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The official Member magazine of the American Academy of Otolaryngology—Head and Neck Surgery

**DECEMBER 2016/JANUARY 2017** 

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**2016 ANNUAL REPORT** 

11

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Volume 35, No. 11

The Bulletin (ISSN 0731-8359) is published 11 times per year (with a combined December/January issue) by the American Academy of Otolaryngology—Head and Neck Surgery 1650 Diagonal Road Alexandria, VA 22314-2857 . 1-703-836-4444

The Bulletin publishes news and opinion articles from contributing authors as a the *Bulletin* in no way constitutes approval or endorsement by AAO-HNS of products or services advertised unless indicated as such.

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Postmaster: Send address changes to the American Academy of Otolaryngology—Head and Neck Surgery, 1650 Diagonal Road, Alexandria, VA 22314-2857

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

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Questions? Contact Stephanie L. Jones sljones@entnet.org or Sarah O'Connor soconnor@entnet.org

### Gender and strength

33 years, Lorraine Randolph, is my guiding light, providing guidance and the blessings of our children, Greg Jr., Benjamin, and Madeline. When I am unsure, I ask Lorraine. Francis Randolph, my mother, now 93, single-handedly, in an alcoholic household, raised four children while teaching full-time. She has never lost her loving nature and excitement in life. Madeline Randolph, my daughter, just starting her education as a physician assistant, is intelligent, constantly striving, caring, and fun-loving. I know strong women.

know something of strong women. My wife of

But we have a problem.

**Sujana S. Chandrasekhar, MD**, AAO-HNS/F immediate past president, notes that even as women enter otolaryngology in greater numbers, they face overt and covert bias that could limit career choices: "There are still references to the 'girl surgeon."

We all have unconscious bias. Unconscious bias has been shown to affect black versus white patient thrombolytic therapy decisions, <sup>1</sup> as well as amputation versus revascularization decision-making depending on race, <sup>2</sup> and is a driver for health disparities. <sup>3</sup> But, these unconscious biases, when recognized, need not determine our behavior.

#### Women in Otolaryngology

The WIO Section draws from nearly 2,000 female Academy Members and is dedicated to the career development of women through honing leadership skills and networking. Ayesha N. Khalid, MD, WIO's chair, epitomizes AAO-HNS positivity when explaining about why she became involved in WIO, "I simply wanted to give something back for all the women otolaryngologists who are coming after me." Chair of the Outcomes Research and Evidence-based Medicine Committee, Jennifer J. Shin, MD, notes the WIO provides "camaraderie, scholarship, and leadership filling a vital role on issues that are critical to the development and advancement of women in our field." The WIO has a Research and Survey Committee (investigating topics including gender inequality), Leadership Development and Mentorship Committee, and a robust education program partnering with the Young Physicians Section and Section for Residents and Fellows-in-Training.

Within our Academy, **Anna M. Pou, MD**, in 2005 under the horrific conditions of Hurricane Katrina, demonstrated heroic strength staying to treat stranded hospitalized patients with no lights or running water in the flooded hospitals of New Orleans. She withstood

the subsequent misguided legal attacks and prevailed, as one of our modern era otolaryngology heroes.

Gayle E. Woodson, MD, past president, chaired the Global Task Force, which established the International Advisory Board, an internal body of global leaders. As president-elect, I coordinated appointments for the 1,148 volunteer committee positions with diversity as my primary directive. I was assisted by Susan D. McCammon, MD, Ethics Committee chair, who was awarded the 2016 Arnold P. Gold Foundation Award for Humanism in Medicine, and the committee received the Committee Excellence Award.

Sonya Malekzadeh, MD, former Education Coordinator, led the formation of a single comprehensive online platform, AcademyU®, with Richard V. Smith, MD, current coordinator. Dr. Malekzadeh notes "there is a definite trend to more women leaders, concerted efforts to improve promotion rates, and continued dialogue on pay disparity." Harvard Residency Program Director Stacey T. Gray, MD, is chair-elect of the Rhinology Committee. Catherine F. Sinclair, MD, an academic thyroid surgeon, notes that career progression requires balancing family life with professional goals requiring "introspection, passion, courage, a positive mindset, and an awareness of the networks that exist to support and encourage us." Louise Davies, MD, an endocrine surgeon and health outcomes researcher, has written some of the most formative papers in the field of papillary carcinoma overdiagnosis.

Susan R. Cordes, MD, chair of the BOG Legislative Affairs Committee and recent chair of the Humanitarian Efforts Committee, established an interactive map and database of humanitarian efforts of Academy Members. Dr. Cordes notes "With the encouragement of Academy Members, I have been able to see potential in myself that I was not aware of and to take on challenges I would have thought impossible."

With this diversity, so we grow, and a body of collaborative work forms, larger than our self, of our otolaryngologic community, of our Academy.

#### References

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- Collins TC, et al. Lower extremity nontraumatic amputation among veterans with peripheral arterial disease: is race an independent factor? Med Care. 2002, 40(1):I-106-I-116.
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**Gregory W. Randolph, MD** AAO-HNS/F President



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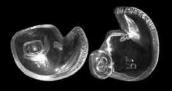
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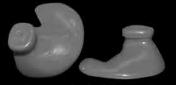
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### Navigating future reform

ur December/January *Bulletin* gives me a chance to look into the future, while reviewing the last year, to recognize key concerns affecting otolaryngology. Our Annual Report in this issue details the breadth and depth of our programs and business units designed to address Members' needs.

Most of the critical areas in the evolution of the healthcare system exist on a continuum, but are driven by principles such as quality and value that cross into both the governmental and private arenas. Legislative and regulatory efforts in 2016 further codified this direction, which will be subject to preferences of the new administration. Last year, I highlighted several areas where we anticipated additional clarity would be forthcoming. Let's take a look at some of these as well as further spheres we are following closely.

#### **The Quality Payment Program**

The preliminary rule released by CMS earlier this year described the four basic components of MIPS, Quality (50 percent), Resource Use (10 percent), Advancing Care Information (ACI, 25 percent), and Clinical Practice Improvement Activity (CPIA, 15 percent) as well as Advanced Alternative Payment Models (APMs).

After extensive comments by the Academy and multiple medical organizations advocating for modifications, the final rule was released after the deadline for this column, so my analysis is preliminary. Physicians will be able to participate either through the MIPS or APM programs. Quality reporting through MIPS was to begin January 1, 2017, for payment adjustment in 2019. During a designated "transition" year, CMS will now allow several reporting options including complete yearlong reporting or as little as a limited 90-day reporting period that requires just one quality measure, one activity in the improvement activities performance category, or report the required measures of the ACI performance category to avoid a negative MIPS payment adjustment in 2019. Improvement Activity (formerly CPIA) can be claimed by self-attribution. CMS modified Cost (formerly Resource Use) to count 0 percent the first year, and Quality increased to 60 percent. Advanced APM definitions have also been expanded with the goal of increasing opportunities for more providers.

#### What we don't know

Even though CMS has expanded the definition for APMs, it is unclear how specialists, particularly

otolaryngologists, will be able to participate in APMs if they are not members of a large organization. We are participating in a project run by the American College of Surgeons and Brandeis University working to identify "episode groupers" that would potentially qualify for APM status. We will search for the best avenue for Members to have the opportunity to participate in APMs, which carry a 5 percent bonus payment.

#### What we know

The ability to define and measure quality will be a necessity to participate in governmental and private payer plans. The Academy has been planning for this for several years and officially launched Regent<sup>SM</sup>, our Clinical Data Registry, in October. Our projections were to have 200-300 participants initially, but we have signed up nearly 2,000 participants from all practice types and locations. This, along with the collaboration of our specialty societies and the American Board of Otolaryngology, will enable us to collect data and create meaningful measures more rapidly.

We also continue to develop collaborative relationships with several of the large private insurance companies that will allow direct input relating to our respective areas of clinical expertise as policies are being developed that affect our patients.

#### What the future holds

An equally critical area for discussion and planning, "what will the practice of otolaryngology be in the future?," deserves attention as we progress through the pathway of reform. Myriad factors will interact to define the otolaryngology practice of the future. Supply of otolaryngologists, scientific advances, scope of practice adjustments, changes in medical education, utilization of allied health providers, population health management, clinical data defining best patient care, and overall payment reform will all have the potential to significantly alter the way we practice today.

#### What will we do?

We will continue to work with our specialty societies, the House of Surgery, the House of Medicine, and, most importantly, our Members to proactively prepare for and adapt to future directions in healthcare and the practice of otolaryngology. We will need your help to both guide and inform us as we take a deep look into the future of the way otolaryngologists practice.



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



We will continue to work with our specialty societies, the House of Surgery, the House of Medicine, and, most importantly, our Members to proactively prepare for and adapt to future directions in healthcare and the practice of otolaryngology.



#### ■ at the forefront

#### **BOARD OF GOVERNORS**

## Spirited New Year's resolutions

■ Ken Yanagisawa, MD, BOG Secretary

s we in the Northeast brace ourselves for yet another winter, replete with frigid temperatures and blustery snowfalls, we see the hopes and dreams of the new year, 2017, on the horizon.

With the numerous challenges mounting for practitioners to simply practice good medicine, and to establish and maintain effective and trusting patient-physician relationships, the question may arise, "What can I do?"

Shared below are my top 10 resolutions for the upcoming year, all achievable and all worthwhile. The overall themes revolve around staying well informed, remaining positive, and being proactive whenever possible.

