

Quarterly Report

AOCO,
AOCO-HNS &
Foundation, Inc.

American Osteopathic Colleges of Ophthalmology and Otolaryngology-Head and Neck Surgery - Fall 2007, Vol. 42 No. 4

Mid-Year Seminar... a Success

The 6th Mid-Year Seminar sponsored by the AOCOO-HNS Foundation held at the Westin Detroit Metropolitan Airport Hotel on September 8-9 was a huge success. We are proud to report an attendance of 140, approximately 25 of which were medical students and interns.

Special Thanks to

Mark Welch, DO
Otolaryngology Program
Chairman

Sanjay D. Kamat, DO
Ophthalmology Program
Chairman

Speakers

Seilesh C. Babu, MD
Evan H. Black, MD
Thomas E. Brandeisky, DO
Warren L. Brandes, DO
A. Jay K. Chauhan, DO
Christopher Y.C. Chow, MD
Matthew E. Citron, DO
Eric R. Eggenberger, DO
Mahmoud M. Ghaderi, DO
Conrad L. Giles, MD
David D. Gossage, DO
Michael S. Hauptert, DO
Douglas F. Hegyi, DO
Raymond Iezzi, MD
Janardhan R. Jagini, MD
Sanjay D. Kamat, DO
Christine Lepoudre, DO
Brian P. Marr, MD
Larry D. McIntire, DO
Leslie K. Norris, DO
Vidyasagar Ramakrishnan, DO
Rajesh C. Rao, MD
John D. Roarty, MD
Donald M. Rochen, DO
Adam D. Rubin, MD
Michael Sherbin, DO
Benjamin Mark Welch, DO
Sunita Yedavally, DO

The 7th Mid-Year Seminar will also be held at the Westin Detroit Metropolitan Airport Hotel on September 6-7, 2008.

Mid-Year Seminar Exhibitors

Alcon Laboratories, Inc.
ALK-Abello
Allergychoices, Inc.
AllMeds, Inc.
Elsevier/Mosby/Saunders
Eyeonics, Inc.
GE Healthcare-Surgical Navigation
JEDMED Instrument Co.
Lifestyle Lift Holding II, Inc.
Merck & Co., Inc.
Michigan Society of Eye Physicians & Surgeons
Topcon Medical Systems, Inc.
Xlear, Inc.

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Alvin D. Dubin, DO

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The *AOCOO-HNS Quarterly Report* is published quarterly by the American Osteopathic Colleges of Ophthalmology and Otolaryngology-Head and Neck Surgery, 4764 Fishburg Road, Suite F, Huber Heights, OH 45424, (937) 233-5653 or (800) 455-9404, FAX (937) 233-5673. Send email correspondence to: acoohns@aol.com. The AOCOO-HNS website is located at: www.aocoohns.org.

Views and opinions expressed in the *AOCOO-HNS Quarterly Report* are not necessarily endorsed by the American Osteopathic Colleges of Ophthalmology and Otolaryngology-Head and Neck Surgery.

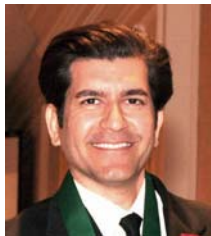
Quarterly Report Schedule

SUMMER: copy deadline May 15th
mailing June 15th
FALL: copy deadline August 15th
mailing September 15th
WINTER: copy deadline November 15th
mailing December 15th
SPRING: copy deadline February 15th
mailing March 15th

PRESIDENT'S REPORTS

AOCO & AOCOO-HNS

President Shoib Myint, DO



It is with great pleasure that I congratulate the members of our College for such a wonderful turnout at the Mid-Year Seminar at the Westin in

Detroit. We broke an attendance record with over 100 attendees. Furthermore, this was the first mid-year meeting with record turnout of residents, interns, medical students, and exhibitors. We are planning on coming back to the Westin for the 2008 mid-year meeting.

The Board of Governors, the Foundation Board of Directors, and the respective Colleges had a very productive and what I thought was a very successful first meeting of the New Year.

The Executive Committees of both the AOBHO-HNS and AOCOO-HNS met and discussed issues of importance that affect both the Certifying Board and College. I am pleased to state that we had both a most pleasant and successful dialogue toward improving the relationship of both.

I am pleased to inform you that the committees are active and working constantly in many areas on behalf of the membership.

Our meeting in Scottsdale, Arizona in 2008 will recognize the 92nd consecutive annual meeting of osteopathic physicians devoted to the specialties of ophthalmology and otolaryngology. During these past many years, we have witnessed the maturing of a relationship with the AOA and our specialties where we have the AOCOO-HNS holding an ACA that enables us to present timely CME courses and conduct certifying examinations as well. It is my hope that you will all make plans to attend our meeting this coming May at the Camelback Inn in Scottsdale, AZ.

Please remember that there will be a Program Directors Faculty Development Course at our Mid-Winter Meeting in Orlando, FL in February.

I look forward to seeing you there.
Shoib Myint, DO
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1st Annual Faculty Development Seminar

The AOCOO-HNS is developing the 1st Annual Faculty Development Seminar, designed to offer current information and help to residency program directors, as well as any member who is interested. This seminar is being held on Saturday and Sunday, February 9-10, 2008 at the Hyatt Regency Orlando International Airport Hotel, Orlando, FL.

Ophthalmology and Otolaryngology/Facial Plastic Surgery Program Directors are called upon to be skilled in a great number of different areas. Residency training prepares us to be knowledgeable surgeons, skillful at procedures, good communicators, and effective at multi-tasking. Rarely, however, does it prepare us to be educators.

Faculty development is a term used to describe growth as educators. The goal of this seminar is to provide a guide to advance knowledge and skills as educators.

HIGHLIGHTS

- Breaking Bad News to Residents: How to Give Critical Feedback When Performance Falters
- Resident Portfolio for Core Competencies
- Get Back to Basics: Review of Basic Standards
- Developing a New Resident Orientation Package
- Resident Interviews: Evaluating a 4th Year Medical Student
- Increasing Didactics: Journal/Lecture Club Presentations
- What's the Latest at the OPTI's

TENTATIVE SCHEDULE

Saturday, February 9th, 2007

12noon Registration with light lunch
1-5pm Lecture presentations
5-6 Reception
6:30-8 Program directors' breakouts

Sunday, February 10th

6:30-7 Continental breakfast
7-12 Lecture presentations

Attendees should plan to fly into the Orlando International Airport on Saturday morning, and fly out Sunday late afternoon/early evening. For registration information, call the College Office at 800-455-9404.

AOCO-HNS

Thomas E. Brandeisky, DO



The Council of Medical Education and the Board of Governors met on September 6-7 at the Westin Hotel in the Detroit Metropolitan Airport. The Mid-Year academic programs followed on September 8-9. Mark Welch, DO

was moderator for the Otolaryngology College program. His hard work in preparing the curriculum was reflected in the quality of his end product. The thanks of the Otolaryngology College go out to him, and we look forward to his 2009 ACA conference at the Hyatt Regency in Austin, Texas.

The conference this year emphasized Otolaryngic Allergy for good reason. Currently the Certificate of Added Qualification in Otolaryngic Allergy is secured by only one trainer, Donald Rothen, DO. Only Dr. Welch has completed the program, and Dr. Max Ghaderi and I are finishing this year. This program, based at St. John-Oakland Hospital, is the only pathway to certification in Otolaryngic Allergy available to otolaryngologists or any other physician, allopathic or osteopathic. The existence of this program is in jeopardy if more physicians do not receive training and go through the certification process. In the coming year, two programs are likely to be approved to take additional fellows, and I encourage every otolaryngologist to consider enrolling in the CAQ fellowship. The knowledge imparted by the fellowship training is indispensable in the practice of general otolaryngology; moreover, without a large enough group of candidates to examine on a regular basis, the validity of the board certification procedure may be challenged, thus leading the Bureau of Osteopathic Specialists to discontinue the CAQ with our College, and to make it available to another specialty.

In the interest of growth of our specialty and the perpetuation of our College, the CAQ in Otolaryngic Allergy must continue, and it will only do so with your interest and participation.

The three College Committees are all functioning well. The Practice Committee, chaired by Ben Chack, DO, is busy preparing practice related articles for our "Quarterly Report". *Innovation Offers New Opportunities for Otolaryngologists*, written

by Louis Mariotti, DO, is printed in this edition. It is worth your attention, and feel free to contact Dr. Chack to submit an article of your own or to suggest a future topic.

The Education Committee, chaired by Michael Hauptert, DO, is involved in developing maintenance of certification modules, which will be given as afternoon workshops during the ACA and possibly during the Mid-Year Meetings. These modules would involve elements of self-assessment as well as didactic material to prepare attendees for maintenance of certification and recertification examinations. Our maintenance of certification initiative is a collaborative effort between the Examining Boards and Colleges and will potentially improve our CME products by focusing attention on practice related information as well as key basic science material. Question writers are needed to help the maintenance of certification initiative move forward. A lead physician for each subspecialty in otolaryngology has been appointed to manage the development of each specific module. They need the help of our membership, and I encourage those who are interested to contact the subspecialty leads through the College Office to volunteer their time and energy in developing board style questions and organizing the didactic materials.

Dr. Paul Burk continues to chair the Communications Committee directing topic of concern to our Enews and Newsletter.

I extend an invitation to contact me through the College Office regarding concerns or desires to help.

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EXECUTIVE VP REPORT

Alvin D. Dubin, DO



We will leave it to our President to tell you about the fine Mid-Year Meeting of the AOCOO-HNS Foundation held September 6-10 in Detroit. Suffice it to state that it was not only an excellent CME program, but we also had a record attendance and plan to have the 2008

Mid-Year Program held again in Detroit.

