

Quarterly Report

AOCO,
AOCO-HNS &
Foundation, Inc.

American Osteopathic Colleges of Ophthalmology and Otolaryngology-Head and Neck Surgery - Summer 2008, Vol. 43 No. 3

Make plans to attend the Mid-Year Seminar

Being held at the Westin Detroit Metropolitan Airport Hotel in Detroit, Michigan on Saturday and Sunday, September 6th and 7th.

If you register before July 1st, you'll spend \$295.00, after July 2nd, \$325.00, and after August 2nd, \$345.00.

CALL THE AOCOO-HNS OFFICE AT 800-455-9404 AND WE'LL REGISTER YOU OVER THE PHONE . . . HAVE YOUR CREDIT CARD AVAILABLE! The Educational Program and outline of speakers will be available July 1st. Go to www.aocoohns.org, click on meetings.

CME Credits: The AOCOO-HNS Foundation designates this educational program as a 1A CME opportunity offering up to 15 hours in ophthalmology and otolaryngology-head and neck surgery.

BOOK YOUR ROOM AT THE WESTIN DETROIT METROPOLITAN AIRPORT HOTEL EARLY: Call 1-734-942-6500. Rates per night are \$165/single or double. Reservations must be made by Monday, August 13, 2008. After this date, the AOCOO-HNS Foundation cannot guarantee a room at this meeting rate.

The Westin Detroit Metropolitan Airport Hotel, located in the new world-class McNamara Terminal, offers a private security entrance, the latest in technology, and Detroit's most stylish and comfortable surroundings—a place where you can actually relax while you travel and attend the 2008 Mid-Year Seminar of the AOCOO-HNS Foundation.



September 6th-7th, 2008

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Executive Vice President:

Alvin D. Dubin, DO

Staff:

Debra L. Bailey, Administrative Director
Cynthia Carleton-Simon, Administrative Assistant
Diane Turner, Administrative Assistant

The *AOCCO-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: aocooahns@aol.com. The AOCCO-HNS website is located at: www.aocooahns.org.

Views and opinions expressed in the *AOCCO-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

Thomas E. Brandeisky, DO
ACCEPTANCE SPEECH -
May 10, 2008



Good evening ladies and gentleman. Thank you all for taking time from your busy practices and lives to make this conference a success. The Executive Vice President Alvin Dubin, DO and his entire Administrative staff, two of whom are with us this evening deserve our thanks. Let's have a round of applause for Dr. Alvin Dubin, Mrs. Debra Bailey, and Mrs. Cynthia Carlton-Simon.

Once more the site selection was superb. The Camelback Inn has been an excellent venue for our meetings as well as reunions with old friends. The 2005 ACA also at the Camelback Inn had been the best attended ACA on the books. This years 460 registered attendees, and 44 Exhibitor booths are new all-time records for our meeting. This College seems to bloom best in the desert, and I hope we come back here in the near future.

And the programs were well conceived and enjoyed by our membership. Dr.'s Max Gadheri and Sirtaz Sibia are to be thanked and congratulated for their efforts.

We are here tonight because 100 years ago the American Osteopathic Association organized the **Eye, Ear, Nose and Throat Section**, which was the very first osteopathic specialty society. The pioneers of 1908 were not trained in residency programs, but as their numbers grew new organizations were established to satisfy training and certification needs, again through the AOA. How very fitting that Dr. Peter Ajluni, President of the AOA was with us to give the AB Crites Memorial lecture. As an orthopedic surgeon, his expression of the AOA's commitment to improved relations with all of the specialty colleges was especially meaningful.

Tonight we mark the centennial of our specialties in osteopathic medicine while we celebrate our association with the AOA, and their renewed commitment to all the specialty colleges and to further growth of our esteemed profession. As we pass the century mark we also cross the threshold into our next century. And I must say that it seems providential that as we do, our own Dr. Carlo DiMarco, a past president of the American Osteopathic College of Ophthalmology, will ascend to the AOA presidency. Carlo and Maria are at home with us, and need no introduction, so please join me in congratulating and thanking them, for a job well done and wishing them a successful year.

And I must call your attention to Dr. Shoib

Myint. Working with him this year has been inspiring. His attentiveness to the needs of our organization and its members goes unsurpassed, as do his enthusiasm and passion for our cause. As the first president of both the Colleges and the Foundation, Dr. Myint has set an extremely high standard for this office; a standard I promise to meet. As one century ends and another begins the work of our Colleges and Foundation continues. The challenges before us must be seen for the opportunities they represent.

#1 First and foremost these Colleges must remain united. Our newest Bylaws, only two years old, have reunited our governance. I think you'd be impressed if you could see how your representatives work together for the common good. But more importantly you'd see both the strength and necessity of our alliance.

#2 We must continue to advocate for your rights and privileges as osteopathic specialists, not just for your benefit, but in the interest of the public, who have the right of access to high quality healthcare.

#3 We must increase the number of training programs in our specialties, and work to establish Ophthalmology and Otolaryngology in the undergraduate curriculum at our osteopathic schools, because I believe there will be residency programs if there is a student demand.

#4 We must continue to dialogue with the Certifying Board so that the 2 most important needs of our members, education and certification, can be met in a credible and defensible manner.

#5 This year, we must take the next steps in improving our educational programs to meet or exceed the Osteopathic Continuing Certification requirements.

#6 We must renew our commitment to the otolaryngic allergy fellowship program. The CAQ is the only certification in otolaryngic allergy available in the medical professions and it would be tragic if the efforts of Dr. Donald Rothen and Dr. Alvin Dubin were wasted.

#7 We will commit resources and energy to the development of the Conjoint Board in Sleep Medicine, so our ENT members have an opportunity to become certified in that discipline as well.

#8 And we must rededicate ourselves to the Foundation's mission and find an appropriate charitable outlet for your generosity.

All this must be done to affirm the public trust in our profession, our specialty and our practices.

This is the work to which I and your Board of Governors are committed. We will ask for your patience, your input and your involvement. Your presence tells me that we already have your support and it is very much appreciated.

As for me, I am deeply honored to be the President of the Board of Governors of the

AOCOO-HNS and its Foundation. And I am appreciative of the opportunity to guide the continued success of this great organization. I have had many fine mentors on my journey to this podium. My heartfelt thanks go to Drs. Alvin Dubin and Edward Scheiner who were my trainers, and became my family; the past and present Board Members I've served with these many years, each of whom taught me something about this organization; my family who could not be here tonight but know why I've dedicated so much time to our profession; and of course my parents, who always said I could do anything I put my mind to, but then never seemed to let me.

In closing, tomorrow, as you travel home I ask you to join with the Board and commit yourselves to the goals of our Colleges and Foundation and that you consider joining one of our committees. After all, strengthening these organizations is in everyone's best interest. Because the strength of our organization will be assured as unity in purpose evolves into unity in action.

Thank you all again for this truly wonderful honor.

Thomas E. Brandeisky, DO
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EXECUTIVE VP REPORT

Alvin D. Dubin, DO



We have just recently returned from our Annual Clinical Assembly in Scottsdale, Arizona. A truly fine meeting with record registration numbers, attendance, and well received seminars and workshops. The weather was perfect, and we have much with which to be pleased and satisfied. And, while I think that is so, and that the entire Staff, Boards (both Certifying and Colleges) and Committee Members deserve a well deserved THANK YOU from all the members, it is no time to get comfortable and lazy.

Indeed, the work schedule for the Colleges is out there and ready to be continued in some areas, and to be started in many other endeavors. The AOA, in concerted efforts with all Specialty Colleges and Certifying Boards, is well aware of the pressures being put on the medical profession in matters of professionalism, quality in all of the training programs, and certainly in the standards of care of all patients.

The resolutions that will be introduced at the AOA House of Delegates meeting and the AOA Board of Trustees in Chicago this July will reflect all of the above as well.

In addition, the political arena is yet to be finalized, and the eventual choices will be defining our future direction.

As always, a lot of things will be happening this summer; check the websites of our Colleges, Certifying Board, AOA, and the Academies to stay informed.