#### Top 10 resolutions

- To peruse the AAO-HNS/F 2017
   Leadership Forum & BOG Spring Meeting offerings. Many wonderful opportunities and presentations, including leadership development skills, business of medicine discussions, the Board of Governors (BOG) Candidates Forum, and networking events, abound at this meeting held March 10-13, 2017, in Alexandria, VA. The meeting registration is FREE for AAO-HNS Members who are practicing otolaryngologists and will offer CME credits!
- To attend the AAO-HNS/F 2017
   Leadership Forum & BOG Spring
   Meeting. This amazing meeting provides
   an opportunity to learn and to mingle with
   leadership physicians and staff from the
   Board of Directors and BOG, as well as
   colleagues from around the country.
- To nominate or promote a colleague (or yourself) for an Academy committee position. Deadline for submission is January 1, 2017, so visit the AAO-HNS website and submit your application soon.
- 4. To join or contribute to a Legislative Affairs activity such as PROJECT 535 or ENT PAC, the Academy's political action committee.

- To share with colleagues a tip or trick in our daily battles against challenging insurance practices and growing governmental mandate requirements.
- To join or contribute to your local ENT society. Our BOG Governance and Society Engagement Committee is actively helping every state develop a society for its members to share information and concerns, and to build collegiality and friendships.
- 7. To honor a mentor. I have been blessed to have my father serve as a mentor and advisor for medical and life matters, and express my appreciation to him on a regular basis. Having established several endowment funds in his name, I will continue to donate to assist our eager and energetic young physician beneficiaries.
- 8. To befriend a mentee. As recipients of good advice, we can all offer our experiences and knowledge with the next generation. Help a resident, a fellow, a colleague. The benefits will last a lifetime.
- To thank my office staff, business manager, and the Academy staff for the tireless work they have devoted toward keeping our practices efficient and busy.
- 10. To thank my family and significant others for supporting the many wonderful activities we all engage in to help our patients and our careers. A simple

acknowledgement of our love and appreciation is priceless.

We should never lose sight of what attracted us to our incredible profession of otolaryngology. The BOG and the AAO-HNS offer such a wealth of information, advisors, and mentors to help us survive and succeed. With determination and positive action, we can all preserve the ability to provide outstanding patient care, and to build the trust and hope that our patients and practices expect and deserve.

#### **SAVE THE DATE**

#### AAO-HNS/F 2017 Leadership Forum & BOG Spring Meeting

ark your calendars to join leaders of the specialty for a rewarding weekend of networking, mentoring, and policy discussions. The AAO-HNS/F 2017 Leadership Forum & BOG Spring Meeting is scheduled for Friday, March 10, to Monday, March 13, 2017, in Alexandria, VA. Find out more at www.entnet.org/leadershipforum.

#### 2017 Brandeis AAO-HNS-ACS Scholarship available

- The Health Policy award is open to surgeons who are Members in good standing of both the American College of Surgeons (ACS) and the American Academy of Otolaryngology—Head and Neck Surgery (AAO-HNS).
- Applicants must be at least 30 years old, but under 60, on the date that the completed application is filed. The award is to be used to support the recipient during the period of the scholarship. Indirect costs are not paid to the recipient or to the recipient's institution.
- The awardee is required to attend the AAO-HNS/F Leadership Forum & BOG Spring Meeting in March 2018.
- Full requirements for the ACS/AAO-HNS scholarship are also posted on the ACS website at facs. org and the AAO-HNS website at entnet.org/content/ health-policy-scholarship. ■

#### In memoriam

e recognize the passing of the following Members in 2016 (as of November 17).

**Alonzo J. Bentley, MD**; Thomasville, GA; FEL.; Residency: Emory University 1972

James A. Donaldson, MD; Redmond, WA; FEL.; Residency: University of Minnesota 1960

**Berrylin J. Ferguson, MD**; Pittsburgh, PA; FEL.; Residency: Duke University 1985

**Samuel R. Fisher, MD**; Durham, NC; FEL.; Residency: Duke University 1981

James E. Freije, MD; State College, PA; FEL.; Residency: University of Vermont

David Gitler, MD; Bronx, NY; FEL.; Residency: Albert Einstein College of Medicine/ Montefiore Medical Center 1987

Mark A. Hoeplinger, MD; Buffalo, NY; FEL.; Residency: Johns Hopkins University

**Thomas A. Kwyer, MD**; Toledo, OH; FEL.; Residency: University of Michigan 1980

John K. Niparko, MD; Los Angeles, CA; FEL.; Residency: University of Michigan 1986

**Fred D. Owens, MD**: Dallas, TX; FEL.; Residency: West Virginia University and House Ear Clinic 1970

**Rowan C. Pearce**, **Jr.**, **MD**; Residency: Geisinger Health System 1951

Mark A. Richardson, MD; Portland, OR; FEL.; Residency: Medical University of South Carolina 1979

Vincent J. Scavo, MD; Marathon, FL; FEL.; Residency: New York University School of Medicine 1966

John A. Tucker, MD; Philadelphia, PA; FEL.; Residency: University of Pennsylvania 1961

## 2017 and 2018 AAO-HNSF Annual Meeting & OTO Experience events

oin colleagues, otolaryngologists, medical experts, and health professionals from around the world in Chicago, IL, for the Annual Meeting & OTO Experience, September 10-13, 2017.

The AAO-HNSF 2017 Annual Meeting & OTO Experience will feature cutting-edge education programming and dynamic evening events. Earn CME credit, tap the minds of

leaders, see and touch the latest devices, and expand your network. Submit a paper and find out more information at www.entannualmeeting.org/17.





collection of public art at Millennium Park. Attend a show at one of Chicago's acclaimed theaters. Dine in Chicago's West Loop, which is known for trendy, chef-driven restaurants.

#### Plan for 2018: Get to Know Atlanta

The AAO-HNSF 2018 Annual Meeting & OTO Experience will take place in Atlanta, GA, October 7-10. Here's a glimpse at what

you can look forward to in 2018.

#### **Accessibility**

Whether you're flying domestically or internationally, Atlanta offers a wide range of convenient flight options. Eighty percent of the U.S. population is within a two-hour flight to Atlanta and six continents

have access to direct flights to Atlanta.

#### Who should attend?

- Practicing otolaryngologist-head and neck surgeons
- Otolaryngology associates
- Researchers in otolaryngology
- Non-physician clinicians
- Senior academic professors
- · Department chairs
- Community practitioners
- International societies
- Fellows-in-training
- Residents

#### Accessibility

With two international airports, Chicago offers thousands of flight options, including nonstop and quick flights. Both airports are within 20 miles of downtown Chicago, and 80 airlines serve the two airports. Chicago is also easily accessible by train. Chicago's Union Station is centrally located, and more than 50 trains arrive and depart from the city daily.

#### **Entertainment**

Visit Wrigley Field, home of the World Series defending champions, the Chicago Cubs. View breathtaking architecture and an iconic

#### History

Atlanta has a long, rich history. Learn more about Atlanta's heritage at the Center for Civil and Human Rights, the Jimmy Carter Presidential Library and Museum, and the King Center.

#### **Entertainment**

Atlanta is home to many exciting attractions. Learn about the origins of the first cola recipe at the World of Coca-Cola. Gain an appreciation for aquatic animals at the Georgia Aquarium, which is the largest aquarium in the Western Hemisphere. Centennial Olympic Park serves as Atlanta's legacy from the 1996 Olympic Games. Take a tour of the main newsroom at the CNN Center. Other attractions include Mercedes-Benz Stadium, the College Football Hall of Fame, and unique neighborhoods. Filled with creative concepts, Atlanta dining offers something for everyone from American-style cuisine, to traditional Southern fare, to succulent steakhouses. ■

#### **UPDATED CLINICAL PRACTICE GUIDELINE**

## Earwax (Cerumen Impaction)

Adapted from the January 2017 Supplement to **Otolaryngology-Head and Neck Surgery**. Read the guideline at **otojournal.org**. (Available after January 3, 2017.)

he primary purpose of the update to the Clinical Practice Guideline Earwax (Cerumen Impaction) is to help clinicians identify patients with this condition who may benefit from intervention. New evidence, systematic reviews, randomized controlled trials, observational studies, and an evolved methodology, which included consumers, were at the foundation of the update.

The 2017 update was chaired by **Seth R. Schwartz, MD, MPH**, with **Anthony E. Magit, MD**, serving as the assistant chair, and **Richard M. Rosenfeld, MD, MPH**, as the methodologist. All three were involved in the original 2008 guideline.

"The update to the 2008 guidelines encompasses a variety of tools for clinicians in treating and communicating with their patients," said Dr. Schwartz. "This includes an algorithm showing the interrelationship of key action statements in a cohesive and understandable way as well as enhanced information on patient education. Having the consumer perspective on the guideline update group provided us a value-added opportunity to incorporate more extensive patient counseling within our treatment protocols."

Differences between the 2008 guideline and the 2017 update include:

- a consumer added to the development group;
- new evidence (one guideline, six systematic reviews, five randomized controlled trials [RCTs], and six observational studies);
- expanded action statement profiles to explicitly state quality improvement opportunities, confidence in the evidence, intentional vagueness, and differences of opinion;

- an enhanced external review process to include public comment and journal peer review; and
- three new key action statements on managing cerumen impaction that focus on primary prevention, contraindicated intervention, and referral and coordination of care.

The update is endorsed by the American Academy of Family Physicians (AAFP), American Academy of Pediatrics (AAP), American Geriatric Society (AGS), American Neurotology Society (ANS), American Otological Society (AOS), American Society of Geriatric Otolaryngology (ASGO), and the Society of Otorhinolaryngology and Head-Neck Nurses (SOHN). Additionally, it is supported by the American Speech-Language-Hearing Association (ASHA). The update replaces the 2008 guideline, which was created by a multidisciplinary panel of clinicians representing the fields of otolaryngology, audiology, family medicine, geriatrics, internal medicine, nursing, and pediatrics.

The full guideline, as well as other resources, will be available after January 3, 2017, at www.entnet.org/node/334 as well as in *Otolaryngology—Head and Neck Surgery* as published at otojournal.org.

