indicators, consensus statements, policy statements and guidelines for members and payers. Completed July 2013; printed in August *Bulletin* and available on website: <http://www.entnet.org/Practice/loader.cfm?csModule=security/getfile&pageID=175934>
- Reviewed AMA draft tool on Value-Based Contracting Readiness Assessment and submitted comments on February 15.

- Developed catalogue of current portfolio of quality measures, outcomes data, and care paths.
- Provided comments on AAO-HNS letters to House and Senate on SGR repeal/payment reform.
- Began efforts to seek out a partner in the payer industry to assist with the development of payment models. This will be an ongoing effort during the end of 2013 and beginning 2014.
- For early 2014, workgroup will analyze



trends in payment reform. Additionally, it will provide information to Members on episode bundling, and outreach to private payers, and oversee efforts with other groups. The group continues to look for collaborative partners to evaluate and analyze data to assist with recommendations for a new payment model for otolaryngology.

Centralized Otolaryngology Research Efforts (CORE) Study Section

Jay O. Boyle, MD (Head and Neck Surgery Sub-Committee Chair)

Christine G. Gourin, MD (Head and Neck Surgery Sub-Committee Chair-elect)

David R. Friedland, MD, PhD (Otolaryngology Sub-Committee Chair)

Rodney J. Schlosser, MD (General Sub-Committee Chair)

- In 2013, the CORE leadership (including the boards and councils of all participating societies) approved a portfolio of 41 grants totaling \$848,730 (up 13 percent from 2012). A record 28 percent (11) of those selected to receive funding were resubmitted applications.
- Presented one miniseminar, “Grant Writing Pearls and Pitfalls: Maximizing Your Funding,” at the Annual Meeting.

- Jean Andersol Eloy, MD, et Al., published three manuscripts about the program:

- AAO-HNSF CORE Grant Acquisition is Associated with Greater Scholarly Impact
- Does Receiving an AAO-HNSF CORE Grant Influence Career Path and Scholarly Impact among Fellowship-Trained Rhinologists?
- The Impact of AAO-HNSF CORE Grant and NIH Funding in Laryngology

Instruction Course Advisory Committee

Sukgi S. Choi, MD, Instruction Course Coordinator

- Capitalizing on the huge success of the two Clinical Fundamentals

instruction courses presented at the 2012 Annual Meeting & OTO EXPOSM in Washington, DC, eight additional Clinical Fundamental instruction courses were included on the 2013 program. These courses were designed to meet the American Board of Otolaryngology's Maintenance of Certification requirements for Clinical Fundamentals (Part II) and were also eligible for *AMA PRA Category 1 Credit*.

- A three-hour General Otolaryngology Review Course was included within the program. The course was designed to meet the American Board of Otolaryngology's Maintenance of Certification requirements for Clinical Fundamentals (Part II) and was also eligible for *AMA PRA Category 1 Credit*.
- The opportunity for AAO-HNS/F resident members to attend the afternoon instruction course program for free has been expanded this year. A minimum of 10 seats were reserved for resident members in all instruction course rooms (not including minicourses, hands-on, or the clinical fundamentals courses).

Physician Payment Policy (3P) Workgroup

James C. Denny III, MD

Michael Setzen, MD, Co-chairs

- Reviewed all position statements (75 total reviewed by committees)
- Five comment letters to Congress on repeal of the SGR and payment reform.
- Eleven comment letters to CMS and other regulatory bodies, including comments on proposed rules on the 2014 Medicare Physician Fee Schedule, Hospital Outpatient and Ambulatory Surgical Centers and Inpatient payment systems, Physician Compare website redesign, and ACO exclusivity.
- Met with CMS face-to-face in April regarding payment and quality programs related to otolaryngology.
- Developed three quality fact sheets, which outline the key components of CMS' quality incentive programs, including: ERx, PQRS, and EHR Meaningful Use.
- Created a customizable ENT ICD-10 Superbill to assist members in the transition to ICD-10 coding by October 2014.

- Successfully advocated for positive revisions to WellPoint's policy on Tonsillectomy in Children.
- Successfully advocated for revision and clarification of Aetna's Allergy Immunotherapy policy.
- Continued ongoing third party payer advocacy efforts with United Healthcare's (UHC's) and Aetna's rhinoplasty, septoplasty coverage policies.
- Nineteen responses were provided to third party payers regarding their medical policies with input received from Academy committees.
- Surveyed and presented five CPT codes to the AMA RUC.
- Reviewed and/or presented on 21 code change proposals from January 2012-October 2013. The CPT team also drafted and reviewed three AMA CPT[®] Assistant Articles, as well as four new CPT for ENT articles to assist members with achieving correct coding.
- Reviewed Bell's Palsy Clinical Practice Guideline.
- Two health policy miniseminars for the annual meeting were hosted by 3P, including a 3P miniseminar on new strategies in Academy advocacy for physician payment and an ICD-10 transition miniseminar.
- In the next year 3P will work with Academy committees to review outstanding Position Statements and four Clinical Indicators. 3P's new co-chair, **Jane T. Dillon, MD**, will join the current co-chair, Dr. Denny, to focus 3P more on the future of physician payment, coordinating with the Academy's quality efforts. For additional information on any of these issues, contact healthpolicy@entnet.org.

Program Advisory Committee

Eben L. Rosenthal, MD, Scientific Program Coordinator

- Several new miniseminars on management of obstructive sleep apnea, new detection and imaging methods in otology and cancer, as well as important updates on healthcare legislation from the Board of Governors were included in the Annual Meeting programming.
- This year Annual Meeting attendees had the opportunity to view all scientific posters online at kiosks located in the

poster hall or through the annual meeting mobile app. Poster presenters and attendees also enjoyed breakfast Tuesday morning in the poster hall.

- The oral presentations given during the Annual Meeting received a face-lift this year. In response to comments we received from oral presenters and previous year attendees, select oral presentations were given in a new accelerated format that consisted of a three-minute oral presentation and two minutes of discussion.

Specialty Society Advisory Council

Albert L. Merati, MD, Chair

- The SSAC continued its discussion of submitting a proposal for an extended miniseminar or "spotlight series" for the 2014 annual meeting.
- A motion was presented and seconded that SSAC participating societies continue to support the CORE Grants Program. The SSAC continues to examine cost sharing options for the program.


Surgical Simulation Task Force

Ellen S. Deutsch, MD, Chair

- Presented an overview of simulation in otolaryngology at the Council of Medical Specialties Simulation Summit in Washington, DC.
- Presented at the American College of Surgeons Simulation Center Accreditation Meeting, March 15 in Chicago.
- Conducted comprehensive survey of use of simulation in otolaryngology residency programs.
- Conducted open simulation meetings at the Combined Otolaryngology Spring Meetings (COSM) and AAO-HNSF 2013 Annual Meeting & OTO EXPOSM.

Robotic Surgery Task Force

Eric M. Genden, MD, Chair

- The Robotic Surgery Task Force continued work on a best practices for training and credentialing in robotic surgery within otolaryngology-head and neck surgery. The Task Force represents the AAO-HNS/F in national robotic surgery organizations and initiatives, such as the development of Foundations for Robotic Surgery. 

Get Involved with the Journal

During the annual editorial board meeting of the Foundation's journal, *Otolaryngology–Head and Neck Surgery*, in Vancouver, BC, Canada, 13 star reviewers were acknowledged for their exceptional performance. The journal has been recognizing these star performers since 2006, and 2013 marked the first two international recipients of the award. This recognition serves as a stepping stone to the journal's editorial board and associate editor positions, bringing recipients greater responsibility and recognizing achievement. The journal welcomes reviewers from all areas of expertise and stages of career, including residents.

It's now easier than ever to claim CME credits by reviewing for the journal, and reviews completed before October will appear on your official AAO-HNS transcript, emailed in February. Reviewers can earn up to 15 CME credits per year simply by reviewing five journal articles provided the reviews meet accreditation requirements. In addition, reviewers who complete four or more reviews a year are listed in the journal's January issue.

The criteria for becoming a star reviewer are posted on the journal's brand new reviewer page, <http://www.otojournal.org>. Many of our star performers, depending on their areas of expertise and interest, go on to be appointed to the journal's editorial board and then serve as associate editors.

Star Reviewer recipients receive:

- One honor point
- A ribbon to wear at the Annual Meeting identifying them as a top reviewer
- Numerous mentions in Academy print and digital media, including the *Bulletin*, the *Meeting Daily*, and the Official Program issue of the journal.

We took time out of the meeting's recognition of star reviewers to recognize our first two international

recipients, **Jacqui Allen, MD**, and **Eugenia Allegra, MD**.

2013 Star Reviewers

Lee M. Akst, MD
Eugenia Allegra, MD, PhD
Jacqui E. Allen, MBChB, FRACS
Mark E. Boston, MD
Michael Friedman, MD (fifth year)
Babak Givi, MD (second year)
Helene J. Krouse, PhD, ANP-BC, (third year)
Daniel B. Kuriloff, MD
Judith E. Lieu, MD (second year)
Ho-Sheng F. Lin, MD
Sonya Malekzadeh, MD
Stephen C. Maturo, MD (third year)
Gordon H. Sun, MD, MS

And More...

The journal's online presence continues to expand, both in scientific content and tips for authors and reviewers. The new reviewer page now has two videocasts, recorded at prior AAO-HNSF Annual Meetings. The first video, recorded at the 2010 Annual Meeting, covers specifics on how to review a journal manuscript and features Editor-Elect **John H. Krouse, MD, PhD**; **Matthew Ryan, MD**, associate editor for general otolaryngology and case reports; and **Cecelia Schmalbach, MD**, associate editor for head and neck surgery. At the time of the recording, both Dr. Schmalbach and Dr. Ryan were star reviewers


for the journal, and both went on to serve on the editorial board and were promoted to associate editors. The second video is another panel discussion, focusing on tips for reviewers. Participants are **Mark K. Wax, MD**, associate editor for facial plastic surgery, and Dr. Schmalbach.

The site also features:

- Free access to the full text of the article "How to Review Journal Manuscripts," written by the journal's editor-in-chief and published in the April 2010 issue of the journal.
- Suggestions from 2011, 2012, and 2013 top reviewers.
- The exact criteria used to identify



the 2013 recipients.

- The names of all the journal's star reviewers since the award was instituted in 2006.
- An example of a highly rated review.
- A reviewer application form, which can be downloaded and emailed or faxed to the journal's editorial office. 

Academy Leadership—Save the Date

The Academy will convene a new AAO-HNS/F Leadership Forum, February 28–March 3, 2014, in Alexandria, VA. This forum will combine many leadership activities, including the Boards of Directors (BODs), Executive Committees, BODs' Strategic Planning, SEC, the Board of Governors' meetings and related advocacy components. We will also offer special content designed for residents and young physicians.

Watch for more information.

Academy Advantage Partner AllMeds: 2014 The Year (Just About) Everything Changes ... and What to Do Now

By Bob Blakely

2014 will be a watershed year for many ENT practices, and those that prepare now could emerge in excellent shape—especially compared to those that don't.

EHR Incentives: Eligible professionals (EPs) have received \$16 billion by meeting Meaningful Use (MU) criteria, but 2014 will present new challenges:

- In January 2014, Stage 2 of the program will roll out.
- 2014 is the last year for EPs to begin the Medicare program.
- To avoid penalties in 2015, EPs must begin meeting MU by July 1, 2014.

WHAT TO DO NOW: Find an EHR provider that specializes in serving ENT practices similar to yours and has a proven track record of incentives success.

ICD-10: The rollout of ICD-10 codes is around the corner. On October 1, 2014, ICD-10 will provide a fivefold increase of today's current code-set. The AMA urged "physicians to start educating themselves now."

But, don't throw out your ICD-9 code books! ICD-9 will continue to be used for worker's compensation and states may also continue using ICD-9. Most likely, you'll have to use both standards for some time.

WHAT TO DO NOW: Check with your vendors for ICD-10 roll-out plans. Request training that focuses on your commonly used codes, especially those with one-to-many equivalents.

HIPAA Updates: As Covered Entities, physicians must secure new agreements with each of their Business Associates (BAs), conduct security assessments, and provide their staffs with clear policies and procedures to ensure protected health information (PHI).

WHAT TO DO IMMEDIATELY:


Contact your vendors and update all BA agreements.

Maintaining Staff Effectiveness:

With the introduction of MU2, ICD-10, and HIPAA Updates, practices must spend considerable effort to maintain effective staffs. Billing specialists, in particular, will be heavily challenged to maintain productivity and revenue levels.

WHAT TO DO NOW: Leverage professional associations, particularly those providing ENT-relevant assistance, such as AOA and AAO-HNS. Investigate Revenue Cycle Management (RCM) services to outsource critical billing functions to highly specialized consultants. Ask existing vendors if their products are integrated with those of a RCM provider.

2014 will be pivotal for healthcare professionals across the United States, as they work to meet expanding requirements that impact everything from patients to profits. Practices that put processes and people in the right place can find themselves better prepared to weather a challenging 2014. However, now—and not later—is the time to begin making plans for a prosperous new year.

About the author: Bob Blakely is the Director of Government Affairs and Marketing at AllMeds Inc., a provider of the most widely used EHR solution to ENTs and other surgical specialties. He has been with AllMeds since 2006, during which he's authored courses on electronic health record systems, federal EHR incentive programs, and co-created a guide to EHR implementation best-practices. He has worked in the healthcare IT field for 15 years, including stints at Lanier Healthcare™ and MedQuist™. 

Support Millennium Society, Advance the Specialty

Thank you to all who support the Millennium Society. Your contribution provides a vital source of ongoing operational funding for programs and activities essential to supporting the success of today's otolaryngologist-head and neck surgeons. Currently, costs related to producing the Foundation's relevant, high-quality, and innovative programs to empower otolaryngologists to deliver the best patient care exceeds \$19 million annually. As you may be aware, membership dues account for about 33 percent of our organization's annual operations budget. Dues alone would not even provide funding for our annual educational programming, much less all the other highly respected, invaluable resources and programs that we produce for the otolaryngology community. Your gift provides the much needed source of funding to ensure that our popular and trusted programs continue to thrive and transform as required to keep pace with the needs of today's otolaryngologists.

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We also invite you to consider a monthly or quarterly pledge. Please contact Mary McMahon, director of development, at mmcmahon@entnet.org or phone 703-535-3717 for details.



Out of Committee: Lassa Fever and Tuberculosis in ENT Practice in Africa

Titus S. Ibekwe, MD, FWAC, University of Abuja Teaching Hospital, Abuja, Nigeria
Segun Segun-Busari, MD, FWACS, University of Ilorin Teaching Hospital, Ilorin, Nigeria
Tulio A. Valdez, MD, Connecticut Children's Medical Center, Simsbury, CT

Our awareness of a certain pathogen as a possible etiology for an otolaryngological (ENT) problem depends on how prevalent this pathogen is in the region where we practice. In ENT practice in Africa, it is important to be aware of the manifestations of infectious diseases, which may not be as common in other places in the world. Lassa fever (LF) and tuberculosis (TB) are common diseases in Africa with well-known otolaryngological manifestations.

Lassa Fever

LF is an acute arenaviral hemorrhagic infection transmitted by *Mastomys natalensis* (multimammate rat) prevalent in West African sub-region. It is highly contagious via the droppings and urine of the host carrier. LF can also be transmitted through airborne particles and contact with body fluids of infected humans. There have been reported cases of nosocomial, hospital-acquired infection, transmission from contaminated medical equipment, and other inanimate objects.¹

Lassa virus can generate exaggerated immune responses, involving high titres of IgG and IgM.² The resultant autoimmune responses culminate in loss of cochlear hair cells during the convalescent phase. Direct invasion of the spiral ganglion may result in the loss of integrity of the vestibulocochlear nerve.³ All these pathogenic processes occur during the acute phase of viral infection resulting in sudden sensorineural hearing loss (SNHL). About 57 percent to 60 percent of patients recover spontaneously during convalescence.⁴

The mode of presentation of LF is non-specific, hence the difficulty in clinical diagnosis (Table 1). The classical modes of presentation include high-grade fever

>38°C, sore throat, retrosternal pain, cough, odynophagia, conjunctivitis, petechial hemorrhages, abdominal pains, vomiting, and diarrhea. Neurological symptoms (tremors, convulsions, meningitis symptoms, etc.) are not commonly present at this early stage, however SNHL is sometimes present. Recent research suggests that early SNHL and other CNS features predict a poor prognosis.⁵ Diagnosis is commonly made via ELISA (sensitivity 57 percent and specificity 77 percent⁶) and confirmed by Lassa Virus-PCR. Ribavirin remains the drug of choice for the management of LF and is efficient when commenced within the first week of active infection.

