



TRANSFORMING THRIVING
TOGETHER



2014
ANNUAL REPORT



AMERICAN ACADEMY OF
OTOLARYNGOLOGY-
HEAD AND NECK SURGERY



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MESSAGE FROM LEADERSHIP

TRANSFORMING THRIVING TOGETHER

The theme of "Transforming, Thriving, Together" set the tone of the 2014 Annual Meeting & OTO EXPO in Orlando, Florida. This description vividly illustrates the trajectory of accomplishments, energy, and unity that characterized this past year for the American Academy of Otolaryngology—Head and Neck Surgery. Taking a page from our Continuing Professional Development (CPD) Guidelines, the entire Academy and Foundation strategic plan has been built and aggressively pursued by assessing the needs and analyzing the gaps of knowledge, advocacy, research, and member services for our Members, and then successfully closing those gaps and filling those needs throughout the year.

Academy President for 2013/2014, Richard W. Waguespack, MD, has stated, "Our strategic planning process coordinates action with budgeting and provides continuity across changes in elected leadership and staff. It positions us to not just react to change, but to help drive and shape it. We are changing uncertainty to opportunity by monitoring health policy, scope of practice, and federal and state legislative trends."

The integration and increasing efficiency and effectiveness of Academy and Foundation activity is a highlight of 2014. One of the best illustrations of the links between advocacy, health policy, education, research, and improved clinical care is the vision pursued by our Boards of Directors to provide relevant products and services: These will allow all otolaryngologists to have real-time, point-of-care, mobile access to clinical and educational material, appropriate to the immediate patient management situation, with decision support systems and documentation of applied best evidence. While still aspirational in its complete form, much progress is being made toward this goal. Improved mobile access to journal articles, evidence-based guidelines, and even textbooks is now available for otolaryngology-specific material. Mobile applications for Academy/Foundation content are growing. A new contract for an improved online learning platform and learning management system (LMS) has been signed and next generation access and support is not far away.

The *Bulletin* too has expanded its offerings online and plans to further extend content to meet Member needs, while becoming more efficient and accessible.

But as we transform successfully together, it's still important to acknowledge what will remain constant. As Academy Execu-



Richard W. Waguespack MD

2013/2014 President



David R. Nielsen MD

Executive Vice President and CEO

ive Vice President and CEO David R. Nielsen, MD, stated in the Opening Ceremony of our 2014 Annual Meeting & OTO EXPO, "We have changed far more in the last 13 years than in all of the previous 105 years of our existence as a society. That trajectory of required transition is not likely to slow in the immediate future. In spite of this transition, our entire membership and specialty have worked hard together to ensure that we embrace and hold fast to those things which should never change—our integrity, our professionalism, and our focus on our patients and their needs."

In recent months, as healthcare delivery and payment reform proposals and regulations are advanced, much has been published about physician attitudes, preparation, and morale. While some aspects are understandably quite negative—decreased physician satisfaction with clinical patient care, decreased productivity associated with electronic medical records and systems, distraction from patient interaction and professional relationship building, for example—the Academy has taken a leadership role in policy and action that will ensure a patient-centered focus for proposed models of care and their incentives. As a community of physicians and surgeons, otolaryngologists insist that we address reform proposals to provide better population health, better individual outcomes, and better use of finite resources, and that all solutions demonstrate improved clinical outcomes. We demand that proposals to reform healthcare be so valuable that physicians would choose to engage in them regardless of financial incentives, because they are good for patient care and improve outcomes, not simply to check a box or comply with a required regulation. Such proposals must help physicians do what they already want to do—provide optimal care for their patients.

As you review this report, look for the many examples of the added value of integrating our advocacy, education, and research enterprises with our member services and community outreach to ensure that we are not just enduring or grudgingly complying with reform requirements, but driving the positive change that we know needs to take place. We know that by taking this approach together, we and our patients will thrive throughout this transformation. 📌

2013-2014

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ADVOCACY

The 2014 AAO-HNS Socioeconomic Survey helps Members to assess specialty trends.

ADVOCACY: YOUR VOICE

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

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

In this section of the Annual Report, you will find examples of how the Advocacy group has worked to achieve these goals throughout 2014. Notably, the examples focus on: our work to continue efforts to permanently repeal the flawed Sustainable Growth Rate (SGR) formula and replace it with a new payment model that incentivizes the delivery of high-quality and efficient healthcare; our efforts to urge CMS not to move forward with the proposed exclusion of Medicare coverage of osseointegrated implants; advocacy efforts to resolve concerns related to CMS and private payer policy for cerumen removal (69210); the continued success of the In-district Grassroots Outreach (I-GO) program, and scope of practice advocacy activities.

SGR REPEAL ADVOCACY: SUCCESS, FAILURE, AND THE NEED FOR A CRYSTAL BALL

Efforts to repeal the flawed Sustainable Growth Rate (SGR) physician payment formula are like a broken record. They go round and round, and yet somehow fail to advance to the next track.

As the year began, the physician community was generally hopeful that the arduous work in 2013 would translate into continued momentum and finally yield a permanent resolution. Instead, 2014 produced a short-lived success, only to be followed by a disappointing failure.

In February, after nearly 18 months of hard-fought policy negotiations, bipartisan and bicameral legislation (H.R. 4015/S. 2000) was introduced. Coalescence around what policies would replace the flawed SGR formula—long a hindrance to repeal—by the entire physician community, as well as by lawmakers in both parties in both chambers of Congress, represented nothing short of the political and policy “stars aligning.”

However, the fiscal and political realities of today’s Capitol Hill soon emerged, and Congress delivered perhaps its greatest SGR-related failure. With a March 31 deadline to identify offsets necessary to finance repeal and replacement of the SGR formula, lawmakers never fully engaged in a negotiation process that could actually yield positive results. Instead, political posturing quickly derailed the focus on permanent repeal and Congressional leaders began honing in on yet another short-term SGR patch—the 17th in more than a decade.

After this disappointing pivot, nearly the entire physician community (including the AAO-HNS) took an unprecedented stance by collectively opposing a short-term SGR patch. Initially, this drastic approach showed signs of success. Despite some legislative maneuvering, the patch legislation was pulled from the House floor because it lacked the votes for passage. As a result, Congressional leaders resorted to “stealth” floor tactics that enabled passage via a hurried voice vote. The U.S. Senate soon passed the bill, which the president signed. Barring additional Congressional activity, the SGR patch is set to expire March 31, 2015.

What happens next? We’re all searching for a crystal ball. The AAO-HNS and others in the physician community are urging lawmakers to include SGR repeal in this year’s lame-duck session. If action is delayed until the 114th Congress, the policy agreement that was so hard-fought could be in jeopardy. A critical component of our success relies on the continued active involvement of individual physicians, and in some instances, their patients. Physicians **MUST** continue to educate their lawmakers about the flaws in the Medicare physician payment system. Absent continued, and even increasingly focused, advocacy efforts by the physician community, the SGR will remain the law of the land.

For more information on the SGR repeal saga, email the AAO-HNS Government Affairs team at govtaffairs@entnet.org. 📧



Congress: It’s Time for a Permanent Solution

SGR Video Transcript

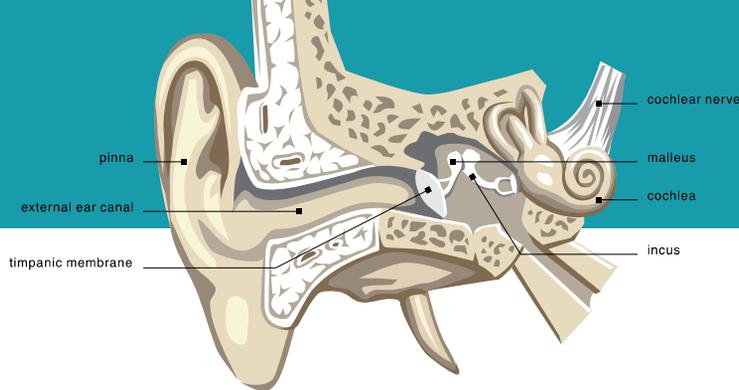
Time it takes to seriously discuss SGR reform: **12 Years**

Time it takes to write a bipartisan bill everyone can agree on: **12 Months**

Time it takes to kill SGR reform: **24 Seconds**

Tell Congress: **Do NOT abandon permanent SGR repeal.**

To view the SGR Video, visit www.entnet.org/advocacy



ACADEMY ADVOCATES AND CMS CLARIFIES HEARING AID EXCLUSION IN FINAL DMEPOS RULE

BACKGROUND

In July 2014, the Centers for Medicare & Medicaid Services (CMS) published a proposed rule focusing on the 2015 Durable Medical Equipment Prosthetics Orthotics and Supplies (DMEPOS) fee schedule. This unexpected development included a proposed policy change to clarify the definition of a hearing aid and specified that the Medicare reimbursement exclusion for hearing aids would encompass all types of air conduction and bone conduction auditory prosthetics (external, internal, or implanted). If finalized, the proposed rule essentially would have negated CMS' current coverage of osseointegrated implants.

