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American Academy of Otolaryngology—Head and Neck Surgery

DECEMBER 2015/JANUARY 2016

An abstract graphic featuring a series of white, concentric, overlapping arcs that resemble sound waves or a frequency spectrum. The background is dark, and the arcs are illuminated with a gradient of colors: purple on the left, transitioning through green, yellow, and orange in the center, and finally blue and red on the right. The overall effect is a sense of dynamic energy and movement.

ANNUAL REPORT

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DECEMBER 2015/JANUARY 2016

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Building on momentum

As we face the end of 2015 and the dawn of 2016, it is a good time to reflect on what we have done and what we aim to accomplish.

At AAO-HNS/F, we welcomed some new faces across all business units, including a new EVP/CEO, and saw a realignment of the organizational structure to better operationalize our strategic initiatives. For example, the Board of Governors now falls within the Member Networks & Legislative Advocacy Unit, allowing for streamlined information sharing. The Academy is doing more for our Members with only 69 dedicated staff, who give of their time, effort, and even money. (Forty-one percent of them are AAO-HNSF and/or ENTPAC donors!)

In April, the Medicare Access and CHIP Reauthorization Act of 2015 (MACRA) passed, repealing the flawed Sustainable Growth Rate (SGR). MACRA increased payments by 0.5 percent for the second half of 2015 through 2019, and opened the way to Medicare payment reform, based on quality measures in the Merit-based Incentive Payment System (MIPS) (beginning in 2019) or on participation in Alternative Payment Models (APMs). Overall MIPS scores are calculated based on: Quality (50 percent in 2019; 30 percent in 2021) + Resource Use (10 percent in 2019; 30 percent by 2021) + Clinical Improvement (15 percent) + EHR Use (25 percent).

Quality—it sometimes feels like a four-letter word. Of course, we practice quality otolaryngology. Who is Uncle Sam to judge us?! Well, with 18 percent of the U.S. GDP going to healthcare costs, these quality measures are not going away. It is up to us to respond thoughtfully. Our Academy, under the leadership of **Lisa E. Ishii, MD, MHS**, the Registry Task Force, and senior staff spent much of 2015 fast-tracking **RegentSM**, the otolaryngology clinical data registry, which will be available in 2016. Regent is a Member-only benefit that will effortlessly “data-mine” EMRs for accurate quality reporting. Additionally, Regent will give us information to evaluate ourselves compared to other otolaryngologists. All data except our own is de-identified. The power of having our own otolaryngology data will truly level the playing field during physician negotiations with private insurers. Please visit www.entnet.org/content/otoregistry to learn more.

Subspecialty unity and maintaining a healthy relationship with the American Board of Otolaryngology

(ABOto) have always been crucial. The first subspecialty summit was held during the March Leadership Forum in 2015 and the second will occur at the Leadership Forum & Board of Governors Spring Meeting, March 18-21, which is designed for maximal attendee interaction, and will offer CME credits again, at no cost for most Members (www.entnet.org/content/ao-hnsf-leadership-forum). Our Academy is committed to defending the breadth of training and experience in our specialty. We are working with ABOto to preserve the integrity of our Members’ primary certificate in otolaryngology.

The **2015 Annual Meeting & OTO EXPOSM** in Dallas revamped the education structure in a “pay-one-price” model where registration covered all offerings, including Instruction Courses. This was extremely well received. For 2016 in San Diego (September 18-21), we will fine tune this and are looking at other enhancements. Your input is invaluable. Also, please don’t forget to download your Member-only benefit of six Miniseminars for free at www.entnet.org.

At least one-third of Academy Members have been on the **ENTConnect** site since it began. It’s a great forum for real-time communication. **mENTorConnect** is a pilot online community for personal and professional mentoring. Sign up as either mentor or mentee (or both!) and take advantage of sharing wisdom. The **AcademyU[®]** materials are robust. The *Bulletin* and *Otolaryngology–Head and Neck Surgery* (“the white journal”) are more easily available online. It has never been easier to have otolaryngology and practice information at your fingertips.

Your membership dues cover only 32 percent of the cost of programs and services the Academy provides. Health policy activities alone bring a substantial return on investment for our Members. Both the Academy and Foundation can benefit greatly from your generous year-end contributions.

On the Foundation side, your tax-deductible contributions to the Annual Fund (development@entnet.org) will enable us to push forward Foundation activities more rapidly.

On the Academy side, personal contributions to our political action committee (from U.S. Members only at www.entpac.org) enable our staff to fight hard for us and for our patients, to advocate for better legislation regarding healthcare, and to ensure that patients are cared for by qualified physicians.

So, let’s celebrate the achievements of 2015 and work together to make an even better 2016! ■



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

“Your membership dues cover only 32 percent of the cost of programs and services the Academy provides. ... The Academy and Foundation can benefit greatly from your generous year-end contributions.”



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Knowns, unknowns of 2016

As a very tumultuous 2015 comes to a close for otolaryngology and medicine in general, we are all asking, “What will 2016 bring?” There are a lot of unknowns across the spectrum of physician activities including quality measurement, reimbursement, continuing education and certification, and the overall configuration of the healthcare delivery system. As you can note in our Annual Report contained in this *Bulletin*, the Academy has been very proactive in trying to respond to these potential changes and provide our Members the means to offer the best patient care in the future.

While it is impossible to accurately predict what 2016 will bring, certain trends will likely continue. We will be watching closely as the rules of engagement are announced and opportunities are created both in the private and public sectors. Let’s look at things we know, as well as areas that are not as clear.

What we know

The MACRA (Medicare Access and CHIP Reauthorization Act) legislation that replaced the SGR formula will greatly accelerate quality measurement and patient outcomes reporting, and in turn, payment reform. This act has codified the role of qualified clinical data registries (QCDRs) and clearly directed payment reform toward Alternative Payment Models (APMs), targeting a 50 percent participation rate in APMs by 2018 and 75 percent by 2022. An alternative track involves the Merit-based Incentive Payment System (MIPS), which will require reporting on quality measures, resource usage, meaningful use, and performance improvement. CMS is targeting ultimately 75 percent of payments to flow through the APMs and a residual 25 percent of payments on a fee-for-service basis. There is a clear advantage to be able to participate in an APM.

What we don’t know

CMS has recently received comments relating to APMs and MIPS and will use these to help formulate the operational parameters for these programs. In the meantime, it is not clear how specialists such as otolaryngologists can participate broadly in an APM outside of an accountable care organization (ACO). The Academy, along with other specialties, continues to aggressively pursue opportunities for our Members to participate in APM methodology. We are committed to preserving the opportunity to practice successfully without being

institutional employees and will carry on exploration into organizational structures, such as specialty-wide associations, that can leverage our clinical acumen.

What we know

Quality will be integral to the practice of medicine on an accelerating basis. Both payment and participation will be dependent on the ability to demonstrate and improve the quality of patient care. This will spill over into Maintenance of Licensure (MOL) and into the evolution of Maintenance of Certification (MOC). Our Members will need to identify and exhibit these metrics across the breadth of the specialty to participate in all of these activities. The American Board of Medical Specialties (ABMS) is encouraging collaboration between specialty boards and associations, and the Academy has had multiple productive discussions with the American Board of Otolaryngology (ABOto) about MOC partnership strategies. **Regent**SM, our clinical data registry, will be an indispensable vehicle for participating Members to reach these goals.

What we don’t know

The private insurance market is also evolving, with considerable interest by the insurance companies for increased interaction with physician groups and societies. Most of this activity is with primary care providers, but there is significant interest in defining “quality care” across many fields in medicine and will require the expertise of specialty societies. The Academy is building relationships with several interested insurers focusing on our quality program and registry. How quickly the private and public sectors will evolve is unclear, but the momentum indicates it will be much more rapidly than we’ve seen previously. There can be no question that as the change evolves it not only is confusing to us but to our patients too, and we must be leaders in making sure patients are not left out.

A limiting factor might be how quickly the current multiple data systems can be truly interoperable. We are seeing unprecedented cooperation from many EHR vendors in private and academic settings to help move the quality needle forward.

What will we do?

We will continue to work with our specialty societies, private practitioners, and academic otolaryngologists in the ABOto to pursue our goals and take advantage of the opportunities that will arise over the next several years. ■



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

“There can be no question that as the [insurance market] evolves it not only is confusing to us but to our patients too, and we must be leaders in making sure patients are not left out.”

”

Going global means embracing clinical care worldwide

■ **James E. Saunders, MD**, International Coordinator



The term “global” gets tossed around a lot

these days. With the ease of intercontinental travel, a Starbucks and McDonalds in every corner of the world, and the power of the Internet, it does seem that the world is becoming an increasingly smaller place. But what exactly does it mean to be a global organization? Of course, we naturally think of global as meaning “worldwide.” Certainly, the American Academy of Otolaryngology—Head and Neck Surgery is a worldwide organization whose influence and affiliations extend far beyond U.S. borders.

This international scope is evident in sheer numbers. This year we have 1,068 international Members from 88 different countries and 57 International Corresponding Societies (ICS) spanning nearly every continent (We have no connections in Antarctica—yet.). On average, AAO-HNS/F Members participate in a half dozen joint meetings with our ICS partners every year. **Eugene N. Myers, MD**, the former Coordinator for International Affairs and currently a globe-trotting Member of the Academy, regularly writes in the *Bulletin* of his travels to important otolaryngology meetings worldwide. In addition, our Annual Meeting & OTO EXPOSM draws attendees from all over the world. More than 1,600 international otolaryngologists participate in the Annual Meeting & OTO EXPOSM, making it the largest annual international gathering of otolaryngologists of its kind. Four affiliated international organizations held satellite

functions at our Annual Meeting in Dallas and the number of requests for such events is growing every year.

Altogether, there were 26 different international functions in Dallas including the International Assembly and “Global Otolaryngology 2015: Our Academy Around the World.” Indeed, if you look at the sheer number and breadth of our international activities, we are already “global.” But I don’t think these facts really tell the whole story.

When I think of the term “global” in the context of our Academy, I also think of Webster’s second definition of the word, i.e., “to embrace the whole of something.” I firmly believe that our mission of achieving “excellence ... through education, research, and health policy advocacy” calls for us to embrace the whole of otolaryngology regardless of geography. The AAO-HNS/F has become a pre-eminent organization for our field. As such, we have a responsibility to enhance the practice of otolaryngology and the care of patients wherever they live. Through our Clinical Practice Guidelines and new educational platforms, the AAO-HNS/F is poised to play an even more influential role in patient care excellence around the world. Our support can have a powerful influence on global health policy on such issues as hearing loss prevention and the provision of surgical care.

In addition to what we have to offer the world, we also stand to gain tremendously from the efforts of our international colleagues through their scientific contributions and service to our Academy. Our Annual Meeting & OTO EXPOSM and education programs are enhanced not only by their attendance, but also by their participation and knowledge. Indeed, next year we are launching the AAO-HNSF International Symposium, which will showcase cutting-edge content presented by international physicians. Many of the scientific advances that are commonly used in today’s practice, such as endoscopic sinus surgery and transoral laser microsurgery, were pioneered outside of the United States.

The AAO-HNS/F is already a global organization, but we could do more to foster and embrace the global otolaryngology community “as a whole.” Last year, former President of the AAO-HNS/F, **Gayle E. Woodson, MD**, appointed an International Task Force to explore ways that the Academy might accomplish that task. I will share more with you about this process in the coming months. Together with our international colleagues, we can do even more to promote the highest standards in otolaryngologic clinical care worldwide. Now that’s what I call “going global.” ■

2016 health policy scholarship open

The American College of Surgeons (ACS) and the American Academy of Otolaryngology—Head and Neck Surgery (AAO-HNS) are offering this annual scholarship to subsidize attendance

and participation in the Executive Leadership Program in Health Policy & Management at Brandeis University. The course takes place June 12-18, 2016. The award allots \$8,000 to the winner. The application process closes

In memoriam

During the year, through family members and other sources, the Academy is notified of Member and Associates' deaths. The AAO-HNS acknowledged the following for their years of service to the profession of otolaryngology-head and neck surgery. Our sympathies go out to their families.

February: Gordon B. Hughes, MD, Bethesda, MD; Fellow; Case-Western Reserve School of Medicine, 1974

March: Thomas A. Kwyer, MD; Fellow; University of Michigan Medical School, 1974

Samuel McC. M. Lumpkin, MD, Baltimore, MD; Fellow; Johns Hopkins School of Medicine, 1958

April: Gus Gill, MD, Los Angeles, CA; Fellow; University of Michigan Medical School

May: Stephen Epstein, MD, Rockville, MD; Fellow; Washington Hospital Center, 1964

July: Steven M. Fletcher, MD; Decatur, AL; Member; Tulane University Affiliated Hospitals, 1985

August: Maureen Hannley, PhD; Tucson, AZ; Former Staff and Member; Baylor College of Medicine, 1980

October: Robert A. Sofferman, MD; Burlington, VT; Life Member; University of Colorado, 1972. See entnet.org/bulletin. ■

February 1.

The winner is required to attend the AAO-HNS Spring Leadership Forum in March 2017.

Full eligibility requirements for the health policy scholarship are posted on the AAO-HNS website at entnet.org/content/health-policy-scholarship. ■



Top row, left to right: Babak Givi, MD; Jeffrey C. Liu, MD; James M. Ruda, MD; Andrew G. Shuman, MD; Helene J. Krouse, PhD, ANP-BC, FAAN; and Philip D. Littlefield, MD. Bottom row, left to right: Sarah N. Bowe, MD; Lawrence M. Simon, MD; Editor-in-Chief John H. Krouse, MD, PhD, MBA; Deputy Editor Cecelia E. Schmalbach, MD; and Jose Florencio Lapena, Jr., MD. Not pictured: Thomas Q. Gallagher, DO.

2015 journal Star Reviewers honored in Dallas

Otolaryngology–Head and Neck Surgery, the official journal of the AAO-HNSF, honored its 2015 Star Reviewers at the AAO-HNSF Annual Meeting & OTO EXPOSM in Dallas. Since 2006, the Star Reviewer award has recognized excellence in peer reviewing.

“To provide the most accurate and useful peer review process for our authors, we rely on our dedicated manuscript reviewers, who graciously give of their time in service to their colleagues and the specialty,” said Editor-in-Chief **John H. Krouse, MD, PhD, MBA**. “The Star Reviewer program highlights a few of those outstanding individuals, who set the highest standards in the quality and timeliness of their reviews for the journal. We are proud each year to acknowledge these clinicians, scientists, and educators for the work that they do and for their ongoing dedication to the journal and its readers.”

The journal’s peer reviewers, including its Star Reviewers, are invaluable in their efforts to discern the highest quality content for publication. They are responsible in no small part for the journal’s 2014 Impact Factor of 2.020, an all-time high.

