

Quarterly Newsletter

American Osteopathic Colleges of Ophthalmology and Otolaryngology-Head and Neck Surgery - Summer 2011, Vol. 46 No. 3



PRESIDENT'S MESSAGE

David D. Gossage, DO

It was great seeing everyone who attended the ACA this year in Tucson, AZ. I appreciate all the support I received from the members of the AOCCO-HNS at the annual banquet. I had the honor and privilege to hand out many special awards during the ceremonies. As President of the Board of Governors, I can speak for the entire Board on how proud we are for those members who received their fellowship award and other well deserving awards. This year's meeting was outstanding. I have to congratulate Dr. Brit Fisher and Dr. Donald Sesso on putting on one of the best meetings in recent memory. The quality and content of the lectured material was phenomenal. For all the members who lectured at this year's meeting thank you for sharing your clinical knowledge.

For those residents who participated in poster presentations and resident lectures, I applaud your great effort at expanding the scope of education for all those who attended. I would like to congratulate all the winners of the poster presentations this year along with the Patrick Murray award winners.

On a more somber side, our hearts and prayers go to all of our members and their families who have been touched by the recent devastating tornado in Joplin, MO. We hope they will recover soon and be able to resume their active practices. Members can look at the AOCCO-HNS web site for more information. The Foundation is in the process of making a formal donation to help with the recovery efforts.

As President of the Colleges and the Foundation, I want you to take advantage of what the Colleges and the Foundation can offer you. I hope you continue to use the Colleges as a resource for your educational needs and as a way to express your academic talents. I hope to see you all in Detroit, MI in August at the Mid-Year Meeting of the AOCCO-HNS.

Sincerely,

David D. Gossage, DO, FAOCO

517-439-2020

eyegoose@yahoo.com

Make plans to attend the Mid-Year Seminar

Being held at the Westin Detroit Metropolitan Airport Hotel in Detroit, Michigan on **Saturday and Sunday, August 27th and 28th.**

CALL THE AOCCO-HNS OFFICE AT 800-455-9404, AND WE'LL REGISTER YOU OVER THE PHONE . . . PLEASE HAVE YOUR CREDIT CARD AVAILABLE! The educational program and outline of speakers will be available soon.

CME Credits: The AOCCO-HNS Foundation designates this educational program as a 1A CME opportunity offering up to 14 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 (Group Name: AOCCO). Rates per night are \$135/single or double. Reservations must be made by August 5, 2011. After this date, the AOCCO-HNS Foundation cannot guarantee a room at this meeting rate.

Quarterly Newsletter

Summer, 2011 — Vol. 46, No. 3

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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: info@aocoohns.org. The AOCOO-HNS website is located at: www.aocoohns.org.

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

Quarterly Report Schedule

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



Update: CRR and CRF

Alvin D. Dubin, DO, Director of Educational Affairs & EVP Emeritus

During the past several years we have patiently been waiting for the Council of Regional Representatives (CRR) and the Council of Residents and Fellows (CRF) to become more active and reach their potential to serve their members, the Colleges, and indeed benefit the entire Osteopathic EENT group.

These Councils were formed because of a perceived need to have our members truly feel a close link to the Board of Governors and its Committees. Just saying that “we are there for you” is not enough. There must be a real awareness of what is done on behalf of the membership, and with input from the members themselves, as well.

This structure was finally approved as a Bylaw change by the appropriate bodies, and put into effect during the past several years.

It is one thing to put into place a vehicle for allowing participation from members, it is another thing for members to avail themselves of the opportunity to be involved.

During this period of time, Bylaw changes also brought, CRF and CRR participation on the Board of Governors and the College Boards, respectfully.

These additions were directed to ensure that members understand the Colleges’ attempt to encourage their participation of all entities in governing and guiding our future endeavors. Our goal was also to retain members, a much more effective way of growing, rather than seeking new members.