ADVOCACY EFFORTS—FOCUS ON THE PATIENT FIRST

In response, Academy leadership and health policy staff advocated on multiple levels and engaged a range of stakeholders including the Physician Payment Policy (3P) Work Group; our Hearing and Implantable Hearing Devices Committees; American Neurotology Society (ANS) and American Otological Society (AOS); audiology and public interest groups; and with CMS staff at multiple levels. We had lengthy and repeated discussions with the CMS on the physiology of hearing, with the definition of "prosthesis" and the history of the hearing aid exclusion by Congress from 1965. All of these efforts were directed at raising awareness of the significant potential impact of this proposed rule and garnering support for our position, that this proposed change would negatively impact thousands of patients who have no other recourse to better hearing.

On September 2, 2014, the Academy, AOS, and ANS submitted a formal joint comment letter to CMS noting concerns and providing a suggested alternative that would allow for continued coverage of osseointegrated implants for Medicare patients. In follow-up to these comments, the Academy met with Patrick Conway, MD, deputy administrator for innovation and quality, and CMS' chief medical officer, and noted that our focus is on the patient and that, as otolaryngologists, we are stewards of the patient's health and that the disagreement to the proposed change was based on patient needs and outcomes, not personal or professional gains, or concerns. We noted that while the comment letter was more focused on osseointegrated rather than non-osseointegrated bone conduction prostheses, there is a need for both. The focus on osseointegration does not mean that other types of prostheses should not be covered, just that they should be covered only when offered to patients with hearing loss due to medical/surgical conditions who

cannot otherwise benefit from conventional hearing aids. The meeting went well with Dr. Conway asking David R. Nielsen, MD, many specific questions related to our comments.

OUTCOME

In the final rule, CMS revised its proposed position and the comments reflect that they will continue to include coverage of osseointegrated bone conduction implants. Even though there still is not universal coverage for every technological advance available to patients with hearing loss, the Final Rule also included specific language about keeping the door open for new technology and additional published literature on advances in hearing health, which is a direct result of our intervention. CMS released its final rule addressing the 2015 DMEPOS fee schedule on October 31, 2014.

While the specifics of this example are extremely valuable to us as otolaryngologists from both a patient care and a socioeconomic perspective, even more important is the professional relationship of trust and respect that was developed between these senior Medicare officials and the Academy.

“ We very much welcome this news. As we explained in discussions with representatives from CMS, these auditory prosthetic devices are used only when traditional hearing aids aren't possible or are ineffective, so eliminating coverage would have been hugely detrimental to patients who had no other options.

DAVID R. NIELSEN, MD

ADVOCACY TO RESOLVE CONCERNS RELATED TO CMS AND PRIVATE PAYER POLICY ON CERUMEN REMOVAL (69210)

ADVOCACY EFFORTS WITH CMS

During the past year, the Academy has worked tirelessly on behalf of Members to advocate for changes to the Centers for Medicare & Medicaid Services (CMS) and private payer policies related to the payment of cerumen removal even when billed unilaterally. Despite the CPT coding change to 69210, CMS issued a payment policy within the 2014 final Medicare Physician Fee Schedule that refuses to acknowledge the use of the -50 modifier when 69210 is furnished bilaterally. Their rationale for this is that the physiologic processes that create cerumen impaction likely will affect both ears. In February 2014, the Academy conducted a conference call with CMS regarding this policy. We followed up with CMS in April 2014 with the results from our Member survey that the service is performed most typically bilaterally (59 percent).

Per CMS instruction, this reimbursement policy will remain in place through CY 2014 as an interim value for the service. Based on CMS guidance, the Academy recommends that Members NOT report 69210 using modifier -50, as MACs are denying these claims entirely and not paying for even one unit reported. We also have confirmation from Members that many private payers are following CMS policy and are not reimbursing for this as a bilateral procedure. We encourage providers to check with their private payers, as policies vary and there are some who are allowing the -50 modifier.

At this time, CMS has indicated that this remains its policy and that it does not plan to make any changes. The Academy has exhausted all efforts to prompt CMS to revisit this payment policy; however, if the opportunity presents itself to open dialogue in a meaningful way, we will certainly pursue that avenue. In the meantime, the continued guidance to Academy Members is not to report 69210 using modifier -50.

PRIVATE PAYER ADVOCACY EFFORTS RELATED TO 69210 AND E/M CODES

The Health Policy team first heard from Members experiencing a problem with BCBS of Florida, where they were denying claims with CPT 69210 removal impacted cerumen requiring instrumentation, unilateral when it is billed in conjunction with any office-based Evaluation and Management (E/M) CPT code (99211-99215). After several calls to Members (via the monthly HP Update and *The News*) for information about widespread impact, it was determined that the issue was occurring on a more national basis, thus warranting 3P involvement. After initially sending out more than a dozen individual letters to payers, 3P determined that a better use of resources would be to develop a template appeal letter and advocacy statement, in addition to our CPT for ENT on Cerumen Removal for Members to use when appealing inappropriate denials of this nature. 📧

CERUMEN REMOVAL WIN: POLICY REVERSED

As a result of Academy efforts, Cigna has changed this policy such that any claim with modifier 25 that was denied will be reprocessed, and going forward, providers will be reimbursed when modifier 25 is appended, with no documentation necessary with submission. This policy reversal has positively affected many Members and their Cigna patients. See www.entnet.org/template-appeal-letters

STATE ADVOCACY: CONNECTING THE DOTS

AAO-HNS State Trackers



With the help of our Board of Governors and state societies, the Academy recruited more than 80 volunteer “state trackers” in 42 states to be the boots on the ground for state legislative affairs.

Trackers are Still Needed in Eight States:

- Alaska
- Idaho
- Minnesota
- Mississippi
- Oregon
- Rhode Island
- South Dakota
- Wyoming

As part of the AAO-HNS 2013 strategic planning and budgeting process, the Academy implemented program changes to strengthen its Member grassroots involvement and increase leadership opportunities in its state legislative activities. With the help of the Board of Governors and state societies, the Academy recruited more than 80 volunteer “state trackers” in 42 states to be the boots on the ground for state legislative affairs. The volunteer trackers are now the backbone of the program, as they monitor daily email reports and alert the Academy if assistance (letters/testimony) is needed on legislation.

Because of the active and engaged volunteer base, this new program had a smooth transition and a successful first legislative session. This has enabled the Academy to begin the next phase: “Connecting the Dots.” This stage involves introducing state trackers, if necessary, with leaders and staff from their state otolaryngology societies and state medical societies. Through these introductions, there will be improved collaboration and communication between states and the AAO-HNS, which should help ensure better legislative outcomes in the coming years. In addition, the AAO-HNS will be updating its records with the names of Academy Members currently serving on state licensing boards for audiology, hearing aid dispensing, and speech language pathology. These key contacts should prove helpful as the 2015 state legislative

session begins.

Finally, to support our volunteer state trackers, AAO-HNS staff will continue to host conference calls from December until May—the “busy season” for state legislatures. Conference calls for the 2015 legislative session will begin in December for society leaders, state trackers, and state lobbyists. These calls are a great opportunity for advocates to share their experiences from past legislative sessions, identify national trends, and develop strategies for the upcoming year.

Trackers are still needed in eight states: Alaska, Idaho, Minnesota, Mississippi, Oregon, Rhode Island, South Dakota, Wyoming

THE EVOLUTION OF FEDERAL AUDIOLOGY LEGISLATION

Efforts to oppose inappropriate scope of practice expansions have long been a tenet of the AAO-HNS' federal legislative priorities. For years, the national organizations representing the audiology community sought passage of federal legislation that would provide audiologists with unlimited "direct access" to Medicare patients without a physician referral.

However, in the last several years, the audiology community's coalescence around the direct access issue has waned. As a result, the 113th Congress represents the first time that the three groups representing audiologists have opted to each pursue their own legislative initiatives. The active bills are:

- American Academy of Audiology (AAA)—H.R. 4035/S. 2046, a recycled bill to provide audiologists with unlimited direct access to Medicare patients without a physician referral. Introduced in February 2014 by U.S. Rep. Jim McDermott (D-WA) and U.S. Sen. Sherrod Brown (D-OH). AAO-HNS strongly opposes.
- American Speech-Language-Hearing Association (ASHA)—H.R. 2330, a bill designed to align Medicare coverage of comprehensive audiology services with current billing and reimbursement standards of other non-physician therapeutic services covered by Medicare (PT, OT, SLP). This bill specifically retains the requirement for a physician referral, as well as physician oversight of plans of care. Introduced in June 2013 by U.S. Rep. Gus Bilirakis (R-FL). AAO-HNS supports.
- Academy of Doctors of Audiology (ADA)—H.R. 5304, an effort to pass legislation by 2018 that would amend Title XVIII of the Social Security Act to include audiologists in the definition of "physician." This new initiative would also provide the direct access outlined in the AAA bill. Introduced in July 2014 by U.S. Reps. Lynn Jenkins (R-KS) and Matt Cartwright (D-PA). AAO-HNS strongly opposes.

