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AMERICAN ACADEMY OF
OTOLARYNGOLOGY–
HEAD AND NECK SURGERY

2012-2013 Board of Directors

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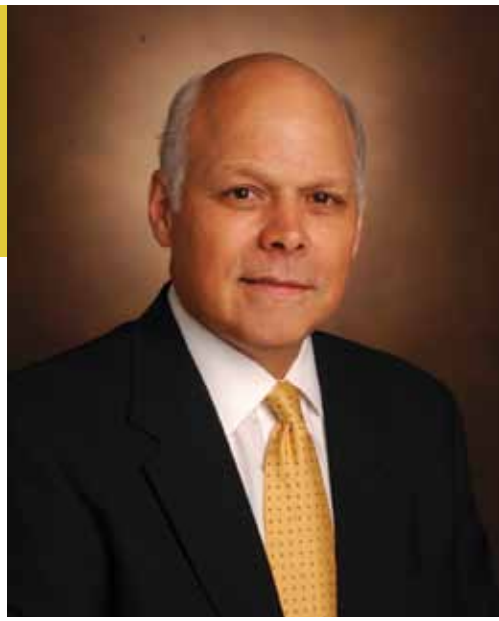
Message from Leadership



Accomplishments, Achievements, Opportunities: AAO-HNS/F

Each of us has a family, a unit of people we hold dear. But the real sustaining value of a family is to use our talents and abilities to create a better world for them to flourish. Leading by example creates the same spirit of service in them, which builds and enhances the family even more.

Wise members of the family continue to find **opportunities** to bring the extended family back together. They provide a place of community where diverse family members come together, remembering their past, rekindling the spirit of what makes family so important to each of us, and celebrating **accomplishments**.

We, otolaryngologist-head and neck surgeons, are a diverse group of people, representing many countries and many cultures. Yet we are family, with common goals and a common mission. We are a remarkable specialty, made up of remarkable physicians who deliver remarkable care to our patients—in our offices and hospitals and in our communities and the world around us.

We don't always reflect on the influence we have, and can have—individually and collectively—with the **accomplishments, achievements,** and **opportunities** that we make and that we leverage. When we do, we come away with a renewed sense of purpose and the knowledge that we have contributed to the tradition and community. As is true of all volunteerism, we gain far more than we give.

My colleague and partner this past year, **David R. Nielsen, MD**, speaks passionately about our small specialty's proportionately large influence in the world.

"It is reassuring to know that we have a seemingly endless supply of talent and inspirational leadership," he says.

"We do it all—federal and state advocacy; education; research; quality improvement and patient safety; health policy; member services; practice management; communications online and through our academic journal; society relations; and superior IT, financial, and executive support for our mission. I applaud you, thank you, and commend you and all our members who work so hard after hours to give back to the specialty and the profession. Your dedication is the key to our success."

In this time of great uncertainty in healthcare, we remain blessed to be doctors, and privileged to serve our patients, in our hometowns or in far-away lands. We must continue to encourage the next generation of physicians, showing them that being an otolaryngologist-head and neck surgeon is both a privilege and an honor.

Each year we unite as a community to learn and become even stronger, in order to better serve patients around the world. We are proud to have chosen this remarkable profession, this amazing specialty, and to belong to this incredible organization.

The following report illustrates what our AAO-HNS/F has **accomplished** collectively this year. Most of this work has been done with the guidance of Members who constantly volunteer their time for us all.

It has been an honor to represent you and the specialty this past year and I proudly present this Annual Report to record the AAO-HNS/F 2013 accomplishments, achievements, and opportunities.

James L. Netterville, MD
2012/2013 AAO-HNS/F President

with

David R. Nielsen, MD
Executive Vice President and CEO

AAO-HNS Members prepared to meet their respective Members of Congress on Capitol Hill.

★ ADVOCACY

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

- ★ Enhance our **legislative outreach** efforts to policymakers to advance our legislative priorities.
- ★ Increase the general **awareness and recognition of the specialty** by the public and patients.
- ★ Enhance our **grassroots activities** to recognize and incentivize member involvement in our legislative and political programs.
- ★ Integrate health policy-specific priorities, using input from the Physician Payment Policy (3P) Workgroup and Coordinators **James C. Denneny, MD**, for Socioeconomic Affairs, and **Michael Setzen, MD**, for Practice Affairs, to maintain our **visibility and credibility with national representatives** regarding socioeconomic and federal regulatory issues.
- ★ Advocate for **appropriate reimbursement and fair policies** with Medicare and private payers, providing members with information and guidance on reimbursement issues encountered at the state and local level.

In the Advocacy section of this Annual Report, you will find a detailed assessment of how the Advocacy group has worked to achieve these goals throughout 2013. Notably, the report focuses on our work to permanently repeal the flawed Sustainable Growth Rate (SGR) formula and replace it with a new payment model that incentivizes the delivery of high-quality and efficient healthcare. Other strategic accomplishments included the launch of an In-district Grassroots Outreach (I-GO) program; targeted efforts to increase resident and fellow-in-training involvement in advocacy activities; regulatory advocacy with government agencies such as the Centers for Medicare & Medicaid Services (CMS); and Academy endeavors to obtain positive changes to Medicare and private payer coverage policies for otolaryngology – head and neck surgery procedures.

AAO-HNS ENGAGES CONGRESS: SGR REPEAL AND PAYMENT REFORM

The SGR Roller Coaster Ride

2013 was supposed to be "the year" – the year that Congress would finally, and permanently, repeal the flawed Sustainable Growth Rate (SGR) formula used to calculate physician payments under the Medicare program. However, the momentum for repeal ultimately adhered to a rollercoaster-style ebb and flow, with the final outcome regarding passage of SGR-repeal legislation still unknown at the writing of this article.

In February, the Congressional Budget Office (CBO) issued a report lowering its projected cost of repealing the SGR formula to $138 billion. As a result, repeal of the SGR, an annually perplexing issue for Congress, was essentially deemed "on sale." Soon thereafter, the Health Subcommittee of the House Energy & Commerce (E&C) Committee held a hearing to discuss the viability of possible new payment models. While hearings on this subject are not out of the ordinary, its scheduling so early in the legislative year was promising.

In the months that followed, physician leaders from 3P and the Ad Hoc Payment Model workgroup, along with staff from the AAO-HNS Health Policy and Government Affairs Business Units, participated in an ongoing dialogue with Committee staff in an effort to develop legislation that would incentivize the delivery of high-quality and efficient healthcare. As part of this effort, the AAO-HNS prepared and submitted five formal comment letters to Congressional Committees. These letters specifically discussed the positive and negative aspects of the proposed framework for SGR repeal, as it related to otolaryngology–head and neck surgery. **The letters are available for review at www.entnet.org/advocacy.**

In July, legislation (H.R. 2810) was formally introduced in the U.S. House of Representatives and was soon unanimously (51-0) passed by the E&C Committee. During the August recess period, lawmakers were to begin the process of identifying "offsets" to finance SGR repeal. However, broader issues like passage of a "Continuing Resolution" to the fund the government and a required increase in the debt ceiling, soon began to overshadow targeted pieces of legislation like H.R 2810.

Throughout the fall, those same issues plagued Capitol Hill, and resulted in the first government shutdown in almost twenty years. As a result, many in the physician community began to speculate that the ongoing ideological divide would hamper any additional efforts to advance permanent SGR legislation by year's end.

However, by late October the SGR issue reemerged at the forefront of Congressional talks, as the Senate Finance and House Ways & Means Committees released a new (and bipartisan) framework to repeal the SGR and replace it with a new payment system designed to emphasize and reward "value" and transition away from a "volume"-based system. Despite a general coalescence by lawmakers in regard to the "policy" to repeal/replace the SGR, the last, and perhaps greatest, barrier to passage of pending SGR legislation is the identification of the necessary "offsets" to finance the effort. If Congress fails to act in any regard, physicians face a 24.4 percent cut in Medicare physician payments on January 1, 2014.

REPEAL	★ Repeal current SGR formula. ★ Replace with system that rewards quality, lowers cost, and better integrates delivery of care across settings.
TRANSITION	★ New payments must cover costs and inflation. ★ Include current fee for service as payment option during transition to performance-based payment system.
FUNDING	★ Requested federal funding for 5-7 year transition, including measure development and pilots/demos.
TITLE	★ 5-7 years to develop/test/validate quality measures, educate physicians, and implement system to report measures.
ALTERNATIVE PAYMENT MODELS	★ To explore alternative payment models, the Academy convened an Ad Hoc Model Payment Workgroup. ★ The workgroup is charged with reviewing current and future payment trends in otolaryngology.

