

# Quarterly Newsletter

American Osteopathic Colleges of Ophthalmology and Otolaryngology-Head and Neck Surgery - Fall 2009, Vol. 45, No. 1

*Summer is Coming to a Close, and Fall is Close at Hand.  
Enjoy the Stunning Season!*



## *Mid-Year Seminar... a Success*

The recent Mid-Year Seminar sponsored by the AOCOO-HNS Foundation was held at the Westin Detroit Metropolitan Airport Hotel on September 12-13, 2009.

## *Special Thanks*

**Donald M. Sesso, DO**  
Otolaryngology Program  
Chairman and  
**Scott P. Markham, DO**  
Ophthalmology Program  
Chairman

## *SPEAKERS*

Evan H. Black, MD  
Richard C. Chu, DO  
Matthew E. Citron, DO  
John G. Dodd, DO  
Michael Driscoll  
Brian H. Foresman, DO  
Mahmoud M. Ghaderi, DO  
Christopher C. Glisson, DO  
David D. Gossage, DO  
Michael L. Habryl, DO  
John C. Hart, Jr., MD  
Anthony T. Hsu, DO  
Jack M. Kartush, MD  
Dennis J. Kitsko, DO  
Matthew D. Lowrance, DO  
Eric A. Munzer, DO  
Sally Murad-Kejbou, DO  
Joseph C. Neilitz, DO  
Leslie K. Norris, DO  
Brian D. Proctor, DO

Tushar M. Ranchod, MD  
Donald M. Rothen, DO  
Alan J. Ruby, MD  
Donald M. Sesso, DO  
Leonard Skorin, Jr., DO  
Libby J. Smith, DO  
Gregory E. Stone, PhD  
Brian E. Trainor, DO  
Mikhail Vaysberg, DO  
Bradford A. Woodworth, MD  
Daryl J. Zelenak, DO

## *Mid-Year Seminar Exhibitors*

Alcon Laboratories, Inc.  
Allergan  
All-American Allergy  
Alternatives  
ArthroCare ENT

ASL Pharmacy/Sinus  
Science  
Elsevier/Mosby/Saunders  
HUB Pharmaceuticals  
Lippincott Williams &  
Wilkins  
Medtronic Surgical  
Technologies  
Optovue, Inc.

*Mark your calendar for the  
94th ACA  
May 5-9, 2010  
Hyatt Regency Grand  
Cypress Resort, Orlando, FL*

*95th ACA  
May 4-8, 2011  
Loews Ventana Canyon  
Resort, Tucson, AZ*

### 2009-2010 Officers and Members of the AOCOO-HNS Board of Governors

President: Sidney K. Simonian, DO  
President-Elect: Kirk W. Steehler, DO  
Vice President: David D. Gossage, DO  
Secretary/Treasurer: Paul E. Burk, DO  
Immediate Past President: Thomas E. Brandeisky, DO

Robert B. Chambers, DO  
Robert J. Franchi, DO  
Mahmoud M. Ghaderi, DO  
Michael S. Hauptert, DO  
Donald M. Rothen, DO  
Edward E. Scheiner, DO  
Sirtaz S. Sibia, DO  
Brian E. Wind, DO

*Council of Resident and Fellow Representatives:*  
Randy E. Durbin, DO, Otolaryngology  
Maria Donna Qahwash, DO, Ophthalmology

### American Osteopathic College of Ophthalmology

President: Sidney K. Simonian, DO  
Vice President: David D. Gossage, DO  
Members-at-Large: Robert B. Chambers, DO; Robert J. Franchi, DO; Sirtaz S. Sibia, DO; Brian E. Wind, DO

### American Osteopathic College of Otolaryngology-Head and Neck Surgery

President: Kirk W. Steehler, DO  
Vice President: Paul E. Burk, DO  
Members-at-Large: Mahmoud M. Ghaderi, DO, Michael S. Hauptert, DO; Donald M. Rothen, DO; Edward E. Scheiner, DO

### Executive Vice President/CEO:

Alvin D. Dubin, DO

### Staff:

Debra Bailey, Administrative Director  
Cynthia Carleton-Simon, Administrative Assistant  
Diane Turner, Administrative Assistant  
Jennifer Hoskins, Administrative Staff Support

The *AOCOO-HNS Quarterly Newsletter* 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 AOCOO-HNS website is located at: [www.aocooahns.org](http://www.aocooahns.org).

Views and opinions expressed herein are not necessarily endorsed by the American Osteopathic Colleges of Ophthalmology and Otolaryngology-Head and Neck Surgery.

### Quarterly Newsletter 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



Sidney K.  
Simonian, DO

The dog days of summer have come and gone (within one week) here in Michigan, and it's time to focus on our next season. I hope you

all have had a pleasant and refreshing summer with special time for family and friends. Our Mid-Year Seminar, just concluded, provided yet another special time to gather with friends and colleagues of our Colleges. Congratulations to program chairmen Drs. Scott Markham and Donald Sesso for conducting programs that covered a wide variety of timely topics, affording up to 14 1A CME credits. Because of the record-breaking attendance, the luxurious meeting facilities, and the most competitive pricing, the Board of Governors has elected to hold next year's Mid-Year Seminar again at the Westin Detroit Metropolitan Airport. Please mark your calendars for the weekend of August 28-29, 2010.

