

bulletin

American Academy of Otolaryngology—Head and Neck Surgery

May 2014—Vol.33 No.05

Experience the Preliminary Program
see the Insert

Abbreviations ... You Need to Know

Health Policy 101:
Working for You

Out of Committee — The Cochlear Implant

34

18

43



EXPERIENCE THE
ANNUAL MEETING
SEE PAGE 10 TO LEARN MORE.
www.entnet.org

→ **SAVE THE DATE** ←

AOA-32

Annual Educational Conference



Explore

Navigate

Transform

Walk the Line of Success

Oct. 8-11, 2014 | Omni Nashville Hotel | Nashville, TN

Why Attend?

3.5 Days in Nashville

+ **50+** Educational Sessions

+ More than **60** Industry-Leading Vendors

+ **>300** ENT Administrators, Managers & Physicians

=

Countless

ENT Practice Solutions to Increase Your Bottom Line

Learn more at
AOAnow.org/AOA32



ASSOCIATION OF
OTOLARYNGOLOGY
ADMINISTRATORS

Your Partner in ENT Management Excellence

bulletin

American Academy of Otolaryngology—Head and Neck Surgery

May 2014—Vol.33 No.05



Health Policy 101: Working for You

18



AMERICAN ACADEMY OF
OTOLARYNGOLOGY—
HEAD AND NECK SURGERY

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

Letters to the Editor Questions, concerns,
or comments about *Bulletin* articles and
other content may be addressed to the
Editor via email at bulletin@entnet.org.

Article Submissions Author guidelines are
online at www.entnet.org/press/bulletin/
and AAO-HNS members are encouraged
to submit articles via email to
bulletin@entnet.org. *Bulletin* staff will
contact the author at the completion
of the editorial review process for any
article submitted.

See the Special Insert

10 Experience the Annual Meeting



Ad Index

Association of Otolaryngology Administrators	IFC
Olympus America, Inc.	3
Arches Natural Products	4
Doc's Proplugs	6
Invotec International, Inc	13
Summit Medical	15
Summit Medical	17
AAO-HNSF Partners with International Guideline Central	31
AAO-HNSF Academy Advantage	32
AAO-HNSF Leaflets & Licensing	33
AAO-HNSF I-GO	36
AAO-HNSF CPT for ENT	37
AAO-HNSF Advocacy Network	40
2014 Annual Meeting	42
Jaco Enterprises, Inc.	46
AAO-HNSF Template Letters	49
The Doctors Company	IBC
Officite	BC

This advertiser index is provided for the reader's convenience and is not part of the advertising contract. While every attempt is made to provide accurate information, the publisher cannot be held responsible for errors or omissions.

May 2014 | Vol.33 No.05

The *Bulletin* (ISSN 0731-8359) is published monthly by the American Academy of Otolaryngology—Head and Neck Surgery, 1650 Diagonal Road, Alexandria, VA 22314-2857. © Copyright 2014

Richard W. Waguespack, MD, President; David R. Nielsen, MD, Executive Vice President, CEO, Editor, the *Bulletin*; Jeanne McIntyre, CAE, Managing Editor (bulletin@entnet.org); Periodical postage paid at Alexandria, VA, and additional mailing offices. Yearly subscription included in dues of Academy Members: \$27 U.S., and \$52 International. Nonmembers: U.S. \$55 per year; International \$65 per year. Allied Health Personnel: \$25 per year. Copy deadline: first of preceding month.

Changes of address must reach the Academy four weeks in advance of the next issue date. Copyright 2014 by the American Academy of Otolaryngology—Head and Neck Surgery.

POSTMASTER Send address changes to the American Academy of Otolaryngology—Head and Neck Surgery, 1650 Diagonal Road, Alexandria, VA 22314-2857 Telephone: 1-703-836-4444. Member Toll-Free Telephone: 1-877-722-6467.

Advisory Board Sukgi S. Choi, MD; Eben L. Rosenthal, MD; James E. Saunders, MD; John S. Rhee, MD; Richard M. Rosenfeld, MD, MPH; Jane T. Dillon, MD; James C. Denny III, MD; and Sonja Malekzadeh, MD

The AAO-HNS *Bulletin* publishes news and opinion articles from contributing authors as a service to our readers. The views expressed in these articles are solely those of the individual and may or may not be shared by the AAO-HNS. Acceptance of advertising in the *Bulletin* in no way constitutes approval or endorsement by AAO-HNS of products or services advertised unless indicated as such.

Bulletin Advertising

Ascend Integrated Media, LLC
Suzee Dittberner
7015 College Blvd., Suite 600
Overland Park, KS 66211
Phone: 1-913-344-1420, Fax: 1-913-344-1492
sdittberner@ascendintegratedmedia.com

Online Classified Advertising
entcareers@entnet.org

Publications Mail Agreement NO. 40721518
Return Undeliverable Canadian Addresses to
PO Box 503, RPO West Beaver Creek,
Richmond Hill, Ontario, Canada L4B 4R6

05 aao-hns/f news

- 5 We Have You Covered
- 7 The Lessons of Lifelong Learning
- 8 Starting a Habit
- 9 The Transition Continues: Rollout of Socioeconomic Resources and Clarifying the BOG SEGR Regionalization Process
- 10 Experience the Annual Meeting
- 16 On Volunteering and Philanthropic Giving

18 feature: health policy

- 18 Health Policy 101: Working for You
- 29 ICD-10: Help Is Here
- 30 The Doctors Company Offers Unique Combination of Benefits to AAO-HNS Members
- 30 Thank You for Participating in the 2014 AAO-HNS Socioeconomic Survey
- 31 AAO-HNSF Partners with International Guideline Central for Tools
- 33 The Candidates for President-Elect Outlined Their Platforms: An Early Look

34 legislative & political advocacy

- 34 Abbreviations, Acronyms, and Committees You Need to Know to Be an Effective Advocate for the Specialty
- 36 Hot Dogs, Hamburgers, and Politics
- 37 On the Frontlines: State Legislative Tracking
- 37 Stay Informed: Follow Government Affairs on Twitter

38 regulatory advocacy & business of medicine

- 38 Coding Update: New CMS G-Code/Modifier Requirements for Therapy Services
- 39 Accessing Big Data for Research?
- 40 Is PSQI Vulnerable?

43 community

- 43 Out of Committee: The Cochlear Implant: Past, Present, and Future of a Game-Changing Device
- 44 AAO-HNS Members May be Eligible for FACE
- 45 Thyroglossal Duct Cysts, Elephantitis, and More: The Different Sides of Walter E. Sistrunk
- 45 Interested in Our History?
- 46 Otolaryngology in Kenya
- 48 Faces of Tomorrow Aids Ecuador

INTRODUCING THE NEW DIEGO[®] ELITE THE MULTIDEBRIDER[®]



EFFICIENCY & CHOICE

The DIEGO ELITE MULTIDEBRIDER delivers multiple options for ENT Surgery

- Standard, Bipolar and Monopolar Blades
- Unique “Toggle Stop” and “Declog” features
- Distal suction increases visualization with fewer clogs and instrument changes
- Optimized tissue dissection for sinus, turbinate and tonsil & adenoids

For more information, please contact your Olympus sales representative at 800.773.4301 or visit medical.olympusamerica.com/diegoelite

arches

and quiet



**Give your patients the thing
they've been searching for.**

Peace and quiet. Not too much to ask for, unless your patient has tinnitus. **Arches Tinnitus Formula™** is safe, effective and affordable, and has been helping individuals with tinnitus for over 12 years. Give your patients the peace they seek and recommend Arches Tinnitus Formula today.

Get a free CD of clinical studies, physician's booklet, and patient brochures. **Call 800.486.1237** or email md@archesnp.com

www.tinnitusformula.com



and not a summer lost...
even with ventilation tubes



800.521.2982

proplugs.com

Please consider **DOC'S PROPLUGS** for all
your child's swimming and bathing needs



blue, non-vented



pink, non-vented

The Lessons of Lifelong Learning

This month, you will find the traditional emphasis on the upcoming Annual Meeting & OTO EXPOSM that will take place September 21-24 in Orlando, Florida. While this annual event marks the highlight of the year for many of our members, and is rated one of the highest and most valued products or services the Academy provides to otolaryngologists from around the world, I'd like to add another perspective about the value of our exceptional meeting and the lifelong learning process to which it contributes. None of us practices medicine in exactly the same way we were taught during our residencies. While many foundational principles, values, and ethics are timeless and will never change, advances in understanding, new basic science, technological accelerators, and clinical approaches have positively altered what we thought we knew when we entered practice. Sometimes the new knowledge or clinical change occurs almost before the ink is dry on the publication of the previous knowledge.

I came across one such example a few weeks ago as I participated in a unique and energizing conference at the Massachusetts Institute of Technology in Boston. The event was a "hackathon" designed to gather volunteer scientists, students, patients, health plans, teachers, and anyone else interested in improving healthcare into one room to express their "pain point" or perspective on what needed to improve and how we could think about changing it. Participants were granted 60 seconds to describe their "pain point." After hearing from dozens of participants, tracks or themes began to congregate around possible common ideas. By the early afternoon on the first day, teams were beginning to form and discuss solutions and approaches. By the end of the day, specific proposals of defined groups started to formalize their proposals. On the second day, mentors from industry, academia, and public interest groups met with each team to assist them in the design, business modeling, and presentation of their proposals. Several hours of three-minute proposals were then

heard in each track; judges questioned the presenters; and awards were given sponsored by those stakeholders who offered resources to bring these ideas to fruition.

It was exhilarating to say the least!

Winning awards included proposals to:

- Build shoes with tiny lights shining a point 12 inches in front of each step to encourage Parkinsonian patients to improve their gait.
- Create low cost lighting systems available to poverty-stricken areas of the world to treat jaundiced newborns.
- Create a database of 68 points from facial recognition software donated by the developer to diagnose rare genetic disorders afflicting 350 million people globally (ironic that 7,000 "rare disorders" collectively are not really rare at all, but afflict nearly 10 percent of the U.S. population!).

In each instance, the proposals offered benefits to millions of patients, and the business models for start-up or proof of concept were only a few thousand dollars. Talk about a return on investment! Each presentation included published, accurate, statistically sound, documentation of need, proof of concept and relative benefit.

As I thought of our own research and education programming, I considered how this approach was markedly different from how I was taught and how many clinician scientists still approach translational research today. For example, the explosion of genetic knowledge in the last decade overturns the notion (that most of us still believe) that our genes are "fixed" and make us what we are—even though we now have extensive evidence of how our experiences, exposures, diet, and even our behavior and attitudes can change our genetic makeup and what we pass on to successive generations. The study of epigenetics has dramatically affected what we previously thought we knew about genetics. I highly recommend a new book entitled *Inheritance: How Our Genes Change Our Lives—and How Our Lives Change Our Genes*, by Sharon Moalem. He is an MD/PhD geneticist and



David R. Nielsen MD

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

a best-selling author of a couple of other books, including *Survival of the Sickest: The Surprising Connections Between Disease and Longevity*. *Inheritance* is a fascinating read for any clinician, and especially for otolaryngologists as we deal with the facial, head, and neck manifestations of so many common and rare diseases. Dr. Moalem also just happens to be the developer of the facial recognition software—which he donated free to the Global Genes Project, a patient advocacy non-profit whose work it is to assist those with rare diseases to find their diagnoses and get appropriate care.

So, what's the point? Lifelong learning is essential. Basic foundations such as what we know about how our DNA affects our health are changing rapidly. We cannot afford NOT to attend the Annual Meeting & OTO EXPOSM, participate heavily in continuing education, and broaden our scientific knowledge. Simply engaging in education as a "check-off" for our CME, licensing, or MOC is not enough. As physicians, our native curiosity about biology, science, and health is our defining characteristic. And the journey of learning is a fascinating and joyous one of creativity, wonder, and growth. Come to the meeting in Orlando, share what you know, question what you don't, and engage once again in the adventure of lifelong learning. See you there! 

Starting a Habit



In January (and many previous Januaries), I resolved to take better care of myself and exercise more.

My research regarding the best way to establish a habit suggested that I should:

- Start small.
- Create a list of the benefits.
- Create a strategy.
- Set up specific goals and reward myself when I meet them.
- Consult a friend and do it together to stay motivated.

As I sat at the AAO-HNS/F's Leadership Forum and Board of Governors' (BOG) meeting March 2-3, I reflected on the great education that the BOG provides and mused on the best way to help my fellow otolaryngologists establish the habit of participating in the BOG.

What Is the BOG?

The BOG was established in 1982 as a grassroots member network within the Academy. It is made up of local, state, regional, and national otolaryngology-head and neck surgery societies in the United States. And while members within this grassroots network were traditionally community otolaryngologists, it increasingly includes members from every practice setting. Moreover, the BOG functions as an advisory body for the grassroots organizations to the Board of Directors.

Leadership Forum 2014

This year's AAO-HNS/F Leadership Forum was coupled with the BOG's spring meeting. The forum was designed to educate us on topics such as clinical practice guidelines, current federal and state legislative issues, alternative payment models, and transition to ICD-10 coding. Also new this year was the availability of free CME credit during the meeting for sessions that covered contract negotiation, the pros and cons

of hospital employment, and ICD-10 implementation. As in previous years, the candidates for AAO-HNS President-elect spoke at the Candidates' Forum and there was an opportunity to ask questions of both candidates directly.

Establishing the Habit of BOG Participation

The Board of Governors is here for all of us. We need to hear from otolaryngologists from every practice setting so we can focus our energies on the issues that are affecting our patients and our practices.

Toward that end, I propose that we all...

Start Small

Involvement in the BOG may be as simple as attendance at a spring or fall meeting, answering the BOG polls distributed through your local association or assistance in tracking local legislation as a State Tracker. To become more involved, you can serve as a representative to the Legislative Affairs Committee or the Socioeconomic and Grassroots Committee, or as the governor for your local or state society. The BOG is especially recruiting people to help track legislation in the following states: Alaska, Hawaii, Idaho, Mississippi, Nevada, New Mexico, Oregon, Rhode Island, South Dakota, and Wyoming.

List the Benefits

- Being one of the first to know what is happening with legislation affecting your livelihood.
- Free CME at the spring meeting.
- Free education on the business of medicine including ICD-10, and contract negotiations.
- Free education on how to participate and comply with CMS quality improvement initiatives such as PQRS, EHR Meaningful Use, Physician Compare, and the Value Based Payment Modifier.
- Receive guidance, support, and training on how to improve your interactions



*Stacey L. Ishman, MD
BOG, Member-at-Large*

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

with local and national payers to achieve optimal reimbursement for your services.

- Training that can help you advocate at the hospital, state, and federal levels.
- Direct access to hear and question the Academy presidential nominees at the spring BOG meeting.
- Networking with other otolaryngologists
- Opportunities to share successes and challenges.
- Having fun.

Create a Strategy and Set Goals

- Sign up to be a State Tracker: govtaffairs@entnet.org.
- Sign up for the ENT Advocacy Network to receive biweekly emails on healthcare legislation and politics; <http://www.entnet.org>.
- Submit a guideline topic you would like to see presented to the Guideline Development Task Force by emailing bog@entnet.org.
- Contact your local otolaryngology society to serve as a representative to the BOG.
- Just attend the fall BOG meeting—no need to have a title or agenda.