As difficult as this entire concept was to form, conceptualize and then, put into place, it was relatively easy, compared to implementing these two Councils to function in a meaningful way.

The CRF group met in a rather tentative fashion, initially during the early years, not quite sure of its role and with little to no support from the resident and fellow pool of members. The leadership of the CRF was essentially slow in picking up the challenge, and then their momentum began to develop and additional members became active enough to allow meaningful discussions and planning sessions.

A monthly *Resident Newsletter* was initiated and has become more successful with each issue. Several members have helped us breath life into the CRF and most recently Charles Guy, DO, Donna Qahwash, DO and Richard Chu, DO have made a real effort to lead the Council in a moist meaningful direction. They have given it focus, support, leadership and vision to guide the Council in a most successful manner during their stewardships. I want to thank them again for their devotion and hard work, and so should their fellow residents and fellows. Charlie, Donna and Richard, we appreciate all of your efforts !

The CRR has taken longer to focus on its goals, and still has a way to go in becoming a real liaison from the “outreach” to the Board and Committees.

It was intended to reach into the EENT-DO jackets across the Nation by interfacing with region leaders (6 regions) and having them dialogue with the CRR Chairs, and the governing bodies. Difficult to accomplish, but a good way to have representation from the regions, and to be listened to by the Board of Governors. What has been lacking in the response from the various regions? Remember that old adage, “be careful what you ask for, you may get it!”

At this past meeting in Arizona, Judy Davis, DO and Kristin Reidy, DO stepped up to the plate and hit some major home runs. They stood tall and manned the tables, by being there in the halls, inviting one and all to become involved with the CRR. With leadership like this, the CRR will succeed and eventually with hard work and continued support, will take its place, to truly convey the wishes of the members to the Board of Governors and Colleges’ Boards.

Energy and dedication of members such as those mentioned above, for the CRF, CRR, and the AOCCO -HNS, are indeed necessary and appreciated if we are to be successful in the coming years!

2011 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

Matthew E. Citron, DO
George Brit Fisher III, DO, FAOCO
Jeffrey D. Hutchison, DO, FAOCO

Otolaryngology/Facial Plastic Surgery

Mark S. Brigham, DO, FAOCO
Richard C. Scharf, DO, FAOCO
Donald M. Sesso, DO, FAOCO

Governors Achievement Certificate

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

Ophthalmology

Ralph G. Del Negro, DO, FAOCO
Sirtaz Singh Sibia, DO, FAOCO
James E. Silone Jr., DO, FAOCO
Everett Wilson, DO, FOCOO

Otolaryngology/Facial Plastic Surgery

Steven J. Kin, DO, FAOCO
Carl B. Shermetaro, DO, FAOCO
Libby J. Smith, DO, FAOCO
Benjamin Mark Welch, DO, FAOCO

Distinguished Service Award

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

Otolaryngology/Facial Plastic Surgery

Paul E. Burk, DO, FOCOO
Benjamin W. Murcek, DO, FOCOO

Special Board of Governors Award

Bestowed by the Board of Governors to members of the Colleges who have distinguished themselves by exceptionally meritorious service to the Colleges in a series of duties of great responsibility