The guideline is intended for all clinicians who are likely to diagnose and manage patients with cerumen impaction, and it applies to any setting in which cerumen impaction would be identified, monitored, or managed. It does not apply to patients with cerumen impaction associated with the following conditions: dermatologic diseases of the ear canal; recurrent otitis externa; keratosis obturans; prior radiation therapy affecting the ear; previous tympanoplasty/myringoplasty, canal wall down mastoidectomy, or other surgery affecting the ear canal.

#### **Guideline recommendations**

#### 1. Primary prevention

Clinicians **should** explain proper ear hygiene to prevent cerumen impaction when patients have an accumulation of cerumen.

#### 2a. Diagnosis of cerumen impaction

Clinicians **should** diagnose cerumen impaction when an accumulation of cerumen seen with otoscopy 1) is associated with symptoms, or 2) prevents needed assessment of the ear, or 3) both.

#### 2b. Modifying factors

Clinicians **should** assess the patient with cerumen impaction by history and/or physical examination for factors that modify management such as one or more of the following: anticoagulant therapy, immunocompromised state, diabetes mellitus, prior radiation therapy to the head and neck, ear canal stenosis, exostoses, non-intact tympanic membrane.

#### 3a. Need for intervention if impacted

Clinicians **should** treat, or refer to another clinician who can treat, cerumen impaction, when identified.

#### 3b. Non-Intervention if asymptomatic

Clinicians **should not** routinely treat cerumen in patients who are asymptomatic and whose ears can be adequately examined.

#### 3c. Need for intervention in special populations

Clinicians **should** identify patients with obstructing cerumen in the ear canal who may not be able to express symptoms (young children and cognitively impaired children and adults) and promptly evaluate the need for intervention.

#### 4. Intervention in hearing aid users

Clinicians **should** perform otoscopy to detect the presence of cerumen in patients with hearing aids during a healthcare encounter.

#### 5a. Recommended interventions

Clinicians **should** treat, or refer to a clinician who can treat, the patient with cerumen impaction with an appropriate intervention, which may include one or more of the following: cerumenolytic agents, irrigation, or manual removal requiring instrumentation.

**CONTINUED ON PAGE 10** 



#### PATIENT INFORMATION

## Frequently Asked Questions: Earwax Prevention

#### **FREQUENTLY ASKED QUESTIONS**

Should I do anything to my ears to prevent a buildup of earwax?

Your body makes earwax to protect your ear canal skin and kill germs. It is normal to have it. Prevention is best for certain groups of people, but not everyone needs it. Among those who may be helped are the elderly, people with hearing aids, and those with a history of too much earwax. Discuss with your health care provider to determine if you need to have earwax removed.

What will happen if I don't clean my ears?

Most people do not need a regular schedule for preventing earwax buildup. Some people may need to have their ears cleaned at times. Your health care provider may find that you have too much earwax at your regular check-up. You may be treated at that time or sent to another provider for treatment.

What symptoms could be caused by too much earwax?

Common complaints include itching, hearing problems, or a sense of fullness in the ear canal. Other problems that might occur include discharge, odor, cough, or ear pain.

Does it hurt to remove earwax?

The procedures used to remove earwax should not cause any pain. If you are putting a type of liquid into the ear it may feel funny, but should not hurt.

If earwax is removed will my hearing get better?

The type of treatment used to prevent the buildup of wax in your ear should usually not affect your hearing. If your ear canal is completely, or almost completely blocked by too much earwax, then removing the wax will allow your hearing to return to pre-blocked levels.

How often should I remove wax from my ears?

There is no standard course of action for preventing earwax buildup. Most people do not have to do anything unless too much wax develops. Ask your health care provider if there is anything you should do to prevent or reduce earwax.

Is removing earwax costly?

Most procedures use over the counter materials and are not expensive. Your health care provider can help with the choices.

Do cotton swabs remove wax from the ear?

Cotton swabs can remove some wax, but they often just push the wax deeper into the ear and may worsen an impaction or injure the ear canal.

Who can I see to clean my ears?

Many primary care doctors have the ability to irrigate earwax in their clinics. An otolaryngologist (ear, nose, and throat doctor) can remove obstructed earwax.

**SOURCE:** Adapted from Schwartz SR, Magit AE, Rosenfeld RM, et al; Clinical Practice Guideline (Update): Earwax (Cerumen Impaction). Otolaryngol Head Neck Surg. In press.



www.entnet.org

#### ABOUT THE AAO-HNS/F

The American Academy of Otolaryngology-Head and Neck Surgery (www.entnet.org), one of the oldest medical associations in the nation, represents about 12,000 physicians and allied health professionals who specialize in the diagnosis and treatment of disorders of the ears, nose, throat and related structures of the head and neck. The Academy serves its members by facilitating the advancement of the science and art of medicine related to otolaryngology and by representing the specialty in governmental and socioeconomic issues. The AAO-HNS Foundation works to advance the art, science, and ethical practice of otolaryngology-head and neck surgery through education, researach, and lifelong learning. The organization's vision: "Empowering otolaryngology-head and neck surgeons to deliver the best patient care."

#### **CONTINUED FROM ON PAGE 8**

#### 5b. Contraindicated intervention (ear candling/coning)

Clinicians **should recommend against** ear candling/coning for treating or preventing cerumen impaction.

#### 6. Cerumenolytic agents

Clinicians may use cerumenolytic agents (including water or saline solution) in the management of cerumen impaction.

#### 7. Irrigation

Clinicians may use irrigation in the management of cerumen impaction.

#### 8. Manual removal

Clinicians may use manual removal requiring instrumentation in the management of cerumen impaction.

#### 9. Outcomes assessment

Clinicians **should** assess patients at the conclusion of in-office treatment of cerumen impaction

and document the resolution of impaction. If the impaction is not resolved, the clinician should use additional treatment. If full or partial symptoms persist despite resolution of impaction, the clinician should evaluate the patient for alternative diagnoses.

#### 10. Referral and coordination of care

Clinicians **should** refer patients with persistent cerumen impaction after unsuccessful management by the initial clinician to a clinician with specialized equipment and training for cleaning and evaluating the ear canal and tympanic membrane.

#### 11. Secondary prevention

Clinicians may educate/counsel patients with cerumen impaction/excessive cerumen regarding control measures.

#### **Guideline authors**

Seth R. Schwartz, MD, MPH; Anthony E. Magit, MD, MPH; Richard M. Rosenfeld, MD, MPH; Bopanna B. Ballachanda, PhD; Jesse M. Hackell, MD; Helene J. Krouse, PhD, RN; Claire M. Lawlor, MD; Kenneth Lin, MD, MPH; Kourosh Parham, MD, PhD; David R. Stutz, MD; Sandy

Walsh; Erika A. Woodson, MD; Ken Yanagisawa, MD; and Eugene R. Cunningham Jr, MS AAO-HNSF Guideline development process and the obligations associated with the guideline recommendations are documented in the *Clinical Practice Guideline Development Manual*, Third Edition: a quality-driven approach for translating evidence into action. (http://oto.sagepub.com/content/148/1\_suppl/S1.long)

#### Disclaimer

The clinical practice guideline is provided for information and educational purposes only. It is not intended as a sole source of guidance in managing cerumen impaction. Rather, it is designed to assist clinicians by providing an evidence-based framework for decision-making strategies. The guideline is not intended to replace clinical judgment or establish a protocol for all individuals with this condition and may not provide the only appropriate approach to diagnosing and managing this program of care. As medical knowledge expands and technology advances, clinical indicators and guidelines are promoted as conditional and provisional proposals of what is recommended under specific conditions, but they are not absolute. Guidelines are not mandates; these do not and should not purport to be a legal standard of care. The responsible physician, in light of all circumstances presented by the individual patient, must determine the appropriate treatment. Adherence to these guidelines will not ensure successful patient outcomes in every situation. The AAO-HNS, Inc emphasizes that these clinical guidelines should not be deemed to include all proper treatment decisions or methods of care or to exclude other treatment decisions or methods of care reasonably directed to obtaining the same results.

#### **AAO-HNS Seeks Coordinator for Health Policy**

A search is underway for the Coordinator for Health Policy (CHP)

This position (a non-voting member of the Academy Board of Directors) will combine the responsibilities associated with the Coordinator for Socioeconomic Affairs and the Coordinator for Practice Affairs positions. The Health Policy Coordinator develops and maintains programs that provide socioeconomic and practice management advice related to health policy issues and will assist Members with the socioeconomics of medicine. The Coordinator will spearhead collaborative efforts with other specialty societies on priority Health Policy issues.

#### SPECIFIC AREAS OF RESPONSIBILITY INCLUDE:

 Private sector advocacy in third party reimbursement including coordinating feedback to payers on policies related to Otolaryngology-Head and Neck Surgery.

- Coordinating the Academy's efforts to participate in the CPT coding and RVS systems through work with the Academy's Members and Advisors on the AMA's CPT Editorial Panel, the Relative Value Update Committee (RUC), and the RUC's Practice Expense Review Committee (PERC).
- Providing input on related educational programs for the Annual Meeting and other business of medicine issues HP staff identifies.

This is a four-and-a-half-year commitment as the candidate will spend six months training **beginning March 11, 2017** and four years in the position. The CHP also serves as Physician Payment Policy Work Group (3P) chair. Candidate should have both experience and passion for these areas, and a visionary approach to ensure that the socioeconomic interests of Members are well-served.

#### **APPLICATIONS ARE DUE BY DECEMBER 30, 2016**

Interested candidates should submit a CV and cover letter to Jenna Kappel at jkappel@entnet.org

For more information, please visit: www.entnet.org/CHP

Reimbursement

Regentsm

**Coding Corner** 

Clinical Practice Guidelines

## PRACTICE MANAGEMENT

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Clinical Indicators

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ANNUAL REPORT

#### MESSAGE FROM <u>LEADERSHIP</u>

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 <a href="https://www.youtube.com/watch?v=M\_L27QYrrJg">https://www.youtube.com/watch?v=M\_L27QYrrJg</a>, 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.





