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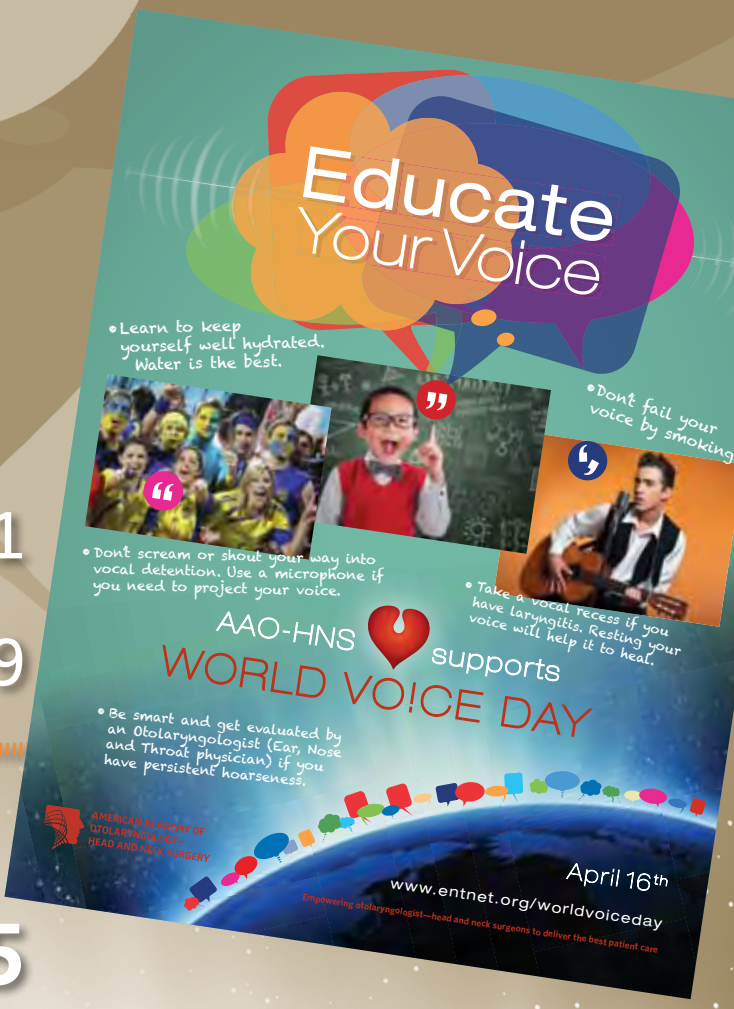
American Academy of Otolaryngology—Head and Neck Surgery March 2014—Vol.33 No.03



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American Academy of Otolaryngology—Head and Neck Surgery

March 2014—Vol.33 No.03

Educate Your Voice: The Academy Celebrates World Voice Day

15

AMERICAN ACADEMY OF OTOLARYNGOLOGY–HEAD AND NECK SURGERY

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

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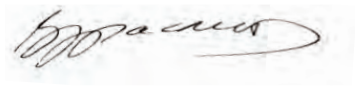
The AOA Resource Guide

Check your mailbox in early March for the AOA Resource Guide, a comprehensive magazine filled with all of AOA's great resources and offerings, including AOA University educational modules.

Educate Your Patients and Extend Your Voice



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

"Doctors with better communication and interpersonal skills are able to detect problems earlier, can prevent medical crises and expensive intervention, and provide better support to their patients. This may lead to higher-quality outcomes and better satisfaction, lower costs of care, greater patient understanding of health issues, and better adherence to the treatment process." [1]

In the February *Bulletin* page devoted to quality and safety, **Rahul K. Shah, MD**, stated, "…the literature certainly supports that an optimized patient experience drives overall quality and is a surrogate for safety within an organization." Importantly, he continued, payers and others are using patient satisfaction as a stand-alone quality measure in some cases, linking patient satisfaction directly to at-risk compensation to ensure it demands high attention.

And Dr. Shah's key takeaway was that efforts to improve patient care must be prioritized in the ongoing search for safety, quality, and satisfaction. And, yes, the order of this list reflects the priority we have to give each element. He concludes by suggesting that the solutions for finding the balance needed may come from members themselves with the support of the society structure.

As practitioners the problem is not new to us. We fully recognize the obligation to obtain informed consent, for instance, from patients before a procedure is performed.[2] However; there are many other points along the care continuum that would benefit from more attention and lead to better patient satisfaction. The truth is, of course, we cannot give each patient unlimited attention and time, as we strive to provide optimal medical care and document our doing so.

Take home information complements what is said during the encounter and helps the patient recall critical information and focus on additional or unanswered concerns. Being able to re-read critical portions of the discussion and instructions may alleviate unrecognized aspects the patient missed during the intensity of the visit as well. Such information, and that given by your staff, leverage the face-to-face time spent during a visit, especially when patients are encouraged to contact your office with additional questions and concerns.

Another way to balance the demands of safe and quality care is to use tools organizations like the Academy offer. Lack of time and resources for promotion of good health measures a real limitation of a busy practice, so incorporation of campaigns supported by the Academy and like-minded organizations promotes quality and patient satisfaction.

Health Observations in April

The AAO-HNS and its committee structure support several health observations each year, developing tools that extend communication time with our patients. Two such opportunities occur in April: **World Voice Day** and **Head and Neck Cancer Awareness Week.** Since the January *Bulletin* focused on Head and Neck Cancer Awareness information via OHANCAW from the Head and Neck Cancer Alliance; I will highlight World Voice Day.

World Voice Day is unique in that it is truly a global effort. Web searching its title proves this. The original logo design that developed in Brazil still depicts a meaningful image. The Academy and specifically our Voice and the Media and Public Relations Committee Chairs **Clark A. Rosen, MD**, and **Wendy B. Stern, MD**, are central figures for the U.S. observation. **Norman D. Hogikyan, MD,** of the University of Michigan, has steadfastly worked within the Voice Committee for several years to craft its Voice Day focus, which is presented on page 15. On pages 20 and 21, the Academy's own downloadable theme poster appears with additional members of the Voice Committee giving their perspectives on the observation including tips to share with patients and other interested parties. Each year's new offerings form collections of useful patient information that become an enduring library.

Members of the AAO-HNS Media and Public Relations Committee offer some examples of how they have used these tools successfully:

Dr. Stern, with the AAO-HNS Media and Public Relations Committee, shared how she's used these tools successfully. ***"Celebrate World Voice Day in your own backyard. Our practice of otolaryngologists and speech language pathologists teams up with our local singers, poets, performers, DJs and politicians every year and hosts an evening celebration of the voice. We feature the Academy's theme for the year. We present informative information regarding the mechanics of voice and how to keep it healthy interspersed with entertainment. It turns out to be a fun-filled and educational community event. With a little planning it is easy to do and the community loves it."***

See additional WVD resources and ideas from C. W. David Chang, MD, at www.entnet.org/HealthInformation/WorldVoiceDay.cfm.

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Our Voice: Extending Connectivity

David R. Nielsen, MD

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

On April 16, we will celebrate World Voice Day and participate in public and professional education focusing on understanding, appreciating, and caring for the human voice. You'll see some advance preparation and material regarding this in this issue of the *Bulletin*. This is a great opportunity to reflect on the amazing capacity we have for communicating. It is far more than just using our vocal and auditory systems. Human communication is an incredibly complex and highly nuanced miracle. The study of *anthroposemiotics* (the word you drop at cocktail parties, if you are a voice specialist in the month of April, when asked what you do for a living) includes not only organizational and interpersonal communications, but body language, facial expressions, semantics, language, group and cultural dynamics, media, and much more.

In our modern world, the heightened focus on and use of social media has added many new dimensions to what motivates, facilitates, and satisfies different levels of communication. The advancing technology of human communications not only serves our desires and needs, but increasingly drives what, why, and how (including how frequently) we share information, conduct our businesses, and expose our thoughts and ideas. From that perspective, the advances in connectivity, instant messaging, texting, audio, video, gaming, simulation, training, and teaching increase with such rapidity that it takes our breath away. But when compared with the intricacies and abilities of the human brain for speech, hearing, understanding, empathetic and emotional capacity, and our seemingly insatiable drive for advancing knowledge and the means of sharing it, the technology still has a long way to go. As we build complex systems and computers designed to approach human reasoning, reaction, and thought, with the vision of artificial intelligence, the center of the challenge remains how to organize the communications and sharing of thought and information.

With that thought in mind, our stepwise attempts to include new communications technology in improving how we as the Academy and Foundation serve you can seem prosaic and pedestrian. Several years ago, a few courageous committees tried to engage through bulletin boards, group email lists, or committee webpages. But there was neither critical mass and demand from the committee members, nor the mobile supportive infrastructure, not to mention the as yet undeveloped desire for connectivity, necessary for them to succeed.

Times are much different now. Committee work is much more advanced and active, basic and clinical science is more demanding, stakes are higher, the speed of policy development and change is greater, and demand for real time, mobile, curated access to information is much more urgent. In response, the Academy is not only engaged in social media, but improving its platforms to encourage and facilitate more effective use of your time as volunteers, committee members, and leaders. We are beta-testing our newly developed member portal, providing members the ability to customize their connectivity to the communities, committee members, content, and service opportunities in which they have interest. Currently, Boards of Directors, Executive Committees, Nominating Committee, Ethics Committee, staff, and select volunteer committees are conducting their data and information sharing and portions of their deliberations and discussions online. Early experience suggests that participants are better prepared for decisions and are making better use of their time prior to face meetings, conference calls, or webinars.

A few years ago, only a handful of committees or work groups met more than a couple of times each year. Today, more than a dozen already meet quarterly or monthly, and dozens more are carrying on many deliberations between face-to-face meetings at the Annual Meeting. Even our unifying specialty-wide committees and groups have more to share and more frequent need for a platform to which members can refer in preparation for upcoming events. Groups such as the Guidelines Task Force (GTF), Centralized Otolaryngology Research Effort (CORE), Board of Governors (BOG), and the Specialty Society Advisory Council (SSAC) are examples of such unifying groups. Several other committees, including the leadership mentioned earlier in the column, are posting minutes for review, committee agendas, and background reports and materials in preparation for meetings. More can be accomplished with less time away from home, fewer travel costs and hassles; and more satisfying experiences can be had in participating in collective work.

When the time comes, we hope you will use the new Member Portal, develop your profile on the site, work within your groups and committees, and share in our desire to improve communications and the work of the Academy for the benefit of our members and their patients.

Find Your Voice

"My fellow Americans, ask not what your country can do for you, ask what you can do for your country."

As you read this quote, most likely in your head, you are hearing U.S. President John F. Kennedy's voice saying those famous and moving words. The power of speech is incalculable; it is one of the main tenets of our constitution, and people have fought and died for it. As otolaryngologists, we are stewards of the human voice and World Voice Day (April 16) is a perfect time to remind ourselves and our patients of the importance of caring for those voices.

This is also an ideal time to ask ourselves whether we are being good stewards of our own specialty voices. As primary stakeholders and advocates for our patients, physicians are the most appropriate individuals to address critical issues facing healthcare. But most likely, no one is going to come knocking on the door asking for our opinions; it takes some effort to make our voices heard. Fortunately, the Academy makes it easy for us.

ENT Advocacy Network

As practicing otolaryngologists, our day-to-day lives are affected by what happens in state and federal government. We have the opportunity to take an active role in educating members of Congress and state legislators on how proposed bills and regulations affect the practice of otolaryngology-head and neck surgery. As a member of the ENT Advocacy Network, you receive biweekly emails to keep you up to date on legislative issues, assistance with draft letters to members of Congress and state legislators, access to briefing materials on top legislative priorities, and assistance with hosting a state legislator in your practice if you desire. If you haven't already signed up, it takes just minutes at http://www.entnet.org/Practice/members/entAdvocacyNetwork.cfm.

In-District Grassroots Outreach (I-GO) Program

Connecting with elected officials on their home turf is one of the most effective ways to advocate on behalf of our specialty. Through the I-GO Program, assistance is provided for hosting a legislator in your practice, arranging in-district office visits, attending a fundraiser, attending town halls, or writing a letter to the editor of your local paper. Email govtaffairs@entnet.org for information about these options.

State Legislative Tracking

The Academy has designated at least one representative otolaryngologist per state to receive daily legislative "tracking reports," which detail specific actions taken by the legislature. In this way, trackers stay in tune with all state legislative activity and can notify their local or state society or the AAO-HNS regarding issues affecting the specialty, as well as follow national trends through monthly conference calls. To find out who your tracker is and learn more about the program, email govtaffairs@entnet.org.

Social Media

The AAO-HNS Government Affairs team has joined Twitter, Facebook, and LinkedIn. Participating in these forums provides updates on policies being considered on Capitol Hill and across the nation in state legislatures. The interactive nature of social media allows discussion of these important topics. Follow us @AAOHNSGovtAffrs.

Meetings

To see what the Government Affairs team is doing in person, attend advocacy-related events at the spring Leadership Forum and the annual meeting. Advocacy is ongoing, and Government Affairs Team members are available throughout the year; however, the semi-annual AAO-HNS/F meetings are a great opportunity to meet with team members in person. Between meetings, the team keeps otolaryngologists updated via social media, *The News*, the *Bulletin*, and the Legislative and Political Affairs page of the AAO-HNS website.

Susan R. Cordes, MD
Vice Chair, BOG Legislative Affairs Committee

***Stay alert and connect: bog@ent.org**

Board of Governors

The Board of Governors (BOG) serves in an advisory capacity to the Board of Directors on grassroots issues affecting the daily practice of otolaryngologists. The BOG is made up of representatives from local, state, regional, and national otolaryngology-head and neck surgery societies from around the United States. The BOG has Legislative Affairs, Socioeconomic and Grassroots, and Rules and Regulations committees. Any individual interested in grassroots affairs can participate in BOG activities. The best way to start getting involved with the BOG is to simply show up at a meeting, visit the website, or email bog@entnet.org.

Different Strokes

Individuals have varying levels of comfort with how to express their views. That is why the Academy offers so many options for making your voice heard. Explore those options and find the right medium for you.

You won't be sorry you took that step, and you can feel confident that you made your voice heard about issues that matter.

The Flexner Report: A Revolution in American Medical Education

Lanny G. Close, MD

In the early 1900s, medical education in America was nothing like it is today. No government regulation existed and most medical schools were proprietary and without university affiliation. Only 10 percent of U.S. medical schools required two or more years of college education prior to admission. Medical students sat through long, boring, didactic lectures in large classrooms, and few schools offered any laboratory or clinical experience.

