

You care for patients.
We care for YOU.

PRACTICE MANAGEMENT

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Leadership Forum
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OTO Experience



AMERICAN ACADEMY OF
OTOLARYNGOLOGY—
HEAD AND NECK SURGERY

2016 ANNUAL REPORT

MESSAGE FROM LEADERSHIP

This past year, AAO-HNS/F efforts reflected both our Vision and Mission, inspiring tremendous activity and accomplishments.

The Value4U theme has been our focus as we cared for you and your ability to practice, so you might concentrate on patient care.

This report offers highlights of our activities and documents what we hope is great value to our Members and all who are invested in this specialty.

The ability to work with purpose has offered the many who have served its own reward.

Sometimes this joy spilled over into the work itself as seen in this video https://www.youtube.com/watch?v=M_L27QYrrJg, on our website, and during our AAO-HNSF 2016 Annual Meeting Opening Ceremony.

And, our two-year Strategic Plan has guided our work and allowed us to work together with strength and determination. Its Guiding Principles have fashioned the “how” of our efforts: to prioritize high-quality programs; continually improve performance; leverage relationships; match stable funding to our aspirations; and promote diversity in all we do.

The plan’s well-considered goals for each of five strategic areas—Advocacy; Research and Quality; Education and Knowledge; Member Engagement and Unity; and Sustainability—were assigned actions, measures of success, owners, and updated with status reports several times over the year.

These are the issue areas we address in this report. Each section outlines the specific actions taken to meet the goals. These are measurable successes of and for Members with the best patient care as the ultimate test.

How does the best work get done at the Academy and Foundation? Our tag line—You care for patients. We care for YOU—isn’t just advertising; it reflects the work done by incredible AAO-HNS Member volunteers and staff for every otolaryngologist in whatever phase of his or her professional life—from training through retirement.

A suggested initiative is considered only if it is in line with the Mission and Strategic Plan. The Strategic Plan has been hammered out by the Boards of Directors and breathed into life by our 71 staff members working with physician leaders. The staff dedicate their time, energy, and expertise so that we can focus on patient care, research, teaching, and improving the processes.

Value 4U



The Presidential vision was “to expand diversity and inclusion at our Academy and Foundation.” This applies not only to race, ethnicity, and gender, but to age, sexual orientation, practice type, and geographical location as well. During this past year, an assertive International Advisory Committee has been established to ensure that our commitment to global inclusion flourishes.

As Dr. Chandrasekhar noted in the Opening Ceremony of our Annual Meeting, “The AAO-HNS/F is a place where if you show up, commit, work, and participate, well, every door is flung wide open for you. And I am standing here as proof of that.”

And operationally, this has turned out to be an incredibly busy year during which a tremendous amount has been accomplished because of the tireless work of your elected officers, physician volunteers, and staff. We have met our challenges with significant

responses—addressing the challenge of healthcare delivery’s shifting environment. We are building on our long-term commitment to defining and providing the highest quality care to our patients.

After receiving a QCDR designation by CMS earlier this year, we successfully launched our registry, RegentSM, with close to 2,000 participants at this writing.

We have made significant progress in expanding Academy U[®] both in terms of content development and distribution.

With our journal editor, John H. Krouse, MD, PhD, MBA, we are proud to announce an additional publication, *OTO Open*, an open access journal that will significantly increase publication and educational opportunities for our Members and constituents.

We are sure the following pages will be of interest to all of those who care for our specialty and join with us in our commitment to serve.

Sujana S. Chandrasekhar, MD
AAO-HNS/F President 2015-2016

James C. Denny III, MD
AAO-HNS/F EVP and CEO

Value 4U

Throughout the year, the Academy's legislative and grassroots efforts act as the voice of the specialty on Capitol Hill and in the state houses.

The Academy's legislative advocacy work ensures

lawmakers are knowledgeable about

the issues affecting otolaryngology and understand how pending proposals could impact your practice and your patients.

These initiatives, combined with the Academy's Health Policy efforts, create a continual advocacy mechanism to ensure the specialty is well represented with policymakers and providing Value4U.

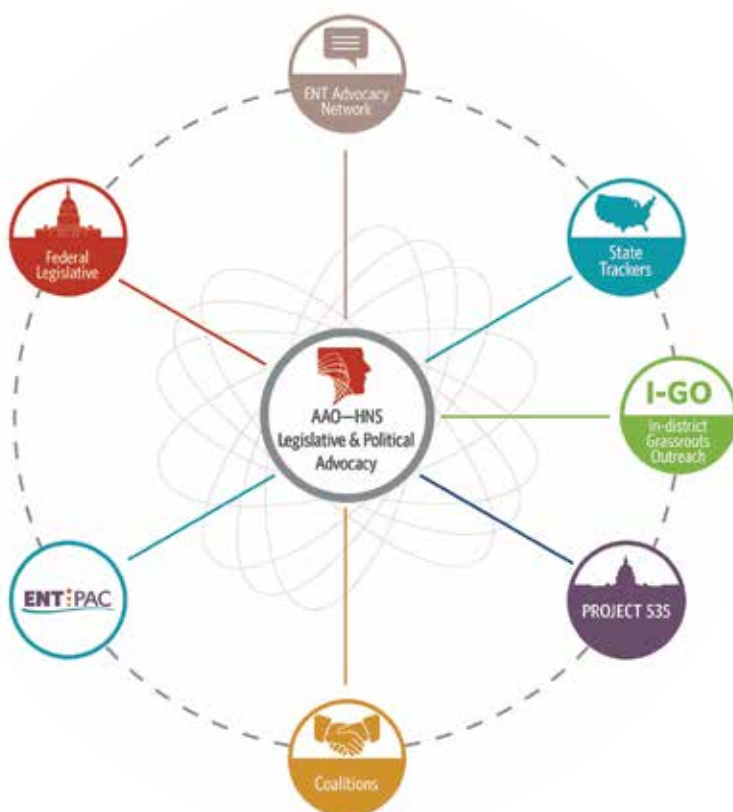
Advocacy leaders and staff work in myriad areas to provide value. The work falls into two primary categories—Health Policy: agencies and payers; and Legislative: federal, regional, state, and local. These pages outline each area of endeavor.

LEGISLATIVE AND POLITICAL

- Advocated on behalf of the specialty via 129 Capitol Hill meetings and 76 political fundraisers.
- Co-signed 34 coalition letters with others in the healthcare community on varied topics, including tobacco control, hearing health, MACRA implementation, and scope of practice.
- Testified before the Food and Drug Administration regarding Good Manufacturing Practices and Proposed Stratification of Hearing Aids.
- Submitted numerous comment letters in anticipation of the National Academies' report on "Hearing Health Care for Adults: Priorities for Improving Access and Affordability."
- Successfully thwarted attempts by allied professionals to inappropriately expand their scope of practice, as well as efforts to re-define audiologists as "physicians."
- Supported and advanced "truth-in-advertising" proposals to ensure patients are fully informed in their healthcare decisions.
- Joined AAOA, AAFPRS, and others to oppose, on multiple fronts, proposed changes to USP 797 and related changes to in-office compounding regulations.

GRASSROOTS AND STATE TRACKERS

- Advanced PROJECT 535, a BOG-sponsored initiative ensuring each Member of Congress is connected to an AAO-HNS Member. In the program's first year, key contacts in more than 50 percent of states/ congressional districts were identified.
- Activated nearly 1,800 members of the ENT Advocacy Network, urging them to contact their legislators via eight "Calls to Action."
- Held monthly conference calls with more than 130 volunteer State Trackers to identify legislative trends developing at the state level.



ADVOCACY

ALL-STAR ADVOCATES

Effective legislative and political advocacy relies on you, our Members. To more broadly recognize AAO-HNS Members who support the Academy's entire spectrum of advocacy programs, a new "All Star Advocate" distinction was established in 2016. AAO-HNS Members who carry the All-Star Advocate designation help to advance the specialty's priorities by:

- Joining the **ENT Advocacy Network**. This "opt-in" network provides Members with timely updates and legislative "Calls to Action." Advocacy Network members also receive information regarding the breadth of the Academy's advocacy efforts via the monthly e-newsletter, *The ENT Advocate*.
- Participating in **PROJECT 535**. This initiative aims to recruit a "key contact" for each U.S. Senate and House Congressional seat. Pairing Academy Members with lawmakers in each Congressional district improves our outreach and effectiveness when major issues impacting the specialty are debated by Congress. Remember, elected officials value the input of their constituents/voters when considering

legislation, and physicians are important community leaders. Your opinion carries weight! Thanks to the commitment of our AAO-HNS Members, approximately 54 percent of all 535 U.S. Congressional and Senate districts are currently "matched" with an otolaryngologist-head and neck surgeon.

