

2018 ANNUAL REPORT

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The official member magazine of the **American Academy of Otolaryngology-Head and Neck Surgery**

DECEMBER 2018/JANUARY 2019

ANNUAL
REPORT

2018



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OTOLARYNGOLOGY-
HEAD AND NECK SURGERY

bulletin

DECEMBER 2018/JANUARY 2019
Volume 37, 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
Telephone: 1-703-836-4444
Member toll-free telephone: 1-877-722-6467

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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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BULLETIN ADVERTISING

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for ENT Patient Care

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What do we do with the spark?

AAO-HNS is committed to help not only generate but also sustain interest and enthusiasm for otolaryngology with students and trainees everywhere.

For each of us there was a spark: a memorable patient, a role model, or a personal/family story related to otolaryngology that launched our interest and passion for our specialty. For me this spark was an anatomical oddity, plain and simple. But even with a spark, it took a willing teacher and a supportive resident to fuel and direct my burgeoning interest.

I see versions of this “spark” story every year; quite often, otolaryngology applicant personal statements I review recount a powerful experience regarding a family member who struggled with illness. In others, contact with a memorable patient triggers a student’s interest in otolaryngology. For me, the spark was learning that some fibers of the amazing vagus nerve were carried out of the brainstem, barreled down the neck, only to loop around the aorta before heading back to the larynx. That was it. Like the RLN itself, I was hooked!

For me, there is a lesson not just in that there was a spark that day, but how that spark was fanned and grew to a passion for our field.

With my curiosity about the RLN and the larynx in general, I asked one of my anatomy professors if I could serve as a head and neck anatomy teaching assistant for the next year’s class. No one asked me or suggested it—I merely raised my hand to follow my passion. Daniel Graney, MD,* informed me that while they didn’t have this option established, he saw my great interest and was willing to look into it. Dr. Graney pursued my special request and found a way through the paperwork to make it happen. In 1989, I was TA to first-year students in head and neck anatomy, the first of a series of students (and future otolaryngologists) in this role at the University of Washington.

Soon after, while on my otolaryngology rotation as a 4th year medical student, my interest in all things laryngeal was obvious. My chief resident at the University of Washington was **Timothy M. McCulloch, MD** (now Chair of the Division of Otolaryngology at the University of Wisconsin School of Medicine and Public Health). Dr. McCulloch spotted something on the schedule that might appeal to me—a

type one thyroplasty. “You should really see that case,” he said to me. I went into that OR and scrubbed in with **Paul W. Flint, MD**, and **Charles W. Cummings, MD**, as they operated on a young woman with vocal fold paralysis. I will never forget that moment when the implant went in and her voice magically returned. Again, I had the passion, but it took the right person in the right place to direct me and support me in pursuing my spark.

Despite all the practice challenges and unwanted changes that take some of the fun out of what we do every day, I know that our *AAO-HNS members remain passionate about our field*. I know our members are already active in supporting the sparks that they encounter in their communities. Whether you are in a small town or big city, solo or group practice, you name it: All members serve as ambassadors and guides to support the sparks that occur all around us.

In 2019, AAO-HNS/F will launch an initiative to provide a framework for all its members to make contact with students of all ages. This includes experiences for preclinical medical students, college students, and even high school students. The AAO-HNS is collaborating with its individual members, otolaryngology training programs, and our grassroots leaders through the Board of Governors to offer, organize, and support local student interest days, attendance at our meetings, and observerships. Stay tuned to the *Bulletin* and *OTO News* for more information.

For now, tell me your “spark” story. Send it in to me by email—I’d like to share some of these with the rest of the membership throughout this year. As these participatory programs roll out, please join me in sharing this enthusiasm for otolaryngology with the next generation—raise your hand and get involved. And for that part of our community whose spark has been lost or muted under charts and regulations and “peer-to-peer” authorizations, perhaps these new student initiatives will help us reignite our spark once again.

“What was your spark?” Send me your story at email@OTOHNS.com. ■

** Dr. Graney won the teaching award so many times that he was eventually given the title of University of Washington School of Medicine Teacher Superior In Perpetuity*

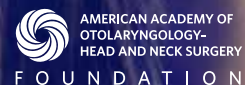


Albert L. Merati, MD
AAO-HNS/F President

“Whether you are in a small town or big city, solo or group practice, you name it: All members serve as ambassadors and guides to support the sparks that occur all around us.”

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Renewal and optimism

Our Annual Meeting and OTO Experience always leaves me with a sense of renewal and optimism after observing the productive interaction and energy generated across the diverse makeup of our attendees and members. This year's meeting in Atlanta, Georgia, was no exception. The networking among the residents, fellows, and young physicians from around the world at education and social events bodes well for the future of our specialty on a global basis. I attended several presentations and meetings involving thought leaders from all the otolaryngology specialties both domestically and internationally, and the collaborative spirit exhibited will accelerate the next great specialty advances.

There were a number of notable events, including the International Advisory Board's initial elections, the rollout of our new patient-centered website, ENThealth, the Specialty Society's expert panel series, our new "breaking news" features, and the President's gala Reception at the Georgia Aquarium. We also conducted the initial meeting of our multispecialty collaborative to create codes for and value advanced frontal sinus surgery and endoscopic and open skull base surgery. Representatives of the AAO-HNS, AAOA, ANS, AOS, ARS, and the NASBS met together and laid out a plan to accomplish this significant ask in concert with neurosurgery. This critical project will take a year or more to complete.

I would encourage you to read our Annual Report later in this issue and the dynamic online version, which highlights a few of the achievements that have made a difference this year. These successes are possible through the collaborative efforts of our physician volunteers and staff. Our Communications Business Unit was very busy this year as we adopted our "We Are One" theme in conjunction with our new logo. Aided by the Information Technology Unit, it also introduced ENThealth.org, our new patient-centered educational website, and celebrated the *Otolaryngology-Head and Neck Surgery* journal's highest impact factor ever. On the advocacy front, we worked with the FDA on its landmark public workshop related to Sleep Disordered Breathing and regulations for OTC hearing aid sales. We also worked with private insurers on cochlear implants, surgical treatment of OSA, surgical and medical treatment of chronic rhinosinusitis, and -62 and -25 modifier payment denials with many other issues. We also launched a new grassroots advocacy

website, www.entadvocacy.org, to facilitate member outreach to congressional representatives.

We increased the number of International Corresponding Societies to 71, conducted 11 joint meetings around the world, and held the first election for Chair of the International Advisory Board at our Annual Meeting in Atlanta. Our Clinical Practice Guidelines (CPG) and Quality Measures programs continue to be strong. We published two new CPGs and have another five in progress while producing 10 new quality measures and introducing patient-reported outcomes measures in the registry. Reg-entSM is moving into Phase II. It now has over 2,000 clinicians contributing data and is onboarding academic practices. We exceeded CMS' data validation standards for 2017 MIPS reporting. By the way, we also facilitated clarification of the Joint Commission recommendations that will favorably benefit our members and their patients.

This year, we launched OTO Source, a single-source online repository for otolaryngology education (www.otosource.org). We introduced Member+, a new feature for members to give them access to AcademyU[®] courses. And we reinvented our Annual Meeting education program, reformatting traditional Miniseminars and Instruction Courses to Panel Presentations and Expert Series, respectively, and introducing two new formats—Flash Talks and Rapid Poster Presentations.

Starting with next year's February issue, the *Bulletin* will feature two rotating columns designed to inform our members of important issues within the Board of Governors, our component sections (SRF, WIO, and YPS), and an additional column by our Specialty Societies representing the breadth of our clinical expertise. I am excited about the opportunity to share the insights and concerns that will be presented through the eyes of these incredibly talented groups as we strive to make otolaryngology better through our collaborative efforts. I would like to thank all these groups for being willing to convey their experience with the entire membership.

I have had the opportunity to participate in 28 local, state, and national meetings related to otolaryngology this past year. I continue to be amazed at the clinical advancements across the breadth of the specialty and the enthusiasm for taking care of patients that our members of all ages and practice types continue to exhibit. We all need to remember how blessed we are to be able to provide the services we do. ■



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

“I would encourage you to read our Annual Report later in this issue and the dynamic online version, which highlights a few of the achievements that have made a difference this year.”

Leadership Forum & BOG Spring Meeting

Make plans to attend the AAO-HNS/F 2019 Leadership Forum & BOG Spring Meeting, April 26-28, in Alexandria, VA. #BOGMTG19

The event kicks off with a State OTO Society Roundtable, which provides society leaders, executive directors, and society administrators an opportunity to network, share best practices, and improve collaboration among different states and regions.

The event opening is topped off with a Welcome and Networking Reception where you will have direct access to engage with a majority of the Academy's leadership.

The weekend will also consist of:

- Leadership development and mentoring opportunities
- A renowned keynote speaker
- BOG committee meetings
- A session on the Advance Practice Providers (APP) workforce
- "Insider" legislative, regulatory, and political updates
- Panel discussions sponsored by the AAO-HNS Women in Otolaryngology (WIO) Section, the Young Physicians Section (YPS), the Section for Residents and Fellows-in-Training (SRF), and the Diversity and Inclusion Committee (DIC)
- Practice management tips
- ENT PAC reception (Contribution of at least \$365/\$100 for residents required)
- The BOG General Assembly

CME credits will be offered.

Registration is complimentary to all AAO-HNS members who are otolaryngology practitioners. However, you must register, and your membership dues must be current to attend.

Housing Deadline:

March 27, 2019

Registration Deadline:

April 19, 2019

Visit www.entnet.org/leadershipforum for more information, to register, or to book your hotel. ■

Committee application deadline January 1, 2019

The AAO-HNS/F committee application process is now open. Apply today to join the Academy's collective committee community. The Academy flourishes and succeeds from the contributions of its members. This comes in many forms, but one crucial contribution is through the work of the over 60 volunteer-member committees. Learn more about the committee application process. For questions, contact committees@entnet.org. ■

2019 health policy scholarship open

The American Academy of Otolaryngology-Head and Neck Surgery (AAO-HNS) and the American College of Surgeons (ACS) are offering an annual scholarship to subsidize attendance and participation in the Executive Leadership Program in Health Policy and Management at Brandeis University. The course takes place June 2-8, 2019. The award is in the amount of \$8,000, to be used toward the cost of tuition, travel, housing, and subsistence during the period of the course.

The award is open to surgeons who

are members in good standing of both the AAO-HNS and the ACS. Applicants must be at least 30 years old, but under 60, on the date that the completed application is filed.