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, Regent<sup>SM</sup>, with close to 2,000 participants at this writing.

We have made significant progress in expanding Academy U<sup>®</sup> 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 Wenner W

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



Advocacy leaders and staff work in myriad areas to provide value. The work falls into two primary categories—Health Policy: agencies and payers; and Legistative: 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.

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**

#### **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 otolaryngologisthead 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. Denneny 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

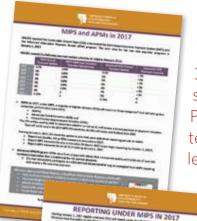
- necessary in the evaluation of parathyroid glands in individuals with hyperparathyroidism when used for anatomic localization prior to parathyroid surgery.
- In response to Academy comments, Anthem also revised their Allergy Immunotherapy policy, changing coverage for the provision of increased allergen/antigen 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 Transtympanic 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.

#### **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) Not participating in Test: Partial: Full: the Quality Payment If you submit a If you submit a full If you submit minimum amount of 90 days of 2017 year of 2017 data to Program: If you don't send in 2017 data to Medidata to Medicare, Medicare, you may you may earn a any 2017 data, then care (for example, earn a moderate you receive a negone quality measure neutral or small positive payment ative 4% payment or one improvement positive payment adjustment adjustment. activity for any point adjustment. in 2017), you can payment adjustment.

#### **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.



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 evidencebased medicine to promote translational research.
- 3. Demonstrate the value of strong research and quality education and granting programs to the specialty.

Develop and maintain a clinical data registry for the specialty.

REGENT™ 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.

#### **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 Neurotology 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 pavers, 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. Denneny 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,<sup>SM</sup> 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 guidelinesbased 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.



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 EXPO<sup>SM</sup>
- 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 Experience<sup>SM</sup>, September 10-13



and mark your calendar now for the 2018 Annual Meeting & OTO Experience<sup>SM</sup> 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 EXPO<sup>SM</sup> continues to develop each year and this year was no different. Some new components of the Annual Meeting & OTO EXPO<sup>SM</sup> 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<sup>®</sup>.
- 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<sup>TM</sup> 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: Medtrobotics, 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
- 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 EXPO<sup>™</sup>. 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 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
- 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.



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% Neurtology

5% Otology/Audiology

4% Rhinology

4% Laryngology

3% Allergy

1% Sleep Medicine

<1% Endocrine Surgery

Value. Lately everyone is insisting on it, from valuebased healthcare to valueadded 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 EXPO<sup>SM</sup>, **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

**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.





#### **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 EXPO<sup>SM</sup>, 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 Regent<sup>™</sup> 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 or 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.







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

#### 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, Regent<sup>SM</sup>, the Annual Meeting & OTO EXPO<sup>SM</sup>, 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. Denneny 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 EXPO<sup>SM</sup> 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 Trublesum,' 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

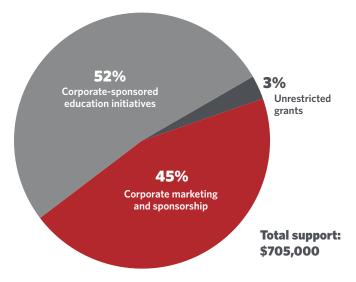
Key components to the success of creating Value 4 attendees of the Annual Meeting are the partnerships developed with industry.

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 breakeven 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 Regent<sup>SM</sup>, 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 Regent<sup>sM</sup> 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	A	CTUAL FY16	%	BUE	OGET 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				



## An Advanced Otolaryngology Program for Residents and Fellows:

## Delivering Best-in-Class Patient Care in Real World Private Practice

A Week in New York, Seven Seminars

**ENT and Allergy Associates (ENTA)** — the largest ear, nose, throat, allergy and audiology specialty practice in the nation-would like to share some of its best thinking and insights on how to deliver the **FINEST QUALITY** medical care possible and succeed in the private practice of otolaryngology, and we're looking for the most qualified candidates.

If you're interested in learning real world, market tested tools and techniques from clinical experts and seasoned professionals, join us for a week in New York. We will be holding seven practicums, taking place over four days (Mon-Thurs), covering critically important areas including Office based Otolaryngology; EHR/IT; Billing/Coding; Compliance; Marketing/Practice Building; Healthcare Analytics and Overall Strategy.

And we are providing each participant with a \$2500 stipend.

Only 10 slots are available, and the program will begin in Fall 2016 and run until Spring 2017.

If you'd like to apply, please contact ENTA's Chief Executive Officer, Robert Glazer, at rglazer@entandallergy.com or call him at (914) 333-5809.

For more information on the practice, please visit us at **entandallergy.com**.

# **CONTRACTIVE TECHNIQUES** in **OTOLARYNGOLOGY**:

Application 2 Reimbursement



Kansas City, Kansas • Fall 2017 www.kumc.edu/entcourse







**COSM 2017** April 27-28, 2017

Manchester Grand Hyatt, San Diego, California



6<sup>™</sup> Annual

**Summer Sinus Symposium** 

The Best Sinus Course in the World: Improving Rhinology from Office to OR

July 14-16, 2017

Omni Shoreham Hotel New City!
Washington, DC
New Venue!

FREE REGISTRATION FOR ARS MEMBERS

with your Membership Dues!



# ARS 63rd Annual Meeting September 8-9, 2017

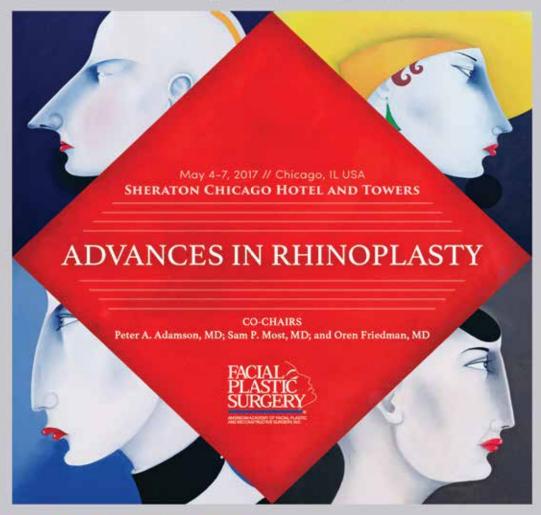
Renaissance Chicago Downtown Hotel Chicago, Illinois



Questions: Contact Wendi Perez, Executive Administrator, ARS, PO Box 495, Warwick, NY 10990 Tel: 845-988-1631 | Fax: 845-986-1527 | wendi@amrhso.com

www.american-rhinologic.org

# Explore the World of Rhinoplasty in Chicago, IL, May 4-7, 2017



A WORLD-CLASS, INTERNATIONAL FACULTY includes established world-renowned surgeons, as well as rising stars in rhinoplasty surgery from around the world.

A WORLD OF IDEAS...here, you will learn from the best through interactive forums, live and recorded surgical cases, as well as a dissection laboratory.

EXPAND YOUR WORLD WITH NEW NETWORKS by building new relationships that will bring you great success in rhinoplasty and relationships that will last a lifetime.

CHICAGO IS EASILY ACCESSIBLE TO THE WORLD and is a major transportation hub within the United States and is easily accessible from Europe, Asia, and South America.

THE WORLD OF RHINOPLASTY AWAITS YOU! May is a beautiful time to visit this wonderful city. The program will highlight the wonders of this complicated yet beautiful operation.

www.aafprs.org // info@aafprs.org // (703) 299-9291

Pittsburgh Ear Research Foundation Division of Otology Research and Neurotology Allegheny General Hospital, Pittsburgh, Pennsylvania

#### **Presents**

# Temporal Bone and Microanatomy Hands-on Dissection Workshop

April 7 & 8, 2017 October 20 & 21, 2017

This workshop is intended for otolaryngologists interested in the most recent development in temporal bone surgical techniques.

Registration fee: \$475

Location: Allegheny General Hospital, Pittsburgh, Pennsylvania

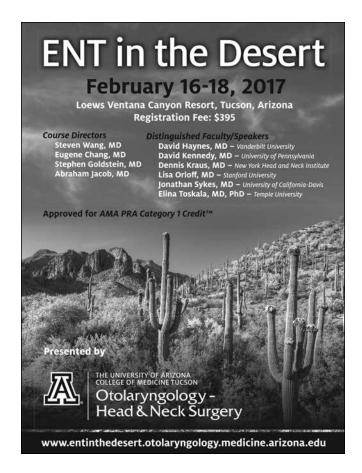
Course Co-Directors: Douglas A. Chen, MD, FACS

Todd A. Hillman, MD

For additional information, please contact Allegheny General Hospital, Continuing Medical Education by e-mail to **bernice.sulkowski@ahn.org**, by phone at 412-359-4952, or by fax at 412-359-8218. To download a brochure or to register online, please visit our Web site at **www.aghcme.org**. Select Conference Schedule on the left, then scroll until you find the appropriate Temporal Bone Course.

Allegheny Health Network







# Otolaryngologist - Starling Physicians Central Connecticut

Starling Physicians, PC, is the result of the merger of Grove Hill Medical Centers and Connecticut Multispecialty Group who have been Connecticut's leading multispecialty groups for decades. We are 100% owned and led by physicians, and share a deep commitment to providing the highest quality care, while building enduring relationships with our patients. Our team delivers exceptional care to over 200,000 patients a year.

We are located in Central Connecticut with 28 locations and over 250 providers. It's a convenient drive to both New York City and Boston, and you will enjoy four seasons of New England beauty.

Excellent benefits include health insurance, competitive salary and a retirement plan with profit sharing. Life, disability and malpractice insurance are standard. As a physician-owned corporation, partnership for employee physicians is available following two years of successful practice. For physicians with a current practice, partnership may be available upon joining.