Otolaryngology/Facial Plastic Surgery

James M. Gaunt, DO, FOCOO

2011 Fellows

Ophthalmology

- ◆ Matthew E. Citron, DO, Pontiac Osteopathic Hospital—2003, Certified 2004, Program Director Michael Rubin, DO
- ◆ Katherine C. Erlichman, DO, Philadelphia College of Osteopathic Medicine—1991, Certified 1994, Program Director Carlo DiMarco, DO
- ◆ Daniel W. Langley, DO, Tulsa Regional Medical Center—2006, Certified 2007, Program Director Marc Abel, DO
- ◆ Douglas R. Leder, DO, Metropolitan Hospital—1989, Certified 1993, Program Director Jeffrey Holtzman, DO
- ◆ Mark E. Moran, DO, Philadelphia College of Osteopathic Medicine—1990, Certified 1994, Program Director Donald Thome, DO
- ◆ Irina Pankova, DO, Midwestern University/Chicago College of Osteopathic Medicine—2001, Certified 2006, Program Director Richard Multack, DO
- ◆ Shiloh A. Simons, DO, Midwestern University Chicago College of Osteopathic Medicine—2004, Certified 2005, Program Director Richard Multack, DO
- ◆ Michael Scott Solomon, DO, Botsford General Hospital—1993, Certified 1995, Program Director Eric Zuckerman, DO
- ◆ Christin L. Sylvester, DO, Philadelphia College of Osteopathic Medicine—2005, Certified 2006, Program Director Carlo DiMarco, DO

Otolaryngology/Facial Plastic Surgery

- ◆ Lisa S. Ayers, DO, Philadelphia College of Osteopathic Medicine—2006, Certified 2007, Program Director Mahmoud Ghaderi, DO
- ◆ Mark A. Bickert, DO, Freeman-Oak Hill Health Systems—2006, Certified 2007, Program Director Larry McIntire, DO
- ◆ Matthew Charles Farrugia, DO, Botsford General Hospital—2006, Certified 2007, Program Director Christine Lepoudre, DO
- ◆ Daren G. Kest, DO, Pontiac Osteopathic Hospital—2000, Certified 2005, Program Director Gregory Roche, DO
- ◆ Todd Andrew Meyer, DO, Bi-County Community Hospital—2002, Certified 2003, Program Director Donald Rothen, DO
- ◆ James William Osborne, DO, Metro Health Center—2006, Certified 2007, Program Director Kirk Steehler, DO
- ◆ Jayesh V. Patel, DO, Pontiac Osteopathic Hospital—1998, Certified 2003, Program Director Gregory Roche, DO
- ◆ Neil Anthony Persaud, DO, Metropolitan Hospital—2000, Certified 2004, Program Director Andrew Barak, DO
- ◆ Laurie A. Porter, DO, Kennedy Memorial Hospital—2006, Certified 2007, Program Director Edward Scheiner, DO
- ◆ Kevin S. Sadati, DO, Philadelphia College of Osteopathic Medicine—2004, Certified 2005, Program Director Theodore Mauer, DO
- ◆ Larry Brent Scott, DO, Freeman-Oak Hill Health Systems—2003, Certified 2007, Program Director Larry McIntire, DO
- ◆ Brian Evan Trainor, DO, Union General Hospital—2000, Certified 2007, Program Director Richard Scharf, DO

2011 Resident Award Recipients

Patrick Murray Awards

Ophthalmology

- ◆ 1st Place-William I. Sawyer, DO, Grandview Hospital and Medical Center, Program Director Robert Peets, DO
- ◆ 2nd Place-Karen E. Dickes, DO, Grandview Hospital and Medical Center, Program Director Robert Peets, DO
- ◆ 3rd Place-Christiane K. Hunt, DO, Grandview Hospital and Medical Center, Program Director Robert Peets, DO

Otolaryngology/Facial Plastic Surgery

- ◆ 1st Place-Daniel F. Boxwell, DO, Pontiac Osteopathic Hospital, Program Director Carl Shermetaro, DO
- ◆ 2nd Place-Andrew N. Stevenson, DO, Doctors Hospital, Program Director Robert Pema, DO
- ◆ 3rd Place-Jordan J.T. Mulder, DO, Des Peres Hospital, Program Director Paul Burk, DO
- ◆ 3rd Place-Nicholas Purdy, DO, St. Barnabas Medical Center
- ◆ 3rd Place-Adam C. Rourke, DO, Pontiac Osteopathic Hospital