Star Reviewers also frequently move on to positions of leadership with the journal. Thirteen of the journal’s editorial board members and 12 of the journal’s associate editors are former or current Star Reviewers. Full Star Reviewer criteria are available on the journal’s website (www.otojournal.org) along with other reviewer resources. The journal encourages anyone interested in becoming a peer reviewer to visit the website or contact the editorial office at otomanager@entnet.org for more information. ■

2015 STAR REVIEWERS

- Sarah N. Bowe, MD
- Thomas Q. Gallagher, DO
- Babak Givi, MD
- Helene J. Krouse, PhD, ANP-BC, FAAN
- Jose Florencio Lapena, Jr., MD
- Philip D. Littlefield, MD
- Jeffrey C. Liu, MD
- James M. Ruda, MD
- Andrew G. Shuman, MD
- Lawrence M. Simon, MD

BOG will 'bring home the

■ **David Edelstein, MD,**
BOG Chair



Hockey fans know that each year the winners of the Stanley Cup get a chance to touch the Cup when the winning team gets to “Bring Home the Cup.” This is an exciting moment for local fans, and I remember being taken by my dad many years ago to see the Cup firsthand when the Bruins won it. Seeing the Cup makes the win tangible and the moment memorable.

Just as the Bruins brought home the Stanley Cup to the Boston of my youth, the Academy’s Board of Governors (BOG) can help “bring home the Academy” to you. Some people have the mistaken idea that the

Academy’s and Foundation’s only function is to run the Annual Meeting once a year. Although the recent meeting in Dallas was a success, it represents only a small part of what the AAO-HNS/F does for you every day. A lot goes on at the Academy during the year about which you need to be informed. Hence, one of the major goals of the BOG this year is to “bring home the Academy” by helping Academy Members and local BOG governors stay up to date on what the Academy is doing by providing handouts and slide shows on a quarterly basis highlighting topics of interest to local societies.

The BOG serves an important role in ensuring that the day-to-day issues you face in your practice remain front and center on the Academy’s agenda. For example, this past

year the BOG’s Legislative Affairs Committee collated reports on issues of local concern from 110 otolaryngologists in 42 states and organized 40 local In-district Grassroots Outreach (I-GO) meetings with federal lawmakers. Similarly, the Socioeconomic and Grassroots (SEGR) Committee heard presentations on socioeconomic issues affecting our specialty from all 10 regions of the country. Appropriately, part of SEGR stands for “grassroots” (GR), and the Committee will be conducting two polls for 2015-2016 regarding feedback on the Affordable Care Act (polling in December 2015) and ICD-10 (polling in March 2016).

The BOG’s Rules and Regulations committee was recently renamed Governance and Society Engagement in keeping with its

An advertisement for PQRSwizard. On the right, a woman with dark hair pulled back, wearing a white lab coat, stands with her arms crossed. On the left, there is text and a logo. The logo consists of an orange upward-pointing arrow with a jagged line inside, followed by the text 'PQRSwizard' in a bold, sans-serif font. Below the logo, the text reads 'It's like TurboTax® for PQRS' in a large, bold font, followed by '#1 Cloud-based Registry for PQRS Reporting' in a smaller, orange font. At the bottom left, there is an orange button with the text 'START NOW' in white. To the right of the button, the text '2015 Submission Deadline' is followed by 'February 26, 2016 at 5:00 pm ET' in a smaller font. At the bottom, the URL 'http://aaohns.pqrswizard.com' is displayed. In the bottom right corner, there is a yellow starburst graphic with the text 'CENTER FOR MEDICARE & MEDICAID SERVICES (CMS)' and 'CMS PQRS QUALIFIED REGISTRY' in bold, black letters.

Academy' to you

new mission to help energize local societies and build a framework to develop new state societies where none exist. Did you know that there are five states with no local societies? The newly named committee will help to build virtual societies with Internet-based platforms for these states so that otolaryngologists can talk about local problems, especially in those geographic areas where in-person meetings are not easily accomplished.

Spring Leadership Meeting

The BOG also helps organize the Academy's annual conference on leadership, scheduled for March 18-21, 2016, in Alexandria, VA. The AAO-HNS/F 2016 Leadership Forum & BOG Spring Meeting is open to any Academy Member, in addition to BOG governors

and local society representatives. The conference program includes exciting luncheon speakers on such topics as where medicine is going, how to be a leader in medicine, and the current political environment on medical issues in Washington, DC. In addition, there will be many interesting panels on building leadership skills; on how to write a business plan; how to write a letter to insurance companies; RegentSM, the Academy's new ENT clinical data registry; and how to set your career pathway.

We hope that your local BOG governors help you to reconnect with the AAO-HNS and that the "bring home the Academy" project enables you to find ways in which the Academy can be useful to you every day. See you in March! ■

Is your state covered?

Many state legislatures will be reconvening in January, and some states still need legislative "Trackers." We have yet to identify volunteer State Trackers in Alaska, Idaho, Iowa, Mississippi, South Dakota, Wisconsin, and Wyoming—leaving these states vulnerable to ill-advised legislative proposals.

Are you interested in serving as a Tracker, but are unsure of your "tracking" skills? Don't worry! Monthly conference calls will be scheduled to discuss legislative trends and to answer your questions. If you are interested in volunteering for this effort to protect the specialty's interests in state legislatures, contact the Legislative Advocacy team at govtaffairs@entnet.org. ■

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AAO-HNS comments on PCAST hearing technologies report

Over the last several months, the AAO-HNS has been closely monitoring the efforts of the President's Council of Advisors on Science and Technology (PCAST) and other entities, such as the Institute of Medicine (IOM), to study, and hopefully mitigate, some of the ongoing issues faced by the nation's senior population in regard to the access and affordability of hearing aids and their applicable services.

Following the late October 2015 release of PCAST's final report titled "Aging America & Hearing Loss: Imperative of Improved Hearing Technologies," the AAO-HNS provided the council with formal comments regarding the recommendations put forth.

Overall, the AAO-HNS comment letter articulated support for the following concepts:

- The availability of a "basic" and/or OTC hearing aid for patients/consumers categorized to benefit from non-surgical, air-conduction hearing aids intended to address bilateral, gradual onset, mild-to-moderate age-related hearing loss. **In order to identify individuals who actually fall into this category, the AAO-HNS reiterated the importance of retaining requirements for a medical evaluation by a physician and an appropriate (high-quality and standardized) hearing test.**
- The withdrawal of draft FDA guidance and concurrent deregulation of PSAPs, thereby increasing the availability of basic or market-entry assistive hearing devices. **Said devices should, however, include standardized information regarding the FDA "red flag" warnings associated with**

ear disease.

- Portable hearing test/audiogram results for consumers/patients following the provision of a medical evaluation and standardized hearing test.

The PCAST report and the AAO-HNS' subsequent support for many of the recommendations represent a positive shift from the status quo. As today's technology evolves at an unbelievable pace, the AAO-HNS and its Members must continue to provide patients with the best pathway for safe, affordable, quality care. Positive patient advocacy includes reevaluating the role of technology and identifying common ground. It's the right thing to do.

AAO-HNS Members are encouraged to review the Academy's complete comments, which can be accessed online at www.entnet.org/advocacy/PCAST. ■

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ENT PAC: your go-to resource for 2016 elections

ENT PAC, the political action committee of the AAO-HNS, financially supports Congressional candidates and incumbents who will advance the issues important to otolaryngology-head and neck surgery. Because **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.

ENT PAC Investor status runs on a calendar basis, so **membership must be renewed each year**. To learn more about ENT PAC and the Academy's Federal Elections Center, visit our PAC website at www.entpac.org (log-in with your AAO-HNS Member ID and password) or contact entpac@entnet.org for assistance. ■

ENT PAC

*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 AAO-HNS, 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. ENT PAC is a program of the AAO-HNS, which is exempt from the federal income tax under section 501 (c)(6) of the Internal Revenue Code.



AMERICAN ACADEMY OF
OTOLARYNGOLOGY—
HEAD AND NECK SURGERY

2015 ANNUAL REPORT

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DONE.

MESSAGE FROM LEADERSHIP

IN 2015: YOU SPOKE. WE LISTENED.

This video message from the 2015 Annual Meeting & OTO EXPOSM Opening Ceremony delivered the “You Spoke. We Listened.” theme powerfully, as it does in this Annual Report.

You spoke. We listened.

It's so rare to be listened to. And rarer still to be taken seriously. So we took a different approach.

That's right. You said you needed a **Data Registry**. And we're developing one.

You asked for a bigger and better learning experience. And we launched the new **AcademyU[®]**.

You called for the **repeal of SGR**. It's gone.

You wanted to halt the efforts to **eliminate 10- and 90-day global billing** practices. Done.

You wanted us to work together; we convened the specialty unity summit.

And you requested **changes to the Annual Meeting**.

Well, now 500 hours of education are included with registration...

Video presentations are part of the Scientific Program...

And Miniseminars and Instruction Courses now run simultaneously.

You spoke. We listened.

We're always listening, so be sure to keep on speaking.

Because we're proud to speak in one clear voice...

The short dialogue captures the essence of the AAO-HNS/F work this past year, but there is so much more to relay. We urge you not to miss the rest of the story, calling your attention to these standout efforts here and on the following pages.

■ Centralized Otolaryngology Research Efforts (CORE) Grant Program

The 2015 CORE leadership approved a portfolio of 35 grants totaling \$519,006. Of that amount, AAO-HNSF funded 28 grants totaling \$278,750.

■ Clinical Practice Guidelines (CPG)

CPG Allergic Rhinitis published February 2, 2015; CPG Adult Sinusitis (Update) published April 2015.

■ CMS's Continued Coverage for Osseointegrated Implants as Prosthetics

The Centers for Medicare & Medicaid Services (CMS), after discussions with Academy leaders and others, revised its proposal to designate auditory osseointegrated implants (AOI) as hearing aids, which would have excluded them from Medicare coverage. Longstanding coverage of AOIs continues.

■ Legends of Otolaryngology Fund

The Legends of Otolaryngology Campaign, part of the Annual Fund, launched this year. The first honoree will be **M. Eugene Tardy, Jr., MD**. The fund highlights how legendary otolaryngologists have served the public and the specialty.

■ Otolaryngology—Head and Neck Surgery Scientific Journal Impact

The journal's 2014 Impact Factor, the chief quantitative measure of the quality of a journal, increased by 17 percent to 2.020 (from 1.721 in 2013).

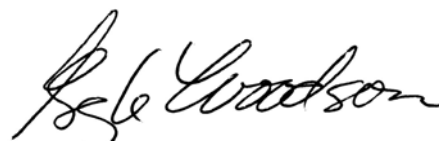
■ Accreditation with Commendation

The Foundation received Accreditation with Commendation from the ACCME based on its recent reaccreditation submission. This comes with a six-year accreditation cycle that runs through 2021.

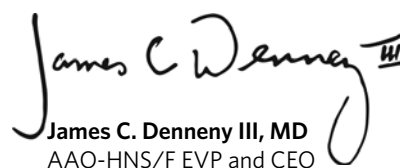
■ The International Task Force

A special task force is developing a strategic plan for International Affairs and making recommendations to the BOD. The AAO-HNSF International Symposium, a new Annual Meeting forum designed to showcase cutting-edge content, already has been announced for 2016.

The following pages continue the “You Spoke. We Listened.” message, showing accomplishments for the year and work in progress for the coming months and years. Ultimately, we are extremely indebted by all Member volunteers and staff who both “Speak” and “Listen” for the good of all patients and our specialty.



Gayle E. Woodson, MD
AAO-HNS/F President 2014-2015



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

ADVOCACY

YOU SPOKE. WE LISTENED: LEGISLATIVE & REGULATORY ADVOCACY

This year, the physician community had reason to celebrate. You asked for enhanced legislative outreach efforts to policymakers, for increased recognition of the specialty, for refined grassroots activities, and for political program involvement.

And, you asked for relevant and validated quality and cost measures and guidance on payer quality initiatives; integrated health policy-specific priorities, using input from the Physician Payment Policy (3P) Workgroup, and to maintain our visibility and credibility with national representatives regarding socioeconomic and federal regulatory issues. We Listened and acted on these accomplishments:

LEGISLATIVE: FEDERAL ACTIVITY

- Advocated for passage of the Medicare Access & CHIP Reauthorization Act (MACRA) – permanently repealing the flawed SGR physician payment formula.
- Spearheaded a coalition letter signed by more than 120 health-related organizations in opposition to legislation granting audiologists “limited license physician” status under Medicare.
- Took a leadership role in building support for legislation (H.R. 1344) to reauthorize the Early Hearing Detection and Intervention (EHDI) program for an additional five years.
- Worked with Congress to rescind a proposed CMS policy to transition all 10- and 90-day global payment codes to 0-day codes.

GRASSROOTS AND STATE TRACKERS

- Facilitated more than 1,500 grassroots messages to legislators by our advocates, supplementing nearly 25 local In-District Grassroots (I-GO) visits.
- Launched PROJECT 535 to identify “key contacts” for each Senate and House Congressional seat.
- Completed Phase Two of the State Trackers program – connecting advocates with their local and state medical societies to ensure effective collaboration and coordination.

ENT PAC

- Heightened the specialty’s visibility with federal lawmakers via attendance at more than 100 political events in 2015.
- Provided ENT PAC donors with access to resources and political updates via a new ENT PAC Investor Community on ENTConnect and e-newsletter, the *ENT PAC Pulse*.

REGULATORY

- Advocated for CMS’s continued coverage for osseointegrated implants by insuring that they remain classified as prosthetic devices and left the door open for CMS to consider coverage for non-osseointegrated implants.
- Met with CMS regarding Alternate Payment Models (APMs).
- Offered two comment letters to CMS regarding the proposed Meaningful Use Stage 3 rule and the modified Stage 2 rule with emphasis placed on the need for interoperability, flexibility, continuation of 90-day reporting periods, and a delay of Stage 3.
- Summarized CY2016 Medicare Physician Fee Schedule proposed rule payment and quality policies drafted and disseminated to members.

PRIVATE PAYER

- Developed a process for prioritization of payer requests (See new 3P webpage: www.entnet.org/content/3p-you)
- Collaborated with United Healthcare to maintain coverage of balloon sinus ostial dilation (BSOD).
- Conducted four meeting/conference calls with private payers: UHC Premium Designation Program, UHC collaboration on APMs, Anthem on transparency in their policy review process and myringotomy and tympanostomy tube policy, and Superior Health about their allergy policy in collaboration with AAOA.
- Reviewed three medical payer policies and provided feedback on the following topics: rhinoplasty, allergy immunotherapy, myringotomy, and tympanostomy tubes.