### MOST RECENT NEWS:

1. The Council on Medical Education met and reviewed resident year-end reports and results of recent program inspections. In addition to this volume of work, the Council also considered the changing face of education. There is serious concern about the lack of growth of our training programs, especially in light of the huge influx of medical students who will be seeking out specialty training. **This is certainly the time for all of our members who are interested in "giving back" to step forward by developing new programs or participating in existing residency programs.** Know that Dr. Michael Rubin and our past AOA president, Dr. Carlo DiMarco, are poised and able to help you in these endeavors. Please also refer to the report from the Council of Regional Representatives in this newsletter.

2. Meetings of the Board of Governors began with the individual Colleges. The major, recurring theme with most of the committees is "How to Improve Communication with the Membership." The goals of better communication are aimed at facilitating the membership's involvement/input and keeping our

members connected to what the leadership is doing. Never before has there been such a concerted effort focused on achieving these goals. Again I refer you to the Council of Regional Representatives report.

3. One of the hardest working committees is the ENRC (Educational Needs Review Committee). This committee plans and executes our education programming, and it is currently dealing with compliance with the latest AOA guidelines on CME. Criteria for the granting of 1A CME credit must be linked to documented "educational needs." This documentation has many facets, including the perceived needs of the membership. That means that you may receive a questionnaire from the ENRC. It is vital that you reply with your needs.

4. In attendance at the Board of Governors meeting were both chairs of the Council of Regional Representatives and the Council of Residents and Fellows. They will be reporting to both the membership and the residents and fellows, respectively, on their impressions of the business of the Board of Governors. Their input at our meeting was much appreciated. I urge you to continue to utilize your respective Council representatives to let your concerns be heard.

5. The AOCOO-HNS Foundation Board met, and Past President Shoib Myint gave an update on this year's fundraising challenges. Please give your attention to his article in this *Quarterly Newsletter*. We welcome membership commentary on this charitable effort.

6. At the request of several of our members, our membership directory on the AOCOO-HNS website is now password protected. Directions for accessing this directory will be emailed to you shortly, but you may also obtain the information by calling the College office.

7. I must include in the list of hardest working groups our Board of Examiners. They came together this past weekend and worked diligently on examination construction for our certifying and recertifying processes, as well as our CAQ examinations. They also used this opportunity to offer recertifying exams to our members. Although they are officially under the jurisdiction of the AOA, their

efforts are 100% dedicated to our own membership.

#### LESS RECENT NEWS:

As your president, I had the opportunity to represent our Colleges at the July AOA House of Representatives meeting in Chicago. This is where state societies and college affiliates of the AOA are represented. Hundreds of resolutions that have been filtered through reference committees are presented for discussion and vote. Dr. Carlo DiMarco, out-going AOA president, recapped his year of leadership and received a well-deserved standing ovation. Another highlight of this meeting was the recognition given to our own executive vice president for his **decades** of service and contributions to the AOA. Dr. Alvin Dubin is the only two-time recipient of the Presidential Citation. On behalf of our Colleges, our warmest congratulations to you, Alvin!!!

I wish there were some favorable news to report on the national health care crisis and governmental attempts at reform. Unless you've really been "on vacation" this summer, you well know how "down and dirty" the debate has become. President Obama's reference to physicians performing unnecessary tonsillectomies for monetary gain has certainly struck a sensitive spot within our Colleges. A quick, stern response, spearheaded by Dr. Michael Hauptert and including a request for an apology, was forwarded to the AOA Washington office, the AAOHNS, and the White House. In our response, we clearly objected to this insinuation, and declared it counter-productive to any meaningful, intelligent and respectful debate on the health care situation. Our language was more emphatic than the responses from the AOA and AAOHNS, but thus far, we've received no response or apology. Wherever you stand personally on these issues, I hope we all agree that any plan that denies or diminishes our personal and professional freedoms is troubling. I encourage you all to continue doing what is best for your patients' health, and to advocate for the preservation of the doctor-patient relationship.

Your thoughts are always welcome.

Respectfully,

Sidney Kay Simonian, DO  
[sksimonian@comcast.net](mailto:sksimonian@comcast.net)  
248-547-6656 office  
248-245-3213 cell

## EXECUTIVE VP REPORT

*Alvin D. Dubin, DO*



During the past several months, I have attended many professional meetings. Several were AOA sponsored, and the topics included: GME, curriculum changes, advocacy matters, financial/budgetary considerations (concerning AOA/Specialty Colleges), CME guidelines, and recertification mandates. Most recently, our Colleges' Mid-Year Meeting in Detroit (9/10/09-9/13/09) started with various leadership and committee meetings and culminated with our CME Seminars. All of these meetings were insightful, helpful, and challenging. Of the meetings attended, none has given to me greater satisfaction than the time spent with students and residents. There is an awareness of the greater needs, that being those of our Council of Residents and Fellows.

We interface with many groups, societies, and organizations that are involved with the same things to which our Colleges are committed, and who share our common problems and solutions on a daily basis. Our involvement with these ongoing matters a times seems to blunt our attention to the concerns of the students and residents in our own community.

Seeing, listening, and talking to our group of students and residents was the highlight of our recent meeting. These young students and physicians were bright, eager, inquisitive, and anxious to obtain as much as possible from all of the attending members. Part of the inherent responsibilities of the medical profession has always been to serve as teacher and mentor. This was, is, and will continue to be an inherent responsibility to all of us. To have our doctors in training come to us, eager to learn, emulate, and teach us as well is indeed a gift that we treasure.