The closing date for receipt of applications is February 1, 2019. An awardee will be selected by a committee consisting of members of AAO-HNS and ACS. All applicants will be notified of the outcome of the selection process by early April 2019.

To review the full list of application requirements, visit www.entnet.org/content/health-policy-scholarship. ■



Looking ahead: State advocacy in 2019

Just as real estate agents say housing depends on “location, location, location,” your state of residence dictates the laws and regulations governing your practice of medicine. And, importantly, these laws and regulations vary from state to state. However, legislative trends, emanating from bellwether states (such as CA, FL, and NY), are often considered by other states and brought before their legislature for adoption.

At the same time, there are also external and internal forces that may influence a state’s legislative agenda. Following the mid-term elections, there will be 27 Republican governors and 23 Democrat governors. On the legislative front, there were more than 6,000 elections for state legislative seats. In 2019, almost every state will have single-party control in the legislature, with the exception of Minnesota. Overall, Republicans will hold 31 state legislatures and Democrats will control 18.

As for those states with “trifectas” – one party in control of the governor’s seat and both legislative chambers – the tally is 14 for Democrats and 23 for Republicans.

The AAO-HNS anticipates a busy 2019, as all 50 states will be in session compared to only 46 states convening in 2018. And, the total number of state bills projected to be considered in 2019 is more than 165,000. Given the above-mentioned changes due to the elections, the following issues of interest to the specialty might see action in 2019:

- **Health plans:** Narrow networks, high deductibles, medical necessity, formularies, and prior authorization
- **Pharmacy/pharmaceuticals:** PBMs, step therapy, pricing, and cost sharing
- **Maintenance of Certification:** Challenges to established Boards, such as ABMS
- **Scope of Practice:** Audiologists,

speech-language pathologists, hearing aid dealers, chiropractors, nurses, and physician assistants

- **Hearing Care:** Hearing aid sales/dispensing, LEAD-K, balance disorders
- **Newborn Hearing Screening:** Program updates, funding, CMV
- **Licensure Compacts:** Medical, audiology-speech pathology
- **Medical Liability Reform:** Affidavits of merit, caps, expert witnesses, defensive medicine issues

These are just a few of the topics we expect state legislatures to tackle in 2019. The initial wave of state legislative sessions opens during the first week of January. If you are interested in joining the 140+ physician volunteers who serve as State Trackers for the specialty, please contact legstate@entnet.org. It will be an active year and a great learning opportunity! ■

New faces on Capitol Hill, but same partisan obstacles

When the 116th Congress convenes on January 3, 2019, Capitol Hill will look a little different. The balance of power has shifted slightly as the Democratic Party will have a majority in the U.S. House of Representatives, while the Republican Party maintained and expanded its majority in the U.S. Senate.

More than 100 new Members of Congress will be sworn in, one of the largest and most diverse freshman classes in history. The number of women in the U.S. House will rise to 113, surpassing the previous record of 107. Among them is Kim Schrier, MD, (D-WA), a pediatrician who will become the only current female physician in Congress. In addition, John Joyce, MD, (R-PA), a dermatologist, will also join the ranks of Congressional physician members. With these additions, the 116th Congress will include 16 physicians—13 Republicans and 3 Democrats.

Committee assignments and agendas will likely not be set until early January, but healthcare is expected to remain a top priority—particularly efforts to lower prescription drug prices and protect coverage of “pre-existing conditions.” Majority Leader Mitch McConnell (R-KY) and Minority Leader Chuck Schumer (D-NY) will retain leadership roles for their respective parties in the U.S. Senate. And, in the House, U.S. Representatives Kevin McCarthy (R-CA) and Steve Scalise (R-LA) will lead the Republicans, while Nancy Pelosi (D-CA) will likely become the next Speaker of the House in January. and Steny Hoyer (D-MD) will assist as Majority Leader.

The AAO-HNS has already begun meeting with the incoming Members of Congress and leadership teams about issues impacting the specialty. Unfortunately, the partisan rhetoric from the 115th Congress will carryover, and likely worsen as the 2020 Presidential election nears. Join the ENT Advocacy Network and regularly visit www.entnet.org/advocacy to access timely updates on the Academy’s efforts to cut through the noise and advance the legislative priorities for otolaryngology! ■



Taking ENT PAC to the MAX

■ **Richard M. Rosenfeld, MD, MPH, MBA**

Chair, ENT PAC Board of Advisors

For the past two years, I have served as Chair of the ENT PAC Board of Advisors, and I have been privileged to see what incredible rewards for our specialty are reaped from the generous contributions of our members. A recent experience during the AAO-HNSF 2018 Annual Meeting & OTO Experience furthered my respect, and admiration, for our membership.

At the ENT PAC Board of Advisors meeting in Atlanta, I was disheartened to learn that our fundraising target was only \$15,000 to \$17,500 for onsite contributions, compared with \$20,000 in the past. My response was to prompt members of the PAC Board to action, by offering to match – dollar for dollar – any new contributions they made to ENT PAC during the meeting. To my delight, several members immediately rose to the challenge, leading me to “max out” with my own \$5,000 total giving to the PAC for 2018.

Unfortunately, “maxing out” with PAC contributions is rare and has never happened for ENT PAC. Perhaps this relates to

“

Every dollar given to ENT PAC is used in a non-partisan manner to support federal lawmakers who champion our specialty's legislative issues on Capitol Hill.

”

a misunderstanding of the value of “maxing out,” often defined as “a point at which no more improvement, profit, or benefit can occur.” While personal contributions to ENT PAC by an individual are legally capped at \$5,000 per year, the impact of maxed-out contributions has a lasting effect.

Every dollar given to ENT PAC is used in a non-partisan manner to support federal lawmakers who champion our specialty's

legislative issues on Capitol Hill. Instead of sitting on the sidelines and taking this for granted, I call on my fellow otolaryngologists to join me in taking ENT PAC to the max. You can learn more about ENT PAC and the new “Leadership Club” level at www.entpac.org. Showcase your dedication to our wonderful specialty and help support the tireless efforts of the Academy to empower otolaryngologists and ensure our patients and our practices thrive in uncertain and challenging political times.

And, by the way, we exceeded our goal and eventually raised more than \$20,000 at the Annual meeting. ■

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

ADVOCACY IN ACTION

CMS heeds AAO-HNS concerns on 2019 Physician Fee Schedule

■ James C. Denney III, MD

On November 1, the Centers for Medicare & Medicaid Services (CMS) released its final rule for the CY 2019 Medicare Physician Fee Schedule/Quality Payment Program after reviewing more than 15,000 stakeholder comments submitted on this summer's proposed rule. Academy members can view the final rule at <https://www.federalregister.gov/documents/2018/11/23/2018-24170/medicare-program-revisions-to-payment-policies-under-the-physician-fee-schedule-and-other-revisions>, and the AAO-HNS September 10 comment letter on the proposed rule at www.entnet.org/sites/default/files/2019_mpfs_nprm_final_9_10.pdf.

E/M reporting and documentation requirements

Within the proposed rule, there were a number of proposals with significant ramifications for otolaryngologists. The most far-reaching of these involved multiple changes to the E/M reporting and documentation requirements. CMS proposed “collapsing” the current E/M reporting for new and established patients seen in the office from five levels to either two or three levels. In conjunction with this, CMS proposed add-on G codes for primary care and inherently complex specialty E/M visits, as well as a prolonged service G Code. CMS intended to pay for these changes by applying an MPPR/Modifier 25 reduction for procedures reported



James C. Denney III, MD

on the same day as an E/M service, which would have reduced the payment for the lower valued RVU service by 50 percent. CMS also proposed condensing the practice expense payment for E/M office visits by creating a new indirect practice expense category solely for office visits. This particular rule would

have reduced the indirect practice expense by 36 percent for otolaryngology. As a “carrot” to providers, CMS proposed to reduce E/M documentation requirements.

The final rule included several changes to E/M documentation guidelines, **which we supported:**

- Physicians will no longer be required to re-record elements of history and physical exam when there is evidence that the information has been reviewed and updated.
- Physicians must only document that they reviewed and verified information regarding chief complaint and history that is already recorded by ancillary staff or the patient.

In addition, CMS elected to **delay the implementation of any “collapse” of the E/M reporting until CY 2021** and expressed significant interest in the work that the AMA CPT/RUC workgroup is doing in this area. The agency did convey its intention to move toward two basic payment rates for office visit services—one for straightforward visits and another for complex visits. CMS also noted its intention to establish add-on codes for primary care and inherently complex specialty E/M visits. **This was in line with the AAO-HNS**

recommendations for these proposals.

The Academy strongly opposed the following portions of the proposed rule, which were rescinded by CMS and will not be implemented in CY 2019.

- Payment reductions by 50 percent for office visits that occur on the same date as procedures (or by a physician in the same group practice). **This proposal was the most significant threat to otolaryngology practices. If this proposal had gone through, many private payers would have implemented similar policies.**
- Condense practice expense payment for E/M office visits by creating a new indirect practice expense category solely for office visits. **This would have resulted in a 36 percent payment decline in allergy-based services and a 28 percent decline in otolaryngology-based services.**

Balloon sinus surgery kits

CMS requested comments on two issues related to Balloon Sinus Ostial Dilation (BSOD). The agency was interested in the current pricing of the kits utilized for BSOD, which were last priced in 2011, as well as the quantity allocated per sinus. Current Medicare policy allows 0.5 kits per sinus. With collaboration from industry and input from the ARS, the Academy submitted proposed pricing for the kits and recommended either keeping the current system allowing 0.5 kits per sinus or a new approach that paid on actual usage. The AAO-HNS also commented that there was not enough information to justify altering the number of sinuses per

kit if CMS chose not to rely on actual usage. The final rule response from CMS is below:

“After consideration of the public comments, we are not finalizing any changes to the balloon sinus surgery kit (SA106) supply for CY 2019, **outside of the market-based supply and equipment pricing update to the supply cost**. We do not believe that we have sufficient information to finalize any other changes to the supply cost or supply quantity in the associated CPT codes at this point in time.” (emphasis added)

CMS utilized the proposed pricing information provided by the AAO-HNS to help formulate the new price listed in the final rule’s payment table. CMS chose a price slightly higher than the average list price submitted by the AAO-HNS and opted to continue the policy of 0.5 kits per sinus for CY 2019.