MEDICARE PHYSICIAN PAYMENT AND QUALITY INITIATIVES: ACADEMY ACHIEVES RESULTS FOR OTOLARYNGOLOGY

Examples of key Medicare policy changes achieved in 2013 include:

- ★ Acceptance of four Adult Sinusitis measures* for 2014 Physicians Quality Reporting System (PQRS) reporting;
- ★ Reduction of number of providers impacted by the value-based payment modifier in CY 2013;
- ★ Revisions to practice expense inputs related to otolaryngology procedures; and
- ★ An extension of the Administrative Claims Reporting Option for 2013 PQRS, and more.

For more information, see Segway to Performance Measures on p. 12

It is our hope that members have become accustomed to receiving notification from the Academy when the CMS releases its Medicare Physician Fee Schedule (MPFS) proposed and final rules in the summer and fall of each year. Academy advocacy efforts begin prior to the release of the rules. We seek to influence payment policies and quality initiatives impacting our members by having a seat at the table with high-level policy makers, including face-to-face meetings with CMS representatives. For example, twice this year in April and November, Academy leaders met with the CMS Chief Medical Officer, Patrick Conway, MD, to outline the comprehensive quality initiatives taking place within our specialty. We sought feedback on how we can attain credit in future CMS quality programs for some of these initiatives and outlined how current CMS quality programs could better meet the needs of the specialty.

The timing of our face-to-face meetings was essential because they reinforced our written comments, and coincided with the time with which CMS develops policy for the next calendar year. Proposed policies are included in the proposed rule and the public has 60 days to comment (July–August), and make alternative proposals back to CMS on areas of disagreement or concern. During this time, the Academy staff quickly review thousands of pages of text, analyze data, and draft summaries for Members.

To view the Academy's internal review process, see the timeline below.

JULY	AUG/SEPT	NOVEMBER	DEC/JAN	JANUARY 1ST
CMS RELEASES PROPOSED MPFS	60-DAY PUBLIC COMMENT PERIOD	CMS PUBLISHES FINAL MPFS FOR COMING YEAR	60-DAY PUBLIC COMMENT PERIOD	FINAL RULE TAKES EFFECT
Academy monitors the "Federal Register" for the release of the NRPM in early July and notifies members of its release via the e-news.	1) Academy summarizes the proposed rule, 2) Releases summary to members, 3) Crafts comments on the proposed regulations impacting ENTs, 4) Comments are reviewed by 3P and approved by the CEO, 5) Comments are submitted to CMS, 6) Comments are posted on the Academy website.	CMS publishes final MPFS rule for coming year.	Academy staff monitors the "Federal Register" for the release of the final rule in early November and notify members of its release via the e-news.	1) Academy summarizes the final rule, 2) Releases the summary to members, 3) Draft comments on the final regulations impacting ENTs, 4) Comments are reviewed by 3P and approved by the CEO, 5) Comments are submitted to CMS, 6) Comments are posted on the website.

ENT PAC, the political action committee of the AAO-HNS, financially supports federal Congressional candidates and incumbents who advance the issues important to otolaryngology–head and neck surgery. ENT PAC is a NON-PARTISAN, ISSUE-DRIVEN entity that serves as your collective voice on Capitol Hill to increase the visibility of the specialty with key policymakers. To learn more about ENT PAC, visit **www.entpac.org (login with your AAO-HNS ID and password).**

2013 ADVOCACY: **BY THE NUMBERS**

270 Number of Capitol Hill meetings with key Members of Congress and/or their staff.

92 Number of political events attended to strengthen and/or establish key relationships with federal incumbents or candidates.

26.5 Percent cut to Medicare physician payments that was averted in January 2013. Efforts are under way to permanently repeal the flawed SGR formula and end the yearly "patches."

248 Number of federal legislators cosponsoring legislation (H.R. 351/S. 351) to repeal the Independent Payment Advisory Board (IPAB).

351 Percent increase in number of followers for the Government Affairs social media tools, such as Twitter, Facebook, and LinkedIn.

1,787 Number of AAO-HNS members who receive timely legislative updates via the ENT Advocacy Network. To sign up, email staff at govtaffairs@entnet.org.

40 Number of regulatory and third-party payer advocacy letters the Academy Health Policy team and 3P prepared and submitted from January 1–December 1, 2013.

19 Number of third-party payer policies reviewed and commented on by Academy committees and 3P from January 1–October 15, 2013.

74 Number of position statements reviewed by Academy committees and 3P.

New Advocacy Campaign for Residents and Fellows-in-Training

At this year's AAO-HNSF Annual Meeting & OTO EXPO℠, a new campaign was launched designed to increase Resident and Fellow-in-Training involvement in advocacy-related initiatives. As the future of the specialty, it is essential for Residents and Fellows-in-Training to learn about the Academy's advocacy efforts and become involved early in their careers.

The campaign, which is based on a simple point system, provides Residents and Fellows-in-Training the opportunity to earn points for themselves and their residency programs by participating in various advocacy-related activities that have been assigned specific point values. For example, one point can be earned for "one-click" activities, such as joining the ENT Advocacy Network, following @AAOHNSGovtAffrs on Twitter, friending us on Facebook, or connecting on LinkedIn. These simple actions would accumulate four points with limited effort! Additional points can be accrued by participating in an In-District Grassroots Outreach (I-GO) event or by donating to ENT PAC, the Academy's political action committee.

In addition to the benefit of learning more about the specialty's advocacy activities and new leadership opportunities, participants can receive "rewards" for their involvement—including an exclusive ENT PAC "Resident/Fellow-in-Training Investor" T-shirt or special recognition in the semi-annual ENT PAC Investors' Report. The residency program with the most points in a calendar year will be invited to an exclusive networking event with top Academy Members at the AAO-HNSF 2014 Annual Meeting & OTO EXPO℠. For more information on how to get involved in the campaign and start earning points, email govtaffairs@entnet.org. ★

ACADEMY SUCCESS WITH CHANGING PRIVATE PAYER POLICIES

At AAO-HNS, we believe that one of the greatest member benefits is the support and advocacy at the national and regional levels to aid members in resolving issues with private payers. This includes concerns with coverage policies that may be overly restrictive or are not in line with the otolaryngology community's agreed upon standard of care. In 2013, the AAO-HNS successfully obtained positive revisions to coverage policies with national payers, including Aetna (see highlight of success story below), Coventry, WellPoint, and United HealthCare.

AAO-HNS Achieves Revisions to Aetna Policy on Rhinoplasty and Septoplasty

As a result of hearing from members who were receiving denials from Aetna based on their medical coverage policy on septoplasty and rhinoplasty, the AAO-HNS coordinated with the American Academy of Facial Plastic and Reconstructive Surgery (AAFPRS) to submit comments in March regarding their criteria. Shortly after submitting comments, the Aetna National Medical Director, James Cross, MD, accepted our request to hold a conference call with him and other Aetna leaders to discuss concerns. After a collegial conference call with physician and staff representatives from the Academy and AAFPRS in May, Aetna revised its Clinical Policy Bulletin on Septoplasty and Rhinoplasty.

Among other changes, Aetna accepted Academy recommendations to change the minimum required time frame for medical therapy prior to performing a rhinoplasty and septoplasty from three months to four weeks.

In addition to these specific revisions, many resources available to members to use in response to payer denials at the local and state level were updated in 2013. These include:

- ★ CPT for ENT coding articles;
- ★ Template payer appeal letters;
- ★ Clinical Indicators; and
- ★ Position Statements.

The Academy continues to track these and other issues affecting members nationally and encourages members to email us at healthpolicy@entnet.org if experiencing issues.

U.S. Representative Paul Tonko (NY-20) visited Albany ENT & Allergy Services

I-GO Summer Kickoff a Success

To help strengthen the voice of the specialty, the Academy launched its In-district Grassroots Outreach (I-GO) program this summer. The goal is to engage members with their state and federal officials at home in their legislative districts. This helps Academy members to have their voices heard more frequently without the need to travel to Washington, DC, and, it provides legislators with a helpful resource at home.

With the dedication, assistance, and leadership of AAO-HNS members during the Congressional August recess, the launch of the Academy's I-GO program was a success. Several members hosted private practice visits for their Members of Congress, providing tours of their facilities, demonstrating the tools of the trade, and introducing them to the hard-working staff essential to running a successful practice. Members without private practices coordinated calendars with their elected officials and met locally in Congressional district offices or at fund-raising events. These local opportunities provided a more personal and relaxed setting for legislators and AAO-HNS members to interact and discuss the Academy's legislative priorities and their influence on patient care.

Interested in participating in an I-GO event? The AAO-HNS Government Affairs team stands ready to assist in scheduling and preparing you for your meeting. Simply email govtaffairs@entnet.org today!

Drs. Reginal Baugh, Lisa Ishii, and Gregory Basura presented during the 2013 Annual Meeting.

★Research and Quality

To further research and quality improvement in the field of otolaryngology, our goal is to empower physicians to provide the best patient care through the development of evidence-based clinical practice guidelines. We look to identify, promote, and address the key research questions and disseminate discoveries for advancement in our field and to fundamentally improve patient outcomes.