Mentoring our young physicians is not only a responsibility of our members, it is also a great source of satisfaction. The practice of medicine has changed, the world and society have changed, and how we react has also changed. Today, the students start to plan well in advance and know what they want for their future roles in the profession. They need and deserve the wisdom, guidance, and caring from those that have preceded them. These "pearls" are not only the things that relate to the specialty, but,

also those that are important in the early formative years and that help secure a firm foundation overall.

How are decisions made to chose a program? How does one go about preparing for the selection process (in residency and fellowship), interviewing, deciding where to locate for residency/practice/living? What steps does one take to prepare for the selection of areas of subspecialty, type of practice (solo, group, academic versus clinical)? How does one start a practice (office, staff, insurance topics, equipment selections, reimbursement guidelines)?

These and many other areas of concern are things that MENTORS deal with when helping our young members. They help guide them in making informed decisions and in attaining satisfactory, rewarding goals in their professional lives. This all leads to a sense of accomplishment for both the young members and the mentors as well.

I ask that those of you who have that sense of contributing and are able to take some time from your daily routine—please find time to help your colleagues develop the necessary skills to be the success that you have become, possibly because of some kindness and support given to you in your formative years.

## MEMBER NEWS

*Alvin D. Dubin, DO*

(CHICAGO) – Alvin D. Dubin, D.O., of Cherry Hill, N.J., was recently honored by the American Osteopathic Association (AOA) with a presidential citation from the outgoing AOA President Carlo J. DiMarco, DO. Dr. Dubin received this honor in recognition of his years of devotion to the osteopathic medical profession.



Dr. Dubin received his osteopathic medical degree from the Philadelphia College of Osteopathic Medicine in 1956, and he practiced otolaryngology and facial plastic surgery in Cherry Hill for over four decades.

His devotion to the profession extended

beyond his medical practice. Dr. Dubin devoted over two decades of his career to serving as executive vice president and chief executive officer of the American Osteopathic Colleges of Ophthalmology and Otolaryngology-Head and Neck Surgery. At present, he also serves as executive director of that organization's certifying board.

Dr. Dubin served as a board member and president of the New Jersey Association of Osteopathic Physicians and Surgeons (NJAOPS), and he was cited as Physician of the Year in 1992 by NJAOPS.

Dr. Dubin continues his involvement with the AOA in many capacities including serving as the recent chair of the Bureau of Osteopathic Specialty Societies. He also distinguished himself as a leader in osteopathic medical education by serving as a member and former chair of both the AOA Council on Postdoctoral Training and the AOA Bureau of Professional Education.

The AOA proudly represents its professional family of more than 67,000 osteopathic physicians; promotes public health; encourages scientific research; serves as the primary certifying body for DOs; acts as the accrediting agency for osteopathic medical colleges; and has federal authority to accredit hospitals and other health care facilities. More information on DOs and osteopathic medicine can be found at [www.osteopathic.org](http://www.osteopathic.org).

### Leonid Skorin, Jr., DO

On August 1, 2009, Leonid Skorin, Jr., DO was appointed by the Mayo Clinic Academic and Promotions Committee to the academic rank of assistant professor of ophthalmology, College of Medicine, Mayo Clinic. Dr. Skorin is the first osteopathic physician and surgeon to attain academic rank at the department of ophthalmology at Mayo Clinic.

Dr. Skorin is also the first osteopathic physician and surgeon to be invited by recommendation to participate in the 18-month Physician and Administrative Individual Leadership Development Program (LEAD program). This program was designed for those physicians and administrators who have demonstrated potential to fill middle and senior leadership roles within Mayo Clinic or the Mayo Health System. A maximum of 60 persons total are invited to participate in this 18-month program.

The LEAD Program is conducted in joint sponsorship with the University of Minnesota's Carlson School of Management. The program includes

individual assessment, classroom training, and interactive learning, and participation requires the completion of a project prior to graduation in 2011.

### Michael Haupert, DO

*The following letter submitted to the AOCOO-HNS was sent to the AOA for distribution to the White House and President Obama.*

The American Osteopathic Colleges of Ophthalmology and Otolaryngology-Head and Neck Surgery support healthcare reform that provides quality healthcare to all Americans while not excessively burdening any of the American taxpayers. We agree with President Obama that evidence-based medicine and validated clinical guidelines should be used as a framework for delivering quality healthcare. It was irresponsible and reprehensible for the President of the United States to insinuate that physicians based medical decisions on fee schedules or on what will make them the most money and not on the present medical knowledge base of best practices in an effort to provide quality care.

For President Obama to say: ***“Right now, doctors a lot of times are forced to make decisions based on the fee payment schedule that's out there. So if they're looking, and you come in and you've got a bad sore throat or your child has a bad sore throat or has repeated sore throats, the doctor may look at the reimbursement system and say to himself, “You know what? I make a lot more money if I take this kid's tonsils out”*** was demeaning, not only to all the hardworking otolaryngologists in this country, but also to all physicians in our great country. This type of behavior is divisive and serves no purpose in a meaningful quest to reform what is still the best healthcare system in the world.