Keep in touch with our College Office, and let us hear your thoughts, concerns and questions. And, as my family tried to remind me, enjoy the coming summer months.

2008 AWARD RECIPIENTS

Presidential Achievement

Awarded by the President of the College in recognition of noteworthy professional achievement or other valuable service performed on behalf of the Colleges or Board of Examiners.

Ophthalmology

Sanjay D. Kamat, DO
Sirtaz S. Sibia, DO
William M. McLaughlin Jr., DO

Otolaryngology/Facial Plastic Surgery

Mahmoud M. Ghaderi, DO
Thomas G. Kotoske, DO
Robert S. Pema, DO
Peter M. Schmid, DO
Benjamin Mark Welch, DO

Governors Achievement

Bestowed by the Board of Governors upon or on members who have distinguished themselves by a great level of accomplishment or demonstrated meritorious service to the Colleges or to the Board of Examiners.

Ophthalmology

Arlin H. French, DO
Steven Sherman, DO

Distinguished Service

Bestowed by the Board of Governors for exceptionally meritorious service in a position of major responsibility in the Colleges or in the Board of Examiners.

Ophthalmology

David M. Ringel, DO

2008 Fellows

Ophthalmology

- ◆ Thomas W. Biggs II, DO, Detroit Osteopathic Hospital—1992, Certified 1995, Pro. Dir. Oran Anderson, DO
- ◆ Judy L. Davis, DO, Midwestern Univ./CCOM—1994, Certified 1999, Pro. Dir. Richard Multack, DO
- ◆ Jason Greenberg, DO, Midwestern Univ./CCOM—2001, Certified 2002, Pro. Dir. Richard Multack, DO
- ◆ William Joseph Jordan, DO, Philadelphia College of Osteopathic Medicine—2002, Certified 2004, Pro. Dir. Carlo DiMarco, DO
- ◆ Kurt Andrew Jute, DO, Philadelphia College of Osteopathic Medicine—1998, Certified 1999, Pro. Dir. Carlo DiMarco, DO
- ◆ Kenneth C. Heist, DO, Philadelphia College of Osteopathic Medicine—1993, Certified 1996, Pro. Dir. Carlo DiMarco, DO
- ◆ Larry M. Perich, DO, Metropolitan Hospital—1983, Certified 1994, Pro. Dir. Jeffrey Holtzman, DO
- ◆ Michael Sherman, DO, Metropolitan Hospital—1994, Certified 1995, Pro. Dir. Jeffrey Holtzman, DO
- ◆ Brian L. Vitz, DO, Oklahoma Osteopathic Hospital—1985, Certified 1992, Pro. Dir. J. Harley Galusha, DO

Otolaryngology/Facial Plastic Surgery

- ◆ Tracey W. Childers, DO, Tulsa Regional Medical Center—1999, Certified 2000, Pro. Dir. Thomas Nunn, DO
- ◆ Nicola A. DeLorio, DO, Union General Hospital—1998, Certified 1999, Pro. Dir. Richard Scharf, DO
- ◆ Julie A. Edween, DO, Botsford General Hospital—2000, Certified 2002, Pro. Dir. Christine Lepoudre, DO
- ◆ Staci L. Levick, DO, Philadelphia College of Osteopathic Medicine—1995, Certified 1997, Pro. Dir. Theodore Mauer, DO
- ◆ Henry W. Lipps, DO, Pontiac Osteopathic Hospital—2003, Certified 2004, Pro. Dir. Gregory Roche, DO
- ◆ Valeri B. Roth, DO, Philadelphia College of Osteopathic Medicine—1998, Certified 2003, Pro. Dir. Theodore Mauer, DO
- ◆ David Richard Seel, DO, Botsford General Hospital—2001, Certified 2004, Pro. Dir. Christine Lepoudre, DO
- ◆ Mark J. Veronneau, DO, Midwestern

Univ./CCOM—2001, Certified 2004, Pro. Dir. Thomas Turcotte, DO

New Members

Ophthalmology

- ◆ David W. Boone, DO, Tulsa Regional Medical Center—2005, Pro. Dir. Marc Abel, DO
- ◆ Lee T. Bottem, DO, Tulsa Regional Medical Center—2007, Pro. Dir. Marc Abel, DO
- ◆ Joseph A. Brown, DO, Grandview Hospital—2005, Pro. Dir. Robert Peets, DO
- ◆ Paul A. Brown, DO, Metropolitan Hospital—2007, Pro. Dir. Jeffrey Holtzman, DO
- ◆ Megan J. Cowsill, DO, Pontiac Osteopathic Hospital—2007, Pro. Dir. Arlin French, DO
- ◆ Clair J. Hilchie Schmidt, DO, Midwestern Univ./CCOM—2006, Pro. Dir. Richard Multack, DO
- ◆ Chad R. Kauffman, DO, Grandview Hospital—2007, Pro. Dir. Robert Peets, DO
- ◆ Scott P. Markham, DO, Detroit Osteopathic Hospital—2007, Pro. Dir. Michael Rubin, DO
- ◆ Scott D. Piette, DO, Philadelphia College of Osteopathic Medicine—2006, Pro. Dirs. Carlo DiMarco, DO and Kenneth Heist, DO
- ◆ Eric K. Romriell, DO, Grandview Hospital—2005, Pro. Dir. Robert Peets, DO
- ◆ Duc H. Tran, DO, Genesys Regional Medical Center—2006, Pro. Dir. Robert Zandler II, DO
- ◆ Edward Matthew Zimm, DO, Pontiac Osteopathic Hospital—2006, Pro. Dir. Michael Rubin, DO

Otolaryngology/Facial Plastic Surgery

- ◆ Susan K. Anderson, DO, Doctors Hospital North—2006, Pro. Dir. Robert Pema, DO
- ◆ Paul Henri Lee Joseph Belanger, DO, Pontiac Osteopathic Hospital—2007, Pro. Dir. Carl Shermetaro, DO
- ◆ Jeffrey G. Coury, DO, Philadelphia College of Osteopathic Medicine—2007, Pro. Dir. Mahmoud Ghaderi, DO
- ◆ Charles Benjamin Dunkley, DO, St. John-Oakland General Hospital—2006, Pro. Dir. Warren Brandes, DO

- ◆ Karen Yue-Shang Fann, DO, Grandview Hospital—2007, Pro. Dir. Michael Helfferich, DO
- ◆ Matthew C. Farrugia, DO, Botsford General Hospital—2006, Pro. Dir. Christine Lepoudre, DO
- ◆ Ronald J. Goodell, DO, Des Peres Hospital—2007, Pro. Dir. Paul Burk, DO
- ◆ Sean M. Kennedy, DO, Union General Hospital—2007, Pro. Dir. Richard Scharf, DO
- ◆ Sergey Koifman, DO, Mount Clemens General Hospital—2006, Pro. Dir. Michael Sherbin, DO
- ◆ Kevin L. Kozara, DO, Botsford General Hospital—2007, Pro. Dir. Christine Lepoudre, DO
- ◆ Ruthann L. Lipman, DO, Millcreek Community Hospital—2007, Pro. Dir. Kirk Steehler, DO
- ◆ Troy E. Mayor III, DO, Freeman Hospital & Health Systems—2005, Pro. Dir. Larry McIntire, DO
- ◆ Thomas F. Mazzoni, DO, Botsford General Hospital—2007, Pro. Dir. Christine Lepoudre, DO
- ◆ Erich D. Mertensmeyer, DO, Northeast Regional Medical Center—2007, Pro. Dir. Mark Reader, DO
- ◆ Jeffrey S. Milewski, DO, Bi-County Community Hospital—2007, Pro. Dir. Donald Rochen, DO
- ◆ Julie A. Munson, DO, Tulsa Regional Medical Center—2007, Pro. Dir. Sammy Worrall, DO
- ◆ Barry J. Peterson, DO, Doctors Hospital of Stark County—2007, Pro. Dir. Richard Klapchar, DO
- ◆ James Spoto, DO, Metro Health Hospital—2007, Pro. Dir. Harold Hollander, DO
- ◆ Mikhail Vaysberg, DO, Philadelphia College of Osteopathic Medicine—2006, Pro. Dir. Mahmoud Ghaderi, DO
- ◆ Mark A. Wallace, DO, Genesys Regional Medical Center—2007, Pro. Dir. Wayne Robbins, DO

Special Thanks

2007 ACA Exhibitors

Acclarent, Inc.
Advanced Medical Optics
Alcon Laboratories, Inc.