This year, with coordinator **John S. Rhee, MD, MPH**, we have progressed to meet these strategies:

★ Build a sustainable infrastructure to test, pilot, and promote adoption of research and quality products such as guidelines, measures, and evidence-based medicine to promote translational research.

★ Build and promote a strong research-granting program for the specialty.

In addition, the first clinical practice guideline developed by the AAO-HNSF, *Acute Otitis Externa*, has been updated and will be published in February 2014. The AAO-HNSF has spent the past two years working to update its processes to ensure compliance to the 2011 Institute of Medicine report entitled *Clinical Practice Guidelines We Can Trust* and the 2012 publication of the *Guidelines International Network: International Standards for Clinical Practice Guidelines*. As a result, the third edition of the *Clinical Practice Guideline Development Manual: A Quality Driven Approach for Translating Evidence into Action* was updated to document the AAO-HNSF compliance to these new standards and published in January 2013.

The AAO-HNSF published five new quality knowledge products:

1. Clinical Consensus Statement: Appropriate Use of CT for Paranasal Sinus Disease (November 2012)
2. Clinical Consensus Statement: Tracheostomy Care (January 2013)
3. Clinical Practice Guideline: Improving Voice Outcomes after Thyroid Surgery (June 2013)
4. Clinical Practice Guideline: Tympanostomy Tubes in Children (July 2013)
5. Clinical Practice Guideline: Bell's Palsy (November 2013)
6. Clinical Practice Guideline: Acute Otitis Externa (February 2014)

ENHANCING DISSEMINATION, EDUCATION, AND IMPLEMENTATION OF GUIDELINES

With the increased interest in clinical practice guidelines, the AAO-HNSF made a commitment to incorporating dissemination, education, and implementation into our strategic plan this year.

We have focused efforts on ensuring that the guidelines are widely disseminated, including development of tools to promote education about the guidelines and strategies to assist with the implementation of the new guidelines.

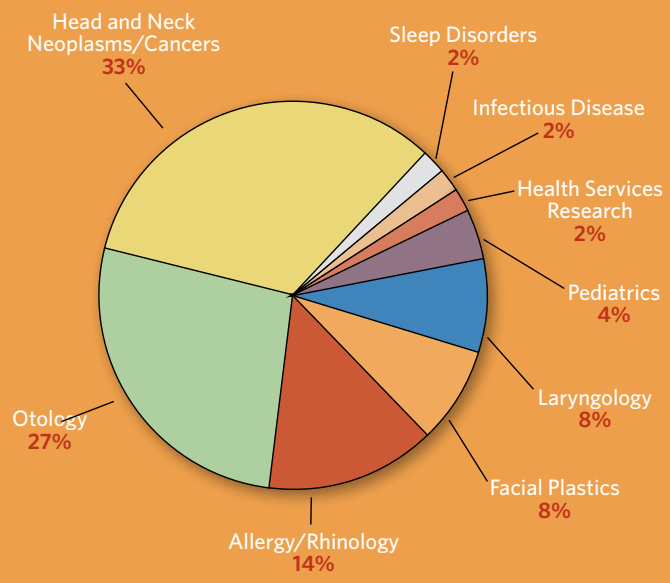
Historically, the AAO-HNSF has published its guidelines in *Otolaryngology—Head and Neck Surgery*, working with Editor, **Richard M. Rosenfeld, MD, MPH,** and presented them to our members at the AAO-HNSF Annual Meeting & OTO EXPO℠.

Thinking beyond our own specialty, we are now reaching out to external organizations to promote AAO-HNSF guidelines. For example, we are engaging in discussions with the American Academy of Pediatrics to present our pediatric focused guidelines at their 2014 annual meeting and on their website. The goal is to bring awareness to non-otolaryngologist physicians about our guidelines and ultimately improve the quality of care for the patients we treat.

The AAO-HNSF Guideline Task Force (GTF) met at the AAO-HNS/F last December in one of two in-person meetings held annually to present new products to the leadership and vet and prioritize new topics.

Two online lecture series were recorded at the AAO-HNSF 2013 Annual Meeting & OTO EXPO℠ for the Tympanostomy Tubes and Bell's Palsy guidelines. These new learning modules are available to members and offer CME.

Percent of CORE Dollars Awarded by Specialty 1985-2013



Evidence-based healthcare is a combination of best research evidence and the expertise of the healthcare provider and also takes into account patient values. With this in mind, the AAO-HNSF began including consumers trained in evidence-based medicine on its guideline panels two years ago. This year, we have broadened efforts to engage consumers by developing plain language summaries for our guidelines. Using the expertise of the American Academy of Neurology and the Cochrane Colloquium, our first plain language summary targeted to consumers was released alongside the Clinical Practice Guideline: Bell's Palsy in November 2013.

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

FILLING THE RESEARCH GAPS THROUGH CORE

Each of the AAO-HNSF clinical practice guidelines includes a section entitled "Research Needs." Discussing topics with limited evidence allows guideline developers to highlight future research needs and suggest how to best fill existing gaps. In an effort to start studying gaps that have been identified, the AAO-HNSF Outcomes Research and Evidence-based Medicine Committee worked closely with a group of CORE grant program leaders during the past year to revise the Maureen Hannley Research Grant criteria. This grant mechanism now offers special consideration to investigators who target known evidence gaps within their project proposals. It also provides investigators the opportunity to utilize the CHEER network to engage both academic and community sites in their proposed study.

Milan R. Amin, MD, of New York University was awarded the 2013 Maureen Hannley Research Grant. Dr. Amin's application proposes a Level 1 study that will address the evaluation and treatment of hoarseness in patients. This evidence gap is referenced specifically by the Hoarseness (Dysphonia) Clinical Practice Guideline: "The recent Clinical Practice Guidelines (CPG) for Hoarseness put forward by the AAO-HNSF pointed out several major deficiencies in the evidence base related to the evaluation and treatment of patients complaining of hoarseness. One of these deficiencies is the use of steroids for the treatment of patients with these complaints." Dr. Amin will study the comparative effectiveness of steroids in speeding and enhancing the recovery of non-surgically treated vocal fold lesions. He proposes a randomized clinical trial comparing patients who undergo traditional voice therapy for the treatment of phonotraumatic vocal fold lesions and those who undergo combined modality therapy incorporating the use of steroids prior to the initiation of voice therapy. He hypothesizes that the use of pre-therapy steroids will hasten and enhance the efficacy of traditional voice therapy and that steroid treatment alone will have a positive effect on voice outcomes.

★ RESEARCH AND QUALITY

A New Relationship with Guideline Central

In September 2013, the AAO-HNSF initiated a partnership with Guideline Central (GC). GC is the world's largest database of full text guideline links and quick reference tools. It houses more than 2,600 free guidelines summaries encompassing every setting, specialty, and purpose. GC offers guidelines in many convenient formats including printed pocket cards and flashcards, and digital formats such as mobile/android apps and web apps or a guidelines library. GC has more than 15 years of experience and published its first evidence-based quick-reference guide in 1998 and has developed many hundreds since.

The GC medical director will work with our experts to develop the appropriate tools for our guidelines, with AAO-HNSF reviewing the final products. These tools will make guidelines easier for physicians and other providers to access and utilize. We will keep our members informed as work progresses with GC, and information will be made available on our website.

Segway to Performance Measures

As part of our commitment to quality in practice, the AAO-HNSF is engaged in the development and adoption of clinical performance measures. The AAO-HNSF has partnered with the American Medical Association (AMA) Physician Consortium for Performance Improvement (PCPI) to develop two measure sets: Acute Otitis Externa and Adult Sinusitis. Our clinical practice guidelines on these topics served as the basis for the measure set development. The Adult Sinusitis measures were included in the CMS proposed physician fee schedule for 2014 with four of the nine being accepted for inclusion into PQRS. They are as starred.

The Foundation continues to update and provide members with information on compliance with PQRS and last year introduced PQRS*Wizard*, a web-based tool to assist physicians with reporting measures to CMS. PQRS*Wizard* has recently been updated with 2013 reporting requirements https://aaohns.pqriwizard.com/Default.aspx.

Representing the Interest of Otolaryngology Patient Safety and Quality Improvement (PSQI) with the Food and Drug Administration (FDA)

Last year, the AAO-HNSF was contacted by the FDA about its plans to issue a directive regarding the use of codeine post tonsillectomy and/or adenoidectomy. The PSQI Committee proactively emailed members once it was informed that the FDA was focused on this issue. The committee kept in touch with the FDA as it came out with an alert in August 2012 warning of the risk of possible fatality when codeine is used in these patients and when the FDA ultimately issued a black box warning and contraindications in February 2013. The FDA agreed to co-author a commentary with PSQI Committee co-chair, **David W. Roberson, MD**, and Executive Vice President and CEO **David Nielsen, MD**, which was published in the *New England Journal of Medicine* June 6, 2013 (http://bit.ly/NEJMdrug).