Furthermore, to imply that the government and healthcare legislation can instill ethics, moral values, and a sense of caring into doctors, patients, and hospitals is absurd. This is exactly what was implied by our president's quote: ***“So -- so part of what we want do is to free doctors, patients, and hospitals to make decisions based on what's best for patient care.”*** The desire to provide the best care for patients is an innate quality in the vast majority of physicians, and to imply otherwise is ludicrous.

It is President Obama's obligation and duty to unequivocally apologize to all physicians immediately. The American people deserve nonpartisan open discussion

amongst all pertinent parties. Only through mutually respectful and intelligent debate can legitimate ideas be advanced regarding how to change the American healthcare system in a positive way.

## AOCOO-HNS Foundation Fundraising Committee Update

Until now, our foundation has been involved exclusively with raising funds for scientific and educational endeavors. I am excited to say the Fundraising Committee, along with its foundation board of directors, has been working very closely with the National Consortium on Deaf-Blindness over the past year. As a 501c3 entity, our foundation has a “charitable” arm. As otolaryngologists and ophthalmologists, we have devoted our careers to helping deaf and blind patients in our communities. What better cause for our foundation to support than the Deaf-Blind Association?

One of the biggest frustrations expressed by deaf-blind children, adults, and their families is isolation. Deaf-blindness is a very low prevalence disability, and most people affected by dual sensory impairment say it is difficult to find others with similar life experiences. They need opportunities such as yearly conferences to share their personal stories and to learn more about the various and complicated medical or educational issues surrounding deaf-blindness. The American Association of the Deaf-Blind (AADB) organizes and supports these conferences. They also support the acquisition of new technology to help people with deaf-blindness become more productive and independent. Unfortunately, this technology is costly.

The AOCOO-HNS Foundation, with both disciplines under one roof, is in a unique position to reach out our hands to support these children who have trouble seeing and hearing. In collaboration with the Orlando chapter of the AADB, our foundation will be organizing another successful silent auction in Orlando, FL in May 2010. Some of the monies raised will help benefit these children in ways you cannot imagine. My hope is that each of you lends your support to this auction, AND considers giving tax-deductible donations to our foundation. Please be aware that your donation to the foundation will now help not only scientific and educational endeavors, but also a charitable one.

Please visit [www.nationaldb.org](http://www.nationaldb.org) to find out why we are so excited to be supporting this charitable cause. You will be hearing more about the National Consortium of Deaf-Blindness prior to our next ACA.

Please help. Stay tuned.  
Shoib Myint DO, FAOCO, FAACS  
Chairman Fundraising Committee

## Council of Regional Representatives Update

Judy L. Davis, DO  
Ophthalmology Chair of the CRR

A meeting of the Council of Regional Representatives was held at the recent Mid-Year Seminar. We discussed the need for DO training programs. The number of residency and fellowship programs is falling to alarming numbers. Our graduating students will find it difficult to find DO residencies in their desired fields of practice. A survey will be sent via email.

Please take time to consider participating in this vital aspect of our training programs. We are looking for new programs to be created in virgin hospitals (sites which have not had residencies). Consider expanding an existing program with additional sites for rotations or creating a fellowship program which is considered easier to acquire. What a fantastic opportunity to help with osteopathic education and possibly to fill a void in your practice. Michael Rubin, DO will gladly assist you with these goals. PLEASE LOOK FOR THE UPCOMING EMAILS!

The CRR is the voice of the membership to the Colleges' Boards. Feel free to email me at [threeedvision@verizon.net](mailto:threeedvision@verizon.net) or to contact Jay Chauhan, DO, Otolaryngology Chair of the CRR.

## The Role of the Physician Assistant in Otolaryngology

David J. Ericson, PA-C  
Cherry Hill, NJ

he physician assistant (PA) profession has evolved since its inception in the 1960s. Initially, PAs were trained to offset shortages in primary care. However, over

the past forty years, PAs have successfully transitioned into all aspects of medicine and surgery.

Physician assistants are uniquely qualified to work in ENT as dependant practitioners. Ironically, this dependant relationship with a doctor/surgeon affords the PA more opportunities for practice. The PA, trained in primary care and surgery, has the foundations to adapt to any given practice. The scope of practice for the PA is determined by the supervising physician. The law dictates that the PA's scope of practice must fall into the accepted scope of practice of the supervising physician. In other words, the physician may allow or limit the PA's practice based on the physician's comfort with the task and/or comfort with the PA.

Otolaryngology has unique opportunities for PAs. PAs are qualified to do most of the work seen in the office. This includes new and established patient encounters, new patient consults, hospital consults, call, diagnostic and therapeutic procedures, ordering and interpreting laboratory and radiographic reports, prescriptive authority, first assist in the OR, documentation of patient encounters in the office, as well as H&Ps, progress notes, and discharge summaries in the hospital.

There is variability, state to state, that occurs regarding the level of supervision required. In most cases, PAs are able to care for both hospital and clinic patients without the physician being physically present. Electronic contact with a supervising physician, however, is a necessity. Review of patient charts is also required, and states differ on their requirements for the percentage of charts reviewed.