The shift in the audiology community's strategy is not an anomaly. Since passage of the Affordable Care Act and the President's subsequent reelection, there has been a slightly more favorable environment on Capitol Hill regarding efforts to expand access to non-physician healthcare providers to help fill perceived "gaps" in care. As a result, the incidence and breadth of scope expansion efforts has markedly increased.

Given these evolving legislative "environment" variables, and the strategic shift within the audiology community, the AAO-HNS has remained proactive in its approach to ensure Members of Congress (and their staffs) are well educated on the various audiology initiatives. In addition to several AAO-HNS letters to Capitol Hill and numerous meetings with legislative and committee staff, the Academy spearheaded coalition sign-on letters opposing H.R. 4035/S. 2046 and H.R. 5304. We are pleased to report that nearly 120 national, state, and local medical societies—including the American Medical Association and the American College of Surgeons—are signatories to our letters.

Thus far, our efforts have received a positive response from most Capitol Hill offices. However, our success should not breed complacency. The AAO-HNS urges its Members to follow these issues closely. As these legislative efforts continue to unfold, applicable legislative "action alerts" and other advocacy-related materials will be communicated to AAO-HNS Members.

For more information regarding pending audiology legislation, email legfederal@entnet.org. Or, visit the Legislative and Political Affairs webpage at www.entnet.org/advocacy for access to the Academy's position letters and additional resources pertaining to these issues.



ADVOCACY: GET INVOLVED



The Political Action Committee of
the American Academy of Otolaryngology—
Head and Neck Surgery, Inc.

With the start of the 114th Congress, now is the time for AAO-HNS Members to learn more about legislative and political advocacy by visiting www.entpac.org. ENT PAC, the political action committee of AAO-HNS, financially supports federal Congressional candidates and incumbents who advance the issues important to otolaryngology-head and neck surgery. Since your AAO-HNS annual dues cannot be used for political purposes, ENT PAC was established to accept voluntary contributions enabling our Members to speak with a collective voice. ENT PAC is a non-partisan, issue-driven entity that supplements the Academy's legislative advocacy efforts and helps to increase the visibility of the specialty on Capitol Hill and with key policymakers. To learn more about ENT PAC and the Academy's Federal Elections Center, visit www.entpac.org (Log in with your AAO-HNS Member ID and password) or email entpac@entnet.org for assistance.*

*Contributions to ENT PAC are not deductible as charitable contributions for federal income tax purposes. Contributions are voluntary, and all members of the American Academy of Otolaryngology-Head and Neck Surgery have the right to refuse to contribute without reprisal. Federal law prohibits ENT PAC from accepting contributions from foreign nationals. By law, if your contributions are made using a personal check or credit card, ENT PAC may use your contribution only to support candidates in federal elections. All corporate contributions to ENT PAC will be used for educational and administrative fees of ENT PAC, and other activities permissible under federal law. Federal law requires ENT PAC to use its best efforts to collect and report the name, mailing address, occupation, and the name of the employer of individuals whose contributions exceed \$200 in a calendar year.

GOVERNMENT AFFAIRS BY THE NUMBERS

118 Local, State, and National Medical Societies who Signed an AAO-HNS Letter Opposing Proposed Legislation (H.R. 5304) Granting Audiologists "Limited License Physician" Status

208 Political Events Attended in the 113th Congress to Heighten the Specialty's Visibility on Capitol Hill

1,827 ENT Advocacy Network Members

85 Volunteer "State Trackers" Monitoring Legislative Activity Across the Nation

HEALTH POLICY

23 Codes Reviewed through the CPT Process (Review of New, Revised and Deleted Codes)

49 Codes either through the RUC Process (Action Plans, Presented, PE Reviewed), or Full Comprehensive Review/Survey

Per the 2014 AAO-HNS Socioeconomic Survey, **66%** of General Otolaryngologists are Reporting PQRS Quality Measures and **59.9%** Successfully Earned an Incentive Payment (**582** General Otolaryngologist Respondents)

10 Academy Comment Letters Submitted to Federal Governmental Agencies on Proposed and Final Policy Changes to Programs, such as Medicare, that Potentially Impact Our Specialty



David E. Tunkel, MD, moderated the 2014 Miniseminar, AAO-HNSF Clinical Practice Guideline: Tinnitus. He was joined by Carol A. Bauer, MD; Gordon H. Sun, MD; and Richard M. Rosenfeld, MD, MPH (at the mic).

RESEARCH & QUALITY

RESEARCH & QUALITY: IMPROVING CARE

To further research and quality in otolaryngology, our goal is to empower physicians to provide the best patient care through the development of evidence-based guidelines that are updated and refined, based on current best practices. We look to identify, promote, and address the key research questions and disseminate discoveries for the advancement of our field and to fundamentally improve patient outcomes. We strive to:

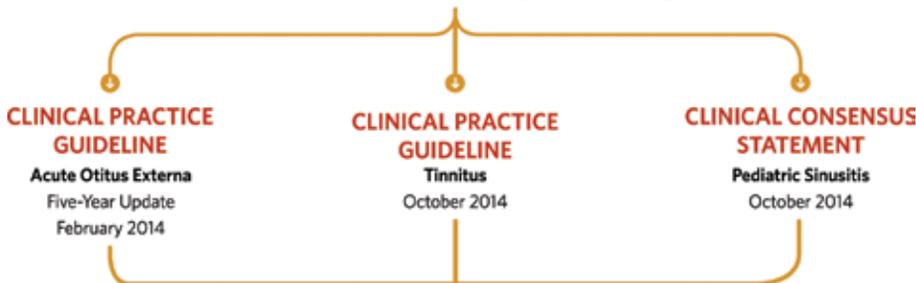
- Build a sustainable infrastructure to test, pilot, and promote adoption of research and quality products such as guidelines, measures, Performance Improvement Projects (PIP) or lifelong learning projects, and evidence-based medicine to promote translational research.
- Demonstrate the value of strong research and quality education and granting



Lisa E. Ishii, MD, MHS, new coordinator for Research & Quality, provided opening comments during the CORE Awards Ceremony at the AAO-HNSF 2014 Annual Meeting & OTO EXPOSM in Orlando, Florida.

Quality Knowledge Products

The AAO-HNSF Published Three Quality Knowledge Products During the Past Year



programs to the specialty.

In addition, the Clinical Practice Guideline: Allergic Rhinitis has been accepted to Otolaryngology-Head and Neck Surgery and the five-year update to the Clinical Practice Guideline: Adult Sinusitis has been submitted to the Otolaryngology-Head and Neck Surgery for 2015 publication.



Carol A. Bauer, MD, assistant chair of the Clinical Practice Guideline: Tinnitus, presents at the AAO-HNSF 2014 Annual Meeting & OTO EXPOSM in Orlando, Florida.



Sandra Y. Lin, MD, assistant chair of the Clinical Practice Guideline: Allergic Rhinitis, presents at the AAO-HNSF 2014 Annual Meeting & OTO EXPOSM in Orlando, Florida.

Scott E. Brietzke, MD, MPH, chair of the Clinical Consensus Statement: Pediatric Sinusitis, presents at the AAO-HNSF 2014 Annual Meeting & OTO EXPOSM in Orlando, Florida.

DISSEMINATION, EDUCATION, AND IMPLEMENTATION FOR CLINICAL PRACTICE GUIDELINES

According to the 2014 Voice of the Member Survey, the top four benefits to Members, based on importance, are Clinical Practice Guidelines (CPGs), *Otolaryngology—Head and Neck Surgery* scientific journal, the AAO-HNSF website (entnet.org), and the Annual Meeting & OTO EXPOSM. All four offerings provide timely and relevant information that is easy to access. Our CPGs are also reaching beyond our Members to primary care and allied health professionals as illustrated by more than 472,009 views via the National Guideline Clearinghouse and more than 2,000 citations, as reported by Google Scholar.