CODING/REIMBURSEMENT

- Reviewed 24 CPT codes through CPT code change proposals or RUC surveyed from March - October 2015.
- Developed two new Position Statements, updated a Position Statement; and Committees updated eight Clinical Indicators.

THE LEGISLATIVE ADVOCACY TEAM

WOULD LIKE TO THANK

All the Members who contacted their federal legislators to support SGR repeal; these efforts in December 2014 led to the victory in 2015.

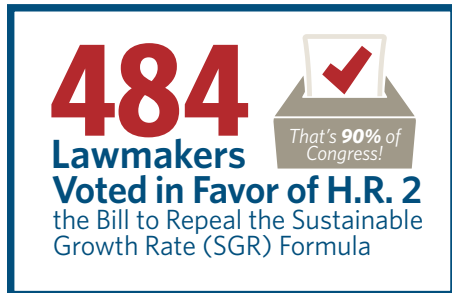
THE HEALTH POLICY TEAM

WOULD LIKE TO THANK

3P and Ad Hoc Payment Workgroup and other physician leaders who provided valuable input on Academy policy and MACRA implementation.

SGR REPEAL BECOMES A REALITY: ADVOCACY'S LEGISLATIVE & REGULATORY ROLE

This year, the physician community had reason to celebrate.



On April 16, President Obama signed into law H.R. 2, the Medicare Access and CHIP Reauthorization Act of 2015 (MACRA), a bipartisan bill that garnered a remarkable 484 votes in the U.S. House of Representatives and U.S. Senate. In one swoop, MACRA—perhaps the most critical piece of health-related legislation since the Affordable Care Act—delivered several legislative victories.

Most notable are provisions to permanently repeal the flawed Sustainable Growth Rate (SGR) formula used to determine payments to physicians under Medicare. A long-time legislative priority for the AAO-HNS and others in the physician community, the repeal effort took more than 14 years and 17 short-term payment “patches” to arrive at the policy agreements ultimately included in MACRA.

OTHER “VICTORIES” INCLUDED:

- Consolidation of three incentive programs (Physician Quality Reporting System, Value-Based Modifier, and Meaningful Use Electronic Health Records) into a Merit-Based Incentive Payment System (MIPS) program to help set performance thresholds and offer flexibility for specialties in achieving reporting requirements for bonus payments
- Rescission of a proposed CMS policy to transition all 10- and 90-day global payment codes to 0-day codes
- A “period of stability” with a .5 percent increase in physician payments for five years
- A five percent added incentive payment for physicians in new Alternative Payment Modes (APMs)
- Increased funding for technical assistance to practices of 15 or few professionals
- Creation of a technical advisory committee to review and recommend physician-developed APMs via an open comment process

Is MACRA's replacement payment policy perfect? No. There's no such thing as perfect legislation, and MACRA isn't an exception. It is, however, a starting point, especially in the current legislative and political climate in Washington, DC. Now that the SGR formula has finally been repealed, and the framework for new and innovative payment mechanisms is in place, the goal of the AAO-HNS is to work toward improving upon the foundation set forth in the law.

IMPLEMENTING MACRA

As noted, the core MACRA programs are the Merit-Based Incentive Payment System (MIPS) and Alternative Payment Models (APMs). Traditional fee schedule updates will continue at 0.5 percent per year until 2019 when the MIPS program takes effect. Thereafter, MIPS will give physicians a composite score, which will be compared to a performance threshold. In addition, participation in MACRA-defined APMs will allow qualifying participants to be eligible to receive a five percent incentive payment starting in 2019 and be exempt from MIPS.

As this transition unfolds, your Academy leaders and staff have been monitoring and advocating to ensure otolaryngologist-head and neck surgeons will not be left behind as the payment system continues to evolve. As CMS continues interpreting the changes legislated by MACRA, the AAO-HNS has maintained an active leadership role by:

- Attending key specialty society meetings
- Commenting on related agency-issued rules
- Participating in coalition building measures (e.g., letters to policymakers)
- Utilizing our physician leaders to provide expert clinical input to CMS
- Closely monitoring the Health Care Payment and Learning Action Network (HCPAN)
- Developing a specialty-specific registry to enable otolaryngologist-head and neck surgeons to successfully participate in MIPS

Additionally, the Academy continues to maintain an open dialogue with CMS through in-person meetings, participation in the comment process, and consistent involvement in related outreach activities. As a result of this relationship-building process, in May 2015, Academy leaders and staff met with representatives from CMS to discuss the Academy's ongoing efforts to improve quality and reduce costs, and increase otolaryngologist-head and neck surgeons' APM participation opportunities.

In 2016, the Academy will continue to collaborate with CMS to advocate for the following program specifications:

MIPS

Opportunities to receive technical assistance to help otolaryngologist-head and neck surgeons to effectively participate in MIPS and APMs.

Qualified Clinical Data Registry (QCDR) participation as a basis for physicians to meet all four MIPS categories (Quality, EHR, Use of Resources, Clinical Practice Improvement activities).

Clinically meaningful measures that are reflective of the specialty care that otolaryngologist-head and neck surgeons provide.

APMs

Simple instructions for individual physicians and small practices looking to participate in APMs.

Guidance, technical resources, and funding for the development of meaningful APMs that allow participation of otolaryngologist-head and neck surgeons.

YOU SPOKE. WE LISTENED: INTEGRATED LEGISLATIVE ADVOCACY APPROACH

The AAO-HNS' multifaceted approach to legislative and political advocacy helps ensure our voice is not only heard, but taken seriously. Each of our programs plays an essential role in shaping healthcare policy on Capitol Hill and across the nation. Our success stems from continuously building the right relationships.

AAO-HNS Congressional Affairs staff regularly conducts meetings with Members of Congress and their staffs to advance the specialty's legislative priorities. These efforts are bolstered by ENT PAC and our participation with numerous coalitions. For example, ENT PAC enables the AAO-HNS to host and/or participate in political events for pro-otolaryngology candidates and incumbents. And, our credibility is often strengthened by joining forces with entities like the Surgical Coalition.

Meetings on Capitol Hill are not the only way to connect with policymakers, which is why the Academy has four key grassroots initiatives. The ENT Advocacy Network, In-district Grassroots Outreach (I-GO), State Trackers, and the newly-created PROJECT 535 are designed to drive our messages "home" with legislators across the nation.

- The ENT Advocacy Network, which includes more than 1,900 AAO-HNS Members, provides resources to help our advocates stay current on legislative and political issues via *The ENT Advocate* and other timely communications.
- The I-GO program enables Academy Members to conduct in-district meetings, whether in the physician's office, hospital setting, or at a lawmaker's district office, to raise awareness on key issues impacting the specialty.
- The State Trackers program, utilizing local volunteers, helps identify legislation in the states that will potentially impact the specialty, our Members, and/or patients.
- The new PROJECT 535 initiative amplifies our voice on Capitol Hill via a "grasstops" database of **voting** physicians willing to act when the specialty must collectively advocate on national issues.

The AAO-HNS extends sincere appreciation to all grassroots volunteers who help make key priorities become legislative realities. Your participation was and will continue to be vital. We encourage all Members to get involved with at least one of the Academy's legislative and political advocacy efforts.

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



WHAT'S NEXT IN LEGISLATIVE ADVOCACY

The AAO-HNS Legislative Advocacy staff, in collaboration with our various Member volunteers, are preparing for the 2016 state legislative sessions and the second session of the 114th Congress. Key priorities for 2016 include, but are not limited to: continued Congressional dialogue regarding MACRA; broadening support for truth-in-advertising legislation; countering attempts by the audiology community and other non-physician groups to inappropriately expand their scope of practice; and efforts to delay implementation of Stage 3 Meaningful Use.

With another busy year ahead, AAO-HNS Members are reminded that our efforts on Capitol Hill are amplified by the strength of ENT PAC, the Academy's bipartisan, issue-driven political action committee. Together, we can make a difference!

www.entnet.org/advocacy

Join the AAO-HNS Grassroots Advocacy Team

BE A LEADING ADVOCATE FOR OTOLARYNGOLOGY— HEAD AND NECK SURGERY

- Contact your Legislators
- Join the ENT Advocacy Network
- Schedule an I-GO event
- Follow Legislative Issues on Social Media



Scan this code with your
Smart Phone to get involved!

Kay Bailey Hutchison, former U.S. Senator from Texas, with ENT PAC donors.



REGULATORY ADVOCACY INFLUENCED AGENCY & PAYER ISSUES AS YOU REQUESTED

The Academy's Physician Payment Policy (3P) Workgroup works hard for you, constantly considering the ideal solution to the myriad of issues facing otolaryngology practices today. 3P works to create and guide Academy documents; revise existing codes that simply have fallen out of date; and help further the field by facilitating the reimbursement of important, new procedures that allow physicians to offer the highest standard of patient care.

3P AND YOU: CPT AND RUC ACCOMPLISHMENTS

The Academy's Physician Payment Policy (3P) workgroup, including the **Academy's CPT and RUC teams, coordinates with other Academy committees, subspecialties, and medical specialty societies** on CPT and RUC related efforts. This coordination and collaboration is critical to success. During the January 2015 AMA RUC meeting:

- The Academy's CPT and RUC teams worked with laryngology leaders from the Airway and Swallowing Committee, Voice Committee, the American Laryngological Association (ALA), and American Broncho-Esophagological Association (ABEA) to develop a new code proposal for the laryngoplasty family of codes presented at the October AMA CPT Editorial Panel (the Panel). The new codes were approved by the Panel and RUC surveyed for presentation at the January 2016 AMA RUC meeting.
- The Academy RUC surveyed and presented revisions to the Videonystagmography (VNG) family of codes along with the American Speech-Language-Hearing Association (ASHA), American Academy of Audiology (AAA), and American Academy of Neurology (AAN). This includes two new codes for 2016 for monothermal and bithermal vestibular testing
- At the January 2015 AMA CPT meeting, the Academy and The Triological Society (TRIO) presented a code proposal requesting two new Category I codes for the insertion of drug eluting stents. The Panel declined this application and elected to create two Category III codes, stating that it did not feel sufficient literature was available in the office setting to support Category I codes at the time.
- At the May 2015 AMA CPT meeting, the Academy and TRIO, presented revised flexible laryngoscopy codes (6 new and 3 revised) to the Panel. Similar to the laryngoplasty code changes, 3P, the Academy's CPT, and RUC teams worked with the Academy's laryngology leaders and subspecialty societies, to develop the code proposals. The Panel approved the proposals and the codes were RUC surveyed for the October 2015 AMA RUC meeting.



Practice Management

Resources

- Clinical Practice Guidelines
- Appropriate Use Criteria
- Coding Corner
- Clinical Indicators
- Position Statements
- Clinical Consensus Statements
- Socioeconomic Data
- Media and Public Outreach
- Quality Improvement
- Clinical Data Registry
- Research
- Reimbursement
- Inquiries

Coding Corner

As a new benefit for Members, the Academy is proud to release our AAO-HNS Coding Corner.



The coding corner makes accessing the newest coding and reimbursement tools simple and straightforward for Members.


Coding Guidance: CPT for ENT Articles and Code Changes/Edits	+
Template Appeal Letters and Advocacy Statements	+
How a New Technology or Revised Procedure Receives a Medicare Payment	+
CMS Quality Initiatives and Programs	+

The Health Policy team tracks and summarizes policies and proposals that impact the specialty in order to provide feedback to private payers. This includes collaboration with third party payers to ensure fair reimbursement for ENT procedures as well as the creation of position statements, template appeal letters, and advocacy statements to help practices receive payment instead of denials from private payers.

3P AND HEALTH POLICY: PRIVATE PAYER ADVOCACY EFFORTS

The Academy's Health Policy team working through 3P achieves significant wins on national payer issues:


- The largest Medicaid provider in Texas Superior Health proposed a credentialing program for physicians providing allergy testing and services, which excluded otolaryngologists as appropriate specialists to perform such services. Concerned about the potential impact and that the program may be adopted by other states, the Health Policy Team worked with the Allergy Committee to submit comments to Superior on the flawed policy. The Academy hosted an in person meeting with Superior medical directors and the AAOA which, after successful discussions, resulted in Superior changing its policy to auto-credential all board-certified and board-eligible otolaryngologists to perform allergy services.
- Anthem, the largest for-profit managed health care company in the Blue Cross and Blue Shield Association responded positively to the Academy's request for improved communication on incorporating Academy clinical committee expert feedback into Anthem medical policies. The improved line of communication was subsequently reflected in the Myringotomy and Tympanostomy Tubes policy when Anthem reconsidered comments from 3P leaders, the Pediatric Otolaryngology Committee, and the Hearing Committee and ultimately incorporated all feedback into a new release of its policy, effective August 10, 2015.
- After years of fostering a good relationship with United Healthcare (UHC) national medical directors, 3P and the Health Policy team continued its private payer advocacy role with UHC. In early spring, UHC reached out to the Academy requesting input for its draft balloon sinus ostial dilation medical policy. The Academy's Rhinology Paranasal Sinus Committee and 3P leaders reviewed the draft. As part of an ongoing collaborative effort, UHC held a conference call with our physician leaders and experts in rhinology, to discuss the proposed policy. After a detailed discussion about the benefits of balloon sinus ostial dilation as an alternative to endoscopic sinus surgery, UHC made a decision to cover the procedure and put a new policy into effect.
- In addition, UHC accepted another policy revision based on dialogue with Academy physician leaders: They will no longer require radiologic imaging as part of their documentation requirements for coverage of rhinoplasty and other nasal surgeries policy. Dr. Mureen Allen, UHC Medical Director, also met with Academy leaders and staff to discuss our concerns with the Premium Designation Program. UHC will seek expert opinion from otolaryngology experts for consideration in future versions of the program.



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Payer Advocacy: 3P/BOG SEGR Joint Efforts >

Practice Management

Private Payer Advocacy

RESEARCH & QUALITY

YOU SPOKE. WE LISTENED: RESEARCH & QUALITY

You have asked us to build a sustainable infrastructure for research and quality products to promote translational research and evidence-based medicine. You asked that we demonstrate the value of research and administer the granting program for the specialty. We Listened and acted with these accomplishments:

- **Approved:** The clinical data registry initiative was approved by the Board in March 2015.
- **Named and Branded RegentSM:** The AAO-HNSF ENT clinical data registry name and branding—RegentSM—was approved by the Executive Committee and a registry vendor, FIGmd, was approved by the Executive Committee in August and the full Board in September 2015.
- **Endorsed:** Two Acute Otitis Externa (AOE) and three Otitis Media with Effusion (OME) measures were submitted for National Quality Forum (NQF) endorsement. All submitted measures received full endorsement, with the exception of OME; Systemic Use of Corticosteroids. This measure will be endorsed with a reserve status due to a small performance gap and limited opportunity for improvement.
- **Published:** The PSQI Committee completed a manuscript entitled “Quality in Otolaryngology: Where We Have Been and Where We Are” which was published in the May 2015 journal.
- **Published:** Clinical Practice Guidelines (CPG): Allergic Rhinitis was published February 2015; CPG: Adult Sinusitis update published April 2015; the Clinical Consensus Statement (CCS) Development Manual was published November 2015 and the CCS: Septoplasty was published November 2015. CPG updates in process include: Otitis Media with Effusion; Cerumen Impaction; BPPV; Hoarseness; and two new products including CPG: Evaluation of the Neck Mass in Adults and CPG: Rhinoplasty.
- **Viewed and Cited:** The AAO-HNSF CPGs have been viewed almost 530,000 times via the National Guideline Clearinghouse and the CPGs/CCSs/Manuals have been cited almost 3,400 times, as reported by Google Scholar.
- **Awarded:** The 2015 CORE grant program participating societies (AAO-HNSF, AHNS, ASPO, ARS, AAFPRS) awarded 35 grants totaling \$488,000. Of that amount, AAO-HNSF and its sponsors (Alcon, Cook Medical, and Oticon) funded 28 grants totaling \$278,750.