## AAO-HNS Urges Members to Contact Consumer Reports Response to AAA's Call to Action Regarding Hearing Aid Article

*Consumer Reports* recently ran a feature article in its July 2009 issue titled "Hear Well in a Noisy World: Hearing Aids, Hearing Protection & More." The article, which can be accessed through <http://is.gd/OcLo> (case-sensitive), suggests that consumers in need of hearing aids are best served by a medical office that uses a team approach, with an otolaryngologist to rule out medical issues and an audiologist to fit and dispense the hearing aids. Advantages

of going to an office that uses a team approach, as cited by *Consumer Reports*, include higher marks on the team's thoroughness in evaluating hearing loss as compared to other hearing aid providers, the opportunity to rule out medical conditions, the ability to have cerumen removed in preparation for a hearing test, and cost advantages for Medicare patients.

The American Academy of Audiology (AAA) has issued a statement urging its members to send letters to *Consumer Reports* and sent its own letter to the magazine conveying its disapproval with not being the selected hearing healthcare provider of choice. You may view the AAA's letter and call to action at: <http://www.audiology.org/news/Pages/20090603b.aspx>.

Please write *Consumer Reports* today to let them know that you support their suggested approach. You may opt to use any of the following talking points:

- Thank you for raising awareness about hearing loss and providing information and guidance to consumers about the appropriateness of hearing aids, the value of choosing the right provider, and hearing aid options available to consumers.
- Patients with hearing impairment are best served through a cooperative, collaborative team care approach. Your recommendation clearly shows the value of this approach in which colleagues in otolaryngology and audiology work together to provide optimal patient care. Otolaryngologists and audiologists working together ensure that patients are medically evaluated for their hearing loss and receive the necessary testing, treatment, and follow-up services related to the hearing aid.
- Otolaryngologists are trained and educated to diagnose, manage, and treat hearing and balance disorders, and to identify medical conditions for which hearing loss may be a symptom. Audiologists play an important role on the hearing healthcare team, providing critical evaluation and treatment services to patients suffering from hearing loss.

**OR** download and customize the attached Word template to send to *Consumer Reports*.

Letters should be faxed to 1-914-378-2900, emailed to [pressroom@consumer.org](mailto:pressroom@consumer.org), or sent to *Consumer Reports*, Attn: Editorial Division, 101 Truman Avenue, Yonkers, NY 10703.

If you would like to share a copy of your letter with the AAO-HNS, you may fax it to 1-703-684-4288 or email [newsroom@entnet.org](mailto:newsroom@entnet.org).

Please send your original letter directly to *Consumer Reports*.

## *Ophthalmology Payments Boosted by New PE Data*

*Reprinted from AAO Member Alert*

### **New Practice Expense Data Go into Effect January 1st**

Ophthalmology will go to a practice expense (PE) per hour rate of \$170.08 in 2010, up from \$103.28, with an 11% overall increase in PE payments for ophthalmology next year (due to a complicated PE formula). This increase is a result of the AAO working with the AMA to initiate and complete a survey of specialties. CMS is proposing to accept the updated data as valid and incorporate it in the 2010 fee schedule with a significant impact on ophthalmology. CMS has been using practice PE data that is more than 10 years out of date, along with methodology changes that have caused continued declines in ophthalmology payments.

### **21% Physician Payment Cut Scheduled for January 1st**

No change is proposed to the 21.6% payment cut physicians are scheduled to receive under the rule, but Congress is considering positive updates for physicians in the context of health care reform. The Obama administration had indicated that it is examining its authority to remove costs for in-office drugs and lab testing from the sustainable growth rate (SGR) formula, which would facilitate congressional action on a long-term SGR fix. [SEND A MESSAGE TO CONGRESS TO REPEAL THE SGR NOW!](#)

CMS is proposing to change the SGR formula in one important way by removing the cost of Part B drugs from its calculation. This will not change payments for 2010, but it does signal an important step that will help reduce the cost of providing a long-term Medicare physician payment fix and reduce the number of years now projected for a negative update.

### **Consult Codes**

CMS is also proposing to stop making payment for consultation codes which are typically billed by specialists and are paid at a higher rate than equivalent E&M services.

Instead, practitioners will use existing E&M service codes when providing these services. Resulting savings would be redistributed to increase payments for the existing E&M services.

### **PQRI: Cataract and Glaucoma Measures Dropped**

A 2% incentive bonus on all Medicare allowable charges will be offered for physicians who volunteer for and successfully participate in CMS' 2010 Physician Quality Reporting Initiative (PQRI). In order to qualify for the incentive, a physician must report on three or more measures 80% of the time. CMS expects to pay out the incentive for participation in the 2008 PQRI program this fall. They are also re-running submissions from physicians who did not receive a bonus for their participation in the 2007 PQRI program.

CMS indicates that it is awaiting final approval from the National Quality Forum (NQF) for some measures, including two new measures for cataract. CMS is proposing that, if approved by NQF, those measures only be available for reporting via a data registry.

An additional 2% incentive is also offered for e-scribing in 2010.

More details will be on the AAO website.

If you have questions, contact the AAO's Governmental Affairs office at 202-737-6662.

## *Keeping Staff When There's No Money for Raises*

*Reprinted from Medscape.com*

*Author: Kathryn I. Maghadas, RN, CLRM, CHBC, CPC, CHCC. President, Associated Healthcare Advisors, Inc., Fern Park, FL*

Employees look forward to their annual raises for many reasons: proof of how much you value them and appreciate their work; desire for more money to pay their bills; and general society expectations of an annual raise.

However, your employees may not know how tough a year you've had nor how tight the practice budget has become. In some years, especially in today's economy, raises might not be possible.