A second *Choosing Wisely*[®] list was developed for the specialty to be submitted by December 2014. As with the initial *Choosing Wisely*[®] list for our specialty, many of the statements reference AAO-HNSF CPGs. An initiative of the ABIM Foundation, *Choosing Wisely*[®] works to initiate conversations between providers and patients to ensure the right care is delivered at the right time. Participating organizations have created lists of “Things Providers and Patients Should Question,” which include evidence-based recommendations that should be discussed to help make wise decisions about the most appropriate care based on a patient’s individual situation. The Patient Safety Quality Improvement (PSQI) spearheaded the second submission from the AAO-HNSF, which includes the following statements:

- Do not place ear tubes in otherwise healthy children who have had a single episode of ear fluid lasting less than three months.
- Do not order imaging studies in patients with non-pulsatile bilateral tinnitus, symmetric hearing loss, and an otherwise normal history and exam.
- Do not order more than one computerized tomography (CT) scan to evaluate.
- Do not routinely use perioperative antibiotics for elective tonsillectomy in children.
- Do not routinely perform sinonasal imaging in patients with symptoms limited to a primary diagnosis of allergic rhinitis alone.

“ The Clinical Practice Guideline: Improving Voice Outcomes after Thyroid Surgery has been embraced by the 2015 guidelines of the American Thyroid Association (the main endocrine organization involved in thyroid cancer management) and, as a result, voice is now part of the physical exam of the patient undergoing thyroid surgery. Because of the AAO-HNSF, voice is on the map for thyroid surgery!

GREGORY W. RANDOLPH, MD

Research & Quality



To help Members implement the CPGs at the bedside, seven CPG pocket cards and apps are now available through Guideline Central: Bell's Palsy, Tonsillectomy, Tympanostomy Tubes, Sudden Hearing Loss, Acute Otitis Externa, Improving Voice Outcomes After Thyroid Surgery, and Tinnitus.

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

QUALITY MEASUREMENT AND REGISTRY DEVELOPMENT

Performance Measures

Two otolaryngology-specific measure groups for PQRS reporting were developed by AAO-HNS/F and ABOto leadership. The two measure groups were included in the CMS 2015 MPFS Proposed Rule. Utilizing measures groups reduces the burden to physicians reporting to PQRS.

Otolaryngology Data Registry

The Board of Directors approved development of a task force to work with a consultant to identify a registry solution for otolaryngology-head and neck surgery that can be utilized in value-based purchasing and Maintenance of Certification activities as well as reimbursement modeling.



CENTRALIZED OTOLARYNGOLOGY RESEARCH EFFORTS (CORE) GRANT PROGRAM

The 2014 CORE grant PROGRAM participating societies approved a portfolio of 43 grants totaling \$820,768 (\$223,317 specifically awarded by AAO-HNSF and its sponsors Alcon, Cook Medical, and Oticon).

The 2015 CORE funding opportunity announcements, offering more than \$600,000 in research funding by the participating societies and sponsors, was opened in September 2014. 📌

Otolaryngology-Specific Measure Groups for PQRS Reporting

Developed by AAO-HNSF & ABOto Leadership

The Two Measure Groups were Included in the CMS 2015 MPFS Proposed Rule. Utilizing Measures Groups Reduces the Burden to Physicians Reporting to PQRS.

PROPOSED ADULT SINUSITIS MEASURE GROUP

Documentation of Current Medications in the Medical Record (*Patient Safety*)

Pain Assessment & Follow-Up (*Community/Population Health*)

Preventive Care & Screening: Tobacco Use: Screening and Cessation Intervention (*Community/Population Health*)

Adult Sinusitis: Antibiotic Prescribed for Acute Sinusitis (*Appropriate Use*) (*Effective Clinical Care*)

Adult Sinusitis: Appropriate Choice of Antibiotic: Amoxicillin Prescribed for Patients with Acute Bacterial Sinusitis (*Efficiency & Cost Reduction*)

Adult Sinusitis: Computerized Tomography (CT) for Acute Sinusitis (*Overuse*) (*Efficiency & Cost Reduction*)

PROPOSED ACUTE OTITIS EXTERNA (AOE) MEASURE GROUP

Acute Otitis Externa (AOE): Topical Therapy (*Effective Clinical Care*)

Acute Otitis Externa (AOE): Systemic Antimicrobial Therapy-Avoidance of Inappropriate Use (*Efficiency & Cost Reduction*)

Documentation of Current Medications in the Medical Record (*Patient Safety*);

Pain Assessment & Follow-Up (*Community/Population Health*)

Falls: Risk Assessment (*Patient Safety*)

Falls: Plan of Care (*Communication & Care Coordination*)



EDUCATION & KNOWLEDGE

EDUCATION & KNOWLEDGE: AWARENESS, ENGAGEMENT, VALUE

In 2014, the AAO-HNS Foundation's emphasis in Education and Knowledge was on you, the learner. Throughout the year, the Foundation's education leadership focused on encouraging engagement in the education and knowledge resources the Foundation offers. Nearly two-thirds of our Members engage in education through the Academy, and that number is expected to grow. The Foundation offered 200 education activities, reached 16,000 health professionals, and provided 260,000 continuing medical education credits in 2014.

In an effort to continually create greater awareness of all the Education and Knowledge resources available across the Academy and Foundation, the website redesign increased its focus on the AcademyU® education and knowledge periodic table. Six new elements were added in 2014. These new elements join the original 12 within one of the five learning formats (Knowledge Resources, Subscriptions, Live Events, eBooks, and Online Education) in providing comprehensive professional education for all learners.

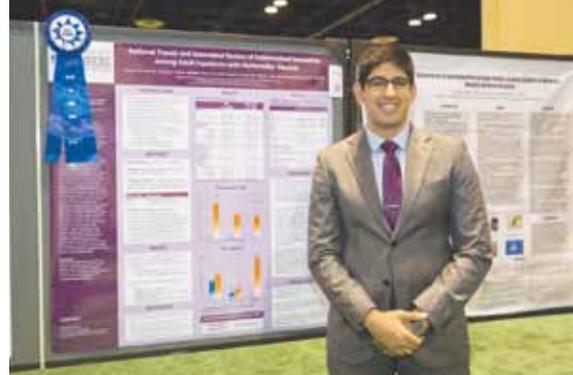
Through improving the value of its Education & Knowledge offerings, the Foundation continues to secure its spot as the primary source for otolaryngology education. The Foundation continued to reach out to Members throughout the year to better understand how value is perceived. Members used words such as flexible, evidence-based, accessible, peer-to-peer, self-paced, and customizable to convey the elements of value.

The relationship between Member awareness, engagement, and value of Education and Knowledge resources will measure our success as we continue to build a dynamic portfolio of otolaryngology-head and neck surgery Education & Knowledge Resources.



EDUCATION ACTIVITY	USAGE DATA
AcademyQ®	2,600 downloads 500 purchases
Annual Meeting & OTO EXPO SM	5,615 professional participants 8,219 total participants
ENT Exam Video Series	38,000 views
Home Study Course SM	2,900 subscribers
Patient Management Perspectives in Otolaryngology SM	400 subscribers
Coding and Reimbursement Workshops	1,300 attendees
ENT for the PA-c Conference	160 attendees
Clinical Fundamentals Online	16 registrants
COOL Courses	1,800 course completions
Online Courses	138 registrants
Online Lecture Series	700 registrants

This year's "Best in Show" Poster winner: *National Trends and Associated Factors of Endotracheal Intubation among Adult Inpatients with Peritonsillar Abscess*—**Hannan A. Qureshi; Bruce K. Tan, MD; Rakesh K. Chandra, MD; Robert C. Kern, MD; Stephanie S. Smith, MD, MSc.**



THRIVING ANNUAL MEETING & OTO EXPOSM

As planning began for the 2014 Annual Meeting & OTO EXPOSM, the AAO-HNS/F Boards of Directors identified strategic initiatives intended to extend and increase the relevance of the Annual Meeting. Those initiatives were: systematically improve the Annual Meeting & OTO EXPOSM to position it for continued future success; serve as a source for certification/MOC preparation; and continue innovation in the Annual Meeting & OTO EXPOSM.

We are pleased to report that we had 5,615 professional registrants this year; a 2 percent increase from last year's attendance. Attendees came from around the world, spanning more than 80 different countries. We are also thrilled to report that we had 1,139 abstract submissions this year.

In addition, the 2014 Annual Meeting featured a number of historic firsts for the education program.