Tuberculosis

Africa is currently home to 11 percent of the world's population, however it carries 29 percent of the global burden of tuberculosis cases and 34 percent of related deaths. The World Health Organization (WHO) estimates that the average incidence of tuberculosis in African countries more than doubled between 1990 and 2005, while throughout the world the incidence remained stable or declined.⁷

Tuberculosis, an aerosol-transmitted communicable disease caused by *Mycobacterium tuberculosis* (Figure 1), primarily affects the lungs. Extrapulmonary TB involves the ear, nose, and throat, lymph nodes, the brain, kidneys, bones, etc. A single cough can produce 3,000 infectious droplet nuclei.⁸ The size of the infecting tubercle bacilli and the immune status of the host determine the risk of progression from infection to disease. Hence, HIV infection remains the most common single predisposition to TB. Primary tuberculosis

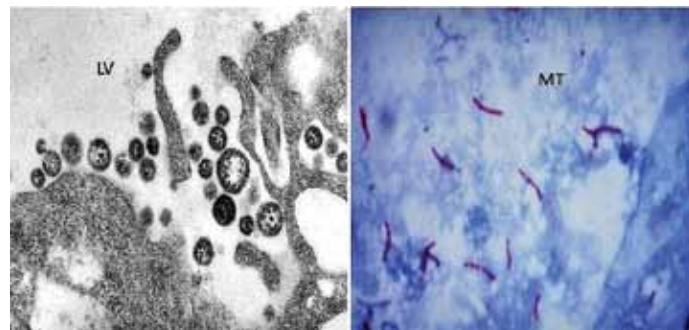


Figure 1, Micrograph Lassa Virus (LV) and Mycobacterium tuberculosis (MT).


of the external ear is not uncommon. Tuberculosis of the middle ear, usually in coexistence with miliary pulmonary tuberculosis (PTB), is characterized by painless otorrhea, abundant granulation tissue, multiple tympanic perforations, bone necrosis, and severe hearing loss. However, most of our patients present with the first two clinical features. Our experience showed that otogenic complications such as facial palsy and SNHL appear more frequently in tuberculous otitis patients than in cholesteatoma.

The laryngeal tuberculosis is a complication of PTB, which develops as infiltrates and curdled disintegration of tubercles presenting as ulcers with pharyngalgia and (cough) tussis. Tussis is not a characteristic attribute of laryngeal tuberculosis as it depends on changes in the lungs. Lesions of the vocal folds manifest as hoarseness, hyperemia, thickening, and infiltration. The changes are mainly present in the posterior third of the folds. There is characteristic ulceration on the superior surface due to pooling of mycobacterium-laden fluid around the arytenoids during sleep.

Tubercular involvement of the nose is rare and is usually secondary to primary PTB.⁹ It is even more rare to see a case of nasal tuberculosis with simultaneous involvement of the lymph nodes without primary involvement of the lungs. Nasal and sinus tuberculosis remains silent and asymptomatic until well advanced.

Patients with nasal tuberculosis usually present with nasal obstruction and

discharge. Other symptoms include nasal discomfort, epistaxis, crusting, post-nasal drip, ulceration, recurrent polyps, and sometimes eye symptoms from nasolacrimal duct blockage. Nasal tuberculosis occurs in patients older than 20 years and women are affected more than men by a margin of 3:1.¹⁰ It is important to consider nasal tuberculosis in differential diagnosis. An outline on the mode of presentation is shown in Table 1. The quest to exclude malignancy may lead to unacceptable delays in treatment. The diagnosis of nasal tuberculosis is based on: histological identification of granulomatous inflammation (Figure1); positive testing for acid-alcohol resistant bacilli; and positive culture. Newer diagnostic tests have the advantage of speed and improved accuracy, but are not as yet completely evaluated for the diagnosis of extra-pulmonary tuberculosis.¹¹ Several standard anti-Koch’s regime have been proposed with duration of therapy ranges between six and 12 months.

Acknowledgement: We thank **Farrel J. Buchinsky, MD**, chairman, Infectious Disease Committee, AAO-HNS, for editing this article and all the members of the committee for their support. 

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Table 1: Clinical manifestations (ORL/General) and management of LF and TB.

Disease	Otolaryngology features	General features	Investigations	Treatment
Lassa Fever (LF)	Sensorineural hearing loss; Aural fullness; dizziness. Rhinorrhoea; Epistaxis. Sore throat; Pharyngitis and odynophagia.	Classical high grade fever ≥38°C; Conjunctivitis; Retrosternal pains; Abdominal Pains; Nausea and vomiting; Petechial and subconjunctival hemorrhages; Focal signs: tremors; convulsions; meningitis.	Lassa antibody Enzyme Linked immunosorbent assay (LA-ELISA) Lassa virus-Polymerase chain reaction(LAV-PCR)	Ribavirin
Tuberculosis (TB)	Otorrhea; Exuberant aural granulations; multiple perforations of the tympanic membrane; bone necrosis; Facial nerve palsy and severe sensorineural hearing loss. Rhinorrhea; nasal obstruction; Epistaxis; postnasal drip; septal ulcerations; Recurrent nasal polyps and saddle deformity. Pharyngitis; hoarseness; Vocal cord ulcers (usually at post 1/3). Cervical lymphadenopathy (matted).	Low grade fever; Persistent cough; Hemoptysis; Generalized lymphadenopathy; Weight loss; Cavitations in the lungs; Multi-organ involvement.	Microscopy of (biopsies/ discharge/washouts) for acid-fast bacilli. Culture in Lowenstein-Jensen medium. Chest Radiographs. Gene Expert.	Appropriate Anti-TB Medication. Combinations of: -Rifampicin -Ethambutol -Pyrazinamide -Isoniazid; -etc.



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★ Table of Contents

- 3 Board of Directors
- 4 Message from Leadership
- 5 Advocacy: Government Affairs and Health Policy
- 10 Research and Quality
- 14 Education and Knowledge
- 19 Member Engagement and Unity
- 23 Sustainability: Development, IKM, Financial Services

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Chair, American Medical Association Delegation

Liana Puscas, MD

Representative, Young Physicians Committee

Monica Tadros, MD

Chair, Diversity Committee

Lisa Perry-Gilkes, MD

Chair, Section for Residents and Fellows-in-Training

Nikhila Raol, MD

AAO-HNS/F Counsel

Powers Pyles Sutter and Verville, P.C.

Robert M. Portman, Esq.

★ Message from Leadership

Accomplishments, Achievements, Opportunities: AAO-HNS/F

Each of us has a family, a unit of people we hold dear. But the real sustaining value of a family is to use our talents and abilities to create a better world for them to flourish. Leading by example creates the same spirit of service in them, which builds and enhances the family even more.

Wise members of the family continue to find **opportunities** to bring the extended family back together. They provide a place of community where diverse family members come together, remembering their past, rekindling the spirit of what makes family so important to each of us, and celebrating **accomplishments**.



We, otolaryngologist-head and neck surgeons, are a diverse group of people, representing many countries and many cultures. Yet we are family, with common goals and a common mission. We are a remarkable specialty, made up of remarkable physicians who deliver remarkable care to our patients—in our offices and hospitals and in our

communities and the world around us.

We don't always reflect on the influence we have, and can have—individually and collectively—with the **accomplishments, achievements, and opportunities** that we make and that we leverage. When we do, we come away with a renewed sense of purpose and the knowledge that we have contributed to the tradition and community. As is true of all volunteerism, we gain far more than we give.

My colleague and partner this past year, **David R. Nielsen, MD**, speaks passionately about our small specialty's proportionately large influence in the world.

"It is reassuring to know that we have a seemingly endless supply of talent and inspirational leadership," he says.

"We do it all—federal and state advocacy; education; research; quality improvement and patient safety; health policy; member services; practice management; communications online and through our

academic journal; society relations; and superior IT, financial, and executive support for our mission. I applaud you, thank you, and commend you and all our members who work so hard after hours to give back to the specialty and the profession. Your dedication is the key to our success."

In this time of great uncertainty in healthcare, we remain blessed to be doctors, and privileged to serve our patients, in our hometowns or in far-away lands. We must continue to encourage the next generation of physicians, showing them that being an otolaryngologist-head and neck surgeon is both a privilege and an honor.

Each year we unite as a community to learn and become even stronger, in order to better serve patients around the world. We are proud to have chosen this remarkable profession, this amazing specialty, and to belong to this incredible organization.

The following report illustrates what our AAO-HNS/F has **accomplished** collectively this year. Most of this work has been done with the guidance of Members who constantly volunteer their time for us all.

It has been an honor to represent you and the specialty this past year and I proudly present this Annual Report to record the AAO-HNS/F 2013 accomplishments, achievements, and opportunities.

James L. Netterville, MD
2012/2013 AAO-HNS/F President
with

David R. Nielsen, MD
Executive Vice President and CEO





AAO-HNS Members prepared to meet their respective Members of Congress on Capitol Hill.

★ ADVOCACY

As the “Advocacy” arm of the Academy, the Health Policy and Government Affairs Business Units strive to serve as a powerful voice regarding legislative, political, regulatory, health policy, and third-party payer policies. We actively seek ways to increase member awareness of and involvement in these critical advocacy activities and employ a flexible, multi-factor approach to advocate for the interests of otolaryngologist-head and neck surgeons. Specifically, the Advocacy group works to:

- ★ Enhance our **legislative outreach** efforts to policymakers to advance our legislative priorities.
- ★ Increase the general **awareness and recognition of the specialty** by the public and patients.
- ★ Enhance our **grassroots activities** to recognize and incentivize member involvement in our legislative and political programs.
- ★ Integrate health policy-specific priorities, using input from the Physician Payment Policy (3P) Workgroup and Coordinators **James C. Denny, MD**, for Socioeconomic Affairs, and **Michael Setzen, MD**, for Practice Affairs, to maintain our **visibility and credibility with national representatives** regarding socioeconomic and federal regulatory issues.
- ★ Advocate for **appropriate reimbursement and fair policies** with Medicare and private payers, providing members with information and guidance on reimbursement issues encountered at the state and local level.

In the Advocacy section of this Annual Report, you will find a detailed assessment of how the Advocacy group has worked to achieve these goals throughout 2013. Notably, the report focuses on our work to permanently repeal the flawed Sustainable Growth Rate (SGR) formula and replace it with a new payment model that incentivizes the delivery of high-quality and efficient healthcare. Other strategic accomplishments included the launch of an In-district Grassroots Outreach (I-GO) program; targeted efforts to increase resident and fellow-in-training involvement in advocacy activities; regulatory advocacy with government agencies such as the Centers for Medicare & Medicaid Services (CMS); and Academy endeavors to obtain positive changes to Medicare and private payer coverage policies for otolaryngology – head and neck surgery procedures.

The SGR Roller Coaster Ride

2013 was supposed to be “the year” – the year that Congress would finally, and permanently, repeal the flawed Sustainable Growth Rate (SGR) formula used to calculate physician payments under the Medicare program. However, the momentum for repeal ultimately adhered to a rollercoaster-style ebb and flow, with the final outcome regarding passage of SGR-repeal legislation still unknown at the writing of this article.

In February, the Congressional Budget Office (CBO) issued a report lowering its projected cost of repealing the SGR formula to \$138 billion. As a result, repeal of the SGR, an annually perplexing issue for Congress, was essentially deemed “on sale.” Soon thereafter, the Health Subcommittee of the House Energy & Commerce (E&C) Committee held a hearing to discuss the viability of possible new payment models. While hearings on this subject are not out of the ordinary, its scheduling so early in the legislative year was promising.

In the months that followed, physician leaders from 3P and the Ad Hoc Payment Model workgroup, along with staff from the AAO-HNS Health Policy and Government Affairs Business Units, participated in an ongoing dialogue with Committee staff in an effort to develop legislation that would incentivize the delivery of high-quality and efficient healthcare. As part of this effort, the AAO-HNS prepared and submitted five formal comment letters to Congressional Committees. These letters specifically discussed the positive and negative aspects of the proposed framework for SGR repeal, as it related to otolaryngology-head and neck surgery. **The letters are available for review at www.entnet.org/advocacy.**

In July, legislation (H.R. 2810) was formally introduced in the U.S. House of Representatives and was soon unanimously (51-0) passed by the E&C Committee. During the August recess period, lawmakers were to begin the process of identifying “offsets” to finance SGR repeal. However, broader issues like passage of a “Continuing Resolution” to the fund the government and a required increase in the debt ceiling, soon began to overshadow targeted pieces of legislation like H.R. 2810.

Throughout the fall, those same issues plagued Capitol Hill, and resulted in the first government shutdown in almost twenty years. As a result, many in the physician community began to speculate that the ongoing ideological divide would

hamper any additional efforts to advance permanent SGR legislation by year’s end.

However, by late October the SGR issue reemerged at the forefront of Congressional talks, as the Senate Finance and House Ways & Means Committees released a new (and bipartisan) framework to repeal the SGR and replace it with a new payment system designed to emphasize and reward “value” and transition away from a “volume”-based system. Despite a general coalescence by lawmakers in regard to the “policy” to repeal/replace the SGR, the last, and perhaps greatest, barrier to passage of pending SGR legislation is the identification of the necessary “offsets” to finance the effort. If Congress fails to act in any regard, physicians face a 24.4 percent cut in Medicare physician payments on January 1, 2014.

REPEAL

- ★ Repeal current SGR formula.
- ★ Replace with system that rewards quality, lowers cost, and better integrates delivery of care across settings.

TRANSITION

- ★ New payments must cover costs and inflation.
- ★ Include current fee for service as payment option during transition to performance-based payment system.

FUNDING

- ★ Requested federal funding for 5-7 year transition, including measure development and pilots/demos.

TITLE

- ★ 5-7 years to develop/test/validate quality measures, educate physicians, and implement system to report measures.

ALTERNATIVE PAYMENT MODELS

- ★ To explore alternative payment models, the Academy convened an Ad Hoc Model Payment Workgroup.
- ★ The workgroup is charged with reviewing current and future payment trends in otolaryngology.

MEDICARE PHYSICIAN PAYMENT AND QUALITY INITIATIVES: ACADEMY ACHIEVES RESULTS FOR OTOLARYNGOLOGY

Examples of key Medicare policy changes achieved in 2013 include:

- ★ Acceptance of four Adult Sinusitis measures* for 2014 Physicians Quality Reporting System (PQRS) reporting;
- ★ Reduction of number of providers impacted by the value-based payment modifier in CY 2013;
- ★ Revisions to practice expense inputs related to otolaryngology procedures; and
- ★ An extension of the Administrative Claims Reporting Option for 2013 PQRS, and more.

**For more information, see Segway to Performance Measures on p. 12*

It is our hope that members have become accustomed to receiving notification from the Academy when the CMS releases its Medicare Physician Fee Schedule (MPFS) proposed and final rules in the summer and fall of each year. Academy advocacy efforts begin prior to the release of the rules. We seek to influence payment policies and quality initiatives impacting our members by having a

seat at the table with high-level policy makers, including face-to-face meetings with CMS representatives. For example, twice this year in April and November, Academy leaders met with the CMS Chief Medical Officer, Patrick Conway, MD, to outline the comprehensive quality initiatives taking place within our specialty. We sought feedback on how we can attain credit in future CMS quality programs for some of these initiatives and outlined how current CMS quality programs could better meet the needs of the specialty.

The timing of our face-to-face meetings was essential because they reinforced our written comments, and coincided with the time with which CMS develops policy for the next calendar year. Proposed policies are included in the proposed rule and the public has 60 days to comment (July–August), and make alternative proposals back to CMS on areas of disagreement or concern. During this time, the Academy staff quickly review thousands of pages of text, analyze data, and draft summaries for Members.

To view the Academy's internal review process, see the timeline below.