★ Adult Sinusitis: Antibiotic Prescribed for Acute Sinusitis (Appropriate Use)

★ Adult Sinusitis: Appropriate Choice of Antibiotic: Amoxicillin Prescribed for Acute Bacterial Sinusitis (Appropriate Use)

★ Adult Sinusitis: Computerized Tomography for Acute Sinusitis (Overuse)

★ Adult Sinusitis: More than One Computerized Tomography (CT) Scan Within 90 Days for Chronic Sinusitis (Overuse)

AAO-HNSF Joins *Choosing Wisely*®

Choosing Wisely®

The Patient Safety Quality Improvement (PSQI) Committee led the American Academy of Otolaryngology—Head and Neck Surgery Foundation participation in the *Choosing Wisely* campaign to identify a list of "Five Things Physicians and Patients Should Question." The AAO-HNSF and 16 other societies released their lists at a press conference on February 21, 2013. The AAO-HNSF's list of recommendations was carefully selected after a review of the current evidence that included AAO-HNSF clinical practice guidelines. Each list includes language communicating when a particular test or treatment may be appropriate based on the current clinical evidence. *Consumer Reports*, along with a coalition of consumer partner organizations, is also a part of the *Choosing Wisely* effort and is working with many of the societies to help patients understand the tests and treatments that are right for them. In addition to participating in the press conference, a commentary article on *Choosing Wisely* appeared in the April 2013 edition of *Otolaryngology-Head and Neck Surgery*. For more information visit http://www.entnet.org/choosingwisely.

The AAO-HNSF's List of Five Things Physicians and Patients Should Question:

- ★ Don't order computed tomography (CT) scan of the head/brain for sudden hearing loss.
- ★ Don't prescribe oral antibiotics for uncomplicated acute tympanostomy tube otorrhea.
- ★ Don't prescribe oral antibiotics for uncomplicated acute external otitis.
- ★ Don't routinely obtain radiographic imaging for patients who meet diagnostic criteria for uncomplicated acute rhinosinusitis.
- ★ Don't obtain computed tomography (CT) or magnetic resonance imaging (MRI) in patients with a primary complaint of hoarseness prior to examining the larynx.

Education and Knowledge

The AAO-HNS Foundation enhances the quality of ENT patient care as the premier source of otolaryngology-head and neck surgery education and knowledge resources. Education activities address gaps in care and improve the knowledge and competence of otolaryngologist-head and neck surgeons, residents, medical students, non-otolaryngologist physicians, allied healthcare professionals, and the public.

2013 was a year of assessment and improvement—with a continued focus on essential education and knowledge resources—to ensure relevancy and value in the changing healthcare field.

The ability to assess our current situation and measure future change is essential to strengthen the impact and effectiveness of the AAO-HNS Foundation's continuing professional development (CPD) program. Significant progress was made in 2013 toward consolidating and enhancing the otolaryngology practice gap analysis and needs assessment process as enhancements to the Foundation's data-driven education planning process. "2013 Continuing Professional Development Gap Analysis and Needs Assessment Initiative" highlights the results of a year-long, Academy-wide initiative to determine how members receive knowledge now, and how that will change in the future. The new survey will be a biennial event, so that member participation in the data collection process will provide an ongoing measure of member needs in regard to education and performance improvement.

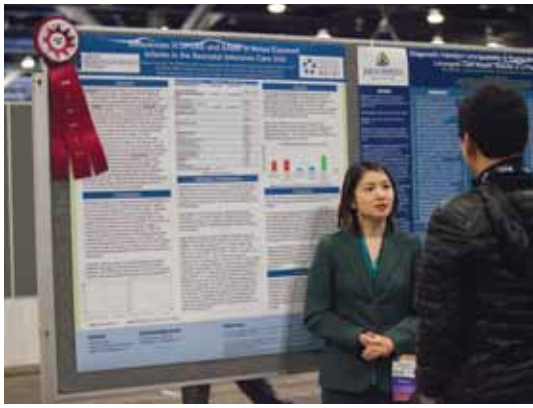
The development of the next generation of otolaryngology education and knowledge resources requires a commitment to continuous assessment and

"2013 was a year of assessment and improvement—with continued focus on essential education and knowledge resources—to ensure relevancy and value in a changing healthcare field."

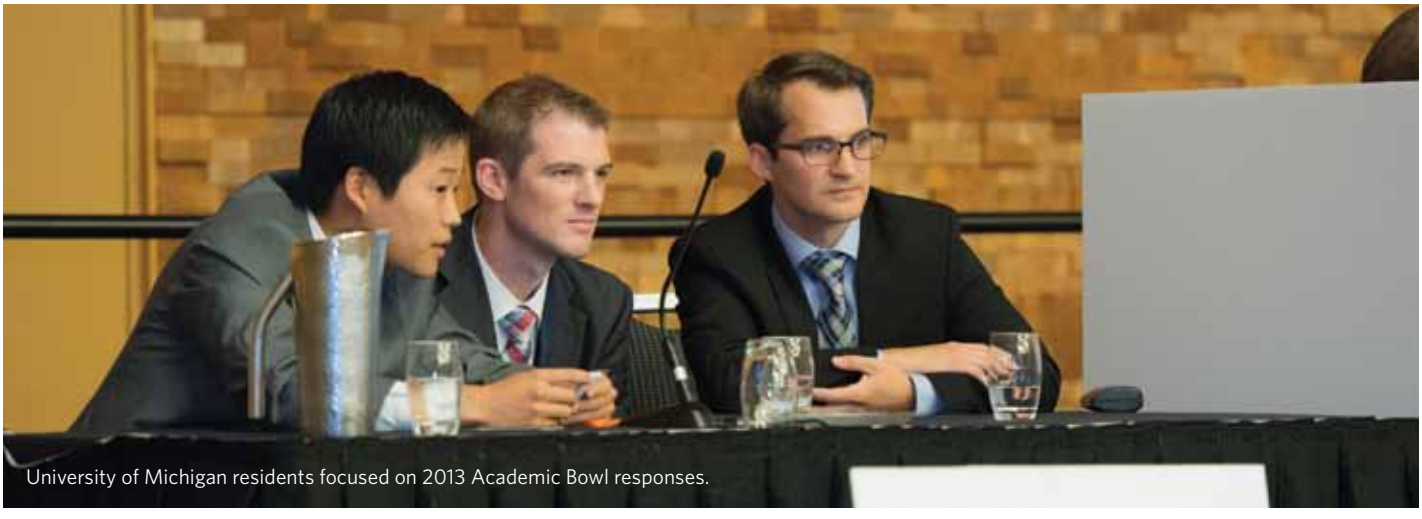
redesign. In addition to the overall education needs assessment, the Foundation initiated a complete review of the scope and format of the Annual Meeting & OTO EXPO℠. Innovation and improvement continued in the short-term with more than 30 improvements launched at the 2013 annual meeting. "Annual Meeting & OTO EXPO℠" provides highlights of the highly successful event and the new opportunities included. Look for more innovation in the future as a result of feedback and benchmarking of other successful meetings.

The measure of success of an education and knowledge resource is not only its quality, but also the degree to which it's put to use to improve medical practice and patient outcomes. In 2013, the AAO-HNS and its Foundation worked together to increase member awareness and engagement in the generation and use of education and knowledge resources. "AcademyU®: All the Elements for Access to Education and Knowledge Resources" highlights the challenges and results of a complete rebranding, reorganization, and release of tools to support easy access to learning.

While the comprehensive review and continuous improvement of all Foundation education and knowledge resources was underway, the Foundation continued to develop activities relating to topics critical to otolaryngology-head and neck surgery patient care. In addition, education resources continue to be developed to support participation in Maintenance of Certification®. The launch this year of 10 Clinical Fundamental live and online courses provided members with direct access to required MOC Part III activities. Supporting education to facilitate the use of Clinical Practice Guidelines in practice and the development of a comprehensive curriculum for otolaryngology are also top priorities already in progress. Always mindful of the importance of good stewardship, the Foundation has actively pursued opportunities to collaborate with others in the development and distribution of education resources that extend our capabilities to deliver high quality products.



The revisioning of the Foundation's education and knowledge resource offerings is always of key importance—but never more so than in this critical time of rapid and widespread change in healthcare, medical education, certification, licensure, and regulation. The Foundation's Board, the members of the Board's Science and Educational Committee, and the three board members directly charged with managing the education, scientific program, and instruction course program—**Sonya Malekzadeh, MD, Eben L. Rosenthal, MD,** and **Sukgi S. Choi, MD**—and members of their respective committees are reaching out to engage the membership in ensuring that the Foundation remains the premier source of otolaryngology-head and neck surgery education and knowledge resources.



University of Michigan residents focused on 2013 Academic Bowl responses.