# We are currently seeking an Otolaryngologist to augment our two-physician ENT group within Starling Physicians.

- You will practice a wide variety of general ENT and subspecialty interest is welcome and can be developed.
- We serve a well-insured patient population and have a large built-in primary care referral base.
- Our main ENT office is based in New Britain, one of Starling's main campuses, with one satellite office and opportunity for other satellite offices with large built-in primary care referral base.
- Our excellent ancillary revenue streams include on-site Audiology with hearing aid dispensing, our established Allergy practice with SCIT, and our Balance Center.
- Opportunities for surgicenter utilization and purchase will be available as well as in-office procedures and surgeries.
- We offer a very competitive starting salary with production bonus and ability to earn in top 10% MGMA.
- Our highly experienced Professional Support Team will provide exceptional support in Revenue Cycle Management, Financial Management, Value Based Contracting, Electronic Health Records, IT, Coding and Compliance, and much more.
- Light call schedule.
- Candidate may be a recent graduate or experienced physician and must be board certified or eligible to sit for the ABOTO exam.

Please visit our website at www.starlingphysicians.com.

To submit your CV and for additional information, candidates please contact Michele Gagnon:

mgagnon@starlingphysicians.com. No recruiters please.

# LSU HEALTH DEPARTMENT OF OTOLARYNGOLOGY - HEAD AND NECK SURGERY

# Assistant Professor or Associate Professor (non-tenure, full-time clinical track)

The Department of Otolaryngology-Head and Neck Surgery of LSU Health Sciences Center is actively seeking a fellowship trained, BC/BE Laryngologist for a full-time faculty position at the rank of Assistant Professor or Associate Professor (non-tenure track). This position is based in Baton Rouge, LA.

The Our Lady of the Lake (OLOL) Voice Center is a well established treatment resource for patients with voice, swallowing, and airway disorders serving Louisiana and the Gulf Coast. There is a collaborative team with laryngology, speech pathology and basic science. The clinical practice encompasses all areas of laryngology with excellent departmental subspecialty coverage in neurotology, rhinology, head and neck oncology, facial plastic and reconstructive surgery and pediatric otolaryngology. Responsibilities include patient care, resident and medical student education, and the pursuit of clinical research. The candidate will assume a dedicated laryngology position in a busy clinical practice in a state of the art facility. Extensive collaborative research opportunities are available.

Salary and rank will be commensurate with the knowledge, education and experience of the individual. Qualified applicants must be fellowship trained, BC/BE in Otolaryngology, and licensed to practice medicine in Louisiana by date of hire.

Candidates interested in working within a dynamic and stimulating setting combined with a generous package of related benefits are encouraged to provide a cover letter and current Curriculum Vitae online: https://lsuh.sc/jobs/?id=1426

The LSUHSC School of Medicine in New Orleans encourages women and minority candidates to submit applications for this position. The School of Medicine does not participate in sponsoring faculty candidates for the Department of Health and Hospitals' Conrad 30 Program.

LSU Health-NO is an Equal Opportunity Employer for females, minorities, individuals with disabilities and protected veterans.



# Washington University in St. Louis

# SCHOOL OF MEDICINE

Department of Otolaryngology-Head and Neck Surgery

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

The Department of Otolaryngology-Head and Neck Surgery at Washington University School of Medicine invites applications for a one-year fellowship starting July 1, 2017. This excellent high volume fellowship provides in-depth exposure to a broad variety of advanced microvascular reconstructive head & neck techniques, transoral resections (TLM and TORS), and skull base surgery. The fellowship is accredited by the Advanced Training Council of the AHNS. Applicants must be able to obtain a Missouri State license and must be board-eligible. ECFMG certification and completion of USMLE (Steps 1-3) required. Salary and benefits are according to PGY year. License expenses also covered. Send inquiries and curriculum vitae to: Brian Nussenbaum, MD, nussenbaumb@ent.wustl.edu, Division of Head and Neck Surgical Oncology, Washington University School of Medicine, Department of Otolaryngology Head and Neck Surgery, 660 S. Euclid Avenue, Campus Box 8115, St. Louis, MO. 63110, Phone 314/362-6599, Fax 314/362-7522, http://oto.wustl.edu







# ■ classifieds ■ employment



We are recruiting a second FT general/surgical otolaryngologist (BC/BE) for our highly successful ENT practice (one physician owner/founder) located in Flagstaff, Arizona.

Our practice is well established and expanding to better serve Flagstaff and surrounding communities.

#### **Practice Highlights**

- Busy, ready-made practice with a strong referral base
- Work out of one hospital and one satellite clinic in Sedona, AZ
- Dedicated suite in our ASC
- Audiology on site
- 1:5 call schedule for hospital (may change)
- EMR (Athena)
- Completive Salary and Benefits
- Flexible to offer tailored hours for balance of work and lifestyle
- Cohesive office staff dedicated to providing the best medical care

Nestled at the base of the San Francisco Peaks, Flagstaff has the charm of a small town with the diversity and opportunities of a big city. It is a recreation destination for all seasons. The home of Northern Arizona University, Flagstaff is the hub of many of the state's natural attractions, including the Grand Canyon, Lake Powell, Snowbowl Ski Resort and Sedona, with an easy two hour drive to Phoenix.

### Interested applicants should send a current CV to:

Northern Arizona Ear, Nose & Throat, PC 1300 Rim Drive, Suite B, Flagstaff, AZ 86001 928-606-2150

Fax: 928-556-0336 • flagstaffdowns@gmail.com • NAENT.COM

# MedStar Washington Hospital Center

The Department of Otolaryngology-Head and Neck surgery at MedStar Washington Hospital Center is seeking a BC/BE physician for a full time position. The candidate should have an interest in practicing general otolaryngology.

The practice opportunity will be located in satellite offices in Brandywine, MD and in Waldorf, MD. The candidate will be joining three other physicians in a busy otolaryngology practice. Brandywine and Waldorf are thriving communities located within 20-30 minutes commuting distance of Washington, DC. This is an excellent opportunity to join the premier medical system within the nation's capital.

MedStar Washington Hospital Center is the largest not-for-profit teaching hospital in metropolitan Washington, DC. It is a tertiary referral center, and the Otolaryngology Department offers the full range of services for treating ear, nose, and throat conditions. The Hospital is part of MedStar Health, a \$2.7 billion not-for-profit healthcare organization and a community-based network of ten hospitals and other healthcare services in the Baltimore-Washington region. This network is the largest health system and one of the largest employers in the Baltimore/Washington area.

### Interested applicants should forward an updated CV to:

Stanley Chia, M.D., F.A.C.S. Chairman

Department of Otolaryngology-Head and Neck Surgery
Washington Hospital Center
110 Irving Street NW, GA-4, Washington, DC 20010
202-877-6219 • stanley.h.chia@medstar.net

# Geisinger

# **Academic Pediatric Otolaryngology Opportunities**

Join our team and discover for yourself how Geisinger's award-winning, physician-led system focuses on patient care through innovative care models, compassionate providers and robust, integrated technology.

Geisinger Medical Center's Department of Otolaryngology has an immediate opening for a fellowship-trained pediatric otolaryngologist.

- Join nine otolaryngologists, including two fellowship-trained in pediatrics, providing all aspects of subspecialty care.
- Candidates should be BC/BE by the American Board of Otolaryngology, licensed or eligible to practice in Pennsylvania and have a commitment to academic otolaryngology, resident education and clinical research.

**Janet Weis Children's Hospital (JWCH),** located on GMC's campus in Danville, is the region's only dedicated 5-floor, 89-bed children's hospital with a full-service hospitalist program. JWCH's team of medical and surgical specialists provide care in over 30 pediatric specialties, including high-level care with a Level IV NICU and Level I PICU.

Geisinger Health System is an integrated health services organization widely recognized for its innovative use of the electronic health record and the development of innovative care delivery models such as ProvenHealth Navigator\* and ProvenCare\*. As one of the nation's largest health service organizations, Geisinger serves more than 3 million residents throughout 45 counties in central, south-central and northeast Pennsylvania, and also in southern New Jersey. The physician-led system is comprised of approximately 30,000 employees, including nearly 1,600 employed physicians, 12 hospital campuses, two research centers and a 510,000-member health plan.

A competitive compensation and benefits package is offered for this position. Interested applicants should send a cover letter and CV to:

Edward Wood, MD Director, Pediatric Otolaryngology wewood@geisinger.edu cc: Sarah Lipka, Talent Management Consultant slipka1@geisinger.edu 570-271-5406

# Excellent Otolaryngology Opportunity in the Midwest - Toledo, Ohio

ProMedica Physicians Ear, Nose & Throat, Toledo's premier ENT practice is seeking highly motivated, personable BC/BE Otolaryngologists to join their progressive and expanding practice. The practice consists of 5 ENT physicians, of which 3 are fellowship trained, offering patients the full spectrum of ENT services. The services include: allergy testing and treatment, and complete audiology and vestibular services including VNG, rotary chair, posturography, and cochlear implantation and mapping. In addition, a full time speech pathologist that offers videostroboscopy & voice analysis with speech therapy, dysphagia evaluation and treatment.

ENT Practice located in ProMedica Health and Wellness Center, a three-story, 230,000-square-foot center that brings a full-spectrum of care under one roof housing primary care and specialty physician offices; medical imaging, laboratory, behavioral health and wellness services; an endoscopy center; ProMedica Optical; ProMedica Pharmacy Counter; ProMedica Urgent Care; and a food pharmacy.