- Meeting with lawmakers at home via the **In-District Grassroots Outreach (I-GO) Program**. This critical program enables AAO-HNS Members to contact, establish relationships, and meet with federal legislators in their home state/district.
- Donating to the **ENT PAC**, the political action committee of the AAO-HNS. ENT PAC is non-partisan and issue-driven, which means we strive to support only pro-otolaryngology incumbents/candidates. By pooling the voluntary contributions of AAO-HNS Members, we are able to further amplify the strength of the specialty's collective voice on Capitol Hill.

The AAO-HNS thanks the physician volunteers who help ensure the success of the Academy's various advocacy programs. With the 115th Congress scheduled to convene in January, we encourage all of our Members to get involved with any (or all!) of our legislative, grassroots, and political advocacy efforts. The Academy will provide the direction and resources—we just need your commitment to advocating on behalf of the specialty.

Contact govtaffairs@entnet.org for more information or to sign up!

U.S. Rep. Raul Ruiz, MD, from California's 36th District (front row, fourth from left) with ENT PAC Leadership Club donors and All-Star Advocates.



EXAMINING THE ACCESSIBILITY AND AFFORDABILITY OF U.S. HEARING HEALTHCARE

Over the last year, several Administration-related entities have been examining the topic of “access to hearing healthcare services and/or devices,” and what steps could be taken to mitigate perceived barriers associated with accessing such services. The AAO-HNS has been an active participant as this multifaceted investigation has evolved, having provided feedback and/or comments to the President’s Council of Advisors on Science and Technology (PCAST), the National Academies of Medicine (NAM), and the Food and Drug Administration (FDA). Provided below is a brief overview of the Academy’s efforts on behalf of you, your practices, and your patients.

■ **President’s Council of Advisors on Science and Technology (PCAST)** – In October 2015, the PCAST issued a report titled “Aging America & Hearing Loss: Imperative of Improved Hearing Technologies” that outlined the advisory group’s recommendations for broadening access to various hearing aid and/or hearing aid-like devices in the United States, including the potential for “over-the-counter” sale of certain hearing aids. After careful analysis, the AAO-HNS submitted a formal comment letter supporting most of the report’s recommendations while emphasizing the importance of a medical evaluation requirement.

■ **National Academy of Medicine (NAM, formerly the Institute of Medicine, IOM)** – After a year of information gathering and analysis, the Committee on Accessible and Affordable Hearing Health Care for Adults released a report in June 2016, titled “Hearing Health Care for Adults: Priorities for Improving Access and Affordability.” The extensive report made several recommendations aimed at easing perceived barriers for patients to access various hearing healthcare services. The Academy was pleased the report did not recommend changes to Medicare’s current physician referral requirements (e.g., direct access). Although the report was initially expected to have a substantial impact on a wide range of hearing health-related advocacy efforts, the report has not generated much interest among lawmakers to quickly implement its recommendations. However, stakeholders in the hearing health community convened in December 2016, to discuss “next steps” and areas of possible collaboration.



■ **FDA** – In April 2016, AAO-HNS/F Executive Vice President/CEO **James C. Denny III, MD**, testified at an FDA Public Workshop on “Streamlining Regulations for Good Manufacturing Practices (GMPs) for Hearing Aids.” And, as follow-up, the AAO-HNS submitted a formal comment letter to the agency (on the same topic) at the end of June. Overall, the AAO-HNS has indicated its support for easing federal regulations associated with access to various hearing devices (hearing aids and/or PSAPs), as long as the requirements for an initial medical evaluation are upheld.

Given the potential impact of these collective efforts, the AAO-HNS continues to closely follow all three entities. And, it remains possible that these reports could have broad implications pertaining to the AAO-HNS’ ongoing efforts (re: audiology scope/direct access) on Capitol Hill. However, the combined efforts of the PCAST, NAM, and FDA to analyze the provision of hearing healthcare services, and the AAO-HNS’ subsequent support for many of the collective recommendations, represent a positive shift from the status quo. As today’s technology evolves at an unbelievable pace, the AAO-HNS and its Members must continue to provide patients with the best pathway for safe, affordable, quality care. Positive patient advocacy includes reevaluating the role of technology and identifying common ground.

It’s Value4U and the right thing to do.

To learn more about the AAO-HNS’ efforts relating to the delivery of hearing healthcare services and/or to read the aforementioned comment letters, contact the Legislative Advocacy team at legfederal@entnet.org or visit www.entnet.org/advocacy.

ADVOCACY

The Academy's Health Policy Team works with the Physician Payment Policy (3P) Advisory Workgroup to represent the membership at large and ensure appropriate advocacy for Members' interests. This includes developing and fostering relationships with top officials at Medicare and national private payer organizations and advocating for appropriate reimbursement for otolaryngology-related procedures. Coordination with other Academy committees, specialties, and surgical specialty societies is critical to the work of the Health Policy Team and 3P. Below are accomplishments over the last year.

HEALTH POLICY RECAP: PRIVATE PAYER

- Reviewed nine national medical payer policies and provided feedback on the following topics: functional endoscopic sinus surgery (FESS), debridement prior authorization, implantable bone-conduction and bone-anchored hearing aids, cochlear implants, balloon sinus ostial dilation for chronic sinusitis, diagnostic fiberoptic flexible laryngoscopy, diagnostic nasal endoscopy, and injectable bulking agents for vocal cord insufficiency.

Highlights from three positive changes as a result of Academy advocacy efforts in collaboration with private payers are noted below.

- Anthem ultimately accepted the Academy's request to consider the use of SPECT/CT fusion imaging as medically

necessary in the evaluation of parathyroid glands in individuals with hyperparathyroidism when used for anatomic localization prior to parathyroid surgery.

- In response to Academy comments, Anthem also revised their Allergy Immunotherapy policy, changing coverage for the provision of increased allergen/antigen preparation for the first year of treatment.
- Based on concerns raised with UnitedHealthcare (UHC) regarding the number of debridements (CPT 31237) that are reasonable following FESS procedures, UHC removed CPT 31237 from the list of services that require prior authorization, effective October 1, 2016.

HEALTH POLICY RECAP: CODING/REIMBURSEMENT

- Concluded work of FESS Task Force, comprised of experts from the Academy, ARS, and AAOA, resulting in the creation of five new and modification of seven existing nasal/sinus endoscopy codes, presented at the CPT Editorial Panel in October 2016.
- Surveyed 25 codes through the RUC survey process including Laryngoplasty, control of nasal hemorrhage, and Tracheostomy codes.
- Developed three new Category III codes for insertion, revision, and replacement of chest wall respiratory sensor or lead for Hypoglossal Nerve Stimulation, available for reporting July 1, 2016.
- Drafted two *CPT Assistant* articles: Removal of Impacted Cerumen (69209) and Drug-Eluting Sinus Implant (CPT 0406T, 0407T).
- Updated three *CPT for ENT* articles (Cerumen Removal, Laryngoscopy, and Tympanostomy Therapeutic Injections).



HEALTH POLICY ADVOCACY RESOURCES

3P and the Health Policy staff created Position Statements, template appeal letters, advocacy statements, and other resources to help practices receive appropriate reimbursement from private payers, maintaining credibility with national and local representatives on socioeconomic and federal

regulatory issues.

The accomplishments below highlight responses to the needs and

requests from Academy

Members to receive relevant and valuable resources.

REUSE OF SINGLE-USE DEVICES: RESPONSIBLE RECYCLING OF MEDICAL INSTRUMENTATION

In July and August 2016, a special project Task Force developed an educational product on multi-use of single-use devices (SUD) designed to address FDA regulation, patient safety, and impact the Academy membership in a resourceful way.

The Task Force developed a white paper that focused on SUDs that helps managing healthcare costs and operating sustainability. This details how it is “critical to recognize not only the importance of disinfection and sterility, but also the preservation of structural integrity to ensure delivery of the originally intended therapeutic result with no additional risk to the patient.”

NEW ACADEMY PRACTICE MANAGEMENT RESOURCES

■ In response to Member inquiries and new regulatory requirements, the following additional resources were developed:

- 2016 quality reporting programs factsheets
- 2017 MIPS and APM program overview factsheets
- ICD-10 FAQs
- Private Payer Advocacy Toolkit

■ 3P and the Academy also developed:

- Five new Position Statements
- 12 revised Position Statements (As part of a collaborative effort with the American Academy of Otolaryngic Allergy and the American Rhinologic Society, the Academy revised the Position Statement on balloon sinus ostial dilation [BSOP]).
- Two reaffirmed Position Statements
- Three updated Clinical Indicators

To locate these and other resources, please visit www.entnet.org/content/practice-management.