Allergy and immunology codes

Another key issue for our members was pricing for multi-antigen vials used for allergy immunotherapy designated by code SH007. The proposed rule would have resulted in a 28.7 percent decrease in reimbursement per vial. In collaboration with the AAOA and AAAAI, the Academy submitted evidence that documented increasing cost for this service (rather than decreasing costs) and **strongly opposed this unwarranted reduction in the proposed rule**.

The CMS comments below reflect the final rule outcome:

“We reexamined the recommended price of each multi-component item cited by a commenter. Table 9 at the conclusion of this section lists the

supply and equipment codes with price changes based on feedback from the commenters and the resulting additional research into pricing.”

The result was not a 28.7 percent decrease, but an 87.5 percent increase when compared with the proposed value.

Quality Payment Program (QPP)

There were two significant proposals related to the QPP and our Qualified Clinical Data Registry, Reg-entSM. The first proposal would have required QCDRs to enter into a licensing agreement with CMS that would have resulted in a loss of intellectual property for all QCDR measures used for MIPS reporting. Equally as important is the agency’s new definition of a QCDR, which emanated from stakeholder comments. Below are the CMS responses for CY 2019:

CMS Proposal to require QCDRs to enter into a measure licensing agreement with CMS (pages 1485-1487):

“Based on the feedback and concerns raised by stakeholders, in the interim, we are not finalizing this proposal. Rather, while we believe our proposal is consistent with the Administrative Procedure Act, we are persuaded by the other concerns raised by stakeholders on the implementation of this policy and are therefore retaining our existing policy that QCDR vendors may seek permission from another QCDR to use an existing measure that is owned by the other QCDR (82 FR 53813).”

CMS also adopted the new definition of a QCDR (pages 1458-1466):

“As described in the CY 2019 PFS proposed rule (83 FR 35982), we want to ensure that QCDRs that participate in MIPS have access to clinical expertise in quality measurement and are able to provide and demonstrate an understanding of the clinical medicine, evidence-based gaps in care, and opportunities for improvement in the quality of care delivered



■ at the forefront

to patients and priorities that are important to MIPS eligible clinicians.

“After consideration of the public comments received, we are finalizing our proposal to update the definition of a QCDR at §414.1305 beginning with the 2022 MIPS payment year, as proposed, to state that a QCDR is an entity with clinical expertise in medicine and in quality measurement development that collects medical or clinical data on behalf of a MIPS eligible clinician for the purpose of patient and disease tracking to foster improvement in the quality of care provided to patients.”

Another final rule – Additional good news

In the Hospital Outpatient Prospective Payment (OPPS) final rule released November 2, CMS continued its drive toward site neutrality for

outpatient services, specifically clinic visits for outpatient settings. The proposed rule had recommended the equalization occur in CY 2019. The OPPS final rule describes phasing this change in over two years—2019 and 2020. Below are comments from CMS and a quote from CMS Administrator Seema Verma.

“In a final rule this morning, the agency said it will reduce Medicare payments for clinic visits at off-campus hospital clinics to bring them more in line with the lower reimbursement rate for physician offices—a policy known as site neutral payments.

“Hospital outpatient clinics have historically received higher payments for the same services provided in a physician’s office. Today’s rule does not affect clinics on hospital campuses.”

The change will be phased in over two years,

instead of one year as originally proposed. CMS said the move will save Medicare \$380 million in 2019.

“Today’s rule advances competition by creating a level playing field for providers so they can compete for patients on the basis of quality and care,” Administrator Verma said in a statement. “The final policies remove unnecessary and inefficient payment differences, so patients can have more affordable choices and options.”

I would like to recognize the tremendous work our Advocacy and Research & Quality Business Units have done in helping put together the comment letter on the proposed rule and coordinating meetings with key CMS staff that allowed us to achieve these positive results. ■



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In memoriam In memoriam

Bobby R. Alford, MD

Fellow, Baylor College of Medicine, 1960

Michael C. Bell, MD

Fellow, University of Pittsburgh Medical Center Education Program, 1969

William A. Darling, MD

Fellow, Medical College of Wisconsin, 1974

Arthur J. Fischer, MD

Fellow, University of Pennsylvania, 1942

Michael E. Glasscock III, MD

Fellow, University of Tennessee, 1965

David Green, MD

Fellow, No information available

John W. Grigg, MD

Fellow, Wayne State University/Detroit Medical Center, 1963

James R. Harris, MD

Fellow, Tulane University, 1950

James C. Hutchinson, Jr., MD

Fellow, Rush-Presbyterian St Luke's Medical Center, 1974

Tom Louis III, MD

Fellow, Tulane University, 1961

Eduardo Mendez, MD

Fellow, Washington University/B-JH/SLCH Consortium, 2005

William T. Moore, MD

Fellow, University of Mississippi Medical Center, 1967

William C. Morgan, Jr., MD

Fellow, University of Virginia, 1954

David Douglas Pothier, DOHNS, MBChB, FRCS

Fellow, 1973

Marion B. Ridley, MD

Fellow, Johns Hopkins University, 1988

Gary L. Schechter, MD

Fellow, Washington University/B-JH/SLCH Consortium, 1970

Barry M. Shapiro, MD

Fellow, Mount Sinai School of Medicine, 1982

Abraham J. Zeldin, MD

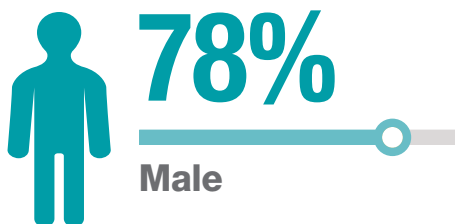
Fellow, University of Illinois College of Medicine Chicago, 1951



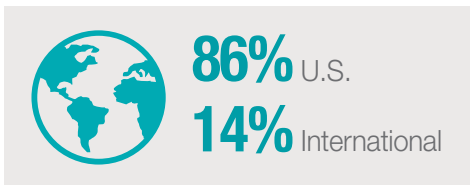
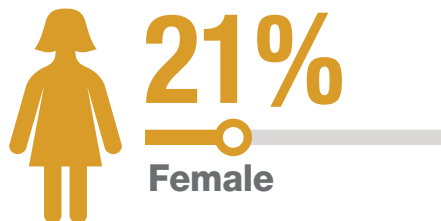
2018 MEMBER SURVEY HIGHLIGHTS

Thank you to all the respondents of the latest member survey. We received a 12 percent response rate to validate the survey. From it, we have gathered the following snapshot of the membership, its views, and engagement with the AAO-HNS/F. This data will be used solely to help better serve you and your patients.

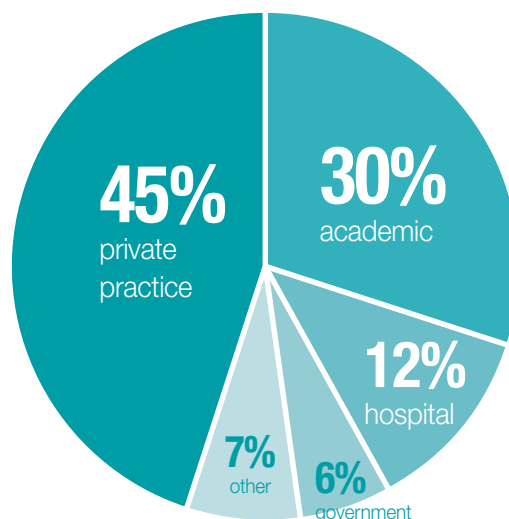
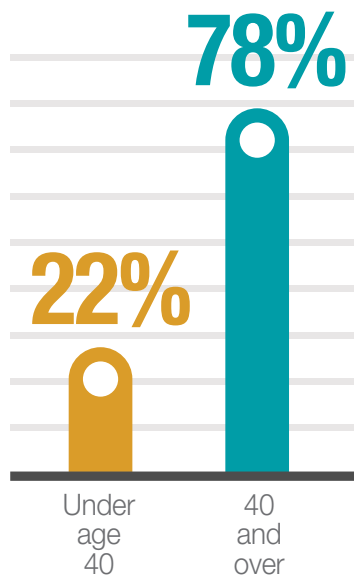
1,227 TOTAL COMPLETED SURVEYS WERE RECEIVED,
GIVING THIS SURVEY A 12% RESPONSE RATE.



1% no response to question



78% practicing physician
9% retired
8% resident
5% other



TOP THREE MEMBER BENEFITS BY CATEGORY

U.S. Practicing Physicians (all)

- o Advocacy
- o Annual Meeting
- o Publications

International Members (all)

- o Annual Meeting
- o Journal
- o Practice Management Resources

Female Members

- o Annual Meeting
- o Practice Management Resources
- o Publications

Residents/Fellows-in-training

- o Annual Meeting
- o Journal
- o Practice Management Resources

Membership seems to be changing, with 23% more females under 40 practicing otolaryngology and 10% more racial diversity in members under 40 than in our last survey.

Female, international, and younger physicians are significantly more likely to find many benefits to be must-haves than U.S. male practicing physicians over 40.

PERCEPTION OF THE AAO-HNS/F

- Among all segments, members feel the Academy sets and maintains the highest standards for the specialty (90+%) and is recognized as a global collaborator (96+%).
- Slightly over 50% agree that the Academy understands the financial pressures ENTs are under and provides enough resources.
- The majority of members agree the Academy provides beneficial advocacy efforts, and its diversity efforts are producing positive results for the profession.

ACROSS THE BOARD, JOINING A HUMANITARIAN MISSION IS WHAT MOST MEMBERS ARE INTERESTED IN, BUT PARTICIPATION IS LOW AS IS INFORMATION ON HOW TO ENGAGE.

ANNUAL MEETING & OTO EXPERIENCE TOP REASONS FOR ATTENDANCE

- U.S. members primarily attend for the latest clinical guidelines (47%), CME credit (42%), and networking (29%).
- International members attend for the latest clinical guidelines (65%), OTO Experience/Exhibit Hall (36%), and practice management ideas (22%).

For U.S. members, the reason why they do not attend each year is related to having the time. For international members, it's related to cost.

PUBLICATIONS

- Awareness and readership of both the *Otolaryngology-Head and Neck Surgery* journal and the *Bulletin* is high across all member segments.
- *OTO Open*, *ENT Advocate*, *OTO News*, and the *International Newsletter* have significantly less awareness and readership.
- International members are less aware of the *Bulletin* and *OTO News*, but more aware of *OTO Open* than U.S. members.



Overall readership of any AAO-HNS/F publications is lower among those younger than 40.