JULY	AUG/SEPT	NOVEMBER	DEC/JAN	JANUARY 1 ST
CMS RELEASES PROPOSED MPFS	60-DAY PUBLIC COMMENT PERIOD	CMS PUBLISHES FINAL MPFS FOR COMING YEAR	60-DAY PUBLIC COMMENT PERIOD	FINAL RULE TAKES EFFECT
Academy monitors the “Federal Register” for the release of the NRPM in early July and notifies members of its release via the e-news.	<ol style="list-style-type: none"> 1) Academy summarizes the proposed rule, 2) Releases summary to members, 3) Crafts comments on the proposed regulations impacting ENTs, 4) Comments are reviewed by 3P and approved by the CEO, 5) Comments are submitted to CMS, 6) Comments are posted on the Academy website. 	CMS publishes final MPFS rule for coming year.	Academy staff monitors the “Federal Register” for the release of the final rule in early November and notify members of its release via the e-news.	<ol style="list-style-type: none"> 1) Academy summarizes the final rule, 2) Releases the summary to members, 3) Draft comments on the final regulations impacting ENTs, 4) Comments are reviewed by 3P and approved by the CEO, 5) Comments are submitted to CMS, 6) Comments are posted on the website.



ENT PAC, the political action committee of the AAO-HNS, financially supports federal Congressional candidates and incumbents who advance the issues important to otolaryngology-head and neck surgery. ENT PAC is a **NON-PARTISAN, ISSUE-DRIVEN** entity that serves as your collective voice on Capitol Hill to increase the visibility of the specialty with key policymakers. To learn more about ENT PAC, visit www.entpac.org (login with your AAO-HNS ID and password).

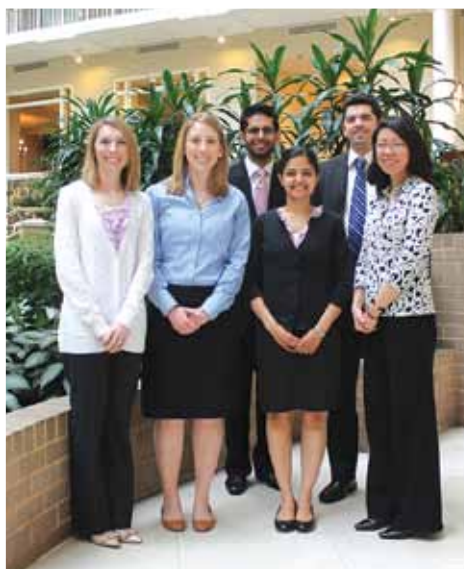
2013 ADVOCACY: BY THE NUMBERS

- 270** Number of Capitol Hill meetings with key Members of Congress and/or their staff.
- 92** Number of political events attended to strengthen and/or establish key relationships with federal incumbents or candidates.
- 26.5** Percent cut to Medicare physician payments that was averted in January 2013. Efforts are under way to permanently repeal the flawed SGR formula and end the yearly "patches."
- 248** Number of federal legislators cosponsoring legislation (H.R. 351/S. 351) to repeal the Independent Payment Advisory Board (IPAB).
- 351** Percent increase in number of followers for the Government Affairs social media tools, such as Twitter, Facebook, and LinkedIn.
- 1,787** Number of AAO-HNS members who receive timely legislative updates via the ENT Advocacy Network. To sign up, email staff at govtaffairs@entnet.org.
- 40** Number of regulatory and third-party payer advocacy letters the Academy Health Policy team and 3P prepared and submitted from January 1–December 1, 2013.
- 19** Number of third-party payer policies reviewed and commented on by Academy committees and 3P from January 1–October 15, 2013.
- 74** Number of position statements reviewed by Academy committees and 3P.

★ ADVOCACY

New Advocacy Campaign for Residents and Fellows-in-Training

At this year's AAO-HNSF Annual Meeting & OTO EXPOSM, a new campaign was launched designed to increase Resident and Fellow-in-Training involvement in advocacy-related initiatives. As the future of the specialty, it is essential for Residents and Fellows-in-Training to learn about the Academy's advocacy efforts and become involved early in their careers.



The campaign, which is based on a simple point system, provides Residents and Fellows-in-Training the opportunity to earn points for themselves and their residency programs by participating in various advocacy-related activities that have been assigned specific point values. For example, one point can be earned for "one-click" activi-

ties, such as joining the ENT Advocacy Network, following @AAOHNSGovtAffrs on Twitter, friending us on Facebook, or connecting on LinkedIn. These simple actions would accumulate four points with limited effort! Additional points can be accrued by participating in an In-District Grassroots Outreach (I-GO) event or by donating to ENT PAC, the Academy's political action committee.

In addition to the benefit of learning more about the specialty's advocacy activities and new leadership opportunities, participants can receive "rewards" for their involvement—including an exclusive ENT PAC "Resident/Fellow-in-Training Investor" T-shirt or special recognition in the semi-annual ENT PAC Investors' Report. The residency program with the most points in a calendar year will be invited to an exclusive networking event with top Academy Members at the AAO-HNSF 2014 Annual Meeting & OTO EXPOSM. For more information on how to get involved in the campaign and start earning points, email govtaffairs@entnet.org. ★

ACADEMY SUCCESS WITH CHANGING PRIVATE PAYER POLICIES

At AAO-HNS, we believe that one of the greatest member benefits is the support and advocacy at the national and regional levels to aid members in resolving issues with private payers. This includes concerns with coverage policies that may be overly restrictive or are not in line with the otolaryngology community's agreed upon standard of care. In 2013, the AAO-HNS successfully obtained positive revisions to coverage policies with national payers, including Aetna (see highlight of success story below), Coventry, WellPoint, and United HealthCare.

AAO-HNS Achieves Revisions to Aetna Policy on Rhinoplasty and Septoplasty

As a result of hearing from members who were receiving denials from Aetna based on their medical coverage policy on septoplasty and rhinoplasty, the AAO-HNS coordinated with the American Academy of Facial Plastic and Reconstructive Surgery (AAFPRS) to submit comments in March regarding their criteria. Shortly after submitting comments, the Aetna National Medical Director, James Cross, MD, accepted our request to hold a conference call with him and other Aetna leaders to discuss concerns. After a collegial conference call with physician and staff representatives from the Academy and AAFPRS in May, Aetna revised its Clinical Policy Bulletin on Septoplasty and Rhinoplasty.

Among other changes, Aetna accepted Academy recommendations to change the minimum required time frame for medical therapy prior to performing a rhinoplasty and septoplasty from three months to four weeks.

In addition to these specific revisions, many resources available to members to use in response to payer denials at the local and state level were updated in 2013. These include:

- ★ CPT for ENT coding articles;
- ★ Template payer appeal letters;
- ★ Clinical Indicators; and
- ★ Position Statements.

The Academy continues to track these and other issues affecting members nationally and encourages members to email us at healthpolicy@entnet.org if experiencing issues.



U.S. Representative Paul Tonko (NY-20) visited Albany ENT & Allergy Services

I-GO Summer Kickoff a Success

To help strengthen the voice of the specialty, the Academy launched its In-district Grassroots Outreach (I-GO) program this summer. The goal is to engage members with their state and federal officials at home in their legislative districts. This helps Academy members to have their voices heard more frequently without the need to travel to Washington, DC, and, it provides legislators with a helpful resource at home.

With the dedication, assistance, and leadership of AAO-HNS members during the Congressional August recess, the launch of the Academy's I-GO program was a success. Several members hosted private practice visits for their Members of Congress, providing tours of their facilities, demonstrating the tools of the trade, and introducing them to the hard-working staff essential to running a successful practice. Members without private practices coordinated calendars with their elected officials and met locally in Congressional district offices or at fund-raising events. These local opportunities provided a more personal and relaxed setting for legislators and AAO-HNS members to interact and discuss the Academy's legislative priorities and their influence on patient care.

Interested in participating in an I-GO event? The AAO-HNS Government Affairs team stands ready to assist in scheduling and preparing you for your meeting. Simply email govtaffairs@entnet.org today!



Drs. Reginald Baugh, Lisa Ishii, and Gregory Basura presented during the 2013 Annual Meeting.

★ Research and Quality

To further research and quality improvement in the field of otolaryngology, our goal is to empower physicians to provide the best patient care through the development of evidence-based clinical practice guidelines. We look to identify, promote, and address the key research questions and disseminate discoveries for advancement in our field and to fundamentally improve patient outcomes.

This year, with coordinator **John S. Rhee, MD, MPH**, we have progressed to meet these strategies:

- ★ Build a sustainable infrastructure to test, pilot, and promote adoption of research and quality products such as guidelines, measures, and evidence-based medicine to promote translational research.

- ★ Build and promote a strong research-granting program for the specialty.

In addition, the first clinical practice guideline developed by the AAO-HNSF, *Acute Otitis Externa*, has been updated and will be published in February 2014. The AAO-HNSF has spent the past two years working to update its processes to ensure compliance to the 2011 Institute of Medicine report entitled *Clinical Practice Guidelines We Can Trust* and the 2012 publication of the *Guidelines International Network: International Standards for Clinical Practice Guidelines*. As a result, the third edition of the *Clinical Practice Guideline Development Manual: A Quality Driven Approach for Translating Evidence into Action* was updated to document the AAO-HNSF compliance to these new standards and published in January 2013.

The AAO-HNSF published five new quality knowledge products:

1. Clinical Consensus Statement: Appropriate Use of CT for Paranasal Sinus Disease (November 2012)
2. Clinical Consensus Statement: Tracheostomy Care (January 2013)
3. Clinical Practice Guideline: Improving Voice Outcomes after Thyroid Surgery (June 2013)
4. Clinical Practice Guideline: Tympanostomy Tubes in Children (July 2013)
5. Clinical Practice Guideline: Bell's Palsy (November 2013)
6. Clinical Practice Guideline: Acute Otitis Externa (February 2014)

ENHANCING DISSEMINATION, EDUCATION, AND IMPLEMENTATION OF GUIDELINES

With the increased interest in clinical practice guidelines, the AAO-HNSF made a commitment to incorporating dissemination, education, and implementation into our strategic plan this year.

We have focused efforts on ensuring that the guidelines are widely disseminated, including development of tools to promote education about the guidelines and strategies to assist with the implementation of the new guidelines.

Historically, the AAO-HNSF has published its guidelines in *Otolaryngology—Head and Neck Surgery*, working with Editor, **Richard M. Rosenfeld, MD, MPH**, and presented them to our members at the AAO-HNSF Annual Meeting & OTO EXPOSM.

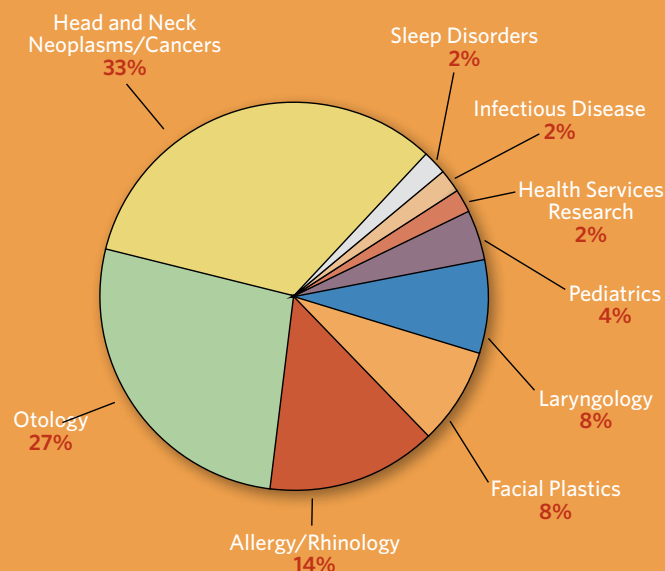
Thinking beyond our own specialty, we are now reaching out to external organizations to promote AAO-HNSF guidelines. For example, we are engaging in discussions with the American Academy of Pediatrics to present our pediatric focused guidelines at their 2014 annual meeting and on their website. The goal is to bring awareness to non-otolaryngologist physicians about our guidelines and ultimately improve the quality of care for the patients we treat.



The AAO-HNSF Guideline Task Force (GTF) met at the AAO-HNSF last December in one of two in-person meetings held annually to present new products to the leadership and vet and prioritize new topics.

Two online lecture series were recorded at the AAO-HNSF 2013 Annual Meeting & OTO EXPOSM for the Tympanostomy Tubes and Bell's Palsy guidelines. These new learning modules are available to members and offer CME.

Percent of CORE Dollars Awarded by Specialty
1985-2013



Evidence-based healthcare is a combination of best research evidence and the expertise of the healthcare provider and also takes into account patient values. With this in mind, the AAO-HNSF began including consumers trained in evidence-based medicine on its guideline panels two years ago. This year, we have broadened efforts to engage consumers by developing plain language summaries for our guidelines. Using the expertise of the American Academy of Neurology and the Cochrane Colloquium, our first plain language summary targeted to consumers was released alongside the Clinical Practice Guideline: Bell's Palsy in November 2013.

Through the Creating Healthcare Excellence through Education and Research (CHEER) network, based at the Duke Clinical Research Institute and funded by the National Institute on Deafness and Other Communication Disorders (NIDCD), we are assessing awareness of and barriers to implementation of the clinical practice guidelines. Results from these studies will help us understand what tools will need to be developed in the future to assist our members and non-otolaryngologist practitioners with implementing clinical practice guidelines.

FILLING THE RESEARCH GAPS THROUGH CORE

Each of the AAO-HNSF clinical practice guidelines includes a section entitled “Research Needs.” Discussing topics with limited evidence allows guideline developers to highlight future research needs and suggest how to best fill existing gaps. In an effort to start studying gaps that have been identified, the AAO-HNSF Outcomes Research and Evidence-based Medicine Committee worked closely with a group of CORE grant program leaders during the past year to revise the Maureen Hannley Research Grant criteria. This grant mechanism now offers special consideration to investigators who target known evidence gaps within their project proposals. It also provides investigators the opportunity to utilize the CHEER network to engage both academic and community sites in their proposed study.

Milan R. Amin, MD, of New York University was awarded the 2013 Maureen Hannley Research Grant. Dr. Amin’s application proposes a Level 1 study that will address the evaluation and treatment of hoarseness in patients. This evidence gap is referenced specifically by the Hoarseness (Dysphonia) Clinical Practice Guideline: “The recent Clinical Practice Guidelines (CPG) for Hoarseness put forward by the AAO-HNSF pointed out several major deficiencies in the evidence base related to the evaluation and treatment of patients complaining of hoarseness. One of these deficiencies is the use of steroids for the treatment of patients with these complaints.” Dr. Amin will study the comparative effectiveness of steroids in speeding and enhancing the recovery of non-surgically treated vocal fold lesions. He proposes a randomized clinical trial comparing patients who undergo traditional voice therapy for the treatment of phonotraumatic vocal fold lesions and those who undergo combined modality therapy incorporating the use of steroids prior to the initiation of voice therapy. He hypothesizes that the use of pre-therapy steroids will hasten and enhance the efficacy of traditional voice therapy and that steroid treatment alone will have a positive effect on voice outcomes.

★ RESEARCH AND QUALITY

A New Relationship with Guideline Central

In September 2013, the AAO-HNSF initiated a partnership with Guideline Central (GC). GC is the world’s largest database of full text guideline links and quick reference tools. It houses more than 2,600 free guidelines summaries encompassing every setting, specialty, and purpose. GC offers guidelines in many convenient formats including printed pocket cards and flashcards, and digital formats such as mobile/android apps and web apps or a guidelines library. GC has more than 15 years of experience and published its first evidence-based quick-reference guide in 1998 and has developed many hundreds since.

The GC medical director will work with our experts to develop the appropriate tools for our guidelines, with AAO-HNSF reviewing the final products. These tools will make guidelines easier for physicians and other providers to access and utilize. We will keep our members informed as work progresses with GC, and information will be made available on our website.

Segway to Performance Measures

As part of our commitment to quality in practice, the AAO-HNSF is engaged in the development and adoption of clinical performance measures. The AAO-HNSF has partnered with the American Medical Association (AMA) Physician Consortium for Performance Improvement (PCPI) to develop two measure sets: Acute Otitis Externa and Adult Sinusitis. Our clinical practice guidelines on these topics served as the basis for the measure set development. The Adult Sinusitis measures were included in the CMS proposed physician fee schedule for 2014 with four of the nine being accepted for inclusion into PQRS. They are as starred.