Further, the white paper addresses the obligations of physicians and practitioners to their patients on informed consent.

You can find this white paper and other valuable resources in the November issue of the *Bulletin*.

ACADEMY COLLABORATES WITH UNITED HEALTHCARE TO CHANGE DEBRIDEMENT PRIOR AUTHORIZATION

The Academy raised concerns with UHC to request the removal of the number of debridements (CPT 31237) from their prior authorization list that were reasonable following functional endoscopic sinus surgery (FESS) procedures. After the Academy provided medical literature as supporting evidence, UHC decided to remove CPT 31237 from the list of services that require prior authorization. Further, UHC updated their FESS medical policy to reflect the latest (2015) versions of Clinical Indicators. Both advocacy victories were effective October 1, 2016.

To find more information on this policy, a UHC Prior Authorization Requirement FAQ, and a list of UHC Prior Authorization Requirements, visit www.entnet.org/content/private-payer-advocacy.

HEALTH POLICY REGULATORY ADVOCACY

3P and the Health Policy Team provide value for you by advocating to appropriate regulatory agencies on behalf of all Academy Members. Below is a snapshot of some of the policies the Academy has advocated on your behalf during the past year, which are scheduled to take place starting January 1, 2017.

2017 is proving to be a pivotal year of change for otolaryngologist-head and neck surgeons. Starting January 1, 2017, otolaryngologist-head and neck surgeons will begin participation in at least several new programs, all of which may require modifications to practice patterns and substantial investments on the part of practices. These include the MIPS and Alternative Payment Model (APMs) programs, which are replacing the SGR as the payment mechanism for Medicare; reporting Chronic Care Management (CCM) G-codes; and clinicians in certain states will begin reporting on claims data on post-operative visits furnished during the global period of a specified procedure using CPT code 99024 as part of a CMS required data collection for all 010 and 090 day global surgical codes.

In the past year, the Academy has actively worked to reduce the regulatory burden facing otolaryngologist-head and neck surgeons. The Academy has:

- Submitted 11 comment letters submitted to CMS on coding and payment related policies, including the proposed new Merit-based Incentive Payment System (MIPS), Alternative Payment Model (APM) and Episode Grouper programs.
- Actively worked with Congress, including participating in meetings with representatives from the Doctors Caucus, to ensure robust oversight in the implementation of the MIPS and APM programs.
- Personally met with Patrick Conway, MD, Deputy Administrator for Innovation & Quality, CMS Chief Medical Officer, to discuss concerns regarding the implementation of the MIPS and APM programs.

These efforts contributed to CMS modifying the MIPS reporting periods for FY 2017, including the introduction of two new reporting periods.

The Academy also reviewed, analyzed, provided a summary to Members and provided comments to CMS on the final 2017 Hospital Outpatient Prospective Payment System and the 2017 final Medicare Physician Fee Schedule (MPFS), including calling on CMS to drastically modify the proposal to force all clinicians to report G-codes to collect data on all 10 and 90 day global surgical procedures. Academy staff have also participated in 25 coalition meetings since March 2016 to advocate additional issues of importance to our Members.

In 2017, several new programs clinicians may participate in include:

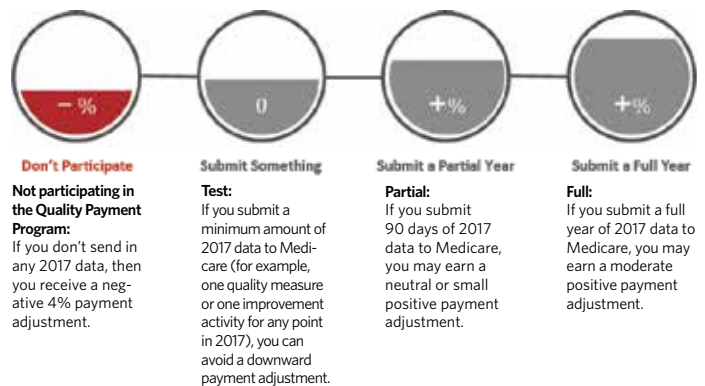
GLOBAL SURGICAL DATA COLLECTION

For procedures furnished on or after July 1, 2017, practitioners in practices of 10 or more in Florida, Kentucky, Louisiana, Nevada, New Jersey, North Dakota, Ohio, Oregon, and Rhode Island will be required to report on claims data on post-operative visits furnished during the global period of a specified procedure using CPT code 99024. The specified procedures are those that are furnished by more than 100 practitioners and either are nationally furnished more than 10,000 times annually or have more than \$10 million in annual allowed charges. CMS will not implement a 5 percent withhold for clinicians that do not report 99024.

MIPS AND APM REPORTING

In 2017, eligible clinicians will begin reporting performance categories as part of the MIPS program or will participate in an Advanced APM. Starting January 1, 2017, clinicians have the option to pick their pace with three reporting periods for MIPS: Report one Quality, Advancing Care Information (ACI), or Clinical Practice Improvement Activity (CPIA) measure at any point in 2017; Report MIPS measures for any consecutive 90 days in 2017 (must begin reporting by October 2, 2017); or Report MIPS measures for all of 2017 starting January 1, 2017.

MIPS Pick Your Pace (Source: CMS)



CHRONIC CARE MANAGEMENT (CCM)

Clinicians can report a new add-on G-code to describe work performed by the billing practitioner once, in conjunction with the start or initiation of CCM services. This new G-code was supported by the Academy as a method to pay separately for CCM services furnished, making reporting of the code less burdensome, and promoting use of the code for appropriate beneficiaries.

As you prepare for changes coming in 2017, the Academy will continue to advocate on your behalf to ensure the regulatory burden placed on practices is as limited as possible, allowing you to continue to care for your patients.

RESEARCH & QUALITY

Value 4U

Develop and maintain a clinical data registry for the specialty.

REGENTSM REGISTRY: DEVELOPMENT AND OVERSIGHT

Since the approval by the Board of Directors to move forward with the registry in September 2015, we have made tremendous progress in a short period of time. The listing below highlights our progress since December 2015.

- AAO-HNSF secured both Qualified Clinical Data Registry and PQRS Qualified Registry status from CMS for Regent in April 2016.
- The pilot phase of Regent concluded in June, with 21 pilot sites and 298 individual participants from five academic sites, 16 private practices, and 12 different EHR systems.
- The Regent full launch sign-up portal deployed in July. This sign-up portal includes functionality to guide enrollees through the sign up, contracting, and membership verification processes.
- Regent launched to the full membership July 25, 2016.
- As of October, Regent includes more than 245 practice sites and close to 2,000 clinicians.
- Each practice site reviews its measures data for accuracy with FIGmd and AAO-HNSF staff.
- Concurrently, review has commenced on all of the ICD9 and 10 and CPT codes for all Regent measures to ensure the accuracy of data contained in Regent.
- Registry Dashboards are being made available as data mapping exercises are finalized with each participating practice.
- AAO-HNSF is preparing for PQRS 2016 reporting and MIPS 2017 as well as securing QCDR status for Regent in 2017.

Build a sustainable infrastructure to test, pilot, and promote adoption of research and quality products including guidelines, measures, performance improvement projects or lifelong learning projects, and evidence-based medicine to promote translational research.



RegentSM

ENT CLINICAL DATA REGISTRY

H. Louise Eddy, MS, CCC/A, FAAA, executive director of Texas Ear, Nose & Throat Specialists, P.A., Houston, TX, presented during the Annual Meeting Miniseminar, "The Future Is Now, Regent: The First Otolaryngology-Specific Clinical Data Registry."

Research & Quality strategic goals include:

1. Develop and maintain a clinical data registry for the specialty.
2. Build a sustainable infrastructure to test, pilot, and promote adoption of research and quality products including guidelines, measures, appropriate use criteria, performance improvement projects or lifelong learning projects, and evidence-based medicine to promote translational research.
3. Demonstrate the value of strong research and quality education and granting programs to the specialty.

RESEARCH & QUALITY

GUIDELINE UPDATES

To date, the AAO-HNSF clinical practice guidelines (CPG) have been accessed close to 600,000 times via the National Guideline Clearinghouse and cited more than 4,000 times, according to Google Scholar. This is amazing outreach for such a small specialty. We are in the final stages of four updates and two new CPGs.