You need your employees, and you want to be responsible with the practice budget. Therefore, if you can't give raises one year, you need to find other ways to demonstrate to your employees their current

and continued value.

America has seen so many layoffs recently, many people believe that annual retention and avoidance of layoffs is actually compensation. Realistically, many employees see what's happening around them and are happy simply to keep their jobs. However you express it, employees should be made aware of this reality.

You'll lose credibility and will create hostility if you ignore the fact that your employees likely make much less than you. One surefire way to lose good employees is to tell them that there's no money for raises, and then drive up in a new luxury car, come in and talk about the exotic vacation that you've just returned from, or gloat over your new home remodeling project. It looks like you're taking their raises and putting them right into your pocket. Keeping in mind their economic position relative to your own will go a long way toward establishing a common ground that demonstrates respect and courtesy to those employees.

### **How are Raises Earned?**

Before looking at ways to keep top employees, it's important to check how you arrive at compensation and raises. When and how are raises due? Do your employees expect that a year of service and subsequent years of service are compensated at a certain percentage that increases annually? Have you set measurable ways to gauge performance?

For example, do you have a measurable goal for your revenue cycle people stating that, in the next period of time, there will be a certain percentage of reduction in accounts receivables? Do you have a goal for your schedulers stating that an increase in scheduled appointments, including procedures that might otherwise be elective, will lead to bonuses at a certain percentage?

Your clinical staff could have a bonus goal that for every appointment that is on time and completed on schedule, they will receive a certain percentage increase in the overall performance. Also, all practice personnel can participate in increases in practice growth. Second to that would be reductions in supply and materials cost savings.

### **How's the Motivation in Your Office?**

There are many ways to establish performance goals, and those goals are in the real world what employees should be compensated for in addition to their current salary.

Are your employees just punching the

clock, or are they engaged and enjoying their contribution to the success of the practice? Some people are self-motivators, and keeping them “charged up” is the goal as manager.

Before you can motivate others, be enthusiastic about your own work; then you can motivate others. If you are constantly complaining about the state of healthcare, the poor reimbursements, the difficult patients, and the futility of being a doctor, that attitude will be conveyed to your staff members. Studies have shown that engaged employees have a higher customer service satisfaction ratio, which leads to success for your practice.

If you truly cannot give raises, there are other ways to reward employees during tough economic times.

- Acknowledge a job well done without spending extra money by giving that employee a half day or whole day off on a Friday. You might give this when they reach certain performance targets.
- A gas card or grocery store card is an excellent and practical small gift to give.
- Provide a gift certificate for a day of grooming. Either hair care, a facial, a manicure and pedicure, or massages make a great gift and are usually the first things people give up when tightening their budgets. For male staff members, consider gifting a day at a gym or other appropriate reward.
- Provide an opportunity for continuing education classes which enrich the employee’s mind and invigorate his or her spirits. For example, if your employees need additional computer skills, check with local adult schools or a local college to see what courses are offered. If they want to improve their patient care skills, check with your state medical assisting programs or technical vocational school to see what courses are given. While these courses cost money, they are investments in your practice. And from the employees’ point of view, they build their own future skill base.
- Some practices have arranged a fun, non-work enrichment night out, holding a cooking class taught by a local restaurant chef, or a gift certificate for the employee and a guest for a night at a restaurant. Still other ways are to assist the workers as they serve their communities through sponsorship of their participation in one of their charity endeavors, either through contributions or time off to participate.

- An excellent summer transition program is to have a motivational seminar or class at the beginning of the 3rd quarter. Life coaches and motivational trainers are becoming popular, and you can usually hire one for a few hundred dollars to provide a two-hour program. Organizations like Dale Carnegie and Mastery Coaches have lists of graduates from their programs who often do speaking. Your local Chamber of Commerce may have members who are motivational coaches. Other potential speakers for your practice can be found through a local web search or word of mouth referrals.

As the physician in charge, it is your job to acknowledge the team as well as the individual effort each person makes to the success of the team. It is important to show your employees that you value hard work, honesty, trust, and have faith that we have each other’s back. By implementing some of these incentives, your employees should feel good at the end of the day that their contribution will lead to a successful win/win for your practice.

## *Medscape Editor’s Note*

### ***Reprinted from Medscape.com***

*There has been some debate in the medical profession about the need for board certification to perform plastic surgery. Medscape’s Pippa Wysong spoke with James Wells, MD, about these issues. Dr. Wells is a past president of the American Society of Plastic Surgeons (ASPS) and currently sits on the board of the American Board of Plastic Surgery (ABPS). He is involved with many ASPS committees and with the Plastic Surgery Educational Foundation, the educational arm of the ASPS.*

**Medscape: The topic of being board certified before performing plastic surgery seems to be a sticky issue in some circles. Can you describe to Medscape readers what certification is and some of the background?**

**Dr. Wells:** First, board certification is a voluntary activity. There’s no mandate that anybody become board certified. But it has become a gold standard when looking for credentials of physicians. For the public, it assures them that doctors have a certain

amount of training in their specialty and have been tested by examination in their field of training. For doctors, it helps keep our skills up to date.

**Medscape: Who provides the certification for plastic surgery?**

**Dr. Wells:** I’m talking about the ABPS, and its certification program as overseen by the American Board of Medical Specialties (ABMS). The ABMS was originally developed through the Council on Medical Education of the American Medical Association and has 24 member boards.