We are seeking candidates who excel at general ENT with advanced subspecialty interest and fellowship trained in:
• Neurotology / Otology • Head and Neck Surgical Oncology • Laryngology

#### Highlights:

- Opportunity to join a collegial, dynamic team of 5 Otolaryngologists
- "Built in" referral base and high volume
- Call shared equally among all members (currently 1:5)
- Trauma call is optional and paid separately
- Opportunity for teaching residents and medical students
- All members participate in weekly board meetings
- Full employment with ProMedica Physicians
- CME allowance plus vacation, holiday and sick time
- Perfect balance of work and lifestyle

For more information, contact:

Deanna Stocker
Physician Recruiter
deanna.stocker@promedica.org
419-824-7456

#### **Employment with ProMedica Physicians includes:**

- Competitive compensation and generous benefit package to include medical, dental, vision, life insurance, long & short-term disability, deferred retirement options and malpractice insurance
- Relocation paid up to \$10K
- Being part of a diverse provider network that focuses on high-quality and patient-centered care.

ProMedica Physicians is a multi-specialty physician network of more than 900 physicians and midlevel providers throughout northwest Ohio and southeast Michigan. The ProMedica Physician professional team handles every aspect of practice management including billing, coding, compliance, human resources, legal issues and marketing to name a few. For more information, please visit www.promedica.org/doctors.



# Excellent Neurotologist Opportunity in the Midwest - Toledo, Ohio

ProMedica Physicians Ear, Nose and Throat is seeking a full time BE / BC Neurotology fellowship-trained individual to join a five-physician ENT group based in Toledo, Ohio. Three partners within the group are fellowship-trained subspecialists.

#### **Highlights:**

- Oversee an existing, comprehensive "turn-key" neurotology practice
- Complete audiology and vestibular services including VNG, rotary chair, posturography cochlear implantation and mapping
- Collaborative, multidisciplinary culture
- ProMedica ensures you have the means to deliver exceptional personalized care to your patients
- Mix of general ENT and neurotology
- Group meets weekly for board meeting
- Strong referral base from within group and the surrounding community
- Employment with ProMedica Physicians Includes:
- Competitive compensation and generous benefit package to include medical, dental, vision, life insurance, long & short term disability, deferred retirement options and malpractice insurance
- Relocation paid up to 10k
- Teaching and research opportunities
- Being a part of diverse provider network that focuses on high-quality and patient-centered care
- Toledo, population 300,000, is the 4th largest city in Ohio offering attributes of a large city while maintaining the atmosphere and charm of a small town. The Toledo Zoo is #1 in the US. The area offers an extensive Metro park system, Museum of Art, and excellent institutions of higher education. Toledo is home to a minor league baseball team, and hockey team. Located within 1 hour access of other professional sports teams.



For more information, contact:

Deanna Stocker Physician Recruiter deanna.stocker@promedica.org 419-824-7456

# SOUTH FLORIDA ENT ASSOCIATES



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

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

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

This position will include both office and hospital settings.

### Requirements:

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

F/T - M-F plus call For more information about us, please visit www.sfenta.com.

#### **Contact Information:**

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

# Bring your family to the **Beach and call it Home!** ENT PA/NP Opportunity in Del. Ready for a new lifestyle at the beach? Plant your roots in our sand! Beebe Healthcare is a progressive, not-for-profit community health system with a 210-bed hospital, a planned multi-million dollar expansion, and numerous satellite facilities throughout coastal Del. ■ PA or NP opportunity at Beebe ENT, a full scope well established ENT practice ■ Graduate of a nationally certified and accredited PA or NP program ■ Additional training a plus Two years experience preferred Current CPR certification required

■ Employed within Beebe Medical Group, our large multi-specialty hospital network, offering a comprehensive salary with generous benefits package

Close to Baltimore, DC, Philly. Family-oriented Southern Delaware Beach Resort ranks among Top 10 Beaches/Boardwalks by Parents Magazine, National Geographic, Travel and Leisure. Abundant recreational opportunities, from water sports to fine dining. Low taxes and no state sales tax.

Visit beebehealthcare.org to view additional physician opportunities.

Beebe Medical Group Admin. | 1515 Savannah Rd., Suite 102 | Lewes, DE 19958 Email introductory cover letter and CV to Marilyn Hill, Director of Physician Services, mhill@beebehealthcare.org

Not a visa opportunity. Beebe is non-smoking and fragrance free.



# Join Our Practice, Join Our Family.

We at **ENT and Allergy Associates** recognize the challenges you face deciding what's right for you and your family now that you are transitioning from the study of medicine...into the practice of medicine. Here's what we offer:

- A starting salary of \$300,000
- ► A well-traveled road to partnership without buy-ins and buy-outs
- ▶ A governance structure that gives you a voice from Day 1, and colleagues who understand there is more to life than just practicing medicine
- ▶ 40 state-of-the-art offices outfitted with cutting-edge technology and equipment

If these types of benefits make sense, we are eager to hear from you. ENTANDALLERGY.COM Please reach out, with any comments or questions, directly to:



# **Robert P. Green, MD, FACS**

President, ENT and Allergy Associates rgreen@entandallergy.com

# Robert A. Glazer

CEO, ENT and Allergy Associates 914-490-8880 • rglazer@entandallergy.com

NOTE: Bob Glazer will be at this year's AAO-HNS Annual Meeting in San Diego, CA, and would be delighted to meet with you and answer any questions you might have. If you plan on attending as well, please email him at ralazer@entandalleray.com.





# The Ear, Nose, Throat Plastic Surgery Associates

- General Otolaryngologist
- Neurotologist
- Head and Neck Surgeon

The largest otolaryngology group in Central Florida, which offers a full array of subspecialty care including emphasis in general otolaryngology, neurotology and head and neck surgery, is seeking several partners. We offer the best of private practice with opportunities for academic pursuits. Integrity, quality and camaraderie are our core values.

We offer an excellent salary, benefits, partnership and the opportunity to teach residents and medical students, if desired. Orlando is a world destination offering a variety of large city amenities and is a short drive to both the East and West Coasts of sunny Florida.

For more information, visit us online at www.entorlando.com

#### Interested candidates should send CV to or may contact:

Debbie Byron, Practice Administrator Phone: Cellular: 407-342-2033 E-Mail: dbyron@entorlando.com



# **FULL-TIME FACULTY POSITIONS**

The Department of Otolaryngology-School of Medicine at UT Health Science Center San Antonio is actively recruiting for qualified candidates for full-time academic positions. We are seeking faculty with interests in Head & Neck Surgery and General Otolaryngology/Otology for non-tenure track positions. Competitive Salary will be commensurate with academic rank.

Qualifications include board certification, Texas licensure and a commitment to pursue resident education, patient care and research. Research experience and/or fellowship training are highly desirable.

Interested applicants should send inquiries, CV and 3 to 5 references to

Frank Miller, M.D., Professor and Chairman Department of Otolaryngology-Head and Neck Surgery The University of Texas Health Science Center 7703 Floyd Curl Drive, MS 7777 San Antonio, TX 78229 Email: cowartk@uthscsa.edu

Applications will be accepted until the position is filled. The University of Texas Health Science Center at San Antonio is an Equal Employment Opportunity/Affirmative Action Employer including All faculty protected veterans and persons with disabilities. appointments are designated as security sensitive positions.

# A position is available at the Assistant or Associate Professor level in the Department of Otolaryngology



# **HEAD AND NECK SURGEON**

- VA Otolaryngology Division Chief
- · Part-time appointment at Medical College of Georgia at Augusta University
- · Rank commensurate with experience
- Excellent resources are available
- Fellowship training required
- Interest in reconstruction preferred

To apply and receive additional information, please contact:

Stil Kountakis, MD, PhD, Professor and Chairman Department of Otolaryngology-Head & Neck Surgery 1120 Fifteenth Street, BP-4109, Augusta, Georgia 30912-4060 Phone: 706-721-6100

Email: skountakis@augusta.edu



Augusta University is an Equal Opportunity, Affirmative Action and Equal Access employer.

# **Chester County Otolaryngology** & Allergy Associates

#### SCENIC PHILADELPHIA SUBURBS

- Flourishing four physician Otolaryngology practice seeking an additional BC/BE physician.
- Located in beautiful Chester County, Pennsylvania's fastest growing county, with easy access to Philadelphia, New York City, Washington DC, mountains, and shoreline.
- Current services include audiology with hearing aid dispensing and balance testing, sinus surgery and allergy testing/immunotherapy, endocrine surgery, head and neck oncologic surgery, reconstruction of malignant cutaneous defects, and general pediatric and adult otolaryngology.
- Competitive salary, early partnership, health/dental insurance, 401k/Profit Sharing, paid CME and

Interested candidates please forward letter of interest and curriculum vitae to Alice via email at ccofps@comcast.net.



Seeks clinicians, teachers, and researchers who are personable, energetic and innovative to join a rapidly growing and collaborative group of physicians. There are two Faculty opportunities at all academic ranks (Assistant/Associate Professor or Professor) available:

- General Otolaryngology with an interest/experience or fellowship training in Laryngology
- General Otolaryngology with an interest/experience or fellowship training in Pediatric Otolaryngology

General Otolaryngology
Title, track, and salary are commensurate with experience.

- Established basic and translational research program focusing on voice and swallow disorders
- New outpatient clinic with state-of-the-art equipment and ancillary services
- Well established and expanding hospital system
- Live and work in Columbia, ranked by *Money* magazine and *Outside* magazine as one of the best cities in the U.S.

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

To apply for a position, please visit the MU web site at hrs.missouri.edu/find-a-job/academic/ The University of Missouri is an Equal Opportunity/Access/Hirmstew Action/Pro Disabled & Veteran Employer



The Department of Otolaryngology-Head and Neck surgery at MedStar Washington Hospital Center is offering an employment opportunity for a BC/BE Otolaryngologist with fellowship training in head and neck oncology, with or without microvascular reconstruction training. This is a full time academic position as part of the Georgetown University residency program. The candidate should have an interest in practicing head and neck oncology but will be expected to see some patients with general otolaryngology complaints. The otolaryngology department at MedStar Washington Hospital Center is fully integrated with the Georgetown University Otolaryngology residency program. Academic appointment at Georgetown University will be commensurate with qualifications. The candidate will be active in resident and medical student education and in clinical research.

