

bulletin

American Academy of Otolaryngology—Head and Neck Surgery

December 2014/January 2015

Vol.33 No.12

Model Committees Influence the Specialty
(and Link to Committee Highlights)

7

CPT Changes for 2015

9

2014 Annual Report:
Transforming Thriving
Together

Insert

The Manifestations of Ebola Virus Disease in ENT-HNS

6





A Breakthrough in TMJ Pain Relief

Now you can offer your patients the latest technology in TMJ pain relief. The TMJ NextGeneration™ device is FDA-cleared, safe and effective in reducing TMJ pain.



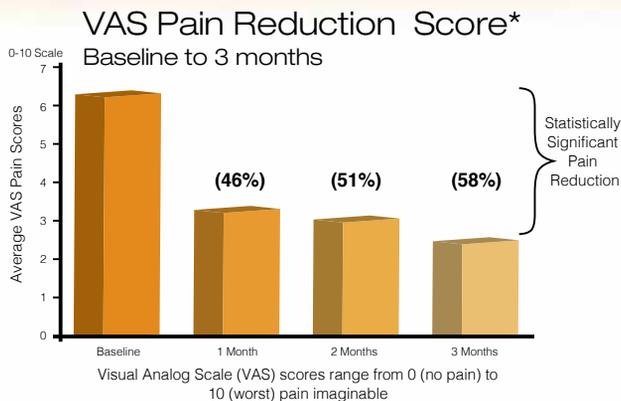
A New Approach

The TMJ NextGeneration™ device consists of custom ear canal inserts that support the temporomandibular joint and reduce pain. It also provides a “cognitive awareness” to the patient that discourages grinding, clenching and other para-functional behavior.

Patient Outcomes

In a clinical trial, subjects experienced statistically significant pain reduction while using TMJ NextGeneration™ devices. Visual Analog Scale scores showed a 58 percent pain reduction after three months of use. At the end of the trial, 100 percent of subjects reported good to excellent results.*

WARNINGS AND PRECAUTIONS: Do not wear devices while showering, swimming or during contact sports. Fluctuations in body weight may require a refitting. You may experience some discomfort when first using the devices. If discomfort worsens, please remove devices and contact your health care provider. Safety and effectiveness has not been established for people with arthritis, and those who have had jaw injuries or jaw or ear surgery. Go to tmjnextgen.com for a full list of risks and warnings.



TMJ NextGeneration™ Advantages

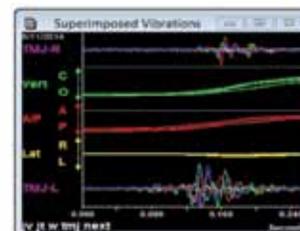
	TMJ NextGeneration™ Device
• Designed to be worn comfortably 24/7	✓
• No interference with eating or talking	✓
• Barely visible	✓
• No nighttime discomfort	✓
• No negative effect on your bite	✓

Informal Patient Case Study**

The TMJ NextGeneration™ device supports the jaw joint by preventing the ear canal diameter from collapsing while the jaw opens and closes. This Joint Vibration Analysis (JVA) illustrates the improvement in one patient immediately after insertion.



Initial JVA Summary before insertion of TMJ NextGeneration™



JVA Summary after insertion of TMJ NextGeneration™

Toll-free number: 855-303-4601
info@tmjnextgen.com • www.TMJNextGen.com

*Tavera A, et al: Approaching Temporomandibular Disorders From a New Direction. A Randomized Controlled Clinical Trial of the TMDes Ear System. J Craniomandibular Practice July 2012; Vol 30, No 3, 172-181.

**This was a single-patient study using JVA to measure the before and after effects with TMJ NextGeneration™ devices; individual results may vary.



03 aao-hns/f news

- 3 We Are United in Our Diverse Field
- 3 Saying “Thank You”
- 5 The Three A’s Revisited
- 6 The Manifestations of Ebola Virus Disease (EVD) in Ear, Nose, And Throat, Head And Neck
- 7 Modeling How Committees Influence the Specialty

additional online content

-  Orlando Recap: a Resident’s Perspective
-  Committee Actions

feature: 2014 annual report

9 regulatory advocacy & business of medicine

- 9 CPT Changes for 2015: What ENTs Need to Know

10 community

- 10 Mission Trip to Santo Domingo, Dominican Republic
- 11 Honduras: Torticollis Repair and More

The Bulletin Is Transforming to Add to Member Value

Change begins now as we look back and forward to a new year. This double issue combines December and January’s content in order to bring you a full accounting of the accomplishments of the past year and a look ahead at next year. You will find, for example, additional information you need such as “CPT Changes for 2015: What ENTs Need to Know” and the article, “The Manifestations of Ebola Virus Disease in Ear, Nose, and Throat, Head and Neck.” This is an issue you will want to refer to all year.

The February issue will bring a new design for the print *Bulletin*. Enhancements to online delivery also are coming soon. Watch for your February *Bulletin* to learn more.

Ad Index

Life Sciences	IFC
Olympus	2
Doc’s Proplugs	4
Year End Giving	6
Member Renewal	6
Call for Papers	7
IRT	8, IBC
AOA	BC

This advertiser index is provided for the reader’s convenience and is not part of the advertising contract. While every attempt is made to provide accurate information, the publisher cannot be held responsible for errors or omissions.

December 2014/January 2015 | Vol.33 No.12

The *Bulletin* (ISSN 0731-8359) is published monthly by the American Academy of Otolaryngology—Head and Neck Surgery
1650 Diagonal Road, Alexandria, VA 22314-2857.
© Copyright 2014

Gayle E. Woodson, MD, President; David R. Nielsen, MD, Executive Vice President, CEO, Editor, the *Bulletin*; Jeanne McIntyre, CAE, Managing Editor (bulletin@entnet.org); Periodical postage paid at Alexandria, VA, and additional mailing offices. Yearly subscription included in dues of Academy Members.

Copyright 2014 by the American Academy of Otolaryngology—Head and Neck Surgery.

Send Inquiries and Submissions to
Bulletin@entnet.org

POSTMASTER Send address changes to 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.

The AAO-HNS *Bulletin* publishes news and opinion articles from contributing authors as a service to our readers. The views expressed in these articles are solely those of the individual and may or may not be shared by the AAO-HNS. Acceptance of advertising in the *Bulletin* in no way constitutes approval or endorsement by AAO-HNS of products or services advertised unless indicated as such.

Bulletin Advertising

Ascend Integrated Media, LLC
Suzee Dittberner
6710 West 121st St., Ste 100
Overland Park, KS, 66209
Phone: 1-913-344-1420, Fax: 1-913-344-1492
sdittberner@ascendintegratedmedia.com

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

NAVIGATING SINUS SURGERY TOGETHER



**NEW BLADES
ADDED!**

**DIEGO®
ELITE**
THE MULTIDEBRIDER®

KICK EM®
ELECTROMAGNETIC ENT NAVIGATION

Olympus is now the Exclusive U.S.
ENT Distributor of Brainlab Navigation

For more information, please call 800-773-4301
or visit www.medical.olympusamerica.com/diegoelite/ahb

We Are United in Our Diverse Field

With our new *Bulletin* publication schedule, the December and January issues are consolidated so we can simultaneously say goodbye to 2014 and move on to 2015. More importantly, this expanded issue can accommodate information that will be valuable to Members throughout the coming year, as we continue “Transforming, Thriving, Together.” See online coverage of valuable committee work for instance.

Together is a key word. The AAO-HNS supports the common interests of all otolaryngologists. Although there is significant variation in our practice settings and the areas of our specialty in which we focus, we all face the challenges of practicing in our evolving healthcare system. United, we are strong.

There is growing concern among Members that the increasing trend of subspecialization threatens the unity of otolaryngology. This is a legitimate concern. Other specialties have been significantly influenced by subspecialization. For example, general surgeons are increasingly restricted to a narrow range of practice, and the field has been carved out into domains including thoracic, vascular, colorectal, and increasingly, breast surgery. To date,

otolaryngology has not been so severely fragmented.

Most general otolaryngologists have a broad spectrum of practice. Medical students are still attracted to the field because they like the broad range of practice that includes adults and children. As I reviewed the results of our recent membership survey, I noted there were more declarations of subspecialties than there were respondents to the survey. This is because many general otolaryngologists rightly lay claim to their training as multiple subspecialists. Take a look at your certificate. If you were certified after 1998, it states that you were certified in general otolaryngology, otology, facial plastic surgery, head and neck surgery, and pediatric otolaryngology. If your certificate does not say that, you can request a new version that does accurately reflect your training.

Pediatric otolaryngology seems to be the most problematic issue at present. More children’s hospitals and pediatric healthcare networks are appearing. The administrators of these facilities and the pediatricians who are the primary caregivers favor otolaryngologists who have done pediatric otolaryngology fellowships, even for common procedures such as tonsillectomies.



Gayle E. Woodson, MD
AAO-HNS/F President

The Academy is committed to supporting the qualification of ALL physicians certified by the American Board of Otolaryngology (ABOto) to provide expert care to children and plans to launch a public relations and educational campaign, working in collaboration with ABOto and the American Society of Pediatric Otolaryngology (ASPO). The goal is for us to collectively continue thriving, as physicians who have chosen one of the most diverse and rewarding career paths in the field of medicine.

Saying “Thank You”

As I depart the Academy and say, “thank you,” I feel the need to recognize others whose influences on my life have been profound. First, my parents and siblings. I am one of 11 children—five older and five younger—eight of whom are still living, and they bless my life in indescribable ways. I honor my incredible father and my perfect mother for their teaching, their example, their undying devotion to their children and each other.

I thank those who trained me at the University of Utah: Drs. Jim Parkin,

Mike Stevens, and Lee Johnson, among others. They not only taught medicine and otolaryngology, but commitment to service, mentoring, teamwork, and excellence. Their personal examples and lessons are timeless and infinitely expandable to all aspects of my life.

I had a solo private practice for 13 years. Those who worked with me during that time were my second family: Cheryl Runge (and her husband Bill, my cycling buddy) and Patty Shappel, my friends and devoted audiology colleagues; and Jackie Mossman, my office manager, friend, *(continued)*



David R. Nielsen, MD
AAO-HNS/F EVP/CEO



and not a summer lost...
even with ventilation tubes



800.521.2982

proplugs.com

Please consider **DOC'S PROPLUGS** for all
your child's swimming and bathing needs



blue, non-vented



pink, non-vented

and health guru (an aerobics leader *par excellence*). They will never know how much I appreciate their sharing that part of my life. My colleagues at the Mayo Clinic Scottsdale: Drs. Mitch Marion, Steve Bansberg, Mike Hinni, Max Wertz, Roy Durio, and John Stroh provided one of the most exemplary clinical experiences imaginable.

And most important of all, I say thank you to my best friend, partner, and wife of 41 years, and our darling children and grandchildren. Becky and I have been best friends since early childhood. She is the single most important reason for any success I have had in my life.

My dear mother-in-law had a cross stitch in her home that sums up my

feelings of gratitude to everyone: "Some people come into our lives and quickly go. Some stay for a while and leave footprints on our hearts. And we are never, ever the same." Thanks to all of you, and your welcome "footprints on my heart." I will always be better for having known you. God bless you all! 📖

The Three A's Revisited



**Stay alert and connect:
bog@entnet.org*

As the holidays pass so quickly signaling the completion of yet another year, we pause and reflect.

I vividly recall the three A's of practice success, which my father preached to me throughout my training: Ability,

Availability, and Affability. These have served me well for more than two decades of practice. However, there is a paradigm shift within the new healthcare landscape. Ability is not as acutely recognized, but almost an assumption—new financial-based measures and rating scales seem to be trumping physician ability. Availability is likewise becoming an expectation; unavailability is frowned upon. Affability may be innate, or learned, but is certainly more widespread and welcomed.

With the new healthcare culture, three different A's may more accurately define keys to practice success: Awareness, Accountability, and Agility.

■ **Awareness.** New rules, new regulations, new measures pop up with alarming frequency, and it is incumbent upon us to stay alert and abreast of all the changes, typically brought and enforced by agencies outside of our purview.

■ **Accountability.** Accountable is the new buzzword. Expectations of physician accountability have run amok with directives to reduce cost, yet provide "high value" care. Also, we must be responsible for patient lifestyle, habits,

and medication compliance—and to be penalized if any element falters.

■ **Agility.** Physicians are multitasking as caregivers (providing excellent patient care), computer specialists (EMR data entry specialists, and computer troubleshooters, when necessary), compliance auditors (ensuring we follow the ever-changing PQRS rules, Meaningful Use, etc.), and students (learning and taking courses on such new mandates as ICD-10 use and MOC). Flexibility is paramount.

What is a physician to do? Sadly, we all know older, yet productive and experienced, practitioners, who opted for early practice termination rather than to struggle with these myriad issues. Happily other, invigorated and enthusiastic physicians are stepping up their efforts within the Academy and the Board of Governors (BOG).

Communication is vital for issue comprehension and solution development. To that end, new methods to give members the ability to communicate are rapidly evolving. The online ENTConnect forum has certainly opened and fostered avenues for individuals to comment, critique, and advise—all valuable discussion components. "Societies Connected" will, similarly, permit inter-society communication, learning, and direction.