Do It with a Friend

Bring a resident, a partner, or your practice administrator. Or come alone and make a friend.

The BOG is here to serve you. Please get involved and **make Board of Governors participation a habit!** 

The Transition Continues: Rollout of Socioeconomic Resources and Clarifying the BOG SEGR Regionalization Process

James C. Denny III, MD
Coordinator for Socioeconomic Affairs and Co-Chair Physician Payment Policy Workgroup

David R. Edelstein, MD
Chair of Board of Governors Socioeconomic Grassroots Committee

As noted in last October’s BOG Bulletin article, the BOG Socioeconomic Grassroots (SEGR) Committee has modified its structure. As of January 1, 2014, the SEGR has begun implementing the new regionalization model. This plan divides the country into 10 regions following roughly the same lines of division as the Department of Health and Human Services (DHHS). There will be a representative from each region charged with keeping the BOG current on socioeconomic and grassroots-issues affecting that area of the country. This will be done primarily through regional reports at the fall and spring BOG meetings, conference calls, and direct communication with the BOG Executive Committee. This new structure also requires that the BOG SEGR regional representatives and leaders have an ongoing dialogue with the Academy’s Physician Payment Policy Workgroup (3P) leaders, whose primary focus is to address national socioeconomic issues affecting the membership.

That dialogue will be achieved in two ways. First, representatives from the BOG SEGR committee have been included as part of the 3P workgroup to help facilitate communication on socioeconomic issues that may begin in one area, but require the input of both groups. Those leaders are **Lawrence M. Simon, MD**, (who also serves as the

Academy’s Alternate CPT Advisor) and **Robert J. Stachler, MD**. Second, all 3P and BOG SEGR calls will include a standing agenda item to allow for reports from the BOG SEGR leaders to the 3P workgroup or from the 3P workgroup to the BOG SEGR regional representatives.

To further this effort to streamline communication between the two groups, and to support the BOG transition to a regional representative structure for socioeconomic and grassroots issues, the Academy Health Policy team prepared a **socioeconomic e-care package**. This document is available to all BOG SEGR representatives, and members at large, to outline the wealth of practice management resources the Academy provides to members on our website. Resources include information related to common member inquiries such as requests for coding clarification related to changes to CPT codes, national reimbursement rates, payer denials, transitioning to ICD-10, and more. These materials will support the BOG SEGR representatives in responding to members’ local and state inquiries, as

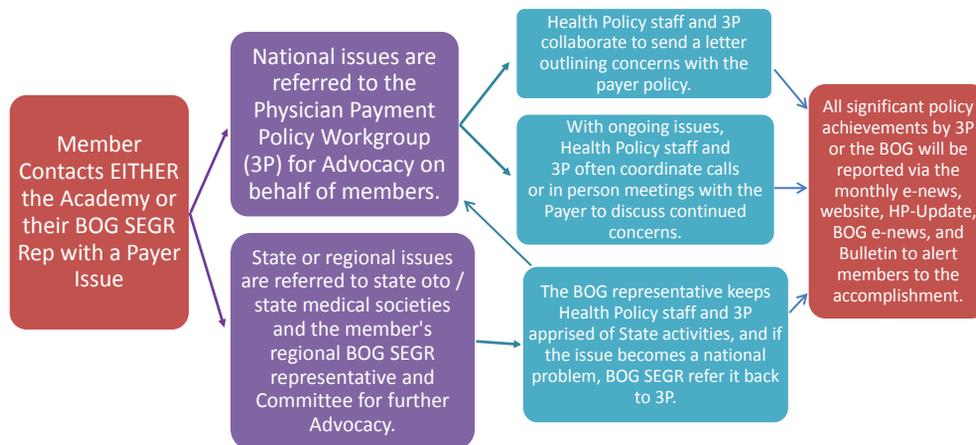
well as to assist members in furthering their relationships with payers and state OTO and medical societies in their regions and states.

We have also developed the 3P/BOG SEGR **communication flow chart**, which was approved by 3P and the BOG chairs, and outlines the socioeconomic issues that will be tackled by the BOG at the local level, or by 3P and the health policy team at the national level. On behalf of Academy 3P leaders, BOG leaders, and staff, we are thrilled about this new organizational structure for the BOG and look forward to future collaboration on socioeconomic issues affecting otolaryngology-head and neck surgery.

We hope this information and graphic are helpful in clarifying the roles of the BOG SEGR Committee and the 3P workgroup. Members with additional questions can email us at healthpolicy@entnet.org. Members can also access the resources mentioned above (flow chart and e-care package) at <http://www.entnet.org/Practice/businessofMedicine.cfm>. **b**

AAO-HNS REGULATORY, PAYER, ADVOCACY REQUEST REVIEW PROCESS

NATIONAL VS. LOCAL ISSUES



Experience the Annual Meeting

Your Academy Is Host to the World

Welcome! Benvenuto! Bienvenida!
Boa vinda! Herzlich willkommen!
Hos geldiniz! Karibu sana!
Mabuhay! Selamat Datang!
Soyez le bienvenue!

For more than a century, the American Academy of Otolaryngology—Head and Neck Surgery Foundation has stood at the forefront in developing innovative, evidence-based quality education for otolaryngologist-head and neck surgeons and otolaryngologic healthcare professionals worldwide. Through the Annual Meeting & OTO EXPOSM, the AAO-HNSF sets the highest standards for otolaryngology education.

Academy president **Richard W. Waguespack, MD**, welcomes U.S. and non-U.S. otolaryngologists alike, noting, “Our Academy mission is worldwide through its members. Aside from the 75 state and local societies in the U.S., there are 54 international corresponding societies around the world. Not only do these societies contribute to the Academy’s mission, they are also messengers of higher standards of medicine in the specialty for the nations of the world.”

The AAO-HNSF extends a special invitation to otolaryngology professionals worldwide to join us in Orlando, Florida, for the 2014 Annual Meeting & OTO EXPOSM. Now in its 118th year, the AAO-HNSF Annual Meeting is the largest gathering of otolaryngologist-head and neck surgeons in the world, providing unparalleled access to groundbreaking research, new guidelines, and the latest advances in the specialty. With all the AAO-HNSF has to offer, it’s no wonder that Annual Meeting attendees unanimously report that the knowledge they take from the meeting positively influences their practices.

2013 Annual Meeting Attendees Report

Alfred Sassler, MD, Cincinnati, OH
“It is always good to learn about new research and new trends that may challenge what we thought to be true.”

Michael Siegel, MD, Detroit, MI
“I have attended 22 AAO-HNS Annual Meetings, and each one is better than the last.”

Tripti K. Brar, MBBS, DNB, of New Delhi, India, reports, “The miniseminars and scientific sessions were highly informative and covered a vast array of topics. I took not only a lot of knowledge from the meeting, but also had the wonderful opportunity to establish professional relationships.”

Kapil Sikka, MBBS, MS, DNB, also of New Delhi, India, especially appreciated the high quality of the instruction courses: “The Academy helped the fellows in training like me immensely by allowing the provision of complimentary instructional course tickets, which I utilized to maximum benefit by attending a large number of courses.”

Andrew Scott, MD, Boston, MA
Pediatric Otolaryngologist; Assistant Professor, Tufts University School of Medicine
“I have already used the information in my clinical practice.”

Exchange ideas and recharge your bond with our profession’s promise—all while discovering the latest innovations and resources for future growth. Use the connections you make and the knowledge you gain as a positive force in your career and for the health of your patients.

Leading-Edge Medical City

This year’s Annual Meeting will take place in Orlando, found in the “Sunshine

State”—Florida. With countless entertainment, dining, and shopping options combined with year-round sunshine, Orlando is the perfect event destination. Orlando was recently ranked by the Healthcare Convention & Exhibitors Association as the No. 3 destination for medical meetings. With the arrival of the Lake Nona Medical City, Orlando is preparing for the medical meetings of the future.

Inspired Attractions

Orlando certainly knows how to entertain, with seven of the world’s Top 20 theme parks in one destination, not to mention nearly 100 additional attractions. After walking the tradeshow floor, a leisurely escape to a world of imagination and fantasy will leave you feeling refreshed and inspired. Whether seeking to reconnect with childhood nostalgia or experience leading-edge innovations in ride technology, these latest additions are truly one of a kind. Just as an example and opening this summer at Universal Orlando Resort, the new Harry Potter-themed area will allow fans to ride the Hogwarts Express train and experience the British countryside just as the characters did in the book and movie series.

Dining and Entertainment Districts

Orlando is a true culinary hot spot with award-winning restaurants and celebrity chefs that cater to guests from across the globe. There’s an extensive menu of fine-dining establishments, international eateries, casual cafés, and chic wine bars for just about any taste or budget. Looking for an upscale steakhouse or a night of dancing? What about a jazz club or a new neighborhood bistro? Or want to check out where the locals wine and dine? Orlando has it all. The destination’s distinctive dining and entertainment districts include the Convention Area, Restaurant Row, Winter Park, Downtown, Universal/CityWalk, and Disney/Lake Buena Vista.

Unparalleled Education

Dates to Remember

May 5—Registration and Housing Opens

July 11—Early Registration Discount Deadline

August 22—Advance Registration Discount Deadline

September 21-24—AAO-HNSF Annual Meeting & OTO EXPOSM

The 2014 Annual Meeting education program will allow participants to hear from thought-provoking leaders on the most pressing issues currently confronting otolaryngology professionals. Last year, 87 percent of attendees indicated they would make changes in their practice based on what they learned at the Annual Meeting education sessions. Learn how to turn challenges into opportunities to advance patient care.

Divided by specialty tracks, the education program allows you to create your own customized experience:

- Business of Medicine/Practice Management
- Clinical Fundamentals (*Instruction Course only*)
- Facial Plastic and Reconstructive Surgery
- General Otolaryngology
- Head and Neck Surgery
- Laryngology/Broncho-Esophagology
- Otology/Neurotology
- Pediatric Otolaryngology
- Rhinology/Allergy
- Sleep Medicine

Scientific Program

The Annual Meeting's Scientific Program is composed of Scientific Oral Presentations, Miniseminars, and Scientific Poster Presentations. The Scientific Posters will be on display throughout the conference during registration hours. The Scientific

Oral Presentations and Miniseminars are included in the price of a full conference registration and take place starting at 10:30 am on Sunday and from 8:00 am to 12:00 pm Monday through Wednesday.

- **Scientific Oral Presentations**—A series of five-minute oral presentations that will take place within either 50- or 80-minute topical sessions that focus on cutting-edge clinical and translational basic research aspects of otolaryngology.
- **Miniseminars**—Presentations, case studies, and/or interactive discussions that will provide an indepth, state-of-the-art look at a specific topic.
- **Scientific Posters**—About 400 posters will be on display in Hall C.

Instruction Courses

Experts in the field of otolaryngology and other healthcare professionals present Instruction Courses. Early registration for these one- or two-hour courses increases the possibility of receiving your first-choice selections and saves you money. Instruction Course fees are \$50 an hour and \$70 an hour for hands-on courses, if you register before August 22. Instruction Course fees increase after the advance registration deadline to \$70 an hour, and to \$90 an hour for hands-on courses. There are four types of Instruction Courses:

- **Didactic Lecture**—Course will be presented in a large audience lecture setting.
- **Audience Polling**—Presentation would include the opportunity for audience members to respond to polling questions.
- **Hands-On**—Hands-On courses are classroom set and limited to 40 participants.
- **Mini-Course**—Mini-Courses promote informal discussion with the free exchange of information. These courses will be limited to 25 participants.

Credit Hours

AAO-HNSF designates this live activity for *AMA PRA Category 1* CreditTM. Physicians should claim credit commensurate with the extent of their participation in the activity.



Sukgi Choi, MD

Coordinator, Instruction Course Program



Eben Rosenthal, MD

Coordinator, Scientific Program

- Scientific Program maximum: 13.5 credits

- Instruction Course maximum: 15 credits

Credit is awarded to physicians when documented by the submission of the 2014 Annual Meeting & OTO EXPOSM Evaluation.

Education Program Is Truly International

International presenters are a huge part of the meeting's educational program: a stated goal of the meeting is "to develop a broader understanding of approaches used in the practice of otolaryngology-head and neck surgery in countries outside the U.S." International submissions for miniseminars and oral and poster presentations participate on an equal footing in the peer-reviewed process. Our Scientific Program is a venue for the many international presenters for both oral presentations and posters. The program provides a platform for new collaborative activities, such as our participation in the Cochrane Collaborative on Evidence Based Medicine.

OTO EXPOSM—A Better Mousetrap

As the adage says, "Build a better mousetrap and the world will beat a path to your door," so specialists from around the world flock to our OTO EXPOSM to examine, test, and compare the myriad products and services on display. **Hideaki Moteki, MD, PhD**, of Matsumoto, Japan observed, "In the OTO EXPO, there were a huge number of booths and products, and I was very excited about seeing advanced products that I had never seen before."

Experience It for Yourself

In sum, no other otolaryngology meeting in the world compares to the number and variety of attendees that the Annual Meeting attracts. With its multidisciplinary focus, the education offered draws attendees from across the health spectrum and from around the world. They all belong to a worldwide community whose goal is to provide the best patient care. Your Academy is more than a national professional association; it is your global network working for the best ear, nose, and throat care. Join us in Orlando for this unrivaled experience. 



Reasons to Book in the Room Block and Not Online

- Fast, easy, and secure online booking
- Complimentary shuttle service between hotels not within walking distance to the convention center
- Top-notch service support
- No service fees to make your reservations
- Immediate confirmations—no waiting or wondering
- Update our reservations with no fees or penalties.

Take time to explore the OTO EXPOSM during the NEW hours:

Sunday,
September 2110:30 am-5:00 pm

President's
Reception6:00-7:30 pm

Monday,
September 228:00 am-5:00 pm

Tuesday,
September 238:00 am-3:00 pm

Exhibitors in the OTO EXPOSM help the physician and otolaryngology medical professionals reach the ever-growing assortment of otolaryngologic products and services. The OTO EXPOSM is an extension of the educational sessions, where attendees come for face-to-face interaction with product experts.



Interested in Holding a Meeting or Reception at the Annual Meeting?

Fill out a meeting space application today! Visit www.entnet.org/annual_meeting to find the application. Benefits to holding a meeting through AAO-HNSF:

- Published Events—Meeting/event is published online and in the final program read by all attendees
- Convenience—Ease of being able to meet near the conference activities
- Experienced—Experienced staff work with you on your meetings/events

If you have any questions, please email alsa@entnet.org.



Valsalva Maneuver

VS.



Control the treatment.

*Use in-office
and/or prescribe a home version.*

Ask us about a
CPT Code.



...we've got you covered.

Call us to order or for more information at

1-888-229-2875

www.summitmedicalusa.com/bul



On Volunteering and Philanthropic Giving

Sujana S. Chandrasekhar, MD

At AAO-HNS/F headquarters, a long glass wall highlights otolaryngologists and their families who have donated substantial sums. They and other donors support the breadth of activities. Otolaryngology colleagues volunteer their time and energy to: write articles for the *Bulletin*, serve on Academy/Foundation committees, write Clinical Practice Guidelines and Consensus Statements and provide content for teaching materials.