**Medscape: Aren’t there other agencies that offer certification?**

**Dr. Wells:** It’s confusing because the term “board certified” is used by many self-designated boards. There are organizations out there that offer certificates in various areas of medicine, and they create their own certifying agency that does not report to any central organization. When talking about board certification, people need to find out if it’s a legitimate board, and if it has a testing process that is recognized and acknowledged as a valid method for determining qualifications. There are over a hundred self-created boards that are not part of ABMS but provide some type of certification.

**Medscape: What about the American Board of Cosmetic Surgery (ABCS)?**

**Dr. Wells:** That is a self-designated board. It’s an organization whose members come from different training programs such as obstetrics and gynecology, dermatology, general surgery, and other areas of medicine, but who indicate an interest in cosmetic surgery. The ABCS created its own certification process, but it is not a member of ABMS.

**Medscape: What’s the advantage of certification overseen by the ABMS?**

**Dr. Wells:** The ABMS is recognized for its training and its educational process. It has a 75-year history and works with the Accreditation Council for Graduate Medical Education -- which is the accreditation body for approval of residency training programs for the 24 recognized medical specialties. The Residency Review Committee reviews each training program and accredits each program. They can also disapprove a program for deficits in its training.

**Medscape: Is it tough to get certification from the ABPS?**

**Dr. Wells:** There are prerequisite training requirements to satisfy the ABPS testing process, such as completing a general surgery residency training program. Doctors need to have completed three years of general surgery or be certified by the American Board of Surgery to qualify for a three-year plastic surgery training program. There are different venues, such as otolaryngology, to get into a plastic surgery training program. Once residents are finished with training, they may sit for the written exam; if they pass that, they may sit for the oral exam. Certification is awarded upon successful completion of both the written and oral examinations.

**Medscape: Can doctors also be certified to perform certain plastic surgery procedures through other specialties?**

**Dr. Wells:** Yes. Some physicians do plastic surgery procedures coming out of other specialties that have a certain amount of overlap with plastic surgery training. For instance, ophthalmology has its own credentialing through the American Board of Ophthalmology.

**Medscape: Are there issues related to the variety of people doing these procedures?**

**Dr. Wells:** It comes down to, "Do I have the appropriate training, skills, and experience to do what the patient is seeking that I do?" Patients, on the other hand, need to spend time verifying that their doctor has that kind of training. The ABPS has a list of questions on their website that patients should ask doctors when considering plastic surgery.

**Medscape: What sorts of skills or knowledge does the ABPS-certified plastic surgeon have that others don't?**

**Dr. Wells:** ABPS training and testing covers the entire spectrum of plastic and reconstructive surgery of the entire body. A big part of the certification process is Maintenance of Certification, which means doctors stay up-to-date with changes in their particular specialty. Changes occur in medicine rapidly -- new technologies, new approaches to treatment, new surgical techniques. It's an evolutionary process and tough to keep up with. If you maintain board certification, you're more on top of

things. If we're really interested in the patients that we say we're there to take care of, then it behooves us to be committed to lifelong learning.

**Medscape: Are there data showing differences in outcomes between procedures performed by ABPS-certified people and ones who aren't?**

**Dr. Wells:** There is no reliable database that reports outcomes. The problem is each organization collects its own statistics. For instance, the ASPS and the American Society for Aesthetic Plastic Surgery both have databases showing the numbers of procedures done by their members. The ASPS statistics also overlap with procedures done in dermatology and otolaryngology. Plus, doctors can be members of more than one society, and they may provide data to more than one group. Comparing statistics is difficult.

**Medscape: Accredited facilities seem to go hand-in-hand with certification. What are the key issues there?**

**Dr. Wells:** Facility accreditation is a voluntary process -- except for ABPS members who are required to work in an accredited facility. In non-accredited places, there are some safety issues. Are the people there appropriately trained? Are you using anesthesiologists who are appropriately trained and credentialed? Accreditation of facilities may be done through the American Association for Accreditation of Ambulatory Surgery Facilities (AAAASF) which covers all ambulatory surgical facilities. Individual states also have accrediting bodies; for instance, there are four main accrediting organizations in California alone, including AAAASF and Medicare. The AAAASF has safety data that represents thousands of patients specifically from their facilities.

**Medscape: Are there data showing problems with places that are not accredited?**

**Dr. Wells:** I don't know. The non-accredited facilities are often not even listed, and there's nobody following them per se. It's an area for study.

**Medscape: Nobody seems to really know what the risks are for patients going to non-accredited facilities, nor of going to non-certified doctors practicing plastic**

**surgery. Isn't this of concern?**

**Dr. Wells:** Yes, but a state agency has to be willing to try to accumulate that data. The logical party would be a medical board of a particular state. One would think that as a state organization, it would be in their interest to protect its citizens. Another possibility would be a national medical organization. The difficulty is how that information can be presented so it's not perceived as defamatory against the individuals who may be cited. There are potential litigation issues.

**Medscape: Do you have any key messages for doctors in general about these topics?**

**Dr. Wells:** With physicians, it's often a push-back about another examination, more training, another testing modality. The process of certification and its maintenance is so patients know we are who we say we are. For doctors, it assures we have the training to take care of people and do things right. It's about doing the right thing for patients for the right reasons. It lets us sharpen our skills and gives us incentive to learn new processes. It behooves us to stay up-to-date and informed and to make sure the public understands that we're informed as well. The certification boards are, in reality, consumer protection organizations.