Within the BOG Socioeconomic and Grassroots (SEGR) Committee, we are intensifying our efforts for *all* members to have a voice and to be informed. The Regionalization Plan, which divides the country into 10 geographic regions, has



Ken Yanagisawa, MD
Chair, BOG SEGR Committee

dedicated leaders serving as Regional Representatives (Region 1, **David S. Boisoneau, MD**; Region 2, **Hayes H. Wanamaker, MD**; Region 3, **Michael D. Weiss, MD**; Region 4, **Daniel L. Wohl, MD**; Region 5, **Robert J. Stachler, MD**; Region 6, **Lawrence M. Simon, MD**; Region 7, **Nila M. Novotny, MD**; Region 8, **Phyllis B. Bouvier, MD**; Region 9, **Steven T. Kmucha, MD**; Region 10, **Paul A. Abson, MD**; and Specialty Societies, **Soha N. Ghossaini, MD**). Each of the regional representatives is connecting with his/her member state seeking input. Our unified plans depend upon widespread input.

In this time of perpetual and rapid change, there is hope for continuing successful and meaningful practices of medicine through awareness, accountability, and agility. Please participate, stay engaged, and communicate with your BOG contacts, so that we can continue to shape our own futures. 📖



To view the continuation of this Infectious Disease Committee article, please visit www.entnet.org/bulletin.

The Manifestations of Ebola Virus Disease in Ear, Nose, Throat, Head and Neck

Segun Segun-Busari, MD; University of Ilorin Nigeria

Tulio Valdez, MD; Connecticut

Children's Medical Center, Hartford, CT

Farrel J. Buchinsky, MBChB; Allegheny Health Network, Pittsburgh, PA

Titus S. Ihekwe, FWACS, FMCORL;

University of Abuja Teaching Hospital Abuja Nigeria

Ebola Virus Disease (EVD) outbreak is a public health emergency of significant international concern. The World Health Organization estimates we will see more than 10,000 new Ebola cases each week in Guinea, Sierra Leone, and Liberia by the end of the year. A total of 25 outbreaks with mortality ranging 25 percent to 100 percent have been documented since the identification of the EVD in 1976. The virulence and transmissibility level of EVD is at an exponential rate of up to

eight people becoming infected by a single uncontrolled case and this rate doubles within 20 days. These outbreaks were mostly contained to Africa until 2014. Then cases were imported to Europe, Spain, and the United States despite precautions.

Despite all efforts and technological advancements toward therapy, there is no proven cure for EVD. Supportive treatment/fluid-replacement therapy, prevention, and control remain the only known interventions.

The mode of presentation of EVD could be deceptive and mimics common illnesses like influenza, pharyngotonsillitis, and infective rhinitis as well as other conditions more commonly seen in Africa, such as malaria, typhoid fever, and Lassa fever. It presents with common otolaryngological symptoms like rhinorrhea, sore throat, epistaxis, and other constitutional symptoms of fever, headache, and malaise.

It is unlikely that an undiagnosed person with EVD will present to an otolaryngologist, but not impossible.

Furthermore, it is possible that an otolaryngologist could be consulted on a patient with epistaxis and when the previous medical staff has not established a travel history.

To this end, it is important to triage the patients and ask about any recent travel to the affected areas or if they have been in contact with someone who recently traveled to one of the affected areas.

The Infectious Disease Committee of the AAO-HNS through its International Members from West Africa and United States has categorized the ENT manifestations of the EVD for the sensitization/education of its Members globally.

Read the whole article online at www.entnet.org/bulletin.



www.entnet.org/donate

Support the Future of the Specialty

Year End Giving

The reasons are yours. Whether you had a good year, value philanthropy, or want to contribute to a specific need—we greatly welcome your gift of support towards the future of Otolaryngology.

In return, your tax-deductible gift to the AAO-HNS Foundation will ensure funding for resident programs, lifelong learning resources, humanitarian efforts, and international outreach. *Thank you.*





Empowering otolaryngologist—head and neck surgeons to deliver the best patient care



RENEW TODAY

AND CONTINUE TO RECEIVE EXCLUSIVE MEMBER BENEFITS

Shape Your Future and the Future of the Specialty

Let the Academy Be Your Partner for Continued Success—
from Residency to Retirement.

- Savings on Annual Meeting & OTO EXPOSM Registration
- Subscriptions to the highly rated *Bulletin* magazine and the scientific journal, *Otolaryngology—Head and Neck Surgery*
- Access to Clinical Practice Guidelines
- Members-only access to our website, www.entnet.org



Renew or Join today: www.entnet.org/renew

Please contact us for more information
1-877-722-6467 (US and CAN)
1-703-836-4444 (Outside of US and CAN)



AMERICAN ACADEMY OF OTOLARYNGOLOGY—HEAD AND NECK SURGERY

Modeling How Committees Influence the Specialty

Four AAO-HNS/F committees have been named Model Committees based on their accomplishments since the 2013 Annual Meeting & OTO EXPOSM. The Model Committee Award recognizes committees that contribute in ways that lead to the overall success of the AAO-HNS/F vision: empowering otolaryngologist-head and neck surgeons to deliver the best patient care. Model committees have a passion for accomplishing the activities outlined in the AAO-HNS/F strategic plan. The issues addressed by the 900-plus committee members reflect the interests of the entire specialty and contribute to the Boards of Directors' actions.

"The work that our committees do is essential to the vitality of the Academy," AAO-HNS/F Immediate Past President

Richard W. Waguespack, MD, said. "This past year's Model Committees have actively advanced the Academy's mission through activities such as presenting Miniseminars and Instruction Courses, reviewing and developing position statements, strategically working to further the specialty, and keeping committee members engaged."

Congratulations to the 2014 Model Committees:

BOG Legislative Affairs

- **Paul M. Imber, DO**, Chair
- **Susan R. Cordes, MD**, BOG Vice Chair

Ethics

- **Lauren S. Zaretsky, MD**, Chair
- **Susan D. McCammon, MD**, Chair-Elect



To view the accomplishments of the AAO-HNS/F committees during the 2014 term, please visit www.entnet.org/bulletin.

Head and Neck Surgery & Oncology

- **Christine G. Gourin, MD**, Chair

Outcomes, Research, and Evidence-based Medicine

- **Scott E. Brietzke, MD, MPH**, Chair
- **Jennifer J. Shin, MD, SM**, Chair-Elect

Catch Up with Committee Actions: Read the Reports

Academy and Foundation committees met during the AAO-HNS/F 2014 Annual Meeting & OTO EXPOSM to strategize and plan for 2015. Read their full reports online.

If you are interested in joining a committee, visit www.entnet.org/committees for more information and to submit an application.

**CALL FOR PAPERS
2015 DEADLINES**

AAO-HNSF ANNUAL MEETING & OTO EXPO 2015 SEPTEMBER 27-30 DALLAS, TX

Visit www.entnet.org/annual_meeting to submit your abstract.

INSTRUCTION COURSE	MINISEMINAR	SCIENTIFIC ORAL & POSTER
Submission Opens: November 10, 2014	Submission Opens: November 10, 2014	Submission Opens: January 19, 2015
Submission Closes: December 15, 2014	Submission Closes: December 15, 2014	Submission Closes: February 16, 2015
Notifications Sent: March 2015	Notifications Sent: March 2015	Notifications Sent: April 2015

AMERICAN ACADEMY OF OTOLARYNGOLOGY-HEAD AND NECK SURGERY FOUNDATION

Empowering otolaryngologist—head and neck surgeons to deliver the best patient care

1650 Diagonal Road, Alexandria, Virginia 22314-2857 U.S.A.
1-703-836-4444 1-703-683-5100 fax www.entnet.org

Special Thanks to Our IRT PARTNERS



We extend a special thank you to the partners of the AAO-HNSF Industry Round Table (IRT) program. Corporate support is critical to realizing the mission of the Academy, to help our members achieve excellence and provide the best ear, nose, and throat care through professional and public education and research. Our partnerships with these organizations that share this mission allow the Academy to continue to provide the programs and initiatives that are integral to our members providing the best patient care.

IRT Leader



Medtronic

OLYMPUS

Your Vision, Our Future

IRT Member

Acclarent
 expanding relief

Alcon
 a Novartis company

entellus
 MEDICAL

TEVA

Respiratory

IRT Associate

Auris Medical
 Cochlear therapies

COOK
 MEDICAL

ETHICON
 PART OF THE Johnson & Johnson FAMILY OF COMPANIES

intersect
 ENT

For more information on
support opportunities,
 please contact:

David Buckner
 Phone: 1-703-535-3718
 Email: dbuckner@entnet.org

As of December 2014



TRANSFORMING THRIVING
TOGETHER



2014
ANNUAL REPORT



AMERICAN ACADEMY OF
OTOLARYNGOLOGY-
HEAD AND NECK SURGERY



TABLE OF CONTENTS

- 3 MESSAGE FROM LEADERSHIP**
- 4 BOARDS OF DIRECTORS**
- 5 ADVOCACY**
- 12 RESEARCH & QUALITY**
- 15 EDUCATION & KNOWLEDGE**
- 20 MEMBER ENGAGEMENT & UNITY**
- 23 SUSTAINABILITY**

MESSAGE FROM LEADERSHIP

TRANSFORMING THRIVING TOGETHER

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

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

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

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

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




2013/2014 President




Executive Vice President and CEO

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

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

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

2013-2014

ACADEMY AND FOUNDATION BOARDS OF DIRECTORS

OFFICERS

President

Richard W. Waguespack, MD

President-Elect

Gayle E. Woodson, MD

Secretary/Treasurer

Gavin Setzen, MD

Immediate Past President

James L. Netterville, MD

Executive Vice President and CEO

David R. Nielsen, MD

ACADEMY & FOUNDATION AT-LARGE DIRECTORS

Director-Academic

Bradley F. Marple, MD

Director-Private Practice

Jerry M. Schreiberstein, MD

Director-Private Practice

Paul T. Fass, MD

Director-Academic

Michael G. Stewart, MD, MPH

Director-Private Practice

Duane J. Taylor, MD

Director-Academic

Kathleen L. Yaremchuk, MD, MSA

Director-Academic

Michael D. Seidman, MD

Director-Private Practice

Karen T. Pitman, MD

BOARD OF GOVERNORS REPRESENTATIVES

Chair, BOG (EC)

Peter Abramson, MD

Chair-Elect, BOG (EC/Non-Voting)

Wendy B. Stern, MD

Past Chair, BOG

Denis C. Lafreniere, MD

SPECIAL SOCIETY ADVISORY COUNCIL (SSAC) REPRESENTATIVES

Chair, SSAC

Richard M. Rosenfeld, MD, MPH

Chair-Elect, SSAC

Kathleen L. Yaremchuk, MD, MSA

ACADEMY COORDINATORS NON-VOTING

Coordinator for Socioeconomic Affairs

James C. Denny III, MD

Coordinator for Practice Affairs

Jane T. Dillon, MD, MBA

FOUNDATION COORDINATORS NON-VOTING

Coordinator for Research and Quality

John S. Rhee, MD, MPH

Coordinator-Elect for Research and Quality

Lisa E. Ishii, MD

Journal Editor

Richard M. Rosenfeld, MD, MPH

Journal Editor-Elect

John H. Krouse, MD, PhD

Coordinator for Development

Nikhil J. Bhatt, MD

Coordinator for Education

Sonya Malekzadeh, MD

Coordinator for Instruction Course Program

Sukgi S. Choi, MD

Coordinator for International Affairs

James E. Saunders, MD

Coordinator for Scientific Program

Eben L. Rosenthal, MD

EX-OFFICIO MEMBERS NON-VOTING

Chair, Ethics Committee

Lauren Zaretsky, MD

ACADEMY & FOUNDATION NON-VOTING INVITED GUESTS

Chair-Elect, Ethics Committee

Susan D. McCammon, MD

Chair, Women in Otolaryngology

Mona Abaza, MD

Chair, AMA Delegation

Liana Puscas, MD

Chair, Young Physicians Section

Ayesha N. Khalid, MD

Chair, Diversity Committee

Lisa Perry-Gilkes, MD

Chair, Section for Residents and Fellows-in-Training

Kanwar Kelley, MD, JD

AAO-HNS/F Counsel

Robert M. Portman, Esq., Powers Pyles Sutter & Verville, P.C.



ADVOCACY

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

ADVOCACY: YOUR VOICE

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

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

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

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

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

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

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

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

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

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

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



Congress: It’s Time for a Permanent Solution

SGR Video Transcript

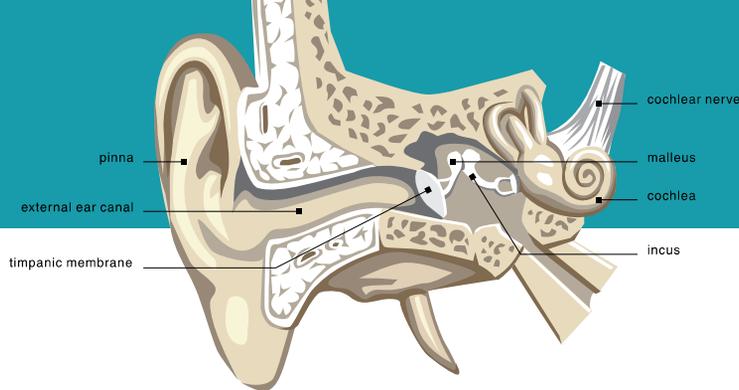
Time it takes to seriously discuss SGR reform: **12 Years**

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

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

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

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



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

BACKGROUND

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

ADVOCACY EFFORTS—FOCUS ON THE PATIENT FIRST

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

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

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

OUTCOME

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

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

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

DAVID R. NIELSEN, MD

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

ADVOCACY EFFORTS WITH CMS

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

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

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

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

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

CERUMEN REMOVAL WIN: POLICY REVERSED

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

STATE ADVOCACY: CONNECTING THE DOTS

AAO-HNS State Trackers



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

Trackers are Still Needed in Eight States:

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

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

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

session begins.