ALK-Abello
Allergychoices, Inc.
Allergy Laboratories, Inc.
Alletess Medical Laboratory, Inc.
AllMeds, Inc.
Anthony Products/Gio Pelle
ArthroCare ENT
Banner Health
Carl Zeiss Meditec, Inc.
Cochlear Americas
E.C. Medical Products
Ellman International, Inc.
Elsevier/Saunders/Mosby
Endure Medical, Inc.
Gyrus ACMI ENT Division
InfluENT Medical
IRIDEX Corporation
JEDMED Instrument Company
Lifestyle Lift
Lippincott-Williams & Wilkins
Medical Technology, Inc.
MedTrak
Medtronic ENT
Micromedics, Inc.
NeuroSensory Centers of America
OASIS Medical, Inc.
Optonol, Inc.
QUEST Medical, Inc.
Reliance Medical Products, Inc.
Rumex International Co.
Stryker
VRmagic, Inc.
Xlear, Inc.
Xoran Technologies, Inc.

SPECIAL THANKS TO...

Sirtaz S. Sibia, DO
Ophthalmology Program Chairman

Mahmoud M. Ghaderi, DO
Otolaryngology/Facial Plastic Surgery
Program Chairman

2007 Resident Award Recipients

Patrick Murray Awards

Ophthalmology

- ◆ 1st place-Brian J. Mihok, DO, Grandview Hospital, Pro. Dir. Robert Peets, DO
- ◆ 2nd place-Scott J. Westhouse, DO, Tulsa Regional Medical Center, Pro. Dir. Marc Abel, DO
- ◆ 3rd place-Christopher D. Covington, DO, Pontiac Osteopathic Hospital, Pro. Dir. Arlin French, DO

Otolaryngology/Facial Plastic Surgery

- ◆ 1st place-Ankur M. Patel, DO, Grandview Hospital, Pro. Dir. Michael

Helfferrich, DO

- ◆ 2nd place-Scott M. McClintick, DO, Freeman-Oak Hill Health Systems, Pro. Dir. Larry McIntire, DO
- ◆ 3rd place-Mark A. Ginsburg, DO, Philadelphia College of Osteopathic Medicine, Pro. Dir. Mahmoud Ghaderi, DO

Resident Paper Awards

Ophthalmology

- ◆ 1st Place, Scott M. Pfahler, DO, "Discovery of Von Willebrand's Disease in a Previously Anticoagulated Patient after Uncontrolled Anterior Chamber Hemorrhage Following Nd:YAG Peripheral Iridotomy," Philadelphia College of Osteopathic Medicine, Pro. Dir. Kenneth Heist, DO
- ◆ 2nd Place, Britt J. Parvus, DO, "Globe Salvage using Chemoreduction for Advanced Retinoblastoma in a Glaucomatous Buphthalmic Eye," Philadelphia College of Osteopathic Medicine, Pro. Dir. Kenneth Heist, DO
- ◆ 3rd Place, Richard N. Walker, DO, "Scheimpflug Photographic Diagnosis of Pellucid Marginal Degeneration with Corneal Hydrops," St. John's Episcopal Hospital South Shore, Pro. Dir. Steven Sherman, DO

Otolaryngology/Facial Plastic Surgery

- ◆ 1st Place, Christopher H. Hetrick, DO, "Complications of Vagal Nerve Stimulator Implantation for Medically Resistant Seizure Disorder," Doctors Hospital, Pro. Dir. Robert Pema, DO
- ◆ 2nd Place, Ayman D. Yaish, DO, "Improvement in Profound and Long-Standing Hearing Loss in Meniere's Disease Following Intratympanic Gentamicin Infusion for Intractable Vertigo," Genesys Regional Medical Center, Pro. Dir. Wayne Robbins, DO
- ◆ 3rd Place, Ryan W. Leonard, DO, "Mandatory Newborn Screening: Are We Maximizing Its Potential? A Quality Control Study on the Newborn Screening Program in Michigan," Genesys Regional Medical Center, Pro. Dir. Wayne Robbins, DO

Resident Poster Awards

Ophthalmology

- ◆ 1st Place, Mark A. Stradling, DO, "Prospective, Double-Masked, Randomized Study Comparing Nepafenac 0.1% (Nevanac™) to

Bromfenac-Sodium 0.09% (Xibrom™) in Post-Operative Cataract Patients," Valley Hospital Medical Center, Pro. Dir. Rudy Manthei, DO

- ◆ 2nd Place, Phillip D. Boyer, DO, "Case Reports of Purtscher's-Like Retinopathy Presenting after Childbirth," Genesys Regional Medical Center, Pro. Dir. Robert Zandler II, DO
- ◆ 3rd Place, Zornitza Vezenkov, DO, "Posterior Scleritis: An Underdiagnosed Condition," St. John's Episcopal Hospital South Shore, Pro. Dir. Steven Sherman, DO

Otolaryngology/Facial Plastic Surgery

- ◆ 1st Place, Scott M. McClintick, DO, "Crossbow Injury to Anterior Cranial Base: Case Presentation and Surgical Approach," Freeman-Oak Hill Health Systems, Pro. Dir. Larry McIntire, DO
- ◆ 2nd Place, Ray Jonathan Lara, DO, "Combined Endoscopic Medial and External Inferior Orbital Decompression for Thyroid-Associated Ophthalmopathy: A Prospective Pre- and Post-Operative Comparison," Botsford Hospital, Pro. Dir. Christine Lepoudre, DO
- ◆ 3rd Place, Thuong Trinh, DO, "Tonsillectomy by Electrosurgical Dissection: A Randomized Study Evaluating and Comparing Patients Morbidity at Different Power Settings," Doctors Hospital, Pro. Dir. Robert Pema, DO

Council of Residents and Fellows Update

Charles Guy, DO

Karen Alvarez, DO

Dear Fellow Residents,

As your liaison to the Board of Governors of the AOCOO-HNS, I have the duty to bring your concerns up to the Board and also to relay to you what is occurring within the college that directly affects residents.

This past February 9th and 10th, I attended the first annual Faculty Development Seminar. Admittedly, I was unsure as to why I, a resident, was attending a seminar for faculty, other than to present

the results of a survey sent to you earlier this year. However, this turned out to be a very educational and encouraging event from my point of view. Topics that resonated with me were how to handle students on rotation, resident/attending reviews, professionalism, improving journal club and examinations. To give just the highlights, we should be asking students why they are on our rotation. The only acceptable answer should be to become a better physician. We, as residents, should hold our rotating students to a high level of standards and hold them accountable for their shortcomings.

We should not perpetuate the "slipping through the cracks" of certain students we occasionally encounter. This requires that we be honest in our evaluations of students. We must also be held accountable for our own weaknesses that are brought up in reviews. If we do not honestly evaluate students, attendings or each other, then we are wasting our time completing evaluations. As for journal clubs, each program should discuss its goals of what the members would like to accomplish with their club (i.e., learning to dissect journals, keeping up-to-date with journals, improving communication) and take the necessary steps to accomplish those goals. When preparing for the in-service exam or for boards, everyone is different. There is no one best thing to study for everyone. However, the suggested reading list is available at the AOBOO website (aoboo.org) albeit exhaustive. Test questions are derived from what is considered standard of care and not what was in the latest journal. This is information that has stood the test of peer review and time and has made it into the text books.

Lastly, I observed something there that I feel obligated to share. Every faculty member who attended was genuinely concerned with improving our education. The vast majority of program directors, while donating their time and practice to educate us and to allow us to sit for boards, are either poorly compensated or not compensated at all. They do it because they believe in us, and they believe in our college. There was much a resident could learn from this meeting. I highly encourage those who have an interest to attend next year.