Resident Professional Paper Awards

Ophthalmology

- ◆ 1st Place-Joanna P. Wahl, DO, Metro Health Hospital, “The Validity of Computed Tomography in an Acute Presentation of Symptoms of Decreased Vision”, Program Director Ralph Crew, DO
- ◆ 2nd Place-Karen E. Dickes, DO, Grandview Hospital and Medical Center, “Long-Term Rotational Stability of the Alcon AcrySof Toric Intraocular Lenses”, Program Director Robert Peets, DO
- ◆ 3rd Place-William I. Sawyer, DO, Grandview Hospital and Medical Center, “Use of the Boston Type I Keratoprosthesis and Silicone Oil in the Treatment of Hypotony in Prephthisis”, Program Director Robert Peets, DO

Otolaryngology/Facial Plastic Surgery

- ◆ 1st Place-Azeem Z. Vasi, DO, Grandview Hospital and Medical Center, “Single-Stage Reconstruction of a Large Full-Thickness Scalp Defect with Anterior and Posterior Bipedicled Scalp Rotational Flaps”, Program Director Michael Helfferich, DO
- ◆ 2nd Place-Justin L. Elder, DO, NYCOM/St. Barnabas Medical Center, “Endoscopic Repair of Nasal Septal Perforation with Turbinate Free Graft”, Program Director Richard Scharf, DO
- ◆ 3rd Place-Kimberly R. Ostrowski, DO, Pontiac Osteopathic Hospital, “Benign Symmetric Lipomatosis of the Syraglottic Larynx: A Rare Cause of Dysphonia”, Carl Shermetaro, DO

Resident Poster Awards

Ophthalmology

- ◆ 1st Place-Matthew D. Lowrance, DO, Hillsdale Community Health Center, “A Quantitative Measure of the Effects of Eyelid Massage on the Production of Tears and a Proposed Osteopathic Treatment Technique for Dry Eyes”, Program Director David Gossage, DO
- ◆ 2nd Place-Erin Benjamin, DO, Hillsdale Community Health Center, “A Conjunctival Optical Coherence Tomography as a New Technique in Giant Papillary Conjunctivitis Assessment and Correlated Treatment”, Program Director David Gossage, DO
- ◆ 2nd Place-Joanna P. Wahl, DO, Metro Health Hospital, “The Validity of Computed Tomography in an Acute Presentation of Symptoms of Decreased Vision”, Program Director Ralph Crew, DO
- ◆ 3rd Place-Hal Schwartzstein, DO, St. John’s Episcopal Hospital, “Complications Following Plaque Radiotherapy of Small Posterior Uveal Melanoma in 1,524 Cases”.

- ◆ 1st Place-Shaunda M. Rodriguez, DO, Millcreek Community Hospital, “Use of Serum Parathyroid Hormone Levels After Near Total and Total Thyroidectomy in the Community Hospital Setting”, Program Director Kirk Steehler, DO
- ◆ 2nd Place-Jason T. Stubbs, DO, Freeman-Oak Hill Health Systems, “Alveolar Soft Part Sarcoma of the Scalp”, Program Director Larry McIntire, DO
- ◆ 3rd Place-Scott M. McClintick, DO, Fellow, University of Iowa Hospital, “Health Care Utilization in Patients with Head and Neck Cancer”.

Cancer After HZO

REPRINTED

Article submitted by Robert J. Franchi, DO

For more than 50 years, leading physicians have noted an association between herpes zoster (HZ) - an activation of latent varicella - and a subsequent diagnosis of cancer. HZ is reported to affect 10 to 20 percent of the U.S. population. Now, a retrospective cohort study based on the entire population of Taiwan reports a ninefold increase in the risk of cancer the year following a diagnosis of herpes zoster ophthalmicus (HZO), a form of HZ that affects the ophthalmic nerve¹.

As with a previous study linking HZO to stroke², this study used one of the largest nationwide, population-based datasets in the world, a database released by Taiwan National Health Research Institutes. “This provides a unique opportunity for studying these kinds of phenomena,” said Sudha Xirasager, MBBS, PhD, study coauthor and associate of health services policy and management at the University of South Carolina in Columbia.