How do they find the time? Why do they contribute? Should you join them?

They are busy clinical otolaryngologists like you and me, whose professional and personal lives are brimming with activities. I know because plenty of committee phone calls are taken by Academy members at their kid's soccer games, on their way to family events, from overseas on humanitarian missions, or just trying to squeeze in a haircut at day's end. Some have partners; some have children; some care for adult relatives; some don't. All have a passion

for volunteering to enhance otolaryngology care. No-one has the time, really, in their schedules. But they make the time and manage it so that they can give 100 percent to their practice, 100 percent to their family, and 100 percent to the Academy.

The really interesting question is, why? I am in solo private practice with a husband and four children. My oldest will be starting college in the fall. Our family relies on both incomes. When I talked to a colleague about the Hal Foster, MD Endowment, he initially couldn't understand how or why I would divert monies from my family. But then he looked into it, and he donated, too. Are we just crazy? Well, maybe, but research actually shows that Spending Money on Others Promotes Happiness (Dunn EW, *Science*, 2008). There is also sizeable evidence that charitable giving also makes the giver prosperous. The Social Capital and Community Benchmark Survey (SCCBS, 2000) of 30,000 observations from 41 communities and 29 states showed that a \$1 increase in charitable giving leads to an average \$3.75 increase in household

income (Brooks AC, *J Econ & Fin*, 2007). In addition, givers were 25 percent likelier to report excellent or very good health, while 50 percent of non-givers self-reported health as fair or poor.

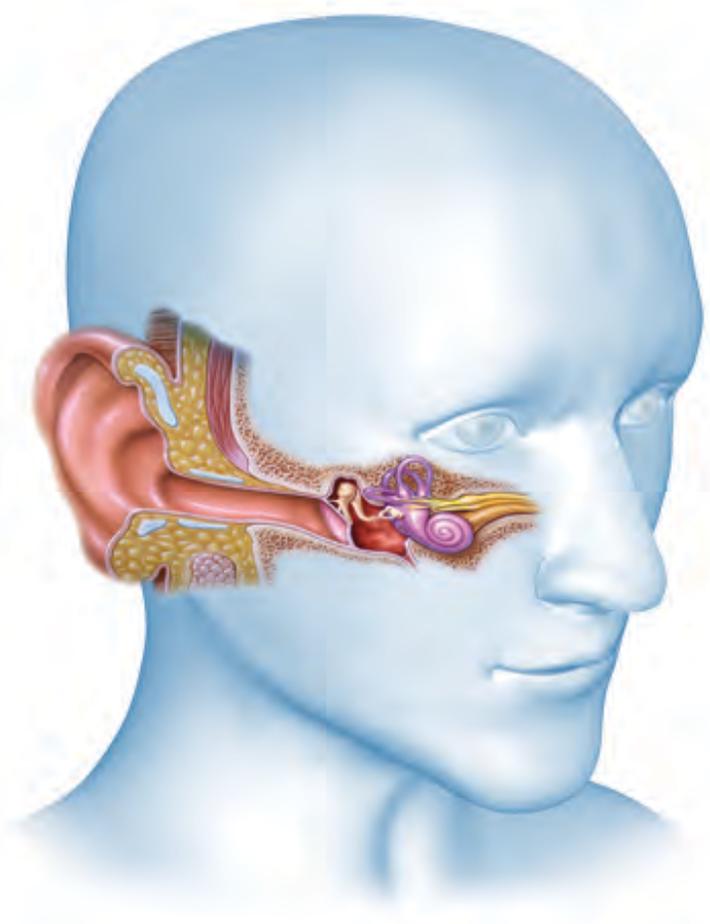
Okay, but what about that most precious commodity, time? The SCCBS showed that volunteers were 29 percent likelier to self-report health as excellent or very good, while non-volunteers were 71 percent likelier to say fair or poor. And volunteers may even live longer. (http://www.nationalservice.gov/pdf/07_0506_hbr.pdf)

When people give their time or money to a cause they believe in, they become problem solvers, which makes them happier than bystanders and victims of circumstance. (Brooks, *NY Times*, 2014) There is a virtuous cycle: happy, healthy, successful people are more likely to give and volunteer, and simultaneously, charitable people are more likely to be happy, healthy, and wealthy. So, if you're considering volunteering your time and/or giving to the AAO-HNS/F, jump on in—the water's fine and it just might be good for your health, too. 

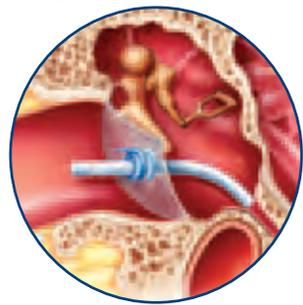


Tear out this ad and have your people call our people... after all, we're in this business together!

EUSTACHIAN TUBE TREATMENT



MicroWick™ ET
Drug Delivery System



EarPopper®
Ear Pressure Relief Device



Ventilation Tubes



For 30+ years our team at Summit Medical has specialized in manufacturing, designing and providing products for the ENT industry.
Need items for your in-office procedures?

...we've got you covered.



www.entprocedures.com

www.summitmedicalusa.com | St. Paul, MN | 1-888-229-2875

BUL-ET-5.14

Health Policy 101: Working for You

The Academy's Physician Payment Policy (3P) Workgroup is the senior advisory body to Academy leadership and staff on issues related to socioeconomic advocacy, regulatory activity, coding and reimbursement, and practice services or management. 3P and the Health Policy staff work to ensure that members' interests are appropriately represented. 3P oversees the review and content for the Clinical Indicators and the Position Statements, and provides resources to members such as template appeal letters and CPT for ENT coding guidance articles. Coordination with other Academy committees, subspecialties, and medical specialty societies are critical to 3P's success.

Health Policy has two coordinators, who are also the Physician Payment Policy (3P) Workgroup co-chairs.

James C. Denny III, MD, coordinator for Socioeconomic Affairs. Dr. Denny oversees all coding and payment issues related to Medicare and the Academy's efforts to influence the CPT coding and Relative Value System (RVS) through work with the Academy's

Members and Advisors on the AMA's CPT Editorial Panel, the Relative Value Update Committee (RUC), and the RUC's Practice Expense Subcommittee. He works closely with the Health Policy department to achieve these directives.

Dr. Denny is on the Socioeconomics Committee of the Board of Governors of the American College of Surgeons (ACS) and the Executive Committee of the Board of Governors of the ACS. These positions offer synergistic opportunities to increase cooperation and build coalitions among the surgical societies as we navigate an increasingly hostile landscape for physicians, particularly surgeons.

Jane T. Dillon, MD, MBA, coordinator for Practice Affairs. Dr. Dillon is responsible for developing and maintaining programs that support and provide practice management-related answers to health policy issues. She spearheads collaborative efforts with other specialty societies on priority payer reimbursement issues related to private national insurance policies, publication of the 2014 Socioeconomic

Survey, and provides input on any health policy related health policy educational programs for the Annual Meeting.

In addition, the coordinator for Practice Affairs is responsible for publishing periodic practice management articles for the Academy's monthly *Bulletin*. Stay tuned for upcoming articles focused on these issues. Dr. Dillon works closely with Dr. Denny to ensure high quality programs for delivery to both the Board of Directors and members. Finally, they both work collaboratively with other Academy leaders from Research and Quality, the Board of Governors, and Socioeconomic and Grassroots Affairs (SEGR) Committee (see related article on page 9), and the Board of Directors to review potential prospective payment models for possible use by otolaryngology-head and neck surgeons in the future.

More Examples of Health Policy Efforts for Members

■ Regulatory Advocacy: Cerumen Removal

regarding their medical policy on Computer Assisted Surgical Navigation (CASN), which does not currently provide payment for the service. We responded to Humana’s request for additional evidence with the new references included in our newly updated position statement on Intra-Operative Use of Computer Aided Surgery.

■ Practice Management

Coding Corner

The Academy offers members a wealth of coding and practice management resources, which are available to you at <http://www.entnet.org/practice/codingResources.cfm>.

We also recommend checking the coding resources provided by the AMA and ACS. (The AMA CPT Network can be accessed at https://commerce.ama-assn.org/store/content/cptnetwork?node_id=nn407.)

NOTE: Due to concerns regarding liability, the Academy is unable to provide members with individualized advice on billing and coding issues.

Socioeconomic Survey

The Health Policy department oversees the distribution and analysis of the AAO-HNS Socioeconomic Survey, which was distributed to members in March. This effort, overseen by Dr. Dillon as coordinator for Practice Affairs, collects information on members’ practice patterns, the healthcare environment, and future trends in otolaryngology-head and neck surgery. Results of the survey will be on display at the AAO-HNSF 2014 Annual Meeting & OTO EXPOSM in Orlando, Florida, September 21-24.

CMS Quality Reporting Initiatives Fact Sheets

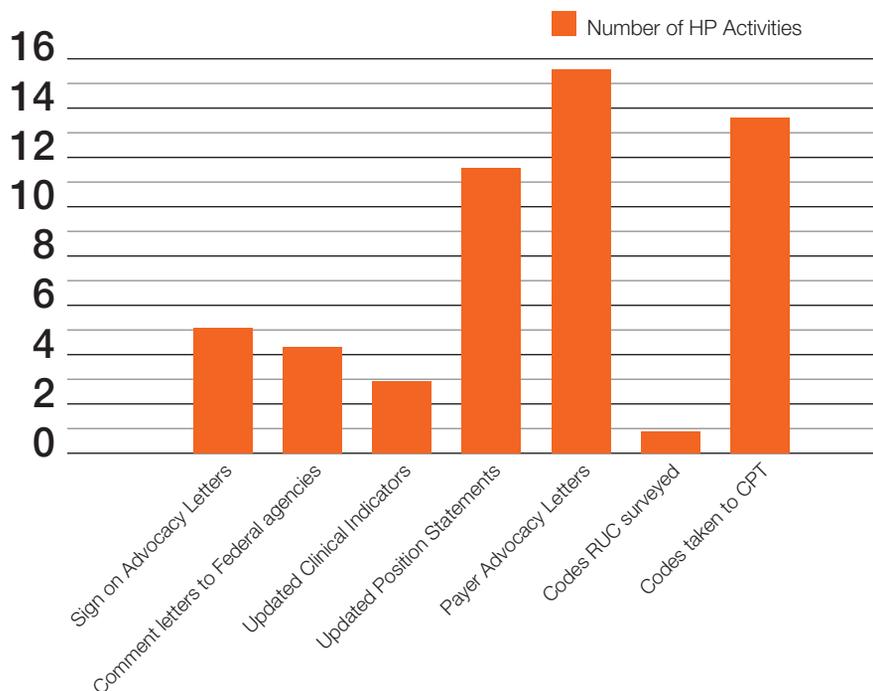
This is a pivotal year for physicians as the CMS has begun applying penalties across three of its quality initiatives. In 2015, physicians will be subject to financial penalties, known as payment adjustments, for the first time for the Electronic Health Record (EHR) Meaningful Use Incentive Program and Physician Quality Reporting System (PQRS). The 2015 EHR and PQRS penalties are based

on participation and reporting in 2013. Penalties also increase for failing to participate and meet the e-Prescribing (eRx) Incentive Program reporting criteria in 2013. To help you understand the reporting requirements for these quality initiatives, the Academy’s Health Policy department has created one-page fact sheets for each of the CMS initiatives. These fact sheets follow this article and

include a brief overview of the program; provide information on how you and your practice can successfully meet the reporting criteria, earn incentives, and avoid payment reductions; and direct you to additional resources to help you. For information on all of these programs, visit the Academy’s CMS Quality Initiatives webpage at <http://www.entnet.org/Practice/CMSpenalties.cfm>. 

■ For more on additional Health Policy activities, see the table below.

Health Policy Activities Since Annual Meeting 2013



Health Policy Abbreviations

- 3P Workgroup—AAO-HNS Physician Payment Policy (3P) Workgroup
- AMA—American Medical Association
- ASC—Ambulatory Surgical Center
- CAC—Medicare Contractor Advisory Committee
- CPT code—Current Procedural Terminology
- CMS—Centers for Medicare & Medicaid Services
- EHR/EMR—Electronic Health/ Medical Record
- OPPTS—Hospital Outpatient Prospective Payment System
- ICD-9/ICD-10—International Classification of Diseases, with n = 9 for Revision 9 or 10 for Revision 10; with CM = Clinical Modification; and with PCS = Procedure Coding System.
- MAC—Medicare Administrative Contractor
- MPFS—Medicare Physician Fee Schedule
- MU—Meaningful Use
- PQRS—Physician Quality Reporting System
- RUC—Relative Value Scale Update Committee
- RVU—Relative Value Unit
- VBM—Value-Based Payment Modifier

Health Policy Glossary Resource: <http://www.cms.gov/apps/glossary/default.asp?Letter=A&Language=English>



Successfully Navigating the Centers for Medicare & Medicaid (CMS) Electronic Health Records Incentive Program

◆ What Is the EHR Incentive Program?

The Electronic Health Records (EHR) Incentive Program is a CMS initiative designed to facilitate the use of EHRs in clinical settings. Providers who demonstrate that they are using their EHRs in ways that can positively impact quality of care are entitled to incentive payments. By meeting the objectives outlined by CMS, Eligible Professionals (EPs) demonstrate “meaningful use” (MU) and potentially avoid the penalties set to begin in 2015. The program has 3 Stages: Stage 1; Stage 2, currently under way; and Stage 3, set to begin in 2016.

◆ EHR/Meaningful Use Incentives and Penalties in 2013 and Beyond

	2013	2014	2015	2016	2017
Incentive Amount	\$8K-\$15k	\$4K-\$12k	\$2K-\$8k	\$2K-\$4k	N/A
Penalty Amount	N/A	N/A	-1% (based on 2013 reporting)	-2% (based on 2014 reporting)	-3% (based on 2015 reporting)

◆ How to Earn Incentive Payments

1. Determine if you are an eligible professional for the program and register for the program at <https://ehrincentives.cms.gov>
2. Purchase an Office of the National Coordinator (ONC) Health IT Certified EHR System. A list of Certified EHRs can be found here: <http://oncchpl.force.com/ehrcert>
3. Report the required number meaningful use objectives (Core Objectives + Menu Objectives) PLUS the required number of clinical quality measures (CQMs). Meet the reporting period requirements.
 - a. For your first year, report data from any continuous 90-day period during the calendar year (any 90 continuous days from January 1st to December 31st).
 - b. After your first year, report for the entire calendar year (Jan. 1 to Dec. 31, 2013 for example.) Special Note for 2014: All providers, regardless of their stage of MU, are only required to demonstrate MU for a 90-day EHR reporting period because all must upgrade or adopt newly certified EHRs in 2014.

◆ How Does STAGE 2 Differ from STAGE 1 ?