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

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

THE EVOLUTION OF FEDERAL AUDIOLOGY LEGISLATION

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

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

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

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

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

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

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



ADVOCACY: GET INVOLVED



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

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

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

GOVERNMENT AFFAIRS BY THE NUMBERS

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

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

1,827 ENT Advocacy Network Members

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

HEALTH POLICY

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

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

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

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



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

RESEARCH & QUALITY

RESEARCH & QUALITY: IMPROVING CARE

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

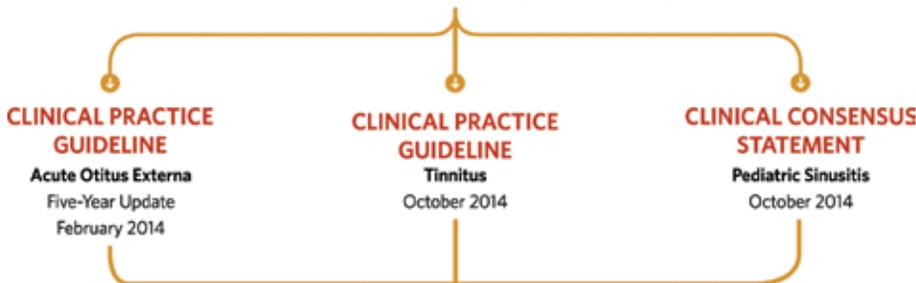
- Build a sustainable infrastructure to test, pilot, and promote adoption of research and quality products such as guidelines, measures, Performance Improvement Projects (PIP) or lifelong learning projects, and evidence-based medicine to promote translational research.
- Demonstrate the value of strong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



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

Quality Knowledge Products

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



programs to the specialty.

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



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



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

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

DISSEMINATION, EDUCATION, AND IMPLEMENTATION FOR CLINICAL PRACTICE GUIDELINES

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

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

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

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

GREGORY W. RANDOLPH, MD

Research & Quality



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

As a part of the Creating Healthcare Excellence through the Education and Research (CHEER) network, based at the Duke Clinical Research Institute and funded by the National Institute on Deafness and Other Communication Disorders (NIDCD), we are assessing the awareness of and barriers to implementation

of the CPGs. Results from these studies will help us understand what tools will need to be developed to assist our Members and non-otolaryngologist practitioners with implementing CPGs.

QUALITY MEASUREMENT AND REGISTRY DEVELOPMENT

Performance Measures

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

Otolaryngology Data Registry

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



CENTRALIZED OTOLARYNGOLOGY RESEARCH EFFORTS (CORE) GRANT PROGRAM

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

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

Otolaryngology-Specific Measure Groups for PQRS Reporting

Developed by AAO-HNSF & ABOto Leadership

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

PROPOSED ADULT SINUSITIS MEASURE GROUP

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

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

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

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

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

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

PROPOSED ACUTE OTITIS EXTERNA (AOE) MEASURE GROUP

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

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

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

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

Falls: Risk Assessment (*Patient Safety*)

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



EDUCATION & KNOWLEDGE

EDUCATION & KNOWLEDGE: AWARENESS, ENGAGEMENT, VALUE

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

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

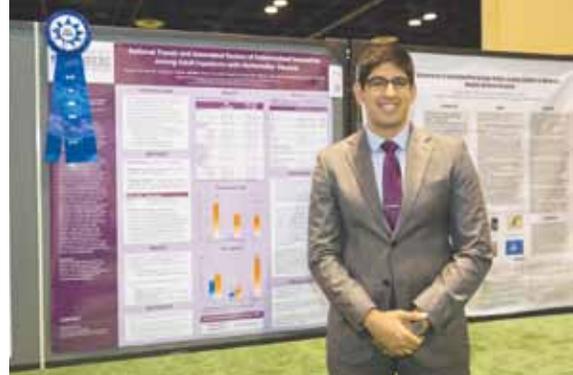
Through improving the value of its Education & Knowledge offerings, the Foundation continues to secure its spot as the primary source for otolaryngology education. The Foundation continued to reach out to Members throughout the year to better understand how value is perceived. Members used words such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

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



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

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



THRIVING ANNUAL MEETING & OTO EXPOSM

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

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

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

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



Education & Knowledge

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

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

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



Moving Forward, Bringing Together.

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

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



2014 ANNUAL MEETING & OTO EXPOSM

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

WORKING TOGETHER

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

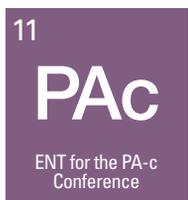
For the second year, the Foundation partnered with the American Society for Pediatric Otolaryngology to produce 10 expert-led webinars through the Pediatric Otolaryngology Webinar Series.



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

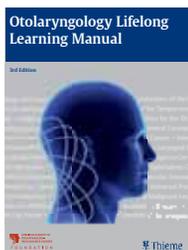
Guide to *TNM Staging of Head and Neck Cancer and Neck Dissection Classification* was copublished as an eBook by the two organizations and is now available on

both websites.



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

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



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

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

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

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

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

AcademyU[®]

Your Otolaryngology Education Source

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



TRANSFORMING FOR THE FUTURE

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

The path is guided by the five

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

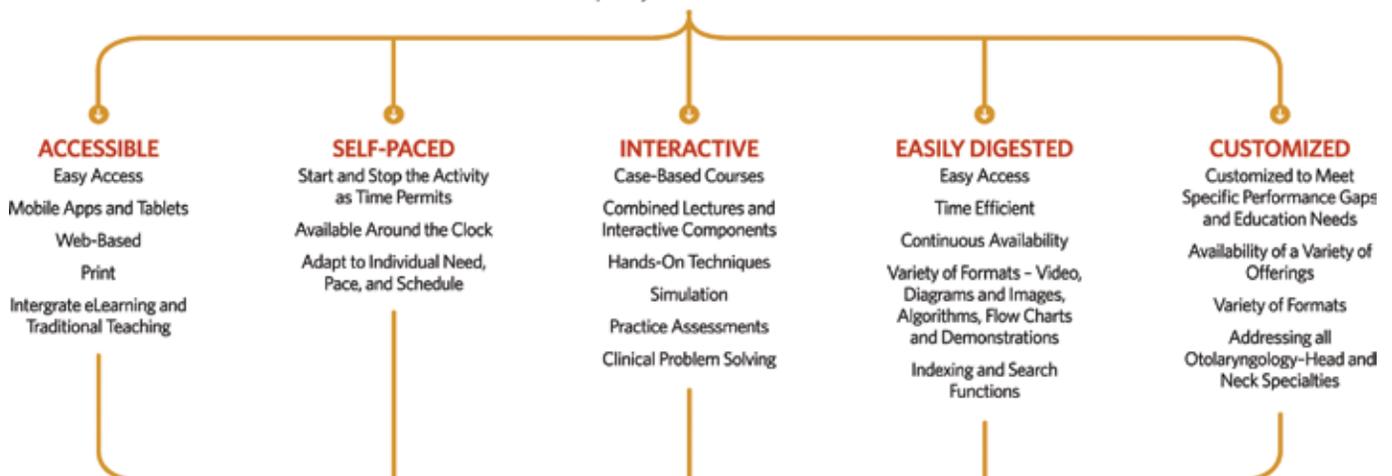
Members indicated they are using smartphones, tablets, and eReaders

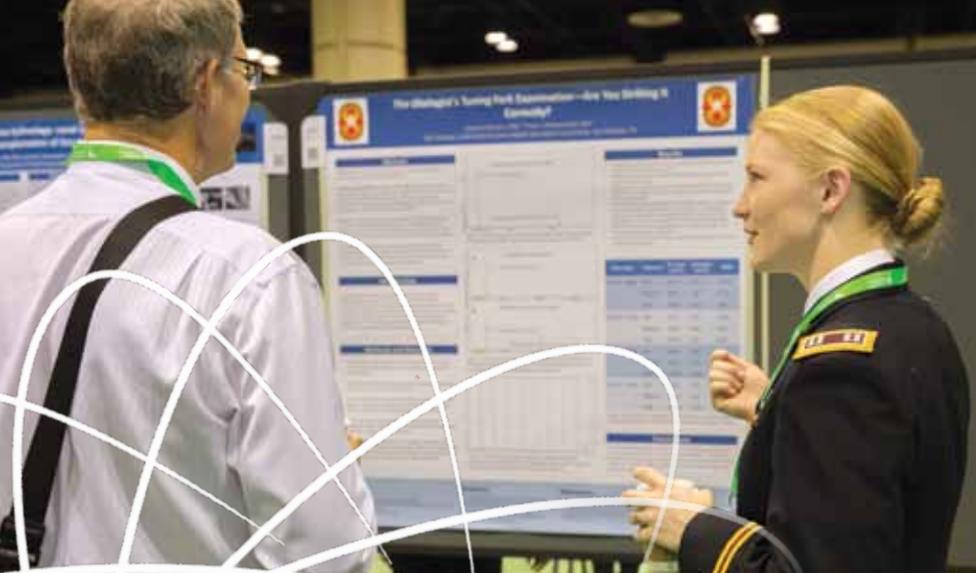
for continuing education information. According to the survey, 55 percent use a tablet, 54 percent use a smartphone, and 13 percent use an eReader as a source for both continuing education and professional information.

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

Path to the Ideal Learning Resource

Identified by AAO-HNS Members





MEMBER ENGAGEMENT & UNITY

MEMBER ENGAGEMENT & UNITY: YOUR EXPERIENCE

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

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



The “public forum” feature of ENTConnect is the place for all Members to join the conversation, regardless of whether you are active in a committee or other community. The robust online “directory” allows you to search for colleagues by using specific criteria. 🗨️



Demographic Overview

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

Primary Practice Setting

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



Sub-Specialty

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





TRANSFORMING FOR THE FUTURE

COMMITTEES AND SECTIONS

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

SECTIONS

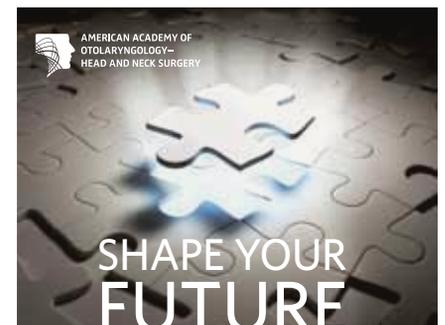
Our sections remain a vibrant part of who we are as your professional home and a great way to engage in activities of interest to your personal needs. Each of the sections convened leadership meetings in September in Orlando.

Our sections remain a vibrant part of who we are.

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

FROM RESIDENCY THROUGH RETIREMENT

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



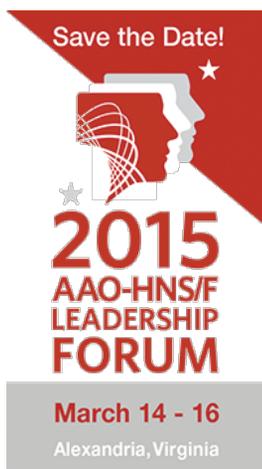
AND THE FUTURE OF THE SPECIALTY

AAO-HNS Is Your Partner
from Residency through Retirement



Exclusive Member Benefits • www.entnet.org/benefits

LEADERSHIP ACADEMY



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



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

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

INTERNATIONAL CORRESPONDING SOCIETY NETWORK

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

WE VALUE YOUR INPUT

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



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



SUSTAINABILITY

SUSTAINABILITY: STEWARDSHIP

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

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

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



HIGHLIGHTS

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

Sustainability

AAO-HNS MEMBERS & STAKEHOLDERS GIVING BACK TO THE SPECIALTY

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

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

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

The Doctors Company—medical liability insurance

HEALTHeCAREERS™—online career board

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

Eyemaginations—patient education

Optum™—coding resources

Officite—website design/marketing

Individual Support

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

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



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

2014 MILLENNIUM SOCIETY

as of November 1, 2014

LIFE MEMBERS

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

Mary E. Gorman, MD
Thomas A. Graves, MD
A. Kristina E. Hart, MD
Jack V.D. Hough, MD (decd.)
John W. House, MD
Stacey L. Ishman, MD, MPH
Barry R. Jacobs, MD
Jonas T. Johnson, MD
Srinivas R. Kaza, MD
David W. Kennedy, MD
Darius Kohan, MD
Alan D. Kornblut, MD
Dennis H. Kraus, MD
Helen F. Krause, MD (decd.)
John H. Krouse, MD, PhD
Vandana Kumra, MD
Ronald B. Kuppersmith, MD, MBA
Rande H. Lazar, MD, FRCS
Thomas B. Logan, MD
Rick G. Love, MD
Frank E. Lucente, MD
Rodney P. Lusk, MD
Sonya Malekzadeh, MD
Martha Entenmann Tinnitus Research Center, Inc.
Phillip L. Massengill, MD
Dinesh C. Mehta, MD
Ralph B. Metson, MD
James L. Nettekville, MD
David R. Nielsen, MD
Michael M. Paparella, MD
Spencer C. Payne, MD
Angela M. Powell, MD
Eileen M. Raynor, MD
Richard M. Rosenfeld, MD, MPH
Steven H. Sacks, MD
Jerry M. Schreiberstein, MD
Michael D. Seidman, MD
Gavin Setzen, MD
Abraham Shulman, MD
Herbert Silverstein, MD
William H. Slattey III, MD
Nancy L. Snyderman, MD
James A. Stankiewicz, MD
J. Pablo Stolovitzky, MD
Krishnamurthi Sundaram,