MEMBER NEWS

Hillsdale Ophthalmologist Meets with Congressional Leaders on Eye Care Issues in Washington

Dr. David D. Gossage, an ophthalmologist from Hillsdale, MI, met with Congressman Tim Walberg and the staff of Congresswoman Candice Miller and Senator Carl Levin on important healthcare issues during the American Academy of Ophthalmology's Congressional Advocacy Day in Washington, D.C., April 9-10. Three hundred ophthalmologists from across the country participated in the annual event.

"This meeting is a great opportunity for ophthalmologists to meet with legislators in our nation's capital and discuss important health care matters that affect every one of us very deeply," said Dr. David Gossage. "I had the chance to talk with the staff of Congressman Tim Walberg, Congresswomen Candice Miller and Senator Carl Levin about the future of Medicare at a time when access to care for our nation's seniors is reaching a crisis situation."

The annual event allows ophthalmologists the opportunity to meet face-to-face with their own congressional members and staffs on vision and healthcare issues. Congressional Advocacy Day aims to promote the most effective legislation possible to enhance the delivery of quality eye care.

Top priorities at this year's meeting also included support for children's vision care legislation and increased funding for the National Eye Institute to advance critical eye and vision research projects.

The Academy is the world's largest association of eye physicians and surgeons—Eye M.D.s and D.O.s—with more than 27,000 members worldwide, including more than 17,000 practicing members in the U.S. Ophthalmologists are medical doctors who provide comprehensive eye care including medical, surgical and optical care.

Richard Multack, DO

On January 29, 2008 Dr. Richard Multack, DO, was named President and Chairman of the Board of Directors of Midwest Physicians Group. This is a large interdisciplinary, multispecialty medical

group serving Chicago and its southern suburbs. The group employs approximately 100 practitioners and 200 associate and service staff and has a working budget of \$40 million.

Dr. Multack has previously served as Chairman of the Ophthalmology Department, Director of Ophthalmic Trauma Services, Chairman of the Corporate Culture Committee, Elected member of the Board of Directors (surgical business seat), member of the Finance and Audit Committees, and Co-Chief Medical Officer specializing in Conflict Management, Risk Management, Peer Review, and Managed Care and Quality Assurance. Dr. Multack also managed the Hospitalist and Gynecology sections prior to his new appointment.

Dr. Multack was also recently elected Vice Chairman/Chairman Elect of the Department of Surgery for St. James Hospitals and Medical Centers. Dr. Multack holds faculty appointments at the level of Professor in Ophthalmology and Family Medicine from Midwestern University/Chicago College of Osteopathic Medicine.

Carlo J. DiMarco, DO, AOA President-Elect

Carlo J. DiMarco, D.O., a board certified osteopathic ophthalmologist of Erie, Pa., was named president-elect of the American Osteopathic Association (AOA) during its annual business meeting in July, 2007.

"I'm honored for this opportunity, and I hope my past involvement with the AOA will provide me with the experience needed to help serve my fellow D.O.s as well as advance the osteopathic medical profession," said Dr. DiMarco.

Dr. DiMarco is a professor and regional dean of clinical medicine at the Lake Erie College of Osteopathic Medicine (LECOM) in Erie, Pa. He also serves as the director of the Ophthalmology residency program at LECOM.

Aside from his position at LECOM, Dr. DiMarco is part of Medical Associates of Erie, a network of multi-specialty physicians who practice throughout Erie County and teach in affiliation with LECOM.

As chair of both the Department of Professional Affairs and Department of Education of the AOA, and former

president of Pennsylvania Osteopathic Medical Association, and former President of the American Osteopathic College of Ophthalmology and Otolaryngology / Head and Neck Surgeons (AOCOO-HNS), Dr. DiMarco has long maintained a leadership role within the osteopathic medical profession.

A long time member of the AOA Board of Trustees, Dr. DiMarco also served as chair of what is now known as the Committee on AOA Governance and Organizational Structure and vice chair of the Bureau of AOA Constitution and Bylaws.

In addition to his involvement with the AOA, Dr. DiMarco was team ophthalmologist for the Philadelphia 76ers from 1995 to 2006 and team ophthalmologist for the Philadelphia Wings lacrosse team from 2000 to 2006. Upon earning his osteopathic medical degree from the Philadelphia College of Osteopathic Medicine (PCOM) in 1978, Dr. DiMarco completed an internship at PCOM.

Dr. DiMarco's official induction as AOA President will be on Saturday, July 19th, 2008 at the Fairmont Hotel in Chicago, IL. The AOCOO-HNS is proud to convene CONGRATULATIONS to Dr. DiMarco and his family on this very prestigious professional accomplishment.

Report of the AOA Federal Health Programs Meeting April 25, 2008

By Wayne F. Bizer, DO and Paul M. Imber, DO

Greetings from Washington, DC. Paul Imber, DO and I had the pleasure of representing you at the most recent meeting of the AOA Federal Health Programs Bureau Meeting. It was so pretty in Washington this spring with the dogwoods in bloom and the last of the cherry blossoms in flower. I even got to look out the window of the taxi traveling back and forth to the airport and got a glimpse to enjoy it all. Other than the flowering plants, it seems that there is very little fruit that will be harvested in Washington until after the 2008 elections.

Paul attended the "DO on the Hill

Day” that the AOA plans every April. It is a wonderful opportunity for you to come to the nation’s Capitol and stand up for what you believe is right for your patients and your family and yourself. It would have been nice for some of you to have attended.

The Government Solution to the Health Care Conundrum WFB

A conundrum is a riddle that is almost impossible to answer, like how is our government, so broke and deeply in debt, going to pay a proper fee for the health care of the 78 million additional baby boomers and 45 million uninsured without raising taxes or going deeper in debt?

Our luncheon speaker was Mark McClellan, MD, Ph.D, Senior Fellow and Director of the Engelberg Center for Healthcare Reform of the Brookings Institute. He is the former administrator of the Centers for Medicare and Medicaid Services.

He advised that chronic disease amounts to 75% of US healthcare spending, 95% of Medicare spending and 90% of Medicaid spending. He said that obesity is perhaps the greatest cause of these chronic diseases

He asked us what we could do in our practices to save costs and make healthcare less costly for the government. He advised that incremental changes in the current fee for service program are not likely to save any real money for the government. They are looking for larger savings on a broader scale. They look to issues like electronic medical records, e-prescribing, and other technology changes to be of some help, but they know that the government is going to have to look elsewhere for big savings.

He opined that, if the Democrats win the fall elections, they are likely to increase the allocation of revenue for healthcare at the expense of drastically increased taxes. He addressed the proposed fee cut of July 2008. He thought that the price tag for putting off the fee cuts of 10% and for increasing physician reimbursement by 0.5% over the next 18 months would cost the government \$60 billion. He had no idea where to find that amount of money.

If you study the healthcare financial problem with the preconceived idea that there will be no significant increase in the net revenue for health care spending, the only answer that is left is to divide the pie differently. And that is exactly what the Republican health policy experts are talking about doing.

Government wants to use Quality Reporting to ensure better healthcare for

patients and at the same time save money because we would practice better medicine. They believe that, if we were all doing our jobs like we were supposed to be doing them, that there would be plenty of revenue for physicians and patient care. Many in Washington have convinced themselves that this is true.

One of the ways they see the future unfolding is through the “Medical Home.” I reported this concept to you from the last Federal Health Programs Bureau meeting. Instead of giving tons of money to Medicare HMOs (Medicare Advantage Programs, Gold Plus or whatever they are called in your area) who make enormous profits and pay their executives and shareholding a great deal of money, the government would pay similar amounts directly to a group of primary care doctors. These doctors would be their own care centers, would have to provide a wide range of care and specialty and drug supplies, computerized records and 24-hour availability along with a lot of other requirements. You are going to hear a lot more about the “Medical Home,” and I suggest that each of you take some time to educate yourself about this big change in the future of healthcare in America. Do an internet search. At our last Bureau meeting, we were told that these businesses will shift revenue from specialists to primary care doctors.