- A "Best of Orals" 80-minute session took place Sunday morning. This session included 12 of the highest-rated oral submissions representing all the subspecialty topics.
- Based on very positive feedback from the 2013 Annual Meeting, all oral presentations were delivered in five-minute increments. Three minutes were allotted for authors to present their research and findings followed by two minutes of audience questions and presenter responses.
- Twenty-five percent of the Miniseminars used audience response technology allowing the participants to better engage in the presentation.
- In addition to the tried-and-true Poster Awards recognition program identifying the top three posters, recognition was expanded this year to include Best in Show, Gold, and Silver ribbon commendations based on grading by the Program Advisory Committee.
- Designed to help members prepare for the MOC Part III cognitive exam, the program included four Review Courses: "Head and Neck Surgery," "Rhinology and Allergy," "General Otolaryngology," and "Facial Plastic and Reconstructive Surgery."
- A new Clinical Fundamental track was added this year. This track includes Instruction Courses on the 10 topics required for MOC Part III and provided our Members with the means to meet one of the Maintenance of Certification requirements.
- Additional space for a hands-on learning room was added, providing participants with more opportunities to interact with expert faculty while participating in cutting-edge demonstrations.
- Thirty of the top-rated Instruction Course presenters were invited to submit a "State-of-the-Art Review" paper to *Otolaryngology-Head and Neck Surgery*.
- For the first time, Instruction Courses took place on Wednesday morning together with the Scientific Program. Three blocks of courses were scheduled starting at 8:00 am, 9:15 am, and 10:30 am. 🍷



Education & Knowledge

Moreover, there were many wonderful opportunities for professional development, networking with colleagues, and knowledge-sharing during some of the new featured items at this year's Annual Meeting, including:

- On the evening of the first day of the conference, the President's Reception took place in the exhibit hall for an hour-and-a half, where attendees and exhibitors mingled over refreshments and light hors d'oeuvres. An intimate setting set the stage for exhibitors and attendees to enjoy meeting each other on a more relaxed level.
- Hands-On Training and Demonstration sessions took place in the OTO EXPOSM. These sessions provided a select number of Annual Meeting attendees the opportunity to use the newest technologies presented by various members of the corporate community.
- The AAO-HNS Career Fair, hosted by ENT Careers and the HEALTHeCAREERS Network, provided candidates in all subspecialties and levels of training the opportunity to speak face-to-face with hiring representatives.
- An Academy Technology Center premiered in 2014. The center focused on the Academy's technology resources: ENT Connect, entnet.org, AcademyU[®], PQRS Wizard[®], and more. Staff were available to demonstrate all of the Foundation technology solutions, answer questions, and listen to suggestions.

The 118th Annual Meeting proved to be a success. We were thrilled for those who were able to join us and we will be even more thrilled to see everyone at the 119th Annual Meeting & OTO EXPO, September 27-30, 2015, at the Kay Bailey Hutchison Convention Center in Dallas, Texas. Save the dates and watch the Annual Meeting website for updated



Moving Forward, Bringing Together.

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

Left: Networking around every corner from the President's Reception, Alumni Receptions, to the Career Fair. Right: More opportunities for hands-on training in the Product Theater and Hands-on Demonstration Labs.



2014 ANNUAL MEETING & OTO EXPOSM

90	Miniseminars
355	Instruction Courses
4	Guest Lectures
336	Oral Presentations
269	Exhibiting Companies
1,083	First-time Attendees
25.5	Continuing Medical Education Credits available for each physician
24,853	Continuing Medical Education Certificates awarded
2,805	Installations of the Annual Meeting Mobile App

WORKING TOGETHER

The leadership of the AAO-HNS and its Foundation is well aware that a collaborative approach is an essential element of meeting the education needs of both general otolaryngologists and specialists.

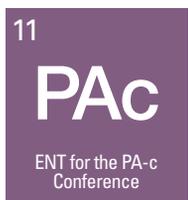
For the second year, the Foundation partnered with the American Society for Pediatric Otolaryngology to produce 10 expert-led webinars through the Pediatric Otolaryngology Webinar Series.



A critical Foundation resource was updated this year in collaboration with the American Head and Neck Society. The fourth edition of the Quick Reference

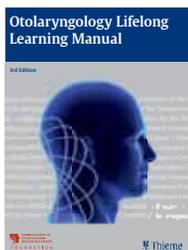
Guide to *TNM Staging of Head and Neck Cancer and Neck Dissection Classification* was copublished as an eBook by the two organizations and is now available on

both websites.



The Society for Physician Assistants in Otolaryngology and the Foundation continued their partnership in

hosting the ENT for the PA-c Conference in Pittsburgh in March. The popularity of this live event continues to grow with both physician assistants and nurse practitioners as we reach this critical audience



The Foundation entered into a copublishing agreement with Thieme Publishers to produce both print and online products. Our first two collaborative efforts have been to

update *Geriatric Otolaryngology and the Maintenance Manual for Lifelong Learning*, newly retitled as *Otolaryngology Lifelong Learning Manual*. Both will be available in early 2015.

The Foundation and the American Board of Otolaryngology (ABOto) continue to explore how the two organizations can collaborate in providing Maintenance of Certification (MOC) preparation and compliance resources. Leaders from both organizations participated in a meeting jointly sponsored by the American Board of Medical Specialties and the Council of Medical Specialty Societies in October to discuss greater collaborative opportunities.

While Maintenance of Certification (MOC) is the responsibility of ABOto, the Foundation has responded to member requests for resources for otolaryngologist-head and neck surgeons participating in the process:

- **AcademyQ Knowledge Assessment Question app** available for both Apple and Android devices with 800 questions from all eight subspecialties.
- **Review courses** available at the Annual Meeting & OTO EXPOSM.
- **Clinical Fundamentals** courses that satisfy an MOC Part Three requirement offered at the Annual Meeting and online.
- **The *Otolaryngology Lifelong Learning Manual***, comprehensive overview of the specialty, is due to be published in early 2015.
- **Home Study Course** and online courses for MOC candidates in meeting the Part II continuing medical education requirements. ▶

AcademyU[®]

Your Otolaryngology Education Source

1 aQ AcademyQ [™]	2 Cc COCLIA SM	3 Cpg Clinical Practice Guidelines
4 Jnl OTO Journal	5 Pmr Practice Management Resources	6 Xs ENT Exam Video Series SM
7 Hsc Home Study Course	8 Pmp Patient Management Perspectives	9 Am Annual Meeting
10 Crw Coding and Reimbursement Workshops	11 PAC ENT for the PA-c Conference	12 eB eBooks
13 AmW Annual Meeting Webcasts	14 AmP Annual Meeting Posters	15 Cf Clinical Fundamentals
16 Co COOL SM	17 Ocl Online Courses and Lectures	18 Pws Pediatric OTO Webinar Series



TRANSFORMING FOR THE FUTURE

Even as the Foundation's education and knowledge resources **thrive**, they also continue to **transform** to meet the needs of the future. This **transformation** is led by Sonya Malekzadeh, MD, Coordinator for Education, working closely with the Education Steering Committee and eight education committees. Their commitment to education along with their knowledge and expertise has been invaluable this year. This commitment is also demonstrated by active involvement by the Board of Directors and the Members of the Science and Educational Committee.

The path is guided by the five

characteristics identified by AAO-HNS Members as the critical elements of the ideal learning resource. See the Path to the Ideal Learning Resource chart below. Otolaryngologist-head and neck surgeons are no exception to the tech-savvy trend. According to the recent Member Education Needs Survey, the majority of Members consider themselves early adopters of technology, including online learning, eBooks, and mobile applications. There was a clear preference among Members for more Web-based education formats.

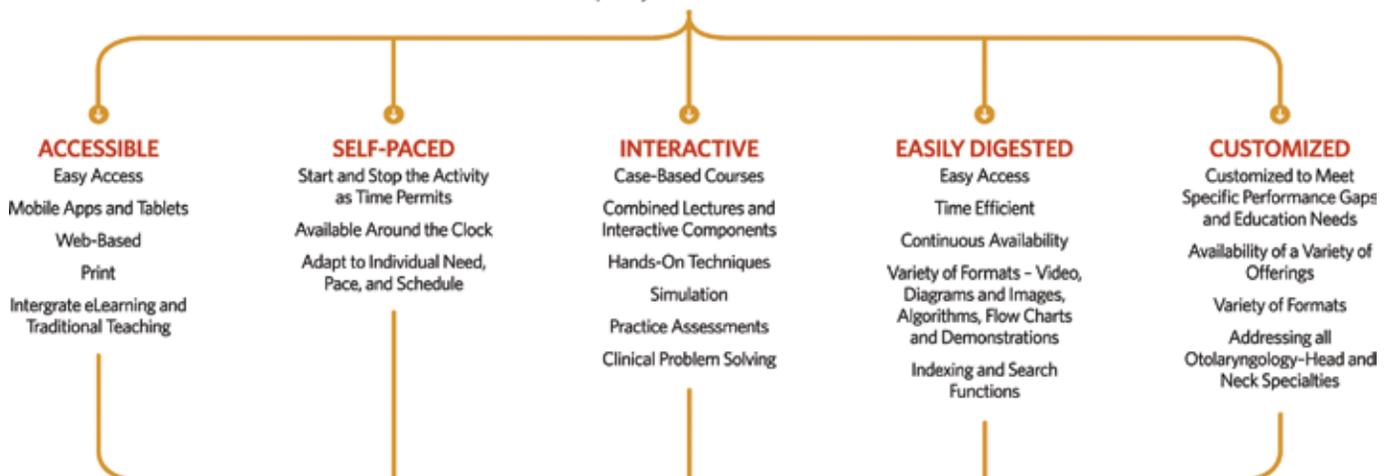
Members indicated they are using smartphones, tablets, and eReaders