The Foundation continues to update and provide members with information on compliance with PQRS and last year introduced PQRSWizard, a web-based tool to assist physicians with reporting measures to CMS. PQRSWizard has recently been updated with 2013 reporting requirements <https://aaohns.pqriwizard.com/Default.aspx>.

Representing the Interest of Otolaryngology Patient Safety and Quality Improvement (PSQI) with the Food and Drug Administration (FDA)

Last year, the AAO-HNSF was contacted by the FDA about its plans to issue a directive regarding the use of codeine post tonsillectomy and/or adenoidectomy. The PSQI Committee proactively emailed members once it was informed that the FDA was focused on this issue. The committee kept in touch with the FDA as it came out with an alert in August 2012 warning of the risk of possible fatality when codeine is used in these patients and when the FDA ultimately issued a black box warning and contraindications in February 2013. The FDA agreed to co-author a commentary with PSQI Committee co-chair, **David W. Roberson, MD**, and Executive Vice President and CEO **David Nielsen, MD**, which was

published in the *New England Journal of Medicine* June 6, 2013 (<http://bit.ly/NEJMdrug>).

AAO-HNSF Joins *Choosing Wisely*®



The Patient Safety Quality Improvement (PSQI) Committee led the American Academy of Otolaryngology—Head and Neck Surgery Foundation participation in the *Choosing Wisely* campaign to identify a list of “Five Things Physicians and Patients Should Question.” The AAO-HNSF and 16 other societies released their lists at a press conference on February 21, 2013. The AAO-HNSF’s list of recommendations was carefully selected after a review of the current evidence that included AAO-HNSF clinical practice guidelines. Each list includes language communicating when a particular test or treatment may be appropriate based on the current clinical evidence. *Consumer Reports*, along with a coalition of consumer partner organizations, is also a part of the *Choosing Wisely* effort and is working with many of the societies to help patients understand the tests and treatments that are right for them. In addition to participating in the press conference, a commentary article on *Choosing Wisely* appeared in the April 2013 edition of *Otolaryngology-Head and Neck Surgery*. For more information visit <http://www.entnet.org/choosingwisely>.

The AAO-HNSF’s List of Five Things Physicians and Patients Should Question:

The AAO-HNSF’s List of Five Things Physicians and Patients Should Question:

- ★ Don’t order computed tomography (CT) scan of the head/brain for sudden hearing loss.
- ★ Don’t prescribe oral antibiotics for uncomplicated acute tympanostomy tube otorrhea.
- ★ Don’t prescribe oral antibiotics for uncomplicated acute external otitis.
- ★ Don’t routinely obtain radiographic imaging for patients who meet diagnostic criteria for uncomplicated acute rhinosinusitis.
- ★ Don’t obtain computed tomography (CT) or magnetic resonance imaging (MRI) in patients with a primary complaint of hoarseness prior to examining the larynx.



Adult Sinusitis: Antibiotic Prescribed for Acute Sinusitis (Appropriate Use)



Adult Sinusitis: Appropriate Choice of Antibiotic: Amoxicillin Prescribed for Acute Bacterial Sinusitis (Appropriate Use)



Adult Sinusitis: Computerized Tomography for Acute Sinusitis (Overuse)



Adult Sinusitis: More than One Computerized Tomography (CT) Scan Within 90 Days for Chronic Sinusitis (Overuse)



★ Education and Knowledge

The AAO-HNS Foundation enhances the quality of ENT patient care as the premier source of otolaryngology-head and neck surgery education and knowledge resources. Education activities address gaps in care and improve the knowledge and competence of otolaryngologist-head and neck surgeons, residents, medical students, non-otolaryngologist physicians, allied healthcare professionals, and the public.

2013 was a year of assessment and improvement—with a continued focus on essential education and knowledge resources—to ensure relevancy and value in the changing healthcare field.

The ability to assess our current situation and measure future change is essential to strengthen the impact and effectiveness of the AAO-HNS Foundation's continuing professional development (CPD) program. Significant progress was made in 2013 toward consolidating and enhancing the otolaryngology practice gap analysis and needs assessment process as enhancements to the Foundation's data-driven education planning process. "2013 Continuing Professional Development Gap Analysis and Needs Assessment Initiative" highlights the results of a year-long, Academy-wide initiative to determine how members receive knowledge now, and how that will change in the future. The new survey will be a biennial event, so that member participation in the data collection process will provide an ongoing measure of member needs in regard to education and performance improvement.

The development of the next generation of otolaryngology education and knowledge resources requires a commitment to continuous assessment and

// 2013 was a year of assessment and improvement—with continued focus on essential education and knowledge resources—to ensure relevancy and value in a changing healthcare field. //

redesign. In addition to the overall education needs assessment, the Foundation initiated a complete review of the scope and format of the Annual Meeting & OTO EXPOSM. Innovation and improvement continued in the short-term with more than 30 improvements launched at the 2013 annual meeting. “Annual Meeting & OTO EXPOSM” provides highlights of the highly successful event and the new opportunities included. Look for more innovation in the future as a result of feedback and benchmarking of other successful meetings.

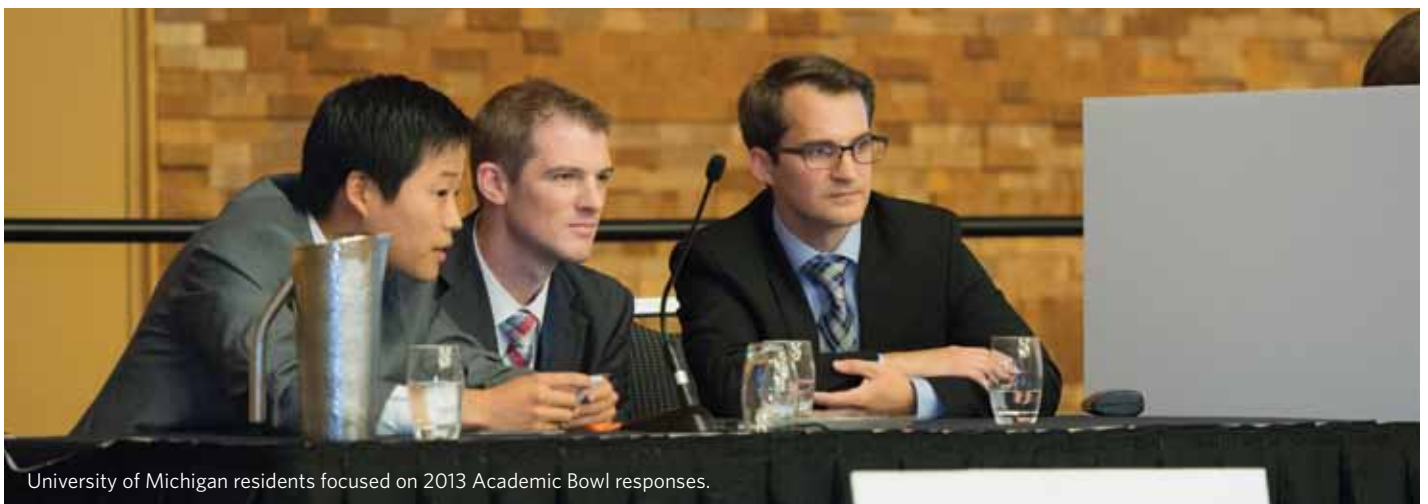
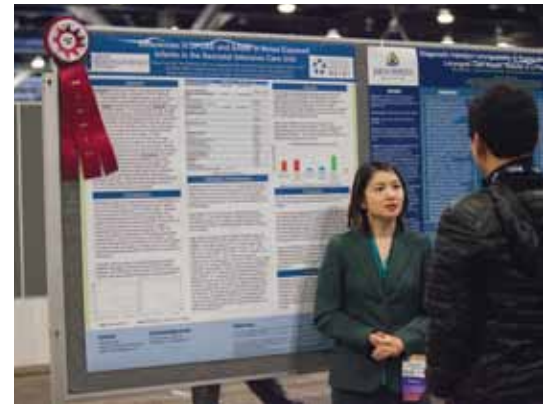
The measure of success of an education and knowledge resource is not only its quality, but also the degree to which it’s put to use to improve medical practice and patient outcomes. In 2013, the AAO-HNS and its Foundation worked together to increase member awareness and engagement in the generation and use of education and knowledge resources. “AcademyU®: All the Elements for Access to Education and Knowledge Resources” highlights the challenges and results of a complete rebranding, reorganization, and release of tools to support easy access to learning.

While the comprehensive review and continuous improvement of all Foundation education and knowledge resources was underway, the Foundation continued to develop activities relating to topics critical to otolaryngology-head and neck surgery patient care. In addition, education resources continue to be developed to support participation in Maintenance of Certification®. The launch this year of 10 Clinical Fundamental live and online courses provided members with direct access to required MOC Part III activities. Supporting education to facilitate the use of Clinical Practice Guidelines in practice and the development of a compre-

hensive curriculum for otolaryngology are also top priorities already in progress.

Always mindful of the importance of good stewardship, the Foundation has actively pursued opportunities to collaborate with others in the development and distribution of education resources that extend our capabilities to deliver high quality products.

The revisioning of the Foundation’s education and knowledge resource offerings is always of key importance—but never more so than in this critical time of rapid and widespread change in healthcare, medical education, certification, licensure, and regulation. The Foundation’s Board, the members of the Board’s Science and Educational Committee, and the three board members directly charged with managing the education, scientific program, and instruction course program—**Sonya Malekzadeh, MD, Eben L. Rosenthal, MD, and Sukgi S. Choi, MD**—and members of their respective committees are reaching out to engage the membership in ensuring that the Foundation remains the premier source of otolaryngology-head and neck surgery education and knowledge resources.



University of Michigan residents focused on 2013 Academic Bowl responses.

★ EDUCATION AND KNOWLEDGE

2013 Continuing Professional Development Gap Analysis and Needs Assessment Initiative

Beginning in late 2012 and throughout 2013, the Foundation embarked on an ambitious initiative to collect and analyze gap analysis and needs assessment data to provide direction for the future of the Foundation's continuing professional development function.

The outcome objectives of this initiative were to:

- ★ Develop an action plan to improve the member education experience.
- ★ Design education activities that meet the clinical needs of our members.
- ★ Increase member involvement in and satisfaction with education offerings.
- ★ Enhance member knowledge, competence, and skill in practice of otolaryngology-head and neck surgery.

Under the leadership of **Sonya Malekzadeh, MD**, and the Education Steering Committee, AAO-HNSF education committees, residency program directors, Academy members, and current residency education activity participants, and staff contributed to this Academy-wide effort. The assessment identified perceived practice gaps and education needs

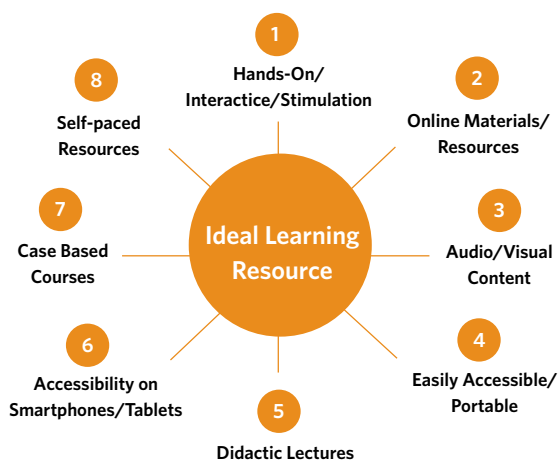
Through this initiative, three critical themes emerged:

- ★ Need for awareness of the breadth and depth of the Foundation education offerings.
- ★ Need for engagement to encourage utilization and participation in education activities by both members and nonmembers.
- ★ Need for high quality of education activities.

in order to plan more focused education activities. Data gathering included not only critical course topics, but also education design and format, as well as types of media best used to educate the members. This was an all-encompassing investigation that measured all Foundation education activities, including the Annual Meeting & OTO EXPOSM, on various levels to ascertain how the members need and want to engage in lifelong learning. The assessment is expected to become a biennial event.

Members of the eight education committees examined current products and programs through a comprehensive needs assessment and SWOT analysis. Members furthered this effort by completing a member-wide education survey addressing their current continuous professional development needs and requirements. Additional surveys gathered data from program directors, medical school academic residency directors, and leaders in the use of simulation in otolaryngology residency training. Lastly, each education product was specifically evaluated by individuals who had directly participated in the activity. This robust data product will provide the AAO-HNS Foundation with the information and ability to revamp and revitalize its education offerings.

The Foundation's education leadership now has essential information for the next education planning cycle, valuable insight for longer-term planning, and required information for our 2015 ACCME reaccreditation preparation. The initiative is also a model for future years' efforts to continually identify members' gaps in practice, assess members' education and training needs, and engage members in the ongoing initiative to impact lifelong learning and patient outcomes in a meaningful way.



2013 ANNUAL MEETING & OTO EXPOSM

89	Miniseminars
357	Instruction Courses
322	Oral Presentations
236	Exhibiting Companies
1,070	First-time Attendees
27.5	Continuing Medical Education Credits available for each physician
30,698	Continuing Medical Education Certificates awarded to Annual Meeting Attendees
3,528	Installations of the Annual Meeting Mobile App

Annual Meeting & OTO EXPOSM

The Annual Meeting & OTO EXPOSM continues to be the largest otolaryngology meeting in the world and a significant destination for head and neck surgeons, researchers, healthcare providers, and educators worldwide. In its 117th year, the Annual Meeting remains the most influential and well-attended meeting for otolaryngologists. Attendance approached 8,000 and reached a high of more than 2,600 international attendees from more than 80 countries.

The 2013 Annual Meeting & OTO EXPO focused on the latest basic and clinical science related to otolaryngology. Beginning with a heartfelt presentation by **Nancy L. Snyderman, MD**, presenter of the John Conley, MD Lecture on Medical Ethics, the conference included more than 1,100 speakers along with almost 500 original research poster presentations. The exhibit hall alone hosted more than 200 commercial companies.

Beyond the tried and true, this year's Scientific Program featured some new and exciting additions to its core evidence-based education programming including several new miniseminars on management of obstructive sleep apnea, new detection and imaging methods in otology and cancer, as well as important updates on healthcare legislation from the Board of Governors. Furthermore, this year attendees had the opportunity to view all scientific posters online at a kiosk located in the poster hall or through the annual meeting mobile app. Poster presenters and attendees also enjoyed breakfast Tuesday morning in the poster hall. The oral presentations received a face-lift this year. In response to comments we received from oral presenters and previous year attendees, select oral presentations were given in a new, accelerated format that consisted of a three-minute oral presentation and two-minute discussion.

Capitalizing on the huge success of the two Clinical Fundamentals instruction courses presented at the 2012 Annual Meeting & OTO EXPOSM in Washington, DC, eight additional Clinical Fundamentals instruction courses were included on the 2013 program. These courses, along with a three-hour General Otolaryngology Review Course, were designed to meet the American Board of Otolaryngology's Maintenance of Certification requirements for Clinical Fundamentals (Part II) and were also eligible for *AMA PRA Category 1 Credit*TM.

The AAO-HNSF would like to extend a special thanks to the Program Advisory Committee, led by **Eben L. Rosenthal, MD**, and the Instruction Course Advisory Committee, led by **Sukgi S. Choi, MD**, for their leadership, commitment to professional growth, and innovation.



Nancy L. Snyderman, MD, receives a plaque following her presentation of the John Conley, MD Lecture on Medical Ethics from James L. Netterville, MD 2012/2013 AAO-HNSF President.