- The update to the 2004 Otitis Media with Effusion CPG was published February 2016 and has been endorsed by the American Academy of Family Physicians (AAFP).
- The update to the 2008 CPG on Earwax (Cerumen Impaction) has been accepted for January 2017 publication in *Otolaryngology-Head and Neck Surgery*. The update has been endorsed by AAFP, American Academy of Pediatrics (AAP), American Geriatric Society (AGS), American Neurology Society (ANS), American Otological Society (AOS), and Society of Otorhinolaryngology and Head-Neck Nurses (SOHN). It is also supported by the American Speech Language Hearing Association (ASHA).
- The update to the 2008 CPG on Benign Paroxysmal Positional Vertigo is undergoing *Otolaryngology-Head and Neck Surgery* review.
- The update to the 2009 CPG on Dysphonia (Hoarseness) is undergoing external review and public comment. Once complete, the manuscript will be submitted to the journal for publication consideration.
- The new CPG on Improving Nasal Form and Function after Rhinoplasty is to publish in *Otolaryngology-Head and Neck Surgery* in February 2017. To date, the new guidelines have been endorsed by eight organizations: the American Academy of Sleep Medicine (AASM), the American Rhinologic Society (ARS), the Society of Otorhinolaryngology Head-Neck Nurses (SOHN), the American Academy of Pediatrics (AAP), The Rhinoplasty Society, the American Society for Aesthetic Plastic Surgery (ASAPS), American Academy of Facial Plastic & Reconstructive Surgery (AAFPRS), and the American Society of Plastic Surgeons (ASPS).
- The new Evaluation of the Head and Neck Mass in Adults CPG is undergoing external review and public comment. Once complete, the manuscript will be submitted to our journal for publication consideration.

The coming year will bring an update to Tonsillectomy in Children and new guidelines on Meniere's Disease and the Surgical Management of Rhinosinusitis.

GUIDELINE EDUCATION

This year marks the launch of the new Expert Interview Series (AmX), which will offer 5-10 CME credits to users. The Rhinoplasty, Cerumen, and BPPV guideline Miniseminars have been selected for development into this new product and will be launched in early 2017.

MEASURING GUIDELINE ADHERENCE

As the AAO-HNSF looks to develop quality measures to help Members meet the ever-increasing demands of the Centers for Medicare & Medicaid Services (CMS) and other payers, it is important for us to look more closely at the quality improvement opportunities identified in the CPGs and see where there may be performance gaps that can be targeted for future quality improvement efforts and measure development. The Outcomes, Research, and Evidence-based Medicine (OREBM) Committee and the Creating Healthcare Excellence through Education and Research (CHEER) Network have been working on providing us with this evidence and published the following studies earlier this year:

- *Evaluation of Compliance for Treatment of Sudden Hearing Loss: A CHEER Network Study* (July 2016)
- *Tonsillectomy Bleed Rates across the CHEER Practice Research Network: Pursuing Guideline Adherence and Quality Improvement* (July 2016)
- *Multi-institutional Study of Voice Disorders and Voice Therapy Referral: Report from the CHEER Network* (July 2016)
- *Medications for Allergic Rhinitis: An Opportunity for Quality Improvement?* (August 2016)
- *Nonadherence to Guideline Recommendations for Tympanostomy Tube Insertion in Children Based on Mega-database Claims Analysis* (September 2016)

DEVELOPING QUALITY MEASURES

In conjunction with the work on Regent, staff and physician leaders have reviewed our measures and have worked on a quality measures development strategy to guide our work and to ensure it is inclusive of all of the disease processes treated by our Members with the goal to ensure the development of meaningful measures addressing the depth and breadth of care provided by our Members.

Measures development governance:

- The Academy developed a preliminary measures development strategy built upon the operations of four distinct groups: Regent



"HARNESS THE POWER OF DATA"



Attendees asked questions during the Miniseminar on Regent.

Executive Committee, Clinical Advisory Committees (CACs), Measure Development Groups (MDGs), and the Measures Task Force (MTF) to develop measures for the specialties of otolaryngology-head and neck surgery.

- Seven individual CACs were created by the Regent Executive Committee (REC) to address measure development needs of each of the otolaryngology specialties. Clinical Advisory Committees comprise experts from Academy committees, specialty societies, and stakeholder groups and are chaired by the following REC representatives:

- Facial Plastics – **Lisa E. Ishii, MD, MHS**, chair
- General & Sleep – **Lauren S. Zaretsky, MD**, chair
- Head & Neck – **Michael G. Glenn, MD**, chair
- Hearing & Balance Chair – **James C. Denny III, MD**, chair
- Pediatrics – **Jennifer J. Shin, MD, SM**, chair
- Sinus & Allergy – **William R. Blythe, MD**, chair
- Voice & Swallowing – **Melissa A. Pynnonen, MD**, chair

- Measures Development Groups will be formed to complete the specific task of fully developing quality and performance measures for a specific disease, condition, or procedure.

- The Measures Task Force is a standing task force comprising various methodological experts, Academy measures staff, and stakeholders who have specialized knowledge or perspectives relevant to the work of MDGs, and will be chaired by **Richard M. Rosenfeld, MD, MPH**, Senior Advisor on Measures. During the AAO-HNSF Annual Meeting and OTO EXPO,SM 31 potential measure topics were identified by the CACs for prioritization.

- The Academy is collaborating with the ECRI Institute to pilot test its GEM Cutting software using our Allergic Rhinitis and Cerumen Impaction guidelines. The Academy will evaluate whether GEM Cutting allows for expedited translation of guidelines into performance measures and assess the quality of the guidelines-based measures developed.

- The Academy will also be collaborating with the American Academy of Neurology (AAN) regarding the development of neurotology measures.

Demonstrate the value of strong research and quality education and granting programs to the specialty.

GRANT FUNDING

The AAO-HNSF is pleased to continue its partnership with the American Academy of Otolaryngic Allergy (AAOA), American Head and Neck Society (AHNS), American Rhinologic Society (ARS), American Society of Pediatric Otolaryngology (ASPO), Association of Migraine Disorders (AMD), and American Academy of Facial Plastic and Reconstructive Surgery (AAFPRS) as part of the Centralized Otolaryngology Research Efforts (CORE) Grant Program.

Special thanks to Cook Medical and Xoran Technologies LLC for their continued financial support of resident research.

The CORE Study Section continues to provide a comprehensive review of all otolaryngology applications and provides scores and written critiques to the leadership of the participating societies to help inform their funding decisions. The 2016 CORE leadership (including the boards and councils of all participating societies) approved a portfolio of 29 grants totaling \$495,195.

MOVING RESEARCH INTO PRACTICE

Earlier this year, the OREBM committee kicked off a new column in the *Bulletin*, "Publications That May Change Your Practice: Spotlight from the OREBM Committee." The goal of the column is to highlight important research and how the new studies may change how one practices. In March 2016, the column compared elective neck dissection (END) to therapeutic neck dissection (TND) in patients with early-stage (T1-2), node-negative oral cavity squamous cell carcinoma (OSCC). In September, the highlighted publications presented data regarding management of uncomplicated acute rhinosinusitis (ARS) and recurrent acute rhinosinusitis (RARS) in adults. The next installment will focus on an endocrine topic.



Dr. Lisa Ishii with Dr. Martha Somerman, this year's H. Bryan Neel III, MD, PhD Distinguished Research Lecturer.

EDUCATION & KNOWLEDGE

Value 4U

Value4U—the Academy has delivered on its promise to provide you with the tools and resources you need to be successful, especially in today's ever-evolving healthcare environment and heightened delivery of quality care.

ANNUAL MEETING BY THE NUMBERS

- 103 Miniseminars
- 227 Instruction Courses
- 28 International Symposia
- 12 Masters of Video Surgery Presentations
- 4 Guest Lectures
- 1 New! Legends Lecture
- 429 Scientific Oral Presentations
- 267 exhibiting companies
- 8,568 visits to the OTO EXPOSM
- 26.5 Continuing Medical Education Credits available for each physician
- 21,137 Continuing Medical Education credits provided
- 5,948 installations of the Annual Meeting Mobile App

2017 AND BEYOND

The newly formed Annual Meeting Program Committee is charged with designing an enriching educational experience focusing on all otolaryngology specialty areas. Join us in Chicago, IL, for the 2017 Annual Meeting & OTO ExperienceSM, September 10-13 and mark your calendar now for the 2018 Annual Meeting & OTO ExperienceSM in Atlanta, GA, to be held October 7-10. We promise continued improvement, more value, and cutting-edge education.