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

PATRON MEMBERS

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

SUSTAINING MEMBERS

Reginald F. Baugh, MD
William R. Bond, Jr., MD
Peter C. Bondy, MD
Marvin P. Fried, MD
Michael Friedman, MD
Clarence W. Gehris, Jr., MD
Carlos Gonzalez Aquino, MD
Joseph E. Hart, MD, MS
Stephanie Joe, MD
Alan J. Johnson, MD, MPH
Romaine F. Johnson, MD
Timothy D. Knudsen, MD
Jeffery J. Kuhn, MD
William P. Magdycz, Jr., MD
James A. Manning, MD
Edith A. McFadden, MD, MA
Bert W. O'Malley, Jr., MD
Robert B. Parke, Jr., MD, MBA

Lisa C. Perry-Gilkes, MD
Karen T. Pitman, MD
Anna M. Pou, MD
Michael Setzen, MD
Lee M. Shangold, MD
Adam M. Shapiro, MD
Joseph R. Spiegel, MD
Jamie Stern, MD
Debara L. Tucci, MD, MBA
Sunil Ummat, MD, FRCS
Winston C. Vaughan, MD
Richard W. Waguespack, MD
Randal S. Weber, MD
Daniel L. Wohl, MD
Stephen Kenneth Wolfe, MD
Rhoda Wynn, MD
Lauren S. Zaretsky, MD

MEMBERS

Oneida A. Arosarena, MD
Moises A. Arriaga, MD, MBA
Jonathan E. Aviv, MD
Douglas D. Backous, MD
Dole P. Baker, Jr., MD
James G. Barlow, MHA
David M. Barrs, MD
David D. Beal, MD
Michael S. Benninger, MD
Peter D. Berman, MD
Bradley B. Block, MD
Todd Blum, MHA, MBA, CMPE
Derald E. Brackmann, MD
Carol R. Bradford, MD
Jean Brereton, MBA
Robin M. Brody, MD
Hana T. Bui, MD
Lawrence P.A. Burgess, MD
Edward F. Caldwell, MD
Bruce H. Campbell, MD
Mark E. Carney, MD
William R. Carroll, MD
C.Y. Joseph Chang, MD
A. Craig Chapman, MD
Khalid Chowdhury, MD, MBA
John U. Coniglio, MD
Susan R. Cordes, MD
Stephen P. Cragle, MD

2014 MILLENNIUM SOCIETY

Donald E. Crawley, MD
Roberto A. Cueva, MD
Lawrence J. Danna, MD
Jennifer Derebery, MD
Craig S. Derkay, MD
Daniel G. Deschler, MD
Linda J. Dindzans, MD
H. Peter Doble II, MD
John P. Dodaro, MD
Wayne B. Eisman, MD
Moshe Ephrat, MD
Joseph G. Feghali, MD
Ilana Feinerman, MD
Berrylin J. Ferguson, MD
Valerie A. Flanary, MD
Marion B. Gillespie, MD
Douglas A. Girod, MD
Robert A. Glazer, MPA
Cameron D. Godfrey, MD
David A. Godin, MD
Frederick A. Godley III, MD
Julie L. Goldman, MD
Barbara Salmon Grandison,
MBBS
Iain L. Grant, MB, ChB
Robert P. Green, MD
John J. Grosso, MD
Benjamin Gruber, MD, PhD
Steven D. Handler, MD, MBE
Brenda S. Hargett, CPA, CAE
Willard C. Harrill, MD
Adrianna M. Hekiart, MD
Barry Hirsch, MD
Richard S. Hodgson, MD
Steven D. Horwitz, MD
John R. Houck, Jr., MD
Paul M. Imber, DO
Lisa E. Ishii, MD, MHS
Ofer Jacobowitz, MD, PhD
Gina D. Jefferson, MD
Timothy T.K. Jung, MD, PhD
Michael D. Katz, MD
Paul E. Kelly, MD
Matthew T. Kirby, MD
Greg Krempf, MD
J. Walter Kutz, Jr., MD
Denis C. Lafreniere, MD
Estella Laguna
John T. Lanza, MD
Pierre Lavertu, MD

Amy D. Lazar, MD
Patty Lee, MD
Marc J. Levine, MD
Steven B. Levine, MD
Philip G. Liu, MD
Howard W. Lowery, MD
James D. Lowery, MD
Robert H. Maisel, MD
Laurie E. Markowitz Spence,
MD
Theodore P. Mason, MD
Susan D. McCammon, MD
Jeanne M. McIntyre, CAE
Brian J. McKinnon, MD, MBA
David L. Mehlum, MD
Vishvesh Mukur Mehta, MD
Alan G. Micco, MD
Ron Mitzner, MD
Richard T. Miyamoto, MD,
MS
Samantha Marie Mucha, MD
Srinivas B. Mukkamala, MD
Cherie-Ann O. Nathan, MD
Michael J. Nathan, MD
J. Gail Neely, MD
Peggyann Berguer Nowak,
MD
Brian Nussenbaum, MD
Rick Odland, MD, PhD
Simon C. Parisier, MD
Adam Pearl, MD
James K. Pitcock, MD
Christopher P. Poje, MD
Shannon P. Pryor, MD
Liana Puscas, MD
John S. Rhee, MD, MPH
Brent E. Richardson, MD
Eben L. Rosenthal, MD
Michael A. Rothschild, MD
Ron Sallerson, CFRE
Thomas A. Salzer, MD
Robert T. Sataloff, MD, DMA
James E. Saunders, MD
B. Todd Schaeffer, MD
Cecelia E. Schmalbach, MD
Seth R. Schwartz, MD, MPH
Merry E. Sebelik, MD
Rahul K. Shah, MD
Daniel E. Sharkey, MD
Clough Shelton, MD

William H. Sher, MD
Michael R. Shohet, MD
Richard V. Smith, MD
Shane Smith, MD
Carl H. Snyderman, MD, MBA
Robert J. Stachler, MD
Marian Staffel
Wendy B. Stern, MD
Scott P. Stringer, MD
John P. Sugrue, MD
Gerald D. Suh, MD
Charles A. Syms III, MD,
MBA
Monica Tadros, MD
Fred F. Telischi, MD
David J. Terris, MD
Evan J. Tobin, MD
David E. Tunkel, MD
Michael C. Vidas, MD
Hayes H. Wanamaker, MD
Marilene B. Wang, MD
Mark K. Wax, MD
Stephen J. Wetmore, MD
Sue K. Wink, MD
Kirk P. Withrow, MD
Gayle E. Woodson, MD
Douglas L. Worden, MD
Eiji Yanagisawa, MD
Stanley Yankelowitz, MD
Kathleen Yaremchuk, MD,
MSA
Jay A. Yates, MD
Karen B. Zur, MD

YOUNG PHYSICIAN MEMBERS

Meredith E. Adams, MD
Nadir Ahmad, MD
Samantha Anne, MD
Cristina Baldassari, MD
Hamad Chaudhary, MD
Daniel C. Chelius, Jr., MD
Steven B. Chinn, MD, MPH
David M. Cognetti, MD
Maura Cosetti, MD
Douglas H. Cowan, MD
Kara Davis, MD
Jayme R. Dowdall, MD
Christine Blanche Franzese,
MD

Tamer Abdel-Halim Ghanem,
MD, PhD
Elizabeth Guardiani, MD
Trevor G. Hackman, MD
Kanwar S. Kelley, MD, JD
Ayesha N. Khalid, MD
Liza Deepak Korambil, MBBS
Michael J. Kortbus, MD
Oleg V. Kravtchenko, MD
Alexander Langerman, MD
Mina N. Le, MD
Alf Bjarne R. Lilleaas, MD
Jamie R. Litvack, MD
Jeffrey C. Liu, MD
Amber U. Luong, MD, PhD
Peter Manes, MD
Vikas Mehta, MD
Sarah Mowry, MD
Nikhila P. Raol, MD
Scott M. Rickert, MD
Ryan K. Sewell, MD
Vijay M. Sharma, MD, MPH
Lawrence M. Simon, MD
Maria V. Suurna, MD
Jonathan Y. Ting, MD
Dale A. Tylor, MD
Eric P. Wilkinson, MD
Kevin F. Wilson, MD
Meghan N. Wilson, MD
Erika A. Woodson, MD
Estelle S. Yoo, MD
Noriko Yoshikawa, MD
Philip B. Zald, MD

AAO-HNS/F STAFF MEMBERS

Paul Bascomb
Jean Brereton, MBA
David Buckner
Leslie Caspersen, MBA
Mary Pat Cornett, CAE, CMP
Nancy D'Agostino
Brenda S. Hargett, CPA, CAE
Tom D. Killam, CAE
Estella Laguna
Kathy Lewis
Catherine R. Lincoln, CAE,
MA (Oxon)
Heather K. McGhee

HAL FOSTER, MD ENDOWMENT

HAL FOSTER, MD ENDOWMENT

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



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

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

HAL FOSTER, MD CENTURIONS

Ronald B. Kuppersmith, MD, MBA, and Nicole Kuppersmith
Michael M. Paparella, MD, and Treva Paparella

HAL FOSTER, MD STEWARDS

Robert W. Bastian, MD, and Janice E. Bastian
Nikhil J. Bhatt, MD, and Anjali Bhatt, MD
Neil Bhattacharyya, MD, and Anjini Bhattacharyya, MD
Andrew Blitzer, MD, DDS
I. David Bough, Jr., MD
Sujana S. Chandrasekhar, MD, and Krishnan Ramanathan
Sukgi S. Choi, MD, and Charles F. Monk, Jr.
Noel L. Cohen, MD, and Baukje Cohen
Nathan A. Deckard, MD
Lee D. Eisenberg, MD, MPH, and Nancy E. Eisenberg
Michael E. Glasscock III, MD
Steven M. Gold, MD
Thomas A. Graves, MD
Barry R. Jacobs, MD, and MaryLynn Jacobs

Jonas T. Johnson, MD, and Janis Johnson
David W. Kennedy, MD
Thomas B. Logan, MD, and Jo Logan
Rodney P. Lusk, MD, and Constance C. Lusk, BSN, RN
Phillip L. Massengill, MD
James L. Netterville, MD
David R. Nielsen, MD, and Rebecca C. Nielsen, RN
Richard M. Rosenfeld, MD, MPH
Harlene Ginsberg and Jerry M. Schreiberstein, MD
Gavin Setzen, MD, and Karen Setzen
James A. Stankiewicz, MD
J. Pablo Stolovitzky, MD, and Silvia P. Stolovitzky
Ira David Uretzky, MD, and Beth J. Uretzky
Jay S. Youngerman, MD, and Toni Youngerman

HAL FOSTER, MD SUSTAINERS

Peter J. Abramson, MD, and Cara Abramson, APRN-BC
Kenneth W. Altman, MD, PhD, and Courtney Altman
Seilesh Babu, MD, and Abbey Crooks-

Babu, MD
Byron J. Bailey, MD, and Margaret Bailey
Roy R. Casiano, MD
C. Ron Cannon, MD, and family
David R. Edelstein, MD, and Eve Lesser
Raghuvir B. Gelot, MD, and Carolyn Gelot, RN, MSN, FNP, CORLN
Rebecca D. Golgert, MD
Stacey L. Ishman, MD, and Jim McCarthy
Darius Kohan, MD
Alan D. Kornblut, AB, MS, MD, and Alfred Kornblut, CAPT MC USNR-RET (decd.)
Helen F. Krause, MD (decd.)
John H. Krouse, MD, PhD, and Helene J. Krouse, PhD, FAAN
Spencer C. Payne, MD
Michael D. Seidman, MD, and Lynn Seidman
Nancy L. Snyderman, MD
Duane J. Taylor, MD
Betty S. Tsai, MD
P. Ashley Wackym, MD, and Jeremy Wackym
David L. Witsell, MD, MHS
Peak Woo, MD
Ken Yanagisawa, MD, and Julia Shi, MD
Mark E. Zafereo, Jr., MD

DAVID R. NIELSEN, MD ENDOWMENT



DAVID R. NIELSEN, MD ENDOWMENT

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

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

DAVID R. NIELSEN, MD, ENDOWMENT DONORS

Donors (as of November 1, 2014)

American Academy of Ophthalmology

William G. Ascani

Linda T. Ayers, MHCM, CAE

David M. Barrs, MD

Nikhil J. Bhatt, MD

Harry Biddle

Jean Brereton, MBA

Leslie Caspersen, MBA

Boris Chernobilsky, MD

Susan R. Cordes, MD

Mary Pat Cornett, CAE, CMP

James C. Denneny III, MD

Jennifer Derebery, MD

Craig S. Derkay, MD

Lee D. Eisenberg, MD, MPH

Paul T. Fass, MD

Freeman

Lynn Frischkorn

Michael Gerard Glenn, MD

Carrie Hanlon, CPA

Brenda S. Hargett, CPA, CAE

A. Kristina E. Hart, MD

John R. Houck Jr., MD

John W. House, MD

Badr Ibrahim, MD

Danielle E. Jarchow, Esq.