In 1904, the American Medical Association (AMA), aware of the many deficiencies in American medical education, formed the Council of Medical Education (CME). Three years later, the CME inspected and ranked the 155 medical schools in America. Based on this study, the CME set minimum standards of admission and curriculum, but, fearing loss of support from their constituency (American-trained physicians), the CME decided not to publish its results. Rather, the AMA decided to "out-source" this project to the Carnegie Foundation for the Advancement of Teaching, an institution long respected for setting high academic standards.

Abraham Flexner

In 1908, Henry Pritchett, president of the Carnegie Foundation, appointed Abraham Flexner, a noted educator and non-physician, to conduct an "independent" investigation of American medical schools. It was understood that, without mentioning the CME's findings, Flexner's report would be published "far and wide" to build public support for a change in the system.

From January 1909 through April 1910, Flexner, always accompanied by Nathan Colwell, MD, (a CME member) visited all 155 American medical schools. Overall, Flexner and Dr. Colwell agreed that most medical schools visited were "a disgrace," "indescribably foul," and "the plague spot of the nation." Their book, *Medical Education in the United States and Canada*, aka the Flexner Report, was widely published in June 1910. It was not, however, endorsed by the AMA.

The report called for minimum admission standards, two years of training in anatomy and physiology, and two years of clinical work in a teaching hospital. The public outcry following its publication caused a drop in the number of medical schools from 155 to 31 and the number of newly trained physicians was reduced from 4,400 a year to 2,000 a year.

Many other changes resulted that markedly improved the quality of medical education in America; exemplified by today's high standards.

Interested in Our History?

- Join or renew your membership in the Otolaryngology Historical Society (OHS). Check the box on your Academy dues renewal or email museum@entnet.org.
- Save the date for the OHS annual meeting and reception: 6:30 pm-8:30 pm September 22 in Orlando, FL.
- Present a paper at the OHS meeting. Email museum@entnet.org. The deadline is May 15.

OHS members enjoyed the Annual Meeting in Vancouver, BC, Canada.

New Endowment Fund Honors David R. Nielsen, MD

We are pleased to announce the establishment of a new endowment fund honoring the 12 years of service by **David R. Nielsen, MD**, as executive vice president and CEO of the American Academy of Otolaryngology—Head and Neck Surgery and its Foundation.

The David R. Nielsen, MD Endowment is now open for contributions. At Dr. Nielsen's request, the fund will be used where needed most.

In January 2015, Dr. Nielsen will complete his tenure as EVP/CEO, having served two full contract terms and agreeing to a third and final extension.

"The Academy, its members, and the Foundation will benefit for years to come because of David's vision and leadership," said **Nikhil J. Bhatt, MD**, development committee coordinator. "We hope you will join us in honoring him."

One of the hallmarks of Dr. Nielsen's service is his dedication to ensuring a strong Academy for generations of members to come.

"When the next generation comes along, we don't want to hand them today's Academy, we want to hand them tomorrow's Academy with the financial strength and the endowment necessary to allow us to provide exceptional patient care," he said in 2012. "We want to make sure they have what they need to continue moving the Academy forward."

Donations can be made online at www.entnet.org/NielsenEndowment, or by contacting Ron Sallerson (rsallerson@entnet.org, 1-703-535-3775) or Mary McMahon (mmcmahon@entnet.org, 1-703-535-3717).

Out of Committee: Device Development: 1% Inspiration, 99% Perspiration and Regulation

Anand K. Devaiah, MD

Adapted from a talk given to the New England Otolaryngology Society Meeting, December 2013, Yale University.

Otolaryngology is a technology-driven field. This is well known to AAO-HNS members. Many of our advances as a field can be connected to our adoption and development of new technology. Everyone reading this article has designed, used, or benefited from a medical device in some way. Hence, it won't surprise many of you to know that technology spending accounted for $331 billion globally last year[1].

Regardless of the depth to which you engage in medical devices, it is important to have a working knowledge of how one brings a device from idea to fruition. Certainly, for those who want to create new and better ways to help patients, this is obvious. However, it is key for the end-user to understand this, too. Why? We should all be aware of the process and where rules are imposed to provide measures of safety and regulation. Still not convinced? Have you attended a meeting or had a device manufacturer approach you to try its "newest thing"? You should be able to ask the right questions to assess the process by which that device came to be in your hands, at that moment, and certainly before it ends up in your clinic or operating room. Below is a way of framing these processes, but not certainly the only ways nor the only philosophies.

> "Ask questions of your idea. Does it accomplish what you want it to do? Does it change, for the better, how you and your colleagues accomplish the same task?"

Start the Process

There are lots of ways to approach device development. It is usually best to start with a problem you encounter, which inspires you to wonder "If I only had something that did this…" Without the inspiration to fuel a drive for innovation, ideas remain ideas and will not often see the light of day. As one looks down the road at signposts for success, investors you may court to invest in your idea look at the passion behind the people and not just the idea.

Design 101

Start with draft drawings of what you have in mind. This will often help you cement the device's functions and form. It is helpful to search for existing devices that have been patented or are patent-pending. It is quite disappointing to go through the development process only to find that someone else has already done what you want to do. There are many ways to search for "prior art," such as at the U.S. Patent Office (USPT.gov) and Google patents. It is important to note, and is apparent when you start searching patents, that intellectual property (IP) for devices can be difficult to protect. Making a few simple material changes can make a device "unique," and may be difficult to keep your device protected. Alternatively, this could work in your favor if you can improve and differentiate your device from something that exists. Of course, you should adhere to the highest ethical standard in these efforts.

Critically Appraise your Design

It is easy to be enthusiastic about your idea, and you should be. However, it is tough to be critical about what you have designed. Ask questions of your idea. Does it accomplish what you want it to do? Does it change, for the better, how you and your colleagues accomplish the same task? Is it ergonomic? Can it be built? Do you think your market will accept this new idea? There are many others that you can and should consider, but these are a good start.

Build a Prototype

There are different ways to take your design to a prototype. For those who wish to work alone during this part of the process, there are a number of approaches. There are growing numbers of rapid prototyping facilities that use computer-aided design to create models. Rapid prototyping with 3D printing has become an accessible way to do this. Other methods include machine shop or other fabrication to build your prototype or working model. Depending on what you are designing, there are other options to consider.

Funding Options to Move Your Project Along

This can vary, based on your type of practice setting and resources available. For university-based practitioners, there are often internal mechanisms for technology development. This can include seed funding for projects, patent development,

company development, and others. The U.S. government[2] has a number of options that may fit your goal. This can include Small Business Innovation Research (SBIR), Small Business Technology Transfer (STTR), R21 grant mechanisms, and other ways. Industry partnerships are another way to move your project along. They can be involved at a number of points along the way to market. Other places to consider include foundations that may have funding mechanisms that may support a project in line with their goals. For larger projects where you may even consider building a company out of your idea, angel investors and venture capitalists may be a route to go. An interesting and growing mechanism is crowd-sourced funding (e.g., Kickstarter).

Patent Basics

There are three types of patents that you can apply for[3,4]: utility, design, and plant. Utility patents are granted for new and useful process, machine, article of manufacture, or composition of matter, or any new and useful improvement thereof. Design patents are granted for new, original, and ornamental design for an article of manufacture. Although not germane to this article's focus, plant patents are granted for inventing or discovering and asexually reproducing any distinct and new variety of plant. An important distinction is that utility patents protect the way an article is used or works, while a design patent protects the way an article looks. Therefore, utility and design patents may be applied to the same invention. When applying, there are two basic patent protections to apply for: provisional patents and full patents. A provisional patent (i.e. "patent pending") gives you a year of patent protection. During this time, you can have protection for your invention, and decide on whether you would want to get a full patent. A full patent gives you 20 years of protection from the date of issue, which ends up being about 17-18 years when considering the lead time to issuance. In 2011, the America Invents Act brought some changes to the patent system, which can be debated as to how sweeping these were or were not. Of interest is that there was a change from a "first to invent" to a "first to file" in regard to granting a patent; the first to file is given patent protection. If you are going to go international with your device, remember that international patent protection is important to consider, as a U.S. patent only protects you in the United States.

Working with the FDA for Approval

New devices require FDA approval before they can be used in practice[5]. There are two pathways for approval: 510K and the Premarket Approval Process (PAP). The 510K process is the overwhelmingly used method, and generally requires less background work for approval. It can only be used for devices that are a substantial equivalent to a previously approved device. The PAP is more rigorous, requires scientific studies of the device's use, and is necessary for those devices that would not qualify under the 510K mechanism. The FDA has three classifications of devices: Class I (a "general

control," least regulated, exempt from PAP); Class II (general control with special control which is sometimes exempt); and Class III (general controls requiring PAP and the most tightly regulated). The time and cost required to bring devices to market varies, with greatest amounts for Class III devices, in general.

Where Do We Go From Here?

AAO-HNS members are encouraged to read more on the topics in this article, and others related to device development, for an in-depth discourse. Hopefully the information in this article helps answer many questions you may have about the processes and philosophies behind development. It should be clear to the reader why modifying Thomas Alva Edison's quote to fit this article seemed to be most appropriate, with a most respectful nod to his genius. I hope that you will enjoy subsequent articles coming from the Medical Devices and Drugs Committee, as part of a newly launched series.

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Anand K. Devaiah, MD, is Associate Professor of Otolaryngology, Neurological Surgery, and Ophthalmology, and the Chair of the Medical Devices and Drugs Committee for the AAO-HNS, and editor for the *Bulletin* article series from this Committee. Please feel free to direct any questions to him at anand.devaiah@bmc.org, or to the committee liaison, Harrison Peery (hpeery@entnet.org). Have a suggestion on a future article? Let us know!

Relevant disclosures: Dr. Devaiah does not have a relationship with any commercial entities discussed in this article; he has owned financial instruments related to Google, Inc., which is a company mentioned in this article.


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Anthony
Jake
Sabrina
Ray
Charles
Noah

Educate Your Voice

Norman D. Hogikyan, MD
Professor and Director Vocal Health Center; Department of Otolaryngology-Head and Neck Surgery, University of Michigan

The theme for our World Voice Day 2014 is Educate Your Voice. The word "educate" is typically associated with teaching or training of some sort, but how can this apply to voice?

One way to educate your voice is to learn how voice is produced. The sound-producing structures in your voice box (larynx) are the vocal folds (also called vocal cords). These remarkable little parts of your anatomy vibrate many times a second to produce sounds that are then shaped by other portions of the throat, mouth, and nose into what we know as speech or song. Throughout the AAO-HNS World Voice Day website, you can find information and links to facilitate your voice education.

What about the sound of your voice—is there a way to educate how your voice sounds? Another way to put that question is, "Can you learn to make your voice sound better?" The answer is a resounding yes! There is no doubt that voice quality impacts effectiveness of communication and how others see us. Even in a contemporary society that is actively engaged with social media, texting, and tweeting, first impressions may be based purely upon our voice. What do people think when they hear you? Make a recording of your own voice and listen to it by yourself or with colleagues and friends. What does it tell you? If you don't like what you hear, you may want to be evaluated at a voice care center. Vocal health specialists can determine if there is anything wrong with your larynx itself, or if you are just not producing your voice optimally. Treatment can be tailored to your specific voice issues and results can be remarkable.

WORLD VOICE DAY
APRIL 16

This year's World Voice Day theme is an important reminder of how vital the voice is to educators of all types, and to their students. Whether the classroom is traditional or virtual, live or recorded, it is difficult to imagine truly effective exchanges of information and ideas without voice. Teachers are perhaps the finest example of speaking vocal professionals, and even a minor voice problem can have a large influence upon the classroom. It is important for teachers, other occupational voice users, and for all of us that we take steps to maintain our vocal health.

Make sure your vocal health education includes memorizing these tips:

- Don't fail your voice by smoking.
- Learn to keep yourself well hydrated. Water is the best.
- Don't scream or shout your way into vocal detention. Use a microphone if you need to project your voice.
- Take a vocal recess if you have laryngitis. Resting your voice will help it to heal.
- Be smart and get evaluated by an otolaryngologist (ear, nose, and throat physician) if you have persistent hoarseness.

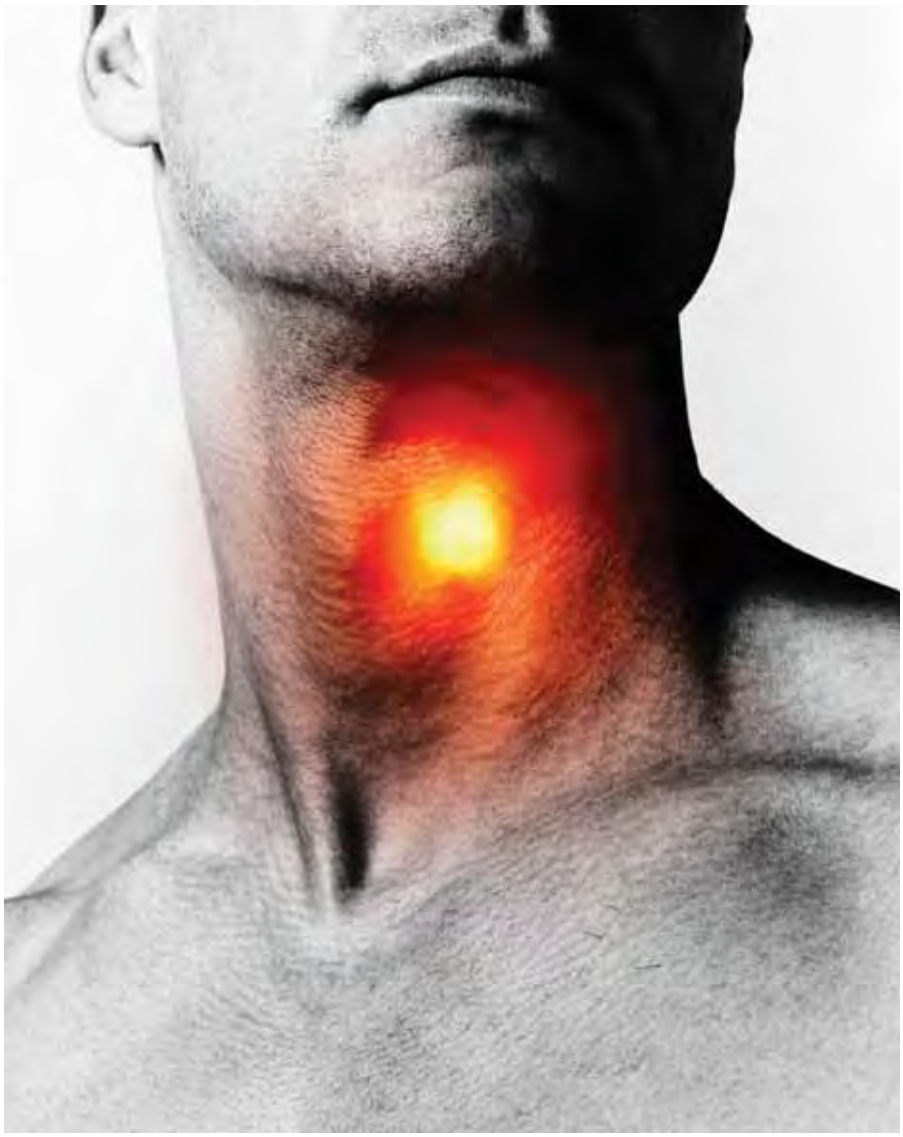
Voice Committee Members Speak About World Voice Day 2014

Can you comment upon the importance of voice in this era of social media?