We would like to tell you more, at this time, about the Council of Regional Representatives (CRR) and the Council of Residents and Fellows (CRF). A few years ago, these Councils were formed for the purpose of developing better working relationships between the Membership and the Colleges. We felt then, and even more so now, that the Membership should be involved in College activities, and the Board of Governors should encourage, welcome, and utilize the input of its Members (both in practice and resident status) in forming policy activities.

Great care was taken to change the Bylaws in order to reflect those endeavors of the Board of Governors, and to enable the Council Members to be part of the Board, to have access to Board activities, and to be part of the decision making process.

To date, the CRR and CRF have not functioned in a totally meaningful way, and they certainly have not reached their potential in Board activities. This problem can and must be addressed. By not taking advantage of the ability to help guide our Colleges, and by not adding input to the Board functions, the Councils certainly fall short of the intent to give our entire Membership a say in the governance matters.

The Colleges have made it possible for the Membership to truly participate in all Board of Governor activities. The Councils should do their job by improving communications within their sphere, and by bringing issues to their representatives.

We refer you to the Colleges' website for further details and help in understanding the structure of the Council. The administrative staff and I are there to help you in understanding and functioning as the Councils allow.

Only by taking advantage of the opportunity to have greater input on the Colleges' Boards will we truly have a membership driven College.

Please be part of the team by calling or writing to your representatives on these Councils, or to us in the administrative areas, about matters of concern or questions that you may have—we are there for YOU—no matter what the topic might be!

With the support and involvement of the membership of the Colleges, we will all benefit and continue to have a proactive body representing all osteopathic ophthalmologists and otolaryngologists.

Mid-Year Seminar Photo Gallery



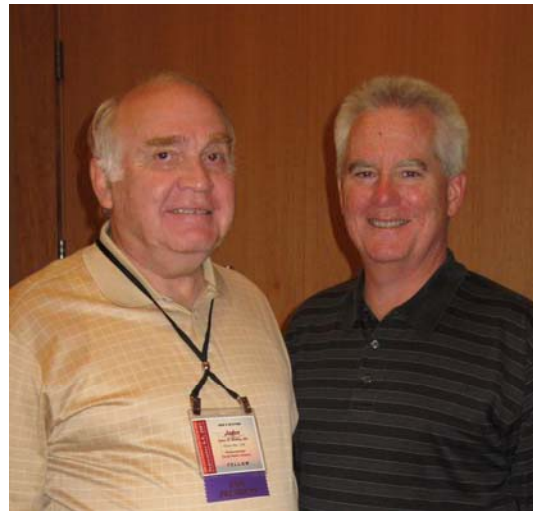
Dr. Shoib Myint, AOCO and AOCOO-HNS President, Dr. Thomas Brandesky, AOCO-HNS President, and Dr. Alvin Dubin, AOCOO-HNS Executive Vice President greeting attendees at the entrance to the Mid-Year Seminar.



Otolaryngology attendees



Ophthalmology attendees.



Dr. John Alway and Dr. Wayne Robbins take a moment to catch up on family and friends during the Mid-Year Seminar.



Who said learning couldn't be fun!

MARK YOUR CALENDAR

**We did it so well in 2007,
we're going to do it again, in 2008!**

AIRLINE	FLIGHT	DESTINATION	TIME	GATE
RYANAIR	104	LONDON-STN	BOARDING	20
DELTA	134	NEWYORK-JFK	11:35	7
CONTINENTAL	25	NEWYORK-EWR	11:40	
REAR				

**7th Mid-Year Seminar of the
AOCOO-HNS Foundation**
Saturday and Sunday, September 6-7, 2008
Westin Detroit Metropolitan Airport Hotel
Detroit, Michigan

Mentoring Program

Michael S. Hauptert, DO

Just a reminder about the mentoring program - students, residents and new attending physicians are encouraged to use this program. The mentoring process can occur through several different methods. Personal meetings are preferred if possible, but phone conversations or email correspondence may be equally effective. Seasoned physicians in our Colleges can be a tremendous resource. Mentors can be utilized for a multitude of medical and business related issues. Contact the College Office if you are interested in being matched up with a mentor. This program can only be successful with willing participation as a mentor by the experienced physicians within our respective Colleges. Please consider being a mentor to the next generation of our profession. This is an excellent opportunity to sustain the continued success and longevity of osteopathic ophthalmologists and otolaryngologists.

Membership News

Anita Faye Sonenshein

Mrs. Anita Faye Sonenshein (wife of Dr. Henry Sonenshein) of West Bloomfield, Michigan passed away on June 30, 2007. Anita was a retired lab technologist. She was active in B'nai B'rith, Hadassah, the Humane Society and had been a volunteer with Braille through the Lions Club. Family members include husband Dr. Henry Sonenshein, mother of Dr. Jeffrey (Dr. Heidi Kearn) Sonenshein and Susan (John) Henninger, sister of Irma Jean Yoffee and Sylvia Rae (Howard) Klein, sister-in-law of Ileen Miles and Paul Gingold. Anita is survived by many other loving relatives and friends. It is suggested that those who wish to honor the memory of Mrs. Anita Sonenshein may do so by making a contribution to the American Cancer Society, 18505 W. Twelve Mile Road, Southfield, MI 48076 or Angela Hospice, 14100 Neuburgh Road, Livonia, MI 48154 or Jewish Hospice, 6555 West Maple, West Bloomfield, MI 48322.

Hazel V. Wilson

Mrs. Hazel V. Wilson (wife of Dr. Everett Wilson) of Brookville, Ohio passed away on July 11, 2007. She was a loving wife, mother, grandmother and great-grandmother. Hazel had attended Trinity Baptist Church in Dayton. She is survived by her son and daughter-in-law, Dr. Everett Jan and Eileen Wilson of Minster, daughter and son-in-law Laura and Keith Sherer of Pennsylvania, 6 grandchildren, 15 great-grandchildren, relatives and friends. She was preceded in death by her daughter Linda Wilson, grandson Brian Wilson, and parents Earl B. and Edna Lillian (Gordon) Moyer. Memorial contributions may be made to the Humane Society of Montgomery County.

AOA News

**AOA President John
A. Strosnider, DO,
Passes Away**



It is with tremendous sadness that we must convey the news that AOA President John A. Strosnider, DO, passed away on June 21, 2007. He will be remembered by all as a passionate, strong-

minded, supportive and caring AOA leader. And one who made a mark on the future of osteopathic medicine by being so involved with and caring so much for our osteopathic medical students.

Dr. Strosnider was dedicated to the proposition that osteopathic physicians (DOs) educated in a rural environment would remain in that environment, providing essential, quality health care to those in need. Dr. Strosnider will be remembered for his strong convictions for bringing the profession "back to the basics" and for helping move the AOA from a good organization to a great one.

Familiar with the osteopathic medical profession since childhood, Dr. Strosnider wanted to do everything he could to make sure DOs would always follow the osteopathic principles and practices that give them a unique

advantage over other health care providers. Concerned that the profession was losing its distinctiveness, Dr. Strosnider remained steadfast in his effort to remind the osteopathic family of the philosophy that serves as the basis for this great profession. Dr. Strosnider focused his presidential message on the responsibility every DO and osteopathic medical student holds for practicing these osteopathic principles and practices.

As the founding dean of Pikeville College School of Osteopathic Medicine (PCOM), Dr. Strosnider modeled the school with his "back to the basics" concept in mind. With a mission for PCOM to produce primary care doctors committed to provide health care in underserved communities in Appalachia, Dr. Strosnider's vision has become a reality. Ninety-three percent of the 280 graduates since 2001 have chosen to enter internships and residencies in primary care and 79% are practicing in underserved areas.

While Dr. Strosnider wanted every member of the osteopathic family to be a firm believer in the osteopathic philosophy, he was just as passionate about helping the AOA become a great organization. With this lofty goal in mind, he launched the AOA's Greatness Campaign to get more members actively involved in helping to shape AOA policy; to record histories of living pioneers who made significant contributions to the profession; and to fund the association's big goals like a national advertising campaign or a campaign to improve the health care for all Americans.

Dr. Strosnider's career as an osteopathic physician gave him an opportunity to serve the profession in many ways: as a provider for his patients; as a leader for the Jackson County (Missouri) Osteopathic Medical Association and the Missouri Association of Osteopathic Physicians and surgeons as well as the AOA; and as an educator at what is now the Kansas City University of Medicine and Biosciences College of Osteopathic Medicine and at PCOM.

A true believer in the osteopathic medical profession, Dr. Strosnider wanted everyone to be as passionate about it as he was. Now, the best way the osteopathic family can honor his memory is by showing the world what makes this great profession truly distinct.

Dr. Strosnider is survived by his wife, JoAnn, and their children: John Adam, Alisha and Paul.

AOA Installs Peter B. Ajluni, DO as 111th President



The AOA installed Peter B. Ajluni, DO, a board certified osteopathic orthopedic surgeon from Bloomfield Hills, Michigan, as the 2007-2008 President on June 22, 2007.

“--- over 35 years as an osteopathic physician, I have seen this profession experience immense success and have witnessed the AOA grow into a nationally recognized medical association,” Dr. Ajluni said. “I am very proud to serve as president of this organization and continue the work of Dr. Strosnider.”