The study compared a series of 658 HZO patients diagnosed in 2003 and 2004 with 5,264 randomly selected outpatients matched on age, gender, monthly income and residential urbanization level. The majority of the patients were age 50 or older.

In the year following diagnosis of HZO, a wide range of cancers were diagnosed in 4.86 percent of patients with HZO, compared with 0.53 percent of patients in the comparison cohort, yielding a 9.25 greater risk of cancer diagnosis among patients with HZO.

“The majority contribution of this study is that it unequivocally confirms a clinical connection between herpes zoster ophthalmicus and cancer,” said Dr. Xirasager. “We cannot say that it is a causal connection, however.”

Until further research is done, a kind of chicken-and-egg debate still persists about their relationship. Several scenarios are plausible: HZO might signal early immune system impairment that accompanies malignancy. Alternatively, reactivation of the virus might trip certain immunologic mechanisms that could lead to cancer. Or, a host immunity compromise may be setting the stage for either HZ or cancer to emerge, according to the authors.

The implications of this study? “One, of course, is the opportunity to screen those patients very carefully for early stage cancers when the cancer is most treatable,” said Dr. Xirasager. HZO’s salient symptoms—severe eye pain, redness, tearing, and decreased vision—almost invariably send patients hurrying to the doctor’s office, where the diagnosis is very unlikely to be missed. “A diagnosis of HZO should serve as a trigger to refer the patient to a general internist or general surgeon for a comprehensive assessment.” Today’s sophisticated screening tools make this even more efficacious, she said.

A second implication of the study would be to initiate molecular biological and hematological studies to understand the biological mechanisms that link these two conditions. A direct carcinogenic effect of herpes zoster would imply the need for interventions to avert cancer and for research on a targeted boosting of host immune mechanisms.

1 Ho, J-D. et al. *Ophthalmology* Published online Jan. 12, 2011.

2 Hang, J-H. et al. *Stroke* 2009; 40:3443-3448.

Overview: 2011 Federal Legislative Priorities

REPRINTED

The American Academy of Otolaryngology – Head and Neck Surgery (AAO-HNS) is committed to the enactment of legislation that will strengthen the delivery of, and access to, quality healthcare in this nation. To that end, the AAO-HNS urges Congress to appropriately address the following issues in 2011:

Repeal of the Independent Payment Advisory Board (IPAB)

The IPAB, an unelected, unaccountable body of individuals appointed solely by the President and charged with creating Medicare payment policy, usurps the rightful authority of our elected officials to create and shape Medicare policy. By limiting Congressional authority, IPAB essentially eliminates the transparency of hearings, debate, and the meaningful opportunity of stakeholder input. In fact, fewer than half of the IPAB members can be healthcare providers, and none are permitted to be practicing physicians or be otherwise employed.

Members of Congress are urged to support H.R. 452, the Medicare Decisions Accountability Act of 2011.

Permanent Repeal of the Sustainable Growth Rate (SGR) Formula

The volatility and instability of the Medicare payment system is threatening Medicare beneficiaries' access to healthcare. Continued payment cuts, rising practice costs, and a lack of certainty going forward, make it difficult, if not impossible, for already financially-challenged physician practices to continue to treat Medicare patients. Over the past decade, the AAO-HNS and others in the physician community has repeatedly advocated for the reform and redesign of the unstable and unsustainable Medicare physician payment formula. However, Congress' failure to enact permanent reform has created an instability and uncertainty that undermines the ability of physicians to plan for the future, to provide for their employees, and to make investments to help improve the quality and efficiency of the care they provide. **Members of Congress are urged to support permanent repeal of the SGR and the development of a new Medicare physician payment system.**

Reduce Healthcare Delivery Costs by Enacting Comprehensive Medical Liability Reforms