2015 Miniseminar: The Power of Data: Creating a Clinical Data Registry for Otolaryngology—Head and Neck Surgery

CLINICAL PRACTICE GUIDELINES (CPG) & CLINICAL CONSENSUS STATEMENTS (CCS)

Members have asked for more guidelines and more derivative products. We are producing more CPGs and CCSs than ever before and AAO-HNSF now makes slide sets available for education, pocket cards for easy bedside reference, and patient educational materials to facilitate shared decision-making.



This year, the AAO-HNSF published four CPG/CCS products including: Allergic Rhinitis (February 2015); an update of the CPG Adult Sinusitis (April 2015); a CCS Development Manual (November 2015); and CCS on Septoplasty with or without Inferior Turbinoplasty (November 2015).

Six additional guideline products are in various stages of development:

- **CPG Otitis Media with Effusion:** To publish early 2016
- **CPG Cerumen Impaction:** Under external peer review
- **CPG Benign Paroxysmal Positional Vertigo:** Undergoing update
- **CPG Hoarseness:** Undergoing update
- **CPG Rhinoplasty:** Under development
- **CPG Evaluation of the Neck Mass in Adults:** Under development

AAO-HNSF guidelines have been accessed over half a million times via the National Guideline Clearinghouse and citations of the CPGs are over 3,000. We have received almost 80 requests for the CPG slide sets from both Members and non-members across the world, resulting in an estimated 147 presentations of the AAO-HNSF guidelines to various stakeholders.

AAO-HNSF continues to collaborate with the Creating Healthcare Excellence through Education and Research (CHEER) Practice-based

Research network to research adherence to the CPGs and barriers to implementing the guidelines. Three studies looking at the Voice Outcomes after Thyroid Surgery, Sudden Hearing Loss, and Tympanostomy Tubes are nearing completion. These study findings will help us to inform future performance measures development and additional resources needed by our Members to implement the guidelines for the best care to the patients they serve.

All new guidelines and consensus statement products were presented as Miniseminars at the AAO-HNSF 2015 Annual Meeting & OTO EXPOSM along with an Instruction Course on Understanding Clinical Practice Guidelines. Online Lecture Series were recorded for Adult Sinusitis (Update) and Otitis Media with Effusion (Update) and will be available to the members in early 2016.

For many years, there has been interest in translating the CPGs. This year we entered into a project with the Mexican ORL Society (SMORL) to “ADAPTE” several of the AAO-HNSF CPGs to the Mexican community.

We continue to develop harmonization pieces that compare and contrast our guidelines to other organizations. Two products are in development: AAO-HNSF Adult Sinusitis CPG compared to the IDSA CPG; and AAO-HNSF Allergic Rhinitis CPG with the AAAAI/ACAAI practice parameters.

CENTRALIZED OTOLARYNGOLOGY RESEARCH EFFORTS (CORE) GRANT PROGRAM

AAO-HNSF has entered into a new partnering strategy with participating specialty societies to administer the CORE grant program, which will allow for more funds to be available for research.

The CORE grant program received 162 research applications (18 resubmissions) from 71 institutions. In total, applicants were requesting \$2,539,225 in funding. The 2015 CORE leadership

(including the boards and councils of all participating societies) approved a portfolio of 35 grants totaling \$519,006. Of that amount, AAO-HNSF funded 28 grants totaling \$278,750.

RESEARCH & QUALITY

YOU SPOKE. WE LISTENED: REGENTSM

Members have asked for a clinical data registry. We Listened and are building RegentSM, the first ENT clinical data registry to: facilitate new measures development for the depth and breadth of the specialty, help Members demonstrate the value of care they provide, enable quality reporting and improvement, address clinical effectiveness, facilitate Maintenance of Certification and Licensure, and enable product surveillance.



At the AAO-HNSF 2015 Annual Meeting & OTO EXPOSM, the AAO-HNSF Board approved FIGmd as our vendor partner for RegentSM. This pivotal step marks a key moment in the RegentSM timeline and the culmination of work by AAO-HNSF staff and Registry Task Force Members to lay the foundation for RegentSM. Registry work accomplished to date is highlighted on this page.

WHAT IS REGENTSM?

RegentSM is an otolaryngology-specific clinical data registry that will be the foundation for quality reporting, measures development, quality improvement, clinical and product research, and support for maintenance of certification and licensure. With RegentSM, AAO-HNSF is investing in our Members' future—a future that will involve an increased focus on quality of care and performance measurement.

ACCOMPLISHMENTS

- Completed an environmental scan with other medical and surgical specialties with registries; and
- Validated the clinical data registry approach with CMS, private payers and the Large Group Forum;
- Completed a Request for Information (RFI) with vendor finalists and held a registry vendor educational summit in June; held regular Task Force calls to ensure alignment.
- Finalized the registry strategy, name (RegentSM) and logo;
- Completed the registry business plan, RFP, registry vendor assessment and identified FIGmd as the top vendor; and
- Received approval of FIGmd from the Executive Committee and full Boards.
- A RegentSM Miniseminar entitled, "The Power of Data: Creating a Clinical Data Registry for Otolaryngology" was held at Annual Meeting in Dallas, TX.
- RegentSM Booth at Annual Meeting hosted demonstrations and presentations.



There was significant interest in RegentSM among Members who visited the booth and a common theme emerged in their questions. We compiled the top three and answer them below.

WHAT WILL REGENTSM OFFER?

■ Public Quality Reporting

RegentSM will help Members report on quality measures for federal and private programs.

■ Demonstration of Value and Alternative Payment Models

RegentSM will affirm effectiveness and quality of care provided; utilize data to more effectively negotiate with payers; and prepare for participation in alternative payment models.

■ Quality Improvement and Clinical Effectiveness

RegentSM will utilize longitudinal data to identify gaps in performance and gaps in care provided both at the individual practitioner and system levels.

■ Maintenance of Certification and Licensure

RegentSM will coordinate with and provide data to the American Board of Otolaryngology (ABOto) and state licensing boards to assist in satisfying MOC and MOL requirements.

■ Performance Measure Development

RegentSM will allow more rapid and cost-effective development of measures to rapidly expand our portfolio through a measure authoring tool. This will allow the AAO-HNSF to author and simulate measures on registry data before launching the measures.

■ Product Surveillance

RegentSM will facilitate post-market surveillance activities.

WHAT'S NEXT FOR REGENTSM?

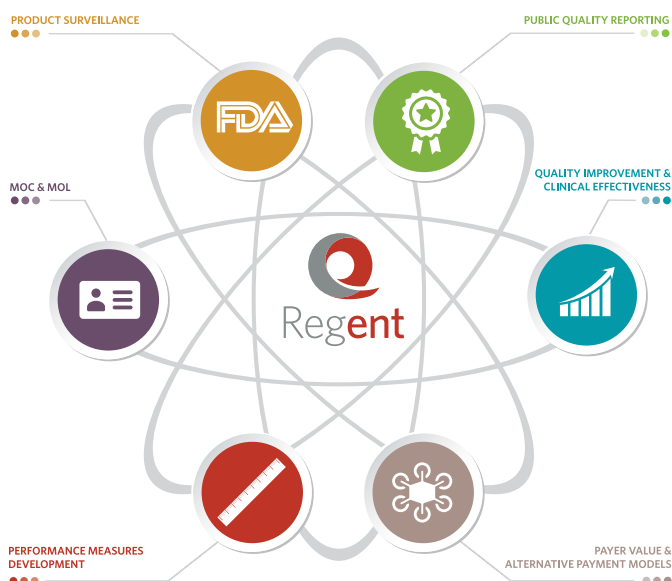
AAO-HNSF will develop the RegentSM data dictionary which encompasses coding measure specifications and facilitates the extraction of data from the EHR systems used by our members. Pilot testing of RegentSM will be conducted with a diverse group of practices to assure that measures and related data are appropriately extracted and reflect the actual performance of pilot participants. We anticipate commencing pilot testing in 2016 with the full launch of RegentSM several months later.

WHAT'S NEXT FOR PERFORMANCE MEASURES?

Now that the AAO-HNSF has secured National Quality Forum Endorsement for the acute otitis externa and otitis media with effusion measures, the Performance Measures Task Force will be establishing its performance measure methodology and developing new measures for allergic rhinitis and BPPV. We will be looking to the specialty societies to assist in development of new measures. A new area for measure development with RegentSM includes outcome measures development, including patient reported outcomes.

To stay up to date visit www.entnet.org/Regent

Have questions? Email Regent@entnet.org



EDUCATION & KNOWLEDGE

YOU SPOKE. WE LISTENED: EDUCATION & MEETINGS

The reinvented 2015 Annual Meeting & OTO EXPOSM enriched your overall experience and expanded your education opportunities. Many innovations took place this year in Dallas:

MEETINGS

- **Adjusted:** Registration fees were adjusted, and all Members receive a discounted fee of 2/3 the non-member rate.
- **Included:** Instruction Courses were included in the regular registration fee.
- **Scheduled:** The Miniseminars, Scientific Oral Presentations, and Instruction Courses were scheduled concurrently Sunday through Wednesday.
- **Concluded:** The OTO EXPOSM officially concluded on Tuesday at 3:00 pm.
- **Avoided:** Nearly all committee meetings were held mid-morning and mid-afternoon to avoid conflicts with the Scientific and Instruction Course programs.
- **Rated:** A 'Best of Orals' 80-minute session included 12 of the highest rated Oral submissions representing all the subspecialties topics.
- **Presented:** The Scientific Program included eight-minute Masters of Surgery Video Presentations, followed by a live Q&A.
- **Offered:** Seven Instruction Course Review Courses were presented throughout the meeting — "Facial Plastic Surgery," "General Otolaryngology," "Head and Neck Surgery," "Laryngology/Bronchoesphagology," "Pediatric," "Otology and Neurotology," and "Rhinitis and Allergy." These extended courses, two hours long, were designed to help Members prepare for the MOC Part III cognitive exam.



EDUCATION

- **Commended:** The AAO-HNSF was awarded the distinction of Accreditation with Commendation by our accrediting board, the Accreditation Council for Continuing Medical Education (ACCME). This status conveys a six-year accreditation period.
- **Launched:** A new AcademyU[®] Learning Platform at www.AcademyU.org launched that will provide a more robust learning experience. It is learner-focused, personalized, social, user-friendly, searchable, and flexible.
- **Planned:** Continued growth in education programming for the AAO-HNSF 2016 Annual Meeting & OTO EXPOSM.



YOU SPOKE. WE LISTENED: MEETINGS

The AAO-HNSF 2015 Annual Meeting & OTO EXPOSM was one like no other.

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

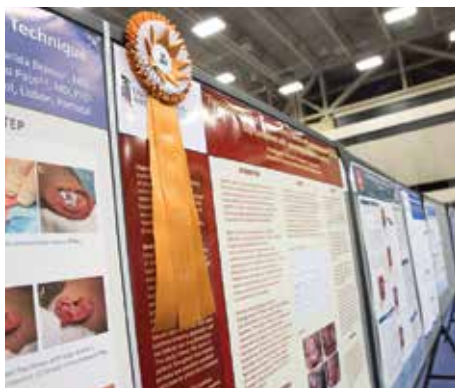
For starters, the full conference registration price included Instruction Courses. This change gave attendees complimentary access to over 400 hours of education content. The Scientific Program (Oral Presentations and Miniseminars) and Instruction Courses simultaneously, Sunday through Wednesday. The redesigned program allowed attendees more uninterrupted time on the OTO EXPOSM show floor to explore the latest products and technology.

We had more than 5,000 professional registrants this year; an 11 percent increase in domestic attendance.

Attendees came from all over the world, spanning over 89 different countries.

Moreover, there were many wonderful opportunities for professional development, networking with colleagues

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.



MEETINGS

BY THE NUMBERS

104	Miniseminars
309	Instruction Courses
5	Guest Lectures
368	Oral Presentations
270	Exhibiting Companies
927	First-Time Attendees
25.5	Continuing Medical Education Credits Available For Each Physician
1,999	Continuing Medical Education Certificates Awarded
2,247	Downloads Of The Annual Meeting Mobile App

EDUCATION & KNOWLEDGE

YOU SPOKE. WE LISTENED: EDUCATION

New AcademyU® Learning Platform provides the “House that Education Built”

AcademyU®

YOUR OTOLARYNGOLOGY EDUCATION SOURCE

Welcome to AcademyU.org, your otolaryngology education source. In response to the expressed wishes of our Members, the Foundation built a new learning platform for all of its education and knowledge resources. Now easily accessible through www.AcademyU.org, all of the Foundation’s knowledge resources, live events, eBooks, online education, and the Home Study Course are housed under the one roof of AcademyU®.

With Members’ advice and great assistance from the eight Education Committees, the New AcademyU® education, home built in 2015, has all the amenities: transcripts on demand, community forums, customized course recommendations, easy-to-read course listings, a comprehensive how-to guide, and a complete catalog of education activities.

Most importantly, the new AcademyU® has a very robust search function to assist with finding all the education activities of interest to you. The search options include: specialty, activity format, activity series, stage of career, certification, and credit designation. By using these search criteria you can narrow down what you are looking for and get to the activities you want quickly and easily.

In addition to moving into a brand new house, many existing education activities were upgraded and enhanced. Patient Management Perspectives is now directly offered through AcademyU® and available in single volumes. eBooks are now true eReaders with links and other interactive features. AcademyQ CME is a new product using the same questions as the app but also offering CME credit. All the COOL courses were rebuilt and the Pediatric Webinar Series is archived in AcademyU®. And, the good news is, many new education activities are being added annually.