MedStar Washington Hospital Center is the largest not-for-profit teaching hospital in metropolitan Washington, DC. The Hospital is part of MedStar Health, a \$2.7 billion not-for-profit healthcare organization and a community-based network of ten hospitals and other healthcare services in the Baltimore-Washington region. This network is the largest health system and one of the largest employers in the Baltimore/Washington area.

Interested applicants should forward an updated CV to:

Stanley Chia, M.D., F.A.C.S. Chairman Department of Otolaryngology-Head and Neck Surgery **Washington Hospital Center** 110 Irving Street NW, GA-4, Washington, DC 20010 202-877-6219 • stanley.h.chia@medstar.net





- NewYork-Presbyterian

# THE SEAN PARKER FELLOWSHIP IN LARYNGOLOGY: CLINICAL TRAINING WITH MASTER'S DEGREE IN CLINICAL & TRANSLATIONAL INVESTIGATION

The Sean Parker Institute for the Voice offers a unique training opportunity in laryngology for individuals with strong interest in an academic career. A two-year fellowship combines comprehensive clinical training with formal coursework and mentored clinical research leading to a Masters of Science in Clinical & Translational Investigation. Clinical training is offered in all aspects of laryngology, with particular strengths in office procedures, neurolaryngology, laryngeal microsurgery and framework surgery, endoscopic management of malignancy, and care of the performing voice. The Master's Degree program is offered by Weill Cornell Medical College's Clinical & Translational Science Center.

Admission to fellowship is contingent upon completion of residency in Otolaryngology, and eligibility for a medical license in New York state. All interested candidates should apply through the American Laryngological Association match.

> Preliminary interviews are available by appointment at The Fall Voice Conference, Scottsdale, Oct. 13-15

Candidates should email CV, letter of interest and arrange 3 letters of reference to be sent to:

> Lucian Sulica, MD Director, Sean Parker Institute for the Voice 1305 York Avenue, 5th Floor • New York, NY 10021 lus2005@med.cornell.edu

We are an equal opportunity employer. Applicants will receive consideration for employment without regard to race, color, religion, gender, national origin, disability or  $any\ other\ characteristic\ protected\ by\ law.$ 

# The Ohio State University

Department of Otolaryngology - Head and Neck Surgery

# General Otolaryngologists to work in Community Practices

OSU currently has multiple positions available within the Central Ohio region. Positions combine the ability to practice in a community setting while being affiliated with Ohio State University. Applicants must demonstrate excellence in patient care, research, teaching, and clinical leadership. This is an outstanding opportunity to join one of the top ranked programs in the country. Located in the heart of Ohio, Columbus offers a population of over 1.5 million people and excellent cultural, sporting, and family activities.

# Send letter of interest and CV to:

Ted Teknos, MD

Professor and Chair
The Ohio State University
Department of Otolaryngology
915 Olentangy River Rd. Suite 4000
Columbus, Ohio 43212

E-mail: mark.inman@osumc.edu
Department Administrator
Or fax to: 614-293-7292
Phone: 614-293-3470



The Ohio State University is an Equal Opportunity Affirmative Action Employer. Women, minorities, Vietnam-era veterans, and individuals with disabilities are encouraged to apply



# **Academic Otology Position**

MetroHealth Medical Center is seeking a Board certified, fellowship-trained Otologist or general Otologysis with significant experience in Otology interested in an adult and pediatric Otology practice including chronic ear disease, hearing disorders, vertigo, and balance disorders to join our active and growing Department.

The position is based at MetroHealth Medical Center and provides the opportunity to take over and expand a well-established practice at Metro's main campus Metro's satellite offices. In addition to a busy clinical practice, the position offers teaching and research opportunities.

MetroHealth is an affiliate of the Case Western Reserve University School of Medicine and trains Otolaryngology – Head & Neck Surgery residents and CWRU medical students.

MetroHealth Medical System is an integrated health system with an acute-care hospital housing a Level I Adult Trauma and Burn Center, a skilled nursing facility, and more than 25 locations throughout Cuyahoga County. Annually, there are more than one million patient visits to the system, including more than 100,000 in the Emergency Department, one of the busiest in the country.

# The position is available immediately. Interested applicants should send a current CV to:

David W Stepnick, MD, FACS Interim Chair, Department of Otolaryngology - Head & Neck Surgery MetroHealth Medical Center 2500 MetroHealth Drive Cleveland, Ohio 44109

MetroHealth is an equal opportunity/affirmative action employer. Women and minorities are encouraged to apply.



MedStar Health is seeking a BC/BE general otolaryngologist for a full time position in Baltimore, MD. The physician will be joining a growing network of 12 otolaryngologists including multiple subspecialty providers in the Washington DC and Baltimore region. Baltimore is a thriving city with affordable cost of living, excellent schools, cultural diversity, outstanding restaurants, and the world famous Inner Harbor.

# MedStar offers a generous employee benefits package including:

- Competitive compensation
- Medical malpractice coverage
- CME stipend
- Licensing reimbursement
- Comprehensive benefit package including medical, dental, and vision insurance, employer matched 403 (B) plan, basic Life, and AD&D coverage.

MedStar Health is a \$2.7 billion not-for-profit healthcare organization and a community-based network of ten hospitals, primary care offices, outpatient specialty offices, and other healthcare services in the Baltimore-Washington region. This network is the largest health system and one of the largest employers in the Baltimore/Washington area.

#### Interested applicants should forward an updated CV to:

Stanley Chia, M.D., F.A.C.S. Chairman

Department of Otolaryngology-Head and Neck Surgery MedStar Washington Hospital Center 110 Irving Street NW, GA-4, Washington, DC 20010 202-877-6219 • stanley.h.chia@medstar.net



One Group. Sound Health. Complete ENT Care.

Sound Health Services, a twenty-three physician Otolaryngology group in St. Louis, MO, has an immediate opening in their West County practice location. Sound Health is the largest independent Otolaryngology group in the St. Louis metropolitan area. We provide a full complement of services including General ENT, Allergy, Head and Neck Surgery, Pediatric Otolaryngology, Facial Plastic Surgery, Neurotology, Audiology, Hearing Aid dispensing, Voice & Swallowing Services and Vestibular Testing.

We offer excellent salary/bonus with early partnership track, health insurance, paid vacation time, malpractice insurance, and CME reimbursement, plus other benefits. Candidate must have strong clinical knowledge, excellent communication skills, be highly motivated, and hard working. An interest or fellowship in Head and Neck Surgery is preferred.

### Requirements

- Preferred interest or fellowship in Head and Neck Surgery
- Excellent communication & interpersonal skills
- Board Certified or eligible
- Graduation from accredited residency program in ENT

For more information please contact our Practice Manager, Carla Wilder, at 314-251-5189 or by email at cwilder@soundhealthservices.com.

You may also visit our website at soundhealthservices.com.

# LSU HEALTH

DEPARTMENT OF OTOLARYNGOLOGY - HEAD AND NECK SURGERY

ASSISTANT PROFESSOR OR ASSOCIATE PROFESSOR (NON-TENURE, FULL-TIME CLINICAL TRACK)

The Department of Otolaryngology-Head and Neck Surgery of LSU Health Sciences Center is actively seeking a fellowship trained, BC/BE Rhinologist for a full-time faculty position at the rank of Assistant Professor or Associate Professor (non-tenure track). This position is based in Baton Rouge, LA.

This is an excellent opportunity to join our growing practice. Responsibilities include patient care, resident and medical student education, and the pursuit of clinical research. Extensive collaborative research opportunities are available. Our faculty team members enjoy liberal cross-coverage for weekend and holiday on-call responsibilities and share the benefit of subspecialty support in otology, laryngology, head and neck oncology, pediatric otolaryngology, and plastic/reconstructive surgery. Salary and rank will be commensurate with the knowledge, education and experience of the individual.

Candidates interested in working within a dynamic and stimulating setting combined with a generous package of related benefits are encouraged to provide a cover letter and current Curriculum Vitae online: https://lsuh.sc/jobs/?id=1435

The LSUHSC School of Medicine in New Orleans encourages women and minority candidates to submit applications for this position. The School of Medicine does not participate in sponsoring faculty candidates for the Department of Health and Hospitals' Conrad 30 Program.

LSU Health-NO is an Equal Opportunity Employer for females, minorities, individuals with disabilities and protected veterans.



#### Retina Division Chief Opportunity in Southern California

Loma Linda University Faculty Medical Group, Department of Ophthalmology, is seeking a BC Ophthalmologist fellowship trained in Vitreoretinal Surgery, to join our full time group of ophthalmic subspecialties and generalists as Chief of the Retina Division. Ideal candidates will currently be at the academic rank of Associate Professor or eligible for promotion to Associate Professor level. Responsibilities include patient care, resident teaching and supervision, medical student teaching, coverage and call for subspecialty members, service level meetings, recruitment strategy and other service items.

We have a very busy group practice with satellite locations in Riverside, Banning, and San Bernardino in addition to our main location in Loma Linda. Our group provides professional services at the Riverside County clinic/hospital as well, where we have an active Resident training program. We are currently building out additional dedicated retina clinical space at our Loma Linda location to facilitate optimal patient service/flow. Our facilities are equipped with the most up to date equipment needed for diagnostic purposes and we have several retinal clinical trials underway. In the last 12 month period, as a group we had close to 50,000 billed visits.

This position will include competitive salary based on academic rank and a comprehensive benefit package, including medical, dental, CME, relocation assistance and paid malpractice insurance.