ACADEMYU®: ALL THE ELEMENTS FOR EASY ACCESS TO EDUCATION AND KNOWLEDGE RESOURCES

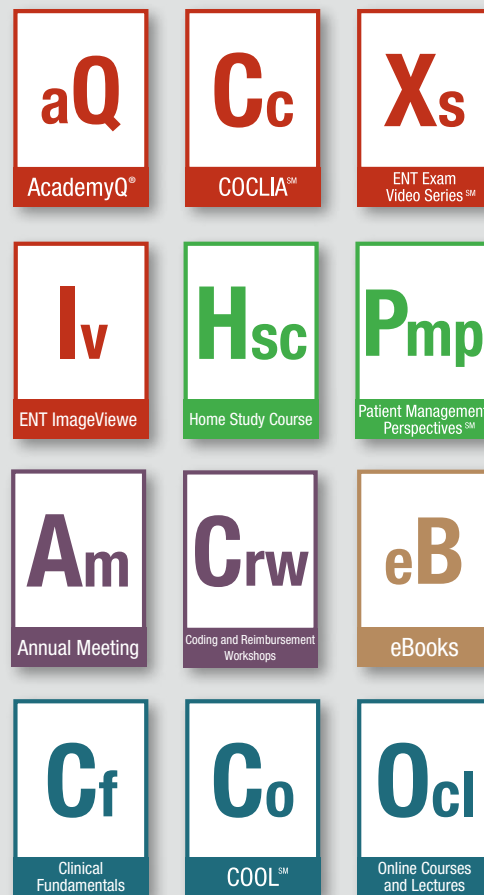
The AAO-HNS Foundation's continuing professional development program has always offered rich and diverse resources covering a variety of topics organized by the eight specialties within otolaryngology-head and neck surgery. The diversity of offerings provided by the Foundation has made it challenging for busy practitioners to quickly find what they need.

To meet this challenge, the program has been rebranded as **AcademyU®**, *Your Otolaryngology Education Source*. The resulting AcademyU periodic table provides an easy way for members to access all the Foundation's education and knowledge products. The "elements" provide access to each learning resource. Similar to the chemical elements in the periodic table, each element is also grouped with others of a like type. In the case of the AcademyU periodic table, the groupings include live events, subscriptions, online courses and lectures, eBooks, and knowledge resources based on the formats that appeal to the diverse education needs and learning styles of members.

AcademyU® is the window into all the education opportunities available to you as a member of the Academy. Visit www.entnet.org/academyu to view a complete description of all our education resources, whether they are online courses, eBooks, subscription products, live events, or knowledge products. You can easily subscribe, register, download, or log onto each of these activities through this single portal. AcademyU® brings you hundreds of education resources covering a variety of topics.

In addition to improving online access, *Education Opportunities*, a special insert to the December 2012 *Bulletin*, offered an easily accessible and comprehensive look at all of these resources. *Bulletin* articles throughout 2013 provided more detailed descriptions of each of these products.

Improving access to Annual Meeting & OTO EXPOSM resources received considerable focus this year. The online Itinerary Planner allowed attendees to search and read details about the program, committee meetings, evening and satellite events, and much more in the months leading up to the event. The annual meet-



These AcademyU® "elements" guide members to education options.

ing website offered a robust amount of information on education offerings, networking, and exciting opportunities taking place during the meeting. The Final Program, provided in advance online, in addition to onsite, included color-coded education tracks. The annual meeting mobile app for the iPhone, Android, and iPad included detailed session information, your personal schedule, an interactive Vancouver Convention Centre map, an exhibitor list including booth number, a link to the OTO EXPO floor plan, instruction course handouts, CME/CE evaluation site, and the *Otolaryngology-Head and Neck Surgery* journal.

The education and annual meeting leadership and staff see these improvements as just a step toward even greater accessibility in the future to the essential otolaryngology resources created by members for members.



WIO members enjoyed its 2013 General Assembly and Luncheon.

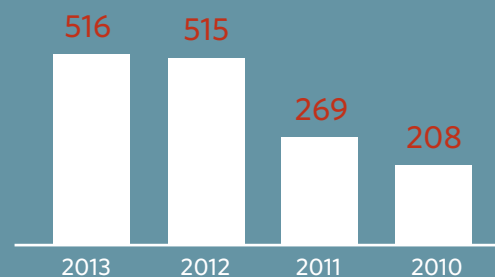
★ MEMBER ENGAGEMENT AND UNITY

Academy Membership is Vibrant and Engaged

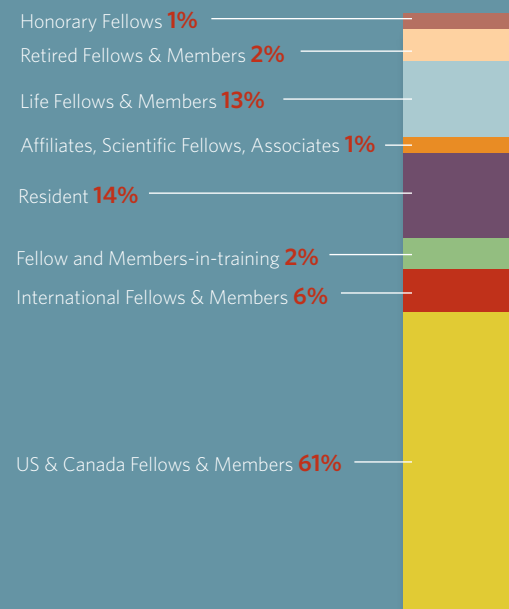
During the challenging economic times of the past few years, the Academy's membership has remained strong with nearly 12,000 members! This is a remarkable accomplishment, given that many who belong to professional membership associations in other industries, due to personal financial constraints, must make the tough choice to remain a member or discontinue their membership. Our members have opted to keep their Academy strong and get involved. In fact, our retention of members from year-to-year averages about 97 percent. That, combined with a steady increase in the number of new members who join us each year, equates to a vibrant membership base.

By constantly striving to improve the member experience and provide meaningful engagement opportunities, more members are finding increased relevance in what we do, and more opportunities to share their expertise and hone their leadership skills. In the past year, the Academy's Membership Business Unit was renamed Member Engagement. This places emphasis on our desire to help our members to get involved, to get them engaged in their professional home, and to help them realize the full potential of membership.

New Member Count by Year



Membership Categories



GETTING INVOLVED MEANS INCREASED ROI

Maximize Your Membership: Increased Involvement

Last year, we reported on a new campaign to gain participation in Academy activities. The “*Maximize Your Membership*” campaign continues to be a strong umbrella and theme for all of our member engagement activities. By getting involved, members realize more ROI from their membership, while supporting the goals and strengthening the mission of the Academy.



In 2013, more than 1,300 of our members served on education, clinically focused, or other committees of interest, including the Board of Directors (BOD), Board of Governors (BOG), Section for Residents and Fellows-in-Training (SRF), and the Women in Otolaryngology (WIO)

Section. These opportunities to get involved are exclusive member benefits and are designed to fit any level of participation, from face-to-face networking opportunities to virtual activities.

New! Young Physician's Section (YPS)

At its meeting in September, the Academy's Board approved the application for section status presented by the Young Physician's Committee. Recognizing that a physician leaving a residency program is in the “start-up” phase of his or her career with challenges unique to that period of career development, this newly created section will allow a multitude of opportunities for young physicians (defined as younger than 40 or within the first eight years of professional practice following a residency and fellowship training) to get involved in leadership. Three new Young Physician's Leadership Grants were awarded this year—valued at \$1,000 each! Watch for even more exciting new opportunities to become engaged in the Academy as this Section and its leadership infrastructure unfolds.

Section for Residents and Fellows-in-Training (SRF)

All Academy resident members and fellows-in-training are automatically members of this section. Its leadership infrastructure supports and provides a voice into the Academy's strategy and programming. Additionally, the SRF provides its members with ample opportunities to get involved and receive grants and other financial assistance. In 2013 alone, 120 Resident Leadership Grants were awarded for the Academy's 2013 Annual Meeting in Vancouver.



Board of Governors (BOG)

Chaired in 2013 by **Denis C. Lafreniere, MD**, the BOG serves as an advisory body to the Board of Directors (BOD) and the AAO-HNS membership. It consists of local, state, regional, and national otolaryngology-head and neck surgery societies, with a leadership infrastructure that advises the BOD. This year, the BOG created a regional infrastructure based on the 10 HHS regional areas to enhance its effectiveness and responses to legislative and advocacy needs, creating increased opportunities for involvement at the state and local level. In addition, the BOG has continued and strengthened its strong representation in all parts of the Academy's Guidelines process, and has spearheaded an ongoing discussion regarding possible future sub-certification in Pediatric Otolaryngology.

WOMEN IN OTOLARYNGOLOGY (WIO) SECTION



Created in 2010, the WIO Section offers women otolaryngologists the opportunity to strengthen their career support systems and skills through networking events, professional development, and mentoring programs. As with the SRF Section, all women who are members of the Academy are automatically members of the WIO Section.

Through its leadership infrastructure, there are

ample opportunities for members to demonstrate their leadership abilities and influence the Academy's future. This year, the Section initiated and increased networking for Women in Otolaryngology via electronic and written communications, programs and speakers. Christina Surawicz, MD, was well received as the guest speaker at the WIO General Assembly in Vancouver, addressing issues of importance to women in leadership positions. More than 250 members attended the event—a record crowd.

SPECIALTY SOCIETY ADVISORY COUNCIL (SSAC)

SSAC is vital to the Academy as it serves as a conduit for improved communication and identification of shared opportunities for the Academy and the otolaryngology specialty societies. This past year, SSAC, led by **Albert L. Merati, MD**, made some changes to its Governing Articles, now providing for a two-year term for its chair, which will enhance the effectiveness of the council and provide consistency in strategy.

★ MEMBER ENGAGEMENT AND UNITY

Special Interest and Standing Committees

With more than 70 special interest and Academy standing committees, there are hundreds of opportunities to become involved as has Board member and Ethics Committee Chair, **Lauren Zaretsky, MD**, for example.

On November 1, the call for committees was made available to members. This allows all members an equal opportunity to indicate their desire to become involved in the future of the Academy for the 2014 committee year. New resources are being launched to make involvement easier and more effective. Development is under way for a new member engagement web portal to make involvement in committees and Academy activities much more convenient for everyone involved.

Humanitarian Efforts

Engaging in the Academy is not only done at home. Huge contributions can also be made abroad through surgical missions, visits to teach newer surgical technologies (e.g., endoscopic sinus surgery), or research efforts to understand the scope of ENT diseases in developing countries. Awards and recognition is well deserved through our members' commitment to Humanitarian efforts. This year, the Academy's Distinguished Award for Humanitarian Service was awarded to **James E. Saunders, MD**,



MD, in recognition of his exemplary life-long dedication to the otologic and hearing healthcare for patients worldwide, particularly those in Nicaragua, and for the education and training of a generation of otolaryngology staff and residents in ear surgery. In addition, 29 Humanitarian Travel Grants were awarded to residents and fellows-in-training in 2013 to offer services in 15 less-developed countries. In addition to the grants, this year the awardees had the opportunity to provide educational tools and other "members-only" materials from the Academy to train their colleagues in these countries.

GETTING RECOGNIZED FOR YOUR ACADEMY ENGAGEMENT



International Engagement

Coordinator for International Affairs, **Gregory W. Randolph, MD**, reports that roughly 10 percent (and growing) of the Academy's membership is from outside of the United States, with the largest representation from Canada, Brazil, Japan, Germany, Mexico, Portugal, and the United Kingdom. Engagement opportunities for our International members include writing opportunities for the *Bulletin* and *Journal*, as well as attending regional caucuses around the world. This past year saw enhanced communications between the Academy and its 54 International Corresponding Societies Network. The Academy welcomed its four guest countries to the Annual Meeting—Canada, Kenya, Nigeria, and Thailand. And for the first time, the Academy featured a popular Latin

America Webcast at the Annual Meeting that attracted hundreds of participants from more than 16 countries, and convened its first International Assembly, which was well attended. Through the International Visiting Scholars (IVS), the Academy offers a limited number of scholarships to junior academics from developing countries. In addition, there are scholarships from Indian ENTs (Indian IVS), a Latin American ENT (de la Cruz IVS) a woman ENT (Nancy L. Snyderman, MD, IVS), and others specifically designated. This year, 12 International Visiting Scholarships were awarded.

Get Involved: Get the Recognition You Deserve!

The Academy's Honor Awards program is our way of recognizing meritorious service to members. These are earned through your engagement in Academy activities. Through this program, this year 54 members were recognized with an Honor Award, and 20 members were presented with the Distinguished Service Award. Many other awards and recognition are prevalent as you engage with the Academy.

Our committees strive for excellence. This year, three committees were recognized for being "model committees" for their outstanding performance, leadership, and commitment to the goals and mission. Those committees were Allergy, Asthma, and Immunology Committee; Geriatric Otolaryngology Committee; and the Women in Otolaryngology Research and Survey Committee.

Get Involved with AAO-HNS/F!



Take full advantage of academy engagement opportunities.





★ SUSTAINABILITY

Individual Giving Hits New Heights

Under the leadership of **Nikhil J. Bhatt, MD**, Coordinator for Development, the Development Unit has actively worked to increase individual giving to the Foundation. The members of the Development Committee have engaged in promoting the work of the Academy and Foundation and have been instrumental in opening doors and making introductions to potential new donors. The Unit instituted new activities in order to achieve its goals.



Dr. Nikhil Bhatt introduces Dr. Eiji Yanagisawa during the reception.

Champagne Reception: A donor stewardship and cultivation event was held during the AAO-HNSF 2013 Annual Meeting & OTO EXPOSM. The purpose of the Champagne Reception was to thank donors giving at the highest levels and to encourage active Academy members to upgrade from general Millennium Society member donations (\$1,000) and move into the ranks of those contributing at the highest tier of philanthropic giving.

This inaugural event was successful

with multiple participants donating to the Millennium Society. Plans are already under way for next year's Annual Meeting.

// We are excited to announce that the budgeted revenue for Development of \$1,149,000 was achieved this past fiscal year, and the team is set to achieve even greater success. //

HAL FOSTER ENDOWMENT GROSS

Hal Foster, MD Endowment: Hal Foster donations are still being actively pursued. We are working to increase the number of prospects in the pipeline and close on some of the potential donors who have expressed an interest in the last few years, but have not yet made a commitment. On September 1, Steve Church of Creative Financial Concepts, Inc., became our referring agent for planned giving.

Total Hal Foster, MD Endowment

\$10,340,000

Hal Foster, MD Endowment Gifts Received This Year

Planned Gifts-Life Policies	\$287,000
Planned Gifts-Bequests	\$614,000
Paparella Distinguished Award Endowment	\$160,000
Byron J. Bailey, MD and Margaret Bailey Humanitarian Travel Grant Endowment	\$50,000
Harry McCurdy, MD Resident Leadership Endowment	\$25,000
Women in Otolaryngology Endowment	\$14,600
Diversity Endowment	\$6,775
Harry Barnes Society Endowment	\$6,050

Total Endowment Gifts FY13

\$1,163,425

★ SUSTAINABILITY

Young Physician Leadership Grants: The Development Committee determined that successfully obtaining Hal Foster, MD Endowment or Millennium Society Life Member gifts in the



future requires engaging our young physician members now. This demographic is defined as those members eight years out of residency or fellowship training and up to 40 years old. To support this goal, three Young

Physician Leadership Grants were provided for this year. Each were given as two \$500 travel stipends to be applied equally to help with the expenses of attending the AAO-HNSF 2013 Annual Meeting & OTO EXPOSM and the 2014 Leadership Forum. The three grantees attended various committee meetings at the Annual Meeting and have plans to become more engaged in the Academy/Foundation. The plan is to expand upon this program for FY15.

Gifts from Individuals: \$323,000

Millennium Society: The Development staff has been engaged in an effort to secure Millennium Society giving in FY 2013. The focus continues to fully engage the Board, as well as the Development Committee, in soliciting Millennium Society support. Development Committee members have contacted donors who have lapsed in their giving and encouraged their renewed support. As we close the books on the AAO-HNSF 2013 Annual Meeting & OTO EXPOSM, we have 428 confirmed Millennium Society members.

Partners for Progress Participation: The Partners for Progress program continues to be an important source of our annual fundraising success. See the current Partners for Progress partners listing. As a forum for the exchange of information, Partners for Progress members have participated in conference calls with members of the AAO-HNSF staff leadership on a bi-monthly basis. At the Partners for Progress Annual Roundtable, members are provided the opportunity to network in person.