COMMUNICATION PREFERENCES

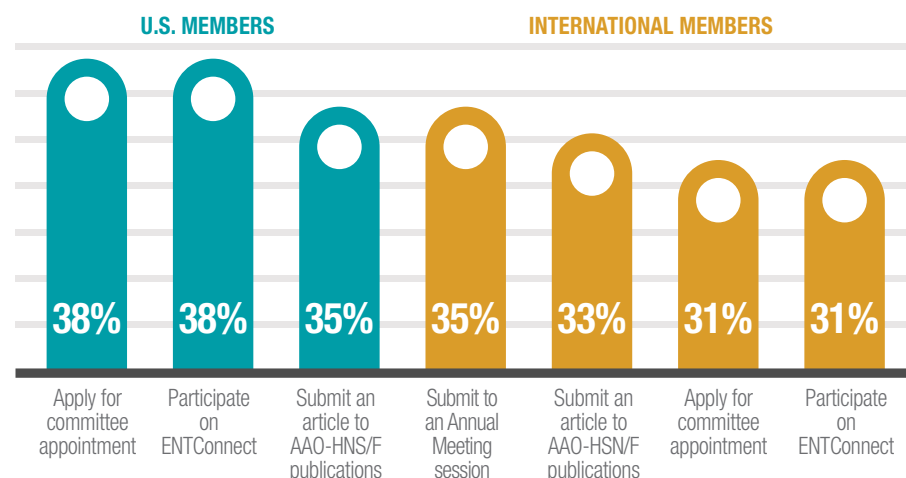
84% prefer to receive AAO-HNS communication by email.

56% of members prefer to access AAO-HNS/F benefits via PC/laptop; 23% via mobile device; 7% via tablet; and 13% had no preference. Mobile (34%) and laptop (43%) access was significantly more popular among ENTs younger than 40.

The AAO-HNS/F website received its highest scores for the quality and richness of its content.

Across all segments of the AAO-HNS/F website, discoverability/searchability is the greatest area of disappointment.

TOP ENGAGEMENT WITH THE AAO-HNS/F



www.reg-ent.org | reg-ent@entnet.org

Reg-entSM

ENT CLINICAL DATA REGISTRY

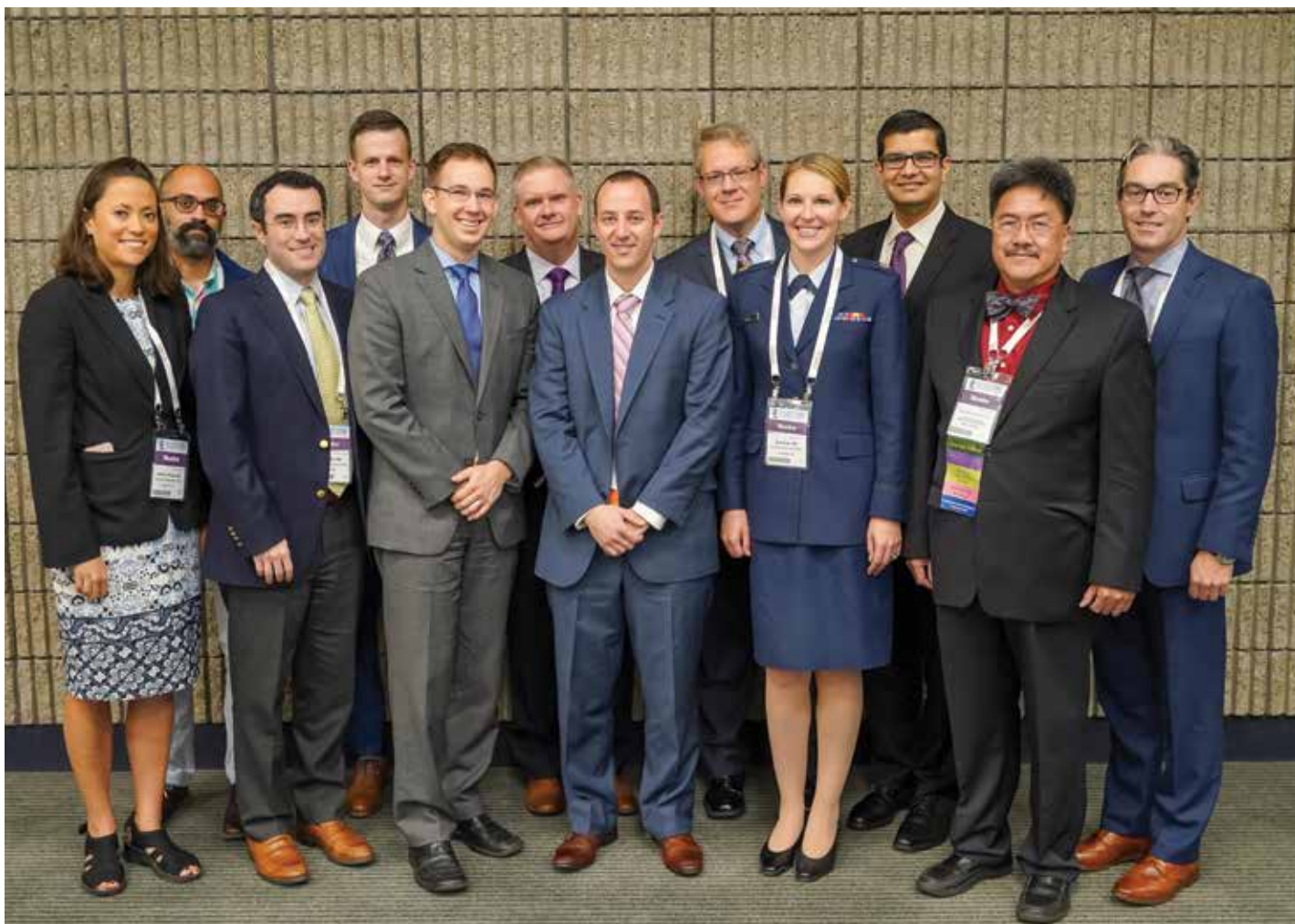
WHY SHOULD YOU INVEST IN REG-ENT?

To contribute to the first **national otolaryngology-specific data repository** that will provide insight to improve the quality of patient care and outcomes and provide a platform for research within the specialty.

***Join Reg-ent Today and Make a Difference
in the Future of the Specialty***

"The role of data in healthcare is paramount. The many exciting developments regarding Reg-ent will have a profoundly positive impact on the practice of otolaryngology-head and neck surgery for decades to come."

- Gavin Setzen, MD, AAO-HNS/F Immediate Past President and Current Reg-ent Participant



Have a voice in the medical literature: Become a journal peer reviewer

The AAO-HNSF journals receive applications every month from individuals who want to become peer reviewers, and for good reason. Reviewing keeps you abreast of the latest medical literature, can provide CME credit, and is often the first step toward more senior journal positions, including editorial board member and associate editor.

"I decided to start reviewing for the journal upon graduating residency as a way to 'force' myself to continue looking at publications critically," said Thomas Q. Gallagher, DO, a five-time recipient of the

Otolaryngology–Head and Neck Surgery star reviewer award and current associate editor for the AAO-HNSF journals. "Once I got started, I really enjoyed the opportunity to provide positive feedback to authors to help make their papers better and to have a critical voice in publication content in our journal. It has also provided me the ability to be a better teacher to my residents, guiding them on how to do quality research and publish successfully."

The journals' editors welcome reviewer applications year-round. Simply fill out the

application form and submit it along with your CV to otomanager@entnet.org. Residents interested in becoming reviewers must enroll in the Resident Reviewer Development Program—a mentorship program that lets residents shadow a top reviewer for *Otolaryngology–Head and Neck Surgery* and *OTO Open*.

For more details on reviewing, including guidelines and tips, visit the Reviewer Instructions webpage at <https://www.editorialmanager.com/otohns/accounts/ReviewerPage.html>. ■

2017-2018 Committee Highlights

Committees are the lifeblood of the AAO-HNS/F and a great way for members to contribute meaningfully to the organization and the specialty. At the AAO-HNSF 2018 Annual Meeting & OTO Experience in Atlanta, Georgia, some committees that established a quorum met and discussed achievements during the past year and planned for 2019. Visit <https://bulletin.entnet.org/> for a sample from the committees listed on this page of some of the many accomplishments reported over the 2017-2018 year.

To view a list of current committee members, please visit www.entnet.org/committees.

To join a committee, visit www.entnet.org/committees and fill out an application before the January 1, 2019, deadline.

➔ **READ MORE ONLINE**
Longer article available

ACADEMY COMMITTEES

Airway and Swallowing Committee

Michael J. Pitman, MD, Chair

Allergy, Asthma, and Immunology Committee

Maria C. Veling, MD, Chair

Complementary/Integrative Medicine Committee

Chau T. Nguyen, MD, Chair

Diversity and Inclusion Committee

Valerie A. Flanary, MD

Endocrine Surgery Committee

David L. Steward, MD, Chair

Equilibrium Committee

Yuri Agrawal, MD, Chair

Geriatrics Otolaryngology Committee

Allan M. Rubin, MD, PhD, Chair

Hearing Committee

Richard K. Gurgel, MD, Chair

History and Archives Committee

Tulio A. Valdez, MD, Chair

Infectious Disease Committee

Ken Kazahaya, MD, Chair

Media and Public Relations Committee

Philip G. Chen, MD, Chair

Microvascular Committee

Keith A. Casper, MD, Chair

Otolaryngology Veterans Affairs Committee

Edward M. Weaver, MD, Chair

Patient Safety and Quality Improvement Committee

Emily F. Boss, MD, MPH, Co-Chair; C.W. David Chang, MD, Co-Chair

Trauma Committee

Neal D. Futran, MD, DMD, Chair

Voice Committee

VyVy N. Young, MD, Chair

ANNUAL MEETING

Annual Meeting Program Advisory Committee

Mark K. Wax, MD, Chair

EDUCATION COMMITTEES

Education Steering Committee

Richard V. Smith, MD, Coordinator for Education

Facial Plastic and Reconstructive Surgery Education Committee

Scott B. Roofoe, MD, Chair

General Otolaryngology Education Committee

Stacey L. Ishman, MD, MPH, Chair

Head and Neck Surgery Education Committee

David M. Coggnetti, MD, Chair

Laryngology and Bronchoesophagology Education Committee

Thomas L. Carroll, MD, Chair

Otology and Neurotology Education Committee

Marc L. Bennett, MD, Chair

Pediatric Otolaryngology Education Committee

Jeffrey Simons, MD, Chair

Practice Management Education Committee

Brendan C. Stack, MD, Chair

Rhinology and Allergy Education Committee

Stacey T. Gray, MD, Chair

Simulation Education Committee

Ellen S. Deutsch, MD, Chair

FOUNDATION

Development Committee

Lee D. Eisenberg, MD, MPH, Chair and Development Coordinator

Humanitarian Efforts Committee

Mark E. Zafereo, Jr., MD, Chair

Outcomes, Research and Evidence-Based Medicine Committee

Jennifer J. Shin, MD, SM, Co-Chair; Vikas Mehta, MD, Co-Chair

Panamerican Committee

Hernan Goldsztein, MD, Chair

REG-ENTSM COMMITTEE

James C. Denny III, MD, Chair

STANDING COMMITTEES

Audit Committee

Steven W. Cheung, MD, Chair

Ethics Committee

Susan D. McCammon, MD, Chair

Finance & Investment Subcommittee of the EC (FISC)