STAGE 1

- Report on 13 core objectives
- Report on 5 of 10 menu objectives
- Report on 6 out of 44 CQMs

STAGE 2

- Report on ALL 17 core objectives
- Report on 3 of 6 menu objectives*
Note: If none of the menu objectives are applicable to your scope of practice & you qualify for all of the exclusions for each, then you can select 3 and claim the exclusion for each.
- Report on 9 out of 64 CQMS*.
The CQMs selected must cover at least 3 of the 6 available National Quality Strategy domains.

Note: EPs cannot earn incentives in both the EHR Meaningful Use and Electronic Prescribing Incentive Programs

◆ How to Avoid Penalties

1. EPs must meet the Meaningful Use criteria above (20 Core and Menu Objectives and 6 Clinical Quality Measures over the reporting period) or;
2. Qualify for an exemption for 2014 reporting requirements. Exemptions are granted on an annual basis and must be applied for annually.

Continued on back





Electronic Health Records Incentive Program



AMERICAN ACADEMY OF
OTOLARYNGOLOGY–
HEAD AND NECK SURGERY

Successfully Navigating the Centers for Medicare & Medicaid (CMS) Electronic Health Records Incentive Program *Continued*

EHR Program Changes for 2014

- ◆ ALL providers must adopt the 2014 Edition CEHRT to demonstrate MU, regardless of the stage in which they're currently participating.
- ◆ EHR technology that is certified to the 2014 standards will contain new CQM criteria, and EPs will report using the new 2014 criteria regardless of their stage.
- ◆ Special Reporting Period: All providers are only required to demonstrate MU for a 90-day EHR reporting period because all must upgrade or adopt newly certified EHRs in 2014:
<http://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/Downloads/Stage1ChangesTipsheet.pdf>
- ◆ EPs have the option to electronically report CQM data for the full calendar year of 2014 to receive credit for both the PQRS program and EHR Incentive Program

Important Dates for 2014

- ◆ March 31st: Attestation Deadline for EPs for the 2013 program year!
- ◆ September 30th: End of 2014 reporting period for eligible hospitals!
- ◆ November 30th: Attestation Deadline for EHs for the 2014 program year!
- ◆ December 31: End of 2014 reporting period for EPs!



Successfully Navigating the Centers for Medicare & Medicaid (CMS) Electronic Prescribing Incentive Program

◆ What Is the eRx Incentive Program?

The Electronic Prescribing (eRx) Incentive Program is a CMS reporting program that uses a combination of incentive payments and payment adjustments (penalties) to encourage electronic prescribing by eligible professionals. The program provides an incentive payment to practices with eligible professionals (EPs) (identified on claims by their National Provider Identifier [NPI] and Tax Identification Number [TIN]) who successfully e-prescribe for covered Medicare Physician Fee Service Schedule (MPFS) services for Medicare Part B Fee-for-Service (FFS) beneficiaries.

◆ eRx Incentives and Penalties in 2014 and Beyond

	2014	2015
Incentive Amount	N/A	N/A
Penalty Amount	-2%	TBD in future rule making

◆ 2014: How to Avoid Penalties

1. Determine if you successfully electronically prescribed during the 2012 eRx 12-month reporting period, which was from January 1, 2012 to December 31, 2012; OR
2. Determine if you successfully electronically prescribed during the 2013 eRx 6-month reporting period, which was from January 1, 2013 to June 30, 2013; OR
3. Qualified and requested a 2013 eRx significant hardship exemption, or submitted a lack of prescribing privileges G-code request.*

* Exemptions include:

- a. Practice in a rural area without adequate high-speed internet access
- b. Practice in a location without enough available pharmacies for e-prescribing
- c. Physicians who are unable to electronically prescribe due to local, State, or Federal law or Regulation
- d. Physicians who infrequently prescribe
- e. Insufficient opportunities to report the e-prescribing measure due to program limitations
- f. Successfully achieve Meaningful Use in the CMS Electronic Health Record (EHR) Meaningful Use Incentive Program
- g. Demonstrate intent to participate in the EHR Incentive Program for the first time by registering for the program and adopting certified EHR technology

Please Note: If you are unsure if you have met the reporting requirements and/or an exemption, please contact the CMS' QualityNet Help Desk as they can assist members on an individualized basis. The contact information for the QualityNet Help Desk is: Phone: 866-288-8912, Fax: 888-329-7377, Email: qnetsupport@sdps.org

Important Facts about eRx in 2014

- ◆ 2013 reporting year was the last year to report for the eRx program
- ◆ 2014 will be the last eRx payment adjustment (this may be subject to change in future rulemaking)
- ◆ Reporting G code (G8553) as a means of qualifying for the incentive, and thus avoiding penalties in 2014 is no longer applicable in 2014. In other words, there is not a replacement code for the G8553. However, e-prescribing is still an aspect of Meaningful Use reporting, so you will want to ensure that you are meeting all of the requirements for that reporting program. Please refer to the EHR Information Center at 888-734-6433 for more information on that program.



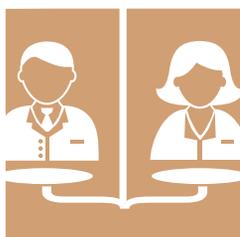


Successful Participation in the Physician Compare Program: What the Web Says About You as a Physician

◆ What Is Physician Compare?

Physician Compare is a Centers for Medicare & Medicaid Services (CMS) website that allows the public to find and select physicians who are currently enrolled in the Medicare program as well as other information on Eligible Professionals (EPs) who participate in CMS quality programs. Information on physician performance, including information on quality measures and patient experience, is available to the public through the Physician Compare website.

◆ General Physician Information Included on Physician Compare includes:



- Address
- Education
- American Board of Medical Specialties (ABMS) Board Certification Information
- Primary and Secondary Specialties
- Group Affiliations
- Hospital Affiliations (which link to the hospital's profile on Hospital Compare as available)
- Medicare Assignment Status
- Provider Language Skills

◆ Physician Participation in Physician Compare:

- Physician Quality Reporting (PQRS), including the Group Practice Reporting Option (GPRO)
- Electronic Prescribing (eRx) Incentive Program
- Electronic Health Record (EHR) Meaningful Use (MU) Incentive Program

If you would like to check your information for accuracy, please visit: <http://www.medicare.gov/physiciancompare/search.html>.

◆ PHYSICIAN COMPARE PUBLIC REPORTING TIMELINE

2013	2014	2015
<ul style="list-style-type: none"> • 2011 PQRS, GPRO, eRx & EHR MU Incentive Program Participation • 2012 PQRS, GPRO, eRx & EHR MU Incentive Program Participation • Information on ABMS board certification 	<ul style="list-style-type: none"> • 2013 PQRS, GPRO, eRx & EHR MU Incentive Program Participation • 2013 PQRS Maintenance of Certification Incentive • 2012 PQRS GPRO & ACO measures (early 2014) • 2013 PQRS GPRO & ACO measures (late 2014) • GPRO Composite Measures (DM & CAD) (late 2014) • CG-CAHPS data for PQRS GPROs and ACOs (late 2014) • Successful reporting of the 2013 Cardiovascular Prevention measures group in support of Million Hearts Initiative 	<ul style="list-style-type: none"> • 2014 PQRS, GPRO, eRx & EHR MU Incentive Program Participation • 2014 PQRS Maintenance of Certification Incentive • 2014 PQRS GPRO & ACO measures • CG-CAHPS data for PQRS GPROs and ACOs • 2014 Individual PQRS Quality Measures • Measures from the 2014 Cardiovascular Prevention measures group in support of Million Hearts Initiative • Specialty Society Measures (beyond 2015)

If members would like to provide feedback about the Physician Compare website, feedback can be sent to PhysicianCompare@Westat.com

◆ How Do I Update My Information on Physician Compare?

Incorrect information relating to address, education, contact information, and Medicare assignment status needs to be edited through the Internet-based PECOS system at <https://pecos.coms.hhs.gov/pecos/login/do>. Incorrect information relating to training, residency, hospital affiliation and/or foreign language needs to be edited by email to Physician Compare at PhysicianCompare@westat.com. Please be sure to include your name, specialty, address of practice location, NPI number, and the best method of contact in addition to providing the corrected information.





Successfully Navigating the Centers for Medicare & Medicaid Services (CMS) Physician Quality Reporting System (PQRS)

◆ What Is PQRS?

PQRS is a CMS reporting program that uses a combination of incentive payments and penalties (payment adjustments) to promote reporting of quality information by physicians and other health professionals. Prior to 2010 the program was known as the Physician Quality Reporting Initiative (PQRI).

◆ PQRS Incentives and Penalties in 2014 and Beyond

	2013	2014	2015	2016
Incentive Amount	0.5%	0.5%		
Penalty Amount			-1.5% (based on 2013 reporting)	-2% (based on 2014 reporting)

◆ How to Earn an Incentive Payment in 2014

1. Decide whether to report as an individual or as a group practice (group reporting is now available to practices with 2 or more eligible professionals)
2. Determine which reporting mechanism you will use to report, in 2014 there are 6 options:
 - a. Claims-based reporting
 - b. Registry-based reporting, such as PQRIwizard: <https://aaohns.pqriwizard.com/default.aspx>
 - c. EHR direct vendor or EHR data submission vendor reporting
 - d. Group Reporting via the Group Practice Reporting Option (GPRO) (applies to groups of 25 eligible providers (EPs) or more)
 - e. The new Qualified Clinical Data Registry (QCDR) Option
 - f. Groups of 25+ may also use a combination of the options above in conjunction with reporting on the CG CAHPS survey measures via a CMS-certified survey vendor, to earn an incentive.
3. Decide whether to report on individual quality measures (a minimum of 3 individual measures must be reported to avoid a payment penalty, but 9 individual measures must be reported to obtain the incentive payment for 2014) or a measures group (note you must report on all measures in a measures group to be successful).
4. Choose to report over a 12 month (Jan. 1 – Dec. 31) or 6 month (Jul. 1 – Dec. 31) period

Note: The reporting requirements to become eligible for an incentive differ by the reporting mechanism and type of measures selected (individual measures versus a measures group). 2014 reporting requirements are available at <http://www.entnet.org/pqrs>

◆ How to Avoid the 2016 Penalty

To avoid the 2016 penalty physicians must report quality measure data to CMS for PQRS during the 2014 reporting period. To avoid the 2016 penalty you can:

1. Earn a 2014 PQRS incentive payment (as outlined above)
2. Submit data to CMS on 3 individual measures
3. Successfully report via the GPRO options for groups

Continued on back





Successfully Navigating the Centers for Medicare & Medicaid Services (CMS) Physician Quality Reporting System (PQRS) *Continued*

PQRS Changes for 2014

- ◆ CMS finalized 285 individual measures for inclusion in the 2014 PQRS program, including 4 of the Academy's Sinusitis Measures for inclusion in 2014 and beyond.
- ◆ CMS responded to our inquiry as to why this was only approved for reporting via registry and stated that for all new measures they are approved for registry only initially, however, they will continue to work toward complete alignment and if possible will include this measure for EHR-Based reporting in the future.
- ◆ Currently, the minimum number of measures in a measure group, remains at four measures for CY 2014. CMS plans to increase this minimum number in the future. CMS will likely work with the measure developers and owners of measures groups to appropriately add additional measures to measures groups that only contain four measures.
- ◆ CMS also finalized the new Patient-Centered Surgical Risk Assessment and Communication measure for reporting via registry or measures group in 2014.

Please refer to our website for information on additions/deletions of measures for 2014:
<http://www.entnet.org/Practice/qualityimprovement/cmsPQRS.cfm>

CMS Changes to Reporting Methods for CY 2014

- ◆ CMS eliminated the option to report measure groups via claims for individual EPs in CY 2014. Individuals may now ONLY report measure groups via registry.
- ◆ CMS reduced the percentage of patients EPs must report on using Registry reporting from the previous 80% to 50% for CY 2014 reporting. This is now consistent with the patient threshold requirements for reporting via claims.
- ◆ CMS has increased the number of measures Individual EPs must report on from the prior 3 to 9 measures (across 3 quality domains, for 50% of beneficiaries) for CY 2014 reporting. EPs who report on less than 9 measures will be subject to an additional process called Measure Applicability Validation (MAV process) to ensure that there were not any other measures they should have, or could have, reported on. The increased measure requirement applies to EPs reporting via claims, registries, and EHR; however, the exception to avoid the penalty is only applicable to claims and registry reporting.
- ◆ CMS finalized the new Qualified Clinical Data Registry (QCDR) reporting option for individual reporting in CY 2014.
- ◆ CMS finalized exceptions for individuals reporting via Claims and Registries for CY 2014 to avoid 2016 payment penalty. These EPs will not be eligible for the 2014 bonus payment, however. See detail below.

Changes to Group Reporting in CY 2014

- ◆ CMS revised the deadline by which Group Practices choosing to report for PQRS via the Group Practice Reporting Option (GPRO) must self-nominate from the previous October 15th of the reporting year, to a new deadline of September 30th of the reporting year.
- ◆ CMS finalized a new group reporting option for groups of 25-99 EPs to report, via a CMS-certified survey vendor, on the CG-CAHPS survey measures. Groups selecting this reporting option will need to report using additional reporting methods in order to report on additional measures to meet the criteria for satisfactory reporting for CY 2014.
- ◆ CMS added the requirement for CY 2014 that groups of 25+ who wish to report the CG-CAHPS patient satisfaction survey measures must indicate their intent to do so when they register for the PQRS program. CMS also finalized a change to utilize a single website for Groups to self-nominate to use the GPRO reporting option as well as indicate they would like to report on CG-CAHPS measures for CY 2014.
- ◆ CMS added the requirement that groups of 100+ must report on all CG-CAHPS measures as well as the GPRO measures in the web interface.



Value Based Payment Modifier



AMERICAN ACADEMY OF
OTOLARYNGOLOGY-
HEAD AND NECK SURGERY

Successfully Navigating the Centers for Medicare & Medicaid Services (CMS) Value Based Payment Modifier (VM)

◆ What is the Value Based Payment Modifier (VM)?

The VM assesses both quality of care furnished, and the cost of that care, under the Medicare Physician Fee Schedule (MPFS). CMS has begun with a phase-in of the VM in 2015, which will be completed by 2017. Implementation of the VM is based on participation in Physician Quality Reporting System (PQRS). In 2013, the VM applied to groups of physicians with 100 or more eligible professionals (EPs). In CY 2014, CMS is expanding this to groups with 10 or more EPs.