★ EDUCATION AND KNOWLEDGE

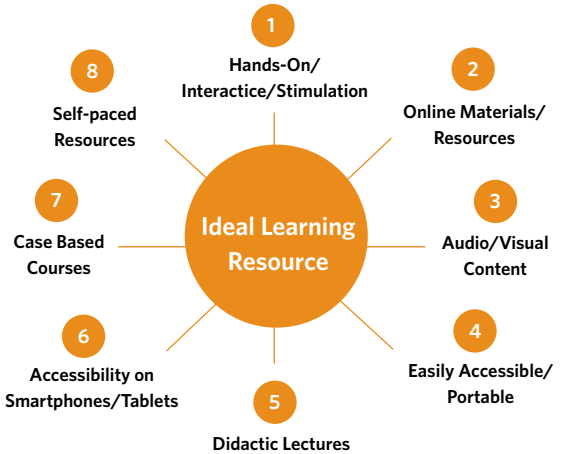
2013 Continuing Professional Development Gap Analysis and Needs Assessment Initiative

Beginning in late 2012 and throughout 2013, the Foundation embarked on an ambitious initiative to collect and analyze gap analysis and needs assessment data to provide direction for the future of the Foundation's continuing professional development function.

The outcome objectives of this initiative were to:

- ★ Develop an action plan to improve the member education experience.
- ★ Design education activities that meet the clinical needs of our members.
- ★ Increase member involvement in and satisfaction with education offerings.
- ★ Enhance member knowledge, competence, and skill in practice of otolaryngology-head and neck surgery.

Under the leadership of **Sonya Malekzadeh, MD**, and the Education Steering Committee, AAO-HNSF education committees, residency program directors, Academy members, and current residency education activity participants, and staff contributed to this Academy-wide effort. The assessment identified perceived practice gaps and education needs



Through this initiative, three critical themes emerged:

- ★ Need for awareness of the breadth and depth of the Foundation education offerings.
- ★ Need for engagement to encourage utilization and participation in education activities by both members and nonmembers.
- ★ Need for high quality of education activities.

in order to plan more focused education activities. Data gathering included not only critical course topics, but also education design and format, as well as types of media best used to educate the members. This was an all-encompassing investigation that measured all Foundation education activities, including the Annual Meeting & OTO EXPO℠, on various levels to ascertain how the members need and want to engage in lifelong learning. The assessment is expected to become a biennial event.

Members of the eight education committees examined current products and programs through a comprehensive needs assessment and SWOT analysis. Members furthered this effort by completing a member-wide education survey addressing their current continuous professional development needs and requirements. Additional surveys gathered data from program directors, medical school academic residency directors, and leaders in the use of simulation in otolaryngology residency training. Lastly, each education product was specifically evaluated by individuals who had directly participated in the activity. This robust data product will provide the AAO-HNS Foundation with the information and ability to revamp and revitalize its education offerings.

The Foundation's education leadership now has essential information for the next education planning cycle, valuable insight for longer-term planning, and required information for our 2015 ACCME reaccreditation preparation. The initiative is also a model for future years' efforts to continually identify members' gaps in practice, assess members' education and training needs, and engage members in the ongoing initiative to impact lifelong learning and patient outcomes in a meaningful way.

2013 ANNUAL MEETING & OTO EXPO℠

89	Miniseminars
357	Instruction Courses
322	Oral Presentations
236	Exhibiting Companies
1,070	First-time Attendees
27.5	Continuing Medical Education Credits available for each physician
30,698	Continuing Medical Education Certificates awarded to Annual Meeting Attendees
3,528	Installations of the Annual Meeting Mobile App

Nancy L. Snyderman, MD, receives a plaque following her presentation of the John Conley, MD Lecture on Medical Ethics from James L. Netterville, MD 2012/2013 AAO-HNS/F President.

Annual Meeting & OTO EXPO℠

The Annual Meeting & OTO EXPO℠ continues to be the largest otolaryngology meeting in the world and a significant destination for head and neck surgeons, researchers, healthcare providers, and educators worldwide. In its 117th year, the Annual Meeting remains the most influential and well-attended meeting for otolaryngologists. Attendance approached 8,000 and reached a high of more than 2,600 international attendees from more than 80 countries.

The 2013 Annual Meeting & OTO EXPO focused on the latest basic and clinical science related to otolaryngology. Beginning with a heartfelt presentation by **Nancy L. Snyderman, MD**, presenter of the John Conley, MD Lecture on Medical Ethics, the conference included more than 1,100 speakers along with almost 500 original research poster presentations. The exhibit hall alone hosted more than 200 commercial companies.

Beyond the tried and true, this year's Scientific Program featured some new and exciting additions to its core evidence-based education programming including several new miniseminars on management of obstructive sleep apnea, new detection and imaging methods in otology and cancer, as well as important updates on healthcare legislation from the Board of Governors. Furthermore, this year attendees had the opportunity to view all scientific posters online at a kiosk located in the poster hall or through the annual meeting mobile app. Poster presenters and attendees also enjoyed breakfast Tuesday morning in the poster hall. The oral presentations received a face-lift this year. In response to comments we received from oral presenters and previous year attendees, select oral presentations were given in a new, accelerated format that consisted of a three-minute oral presentation and two-minute discussion.

Capitalizing on the huge success of the two Clinical Fundamentals instruction courses presented at the 2012 Annual Meeting & OTO EXPO℠ in Washington, DC, eight additional Clinical Fundamentals instruction courses were included on the 2013 program. These courses, along with a three-hour General Otolaryngology Review Course, were designed to meet the American Board of Otolaryngology's Maintenance of Certification requirements for Clinical Fundamentals (Part II) and were also eligible for *AMA PRA Category 1 Credit™*.

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.

ACADEMYU®: ALL THE ELEMENTS FOR EASY ACCESS TO EDUCATION AND KNOWLEDGE RESOURCES

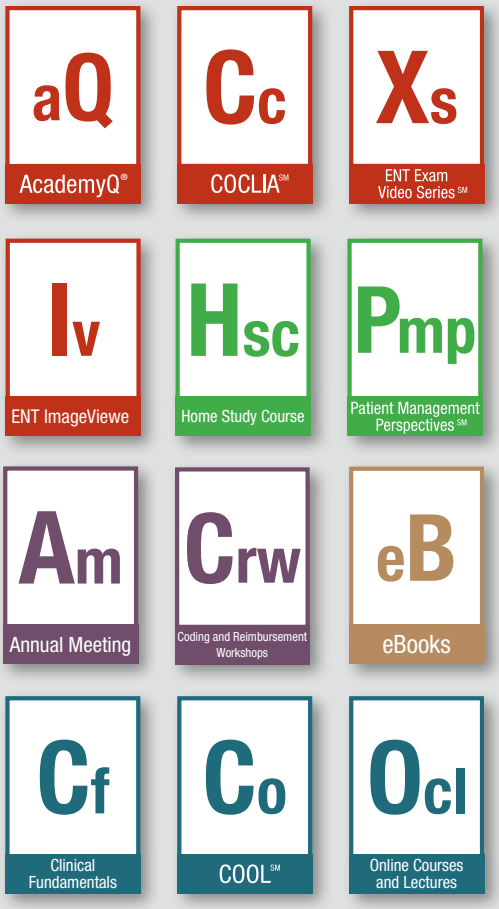
The AAO-HNS Foundation's continuing professional development program has always offered rich and diverse resources covering a variety of topics organized by the eight specialties within otolaryngology-head and neck surgery. The diversity of offerings provided by the Foundation has made it challenging for busy practitioners to quickly find what they need.

To meet this challenge, the program has been rebranded as **AcademyU®**, *Your Otolaryngology Education Source*. The resulting AcademyU periodic table provides an easy way for members to access all the Foundation's education and knowledge products. The "elements" provide access to each learning resource. Similar to the chemical elements in the periodic table, each element is also grouped with others of a like type. In the case of the AcademyU periodic table, the groupings include live events, subscriptions, online courses and lectures, eBooks, and knowledge resources based on the formats that appeal to the diverse education needs and learning styles of members.

AcademyU® is the window into all the education opportunities available to you as a member of the Academy. Visit www.entnet.org/academyu to view a complete description of all our education resources, whether they are online courses, eBooks, subscription products, live events, or knowledge products. You can easily subscribe, register, download, or log onto each of these activities through this single portal. AcademyU® brings you hundreds of education resources covering a variety of topics.

In addition to improving online access, *Education Opportunities*, a special insert to the December 2012 *Bulletin*, offered an easily accessible and comprehensive look at all of these resources. *Bulletin* articles throughout 2013 provided more detailed descriptions of each of these products.

Improving access to Annual Meeting & OTO EXPO℠ resources received considerable focus this year. The online Itinerary Planner allowed attendees to search and read details about the program, committee meetings, evening and satellite events, and much more in the months leading up to the event. The annual meeting website offered a robust amount of information on education offerings, networking, and exciting opportunities taking place during the meeting. The Final Program, provided in advance online, in addition to onsite, included color-coded education tracks. The annual meeting mobile app for the iPhone, Android, and iPad included detailed session information, your personal schedule, an interactive Vancouver Convention Centre map, an exhibitor list including booth number, a link to the OTO EXPO floor plan, instruction course handouts, CME/CE evaluation site, and the *Otolaryngology-Head and Neck Surgery* journal.