Lee M. Akst, MD
Director, Laryngology; Johns Hopkins Medicine Department of Otolaryngology—Head and Neck Surgery
As we get more connected through social media, communication becomes increasingly important in our social and professional lives. Much of this communication, even on social media, takes the form of speaking, particularly as we record and share videos with one another. As on the telephone, recorded voice on social media platforms is subject to technical limitations with clarity and volume—in that setting, it's even more fundamental that voice be strong and clear so people can communicate effectively.

Kenneth W. Altman, MD, PhD
Professor of Otolaryngology; Director, Eugen Grabscheid MD Voice Center
Director, Laryngology Fellowship—The Icahn School of Medicine at Mount Sinai
One would think that the voice is used less in this era of computer-based communication, and texting input into Web-based social media. But this era also includes cell phones, an overall faster pace, along with faster and more continuous communication. Cell phones carry a particular threat to the voice, since we're usually yelling into them next to loud trucks while jogging or into our Bluetooth devices in a loud car.

Thomas L. Carroll, MD
Director, The Center for Voice and Swallowing; Tufts Medical Center
Without a doubt, in this era of social media, our ability as humans to communicate has officially transcended the routine need for vocal conversation. However, when we do communicate with our voices to another person by phone, video chat, or in person, inflection, emotion and personality typically provide the parties clearer and deeper meaning to the conversation. Emoticons can never replace the voice's ability to more completely express a person's feelings, intentions, and emotions.



Norman D. Hogikyan, MD
Professor and Director, Vocal Health Center; Department of Otolaryngology-Head and Neck Surgery; University of Michigan
There is no question that communication with the human voice has become more important in this age where there is widespread access to instant transfer of text, data, or images. The vast volume of information transferred via social media has so diluted the quality of most communications that the clarity and expressiveness of the human voice have in many ways become a welcome respite. I am also certain everyone has had the experience of needing a good "old fashioned" conversation to relieve tension or conflict generated by a misunderstanding via email, text, or post. Of course, there will never be a substitute for the beauty of the human singing voice.

Michael J. Pitman, MD
Director, Voice & Swallowing Institute; Associate Professor Department of Otolaryngology; New York Eye & Ear Infirmary
Though a significant amount of communication today is via typed messages, voice remains the predominant mode of communication. That becomes obvious when a person is handicapped by laryngitis and has to struggle through a phone call, presentation, dinner, or drinks at a bar. We don't realize how much we use our voices and how necessary they are, until there is an issue. In the future, technology will dramatically increase the importance of our voice as the keyboard goes the way of the typewriter and we "write" using voice recognition software. No more voice rest time.

This year's theme is Educate Your Voice; what does that mean to you?

Dr. Akst: The most important thing anyone can do to keep their voice healthy is to "Know their Voice"—and educate themselves about their own voice. How does voice work? How should it feel when things are healthy and working well? What does it feel like if things are inflamed, or if you are abusing your voice? Knowing how your own voice should sound and feel can help you to recognize vocal disorders and can help a professional to treat your voice.

Dr. Altman: Respecting your limitations. That means knowing how to shut it down when it sounds worse, and knowing how to use it more gently when you're straining to get it out. If you're a professional voice user under typical high stress of today's business environment, then learning how to improve your vocal efficiency is critical.

Dr. Carroll: To me, "Educate Your Voice" inspires all people who use their voice professionally to learn how to prevent vocal injury and maintain a healthy voice for a lifetime.

Dr. Hogikyan: It is a reminder that you can learn to use your voice in a more healthy or effective manner. It also calls to mind the fact that voice and vocal health are vital to teachers and educators of all types.

Dr. Pitman: Your voice is how you communicate and present yourself to the world. Educating your voice means teaching yourself to become aware of the role your voice plays in your life. What does it sound like? How is it

Smokers must be conscious of voice change due to the elevated risk of laryngeal cancer.

Dr. Pitman: If a voice problem is of abrupt onset and severe, it could be due to a vocal hemorrhage. In such a case, people should go on immediate voice rest and see an otolaryngologist as soon as possible. This will allow confirmation of the diagnosis as well as appropriate and timely care.

> We all have voice issues from time to time with infection or overuse. As long as symptoms resolve after a few days and do not recur regularly, there is nothing to worry about.

Otherwise, we all have voice issues from time to time with infection or overuse. As long as symptoms resolve after a few days and do not recur regularly, there is nothing to worry about. In contrast, any voice problem that lasts longer than two weeks, especially in a smoker, is not normal and should be evaluated by an otolaryngologist.

Katherine C. Yung, Assistant Professor of Clinical Otolaryngology-Head and Neck Surgery; University of California, San Francisco; Dept. of Otolaryngology-Head and Neck Surgery; Division of Laryngology
People should consider further evaluation if the voice problem arises in the absence of associated illness, increased voice use, or other typical triggers for voice change. Additionally, even if there is a logical explanation for the change in voice, if it persists beyond a reasonable period (three to six weeks) then a closer examination is warranted.

What is the role of the otolaryngologist in treating voice conditions?

Dr. Akst: An otolaryngologist will begin evaluation for a patient with voice complaints by taking a thorough history and performing a physical exam. Often this exam will include endoscopy to provide an accurate picture of what the vocal cords look like during voice use. Following this evaluation, the otolaryngologist will reach a diagnosis concerning the cause of the voice difficulty, so a treatment plan can be created. Treatment for voice disorders may include medicine and surgery, and often includes vocal rehabilitation with a speech language pathologist as well.

Dr. Altman: Evaluating the presence of a vocal lesion or paralysis is paramount, and could indicate a more serious life threatening condition. Skilled laryngologists identify

subtle imperfections in the larynx, such as sulcus, and further identify surgical options. We treat medical conditions that can contribute to voice disorders, and have a unique understanding of the interdisciplinary contributions from other areas, such as gastroenterology, pulmonology, neurology, rheumatologic diseases, and others.

Dr. Carroll: An otolaryngologist is essential in the diagnosis of voice conditions, but not always necessary for treatment. They often refer patients with voice complaints to speech-language pathologists (SLP) when a surgical procedure is not indicated or as an adjunct treatment when surgery is indicated. The otolaryngologist serves as one key part of the voice care team.

Dr. Hogikyan: The otolaryngologist is the only medical practitioner trained to both diagnose and prescribe treatment for voice disorders. The subspecialist laryngologist takes this to another level, serving as consultant to other otolaryngologists, healthcare providers, or patients regarding voice disorders and their treatment.

Dr. Pitman: Otolaryngologists are the primary physician for the care of voice conditions. Because of their specialized concentration on head and neck disorders, they are experts on the pathophysiology of the larynx and voice. In addition, they are uniquely trained to perform a laryngoscopy or videostroboscopy to visualize and evaluate vocal fold function. This knowledge and test are essential to obtaining an accurate diagnosis, which allows the prescription of efficient and effective treatment.

Dr. Yung: Often voice conditions require a multidisciplinary team approach. The otolaryngologist is the head of this team and first performs a careful history and physical examination, including visualization of the larynx (laryngostroboscopy). He/she then confers a diagnosis and presents a treatment plan that may include behavioral management, medical therapy, and/or surgical treatment. The otolaryngologist performs the surgery, if necessary.

"Often voice conditions require a multidisciplinary team approach. The otolaryngologist is the head of this team and first performs a careful history and physical examination, including visualization of the larynx (laryngostroboscopy)."

Download the poster

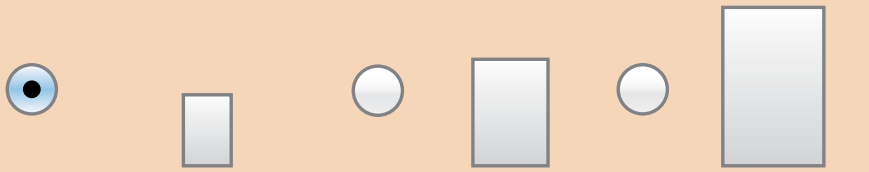
Choose a size:

Small, medium, large as listed below. Go to **www.entnet.org/worldvoiceday** to access the high resolution print file. The unaltered high resolution file can be brought to many office supply stores or uploaded directly to the store's website.

Here are a few vendors you may choose from:

- http://print.staples.com/posters.aspx
- http://customprinting.officedepot.com/Posters/Default.aspx
- or try your drug store as well.

Options will look something like this:



Small (11.25" x 17.3") Medium (18" x 24") Large (24" x 36")

Also in April:

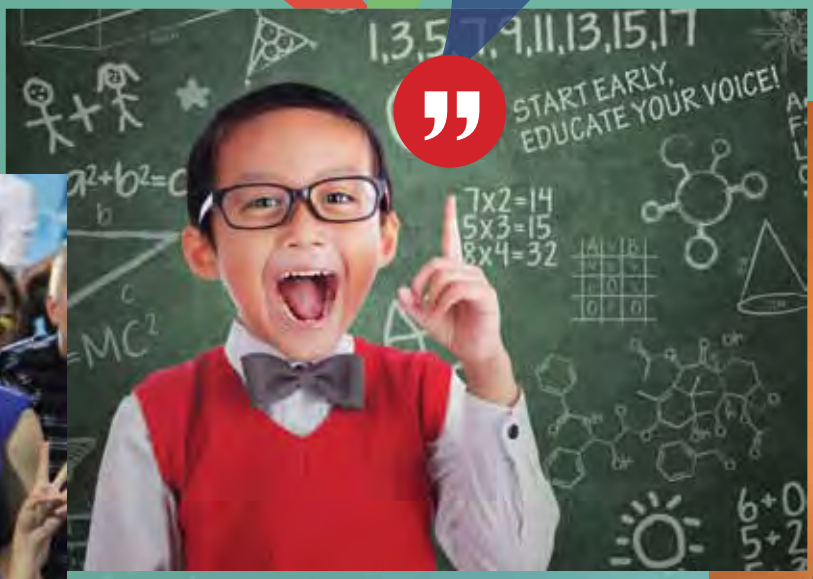
Oral Head and Neck Cancer Awareness Week

April 20-26

See materials to promote in your practice on the website at: www.ohancaw.headneck.org/setup.

Educate Your Voice

- Learn to keep yourself well hydrated. Water is the best.



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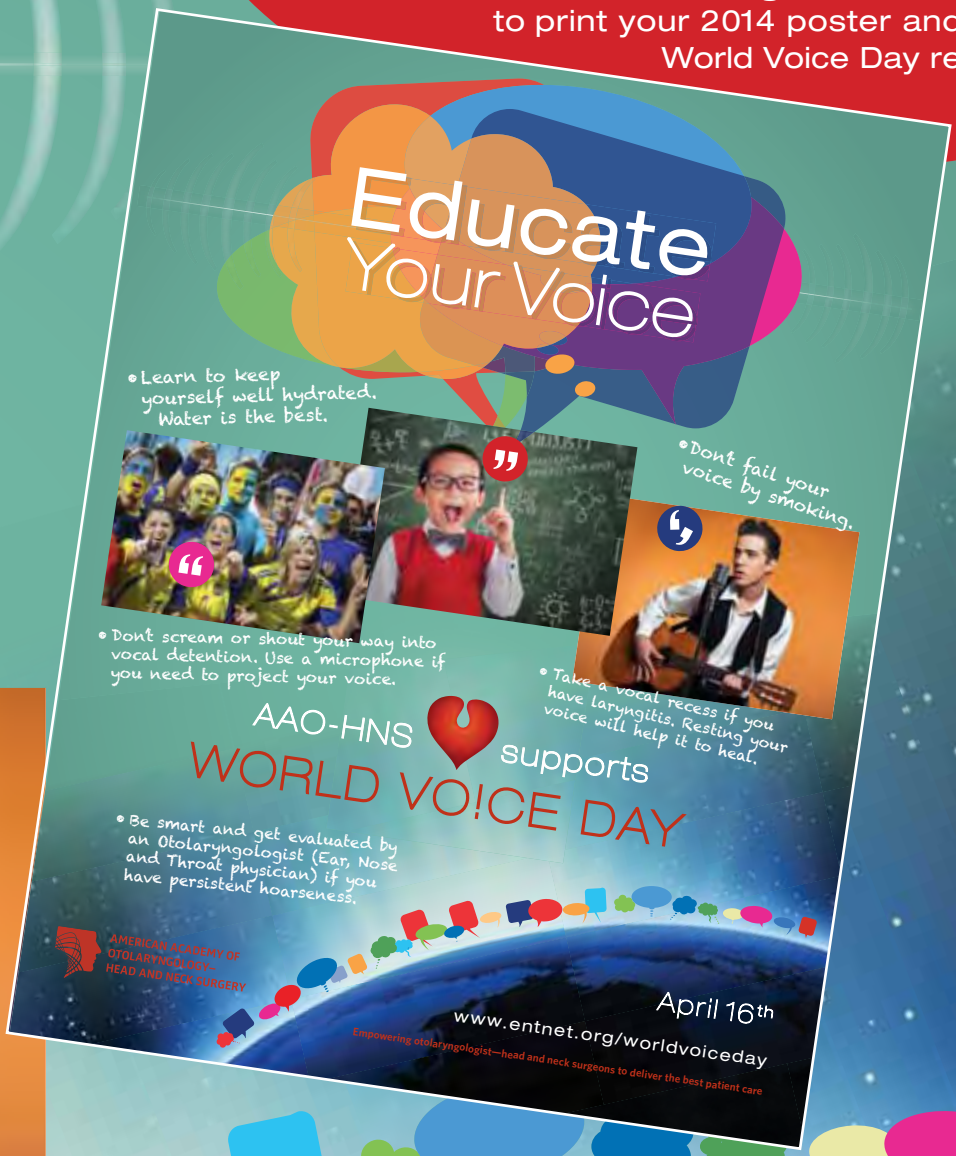
AMERICAN ACADEMY OF OTOLARYNGOLOGY–HEAD AND NECK SURGERY

Raise awareness for voice health and share these tips with your patients!