◆ Overview of VM Program in 2013 and 2014 Reporting Periods

Value Modifier Components	2015 Finalized Policies	2016 Finalized Policies (take effect in 2014)
Performance year	2013	2014
Group Size	100+	10+
Quality Reporting Mechanisms	GPRO-Web Interface, CMS Qualified Registries, Administrative Claims	GPRO-Web Interface, CMS Qualified Registries, EHRs, OR 50% of EPs reporting individually <i>**Note: CMS expects to raise this % threshold in future years**</i>
Quality / Outcome Measures	<ul style="list-style-type: none"> Measures reported through the GPRO PQRS reporting mechanism selected by the group OR individual measures reported by at least 70% of the EPs within the group All Cause Readmission Composite of Acute Prevention Quality Indicators: (bacterial pneumonia, urinary tract infection, dehydration) Composite of Chronic Prevention Quality Indicators: (chronic obstructive pulmonary disease (COPD), heart failure, diabetes) 	<p>These requirements are the same for CY 2014 reporting, however, CMS also:</p> <ul style="list-style-type: none"> Finalized that groups of physicians with 25 or more eligible professionals will be able to elect to have the patient experience of care measures collected through the PQRS CAHPS for CY 2014 included in their payment modifier for CY 2016. If all the EPs in the group satisfactorily participate in a PQRS qualified clinical data registry in CY 2014 and CMS cannot receive quality performance data from such registry, CMS will classify the group's quality composite score as "average" because they would not have data to reliably indicate whether the group should be classified as high or low quality.
Patient Experience Measures	N/A	PQRS CAHPS: Option for groups of 25+ EPs
Cost Measures	<ol style="list-style-type: none"> Total per capita costs measure (annual payment) standardized and risk-adjusted Part A and Part B costs Total per capita costs for beneficiaries with four chronic conditions: COPD, Heart Failure, CAD, Diabetes 	Same as 2015 and Medicare Spending Per Beneficiary measure (includes Part A and B costs during the 3 days before and 30 days after an inpatient hospitalization)
Benchmarks	Group Comparison	Specialty Adjusted Group Cost CMS also finalizes a specialty adjustment that allows for peer group comparisons related to the new cost measure for CY 2015.
Quality Tiering	Optional	Mandatory Groups of 10-99 EPs receive only the upward or neutral adjustment, no downward adjustment. groups of 100+ are subject to an upward, neutral or downward adjustment. <i>**Note: Groups of 100+ that furnish high quality care at high cost, for CY2014 reporting, will not be subject to a payment penalty.**</i>
Payment at Risk	-1.0%	-2% if you do not participate in PQRS -2% if you are 100+ and provide low quality/high cost care -1% if you are 100+ and provide either low quality/average cost or average quality/high cost care.
Physician Feedback Reports (QRURs)	Reports sent to 24,000 providers in Iowa, Kansas, Missouri and Nebraska.	On September 16, 2013 groups with 25+ EPs received Quality Resource Use Reports (QRURs) which reflect their performance on quality and cost reporting measures based on their 2012 PQRS reporting. All physicians can expect QRURs in late summer of 2014

Continued on back



Successfully Navigating the Centers for Medicare & Medicaid Services (CMS) Value Based Payment Modifier (VM) *Continued*

◆ How are my Quality and Cost Scores Calculated?

Quality Scores are comprised of:

- Clinical care
- Patient experience
- Population / community health
- Patient safety
- Care coordination
- Efficiency

Cost Scores are comprised of:

- Total per capita costs (plus Medicare Spending Per Beneficiary)
- Total per capita costs for beneficiaries with specific conditions

Each group then receives two composite scores (quality and cost), based on the group's standardized performance (e.g. how far away from the national mean). Group cost measures are adjusted for specialty composition of the group. This approach identifies statistically significant outliers and assigns them to their respective quality and cost tiers.

Quality / Cost	Low Cost	Average Cost	High Cost
High Quality	+2.0	+1.0x*	+0.0%
Medium Quality	+1.0x*	+0.0%	-1.0%
Low Quality	+0.0%	-1.0%	-2.0%

*Eligible for an additional +1.0x if reporting clinical data for quality measures and average beneficiary risk score is in the top 25% of all beneficiary risk scores.

◆ How are Patients Attributed to my Group for Purposes of Cost Calculation?

Step 1: Identify all beneficiaries who have had at least one primary care service rendered by a physician in a group.

Step 2: Assign beneficiaries who have had a plurality of primary care services (allowed charges) rendered by primary care physicians.

Step 3: For beneficiaries that remain unassigned, assign beneficiaries who have received a plurality of primary care services (allowed charges) rendered by any EP.

Exclusions: Patients that are part year beneficiaries (including those new to Medicare), died during the year, or had one or more months of Medicare Advantage are excluded from the attribution for calculating costs.

◆ What Role do the Physician Feedback (QRURs) Reports Play in This?

The QRUR reports distributed by CMS to physicians play a crucial role in informing providers and groups impacted by the VM on areas that present opportunities for improvement as it relates to their quality and cost scores. The bottom half of the timeline below shows when the reports are released and who will receive them. Those groups (25+ EPs) receiving the reports in September of this year will notice new features in the report, including:

- Drill down table including all beneficiaries attributed to the group, their resource use, specific chronic disease
- Drill down table including all hospitalizations for attributed beneficiaries
- Drill down table of individual EP PQRS reporting (December 2013)

All groups and solo practitioners will receive QRURs in late summer of CY 2014

◆ What groups of 10+ EPs need to do to be successful in CY 2014?

Step 1: Choose a PQRS Reporting Mechanism

- Web interface (GPRO)- Group must self-nominate/ register (May 2014- September 2014)
- CMS Qualified Registry (such as the Academy's PQRSWizard)
- EHR
- Utilize 50% Individual Reporting Option

Under the individual reporting option, each provider in your group can choose how they wish to report on PQRS. All measure performance for the group is then rolled together and 70% of the EPs in the group must meet PQRS criteria for CY 2016 payment adjustment in order to meet the 2016 VM requirements. Groups do not have to self-nominate for this option. Individuals can report via Claims, EHR, CMS Qualified Registries, or new Qualified Clinical Data Registries (QCDRs).

Visit our VM webpage to access your QRUR reports and to self-nominate/register to participate in the VM program.

If you have questions regarding the value based modifier, please contact the Academy at healthpolicy@entnet.org



ICD-10: Help Is Here

While the Academy acknowledges that recent legislation has delayed ICD-10 until October 1, 2015, it is critical that Members continue preparation efforts to meet this deadline. CMS has repeatedly confirmed it will be moving forward with ICD-10. ICD-10 is projected by CMS to provide a multitude of benefits and data that will lead to increased long-term efficiency in the healthcare industry. However, its short-term costs are anticipated to be disruptive, especially for the unprepared. With the ICD-10 transition, use of the new codes will require a significant level of involvement from otolaryngologists themselves and will require many of our members to revamp documentation processes. Physicians will now have to focus on adding further specificity and detail to their documentation. As a result, your Academy

Regardless of your current level of preparedness, it is critical that all physicians focus on the transition.

has been urging you to prepare for the transition over the past year and will continue to encourage members to test their systems for readiness until October 2015

Academy Efforts

ICD-10 is one of the most significant challenges facing physicians today. Noncompliance and lack of preparedness could result in significant financial burdens for practices. Regardless of your current level of preparedness, it is critical that all physicians focus on the impending transition. As with all changes and especially with a change this substantial, the Academy offers members valuable support and services. Some resources the Academy has developed include an ear, nose, and throat (ENT)-specific sample superbill with common ICD-10 codes; a list of the “Top 200” most commonly used ICD-9 codes in an ENT practice and pertinent ICD-10 crosswalks; AAO-HNS/F Coding Workshops focusing on ICD-10 preparedness at various locations across the country by Karen Zupko; and several *Bulletin* articles drafted by various ICD-10 experts. Notably, the Academy has promoted an ICD-10 Miniseminar at the Annual Meeting for the past three years and has made several presentation

materials publicly available on the Academy’s ICD-10 website.

CMS Efforts

CMS has already explored acknowledgement testing during the first week of March and, based on its analysis of the results, will be exploring offering other weeks of acknowledgement testing. Acknowledgement testing allows all providers, billing companies, and clearinghouses the opportunity to determine whether CMS will be able to accept their claims with ICD-10 codes. Despite not originally planning on going through full end-to-end testing, CMS has additionally scheduled end-to-end testing for a small sample group of providers during the summer of this year. End-to-end testing includes the submission of test claims to CMS with ICD-10 codes and the provider’s receipt of a Remittance Advice (RA) that explains the adjudication of the claims. Some of the goals of end-to-end testing include:

- Providers or submitters are able to successfully submit claims containing ICD-10 codes to the Medicare Fee-for-Service (FFS) claims systems.
- CMS software changes made to support ICD-10 result in appropriately adjudicated claims (based on the pricing data used for testing purposes).
- Accurate RAs are produced.

To assist with testing efforts, CMS has worked to update some of its National Coverage Determinations by converting relevant ICD-9 codes to their ICD-10 equivalent, found at <http://www.cms.gov/Medicare/Coverage/CoverageGenInfo/ICD10.html>.

CMS is anticipated to post scheduled testing dates to its website at the end of May, so stay tuned to the Academy e-newsletter and the Health Policy Update for future updates. The Academy continues to work to develop internal resources, repurpose any publicly available ICD-10 resources, and ensure members are well informed about ICD-10. For resources focusing on the ICD-10 transition, visit <http://www.entnet.org/Practice/International-Classification-of-Diseases-ICD.cfm>.

Do you have any recommendations for ICD-10 resources that your Academy should work to develop? Please email healthpolicy@entnet.org. 



The Doctors Company Offers Unique Combination of Benefits to AAO-HNS Members

The American Academy of Otolaryngology—Head and Neck Surgery (AAO-HNS) has partnered with The Doctors Company, an Academy Advantage Premier Partner, to provide Academy members with an exclusive medical malpractice insurance program since 2003. As the nation's largest physician-owned medical malpractice insurer—insuring 1,100 otolaryngologists nationwide—The Doctors Company has insight into the broad range of claims in otolaryngology.

The Doctors Company is fiercely committed to defending, protecting, and rewarding the practice of good medicine. Backed by the financial strength of \$4 billion in assets and a membership of 74,000 physicians, The Doctors Company offers AAO-HNS members a unique combination of coverage features,

aggressive claims defense, and unrivaled protection. Qualified AAO-HNS members receive a program discount of 5 percent and a claims-free credit of up to 25 percent.

AAO-HNS members also have access to industry-leading patient safety tools and programs, including free live and web-based CME, on-site surveys, and informed consent resources. In a recent survey, nine out of 10 members of The Doctors Company said they were satisfied with the company's extensive patient safety resources. Visit www.thedoctors.com/patientsafety to learn more.

The Doctors Company sets the standard for aggressive defense, beginning with the promise never to settle a claim without a member's consent, where permitted by law. This relentless defense also includes Litigation

In a recent survey, nine out of 10 members of The Doctors Company said they were satisfied with the company's extensive patient safety resources.

Education Retreats, which help members facing claims to master defense tactics, and educational videos showcasing actual claims experiences at www.youtube.com/doctorscompany.

The Doctors Company has the national perspective and local expertise to identify emerging trends and protect physicians with innovative coverage solutions. CyberGuard® protects doctors against cyber liability claims, today's fastest-growing threat. MediGuard® provides doctors with legal representation for administrative actions. Both products are offered as part of the company's core medical malpractice policy.

Created in 2007, the Tribute® Plan is a benefit that rewards The Doctors Company's members for their loyalty and their dedication to superior patient care with a significant financial award at retirement. How significant? The highest award to date to an otolaryngologist and AAO-HNS member was \$33,554. Among the more than 1,000 otolaryngologists with Tribute balances, the average balance is currently \$11,850 and the maximum balance is \$60,585. Learn more about this groundbreaking benefit at www.thedoctors.com/tribute.

Join your AAO-HNS colleagues as a member of The Doctors Company—find out how affordable superior medical malpractice coverage for otolaryngologists can be at www.thedoctors.com/quote. 

Thank You for Participating in the 2014 AAO-HNS Socioeconomic Survey

The Health Policy team extends a thank you to members who participated in the 2014 Socioeconomic Survey this past March. Your participation is greatly appreciated, as it is essential for statistically meaningful results. The Socioeconomic Survey has been disseminated every three years through the Academy's Health Policy team since 1997, which allows the Health Policy team to gather information on members' practice patterns, the healthcare environment, and future trends in otolaryngology-head and neck surgery. This data enables the Academy to provide members with useful benchmarking tools. The survey is the most recognized otolaryngology-specific data available and allows the Academy to identify key

issues and policies affecting members, particularly as they relate to practice productivity, revenue, and operations.

The 2014 survey was unique in that it was the first year the Academy incorporated questions regarding alternative payment models, member-recommended electronic health records (EHR) vendors, and important information on relative value units (RVUs) generated annually by practices and individual physicians. Aggregate results will be published in the September *Bulletin*, and will also be on display at the 2014 Annual Meeting in Orlando, Florida, September 21-24. We encourage all members to take the time to view the results and thank you again for your volunteerism!

AAO-HNSF Partners with International Guideline Central for Tools

Recently, the Academy Foundation formed a partnership with International Guideline Central (IGC). IGC is a producer of evidence-based quick reference guides in both paper pocket card and mobile/web application formats for healthcare professionals. AAO-HNSF has joined with IGC to help develop full text clinical guidelines into quick reference tools. The Foundation-endorsed pocket cards and apps serve as quick reference tools that feature highlights of the AAO-HNSF-developed clinical practice guidelines (CPGs).

The IGC relationship will allow AAO-HNSF to 1) Increase the dissemination of its CPGs to a much broader audience and 2) Provide quick

reference tools in both the pocket card and app format to its members. The CPG guideline development group leadership, Foundation staff, and the IGC medical director collectively develop the content to be included in the pocket card and app from the AAO-HNSF guidelines.

The guideline apps and pocket cards feature diagnosis, assessment information, treatment options including their associated levels of evidence, and other recommendations from the AAO-HNSF CPGs. The pocket cards and apps are a tool for providers for point-of-care decision-making and quality improvement.

The app is free to download, with pocket cards and digital applications available to purchase separately. The

mobile app is available for iPhone, iPad, or Android. The mobile app features a dynamic toolbar, which has a word search capability, zoom, bookmark feature, and change font feature. The desktop application features interactive content, intuitive page turn, key word search, full screen and slideshow viewing, high quality zoom, annotation, comments, bookmarks, and individual and multi-user license. To access the app, visit <https://www.guidelinecentral.com/ashp13/> on your mobile device. The website will detect what app is appropriate for you and direct you to download the app. Once you download and register for a free account you will be given a free pocket card in the My Guidelines tab in the app as a sample.

The following guidelines are slated for publication into pocket cards and apps over the coming year: Bell's Palsy, Tympanostomy Tubes, Sudden Hearing Loss, and Tonsillectomy, with additional AAO-HNSF CPGs to follow. **b**

| <http://bit.ly/1h1jDkq>

New

AAO-HNSF Guideline Pocketcards

The first three Otolaryngology Pocketcards Available for Purchase or Download Today!



The **Tonsillectomy in Children, Bell's Palsy, and Tympanostomy Tubes in Children GUIDELINES Pocket Cards** are based on the latest full clinical practice guidelines developed by the American Academy of Otolaryngology–Head and Neck Surgery Foundation.

These practical quick-reference tools produced by Guideline Central contain key points of the condition, detailed recommendations for diagnosis, plus management and treatment recommendation algorithms.

For more information, visit: <http://bit.ly/1h1jDkq> or contact Leslie Caspersen, lcaspersen@entnet.org or phone: 703-535-3748

Enter coupon code **OTOC PG** for 10% member discount.