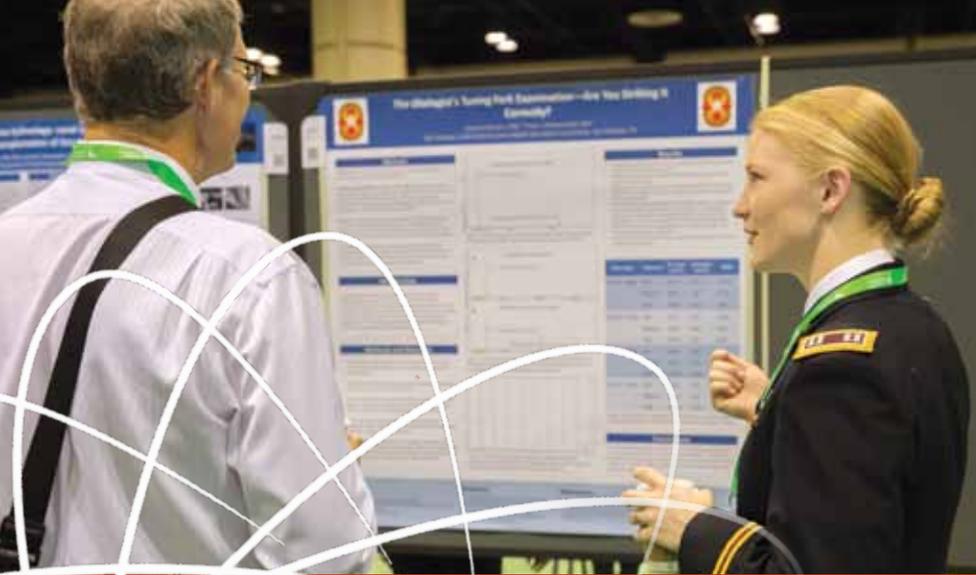
for continuing education information. According to the survey, 55 percent use a tablet, 54 percent use a smartphone, and 13 percent use an eReader as a source for both continuing education and professional information.

With a better appreciation for our Members' preferred learning styles in education and resources, combined with advances in technology, the Foundation is primed to develop the ideal otolaryngology-head and neck surgery learning experiences and references far into the future. 📌

Path to the Ideal Learning Resource

Identified by AAO-HNS Members





MEMBER ENGAGEMENT & UNITY

MEMBER ENGAGEMENT & UNITY: YOUR EXPERIENCE

Membership in the American Academy of Otolaryngology—Head and Neck Surgery remains strong, with more than 12,000 Members globally. To enhance the Member experience, the Academy provides meaningful engagement opportunities and encourages participation in activities to increase the overall relevance of the organization to Members and the specialty. By being engaged in the Academy, Members find relevance in many ways.

This past year, we made it easy to get engaged and involved in critical conversations with your peers. Through our new member engagement portal, ENTConnect, you can network and communicate with your peers from around the globe or right in your local community without leaving your office or home. ENTConnect was fully launched to all of our Members in May 2014. Already roughly 10 percent of the total membership is actively posting conversations, updating their profiles, and taking full advantage of this exclusive and private Members-only collaborative environment. The “public forum” feature of ENTConnect is the place for all Members to join the conversation, regardless of whether you are active in a committee or other community. The robust online “directory” allows you to search for colleagues by using specific criteria. 🗨️



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Demographic Overview

The following demographic overview emerged from the Member Survey
(Please note, survey results have been rounded to the nearest whole number, therefore, they may not always total 100%.)

Primary Practice Setting

- 52% Private Practice
- 29% Academic
- 10% Resident/In-Training
- 9% Other



Sub-Specialty

- 46% General Otolaryngology
- 21% Rhinology
- 21% Head & Neck Surgery
- 20% Pediatric Otolaryngology
- 19% Otology
- 15% Laryngology
- 14% Otolaryngic Allergy





TRANSFORMING FOR THE FUTURE

COMMITTEES AND SECTIONS

Each November, the Academy and Foundation open the committee application process for the subsequent year's appointments. In 2014, we welcomed 224 new committee members from the 385 applications received. While we are not able to accommodate all applications due to committee size limitations, those not selected to formally serve are still welcome to attend any of the more than 70 committee meetings as guests. This is a great way to be active and demonstrate your interest in the committees' activities. Additionally, your comments are always valued when submitted to the committee chair or shared on ENTConnect.

SECTIONS

Our sections remain a vibrant part of who we are as your professional home and a great way to engage in activities of interest to your personal needs. Each of the sections convened leadership meetings in September in Orlando.

Our sections remain a vibrant part of who we are.

- **The Women in Otolaryngology (WIO) Section** conducted its annual Luncheon/General Assembly with guest speaker Susan Miller, PhD, delivering an excellent talk titled "Presenting Your Best Self." The luncheon was dedicated to the memory of the late Linda S. Brodsky, MD, whose family was also present to accept the Helen Krause Trailblazer Award. The award acknowledges all that Dr. Brodsky did for the section and for the profession. Christine B. Franzese, MD, transitioned to chair of the WIO.
- **The Section for Residents and Fellows-in-Training** re-elected Kanwar S. Kelley, MD, JD, as chair for another term. A top priority in the Academy's strategic plan is to increase the outreach and value provided to residents, young physicians, and program directors. More than 100 Resident Leadership Grants were awarded in 2014. Also, the section revitalized the Resident Annual Fund, creating an opportunity for Millennium Society donations to directly support residents and fellows-in-training, as well as a forum for educational contributions from industry.
- **The newly formed Young Physicians Section** drafted its governing documents and its proposed operating structure. The chair of the Young Physicians Section for this year is Lawrence M. Simon, MD. 🗨️

FROM RESIDENCY THROUGH RETIREMENT

We continue to strive to provide the most pertinent benefits to Members during all phases of their professional lives. We recently developed a new brochure that outlines the benefits of membership. It is titled appropriately "Shape Your Future and the Future of the Specialty. AAO-HNS Is Your Partner from Residency through Retirement." 🗨️



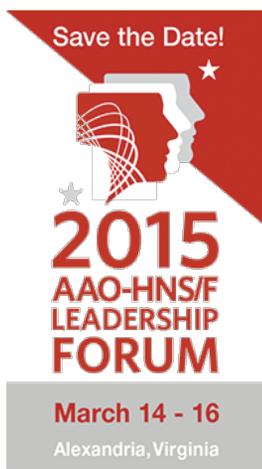
AND THE FUTURE OF THE SPECIALTY

AAO-HNS Is Your Partner
from Residency through Retirement



Exclusive Member Benefits • www.entnet.org/benefits

LEADERSHIP ACADEMY



In 2014, we combined several leadership activities into one all-encompassing weekend. The newly organized Leadership Forum, which attracted more than 100 attendees, included the Academy's strategic planning meeting, Boards of Directors meetings, Boards of Governors (BOG) and advocacy activities and presentations, networking activities and other related meetings. This forum will be conducted each spring and is designed to quickly update attendees about important issues for otolaryngologists. The 2015 Leadership Forum will be March 14-16 in the Alexandria/Arlington, VA, area and will also feature additional sessions and networking opportunities for residents and young physicians, and special leadership sessions for all participants. This is an excellent venue to get engaged with the Academy and its leadership in a more intimate and thought-provoking setting.



Wendy B. Stern, MD, is the new chair of the BOG, which is the grassroots voice of the Academy. In addition to planning the BOG and advocacy portions of the Leadership Forum, the BOG is working on a special initiative, Societies Connected, to assist BOG societies in strengthening their presence and relationship with the Academy. The BOG is working closely with the Specialty Society Advisory Council (SSAC) on engaging specialty societies and the newly designated specialty society liaison.

Through our Humanitarian Efforts grants program, we awarded more than \$25,000 to members to support their humanitarian missions. The goal of these missions is to offer services in less-developed countries. In addition to the grants, awardees had the opportunity to provide educational tools and other "members-only" materials from the Academy to train their colleagues in these countries.

INTERNATIONAL CORRESPONDING SOCIETY NETWORK

The International Corresponding Society (ICS) network is our grassroots communications vehicle to countries outside of the United States. There are presently 57 International Corresponding Societies, representing more than 700 of the Academy's roughly 1,100 international Academy members. James E. Saunders, MD, is the Coordinator for International Affairs, and has led the Academy's strategy on enhancing the value of the ICS network and international membership.