Scott P. Stringer, MD, Secretary-Treasurer

BOARD OF GOVERNORS (BOG) COMMITTEES

Sanjay Parikh, MD, Chair

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

Claire M. Lawlor, MD

WOMEN IN OTOLARYNGOLOGY (WIO) SECTION

Erika A. Woodson, MD

YOUNG PHYSICIANS SECTION (YPS)

Daniel C. Chelius, Jr., MD

ANNUAL REPORT

2018



WE ARE ONE

OTOLARYNGOLOGY UNITED

for ENT Patient Care

View online: www.entannualreport.org

ANNUAL REPORT 2018



AMERICAN ACADEMY OF
OTOLARYNGOLOGY-
HEAD AND NECK SURGERY



AMERICAN ACADEMY OF
OTOLARYNGOLOGY-
HEAD AND NECK SURGERY

F O U N D A T I O N



WE ARE ONE

OTOLARYNGOLOGY UNITED

for ENT Patient Care

CORE
PURPOSE*

We help our members achieve excellence and provide the best ear, nose, and throat care through professional and public education, research, and health policy advocacy

VISION*

The global leader in optimizing quality ear, nose, and throat patient care

The American Academy of Otolaryngology–Head and Neck Surgery (AAO-HNS) is the trusted voice and leading source of information for the specialty of otolaryngology. The Academy is the home for all professionals specializing in ear, nose, and throat care. Each year, we assemble the global community to present and discuss the latest research and innovations within the specialty. We are recognized as an inviting, accepting, and inclusive professional community fostering diversity within the specialty and the organization. We support professionals working in the specialty inclusive of all practice environments and subspecialties. Patients and their caregivers utilize the AAO-HNS and its Foundation as a source for easily accessible and trusted information on their medical conditions, enhancing the value of the patient experience. We empower otolaryngologists to optimize care and constantly strive to improve patient outcomes.

The AAO-HNS promotes collaboration within the healthcare team. We foster synergistic partnerships with international colleagues, specialty societies, allied health providers, and strategic partners. We achieve excellence in all aspects of health policy, advocacy, research, innovation and technology, and member and public education. Through a commitment to collecting and using data effectively, we define standards of quality for the specialty. In striving to be inclusive and responsive to our members' needs and concerns, we facilitate connections that will ensure the wellness and success of all our members.



MESSAGE FROM LEADERSHIP*

* From the AAO-HNS/F
Strategic Plan March 2018

AAO-HNS/F EVP/CEO
James C. Denny III, MD, and
2017/2018 President **Gavin Setzen, MD**

ADVOCACY

26

PAGE COMMENT
LETTER SUBMITTED
ON MEDICARE'S
PROPOSED RULE



Opposed

CMS PROPOSALS

to collapse payments for E/M office visit codes and implement Modifier 25 reductions that would negatively impact otolaryngology practices

158

DETAILED SURVEY
RESPONSES IN THE
FIRST 10 DAYS



Met with

THE JOINT COMMISSION

on major areas of concern raised in a spring 2018 member survey. The Joint Commission addressed each of these issues individually through thoughtful discussion

3

PANELS MODERATED
BY AAO-HNS SLEEP
EXPERTS AT FDA
WORKSHOP



Collaborated with

THE FDA

on its landmark public workshop relating to sleep disordered breathing (SDB) devices



2018 Achievements

- Fought successfully on Capitol Hill to halt inappropriate federal scope of practice expansions, repeal the unaccountable Independent Payment Advisory Board (IPAB), and defeat a flawed "SGR-like" payment proposal
- Launched a new grassroots advocacy website, www.entadvocacy.org, to simplify member outreach to their Congressional representatives
- Collaborated with national, regional, and local insurers to seek changes to policies relating to:
 - Bilateral coverage of cochlear implants
 - Surgical treatment of snoring and obstructive sleep apnea syndrome
 - Balloon dilation of the eustachian tube
 - FESS-related antibiotic therapy
 - Absorbable nasal implants for nasal valve collapse
 - Balloon sinus ostial dilation
 - Modifier -62 and -25 payment denials
- Partnered with nearly 150 physician volunteers via the State Tracker network to review more than 1,300 state legislative and regulatory proposals impacting the specialty
- Worked with United States Pharmacopeia (USP) to maintain commonsense policies on allergy immunotherapy compounding in its most recent proposed guidelines
- Strengthened the specialty's political voice by attending more than 50 events with Members of Congress via ENT PAC – the AAO-HNS political action committee

RESEARCH & QUALITY



2018 Achievements

- Reg-ent
 - Extracted more than 4 million unique patients and approximately 9.5 million patient visits
 - Designated Qualified Clinical Data Registry (QCDR) and Qualified Registry (QR) statuses by CMS
 - Approved Epic solution as of August 2018: Pilot programs have commenced with two academic sites
 - Held first Reg-ent Users Group Conference in October at AAO-HNSF 2018 Annual Meeting & OTO Experience
- Quality Measures
 - Developed 5 New Neurotology Measures
 - Developed 4 New Rhinoplasty Measures
 - Designed 1 New Early Oral Cancer Measure
 - Explored Patient-Reported Outcome Measures
- Clinical Practice Guidelines in Progress
 - CPG: Tonsillectomy in Children (*update*)
 - CPG: Sudden Hearing Loss (*update*)
 - CPG: Epistaxis
 - CPG: Meniere's Disease
- Clinical Consensus Statements in Progress
 - CCS: Balloon Dilation of the Eustachian Tube
 - CCS: Ankyloglossia
- CORE
 - Received 212 letters of intent
 - Reviewed 159 applications
 - Awarded 31 grants
 - Funded a total of \$499,902 in grants

2,000

CLINICIANS
CONTRIBUTING
DATA

Established

REG-ENTSM

contracts with 439
private practices and 25
academic/health systems



25

QUALITY MEASURES
APPROVED BY THE
BOARD



Developed

QUALITY MEASURES

for 2019 resulting in 10 new measures.

4

CLINICAL PRACTICE
GUIDELINES IN
PROGRESS



Published

**CLINICAL
PRACTICE GUIDELINE**

for Hoarseness (March 2018) and Clinical
Consensus Statement Balloon Dilation of
the Sinuses (February 2018)

MEETINGS & GLOBAL EDUCATION



Reinvented

THE ANNUAL MEETING EDUCATION PROGRAM

by introducing Flash Talks and Rapid Poster Presentations, and rebranding Miniseminars to Panel Presentations and Instruction Courses to Expert Series



2018 Achievements

- Provided Annual Meeting & OTO Experience attendees with a taste of Atlanta hosting the President's Reception at the Georgia Aquarium
- Embraced the "green" conference by eliminating the printed Final Program and enhancing the Annual Meeting Mobile App, which was awarded the 2017 Bronze EXCEL Award in the Mobile App category from Association Media & Publishing
- Introduced botany tours for those interested in hands-on exposure to the source of allergies
- Debuted a new time for the Welcome Ceremony, previously known as the Opening Ceremony
- Relaunched the AcademyU® website
 - 450+ new courses added
 - 8,297 total enrollments
 - 215,186 total CME credits issued
- Launched COCLIA, 4th edition – active, learner-centered teaching for residents (www.coclia.org)
- Introduced new eBook: *AAO-HNSF and AHNS Quick Reference Guide to TNM Staging of Head and Neck Cancer and Neck Dissection Classification: Fifth Edition*



Introduced
MEMBER+

a new benefit for members to gain access to courses on AcademyU®

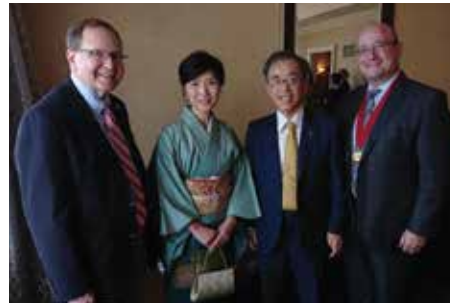


Launched

OTOSOURCE.ORG

a single-source online repository of otolaryngology education developed by the Foundation and the Otolaryngology Specialty Societies

MEMBERSHIP & GLOBAL AFFAIRS



2018 Achievements

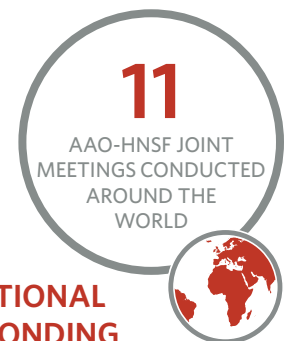
- Initiated new committee onboarding program with a personalized custom report and multiple additional follow-up welcome emails and a mailed gift
- Launched new engagement landing page that consolidated all opportunities into one location to streamline the member experience
- Developed and launched a new abbreviated membership application to streamline the process and make it easier to apply
- Launched win-back campaign to reach out to past members with 129 rejoined members between June–August
- Developed and initiated the AAO-HNSF Otolaryngology United for Global Patient Care donation effort to supply much-needed medical equipment and supplies to underserved communities around the world
- Held first-ever election for Chair of the International Advisory Board (IAB) at the IAB General Assembly in Atlanta, GA, resulting in the election of **Sady Selaimen da Costa, MD, PhD**, (Brazil) as Chair and **Titus S. Ibekwe, MD**, (Nigeria) as Vice Chair
- Increased International Symposium session submissions during the 2018 Annual Meeting Call for Science, resulting in:
 - 53 accepted sessions
 - 2 full days of sessions conducted in Spanish
 - 1 full day of Asia-Oceania focused presentations



Conducted
**COMPREHENSIVE
MEMBERSHIP SURVEY**
measuring satisfaction
and engagement