Dr. Ajluni, an avid hiker and jogger who has participated in a number of marathons and triathlons, chose “DOs: Fit for Life” as his presidential theme. This theme conveys the importance of osteopathic physicians serving as role models for their patients when it comes to health and fitness. In addition, President Ajluni will extend that focus to make the AOA a healthier and more fit organization for its members and the U.S. a better health care system for patients.

Dr. Ajluni is currently on leave from his position as a senior orthopedic surgeon at Mount Clemens (Michigan) Regional Medical Center (part of the McLaren Health Care System) where he also served as former chief of staff. He continues to serve as vice chair of the board of trustees at Mount Clemens. He also held staff privileges at Henry Ford Bi-County Community Hospital in Warren, Michigan and St. John North Shores Hospital in Harrison Township, Michigan.

Dr. Ajluni served as AOA president-elect for the 2006-2007 term. He began his career on the AOA Board of Trustees in 1998 and was a member of the AOA’s Executive committee from 2000-2005. In addition, he served as chair of the AOA Departments of Business Affairs, Educational Affairs, Professional Affairs and Governmental Affairs.

Aside from his involvement on the national level, Dr. Ajluni has also been an active member of state and local

osteopathic medical organizations. He served as president of both the Michigan Osteopathic Association and the Michigan Osteopathic Academy of Orthopedic Surgeons.

After earning his degree in 1969 from the Chicago College of Osteopathy, now known as Midwestern University/Chicago College of Osteopathic medicine in Downers Grove, Illinois, Dr. Ajluni completed an internship and residency at Mount Clemens General Hospital.

Dr. Ajluni resides in Bloomfield Hills with his wife, Judy. They have three children, Noelle (Kurt) Cassel, Mark and Matthew, and three grandchildren.

AOA Health and Wellness Update Battling Boredom in Your Workout

If you’ve recently identified more excuses than reasons to visit the gym, you may be battling a case of boredom in your exercise routine. Simple, small changes in your normal regime may reunite your feet and the elliptical machine once again.

“Oftentimes people forget that a periodic change in your routine can not only benefit different muscles, but prevent the boredom that many of us experience,” explains Craig Wax, DO, an osteopathic family physician practicing in Mullica Hill, NJ.

Dr. Wax further explains that the human body adapts quickly to most exercises, so if you’ve maintained the same routine for too long you may have reached a plateau that no longer benefits your body as much.

“If you no longer sweat during your workouts you may need to increase your intensity,” explains Dr. Wax. “Try lengthening the duration of your workouts, the weight or repetitions of your lifts, or add another day to your routine.”

Cross-training was pioneered to battle the boredom of professional athletes. However, Dr. Wax says it is great for everyone.

“A good exercise routine should include cardiovascular exercise, weight or resistance training, and some stretching and flexibility exercises,” he says.

Another quick-fix for fighting boredom is a change of scenery. Dr. Wax explains that if your exercise routine is

always indoors, you may just need to step outside.

“Change your scenery regularly to prevent boredom and for best physical results,” says Dr. Wax. “Take a fast walk, swim or bicycle with friends instead of meeting to eat.”

“An excellent idea whenever you need added motivation is to enlist a friend. Working out with a partner can add a social element to your routine and you won’t skip the gym when you know someone else is waiting for you,” he explains.

Dr. Wax adds that if you cannot find a friend; join a class or club to add the social element. Another option, he recommends is to set an athletic goal like finishing a race or participating in a sporting tournament of some kind. “Competition and setting goals are two great ways to get motivated,” he says.

Dr. Wax says that your body may be signaling you for a needed vacation from the gym. A few days off every month can prevent over-training and can rejuvenate and refresh the body for your next month.

To receive the best results from your exercise routine, Dr. Wax recommends modifying your workout every two weeks. In addition, he recommends a healthy diet including lots of vegetables and eight glasses of water a day.

Preventive medicine is just one aspect of care osteopathic physicians (DOs) provide. Osteopathic physicians are fully licensed to prescribe medicine and practice in all specialty areas including surgery. DOs are trained to consider the health of the whole person and use their hands to help diagnose and treat their patients.

AOA Washington Update

TAKE ACTION

Congress has returned from the August recess and the clock is ticking for them to act on a medicare physician payment fix. **Use the AOA’s Grassroots Hotline, (877) 262-9400, to contact your Senators and ask them to support a fix that includes multiple years of positive updates, similar to the House-passed CHAMP Act.** Emphasize the urgency needed in correcting Medicare physician payments; particularly how it will affect the patients you care for.

Fix for Physician Payment Unresolved as Congress Returns

Congress returned from their annual summer recess on September 4 with several “must pass” issues unresolved. Among those issues is the pending 9.9% cut in Medicare physician payments scheduled to take effect January 1, 2008. Prior to adjournment, the House approved the “Children’s Health and Medicare Protection Act” (CHAMP) (H.R. 3162), which includes provisions that would provide all physicians a 0.5% payment update in 2008 and 2009. Additionally, the bill includes provisions that would eliminate the use of the sustainable growth rate (SGR) methodology in 2010 replacing it with a modified volume control methodology developed and endorsed by the AOA. The Senate, to date, has not developed or approved legislation aimed at addressing the physician payment issue.

The AOA continues to promote the House approved provisions as an appropriate means of reversing the scheduled cuts and establishing, a new payment formula that reimburses physicians in a more equitable manner. As part of our efforts, we are encouraging the Senate to adopt the House Medicare physician payment provisions and move quickly to approve legislation that ensures all physicians receive positive payment updates in 2008 and 2009. It appears unlikely that the Medicare provisions will remain part of legislation reauthorizing the State Children’s Health Insurance Program (CHIP). As a result, the AOA will be working with House and Senate Leaders to secure a legislative strategy that will allow for the approval of corrective provisions prior to December 31.

AOA Calls on CMS to Use Fund to Reduce Payment Cuts

In written comments on the 2008 Medicare Physician Fee Schedule, AOA president Peter Ajluni urged the centers for Medicare and Medicaid Services (CMS) to use the \$1.35 billion Physician Assistance and Quality Initiative Fund (PAQI) provided as part of the Tax Relief and Health Care Act of 2006 (H.R. 6111) to help stabilize the 2008 physician payment update. CMS cites “fundamental legal and operational

problems” that would not make such an application possible. The AOA disagrees and is calling on Congress to provide clear direction to CMS about the use of the PAQ fund. Physicians can expect -9.9% payment update for 2008.

Attendance at Town Hall Meeting Leads to Media Exposure

Many of you received emails throughout the month of August telling you about a new feature of the GOAL network—Town Hall Meeting Alerts. These new alerts let you know when your Members of Congress have a Town Hall Meeting scheduled in the district. These meetings, open to the general public, provide you with easy opportunity to bring issues of importance to you and your profession to the attention of the community and your Member of Congress—and all you have to do is show up!

Last month, Todd Told, DO, a family practice physician, from Craig, Colorado did just that at a Town Hall Meeting with Sen. Wayne Allard (R-CO) and it turned into an opportunity to educate the public on one of the physician community’s biggest issues—Medicare physician payment.

During the meeting Dr. Told explained the growing access to care crisis being caused by the flawed Medicare physician payment formula. Following Dr. Told’s comments, he was approached by a reporter from the Craig Daly Press to learn more about the physician payment issue. Days later, a photo and article appeared in the paper and brought the issue from the physician’s office to the public forum.

Keep this story in mind the next time you receive a Town Hall Meeting alert from GOAL. As Dr. Told’s story demonstrates, a little time and a compelling story can go a long way towards educating Congress and the public on our issues. **You can’t make a difference if you don’t show up!**

Physician Self-Referral Final Rule

The Centers for Medicare and Medicaid Services (CMS) issued the third phase of the final regulations prohibiting physicians from referring Medicare patients for certain items, services, and tests provided by

businesses in which they or their immediate family members have a financial interest. Physician self-referral prohibition is also known as the Stark law.

According to CMS, the rule does not establish any new exceptions to the self-referral prohibition, but rather makes certain refinements that could permit or, in some cases, require restructuring of some existing arrangements. The final regulation includes the following actions:

- Provides enhanced flexibility in structuring non-abusive compensation arrangements.
- Provides relief for inadvertent violations of the self-referral prohibition under certain circumstances.
- Reduces the regulatory burden for compliance with certain exceptions.
- Clarifies the agency’s interpretation of existing regulations.

Tamper Resistant Medicare Prescription Drug Pads

Several AOA members have asked where they can obtain prescription pads in compliance with a new federal requirement that written (non-electronic) prescriptions for Medicaid-covered outpatient drugs be written on tamper-proof pads. States may elect to purchase compliant prescription pads for Medicare prescriptions and provide them to prescribers at no cost or at a discounted rate. Physician practices may want to consider calling their state Medicaid office to see if tamper-proof pads are available. The requirement goes into effect October 1st.

Hill Fact: College Athletes in Congress

Pennsylvania Democratic Rep. Jason Altmire was a walk-on football player at Florida State University, where he played wide receiver and was sometimes aligned in practice against future NFL star Deion Sanders.

In 1967, Virginia Democratic Sen. Jim Webb, as a student at the U.S. naval Academy, lost a boxing championship to Oliver L. North, who would later become a household name for his role in the Iran-Contra affair.

Rep. Randy Neugebauer (R-TX) was so skilled at back flips, twists and other moves that while at Texas Tech he joined the Flying Matadors trampoline Troupe.

AOCOO-HNS

Website

The AOCOO-HNS is pleased and proud to announce the launching of a newly designed website (www.aocoohns.org). If you have surfed the AOCOO-HNS website before, you'll notice that some of the most frequently visited web links are now available from the home page. Please feel free to email (aocoohns@yahoo.com) your comments as well as any suggestions that you may have to help make the AOCOO-HNS website a web place that you will visit frequently.