Visit **www.entnet.org/WorldVoiceDay** to print your 2014 poster and access World Voice Day resources.



AAO-HNS supports

WORLD VO!CE DAY

April 16 www.entnet.org/worldvoiceday

Empowering otolaryngologist—head and neck surgeons to deliver the best patient care

Prepare for World Voice Day

Eager to celebrate World Voice Day (WVD), but not sure where to start? Then go to the Academy's World Voice Day webpage at **www.entnet.org/healthinformation/worldvoiceday.cfm**. There you will find resources for physicians, patients, and media, including WVD event information and links to other voice-related websites.

Introduction

Otolaryngologist—head and neck surgeons and other voice health professionals worldwide join together to recognize World Voice Day each year on April 16. The international observance encourages people of all ages to assess their vocal health and take action to improve or maintain good voice habits. The American Academy of Otolaryngology—Head and Neck Surgery has sponsored the U.S. observance of World Voice Day since its inception in 2002. The Academy's 2014 theme for WVD is Educate Your Voice.

WVD Resources

Resources found on the World Voice Day webpage include the official AAO-HNSF WVD poster that many members hang in their offices throughout the month of April, a WVD press release and local media outreach tips, and social media materials to help you spread the news about WVD on Facebook and Twitter. Voice Committee Members' *Bulletin* articles and a running list of WVD media coverage are also available online. Last year CBS Local Radio, the Huffington Post – UK, the National Institute on Deafness and Other Communication Disorders (NIDCD) and several other institutions covered WVD. This year we hope to extend the coverage even further.

Patient-Specific Resources

If you have patients looking to learn more about the voice, our WVD page includes fact sheets as well as three different interactive activities.

Found under the title "Voice Fact Sheets," our list of fact sheets includes information about almost any common question, issue, or concern a patient could have about their voice. For the curious vocally healthy patient there is "About Your Voice," "Keeping Your Voice Healthy," and "Tips for Healthy Voices." A patient who is experiencing vocal problems may find the following fact sheets to be helpful: "The Voice and Aging," "Common Problems that can Affect Your Voice," and "Hoarseness." Finally, we have provided "Special Care for Voice Users" and "Effects of Medication on Voice" to help vocal professionals and

Call for Applications for the Position of Coordinator-Elect for Development

The AAO-HNS/F Coordinator-elect for Development serves for one year, starting October 1, 2014 and works closely with the coordinator through a transition/learning period before assuming the position of Coordinator for a four-year term beginning October 1, 2015.

- **Term of Office and Voting**
  The Coordinator-elect serves for one year followed by four years as Coordinator. The Coordinator is a non-voting member of the Foundation Board of Directors. The Coordinator-elect is required to attend and participate in Foundation Board meetings, strategic planning, and other related activities.

- **Qualifications and Stipend**
  Qualifications include a strong interest in, and prior involvement with, fundraising. This includes all levels of identification and solicitation of individuals and corporations. S/he must be committed to the goals of the Foundation and be versed in communicating those goals to donor prospects. The Foundation currently provides a stipend for the Coordinator.

Application Process

Academy members interested in this position must submit a one (1) page candidate statement, in a PDF format, highlighting relevant qualifications and experience, as well as a personal vision for the future of development within the AAO-HNSF.

Curriculum vitae and three (3) letters of recommendation are also required.

For a more detailed description of the roles and responsibilities of the Coordinator position and a listing of qualifications and expectations visit **http://www.entnet.org/DevelopmentCoordinator.cfm**

Applications must be submitted **by May 16** to **rsallerson@entnet.org**

Final applicants will be invited to participate in telephone and in-person interviews. A final decision will be made during August 2014.

AMERICAN ACADEMY OF OTOLARYNGOLOGY–HEAD AND NECK SURGERY

Empowering otolaryngologist—head and neck surgeons to deliver the best patient care
1650 Diagonal Road, Alexandria, Virginia 22314-2857 U.S.A.

teachers understand how to protect their main instrument.

As a lighter way to help patients understand their voice and the importance of vocal care, our patient resource section includes three educational exercises. The first, "Rate Your Voice" is the Voice-Related Quality of Life (V-RQOL) Quiz. This is a quick ten-question quiz that has been adapted from the Vocal Health Center of the University of Michigan's "Voice-Related Quality of Life Measure" and is designed to help a non-physician quickly detect if his or her voice is in need of expert attention. Our "Identify Common Vocal Problems" quiz includes vocal samples to help the user learn what common vocal problems sound like. The vocal samples range from a normal child's voice to a sample of spasmodic dysphonia. Our last exercise is geared toward vocal professionals and anyone about to participate in a vocally rigorous activity. We compiled a guide to eight simple warm-up exercises designed to prepare anyone for singing, public speaking, or any sort of potentially vocally strenuous event.

WVD Events

To see if there is an event near you, check out the WVD Events section of our World Voice Day page. Events listed will include those that we have been made aware of in advance such as a voice screening planned in Chicago, IL, and a WVD lecture for physicians and students in Hattiesburg, MS. WVD events range from screenings, lectures, and educational workshops to concerts and flash mobs.

Related WVD Links

Want more WVD information? Check out the list of domestic and international voice-related websites under "Join the World in Celebrating the Voice!"

Be sure to visit www.entnet.org/worldvoiceday and get ready to celebrate World Voice Day April 16!

Academy Members Take a Political Spotlight

The 2014 mid-term election year is upon us, and it is already shaping up to be an exciting year! To date, two AAO-HNS members have announced their candidacy for office in their respective states.

In Michigan, **John Bizon, MD**, has announced his candidacy for the state's House of Representatives in the 62nd district. Dr. Bizon is running as a Republican and currently has no opponent. The incumbent state representative for the 62nd district, Rep. Kate Segal, a Democrat, is unable to seek re-election due to term limit restrictions. Prospective candidates have until April 22 to file paperwork for Michigan's 2014 elections. Dr. Bizon is a resident of Battle Creek and is the immediate past president of the Michigan State Medical Society. The Michigan primary is scheduled for August 5, with this year's general elections taking place on November 4.


Candidate-Member: Bob Johnson, MD.

On the federal level, **Robert E. Johnson, MD**, is a Republican candidate in the open seat race to replace U.S. Representative Jack Kingston in Georgia's first Congressional district. Dr. Johnson, who prefers the moniker "Dr. Bob," is a former Army Ranger and previously owned a private ENT practice in Georgia. With Rep. Kingston running for the open U.S. Senate seat in Georgia, the opportunity in the district has drawn many interested parties to the race. Five Republicans have filed candidate paperwork, including two sitting state senators. As of now, there are no Democratic candidates. The Georgia primary is scheduled for May 20, with a likely run-off taking place on May 22.


Candidate-Member: John Bizon, MD

The AAO-HNS Government Affairs team will continue to follow these races closely in the coming months and will provide updated information as it becomes available. If you know of other otolaryngologist-head and neck surgeons running for state or federal office, please email us at govtaffairs@entnet.org. For updates on these races and others in your area, visit the Government Affairs Elections page at www.entnet.org/elections.

On the Front Line: State Legislative Tracking

The 2014 state legislative sessions are in high gear, and a number of the specialty's priorities are being debated by state lawmakers. AAO-HNS members are a key resource for tracking state legislation and communicating to policymakers its influence on the specialty, physician practices, and patients. Join the growing team of AAO-HNS state trackers by emailing govtaffairs@entnet.org to receive daily or weekly legislative tracking updates. If you identify legislation needing Academy action (e.g., letter, action alert, testimony), simply fill out the new online State Action Form at www.entnet.org/Advocacy.

Follow Government Affairs on Twitter

Do you want to be one of the first to know the status of healthcare bills moving through Congress? Follow the Government Affairs Twitter account @AAOHNSGovtAffrs. By following us, you can learn more about the issues affecting the specialty, including repeal of the flawed Sustainable Growth Rate (SGR) formula, medical liability reform, scope-of-practice battles, Graduate Medical Education (GME) funding, truth-in-advertising (TIA) initiatives, and efforts to repeal the Independent Payment Advisory Board (IPAB). Not a fan of Twitter? You also can check the Government Affairs webpage for updates at http://www.entnet.org/Advocacy.

ENT PAC

2014 is an election year for Congress. ENT PAC, the political action committee of the AAO-HNS, financially supports federal congressional candidates and incumbents who help and/or 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 our PAC website at www.entpac.org (log-in with your AAO-HNS ID and password).

Key AMA Policy Changes Affecting Our Specialty: Interim Meeting Recap

Liana Puscas, MD
Chair, AAO-HNS Delegation
to the AMA House of Delegates

The American Medical Association (AMA) conducted its 2013 Interim Meeting November 15-19, at National Harbor, MD. Delegates included **Liana Puscas, MD** (delegation chair); **Michael S. Goldrich, MD**; **Shannon P. Pryor, MD**; and **Robert Puchalski, MD**. At the meeting, Dr. Pryor served as the chair of Reference Committee F (Finance and Governance) and Dr. Puchalski was re-elected Secretary of AMPAC. **David Nielsen, MD**, AAO-HNS EVP/CEO, served as alternate delegate, with staff support from the AAO-HNS Government Affairs and Health Policy teams.

Below is a summary of key issues discussed at the meeting affecting otolaryngology-head and neck surgery.

Defining Team-Based Care

Reflective of myriad practice patterns in the U.S., the AMA House of Delegates (HOD) was unable to agree on the best language regarding the definition of the terms "physician-led, collaborative, and supervision," so the Board of Trustees will continue to research and refine the language with the expectation that consensus will be reached at AMA's annual meeting in June 2014.

FDA Oversight of Tobacco/ Nicotine Products

The AMA HOD adopted policy urging the U.S. Food and Drug Administration (FDA) to immediately implement the deeming authority written into the FDA tobacco law to extend FDA regulation of tobacco products to pipes, cigars, hookahs, e-cigarettes, and all other non-pharmaceutical tobacco/nicotine products not currently covered by the FDA tobacco law.

The next meeting of the AMA House of Delegates will take place June 7-11 in Chicago, IL.

SGR Strategies

The AMA conducted a candid discussion regarding strategies to repeal the Sustainable Growth Rate (SGR) payment formula. With the current climate being the best it has been to finally achieve success on this issue that is so important to physicians, all of organized medicine is working hard to make this goal a reality.

ICD-10 Implementation

There were continued appeals to either further delay or completely rescind implementation of ICD-10. Whereas most hospital systems and larger practices have already moved toward use of ICD-10 prior to its October 1, 2014, mandatory implementation, many others without a robust IT infrastructure have not. Physicians are concerned about the cost and the timing since it overlaps with many other significant changes occurring in healthcare.

While the AMA was able to achieve a one-year delay in the implementation from 2013 to 2014, it is unlikely that CMS will approve a further delay.

Represent the Specialty, Join AMA

The next meeting of the AMA House of Delegates will take place June 7-11 in Chicago, IL.

Of note, the AAO-HNS should try to increase its AMA membership. AMA delegations are in proportion to an organization's number of AMA members, and in order to keep our four delegates and help maintain otolaryngology's representation in the HOD, it is necessary that we grow our AMA membership. Many have disagreed with some of the AMA's positions, but it is still the best voice for medicine as a whole, and increased participation is the only way to influence actions taken by the AMA. Our delegation is small, but all four members currently are or recently have been actively involved in leadership within the organization serving on councils, reference committees, and the AMA's political action committee. Although we may be few in number, we are strong in voice, and that helps keep otolaryngology's perspectives and issues on the radar.

Questions about this report and other AMA HOD activities, please email govtaffairs@entnet.org.

FDA's ENT Panel Reviews Safety and Effectiveness of Hybrid Cochlear Device

On November 8, 2013, the Food and Drug Administration (FDA) Ear Nose and Throat Devices Panel (ENT panel) met in Silver Spring, MD, to discuss the safety and effectiveness of a new hybrid cochlear implant device, the Nucleus® Hybrid™ L24 Implant System (Hybrid L24). The goal was to make a decision about pre-market approval status. The Hybrid L24 is designed for the treatment of adults who are 18 or older, have residual low-frequency hearing sensitivity and bilateral severe-to-profound high-frequency sensorineural hearing loss, and obtain limited benefit from hearing aids, among other indications. The meeting included presentations from the sponsor, Cochlear™ Americas, and the FDA, followed by deliberations from the ENT panel and a panel vote on FDA questions about safety and effectiveness of the device.

Several Academy leaders have prominent roles at the FDA, and many voting members of the FDA panel are also Academy members. Notably, **Gayle E. Woodson, MD**, AAO-HNS president-elect, serves as the chair of the FDA ENT panel, along with several Academy members. **Anjum Khan, MD, MPH,** also an Academy member and a medical officer with the FDA, presented on the safety and effectiveness of the Hybrid L24. In addition, Academy members **J. Thomas Roland, MD,** and **Bruce J. Gantz, MD,** both attended and presented at the meeting as principal investigators of the device. Dr. Roland served as the lead investigator for a clinical study performed on the Hybrid L24 for four and a half years, and previously served on advisory boards for manufacturers of cochlear implants, and currently serves as co-director of the NYU Cochlear Implant Center. Dr. Gantz served as a principal investigator in Iowa and serves as the chair of the department of otolaryngology-head and neck surgery at Iowa's Carver College of Medicine.

> After listening to several patient experiences and clinical research presentations, the FDA panel members deliberated, and unanimously recommended that the Hybrid L24 device is safe, effective, and provides benefits that outweigh the risks for patients meeting the criteria specified in the proposed indications.

Several other Academy members who were not present for the meeting also served as investigators at various sites, including **Jacques A. Herzog, MD; R. Stanley Baker, MD; Colin W. Driscoll, MD; Charles M. Luetje, MD; Andrew J. Fishman, MD; Bradley Welling, MD, PhD; David Kelsall, MD; and Ravi N. Samy, MD.**

The following Academy members sat in on ENT panel discussions as voting members or temporary voting members, including **Steven W. Cheung, MD, MBA; Roberto A. Cueva, MD; Barry E. Hirsch, MD; Michael E. Hoffer, MD, CAPT MC, USN; Akira Ishiyama, MD; Herman A. Jenkins, MD; Margaret A. Kenna, MD, MPH; Arnaldo L. Rivera, MD, CDR, MC; Jeffrey T. Vrabec, MD; Bevan A. Yueh, MD, MPH; and Ronald von Jako, MD, PhD**.