**Authors:**

**Pippa Wysong** is a freelance writer for Medscape. Pippa Wysong has disclosed no relevant financial relationships.

**James H. Wells, MD, FACS**, Clinical Professor of Plastic Surgery, University of California - Irvine, Orange, CA; Chief, Plastic Surgery, Long Branch Memorial Medical Center, Long Branch, CA. James H. Wells, MD, FACS, has disclosed no relevant financial relationships.

## Ophthalmology Opportunities

### **COLORADO**

- Established Ridgway, CO integrative medical clinic seeks doctors/practitioners to complement 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 offices,

### **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, MI. Guarantees salary, opportunity for partnership. Please contact Ralph Crew, DO, at 231-796-0010 or email: ralphcrew@hotmail.com.

### **NEVADA**

- Established otolaryngology/ophthalmology practice seeking BC/BE ophthalmologist to complement 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, OH. 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, OH 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 at 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@bmgmri.com or call 443-921-4154.

### **OHIO**

- Refractive fellowship position available, LASIK Plus, Cincinnati, OH. 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 two surgery suites, 11 exam lanes and the most up-to-date technology. The staff includes three ophthalmologists and one 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, SW of Anchorage. Excellent salary and benefits. Call or email: James Zirul, DO, 220 Spur View Drive, Kenai, AK 99611 at 907-283-5400 or 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 at 480-894-5550 or fax CV to 480-894-9469 or send email to info@entsoa.com.

### **ARKANSAS**

- Cooper Clinic of Fort Smith is seeking two BC/BE otolaryngologists to join this expanding department in a physician-owned multi-specialty clinic. Exceptional earning potential with a competitive package including a two-year guarantee 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 at 805-563-1111, or email dibartolomeomd@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 one hour drive of Telluride Ski Resort, hiking, trophy fishing, mountain biking, and camping facilities. Town of Montrose is in the top ten growing communities in the nation with abundant sunshine for the outdoor enthusiast. Call office at 970-249-6968 or email coentpc@frontier.net.

- Established Ridgway, CO integrative medical clinic seeks doctors/practitioners to complement 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,

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, FL, one hour north of Orlando. Practice is looking for BC/BE general ENT/facial plastic surgeon to join group of three general ENTs. Contact Dr. Scott Nadenik at cellular 352-274-1570.

### **GEORGIA**

- General ENT needed in Atlanta. Immediate opening or 2010 position. Private practice in two-person group. Full benefit package. ER call 1:5 weeks. Fax resume to Hailey McIntyre at 678-838-7454.

### **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 two-physician practice seeking BC/BE ENT to join practice affiliated with two community-based hospitals. For further information, contact Andrew Mendians, DO at 231-843-6557 or mendians@voyager.net.

- Wanted: ENT associate to join busy two-office practice with 1:6 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 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, OH offering excellent salary benefit. Office fully equipped for allergy and audiology. If interested, please contact Dr. George Vogelgesang at 330-837-3559 or email drgwv@hotmail.com.

- Excellent opportunity to become part of a thriving ENT practice in Cincinnati. Seeking BC/BE associate to join busy practice. Exceptional earning potential and early partnership opportunity. Large referral base. Two base offices with two satellites. Office fully equipped and two full-time audiologists on staff. Contact Beth Sears at 513-891-7800 or email bsears@montgomeryent.com.

- Excellent opportunity in the friendly Midwest for a BC/BE otolaryngologist. Immediate opportunity for a well-established, thriving two-physician MD/DO practice. Full scope of general ENT and hearing aid dispensing. Extraordinary benefits package, highly competitive salary, early partnership opportunity, ASC ownership available, income is unlimited. Email CV to Karen Brown at Karen.brown@khnnetwork.org or call 800-891-0102. Or contact Gordon Katz, DO at 937-416-1806.

### **OKLAHOMA**

- ENT attending physicians needed. Sign on bonus, salary income guarantee, one hospital coverage, working with Oklahoma State University Medical Center residents. Please call for details: Dr. Sammy Worrall at 918-527-4673; Dr. Mindi Bull at 918-361-4877; Dr. Richard Huffaker at 918-408-5194.

### **PENNSYLVANIA**

- Suburban Philadelphia. Four-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 at 215-280-6993.

- Excellent job opportunity in Chester County, minutes from Philadelphia. Very busy three-physician ENT practice seeking an additional BC/BE otolaryngologist to join us. Unbelievable opportunity for early partnership. Contact Alex Keszei, DO at 484-437-8745.

### **TEXAS**

- ENT practice opportunity in Corpus Christi. Large group, full practice with speech, audio, balance center, CT, MRI and surgery center. Need two ENTs and one neuro-otologist. Contact 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 osteopathic medical 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 DO community, two hospitals and two ASCs. Contact: Palmer Wright, DO, 3999 Englewood Ave. #201, Yakima, WA 98902 at 509-453-5300 or email palmer@yvn.com.

### **Otolaryngology Fellowships FLORIDA**

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

### **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, MI 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 July 2008 at Children's Hospital of Michigan in Detroit, MI. Please contact Dr. Michael Haupt 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 one- or two-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 email inquiries to Philomena Behar, MD at pmbear@aol.com.