AOA Partnership with Public and Private Organizations WFB

It’s hard to know what the AOA is doing for you. From where you sit, you might have come to the misconception that nobody is out there working for you. This could not be further from the truth. The AOA has networked with other healthcare organizations, non-healthcare organizations, and everyone that it can in order to build coalitions to support you and your needs. The AOA recently met with the PAHQR US Preventive Services Task Force and the Partnership for Prevention Health Professionals Roundtable.

Physician Quality Reporting Initiative (PQRI) WFB

It just depends on how you want to see it. Physicians have been barraged by this concept that, if we document the quality of our care and report that care to the government we will enjoy a financial windfall. CMS reported the voluntary program was a great success in 2007 with 100,000 physician participants (out of 630,000 possible). As you know, the program is moving forward in 2008 again

as a voluntary opportunity.

On the other hand, one of the DOs in attendance referenced an article in the New England Journal of Medicine which reviewed 10 practices that participated in the 2007 P4P 2007. They reported that 8 out of 10 of these groups got no money at all and that the two that did get money back found it to be so little that they lost money on the reporting. The government is used to running in the red and perhaps hopes to teach us how to do the same. I guess it’s all in the eye of the beholder.

Health Information Technology WFB

The support for HIT continues to grow in Washington. The financial burden for HIT is still a mystery. Some of the Democrats are supposedly in favor of legislation that makes the government pay your cost to computerize your medical records. The Republicans are less generous with your tax money and would let you pay for this expense yourself.

Medicare WFB

Senator Debbie Stabnow (D-MI) introduced the “Save Medicare Act of 2008” bill S-2785. If enacted as written, this bill would do away with the impending 10% cut in physician reimbursement scheduled to go into effect July 1 of this year and replace it with a 0.5% increase for the remainder of 2008 and provide a 1.8% increase in 2009. It would extend PQRI through January 2010. I hope that those of you in Michigan will make yourselves known to this Senator and express your support of her bill and remember her as the friend she has been.

E-Prescribing WFB

E-MEDS, the Medicare Electronic Medication and Safety Protection Act of 2007 would, if passed, require physician participation by 2011 to avoid penalty. There will be more to come on this if the bill passes.

Fiscal Year 2009 Federal Budget Appropriation WFB

On February 4, President Bush sent his fiscal year budget in the amount of \$3.1 trillion to Congress. Does anyone really know how much a trillion of anything really is? I just calculated that if each dollar was a day, then \$3.1 trillion would equal more than 8 million years.

The administration proposed budget cut (let me repeat myself, CUT) \$178 billion from Medicare over the next 5 years through legislative action and another \$5 billion through administrative changes.

The administration proposed budget would cut Medicaid spending by \$17 billion over the next 5 years. Have you seen where they can cut \$200 billion from healthcare over the next 5 years. Maybe if all of those fat people lost weight and got healthy, the government could find \$200 billion to cut. Does anyone think that this can happen?

Summary WFB

I submit that we have national insanity leading the healthcare reform in America. They barely know where they are. They don't understand the problems in healthcare, and have no idea how to fix them or how to pay for them. What a way to run a railroad! What are you going to do? Perhaps more of the insanity that you have done for the past years: the "do nothing and let someone else take care of it" mentality.

I submit that if you don't make this the year that you support O-PAC that you will live to regret your indecision. The cavalry is not coming. The government is about to push your head under again, and this time it will be deeper and longer. You must do something to protect your patients and your families. Since none of you is about to give up your career and enter politics, I urge you to champion those who do this work for us, the AOA and O-PAC. **Pick up the phone now and call Kristin Beaubien on her direct line at the AOA in Washington at 202-414-0142 AND DO SOMETHING!!!!**

AAO-HNS Board of Governors Report

March 8-9, 2008

By Paul M. Imber, DO, Chairman Interorganizational Committee

I had the distinct privilege to represent the AOCO-HNS as the Governor Representative, along with David Madgy, DO, Public Relations Representative, to the Board of Governors of the American Academy of Otolaryngology- Head & Neck Surgery at the mid-year meeting in Washington, DC. This meeting is usually coordinated with legislative advocacy as the Washington Advocacy Conference. This year was a landmark event, as the trip to the Hill was coordinated with nine different surgical specialties including, but not limited to, the American College of Surgeons, the American College of

Osteopathic Surgeons, the American Society of Plastic Surgeons, the American Academy of Facial Plastic and Reconstructive Surgeons, the American Society of Cataract and Refractive Surgery, and of course the American Academy of Otolaryngology-Head and Neck Surgery. Oh, what strange bedfellows politics will make. More about the Joint Surgical Advocacy Conference in the next report. The BOG committee meetings were held in one long day, from 8am through 5pm.

Rules and Regulations Committee

The Rules and Regulations Committee meeting reviewed the Bylaws and had an excellent presentation from K. J. Lee, MD on developing a Model Medical Society. Much of what he suggested is already being performed by the AOCOO-HNS, at levels far beyond his recommendations. The committee also met in closed session to select the Practitioner Excellence and Model Society (State) Award winners.

Legislative Representatives Committee

The Legislative Representatives Committee meeting was enlightening as always. States issues were discussed and primarily relate to scope of practice. In many states, the audiologists are proposing legislation that includes functions of the practice of medicine (diagnosis and treatment of hearing, tinnitus and vertigo, as well as other diseases of the ear). This would place patients at risk of receiving inaccurate diagnosis and inappropriate treatment. The speech and language pathologists have joined the bandwagon, proposing their scope of practice include the diagnosis, treatment and management of swallowing disorders or dysphagia and other upper aerodigestive disorders. They also propose to perform endoscopic procedures without physician oversight or other restrictions. They also propose to remove medical examination requirements prior to performing procedures relating to swallowing. The Academy has been extremely active in revising many of the state bills, inserting appropriate language to protect the public from non-physician medical personnel performing medical diagnosis and treatment which could delay the proper diagnosis and treatment of otologic and swallowing disorders. Alissa Parady, Senior Manager of State Legislative Affairs, also provided a written update of the AAO-HNS activities related to state legislation. A copy of this information is included for your review. Perchance you thought the national audiology attack died, fear not. The

audiologists once again have presented legislation that would allow them to have direct access to Medicare patients without the need for physician referral. This proposal is in direct opposition to Medicare guidelines which require that all medical testing must be recommended by a referring physician who has evaluated the patient and determined the medical necessity of the study to be performed. CMS has opposed this legislation in writing, and of course this was discussed further at JSAC (see next report). Just in case you thought the worst was over, it was reported that Pennsylvania was reviewing legislation that would allow *pharmacists* to prescribe and dispense medications with no physician prescription. If you, gentle reader, would like to receive ongoing information related to states and Congressional advocacy issues, I suggest you join the Federal and States Legislative Contact Networks to receive regular alerts, calls to action, cumulative national reports, hot button issues and online newsletters. Just fax your name, address, phone and fax numbers and e-mail address to the Academy fax number: 1-703-684-4288, and requesting inclusion in the Networks. The Academy has also prepared a policy statement which reviews the true scope of practice of an otolaryngologist MD or DO and an audiologist (MA, AuD, or PhD). I have included this form for this newsletter as well. The Legislative Rep Committee has been having ongoing conference calls among all of the Leg Reps and Governors throughout the year, maintaining lines of communication, as well as the opportunity to discuss individual concerns in an open format allowing input from others with similar concerns. No legislative meeting would be complete without a PAC update, and this was no exception. The ENT-PAC will also be discussed in the JSAC report.

Public Relations Committee

The Public Relations Committee is facing some financial restraints due to the restrictions of and limited access to corporate pharmaceutical contributions. The focus is to tag with other national campaigns such as the Yul Brenner Foundation sponsored Oral, Head and Neck Cancer Awareness Week and Better Speech and Hearing Month. The Committee also proposed establishing a national recognition award for quality public news reporting on topics related to otolaryngology and head and neck surgery.