After listening to several patient experiences and clinical research presentations, the FDA panel members deliberated, and unanimously recommended that the Hybrid L24 device is safe, effective, and provides benefits that outweigh the risks for patients meeting the criteria specified in the proposed indications. The FDA is not bound by the recommendations of its advisory committees, but will consider the recommendations and guidance during the final review of the device.

For further details on research presented at the meeting and other relevant materials, please visit the FDA website and view the committee meeting materials at http://tinyurl.com/lyk3qhk.

CMS Issues CY 2014 Outpatient Prospective Payment System and Ambulatory Surgical Center Payment Final Rule: What Academy Members Need to Know

OPPS 2014 Final Payment Rates

For Calendar Year (CY) 2014, CMS finalizes a hospital outpatient department conversion factor of $71.219. This is based on a hospital inpatient market basket rate increase of 2.5 percent, minus the proposed multifactor productivity (MFP) adjustment of -.5 percent, and the -.3 percent adjustment, which are both required under the Affordable Care Act (ACA). CMS has also proposed to continue implementing the statutory 2 percent reduction in payments for hospitals that fail to meet the hospital outpatient quality reporting (OQR) requirements.

Updates Affecting OPPS Payments

In CY 2014, CMS has continued the changes made in 2013 to base the relative weights on geometric mean costs rather than previously utilized median costs. It will continue to use these weights to set a cost to charge ratio within an APC to determine payment for services within an APC. In CY 2014, CMS finalizes several significant changes to their methodology to calculate APC payments, including:

- Greatly expanding the types of services that are packaged and not paid separately;
- Replacing the current five levels of visit codes for clinic visits with a single new alphanumeric Level II HCPCS code representing **one level of payment for all clinic visits**; the final rule maintains current codes for Type A emergency department (ED) and Type B ED visits;
- Using distinct cost-to-charge ratios (CCRs) for cardiac catheterization, CT scan, and MRI to calculate the relative payment weights; and
- Effective January 1, 2015, **establishing comprehensive APCs for 29 device-dependent services and make a single payment for the comprehensive service based on all OPPS-payable charges on the claim**.

To see a complete list of APCs and the influence on their payment rates, ***see Addendum B: http://www.entnet.org/Practice/loader.cfm?csModule=security/getfile&pageid=180429***

Changes to APC Assignments Affecting Head and Neck Surgery

Within the final rule, CMS makes several changes to APC assignments for otolaryngology services, including assigning new CPT code 64617 **Chemodenervation of Larynx t**o APC 0206 with a 2014 APC payment rate of $353.99. Further, CMS modifies the APC assignment of CPT 31571 **Direct Laryngoscopy** from APC 0075 to 0074, representing a change in reimbursement from $2,026.82 in 2013 to $1,880.43 in 2014. Similarly, CMS modified APC assignments for **Balloon Sinus Codes** CPT 31295 and 31296 to assign them to APC 0075 in CY 2014 and for 31297 and 31541 from APC 0075 to 0074 for 2014. This results in a change in payment for 31295 and 31296 from $2,026.82 in 2013 to $3,051.76 in 2014 and from $2,026.82 in 2013 for CPT 31297 and 31541 to $1,880.43 in CY 2014.

OPPS Payment for Hospital Outpatient Visits

For CY 2014, CMS establishes a single visit code for hospital clinics, replacing the five visit levels used in the OPPS since 2007. The mid-level clinic visit, APC 606, has been the most frequently used outpatient hospital visit code. Under the final rule, the new single level clinic visit, APC 0634, would have a base payment rate of $92.53 in 2014, a reduction of about 4.6 percent compared to the

current payment rate of $96.96 for the mid-level clinic visit (APC 606). They believe a policy that recognizes a single visit level for clinic visits under the OPPS is appropriate for several reasons, including:

- The policy is in line with their goal of using larger payment bundles to maximize hospitals' incentives to provide care in the most efficient manner.
- The policy will remove any incentives hospitals may have to provide medically unnecessary services or expend additional, unnecessary resources to achieve a higher level of visit payment under the OPPS.
- The policy will reduce hospitals' administrative burden by eliminating the need for them to develop and apply their own internal guidelines to differentiate among five levels of resource use for every clinic visit they provide, and by ***eliminating the need to distinguish between new and established patients.***
- Lastly, they believe that removing the differentiation among five levels of intensity for each visit will eliminate any incentive for hospitals to "upcode" patients whose visits do not fall clearly into one category or another.

Supervision of Outpatient Therapeutic Services in CAHs and Small Rural Hospitals

CMS ends its non-enforcement policy requiring direct supervision of outpatient therapeutic services in CAHs and small rural hospitals; thus, for years beginning with 2014, CAHs and small rural hospitals have to comply with the CMS supervision policy which requires direct supervision of therapeutic services, except for those that CMS identifies as appropriate for general supervision. CMS believes that it is appropriate to let this grace period expire to ensure the quality and safety of hospital and CAH outpatient therapeutic services provided by Medicare.

Supervision for Observation Services

In addition, CMS clarified that for observation services, if the supervising physician or appropriate non-physician practitioner determines and documents in the medical record that the beneficiary is stable and may be transitioned to general supervision, general supervision may be furnished for the duration of the service. Medicare does not require an additional initiation period(s) of direct supervision during the service. CMS believes that this clarification will assist hospitals in furnishing the required supervision of observation services without undue burden on their staff.

Hospital Outpatient Quality Reporting (OQR) Program

As established in previous rules, **hospitals will continue to face a 2 percent reduction to their OPD fee schedule update for failure to report on quality measures in the OQR Program in CY 2014**. Program measures can be accessed at www.QualityNet.org. In its final rule, CMS reiterates its intention that the hospital OQR program will transition to the use of certified EHR technology for submission of data on those measures that require information from the clinical record. CMS estimates this transition will occur sometime after 2015, and notes much work remains to reach this point, including developing electronic specifications, pilot testing, reliability and validity testing, etc.

ASC 2014 Final Payment Rates:

For CY 2014, the ASC conversion factor will increase 1.2 percent—this reflects the updated consumer price index (CPI-U) (a consumer price index for all urban consumers) of 1.7 percent, minus the projected multifactor productivity adjustment of -0.5 percent required by the ACA, and results in a proposed increase in the conversion factor from $42.917 in 2013 to $43.471 in 2014.

New ASC Covered Surgical Procedures for 2014

CMS approves four new procedures for coverage in the ASC setting in CY 2014. Notably, two of these procedures are commonly performed by ENTs: CPT 60240 thyroidectomy, total or complete and 60500 Parathyroidectomy or exploration of parathyroid(s). Both codes were assigned an ASC payment indicator of G2, meaning: Non office-based surgical procedure added to ASC list in CY 2008 or later; payment based on OPPS relative payment weight. CMS also flags new CPT code 64617 Chemodenervation of larynx as temporarily office-based for CY 2014 and assigns it a payment indicator of P3, meaning the payment rate is capped at the MPFS practice expense rate.

Surgical Procedures Designated as Office-Based

Annually, CMS proposes to update payments for office-based procedures and device-intensive procedures using its previously established methodology. Office-based procedures are defined as surgical procedures, which are used more than 50 percent in the physicians' offices. For CY 2014, CMS permanently identified three additional procedures as office-based and has reviewed information for the eight procedures finalized for temporary office-based status last year. None of the services discussed relate to our specialty. The Academy, however, continues to track policy change in this area as several ENT services were added to this list in 2013 rulemaking.

ASC Quality Reporting Program:

In 2012, CMS finalized the implementation of an ASC quality-reporting program (ASCQR), which will begin with 2014 payment determination. Quality measures have been adopted for the calendar years 2014-2016. **Payment penalties for ASCs who do not adequately report will remain at 2 percent.** Penalties will be applied in CY 2016 payments based on 2014 reporting. Quality measures can be found at www.Qualitynet.org.

For more information on the final rule access the Academy's full summaries of OPPS and ASC finalized requirements at http://www.entnet.org/Practice/Summaries-of-Regulations-and-Comment-Letters.cfm #CMSRegs or email questions to Academy health policy staff at HealthPolicy@entnet.org.

You Asked, We Delivered: Academy Achieves Modification to NCCI Edit for CPT 31000

Last August, the Academy received inquiries from members who pointed out that the existing Correct Coding Initiative (CCI) edits for (non-endoscopic) CPT 31000 *Lavage by cannulation; maxillary sinus (antrum puncture or natural ostium*, permitted providers to circumvent the CCI edit of "1," which bundles this service when performed in conjunction with codes 31256 *Nasal/sinus endoscopy, surgical, with maxillary antrostomy* and 31267 *Nasal/sinus endoscopy, surgical, with maxillary antrostomy; with removal of tissue from maxillary sinus*, by appending a -59 modifier. In response, we drafted a letter to the National Correct Coding Initiative (NCCI) staff and Centers for Medicare & Medicaid Services (CMS), noting that there are real, but uncommon, instances for which the modifier is appropriate, so the edit for these code combinations should not be "0." We also noted that no CCI edit currently exists for the code combination of 31000 and 31295 *Nasal/sinus endoscopy, surgical; with dilation of maxillary sinus ostium (e.g., balloon dilation), transnasal or via canine fossa*.

NCCI staff responded that they, and accordingly, CMS ***agreed with the Academy that CPT 31000 may be reported separately with 31256 or 31267 if the lavage is performed on the contralateral sinus and may be reported with modifier 59 in such circumstances.*** CMS also agreed that it would be appropriate to add an edit bundling CPT 31000 into 31295, and that similar edits bundling 31000 and 31002 *Lavage by cannulation; sphenoid sinus* into other procedures of the maxillary and sphenoid sinuses respectively, based on the same rationale (i.e., lavage is integral to the more extensive sinus procedure). However, if lavage of a sinus and a more extensive procedure are performed on the contralateral sinus, they may be reported together with the appropriate modifiers.

These new edits will take effect April 1. For more information regarding this CCI edit change and proper coding for these services, visit our Coding Corner on the Academy website, which includes a CPT for ENT that outlines these issues further: http://bit.ly/CPT4ENT.

The Academy is pleased that CMS, and the NCCI, have agreed to implement this change. To access the full response from NCCI, visit http://bit.ly/NCCIMUE. We encourage members to keep health policy staff abreast of any similar coding issues they encounter in the future. We urge you to email us at healthpolicy@entnet.org with any questions related to this issue or other coding and reimbursement matters.

Quality in the Era of Value-Based Purchasing

Rahul K. Shah, MD
George Washington University School of Medicine, Children's National Medical Center, Washington, DC

The concept of value in healthcare is not novel—almost everyone is familiar with the well-known equation: **value = quality of care/cost of such care**. To increase the value of healthcare delivery, we can simplistically increase the quality of the care that is delivered or the perception of that delivered care; one can also reduce the cost of that care.

Currently, the in-vogue statement is "value-based purchasing." This month's column will attempt to convey my strong sentiment about how value-based purchasing is actually a complex transaction that will fundamentally change the way we approach the care we deliver to patients. Further, Academy members are uniquely positioned, as a result of the diverse patients we care for, to lead and help explain this concept within our offices and organizations.

The concept of value-based purchasing is predicated on the premise that with all else being equal, the cheaper option should be chosen. Using the value equation above, we can see that if we hold the quality of care as a constant, then the way to drive up the value of care is to choose the less costly alternative. Value-based purchasing is juxtaposed to volume and intensity of service programs.

Healthcare has been predominantly based on the volume/intensity of service model. For example, more cases generate more volume, which means the "rainmaker" would be more highly compensated; another way to think about volume-based reimbursement is that the patient that has a longer length of stay would yield more revenue to the hospital than a similar diagnosis patient that has half as long of a stay. Indeed, many hospitals are caught with feet in both of these worlds: the volume model and the value-based purchasing model.

I have been struggling to make the business case for quality from a surgical perspective within a paradigm of value-based purchasing. However, the following analogy should shed some light on this complex issue. Let us start with a common surgery that has more or less a relatively tight range of fixed costs to perform the case—an adenotonsillectomy. There are myriad techniques to perform this procedure, and they all have fixed costs that probably range from .5x all the way to about 4x ("x" denotes the average fixed costs to perform an adenotonsillectomy). We rarely think past this point, and I am sure that most Academy members are not too terribly concerned about the fixed costs of our cases.

However, in a value-based purchasing mindset, we would need to take into account the entire spectrum of care to make a business case. For example, if there is a method to perform an adenotonsillectomy that costs 4x (four times the average cost), then in a volume/intensity of care model, we may not look favorably at this method, and management/administration may not want this technique with such high fixed costs and low profit margins.

In an era of value-based purchasing, if the overall quality of the patient care improves and their outcomes improve, then there would be a rationale to consider using this device despite the increased fixed costs. For example, if the patient can be discharged sooner (even from PACU), the result is less use of hospital resources (expenses) and thus using the value equation from the opening of this column, the overall costs have decreased slightly but the quality for the

patient has improved. This would result in higher reimbursement than otherwise in a value-based reimbursement model.

By using a concrete example from our realm of care, I hope this column helps explain how complex value-based purchasing/reimbursement is and how as healthcare providers we must be cognizant of the entire spectrum of the patient's care delivery. This is even more complex for our Academy members as otolaryngology-head and neck surgery spans a uniquely broad (out-patient, in-patient, emergency, elective, etc.) range of care.

We encourage members to write us with any topic of interest and we will try to research and discuss the issue. Members' names are published only after they have been contacted directly by Academy staff and have given consent to use their names. Please email the Academy at qualityimprovement@entnet.org to engage us in a patient safety and quality discussion that is pertinent to your practice.

Physician Compare: What Is It and How Does It Affect Me?

Background

Under the Affordable Care Act (ACA), the Centers for Medicaid & Medicare Services (CMS) is required to develop a Physician Compare website with information on physicians enrolled in the Medicare program, and information on other Eligible Professionals (EPs) who participate in PQRS. Essentially, CMS is charged with making information on physician performance, including information on quality measures and patient experience, available through the Physician Compare website. To meet that end, CMS must send a report to Congress on Physician Compare development, including information on efforts and plans to collect and publish data on physician quality and efficiency, and on patient experience of care in support of value-based purchasing and consumer choice by January 1, 2015. The ACA allows for CMS to expand information made available on Physician Compare any time before that date.

The first phase of the website launched in 2010, but in 2013, CMS released a redesigned Physician Compare website. The primary source of administrative information on Physician Compare is from the Provider Enrollment, Chain, and Ownership System (PECOS), with the use of Medicare claims information to verify the information in PECOS. It is important to note that members must ensure their information is up-to-date and accurate in the national PECOS database. In addition, any information not found in PECOS, such as hospital affiliation and foreign language, must be updated by emailing the Physician Compare team at physiciancompare@westat.com.