These AcademyU® "elements" guide members to education options.

The education and annual meeting leadership and staff see these improvements as just a step toward even greater accessibility in the future to the essential otolaryngology resources created by members for members.

WIO members enjoyed its 2013 General Assembly and Luncheon.

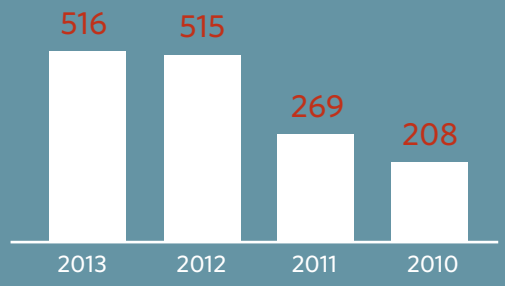
MEMBER ENGAGEMENT AND UNITY

Academy Membership is Vibrant and Engaged

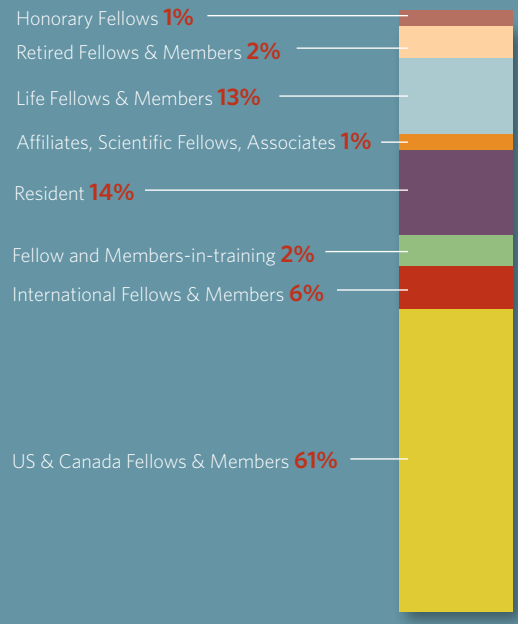
During the challenging economic times of the past few years, the Academy's membership has remained strong with nearly 12,000 members! This is a remarkable accomplishment, given that many who belong to professional membership associations in other industries, due to personal financial constraints, must make the tough choice to remain a member or discontinue their membership. Our members have opted to keep their Academy strong and get involved. In fact, our retention of members from year-to-year averages about 97 percent. That, combined with a steady increase in the number of new members who join us each year, equates to a vibrant membership base.

By constantly striving to improve the member experience and provide meaningful engagement opportunities, more members are finding increased relevance in what we do, and more opportunities to share their expertise and hone their leadership skills. In the past year, the Academy's Membership Business Unit was renamed Member Engagement. This places emphasis on our desire to help our members to get involved, to get them engaged in their professional home, and to help them realize the full potential of membership.

New Member Count by Year



Membership Categories



Maximize Your Membership: Increased Involvement

Last year, we reported on a new campaign to gain participation in Academy activities. The "*Maximize Your Membership*" campaign continues to be a strong umbrella and theme for all of our member engagement activities. By getting involved, members realize more ROI from their membership, while supporting the goals and strengthening the mission of the Academy.

In 2013, more than 1,300 of our members served on education, clinically focused, or other committees of interest, including the Board of Directors (BOD), Board of Governors (BOG), Section for Residents and Fellows-in-Training (SRF), and the Women in Otolaryngology (WIO) Section. These opportunities to get involved are exclusive member benefits and are designed to fit any level of participation, from face-to-face networking opportunities to virtual activities.

New! Young Physician's Section (YPS)

At its meeting in September, the Academy's Board approved the application for section status presented by the Young Physician's Committee. Recognizing that a physician leaving a residency program is in the "start-up" phase of his or her career with challenges unique to that period of career development, this newly created section will allow a multitude of opportunities for young physicians (defined as younger than 40 or within the first eight years of professional practice following a residency and fellowship training) to get involved in leadership. Three new Young Physician's Leadership Grants were awarded this year—valued at $1,000 each! Watch for even more exciting new opportunities to become engaged in the Academy as this Section and its leadership infrastructure unfolds.

Section for Residents and Fellows-in-Training (SRF)

All Academy resident members and fellows-in training are automatically members of this section. Its leadership infrastructure supports and provides a voice into the Academy's strategy and programming. Additionally, the SRF provides its members with ample opportunities to get involved and receive grants and other financial assistance. In 2013 alone, 120 Resident Leadership Grants were awarded for the Academy's 2013 Annual Meeting in Vancouver.

Board of Governors (BOG)

Chaired in 2013 by **Denis C. Lafreniere, MD**, the BOG serves as an advisory body to the Board of Directors (BOD) and the AAO-HNS membership. It consists of local, state, regional, and national otolaryngology–head and neck surgery societies, with a leadership infrastructure that advises the BOD. This year, the BOG created a regional infrastructure based on the 10 HHS regional areas to enhance its effectiveness and responses to legislative and advocacy needs, creating increased opportunities for involvement at the state and local level. In addition, the BOG has continued and strengthened its strong representation in all parts of the Academy's Guidelines process, and has spearheaded an ongoing discussion regarding possible future sub-certification in Pediatric Otolaryngology.

WOMEN IN OTOLARYNGOLOGY (WIO) SECTION

Created in 2010, the WIO Section offers women otolaryngologists the opportunity to strengthen their career support systems and skills through networking events, professional development, and mentoring programs. As with the SRF Section, all women who are members of the Academy are automatically members of the WIO Section. Through its leadership infrastructure, there are ample opportunities for members to demonstrate their leadership abilities and influence the Academy's future. This year, the Section initiated and increased networking for Women in Otolaryngology via electronic and written communications, programs and speakers. Christina Surawicz, MD, was well received as the guest speaker at the WIO General Assembly in Vancouver, addressing issues of importance to women in leadership positions. More than 250 members attended the event—a record crowd.

SPECIALTY SOCIETY ADVISORY COUNCIL (SSAC)

SSAC is vital to the Academy as it serves as a conduit for improved communication and identification of shared opportunities for the Academy and the otolaryngology specialty societies. This past year, SSAC, led by **Albert L. Merati, MD**, made some changes to its Governing Articles, now providing for a two-year term for its chair, which will enhance the effectiveness of the council and provide consistency in strategy.

★ MEMBER ENGAGEMENT AND UNITY

Special Interest and Standing Committees

With more than 70 special interest and Academy standing committees, there are hundreds of opportunities to become involved as has Board member and Ethics Committee Chair, **Lauren Zaretsky, MD**, for example.

On November 1, the call for committees was made available to members. This allows all members an equal opportunity to indicate their desire to become involved in the future of the Academy for the 2014 committee year. New resources are being launched to make involvement easier and more effective. Development is under way for a new member engagement web portal to make involvement in committees and Academy activities much more convenient for everyone involved.

Humanitarian Efforts

Engaging in the Academy is not only done at home. Huge contributions can also be made abroad through surgical missions, visits to teach newer surgical technologies (e.g., endoscopic sinus surgery), or research efforts to understand the scope of ENT diseases in developing countries. Awards and recognition is well deserved through our members' commitment to Humanitarian efforts. This year, the Academy's Distinguished Award for Humanitarian Service was awarded to **James E. Saunders, MD**, in recognition of his exemplary life-long dedication to the otologic and hearing healthcare for patients worldwide, particularly those in Nicaragua, and for the education and training of a generation of otolaryngology staff and residents in ear surgery. In addition, 29 Humanitarian Travel Grants were awarded to residents and fellows-in-training in 2013 to offer services in 15 less-developed countries. In addition to the grants, this year the awardees had the opportunity to provide educational tools and other "members-only" materials from the Academy to train their colleagues in these countries.

GETTING RECOGNIZED FOR YOUR ACADEMY ENGAGEMENT

International Engagement

Coordinator for International Affairs, **Gregory W. Randolph, MD**, reports that roughly 10 percent (and growing) of the Academy's membership is from outside of the United States, with the largest representation from Canada, Brazil, Japan, Germany, Mexico, Portugal, and the United Kingdom. Engagement opportunities for our International members include writing opportunities for the *Bulletin* and Journal, as well as attending regional caucuses around the world. This past year saw enhanced communications between the Academy and its 54 International Corresponding Societies Network. The Academy welcomed its four guest countries to the Annual Meeting—Canada, Kenya, Nigeria, and Thailand. And for the first time, the Academy featured a popular Latin America Webcast at the Annual Meeting that attracted hundreds of participants from more than 16 countries, and convened its first International Assembly, which was well attended. Through the International Visiting Scholars (IVS), the Academy offers a limited number of scholarships to junior academics from developing countries. In addition, there are scholarships from Indian ENTs (Indian IVS), a Latin American ENT (de la Cruz IVS) a woman ENT (Nancy L. Snyderman, MD, IVS), and others specifically designated. This year, 12 International Visiting Scholarships were awarded.