Keller Benefit Services

Ayesha N. Khalid, MD

Thomas D. Killam, CAE

John H. Krouse, MD, PhD

Jeffery J. Kuhn, MD

Denis C. Lafreniere, MD

Estella Laguna

John T. Lanza, MD

Rande H. Lazar, MD, FRCS

Joseph E. Leonard, MD

Kathy Lewis

Catherine R. Lincoln, CAE, MA (Oxon)

Sonya Malekzadeh, MD

Jeanne M. McIntyre, CAE

Richard T. Miyamoto, MD, MS

Srinivas B. Mukkamala, MD

Eugene N. Myers, MD, FRCS Edin (Hon)

James L. Netterville, MD

Richard R. Orlandi, MD

Kevin Phillips

Karen T. Pitman, MD

Robert M. Portman, Esq

Edward A. Psioda

Robert Puchalski, MD

Liana Puscas, MD

John S. Rhee, MD, MPH

David W. Roberson, MD

Mike A. Robey

Peter S. Roland, MD

Ross Rollins

Tamara L. Rollins

Richard M. Rosenfeld, MD, MPH

Eben L. Rosenthal, MD

Ron Sallerson, CFRE

Megan Schagrin, CAE, CFRE

Jerry M. Schreiberstein, MD

Michael D. Seidman, MD

Gavin Setzen, MD

Clough Shelton, MD

Audrey E. Shively, MSHSE, MCHES,

CCMEP

Lawrence M. Simon, MD

Nancy L. Snyderman, MD

Starwood Hotels and Resorts Worldwide

Wendy B. Stern, MD

Michael G. Stewart, MD, MPH

Joy L. Trimmer, JD

P. Ashley Wackym, MD

Richard W. Waguespack, MD

Hayes H. Wanamaker, MD

Pamela S. Wood, MBA, SPHR

Gayle E. Woodson, MD

Wyndham Jade L.L.C.

Ken Yanagisawa, MD

Kathleen Yaremchuk, MD, MSA

Lauren S. Zaretsky, MD

ANNUAL MEETING SPONSORSHIPS

ANNUAL MEETING SPONSORSHIPS

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



AAO-HNSF

irt industry round table

IRT Leader

Medtronic

OLYMPUS[®]

Your Vision, Our Future

IRT Member

Acclarent[®]
expanding relief[®]

Alcon[®]
a Novartis company

entellus
MEDICAL[®]

TEVA Respiratory

IRT Associate

Auris Medical
Cochlear therapies

COOK[®]
MEDICAL

ETHICON
PART OF THE *Johnson & Johnson* FAMILY OF COMPANIES

intersect
ENT

FINANCIAL REPORT FISCAL YEAR 2014 (FY14)

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

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

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

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

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

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

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



*Gavin Setzen, MD
Secretary/Treasurer*

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

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



ENTCONNECT

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

NEWLY REDESIGNED WEBSITE

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

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

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

TECHNOLOGY: IMPROVING THE MEMBER EXPERIENCE

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

CPT Changes for 2015: What ENTs Need to Know

A new year means new codes. They are summarized here:

What ENTs Need to Know

As the medical community has come to expect, part of the annual rulemaking process conducted by the Centers for Medicare & Medicaid Services (CMS) includes the new and modified CPT codes, developed by the American Medical Association's (AMA) Current Procedural Terminology (CPT) Editorial Panel. In addition, CMS includes new, or updated, values (also known as relative value units [RVUs]) for medical services that have undergone review by the American Medical Association's Relative Update Committee (AMA RUC). CMS has the discretion to accept the RUC's RVU recommendations for physician work, as well as recommendations for direct practice expense inputs, or it may exercise its administrative authority and elect to assign a different value, or practice expense inputs, for medical procedures paid for by Medicare. The final value, as determined by CMS, is then publicly released in the final Medicare Physician Fee Schedule (MPFS) rule for the following calendar year.

The Academy is an active participant in both the AMA RUC valuation of otolaryngology-head and neck services, and the CMS annual rulemaking processes.

The Academy is an active participant in both the AMA RUC valuation of otolaryngology-head and neck services, and the CMS annual rulemaking processes. As part of those efforts, we ensure that members are informed and prepared for key changes to CPT codes and valuations

related to otolaryngology-head and neck surgery. The following outlines a list of coding changes, including new and revised CPT codes, as well as codes that were reviewed by the AMA RUC and could have modified Medicare reimbursement values for 2015.

New Codes

In CY 2015, a new CPT code and/or deleted CPT codes will be announced, including:

- **One new code to report Endoscopic Zenker's Diverticulum (43180).**
- **Deletion of three Eustachian tube codes (69400, 69401, and 69405).** To report the work of 69400 or 69405 an unlisted code, 69799, is recommended. For 69401, the appropriate Evaluation and Management office visit code is recommended. For more, visit our Coding Corner to access the CPT for ENT on this topic.

Codes Reviewed by the AMA RUC in CY 2014

In addition to the creation of several new CPT codes for 2015, a number of existing CPT codes relating to otolaryngology were reviewed by the AMA RUC, and their RUC approved values were submitted to CMS for final determination for the CY 2015 final rule. Members should be prepared for modified relative value units for some or all of these procedures in CY 2015. Services that were reviewed include:

- **92541:** Spontaneous nystagmus test, including gaze and fixation nystagmus, with recording
- **92542:** Positional nystagmus test, minimum of four positions, with recording
- **92543:** Caloric vestibular test, each irrigation (binaural, bithermal stimulation constitutes four tests), with recording
- **92544:** Optokinetic nystagmus test, bidirectional, foveal, or peripheral stimulation, with recording
- **92545:** Oscillating tracking test, with recording
- **10021*:** Fine needle aspiration; without imaging guidance

- **30903*:** Control nasal hemorrhage, anterior, complex (extensive cautery and/or packing) any method
- **30905*:** Control nasal hemorrhage, posterior, with posterior nasal packs and/or cautery, any method; initial
- **31295*:** Nasal/sinus endoscopy, surgical; with dilation of maxillary sinus ostium (e.g., balloon dilation), transnasal or via canine fossa
- **31296*:** Nasal/sinus endoscopy, surgical; with dilation of frontal sinus ostium (e.g., balloon dilation)
- **31297*:** Nasal/sinus endoscopy, surgical; with dilation of sphenoid sinus ostium (e.g., balloon dilation)
- **41530*:** Submucosal ablation of the tongue base, radiofrequency, one or more sites, per session
- **30300*:** Removal foreign body, intranasal; office type procedure
- **30906*:** Control nasal hemorrhage, posterior, with posterior nasal packs and/or cautery, any method; subsequent
- **40804*:** Removal of embedded foreign body, vestibule of mouth; simple
- **42809*:** Removal of foreign body from pharynx
- **69200*:** Removal foreign body from external auditory canal; without general anesthesia
- **69220*:** Debridement, mastoidectomy cavity, simple (e.g., routine cleaning)
- **92511*:** Nasopharyngoscopy with endoscope (separate procedure)

**Only practice expense inputs reviewed by the RUC in 2014, physician work was not surveyed or discussed for these codes.*

Health Policy staff will provide members with a detailed summary of CMS approved values for the above services after they are issued in the 2015 final MPFS. Should members have any questions regarding the above information in the meantime, please contact the Health Policy team at <http://www.entnet.org/content/practice-management-tool>. 

Mission Trip to Santo Domingo, Dominican Republic

Cheryl C. Nocon, MD
Humanitarian Travel Grant Awardee

Earlier this year, I traveled to Santo Domingo, Dominican Republic, with a group of surgeons, anesthesiologists, nurses, and staff under the auspices of Medical Aid for the Children of Latin America (MACLA). MACLA is a not-for-profit organization founded in 1985 by a plastic and reconstructive



Pre-operative clinic, evaluation and selection of surgical candidates with the help of Peace Corps volunteer and language interpreter.



Post-operative clinic, follow-up visit for ear reconstructive surgery.

surgeon with the mission to provide surgical reconstruction of various physical deformities for low-income residents of Bolivia and the Dominican Republic. It is an organization that boasts a 30-year relationship with the host country and its county hospital equivalent, Hospital de Padre Billini. As a PGY-IV otolaryngology resident from the University of Chicago, I accompanied my attending, **Alexander Langerman, MD**.

During the course of one busy pre-operative clinic day and four long operative days, our group saw about 250 patients and performed about 100 surgeries. Such an undertaking would have been an organizational and logistical challenge even in our modern home institutions, let alone a resource-strapped hospital in the Dominican Republic where intermittent power outages shut down the anesthesia machines and postponed cases. Despite the occasional glitch, we were able to perform the surgeries safely, care for our patients appropriately, and enjoy ourselves in the process. Even when two cases were carried out in the same operating room—complete with two sets of surgeons, two sets of anesthesiologists/CRNAs, and two sets of support staff—and the limitations of our space, time, and resources painfully obvious, the sense of satisfaction and camaraderie at the end of the week was unanimous.

It was a great lesson in what patience, composure, and a good attitude can accomplish, even when faced with challenges that will likely surpass anything I will ever encounter in the U.S.

I think a key to our group's success was understanding our limitations, maximizing our resources on patients who would benefit the

most from surgery, and selecting surgical candidates whom we anticipated would not need close post-operative follow-up, whether they were in the D.R. or the U.S. This included cosmetic procedures that would have an immediate influ-

Many surgical candidates were unfortunately turned away because of the high risk of post-operative complications or the lack of close follow-up that such a surgery and patient deserved.

ence (excision of disfiguring facial scars and masses); cosmetic procedures that would have a delayed, albeit significant, influence (staged ear reconstructions that could be scheduled to coincide with our biannual trips); and surgeries that could have significant functional improvement (tympanoplasties). Many surgical candidates were unfortunately turned away because of the high risk of post-operative complications or the lack of close follow-up that such a surgery and patient deserved.

The final day was reserved for post-operative visits. The results were encouraging, as many patients were healing and recovering well from their surgeries. The long-term success was confirmed a month later when the MACLA director informed us of the positive reports from our Dominican liaison and host doctor, Miguel Cotes, MD.

My time in the Dominican Republic certainly strengthened my desire to incorporate international work as part of my career. Thanks to the funding provided by the AAO-HNSF Humanitarian Efforts Committee and the Alcon Foundation, I was able to experience the unique challenges and rewards. 

Honduras: Torticollis Repair and More

Matthew Connor, MD
Humanitarian Travel Grant Awardee

I attended a weeklong mission trip to the Baptist Hospital in Guaimaca, Honduras, with the Baptist Medical and Dental Mission International. The rural town of Guaimaca has a population of around 25,000, with another 300,000 living in the surrounding mountains. The mission runs a clinic all year long with surgical teams visiting about once a month. Our group included ENT, dental, gynecology, orthopedics, and general surgery services. The week began with a long day of clinic. We started seeing patients at 7 am, and did not finish until 9 pm. We quickly booked up our operating room schedule and even booked cases for the next month's mission trip. People came from as far as seven hours away by car, bus, or even by foot. Some came

without any means to pay for lodging, and the mission afforded them an allowance to stay in a hotel until their surgery. Patients repeatedly indicated that the mission hospital provided much better care than they could get anywhere else in the country, and they were willing to do whatever it took to get there.

We performed a variety of pediatric and adult surgery, including endoscopic sinus surgery for allergic fungal sinusitis and chronic sinusitis with polyposis, branchial cleft excision, thyroidectomy, cleft lips and palates, supraglottoplasty, and torticollis repair. The child with congenital torticollis was born and lived in the mountains. She was 7, and had never received any treatment. Her neck was practically affixed to her right shoulder, and she had developed scoliosis as a result of her attempts to compensate. We worked with a pediatric orthopedic surgeon to release

her sternocleidomastoid muscle from the mastoid and the sternum and clavicle, and instructed her grandmother on postoperative physical therapy. The girl was elated after surgery and recovered well.

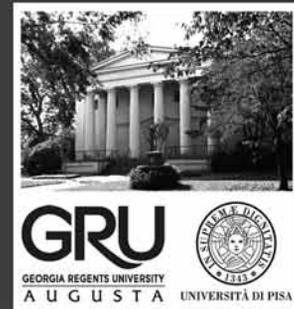
My trip was challenging but rewarding. I worked with talented and generous people, and was inspired by the patients who were so grateful and kind toward us. It was a privilege to participate, and I hope that the influence we had on the patients was as positive and enduring as the influence they had on me. I sincerely thank the AAO-HNSF for the opportunity to attend this life-changing trip. 



The ENT team removing a branchial cleft cyst.