AOCOO-HNS

Committee Reports

AWARD

COMMITTEE

By Glen Hatcher Jr, DO and James Gaunt, DO, Co-Chairs

PATRICK MURRAY AWARD

Description: An annual monetary award is given to the highest scoring resident in the annual OKAP examination in Ophthalmology and in the annual resident in-service proficiency examination in Otolaryngology. In the event of a tie between two residents in the same specialty, the award money will be divided evenly. The two first place award finalists will receive \$750.00 each; the two second place award finalists will receive \$600.00 each; and the two third place award finalists will receive \$500.00 each.

Eligibility Requirements: Residents must be in approved Ophthalmology or Otolaryngology/Facial Plastic Surgery training programs. **THE RESIDENT MUST BE CURRENT AND UP-TO-DATE WITH THE ANNUAL REPORTING REQUIREMENTS AND HAVE ALL PREVIOUS YEARS OF TRAINING REVIEWED AND APPROVED BY THE AOCOO-HNS**

COUNCIL OF MEDICAL EDUCATION. A resident must achieve a minimum of 50% on the examination. A resident may receive the award more than one time and does not need to be present at the Annual Clinical Assembly to receive the Award.

ADVOCACY

COMMITTEE-AAO

By David Gossage, DO, Chair

The Latest News on the National Quality Forums and Registries are:

STATUS OF EYE CARE MEASURES FOR 2007 PQRI

As you know, the national Qualify Forum (NQF) approved only 4 of the 8 ophthalmology measures developed by the American Academy of Ophthalmology and AMA's Physician Consortium for Performance Improvement (PCPI). We have now exhausted our appeals and all three cataract measures and the AMD antioxidant measures are not approved by the NQF, though these measures will continue to be included in the **2007 Physician Quality Reporting Initiative (PQRI)**. CMS indicates, however, that they plan to drop measures turned down by NQF in **2008 PQRI**. A proposed rule expected to be published in late July/early August should confirm that decision. (Some other medical specialties have no measures included in the 2007 PQRI and others will have none in 2008 because NQF turned down all of their measures). The NQF is being very tough and some quality leaders think there are too many specialty quality measures already.

PROPOSED MEASURES FOR 2008 PQRI

We have a small window of opportunity to develop a few replacement measures that might be considered for 2008 if we move quickly. The AAO Eyecare Workgroup will have a call to discuss these measures and DMS has indicated that they will consider PCPI measures that are completed by June/July and approved by AQA at their October meeting for the 2008 PQRI list. The Eyecare Workgroup will be discussing intermediate outcome measures in cataract and glaucoma, and a revised AMD antioxidant measure.

REGISTRIES AND HEALTH INFORMATION TECHNOLOGY

The statute requires CMS to expand physician quality reporting to consider registries and health information technology (IT). The July/august rule is likely to propose criteria that CMS would use to recognize data registries for physician quality reporting. Even if they finalize the criteria in the November 1, 2007 rule, CMS is unlikely to have time to review and recognize specific specialty data registries, so we do not anticipate that registries will play a major role in 2008 PQRI. The AAO is discussing with the American College of Surgeons and the American Society of Cataract and Refractive Surgeons the concept of an ophthalmic surgical data registry. Individual specialties like ophthalmology would collect and could even analyze the data, or just provide the raw data to the central surgical registry for analysis. At this point, our thinking is that we want the data to be privately collected, not government collected. This is evolving and we welcome comments from you.

FDA REGISTRIES

Registries for physician reporting may get a boost under a safety goal. FDA is proposing another type of registry for product monitoring. The FDA would receive \$50 million for drug registries under pending legislation, and they would like to get started quickly. The Academy has been invited to meet with FDA this month to discuss their ideas.

ADDITIONAL MEASURES FOR 2009

The political climate is uncertain with regard to the future of quality measurement and reporting and use of the registries and health IT. There will not be an opportunity to add more measures beyond the few measures described above for 2008 PQRI. We do want to start discussions this fall about what could be implemented January 1, 2009.

You may not wish to create additional subspecialty measures. If you would like to create your own subspecialty measures, the AA is willing to review your measures and help place them into the process of measurement development and approval. The measures need to pass several criteria and pass through groups including AMA PCPI, AQA, NQF and CMS. The AAO would assist you with new measures to improve the changes of getting them through the process but there is no guarantee that these would be accepted by

CMS for the 2009 PQRI. The process is expensive, time intensive and requires participation in several meetings and conference calls. To bring these measures through the process, the AAO would appreciate the originator sharing of the expenses. The AAO plans to discuss this at the Annual meeting this fall in New Orleans.

If you have questions, please contact Flora Lum, Academy Policy Director.

EQUALITY FOR EYE VISIT CODES WOULD BOOST PAYMENTS TO OPHTHALMOLOGY

In a major victory for the AA and ophthalmology, CMS is proposing to accept the AMA Relative-value Update Committee (RUC) recommendation that payments for eye visit codes be improved. Payments would be increased by \$154 million for ophthalmologists annually as a result, if the 2008 Medicare Fee Schedule released this week holds. This puts ophthalmology in a better position as all of medicine braces for significant cuts from the sustainable growth rate, practice expense and the application of budget neutrality in 2008. The AAO protested CMS's decision to de-link E&M and eye visit codes last year and presented the eye code increase justification at the 2007 February RUC.

COUNCIL OF MEDICAL EDUCATION-AOA COPT NEWS

By Michael Rubin, DO, Chair
AUGUST 2007

The Council on Postdoctoral Training (COPT) and the Program and Trainee Review Council (PTRC) met in Chicago on July 26 and 27, 2007 during which time reports were reviewed from the AOA, Board of Trustees and House of Delegates meetings the previous week. In addition, several new resolutions were discussed and considered and the internship restructuring for July 2008 was reviewed.

The following are many relevant issues from the COPT to be moving to the Bureau of Osteopathic Education (BOE) for approval. All newly approved resolutions of policies and basic standards changes will be posted on the AOA Website

for a 60-day period for review and comment.

INTERNSHIP RESTRUCTURING

Almost all plans are complete. All Option 1, 2, and 3 choices have been selected by various specialties and are listed on the AOA Website. All basic standard changes including new 1st year requirements for involved specialties have been approved by the AOA BOT and will be on the AOA Website very soon. The only specialties still awaiting completion are Orthopedic surgery and Urologic Surgery. These will be acted upon by the AOA BOT in October 2007, and then posted on the AOA Website. Most hospital internship numbers have been reallocated to appropriate residency numbers. The opportunity to request residency increases, from the internship reallocation at no cost continues only through September 30, 2007.

AOA OSTEOPATHIC SPECIALTY COLLEGES

Each Specialty Colleges Evaluating Committee is asked to develop processes by which its site reviewed residency programs can have inspection review recommendations moved to PTRC in a timely manner. All specialty colleges evaluating committees should meet at least three (3) times annually to review program reviews and also corrective action plans from program deficiencies. Specialty colleges evaluating committees will receive a copy of the PTRC letter to the program and its Osteopathic Postdoctoral Training Institutions (OPTI) citing the deficiencies. The programs corrective action plans must be signed and approved by the OPTI Education Committee. The OPTI must forward the approved plan to the Specialty College. The Specialty College Evaluating Committee must review and forward a recommendation to the PTRC within 45 days or at its next meeting whichever is sooner. If a program fails to comply with a corrective action plan request, the specialty college may take action to reduce approval.

INTERNSHIP PROGRAMS

Internship programs which will completely terminate by virtue of total reallocation into Option 1 specialties in July 2008 will have any scheduled internship inspection over the next eleven (11) months cancelled. This is due to the lack of time to complete the process including a correction action plan approval, etc. prior to July 2008. If your internship program is in this category only and is notified by AOA to be reviewed

before July 2008, please notify the AOA Postdoctoral Training Division.

AOA BOARD CERTIFICATION PASS RATES

We have previously reported that three (3) year aggregated data regarding AOA board certification pass rates will be sent to program directors, directors of medical education (DMEs) and it's OPTIs. This information is also required by OPTIs for reporting on the OPTI annual reports. It is expected that OPTI education committees and hospital education committees and specialty college evaluation committees should review the data and use it to evaluate their programs and reform training programs as needed. This data will be sent to OPTIs by August 15, annually based on training years July 10/June 30 over the prior three (3) years and updated annually.

INTERNAL REVIEWS

All training programs are required to conduct mid-cycle internal reviews. This must be documented for reviewers at the time of program site reviews through review of education committee minutes.

BASIC STANDARDS UPDATES

All AOA Osteopathic Specialty Colleges must update their basic standards for each specialty at least every three (3) years, for submission to a July COPT meeting. When rewriting basic standards, attempt to eliminate redundancy and make basic standards brief. Issues which are AOA policies, such as work hour policies, do not need to be inserted, but only noted through reference to the AOA Basic Documents.

REPORTING DEFICIENCY CITATIONS

AOA Osteopathic Specialty Colleges reporting deficiency citations of programs to PTRC, must indicate only the nature of the deficiency and do not quote the entire standard, but only the standard reference number, i.e., VII. B-D, "Resident Logs not maintained or reviewed and signed off by program director."