The nation's current medical liability system places patients in jeopardy of losing their access to vital healthcare services. With affordable and adequate medical liability insurance becoming difficult to find, physicians are retiring early, limiting their practices, or moving to states with less costly premiums. This disturbing trend is leaving entire communities without access to critical healthcare services. As a specialty, in an effort to reduce and learn from instances of medical error, we have committed substantial resources to and engaged our members in proactive quality improvement initiatives. However, further statutory changes are necessary to address flaws in our current tort system and enact proven reforms to reduce frivolous lawsuits, including reasonable caps on non-economic damages. **Members of Congress are urged to support H.R. 5/S. 218, the HEALTH Act of 2011.**

Support Clarity and Transparency in Healthcare Advertisements

Currently, there is little "transparency" associated with the most fundamental and important component of healthcare delivery – the many health professionals who interact with patients every day. Recent studies confirm America's patients prefer a physician-led approach to healthcare and are often confused about the level of training and education of their healthcare providers - including physicians, technicians, nurses, physician assistants, and other allied providers. Because of this uncertainty, patient autonomy and decision-making have been compromised. America's patients deserve to be fully informed and able to easily identify in healthcare advertisements their providers' credentials, licenses, and training when seeking treatment. **Members of Congress are urged to support H.R. 451, the Healthcare Truth and Transparency Act of 2011.**

Support Continued Patient Safety Protections

The AAO-HNS strongly believes a physician-led hearing healthcare team with coordination of services is the best approach for providing the highest quality care to patients. In past years, the audiology community has pursued unlimited direct access to Medicare patients without a physician referral, and the AAO-HNS has

repeatedly opposed such legislative efforts due to significant patient safety concerns. While audiologists play a critical role in providing quality hearing healthcare, their desire to independently diagnose hearing disorders transcends their level of training and expertise. **Members of Congress are urged to oppose any legislative proposal that would grant audiologists unlimited direct access to Medicare patients without a physician referral – unless it has been properly vetted by the AAO-HNS and others in the physician community to ensure patient safety is preserved and existing scope-of-practice laws are protected.**

Physician Departure Notification

REPRINTED Publish date: Jun 10, 2011 by Daniel Shay, JD, source Medical Economics

Q: Do we have to tell the Centers for Medicare and Medicaid Services (CMS) if a physician leaves our practice? If so, when do we have to tell the agency?

A: Yes, you must inform CMS if a physician leaves your practice, but different deadlines may apply, depending on the physician's position in the practice. You must file a CMS-855R reassignment form terminating the physician's right to payment within 90 days of his or her leaving. If the physician was a partner, a shareholder with 5% or greater ownership in the practice, had managerial duties, or was listed on previous enrollment applications as an "authorized" or "delegated official," you also must inform CMS within 30 days of the physician's departure by filing a change of information on the practice's CMS-855B enrollment form. Failure to properly update your enrollment information may result in the loss of your Medicare billing privileges.

Why Majority Control is So Important Look Before You Leap When Signing Your Next Practice Agreement

REPRINTED Publish date: Jun 10, 2011 by Keith Borglum, CHBC, source Medical Economics

Key Points

- The most important issue in regard to value of the ownership is the control of the dividends.
- A seller transferring an equal 50% ownership might stipulate senior doctor rights.

Physicians seeking to become partners or shareholders in their medical practices frequently confront physician practice owners, employers, administrators, medical practice consultants, recruiters, and brokers with the demand that they "want a position where they can have some control."

This situation differs significantly from the current trend of hospitals seeking control of physicians in their communities via acquisitions of medical practices. Most medical practices are still private practices of five or fewer physicians. Control issues in these smaller practices are far different from those of the mega-groups.

Associates want control for several reasons, including increased income, job security via ownership, the ability to choose their own midlevels, input in selecting an electronic health record (EHR) system, and making changes in their personal work environment. These are all legitimate desires that can be resolved by ownership control, even though they might be more easily and effectively addressed by improved communications or by an employment contract.