WE VALUE YOUR INPUT

The American Academy of Otolaryngology—Head and Neck Surgery and its Foundation value the opinions of and input of Members. So, we asked for feedback via our biannual Voice of the Member Survey in the summer of 2014. The survey revealed that the top four Member benefits are Clinical Practice Guidelines, the *Otolaryngology—Head and Neck Surgery* journal, the AAO-HNS/F website (www.entnet.org), and the Annual Meeting & OTO EXPO. All four provide timely and relevant information that is easy to access. Additionally, AAO-HNS/F Members are driven by the *desire to make patients better*, indicating that they clearly see the connection between staying up-to-date and being able to provide patients with the best possible care. ▶



Saudi Residents networked with other International Annual Meeting attendees at the 2014 reception.



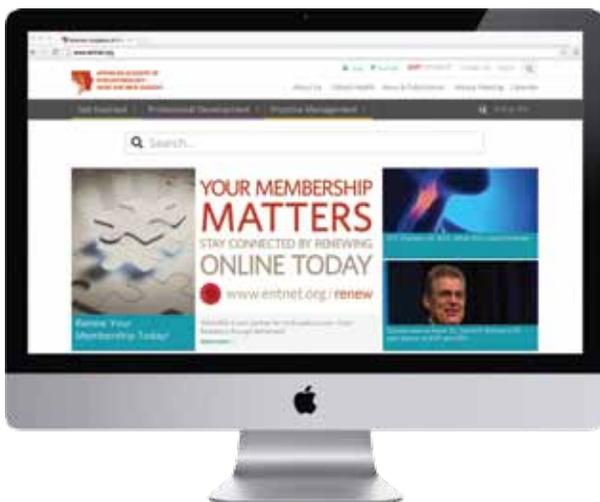
SUSTAINABILITY

SUSTAINABILITY: STEWARDSHIP

In 2014, the AAO-HNS/F stewardship has been exceptional. The AAO-HNS/F has further fortified its already strong support systems. The achievements that follow have optimized the organizations' flexibility and ability to transform strategy to action.

The specific strategy aims to ensure our long-term sustainability—strengthening our brand—maintaining relevance to members and the public. The strategy also charges that high-quality leadership and staff be maintained.

Units such as Development, Financial Services, Communications, Information and



HIGHLIGHTS

Website	5,000,000 visitors 7.4 million page views
Facebook	5,800 Facebook Followers Unique open rate of about 30 percent within four delivery days.
The News	Highest ever Thompson Scientific Impact Factor rating of 1.721 given in 2013.
Otolaryngology—Head and Neck Surgery journal	No. 12 in a field of 43. Android app made available. Podcast usage now measurable.
ENTConnect	More than 1,652 discussions since May launch

Sustainability

AAO-HNS MEMBERS & STAKEHOLDERS GIVING BACK TO THE SPECIALTY

Under the leadership of Nikhil J. Bhatt, MD, coordinator for development, the Development Unit is actively working to increase non-dues revenue for the Academy and Foundation. As Dr. Bhatt enters his final year as coordinator for development, we want to thank him for his incredible individual generosity, as well as his willingness to open doors and make introductions to potential major donors on behalf of the AAO-HNSF.

Today's physicians are living the days of the Sunshine Act, healthcare overhaul, and dramatic changes in the medical device and pharmaceutical landscape. The Development Business Unit will continue to think outside the box, listen to our members and corporate colleagues, develop meaningful partnerships, and solicit grant funding for AAO-HNS/F strategic initiatives. We would like to thank the Hal Foster, MD Society and Millennium Society members listed on the subsequent pages who continue to devote their time and resources to their Academy and Foundation. The sustainability of AAO-HNS/F is a shared responsibility among all AAO-HNS staff and Members.

The Academy Advantage program continues to offer Members select services at discounted rates. The Development Business Unit is in the process of re-evaluating the marketing benefits associated with the program to attract new business. We expect to see some additional interest as the calendar year 2014 closes from several new companies offering non-healthcare products and services. We are currently under contract with the following partners.

The Doctors Company—medical liability insurance

HEALTHeCAREERS™—online career board

AllMeds—electronic health record (EHR) and practice management solutions services

Eyemaginations—patient education

Optum™—coding resources

Officite—website design/marketing

Individual Support

We have 300 Millennium Society Members. Of that number, 101 are Life Members. Historically, Life Members have not continued their annual giving. We are working to emphasize the importance of annual giving and to encourage continued annual giving, even as a Millennium Society Life Member or Hal Foster, MD Endowment supporter. We are continuing to engage Members of the Development Committee to reach out to their peers to secure individual support.

The Partners for Progress (PFP) program will be discontinued at the end of 2014. Many of the original PFP supporters chose to discontinue their support and there was little interest by other private or academic-based practices to support the Foundation through PFP. We are actively reaching out to those members of Partners for Progress (PFP) supporting practices to explain that PFP is being discontinued, and encouraging them to make individual donations. 🗨️



The Career Fair during 2014 Annual Meeting was supported by HealthCareers, an AAO-HNS Partner.

2014 MILLENNIUM SOCIETY

as of November 1, 2014

LIFE MEMBERS

Peter J. Abramson, MD
Kenneth W. Altman, MD, PhD
American Association of Otolaryngologists of Indian Heritage
J. Noble Anderson, Jr., MD
Seilesh Babu, MD
Byron J. Bailey, MD
Robert W. Bastian, MD
Neal S. Beckford, MD
Leslie Bernstein, MD, DDS
Nikhil J. Bhatt, MD
Neil Bhattacharyya, MD
Andrew Blitzer, MD, DDS
Mark E. Boston, MD
Marcella R. Bothwell, MD, MBA
I. David Bough, Jr., MD
Linda S. Brodsky, MD (decd.)
Robert E. Butler, MD
C. Ron Cannon, MD
Roy R. Casiano, MD
Sujana S. Chandrasekhar, MD
Ajay E. Chitkara, MD
Sukgi S. Choi, MD
Felix W. K. Chu, MD
Noel L. Cohen, MD
Robin T. Cotton, MD
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Nathan A. Deckard, MD
James C. Denny III, MD
David R. Edelstein, MD
David E. Eibling, MD
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Deborah J. Freehling, MD
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Raghuvir B. Gelot, MD
Samuel J. Girgis, MD
Michael E. Glasscock III, MD
Jack L. Gluckman, MD
Steven M. Gold, MD
Barbara Goldstein, PhD
Rebecca D. Golgert, MD

Mary E. Gorman, MD
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A. Kristina E. Hart, MD
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Stacey L. Ishman, MD, MPH
Barry R. Jacobs, MD
Jonas T. Johnson, MD
Srinivas R. Kaza, MD
David W. Kennedy, MD
Darius Kohan, MD
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Vandana Kumra, MD
Ronald B. Kuppertsmit, MD, MBA
Rande H. Lazar, MD, FRCS
Thomas B. Logan, MD
Rick G. Love, MD
Frank E. Lucente, MD
Rodney P. Lusk, MD
Sonya Malekzadeh, MD
Martha Entenmann Tinnitus Research Center, Inc.
Phillip L. Massengill, MD
Dinesh C. Mehta, MD
Ralph B. Metson, MD
James L. Nettekville, MD
David R. Nielsen, MD
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Spencer C. Payne, MD
Angela M. Powell, MD
Eileen M. Raynor, MD
Richard M. Rosenfeld, MD, MPH
Steven H. Sacks, MD
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Michael D. Seidman, MD
Gavin Setzen, MD
Abraham Shulman, MD
Herbert Silverstein, MD
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Nancy L. Snyderman, MD
James A. Stankiewicz, MD
J. Pablo Stolovitzky, MD
Krishnamurthi Sundaram,

MD
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Betty S. Tsai, MD
Ira D. Uretzky, MD
P. Ashley Wackym, MD
Pell Ann Wardrop, MD
Richard Alan Weinstock, DO
Lorraine M. Williams, MD, MPH
Leslie K. Williamson, MD
David L. Witsell, MD, MHS
Peak Woo, MD
Geoffrey L. Wright, MD
Ken Yanagisawa, MD
Jay S. Youngerman, MD
Mark E. Zafereo Jr., MD

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William M. Luxford, MD
Eugene N. Myers, MD, FRCS
Edin (Hon)
Rance W. Raney, MD
Michael G. Stewart, MD, MPH

SUSTAINING MEMBERS

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Marvin P. Fried, MD
Michael Friedman, MD
Clarence W. Gehris, Jr., MD
Carlos Gonzalez Aquino, MD
Joseph E. Hart, MD, MS
Stephanie Joe, MD
Alan J. Johnson, MD, MPH
Romaine F. Johnson, MD
Timothy D. Knudsen, MD
Jeffery J. Kuhn, MD
William P. Magdycz, Jr., MD
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Randal S. Weber, MD
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Stephen Kenneth Wolfe, MD
Rhoda Wynn, MD
Lauren S. Zaretsky, MD

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HAL FOSTER, MD ENDOWMENT

HAL FOSTER, MD ENDOWMENT

In October 2009, the Boards of Directors initiated the Hal Foster, MD Endowment Campaign with a goal of raising funds to provide an ongoing source of funding for the future of the specialty. The initial phase of the campaign was formally announced in 2010. To date, we have raised close to \$11 million toward that goal. We are still actively pursuing Hal Foster donations and are working to increase the number of prospects in the pipeline, as well as to complete commitment of some of the potential donors who have expressed an interest in the last few years, but have not yet made a commitment.