AOA "FAST LINKS"

The AOA has developed a new "Fast Links" document to help all who are involved with osteopathic postdoctoral education and AOA programs. The purpose of the "Fast Links" is to help you find AOA postdoctoral related information very quickly on the AOA Website, include AOA Basic Documents for internship, residency training and OPTIs, specialty

standards, proposed new changes to standards, match information, links to all OPTIs, ERAS, etc. The “Fast Links” program is a thank you to the specialty colleges and trainers for their work and effort to advance the Osteopathic Profession and provide quality education.

OTOLARYNGOLOGY PRACTICE COMMITTEE

“Innovation Offers New Opportunities for Otolaryngologists”

By Louis Mariotti, DO

Sinusitis, one of the most common reasons for patient visits to primary care physicians, afflicts approximately 37 million Americans. This common condition is responsible for health care related expenditures exceeding \$8 billion per year. Given the large patient population and societal and economic implications, it is no surprise that otolaryngologists and patients find opportunity and hope in recent advancements in sinusitis treatment.

For physicians managing chronic rhinosinusitis, it is evident that the etiology of this condition is multifocal. One must consider anatomy, allergic status, family history, associated disease processes like asthma, environmental irritants, and behavioral factors such as smoking, when one is trying to sort out a patient’s sinus pathology. There is still much to be learned about the underlying causes of chronic rhinosinusitis, and the effectiveness the various treatment modalities currently available. Open and uninhibited sharing of information is the key to progressive improvement in our ability to treat chronic rhinosinusitis. It is particularly important to welcome emerging technology, and keep an open mind regarding its usefulness in patient care.

Getting acquainted with new technology is an excellent way for an otolaryngologist to develop his or her own practice niche. When endoscopic sinus surgery was first introduced in the late 1980’s, it quickly gained widespread acceptance as a legitimate treatment modality for chronic rhinosinusitis, despite a few naysayers who tried to cling to open surgery as the gold standard. And, many of

those otolaryngologists who embraced endoscopic sinus surgery early in its development have gone on to develop busy rhinology practices.

In 2005, catheter-based devices were FDA-cleared as a less invasive alternative to traditional endoscopic sinus surgery tools. This trend to be less invasive has been the natural progression of sinus surgery over the past twenty years. When endoscopic surgery was first introduced, it was a less invasive alternative to procedures like Caldwell-Luc. Shortly thereafter, the introduction of powered instrumentation allowed us to do a safer and more precise dissection in the sinuses. We could now do surgery without stripping sinus mucosa, allowing a less invasive surgical intervention. Cutting forceps have also contributed to a less invasive operation. And, finally the concept of MIST, or Minimally Invasive Sinus Technique, has taught us that we can do less surgery and still get good results.

So, the natural progression of endoscopic sinus surgery has been towards a less invasive operation. But there has been some controversy surrounding Balloon Sinuplasty. And as a result, some third party payers have refused to cover the costs of the balloon devices. The reason the payers in my area have cited for their refusal to cover balloon sinuplasty has been the lack of peer review journal articles supporting the usefulness of this technology. They have contended that this represents experimental technology.

Fortunately, a multi-center trial with 24 weeks follow-up was recently published. (1) Also, the American Academy of Otolaryngology, and The American Rhinologic Society have recently revised their position statements on Balloon Sinuplasty, stating that it is not to be considered experimental. Armed with this information, I have been successful in persuading some local third party payers to reconsider their position. As a matter of practice development, we can increase our scope of practice and, at the same time be patient advocates, by showing the payers the advantages of less invasive surgery. We can show that the up front costs of a less invasive procedure represents a good investment. Presenting our case from the perspective of less complications during sinus surgery, and less chance of developing iatrogenic sinus disease, speaks to the third party payers in a language they understand. They are easily persuaded when a case is made for a long term savings as a result of a short term

investment.

Learning and using catheter-based technology has been a solid practice building tool for me and I believe embracing technological advancements, is the surest way to maintain a healthy practice. Catheter-based technology for the treatment of sinus disease is in its infancy. The current devices are sure to improve, become easier to use, and become even more efficacious. This technology is almost certain to advance beyond balloon dilatation, just as catheter-based technology advanced beyond balloon dilatation in cardiovascular disease. The otolaryngologist who keeps up with these advancements will, I believe, have a clear edge in the treatment of his or her patients with sinus disease in the future.

(1) Bolger, WE, et al., Safety and outcomes of balloon catheter sinusotomy : A multicenter 24-week analysis in 115 patients. *Otolaryngology-Head and Neck Surgery* (2007) 137, 10-20

SEARCH COMMITTEE

By Carlo DiMarco, DO, Chair

The AOCCO-HNS Search Committee held a conference call meeting on July 30, 2007. Dr. Dubin advised the committee that he was prepared to continue in his position as Executive Vice President of the Colleges until 2010, and that he would begin mentoring a selected individual for that position as soon as the selection was made by the Board of Governors. The committee accepted this proposal as a means of ensuring a smooth transition.

The committee outlined the EVP’s duties, including the affiliation responsibilities with the AOA and the AOCCO-HNS. Also it reviewed the history of the management of the College, and Colleges’ since the ‘50s until present, giving a prospectus of the maturing of the position of EVP and its responsibilities. It further stated the integration of the various duties and intra-professional areas of involvement that this position requires. The time requirements and trips out of the office, during the course of the year were also presented. In summary, it focused on the qualities that would be most desired of applicants to possess, in order to assume the responsibility of this position.

The chair then asked that the job description advertised by reviewed by the

committee. It was agreed that this ad be placed again in AOA publications in order to allow other applicants time to apply.

The committee reviewed the present applicant files. Following this review the following unanimous statements were made: "The Committee agreed to continue the application process until April 2008. The interview process will begin in June 2008 and be held in Philadelphia at the Airport in order to make travel arrangements more suitable to most of the attendees."

AAO-HNS Press Release

Leading Association of Ear, Nose, and Throat Doctors Releases Multi-Specialty Practice Guidelines for Adult Sinusitis

The AAO-HNS has issued multi-disciplinary, evidence-based practice guidelines for treating adult sinusitis, the common ailment that affects one in seven adults. Adult sinusitis has a profound impact on quality of life and workforce productivity, while costing the nation's healthcare system over \$5.8 billion annually.

The new practice guidelines outline the best way for physicians and other healthcare professionals to diagnose and manage sinusitis in adults.

"Sinusitis is responsible for more than one in five antibiotics prescribed in adults and 500,000 annual surgical procedures," notes Richard Rosenfeld, MD, lead author of the guideline and chair of the guideline panel. "If we are to address the issue of over-prescribing antibiotics, it starts with setting guidelines for when it is proper to use antibiotics to treat patients' most common ailments."

The guidelines were developed with input from a wide array of medical specialties, including representatives from the fields of allergy, emergency medicine, family medicine, health insurance, immunology, infectious disease, internal medicine, medical informatics, nursing,

otolaryngology-head and neck surgery, and radiology.

"It was critical to develop a set of guidelines that is not only based on sound science, but also to hear from those in the many specialties that have a stake in testing sinusitis in adults," Rosenfeld said.

The guidelines emphasized appropriate diagnosis, and provide management options including observation, antibiotic therapy, and additional testing, including:

- Healthcare professionals should distinguish acute bacterial sinusitis from sinusitis caused by colds, viruses, and non-infectious conditions. Bacterial sinusitis is likely when the illness (a) is still present after 10 days or (b) worsens within 10 after initial improvement (double worsening pattern).
- Acute sinusitis is diagnosed as up to four weeks of purulent (not clear) nasal drainage accompanied by nasal obstruction, facial pain-pressure-fullness, or both.
- X-rays are not recommended to diagnose acute sinusitis in most patients.
- Observation without antibiotics is a safe and effective management option for selected adults with acute sinusitis who have mild illness (mild pain and temperature <101°F) and assurance of follow-up.
- When antibiotics are prescribed, amoxicillin is recommended as first-line therapy.
- Acute sinusitis may take up to seven days to improve, regardless of whether the initial therapy consists of observation or immediate antibiotics.
- Healthcare professionals should distinguish chronic sinusitis (lasting 12 weeks or longer) and recurrent acute sinusitis (four episodes per year without symptoms in between) from isolated episodes.
- Patients with chronic sinusitis or recurrent acute sinusitis should have computed tomography (CAT scan) of the sinuses; additionally, nasal endoscopy, allergy assessment, or both may also be obtained.
- Clinicians should educate/counsel patient with chronic sinusitis or recurrent acute sinusitis regarding control measures, which include smoking cessation and saline nasal irrigation.

The clinical practice guidelines apply to adults aged 18 years or older.

AMA and AAO-HNS to Conduct Physician Practice Information Survey

The American Medical Association (AMA), with the support of the American Academy of Otolaryngology- Head and Neck Surgery (AAO-HNS) and more than 60 other medical specialty societies, will conduct a multi-specialty survey of America's physician practices in 2007. The purpose of the survey is to collect up-to-date information on physician practice characteristics in order to develop and refine AMA and AAO-HNS policy. Data related to professional practice expenses will also be collected. The AMA will survey thousands of physicians over the year from virtually all physician specialties to ensure accurate and fair representation for all physicians and their patients.

During the year 2007, you may be contacted by the Gallup Organization to participate in this study. The AOCOO-HNS encourages your participation in this survey, as the data obtained will be a critical source of information for the AMA and AAO-HNS. Should you be called upon to contribute, your participation ensures that the information collected will represent you and your patients' concerns to national policy-makers. Please watch for this survey in 2007 and do your part in completing it in a thorough and accurate manner.

Cell Phone Use Causes High Frequency Hearing Loss

Hold the phone—long-term use of a cell phone may cause inner ear damage and can lead to high frequency hearing loss, according to a new study.