Debuted
**NEW STUDENT
MEMBERSHIP PROGRAM**
including reduced dues of \$25.00



Expanded
**INTERNATIONAL
CORRESPONDING
SOCIETIES (ICS)**
affiliated network to
71 global entities

COMMUNICATIONS

55+

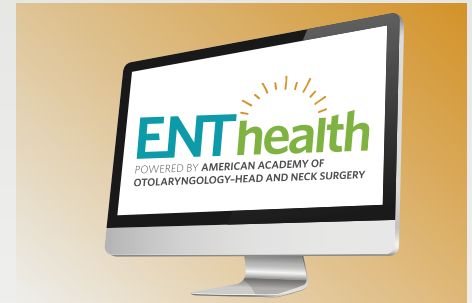
AAO-HNS MEMBERS
CONTRIBUTED
ARTICLES, VIDEOS,
AND CONTENT



Launched

ENTHEALTH.ORG

the dynamic AAO-HNSF patient-
focused website with development
support and collaboration from
Information Technology



WE ARE ONE

1

OTOLARYNGOLOGY
UNITED FOR ENT
PATIENT CARE



Created the new

AAO-HNS LOGO

and tag line to underscore
inclusion of all people

2.444

IMPACT FACTOR



Raised

IMPACT FACTOR

for *Otolaryngology-Head and Neck
Surgery* to the highest in its history

2018 Achievements

- Received 2018 ASAE Gold Circle Award and APEX Grand Award for *OTO News* and the 2018 APEX Award of Excellence for Annual Report Online website
- *OTO Open* is now indexed in PubMed Central with all past articles assigned PubMed IDs
- Increased monthly average of journal podcast downloads to more than 3,500
- Coordinated Resident Reviewer Development Program in which graduates completed 108 independent *Otolaryngology-Head and Neck Surgery* reviews with average reviewer rating of 84.35 or "excellent"
- Produced three major new videos featured during the Annual Meeting Welcome Ceremony and on the entnet.org and ENThealth.org websites:
 - "What's an ENT?"
 - "We Are One"
 - "ENThealth"
- Facilitated dozens of media interviews—radio, TV, newspapers, magazines, online, and secured letter to the editor in *The Washington Post*
- Produced 28 videos, increased AAO-HNS/F YouTube channel's views by more than 11,500; produced 10 podcast episodes, increased podcast downloads from 3,352 to 9,489

FINANCIALS

FISCAL YEAR JULY 1, 2017 — JUNE 30, 2018 (FY18)

REVENUE & SUPPORT:

\$18,377,000

Revenues closely matched what had been budgeted, varying by less than 5% overall

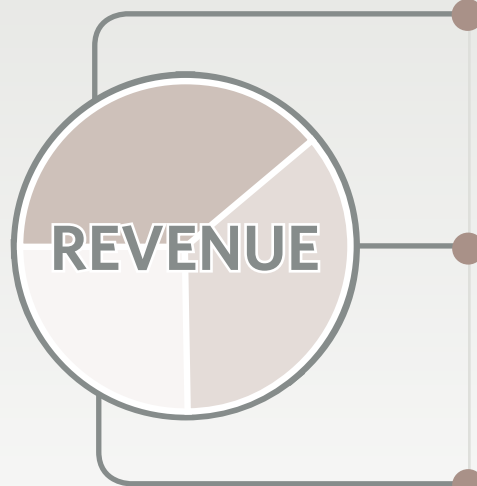
OPERATING EXPENSES:

\$16,420,000

Expense savings of almost 15% account for the positive variance compared to budget.

NET REVENUE (UNAUDITED):

\$1,957,000



37%

MEMBERSHIP DUES

Membership was slightly above the previous year with a higher retention rate and increase in new members

35%

ANNUAL MEETING REGISTRATION AND EXHIBIT SALES

Annual Meeting registration and exhibit booth sales were below expectations for the 2017 Chicago event

28%

OTHER

Educational Materials, Publications, Corporate Sponsorships, Individual Donations, and Reg-ent™ Fees, and Use of Donor and Other Restricted Net Assets

Savings were realized from lower Annual Meeting variable costs due to lower attendance; realigning staffing to better support the initiatives of the new strategic plan adopted by the Board of Directors in March 2018; paying off almost half of the headquarters building debt and refinancing the remaining debt under more favorable terms; and expense management across all areas.

Non-operating activity was primarily composed of the increase in value of the managed investment portfolio which had a gain of approximately five percent for the fiscal year. The change in valuation of the swap agreement was also included in non-operating activity. As part of the debt refinancing in December 2017, the swap agreement has been terminated. The new financing is based on a fixed rate, equal monthly payments of principal and interest, and a pay-off in 15 years.

Combining operating and non-operating activity, the combined (unaudited) contribution to reserves for FY18 was approximately \$2.6M.

As of June 30, 2018, unrestricted net asset reserves were \$24.5M. In addition, net asset reserves to be used as directed by donors totaled \$7.1M of which \$6.2M were Hal Foster, MD Endowment funds.

For a copy of the independent audit of AAO-HNS/F's FY18 financial statements contact CHanlon@entnet.org.

In May 2018, the Boards of Directors approved a balanced fiscal year 2019 (FY19) budget with revenue and expenses both equal to \$18M, approximately the same as actual revenue in FY18. Even though actual expenses in FY18 were less than revenues, the FY19 budget is at a break-even amount because our goal is to use member resources for member benefits. Any savings will be added to reserves but are not planned.

Finding ways to maximize resources and build in efficiencies has been, and continues to be, a focus of budget management. 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.

DEVELOPMENT

36

NEW MILLENNIUM SOCIETY DONORS



Welcomed

NEW DONORS TO THE MILLENNIUM SOCIETY

- 3 New Lifetime Donors
Charitable Gift of \$30,000
- 7 New Sustainer Donors
Charitable Gift of \$5,000
- 26 New Member/Young Physician Donors
- Increased Board of Directors Millennium Society Participation from 74% to 90%

FINANCIALS

Unaudited (Rounded) Consolidated Statement of Revenue and Expenses
For the 12 Months Ended June 30, 2018

Description	BUDGET FY18	%	ACTUAL FY18	%	BUDGET FY19	%
REVENUE AND SUPPORT						
Membership Dues	\$ 7,000,000	37%	\$ 6,872,000	37%	\$ 6,925,000	38%
Meetings and Exhibits	6,771,000	35%	6,522,000	35%	6,204,000	34%
Product and Program Sales	1,989,000	10%	1,843,000	10%	1,714,000	10%
Publication Income and Other Royalties	1,540,000	8%	1,730,000	9%	1,642,000	9%
Corporate and Individual Support	917,000	5%	685,000	4%	810,000	4%
Other Revenue	60,000	> 1%	176,000	1%	105,000	1%
<i>Subtotal</i>	<i>18,277,000</i>		<i>17,828,000</i>		<i>17,400,000</i>	
Use of Donor Restricted Net Assets	244,000	1%	209,000	1%	188,000	1%
Use of Board Designated Net Assets	613,000	3%	340,000	2%	440,000	2%
Total Revenue and Support	\$ 19,134,000	100%	\$ 18,377,000	100%	\$ 18,028,000	100%
OPERATING EXPENSES						
Salaries and Benefits	\$ 9,124,000	48%	\$ 8,264,000	50%	\$ 9,325,000	52%
Occupancy	1,516,000	8%	1,236,000	8%	1,060,000	6%
Other Operating Expenses	2,376,000	12%	1,913,000	12%	2,396,000	13%
Meetings Facilities and Banquet Costs	2,212,000	12%	1,869,000	11%	1,662,000	9%
Consultants & Professional Fees	2,492,000	13%	2,751,000	17%	2,718,000	15%
Grants	464,000	2%	387,000	2%	417,000	2%
Contingency Expense	950,000	5%	-	0%	450,000	2%
Total Operating Expenses	\$ 19,134,000	100%	\$ 16,420,000	100%	\$ 18,028,000	100%
Addition to Unrestricted Net Assets from Operations	\$ -		\$ 1,957,000		\$ -	
NON-OPERATING ACTIVITIES						
Net Investment Activity			\$ 542,000			
Other Items			88,000			
Addition to Unrestricted Net Assets from Non-Operating Activities			\$ 630,000			
Total Change in Unrestricted Net Assets			\$ 2,587,000			

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



The Department of Otolaryngology at UTMB Health in Galveston, Texas is actively recruiting enthusiastic candidates for four full-time positions.

These positions entail opportunities to participate in all aspects of clinical practice, as well as resident and medical student education. Candidates interested in pursuing clinical research are of particular interest.

In response to the rapid growth in our communities, the department has grown to now include 15 practitioners delivering care through all subspecialty areas of otolaryngology, a division of audiology, and a division of speech language pathology.

Organizationally, UTMB Health has similarly grown as exemplified by the building of two cutting-edge surgical hospitals and the acquisition of a third. With a light call schedule and generous benefits, this is an outstanding opportunity in one of the fastest growing geographic regions in the country.

Please direct your Letter of Interest and CV to:

Vicente Resto, MD, PhD, FACS
Physician Executive for Growth
Assoc. Chief Physician Executive for Faculty Group Practice
Chair, Department of Otolaryngology UTMB Health
301 University Boulevard, Galveston, TX 77555-0521

Email: varesto@utmb.edu

Phone: 409-772-2701

Positions are available at the Assistant or Associate Professor level in the Department of Otolaryngology-Head & Neck Surgery



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OTOLOGIST/NEUROTOLOGIST

- Rank commensurate with experience
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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

Or email skountakis@augusta.edu

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Interested candidates please send CV or any questions to:
Mike Vaughn, mvaughn@myentdocs.com, 931-520-5831



The Department of Otolaryngology at Carilion Clinic in Roanoke, Va., is seeking candidates to join a growing team in a thriving tertiary health care system led by people who take care of patients.

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Direct inquiries to Chief of Otolaryngology, Dr. Benjamin Cable, at bbcable@carilionclinic.org



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RRMC was recognized by U.S. News and World Report as one of 42 Best Hospitals for Common Care conditions and procedures. We received an "A" rating from The Leapfrog Group" for hospital safety and 2015 Healthgrades Patient Safety Excellence Award. RRMC scored in the top 5% of hospitals in national standardized Press-Ganey Physician Survey for "Teamwork between providers and nurses", "Expertise of nursing staff", and "Performance of Administration". We are also a recognized Nursing Magnet Hospital.