Life Members

Peter J. Abramson, MD,¹
and Cara Abramson

Kenneth W. Altman, MD, PhD, and
Courtney Altman

American Association of Otolaryn-
gologists of Indian Heritage

Vijay K. Anand, MD

J. Noble Anderson, Jr., MD

Seilesh Babu, MD,
and Abbey Crooks-Babu, MD

Byron J. Bailey, MD,
and Margaret Bailey

Robert W. Bastian, MD,
and Jan Bastian

Neal S. Beckford, MD

Leslie Bernstein, MD, DDS

Nikhil J. Bhatt, MD,*
and Anjali Bhatt, MD

Neil Bhattacharyya, MD,
and Anjini Bhattacharyya, MD

Andrew Blitzer, MD, DDS

Mark E. Boston, MD

Marcella R. Bothwell, MD

I. David Bough, Jr., MD

Linda S. Brodsky, MD

Robert E. Butler, MD

C. Ron Cannon, MD, and family

Sujana S. Chandrasekhar, MD,*
and Krishnan Ramanathan

Ajay E. Chitkara, MD

Sukgi S. Choi, MD,¹
and Charles F. Monk, Jr.

Felix W. K. Chu, MD

Noel L. Cohen, MD,
and Baukje Cohen

Robin T. Cotton, MD

James Croushore, MD

James C. Denny III, MD¹

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and Ms. Eve Lesser

David E. Eibling, MD

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and Nancy Eisenberg

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and E. Rodney Engel, MD

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Barry Jacobs, MD,
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Jonas T. Johnson, MD,
and Janis Johnson

Srinivas R. Kaza, MD

David W. Kennedy, MD

Darius Kohan, MD

Frank C. Koranda, MD

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USNR-RET (decd.)

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Dennis H. Kraus, MD

Helen F. Krause, MD (decd.)

Vandana Kumra, MD

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and Nicole Kuppersmith

Rande H. Lazar, MD, FRCS

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Constance C. Lusk, RN

Sonya Malekzadeh, MD¹

Martha Entenmann Tinnitus
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Rhoda Wynn, MD

Lauren S. Zaretsky, MD¹

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Edin (Hon.)

Rance W. Raney, MD

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Gregory M. Abbas, MD

Daniel P. Akin, MD, PhD

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David M. Barrs, MD	Keith D. Forwith, MD	Denis C. Lafreniere, MD ¹	Gregory W. Randolph, MD
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¹ designates current Board of Director member

* designates Development Committee member

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Corporate Support Rebounds with Increase in Annual Meeting Support

Corporate Funding: **\$826,000**

We continue to work with companies and foundations to fund our mission through the Industry Roundtable (IRT) program, sponsorships, and royalties. We believe that the corporate area has been largely underworked and there is much more opportunity for growth. The Development staff is building relationships with companies and foundations to increase participation in our philanthropic activities. The 2013 Annual Meeting & OTO EXPOSM provided an excellent opportunity to engage corporate leaders in AAO-HNSF.

A financial summary for each program is included with the updates to the report.



Annual Meeting Sponsorships: **\$237,000**

The good news story in the corporate world is the increased interest in annual meeting sponsorships and promotional opportunities. For FY13, we exceeded our budget mark by 63 percent (\$236,500 vs. \$150,000). Annual meeting sponsorship income is already well ahead of budget for FY14. Our plans include continuing to expand sponsorship opportunities for the 2014 Annual Meeting, as well as approaching potential sponsors earlier in their budget cycle for next year.

Industry Roundtable (IRT): **\$208,000**

General funding for mission support continues to be a challenge for the organization. Due to recent changes in regulations, it is becoming increasingly difficult for industry to support general mission requests, annual meeting support, and educational efforts. Grant requests include the following funding areas: humanitarian aid travel grants, resident leadership grants, CORE, annual meeting educational support, and International Visiting Scholars. We continue to look at ways to revitalize the corporate giving program and are seeking to benchmark our program with programs from similar organizations.

Academy Advantage Royalties: **\$381,000**

The Academy Advantage program continues to offer members select services at discounted rates. For FY13, we closed the year \$57,000 (18 percent) over anticipated revenues. Our partnership with HealtheCareers is exceptionally strong and we are seeing good growth in the partnership. In an effort to bolster income, we are working to increase the number of Academy Advantage partners.

FINANCIAL REPORT FISCAL YEAR 2013

The fiscal year July 1, 2012, through June 30, 2013, (FY13) closed with a positive (unaudited) \$1.8 million variance from the break-even budget. Overall, revenues were within 1 percent of budget and operating expenses were approximately 10 percent under budget.

With respect to non-operating activities, the return on the managed investment portfolio was nearly 8 percent for the fiscal year. Additionally, a gain of \$1.7 million was recorded to adjust for the change in market value of the interest rate swap agreement related to the financing of the headquarters building.

In combination, operating and non-operating FY13 activity increased reserves by \$4.1 million. As of June 30, 2013, unrestricted and undesignated reserves were \$12.5 million or roughly 65 percent of the operating budget, a level considered within best practices.

The Hal Foster, MD, Endowment, started only three short years ago, now has net assets, pledged, received or to be received in the form of life insurance proceeds or bequests, of \$10.3 million as of June 30, 2013. These funds are permanently restricted as endowment principal, the earnings on which are used as directed by the donor at the time the

endowment gift was made. Endowment earnings funded almost \$60,000 of AAO-HNS/F FY13 programming.

For a copy of the independent audit of AAO-HNS/F's FY13 financial statements email CHanlon@entnet.org.

In May 2013, the Boards of Directors approved a balanced fiscal year 2014 (FY14) budget. The budgeted revenue is approximately the same as FY13, \$19.6 million, reflecting realistic expectations about opportunities for revenue growth. Budgeted expenses reflect inflation adjustments for continuing programs and support expenses. Without additional revenue to meet these increases, the Board carefully analyzed how to maximize member benefits with the available resources and made critical decisions about programs to be carried out in FY14. The budgeting process involved a concerted effort from the elected leadership at every critical decision point, and included several sessions with the Boards of Directors, Executive Committee, and the FISC. The positive results of FY13 reflect good fiscal management, but AAO-HNS/F leadership and staff will continue to watch rising costs against flat revenue growth as strategies for the organization are developed going forward.

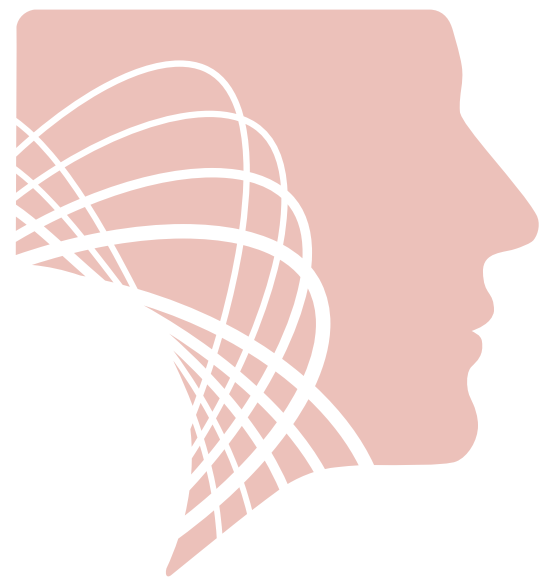
-Gavin Setzen, MD, Secretary/Treasurer

Description	Actual FY13	%	Budget FY14	%
REVENUE				
Membership Dues	\$6,500,000	34%	\$6,500,000	34%
Meetings and Exhibits	7,408,000	38%	7,319,000	37%
Product and Program Sales	1,365,000	7%	1,424,000	7%
Publications	1,668,000	8%	1,620,000	8%
Royalties	456,000	2%	500,000	3%
Corporate and Individual Support	769,000	4%	800,000	4%
Investment Income-Interest and Dividends	570,000	3%	271,000	1%
Other Revenue	279,000	1%	170,000	1%
Use of Donor Restricted Net Assets	355,000	2%	363,000	2%
Use of Board Designated Net Assets	265,000	1%	596,000	3%
Total Revenue	\$19,635,000	100%	\$19,563,000	100%

FINANCIAL REPORT FISCAL YEAR 2013

Description	Actual FY13	%	Budget FY14	%
EXPENSES				
Salaries and Benefits	\$7,659,000	43%	\$7,954,000	40%
Occupancy	1,863,000	10%	1,853,000	9%
Office Expenses	895,000	6%	919,000	5%
Communications and Software	468,000	3%	548,000	3%
Travel and Entertainment	494,000	3%	693,000	4%
Meetings	2,215,000	12%	2,417,000	12%
Printing and Production	628,000	3%	905,000	5%
Consultants & Professional Fees	3,000,000	17%	3,649,000	19%
Grants	582,000	3%	625,000	3%
Total Revenue	\$17,804,000	100%	\$19,563,000	100%

Change in Unrestricted Net Assets from Operations	\$1,831,000
NON-OPERATING ACTIVITIES	
Realized and Unrealized Net Gain on Investments	383,000
Unrealized Gain on Interest Rate Swap Agreement	1,735,000
Non-operating other revenue	102,000
Change in Unrestricted Net Assets from Non-Operating Activities	2,220,000
Total Change in Unrestricted Net Assets	\$4,051,000



Information and Knowledge Management

The past 12 months have been ones of transition for Information Technology (IT). During the first part of 2013 an outside assessment and evaluation of IT infrastructure resources and staffing requirements was conducted. This study was robust and looked at all aspects of how Members are served through AAO-HNS/F technology. This full IT review resulted in new strategy and implementation plan.

Structural Changes Ensure Strength for New Growth and Engagement

Two major changes that were of the highest priority included the outsourcing of the helpdesk to free up skilled staffing resources and the move to a cloud-based Infrastructure-as-a-Service (IaaS) environment in answer to increased content and storage needs. These two moves enable the remaining technology staff to move from a platform of technology maintenance to that of engaging technology to forward member needs and resources.

IT's new focus on providing information and knowledge management is a much broader charge that sustains and supports AAO-HNS/F activities and collaborates with staff. This tectonic shift resulted in the renaming of the business unit to Information and Knowledge Management (IKM) and a new senior director last June.

Improving the Member Experience

With the change in the direction for IKM, focus could now be directed to improving the Academy's online presence. This included two important projects with Member Engagement and Communications, respectively, to provide the vital integration of technology to member ROI.



★ The Member Portal: ENTConnect

Based on a “best-of-breed” association-centric web platform, the new Member Engagement Portal, ENTConnect, will serve as a resource bank for chairs and



committee members, and will enable Members to work more collaboratively, opening up full participation in online communities. Access to the Member Engagement Portal will be based on existing member login credentials. Since access will be restricted to members, this portal will be a place for dialog and discussion, content development and review, assessment and synthesis. ENTConnect is scheduled to go live in the spring of 2014.

★ A New and Responsive Website

It was apparent from the technology assessment that the current website was not what we needed for the future. A new website that will better serve is being constructed and is on track for a roll-out in May 2014. Meanwhile, some improvements to the current site were undertaken. The results are substantive, and the analytics, since these revisions were introduced, reflect an increase in access and usability.

Before selecting a partner to assist in the website redesign, there was an exhaustive review of Request for Proposal responses and in-depth candidate capability presentations. The website redesign project kicked off in Vancouver with member interviews. Communications work in both areas adds an intuitive member experience through a visual taxonomy and branding. Two of the main focus areas for the redesign project are: 1) make our content easier to find and use, both on the site and from search engine results; and 2) have content automatically adjust to the screen size of whatever device is used to access our site. Whether you come to the site from a smartphone, tablet, or full size screen, content on the new website will automatically adjust.

It's Time to Renew Your Membership for 2014!



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Complimentary subscriptions to *Otolaryngology—Head and Neck Surgery*, our monthly peer-reviewed journal and dynamic mobile app, and the *Bulletin*, our highly-rated monthly news magazine

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■ **Opportunities to expand your leadership**

Lending your expertise, serving on a committee, and being part of the Academy's leadership in academic and meeting forums

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- 1 **Online:** www.entnet.org/renew
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Please contact us for more information at the above numbers, or at memberservices@entnet.org.



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State Tracker Conference Calls Begin this Month

In an effort to increase the number of leadership opportunities within the AAO-HNS and to further strengthen member participation in its grassroots programs, the Academy is recruiting members to become state legislative "trackers." Selected members will receive "tracking reports" that highlight legislation potentially affecting physicians and patients in his or her state. State trackers will have the important responsibility of alerting the AAO-HNS if assistance (e.g., letters, testimony, action alert) is needed on a specific initiative. Not all states have a representative, so if you are interested in participating in this new

program, email govtaffairs@entnet.org.

The Academy will host a monthly conference call series beginning in December to aid state trackers and prepare for the 2014 state legislative sessions. The goals of the calls are to help educate state trackers, provide a forum to identify national trends, and receive input on the specific needs of each state. The calls will be limited to participants in the state tracking program and state society staff.

Thank you to all members who have already volunteered to fill this important role.

Is There a Doctor in the House (or Senate)?

The AAO-HNS, in collaboration with state medical societies, encourages Academy members to participate in the Physician in the Capitol program for their respective state legislatures. In this role, a physician volunteers to be at the capital during the day's legislative session to provide basic medical services, if needed, to the members of the legislature. The position is primarily ceremonial, though you may be asked basic health-related questions or serve an important role in case of an emergency.

A key benefit of this program is AAO-HNS members are provided an opportunity to learn more about the internal workings of their state government and the chance to educate local representatives on behalf of the specialty and patients. Please consider making a difference in your state and experience firsthand the legislative process. If you are interested in participating, email govtaffairs@entnet.org.

Year-end SGR Negotiations: Stay Informed

With only weeks left in 2013, federal lawmakers must begin negotiating a final "must-pass" legislative package, in what has become an annual (and despised) tradition. Since lawmakers are unable to advance legislation this year to permanently repeal the flawed Sustainable Growth Rate (SGR) payment formula,

Congress must include in their year-end package a "patch" to halt the 24.4 percent cut to Medicare physician payments scheduled for January 1, 2014. With the holidays upon us, AAO-HNS members are encouraged to get the latest legislative news from the AAO-HNS Government Affairs team via our various social media platforms. "Follow" us on Twitter @AAOHNSGovtAffrs, "Like" us on Facebook, or "Connect" to us on LinkedIn!

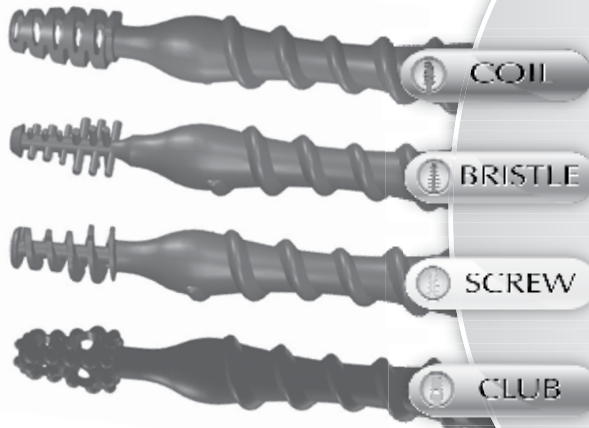
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*Int J Pediatr Otorhinolaryngol 2004 68:433-5.



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3P Update: Academy Efforts Regarding New Technology

James C. Denny III, MD
Coordinator for Socioeconomic Affairs
Co-Chair of Physician Payment Policy
Workgroup (3P)

Background

The AAO-HNS CPT team is responsible for ensuring that there is an accurate descriptor for physician work provided to our patients. This includes revising code descriptions for existing CPT codes as well as submitting applications for new CPT codes where the work is not described in the existing code's structure. There are prescribed criteria for recommending editorial changes, as well as submitting new code applications. Editorial changes typically do not result in any change to the assigned value of a CPT code, however, a new code will require valuation through the AMA Relative Update Committee (RUC) process, and is subject to final approval by CMS through annual rulemaking.

There are two types of CPT Codes, Category I and Category III. Category I codes are "Standard codes," but do not guarantee insurance reimbursement, and typically have a higher threshold of utilization, literature support, and are a standard of care. Category III codes are issued for new technologies that have less literature support, may be used for tracking, and are not valued by RUC, but may be paid by insurers. Access our website here for more information on the CPT Editorial Process: <http://www.entnet.org/Practice/Applying-for-CPT-codes-and-Obtaining-RVU.cfm>.