According to research presented at the AAO-HNS Foundation's Annual Meeting in Washington, DC, 100 people who had used mobile phones for over a year suffered increases in the degree of hearing loss over the span of 12 months. Furthermore, the study also discovered that people who used their phones for more than 60 minutes a day had a worse hearing threshold than those with less use.

High frequency hearing loss is characterized by the loss of ability to hear consonants such as s, f, t, and z, even though vowels can be heard normally. Consequently, people hear sounds but cannot make out what is being said.

The authors warn users of cell phones to look out for ear symptoms such as ear warmth, ear fullness, and ringing in the ears (tinnitus) as early warning signs that you may have an auditory abnormality. They also suggest the use of earphones, which they found to be safer than holding a mobile phone up to the ears.

Dizziness Causes Don't Differ Across Age Groups

Dizziness is the distortion of the perception of space; vertigo is a special type of dizziness, which induces a sensation of spinning around. Dizziness is a symptom of a variety of diseases that can cause imbalance or even falls, among other things. Thus it may frequently be a serious health hazard, especially in the aging, causing injury and occasionally long-term disability, and additional financial burden to healthcare systems.

A new study presented at the 2007 AAO-HNS Foundation Annual Meeting reveals that contrary to previous hypotheses, no single entity is the root cause of dizziness in the elderly. The study, which included more than 3,500 patients (over 70 years old), seeking treatment at a Montreal Dizziness Clinic, determined that the main causes of dizziness could be attributed to psychogenic and systemic disease, as well as to use of certain medication.

The results of the study indicate that although dizziness in the elderly may be aggravated by other ailments, such as poor vision, arthritis, osteoporosis, diabetes, or muscle weakness, etc., the causes of dizziness in the elderly appear to be the same as in younger patients. Physicians should consider the study's results when examining and diagnosing patients complaining of dizziness.

AOBOO-HNS UPDATES

Voluntary and Mandatory Recertification

The American Osteopathic Board of Ophthalmology and Otolaryngology-Head and Neck Surgery (AOBOO-HNS) is required by the American Osteopathic Association to offer recertification examinations in all areas of certification including the subspecialty fields. *The AOBOO-HNS is required to notify all diplomates of this information.*

Guidelines for Voluntary Recertification: Lifetime holders of certification by the AOBOO-HNS may voluntarily seek recertification. Voluntary recertification in no way affects the lifetime certificate, pass or fail. A diplomate who successfully completes a recertification examination will be issued a ten (10) year time-dated recertification certificate. The diplomate may recertify every ten (10) years. Failure in the recertifying process will in no way result in the loss of certification for physicians holding lifetime certification.

- Diplomates certified in ophthalmology prior to January 1, 2000 hold lifetime certificates.
- Diplomates certified in otolaryngology and/or otolaryngology/facial plastic surgery prior to January 1, 2002 hold lifetime certificates.

Voluntary Recertification Requirements:

- Diplomates must be in active practice, a member in good standing with the AOA and have maintained state licensure.
- Application (letter of intent) for recertification may be made anytime prior to January 31st of the year the diplomate wishes to be recertified. All materials supplied shall remain the property of the Board. The recertification examination is administered once a year (in the Spring just prior to the Annual Clinical Assembly).
- The letter of intent to take a recertification examination must be sent to the AOBOO-HNS and be accompanied by the examination fee; letter from the AOA attesting to membership in good standing of the AOA; a copy of the diplomate's AOA record of continuing medical education for the three (3) year

period preceding application; and a copy of the diplomate's current state licensure.

- The diplomate shall be required to take a written examination of the multiple choice type. This test shall be constructed to assure that by passing, the diplomate demonstrates current medical and surgical knowledge as it applies to their specialty.

Guidelines for Mandatory Recertification: A diplomate certified by this Board with an AOA time-dated certificate may enter the recertification process within two years prior to the expiration date of the certificate. The Board will offer the recertification examination in the 8th year, allowing three (3) opportunities to pass the examination. If the diplomate passes the recertification examination prior to the 10th year, the passing grade will be held and reported to the AOA in the 10th year, which maintains the 10-year time period on certification. The new certificate issued will be valid for ten (10) years from the date of expiration of the original certificate.

- Diplomates certified in ophthalmology in 2000 and after have been issued a ten-year certificate.
- Diplomates certified in otolaryngology and/or otolaryngology/facial plastic surgery in 2002 and after have been issued a ten-year certificate.

Any diplomate who exceeds the time limit on a time-dated certification may enter the recertification process at any time, as long as the diplomate meets the "Recertification Requirements" listed below. Upon successfully completing the recertification examination, the diplomate will be issued a time-dated certificate for ten (10) years, dated from the date of the original certificate.

In the event of failure, the diplomate may reenter the examination process the following year prior to the expiration of their certificate. Upon failure of the recertification examination on the third attempt, the AOA will be notified and the certification will end. The examinee's deficiencies will be reviewed by the Board and subsequently recommend a method for remediation. Once this remediation is completed, the examinee may reenter the recertification process.

Mandatory Recertification Requirements:

- Diplomates must be in active practice, a

member in good standing with the AOA and have maintained state licensure.

- Application (letter of intent) for recertification may be made anytime prior to January 31st of the year the diplomate wishes to be recertified. All materials supplied shall remain the property of the Board. The recertification examination is administered once a year (in the Spring just prior to the Annual Clinical Assembly).
- The letter of intent to take a recertification examination must be sent to the AOBOO-HNS and be accompanied by the examination fee; letter from the AOA attesting to membership in good standing of the AOA; a copy of the diplomate's AOA record of continuing medical education for the three (3) year period preceding application; and a copy of the diplomate's current state licensure.
- The diplomate must also demonstrate eligibility for the recertification

examination in any other manner prescribed by the Board.

- The diplomate shall be required to take a written examination of the multiple choice type. This test shall be constructed to assure that by passing, the diplomate demonstrates current medical and surgical knowledge as it applies to their specialty.

EXAMINATION DATES

The 2008 Board Certifying Examinations are being given at the Marriott Camelback Inn in Scottsdale, Arizona.

- Oral Exam—Tuesday, May 6th (deadline February 15th)
- Written Exam—Wednesday, May 7th (deadline March 31st, recertification deadline January 31st)

Contact the AOBOO-HNS Office at 800-575-2145 or email your inquiry to aoboo61040@aol.com. Additional certification information can be located at www.aoboo.org.

AOCCO-HNS Executive Vice President (CEO)

The American Osteopathic Colleges of Ophthalmology and Otolaryngology-Head and Neck Surgery is seeking an experienced and dynamic physician-leader to serve as the Executive Vice-President (CEO) for the AOCCO-HNS Board of Governors. This would entail a period of time serving in a mentorship program with the current EVP prior to assuming the position.

The principle responsibilities of the position include:

- Overseeing staff employees
- Carrying out administrative work of the corporation
- Establishment of administrative policies
- Implement directives of the Board
- Coordinate meetings and activities of the Board
- Prepare annual budgets and review of financial activities
- Maintain fiscal responsibility of all Colleges' activities
- Maintain close working relationships with the AOA and activities of the Colleges'
- Serve, together with the President, as spokesperson for the Colleges and Foundation
- Maintain the legal integrity of the Corporation
- Work with the Boards to plan meetings and develop strategies and agendas
- Attend all College associated meetings with the AOA as needed
- Perform all on-site inspections of proposed meeting locations.

Interested candidates should have a working knowledge of the AOA and in particular, the workings of the Bureau of Education, its committees, and the AOA Board of Trustees.

Please request an application form, which is to be sent together with your current CV to Carlo DiMarco, DO, a/o AOCCO-HNS at 4764 Fishburg Road, Suite F, Huber Heights, OH 45424.

Direct all inquiries in writing to the Search Committee Chairman, Carlo DiMarco, DO at the address listed above.



92nd ACA

May 7-11, 2008

**Marriott Camelback Inn
Scottsdale, AZ**

Luxury comes natural at Camelback Inn, a JW Marriott Resort & Spa in Scottsdale, Arizona. 36-holes of championship Arizona golf, a signature Spa and lavish meeting space for conferences and events. Hotel casitas with traditional Southwestern décor are spread throughout the resort's desert landscape. All have balconies or patios, with private pools available. The resort includes an extensive pool complex ideal for family vacations. Experience the best Scottsdale has to offer with tradition and modern amenities, and minutes from downtown Phoenix, AZ.



Camelback Inn offers a myriad of different activities, basketball, pitch n' putt golf to name a few. Take a dip in one of two heated swimming pools. The Jackrabbit Pool offers beverage and dining service from 10am - 8pm daily and

the lap pool at The Spa is available for the swimmer looking for a total work-out.

Discover thousand-year-old ruins and the latest fashions on 5th Avenue. You can explore the region on horseback, by jeep, white-water raft, even hot air balloon.

A "one-of-a-kind" experience awaits tennis enthusiasts at the Camelback Inn's Tennis Pavilion, featuring three all-weather courts lit for night play, and one screened for private play. Plus, the Tennis Pavilion's "matching service" will pair

guests with players of equal skill level. Lessons, clinic, ball machines and racquet rentals are also available.

Hopalong College, the hotel's seasonal program for children ages 5-12 offers a great assortment of fun, educational festivities sure to make youngsters feel at

home. Kids enjoy arts and crafts, water games, tennis clinics, bicycling, nature walks, breakfast rides, ice cream socials, "camelhunts", cookouts, Indian storytelling and computer classes.

The AOCCO-HNS is looking forward to another success annual clinical assembly, at the Camelback Inn.