Get Involved: Get the Recognition You Deserve!

The Academy's Honor Awards program is our way of recognizing meritorious service to members. These are earned through your engagement in Academy activities. Through this program, this year 54 members were recognized with an Honor Award, and 20 members were presented with the Distinguished Service Award. Many other awards and recognition are prevalent as you engage with the Academy.

Our committees strive for excellence. This year, three committees were recognized for being "model committees" for their outstanding performance, leadership, and commitment to the goals and mission. Those committees were Allergy, Asthma, and Immunology Committee; Geriatric Otolaryngology Committee; and the Women in Otolaryngology Research and Survey Committee.

Get Involved with AAO-HNS/F!

Take full advantage of academy engagement opportunities.

SUSTAINABILITY

Individual Giving Hits New Heights

Under the leadership of **Nikhil J. Bhatt, MD**, Coordinator for Development, the Development Unit has actively worked to increase individual giving to the Foundation. The members of the Development Committee have engaged in promoting the work of the Academy and Foundation and have been instrumental in opening doors and making introductions to potential new donors. The Unit instituted new activities in order to achieve its goals.

Dr. Nikhil Bhatt introduces Dr. Eiji Yanagisawa during the reception.

Champagne Reception: A donor stewardship and cultivation event was held during the AAO-HNSF 2013 Annual Meeting & OTO EXPO℠. The purpose of the Champagne Reception was to thank donors giving at the highest levels and to encourage active Academy members to upgrade from general Millennium Society member donations ($1,000) and move into the ranks of those contributing at the highest tier of philanthropic giving. This inaugural event was successful with multiple participants donating to the Millennium Society. Plans are already under way for next year's Annual Meeting.

"We are excited to announce that the budgeted revenue for Development of $1,149,000 was achieved this past fiscal year, and the team is set to achieve even greater success."

HAL FOSTER ENDOWMENT GROSS

Hal Foster, MD Endowment: Hal Foster donations are still being actively pursued. We are working to increase the number of prospects in the pipeline and close on some of the potential donors who have expressed an interest in the last few years, but have not yet made a commitment. On September 1, Steve Church of Creative Financial Concepts, Inc., became our referring agent for planned giving.

Total Hal Foster, MD Endowment	**$10,340,000**

Hal Foster, MD Endowment Gifts Received This Year	
Planned Gifts-Life Policies	$287,000
Planned Gifts-Bequests	$614,000
Paparella Distinguished Award Endowment	$160,000
Byron J. Bailey, MD and Margaret Bailey Humanitarian Travel Grant Endowment	$50,000
Harry McCurdy, MD Resident Leadership Endowment	$25,000
Women in Otolaryngology Endowment	$14,600
Diversity Endowment	$6,775
Harry Barnes Society Endowment	$6,050
Total Endowment Gifts FY13	**$1,163,425**

★ SUSTAINABILITY

Young Physician Leadership Grants: The Development Committee determined that successfully obtaining Hal Foster, MD Endowment or Millennium Society Life Member gifts in the future requires engaging our young physician members now. This demographic is defined as those members eight years out of residency or fellowship training and up to 40 years old. To support this goal, three Young Physician Leadership Grants were provided for this year. Each were given as two $500 travel stipends to be applied equally to help with the expenses of attending the AAO-HNSF 2013 Annual Meeting & OTO EXPO℠ and the 2014 Leadership Forum. The three grantees attended various committee meetings at the Annual Meeting and have plans to become more engaged in the Academy/Foundation. The plan is to expand upon this program for FY15.

2013 Young Physician Grantees

Gifts from Individuals: $323,000

Millennium Society: The Development staff has been engaged in an effort to secure Millennium Society giving in FY 2013. The focus continues to fully engage the Board, as well as the Development Committee, in soliciting Millennium Society support. Development Committee members have contacted donors who have lapsed in their giving and encouraged their renewed support. As we close the books on the AAO-HNSF 2013 Annual Meeting & OTO EXPO℠, we have 428 confirmed Millennium Society members.

Partners for Progress Participation: The Partners for Progress program continues to be an important source of our annual fundraising success. See the current Partners for Progress partners listing. As a forum for the exchange of information, Partners for Progress members have participated in conference calls with members of the AAO-HNSF staff leadership on a bi-monthly basis. At the Partners for Progress Annual Roundtable, members are provided the opportunity to network in person.

Life Members

Peter J. Abramson, MD,[1] and Cara Abramson

Kenneth W. Altman, MD, PhD, and Courtney Altman

American Association of Otolaryngologists of Indian Heritage

Vijay K. Anand, MD

J. Noble Anderson, Jr., MD

Seilesh Babu, MD, and Abbey Crooks-Babu, MD

Byron J. Bailey, MD, and Margaret Bailey

Robert W. Bastian, MD, and Jan Bastian

Neal S. Beckford, MD

Leslie Bernstein, MD, DDS

Nikhil J. Bhatt, MD,[1]* and Anjali Bhatt, MD

Neil Bhattacharyya, MD, and Anjini Bhattacharyya, MD

Andrew Blitzer, MD, DDS

Mark E. Boston, MD

Marcella R. Bothwell, MD

I. David Bough, Jr., MD

Linda S. Brodsky, MD

Robert E. Butler, MD

C. Ron Cannon, MD, and family

Sujana S. Chandrasekhar, MD,* and Krishnan Ramanathan

Ajay E. Chitkara, MD

Sukgi S. Choi, MD,[1] and Charles F. Monk, Jr.

Felix W. K. Chu, MD

Noel L. Cohen, MD, and Baukje Cohen

Robin T. Cotton, MD

James Croushore, MD

James C. Denneny III, MD[1]

David R. Edelstein, MD, and Ms. Eve Lesser

David E. Eibling, MD

Lee D. Eisenberg, MD*, MPH, and Nancy Eisenberg

Janelle A. Y. Engel, MD, and E. Rodney Engel, MD

Deborah J. Freehling, MD

Lisa T. Galati, MD

Raghuvir B. Gelot, MD, and Carolyn Gelot

Samuel J. Girgis, MD

Michael E. Glasscock III, MD

Jack L. Gluckman, MD, and Vickie Gluckman

Steven M. Gold, MD

Barbara Goldstein, PhD

Rebecca D. Golgert, MD

Mary E. Gorman, MD

Thomas A. Graves, MD

Anna Kristina Elise Hart, MD, and William Todd Harder

Jack V. Hough, MD (decd.)

John W. House, MD*

Stacey L. Ishman, MD,* and Jim McCarthy

Barry Jacobs, MD, and MaryLynn Jacobs

Jonas T. Johnson, MD, and Janis Johnson

Srinivas R. Kaza, MD

David W. Kennedy, MD

Darius Kohan, MD

Frank C. Koranda, MD

Alan David Kornblut, AB, MS, MD, and Alfred Kornblut, CAPT MC USNR-RET (decd.)

Jamie Koufman, MD

Dennis H. Kraus, MD

Helen F. Krause, MD (decd.)

Vandana Kumra, MD

Ronald B. Kuppersmith, MD, MBA, and Nicole Kuppersmith

Rande H. Lazar, MD, FRCS

Thomas B. Logan, MD, and Jo Logan

Rick G. Love, MD

Frank E. Lucente, MD

Rodney P. Lusk, MD, and Constance C. Lusk, RN

Sonya Malekzadeh, MD[1]

Martha Entenmann Tinnitus Research Center, Inc.

Phillip L. Massengill, MD*

Pravina and Dinesh C. Mehta, MD

Ralph B. Metson, MD

James L. Netterville, MD[1]

David R. Nielsen, MD,[1] and Rebecca C. Nielsen, RN

Michael M. Paparella, MD, and Treva Paparella

Spencer C. Payne, MD*

Angela M. Powell, MD

Eileen M. Raynor, MD

Richard M. Rosenfeld, MD, MPH[1]

Steven H. Sacks, MD

Harlene Ginsberg and Jerry M. Schreibstein, MD[1]

Michael D. Seidman, MD, and Lynn Seidman

Gavin Setzen, MD,[1] and Karen Setzen

Donna E. Sharpe, MD

Abraham Shulman, MD

Herbert Silverstein, MD

William H. Slattery III, MD

Nancy L. Snyderman, MD

James A. Stankiewicz, MD

J. Pablo Stolovitzky, MD, and Silvia P. Stolovitzky

Krishnamurthi Sundaram, MD

Duane J. Taylor, MD[1]

Dana M. Thompson, MD, MS

Elizabeth H. Toh, MD

Betty S. Tsai, MD

Ira David Uretzky, MD,* and Beth J. Uretzky

P. Ashley Wackym, MD, and Jeremy Wackym

Pell Ann Wardrop, MD*

Richard Alan Weinstock, DO, and Cheryl Weinstock

Leslie K. Williamson, MD

Lorraine M. Williams-Smith, MD, MPH, FACS

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Peak Woo, MD

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William M. Luxford, MD

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Rance W. Raney, MD

Sustaining Members

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William R. Bond, Jr., MD

Peter C. Bondy, MD

Amelia F. Drake, MD

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CORPORATE SUPPORT REBOUNDS WITH INCREASE IN ANNUAL MEETING SUPPORT

Corporate Support Rebounds with Increase in Annual Meeting Support

Corporate Funding: **$826,000**

We continue to work with companies and foundations to fund our mission through the Industry Roundtable (IRT) program, sponsorships, and royalties. We believe that the corporate area has been largely underworked and there is much more opportunity for growth. The Development staff is building relationships with companies and foundations to increase participation in our philanthropic activities. The 2013 Annual Meeting & OTO EXPO℠ provided an excellent opportunity to engage corporate leaders in AAO-HNSF.