During the past year, we have recognized the following individuals as new Hal Foster, MD supporters.

Betty S. Tsai, MD—Unrestricted donation
Ken Yanagisawa, MD, and **Julia Shi, MD**—established the Eiji Yanagisawa, MD International Visiting Scholar Endowment

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DAVID R. NIELSEN, MD ENDOWMENT



DAVID R. NIELSEN, MD ENDOWMENT

The David R. Nielsen, MD Endowment was established to honor the significant contributions made by Dr. Nielsen during his 13 years as executive vice president and chief executive officer of the organization. The Endowment was launched at the March 2014 Board Meeting and has received more than \$90,000 in pledges and donations. Fundraising outreach for this Endowment will close at the end of 2014.

Funds from the Endowment will be utilized where needed most. It is not too late to honor Dr. Nielsen's contributions to the AAO-HNS/F by donating to the Endowment. Email development@entnet.org for further information.

DAVID R. NIELSEN, MD, ENDOWMENT DONORS

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ANNUAL MEETING SPONSORSHIPS

ANNUAL MEETING SPONSORSHIPS

During the past two years, the AAO-HNSF has shown an increased commitment to corporate relations and an open dialogue with companies operating within the ENT space. The efforts of the Development Business Unit have been fruitful. We have seen a substantial increase in revenue from Annual Meeting sponsorships by leaders in the device and pharmaceutical industries. Total Annual Meeting sponsorship revenue from the 2012 Annual Meeting & OTO EXPOSM was \$236,000. After hiring a corporate relations staff member and the development of a comprehensive sponsorship and marketing brochure, those numbers increased for the 2013 Annual Meeting & OTO EXPO to \$425,000. At the 2014 Annual Meeting & OTO EXPO, a new hands-on training area, including didactic and hands-on experiences, was introduced with five workshops offered by corporate sponsors. Based on the feedback from participating corporate sponsors, we anticipate that additional hands-on training workshops will be offered in 2015. This new addition to the Annual Meeting & OTO EXPOSM has created an incredible learning opportunity for our members and should be a reliable source of non-dues revenue for years to come. Annual Meeting sponsorship revenue for the 2014 Annual Meeting and OTO EXPOSM exceeded \$560,000. The Development Business Unit is in constant contact with our corporate partners and we expect to see new initiatives and an increase in sponsorship revenue for the 2015 Annual Meeting & OTO EXPOSM in Dallas.



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FINANCIAL REPORT FISCAL YEAR 2014 (FY14)

AAO-HNS/F leaders and staff continue to be prudent stewards of the organizations' financial resources. The fiscal year July 1, 2013, through June 30, 2014 (FY14), closed with a positive (unaudited) \$1.7 million variance from the break-even budget. Overall, revenues were within 1 percent of budget and operating expenses were 8 percent below budget.

Related to non-operating activities, the return on the managed investment portfolio was nearly 10 percent, up from 8 percent in the previous fiscal year. The interest rate swap liability, valued at \$3 million, remained unchanged from the end of FY13.

As of June 30, 2014, unrestricted and undesignated reserves were \$13.4 million or about 70 percent of the operating budget, a level considered within best practices.

The Hal Foster, MD Endowment now has net assets, pledged, received, or to be received in the form of life insurance proceeds or bequests, of \$11 million as of June 30, 2014. For the year ending June 30, 2014, about \$100,000 of AAO-HNS/F FY14 programming was funded by endowment earnings.

For a copy of the independent audit of AAO-HNS/F's FY14 financial statements email CHanlon@entnet.org.

In May 2014, the Boards of Directors approved a balanced fiscal year 2015 (FY15) budget with revenue and expenses both equal to \$18.97 million. A balanced budget is required to comply with the debt covenants of the headquarters building financing. Rising costs and flat revenue projections make this a challenging process. The Boards of Directors carefully considered where Member value could be maximized with available resources and made critical decisions about programs to be carried out in FY15. The budgeting process involved a concerted effort from the elected leadership at every critical decision point, and included several sessions with the Boards of Directors, Executive Committee, and the Finance and Investment Subcommittee.

The positive results of FY14 recognize that without revenue growth, cost containment is critical. Finding ways to maximize resources and build in efficiencies has been, and continues to be, a focus of budget management. The positive variances realized during the past several years are the results of this focus and evidence of its success. Conservative spending budgets remain in place for FY15 until revenue growth can be realized. 📌



*Gavin Setzen, MD
Secretary/Treasurer*

American Academy of Otolaryngology—Head and Neck Surgery/Foundation
Unaudited (Rounded) Consolidated Statement of Revenue and Expenses
For the 12 Months Ended June 30

REVENUE	ACTUAL FY14	%	BUDGET FY15	%
Membership Dues	\$ 6,500,000	33%	\$ 6,700,000	35%
Meetings and Exhibits	7,530,000	38%	7,360,000	39%
Product and Program Sales	1,550,000	8%	1,410,000	7%
Publications	1,570,000	8%	1,190,000	6%
Royalties	370,000	2%	370,000	2%
Corporate and Individual Support	740,000	4%	670,000	4%
Investment Income -Interest and Dividends	240,000	1%	220,000	1%
Other Revenue	420,000	2%	220,000	1%
Use of Donor Restricted Net Assets	420,000	2%	320,000	2%
Use of Board Designated Net Assets	400,000	2%	510,000	3%
Total Revenue	\$ 19,740,000	100%	\$ 18,970,000	100%
EXPENSES				
Salaries and Benefits	\$ 7,520,000	42%	\$ 8,310,000	44%
Occupancy	1,850,000	10%	1,800,000	9%
Office Expenses	810,000	4%	880,000	5%
Communications and Software	510,000	3%	570,000	3%
Travel and Entertainment	470,000	3%	640,000	3%
Meetings	2,050,000	11%	1,810,000	10%
Printing and Production	640,000	4%	820,000	4%
Consultants & Professional Fees	3,570,000	20%	3,470,000	18%
Grants	620,000	3%	670,000	4%
Total Expenses	\$ 18,040,000	100%	\$ 18,970,000	100%
Change in Unrestricted Net Assets from Operations	\$ 1,700,000			
NON-OPERATING ACTIVITIES				
Realized and Unrealized Net Gain on Investments	\$ 660,000			
Unrealized Loss on Interest Rate Swap Agreement	(60,000)			
Non-operating Other Revenue	190,000			
Change in Unrestricted Net Assets from Non-Operating Activities	\$ 790,000			
Total Change in Unrestricted Net Assets	\$ 2,490,000			

Sustainability



ENTCONNECT

The new Member Engagement portal, ENTConnect, serves as the resource bank for chairs and committee Members, enabling Members to work more collaboratively. Using a crawl, walk, run approach, ENTConnect was finally launched to all Members in May 2014. Based on the buzz in Orlando during the Annual Meeting, ENTConnect has taken off. The refrain heard time and again at many of the committee meetings, including the Board meeting, was "let's post it on ENTConnect." As of the end of September, more than 10 percent of Members had logged into ENTConnect.

NEWLY REDESIGNED WEBSITE

The newly redesigned website also launched in May 2014. The redesigned site successfully addressed two of the main focus areas: 1) content is now easier to find, using the site's navigation and search options; and 2) content automatically adjusts to your communication device's screen size. To make information more accessible to Members, content is structured into three main focus areas: Get Involved, Professional Development, and Practice Management. The Patient Health section was redesigned to give Members a place to refer patients for helpful information. The section provides full circle service, where patients can look up treatment options and then "Find an ENT" via the prominently placed button to locate a Member physician.

Both ENTConnect and the new website were showcased at the Academy Technology Center booth at the Annual Meeting. This new booth gave Members the opportunity to find out more about these and other digital resources.

A new online Learning Management System (LMS) is coming in the New Year. The new LMS will provide a single platform access for all of the AAO-HNS/F online courses. The Member experience will be enhanced through improved access to content and search integrated with website resources. 📌

TECHNOLOGY: IMPROVING THE MEMBER EXPERIENCE

Moving applications and databases to a cloud-based Infrastructure-as-a-Service (IaaS) environment has paid dividends. The stable infrastructure and reliable support services freed staff for the successful delivery of the two major Member experience improvement projects: ENTConnect and the newly redesigned website.