Loma Linda University is located East of Los Angeles, known as the Inland Empire. The beached of Newport, Laguna, and Malibu are only 60-90 minutes to the West, with superb swimming, sunbathing, surfing, and sailing. Also 60 minutes to the West is downtown Los Angeles, with its top-quality restaurants, world-renowed museums, opera, and other cultural opportunities. The Big Bear Mountain Ski resort is about an hour drive from LLU. The golf courses, shopping, and spas of Palm Springs are an hour drive to the East and the World-class Mammoth Mountain resort is a 6 hour drive to the North.

#### Interested candidates, please send your CV to:

Mike Unterseher Director of Physician Recruitment recruitmd@llu.edu ENT group practice, founded in 1977 and located in the coastal area of Southeast Georgia, is seeking an Otolaryngologist that would like to join a well-established, independent practice of six physicians with a large referral base. In addition to our main office, the practice has several satellite offices and an Ambulatory Surgery Center. Our patients enjoy on-site audiology department, allergy clinic, and CT Scanning, as well as other ancillaries. We offer an excellent salary/bonus with partnership opportunity, health insurance, malpractice insurance, paid vacation, CME reimbursement and other benefits. Weekend Call rotation is every 7th weekend.

#### CANDIDATE MUST BE:

- Board Certified or Eligible
- MD from approved medical school
- A graduate from an accredited residency program in ENT

For more information on our practice, please visit:

# www.entsavannah.com

or contact:

**Kathy R. Layne, CMPM**Practice Manager
(912) 629-4535

klayne@entsavannah.com

# **Pediatric Otolaryngology Faculty Positions**

The Indiana University School of Medicine (IUSM) Department of Otolaryngology-Head & Neck Surgery in Indianapolis, Indiana is seeking full time BC/BE faculty physicians to join its comprehensive and growing department. Responsibilities include participation in an active pediatric otolaryngology practice, teaching residents and medical students, and participating in scholarly activities. Candidates must be fellowshiptrained in all aspects of pediatric otolaryngology. Rank and salary will be commensurate with level of experience.

# Riley Hospital for Children at IU Health

Riley Hospital for Children is a tertiary care teaching hospital located in downtown Indianapolis serving more than 300,000 children per year. Our practice includes the spectrum of pediatric otolaryngology including complex airway and sleep, head & neck masses/congenital malformations, hearing loss/otology, craniofacial, rhinology, laryngology/pediatric voice, speech, and vascular anomalies.

#### Riley Hospital for Children at IU Health North Hospital

IU Health North is a full service 189-bed hospital located 10 miles north of downtown Indianapolis. This state-of-the-art facility has dedicated pavilions for specialty surgery and an attached medical office building. Our practice focuses on general pediatric otolaryngology, including sleep disorders, airway disorders, rhinology and otology.

Please indicate position of interest, submit CV and arrange to have three letters of reference sent to:

# Marion Everett Couch, MD PhD MBA FACS

Richard T. Miyamoto Professor and Chair Department of Otolaryngology – Head & Neck Surgery Indiana University School of Medicine SCHOOL OF MEDICINE
INDIANA UNIVERSITY

Fesler Hall • 1130 W. Michigan St, Suite 400 • Indianapolis, IN 46202 • smaxwell@iupui.edu

Indiana University is an EEO/AA employer, M/F/D/V.

# THE UNIVERSITY of TENNESSEE UT

HEALTH SCIENCE CENTER

# HEAD AND NECK ONCOLOGIC SURGEON (PIN 23035) RHINOLOGIC SURGEON (PIN 23036)

The Department of Otolaryngology-Head and Neck Surgery, College of Medicine, University of Tennessee Health Science Center is seeking candidates for open-rank faculty positions at the Assistant/Associate Professor level to join a growing and dynamic department. Rank is commensurate with education, credentials, and experience. Qualified individuals must be Board Eligible/Certified and fellowship trained in head and neck oncologic surgery (PIN 23035) or fellowship trained in Rhinology (PIN 23036). Tenure status is negotiable. The department seeks individuals who are interested in becoming leaders in clinical and programmatic growth, education and research.

### Letters of inquiry and CV should be sent to:

M. Boyd Gillespie, MD, MSc. Department of Otolaryngology-HNS U.T. Health Science Center 910 Madison Avenue, Suite 408 Memphis, TN 38163

Or email: jkeys@uthsc.edu

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



Atlanta, GA, USA

Department of Otolaryngology - Head and Neck Surgery

Course Director:

Esther X. Vivas, MD

Course Faculty:

Kavita Dedhia, MD Douglas E. Mattox, MD Malcolm D. Graham, MD N.Wendell Todd, MD, MPH

Esther X. Vivas, MD

# **Temporal Bone Surgical Dissection Courses**

5 Day Courses

November 14 - 18, 2016

April 3 - 7, 2017

November 13 - 17, 2017

April 2 - 6, 2018

November 12 - 16, 2018

Fee: \$1800 Physicians in Practice \$1500 Residents (with letter from chief) CME: 45 Category 1 Credits

For more information, please visit our website at:

www.otolaryngology.emory.edu

or you may email us at:

emoryotolaryngology@emory.edu

# Otolaryngologist

Maine Medical Partners Otolaryngology is seeking a Board Certified/Board Eligible Otolaryngologist to join their well-established practice in Portland, Maine.

Maine Medical Partners Otolaryngology is a team of 5 Board certified physicians, 4 audiologists, medical assistants, an advanced practice provider and excellent administrative staff all working together to deliver high quality care in five locations throughout the state of Maine, specializing in the treatment of ear, nose and throat conditions in adults and children. Services include sinus surgery, ear surgery, head and neck surgery, treatment for skin cancers, pediatric ENT, hearing and hearing aids, and snoring.

Physicians work in an office with modern examination rooms and equipment, including videostroboscopy, a surgical suite for office procedures, full audiological services and a new hospital surgery center. Head and Neck Oncology and Pediatrics are subspecialties of need presently.

Maine Medical Center has 637 licensed beds and is the state's leading tertiary hospital and Level One Trauma Center, with a full complement of residencies and fellowships and is an integral part of the Tufts University Medical School. The position involves teaching and mentoring residents and medical students from the Maine Medical Center-Tufts University School of

Medicine Program, and the successful candidate would have an academic appointment at Tufts University School of Medicine.

The successful candidate will be employed by Maine Medical Partners (MMP), a subsidiary of Maine Medical Center and Maine's largest multi-specialty group. MMP serves the health care needs of patients throughout Maine and Northern New England. This high quality team of more than 500 physicians and 200 advanced practice professionals provides a wide range of hospital based, primary, specialty, and sub-specialty adult and pediatric care delivered throughout a network of 30 locations across the State and acts as a regional referral network.

Situated on the Maine coast, Portland offers the best of urban sophistication combined with small-town friendliness. The area provides four season recreational opportunities, such as skiing, hiking, sailing, and miles of beautiful beaches. Just two hours north of Boston, this is an exceptionally diverse and vibrant community.

For more information, please contact Alison C. Nathanson, Director, MaineHealth Physician Recruitment Center at (207) 661-7383 or nathaa@mainehealth.org.

MaineHealth
Physician
Recruitment Center





MidMichigan Health, an affiliate of the University of Michigan Health System, is looking for a full-time BC/BE general otolaryngologist to join a strong team in Midland, Michigan. You would be joining two board certified physicians in an extremely busy practice that has served mid-Michigan for more than 40 years. Call would be 1:3 and serves only one emergency department. This is a hospital employed position. Midland is the corporate base of MidMichigan Health, an affiliate of UMHS. In April of 2016, MidMichigan Health was named a national 15 Top Health System by Truven Health Analytics.

This very successful practice offers a full range of otolaryngology, from thyroid and parathyroid to rhinology, sleep disorders and breathing, including sinus surgery. A full-time audiologist is also employed dispensing hearing aids and performing vestibular testing in the office. The practice location is conveniently located just steps away from MidMichigan Medical Center-Midland and the state-of-the-art 20,000 square foot outpatient surgery center. Benefits include very competitive compensation, health/dental/vision, life insurance, long/short term disability, CME \$, professional liability insurance (with tail) and paid vacation to name a few. The MidMichigan Medical Center-Midland is the flagship of the five hospitals that are part of MidMichigan Health. Cutting edge technology, quality innovation and nationally recognized programs in oncology, neurology and neurosurgery are among hallmarks of MidMichigan Health.

This position includes the possibility for an adjunct appointment in the Department of Otolaryngology at the University of Michigan. This appointment would provide opportunities for integration with clinical, educational and academic activities in the Department as well as collaborative care of complex patients.

Midland, Michigan is an upscale, diverse and safe community of over 50,000 and is centrally located in Michigan's Lower Peninsula and is less than two hours from the metro areas of Detroit and the state capitol of Lansing. Midland was recently named as one of the "Top 15 Dreamtowns" in the U.S. Due to the "people mix" and the healthy economic environment (Fortune 500 companies Dow Chemical/Dow Corning have their corporate headquarters here), Midland boasts a truly sophisticated offering of cultural, educational and recreational activities. A Class A Dodger affiliate professional baseball team, a Broadway Caliber Center for the Arts, a symphony orchestra, a world class tennis facility, a Civic Ice Arena with multiple rinks for hockey and figure skating and outdoor activities galore are just a sampling of what the Midland area has to offer. Whether you want to play 18 holes, jog on a 30 miles paved trail, play soccer, cross country ski, fish or boat; it is all here to enjoy. You can have the best of both worlds here; a great career and a satisfying personal life.

For more information on this stellar opportunity please contact Hedy Luke, Physician Recruiter at hedy.luke@midmichigan.org or (989) 839-1456.





# **Annual Meeting Webcasts**

The 2016 Annual Meeting Session Webcast Package and Individual Webcasts are now available for purchase.

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- Select Annual Meeting Webcasts (AmW)
- The complete list of sessions will be shown

Individual webcasts are also available for purchase from the 2014 and 2015 Annual Meetings.

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