AAO-HNSF RECEIVES ACCREDITATION WITH COMMENDATION FOR MEDICAL EDUCATION PROGRAM



After a comprehensive review, the Accreditation Council for Continuing Medical Education (ACCME) has awarded Accreditation with Commendation—its highest level of accreditation—to the AAO-HNSF for its continuing medical education program.

This status, which provides a six-year accreditation period, is awarded to only a fraction of all organizations

who seek to become an accredited provider of medical education. It is recognition of programs that deliver the highest quality of practice-relevant, physician-focused education.



FUTURE DIRECTION—YOUR NEEDS

Over the past four years, adding to the diligence of staff, the work of **Dr. Sonya Malekzadeh**, AAO-HNS Foundation Education Coordinator, provided thoughtful and strong leadership. Through her hard work, Foundation professional development has evolved into a focused, innovative, and high quality program for Members.

Four Education Committee representatives now serve on Clinical Practice Guidelines working groups to serve as a liaison between Research and Education and to ensure appropriate education activities are planned in conjunction with each newly published guideline.

Members of each of the eight Education Committees formed work groups in 2015 to focus on a specific initiative of Foundation education, including Innovation, Faculty Development, Item Writing, Non-physician Clinician, and Marketing.

On October 1, 2015, **Richard V. Smith, MD**, became the new AAO-HNS Foundation Education Coordinator.

New in 2015, key Annual Meeting education sessions were video recorded in their entirety. These included seven specialty-focused review courses, nine clinical fundamentals

courses, two clinical practice guidelines presentations, and a variety of other Mimiseminars and Instructions Courses. These recordings will be available through the new AcademyU® accompanied with CME credit. As a new education offering, the Annual Meeting Expert Series (AMEx) is comprised of a select group of sessions that include a post-presentation faculty interview where further discussions were had about each topic.

AAO-HNSF is proud to partner with AAPC, a leader in medical coding education, to offer a series of live workshops, webinars, and eCourses. Jointly sponsored Coding Workshops and Webinars will be held regionally and online through 2016.

The reinvented 119th Annual Meeting proved to be a success. You should expect continued growth in the education program, more networking opportunities, and increased access to the products and services showcased in the OTO EXPOSM. Please join us for the 120th Annual Meeting & OTO EXPOSM September 18-21, 2016, at the San Diego Convention Center in San Diego, California. Watch the Annual Meeting website for updated information.



Sonya Malekzadeh, MD (right)
Immediate Past Coordinator for Education

ACADEMYU[®] BY THE NUMBERS

182 Education Activities Found In AcademyU[®]

33 Search Criteria To Help Find What You Are Looking For

24/7 Access To Personal Transcript

9 AcademyU[®] Communities

84 Non-Physician Clinicians Activities

135 Online Courses And Lectures

7 Newly Rebuilt Patient Management Perspectives

75 Medical Student Activities

13 Clinical Practice Guidelines

MEMBER ENGAGEMENT & UNITY

YOU SPOKE. WE LISTENED: MEMBER ENGAGEMENT & UNITY

The American Academy of Otolaryngology—Head and Neck Surgery is the premier organization for specialists who treat the ear, nose, throat, and related structures of the head and neck.

We lead and encourage change that benefits the specialty and patients all over the world. Our ongoing education opportunities, networking events, publications, and advocacy and practice management resources help Members build their skills and advance their careers.

With 11,988 Members supporting AAO-HNS's mission, the largest membership categories include those who are certified by a specialty board who are listed as Fellows (70 percent), physician Members who are not board certified (15 percent), and residents (12 percent). Affiliates, Scientific Fellows and Associates comprise the remaining three percent of Members. Eight percent of the membership base practices outside the United States. AAO-HNS physician Members are represented from residency to retirement.

MEMBERSHIP

- **Retained:** Membership remained strong in 2015 with a retention rate of 94 percent. With a membership of 11,988 as of the October 1, 2015 census, the Academy's membership is steady.
- **Added:** Since January 1, the Academy has added 467 new Members to its rolls and 103 former Members who reinstated their membership.

BOG

- **Updated:** To facilitate its grassroots outreach, the Board of Governors (BOG) updated its committee charges, online resources, bylaws, and society application process.

SECTIONS

- **Convened:** The Young Physicians Section (YPS) conducted its inaugural General Assembly meeting on Tuesday, September 29.
- **Engaged:** The Section for Residents and Fellows-in-Training (SRF) updated its bylaws and reworked the format of its General Assembly meeting to be more engaging and include practical content of interest to section Members.
- **Mentored:** The Women in Otolaryngology (WIO) Section launched its inaugural mentoring/leadership pilot program to assist in the development of future Academy leaders.

INTERNATIONAL

- **Fostered:** The AAO-HNSF International Task Force has been developing a strategic plan to foster a global otolaryngology community to promote the highest standards in clinical care through education, research, communication, and collaboration.
- **Hosted:** The 2015 AAO-HNSF Annual Meeting & OTO EXPOSM welcomed the International Guests of Honor from Czech Republic, Panama, Slovakia, Taiwan, and Tanzania and all its International attendees from more than 89 countries to the ever-popular International Reception.

PRIMARY SUBSPECIALTIES BY THE NUMBERS

49%	General Otolaryngology
11%	Head and Neck Surgery
10%	Facial Plastic Surgery
8%	Pediatric Otolaryngology
5%	Neurotology
5%	Otology
4%	Rhinology
4%	Laryngology
2%	Allergy
1%	Sleep Medicine
<1%	Endocrine Surgery



MEMBER NETWORKS

The Member networks help practitioners to share day-to-day issues with each other and the AAO-HNS/F. They bring you to the Academy and the Academy to you.

BOARD OF GOVERNORS (BOG)

During this year's BOG General Assembly meeting held during the AAO-HNSF Annual Meeting & OTO EXPOSM, **David R. Edelstein, MD**, assumed the role of BOG Chair, and **Wendy B. Stern, MD**, became Immediate Past Chair. **Stacey L. Ishman, MD, MPH**, was elected BOG Chair-Elect and **Ken Yanagisawa, MD**, was elected BOG Secretary. On October 1, the 2015 BOG award recipients were also recognized during the BOG General Assembly:

- Model Society Award: Pennsylvania Academy of Otolaryngology-Head & Neck Surgery
- Model Society Honorable Mention Award: Connecticut Ear, Nose & Throat Society
- BOG Practitioner Excellence Award: **Robert J. Stachler, MD**

The BOG Governance & Society Engagement Committee, formerly the Rules and Regulations Committee, updated its committee charge and name to better reflect its outreach activities. The American Society of Geriatric Otolaryngology (ASGO) applied to become part of the BOG and was approved by the BOG Executive Committee.

The BOG Legislative Affairs Committee created two new task forces – one focusing on ENT PAC participation and the second concentrating on legislative grassroots engagement. These task forces convene via conference call on a quarterly basis and are working with AAO-HNS staff to enhance various advocacy opportunities.

Wendy B. Stern, MD
BOG, Immediate Past Chair



The BOG Socioeconomic & Grassroots (SEGR) Committee concentrated on developing BOG society polls that are more facile and focused. The first survey topic was regarding alternative payment models, with a second poll on the implementation of the Affordable Care Act (ACA), released in November 2015. The Committee clarified the topics of coverage for the Committee: (1) Insurance, (2) Practice Management, and (3) Public Relations Efforts. In addition, a tool kit is now available on ENTConnect.org for BOG Regional Representatives with contact information, a regional map, job descriptions, and an updated committee charge.

AAO-HNS/F 2015 Leadership Forum: The AAO-HNS/F 2015 Leadership Forum & BOG Spring Meeting was also a success, with nearly 140 attendees, 30 of which were Residents and Fellows-in-Training. The three-day event included the following BOG programming: a new mentorship/leadership program; committee meetings; General Assembly with presidential candidate speeches; Congressional and other guest speakers on key healthcare topics; and 8.4 CME credits.

What's Next?: In addition to collaborative planning for the AAO-HNS/F 2016 Leadership Forum & BOG Spring Meeting, the BOG will be working on PROJECT 535, Societies Connected, virtual communities, recruiting volunteers for various advocacy initiatives, streamlining the collaboration between the BOG and 3P, and strengthening communication via the SEGR Regional Representatives.

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

Growth and Visibility: The SRF and its Governing Council (GC) leaders aimed to increase the number and visibility of their Members at specialty society meetings and established new liaisons to the American Society of Pediatric Otolaryngology (ASPO), the American Laryngology Association (ALA), and the American Academy of Otolaryngic Allergy (AAOA). In addition, the SRF continues to increase its presence in the Society of University Otolaryngologists-Head & Neck Surgeons (SUO).

Connecting: The annual 2015 SRF survey was completed with more than 450 responses. Communicating via Facebook and ENTConnect has resulted in increased dialogue. Expansion of the SRF's presence on ENTConnect, as well as promotion of mENTorConnect, will be a priority moving forward.

Leadership: With 30 SRF Members in attendance, the Section was well-represented at the AAO-HNS/F 2015 Leadership Forum. SRF leaders are working to increase member participation in the Millennium Society and ENT PAC.

MEMBER ENGAGEMENT & UNITY

MEMBER NETWORKS (CONTINUED)

WOMEN IN OTOLARYNGOLOGY (WIO)

Communication: Over the past year, the WIO Section concentrated on improving its Member communications through website updates, ENTConnect, the *Bulletin*, quarterly eNewsletters and social media.

Mentorship: The Section launched its first women's mentoring program at the AAO-HNS/F 2015 Leadership Forum. The WIO leaders hope to expand this pilot program in the coming year(s).

Outreach: The Section began exploratory meetings to establish a subgroup of liaisons to connect with women's groups in other otolaryngology societies. Section leaders are also committed to increasing the number of female physician speakers on panel presentations at meetings.

YOUNG PHYSICIANS SECTION (YPS)

Firsts: The newest Section of the AAO-HNS, the YPS, held its first Section General Assembly meeting at the AAO-HNSF 2015 Annual Meeting & OTO EXPOSM in Dallas and also launched its first quarterly eNewsletter.

Engagement and Representation: The YPS Section worked with the Program Advisory Committee to coordinate more than 175 YPS Members presenting during Annual Meeting. Leaders also worked with *Otolaryngology-Head and Neck Surgery* to continue its "Reflections" section and to submit to a Young Physicians-focused issue. Relationships were strengthened with the AMA -YPS and the Education Innovation Advisory Group.

Mentorship: The Section coordinated with the Board of Governors (BOG) for a mentoring program at the AAO-HNS/F 2015 Leadership Forum and worked with SRF, WIO, and the BOG on the roll-out of an Academy-wide Mentorship Program - mENTorConnect.

HUMANITARIAN EFFORTS

Every year, the Academy's Foundation helps realize the ambitions of our Members who strive to make the world a better, healthier place.

Through the Humanitarian Travel Grant program, the AAO-HNSF offers financial support to SRF participants in humanitarian missions that deliver care to those who need it most. Funding is available for initiatives both in the U.S. and abroad.

In 2015, the Foundation helped send a total of 30 Members to as many as 13 developing countries and territories.

The Foundation also recognized two exceptional Members for their enduring commitment to humanitarian work. **Susan R. Cordes, MD**, was selected for the 2015 Arnold P. Gold Foundation Humanism in Medicine Award, in recognition of her profound empathy and sensitivity when caring for patients. In addition, this year's AAO-HNSF Distinguished Award for Humanitarian Service was conferred on **H. Dennis Snyder, MD**, a Member whose career has brought care to patients in countries as geographically diverse as Rwanda and the Philippines.

2015 HUMANITARIAN EFFORTS

The Foundation helped send 30 Members to 13 countries and territories.

- American Samoa (2)
- Cambodia (1)
- Cameroon (4)
- Colombia (1)
- Ecuador (3)
- Ethiopia (1)
- Guatemala (2)
- Haiti (2)
- Honduras (4)
- Kenya (3)
- Nicaragua (3)
- Philippines (3)
- Peru (3)



INTERNATIONAL AFFAIRS

Serving 1,000 Members abroad and sustaining partnerships with 57 international otolaryngology organizations, known as International Corresponding Societies (ICS), the Academy and its Foundation have long worked to foster a global community. In 2015, an enhanced emphasis on global relations has developed with the creation of an AAO-HNSF International Task Force, a body charged with making the Academy a greater asset to our colleagues, members, and friends around the world by enhancing the value of the ICS network, international membership, and global participation at the AAO-HNSF Annual Meeting & OTO EXPOSM. The International Task Force Members include: **Carol R. Bradford, MD**; **James C. Denneny III, MD**; **Soha Ghossaini, MD**; **KJ Lee, MD**; **Eugene Myers, MD**; **Gregory W. Randolph, MD**; **James Saunders, MD**; **Michael N. Stewart, MD**; **Pablo Stolovitzky, MD**; **Gayle E. Woodson, MD**; and **Mark Zafereo Jr., MD**.

International Members



SUSTAINABILITY

YOU SPOKE. WE LISTENED: SUSTAINABILITY

Sustaining the AAO-HNS/F, its brand, and its relevance to Members and the public is a strategic goal that is vital to all. It requires short-term flexibility and long-term stewardship. It inspires and enables philanthropy and support. This past year the following actions have delivered on providing quality leadership and adaptability to Member needs:

COMMUNICATIONS

- **Increased Visits:** Website: Unique visitors: 5.66 million (91 percent increase since August 2014); Sessions (total visits): 6.7 million (76 percent increase since August 2014); Page views: 8.6 million (49 percent increase since August 2014).
- **Logged in:** ENTConnect: 4,203 Members (35 percent have logged in at least once since May 2014 launch); 54,857 sessions; 259,895 page views; 4.02 pages per session; Average session: three minutes, 26 seconds.
- **Cultivated:** Media staff responded to more than 65 interview requests this year, and successfully pitched coverage for two clinical practice guidelines in multiple media outlets.
- **Submitted:** The 2014 Impact Factor Citation Report rated *Otolaryngology-Head and Neck Surgery* at its highest ever, 2.020, a 17 percent increase from last year. The journal now ranks #11 among 43 otorhinolaryngology journals.
- **Published:** The first “Young Physicians” *Otolaryngology-Head and Neck Surgery* issue was published in October 2015. More than 200 submissions were received and 61 were accepted.
- **Enhanced:** *Otolaryngology-Head and Neck Surgery* “Special Focus Sections” began appearing in April 2015.
- **Redesigned:** The redesigned *Bulletin* launched in February 2015 with full color covers, more thematic content and integration with the website and ENTConnect.

- **Initiated:** Members now receive monthly *Bulletin* Table of Contents emails, making print articles more easily available online and offering online exclusives.