Information that is currently reflected on the site includes: address; education; American Board of Medical Specialties (ABMS) board certification information; primary and secondary specialties; group affiliations; hospital affiliations that link to the hospital's profile on Hospital Compare as available; Medicare Assignment status; and Provider language skills.

In addition to the aforementioned, the Physician Compare website also includes:

Individual Quality Information

On each individual profile page there is a section listing the quality programs under which the specific individual satisfactorily reports and if he or she is a successful electronic prescriber. A notation and check mark for individuals that successfully participate in the Electronic Health Records (EHR) Incentive Program is also included.

Group Quality Information

In addition to that included for individuals, CMS also built-in a quality programs section for each group practice profile page to indicate which group practices are satisfactorily reporting using the GPRO web-interface for PQRS reporting, or are successful electronic prescribers under the eRx Incentive Program.

New Additions to Physician Compare

Within the newly released CY 2014 Medicare Physician Fee Schedule Final Rule, several new additions to the Physician Compare website were finalized. These changes include the following:

- **Physician Compare will publicly report *ALL* quality measures collected through the Group Practice Reporting Option (GPRO) web interface for groups of all sizes.** Note: A 30-day review period for quality measures on Physician Compare will be given, but not for non-measure data such as telephone number, specialty, etc.
- **Physician Compare will publicly report performance on GPRO registry and EHR measures.** Note: CMS highlighted that it will conduct analyses to ensure that measures collected via different mechanisms are consistently understood and only measures proven to be comparable and most suitable for public reporting will be included on Physician Compare.
- **Physician Compare will publicly report Clinician and Group Consumer Assessment of Healthcare Providers and Systems (CG-CAHPS) measures for groups of 100 or more EPs who participate in PQRS GPRO, regardless of submission method.**
- **Physician Compare will publicly report CG-CAHPS for Medicare Shared Savings Plan (MSSP) Accountable Care Organizations (ACOs) reporting through the GPRO web interface**.
- **Physician Compare will publicly report CG-CAHPS measures collected via a certified CAHPS vendor for groups of 25 to 99 EPs**.
- **Physician Compare will publicly report performance on 20 measures listed in the proposed rule that are reported by individual eligible professionals reporting through an EHR, registry, or claims during 2014 under the PQRS**. Note: The only measures that appear applicable to ENTs for the above categories are Medication Reconciliation and Preventive Care and Screening: Tobacco Use: Screening and Cessation.

CMS plans to publicly report 2014 data in CY 2015. For more information on Physician Compare, visit www.medicare.gov/physiciancompare or email the health policy team at healthpolicy@entnet.org.

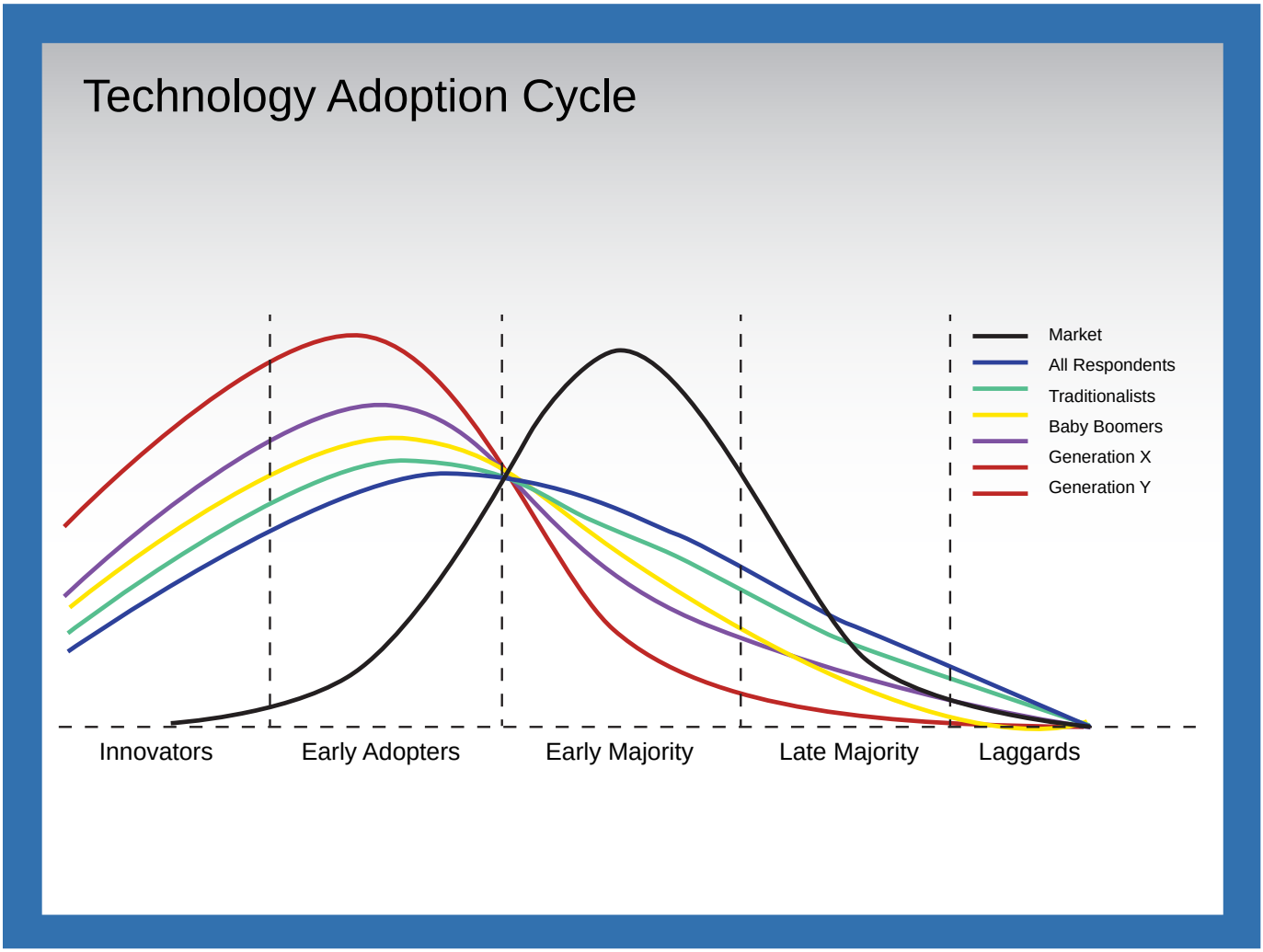
The Increasing Role of Technology in Continuing Medical Education

The future of continuing medical education (CME) will be based on the latest technology available. Increasingly, physicians are seeking online resources to get CME credit. This trend is likely to continue as the time constraints of a busy practice will require you to seek easily accessible professional development opportunities.

Physicians are becoming increasingly technology savvy. Recent studies have shown a general shift to physicians preferring online CME activities. The trend is also more mobile with the majority of physicians owning smartphones and tablets. Many use these tools to search for and download clinical information. Many see the trend toward increased virtual CME and are embracing it as a viable alternative to live activities.

Otolaryngologist-head and neck surgeons are no exception to the tech savvy trend. According to the recent Member Education Needs Survey, the majority of members consider themselves innovators or early adopters of technology, including online learning, e-books, and mobile applications. There was a clear preference among members for more Web-based education formats.

Members indicated they are using smartphones, tablets, and e-readers for continuing education information. According to the survey, 55 percent use a tablet, 54 percent use a smartphone, and 13 percent



use an e-reader as a source for both continuing education and professional information. Preferred learning formats included online self-paced courses, smartphone and tablet apps, and webinars.

When asked what changes are expected that will affect their education needs, many member responses centered on new e-learning technology. These include an increase in:

- The move to online learning
- Virtual meetings and lectures
- Materials available on smartphones and tablets
- Online material supplanting print methods
- Interactive, online content and assessment
- Easily available e-seminars
- Faster and more up-to-date information available on the Web
- Internet-based teaching
- Online asynchronous learning
- Simulation

The Foundation is continually exploring ways to improve education opportunities for members. New technologies within professional education provide many options to enhance one's learning experience. Survey respondents offered useful suggestions about integrating more technology into the Foundation's education program. Because of these preferences and expectations, the focus will be toward more e-learning in the design of future education and knowledge resources.

There are several projects in the works at the AAO-HNS/F that, through technology, will provide more meaningful and rewarding education, knowledge products, and services for you in 2014.

Your feedback indicates that in addition to traditional educational methods, a growing number of members desire a larger e-learning environment and expanded electronic platform.

Armed with a better appreciation of our members' preferred learning styles in education and training, combined with today's expanding technology, we will be better equipped to offer many new and varied formats to enhance learning experiences.

Devices Used for Continuing Education Information

Personal/Work Computer
(93% of respondents)

Tablet/Tablet Computer
(55% of respondents)

Smartphone
(54% of respondents)

eReader
(13% of respondents)

AAO-HNS, Egyptian ORL Society Celebrate First Joint Satellite Meeting

Ahmed M. S. Soliman, MD

Five years since its conception and after nearly a year of planning, the first Combined Satellite Meeting of the American Academy of Otolaryngology—Head and Neck Surgery and the Egyptian Society of Otorhinolaryngology took place September 28, 2013, in Vancouver, BC, Canada.

This historic event was co-chaired by **Ahmed M. S. Soliman, MD,** of Temple University and **Prof. M. Adel Khalifa, MD,** of Tanta University, Egypt. **Eugene N. Myers, MD, FRCS Ed (Hon),** professor and chair emeritus, University of Pittsburgh, and **Prof. A. Sameh Farid, MD,** dean of the Cairo University Medical School, presided over the conference, which included presentations by members of both organizations. Prof. Khalifa presented Dr. Myers with the Honorary Shield of the Egyptian ORL Society for his many contributions to advancing cooperation between the two groups.

Basim M. Wahba, MD.

Prof. Khalifa congratulates Dr. Myers.

(left to right) Gregory W. Randolph, MD; Eugene N. Myers, MD; and Ahmed H. Allam, MD.

Prof. A. Sameh Farid, MD, dean of the Cairo University Medical School, presided over the conference, which included presentations by members of both organizations. Cairo University at night.

> "... the first Combined Satellite Meeting of the American Academy of Otolaryngology—Head and Neck Surgery and the Egyptian Society of Otorhinolaryngology took place in Vancouver, Canada."

James L. Netterville, MD, president of the AAO-HNS, and President-Elect **Richard W. Waguespack, MD,** gave welcome remarks. Scientific presentations included "Endoscopic Management of Reinke's Edema" by **Peak Woo, MD**, "Treatment of laryngeal malignancies with plasmonic photothermal therapy" by **Prof. Hazem Saleh, MD,** and "Correlation between neural response telemetry and CT scanning of electrode position in pediatric cochlear implant patients" by **Ahmed H. Allam, MD.**

Other presenters included **G. Richard Holt, MD, D-BE, MSE, MPH**; **Ivan H. El-Sayed, MD**; **Ellen S. Deutsch, MD**; **Nicholas Y. BuSaba, MD; Gregory W. Randolph, MD; Basim M. Wahba, MD, DOHNS, MRCS;** and **Prof. Ahmad S. El-Guindy, MD**.

The meeting concluded with a dinner reception at Milestones Vancouver. Drs. Allam and Wahba, 2014 AAO-HNSF International Visiting Scholars, were honored at the International Assembly and International Reception.

Two previous combined meetings of the two societies, in 2012 and 2013, planned for Cairo, had been cancelled because of political unrest. In his closing remarks, Dr. Randolph, chair, International Steering Committee, congratulated the organizers for their persistence and perseverance that finally brought the meeting to fruition despite many odds.

Ethiopia Surgical Trip: Serving Local Physicians

Audrey P. Calzada, MD
Clinical Fellow, Otology/Neurotology
House Ear Clinic

I had the privilege of traveling as part of the team led by **Glenn Isaacson, MD**, with Healing the Children to Ethiopia at the end of October. We spent two days in Addis Ababa giving lectures to the otolaryngology residents at Addis Ababa University and seeing mostly children in a clinic at the mission hospital, CURE, and at the Makanissa School for the Deaf. We spent the remainder of the week in Mekelle, the third largest city in Ethiopia. We operated on and saw patients with Adamu Yilikal, MD, who is the only otolaryngologist in the northern half of the country, serving more than eight million people. The goal of our trip was to equip local surgeons to better serve their communities by providing equipment, clinical instruction, and operative teaching.

Our team consisted of four otolaryngologists, one anesthesiologist, three audiologists, and the president of Healing the Children. We had the opportunity to provide and observe medical care in several different healthcare settings within Ethiopia: a non-profit mission hospital, a government hospital, and a mission school for the deaf. Visiting and working in each center allowed for comparing and contrasting the benefits and downfalls of each place in partnering to provide healthcare to the people of Ethiopia.

> "I was inspired by their simultaneous understanding of the plight of medical care in Ethiopia and their courage to continue seeking out opportunities to improve the standard of care."

We began our week at the mission hospital, CURE, which is a non-profit, privately funded surgical hospital for children in Addis Ababa with high standards of excellence. Because Dr. Isaacson and anesthesiologist Elizabeth Drum, MD, have led multiple teams there during the past five years, the clinic we ran consisted of both new and returning patients, who had previous operations by our team. The equipment, all donated and brought by surgical teams, was organized and sufficient. The flow of the operating room, directed by an anesthesiologist from the United States, was efficient and smooth. While this surgical hospital provides excellent, free care to children, the leadership is largely foreign-based and western-trained, which limits its ability to build local healthcare expertise.