Big on Goals Committee

The Big on Goals Committee is

undergoing an expansive initiative to develop a fundraising arm for the Academy and the Foundation. The Physician and Individual Partnership (PIP) Initiative was presented, and it includes a Legacy Circle (contributions made through bequests from wills, non-cash gifts of life insurance, etc.) as well as a format for non-physician members of the community to participate. A full-time employee has been engaged to oversee this project. I will be sending a copy of this ambitious endeavor to the AOCOO-HNS administration for their perusal as we develop our own fundraising programs for AOCOO-HNS Foundation. The Big on Goals awards were also announced, reflecting members' activities in advocacy, promotion and education.

Socioeconomic and Grassroots Platform Committee

The Socioeconomic Committee then met to review a few resolutions to be presented to the Executive Committee and to the General Meeting of the Board of Governors. A presentation was then given on the 2008 Physician Quality Reporting Initiative (PQRI) as it relates to ENT. The only diagnoses in our venue are otitis externa, otitis media with effusion, melanoma, and GERD. If any of you are participating in the PQRI, be sure to use the appropriate measure-specific worksheets. If you would like a complete list of otolaryngology-related measures, AMA data collection worksheets and other tools, visit the AAO-HNS quality website: <http://www.entlink.net/qualityimprovement/CMS-PQRI-Bonus.cfm>. On a personal note, I feel this is a total waste of your time and resources. This will cost you much more than you will recover (maximum of 1.5% of your Medicare reimbursement, or \$1,500 for every \$100,000 collected from Medicare), and does not necessarily reflect quality care. There was also an excellent presentation from the EMTALA Task Force. It is anticipated that this sub-committee will have a complete program available on line, as well as a formal position paper by the AAO-HNS, by the Annual Meeting in September. This was followed by the Pay-for-Call Update which should have a similar position paper presented in the fall. Another report was given regarding the future of hospital staff privileging. This onerous process makes 360-degree resident evaluations look like a day in the park. I don't believe it will come to fruition in its current format, but beware- the lions are at the gate. The final presentation at this committee was Point-

of-Care CT Imaging & Accreditation Update. The report explained the formation of a multispecialty certifying organization to provide CT scan certification within the scope of your specialty.

Board of Governors General Membership Meeting

The BOG General Membership Meeting was held Sunday morning, March 8, 2008. Reports were given from the President of the Academy, Executive Director of the Academy, the Chairman of the BOG, the Chairman-elect of the BOG. The candidates for President of the AAO-HNS gave presentations and responded to a Q&A session. Reports were then given by each committee chairperson.

Conclusions

The American Academy of Otolaryngology is our parent organization for ENT issues, in the same way the American Osteopathic Association is our parent organization for our osteopathic medical degree, residency training programs, board certification and graduate medical education. Both deserve our allegiance and support. I urge all osteopathic otolaryngologists to be members of the AAO-HNS and go forward to be Fellows of the Academy. This should in no way replace or conflict in your undying commitment to your first love- the American Osteopathic Colleges of Ophthalmology and Otolaryngology-Head and Neck Surgery. Always remember your origins, but feel free to venture out to the larger community. It was due to the great efforts of those who lead before us that we have achieved parity in the AAO-HNS, and the osteopathic otolaryngologist is recognized as a brother in arms by the allopathic members. Thus I encourage your participation in the educational activities, advocacy efforts, and other offerings of the AAO-HNS, as you continue your efforts for the AOCOO-HNS.

Report from the Joint Surgical Advocacy Conference

March 9-11, 2008

By Paul M. Imber, DO

Introduction

The American Academy of Otolaryngology- Head and Neck Surgery has held its Washington Advocacy Conference the second week of March, immediately following the BOG midyear meeting, for many years. However, over the past few years there has been a movement toward coordinated efforts in advocacy among national surgical societies. The number of mutual interests far exceeded the few disparities. This culminated in the group of nine different societies joining the AAO-HNS March 9-11, 2008 in the Joint Surgical Advocacy Conference. The societies included the American Academy of Facial Plastic and Reconstructive Surgery, the American Academy of Otolaryngology-Head and Neck Surgery, the American Association of Neurological Surgeons, the American College of Osteopathic Surgeons, the American College of Surgeons, the American Academy of Cataract and Refractive Surgery, the American Society of Plastic Surgeons, the Congress of Neurological Surgeons, and the Society of American Gastrointestinal and Endoscopic Surgeons. This collaborative advocacy effort was attended by 350 surgeons, including 150 otolaryngologists, all working toward the same goals.

Otolaryngology Specific Issues

The scope of practice issues for audiology again reared its ugly head (see Report from the BOG in this newsletter). Many physicians work closely with non-physician healthcare providers when caring for their patients. These professionals are valued members of the health team, but they do not have the medical expertise necessary to provide the patient with a medical diagnosis. Only a physician has the training and expertise to effectively evaluate, diagnose and prescribe treatment for medical disorders. For instance, many Medicare beneficiaries suffer from hearing and balance disorders. These problems can be symptoms of more

complicated medical conditions. Currently, patients are required to be evaluated and referred by a physician before being seen by an audiologist (a non-physician provider). However, The Medicare Hearing Health Care Enhancement Act now before Congress would allow audiologists direct access to Medicare patients, removing physicians from the initial medical evaluation and diagnosis. This puts the patient at risk of misdiagnosis, inappropriate care, and delay in proper diagnosis causing lasting, and expensive, damage to the patients.

In a recent report to Congress, CMS declared that physician referrals are the key means by which Medicare assures that beneficiaries are receiving medically necessary services, and avoids payments for asymptomatic screening tests that are not covered by Medicare. For the health and well-being of America's patients, it is imperative that bills such as HR1665/S 2352 be defeated. I encourage all readers to contact their respective legislators and express your concern regarding this issue.

Unified Issues

The obvious problem is the upcoming 10.6% Medicare cut to physician payment on July 1, 2008, followed by another 5% cut January 1, 2009. As you have read before, this all goes back to the flawed formulas that tie physician reimbursement to the Sustainable Growth Rate (SGR) and the Gross Domestic Product (GDP). The SGR was created to control Medicare spending by setting annual targets for allowable spending growth. Whenever a target is exceeded, the additional spending must be recouped in future years. This results in cuts for all physician services, regardless of whether utilization of a particular service grew beyond the limits of the SGR. Consequently, services with relatively slow rates of growth are subject to the same cuts as rapidly growing services that exceed the SGR. Everyone, including CMS, agrees that the formula is flawed and needs to be corrected. If this cut takes effect, it will pose particular challenges to patients' access to surgical care and impact physicians' ability to invest in health information technology systems (a major desire of Congress) for their practices. Since the late 1980s, surgical reimbursements have steadily declined, and payments are now roughly half of those 20 years ago. Additional regulatory changes over the past two years compounded this problem by reducing payments for many surgical procedures. The challenge to surgeons is further

complicated by rising practice costs, including liability insurance premiums, the burden of emergency care coverage, and a workforce growth rate that is not keeping pace with an aging population.

The recommendation is to stop the proposed cut and maintain current rates through 2008 Medicare payments. There should be an increase in 2009 to reflect the increases in the cost of providing care. Further, the Medicare formula should be revamped, eliminating the SGR. However, the budget baseline has obstructed the passage of comprehensive physician payment reform. As an alternative, we support system reforms that would recognize the unique nature of the different types of services physician provide. Thus a separation of physician services into categories with individual targets would allow parity reductions, protecting those services (such as surgery and primary care office visits) from the blunt reductions produced by the SGR. This will allow improved tracking of utilization trends, and development of quality improvement initiatives and incentive programs.

Increased funding for NIH and healthcare research is yet another common interest of all of the attendees. We also supported the development of the HRSA Trauma- EMT program.