DEVELOPMENT

- **Exceeded:** Annual Meeting grant, sponsorship, and marketing revenue exceeded \$580,000.
- **Participated:** The Hands-on Training program on the OTO EXPOSM floor had four participating companies hosting seven educational sessions with cadaveric specimens.
- **Endowed:** The Hal Foster, MD Endowment had assets totaling approximately \$11M (combination of cash, bequests, and life insurance policies).
- **Added:** Two new Annual Funds were added to the fundraising program: Clinical Data Registry and Legends of Otolaryngology.

CORPORATE RESOURCES

- **Managed:** The Fiscal Year 2015 financial results showed a positive contribution to reserves.
- **Approved:** The FY16 balanced budget and FY16 Strategic Plan has recently been approved by the Board.

ENTConnect-ed



Hands-on Training



SUSTAINABILITY

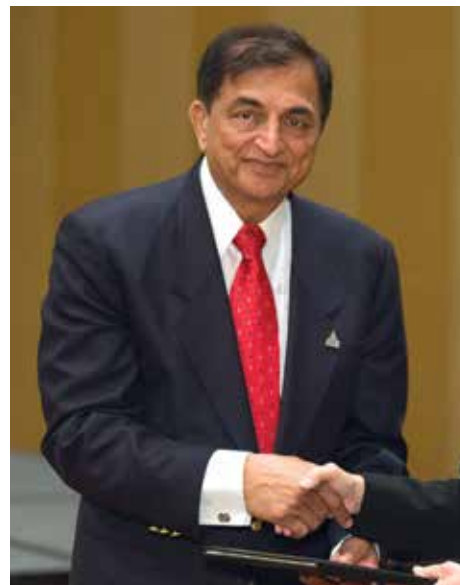
YOU SPOKE. WE LISTENED: DEVELOPMENT

Development efforts continue to focus on increasing non-dues revenue for the Academy and Foundation in three main areas: individual gifts to the Annual Fund and Hal Foster, MD Endowment, Annual Meeting and other corporate sponsorship and the Academy Advantage affinity program. With continued success and growth in the corporate sponsorship area, the Development Committee has turned its attention to re-invigorating a culture of philanthropy. During the year ended, June 30, 2015, over \$280,000 of Foundation programming was funded by gifts to the Annual Fund and endowment earnings. The Foundation depends upon philanthropic gifts and donations to carry out its mission and meet its strategic plan goals.

Nikhil J. Bhatt, MD, completed his tenure as Coordinator for Development on September 30, 2015. We would like to thank Dr. Bhatt for his years of leadership, generosity, and hard work with staff and members. The accomplishments of Dr. Bhatt and the Development Committee are the building blocks of our future fundraising.

Lee D. Eisenberg, MD, MPH, took over the position as Coordinator for Development on October 1, 2015 and we are looking forward to the years ahead. Dr. Eisenberg brings decades of philanthropic experience, new ideas and an incredible amount of energy to the Foundation. Under the leadership of Dr. Eisenberg, the Development Committee and staff will continue to think outside the box, listen to our Members and corporate colleagues, develop meaningful partnerships, and solicit grant funding for Foundation strategic initiatives. The fundraising of the Foundation relies on the active solicitation of the Academy membership and the companies serving the specialty.

We would like to thank those individuals who supported the Foundation in 2015, particularly with gifts at the Millennium Society level and to the Hal Foster, MD Endowment.



Nikhil J. Bhatt, MD
Immediate Past Coordinator for Development

INDIVIDUAL GIFTS

Emphasizing philanthropic giving on an annual basis is the directive of the Board of Directors and a goal of the FY16 Strategic Plan. The entry point for the Foundation's individual giving program is its Annual Fund, within which a donor can designate an operational area of interest to direct their donation. Growing the number of individual donors and the dollar value of the Annual Fund is the focus of the Development Committee and Foundation staff.

The Foundation launched a new initiative aimed to increase individual support for the coming years, The Legends of Otolaryngology campaign. This fundraising program will honor an otolaryngologist that has made significant contributions to the specialty, their colleagues, and improvements in patient care. We are excited to announce the first Legend, **M. Eugene Tardy, Jr., MD**. Dr. Tardy's contributions to the specialty and facial plastics have proven to shape the practice of medicine, improve the education of young physicians, and create a path for the next generation to follow.

HAL FOSTER, MD ENDOWMENT

In October 2009, the Boards of Directors initiated the Hal Foster, MD Endowment Campaign with a goal of soliciting major gifts 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 more than \$11 million to ensure the strategic initiatives of the Foundation are continued in perpetuity. We are still actively pursuing Hal Foster, MD donations from donors who wish to leave a lasting mark on the future of their specialty.

During the past year, we have recognized the following individuals as new Hal Foster, MD Endowment supporters who made major gifts to the Hal Foster, MD Endowment:

- | | |
|------------------------------|---------------------------------------|
| ■ Mona M. Abaza, MD | ■ Nathan A. Deckard, MD |
| ■ Nikhil J. Bhatt, MD | ■ Joseph Han, MD |
| ■ Roy R. Casiano, MD | ■ John H. Krouse, MD, PhD, MBA |

DONOR LISTS

AVAILABLE ONLINE

2015 MILLENNIUM SOCIETY

[www.entnet.org/content/
millennium-society-members](http://www.entnet.org/content/millennium-society-members)

HAL FOSTER, MD ENDOWMENT

[www.entnet.org/content/
hal-foster-md-endowment-donors](http://www.entnet.org/content/hal-foster-md-endowment-donors)

ANNUAL MEETING SPONSORSHIPS & CORPORATE SUPPORT

AAO-HNSF continues to show an incredible commitment to corporate relations and an open dialogue with companies operating within the ENT space.

The efforts of the Development Business Unit continue to produce tangible results, both financially and in relationship building. We have seen a remarkable increase in revenue from Annual Meeting sponsorships by leaders in the device and pharmaceutical industries. Total Annual Meeting sponsorship revenue has more than doubled since 2012. The 2015 Annual Meeting & OTO EXPOSM produced \$580,000 in non-dues revenue. In addition to the increased revenue, we have also worked internally to reduce expenses to ensure that dollars raised are going directly to support the mission of AAO-HNS/F.

Significant enhancements for the 2015 Annual Meeting & OTO EXPOSM include:

- Doubled the available opportunities for corporate sponsored hands-on training which resulted in more than 200 attendees receiving hands-on opportunities to utilize the newest technologies on the market.
- Increased the size and scope of marketing opportunities around the convention center and in the headquarters hotel to provide our corporate partners significant and professional chances to showcase their brand.
- Continued to provide our corporate partners with first-class Corporate Satellite Symposium opportunities to reach their target audience outside of traditional educational hours.
- Reinvigorated the Industry Round Table (IRT) Lunch which has proven to provide more fruitful conversations between Industry and AAO-HNS/F Leadership.

While we are certainly proud of how far we have come since 2012, there is still room for growth in the coming year. Over the fiscal year we will be redeveloping our IRT Program to encourage corporate support of Foundation philanthropic programs and services. We look forward to reporting continued growth for the years to come.

Annual Meeting Corporate Marketing and Sponsorships	Corporate Sponsored Education Initiatives	Grants and Unrestricted Support
\$ 202,000	\$ 356,000	\$ 22,000

AAO-HNS ACADEMY ADVANTAGE

The Academy Advantage program continues to offer Academy Members select services and products at discounted rates as a benefit of membership. This affinity program includes partnerships with “non-endemic” companies – those that are not medical device or pharmaceutical companies. AAO-HNS is currently under contract with the following partners:

- **The Doctors Company:** Medical Liability Insurance
- **Health eCareers:** Online Career Board
- **Officite:** Website Design/Marketing
- **AllMeds:** Electronic Health Record (EHR) and Practice Management Solutions Services
- **ENT-Cloud:** EHR and Practice Management
- **Eyemaginations:** In-Office Patient Education
- **Optum™:** Coding Resources

IRT LEADERS



IRT MEMBERS



IRT ASSOCIATES



SUSTAINABILITY

FINANCIAL REPORT FISCAL YEAR 2015 (FY15)

The fiscal management that leadership has been disciplined in maintaining has resulted in positive financial results in each of the last four years. The fiscal year July 1, 2014 through June 30, 2015 (FY15), closed with a positive (unaudited) \$3.26M variance from the break-even budget. Overall, revenues were within three percent of budget and operating expenses were fourteen percent under budget. However, non-operating activity netted a loss for the year.

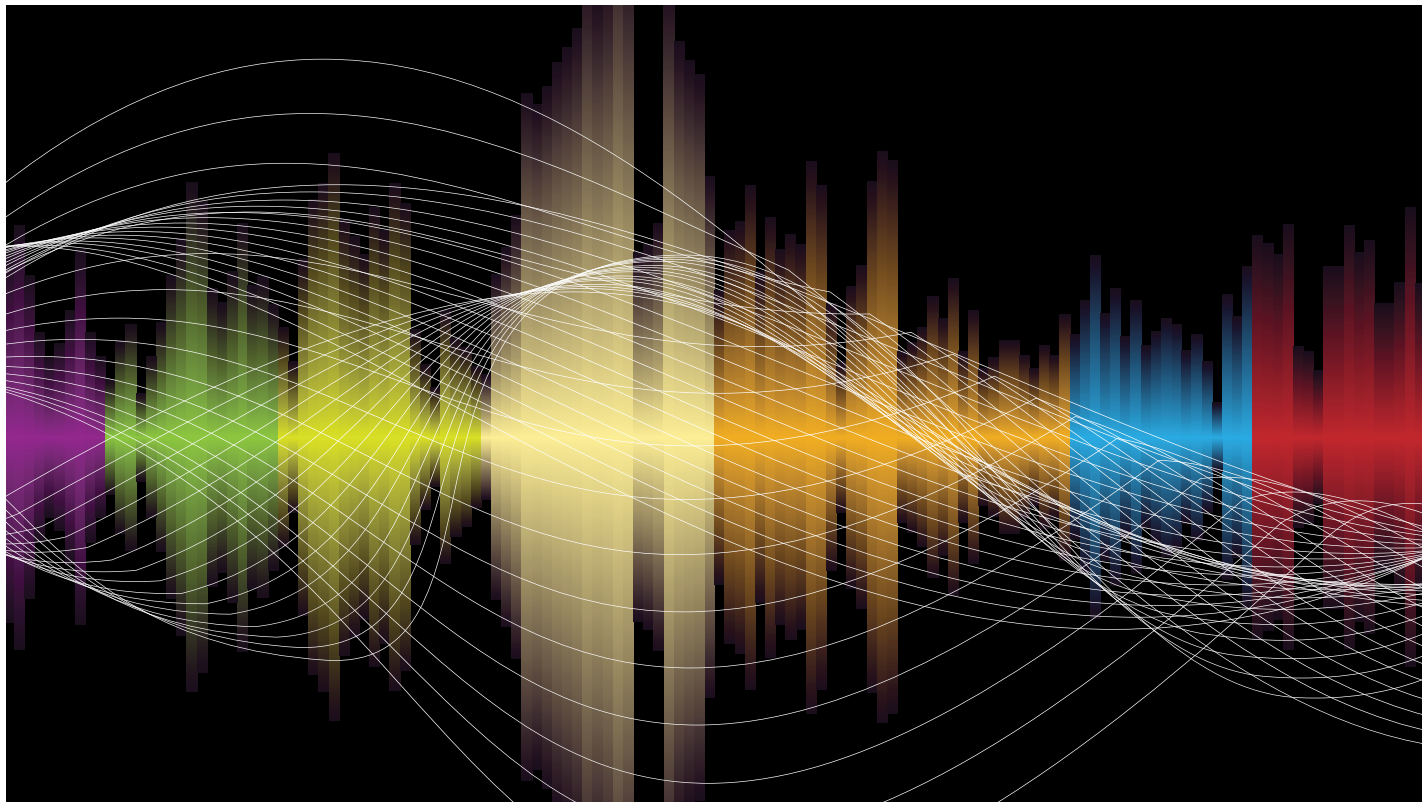
Combining operating and non-operating activity, the combined (unaudited) contribution to reserves for FY15 was \$2.7M. As of June 30, 2015, unrestricted reserves were \$18.3M, of which approximately \$4.9M was designated by the Boards of Directors to be used for specific purposes.

The balance of managed investments at June 30, 2015, after subtracting the \$6.9M earmarked for debt repayment on the headquarters building, was \$13.6M, a decrease of approximately \$540K, or 3.9%, from the end of FY14. The FISC closely monitors investment performance and is guided by the goals outlined in the Organization's Investment Policy Statement (IPS). The FISC made the decision at their meeting in September 2015 to change investment advisors to LVW Advisors LLC, an Independent Registered Investment Advisor.

The Hal Foster, MD Endowment has net assets, pledged, received, or to be received in the form of life insurance proceeds or bequests, of almost \$11M as of June 30, 2015. For the year ended June 30, 2015, approximately \$122k of AAO-HNS/F FY15 programing was funded by endowment earnings.

In May 2015, the Boards of Directors approved a balanced fiscal year 2016 (FY16) budget with revenue and expenses both equal to \$20.86M. The budget includes \$2M for launch of the new RegentSM clinical data registry. This expense is funded from Board Designated Net Asset reserves, included as part of the FY16 revenue budget. A balanced budget was able to be achieved for FY16, because of cost savings and efficiencies identified and continued from prior years. A balanced budget is required to comply with the debt covenants of the headquarters building financing. The budgeting process is integrated with the AAO-HNS/F strategic plan and involves the efforts of elected leadership, the Boards of Directors, Executive Committee, and the Finance and Investment Subcommittee.

With year-over-year contributions to reserves, the AAO-HNS/F is building financial sustainability allowing it to make strategic decisions for long term impact. The Boards vote to fund the building of RegentSM is but one example of this. Leadership and staff continue to be prudent stewards of the organizations' financial resources as decisions and strategies for the organization are developed going forward.



UNAUDITED (ROUNDED) CONSOLIDATED STATEMENT OF REVENUE AND EXPENSES

For the 12 Months Ended June 30, 2015

For a copy of the independent audit of AAO-HNS/F's FY15 financial statements contact CHanlon@entnet.org.