You can be part of the 2017 Annual Meeting by submitting an abstract or session proposal for consideration. Save the dates and watch the Annual Meeting website for updated information.



120TH AAO-HNSF ANNUAL MEETING & OTO EXPOSM

This year the Program Advisory Committee and Instruction Course Advisory Committee introduced a broad range of changes designed to enhance the world's premier gathering of otolaryngologists. These changes enriched your overall experience and expanded your education opportunities.

The Annual Meeting & OTO EXPOSM continues to develop each year and this year was no different. Some new components of the Annual Meeting & OTO EXPOSM included:

- Registration badges were not mailed to attendees. Instead, satellite registration areas were established in the lobbies of the two largest meeting hotels, the Hilton Bayfront and the Marriott Marquis, on Saturday, September 17. Badges could also be picked up at Registration in the San Diego Convention Center.
- Badges contained RFID tracking devices. RFID readers were installed above education session entrances and the collected data was then automatically recorded for CME credit hours. Completion of session evaluations was still required to earn CME.
- No tickets or additional registration fees were needed to attend Instruction Courses, Miniseminars, International Symposia, Masters of Surgery Video Presentations, and Scientific Oral Presentations.
- The Annual Meeting mobile app offered more features and more program information than in previous years.
- Recordings and webcasts of selected education sessions can now be purchased through AcademyU[®].
- Four Pre-Conference Workshops were offered on Saturday, September 17: Salivary Endoscopy, Thyroid and Parathyroid Ultrasounds, Simulation Experience with the UCSD, and Business of Medicine.
- A Community Giveback Program on Saturday, September 17, offered free hearing screenings for underserved families through

the San Diego Neighborhood House Association.

- Women in Otolaryngology (WIO) Sunrise Yoga was offered on Sunday, September 18, and 47 individuals participated.
- The OTOs on the Run 5K race on Monday, September 19, had 121 participants.
- Lunch with the Experts was an opportunity to meet otolaryngology legends and subject matter experts.
- Attendees were able to earn up to four *AMA PRA CME Category 1™* credits by viewing posters during designated hours.
- We are pleased to report that we had 5,053 professional registrants this year, a 7.56 percent increase from last year. Attendees came from all over the world, spanning more than 94 different countries. We are also thrilled to report that we had 1,078 abstract submissions this year.

CONGRATULATIONS!

- This year's "Best in Show" poster winner was "Novel Gene Delivery for a Light-Driven Optogenetic Auditory Implant," Sumi Sinha, BS; Maria J. Duarte, BS, BA; Elliott D. Kozin, MD; Ariel E. Hight, MS; Alyson B. Kaplan, BA; Shreya Narasimhan, MS; Christian Brown, PhD; Daniel J. Lee, MD.
- Exhibit booth winners were: Island Booth: Medrobotics, booth 2435; Single Booth: Optim, booth 2511; Inline Booth: Preceptis Medical, booth 1621.
- 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.
- The 2017 Annual Meeting Program Committee (AMPC) will be led by **Mark K. Wax, MD**. The Program Advisory Committee and Instruction Course Advisory Committee will be combined into one committee, AMPC.



EDUCATION & KNOWLEDGE

ACADEMYU® BY THE NUMBERS

- 360 Webcasts from the 2016 Annual Meeting
- 4,041 individuals who claimed CME credit
- 103,588 CME credits awarded
- 5 NEW Faculty Development modules
- 20 NEW ENT for the PA-C webcasts
- 5,145 Home Study Course Completions
- 304 record number of attendees at the 2016 ENT for the PA-C Conference
- 85 percent of Residency Programs subscribed to Home Study Course
- 15 specialty societies represented on the Otolaryngology Comprehensive Curriculum Work Group
- 20 members of the newly formed Simulation Education Committee
- 13 NEW Annual Meeting Expert Series (AmX) published in AcademyU
- 43,550 education activity views in AcademyU
- 56 Education teams developing new online resources

NEW IN ACADEMYU

- **AmX:** Fifteen new Annual Meeting Expert Series (AmX) online activities based on 2016 Annual Meeting presentations and faculty interviews. Each includes a case scenario to form a complete, interactive look at timely and relevant topics.
- **SIM @ AM:** The newly formed Simulation Education Committee hosted two outstanding events at this year's Annual Meeting & OTO EXPOSM. These included a Simulation Experience to the University of California San Diego Simulation Center, where participants engaged in a variety of hands-on simulation scenarios. The Simulation Reception and Showcase brought 28 demonstrations from multiple countries to discuss and share various simulation projects in otolaryngology.
- **AcademyQ:** Four hundred new questions are being added to the current 800 questions to make up the third installment of the AcademyQ knowledge assessment app.

AcademyU[®]
YOUR OTOLARYNGOLOGY EDUCATION SOURCE



ACADEMYU IS VALUE 4U

Education has been a cornerstone of the Academy since its inception. As the current mission statement articulates, the Academy provides Professional Education so our Members can achieve excellence and provide the best patient care. AcademyU[®] exemplifies this commitment in that *we care for you, so you can care for your patients.*

With the launch of the new AcademyU this year, a new focus on value was introduced to ensure sustainability of the AAO-HNSF Education program; to provide higher quality education products through technology and innovation; and, most importantly, to demonstrate to Members the economic and learning value of Foundation education products.

The economic value of AcademyU can be found in the following:

- 30 percent Member discount on AcademyU activities; Member residents often receive an additional 30 percent discount.
- HSC+ allows residents to access to AcademyU for a reasonable annual fee.
- Individual Home Study Course sections are available for purchase.
- COOL courses are free to medical students completing otolaryngology rotations.
- SPAO members receive discounts on the ENT for the PA-C webcasts.
- Patient Management Perspectives are available for individual purchase.
- Annual Meeting attendees receive six free 2016 Annual Meeting webcasts.
- AcademyQ CME offers CME credit for specialty-specific bundles.

Education provided by the Foundation for AcademyU is developed by content experts across all eight specialties through the work of the Education Committees under the leadership of the Education Steering Committee. These content experts are friends and colleagues sharing their knowledge and expertise with their fellow otolaryngologists.

New this year, all the education activities offered by the Foundation—from Annual Meeting to online education—were based on Member-identified education and learning needs. We addressed the most current and cutting-edge topics for providing the best patient care.

More than 80 percent of Members feel that the Education Program:

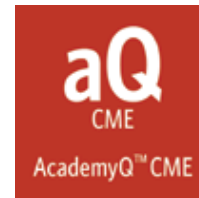
- Increases knowledge of current research advances
- Improves competence in performing diagnostics and treatment
- Enhances practice skills for high quality healthcare

In 2014, Members spoke and the Academy listened when you told us what your ideal learning resource would be. You wanted it to be accessible, self-paced, interactive, easily digested, and customized.

With the launch of the new AcademyU, this new learning platform has offered many features that meet each of these characteristics:

- **Accessible:** AcademyU's responsive design is accessible on all devices.
- **Self-paced:** AcademyU Learning Platform is available 24/7; activities can be started and stopped as you wish.
- **Interactive:** COOL courses and Patient Management Perspectives Self-Assessments provide case-based scenarios to test your skills.
- **Easily digested:** AcademyU has a robust search function for easily finding the education topic you are looking for.
- **Customized:** Activities in AcademyU include practice gap-based education across eight specialties.

With more than 800 activities in the new AcademyU—all discounted for Academy Members—the value of Foundation professional education is clear to see.

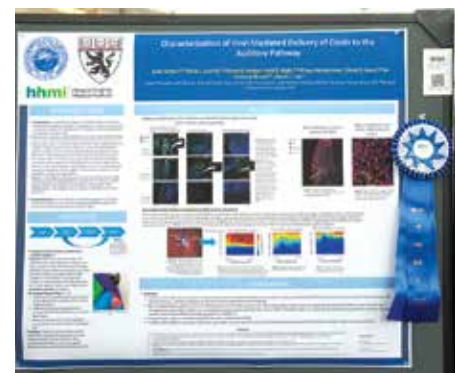


RICHARD V. SMITH, MD, AAO-HNSF COORDINATOR FOR EDUCATION, TALKS ABOUT THE FIRST YEAR OF THE NEW ACADEMYU:

AcademyU has clearly been a success. We have seen consistent use of AcademyU across all Members. When I have spoken with those who have used it, they have all expressed their comfort with the platform and its user friendliness. Exciting additions this year include Annual Meeting Webcasts from 2014, 2015, and 2016.