The AAO-HNS has an experienced team on both the CPT and RUC side of the process. The 3P workgroup oversees and coordinates the operations of both the CPT and RUC teams with the assistance of the appropriate AAO-HNS committees. The combined experience of the members of these teams is more than 50 years.

There are two recent examples of how the New Technology Pathway process works

which have created interest among our members.

1. New CPT Code for Endoscopic Zenker's Diverticulotomy

Recently, a new CPT code for endoscopic Zenker's diverticulotomy was created and will be undergoing RUC survey for the January 2014 RUC meeting. This occurred based on a change in treatment patterns over the last several years for Zenker's diverticulum. Given that there was not a CPT code that accurately described the work done when an endoscopic approach was utilized; a proposal to create a new code was submitted to the CPT Editorial Panel to accurately describe that work and is likely to appear in the 2015 CPT book.

2. New Technology Pathway Application for Propel® Drug Eluting Stents

Additionally, an application was received from IntersectENT through the Academy's New Technology Pathway process (see: <http://www.entnet.org/Practice/Valuing-CPT-Codes.cfm>), which requested the creation



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Questions?
 Contact Lorraine Nnacheta, lnnacheta@entnet.org

Through the G-I-N Scholars program, the AAO-HNSF will **fund two AAO-HNS members** (\$3,500 each) to attend the 2014 Guidelines International Network (G-I-N) Conference in Melbourne, Australia, providing an opportunity for eligible physicians to enrich their understanding of guideline development, dissemination, and implementation.

Receiving a G-I-N Scholar award entails a commitment to collaborate with the AAO-HNSF by serving as either a panel member or assistant chair (depending on experience level) on an upcoming guideline panel, enabling recipients to obtain hands-on guideline development experience. G-I-N Scholars also agree to submit a commentary to *Otolaryngology–Head and Neck Surgery* pertaining to clinical practice guidelines (e.g. development, dissemination, adaptation, implementation, etc.).*

* Residents are not eligible to apply. Previous G-I-N Scholar or Cochrane Scholar recipients may not apply within 3 years of receiving a Scholar award.



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- The proposed descriptor is unique, well-defined, and describes a procedure or service which is clearly identified and distinguished from existing procedures and services already in CPT.
- The descriptor structure, guidelines and instructions are consistent with current Editorial Panel standards for maintenance of the code set.
- The proposed descriptor for the procedure or service is neither a fragmentation of an existing procedure or service nor currently reportable as a complete service by one or more existing codes (with the exclusion of unlisted codes). However, procedures and services frequently performed together may require new or revised codes.
- The structure and content of the proposed code descriptor accurately reflects the procedure or service as typically performed. If always or frequently performed with one or more other procedures or services, the descriptor structure and content will reflect the typical combination or complete procedure or service.
- The descriptor for the procedure or service is not proposed as a means to report

extraordinary circumstances related to the performance of a procedure or service already described in the CPT code set.

- The procedure or service satisfies the category-specific criteria set forth below.

AMA Criteria for Category I Code

- All devices and drugs necessary for performance of the procedure or service have received FDA clearance or approval when such is required for performance of the procedure or service.
- The procedure or service is performed by many physicians or other qualified health care professionals across the United States.
- The procedure or service is performed with frequency consistent with the intended clinical use (i.e., a service for a common condition should have high volume, whereas a service commonly performed for a rare condition may have low volume).
- The procedure or service is consistent with current medical practice.
- The clinical efficacy of the procedure or service is documented in literature that

meets the requirements set forth in the CPT code change application.

AMA Criteria for Category III Code

- The procedure or service is currently or recently performed in humans; **AND**
- At least one of the following additional criteria has been met:
 - The application is supported by at least one CPT or HCPAC advisor representing practitioners who would use this procedure or service; **OR**
 - The actual or potential clinical efficacy of the specific procedure or service is supported by peer reviewed literature which is available in English for examination by the Editorial Panel; **OR**
 - There is; a) at least one Institutional Review Board approved a protocol of a study of the procedure or service being performed, b) a description of a current and ongoing United States trial outlining the efficacy of the procedure or service, or c) other evidence of evolving clinical utilization.

of a Category I CPT code for the insertion of a drug eluting stent used in the treatment of sinus disease. We commend Intersect ENT for utilizing our prescribed process to present information relating to the use of their device. The 3P group, in conjunction with consultation from the Rhinology and Paranasal Sinus Committee (RPS) and CPT/ RVU Committee, reviewed the information submitted by the company over a number of months. We reviewed the literature, had conversations with the company, visited the company's exhibit at our recent meeting in Vancouver, received instruction in the insertion of the product, and had consultations with a number of rhinologists including those on RPS Committee. 3P also met by email, phone and in person multiple times to discuss this issue.


Members of the workgroup have been involved in the evaluation of sinus codes since the introduction of endoscopic sinus surgery. This includes the latest two valuations at the RUC. *Based on this experience, 3P felt that the work described for the placement of the drug eluting stent in the operating room immediately following sinus surgery is already described and*

valued in the existing endoscopic CPT codes. In fact, there is a provision in each of these codes for placement of packing, spacers, and medications in the sinus cavities following endoscopic surgery.

Surgeons across the country use a variety of materials following endoscopic surgery at the close of the procedure, and some do not use anything. The current work descriptor valued by the RUC includes the placement of these materials, when performed in the intraoperative setting; therefore, we do not feel there is sufficient justification for the creation of a new CPT code in the hospital outpatient setting. This does not prevent the stent, which is FDA approved, from being used. A similar scenario might exist if there were a new packing developed for ear surgery. The work to place the packing is already accounted for in the existing code valuation and positioning this newly developed packing would not be separately reported or reimbursed.

3P, however, felt that there would be a place for a new Category III CPT code relating to the in-office use of this drug eluting stent once evidence of efficacy in the office is demonstrated in

the literature. The key will be to define the correct code structure in the context of existing ones and the development of literature to demonstrate adequate support for a Category I code. Thus, 3P recommended that Intersect ENT proceed with a request for a Category III CPT Code. This recommendation was also approved by the AAO-HNS Executive Committee. We also continue to collaborate with ARS leadership, as we have done on other rhinology issues in the past, and we are in communication with them about our decision.

Our CPT and RUC teams have developed a very strong reputation for objectivity and accurate valuation of our codes over many years. Our reputation for integrity dealing with the CPT / RUC processes and health policy, in general, is paramount to us as the society representing Otolaryngology in this arena. We will continue to objectively participate in these activities on behalf of our members. For any comments or questions, please contact Dr. Denneny via the Health Policy team at HealthPolicy@entnet.org. 

CPT Changes for 2014: What ENTs Need to Know

Michael Setzen, MD
*Immediate-Past Coordinator
 for Practice Affairs*
Jenna Minton, Esq.
Senior Manager, Health Policy

As the medical community has come to expect, part of the annual rule-making process conducted by the Centers for Medicare & Medicaid Services (CMS) includes the annual issuance of new and modified CPT codes, developed by the American Medical Association's (AMA) Current Procedural Terminology (CPT) Editorial Panel, for the coming year. In addition, CMS includes new, or updated, values (also known as relative value units (RVUs)) for medical services that have undergone review by the AMA's Relative Update Committee (RUC). CMS has the discretion to accept the RUC's RVU recommendations for physician work, and recommendations for direct practice expense inputs, or it may exercise its administrative authority and elect to assign a different value, or practice expense inputs, for medical procedures paid for by Medicare. The final value, as determined by CMS, is then publicly released in the final Medicare Physician Fee Schedule (MPFS) rule for the following calendar year.

The Academy is an active participant in both the AMA RUC valuation of otolaryngology-head and neck services, and the CMS annual rulemaking processes. As part of those efforts, we want to ensure members are informed and prepared for key changes to CPT codes and valuations related to otolaryngology-head and neck surgery serviced for CY 2014. The following outlines a list of coding changes, including new and revised CPT codes, as well as codes that were reviewed by the AMA RUC and could have modified Medicare reimbursement values for 2014:

New Codes

In CY 2014, several new CPT codes will be introduced, including:

- **Two new codes to report flexible, transnasal esophagoscopy** (otherwise known as TNE). These services will

be reported with CPT codes **43197** and **43198**.

- **Six new codes to distinguish between rigid, transoral esophagoscopy** procedures and flexible, transoral esophagoscopy. The existing codes will be used to report flexible, transoral procedures, and the new codes CPT **43191-43196** will be used to report rigid, transoral procedures.

- **One new code to report chemodysphonia.** This

code will replace the previously reported code CPT 64613.

Otolaryngologists will now use CPT **64617** to report all injections to the larynx for the treatment of spasmodic dysphonia.

- **Four new speech evaluation codes.**


These codes are intended to represent evaluation of speech fluency (**92521**); evaluation of speech sound production (**92522**); evaluation of speech sound production with evaluation of language comprehension and expression (**92523**); and behavioral and qualitative analysis of voice and resonance (**92524**).

modified relative value units for some, or all, of these procedures in CY 2014. It is critical to note that once the final MPFS is issued by CMS, typically on or around November 1 of each year, Academy health policy staff will summarize the final rule and alert members to any critical changes in reimbursement for any of the following medical procedures. Existing codes that were reviewed in 2013 include:

43200	Esophagoscopy, flexible, transoral; diagnostic, including collection of specimen(s) by brushing or washing when performed
43201	Esophagoscopy, flexible, transoral; with directed submucosal injection(s), any substance
43202	Esophagoscopy, flexible, transoral; with biopsy, single or multiple
43215	Esophagoscopy, flexible, transoral; with removal of foreign body
43220	Esophagoscopy, flexible, transoral; with balloon dilation (less than 30 mm diameter)
43226	Esophagoscopy, flexible, transoral; with insertion of guide wire followed by dilation over guide wire
43450	Dilation of esophagus, by unguided sound or bougie, single or multiple passes
43453	Dilation of esophagus, over guide wire
69210	Removal of Cerumen
31237	Nasal/sinus endoscopy, surgical; with biopsy, polypectomy or debridement (separate procedure)
31238	Nasal/sinus endoscopy, surgical; with control of nasal hemorrhage
31239	Nasal/sinus endoscopy, surgical; with dacryocystorhinostomy
31240	Nasal/sinus endoscopy, surgical; with concha bullosa resection

Codes Reviewed by the AMA RUC

In addition to the creation of several new CPT codes for 2014, a number of existing CPT codes relating to otolaryngology were reviewed by the AMA RUC, and their RUC-approved values were submitted to CMS for final determination for the CY 2013 final rule. Members should be prepared for

As noted above, health policy staff will provide members with a detailed summary of CMS approved values for the above services once they are issued in the 2014 final MPFS. Should members have any questions regarding the above information in the meantime, please email healthpolicy@entnet.org. 

Year-Long Education Needs Assessment Initiative a Success

Sonya Malekzadeh, MD
Coordinator, Education

Following a year of education needs assessment, the American Academy of Otolaryngology—Head and Neck Surgery Foundation (AAO-HNSF) is now equipped with meaningful and valuable information to improve and advance the Foundation's professional education program. We are deeply grateful to those who participated in the process.


AAO-HNS education leaders, members, and current activity participants contributed to this broad evaluation. Members of the eight education committees examined current products and programs through a comprehensive needs assessment and SWOT analysis. The membership furthered this effort by completing a member-wide education survey addressing

their current continuous professional development needs and requirements. Lastly, each educational resource was specifically evaluated by individuals who had directly participated in the activity. This robust data will provide the AAO-HNS Foundation

the information needed to revamp and revitalize its education offerings.

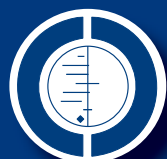
The themes of awareness, engagement, and value will be further explored and addressed through strategic planning prioritization, program-specific improvements, and balancing of resources to leverage strengths and improve opportunities. The Education Steering Committee along with the education committees will lead these efforts.

In the ensuing months, a series of articles will inform the members of additional assessment findings and actions set forth to increase awareness, improve engagement, and deliver value. This January *Bulletin*, focused on education, will provide a summary of this year's accomplishments and future directions.

Please stay tuned as we build a professional education program that will meet your needs and exceed your expectations. 

Through this assessment, three critical themes emerged:

- **Awareness**—enhance understanding of the breadth and depth of the Foundation's education offerings.
- **Engagement**—encourage utilization and participation in education activities by both members and nonmembers.
- **Value**—focus on the quality of education activities.



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2014 COCHRANE CONCLAVE

Oxford, England | July 7–8, 2014

The AAO-HNSF leadership and SAGE, publisher of *Otolaryngology—Head and Neck Surgery*, have identified a need to train otolaryngologists in the conduct and publication of systematic literature reviews. Systematic reviews have a high citation impact, and serve as the foundation for evidence-based practice guidelines, clinical performance measures, and maintenance of specialty certification.

Four travel grants of up to \$2,500 will be offered to attend the 2014 Cochrane Conclave in Oxford, England, July 7–8, 2014. The Cochrane Conclave is the result of an AAO-HNS/F partnership with the UK Cochrane Center and the staff and editors of the Cochrane ENT Disorders Group. Attendees will be introduced to evidence summaries of healthcare interventions, and will learn state-of-the-art techniques for producing systematic reviews and meta-analyses.

In return for a travel grant to attend the meeting, grant recipients must agree to initiate and submit a systematic review to *Otolaryngology-Head and Neck Surgery* for publication consideration within 12 months (by July 9, 2015).*

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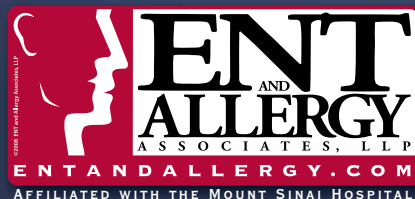
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Bob Glazer
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Dr. Douglas Leventhal, who practices out of our Oradell, NJ office, joined ENT in 2012 after completing a residency in Otolaryngology-Head & Neck Surgery at Thomas Jefferson University Hospital in Philadelphia, PA and a fellowship in Facial Plastic & Reconstructive Surgery at New York University in New York, NY.



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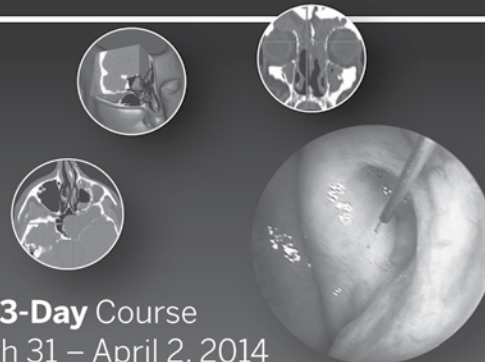
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Fax: 304.293.0230
<http://www.hsc.wvu.edu/som/otolaryngology/>

West Virginia University is an AA/EO Employer. WVU Health Sciences is a tobacco free campus. West Virginia University is the recipient of an NSF ADVANCE award for gender equity.

Join A Well Established Practice In North Carolina

Our ENT practice is seeking a BC/BE Otolaryngologist to join our current five-physician practice. This practice enjoys a full spectrum of ENT services including head and neck surgery, otology, allergy testing and treatment, CT scanner on site, EHR (Electronic Health Records), audiology and hearing aid dispensing.

Our benefit package includes excellent starting salary with partnership anticipated after two years, 401(k), professional liability insurance, and health insurance.

Interested individuals should send Curriculum Vitae to:

**Fayetteville Otolaryngology
Head & Neck Surgery, P.A.
1839 Quiet Cove
Fayetteville, N.C. 28304**

Phone (910) 323-1463 Fax (910) 222-6551
Website: fayent.com
Email: gparksfayent@nc.rr.com

Contact: Elizabeth Hueman, M.D. or Gwendolyn Parks,
Practice Administrator.

Two General Otolaryngologists Needed in Charlotte NC

Charlotte Eye Ear Nose and Throat Associates, PA (CEENTA) is a multi-specialty practice of Ophthalmology and Otolaryngology. Our 90 year old practice has 78 providers and 14 offices spread over a geographic area with a radius of approximately 50 miles centered on Charlotte NC.

Due to continued expansion, CEENTA has openings for 2 General Otolaryngologists in the greater Charlotte metro region.

The group has all subspecialties represented, an established referral base, and an in-house contract research organization.