DESCRIPTIONS	ACTUAL FY15	%	BUDGET FY16	%
REVENUE				
Membership Dues	\$ 6,660,000	35%	\$ 6,860,000	33%
Meetings and Exhibits	6,940,000	36%	6,900,000	33%
Product and Program Sales	1,630,000	8%	1,720,000	8%
Publications	1,260,000	7%	1,250,000	6%
Royalties	490,000	3%	370,000	2%
Corporate and Individual Support	790,000	4%	710,000	3%
Investment Income - Interest and Dividends	260,000	1%	310,000	1%
Other Revenue	260,000	1%	140,000	1%
Use of Donor Restricted Net Assets	410,000	2%	290,000	1%
Use of Board Designated Net Assets	510,000	3%	2,310,000	12%
Total Revenue	\$ 19,210,000	100%	\$ 20,860,000	100%
EXPENSES				
Salaries and Benefits	\$ 7,570,000	47%	\$ 8,880,000	43%
Occupancy	1,720,000	11%	1,670,000	8%
Office Expenses	920,000	6%	790,000	4%
Communications and Software	530,000	3%	610,000	3%
Travel	450,000	3%	570,000	3%
Meetings	1,120,000	7%	1,600,000	8%
Printing and Production	600,000	4%	710,000	3%
Consultants and Professional Fees	2,410,000	15%	5,370,000	25%
Grants	630,000	4%	660,000	3%
Total Expenses	\$ 15,950,000	100%	\$ 20,860,000	100%
Change in Unrestricted Net Assets from Operations	\$ 3,260,000			
NON-OPERATING ACTIVITIES				
Realized and Unrealized Net Loss on Investments	\$ (620,000)			
Unrealized Loss on Interest Rate Swap Agreement	(300,000)			
Non-operating Other Revenue	360,000			
Change in Unrestricted Net Assets from Non-Operating Activities	\$ (560,000)			
Total Change in Unrestricted Net Assets	\$ 2,700,000			



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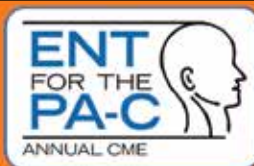
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Qualified candidates should apply through WSU Online Hiring System for posting # 041528 at <https://jobs.wayne.edu> or send CV to Gail Clavenna, Associate Director, Otolaryngology Admin., Wayne State University School of Medicine, Department of Otolaryngology, 4201 St. Antoine, 5E-UHC, Detroit, MI 48201

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To register for the conference and workshops, visit www.entpa.org/registration_info. Conference prices increase by \$25 after Feb. 1.

- SPAO-HNS Member \$445
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This continuing medical education activity is specifically designed for physician assistants, nurse practitioners and medical professionals working in, or interested in learning more about otolaryngology. This is also the ideal setting to meet, network and socialize with like-minded professionals from across the country.

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The Division of Head and Neck surgery in the Department of Otolaryngology - Head & Neck Surgery at Emory University School of Medicine, Atlanta, GA seeks to add a fellowship-trained Head and Neck ablative and microvascular reconstructive surgeon at the rank of Assistant or Associate Professor. Duties will include resident and fellow teaching and a clinical practice primarily involving mucosal tumors of the upper aerodigestive tract and microvascular reconstruction.

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Compensation will be commensurate with experience.

Interested applicants should forward letters of inquiry and curriculum vitae to:

Mark W. El-Deiry, MD, FACS
Associate Professor and Chief of Head and Neck Surgery
Department of Otolaryngology - Head & Neck Surgery
550 Peachtree Street, Medical Office Tower, Suite 1135
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CLINICAL FELLOWSHIP IN LARYNGEAL SURGERY AND VOICE DISORDERS

Massachusetts General Hospital

The Division of Laryngeal Surgery is seeking applicants for clinical fellowship positions. The fellowship training covers all aspects of laryngeal surgery, voice disorders, and management of the professional voice. The curriculum will provide a wide range of experiences, including phonosurgery (cold instruments and lasers), laryngeal framework surgery, novel operating-room and office-based laser (Pulsed-KTP, Thulium) treatment, complex laryngeal stenosis with aortic homograft transplantation, and the use of botulinum toxin injections for spasmodic dysphonia.

The fellow will participate in the management of voice disorders and clinical research as a member of a multidisciplinary team (voice scientists and speech pathologists) that has access to state-of-the-art voice clinic and surgical engineering laboratory facilities. The research fellowship provides numerous opportunities to focus on grant-funded (NIG and private foundations) clinical and basic science research projects in collaboration with interdisciplinary teams of scientists and clinicians at the Massachusetts Institute of Technology and the Wellman Laboratories of Photomedicine at the Massachusetts General Hospital. The option to collaborate with local music conservatories is also available.

Qualified minority and female candidates are encouraged to apply. Send curriculum vitae and three letters of recommendation. The Massachusetts General Hospital is a teaching affiliate of Harvard Medical School.

Direct inquiries to:

Steven M. Zeitels, MD, FACS

Eugene B. Casey Professor of Laryngeal Surgery, Harvard Medical School

Director: Center for Laryngeal Surgery & Voice Rehabilitation

Massachusetts General Hospital

One Bowdoin Square, 11th Floor

Boston, MA 02114

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Research collaboration is a hallmark of UCSF and as such basic science or clinical research can be supported in this position.

We seek a team member at the assistant, associate, or full professor level. The successful candidate must obtain a California medical license.

Qualifications:

- MD degree or equivalent degree
- Completed accredited residency program in Otolaryngology-Head and Neck Surgery
- Completed Fellowship training in laryngology or at least 3 years surgical experience in laryngology
- Board Certified or eligible in the American Board of Otolaryngology – Head and Neck Surgery

Please apply online with your CV, cover letter, Statement of Research and two references at:

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Joe DiMaggio AT MEMORIAL Children's Hospital

Pediatric Otolaryngologist

The Division of Pediatric Otolaryngology – Head & Neck Surgery seeks another board eligible/certified pediatric otolaryngologist to join an established hospital-employed practice. The ideal candidate will be highly proficient in tertiary-level pediatric otolaryngology procedures and possess exemplary teaching, research and program development skills.

About Joe DiMaggio Children's Hospital

Joe DiMaggio Children's Hospital is a 224-bed facility with a 22-bed Pediatric Intensive Care Unit and an 84-bed Level III Neonatal Intensive Care Unit. Joe DiMaggio Children's Hospital, located in South Florida, opened in 1992 and is the only Pediatric Trauma Center in Broward County. We're continuing to pioneer revolutionary programs that define the standard in pediatric care. To learn more, please visit JDCH.com.

Interested candidates should forward a CV to
Pamela Spangenberg
jdchdoctor@mhs.net



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Fellowship-Trained Pediatric Otolaryngologist

The Division of Pediatric Otolaryngology, Department of Otolaryngology-Head and Neck Surgery, Lewis Katz School of Medicine at Temple University is seeking a second fellowship-trained pediatric otolaryngologist to participate in both outpatient and inpatient care of children and adolescents throughout the Temple University Health System. The successful candidate will be board-certified in otolaryngology and will have completed a one- or two-year fellowship in pediatric otolaryngology. This individual will see outpatients at our dedicated pediatric otolaryngology facility in the northern suburbs of Philadelphia and will participate in inpatient care at St. Christopher's Hospital for Children.

The candidate will be eligible for a full-time appointment to the faculty of the Lewis Katz School of Medicine at Temple University at either the assistant professor or associate professor level. Salary and benefits are commensurate with experience.

Interested candidates should email a current CV and letter of interest addressed to John H. Krouse, MD, PhD, MBA, Professor and Chairman, Department of Otolaryngology-Head and Neck Surgery, Director, Temple Head and Neck Institute, c/o Michael R. Lester, FASPR, CMSR, Senior Director, Temple University School of Medicine, Physician/Faculty Recruitment & Retention, 3420 N. Broad Street, MRB 101, Philadelphia, PA 19140, Phone: 215-707-5666, Fax: 215-707-9452, Email: michael.lester@tuhs.temple.edu

The University is especially interested in qualified candidates who can contribute through their research, teaching, and/or service to the diversity and excellence of the academic community. Temple University School of Medicine is an Affirmative Action/Equal Opportunity Employer and strongly encourages applications from women, minorities, veterans, and persons with disabilities.



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Due to increased patient demand and institutional support for expansion, the Division of Otolaryngology & Neurotology in the Department 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.

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

Candidates may also mail a current CV to:

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Ear, Nose and Throat Institute
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Candidates must have an MD degree and be BC/BE with a valid New York State License and DEA number; subspecialty training is welcome. Qualified candidates should have strong clinical abilities, teaching experience and communication and interpersonal skills. Prior management/leadership positions and experience with academic medical centers and/or public health systems is preferred.

Please send a CV, along with a brief description of career interests and goals to: **Jasmin Moshirpur, M.D., Dean/Medical Director, Elmhurst Hospital Center, 79-01 Broadway, Rm. C8-13, Elmhurst, NY 11373. Fax: 718-334-2392, E-mail: jasmin.moshirpur@mssm.edu.**

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PEDIATRIC OTOLARYNGOLOGIST

Dayton Children's Hospital in Dayton, OH, is seeking a third BC/BE fellowship trained pediatric otolaryngologist interested in growing our rapidly expanding ENT services. Clinical responsibilities include inpatient and outpatient services at the hospital, located in downtown Dayton, and will also be provided at an ambulatory surgery center, located in Springboro, Ohio, scheduled to open in 2017.

Dayton Children's is a 155-bed, freestanding children's hospital with more than 35 pediatric specialties. We serve a pediatric population of 510,000 from a 20 county region of central and southwestern Ohio and eastern Indiana. Construction on a new, eight-story, 260,000-square-foot patient care tower in the center of the hospital's current campus began in August 2014 and is scheduled to be completed in 2017. Also, a major expansion of the Springboro Outpatient Care Center and Urgent Care will include a medical office building for pediatric specialists and primary care physicians, a 16-room pediatric emergency department and an outpatient surgery center with four operating rooms.

The Wright State University Boonshoft School of Medicine department of pediatrics and its residency program are based at Dayton Children's. All of our physicians have the opportunity to hold faculty appointments at the Boonshoft School of Medicine and to teach medical students and residents.

Known as the birthplace of aviation, Dayton offers big-city amenities coupled with Midwestern friendliness and charm. The region is home to some of the best private and public schools in the state with one school district ranked among the best in the country. Dayton also has a very vibrant arts and entertainment community with a philharmonic orchestra, theater, Broadway performances, many museums and minor league baseball. With a beautiful system of parks, trails and river corridors, the region provides opportunity for year-round recreation. A diverse and innovative business community keeps Dayton and its surrounding communities thriving.

For additional information, contact:

Cyndy Emerson, FASPR, PHR, SHRM-CP

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emersonc@childrensdayton.org

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Department of Otolaryngology-Head and Neck Surgery

The Department of Otolaryngology-Head and Neck Surgery has a number of openings for physician leaders in Otolaryngology, Head and Neck Surgery, Skull based Surgery, and Pediatric Otolaryngology.

Otology/Neurotology Position (JPF00455)

The Department of Otolaryngology-Head and Neck Surgery has an opening for a full-time clinician with expertise in Otology and Neurotology at the Assistant or Associate Professor level. Specific interest in vestibular otology and neurotology is strongly preferred for this position, as the candidate would be appointed as Director of the Balance and Falls Center at UCSF. The Division of Otology/Neurotology is renowned for cochlear implant research, work in central auditory processing, and other clinically relevant research, including outcomes research. This division is enhanced by two endowed Regent's laboratories: The Coleman Laboratory and the Epstein Laboratory.

Please apply online with CV, cover letter, statement of research and two references at: <http://apptrkr.com/690652>

Laryngologist Surgeon Position (JPF00565)

The University of California, San Francisco is seeking an academic laryngologist to join a mature and renowned professional voice and speech and swallowing practice at UCSF. This academic practice is supported by a world-class speech and language pathology partnership and is replete with highly sophisticated endoscopy and image storage equipment. The practice has a separate office site that is conducive to caring for patients who require discretion and privacy, therefore allowing the ability to pursue high end professional voice care within the practice parameters. The Laryngology Division has an established fellowship which has produced many academic members. The Division also participates in oncologic care through the Helen Diller Family NCI designated Comprehensive Cancer Center and the brand new UCSF Bakar Cancer Hospital at Mission Bay.

Please apply online with CV, cover letter, statement of research and two references at: <http://apptrkr.com/699508>

Otolaryngologist Head and Neck Surgeon (JPF00237)

UCSF and San Francisco General Hospital are seeking a general otolaryngologist for an academically focused position at the only Level 1 Trauma Center in City and County of San Francisco. The clinical opportunity encompasses a mature practice which includes the full range of the specialty, but a focus on otology would be useful. Our center is committed to providing care to underserved communities. The position offers a fantastic opportunity to collaborate on outcomes research in particular, but also can provide a great opportunity for candidates interested in global health or disparity research. Education is a keynote of this full time academic position. The successful candidate will supervise residents and medical students and have a full time appointment at University of California, San Francisco Medical School. Candidates must be board certified or eligible, and eligible for a California medical license.

Please apply online with CV, cover letter at: <http://apptrkr.com/690651>

Skull Base Surgeon (JPF00457)

The University of California, San Francisco Department of Otolaryngology-Head and Neck Surgery is seeking an endoscopic skull base surgeon with a passion for developing new approaches and surgical corridors for the minimally invasive treatment of skull base tumors. The candidate should have fellowship training or equivalent surgical experience in the discipline of endoscopic skull base surgery.

The department currently has a well developed practice in this field with close collaborations with neurosurgery, neuro-oncology, endocrinology, rhinology, neuroradiology, radiation oncology, and critical care. Resources include the UCSF Helen Diller Family Comprehensive NCI designated Cancer Center and the Bakar Cancer Hospital which opened in February, 2015. The department also has a full time anatomist researcher within the departments of neurosurgery and otolaryngology-head and neck surgery to assist in research, CME courses, and surgical innovation.



University of California
San Francisco

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Fellowship trained individuals at any stage of career - Assistant, Associate or Full Professor – are invited to apply. Interest in clinical outcomes research, a passion for education, absolute dedication to high quality patient care, and translational research interests are hallmarks of the candidate we are seeking.

Please apply online with CV, cover letter, statement of research and two references at: <http://apptrkr.com/690650>

Pediatric Otolaryngologist Position (JPF00238)

The University of California, San Francisco Division of Pediatric Otolaryngology-Head and Neck Surgery is seeking a new physician team member coincident with the opening of our new UCSF Benioff Children's Hospital, San Francisco. We are recruiting a fellowship trained pediatric otolaryngologist to join our team which prizes tertiary clinical care, education, and research. This state of the art free standing hospital on our Mission Bay Campus opened in February 2015. Candidates with basic science investigation as part of their career are encouraged to apply. New leadership opportunities also potentially exist for candidates interested in administration.

Please apply online with CV, cover letter at: <http://apptrkr.com/690649>

Pediatric Otolaryngologist Position UCSF Benioff Children's Hospital-Oakland (JPF00170)

The University of California, San Francisco Division of Pediatric Otolaryngology-Head and Neck Surgery is seeking a new mid or senior level physician team member to provide leadership, program direction, and clinical care at UCSF Benioff Children's Hospital – Oakland. The hospital has a long history of excellent pediatric care in the East Bay and this is an opportunity for a candidate interested in expanding and growing excellent pediatric otolaryngology services in the East Bay of the San Francisco bay area. In addition, there will be opportunity for collaboration with the UCSF Benioff Children's Hospital – San Francisco which opened a brand new free-standing facility in February 2015. Together the two campuses will be one of the premier children's hospitals in the country with the hope of providing a full range of primary to tertiary specialty care.