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



Members-only discounts on valuable products and services **negotiated exclusively** for busy AAO-HNS medical practices.

www.entnet.org/advantage



PREMIER PARTNERS



onTargetjobs®



PARTNERS



To learn more about **exclusive AAO-HNS member discounts**, contact David Buckner, 703-535-3718 or email: dbuckner@entnet.org



As of April 1, 2014



EMPOWERING PHYSICIANS TO DELIVER THE BEST PATIENT CARE
1650 Diagonal Road, Alexandria, Virginia 22314-2857 U.S.A. | www.entnet.org

Abbreviations, Acronyms, and Committees You Need to Know to Be an Effective Advocate for the Specialty

Capitol Hill Powerhouses

- **HELP**—U.S. Senate Committee on Health, Education, Labor, and Pensions. The committee has jurisdiction over multiple legislative issues, including some healthcare proposals.
- **E&C**—U.S. House Committee on Energy and Commerce. The committee has principal jurisdiction over healthcare issues and related agencies, including the Department of Health and Human Services and the Centers for Medicare & Medicaid Services.
- **Finance**—U.S. Senate Committee on Finance. The committee has principal jurisdiction over matters relating to taxation and funding for programs such as Medicare and Medicaid.
- **W&M**—U.S. House Committee on Ways and Means. The committee is the chief tax-writing committee in the U.S. House of Representatives, with jurisdiction over all taxation, tariffs, Social Security, unemployment benefits, Medicare, and welfare programs.

Coalition Concoction

- **CHHC**—Congressional Hearing Health Caucus. CHHC is a bipartisan caucus of members from the U.S. House and Senate committed to supporting the needs of people with hearing loss and other auditory disorders. The AAO-HNS is a member of the Friends of the CHHC.
- **DHHA**—Deaf and Hard of Hearing Alliance. DHHA is a coalition that seeks changes to federal public policy to help improve the quality of life for people who are deaf, hard of hearing, or have hearing loss. The AAO-HNS is a member of DHHA.
- **HCLA**—Health Coalition on Liability and Access. HCLA is a national advocacy coalition working to advance medical liability reform at the federal level. The AAO-HNS serves on the HCLA Board.
- **PARTNERS**—Tobacco control coalition led by the Campaign for Tobacco-Free Kids. The AAO-HNS is a member of this coalition effort.

Who's Who in Government

- **CBO**—Congressional Budget Office. CBO produces independent analyses of budgetary and economic issues to support the Congressional budget process. CBO “scores” proposed bills to help lawmakers understand the cost or savings associated with a legislative proposal.
- **CMS**—Centers for Medicare & Medicaid Services. CMS is a federal agency within the U.S. Department of Health and Human Services. It is responsible for administering the Medicare program and working with states on administering their Medicaid programs.
- **MedPAC**—Medicare Payment Advisory Commission. MedPAC is an independent federal body established by the Balanced Budget Act of 1997. It is responsible for advising Congress on topics within the Medicare program, and, more specifically, on issues dealing with payments to private health plans participating in Medicare and health providers that serve Medicare beneficiaries.



Other Alphabet Soup

- **ACA**—Affordable Care Act. ACA is the healthcare reform law established in 2010. Some refer to the law as Obamacare.
- **CR**—Continuing Resolution. A resolution made by Congress to continue funding for a program if the fiscal year ends without a new appropriation in place.
- **HIT**—Health Information Technology. Software and computer systems to make medical records electronic, reducing paperwork, and redundant forms. Federal and state governments are implementing policies to encourage the adoption of HIT while promoting quality initiatives and protecting patient privacy.
- **IPAB**—Independent Payment Advisory Board. The IPAB is an unelected government body established under the ACA. It is charged with the responsibility for reducing the rate of growth in Medicare without affecting coverage or quality. The Board is scheduled to implement its first proposal in 2015 (likely to be delayed). The AAO-HNS supports *repeal* of the IPAB.
- **MIPS**—Merit-Based Incentive Payment System. A concept included in the bipartisan, bicameral SGR repeal legislation (H.R. 4015/S. 2000). Beginning in 2018, the MIPS would establish a streamlined and improved incentive payment program that would focus the fee-for-service system on providing value and quality. The program would consolidate the three existing incentive programs, continuing the focus on quality, resource use, and meaningful electronic health record (EHR) use with which professionals are familiar, but in a cohesive program that avoids redundancies.
- **MLR**—Medical Liability Reform. MLR is a critical healthcare reform issue in the U.S. and a legislative priority for the AAO-HNS. Proponents of MLR are working to implement or amend legislation to reduce or cap excessive liability insurance costs for physicians while

ensuring fair compensation for patients injured by negligent actions.

- **PAC**—Political Action Committee. PACs allow individuals with shared interests the opportunity to pool their voluntary donations to make contributions to federal candidates on behalf of the entire group. PACs represent a legal and ethical way to participate in the election process. ENT PAC (www.entpac.org) is the political action committee of the AAO-HNS.
- **SGR**—Sustainable Growth Rate. The SGR formula is a flawed expenditure target against which healthcare costs are compared. Generally, if annual healthcare costs fall below the target, Medicare reimbursement rates are increased. Conversely, if annual healthcare costs exceed the target, Medicare payment rates are

decreased in order to reduce costs. Since healthcare costs tend to grow faster than the rate of inflation, the flawed formula has historically triggered annual Medicare physician payment cuts, which have typically been averted by Congressional action. The AAO-HNS supports H.R. 4015/S. 2000, legislation to repeal the SGR.

- **TIA**—Truth in Advertising. The AAO-HNS and others in the physician community support state and federal efforts to implement TIA legislation requiring *all* healthcare providers to inform patients of their credentials and/or level of training in patient communications and marketing materials. Truth in advertising is an important component of providing patients with the best possible care. [b](#)





Hot Dogs, Hamburgers, and Politics

The summer months are near, which means lots of picnics, parades, and local gatherings. Members of Congress are notorious for making “appearances” at such events. Don’t let them just walk in parades and eat hot dogs at the county fair. Take

advantage of this great opportunity to meet your elected officials and raise the visibility of key legislative issues affecting your patients and the specialty. Unable to attend these public events? Consider scheduling a private meeting with your lawmakers

at their Congressional district office. Or better yet, invite them to visit your medical practice. The next scheduled Congressional “work period” is May 10-18. Email govtaffairs@entnet.org today to learn more about the In-district Grassroots Outreach (I-GO) program and to request help in scheduling your meetings! 

*** | www.entnet.org/advocacy

What is the I-GO Program?

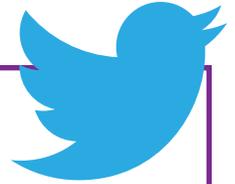
Join your colleagues and participate in the Academy’s **In-district Grassroots Outreach (I-GO) program!** The **I-GO program** is the best way to meet with your legislators locally to advocate on behalf of the specialty and your patients. Just pick a setting that works for you:

- Host a member of Congress at your hospital or practice;
- Meet in-person with a legislator at his/her local district office;
- Attend a local fundraiser (or better yet, host one); or
- Participate in a town hall or district conference call.

In addition to assistance with scheduling the meeting, the AAO-HNS Government Affairs team will provide you with talking points, a legislative background on your representative, and a Q&A session with Academy staff before the meeting. To participate or find out more, contact the Government Affairs team at govtaffairs@entnet.org.



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



On the Frontlines: State Legislative Tracking

A number of 2014 state legislative sessions are still in high gear. 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 online State Action form at www.entnet.org/Advocacy or contact us at the above email address regarding the legislative proposal.

Stay Informed: 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, your practice, and your patients, 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 initiatives, and efforts to repeal the Independent Payment Advisory Board (IPAB). Not a fan of Twitter? You can also check the Government Affairs webpage for regular updates at www.entnet.org/Advocacy.



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).

www.entnet.org/advocacy

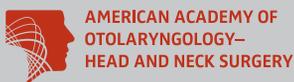
Are You Interested in Politics and Public Policy?

Stayed Informed

Contact Your Legislators

Participate in Local Grassroots Advocacy Efforts

To join the **ENT Advocacy Network**, email the AAO-HNS Government Affairs team at govtaffairs@entnet.org



Join the ENT Advocacy Network Today!

The **ENT Advocacy Network** is a team of AAO-HNS members who have an active interest in legislation impacting our specialty, our practices, and our patients. This free member benefit allows AAO-HNS members to stay informed regarding legislative developments in healthcare policy.

ENT Advocacy Network members receive exclusive **INSIDER** information with the following benefits:

- A subscription to **The ENT Advocate**, a legislative e-newsletter delivered biweekly to your email inbox;
- Email alerts on legislative issues impacting our specialty; and
- Advocacy **Calls to Action** with easy instructions on contacting your legislators.

Get involved at the grassroots level today by joining the Academy's ENT Advocacy Network.

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

Coding Update: New CMS G-Code/Modifier Requirements for Therapy Services

Michael Setzen, MD
Immediate-Past Coordinator for Practice Affairs;
Manderly Cohen, MS CCC-SLP, and Jenna Minton, Esq., Senior Manager of Health Policy

For CY 2013, CMS finalized several key changes to reporting requirements associated with the provision of therapy services, and beginning on January 1, 2013, it implemented a claims-based data collection strategy to collect data on patient function. This policy encompassed a wide array of therapy services, including the Medicare Part B outpatient therapy benefit, therapy services under the Comprehensive Outpatient Rehabilitation Facility (CORF) benefit, and “incident to” services furnished by physicians or nonphysician practitioners, and included services furnished in hospitals, critical access hospitals (CAHs), skilled nursing facilities (SNFs), CORFs, rehabilitation agencies, home health agencies (when the beneficiary is not under a home health plan of care), and private offices.

CMS defines the term “therapists” as all practitioners who furnish outpatient therapy services, including physical therapists, occupational therapists, and speech-language pathologists in private practice and those therapists who furnish services in the institutional settings, physicians, and nonphysician practitioners (including physician assistants, nurse practitioners, and clinical nurse specialists, as applicable). *Under this policy, claims for therapy services must now include non-payable G-codes and modifiers, which will allow the agency to capture data on the beneficiary’s functional limitations at various points during the provision of therapy. For therapy services being furnished that are not intended to treat a functional limitation, the therapist should use the G-code for “other” and the modifier representing zero.*

A specific example of how this would apply in otolaryngology is when performing

FEES/FEESST or providing therapy, including speech-language evaluation and treatment services for Medicare Part B beneficiaries, providers must report outcomes on claim forms. To facilitate this reporting, CMS established non-payable G-codes for reporting on claims for Medicare Part B beneficiaries receiving therapy services. Each non-payable G-code listed on the claim form must be accompanied with a severity/complexity modifier. The modifier represents the functional impairment on a 7-point severity/complexity scale.

G Codes

When billing FEES/FEESST CPT codes, specifically 92610 *Evaluation of oral and pharyngeal swallowing function*, 92612 *Flexible fiberoptic endoscopic evaluation of swallowing by cine or video recording*, and 92616 *Flexible fiberoptic endoscopic evaluation of swallowing and laryngeal sensory testing by cine or video recording*, where only an evaluation was performed and the patient will not be seen for therapy at the same facility, all three swallowing G-codes must be used when billing for the evaluation (G8996,

G-Codes	Functional Limitation & Status
Swallowing	
G8996	Swallowing functional limitation, current status at time of initial therapy treatment/episode outset and reporting intervals.
G8997	Swallowing functional limitation, projected goal status, at initial therapy treatment/outset and at discharge from therapy.
G8998	Swallowing functional limitation, discharge status, at discharge from therapy/end of reporting on limitation.

G8997, and G8998) in addition to the appropriate severity modifier for each code. See below.

Click here for a full list of available G-codes for reporting therapy services.

Severity Modifiers

Note: Corresponding National Outcomes Measurement System (NOMS) *Functional Communication Measures* [PDF] levels are listed here. Use of NOMS can assist with G-code and severity modifier selection, but is not required by CMS. [b](#)

Modifier	Impairment Limitation Restriction	FCM Level
CH	0 percent impaired, limited or restricted	7
CI	At least 1 percent but less than 20 percent impaired, limited or restricted	6
CJ	At least 20 percent but less than 40 percent impaired, limited or restricted	5
CK	At least 40 percent but less than 60 percent impaired, limited or restricted	4
CL	At least 60 percent but less than 80 percent impaired, limited or restricted	3
CM	At least 80 percent but less than 100 percent impaired, limited or restricted	2
CN	100 percent impaired, limited or restricted	1

Members seeking additional information can access a full summary of this issue at <http://www.entnet.org/Practice/CMS-News.cfm>. [b](#)

Is PSQI Vulnerable?

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

Of course this is a rhetorical question—the modern patient safety and quality improvement, following the clarion call from the Institute of Medicine, is based on robust data, methodology, and outcomes. As such, it was an absolute surprise to many involved in PSQI (Patient Safety and Quality Improvement) research and initiatives that there was fraud and deceit amongst us.

I will try to summarize what is reported in the lay press about Dr. Charles Denham, MD, who at the time of a Justice Department settlement co-chaired a prominent committee, the NQF Safe Practices

Committee, at the National Quality Forum. Please research this yourself to obtain the most accurate information.

As members may recall, the Academy has physician and staff representation at the major quality organizations and associations, including (but not limited to) the Ambulatory Quality Alliance (AQA), National Quality Forum (NQF), AMA's Physician Consortium for Performance Improvement (PCPI), and the Surgical Quality Alliance (SQA). It is a prescient decision for the Academy to be participating and involved in these organizations for more than a half-decade as we are well represented in the national landscape and able to adjust to changing influence. For example, if we were to plot the influence of these societies during the past many years, we would see evolving influence based on national priorities.

Hence, the allegations of fraud of Dr. Denham hit close to home for our membership, as we are participants in the NQF.

The government alleges, while Dr. Denham co-chaired the NQF Safe Practices Committee, that a company he owned was provided contracts by CareFusion to promote its product, ChloroPrep. The product is used for surgical antisepsis, however the company was promoting its use off-label, which is not allowed. The allegation from the Justice Department was that the committee that Dr. Denham co-chaired was subjected to his influence and that he personally profited from payments from CareFusion. CareFusion was fined \$40 million by the Justice Department. The story and the accompanying blog posts Wachter's World are

| www.entnet.org/CPT-for-ENTs

We've Got
You Covered!

CPT for ENTs



In response to commonly asked coding questions, the Health Policy team, in collaboration with the Academy CPT team, has developed **coding guidance articles**, better known as **CPT for ENTs**.

These articles address common coding questions, outline common ENT coding scenarios, and clarify coding changes for services frequently reported by our specialty.

MEMBER BENEFIT

 For a full list of the offered articles, please visit: www.entnet.org/CPT-for-ENTs

For questions, please email the Health Policy team at healthpolicy@entnet.org



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.

AAO-HNSF
ANNUAL MEETING
& OTO EXPOSM
2014 SEPTEMBER
21-24
ORLANDO, FL

REGISTER TODAY and JOIN US!



**TOP
10**

Reasons to Attend the 2014 ANNUAL MEETING & OTO EXPOSM

DON'T MISS OUT!