Charlotte is two hours east of the Appalachian Mountains and 3 1/2 hours west of the Atlantic Ocean. It is home to the University of North Carolina, Charlotte, the NFL Panthers, the NBA Bobcats and a variety of cultural venues. Charlotte and its metropolitan area, have one of the fastest growing populations of mid-sized metropolitan areas in the United States.

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

***For immediate consideration,
please send CV to:***

anash@ceenta.com
or

Director-Human Resources
Charlotte Eye Ear Nose and
Throat Associates, PA.
6035 Fairview Road
Charlotte, NC 28210

Fax: (704)295-3415

EOE



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EAR NOSE & THROAT
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Sanford Health is seeking BC/BE Ear, Nose and Throat specialists to join a fast-paced, physician-led practice in the upper Midwest where there is opportunity to grow your patient base rapidly. Locations include Minnesota, North Dakota and South Dakota.

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Pediatric – Fargo, ND

We offer a competitive salary and comprehensive benefits package, paid malpractice and relocation assistance. Communities offer high quality of life, affordable living, culture and education.

At Sanford Clinic, our talented and diverse team of dedicated physicians creates a strong foundation of excellence. With more than 1,400 primary and specialty care physicians, 140 locations, and 80 specialties, Sanford Health is the largest not-for-profit rural health care system in the nation.

Connie Long
Bismarck
(701) 323-5417
connie.long@sanfordhealth.org

Celia Beck
Bemidji
(218) 333-5056
celia.beck@sanfordhealth.org

Kathryn Norby
Fargo
(701) 417-4851
kathryn.norby@sanfordhealth.org

Jessilyn Healy
Sioux Falls/Aberdeen
(605) 328-6986
jessilyn.healy@sanfordhealth.org

Go to: practice.sanfordhealth.org for a listing of all of our opportunities.

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Fellowships Available

GEORGIA REGENTS UNIVERSITY

Department of Otolaryngology/
Head & Neck Surgery



Fellowships are available at Georgia Regents University in the Department of Otolaryngology

Endocrine-Head and Neck Surgery

David Terris, M.D., dterris@gru.edu

Facial Plastic and Reconstructive Surgery

Achih Chen, M.D., achen@gru.edu

Head and Neck Oncologic Surgery

Arturo Solares, M.D., csolares@gru.edu

Laryngology

Gregory Postma, M.D., gpostma@gru.edu

Rhinology-Sinus/Skull Base Surgery

Stil Kountakis, M.D., skountakis@gru.edu

Send **curriculum vitae** to email listed or to the address below:

Georgia Regents University
Department of Otolaryngology
1120 15th Street, BP-4109
Augusta, Georgia 30912-4060

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and Equal Access employer.

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AUGUSTA



Rush University Medical Center, Chicago Laryngologist

The Department of Otorhinolaryngology – Head and Neck Surgery at Rush University Medical Center, located in downtown Chicago, is seeking applicants for Section Head of Laryngology and Director of the Rush Voice Care Institute. The individual will be charged with creating a center of excellence to provide comprehensive medical and surgical care for voice and swallowing disorders. Qualified candidates must have completed an approved fellowship in Laryngology and be BC/BE. Candidates must possess a strong commitment to patient care, resident education, and research. Applications will be considered eligible for faculty appointment at Assistant or Associate Professor level.

Rush University Medical Center is a large tertiary academic medical center located in downtown Chicago that encompasses a 664-bed hospital serving adults and children, including the Johnston R. Bowman Health Center and a new 376-bed hospital building known as the Tower. The Medical Center offers more than 70 highly selective residency and fellowship programs in medical and surgical specialties and subspecialties.

Rush is consistently ranked as one of the nation's top hospitals by U.S. News & World Report. Rush is ranked in 9 of 16 categories in the 2013 U.S. News & World Report's annual "America's Best Hospitals" issue and is ranked No. 2 in Illinois. Rush was the first hospital in Illinois serving adults and children to receive Magnet status – the highest honor in nursing – and the first in Illinois to earn a third four-year designation.



Rush is an Equal Opportunity Employer

William Krech, Faculty Recruitment
William_Krech@rush.edu



Faculty Opportunities

NYU School of Medicine's Department of Otolaryngology is one of the premier Otolaryngology-Head and Neck Surgery programs in the country. Our physicians and staff are dedicated to providing clinical services to the diverse patient populations served by NYU Langone Medical Center, investigating and improving patient care through our basic, clinical and translational research efforts and educating tomorrow's specialists in the fields of Otolaryngology, Otolaryngology, Neurotology, Rhinology, Audiology, Facial Plastic and Reconstructive Surgery, Head and Neck Surgery and Oncology.

Clinical Site Director, Bellevue Hospital Center

Appointment will be at the Assistant or Associate Professor level in the non-tenure track. The successful candidate will have broad skills in clinical management of otolaryngology patients, demonstrated leadership and teaching skills, excellent communication and organization skills. Qualified candidates must have an M.D. degree and be board certified or eligible in Otolaryngology.

Full time & Part Time Faculty, Clinical Otolaryngology

Academic appointments will be at the Instructor, Assistant or Associate Professor level in the non-tenure track. Successful candidate(s) should have broad skills in clinical management of general otolaryngology patients, although subspecialty training is acceptable. Clinical practice will be at off-site ambulatory centers within the NYU Langone Medical Center/New York City Health and Hospitals Corporation consortium with admitting and operating privileges at the Tisch Hospital of NYU Langone Medical Center and Bellevue Hospital. Qualified candidates must have an M.D. degree, be board certified or eligible in Otolaryngology and eligible to obtain a NY State Medical License.

Letters of inquiry and CV stating position of interest should be sent, to: **J. Thomas Roland, Jr., M.D., Mendik Professor and Chairman, Department of Otolaryngology, NYU School of Medicine, 550 First Avenue: NBV 5E5, New York, NY 10016; Phone: (212) 263-7338; Fax: (212) 263-7494; E-mail: J.Thomas.RolandJr@nyumc.org.**

The NYU School of Medicine was founded in 1841 and is an equal opportunity, affirmative action employer and provides a drug-free and smoke-free workplace.



**Pediatric Otolaryngology
Surgeon/Scientist**

University of Utah Otolaryngology-Head & Neck Surgery seeks BC/BE faculty with fellowship training in Pediatric Otolaryngology. This is a full-time tenure track position at the Assistant or Associate Professor level. Must have MD PhD, additional research training (T-32) or competitive, extramural funding. The successful candidate should be able to lead an extramurally-funded research effort and also participate in clinical care and resident education. Position available July 2014.

The University of Utah is an Equal Opportunity/ Affirmative Action employer and educator. Minorities, women, and persons with disabilities are strongly encouraged to apply. Veterans preference. Reasonable accommodations provided. For additional information: <http://www.regulations.utah.edu/humanResources/5-106.html>.

Applicants must apply at:

<http://utah.peopleadmin.com/postings/20311>

For additional information, contact:

Clough Shelton, MD, FACS, Professor and Chief

University of Utah School of Medicine

50 North Medical Drive 3C120

Salt Lake City, Utah 84132

Phone: (801) 585-1626

Fax: (801) 585-5744

E-mail: inga.journey@hsc.utah.edu

**SEEKING BOARD CERTIFIED /
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Small, well-regarded private practice group seeking generalist or sub-specialist associate in Head & Neck, Facial Plastic, or Pediatric ENT who is willing to diversify a bit. Good potential for partnership. Diverse practice includes allergy, audiology, vestibular rehabilitation, facial plastic surgery, neurotology, sinus, speech therapy, laryngology and head & neck cancer surgery. Suburban & tertiary care offices in very desirable Pittsburgh, PA area. Good schools, sports, and cultural amenities available. Although primary emphasis is private practice, some teaching opportunity exists. We offer competitive salary, benefits, and a reasonable on-call schedule.

Please contact Diane Lyda @ 412-749-1611
or send CV to:
Straka & McQuone, Inc.
1099 Ohio River Blvd.,
Sewickley, PA 15143

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Email Resume to:
Ear, Nose & Throat Plastic Surgery Center
Attn: Neil Persaud
<napent@bellsouth.net>



Division of Otolaryngology
Head and Neck Surgery
Children's Hospital Los Angeles

Department of Otolaryngology
Keck School of Medicine
University of Southern California

Full-Time Pediatric Otolaryngologist at the Assistant/Associate Professor level with the University of Southern California at Children's Hospital Los Angeles.

The candidate must be fellowship trained and either board eligible or certified. Specialty interest and/or training in rhinology or laryngology would be preferred. The candidate must obtain a California medical license.

CHLA is one of the largest tertiary care centers for children in Southern California. Our new 'state-of-the-art' 317 bed hospital building with 85% private rooms opened July 2011. Our group has a nice mix of academic and private practice. Both clinical and basic science research opportunities are available and supported.

Excellent benefits available through USC
USC and CHLA are equal opportunity and affirmative action employers.
Women and men, and members of all racial and ethnic groups are encouraged to apply.
Academic appointment through USC Keck School of Medicine is available at a level appropriate to training and experience.

Please forward a current CV and three letters of recommendation to:

Jeffrey Koempel, MD, MBA
Chief, Division of Otolaryngology — Head and Neck Surgery
Children's Hospital Los Angeles
4650 Sunset Boulevard MS# 58
Los Angeles, CA 90027
jkoempel@chla.usc.edu
(323) 361-5959



Head and Neck Oncology Surgeon/Scientist

University of Utah Otolaryngology—Head & Neck Surgery seeks BC/BE faculty with fellowship training in head and neck oncology. This is a full-time tenure track position at the Assistant or Associate Professor level. Must have MD PhD, additional research training (T-32) or competitive, extramural funding. The successful candidate should be able to lead an extramurally-funded research effort and also participate in clinical care and resident education. Position available immediately.

The University of Utah is an Equal Opportunity/ Affirmative Action employer and educator. Minorities, women, and persons with disabilities are strongly encouraged to apply. Veterans preference. Reasonable accommodations provided. For additional information: <http://www.regulations.utah.edu/humanResources/5-106.html>.

Applicants must apply at:

<http://utah.peopleadmin.com/postings/19713>

For additional information, contact:

Clough Shelton, MD, FACS, Professor and Chief
University of Utah School of Medicine
50 North Medical Drive 3C120
Salt Lake City, Utah 84132
Phone: (801) 585-1626
Fax: (801) 585-5744
E-mail: inga.journey@hsc.utah.edu



Head and Neck Fellowship

Clinical Focus: Head and neck surgical oncology, skull base surgery, endoscopic laser surgery, minimally invasive endocrine surgery, microvascular reconstructive surgery and robotic surgery

Applications are accepted through the American Head and Neck Society: www.ahns.info

To view position online, go to <http://jobs.kumc.edu> and search by position number.

Letters of inquiry and CV may be mailed or emailed to:

Dan Bruegger, MD, Associate Professor and Interim Chairman
The University of Kansas School of Medicine
Department of Otolaryngology-Head & Neck Surgery/
3901 Rainbow Blvd, MS 3010, Kansas City, KS 66160
Email: dbruegge@kumc.edu

University of Missouri

Department of Otolaryngology— Head and Neck Surgery



Seeks clinicians, teachers, and researchers who are personable, energetic and innovative to join a rapidly growing and collaborative group of physicians. Two Faculty opportunities at all academic levels (Assistant/Associate Professor or Professor or Clinical Assistant/Associate Professor or Clinical Professor) are available in **Head and Neck Surgical Oncology with microvascular experience; and Otolaryngology/Neurotology**. Title, track, and salary are commensurate with experience.

- Competitive production incentive
- Research interests encouraged and supported
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- Well established and expanding hospital system
- Live and work in Columbia, ranked by *Money* magazine and *Outside* magazine as one of the best cities in the U.S.

For additional information about the position, please contact:

Robert P. Zitsch III, M.D.
William E. Davis Professor and Chair
Department of Otolaryngology—Head and Neck Surgery
University of Missouri—School of Medicine
One Hospital Dr MA314 DC027.00
Columbia, MO 65212
zitschr@health.missouri.edu

To apply for a position, please visit the MU web site at hrs.missouri.edu/find-a-job/academic/

The University of Missouri is an Equal Opportunity/Affirmative Action Employer and complies with the guidelines of the Americans with Disabilities Act of 1990. To request ADA accommodations, please contact (573) 884-7282 (VTTY). Diversity applicants are encouraged to apply.



The Department of Otolaryngology at West Virginia University is seeking a fellowship-trained head and neck surgeon to join a well established head and neck oncology service in the summer of 2014 or sooner. Expertise with both ablative and reconstructive procedures is desired. Responsibilities include education of residents and medical students and patient care. Opportunities are available for those interested in 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 members.

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. Located 80 miles south of Pittsburgh and three hours from Washington, DC, Morgantown has an excellent public school system and offers culturally diverse, large-city amenities in a safe, family setting.

The position will remain opened until filled. Please send a CV with three professional references to:

Laura Blake
Director, Physician Recruitment
Fax: 304-293-0230
blakel@wvuhealthcare.com

<http://www.hsc.wvu.edu/som/otolaryngology/>

West Virginia University is an AA/EO Employer. WVU Health Sciences is a tobacco free campus. West Virginia University is the recipient of an NSF ADVANCE award for gender equity.

Boise, Idaho

Please contact: Ryan L. Van De Graaff, M.D.
Southwest Idaho Ear, Nose & Throat, PA
900 N. Liberty St., Ste 400 • Boise, ID 83704
208-367-7405
E-mail: rvdg@swient.com

Six-physician single specialty group seeking a partner with BC/BE physician interested in general ENT with Laryngology emphasis. Fellowship training preferred but not required. Successful practice provides broad spectrum of ENT care with subspecialties in rhinology, head and neck surgery, facial plastic and reconstructive surgery. Our 16,000 square foot facility includes an AAAHC approved Surgery Center, an in-house CT scanner, full service Audiology and Allergy departments. Office is adjacent to a regional medical center.

Compensation package includes a first year salary with productivity incentives and the opportunity for partnership after the 1st year.

Boise is often cited as one of the top 10 best cities in which to live. It is a safe, family-oriented community with an excellent education system and a wonderful climate. Boise's Rocky Mountain location offers plenty of recreational activities including skiing, white water rafting, mountain biking, fishing, hunting, etc.



Assistant or Associate Professor, ORL-HNS Otorhinolaryngology: Head and Neck Surgery

The Children's Hospital of Philadelphia and the Department of Otorhinolaryngology: Head and Neck Surgery at the Perelman School of Medicine at the University of Pennsylvania seek candidates for several Assistant or Associate Professor positions in either the non-tenure clinician-educator track or the non-tenure academic-clinician track. Track and rank will be commensurate with experience. The successful applicant will have experience in the field of Otolaryngology with a focus on Pediatric Otolaryngology. Responsibilities include patient/clinical care, research, and participation in medical student, resident, and fellow education. Applicants must have an M.D. or M.D./Ph.D. degree and have demonstrated excellent qualifications in education, research, and clinical care. While evidence of scholarship is required in the clinician-educator track, research is not required in the academic clinician track. Applicants must be certified by the American Board of Otolaryngology.

Candidates must have completed a fellowship in Pediatric Otolaryngology. The primary location of this position will be at The Children's Hospital of Philadelphia.

We seek candidates who embrace and reflect diversity in the broadest sense. The University of Pennsylvania and The Children's Hospital of Philadelphia are equal opportunity, affirmative action employers.

Apply for this position online at: http://www.med.upenn.edu/apps/faculty_ad/index.php/g329/d3318



THE
UNIVERSITY
OF UTAH

General Otolaryngologist

University of Utah Otolaryngology—Head & Neck Surgery seeks a BC/BE faculty with an interest in general otolaryngology. This is a full-time clinical track position at the Assistant Professor level. Responsibilities will include teaching, research and clinical care in our community clinics. Position available July 2014.

The University of Utah is an Equal Opportunity/ Affirmative Action employer and educator. Minorities, women, and persons with disabilities are strongly encouraged to apply. Veterans preference. Reasonable accommodations provided. For additional information: <http://www.regulations.utah.edu/humanResources/5-106.html>.

Applicants must apply at:

<http://utah.peopleadmin.com/postings/18379>

For additional information, contact:

Clough Shelton, MD, FACS, Professor and Chief
University of Utah School of Medicine
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