Please apply online with CV, cover letter, statement of research and two references at: <http://apptrkr.com/690648>

Director of Audiology (JPF00171)

The University of California, San Francisco is searching for a Director of Audiology. This individual will oversee all aspects of audiology and vestibular testing at UCSF. Candidates should have extensive experience as a clinical audiologist, and eligibility for State licensure, as well as administrative experience in a Medical Center setting. It is preferred that the Director have a Ph.D. with a record of publications. In this full-time position, the Director of Audiology will be eligible for the Health Sciences Clinical Professor Series and the Clinical X series, will be expected to maintain a clinical practice, and will participate in clinical training and research programs for medical students, residents and Au.D. candidates.

Please apply online with CV, cover letter, statement of research and two references at: <http://apptrkr.com/690660>

UCSF seeks candidates whose experience, teaching, research, or community service has prepared them to contribute to our commitment to diversity and excellence.

UCSF is an Equal Opportunity/Affirmative Action Employer. The University undertakes affirmative action to assure equal employment opportunity for underutilized minorities and women, for persons with disabilities, and for covered veterans. All qualified applicants are encouraged to apply, including minorities and women.



The Division of Rhinology, Sinus, and Skull Base surgery in the Department of Otolaryngology - Head & Neck Surgery at Emory University School of Medicine, Atlanta, GA seeks to add a fellowship-trained Rhinologist at the rank of Assistant or Associate Professor. Duties will include resident and fellow teaching, academic productivity, and a tertiary care clinical Rhinology practice involving primary and revision inflammatory sinus disease and endoscopic skull base surgery with a very busy endoscopic transsphenoidal skull base surgery practice.

Our current practice features two full-time Rhinologists at our state-of-the-art Rhinology and Allergy clinic on the campus of Emory University Hospital Midtown. This position involves stepping into a recently vacated faculty position that will be immediately busy. Applicants must be Board Certified or Board Eligible.

Compensation will be commensurate with experience.

Interested applicants should forward letters of inquiry and curriculum vitae to:

John M. DelGaudio, MD
Vice Chair and Gerald S. Gussack, MD Endowed Professor
of Otolaryngology- Head and Neck Surgery
Chief of Rhinology and Sinus Surgery
Director- Emory Sinus, Nasal and Allergy Center
Department of Otolaryngology - Head & Neck Surgery
550 Peachtree Street, Medical Office Tower, Suite 1135
Atlanta, Georgia 30308
Fax: 404-778-2109 • Email: jdelaugau@emory.edu

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EOP # 34944BG



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

Head & Neck Oncologist North Carolina

Busy eight physician single-specialty ENT private practice is currently seeking a Board Certified/Board Eligible otolaryngologist to join the practice. The practice focuses on quality care and an excellent patient experience at our well-equipped center.

Our physician owned practice is the Otolaryngology Head & Neck Surgery department for Vidant Medical Center and has an affiliation with the Brody School of Medicine at East Carolina University. Ownership interest in SurgiCenter and numerous academic and clinical programs are available at our 900-bed tertiary teaching hospital, the Children's Hospital, the East Carolina Heart Institute and a new \$200 million Cancer Center currently under construction at Vidant Medical Center.

Please send letter of inquiry to:

Office Manager

Eastern Carolina Ear, Nose & Throat –

Head & Neck Surgery, PA

P.O. Box 5007, Greenville, NC 27835

252-752-5227 • aventers@easterncarolinaent.com

With a long-standing practice, there is a broad referral base and great opportunity for the physician. Head and neck fellowship is desired but not required. We offer a competitive salary, productivity bonus incentive, generous benefits package, along with partnership opportunities and possible loan forgiveness.

Modern, spacious office includes allergy, audiology, video stroboscopy with speech language pathology and onsite CT. A large university in town offers numerous performing arts events, sports, as well as other activities. The proximity to the coast makes for easy and frequent opportunities to explore and enjoy.



**Eastern Carolina E·N·T
Head & Neck Surgery**

SOUTH FLORIDA ENT ASSOCIATES



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

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

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

This position will include both office and hospital settings.

Requirements:

Board Certified or Eligible preferred
MD/DO from approved medical/osteopathy school and graduation from accredited residency program in ENT
Current Florida license
Bilingual (English/Spanish) preferred
Excellent communication and interpersonal skills
F/T - M-F plus call
For more information about us, please visit www.sfenta.com.

Contact Information:

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

Otologist/Neurotologist

FULL-TIME BE/BC FACULTY

The Department of Otolaryngology at UTMB Health in Galveston, Texas is actively recruiting enthusiastic candidates for a full-time position. This job entails opportunities to participate in all aspects of clinical practice, as well as resident and medical student teaching. UTMB Health is undergoing rapid growth as exemplified by the building of two cutting-edge surgical hospitals and the acquisition of a third. Additionally, the department operates a state of the art clinical vestibular laboratory established in collaboration with NASA. With a light call schedule and generous benefits, this is an outstanding opportunity in one of the fastest growing geographic regions in the country. Clinical research is encouraged but not mandatory.

Please direct your Letter of Interest and CV to:

Vicente Resto, MD, PhD, FACS

Chair, Department of Otolaryngology, UTMB Health
301 University Boulevard, Galveston, TX 77555-0521
Email: varesto@utmb.edu Phone: 409-772-2701



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



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

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**Advanced Research Training in Otolaryngology Program
Post-Residency Research Fellowship
July 1, 2016 - June 30, 2017**

The Department of Otolaryngology-Head and Neck Surgery is seeking candidates for a one-year research training fellowship in otolaryngology. Both basic science and clinical research projects are possible. Eligible candidates will have completed (or with projected completion of) residency in otolaryngology-head and neck surgery prior to July 1, 2015. This program has provided research training with internationally-recognized faculty for more than 20 years. One position is available per year and is renewable.

Per NIH policy, candidate must be a U.S. citizen or permanent resident holding a green card.

For More Information

<http://bit.ly/umichartop>

Marci M. Lesperance, M.D., FACS, FAAP
Professor and Program Director
U-M Department of Otolaryngology-Head and Neck Surgery
CW-5-702, 1540 East Hospital Drive SPC 4241
Ann Arbor, MI 48109-4241
(734) 936-4934

General Otolaryngology Need near Boston

A well-established Metro-Boston area-single specialty otolaryngology practice is seeking a BC/BE Otolaryngologist for a partnership track position. A current busy partner is retiring, creating an immediate patient volume with a thriving practice.

This successful practice offers a vestibular lab, audiology, an in-office minor procedure suite and a full allergy practice. Call is 1:3.

This practice is an excellent opportunity to build your practice quickly as well as live in a highly desirable area of metro Boston.

For consideration, please contact

Marshall Anderson

469-893-2551

and submit your CV to

Marshall.Anderson@tenethealth.com

Chief, Otolaryngology

OPPORTUNITY IN SOUTH FLORIDA

Memorial Healthcare System is seeking a Chief 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 trained in head and neck surgery
- Minimum of five (5) years leadership experience
- Board certified in otolaryngology
- Experienced in evidence-based medicine
- Excellent communication, interpersonal and team-leadership skills
- Demonstrated success in new program development and the establishment of policies and guidelines to monitor patient progress, evidence-based clinical outcomes and the effectiveness of medical care

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 are covered under sovereign immunity.

ABOUT MEMORIAL HEALTHCARE SYSTEM

Memorial Healthcare System is the third-largest public healthcare system in the country. It is a national leader in quality care and patient satisfaction and has been ranked on *Modern Healthcare* magazine's list of Best Places to Work in Healthcare. Memorial Healthcare System's facilities include Memorial Regional Hospital, Memorial Regional Hospital South, Joe DiMaggio Children's Hospital, Memorial Hospital West, Memorial Hospital Miramar, Memorial Hospital Pembroke and Memorial Manor nursing home. Our facilities are located throughout South Florida, a region known for its high quality of life. In addition, Florida has no state income tax. For more information, visit mhs.net.



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ENT PHYSICIAN

Sound Health Services, a twenty-three physician Otolaryngology group in St. Louis, MO, has an immediate opening in



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their South County practice. Sound Health Services is the largest independent ENT group in the St. Louis metropolitan area. We provide full service ENT care including Audiology, Vestibular Testing, Hearing Aid Dispensing, Voice & Swallowing Services, Facial Plastics and CT Scanning.

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 hard working.

Requirements:

- Board certified or eligible
- MD/DO from approved medical/osteopathy school
- Excellent communication and interpersonal skills
- Graduation from accredited residency program in ENT

For more information about this position, please contact our Practice Manager, Rebecca Akers, at 314-843-3828, or by email at bakers@soundhealthservices.com.

You may also visit our website at soundhealthservices.com.

MEDSTAR WASHINGTON HOSPITAL CENTER

is offering an employment opportunity for a BC/BE otolaryngologist with fellowship training in Otolaryngology/Neurotology. This is a full time academic position focused on the care of hearing and balance disorders. The otolaryngology department at MedStar Washington Hospital Center is fully integrated with the Georgetown University Otolaryngology residency program. Academic appointment at Georgetown University will be commensurate with qualifications. The candidate will be active in resident and medical student education and in clinical research.

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

Interested applicants should forward an updated CV to:

Stanley Chia, M.D.
Associate Chair

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

Division of Otolaryngology -
Head and Neck Surgery
Children's Hospital Los Angeles

Department of Otolaryngology
Keck School of Medicine
University of Southern California

Full-Time Pediatric Otolaryngologist at the Assistant/Associate Professor level with the University of Southern California at Children's Hospital Los Angeles.

The candidate must be fellowship trained and either board eligible or certified. A demonstrated specialty interest and training in outcome measures, quality, meta-analysis, and/or velopharyngeal insufficiency/palate surgery would be preferred. The candidate must obtain a California medical license.

CHLA is ranked 7th in the nation and 1st in California for children's hospitals according to the US News and World Report. Our 'state-of-the-art' 317 bed hospital building with 85% private rooms opened in 2011. Our group has a nice mix of academic and private practice. Both clinical and basic science research opportunities are available and supported.

Excellent benefits are offered through USC. USC and CHLA are equal opportunity and affirmative action employers. Women, men, and members of all racial and ethnic groups are encouraged to apply.

Academic appointment through USC Keck School of Medicine is available at a level appropriate to training and experience.

Please forward a current CV and two letters of recommendation to:

Jeffrey A Koempel MD, MBA
Chief, Division of Otolaryngology - Head and Neck Surgery
Children's Hospital Los Angeles
4650 Sunset Blvd MS #58 • Los Angeles, CA 90027
jkoempel@chla.usc.edu • (323)361-5959

RHINOLOGIST/ENDOSCOPIC SKULL BASE SURGEON

The Department of Otolaryngology-Head and Neck Surgery at **Eastern Virginia Medical School** is seeking an additional fellowship trained Rhinologist to join our expanding Division of Rhinology and Endoscopic Skull Base Surgery at the rank of Assistant or Associate Professor. Applicants must be board-certified/board-eligible and should possess a strong commitment to clinical care, program development, teaching and research.

The successful candidate will have experience in all aspects of Rhinology and Endoscopic Skull Base Surgery. Interest in Otolaryngologic Allergy is encouraged. Duties will include tertiary/quaternary care rhinology, resident education and mentorship along with clinical and bench research.

The Department currently consists of fourteen full time academic otolaryngologists practicing at multiple state of the art facilities throughout Hampton Roads, Virginia. Our department is committed to providing excellent patient care in a very strong collegial environment. This is an opportunity to join one of the top ranked programs in the country located in a highly desirable coastal location.

This full-time employed position offers a very competitive compensation package that is commensurate with experience along with an attractive benefits package. For additional inquiry please email and attach CV to **Joseph K. Han MD, Professor and Director of Division of Rhinology/Endoscopic Skull Base Surgery**, JKHan@EVMS.edu.

Apply for this position online only at www.evms.edu.

EVMS is an Equal Opportunity/Affirmative Action Employer of Minorities, Females, Individuals with Disabilities, Protected Veterans, and Drug and Tobacco Free workplace. Women, minorities, veterans and persons with disabilities are strongly encouraged to apply.



AAO-HNSF ANNUAL MEETING & OTO EXPOSM

SEPTEMBER 18-21, 2016
SAN DIEGO, CA

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CALL FOR SCIENCE 2016 DEADLINES

INSTRUCTION COURSE

Submission Opens:

November 9, 2015

Submission Closes:

December 14, 2015

MINISEMINAR

Submission Opens:

November 9, 2015

Submission Closes:

December 14, 2015

SCIENTIFIC ORAL, VIDEO, AND POSTER PRESENTATIONS

Submission Opens:

January 4, 2016

Submission Closes:

February 8, 2016

SUBMISSION CATEGORIES:

- **Instruction Courses** - Instruction Course sessions are one- or two-hour sessions that address current diagnostic, therapeutic, and practice management topics, presented by both Academy members and non-members.
- **Miniseminars** - Presentations, case studies, and/or interactive discussions providing an in-depth, state-of-the-art look at specific topics.
- **Masters of Surgery Video Presentations** - Eight-minute video presentations on surgical techniques, patient presentations and encounters, and instructional/demonstrative behavioral reviews.
- **Scientific Oral Presentations** - Five-minute oral presentations focusing on cutting-edge clinical and basic translational research aspects of otolaryngology.
- **Clinical and Basic Science Poster Presentations** - A poster submissions should be timely, contain innovative information and findings on original scientific research, case studies, surgical procedures, practices, and approaches to practicing surgeons, residents, and medical students. Young investigators and trainees are strongly encouraged to submit.

NEEDS ASSESSMENT

Our education activities are designed to improve healthcare provider knowledge, competence, and performance through lifelong learning. To that end, the Foundation's education committees underwent a gap analysis to identify areas that will strengthen our education offerings within the specialized scope of practice of otolaryngologists.

Abstracts addressing one or more of these topics will be given special consideration during the review and selection process:

- Chronic rhinosinusitis
- Complications of chemoradiotherapy
- Emerging role of HPV
- Endoscopic skull base surgery
- Facial trauma
- Healthcare reform, managed care, reimbursement
- Immunotherapy
- Laryngeal laser surgery
- Nasal valve problems
- Nonallergic rhinitis
- OSA surgical treatment options
- Otitis media and ear tubes
- Patient satisfaction and compliance
- Pediatric OSA
- Pediatric postoperative pain management
- Reflux: GERD and LPR
- Sialoendoscopy
- Soft tissue engineering and application to the head and neck
- Stroboscopy
- Sudden hearing loss
- The dizzy patient
- Tinnitus
- Thyroid carcinoma
- Vocal fold paralysis and injections

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