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OTOLARYNGOLOGY/HEAD AND NECK SURGEON- The Department of Otolaryngology/Head and Neck Surgery, University of North Carolina at Chapel Hill School of Medicine is seeking board-certified, eligible, or similarly qualified Otolaryngologists for a full-time position at the Clinical Assistant Professor Level. General Otolaryngologists and Fellowship Trained Pediatric Otolaryngologists are solicited. The successful candidate should have an interest in developing a strong clinical program in Otolaryngology/Head and Neck Surgery and have a strong interest in and potential for teaching and research. Ample opportunity for exposure to all facets of Otolaryngology/Head and Neck Surgery patient care available.

Address cover letter and CV to:

Wendell G. Yarbrough, MD, MMHC, FACS
Professor and Chair
Otolaryngology/Head and Neck Surgery
170 Manning Drive, Physician Office Building, CB# 7070
University of North Carolina School of Medicine
Chapel Hill, NC 27599-7070
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Louisiana State University Health, Shreveport
Department of Otolaryngology-Head and Neck Surgery
ACADEMIC OPPORTUNITY

Position for a Full time academic Rhinology/Skull Base surgeon
at the Assistant/Associate Professor Level

Candidates must be fellowship trained and BC/BE by the American Board of
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Rhinology/Skull Base

This is a unique opportunity to continue to build on a robust practice in
rhinology/skull base surgery in a tertiary care center that draws patients from
the northern region of Louisiana as well as east Texas and south Arkansas.
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of the art simulation lab and research. Excellent skull base referral source
already established with Neurosurgery in a joint Otolaryngology/Neurosurgery
Skull Base Center. The neurosciences center allows for a unique opportunity to
also build a research program. The department has a strong clinical research
program with infrastructure to include a CRA and tissue banking. Competitive
salaries and benefits offered.

Louisiana State University Health in Shreveport is a 436 bed hospital, research
and teaching facility. Shreveport-Bossier is a metropolitan area of approximately
450,000 people located in northwest Louisiana about 3 hours from Dallas,
Texas and Jackson, Mississippi and just 5 hours from New Orleans.

CONTACT:

Please send curriculum vitae, a statement of current interests, and names of
three references to:

Cherie-Ann Nathan, MD, FACS
Professor and Chairman, Department of Otolaryngology
Director of Head and Neck Surgical Oncology
1501 Kings Highway, 9-203
Shreveport, LA 71103-33932
Telephone: 318-675-6262
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Contact information:

Donald Dennis, MD, FACS
3193 Howell Mill Rd.
Suite 215
Atlanta, GA. 30327
404-355-1312
ddennis@sinussurgery.com



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

The **Mount Sinai Health System Department of Otolaryngology
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The Department offers candidates an outstanding opportunity to
join our team of highly specialized otolaryngologists who practice
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System and in our satellite practices. The physician will provide the
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in clinical research.

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

PLEASE SEND INQUIRIES AND
CURRICULUM VITAE TO:

Eric M. Genden, MD

Professor and Chairman,
Icahn School of Medicine at Mount Sinai
Department of Otolaryngology –
Head and Neck Surgery
One Gustave L. Levy Place
Box 1189
New York, NY 10029

EMAIL:

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Otolaryngology

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Chicago, IL

The **Department of Otorhinolaryngology Head & Neck Surgery** at Rush University Medical Center is seeking a full-time **Otologist/Neurotologist** to join the Division of Otolaryngology, Neurotology, and Lateral Skull Base Surgery. The selected individual will have an opportunity to join a department of 12 full-time and 3 part-time clinical faculty spanning the entire spectrum of otorhinolaryngology subspecialties. The Otolaryngology/Neurotology division is supported by a group of 10 experienced audiologists.

The position offers the opportunity to expand this highly ranked* program at the Rush main campus and regional sites. Qualified candidates must possess a strong commitment to patient care, resident education, and research. Candidates should have completed an accredited Neurotology Fellowship and be BE/BC and eligible for faculty appointment at the Assistant Professor level.

Rush University Medical Group is a multidisciplinary group of about 1,500 providers, clinical staff and administrators who deliver state-of-the-art, patient-centric medical care to the communities we serve. Rush is ranked in 7 of 16 categories in U.S. News & World Report's 2018-2019 "America's Best Hospitals" issue, and is one of the two top-ranked hospitals in Illinois overall. *Rush is also ranked 24th in the nation in Ear, Nose and Throat and the highest for the specialty in Illinois, Indiana, and Wisconsin. To learn more about Rush University Medical Center, please visit www.JoinRush.org.

Interested candidates should address cover letters to **Pete S. Batra, MD, Chairperson, Department of Otorhinolaryngology** and submit with a CV to **Rose Sprinkle, Manager, Faculty Recruitment** at Rose_Sprinkle@rush.edu

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Ear, Nose and Throat Specialists

Are you tired of the cold and shoveling snow? Fed up with the administrative hassles of running your own office? If you have ever wanted to have your cake and eat it too, then we have the position for you! Wake Ear, Nose and Throat Specialists are looking for a highly motivated nonsurgical Physician to join our cutting edge Otolaryngology practice in Cary, NC, right in the center of the state with quick access to both the mountains and the coast. The Raleigh/Durham/Chapel Hill (Research Triangle) area has repeatedly been named as one of the best places to live and is currently ranked by Money Magazine as Number 5 in the country with venues for the arts, sports, and outdoor activities. The area also boasts several exceptional universities and charter schools as well as the largest public school system in the state.

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The successful candidate would practice all aspects of ENT within the main clinic and our alternate location.

The clinic has a schedule of Monday through Friday with rotation of call. The successful candidate will be a graduate of an accredited medical school and ENT residency program and have a minimum of five (5) years practice experience. Salary will be commensurate with experience.

This is an excellent full time opportunity with generous benefits for the right person.

Please email C-V to dwalker@wakeent.com or contact Dena Walker, COPM at 919-650-6775 for consideration.

Pediatric Otolaryngologist

The University of California, Los Angeles Department of Head and Neck Surgery is seeking a third fellowship trained pediatric otolaryngologist at either the Assistant, Associate, or Professor level in the HS Clinical, Clinical X, or In Residence series. The hospital system includes several busy neonatal intensive care units, pediatric intensive care units, outpatient clinics, surgery centers, and operating room facilities. There is opportunity to participate in multidisciplinary clinics such as Craniofacial, Aerodigestive, and Vascular Anomalies, as well as hospital-based pediatric programs.

The UCLA Health System and Mattel Children's Hospital UCLA have a tertiary/quaternary presence and provides a diverse experience, with the full breadth of pediatric otolaryngologic care with a special interest in building an Internationally acclaimed Pediatric Airway program. Clinical, translational, and/or basic science research and dedication to education are prerequisites. The individual will have the opportunity to participate in both resident and medical student education.

Basic Qualifications:

- MD or MD/PhD or equivalent degree Completion of accredited residency in Otolaryngology-Head & Neck Surgery Completion of accredited fellowship training in Pediatric Otolaryngology
- Board eligible or board certified in Otolaryngology-Head & Neck Surgery
- Valid California medical license The above requirements must be met by the time of employment.

If you are interested please send your CV and a cover letter indicating your interest.

Direct Contact Information:

Letters of inquiry and curriculum vitae should be sent to:

Maic A. St. John, M.D., Ph.D., FACS
Professor and Chair, Department of Head & Neck Surgery
Samuel and Della Pearlman Chair in Head and Neck Surgery

David Geffen School of Medicine at UCLA
10833 Le Conte Avenue, CHS 62-132
Los Angeles, CA 90095-1624

UCLA seeks candidates whose experience, teaching, research, or community service has prepared them to contribute to our commitment to diversity and excellence. The University of California is an Equal Opportunity/Affirmative Action Employer. All qualified applicants will receive consideration for employment without regard to race, color, religion, sex, sexual orientation, gender identity, national origin, disability, age or protected veteran status.



Private Practice Opportunity - General Otolaryngologist

Arizona Otolaryngology Consultants is one of the largest single specialty, physician-owned practices in the Valley, providing high quality medical care since 1997. Our group consists of multiple subspecialties, emphasizing all aspects of Otolaryngology/Head & Neck Surgery, including head & neck oncology, pediatric otolaryngology, laryngology, neurotology, hearing aid sales and CAT scanning. We offer patients ease of access at any of our 5 office locations and many surgery options as a result of over a dozen surgical affiliations.

Due to continued growth, we are looking to add a BC/BE General Otolaryngologist to our team of providers who offer a unique and collaborative approach to patient care.

Employment opportunities with AOC include:

- Excellent salary with partnership track
- Competitive health benefits
- Paid time off
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- CME reimbursement

Interested candidates please submit your current CV and letter of interest to:

Alison Scott, Practice Administrator – Alisons@aocphysicians.com

For more information about our practice, please visit www.AOCPhysicians.com



Full Time Faculty Opportunity

University of Rochester Medical Center

Head and Neck Oncologic Surgeon-Scientist

BC/BE fellowship trained or equivalent experience head and neck oncologic surgeon/scientist is sought for an endowed position at Wilmot Cancer Center. Open at all ranks, ideal candidate at Associate or Professor Level. Successful applicant will join an established comprehensive service line at the University of Rochester and lead research efforts in head and neck oncology. Applicants should have a strong interest in head and neck translational or basic research and, ideally, a track record of research funding. Protected research time will be provided. Patient care and resident teaching are also required.

Our robust Otolaryngology department is affiliated with the University of Rochester Medical Center's Strong Memorial Hospital. The clinical office is located in the Wilmot Cancer Institute, the largest cancer center in western New York. There are excellent opportunities to practice with an established group of academic faculty who already have practices in all ENT subspecialty areas, in a growing academic department.

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

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

Shawn Newlands, M.D., Ph.D., M.B.A., F.A.C.S.
Professor and Chair
Department of Otolaryngology
Strong Memorial Hospital
601 Elmwood Ave. Box 629
Rochester, NY 14642
(585)-273-5103
shawn_newlands@urmc.rochester.edu



Pediatric Otolaryngology-Academic Faculty Position

The Indiana University School of Medicine Department of Otolaryngology-Head & Neck Surgery is seeking a full time faculty physician to join its growing Pediatric Otolaryngology practice at Riley Hospital for Children at Indiana University Health. Rank will be commensurate with experience and training. The primary practice location will be at Riley Hospital for Children, a 400 bed tertiary care children's hospital located in downtown Indianapolis. Our practice is currently staffed by two fellowship trained Pediatric Otolaryngologists and covers the spectrum of Pediatric Otolaryngology including an aerodigestive program/complex airway, sleep surgery, head and neck masses/congenital malformations, otology, a well-established cochlear implant program, rhinology, craniofacial center, laryngology, speech, and a vascular anomalies program.