New items in resident education include HSC+, a new pricing plan to allow residents access to the AcademyU catalogue. Five new Faculty Development eCourses are now available to assist all Members with enhancing their teaching skills. OTOSource, the Comprehensive Curriculum being developed, is well underway and will serve as an outline for all stages of one's career, but may be particularly pertinent to those in training.

All in all, there are many exciting changes and new products available from Foundation Education. We look forward to continued innovation and hope to be the main source of high quality education content for our Members well into the future.



The 2016 AAO-HNSF Annual Meeting provided opportunities for viewing award-winning research posters and learning from otolaryngology-head and neck surgery experts.

MEMBER ENGAGEMENT & UNITY

Value 4U

Value. Lately everyone is insisting on it, from value-based healthcare to value-added mobile data family plans. With so many options available to us, we're right to insist on value, including in our professional association memberships.

AAO-HNS offers value-added benefits that help Members achieve excellence and provide the best ear, nose, and throat care.

The American Academy of Otolaryngology—Head and Neck Surgery provides value for our Members through professional and public education, research, and health policy and legislative advocacy. As a membership organization, the Academy exists solely for the benefit of our Members and advancement of the specialty. The value of membership extends far beyond efforts to provide clarity in these uncertain times.

As a Member, you have access to exclusive programs and resources designed just for you. Whether you practice general or subspecialty otolaryngology, and regardless of your practice setting, there are Academy resources just for you. We exist for you.

BOG'S 'BRING HOME THE ACADEMY' WORKED TO BRING HOME VALUE

The theme of this year's Board of Governors (BOG) activities was "Bring Home the Academy." The campaign was launched to help increase awareness of the BOG's critical role as the grassroots arm of the AAO-HNS, highlighting the numerous resources available for state/local/regional otolaryngology societies and their representatives to the BOG. New toolkits and slide presentations were developed and a virtual society platform was created to help Members "Bring Home the Academy."

Election of Officers: During this year's Board of Governors (BOG) General Assembly meeting at the AAO-HNSF 2016 Annual Meeting & OTO EXPOSM, **Stacey L. Ishman, MD, MPH**, assumed the role of BOG Chair, and **David R. Edelstein, MD**, became Immediate Past Chair. **Sanjay R. Parikh, MD**, was elected BOG Chair-Elect and **Daniel L. Wohl, MD**, was elected BOG Member-at-Large.

BOG Governance & Society Engagement Committee: The Connecticut Ear, Nose & Throat Society was awarded the Model Society Award, the Virginia Society of Otolaryngology-Head & Neck Surgery (VSO-HNS) was awarded the Model Society Honorable Mention Award, and **Eiji**

MEMBERSHIP BY THE NUMBERS (as of October 20, 2016)

- **11,884** members; **93%** retention rate
- **880** new and reinstated Members
- 69%** Fellows, board certified
- 17%** Members, not board certified
- 12%** Residents
- 9%** International members

PRIMARY SUBSPECIALTIES BY THE NUMBERS

- 49%** General Otolaryngology
- 11%** Head and Neck Surgery
- 10%** Facial Plastic Surgery
- 9%** Pediatric Otolaryngology
- 5%** Neurotology
- 5%** Otology/Audiology
- 4%** Rhinology
- 4%** Laryngology
- 3%** Allergy
- 1%** Sleep Medicine
- <1%** Endocrine Surgery

Yanagisawa, MD, was awarded the BOG Practitioner Excellence Award. In addition, the committee has begun hosting online virtual societies via GoToMeeting to assist in launching new societies and improving awareness of AAO-HNS and BOG programs.

BOG Socioeconomic & Grassroots Committee: Twice a year, the committee conducts a survey of local, state, national, and specialty society members. The latest survey sought input on the impact of Emergency Room call requirements. The goal of this survey was to determine trends and concerns among membership relating to ER call requirements, and to steer common and significant issues to the BOG and AAO-HNS for further study or discussion. A survey on implementation of the Affordable Care Act was also conducted in 2016.

BOG Legislative Affairs Committee: In 2016, the committee continued to work via two workgroups: PROJECT 535 and Legislative Grassroots. Both workgroups held quarterly conference calls, with the last being in July. The PROJECT 535 workgroup established a strategy to designate certain BOG members to serve as state or regional managers to help with recruitment efforts. The Grassroots workgroup provided feedback on the Academy's outreach efforts, including a questionnaire being distributed to State Trackers seeking input on ways to improve the program and to verify states are being properly monitored. Workgroup efforts, with a focus on Member engagement, will continue in 2017.

AAO-HNS/F 2016 Leadership Forum & BOG Spring Meeting: This year's AAO-HNS/F 2016 Leadership Forum & BOG Spring Meeting was productive, with nearly 200 attendees. The four-day event included a

new mENTorConnect Welcome Reception; a combined luncheon with the AAO-HNS/F Boards of Directors; renowned keynote speakers; a General Assembly with AAO-HNS/F Presidential candidate speeches; and 21 sessions offering a total of six CME credits.

WHAT'S NEXT?

The BOG looks forward to supporting the launch of new virtual societies and efforts to "Bring Home the Academy" via recruitment of volunteers for various advocacy initiatives, specifically PROJECT 535, and new initiatives to strengthen communications with and through the BOG Representatives.

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

Growth and Visibility: The SRF continues to work to increase the number and visibility of its Members at specialty society meetings. In addition, a new SRF brochure was developed to promote the section and its numerous resources.

Connecting and communicating: As part of its quarterly eNewsletter, a new segment was included summarizing important legislative topics relevant to residents and the specialty, such as audiology scope of practice and GME funding. In addition, the first resident-focused podcast for the Academy was created. The annual 2016 SRF survey was completed with 341 responses and published in the November edition of the *Bulletin*.

SRF members captured the spirit of engagement while working on strategic activities.



MEMBER ENGAGEMENT & UNITY



Members networked with colleagues and associates prior to the Annual Meeting Opening Ceremony.

Educating: A manuscript was published in *Otolaryngology-Head and Neck Surgery* on fellowship trends for otolaryngology residents. Also, at the AAO-HNSF 2016 Annual Meeting & OTO EXPOSM, the SRF, in conjunction with the Endocrine Surgery Committee, presented a Miniseminar, "Intraoperative Nerve Monitoring in Thyroid Surgery," with two resident panelists joining other leaders in the field.

Leadership: With 32 SRF Members in attendance, the section was well-represented at the AAO-HNS/F 2016 Leadership Forum & BOG Spring Meeting and assisted in the development of the programming. Following the event, SRF leaders visited Members of Congress on Capitol Hill to discuss legislative proposals impacting otolaryngology patients and the future of the specialty.

WOMEN IN OTOLARYNGOLOGY (WIO) SECTION

Communication: Over the past year, the WIO Section enhanced its member communications through website updates, social media outreach, posts on ENTConnect, articles in the *Bulletin*, and quarterly eNewsletters with Member Spotlights and Shout-Outs.

Leadership and Mentoring: Building upon the success of last year's pilot initiative, the 2016-2017 WIO Section Leadership Training Program launched at September's Annual Meeting in San Diego. This unique opportunity supports the professional leadership development and education of female AAO-HNS Members in an effort to promote women into leadership positions within the WIO Section, the AAO-HNS/F, and other facets of the participants' professional and personal lives. The year-long program consisting of in-person meetings and topic-based webinars has 17 participants.

Recognition: The Section continued to recognize its peers through an awards program. The Helen F. Krause, MD Memorial Trailblazer Award was presented to **Karen M. Kost, MD. Kara S. Davis, MD**, was presented with the inaugural Exemplary Senior Trainee Award.

YOUNG PHYSICIANS SECTION (YPS)

Communication: In its second year as a Section, the YPS had a very successful and productive year. The newly created YPS Communications and Recruitment taskforces continued to grow their Facebook and ENTConnect presence. Multiple online roundtable sessions were held, including topics of Physician Contracts and Maintenance of Certification (MOC).

Engagement and representation: A new appointed leadership liaison was created with the American Board of Otolaryngology (ABOto). In addition, nominations of section members were made for all seven Advisory Clinical Committees for the RegentSM registry and were accepted by the AAO-HNS/F Board of Directors. Also, in an effort to identify liaisons with individual state societies, a YPS State Delegates program was started in collaboration with the AAO-HNS Board of Governors (BOG), and the program continues to grow.

Programming: The newly created Programming taskforce provided content of interest to YPS physicians at both the Spring Leadership Forum and fall Annual Meeting. In the spring, the section presented a panel on developing short-term and long-term career plans, as well as hosted the speed mentoring session. At the Annual Meeting, the Section had three co-sponsored Miniseminars accepted, including topics on leadership and social media.