Join us in Orlando, Florida, for our
2014 ANNUAL MEETING & OTO EXPOSM
the *Premiere Event for Otolaryngologists.*

Now in its 118th year, and showcasing the latest advancements in our specialty, dynamic Scientific Oral Presentations, Instruction Courses, Miniseminars, and Posters, this year promises to be the best yet.

- 1 Get excited.** There's nothing like spending time with people who share your interests to re-energize and inspire you.
- 2 Learn what works.** More than 300 continuing education sessions arm you with new skills you can put into practice right away.
- 3 Tap the minds of leaders.** This is your chance to ask the best and brightest leaders in the otolaryngology community your most pressing questions.
- 4 See and touch the latest devices.** More than 300 exhibitors in the OTO EXPOSM offer hands-on demonstrations and Q&A about innovative new products and technology.
- 5 Get the exact information you need.** Sessions are arranged according to tracks to provide the most beneficial information for your particular needs.
- 6 Expand your network.** Share experiences, insights and perspectives with talented professionals who can help you succeed.
- 7 Make your voice heard.** At the AAO-HNSF Annual Meeting, you can meet with Academy Advocacy staff to learn the latest legislative updates that impact the future of otolaryngology.
- 8 Become a stronger professional.** We promise you'll leave Orlando inspired, smarter and better than ever.
- 9 Enjoy a fabulous destination.** Offering family-friendly activities, sunny days and blue skies, Orlando is a top vacation site and a favorite for medical meetings.
- 10 Save money.** Register early to save up to 40% off the registration fee when you register before July 11.



ORANGE COUNTY CONVENTION CENTER
• LEED Certified, Best in Service

WWW.ENTNET.ORG/ANNUAL_MEETING



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

FOUNDATION

EMPOWERING PHYSICIANS TO DELIVER THE BEST PATIENT CARE

1650 Diagonal Road, Alexandria, Virginia 22314-2857 U.S.A.
1-703-836-4444 1-703-683-5100 fax www.entnet.org

Otolaryngology in Kenya

Robert T. Standing, MD
*Resident, Henry Ford Health System
 Humanitarian Travel Grant Awardee
 (September 13–23, 2013)*

It was 4:30 am on a crisp morning in a rural town of Kenya called Migori. The sun was starting to make its way out to paint the beautiful tropical landscape. I was riding in a 30-year-old pickup-truck-turned-ambulance, rushing a patient from our makeshift surgery center to one of the local hospitals. **Tamer Ghanem, MD**, and I had just finished taking this post-op thyroid patient back to the operating room in the middle of the night to evaluate for a tracheal tear. She had undergone a hemi-thyroidectomy for a large substernal goiter the previous night and in our post-operative recovery room

started to desaturate, had neck crepitus, and her drain would not hold suction. We suspected tracheal tear versus a pneumothorax and immediately took her back to the OR for exploration. During the surgery, we worked quickly and efficiently, but were slowed by multiple power outages and numerous massive flying bugs that “dive-bombed” our surgical field. We found no tracheal tear and later confirmed our other suspected diagnosis of a pneumothorax from a chest X-ray at the local hospital.

Riding in the ambulance with the early-morning African air cooling my sweat-soaked scrubs, I had 20 minutes to reflect on what a whirlwind the past three days had been. After 80 surgeries and 690 patient visits in this small African village, my worldview and idea of medicine was forever changed.

Kenya Relief is a faith-based, non-profit organization that sends 16 surgical and religious teams from around the United States to Migori to offer medical and surgical services. Our group consisted of seven surgeons, two primary care physicians, and an audiologist. Six CRNAs, six nurses and scrub techs, one pharmacist, one non-medical personnel, and a journalist accompanied us on our trip. The surgeons included three ENT attendings from Henry Ford Health System with subspecialization in facial plastics, head and neck, and neurotology. There was a pediatric general surgeon and a general surgeon as well as two ENT residents. This team from Henry Ford Health System was the largest and most specialized group to ever travel to the Kenya Relief campus in Migori. **Syed Ahsan, MD, Tamer Ghanem, MD, and Lamont R. Jones, MD**, supervised us.

The 80 patients who underwent surgery consisted of 28 thyroidectomies, 10 otologic surgeries, seven midface/cleft palate/mandible procedures, six superficial face/scalp lesions, and 29 general

Whether learning to swim or pulling off your first “Double Half Cab Backroll”
EAR BAND-IT® ULTRA has you covered!

Discover the **ULTRA** Difference

ULTRA Grip
ULTRA Comfort
ULTRA Strength

The Next Generation in
Ear Protection™
 Patent Pending

EAR BAND-IT®
ULTRA

Jaco Enterprises, Inc.
 phone: 602-942-1191
 email: info@earbandit.com
www.earbandit.com

Faces of Tomorrow Aids Ecuador

Reflection on a Medical Mission to Ecuador

Dhava Setabutr, MD
Chief Resident
Penn State Hershey Medical Center
Otolaryngology–Head and Neck Surgery

Humanitarian Travel Grant Awardee

“They’re saying that they would like for you to be their baby’s godfather,” replied Mary Camille when I asked what the parents were saying at our discharge clinic. I asked again to make sure I understood what they had said. I was flattered and completely overwhelmed. I didn’t know how to respond. That single instant defined my mission trip to Ecuador and signified the influence our group had made on not only individual patients, but also families and entire communities.

Since 2007, Faces of Tomorrow (FOT) led by **Brian K. Rubinstein, MD**, has performed countless cleft lip and palate repairs, provided prenatal counseling, postoperative speech therapy, and support for patients and families alike afflicted with these facial deformities.

This past June, Dr. Rubinstein and his surgical team including **Charles W. Shih, MD**, of Kaiser Permanente Oakland, **Nima Pahlavan, MD**, of Kaiser Permanente Sacramento, **Travis T. Tollefson, MD**, of UC Davis-Sacramento and resident duo of **Ethan Handler, MD**, of Kaiser Permanente and me worked alongside a cohesive team of anesthesiologists, pediatricians, speech therapists, surgical technicians, a dentist, nurses, and Peace Corps volunteers



A cleft lip doesn’t stop this child’s brightness from shining through.

in Quito, Ecuador, to provide care for the underserved population of children in the region who may not receive adequate treatment for their cleft lip or cleft palate. Setting up shop at Tierra Nueva Hospital with the assistance of local physician Patricia Jarren, our team saw and evaluated more than 70 patients and performed more than 50 surgeries. Operations included cleft lip and palate primary

repairs and revisions, rhinoplasties, and palatoplasties after formal speech evaluations by our bilingual speech team. From Monday through Friday, we ran three operating tables, two of which resided in the same operating room. From the administrative check-in to the PACU setting and morning rounds, volunteers from Montana, New York, and Texas arduously facilitated each step in these children’s transformation. Much of the bureaucracy and wastefulness we see at many high-end medical centers in the United States was non-existent and replaced by basic healthcare supported only by the generosity of the human spirit.

The reflection that still moves me was walking into the waiting room at 8:00 am on Saturday of our discharge clinic and seeing these families waiting for our arrival. They were so grateful and overjoyed with the outcomes of their surgery, each wanting a photo opportunity with any of us who had helped them along the way.



(L) Dr. Handler poses with a patient and mother in pre-op alongside Dr. Setabutr.

We owe a debt of gratitude to the people of Ecuador who opened their hearts to us as co-workers, surgeons, nurses, and friends. They entrusted their lives and the lives of their children to a group of strangers who merely wanted to offer what we have been taught. I urge all residents to consider reaching beyond their comfort zone of Instagram accounts, flat screens, case logs, and publications to reach out to a community, local or abroad, that might benefit from what you've learned in your five years of residency as an otolaryngologist, I guarantee you won't regret it. I know I won't.

This trip will serve as additional groundwork for return trips to people in need through Faces of Tomorrow and I only hope I will be granted the opportunity to return one day. I would like to thank the AAO-HNSF Humanitarian Efforts Committee and the Alcon Foundation for their support of my travel to this mission.

For further information on the mission and ways to help, please visit www.facesoftomorrow.org.



Dr. Rubinstein consults his colleague on their previous day's surgery during morning rounds.

www.entnet.org/Template-Appeal-Letters

We've Got You Covered!

Payer Template Letters

Members who are experiencing denials by Medicare and private payers have access to **template appeal letters created by the Academy's physician leaders and Health Policy staff**. The available templates are intended to:

- Save You Time With an Easy-to-Follow Sample Letter;
- Assist in Obtaining Reimbursement for Clinically Appropriate/Medically Necessary Services;
- Address the Most Commonly Reported Denials for ENT Services;
- Highlight Key Payer Issues.

MEMBER BENEFIT

For a full list of available templates, please visit: www.entnet.org/Template-Appeal-Letters

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.

Template Appeal Letter for Ballroom Dilatation

In response to the denials some members have received for an entire surgical session when CPT code 31295-11297 (nasal/sinus endoscopy, surgical, /not performed), the Physician Payment Policy Workgroup (PPP) has drafted an appeal template letter, which members may use to appeal their denials. This letter is generic and acts only as guidance for you to construct your appeal letter. You should use your company letterhead logo and fill in the blanks and include information. **Please remove the redlines in the template letter, which do not apply to your denial.** We recommend that you also submit any other relevant supporting documents (for example medical notes, operative reports, clinical indications, etc.).

If you receive a denial for CPT code 31295-11297 from Blue Cross Blue Shield, please also report the denial and reason to bluecross@bluecross.com or (800) 535-3728.

Date:

Attn: Director of Claims
Insurance company name:
Insurance company address:

Re: Claim #:
Patient's Name:
Patient's ID #:
Date of Service:
Total Billid Amount:

Dear [insert Medical Director's name]:

This letter is a formal request for reconsideration of a denial of claim [insert claim number] for [insert (insert patient's name)]. The procedure was billed with CPT code [insert appropriate CPT code: 31295–Nasal/sinus endoscopy, surgical, with dilation of maxillary sinus ostium (eg, balloon dilatation), instrument or via natural orifice, 31296–Nasal/sinus endoscopy, surgical, with dilation of frontal sinus ostium (eg, balloon dilatation); 31297–Nasal/sinus endoscopy, surgical, with dilation of sphenoidal sinus ostium (eg, balloon dilatation)].

I disagree with Blue Cross Blue Shield Association's denial of the nasal/sinus endoscopy based on the "Investigational/ Not Medically Necessary" designation by the health plan. Given its wide spread use, clinical experience, approval by the Food and Drug Administration, and policy statement from the American Academy of Otolaryngology-Head and Neck Surgery, I believe the denial of the entire surgical session based on the use of the balloon sinus nasal dilatation is unjustified and should be reconsidered.

According to Blue Cross Blue Shield Association, there is no reference policy that would not allow payment for an entire surgical session when one portion or element was considered "Investigational/ Not Medically Necessary" and it is the belief of the American Academy of

BEST EVIDENCE ENT

AUGUST 2-5 2014

At The American Club in Kohler, Wisconsin, USA
Home to Whistling Straits - site of the 2015 PGA Championship and the 2020 Ryder Cup, and ranked #2 by Golf Digest Magazine among US Public Courses

FEATURING: HONORARY GUEST LECTURERS, TIMOTHY L. SMITH, MD, MPH DEAN TORIUMI, MD MINI SLEEP SURGERY COURSE PRESENTED BY B. TUCKER WOODSON, MD	Conference Directors: John S. Rhee, MD, MPH David R. Friedland, MD, PhD Charles H. Harkins, MD
---	--

For more information & to register visit: WWW.MCW.EDU/ENT



MEDICAL COLLEGE OF WISCONSIN
CME
program

MICHIGAN EAR INSTITUTE TEMPORAL BONE SURGICAL DISSECTION COURSE

Intensive five day course emphasizes temporal bone dissection with didactic lectures covering the breadth of otologic surgery. All dissection equipment provided. Laser instruction provided.

Course Directors:
 Michael J. LaRouere, M.D. Dennis I. Bojrab, M.D.

Faculty:
 Jack M. Kartush, M.D. Seilesh C. Babu, M.D.
 John J. Zappia, M.D. Eric W. Sargent, M.D.
 Eleanor Y. Chan, M.D. Robert S. Hong, M.D., Ph.D.
 Ilka C. Naumann, M.D. Edwin Monsell, M.D., Ph.D.

Course Dates:

March 3-7, 2014	October 6-10, 2014	November 3-7, 2014
March 2-6, 2015	October 5-9, 2015	November 2-6, 2015
March 7-11, 2016	October 3-7, 2016	November 7-11, 2016

Co-Sponsors: Michigan Ear Institute, Providence Hospital
Credits: 42.5 hours Category I CME by Providence Hospital
Tuition: \$1,600 Physicians In Practice / \$1,400 Residents

For Further Details Please Contact
Michigan Ear Institute
 30055 Northwestern Hwy., #101
 Farmington Hills, MI 48334
 (248) 865-4444 * Fax: (248) 865-6161
www.michiganear.com



3RD ANNUAL SUMMER SINUS SYMPOSIUM

SAVE THE DATE:
JULY 18-19, 2014
WESTIN, MICHIGAN AVENUE, CHICAGO, IL





50% DISCOUNT
Half-price registration for first time attendees of the meeting

<p>The ARS Summer Sinus Symposium is a meeting for all Otolaryngologists who treat and manage nasal and sinus issues, from the office to the operating room. Don't miss your chance to attend in 2014!</p>	<p>REGISTRATION IS NOW OPEN! Visit www.american-rhinologic.org/ars_courses for more information on complete program details, including hotel and registration information</p>	<p>COURSE HIGHLIGHTS:</p> <ul style="list-style-type: none"> • Demonstration dissections using the latest technology • Panel discussions with renown faculty on a variety of hot topics • Sinus Surgery • Allergy & Immunology • Rhinoplasty • Office Procedures • Practice Management
<p>COURSE DIRECTORS: Rakesh Chandra, MD, James Palmer, MD, Kevin Welch, MD</p>	<p>QUESTIONS? Email us at ARS@fac.org</p>	

Private Practice

North Carolina

Busy single-specialty ENT private practice is currently seeking a Board Certified/Board Eligible otolaryngologist to join the practice in 2015 or 2016. The practice focuses on quality care and an excellent patient experience at our well-equipped center.

Our practice is the Otolaryngology Head & Neck Surgery academic department for the Brody School of Medicine at East Carolina University. Ownership interest in SurgiCenter and numerous academic and clinical programs are available at our 900-bed tertiary teaching hospital. With a long-standing practice, there is a broad referral base and great opportunity for the newly joining physician. Head and neck fellowship is desired but not required.

Modern, spacious office includes allergy, audiology, video stroboscopy with speech language pathology and onsite CT. A large university in town offers numerous performing arts events as well as other activities. The proximity to the coast makes for easy and frequent opportunities to explore and enjoy.

Please send letter of inquiry to:

Office Manager

Eastern Carolina Ear, Nose & Throat – Head & Neck Surgery, PA

P.O. Box 5007

Greenville, NC 27835



Department of Otolaryngology – Head and Neck Surgery

Atlanta, GA, USA

Course Faculty:

Douglas E. Mattox, MD.