Speakers

On Monday, March 10, we were entertained and educated by Judy Schneider. She is a specialist in Congress at the Congressional Research Service, and an adjunct scholar at the Brookings Institution Center for Public Policy Education. She is the author of over 100 papers on congressional organization of operations, and serves on the faculty of the Conference for New Members of Congress (training new members of Congress). Her insights into the true workings of Congress were enlightening, and her style was unique. Trying to summarize her presentation is beyond the skill of this writer, but I encourage you to avail yourself of the opportunity to hear her speak if ever possible.

We heard from several members of the House of Representatives. Each had his own perspective on the crisis in healthcare delivery. The solutions are disparate, as exemplified by the following two examples.

Tom Price, MD (R-GA) recommends a Universal Health Coverage without mandatory participation. The tax reductions and or credits would be so enticing that all Americans would

voluntarily participate. These are the same electorate that can't read the labels on cold medications and overdose their young children, requiring the FDA to pull decongestants off the market for children under 6 years old. But, these same members of the electorate will see the obvious actuarial advantages of participation in the Universal Health Coverage that they will voluntarily write the premium check post haste. Furthermore, the individual will hold the policy as a defined contribution and be able to change insurers if not satisfied with the service. This will ensure that the independent insurance companies will rush to the forefront, providing exemplary service for their customers (just like they do now).

In contrast, Pete Stark (D-CA), the physicians' nemesis on the Hill, delivered his message. As the senior member of the House Ways and Means Committee, he is the chair of its Health Subcommittee, presiding over the Medicare system and healthcare reform. His statement, "Expect to take the cuts in July and January, maybe we'll fix them in February, 2009" gives much insight into his empathy for the practicing physician. However, he does agree that Pay4Performance can not work until quality outcomes can be scientifically developed as medically appropriate recommendations. He feels that information technology will be mandatory, with a government mandated single network language to allow all operating systems to interact. Hope those of you who invested tens of thousands of dollars in EHR picked the right language. He also stated that the government will reimburse physicians for IT costs over five years by increasing reimbursements by 10% to 2% in reducing amounts over the five years. By that time, we should have recouped a little more than half the reductions we received by the SGR formula. To his credit, he has no problem with collective bargaining for physicians (always the friend of the AFL-CIO).

None of the speakers addressed the Presidential Candidates' healthcare initiatives. That is because we were told that they are irrelevant. None of the plans are realistic, and Congress has no intention to entertain the recommendations at this time.

We then heard from a Mr. Simmons who represented a coalition of businesses and interested parties called Healthcare Path to Reform. While not specific, the plan is interesting as a starting point. They call for mandatory universal health

coverage of all Americans. This would provide a core care package, allowing individuals to purchase supplemental insurance packages for additional benefits as a tiered healthcare system (can you anticipate the call for equality for all Americans). It would provide for patient education, a national technology infrastructure and outcomes based quality and safety of care initiatives with proactive guidelines (not driven by costs). This plan would reduce cost shifting and eliminate cherry picking by insurance carriers. It would also provide administrative simplification, with reduced costs for all. The danger, of course, is in the details.

Summary

The most valid statement made by almost all of the speakers can be summarized thusly, *"The next five years will be a seminal time for healthcare reform."*

If ever there was a time to be involved in the advocacy of quality patient care with fair and equitable reimbursement for the physician provider, it is now. I encourage you to participate in the process. To quote my friend Dr. Rick Love, "If you are not sitting at the table, you are likely to find yourself on the menu." This is not the time to be passive and allow others to speak out on your behalf. This is the time to be involved, engaged and participatory in the process and to fight for your rights and practice freedoms. I urge you to contact your members of Congress with rational, well thought communications regarding these issues. If you need further information, log onto the AAO-HNS website, entnet.org, and click on Legislative Issues. Now is the time to participate in the ENTPAC and the DO-PAC. If your personal contribution of a dollar a day to each, \$365x2=\$730, helps to prevent the upcoming Medicare cuts (15.6%) the return on investment is enormous. If you collect \$100,000 a year from Medicare, your \$730 investment will have saved you \$15,600 in lost revenue. What better incentive to contribute? Perhaps the acknowledgement of self directed destiny and being in control. Or perhaps knowing that you are doing the right thing, for the betterment of the American people, helping to shape the future of our healthcare delivery system. Or, perhaps engaging in the opportunity to learn new aspects of our legislative system, and evaluating the new options as they present themselves. Whatever really motivates you, I hope you are moved to participate.

I hope to see you at next year's Joint

Surgical Advocacy Conference and the DO Day on the Hill.

Reasonable Accommodation Under the ADA- Reassignment to an Open Position

By Herbert R. Fineberg, Partner, Eizen, Fineberg and McCarthy Attorneys at Law

Does the Americans with Disabilities Act (ADA) require that an employer reassign a disabled employee to an open position for which she or he may not be the most qualified candidate, or is it enough for the employer simply to give the employee a chance to compete for the position? Courts of Appeals all over the U.S. are split over this question, making it likely that the Supreme Court will take up the subject soon.

To review, the ADA requires an employer with 15 or more employees to provide "reasonable accommodation" for employees with disabilities, unless it would cause "undue hardship" for the employer. A reasonable accommodation is any change in the work environment or in the way a job is performed that enables an employee with a disability to enjoy equal employment opportunities. Reassignment to an open position is considered to be one kind of "reasonable accommodation."

The Third Circuit Court of Appeals, which includes Pennsylvania, New Jersey and Delaware, has interpreted this "reasonable accommodation" requirement to mean that the employer is required to reassign a disabled employee to an open position as long as the employee is qualified to perform the essential duties of the position. *Donahue v. Consolidated Rail Corp.*

But some of the Courts of Appeals in Midwest and Central states do not favor granting automatic preference to disabled workers when hiring for an open position. In *Huber v. Wal-Mart*, the Eighth U.S. Circuit Court of Appeals recently held that the employer could require the employee to compete for the open position, and could deny the position to the disabled employee if he or she were not the most qualified candidate. The employer was not required to provide a disabled employee with an

accommodation that was "ideal from the employee's perspective." The Seventh Circuit agreed, holding that an employer may legally bypass a disabled employee and accept a superior candidate. However, prior to the *Huber* decision, the Tenth Circuit, similar to the Third Circuit, held that an employer's obligation to "reassign" a disabled employee had to be "something more than merely allowing a disabled employee to compete equally with the rest of the world for a vacant position." *Smith v. Midland Brake.*

Until the Supreme Court harmonizes the application of the ADA in all states, businesses located in Pennsylvania, Delaware and New Jersey must follow *Donohue*, which requires that employers actively give preference to disabled candidates who are attempting to transfer to an open position, as long as they can do the job.

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AAO-HNS REPRESENTATIVES—Dr. Kirk Steehler (2008-2011), Dr. David Madgy (2008-2010), Dr. Thomas Brandeisky (Legislative), Dr. Paul Imber (Board of Governor and PR Committee).

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PRACTICE—Chairman to be appointed, Members: Drs. Guy Garman, Louis Mariotti, Donald Rothen, and Christopher Surek.

FOUNDATION

AUDIT—Same as the AOCCO-HNS.

FUNDRAISING—Dr. Shoib Myint, Chairman, Members: Drs. Sidney Simonian and Kirk Steehler.

Creating a Personalized Fitness Program

March 9-11, 2008

In Honor of Peter Ajluni, DO, AOA President and 2008 Annual Clinical Assembly A.B. Crites Memorial Lecture—Make a Commitment to Fitness

You have taken the important first step on the path to physical fitness by reading this article. The next step is to decide that you are going to be physically fit. This information is designed to help you reach that decision and your goal.

The decision to carry out a physical fitness program cannot be taken lightly. It requires a lifelong commitment of time and effort. Exercise must become one of those things that you do without question, like bathing and brushing your teeth. Unless you are convinced of the benefits of fitness and the risks of unfitnes, you will not succeed.

Patience is essential. Don't try to do too much too soon and don't quit before you have a chance to experience the rewards of improved fitness. You can't regain in a few days or weeks what you have lost in years of sedentary living, but you can get it back if you persevere. And the prize is worth the price.