GLOBAL AFFAIRS: INCREASING OUR VALUE 4 INTERNATIONAL MEMBERS

INTERNATIONAL ACTIVITY AT THE ANNUAL MEETING

In the first year of launching the International Symposium at the AAO-HNSF Annual Meeting & OTO Experience we received over 75 submissions. The accepted sessions included education content from speakers from around the world and a number of sessions were presented in Spanish. The first day of the International Symposium was offered as a live webcast to a remote audience throughout Latin America and other countries. There were also a number of submissions that were presented as posters. Throughout the week the International Symposium had more than 2,000 attendees.

INTERNATIONAL ADVISORY BOARD

The newly developed International Advisory Board (IAB) will provide international otolaryngologist-head and neck surgeons more meaningful representation in AAO-HNSF governance. The IAB general assembly will be composed of delegates representing more than 60 International Corresponding Societies (ICS) and 10 international Members who will serve as “at-large” representatives. The General Assembly will be chaired by **Johan J. Fagan, MD**, and vice chaired by **Sady Selaimen da Costa, MD**, who will each serve a two-year term. Dr. Fagan will also serve as a non-voting member of the AAO-HNSF Board of Directors in an advisory role, representing issues and concerns of the international constituency.

HUMANITARIAN EFFORTS

AAO-HNSF offers financial support to SRF participants for humanitarian missions that deliver care to those that are in need.

In 2016, AAO-HNSF provided support to 15 Members who then traveled and served in 10 developing countries and territories.

AAO-HNSF also recognized exceptional Members for their commitment to humanitarian work. The AAO-HNSF Distinguished Award for Humanitarian Service was awarded to **Wayne M. Koch, MD**. Throughout his career, Dr. Koch has gone on as many as 25 medical missions to various countries around the world and has worked to create and support a training program for African surgeons. Domestic humanitarian service is recognized through the The Jerome C Goldstein, MD Public Service Award, and this year **C. Ron Cannon, MD**, was so honored for his dedication, passion, and long-standing commitment to serve mankind in both medical and community activities. The Arnold P. Gold Foundation Humanism in Medicine Award was awarded to **Susan D. McCammon, MD**. After Hurricane Ike, Dr. McCammon logged more than 400 hours of Hospice and Palliative Care volunteer time for marginalized patients unable to receive care in the economic aftermath of this natural disaster. The AAO-HNSF Nikhil J. Bhatt, MD International Public Service Award was awarded to **Lokman Saim, MD**. Because of Dr. Saim’s pioneering work in cochlear implant surgery, Malaysian children who were born deaf and adults with acquired deafness are now able to regain hearing and develop normal speech and language. AAO-HNSF Nikhil J. Bhatt, MD Humanitarian Award was awarded to **Nega Kiros, MD**. Dr. Kiros founded a new ENT hospital in Ethiopia to attend to the needs of the poor and underserved.

INTERNATIONAL JOINT MEETINGS

- Participated in the 35th Congreso Panamericano de Otorrinolaringología y Cirugía de Cabeza y Cuello June 13-16 in Havana, Cuba, by presenting a symposium that included AAO-HNSF leadership.
- Participated in the All Africa ENT & Audiology Congress (AAENTA) June 19-22 in Kigali, Rwanda by presenting a symposium.



Value 4U

In 2016, we ensured our long-term sustainability, our brand, and our relevance to our Members and the public, retaining high-quality leadership and staff in touch with and adaptable to the changing needs and environment of our Members. The following milestones illustrate that we provided exceptional stewardship of AAO-HNS/F assets, enhanced industry support, and nurtured a culture of philanthropy.

SUSTAINING THE VALUE OF THE BRAND

Communications provided marketing, editorial, design, and content development support for all major Academy and Foundation initiatives including the new ENT clinical data registry, RegentSM, the Annual Meeting & OTO EXPOSM, Global Affairs, and Clinical Practice Guidelines.

As the result of a comprehensive review of flagship publications, Communications planned and developed long-term initiatives that will assist the Academy to communicate and engage with Members, the healthcare community, and the public in new and innovative ways. To that end, the open access journal, *OTO Open*, launches in January as does a new personalized weekly newsletter. New publishing contracts for the *Bulletin* and *Otolaryngology-Head and Neck Surgery* will be finalized in the coming weeks.

Communications highlights, which reflect the leadership and contributions of the Media & Public Relations Committee; journal Editor in Chief **John H. Krouse, MD, PhD, MBA**; and *Bulletin* Editor **James C. Denny III, MD**, for this year include:

- Created and marketed this year's theme: **Value 4U: You Care for Patients. We Care for YOU.**
- Conceived, filmed, and co-produced "How Do You Say Otolaryngology?" video for the Opening Ceremony of the Annual Meeting & OTO EXPOSM in San Diego, CA.
- Responded to more than 80 interview requests.
- Recognized health observance months/weeks and produced downloadable multi-media materials and content for individual and practice participation.

- Provided up-to-the-minute content with the AAO-HNS brand for the patient licensing program.
- Generated a 35.33 percent increase in the last year in unique visitors to ENTConnect, resulting in 171,369 page views. Visits to the Open Forum increased by more than 400 percent.

Bulletin:

- Expanded online circulation as a pilot project with targeted, timely patient information content, broadening value to Members and healthcare consumers.
- Introduced the new quarterly "Practice Profile," spotlighting different types of practices, their challenges, and the value AAO-HNS provides.
- Added revenue with supported eblast of each issue's table of contents.

Otolaryngology-Head and Neck Surgery:

- Commenced the *Resident Reviewer Development Program*, pairing residents with experienced peer reviewer mentors, providing guidance and practice for the next generation of peer reviewers.
- Produced 13 new podcasts for a total of 91; 32,257 podcast downloads in the past year (9,756 more than in the previous 12 months).
- Published special focus sections: Patient Safety and Quality Improvement (December 2015, May 2016, and November 2016).
- Published a special issue: "40 under 40" in October 2015; the issue is composed of articles whose first authors were residents or young physicians at time of submission.

Website (entnet.org):

- Unique visitors: 6.8 million (up 12 percent since August 2015)
- Sessions (total visits): 8.1 million (up 12 percent since August 2015)
- Page views: 10.3 million (up 11 percent from August 2015)
- Trending: "Find an ENT" tool increased traffic by 60 percent (556,000 potential patients)

AAO-HNS FOUNDATION DEVELOPMENT

The Development Coordinator, committee, and staff strive to create a culture of philanthropy within the Academy membership, communicate the importance of annual giving and its impact on the specialty, and prioritize exemplary stewardship of the gifts that have been so generously donated to the AAO-HNS Foundation (the *foundation*).

Development efforts this year focused on raising awareness about the *foundation* and how donor gifts are used to support the specialty, today and tomorrow. New branding was introduced to emphasize the philanthropic aspect of the *foundation*, using the tag line *where dues stop and philanthropy begins*. Communication about **what** is the *foundation*, **why** donate to the *foundation*, and **ways** to donate to the *foundation* was developed and added to the website.

The *foundation's* donor recognition club, the Millennium Society, had 273 members in 2016, including three new members at the lifetime giving level, six new members at the Sustainer level and 20 new members included in the Millennium Society who were not included in the previous year. As a way of thanking donors for their generosity, a special lounge at the Annual Meeting is created exclusively for donors who are part of the Millennium Society. At this year's Annual Meeting in San Diego, we welcomed 109 donors in the lounge and hope to increase that number in Chicago!

Strategic goals were met for the year with a 10 percent increase in the number of donors and increases in the dollars raised both for the Annual Fund and the Hal Foster, MD Endowment. Donations to the Annual Fund for FY16 were \$157,000, used to fund CORE grants, travel grants, humanitarian and international programs, and other programs, not supported by dues or fees, to improve quality and patient care. Endowment donations were just under \$200,000, invested to generate earnings to support *foundation* programs in future years.

The "Legends of Otolaryngology" fundraising program honoring an otolaryngologist who has made significant contributions to the specialty, kicked off in San Diego, where the first legend to be honored, **M. Eugene Tardy, Jr., MD**, delivered the inaugural Legends lecture: "'Mosquetors Verry Troublesum,' the Fascinating Medical Travails of the Lewis and Clark Expedition." Dr. Tardy did not disappoint. Approximately 500 guests filled the room, all of whom we hope will consider a donation to the Annual Fund, of any amount,

in honor of Dr. Tardy and what he means to the specialty.