Report of the AOA Bureau on Federal Health Programs Meeting

Washington, DC, September 7, 2007

By Wayne Bizer, DO and Paul Imber, DO

Dynamic Duo (WFB)

Let me begin this report with a special welcome to my new Co-Councilor to the AOA Bureau on Federal Health Programs, Paul Imber, DO. After many years of having one representative to this AOA taskforce, the AOCOO-HNS Board of Governors decided to add a second representative such that both the Eye and the ENT sections of our organization had representation. Paul is an excellent person to fill that position and I have already begun to enjoy the assistance that a second person provides. We have divided this report into two sections based on the agenda of the meeting and it will be obvious who has written which section of this report.

The Great Overhang

I learned a new word at this meeting: overhang. This is not to be confused with the word hangover, but it can produce a similar sized headache. Do you remember all the past years during which the physician community was successful in winning Congressional repeals from the Medicare dictated cuts in physician reimbursement? Well guess what, those debts didn't go away. In fact, they have accumulated and we, the physician community, owe CMS a total of \$300 billion. In order for us to pay back this \$300 billion overhang and the remaining cuts that were adopted by Congress many years ago, physician reimbursement is scheduled to be cut 9.9% in fiscal year 2008. The AOA is greatly concerned about the size of these cuts and recognizes that the government can only cut physician reimbursement so far without creating a massive physician response. Some of the AOA spokespeople advised that they did not believe that such a draconian cut would actually come about. The truth of the matter is that nobody knows what is going to happen in Washington these days. You are often asked to contact your legislators and ask for reconsideration of Medicare cuts. If you ever thought about doing something to help yourself with regard to physician reimbursement, I submit that this is the time for action.

Specifics of the Proposed CMS Physician Reimbursement Cuts

Congress dictates and CMS decides what the overall cuts in physician reimbursement are going to be for a specific year. A special committee of representative of all specialties (RUC) decides how the pot is going to be distributed. Surgical codes have been undergoing reductions and Cognitive codes have been experiencing increases in reimbursement. Based on the anticipated CMS cuts and RUC recommendations a few specialties will experience slightly higher or lower reimbursements than the 9.9% across the board reductions. I think you will find the following table very interesting. Notice that ophthalmology receives approximately 6% of all Medicare Reimbursement. Ophthalmologists number approximately 20,000 of the

approximately 600,000 physicians in the US. Thus, the 3% ophthalmology community receives 6% of the Medicare funds. This is based on procedure code reimbursement and patient utilization of services.

Specialty	Charges in Millions	RUC Rec.	Total
Total	75,819	0	-10%
Ophthalmology	4,642	+1%	- 9%
Optometry	782	+4%	- 6%
Otolaryngology	906	+1%	- 9%
Audiology	31	+12%	+ 2%
Anesthesia	1,600	+14%	+ 4%
Nurse Anes.	605	+22%	+12%
Family Practice	5,011	0	-10%
Internal Med	9,867	0	-10%
Radiology	5,197	0	-10%
Gen Surgery	2,282	-1%	-11%

National Provider Identified (NPI)

I assume that all of you have read previous explanations of the change to a physician specific NPI number. If you have not gotten your specific NPI number yet, I urge you to contact your CMS Carrier and complete this task as soon as possible. Insurance companies are looking for an excuse to deny or delay payment, and this new number is just another reason to allow them to withhold payment. This is not a want to, it is a have to.

Physician Quality Reporting Initiative (PQRI)

If you liked P4P you will love PQRI. The intended next step, after Pay For Performance, is intended to be a non-voluntary (also known as mandatory) practice requirement in 2008 and it comes without any added reimbursement. In other words, Pay 4 Performance, without the Pay. At least that is the way it is being looked at today. Our sources at the AOA advised us that there is great confusion in government about P4P and PQRI and it is possible that CMS will not be able to get such an ambitious program off the ground by January 2008. It is also possible that there will be such a program in 2008. We hope to have more for you on this in our January report.

Health Information Technology

There is no doubt that the government wants all of us to purchase expensive computerized medical records packages and link all of that data into a national network. The details have not been worked out yet as to how this can be accomplished and how it will be paid for. We were advised that there is no money allocated for the cost of Health Information Technology in the 2008 budget. There is also no standardization for software and program interconnect. It is apparent that there is a great deal of difference in the way the Democrats and the Republicans see this issue and it is likely that this issue will not be implemented until after the 2008 elections.

Physician Manpower Supply

For many years, many of us have looked at the accelerated rate of which Colleges of Osteopathic Medicine have proliferated. Many of us wondered what would become of all of these new DOs and where would these people find post graduate medical education and practice opportunities. Many even thought that the osteopathic profession was making a terrible mistake to allow so

many schools to open. Unfortunately, there has not been an equivalent increase in residency training programs or funding across the specialties.

Well, it now looks like they knew what they were doing all along. Though the exact numbers vary greatly, it is now apparent that there is a massive physician manpower shortage looming in the not too distant future. Based on some of the reports that I discovered in a limited "Google search", I found that it is not likely that sufficient numbers of physicians can be trained to meet the demands of the 78 million baby boomers that are expected to retire in the near future. Add to this problem the burden of many of the older practicing physicians who are expected to retire in the next 10-20 years and we have a crisis. Considering there is such a long training period to turn out a new generalist or specialist, this country is going to have to find many new answers to some very pressing problems. This could open the door to the expansion of practice to many non-physician providers. Think about it.

Graduate Medical Education

There is little that most of us watch more carefully than graduate medical education. Given the thoughts in the paragraph above, one would think that the government would be working with organized medicine to find ways to finance the post graduate medical education that the situation dictates. In a typical government move, the powers that be appear to be focusing on how they can cut back on GME. CMS wanted to reduce the money paid to GME programs by the amount of time that residents are given for vacations and medical leave. They argued that there was no reason for CMS to pay money to GME Institutions for intervals of time when residents are out of medical service due to vacations or sick leave. Fortunately, CMS relented on this issue for the coming year, but specifically made it clear that they could re-visit the issue in the future.

Additionally, in May, CMS issued proposed regulations that would terminate matching funds for states that support graduate medical education under the Medicaid program. If finalized, this rule would reduce GME funding by about \$1.8 billion over 5 years. Congress has intervened and enacted a 1-year moratorium on this action and we all have to wait to see what next year will reveal.

Medical Liability Reform

If you remember many of my previous Federal Health Council Reports, you will recall that tort reform was the number one legislative priority of the AOA and the coalition of medical organizations to which it belongs. Although it was not stated at our meeting, it appears to me that there is growing pessimism that any meaningful Federal Medical Liability Reform will be enacted in the near future. The reality of the situation is that this tort reform legislation was favored by the Republicans and opposed by the Democrats. With the Democrats now holding a majority in Congress it is unlikely that this very important legislation will see any success in the near future. It was barely discussed at our meeting. It seems to me that the state level is the place where meaningful advances will be made.

Osteopathic Political Action Committee (O-PAC)

"The more things change the more they remain the same." No one seems to know who deserves the credit for putting these illogical words into such a dramatic and meaningful sentence, but the fact remains there is wisdom in this seemingly contradictory statement.

Physicians are suffering cuts in reimbursement and increases in Federal regulation unparalleled in the history of our nation.

Almost helpless to act against these efforts due to laws that forbid collective bargaining, physicians find little that they can do to mitigate the impact of a government that fails to see the big picture of health care in America today and in the future. What can be done to protect your patients, your family, and your practice? What can you do?

I'm glad you asked that question. O-PAC, the Political Action Committee of the AOA is one of your best allies in the quest for relief. OPAC channels the resources of a community of physicians who are too busy and unskilled in the ways of government into a force that has some level of effectiveness. Of course, they are not going to be 100% effective in their efforts, but they have demonstrated selective power and success many times over. What successes have you personally had with government?

There are about 55,000 DOs in the US. This year O-PAC has already raised a record breaking \$420,000 towards its 2007 goal of \$500,000. The bad news is that this comes out to less than \$10 per DO. Wow, with generous givers like this I am certain that the leaders of our short sighted government are going to be easily swayed by our arguments.

Perhaps there are better ways to fight our legal battles than PACs, but I don't know what they are. And it seems a lot of others, more skilled than I am, are also at a loss for a more effective vehicle. A recent mailing of OphthPAC, the PAC of the American Academy of Ophthalmology had the following statistics for the top 10 money raising Medical PACs and the amount of money that they raised in 2005-2006:

AMA	\$3,814,000
American Society of Anesthesiologists	\$2,034,000
American Assoc of Orthopedic Surgeons	\$1,997,000
American Dental Association	\$1,921,000
American Academy of Ophthalmology	\$1,482,000 (25,000 members)
Am Assoc of Nurse Anesthetists	\$1,447,000
Am College of Radiology	\$1,269,000
Am Physical Therapy Assoc	\$1,238,000
Am College of Emergency Physicians	\$1,168,000
American Optometric Association	\$1,127,000

What have you done to help yourself, your patients and your fellow physicians? Wouldn't logic dictate that you open your checkbook and write a check today to O-PAC. PLEASE **DO IT NOW!** The address is

O-PAC
1090 Vermont Ave
Suite 510
Washington, DC 20005

Now don't you feel better?

AOA Presidential Theme

The AOA President has made weight loss and nutrition his focused theme for his term in office. We were presented with a long presentation from a successful patient (also she was a prior staffer of the AOA). There was also a luncheon presentation from the Surgeon General's office concerning nutrition and wellness. The point was made that all physicians should address weight and nutritional counseling with their patients.

Now you should really feel better.