A financial summary for each program is included with the updates to the right.

AAO-HNS irt industry round table

IRT Members

Acclarent · Alcon · entellus MEDICAL · OLYMPUS Your Vision, Our Future · TEVA Respiratory

IRT Associates

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Annual Meeting Sponsorships: **$237,000**

The good news story in the corporate world is the increased interest in annual meeting sponsorships and promotional opportunities. For FY13, we exceeded our budget mark by 63 percent ($236,500 vs. $150,000). Annual meeting sponsorship income is already well ahead of budget for FY14. Our plans include continuing to expand sponsorship opportunities for the 2014 Annual Meeting, as well as approaching potential sponsors earlier in their budget cycle for next year.

Industry Roundtable (IRT): **$208,000**

General funding for mission support continues to be a challenge for the organization. Due to recent changes in regulations, it is becoming increasingly difficult for industry to support general mission requests, annual meeting support, and educational efforts. Grant requests include the following funding areas: humanitarian aid travel grants, resident leadership grants, CORE, annual meeting educational support, and International Visiting Scholars. We continue to look at ways to revitalize the corporate giving program and are seeking to benchmark our program with programs from similar organizations.

Academy Advantage Royalties: **$381,000**

The Academy Advantage program continues to offer members select services at discounted rates. For FY13, we closed the year $57,000 (18 percent) over anticipated revenues. Our partnership with HealtheCareers is exceptionally strong and we are seeing good growth in the partnership. In an effort to bolster income, we are working to increase the number of Academy Advantage partners.

The fiscal year July 1, 2012, through June 30, 2013, (FY13) closed with a positive (unaudited) $1.8 million variance from the break-even budget. Overall, revenues were within 1 percent of budget and operating expenses were approximately 10 percent under budget.

With respect to non-operating activities, the return on the managed investment portfolio was nearly 8 percent for the fiscal year. Additionally, a gain of $1.7 million was recorded to adjust for the change in market value of the interest rate swap agreement related to the financing of the headquarters building.

In combination, operating and non-operating FY13 activity increased reserves by $4.1 million. As of June 30, 2013, unrestricted and undesignated reserves were $12.5 million or roughly 65 percent of the operating budget, a level considered within best practices.

The Hal Foster, MD, Endowment, started only three short years ago, now has net assets, pledged, received or to be received in the form of life insurance proceeds or bequests, of $10.3 million as of June 30, 2013. These funds are permanently restricted as endowment principal, the earnings on which are used as directed by the donor at the time the endowment gift was made. Endowment earnings funded almost $60,000 of AAO-HNS/F FY13 programming.

For a copy of the independent audit of AAO-HNS/F's FY13 financial statements email CHanlon@entnet.org.

In May 2013, the Boards of Directors approved a balanced fiscal year 2014 (FY14) budget. The budgeted revenue is approximately the same as FY13, $19.6 million, reflecting realistic expectations about opportunities for revenue growth. Budgeted expenses reflect inflation adjustments for continuing programs and support expenses. Without additional revenue to meet these increases, the Board carefully analyzed how to maximize member benefits with the available resources and made critical decisions about programs to be carried out in FY14. The budgeting process involved a concerted effort from the elected leadership at every critical decision point, and included several sessions with the Boards of Directors, Executive Committee, and the FISC. The positive results of FY13 reflect good fiscal management, but AAO-HNS/F leadership and staff will continue to watch rising costs against flat revenue growth as strategies for the organization are developed going forward.

-**Gavin Setzen, MD**, Secretary/Treasurer

Description	Actual FY13	%	Budget FY14	%
REVENUE				
Membership Dues	$6,500,000	34%	$6,500,000	34%
Meetings and Exhibits	7,408,000	38%	7,319,000	37%
Product and Program Sales	1,365,000	7%	1,424,000	7%
Publications	1,668,000	8%	1,620,000	8%
Royalties	456,000	2%	500,000	3%
Corporate and Individual Support	769,000	4%	800,000	4%
Investment Income-Interest and Dividends	570,000	3%	271,000	1%
Other Revenue	279,000	1%	170,000	1%
Use of Donor Restricted Net Assets	355,000	2%	363,000	2%
Use of Board Designated Net Assets	265,000	1%	596,000	3%
Total Revenue	**$19,635,000**	**100%**	**$19,563,000**	**100%**

Description	Actual FY13	%	Budget FY14	%
EXPENSES				
Salaries and Benefits	$7,659,000	43%	$7,954,000	40%
Occupancy	1,863,000	10%	1,853,000	9%
Office Expenses	895,000	6%	919,000	5%
Communications and Software	468,000	3%	548,000	3%
Travel and Entertainment	494,000	3%	693,000	4%
Meetings	2,215,000	12%	2,417,000	12%
Printing and Production	628,000	3%	905,000	5%
Consultants & Professonal Fees	3,000,000	17%	3,649,000	19%
Grants	582,000	3%	625,000	3%
Total Revenue	**$17,804,000**	**100%**	**$19,563,000**	**100%**

Change in Unrestricted Net Assets from Operations	**$1,831,000**
NON-OPERATING ACTIVITIES	
Realized and Unrealized Net Gain on Investments	383,000
Unrealized Gain on Interest Rate Swap Agreement	1,735,000
Non-operating other revenue	102,000
Change in Unrestricted Net Assets from Non-Operating Activities	**2,220,000**
Total Change in Unrestricted Net Assets	**$4,051,000**

Information and Knowledge Management

The past 12 months have been ones of transition for Information Technology (IT). During the first part of 2013 an outside assessment and evaluation of IT infrastructure resources and staffing requirements was conducted. This study was robust and looked at all aspects of how Members are served through AAO-HNS/F technology. This full IT review resulted in new strategy and implementation plan.

Structural Changes Ensure Strength for New Growth and Engagement

Two major changes that were of the highest priority included the outsourcing of the helpdesk to free up skilled staffing resources and the move to a cloud-based Infrastructure-as-a-Service (IaaS) environment in answer to increased content and storage needs. These two moves enable the remaining technology staff to move from a platform of technology maintenance to that of engaging technology to forward member needs and resources.

IT's new focus on providing information and knowledge management is a much broader charge that sustains and supports AAO-HNS/F activities and collaborates with staff. This tectonic shift resulted in the renaming of the business unit to Information and Knowledge Management (IKM) and a new senior director last June.

Improving the Member Experience

With the change in the direction for IKM, focus could now be directed to improving the Academy's online presence. This included two important projects with Member Engagement and Communications, respectively, to provide the vital integration of technology to member ROI.

ENTCONNECT
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★ **The Member Portal: ENTConnect**
Based on a "best-of-breed" association-centric web platform, the new Member Engagement Portal, ENTConnect, will serve as a resource bank for chairs and committee members, and will enable Members to work more collaboratively, opening up full participation in online communities. Access to the Member Engagement Portal will be based on existing member login credentials. Since access will be restricted to members, this portal will be a place for dialog and discussion, content development and review, assessment and synthesis. ENTConnect is scheduled to go live in the spring of 2014.

★ **A New and Responsive Website**
It was apparent from the technology assessment that the current website was not what we needed for the future. A new website that will better serve is being constructed and is on track for a roll-out in May 2014. Meanwhile, some improvements to the current site were undertaken. The results are substantive, and the analytics, since these revisions were introduced, reflect an increase in access and usability.

Before selecting a partner to assist in the website redesign, there was an exhaustive review of Request for Proposal responses and in-depth candidate capability presentations. The website redesign project kicked off in Vancouver with member interviews. Communications work in both areas adds an intuitive member experience through a visual taxonomy and branding. Two of the main focus areas for the redesign project are: 1) make our content easier to find and use, both on the site and from search engine results; and 2) have content automatically adjust to the screen size of whatever device is used to access our site.Whether you come to the site from a smartphone, tablet, or full size screen, content on the new website will automatically adjust.

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