In the following pages you will find the basic information you need to begin and maintain a personal physical fitness program. These guidelines are intended for the average healthy adult. It tells you what your goals should be and how often, how long and how hard you must exercise to achieve them. It also includes information that will make your workouts easier, safer and more satisfying. The rest is up to you.

2008 AOCCO-HNS Membership Survey

Below is the 2008 Membership Survey. This survey and your input are important to the Board of Governors. PLEASE FILL OUT YOUR SURVEY AND RETURN TO THE COLLEGE OFFICE. You may fax to 937-233-5673.

Results will be available to review at the 2009 Annual Clinical Assembly.

1. Do you see the AOCCO-HNS primarily as an:

- educational group
- professional group
- political group
- social group
- all the above

2. Do you attend your local and regional meetings within your specialty?

- regularly
- sometimes
- never
- none available

3. What is the number of AOCCO-HNS meetings attended in the past five years?

- one
- two
- three
- four
- five
- none

4. What is the number of American Academy meetings attended in the past five years?

- one
- two
- three
- four
- five
- none

5. Do you think that the AOCCO-HNS program content is generally:

- too extensive
- adequate
- inadequate
- not extensive enough
- don't know

6. Do you think that the AOCCO-HNS program content is generally:

- too technical
- adequate
- inadequate
- not technical enough
- don't know

7. Do you think that the AOCCO-HNS program content is generally:

- above your level
- on your level
- on or below your level
- below your level
- don't know

8. Do you think that the AOCCO-HNS program content is generally:

- practical
- not practical
- practical for some
- don't know

9. Do you think more effort should be made to secure more prominent speakers, even at a greater expense?

- yes
- no
- not sure

10. Do you think more hours should be offered during the meeting with regular speakers in the morning and taped or video sections in the afternoon to allow a greater number of achievable hours in your specialty?

- yes
- no
- not sure

11. Circle the days of the week that you would prefer for an annual clinical assembly.

- Monday
- Tuesday
- Wednesday
- Thursday
- Friday
- Saturday
- Sunday

12. As to time and location, have the past locations suited you?

- yes
- no

13. Have the spring dates suited you?

- yes
- no

14. Have hotel/resort arrangements been satisfactory?

- yes
- no

15. Would you attend workshops if given?

- yes
- no

16. Would you help supervise workshops?

- yes
- no

17. In which areas would you like more lectures? Please list:

18. Which past AOCOO-HNS meeting sites have you enjoyed? Please list and explain why:

28. Would you be willing, once every year or two, to meet with Senators or US Representatives to seek their support for an AOCOO-HNS physician on the legislative or regulatory issue?

- yes
- no

19. Which past AOCOO-HNS meeting sites did you enjoy least? Please list and explain why:

23. Do you feel that our Colleges offer enough credit hours at our annual meeting in your specialty?

- yes
- no

29. What issues should AOCOO-HNS be representing?

24. To what extent should the AOCOO-HNS act as an advocate to speak on your behalf?

- should have a much stronger voice
- should maintain its present level of advocacy
- should have less of a voice

30. How helpful do you feel it would be for the AOCOO-HNS to work more strongly at the national level to assist the osteopathic surgeons in dealing with the managed care networks?

- very helpful
- somewhat helpful
- not helpful

20. Where would you like to have future sites located?

25. To what extent should the AOA act as an advocate to speak on your behalf?

- should have a much stronger voice
- should maintain its present level of advocacy
- should have less of a voice

31. In which of the following ways should the Colleges assist you in dealing with managed care? Please check all that apply.

- sponsor educational programs
- call for legal/technical assistance
- lobby Congress
- legal action

21. Are the AOCOO-HNS meetings too expensive to attend?

- yes
- no

26. If you feel the AOCOO-HNS should have a stronger advocacy voice, who should be the principle voice?

- the AOCOO-HNS president or other senior elected officer
- a paid lobbyist
- government affairs committee chair
- members themselves

32. Are you a Fellow?

- yes
- no

22. Would you be interested in seminars in regional locations for additional credit hours and specialty lectures? If so, please suggest first choices of times, dates and day for a two-day format.

- yes
- no

27. In order for the AOCOO-HNS to have a stronger advocacy voice, would you support an active member dues increase?

- yes
- no

33. If no, do you plan to become a Fellow?

- yes
- no

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

FLORIDA

- Seeking ophthalmologist w/w/o glaucoma fellowship. Alternate call for hospital ER with Trauma Center. No glaucoma trained doctor in the area. Call 772-979-0850 or email Joe Morgan, DO at joesocrates@aol.com. Ft. Pierce, FL

MICHIGAN

- Ophthalmologist wanted to join growing practice in Big Rapids, Michigan. Guarantees salary, opportunity for partnership. Please contact Ralph Crew, DO., 2310796-0010 or email: ralphcrew@hotmail.com.

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.
- General ophthalmologist needed for solo practice featuring a new ASC with 3 satellite locations. Large referral base with high surgical volume. Excellent salary with benefits and partnership potential. Respond to Bob Swoger at Valley Eye Institute. Call 937-492-3755 or email bswoger@bizwoh.rr.com.

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 MARYLAND

- NRI fellowship program at the National Retina Institute offering hands-on opportunities to hone diagnostic and surgical skills as a vitreoretinal specialist with a large patient base in the Baltimore-Washington-Virginia area. Contact Ruth Zeller via rzeller@bmgri.com or call 443-921-4154.

OHIO

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

NEW LOCATION

- University Eye Surgeons has moved: 5187 US Rt. 60, Suite 6, Huntington, WV 25705—304-691-8800. Have 10,000 sq. ft. including 2 surgery suites, 11 exam lanes and the most up-to-date technology. The staff includes 3 ophthalmologists and 1 optometrist. Dr. Parveen Nagra is subspecialty trained in cornea and Dr. Krasnow is fellowship trained in glaucoma. University Eye Surgeons is a division of Marshall University School of Medicine. Students are welcome to rotate in this facility.

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.

ARKANSAS

- Cooper Clinic of Fort Smith is seeking 2 BC/BE otolaryngologists to join this expanding department in a physician-owned multispecialty clinic. Exceptional earning potential with a competitive package including a two-year guaranteed of \$350K/yr, malpractice/health/dental/disability/life insurance plus moving allowance, 401K and ASC profit sharing from the start. Eligible for partnership after two years with NO BUY-IN. The community has many cultural and outdoor activities, quality schools and family-oriented atmosphere. Contact Christopher Greer, DO at 479-478-4800 or cgreer@cooperclinic.com.

CALIFORNIA

- Unique opportunity in private practice for well-trained BE/BC physician in general otolaryngology or subspecialty in this premier coastal community north of Los Angeles. Office is fully equipped. Includes audiology, sound booths and HAD dept. Adjacent to Outpatient Surgi-Center and area's major hospital. For more information, contact Joseph DiBartolomeo, MD, 2420 Castillo Street, Santa Barbara, CA - 805-563-1111, or email: dibartolomeo@aol.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 enthusiasts. 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.
- 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 Nadenick, cellular 352-2741570.

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.

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.
- Fabulous opportunity. 36-year-old otolaryngology practice in Stark County, Ohio offering excellent salary benefit. Office fully equipped for allergy and audiology. If interested, please contact Dr. George Vogelgesang at 330-837-3559 or email: drgw@hotmial.com.

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

FLORIDA

- 1-year clinical fellowship in otology-neurotology starting July 1, 2009 at the Ear Research Foundation/Silverstein Institute, Florida. Extensive hands-on surgery, research and patient care including chronic ear cases and surgeries, otosclerosis surgery, menieres disease, minimally invasive surgery, Cochlear implants, implantable hearing devices and acoustic tumors. Large temporal bone lab and medical library. Contact Herbert Silverstein, MD via jmoss@earsinus.com.

MICHIGAN

- Training program in otolaryngology 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. Roehen, 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. Roehen at 248-541-0100 or email roehenph@hotmail.com.
- Pediatric otolaryngology fellowship available at Children's Hospital of Michigan in Detroit, MI, July 2008. Please contact Dr. Michael Hupert 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: pmbear@aol.com.