Comprehensive Management of Thyroid and Parathyroid Diseases

March 20 - 21, 2015
Augusta, Georgia



Distinguished Guest Faculty

Orlo H. Clark, MD
Bryan McIver, MD, PhD
Paolo Miccoli, MD
Ashli O'Rourke, MD
Michael C. Singer, MD
Julie Ann Sosa, MD, MA
Brendan C. Stack, Jr., MD
Bauer Vaughters, MD
Priyathama Vellanki, MD

Course Directors

William S. Duke, MD
David J. Terris, MD, FACS

A combination of didactic lectures, panel discussions, surgical video presentations, hands-on skill stations, and cadaveric prosections to convey the latest techniques in thyroid and parathyroid surgery

Presented by
Georgia Regents University and University of Pisa

MEETING DETAILS and REGISTRATION
www.augustathyroidcourse.org

Questions? Contact the Augusta Otolaryngology Educational Foundation
6134 Poplar Bluff Circle, Suite 101 | Norcross, GA 30092
tel 770-613-0932 | fax 305-422-3327 | maryann@theassociationcompany.com

ADVANCES IN RHINOPLASTY



Course Directors
Tom D. Wang, MD
David W. Kim, MD
J. David Kriet MD

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



Sheraton Chicago Hotel and Towers
May 14-17, 2015 * Chicago, IL USA

Four full days of presentations, expert panels, debates,
and lectures covering rhinoplasty essentials,
primary deformities, difficult cases, complications,
revision surgery, nuances, controversies,
alternatives, and out-of-the-box topics.

Hands-on cadaver lab and simulcast live surgery on the last day.

Twelfth Annual Otology Update and Lateral Temporal Bone Symposium

February 5-7, 2015

Presented by
Department of Otolaryngology and Division of
Professional and Community Education

Refresh your surgical skills and sharpen your decision-making in otologic and skull base surgery. Learn the latest techniques and technology. This conference will include a comprehensive lecture and hands-on cadaver dissection. Enrollment is limited.

Honored Guest Speakers:

Peter C. Weber, MD, MBA
Rocky Mountain Ear Center
Englewood, CO

Benedict Panizza, MD
Fiona Panizza, MD
Otolaryngology Department
University of Queensland
Brisbane, Australia

Co-Course Directors:

Sarah E. Mowry, MD
Assistant Professor
Department of Otolaryngology,
GRU Skull Base Center

Dr. C. Arturo Solares, MD
Associate Professor
Department of Otolaryngology,
GRU Skull Base Center

Register early. Participation in the lab is limited.

FOR QUESTIONS:
Division of Professional and Community Education
Georgia Regents University
Augusta, GA 30912
Phone: 800-221-6437 or 706-721-3967
Fax: 706-721-4642
E-mail: mquarles@gru.edu
Internet: www.gru.edu/ce



Department of Otolaryngology and Communication Enhancement
Boston Children's Hospital



Otology-Neurotology Translational Research Faculty Position

The Department of Otolaryngology and Communication Enhancement at the Boston Children's Hospital (BCH) seeks a board certified or board eligible pediatric otolaryngologist or neurotologist who desires to develop primarily a pediatric otology or neurotology practice with a translational research component. An M.D. Ph.D. educational background is desired. This position includes an academic appointment as Instructor, Assistant Professor or Associate Professor at the Harvard Medical School (HMS) commensurate with the individual's experience and qualifications.

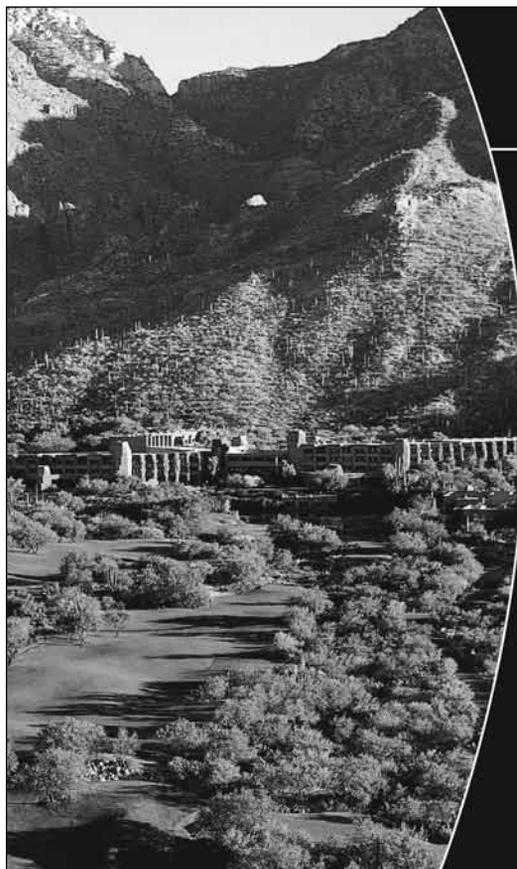
The Department of Otolaryngology and Communication Enhancement has a vibrant otology and neurotology practice, and is affiliated with the F.M. Kirby Neurobiology Center at BCH, offering potential research interactions across the spectrum of the HMS institutions.

Interested candidates should submit a current CV, a two or three page description of research interests, and three to five reference letters to:

Michael J. Cunningham, MD
Chief, Department of Otolaryngology and Communication Enhancement
Boston Children's Hospital
300 Longwood Avenue, BCH 3129
Boston, MA 02115

Email: michael.cunningham@childrens.harvard.edu

Boston Children's Hospital and Harvard Medical School are Equal Opportunity/Affirmative Action Employers. Women and minorities are encouraged to apply.



ENT in the Desert

Updates in Otolaryngology Symposium

with World Class Spa, Wellness and Golf

February 19-21, 2015

Loews Ventana Canyon, Tucson, Arizona

Course Directors

Alexander Chiu, MD
Stephen Goldstein, MD
Abraham Jacob, MD

Distinguished Faculty

Colin L.W. Driscoll, MD
Derrick Lin, MD
Ira Papel, MD
Michael Stewart, MD
Winston C. Vaughan, MD

Registration: \$350

entinthedesert.surgery.arizona.edu

Hotel: \$169/night guaranteed through

Wednesday, January 28, 2015 ▾ 800-234-5117

For more information, contact: Jack Roberts

jroberts@oto.arizona.edu ▾ 520-626-6673

This activity is designated for a maximum of
15 AMA PRA Category 1 Credit(s)[™]

Presented by



OTOLARYNGOLOGY
HEAD & NECK SURGERY



Cape Cod Opportunity

4-physician practice seeking general otolaryngology partner. Full service practice covering the Cape and Islands.

Audio, VNG, CO2 laser, allergy, in-office Sinuplasty, and video/strobe laryngoscopy. 1 in 6 call schedule. 1 hour from Boston, great area for outdoor activities.

Send CV to:
Edward Caldwell, MD
65 Cedar St.
Hyannis, MA 02601



CAPE COD EAR, NOSE AND THROAT SPECIALISTS
HEAD & NECK SURGERY, P.C.
FACIAL PLASTIC SURGERY



SCHOOL OF MEDICINE
INDIANA UNIVERSITY

FULL TIME ACADEMIC FACULTY POSITION Otolaryngologist-Head and Neck Surgeon Chief, Eskenazi Hospital

The Indiana University School of Medicine (IUSM) Department of Otolaryngology-Head & Neck Surgery in Indianapolis, Indiana is seeking full time faculty physicians to join our comprehensive and growing department. Our department is dedicated to: providing the highest quality medical care; educating students, residents, fellows, and physicians in the field of Otolaryngology-Head & Neck Surgery and related disciplines; and performing research regarding disorders within our specialty. Our faculty physicians are nationally and internationally recognized as clinical experts and our scientists and clinician-investigators perform a broad range of research including infant speech perception, stem cell research in the auditory system, neurofibromatosis pathophysiology, and peripheral nerve regeneration. Our future goals include expansion of our clinical programs across Indiana, and building on the strengths of the IU Otolaryngology program in hearing as well as furthering the department's translational programs in head and neck cancer.

Candidate must be trained in all aspects of otolaryngology-head and neck surgery. Leadership experience preferred.

Responsibilities include participation in an active clinical practice, training residents and medical students, and hospital administration. Rank and salary will be commensurate with level of experience.

Interested candidates should submit C.V and arrange to have three letters of reference sent to:

Marion Everett Couch, MD PhD MBA
Richard T. Miyamoto Professor and Chair
Department of Otolaryngology - Head & Neck Surgery
Indiana University School of Medicine
Gatch Hall • 541 Clinical Drive, Suite 200 • Indianapolis, IN 46202
smaxwell@iupui.edu

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

Fellowships Available

GEORGIA REGENTS UNIVERSITY

Department of Otolaryngology/
Head & Neck Surgery



Fellowships are available at Georgia Regents University in the Department of Otolaryngology

Endocrine-Head and Neck Surgery
David Terris, M.D., dterris@gru.edu

Facial Plastic and Reconstructive Surgery
Achih Chen, M.D., achen@gru.edu

Head and Neck Oncologic Surgery
Arturo Solares, M.D., csolares@gru.edu

Laryngology
Gregory Postma, M.D., gpostma@gru.edu

Rhinology-Sinus/Skull Base Surgery
Stil Kountakis, M.D., skountakis@gru.edu

Send *curriculum vitae* to email listed or to the address below:

Georgia Regents University
Department of Otolaryngology
1120 15th Street, BP-4109
Augusta, Georgia 30912-4060

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



Montefiore
Inspired Medicine

EINSTEIN
Albert Einstein College of Medicine
OF YESHIVA UNIVERSITY

Move forward in your career as a General Otolaryngologist.

At Montefiore Medical Center, we're currently seeking a General Otolaryngologist for our growing Department of Otolaryngology. In this full-time academic position, you will help drive the success of all aspects of the department, with a particular focus on teaching as well as the development of a cutting-edge research program. If you are ready to advance your career with one of the nation's most prestigious academic medical centers, pursue this opportunity today.

For more information and to apply, visit montefiore.org/careers. You also may send your resume to Dr. Marvin P. Fried, Unified Chairman, at mfried@montefiore.org or call him at 718-920-2991.

Montefiore Medical Center is an equal opportunity employer.

KU UNIVERSITY of KANSAS
DEPARTMENT OF
OTOLARYNGOLOGY-
HEAD & NECK SURGERY

Head and Neck Fellowship

Clinical Focus: Head and neck surgical oncology, skull base surgery, endoscopic laser surgery, minimally invasive endocrine surgery, microvascular reconstructive surgery and robotic surgery

Applications are accepted through the American Head and Neck Society: www.ahns.info

To view position online, go to <http://jobs.kumc.edu> and search by position number.

Letters of inquiry and CV may be mailed or emailed to:
Dan Bruegger, MD, Associate Professor and Interim Chairman
The University of Kansas School of Medicine
Department of Otolaryngology-Head & Neck Surgery
3901 Rainbow Blvd, MS 3010, Kansas City, KS 66160
Email: dbruegge@kumc.edu

At ENT and Allergy Associates®, LLP, we specialize in turning residents and fellows into successful private practitioners.

ENT and Allergy Associates, with over 40 state-of-the-art clinical sites located in growing communities across New York and New Jersey, understands just how difficult it is to make the right choice when graduating from the study of medicine into the practice of medicine.

To help you decide, we would like to share some of the innovative and leading edge solutions we have crafted to best serve our patients and our caregivers. We invite you to view a few short videos (please visit <http://entandallergy.com/contact/physician-opportunities>) that discuss some of our important points of difference.



These are the things that set our practice apart. We think you will be interested.

We are eager to hear back from you, so please address any comments or questions you might have directly to:

Robert P. Green, MD, FACS
President, ENT and Allergy Associates
rgreen@entandallergy.com

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



LSUHSC

**Department of Otolaryngology – Head and Neck Surgery
Assistant Professor (non-tenure, full-time clinical track)**

The Department of Otolaryngology-Head and Neck Surgery of LSU Health Sciences Center is actively seeking applicants for a full-time faculty position at the rank of Assistant Professor (non-tenure, clinical track). Qualified applicants must be BC/BE in Otolaryngology – Head and Neck Surgery, fellowship trained in Head and Neck Oncology - Microvascular / Reconstruction and licensed or eligible for licensure to practice medicine in Louisiana.

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

Salary and rank will be commensurate with the knowledge, education and experience of the individual. Candidates interested in working within a dynamic and stimulating setting combined with a generous package of related benefits are encouraged to provide a cover letter and current Curriculum Vitae to: SOM-Jobs@lsuhsc.edu; reference ENT - Microvascular position.

The School of Medicine does not participate in sponsoring faculty candidates for the Department of Health and Hospitals' Conrad 30 Program.

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



Otolaryngology

Call This Top 10 Community Home



McFarland Clinic PC

- daVinci Robot and the Olympus Video System
- In-office laryngeal biopsies
- New state-of-the-art minor procedure room
- Epic EMR System
- Weekly cancer case conference
- Established, collegial team and support staff
- Physician owned and governed
- Large, established referral network
- One of the least litigious states in the country



Featured 8th in Money Magazine's "Best Places to Live", Ames, Iowa is recognized as an active, friendly community with plenty to do. Ames is a vibrant university town with one of the highest-rated public school systems in the nation. Having close access to several major metropolitan cities means that this versatile community provides small-town serenity and charm plus big-city amenities and culture.