Responsibilities include participation in an active pediatric otolaryngology practice, teaching residents and medical students, and participating in scholarly activities. Candidates must be BE/BC and fellowship-trained in Pediatric Otolaryngology.

To apply for this opportunity, visit <http://indiana.peopleadmin.com/postings/4364>. Please include (1) a curriculum vitae, (2) letter of interest, and (3) the names and addresses of three professional references. Indiana University is an EEO/AA Employer, M/F/D/V.

For more information, please contact:
Marion Everett Couch, MD PhD MBA FACS
 Richard T. Miyamoto Professor and Chair
 Department of Otolaryngology – Head & Neck Surgery
 Indiana University School of Medicine
 1130 W. Michigan Street, Suite 400
 Indianapolis, IN 46202
 Email address: smaxwell@iupui.edu

Looking for an Otolaryngologist with Otology trained fellowship.

This position is available in beautiful Sarasota, Florida, located on the west coast of Florida.

The Florida Ear & Sinus Center at the Silverstein Institute, a five physician Otolaryngology group practice with offices in Sarasota, Venice and Lakewood Ranch, has an excellent opportunity available for a full-time Otolaryngologist/Otologist Physician to establish a comprehensive medical and surgical practice.

Our practice is a nationally recognized tertiary care center providing a full range of ENT services including Audiology, Hearing Aids, Allergy, and CT. We are affiliated with Sarasota Memorial Hospital, Lakewood Ranch Medical Center and numerous area surgical centers.

We offer an excellent salary with partnership track and a comprehensive benefits package including health insurance, paid vacation and malpractice insurance.

Requirements:

- Board Certified or Eligible
- Otology Fellowship Trained
- Licensed in or qualified for licensure in Florida
- Excellent communication and interpersonal skills
- Strong clinical knowledge

Please contact Valexander@earsinus.com for more information about the position or to submit your CV for consideration.

For more information about our practice: www.EarSinus.com

For more information about Sarasota, Florida: www.VisitSarasota.com

Pediatric Otolaryngologist

The Medical College of Wisconsin (MCW), affiliate of Children's Hospital of Wisconsin, is seeking a **BC/BE fellowship trained Pediatric Otolaryngologist** to join our growing practice in Milwaukee.

The Division of Pediatric Otolaryngology is part of the MCW Department of Otolaryngology and Communication Sciences which encompasses a total of 32 faculty and 15 residents. The pediatric division is one of the largest in the country with ten (10) pediatric otolaryngologists, nine (9) advanced practice providers, and an ACGME accredited pediatric otolaryngology fellowship. As the busiest surgical service, we enjoy a high operative volume at Children's Hospital of Wisconsin as well as at an associated Surgicenter. We care for a complex patient population along with a healthy patient population, providing an enjoyable and challenging mix. In addition to our main campus, we have four suburban satellite practice sites.

Our physicians practice the **full breadth of pediatric otolaryngology**, with the opportunity to participate in specialty programs such as Aerodigestive and Foregut, Maternal Fetal Medicine, Trach/Vent, Vascular Anomalies, Sleep, and Voice. We emphasize quality, education, and clinical research, with many faculty participating on national committees.

Children's Hospital of Wisconsin is a free-standing, Level 1 Pediatric Trauma Center, 306 bed facility with three PICU and two NICU floors. It is the leading provider for children in southeast Wisconsin, also drawing from Illinois and the upper peninsula of Michigan. Milwaukee is conveniently located 90 minutes from Chicago, and 60 minutes from Madison.

This is a full-time, academic position at the rank of Assistant Professor or Associate Professor that offers a competitive and desirable compensation/benefits package commensurate with training, experience, and market demand.

We seek a high performing, collaborative physician to join our practice and academic division/department. Candidates interested in a Clinician Scientist opportunity with dedicated research time are also encouraged to apply.

Interested candidates should send a CV to **Cecille G. Sulman, MD at csulman@mcw.edu or call (414) 266-6467 for additional information.**



Assistant or Associate Professor, Pediatric Otolaryngology Otorhinolaryngology: Head and Neck Surgery


The Children's Hospital of Philadelphia and the Department of Otorhinolaryngology: Head and Neck Surgery at the Perelman School of Medicine at the University of Pennsylvania seek candidates for an Assistant or Associate Professor position in the non-tenure clinician-educator track. The successful applicant will have experience in the field of Otolaryngology with a focus on Pediatric Otolaryngology. Responsibilities include patient/clinical care, research, and participation in medical student, resident and fellow education. Applicants must have an M.D or M.D./Ph.D. degree and have demonstrated excellent qualifications in education, research, and clinical care. They must document past research experience and present future ideas.

Certification by the American Board of Otolaryngology and successful completion of a Pediatric Otolaryngology fellowship is required. The primary location of this position will be at Children's Hospital of Philadelphia.

We seek candidates who embrace and reflect diversity in the broadest sense.

The University of Pennsylvania and The Children's Hospital of Philadelphia are EOE's. Minorities/Women/Individuals with disabilities/Protected Veterans are encouraged to apply.

Apply for this position online at: https://www.med.upenn.edu/apps/faculty_ad/index.php/g/d5087



University of Missouri
Department of Otolaryngology—
Head and Neck Surgery

Seeks a clinician, teacher, and researcher who is personable, energetic and innovative to join a rapidly growing and collaborative group of physicians, most of whom have subspecialty interests and training. There is a Faculty opportunity at all academic ranks (Assistant/Associate Professor or Professor) available in:

— **Pediatric Otolaryngology**


Title, track, and salary are commensurate with experience. This position is affiliated with MU Health Care which includes the University of Missouri Hospital and MU Women's and Children's Hospital.

- Competitive production incentive
- Established research program focusing on voice and swallow disorders
- Well established and expanding hospital system
- Ranked by *Money* and *Forbes* magazines for career growth and best places to live

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 website at hs.missouri.edu/find-a-job/academic/

The University of Missouri is an Equal Opportunity/Access/Affirmative Action/No Disabled & Veteran Employer



Assistant or Associate Professor, Pediatric Otolaryngology Otorhinolaryngology: Head and Neck Surgery

The Children's Hospital of Philadelphia and the Department of Otorhinolaryngology: Head and Neck Surgery at the Perelman School of Medicine at the University of Pennsylvania seek candidates for an Assistant or Associate Professor position in the non-tenure academic-clinician track. The successful applicant will have experience in the field of Otolaryngology with a focus on Pediatric Otolaryngology, Head-Neck Surgery and Pediatric Airway Disease. Responsibilities include patient/clinical care and participation in medical student, resident and fellow education. Research is not required in the academic clinician track.


Certification by the American Board of Otolaryngology and successful completion of a Pediatric Otolaryngology fellowship is required. Applicants must have an M.D or M.D./Ph.D. degree and have demonstrated excellent qualifications in education and clinical care.

The primary location of this position will be at Children's Hospital of Philadelphia.

We seek candidates who embrace and reflect diversity in the broadest sense.

The University of Pennsylvania and The Children's Hospital of Philadelphia are EOE's. Minorities/Women/Individuals with disabilities/Protected Veterans are encouraged to apply.

Apply for this position online at: https://www.med.upenn.edu/apps/faculty_ad/index.php/g/d5086



Seeking Associate or Full Professor to be Chief of the Division Pediatric Otolaryngology
Stanford University School of Medicine, Department of Otolaryngology-Head and Neck Surgery

The Department of Otolaryngology-Head and Neck Surgery at **Stanford University School of Medicine** seeks a board certified otolaryngologist to join the Division of Pediatric Otolaryngology as an **Associate Professor or Professor** in the **Medical Center Line or University Tenure Line** and filling the role of chief of the division.

- The predominant criterion for appointment in the University Tenure Line is a major commitment to research and teaching.
- The major criteria for appointment for faculty in the Medical Center Line shall be excellence in the overall mix of clinical care, clinical teaching, scholarly activity that advances clinical medicine, and institutional service appropriate to the programmatic need the individual is expected to fulfill.

Faculty rank will be determined by the qualifications and experience of the successful candidate.

The successful applicant should hold an active medical license, have board certification in otolaryngology, and have subspecialty training in pediatric otolaryngology and/or a practice focused on pediatric otolaryngology. The candidate is expected to demonstrate aptitude in teaching, research, and programmatic development. We expect the successful candidate to build upon the existing team of pediatric otolaryngologists towards establishing a preeminent academic division within the Stanford Department of Otolaryngology.

We are particularly interested in candidates who have clinical and/or research interests in disorders of the pediatric airway.

Stanford is an equal employment opportunity and affirmative action employer. All qualified applicants will receive consideration for employment without regard to race, color, religion, sex, sexual orientation, gender identity, national origin, disability, protected veteran status, or any other characteristic protected by law. Stanford welcomes applications from all who would bring additional dimensions to the University's research, teaching and clinical missions.

Submit CV, a brief letter and the names of three references to addressed to Nikolas Blevins, MD, Professor and Chief of Otolaryngology-Neurotology. Please send these in care of Lori Abrahamsohn via email to lori4@stanford.edu, facsimile to 1.650.725.8502 or US mail to 801 Welch Road, 2nd Floor, Stanford, CA 94305

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

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General Otolaryngologist:

Cleveland Clinic is seeking a full-time general otolaryngologist to manage both adult and pediatric ear, nose and throat problems in a tertiary care academic center. The physician will practice at community locations and the main academic campus. The otolaryngology program is part of the Cleveland Clinic's Head & Neck Institute, a comprehensive, multi-disciplinary team that includes dentistry, oral surgery, speech and audiology. Cleveland Clinic's otolaryngology program is nationally ranked by *U.S. News & World Report*.

Join our team of 12 general otolaryngologists and 15 subspecialists. Outstanding benefits provided including tail coverage and no restrictive covenant. Robust resources offered for professional development including leadership, education, and management tracks as well as a formal mentorship program available for faculty.

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AAO-HNS membership offers including:*

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- Member-only registration discounts for the AAO-HNSF Annual Meeting & OTO Experience – including access to all recordings of the Education Program
- Subscriptions to the peer-reviewed scientific journal, *Otolaryngology-Head and Neck Surgery*, and the *Bulletin*, the official magazine of the AAO-HNS
- Practice management resources offering guidance on a wide range of issues including reimbursement
- Connections to thousands of colleagues through ENTConnect, the exclusive online member-only forum

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