Ophthalmology Opportunities

COLORADO

- Established Ridgway, Colorado integrative medical clinic seeks doctors/practitioners to compliment our coalition of independent professionals offering comprehensive, personalized holistic health care. Stellar reputation, spectacular setting, superb quality of life—973-626-9877.

KENTUCKY

- Excellent opportunity to join a solo ophthalmologist, desiring to slow down. Opportunity for partnership after one year. Competitive salary and benefit package. Brand new office equipment. New office building. Associate with optometrist. New hospital with state-of-the-art outpatient surgery. Call Dr. Kay Hazlett 606-424-8721.

NEVADA

- Established otolaryngology/ophthalmology practice seeking BC/BE ophthalmologist to compliment group. The practice has three state-of-the-art offices in Henderson and Southwest Las Vegas Valley. All offices are located in community oriented high profile areas with one of the offices adjacent to the Seven Hills Surgery Center and the new Southwest office, located next to the new Southern Hills Hospital. Practice partnership and ASC opportunities available. Contact Judy Duncan at jduncan@nveyepa.com or 702-492-6928.

OHIO

- Excellent anterior segment/glaucoma surgeon needed for group practice in Maumee, Ohio. Practice in a new state-of-the-art facility and ambulatory surgery center with all amenities. Salary plus incentive with buy-in after two years. Send CV to Ronald M. Kendrick, DO, 3509 Briarfield Blvd., Maumee, Ohio 43537. Phone 1-800-782-9214, FAX 419-865-3451.

PENNSYLVANIA

- Opening in a busy ophthalmology practice. Contact: Jane Kokinakis, DO, office # 800-845-8424.

WEST VIRGINIA

- Glaucoma specialist wanted. Join a team of two ophthalmologists and one optometrist bringing high quality care to Southern West Virginia. Best equipment available. Starting salary up to \$250,000.00. Shape your own practice but surgical opportunities are limited only by your skills. Contact mkrasnow@marshall.edu or call Bettie Chapman at 304-697-0393.

WASHINGTON

- OPH wanted in beautiful Washington State. Opportunity for someone interested in aggressively expanding a practice, or someone interested in working half-time and sharing the practice. A new DO medical school is being built in Yakima. There is opportunity for any level of participation. Hospital owned ASC with all new equipment. Call Dr. Leo Figgs 509-952-8545.

Ophthalmology Fellowship

OHIO

- Refractive fellowship position available, LASIK Plus, Cincinnati, Ohio. Contact Vincent Marino, DO at 513-652-9585 or email marino@fuse.net.

Otolaryngology Opportunities

ALASKA

- ENT wanted. Kenai Peninsula, S.W. of Anchorage. Excellent salary and benefits. Call or email: James Zirul, DO, 220 Spur View Drive, Kenai, AK 99611, call 907-283-5400, email jzirul@acsalaska.net.

ARIZONA

- 320 days of sunshine per year! Become part of a busy, expanding otolaryngology/head and neck/facial plastic surgery practice with full audiology services in the metropolitan Phoenix area. Seeking a BC/BE associate with early partnership opportunity to join our successful team. Competitive salary and benefits.

Attractive lifestyle. Please contact Dr. David Mendelson (480) 894-5550 or fax CV to (480) 894-9469 or email to info@entsoa.com.

COLORADO

- Dr. Patrick Henderson is looking for an otolaryngologist to join established practice in beautiful Montrose, CO. Small and growing community at the base of San Juan mountain Range. Within 1 hour drive of Telluride Ski Resort, hiking, trophy fishing, mountain biking and camping facilities. Town of Montrose is top 10 growing communities in the nation with abundant sunshine for outdoor enthusiast. Call office (970) 249-6968 or email coentpc@frontier.net.
- Established Ridgway, Colorado integrative medical clinic seeks doctors/practitioners to compliment our coalition of independent professionals offering comprehensive, personalized holistic health care. Stellar reputation, spectacular setting, superb quality of life—973-626-9877.

FLORIDA

- Central Florida Otolaryngology group is recruiting BC/BE otolaryngologist to join rapidly expanding practice. Two clinic sites, Leesburg and The Villages and our main OR site has accreditation from AAAASF. We have four BC ENT physicians, one of which is BC in Facial Plastic & Reconstructive Surgery. We have an Allergy department and complete audiology services with two doctors of audiology and a BC hearing aid specialist on staff plus electronic medical records. We offer good schools with a suburban lifestyle in beautiful Lake County. Excellent salary with partnership anticipated. Contact info: michelle.lakeent@earthlink.net or call 352-728-2404.
- Outstanding opportunity to join very busy otolaryngology/facial plastic surgery practice with partnership track income. Hollywood — Pembroke Pines, Florida. Contact: Dr. Craig Shapiro, 954-437-5333 or fax: 954-437-6252, shap62@aol.com.
- ENT job opportunity located in Ocala, Florida, one hour north of Orlando. Practice is looking for BC/BE general ENT/facial plastic surgeon to join group of 3 general ENT's. Contact Dr. Scott Nadenik, cellular 362-895-0285.

MASSACHUSETTS

- Work in the heart of beautiful New England. Extremely busy practice in North Central Massachusetts seeking associate. Currently one physician doing all aspects of general ENT. Shared call with three others. Community hospitals. This is an excellent opportunity with close proximity to mountains, beaches, and Boston. Contact Dr. Daniel Ervin at (978) 874-7368.

MICHIGAN

- Northwest Michigan practice opportunity. A busy 2 physician practice seeking BC/BE ENT to join practice affiliated with 2 community-based hospitals. For further information contact Andrew Mendians, DO at 231-843-6557 or mendians@voyager.net.
- Wanted: ENT associate to join busy 2 office practice with 1 in 6 call. Unique opportunity for new graduate to work into a busy practice with fast track to partnership. In Mid-Michigan with easy access to northern Michigan outdoor activities. Contact R. Borenitsch, DO at rborenitsch@hotmail.com.
- Detroit Medical Center is looking for a general otolaryngologist. Large referral base; major urban academic medical center; new residency program for support. If interested, please contact Dr. David N. Madgy at 313-745-5402.

NEW MEXICO

- Second BE/BC general otolaryngologist needed for rural practice area in Carlsbad, New Mexico. Mild climate year round in high desert country with nearby mountains and endless outdoor activities. Guaranteed compensation the first year with incentive bonus. Triad owned community hospital. For more information contact Fred Woody, CEO at Carlsbad Medical Center, 505-887-4570.

OHIO

- Seeking an otolaryngologist for position/ownership in an established practice located in Troy, OH. The practice has a well established patient base in

Otolaryngology, Allergy and Facial Plastics. The practice has been in this location 20+ years. If interested, please contact Deborah or Georgia at 937-335-7278 or fax to 937-335-1783.

- ENT BC/BE needed in Newark, OH thirty minutes east of Columbus. Need an additional solo practice physician, 167 hospital undergoing continual upgrading. Additional information can be obtained by calling Michael Ehler at 740-788-6010.

PENNSYLVANIA

- Suburban Philadelphia—4 physician otolaryngology practice looking for highly motivated ENT. Practice includes all phases of otolaryngology, head and neck surgery, otology and allergy. Competitive salary, bonus and benefits, partnership track. Contact Benjamin Chack, DO, 215-280-6993.
- Excellent job opportunity in Chester County, minutes from Philadelphia. Very busy 3 physician ENT practice seeking an additional BC/BE otolaryngologist to join our practice. Unbelievable opportunity for early partnership. Contact Alex Keszeli, DO, at 484-437-8745.

TEXAS

- ENT practice opportunity in Corpus Christi. Large group, full practice with speech, audio, balance center, C.T. MRI and surgery center. Need two ENT and one neuro-otologist. Con-tact Troy Creamean, DO at 361-854-7000.

WASHINGTON

- Practice opportunity in the beautiful northwest. Seeking associate in general ENT and proficiency/interest in FPS, otology and allergy desirable. New Osteo. Med. School to open fall 2008 with op. for ENT academic position in addition to private practice. Merging two separate ENT groups to form a single group by 2008 that serves 300K regional patient draw with a current ENT manpower shortage. Strong and respected D.O. community, two hospitals and two ASC's. Contact: Palmer Wright, DO, 3999 Englewood Ave. #201, Yakima, WA 98902, 509-453-5300 or email palmer@yvn.com.

Otolaryngology Fellowships

MICHIGAN

- Training program in otolaryngic allergy as a one year continuous or two to three year interrupted, program at St. John Oakland Hospital in Madison Heights, Michigan under the direction of Donald M. Rothen, DO. This program became effective July 1, 2001 and is approved by the AOA for three positions. To be eligible, the candidate must be certified in otolaryngology. For further information, please contact Dr. Rothen at 248-541-0100 or email rothenph@hotmail.com.
- Pediatric otolaryngology fellowship available at Children's Hospital of Michigan in Detroit, MI, July 2008. Please contact Dr. Michael Hauptert or Dr. David Madgy at 313-745-5402.

NEW YORK

- Pediatric otolaryngology fellowship starting 2004, 2005, 2006 at the Women & Children's Hospital of Buffalo. Exceptional opportunity for a 1 or 2-year fellowship covering all aspects of pediatric otolaryngology including complex otolaryngology, cochlear implantation, treatment of vascular birthmarks, laser surgery, airway management, maxillofacial trauma, facial plastics and sinus surgery. Clinical and basic science research is encouraged. Practice has five fellowship-trained pediatric otolaryngologists. Address inquiries to Philomena Behar, MD, email: pmbehar@aol.com.