EEO/AA Employer/Protected Vet/Disabled
Contact Doug Kenner
866.670.0334 or dkenner@mountainmed.net

A position is available at the Assistant or Associate Professor level in the Department of Otolaryngology/Head & Neck Surgery



NEUROTOLOGIST/OTOLOGIST

- Rank commensurate with experience
- Excellent resources are available in this rapidly expanding program
- Fellowship training required

To apply and receive additional information about the support associated with this opportunity, 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@gru.edu



GRU is an Equal Opportunity, Affirmative Action, and Equal Access employer.



Billings Clinic

Otolaryngology Opportunities Neurotology • General Otolaryngology

Billings Clinic is seeking two BE/BC physicians to join our department of Otolaryngology. Join six otolaryngologists who practice General Otolaryngology and subspecialties in Facial Plastics, Head and Neck Surgery, Laryngology and Rhinology. Our dynamic team provides comprehensive specialized care to patients in our region.

- Call 1:4
- Modern facilities equipped with EMR
- Research Center including Analytical Lab
- Established support staff
- Region's tertiary referral center
- Nationally recognized for clinical excellence



Billings Clinic is a multi-specialty, physician-led organization and a proud member of the **Mayo Clinic Care Network**. Located in the magnificent Rocky Mountains in Billings, Montana, this friendly college community has great schools, safe neighborhoods and family activities. Exciting outdoor recreation minutes from home. 300 days of sunshine!

*Integrated Medicine
in Montana*



Contact: Rochelle Woods
1-888-554-5922
physicianrecruiter@billingsclinic.org
www.billingsclinic.com

Chairperson / Department of Otolaryngology

New York Medical College

New York Medical College (NYMC) is seeking an academic and clinical leader to serve as Chairperson of the Department of Otolaryngology. This individual will be responsible for the full scope of clinical research and educational activities of the department as well as collaborative activities with basic science departments and affiliated institutions in Westchester County and the New York City tri-state area.

The ideal candidate needs to be at a faculty rank of Associate Professor or Professor and have a proven record as a mentor and teacher, recognized nationally for research accomplishments, committed to the goal of diversity, and possess exceptional leadership, managerial, and collaborative skills, who can lead the department to even higher levels of excellence.

For more detailed information about the position, please visit:
<http://www.nymc.edu/ChairENT/>

We offer a competitive salary and excellent benefits. Interested candidates are requested to submit a current Curriculum Vitae electronically to the Search Committee Chair at the e-mail address below for consideration:

Chair, Search Committee Chairman of Otolaryngology
Robin Altman, M.D., Chief, Section of General
Pediatrics and Pediatric Hospitalist Medicine
New York Medical College and
Maria Fareri Children's Hospital
at Westchester Medical Center

EOE

hrrecruiter@nymc.edu



FULL TIME ACADEMIC FACULTY POSITIONS

The Indiana University School of Medicine (IUSM) Department of Otolaryngology-Head & Neck Surgery in Indianapolis, Indiana is seeking full time BC/BE Fellowship trained faculty physicians to join our comprehensive and growing department. Our department is dedicated to: providing the highest quality medical care; educating students, residents, fellows, and physicians in the field of Otolaryngology-Head & Neck Surgery and related disciplines; and performing research regarding disorders within our specialty. The IUSM Department of Otolaryngology-Head & Neck Surgery is renowned as one of the best in the nation. Our faculty physicians are nationally and internationally recognized as clinical experts and our scientists and clinician-investigators perform a broad range of research including infant speech perception, stem cell research in the auditory system, neurofibromatosis pathophysiology, and peripheral nerve regeneration. Our future goals include expansion of our clinical programs across Indiana, and building on the strengths of the IU otolaryngology program in hearing as well as furthering the department's translational programs in head and neck cancer.

Pediatric Otolaryngologist

Candidate must be trained in all aspects of pediatric otolaryngology surgery.

Responsibilities include participation in an active pediatric otolaryngology practice, and teaching residents and medical students. Rank and salary will be commensurate with level of experience.

Laryngologist

Candidate must be trained in treating all aspects of voice, swallowing and airway disorders.

Responsibilities include participation in an active laryngology practice, and teaching residents and medical students. Rank and salary will be commensurate with level of experience.

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

Interested candidates should submit CV and arrange to have three letters of reference sent to:

Marion Everett Couch, MD PhD MBA
Richard Miyamoto Professor and Chair
Department of Otolaryngology – Head & Neck Surgery
Indiana University School of Medicine
Gatch Hall • 841 Clinical Drive, Suite 200 • Indianapolis, IN 46202 • smaxwell@iupui.edu



SCHOOL OF MEDICINE

INDIANA UNIVERSITY

ENT / OTOLARYNGOLOGY

PENN HIGHLANDS HEALTHCARE is seeking a **BC/BE ENT/Otolaryngologist** to join our **Penn Highlands Elk** team. We offer excellent salary, benefits and incentives. This position is full time.

- Salary is MGMA competitive
- Sign-on Bonus
- Relocation expenses reimbursed up to \$10,000
- CME reimbursement and time
- Malpractice and tail coverage paid
- Medical, Vision and Dental Insurance
- 2 Retirement Plan options – dollar for dollar match up to 4%
- 25 PTO days/year; 10 Sick days/year

Penn Highlands Elk is proud to be the premier provider of health care services for residents in a large geographic area in North Central Pennsylvania. With campuses in St. Marys and Ridgway, as well as physician offices in strategically placed locations throughout the region, **Penn Highlands Elk** proudly serves the residents of Elk, Cameron and McKean Counties. Just a short drive away from State College, Pittsburgh and Philadelphia - whether you enjoy the theatre or the beauty of our four seasons, we offer you a rewarding, challenging career and a well-balanced lifestyle.

Visit our website at www.phhealthcare.org.

Please send CV to

Wayne Saxton,
Physician Recruiter at
dwsaxton@phhealthcare.org
or call at 814-375-3793.

**OTOLARYNGOLOGIST OPPORTUNITY
SUBURBAN PHILADELPHIA**

EAR NOSE THROAT AND FACIAL PLASTIC ASSOCIATES is seeking a BE/BC Otolaryngologist to join a successful, single-specialty private practice in Montgomery County, PA. You will be joining a well-established, 3-physician practice with two well-equipped office locations. The practice is affiliated with two surgery centers and three local hospitals including a newly opened, state-of-the-art facility.

THE SERVICES OFFERED IN OUR PRACTICE INCLUDE:

- Diagnostic Audiology including vestibular testing
- Hearing Aid Dispensing
- TNE
- Voice and Swallowing Testing and Treatment, including videostroboscopy & FEES
- Facial Plastic and Reconstructive Surgery
- Allergy Testing and Treatment

PHILADELPHIA is a diverse city which offers great dining, professional sports teams, numerous universities, as well as performing arts and culture.

We offer a competitive salary, productivity bonus incentive, vacation, CME, comprehensive benefits and partnership opportunity.

INTERESTED APPLICANTS should forward a cover letter and current curriculum vitae via email to: sbrzoska@pentadocs.com or fax to 610-278-7709.

**JOIN THE PROMEDICA FAMILY****Otolaryngologist Opportunity in Toledo, Ohio**

ProMedica Physicians Ear, Nose and Throat is seeking highly motivated, personable BC/BE otolaryngologists to join their progressive and expanding practice. The practice consists of six ENT physicians and is the only ENT practice in Toledo with fellowship-trained otolaryngologists in head and neck surgical oncology and neurotology. We offer a full range of services including allergy testing and treatment, and complete audiology and vestibular services including ENG, rotary chair, posturography, and cochlear implantation and mapping.

We are seeking candidates who excel at general ENT or with advanced subspecialty interest and fellowship-trained in head and neck surgical oncology and laryngology.

- Full employment with ProMedica Physicians
- "Built in" referral base and high volume
- Call shared equally among all members (currently 1:6)

- Trauma call is optional and paid separately
- Opportunity for teaching residents and medical students
- All members participate in weekly board meetings
- Competitive compensation and generous benefits package
- Relocation paid up to \$10K
- Perfect balance of work and lifestyle

Toledo, Ohio is home to an extensive Metropark system, Toledo Zoo, Toledo Museum of Art, and excellent institutions of higher education.

Contact: Denise Johnston, physician recruiter, at 419-824-7445, denise.johnston@promedica.org.

ProMedica is a tobacco-free employer. EOE

© 2014 ProMedica



South Florida ENT Associates, P.A.

South Florida ENT Associates, a fifty-two physician group practice in Miami-Dade, Broward and Palm Beach 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

University of Missouri

Department of Otolaryngology—
Head and Neck Surgery



Seeks clinicians, teachers, and researchers who are personable, energetic and innovative to join a rapidly growing and collaborative group of physicians. Faculty opportunities at all academic levels (Assistant/Associate Professor or Assistant/Associate Professor of Clinical Otolaryngology) are available in **General Otolaryngology with interest in Pediatrics or Allergy**. Title, track, and salary are commensurate with experience.

- Competitive production incentive
- Research interests encouraged and supported
- New outpatient clinic with state-of-the-art equipment and ancillary services
- Well established and expanding hospital system
- Live and work in Columbia, ranked by *Money* magazine and *Outside* magazine as one of the best cities in the U.S.

For additional information about the position, please contact:

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

To apply for a position, please visit the MU web site at
hrs.missouri.edu/find-a-job/academic/

The University of Missouri is an Equal Opportunity/Access/Affirmative Action/Pro Disabled & Veteran Employer.



SCHOOL OF MEDICINE
CASE WESTERN RESERVE
UNIVERSITY



University Hospitals
Ear, Nose & Throat Institute

Academic Fellowship Trained Otologist/Neurotologist Opportunity

University Hospitals Medical Group (UHMG), the unified faculty practice plan of University Hospitals of Cleveland (UH), is comprised of several practices representing medical and surgical specialties located within University Hospitals Case Medical Center and throughout Northeastern Ohio. As part of our historic primary affiliation, UHMG physicians serve on the faculty of Case Western Reserve University School of Medicine. UHMG strives to champion the success of the physician practices and UH in fulfilling our mission: To Heal. To Teach. To Discover.

Due to increased patient demand and institutional support for expansion, the Division of Otolaryngology - Head and Neck Surgery at University Hospitals Case Medical Center in Cleveland, Ohio is seeking to add a fellowship trained otologist/neurotologist to our team. Our program currently averages over 13,000 wRVUs per cFTE and continues to grow. We have two providers in the division at this time and would like to expand with the addition of a junior faculty member. The prospective candidate will have clinical and teaching responsibilities.

We offer a comprehensive compensation package and excellent benefits including CME funding, paid vacation and educational time, medical, dental and vision coverage and more. University Hospitals is proud to be an equal opportunity employer.

Candidates should forward a current CV to: Maroun.Semaan@UHhospitals.org

Candidates may also mail a current CV to:
Maroun T. Semaan, MD, FACS
Director, Division of Otolaryngology and Neurotology
Ear, Nose and Throat Institute
University Hospitals Case Medical Center
c/o Kim Kuivila
11100 Euclid Avenue
Mailstop LKS5045
Cleveland, OH 44106

Live. Work. Play.

Leading South Florida Healthcare System Seeks Medical Director, Division of Otolaryngology

About the Opportunity:

Memorial Healthcare System is seeking a Medical Director for the Division of Otolaryngology. The Memorial Physician Group currently employs two otolaryngologists supporting an established otolaryngology outpatient practice, inpatient hospital consults, and emergency room call.

Successful candidates will meet the following criteria:

- Fellowship training in head and neck surgery required
- Board certified in otolaryngology
- Minimum of five years leadership experience required
- Experienced in evidence-based medicine
- Excellent communication, interpersonal and team leadership skills demonstrated
- Achieved success in new program development and the establishment of policies and guidelines to monitor effectiveness of medical care, evidence-based clinical outcomes, and patient progress

This is a full-time employed position with the multi-specialty Memorial Physician Group. The position offers a highly competitive and desirable compensation/benefits package that is commensurate with training, experience and market demand. Professional malpractice and medical liability is covered under sovereign immunity.

About Memorial Healthcare System:

Memorial Healthcare System is a 1,900-bed healthcare system located in South Florida and is highly regarded for its exceptional patient- and family-centered care. Memorial's patient, physician and employee satisfaction rates are some of the most admired in the country, and the system is recognized as a national leader in quality healthcare.

About South Florida:

South Florida offers quality of life, miles of pristine beaches, is rich in cultural and recreational amenities, top-rated golf courses, museums and world-class dining. The greater Fort Lauderdale area offers numerous communities in which to raise a family. In addition, Florida has no state income tax.

To inquire or learn more about this opportunity, visit memorialphysician.com.



Leading South Florida Healthcare System Seeks Pediatric Otolaryngologist

About the Opportunity:

The Division of Pediatric Otolaryngology–Head and Neck Surgery at Joe DiMaggio Children’s Hospital seeks a motivated BC/BE fellowship-trained pediatric otolaryngologist interested in growing our rapidly expanding tertiary care division. This is a robust outpatient and hospital-based program, with dedicated pediatric audiology, mid-level practitioners and a diverse patient population. Our services include an established aerodigestive team, a Cochlear Implant Center, pediatric videostroboscopy and the busiest Craniofacial Center in Florida. Qualified candidates should have an interest in head and neck surgery, airway, vascular malformations or otology. Excellent opportunities exist for interdisciplinary collaboration, program development, research and teaching. We also have a new affiliation with a four year allopathic medical school. Emergency room call is 1:7. This is a full-time employed position within the multi-specialty Memorial Physician Group. The position offers competitive benefits, and a compensation package that is commensurate with training and experience. Professional malpractice and medical liability is covered under sovereign immunity.