N.Wendell Todd, MD. MPH

Malcolm D. Graham, M.D.,

Esther X. Vivas, MD

Temporal Bone Surgical Dissection Courses

5 Day Courses

August 4-8, 2014

November 17-21, 2014

April 13-17, 2015

August 3-7, 2015

November 9-13, 2015

Fee: \$1650 Physicians in Practice
\$1350 Residents (with letter from chief)
CME: 45 Category 1 Credits

For more information contact:

Opal Reynolds

Clinical Support Specialist

Emory University Hospital Midtown

Medical Office Tower

550 Peachtree Street, Suite 1135

Atlanta, GA 30308

oreynol@emory.edu

Tel: 404-686-8184 Fax: 404-686-3782

Job Opportunity in South Florida Chief of Adult Otolaryngology Services

About the Opportunity:

Memorial Healthcare System is seeking a Chief of Adult Otolaryngology Services. This is a full-time hospital employed leadership position with competitive benefits and compensation package.

Memorial Healthcare System currently employs three otolaryngologists supporting an established ENT service covering outpatient clinic, inpatient hospital consults, including the ER. The Memorial Cancer Institute and the Memorial Neuroscience Institute collaborate needed services within the otolaryngology sub specialized areas.



Successful candidates will meet the following criteria:

- Fellowship training in skull based head and neck surgery required;
- Advanced training in reconstructive skull based surgery preferred;
- Board certified in general otolaryngology;
- Minimum of five (5) years leadership experience in a hospital-based ENT service line;
- Understands and practices evidence-based medicine;
- Proficient with electronic medical records;
- Excellent communication, interpersonal and team leadership skills;
- Establish policies and guidelines to monitor effectiveness of medical care, evidence-based clinical outcomes, and patient progress;
- New program development experience;
- Will perform adult general ENT procedures and surgeries, share call and cover the Emergency Department.

About Memorial Healthcare System:

Memorial Healthcare System is a 1,900-bed healthcare system located in South Florida and is highly regarded for its exceptional patient- and family-centered care. Memorial's patient, physician and employee satisfaction rates are some of the most admired in the country, and the system is recognized as a national leader in quality healthcare.

About South Florida:

South Florida offers quality of life, is rich in cultural and recreational amenities, and offers pristine beaches, top-rated golf courses, museums and world-class dining. The greater Ft. Lauderdale area offers numerous communities in which to raise a family. In addition, Florida has no state income tax.

To apply for this opportunity or learn more, visit memorialphysician.com.



University of California
San Francisco

advancing health worldwide™

Chief of Head and Neck Oncologic Surgery Division

Department of Otolaryngology-Head and Neck Surgery

The Department of Otolaryngology-Head and Neck Surgery at the University of California, San Francisco (UCSF) Medical Center has a successful and fast growing oncologic head and neck surgery program. The NCI-designated Helen Diller Family Comprehensive Cancer Center is one of the nation's premier centers, and in 2015 will add a brand new dedicated 70-bed cancer hospital to its existing patient facilities at the Mission Bay Campus. The Head and Neck Surgery practice has experienced tremendous growth, and has expertise in robotic surgery, ultrasound examination, and microvascular free flap reconstruction. The department has a Fellowship in Head and Neck Oncologic Surgery.

The department is seeking a fellowship-trained oncologic surgeon to lead the practice and department as Chief of the Division of Head and Neck Oncologic Surgery. Applicants who have attained the level of Associate or full Professor is desirable. The candidate should have a strong leadership background in head and neck oncologic surgery and an interest in practice development and outreach. The candidate will be responsible for providing excellent clinical care, for teaching all levels of trainees, and for leading a research program. Experience in outcomes research and clinical trials is desirable. Candidates with basic science interests and a proven track record in research productivity are encouraged to apply. This position is full-time and requires a strong commitment to partnership with an outstanding team of academic faculty. It requires the ability to collaborate in a multi-disciplinary surgical environment, leadership skills, teaching proficiency, clinical expertise and a strong interest in building a productive academic career. A valid California medical license will be required as a condition of employment.

Basic Qualifications:

- MD degree or equivalent from an accredited program
- Completed accredited residency program in Otolaryngology-Head and Neck Surgery
- Completed fellowship in Head and Neck Oncologic Surgery
- Board certified in the American Board of Otolaryngology, Head and Neck Surgery

Please apply online with CV and cover letter at:
<http://apptrkr.com/448565>

UCSF seeks candidates whose experience, teaching, research, or community service has prepared them to contribute to our commitment to diversity and excellence. UCSF is an Equal Opportunity/Affirmative Action Employer. The University undertakes affirmative action to assure equal employment opportunity for underutilized minorities and women, for persons with disabilities, and for covered veterans. All qualified applicants are encouraged to apply, including minorities and women.



Head and Neck Fellowship

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

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

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

Letters of inquiry and CV may be mailed or emailed to:
Dan Bruegger, MD, Associate Professor and Interim Chairman
The University of Kansas School of Medicine
Department of Otolaryngology-Head & Neck Surgery
3901 Rainbow Blvd, MS 3010, Kansas City, KS 66160
Email: dbruegge@kumc.edu

ACGME Approved Otology Neurotology and Skull Base Surgery Fellowship

Michigan Ear Institute
Providence Hospital

An ACGME approved Neurotology Fellowship is offered by the Michigan Ear Institute in conjunction with Providence Hospital, Southfield, Michigan and Wayne State University. Two positions are available commencing July 1, 2015 for a period of two years

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

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



Join a well-established practice in Alabama.

ENT practice is seeking a BC/BE Otolaryngologist to join our current 12 physicians July 2015.

Premier Medical is one of the largest multi-specialty eye, ear, nose & throat groups in the southeast. The diverse practice includes an Audiology & Allergy Department, an in-house CT scanner and is associated with a surgery center.

On-call schedule would include – Once every 6 week days and once every 12 weekends. This position offers a comprehensive benefit package and a competitive salary.

Mobile is the second largest metropolitan area in Alabama and is located only 30 miles from the Gulf of Mexico. The region offers an abundance of cultural & recreational opportunities for everyone - affordable living, arts, hunting, fishing, sailing, good schools and is a family friendly environment. A great place to live & work!

Interested individuals should send CV to or may contact:

Jimmy Hartman
2880 Dauphin Street
Mobile, AL 36606
251-341-3406 • jhartman@pmg.md
www.pmg.md



Faculty Position, Pediatric Otolaryngology
Department of Otolaryngology-Head and Neck Surgery

Rutgers New Jersey Medical School, Department of Otolaryngology-Head and Neck Surgery is recruiting a fellowship-trained Pediatric Otolaryngologist faculty member for July 2014. The successful applicant will join a rapidly growing academic department, and will be expected to contribute to its clinical, educational and research activities. The faculty member will split his/her time between our practices at Joseph M. Sanzari Children's Hospital at Hackensack University Medical Center and Rutgers New Jersey Medical School campus. The Department houses the only allopathic residency training program in New Jersey and collaborates with an extensive array of health care providers across the Rutgers Biomedical and Health Sciences units.

Applicants for this position must be able to perform at a high level both clinically and academically. Salary will be commensurate with ability, training, experience and demonstrated prior performance, and is designed to attract an outstanding physician and surgeon.

Submit inquiries and current Curriculum Vitae to:

Soly Baredes, M.D.
Professor and Chairman

Huma Quraishi, M.D.
Director of Pediatric
Otolaryngology

Aaron Hajart, MS, ATC
Sr. Director of Administration

Rutgers New Jersey Medical School
Department of Otolaryngology-Head and Neck Surgery
90 Bergen Street, Suite 8100, Newark, NJ 07103
(973) 972-2341 • hajartaf@njms.rutgers.edu



JOIN THE PROMEDICA FAMILY

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.

- Full employment with ProMedica Physicians
- "Built in" referral base and high volume
- Call shared equally among all members (currently 1:6)

- Trauma call is optional and paid separately
- Opportunity for teaching residents and medical students
- All members participate in weekly board meetings
- Competitive compensation and generous benefits package
- Relocation paid up to \$10K
- Perfect balance of work and lifestyle

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 © 2014 ProMedica

BEAUTIFUL MIDWEST CITY

I am looking for an otolaryngologist to join my very rewarding and active practice of general otolaryngology with a special interest in otology. I am also offering the opportunity for someone to assume a turn-key practice upon my retirement.

The practice currently has approximately 50-60 tympanomastoidectomies throughout the year as well as a broad range of general otolaryngology such as tonsillectomies, adenoidectomies and tubes, as well as sinus and skin surgeries.

Cape Girardeau, MO is a thriving, progressive city that has been relatively untouched by economic downturns, and the overall unemployment rate for the county is at 5%. The city has a population of about 40,000 people; it grows to over 100,000 during any given day as a business center of southeast Missouri and with the location of Southeast Missouri State University. It attracts referrals from physicians, clinics and nurse practitioners in a radius that includes approximately 250,000 people.

There are two well equipped, up to date hospitals in town as well as several surgery centers, all of which would give a spectrum of opportunity for an incoming otolaryngology head and neck surgery physician.

Interested applicants are encouraged to contact me directly.

Richard A. Martin, M.D., F.A.C.S.
Office (5773) 332-7000
Cell (573) 450-4189
Home (573) 243-5306

MARTIN EAR NOSE & THROAT CLINIC

Richard A. Martin, M.D., F.A.C.S.
3117 Blattner Drive • Cape Girardeau, MO 63703
Phone 573-332-7000 • Fax 573-332-7005

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.

Are you more interested in building a legacy than just finding a job?

The Department of Otolaryngology at West Virginia University is seeking a **general otolaryngologist** to join a thriving academic practice. Applicants must be board certified/eligible by the American Board of Otolaryngology. Responsibilities include teaching of residents and medical students, patient care and clinical/basic research.

You'll join a highly skilled team making an extraordinary difference in the lives of patients across our entire state. Ours is a collaborative atmosphere that encourages you to grow and evolve as you practice advanced medicine in a highly satisfying academic setting.

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

U.S. News & World Report ranked West Virginia University Hospitals in Morgantown #1 in the state for the last two years. Forbes recently ranked Morgantown as one of the Best Small Metros in America. Our area offers the cultural diversity and amenities of a large city in a safe, family-friendly environment. There is also an excellent school system and an abundance of beautiful homes and recreational activities.

Build your legacy as you serve, teach, learn and make a difference from day one. To learn more, visit <http://medicine.hsc.wvu.edu/otolaryngology/Home> or submit your CV directly to Laura Blake, Director of Physician Recruitment, at blakel@wvuhealthcare.com.



WVU is an AA/EO employer and is the recipient of an NSF ADVANCE award for gender equity. Position will remain open until filled.

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

FELLOWSHIP TRANSORAL SURGERY MICROVASCULAR HEAD & NECK RECONSTRUCTION HEAD AND NECK ONCOLOGY

Washington University School of Medicine in the Department of Otolaryngology is seeking applicants for a one-year fellowship starting July 1, 2015. This excellent high volume fellowship provides in-depth exposure to a broad variety of advanced microvascular reconstructive head & neck techniques, transoral resections (TLM and TORS), and skull base surgery. Applicant must be able to obtain a Missouri State license and must be board eligible. Salary and benefits according to PGY year. License expenses also covered.

Send inquiries and curriculum vitae to:

Bruce H. Haughey, MBChB & Brian Nussenbaum, M.D.

Division of Head and Neck Surgical Oncology
Washington University School of Medicine
Department of Otolaryngology Head and Neck Surgery
660 S. Euclid Ave.
Campus Box 8115
St. Louis, MO. 63110
Phone 314/362-0365
Fax 314/362-7522
<http://oto.wustl.edu>

Are you more interested in building a legacy than just finding a job?

The Department of Otolaryngology at West Virginia University is seeking a pediatric otolaryngologist to join a thriving academic practice. Applicants must be board certified/eligible by the American Board of Otolaryngology. Responsibilities include teaching of residents and medical students, patient care and clinical/basic research.

You'll join a highly skilled team making an extraordinary difference in the lives of patients across our entire state. Ours is a collaborative atmosphere that encourages you to grow and evolve as you practice advanced medicine in a highly satisfying academic setting.

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

U.S. News & World Report ranked West Virginia University Hospitals in Morgantown #1 in the state for the last two years. Forbes recently ranked Morgantown as one of the Best Small Metros in America. Our area offers the cultural diversity and amenities of a large city in a safe, family-friendly environment. There is also an excellent school system and an abundance of beautiful homes and recreational activities.

Build your legacy as you serve, teach, learn and make a difference from day one. To learn more, visit <http://medicine.hsc.wvu.edu/otolaryngology/Home> or submit your CV directly to Laura Blake, Director of Physician Recruitment, at blakel@wvuhealthcare.com.



WVU is an AA/EO employer and is the recipient of an NSF ADVANCE award for gender equity.
Position will remain open until filled.



INDUSTRY LEADER

Tier-One
Compensation and
Bonus Package

Unique

Distinguished
Practice for BE/BC
Otolaryngologists

Advanced

State-of-the-Art
Facilities Offering
Allergy and Immunology,
Audiology, Speech
Pathology, and
On-Site CT Imaging

Partnership

Two-Year
Partnership with
No Buy-In or Buy-Out

BE PART OF NEW YORK'S PREMIER ENT PRACTICE

One of the largest and most established private practices in the northeast specializing in all facets of General Otolaryngology, Facial Cosmetic Surgery, Laryngology, and Otology.

A combined workforce of over 200 individuals committed to delivering high-quality medical care in a patient-friendly environment.

Offices conveniently located in Queens, the Bronx, and Long Island.

For more information contact Carlos Lopez at 516.220.6448 or nyents@optonline.net



**WE ARE TRANSFORMING
THE WAY PHYSICIAN
GROUPS **MANAGE MEDICAL
MALPRACTICE RISK.****

Our revolutionary approach is seamless and cost-effective. As the nation's largest physician-owned medical malpractice insurer and an innovator in creating solutions for organizations like yours, we have the resources and experience to meet your needs. We're already providing medical malpractice insurance to 2,600 sophisticated medical groups across the country—supporting more than 59,000 physicians.

Learn more about our flexible risk solutions for groups.

CALL 888.274.1622 OR VISIT WWW.THEDOCTORS.COM

TRANSFORMING



We relentlessly defend, protect, and reward
the practice of good medicine.

Think Beyond YOUR WEBSITE

WATCH OUR
90 SEC. VIDEO



www.ThinkNewPatients.com



Starting at
\$995 setup

- Premium Websites
- Mobile Websites
- Social Media
- Search Engine Optimization
- Reputation Monitoring
- Patient Education

IT'S EASY. A complete Web Presence packs all your online marketing into one simple platform. It's time to make the upgrade. Officite can help.

- 1** CALL YOUR WEB PRESENCE ADVISOR
Meet your full-time, dedicated expert.
- 2** CHOOSE YOUR WEB PRESENCE PACKAGE
Select a package customized for your practice.
- 3** LAUNCH YOUR WEB PRESENCE
And watch the new patients come in.

Officite



877-437-3014
WWW.THINKNEWPATIENTS.COM