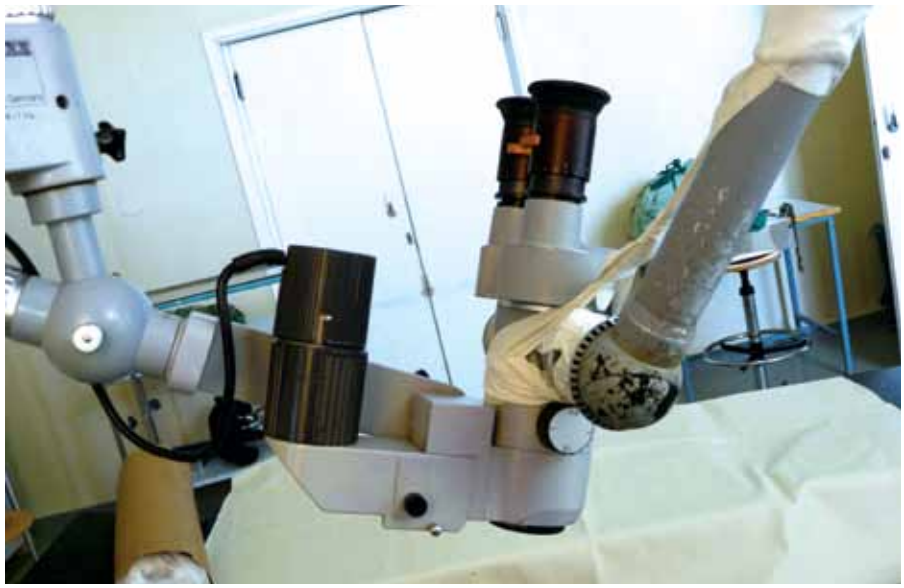
In contrast to CURE, the government hospital in Mekelle, where we performed otologic and head and neck cases with Dr. Yilikal, was poorly equipped and inefficiently run despite hard-working, intelligent staff. One main hindrance to safe operative care in Ethiopia is the absence of anesthesiologists with medical degrees. In addition to training Dr. Yilikal and his residents to perform essential otolaryngologic procedures, we provided surgical instruments and equipment. Despite working there for two years and being the only otolaryngologist in the region, he had instruments to perform only tonsillectomies prior to our visit. In addition to the lack of well-trained ancillary staff and equipment, there was also the issue of consistent electricity in this large government hospital. It was extremely humbling to realize the large amount of infrastructure required to perform safe operations.

The Ethiopian leaders of the government hospital in Mekelle were overwhelmingly hospitable. Through discussions with them over meals in the evening, I was inspired by their simultaneous understanding of the plight of medical care in Ethiopia and their courage to continue seeking out opportunities to improve the standard of care. I began to better understand the issues developing countries face when their educated class chooses to live and

The surgical team in Mekelle, Ethiopia. From right to left, Audrey Calzada, MD, Gabe Calzada, MD, Adamu Yilikal, MD, Andrew Mallon, DO, and Glenn Isaacson, MD.

work in other countries with more opportunities. Even if disregarding financial provision for their families and future educational opportunities for their children, there is a seemingly insurmountable ceiling of advancement within surgical subspecialties. Not only are opportunities to develop adequate surgical skills in quality training programs lacking, there is no support or equipment to build a meaningful practice. What impact can a practicing otolaryngologist in a community of eight million people make without a microscope, surgical instruments, and trustworthy anesthesia?

These are issues that have been courageously and tirelessly addressed by Dr. Isaacson (Dr. Glenn, as he is known in Ethiopia) during the past six years. To detail the equipment and support provided to the Ethiopian otolaryngology community is one thing, but I was equally struck by his tenacity in dealing with the minute-to-minute issues we all faced with improvisation and patience. As my emotions regarding medical humanitarian work positively impacting a developing community wavered between hopelessness and optimism, I observed that our trip leaders were quietly and diligently changing the practice of otolaryngology in Ethiopia.



The 30-plus-year-old Zeiss microscope Dr. Yilikal performs otologic surgery with. Fancy taping maneuvers were required to correctly position the teaching arm of the microscope.

As I complete my fellowship training, I desire to be useful in service to others, and I hope to partner with surgeons in other parts of the world to better serve their communities. I am thankful to the AAO-HNSF Humanitarian Committee for providing grant support for this trip. I return inspired and humbled by the attitudes and hard work of my colleagues both in this country and in Ethiopia.

The surgical team performing a tympanoplasty. From right to left, Drs. Calzada, Yilikal, and Mallon. In the background are junior otolaryngology residents from Addis Ababa.

Pan-American Association Invites Academy Members to Cartagena, Colombia in October

In 1946, thanks to the vision and leadership of Chevalier Jackson, MD, with U.S. and Latin American colleagues, the Pan-American Association of Oto-Rhinolaryngology-Head and Neck Surgery was founded in Chicago, IL, during the 51st meeting of the American Academy of Otolaryngology—Head and Neck Surgery.

Responding to the need for a strong scientific and social exchange among specialists on our continent, the Association has created the great and enduring Pan-American community that has organized the Pan-American Congress of Otolaryngology continuously every two years for more than six decades.

All members of accredited societies of otorhinolaryngology in the Americas—including Academy members—are active members of the Pan-American Association.

As president of the XXXIV Pan-American Congress, it is an honor and privilege to extend a special invitation to all Academy members to join us October 26-29 in the beautiful city of Cartagena, declared a World Heritage Site by UNESCO in 1984.

Roy R. Casiano, MD, of the University of Miami, immediate past president of the Panamerican Association and past chair of the Academy's Panamerican Committee stated:

"Attendees will be exposed to the latest scientific and technological advances within the various disciplines of otolaryngology, while enjoying the warm camaraderie that our social events bring."

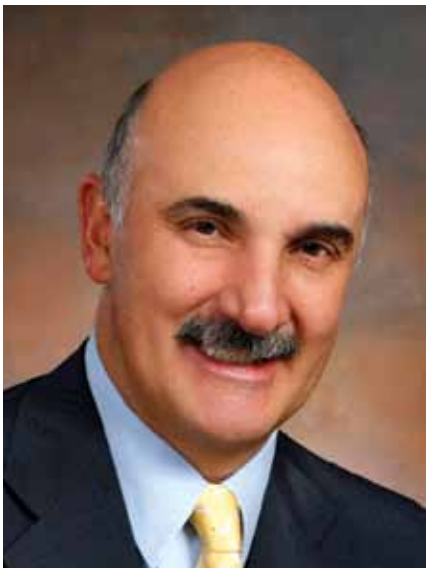
President of the Pan-American Association **Luis A. Macias, MD,** of Mexico City, expressed:

"One of the statutory principles of our Association is the exchange of knowledge and advances in our specialty for the benefit of our patients; this task has been fully complied in our meetings, thanks to the active participation of its members."

Undoubtedly, Cartagena is a Colombian touristic and historic jewel of the Caribbean—it has hosted the most important world events of politics, science, and international trade. Cartagena has a world-class hotel infrastructure and the Las Américas Global Resort and International Convention Center meet all the criteria for a successful Congress.

A highlight of the Congress program will be a joint meeting of the Academy and the Panamerican Association, supported by **James E. Saunders, MD**, international coordinator, and **J. Pablo Stolovitzky, MD**, regional advisor for Latin America, with speakers from both societies. In addition, the Congress will provide a booth for the Academy to display its educational offerings in the exhibit hall.

Cartagena, Colombia, was declared a World Heritage Site by UNESCO in 1984.



Juan Manuel Garcia Goméz, MD
Chair, AAO-HNSF Panamerican Committee
President of the XXXIV Pan-American Congress of Otolaryngology

I specially recommend our Pan-American Association website (http://www.panamorl.com.ar/) excellently managed by **Hector E. Ruiz, MD**, of Rosario, Argentina, founder and past chair of the AAO-HNSF Panamerican Committee.

On behalf of the Colombian Society of Otolaryngology, our president, **Antonio Jose Reyes Solarte, MD,** our scientific coordinator, **Roxana Cobo Sefair, MD,** the organizing committee, and all Colombian otolaryngologists, we hereby extend a friendly invitation to all Academy members.

For details, visit www.panamorl2014.com.

Key Dates to Remember

- Early bird registration is open until March 31.
- Scientific Program abstracts submissions deadline is June 30.

Register Now! 5th International Conference on Global Hearing Health, July 25-26, St. Catherine's College, Oxford, UK

James E. Saunders, MD, AAO-HNSF coordinator for International Affairs, cordially invites you to the next conference of the Coalition for Global Hearing Health (CGHH), July 25-26, at St. Catherine's College in Oxford, England.

Conference co-organizers, Dr. Saunders, of Dartmouth Hitchcock Medical Center, and Jackie L. Clark, PhD, of University of Texas at Dallas, have long-established roots in international arenas. Dr. Saunders is AAO-HNSF coordinator for International Affairs and past chair, Humanitarian Committee. Dr. Clark is chair, Humanitarian Efforts, International Society of Audiology.

More than 100 representatives from multiple disciplines around the globe—including otolaryngologists, audiologists, teachers of the deaf, hearing aid

> To submit an abstract, register early for the conference, visit http://coalitionforglobalhearinghealth.org.

providers, and international public health specialists—will confer for two days on providing global hearing healthcare in lower-resourced regions.

The CGHH works to advance the Millennium Development Goals of the U.N. and the World Health Organization (WHO). For instance, the CGHH collaborates closely with WHO's Prevention of Deafness Program, and the International Federation of Oto-Rhino-Laryngological Societies (IFOS) "Hearing for All" initiative.

In particular, the CGHH focuses on areas where it can have the most influence:

Jackie L. Clark, PhD

James E. Saunders, MD

advocacy for better hearing healthcare, technical challenges and opportunities, increasing the workforce through quality training, empowering families and affected individuals, and establishing best practices and standards of care.

To submit an abstract, register early for the conference, and reserve your room (from the limited block of rooms held for our attendees), visit http://coalitionforglobalhearinghealth.org.

For highlights of the 2013 meeting, visit http://www.coalitionforglobalhearinghealth.org/RecentConference/ConferenceHighlights/tabid/171/Default.aspx.

14TH ANNUAL

Charleston Magnolia Conference

May 30 - 31, 2014

– Guest Speakers –

Howard W. Francis, M.D., M.B.A.
Professor and Vice Director
Department of Otolaryngology - Head and Neck Surgery
Director of Johns Hopkins' Listening Center
Johns Hopkins University School of Medicine, Baltimore, MD

Peter A. Hilger, M.D.
Professor and Director
Division of Facial Plastic and Reconstructive Surgery
Department of Otolaryngology - Head and Neck Surgery
University of Minnesota, Minneapolis, MN

William M. Lydiatt, M.D.
Professor and Vice Chair
Department of Otolaryngology - Head and Neck Surgery
Director of Head & Neck Surgery
University of Nebraska Medical Center, Omaha, NE

– Topics –

• Endoscopic Sinus Surgery • Endocrine Surgery
• Endoscopic and Robotic Head and Neck Cancer Surgery
• Management of Cholesteatoma • Cochlear Implants
• Facial Plastic Surgery • Bell's Palsy • Salivary Gland Surgery

– Recreation –

Beaches | Golf | Historic Charleston | Spoleto Arts Festival USA

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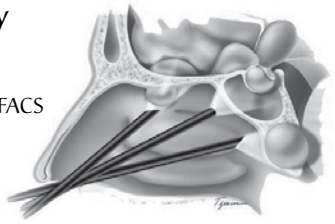
May 30–31, 2014 • New York City

Advanced Endoscopic Skull Base and Pituitary Surgery



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

GUEST FACULTY:
John Jane Jr., MD
Nelson Oyesiku, MD

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

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

INFORMATION: Course Coordinator
Tel: 212-585-6800
email: nypcme@nyp.org
www.weillcornellbrainandspine.org

Weill Cornell Medical College | NewYork-Presbyterian Weill Cornell Medical Center

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SOUTHERN STATES RHINOLOGY COURSE

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Kiawah Island is ten miles wide of ocean beach, complimented by the island's river, meandering lagoons, pristine marshlands, and home of 5 Championship golf courses in South Carolina.

What's new in Rhinology and Allergy?
Novel Therapies for Sinusitis and Allergies; New Surgical Instruments and Techniques; In Office Procedures and Equipment; and much more!

Cadaver Lab
A hands on laboratory dissection is also available with this course. Participants will have the opportunity to dissect cadaver specimens featuring state-of-the-art endoscopic instrumentation, video, and image guidance system

Faculty:
- John DelGaudio, MD - Emory School of Medicine
- Stil Kountakis, MD - Georgia Regents University
- Rodney Schlosser, MD - Medical University of SC
- Brent Senior, MD - UNC School of Medicine
- Michael Sillers, MD - Alabama Nasal & Sinus Center

REGISTER NOW! Scan the QR Code directly from your smartphone for full meeting details and Registration or visit www.southernstatesrhinology.org

Southern New England
Connecticut
Otolaryngologist/Subspecialty Interests Welcome

ProHealth Physicians is currently seeking an Otolaryngologist to join an established ENT practice in Bristol, Connecticut. Bristol is the home to ESPN and is a suburban community conveniently located 30 minutes from the cities of Hartford/New Haven CT and halfway between New York City and Boston Massachusetts (*2 hours to either city*). The surrounding area has excellent school systems and ample recreational opportunities.

Currently the group has 4 ENT physicians including subspecialists in rhinology and otology. Interest is in a comprehensive otolaryngologist, but complementary subspecialty interests are welcomed. Excellent compensation and benefits package offerings.

Forward CV to Debra Colaci
ProHealth Physician Recruiting
860-284-5333 (Fax)
dcolaci@prohealthmd.com

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Otolaryngology
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- Physician owned and governed
- Large, established referral network
- One of the least litigious states in the country

Featured 9th in Money Magazine's "Best Places to Live", Ames, Iowa is recognized as an active, friendly community with plenty to do. Ames is a vibrant university town with one of the highest-rated public school systems in the nation. Having close access to several major metropolitan cities means that this versatile community provides small-town serenity and charm plus big-city amenities and culture.

EOE/AA Employer

Contact Doug Kenner
866.670.0334 or dkenner@mountainmed.net

Full Time Faculty Opportunities
University of Rochester Medical Center

Clinician-Scientist / Neurotologist
BC/BE, fellowship trained boarded neurotologist with appropriate research training at any rank is sought to develop an outstanding clinical practice and externally funded research program and join three other practicing neurotologists. Applicants must also contribute to resident and medical student education. Basic, translational, or patient-oriented research programs are desired. Protected research time and resources are available.

Pediatric Otolaryngologist
BC/BE, fellowship trained pediatric otolaryngologist at any rank is sought to practice at the brand new Golisano Children's Hospital, opening in 2015. This position offers excellent opportunities to practice the full range of the specialty in state of the art facilities. Resident teaching is expected and scholarly activities strongly encouraged. Protected research time and resources are available for candidates seeking a career as a clinician-scientist.

General Otolaryngology
BC/BE otolaryngologists with broad clinical interests are sought to develop a general otolaryngology practice in a community setting with full academic support.

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

MELIORA 1850
UNIVERSITY of ROCHESTER MEDICAL CENTER

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

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

Shawn Newlands, M.D., Ph.D., M.B.A., F.A.C.S.
Professor and Chair
Department of Otolaryngology
Strong Memorial Hospital
601 Elmwood Avenue, Box 629
Rochester, NY 14642
(585) 758-5700
shawn_newlands@urmc.rochester.edu

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.