We thank all donors who have made a charitable gift to the *foundation*. These donors are the bedrock of providing the funding needed to support the AAO-HNS Foundation's programs today and ensuring the future of the specialty for generations to come.

ANNUAL MEETING SPONSORSHIP & INDUSTRY SUPPORT

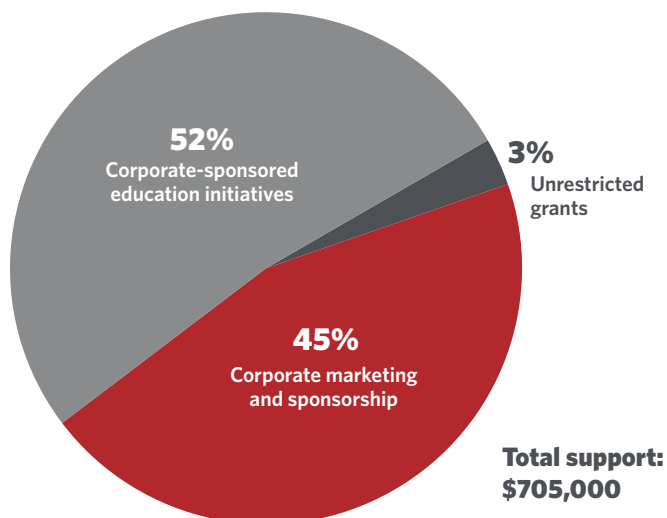
Key components to the success of creating Value 4 attendees of the Annual Meeting are the partnerships developed with industry.

Through the efforts of the Global Education, Meetings, and Strategic Partnership Business Unit, the financial support from industry has increased by 22 percent compared to last year. We were able to offer more and enhanced sponsorship opportunities at the 2016 AAO-HNSF Annual Meeting & OTO EXPO. The total financial support was \$705,000.

Some of the additional and enhanced sponsorship opportunities included:

- Introduced electronic banner ads and highlighted listings in the meeting mobile app to provide the opportunity for the attendees to interact with the sponsor.
- Provided additional exposure to industry partners throughout the convention center and a number of hotels within walking distance of the convention center.
- Provided the opportunity to receive support for food and beverage for the attendee breaks.

ANNUAL MEETING SPONSORSHIP & INDUSTRY SUPPORT



SUSTAINABILITY



The WIO Sunrise Yoga session at the Annual Meeting was an inspired way to energize the mind and body for sustained performance through the day.

The sponsorship and support included three components, which are Corporate Marketing and Sponsorship, Corporate Sponsored Education Initiatives, and Unrestricted Grants.

AAO-HNS ACADEMY ADVANTAGE

The Academy Advantage program continues to provide Members with special discounts on products and services to assist in providing relevant solutions to the challenges Members and their medical practices are facing. Following are the Academy Advantage trusted companies that participate in the program, which in return provides financial support for AAO-HNS/F mission and objectives.



PREMIER PARTNERS

- The Doctors Company – Medical Liability Insurance
- Health eCareers: online Career Board and Career fair at the Annual Meeting
- Officite – Website Design/Marketing



PARTNERS

- AllMeds: Electronic Health Record (HER) and Practice Management Solutions Services
- Rendia (formerly Eyemaginations): In-Office Patient Education
- Optum™: Coding Resources

FINANCIAL REPORT FISCAL YEAR 2016 (FY16)

Expense savings of almost 23 percent more than absorbed a 4 percent shortfall in revenue leading to a positive contribution to net asset reserves for the fiscal year July 1, 2015 – June 30, 2016 (FY16). Significant savings were realized in staff related costs, including consolidating 10 management positions into seven, and in consulting expense, where contingency budgets were in place that were not necessary to use. Contributing to the shortfall in revenue was lower than expected Annual Meeting attendance in Dallas and lower membership retention, budgeted at 94 percent but realized at 92 percent. While a break-even budget had been planned, **a positive (unaudited) \$3.6M variance** from the break-even operating budget was realized for the fiscal year.

Investment and other non-operating activity netted a loss of \$1.1M, mainly due to unrealized losses related to investments. Combining operating and non-operating activity, the combined (unaudited) contribution to reserves for FY16 was \$2.5M.

While there was a positive addition to net asset reserves for the year, there was a \$1.3M use of reserves to fund certain non-recurring items. The Board designated net asset reserves be used to fund: \$900,000 of start-up costs to design, create and build RegentSM, the first otolaryngology specific data registry; \$107,000 for costs to relocate and build-out new space in the headquarters building for the John Adams History Museum; and \$305,000 for annual debt service related to the purchase of the headquarters building.

As of June 30, 2016, unrestricted net asset reserves were \$18.8M, of which approximately \$3.5M was designated by the Boards of Directors to be used for specific purposes in future years. Restricted net assets were \$6.4M, divided between those that are available for spending as directed by the donor, \$1.8M, and those that form the corpus of the Hal Foster, MD Endowment, \$4.6M, and are to be retained into perpetuity. Approximately \$390,000 of FY16 programing was funded by restricted net assets and endowment earnings.

For a copy of the independent audit of AAO-HNS/F's FY16 financial statements contact CHanlon@entnet.org.

The budget for the current fiscal year July 1, 2016 – June 30, 2017 (FY17), was approved by the Boards of Directors in May 2016. Again, a break-even budget is planned, where revenue and expenses both equal approximately \$19M. A few significant changes distinguish the current year budget from the prior year: meeting and exhibits revenue is based on an increase in registrants for the Annual Meeting in San Diego, investment interest and dividends are no longer budgeted to be used for operations, and reliance on the use of net asset reserves to fund the start-up of RegentSM is limited to funding only consulting costs. These changes were made to factor into the budget the expense savings operationalized in FY16, and prior years. They reduce the dependency on net asset reserves and investment activity to fund operations and special projects. As an intended consequence of these changes, the

level of year-end positive variances is expected to diminish over time as operating revenues are used for expenses in place of using net asset reserves and investment income.

A balanced budget is required to comply with the debt covenants of the headquarters building financing. The budgeting process is integrated with the AAO-HNS/F strategic plan and involves the efforts of elected leadership, the Boards of Directors, Executive

Committee, and the Finance and Investment Subcommittee.

Leadership and staff continue to be prudent stewards of the organization's financial resources as decisions and strategies for the organization are developed going forward. Recognizing that without revenue growth, expenses will eventually exceed revenue due to inflation alone, conservative spending, even where a positive variance may be realized, continues to be the approach of management.

AMERICAN ACADEMY OF OTOLARYNGOLOGY - HEAD AND NECK SURGERY/FOUNDATION

Unaudited (Rounded) Consolidated Statement of Revenue and Expenses

For the 12 Months Ended June 30, 2016

DESCRIPTION	ACTUAL FY16	%	BUDGET FY17	%
REVENUE				
Membership Dues	\$ 6,730,000	35%	\$6,850,000	36%
Meetings and Exhibits	6,320,000	33%	6,960,000	36%
Product and Program Sales	1,580,000	8%	1,693,000	9%
Publications	1,179,000	6%	1,225,000	6%
Royalties	480,000	2%	335,000	2%
Corporate and Individual Support	760,000	4%	825,000	4%
Investment Income - Interest and Dividends	380,000	2%	-	0%
Other Revenue	180,000	1%	128,000	1%
Use of Donor Restricted Net Assets	390,000	2%	246,000	1%
Use of Board Designated Net Assets	1,330,000	7%	889,000	5%
Total Revenue	\$ 19,329,000	100%	\$ 19,151,000	100%
EXPENSES				
Salaries and Benefits	\$ 7,764,000	49%	\$ 8,613,000	45%
Occupancy	1,586,000	10%	1,579,000	8%
Office Expenses	839,000	5%	866,000	5%
Communications and Software	466,000	3%	612,000	3%
Travel	352,000	2%	454,000	2%
Meetings	1,272,000	8%	2,117,000	11%
Printing and Production	483,000	3%	494,000	3%
Consultants and Professional Fees	2,490,000	16%	3,913,000	20%
Grants	462,000	3%	503,000	3%
Total Expenses	\$ 15,714,000	100%	\$ 19,151,000	100%
Change in Unrestricted Net Assets from Operations	\$ 3,615,000			
NON-OPERATING ACTIVITIES				
Realized and Unrealized Net Loss on Investments	\$ (351,000)			
Unrealized Loss on Interest Rate Swap Agreement	(1,284,000)			
Non-operating Other Revenue	560,000			
Change in Unrestricted Net Assets from Non-Operating Activities	\$ (1,075,000)			
Total Change in Unrestricted Net Assets	\$ 2,540,000			