About Joe DiMaggio Children’s Hospital:

Joe DiMaggio Children’s Hospital (JDCH) is a 204-bed facility with a 22-bed Pediatric Intensive Care Unit and a 64-bed Level III Neonatal Intensive Care Unit, which is expanding to 80+ beds in 2015. JDCH opened in 1992 and is located in Hollywood, Florida. As South Florida’s newest freestanding children’s hospital, Joe DiMaggio Children’s Hospital is redefining the pediatric healthcare experience. We combine cutting-edge excellence with a commitment to patient- and family-centered care, and have the largest and most diverse group of board-certified pediatric specialists in the region. Thanks to exemplary medical expertise, advanced technology and exclusive pediatric programs, JDCH has earned the distinction of being the leading children's hospital in Broward and Palm Beach counties. JDCH is the only Pediatric Trauma Center in south Broward County. We’re continuing to pioneer revolutionary programs that define the standard in pediatric care. To learn more, please visit JDCH.com.

About South Florida:

South Florida offers quality of life, miles of pristine beaches, is rich in cultural and recreational amenities, top-rated golf courses, museums and world-class dining. The greater Fort Lauderdale area offers numerous communities in which to raise a family. In addition, Florida has no state income tax.

Joe DiMaggio  Children’s Hospital
AT MEMORIAL

1005 Joe DiMaggio Drive / Hollywood, Florida 33021



To inquire or learn more about this opportunity, visit memorialphysician.com

UAB MEDICINE
OTOLARYNGOLOGY

**Otolaryngology Faculty Position:
Head and Neck Oncologist/Reconstructive**

The University of Alabama at Birmingham, Division of Otolaryngology – Head and Neck Surgery is seeking a board certified or board eligible Otolaryngologist with fellowship training in microvascular reconstruction to join its talented, academic otolaryngology program. This position will be recruited at the Assistant or Associate Professor level.

This opening is an excellent opportunity for a head and neck oncologist/reconstructive surgeon with a strong interest in academic growth and excellent clinical experience. The successful candidate will receive access to state-of-the-art operating facilities and clinic space. The University of Alabama at Birmingham exhibits academic opportunities through its Otolaryngology Residency Program, its medical school, and active clinical and basic research. The successful candidate will receive salary and benefits commensurate with their experience.

Letters of inquiry and curriculum vitae should be sent to the Chair of the Search Committee:

William R. Carroll, MD, FACS
wcarroll@uabmc.edu
205.934.9767

UAB is an Equal Opportunity/Affirmative Action Employer committed to fostering a diverse, equitable and family-friendly environment in which all faculty and staff can excel and achieve work/life balance irrespective of, race, national origin, age, genetic or family medical history, gender, faith, gender identity and expression as well as sexual orientation. UAB also encourages applications from individuals with disabilities and veterans.

THE UNIVERSITY OF NEW MEXICO
Department of Surgery, Division of Pediatric Otolaryngology

The Department of Surgery, Division of Otolaryngology, at the University of New Mexico is seeking a Pediatric Otolaryngologist who is trained in all aspects of pediatric otolaryngology surgery. This position will be recruited at the Assistant/ Associate Professor level. Research opportunities are available if desired, and clinical research opportunities are readily available. Appointment and salary will be commensurate with level of experience.

The successful candidate will participate in an active Pediatric Otolaryngology practice, as well as provide resident teaching rounds, medical student teaching and participation at local and national conferences. It is an excellent opportunity for a pediatric otolaryngologist interested in academic achievements and good clinical experience. An excellent compensation package is provided.

Minimum Qualifications: Medical doctor who is board certified/eligible in Otolaryngology-Head and Neck Surgery, eligible for licensure in New Mexico, and eligible to work in the U.S.

Preferred Qualifications: Academic/clinical experience and completed fellowship in Pediatric Otolaryngology, or completing a fellowship in the next twelve months.

Interested applicants must apply for this position via UNMJobs website, unjobs.unm.edu/, Posting# 0824589. Please attach electronic copies of a current CV and a letter of interest to the application.

In addition, please submit three (3) letters of reference to the email address below. Applications will not be considered complete until all three (3) letters of reference are received. This position **will remain open until filled**. For more information and to submit letters of reference, please contact Erica Bennett, M.D., at EBennett@salud.unm.edu.

The UNM School of Medicine is an Equal Opportunity/Affirmative Action Employer and Educator. This position may be subject to criminal records screening in accordance with New Mexico state law. J1 Visas are not eligible for this opportunity. UNM's confidentiality policy ("Disclosure of Information about Candidates for Employment," UNM Board of Regents' Policy Manual 6.7), which includes information about public disclosure of documents submitted by applicants, is located at <http://www.unm.edu/~brpm/r67.htm>

DEPARTMENT OF OTORHINOLARYNGOLOGY
UNIVERSITY OF OKLAHOMA HEALTH SCIENCES

POSITION AVAILABLE: RHINOLOGIST
DATE AVAILABLE: IMMEDIATELY

The Department of Otorhinolaryngology of the University of Oklahoma Health Sciences Center has a position available for a full-time otolaryngologist at the Assistant or Associate Professor level. Specific expertise is required in rhinology.

Minimum requirements include: Doctoral degree (M.D. or equivalent), Board certification/eligibility, a demonstrable commitment to teaching and an interest in collaborative research.

Responsibilities will include program development and patient care, resident and medical student education, and research.

Letters of interest with accompanying CV should be directed to: Greg A. Krempl, M.D., F.A.C.S., Attn: Nancy Geiger, Department of Otorhinolaryngology, P.O. Box 26901, Williams Pavilion 1290, Oklahoma City, OK 73126-0901 or via email to nancy-geiger@ouhsc.edu.

The University of Oklahoma is an Affirmative Action and Equal Opportunity Employer. Individuals with disabilities and protected veterans are encouraged to apply.

Bulletin
Content

AMERICAN ACADEMY OF
OTOLARYNGOLOGY-
HEAD AND NECK SURGERY

AT YOUR FINGERTIPS



Read the *Bulletin* online or on your mobile device at

www.entnet.org/educationandresearch/bulletin.cfm



DEPARTMENT OF SURGERY
**Otolaryngology-
 Head & Neck Surgery**
 UNIVERSITY OF WISCONSIN
 SCHOOL OF MEDICINE AND PUBLIC HEALTH

University of Wisconsin Hospitals and Clinics' Division of Otolaryngology - Head and Neck Surgery is a leader in teaching, research, patient care and service, and is seeking applicants for one-year clinical fellowships. The ideal candidate should have a strong interest in an academic career in Otolaryngology-Head and Neck Surgery and must demonstrate a commitment to resident and medical student education. Opportunities for both clinical and basic science research are available in the Department of Surgery and through collaboration within the School of Medicine and Public Health. The fellowships will offer a competitive salary with benefits.

Fellowship Descriptions:

Head & Neck Oncology and Microvascular Reconstructive Surgery ~ This fellowship will stress multidisciplinary management of head and neck malignancies with a primary clinical experience focused on oncologic resection and microvascular reconstruction. The fellow will also gain experience with transoral laser resection, robotic procedures, transnasal endoscopic resection, and anterior skull base surgery. The experience will offer both mentored and independent clinical responsibilities and protected research time.

Laryngology ~ This position provides a unique opportunity to interact with adult and pediatric Otolaryngologists, speech pathologists and voice researchers in a clinically active, high flow-through, multidisciplinary setting for treatment of voice, swallowing and airway disorders. Clinical experience will be comprehensive and include office evaluation, office-based procedures, and operative interventions. The applicant will learn surgical techniques for the treatment of benign and malignant vocal folds lesions, surgical and non-surgical management for neurologic, psychogenic and inflammatory disorders, swallowing dysfunction and airway stenosis. Training in video stroboscopy, high-speed video, Voice analysis, QOL, transnasal esophagoscopy, EMG, High Resolution manometry. Research participation and initiation are expected.

Applicants who will have completed a US or Canadian Otolaryngology residency should contact:

Delight Hensler

Division Otolaryngology Head & Neck Surgery

K4/719 CSC

600 Highland Avenue

Madison, WI 53792-7375

608-263-0192

Hensler@surgery.wisc.edu

For more information about the Department of Surgery, please visit our website:

<http://www.surgery.wisc.edu>

UW-Madison is an equal opportunity/affirmative action employer. Women and minorities are encouraged to apply. Unless confidentiality is requested in writing, information regarding applicants must be released upon request. Finalists cannot be guaranteed confidentiality. Wisconsin open records and caregiver laws apply. A background check will be conducted prior to offer of employment.



The Department of Otorhinolaryngology-Head & Neck Surgery is recruiting faculty members with interests in facial plastic & reconstructive surgery, head & neck surgery, pediatric ENT and rhinology.

This is a unique opportunity to join a growing, established academic practice at a large medical center in an urban setting. Fellowship training preferred, but not required. Academic appointment commensurate with experience. Great salary and benefits. Excellent opportunities for teaching and research.



Applicants should forward a CV and statement of interest to: Martin J. Citardi, MD (chair) The University of Texas Medical School at Houston Department of Otorhinolaryngology-Head & Neck Surgery 866-205-6487 (fax) martin.j.citardi@uth.tmc.edu www.ent4.me/recruit

UTHealth is an EEO/AA employer. UTHealth does not discriminate on the basis of race, color, religion, gender, sexual orientation, national origin, genetics, disability, age, or any other basis prohibited by law. EOE/M/F/Disabled/Vet.

Are you more interested in building a legacy than just finding a job?

The Department of Otolaryngology at West Virginia University is seeking a pediatric otolaryngologist to join a thriving academic practice. Applicants must be board certified/eligible by the American Board of Otolaryngology. Responsibilities include teaching of residents and medical students, patient care and clinical/basic research.

You'll join a highly skilled team making an extraordinary difference in the lives of patients across our entire state. Ours is a collaborative atmosphere that encourages you to grow and evolve as you practice advanced medicine in a highly satisfying academic setting.

The department currently has thirteen physician faculty members and fifteen residents and has an active NIH-funded research division with three PhD members.

U.S. News & World Report ranked West Virginia University Hospitals in Morgantown #1 in the state for the last two years. Forbes recently ranked Morgantown as one of the Best Small Metros in America. Our area offers the cultural diversity and amenities of a large city in a safe, family-friendly environment. There is also an excellent school system and an abundance of beautiful homes and recreational activities.

Build your legacy as you serve, teach, learn and make a difference from day one. To learn more, visit <http://medicine.hsc.wvu.edu/otolaryngology/Home> or submit your CV directly to Laura Blake, Director of Physician Recruitment, at blakel@wvuhealthcare.com.



WVU is an AA/EO employer and is the recipient of an NSF ADVANCE award for gender equity. Position will remain open until filled.



University of Wisconsin Department of Surgery
DIVISION OF OTOLARYNGOLOGY-
HEAD & NECK SURGERY
Remarkable People. Remarkable Results.

**VOICE RESEARCH FELLOW POSITION
AT UNIVERSITY OF WISCONSIN - MADISON**

The University of Wisconsin Voice Research Training Program, funded by an NIH T32 training grant, is accepting applications from qualified postdoctoral candidates seeking positions to begin in the current and upcoming academic year. Our training program is designed to foster the development of translational research skills in future leaders in the field of voice science and research. Postdoctoral fellows are offered comprehensive laboratory and clinical research experiences, as well as exposure to a curriculum in clinical trials, hypothesis-based research design, management, ethics, and data analysis. Individuals from underrepresented racial and ethnic groups are encouraged to apply.

If you have any questions, please contact Program Administrator, Maria Branca at branca@surgery.wisc.edu or Program Director, Dr. Diane Bless at bless@surgery.wisc.edu.

www.surgery.wisc.edu/voice_research_training

Special Thanks to Our IRT PARTNERS



We extend a special thank you to the partners of the AAO-HNSF Industry Round Table (IRT) program. Corporate support is critical to realizing the mission of the Academy, to help our members achieve excellence and provide the best ear, nose, and throat care through professional and public education and research. Our partnerships with these organizations that share this mission allow the Academy to continue to provide the programs and initiatives that are integral to our members providing the best patient care.

IRT Leader



IRT Member



IRT Associate



For more information on support opportunities, please contact:

David Buckner
 Phone: 1-703-535-3718
 Email: dbuckner@entnet.org

As of December 2014

**Your DIY
practice
management
tools aren't
cutting it
anymore.**



**Today's otolaryngology practice
management has changed.**

Compliance, billing, regulation and finances are part of today's reality and have made practice management more complicated. AOA has the tools to make sure your practice runs correctly. When you need reliable information to support your practice, you can't afford mistakes.

**It's time to put away your old toolbox.
We'll handle it from here.**

Your Partner in ENT Management Excellence



**ASSOCIATION OF
OTOLARYNGOLOGY
ADMINISTRATORS**

2400 Ardmore Blvd.
Ste. 302
Pittsburgh, PA 15221
www.AOAnow.org

*Call 412-243-5156 or visit www.AOAnow.org
today to get your practice management on the
track to success.*