South Florida ENT Associates, a forty-seven physician group practice in Miami-Dade, Broward and Palm Beach has immediate openings for full-time ENT Physicians. South Florida ENT Associates is the second largest ENT group in the country and the largest in the state of Florida. We provide full service ENT including Audiology, Hearing Aid Sales, Allergy, Facial Plastics, Robotics and CT services.

We offer an excellent salary/bonus with partnership track, health insurance, paid vacation time, malpractice insurance and CME reimbursement, plus other benefits.

Candidate must have strong clinical knowledge, excellent communication skills, be highly motivated and hardworking.

This position will include both office and hospital settings.

Requirements:

Board Certified or Eligible preferred
MD/DO from approved medical/osteopathy school and graduation from accredited residency program in ENT
Current Florida license
Bilingual (English/Spanish) preferred
Excellent communication and interpersonal skills
F/T - M-F plus call

For more information about us, please visit www.sfenta.com.

Contact Information:

Contact name: Stacey Citrin, CEO
Phone: (305) 558-3724 • Cellular: (954) 803-9511
E-mail: scitrin@southfloridaent.com

THE UNIVERSITY of TENNESSEE
HEALTH SCIENCE CENTER

Pediatric Otolaryngologist - We are seeking a fellowship-trained, board eligible/certified individual to join a high-volume practice. This position will be recruited at the Assistant/Associate Professor level. It is an excellent opportunity for a Pediatric Otolaryngologist interested in academic growth and excellent clinical experience.

Candidates must be able to obtain a Tennessee medical license.

Letters of inquiry and curriculum vitae should be sent to:

Jerome W. Thompson, M.D., MBA, Chairman
Department of Otolaryngology-Head and Neck Surgery
The University of Tennessee Health Science Center
910 Madison Avenue, Suite 408
Memphis, TN 38163

Or email to: jkeys@uthsc.edu

The University of Tennessee is an EEO/AA/Title VI/Title IX/Section 504/ADA/ADEA institution in the provision of its education and employment program and services.

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We are a four-provider general ENT practice in beautiful Phoenix, Arizona, looking for just the right individual. We practice state of the art Otolaryngology and enjoy all aspects of our specialty.

We are proud of our old-school values. We provide a progressive working environment in three different locations within the Phoenix area. Each office has its own geographical uniqueness and patient populations. This provides us with a wide range of patients and pathologies to stimulate our professional interests. We have long term employees who work FOR YOU.

We believe in "family first" and adjust vacations and call schedules accordingly for each other. We support each other professionally in and out of the office. We encourage continuing education and provide incentives. We are competitive with regards to compensation. We offer a package that is weighted firmly towards rewarding the self-starter with very generous participation in additional streams of income from allergy practice and surgicenter ownership.

Sudden illness of accepted candidate has created unexpected opportunity with very coveted practice.

Contact office manager @ 480-776-7813.
Send c.v. to JT4@cox.net.

ProMedica

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Otolaryngologist Opportunity in Toledo, Ohio

ProMedica Physicians Ear, Nose and Throat is seeking highly motivated, personable BC/BE otolaryngologists to join their progressive and expanding practice. The practice consists of six ENT physicians and is the only ENT practice in Toledo with fellowship-trained otolaryngologists in head and neck surgical oncology and neurotology. We offer a full range of services including allergy testing and treatment, and complete audiology and vestibular services including ENG, rotary chair, posturography, and cochlear implantation and mapping.

We are seeking candidates who excel at general ENT or with advanced subspecialty interest and fellowship-trained in head and neck surgical oncology and laryngology.

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Toledo, Ohio is home to an extensive Metropark system, Toledo Zoo, Toledo Museum of Art, and excellent institutions of higher education.

Contact: Denise Johnston, physician recruiter, at 419-824-7445, denise.johnston@promedica.org.

ProMedica is a tobacco-free employer. EOE

Joe Dimaggio Children's Hospital Seeks Pediatric Otolaryngologist

About the Opportunity:

The Division of Pediatric Otolaryngology–Head & Neck Surgery at Joe DiMaggio Children's Hospital seeks a motivated board-certified/board-eligible fellowship-trained pediatric otolaryngologist interested in growing our rapidly expanding tertiary care division. The Division of Pediatric Otolaryngology is a robust outpatient and hospital-based program, with dedicated pediatric audiology, mid-level practitioners and a diverse patient population. We have an established aerodigestive team and cochlear implant center as well as pediatric videostroboscopy in addition to the busiest Craniofacial Center in Florida. Qualified candidates should have an interest in head and neck, airway, vascular malformations or otology. Excellent opportunities exist for interdisciplinary collaboration, program development, research and teaching. We have a new affiliation with a four (4) year Allopathic Medical school. Emergency room call is 1:7.

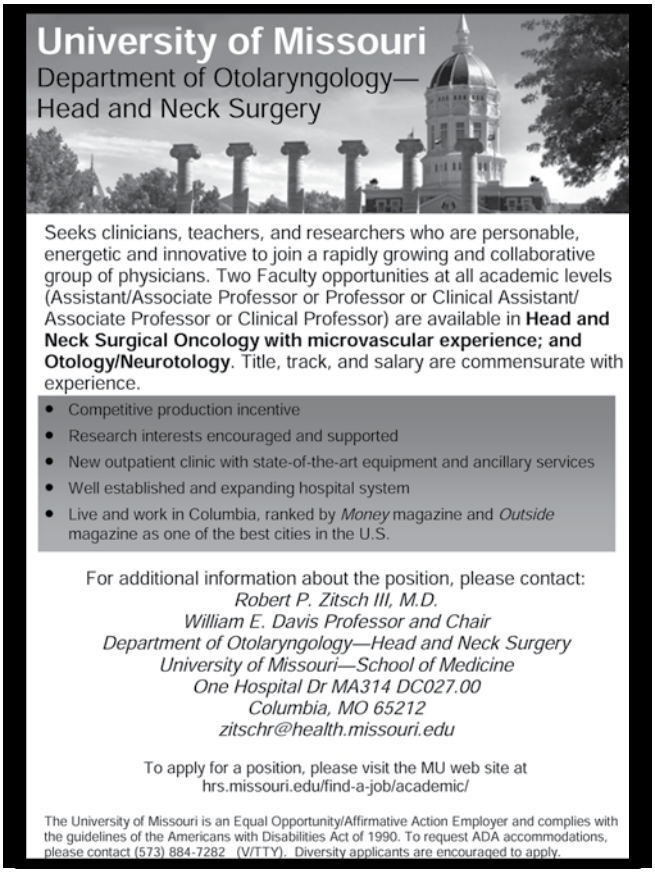
About Joe DiMaggio Children's Hospital:

Joe DiMaggio Children's Hospital, a 204-bed facility, opened in 1992 and is located in Hollywood, Florida. As South Florida's newest freestanding children's hospital, Joe DiMaggio Children's Hospital is redefining the pediatric healthcare experience. We combine cutting-edge excellence with a commitment to patient- and family-centered care, and have the largest and most diverse group of board-certified pediatric specialists in the region. Thanks to exemplary medical expertise, advanced technology and exclusive pediatric programs, JDCH has earned the distinction of being the leading children's hospital in Broward and Palm Beach counties. JDCH is the only Pediatric Trauma Center in South Broward County and is dedicated to the physical and emotional care of children. We're continuing to pioneer revolutionary programs that define the standard in pediatric care. To learn more, please visit JDCH.com.

About South Florida:

South Florida offers an outstanding quality of life rich in cultural and recreational amenities. Residents enjoy pristine beaches, top-rated golf courses, museums, world-class dining and myriad family-friendly communities. Further, Florida also has no state income tax.

Please submit CV and letter of interest to:
jdchdoctor@mhs.net



utmb Health

General Otolaryngologist
with an interest in Allergy

FULL-TIME BC/BE FACULTY

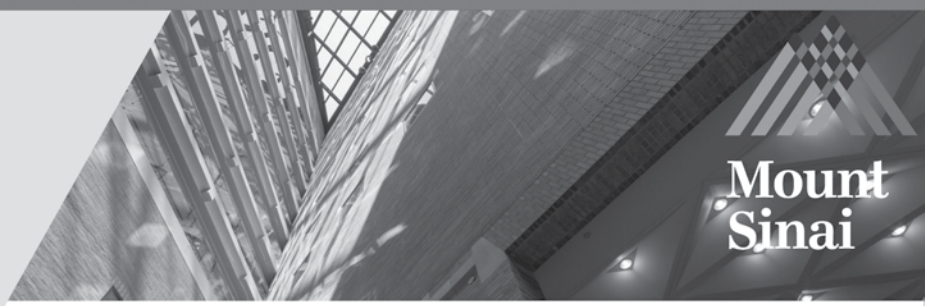
The Department of Otolaryngology at UTMB Health in Galveston, Texas is actively recruiting qualified candidates for a full-time academic position, which carries opportunities to participate in all aspects of clinical practice, teaching, and research. Excellent research resources are available. The position is suitable for full-time clinician-educators or clinician-scientists. We offer competitive salary, incentive, and generous benefits packages.

Please direct your Letter of Interest and CV to:
Vicente Resto, MD, PhD, FACS
Chair, Department of Otolaryngology
The University of Texas Medical Branch,
301 University Boulevard, Galveston, TX 77555-0521
Email: varesto@utmb.edu
Phone: 409-772-2701 Fax: 409-772-1715

UTMB is an equal opportunity, affirmative action institution which proudly values diversity. Candidates of all backgrounds are encouraged to apply.

Icahn School of Medicine at Mount Sinai • Department of Otolaryngology – Head and Neck Surgery

Director of Otology/ Neurotology



THE MOUNT SINAI HEALTH SYSTEM

Mount Sinai Hospital • Beth Israel Hospital • New York Eye and Ear Infirmary • St. Luke's Hospital • Roosevelt Hospital

The **Mount Sinai Health System Department of Otolaryngology – Head and Neck Surgery** is seeking applications for the Director of Otology/Neurotology of theEar Institute. The Institute represents one of the largest academic otologic-neurotologic practices in the country.

Located in the heart of Manhattan, the Ear Institute is staffed by 6 full-time and 7 voluntary otologic surgeons and 16 audiologists. The Director will lead the otology division of the **Mount Sinai Health System** working with the multidisciplinary team of physicians to expand skull base surgery, the cochlear implant program, clinical audiology, balance disorders, research and clinical trials. The candidate will work closely and collaborate with the Department of Neurosurgery as an integral part of the skull base surgery program. The candidate will also serve as the medical director for audiology services and oversee otologic research of the health system and developing philanthropy.

The **Mount Sinai Health System** is the largest health system in New York and is composed of the Mount Sinai Hospital, New York Eye and Ear Infirmary, Beth Israel Hospital, and St. Luke's and Roosevelt Hospitals. The Ear Institute is based at New York Eye and Ear Infirmary. The Health System is composed of 50 full-time otolaryngologists and 291 community otolaryngologists. The department of otolaryngology has 12 satellite offices with audiology programs in 8 offices.

The candidate should be fellowship-trained in otology/neurotology and qualified for faculty appointment at the Associate Professor or Professor level commensurate with his/her level of experience. The candidate is required to have a medical degree, board certification and able to obtain a New York State medical license.

Recruitment for Faculty

• General Otolaryngologist • Head and Neck Surgeon • Neurotologist
• Pediatric Otolaryngologist • Rhinologist

The Department of Otolaryngology-Head and Neck Surgery is seeking full-time otolaryngologists to join the academic staff of the Icahn School of Medicine at Mount Sinai Health System.

The Department offers candidates an outstanding opportunity to join our team of highly specialized otolaryngologists who practice in modern state-of-the-art facilities including Mount Sinai Medical Center, New York Eye and Ear Infirmary, Beth Israel Medical Center, St. Luke's and Roosevelt Hospital Center and in our satellite practices.

The physician will provide the highest level of quality patient-centered healthcare and will embrace the teaching of medical students and residents, as well as participate in clinical research.

The candidate is required to have a medical degree, board certified or board eligible, and able to obtain a New York State medical license.

Please send inquires and curriculum vitae to:

Eric M. Genden, MD
Icahn School of Medicine at Mount Sinai
The Mount Sinai Health System
Department of Otolaryngology-Head and Neck Surgery
One Gustave L. Levy Place - Box 1189
New York, NY 10029
Email: kerry.feeney@mssm.edu

UHealth
UNIVERSITY OF MIAMI HEALTH SYSTEM

UNIVERSITY OF MIAMI
MILLER SCHOOL
of MEDICINE

The University of Miami Miller School of Medicine's nationally ranked Department of Otolaryngology has immediate openings for fellowship trained.

Consult Attending/Hospitalist
We are seeking a board-certified or board-eligible otolaryngologist and will be hired on the clinical faculty track. They will staff inpatient consultation requests at UHealth and Jackson Memorial Hospitals. The consult patients may require operating room procedures which would be performed by this surgeon if appropriate, or they may be referred to sub-specialists in the department. They will also staff Emergency Room requests when available. Strong experience with airway management is preferred. Must have a record of successfully teaching residents and fellows. They may have a general ENT outpatient clinic. Must possess or eligible for Florida medical license. Please send Curriculum Vitae to: Mr. Tony Etzel Vice-Chair, Administration and Finance Department of Otolaryngology 1120 NW 14th Street, CRB Rm#571, Miami, Florida 33136.

Neurotologist
We are seeking a full-time fellowship-trained otologist/neurotologist. The applicant must be board-certified or board-eligible in Otolaryngology and in Neurotology. This is a position involving a mix of clinical practice, research and education of residents and fellows. The candidate will be expected to develop a clinical practice in all aspects of otology-neurotology and lateral skull base surgery, and lead research efforts in clinical and translational research. The candidate will participate in the University of Miami community as a faculty member where in our state-of-the art facility he/she will interact with institutional Otolaryngology residents, Neurotology fellows, audiologist, basic science researchers, neurologist, and neurosurgeons. Must possess or eligible for Florida medical license. Please send Curriculum Vitae to: Mr. Tony Etzel Vice-Chair, Administration and Finance Department of Otolaryngology 1120 NW 14th Street, CRB Rm# 571, Miami, Florida 33136.

Research Faculty
The Department of Otolaryngology Head & Neck Surgery is seeking applications for an open ranking professor (basic science) tenure-track faculty position. We are interested in applicants whose research relates to inner ear function, therapies and/or disease. A successful candidate will be a member of the vibrant and well-NIH funded Hearing Research Program within the department. The successful candidate should have a track record of NIH funded projects, a strong publication record, and the potential to secure/maintain extramural funding. Please send Curriculum Vitae to: Tony Etzel Vice-Chair, Administration and Finance Department of Otolaryngology 1120 NW 14th Street, CRB Rm#571, Miami, Florida 33136.

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