When an associate buys into a medical practice, a financial cost typically is involved. The associate might cover this cost through reduced, graduated earnings during the first few years of employment or by outright purchase, perhaps using a purchase loan acquired from a bank. Of course, it is human nature that

the physician-seller thinks the ownership interest being sold is extremely valuable, and the physician-purchaser thinks the ownership interest may be worth little to nothing. The physician-owner has invested years of "blood, sweat, and tears" in building the practice but wants to be paid in dollars instead of in bodily fluids.

The associate hears the scuttlebutt in the physician lounge at the hospital that "medical practices aren't worth anything anymore." It usually takes professional analysis to determine a medical practice's fair market value. Rarely, though, do the participants consider the value of "control" unless a medical practice valuation expert is involved.

MAJORITY VOTE PREVAILS

When a medical practice has multiple owners, issues about control always will exist. These control issues may be determined by a combination of state law, federal law, shareholder agreements, and contracts. When one physician has 51% or more of the ownership, he or she likely has 100% control, even though the minority shareholder likely has some legal rights. When there are two owners—each with 50% ownership—neither can force control over the other, nor can they have control forced on them, so neither has full control. In a group of three or more physicians—each having less than 50% ownership—control begins to respond to the democratic rule that the majority vote prevails.

In medical practices, control decisions may include compensation for individual physicians, employment and pay scale of family or others, election of directors and officers, appointment of management and the powers of management, acquisition or sale of assets, relocation, payment or allocation of profits and dividends, the incurring of debt, sale of the practice to a hospital, or closing the practice. Other factors related to control of a medical practice are commonly described as "senior doctor rights" (SDRs). For example, a physician-seller transferring an equal 50% ownership to an associate might stipulate in the sales agreement certain SDRs, including:

- retention of the practice's lease and phone number in event of dissolution;
- ownership of all the practice's medical records;
- securing a job for his or her spouse as manager;
- requiring a noncompetition agreement of the buyer;
- a stipulation that he or she doesn't have to take call;
- a tiebreaker vote or veto on matters related to the practice; and
- other rights such as use of the "company" car.

Picture this investment scenario. You are offered 49% ownership of a corporation that has a sole asset of a \$1 million piece of land, with no other assets or liabilities, and a single shareholder. That shareholder offers to sell you that 49% interest in the corporation for \$250,000. On the surface, it appears to be a good deal because of the underlying \$1 million asset. But you are not buying 49% of the asset; you are buying 49% of the entity that owns the asset. The 51% owner has 100% control.

Digging deeper, you find out that the current sole owner used to have five such parcels of land in the corporation, but lost the other four gambling. The owner plans to take your \$250,000, go back to the gaming table, and try to win back the other four parcels, and you would be able to do nothing about it due to your lack of control. How much would you be willing to pay/risk on such an investment? Little to nothing.

Ophthalmology Opportunities

COLORADO

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

KENTUCKY

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

FLORIDA

- Multi-specialty practice in South Florida looking for a full-time cornea/general surgeon. Well-established practice with multiple locations in Dade and Broward Counties with top-notch equipment and staff. Competitive 401K plan with employer match and healthcare benefits. South Florida offers a high quality of living with ample recreational activities and great weather. Interested individuals should fax a CV and cover letter to 305-442-1498 or email to eyeseedoc@gmail.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, 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.

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.

CALIFORNIA

- Santa Barbara, CA—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, sounds booths and HAD department. Adjacent to Outpatient Surgi-Center and area's major hospital. For more information contact: Joseph Di Bartolomeo, MD, 2420 Castillo Street, Santa Barbara, CA, (805) 563-1111, fax (805) 563-2277, email: earfdn@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 compliment our coalition of independent professionals offering comprehensive, personalized, holistic healthcare. 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.

- Sunshine, beaches, boating, and a GREAT opportunity. Busy solo ENT looking for a BC/BE ENT to join state-of-the-art practice. EMR, CT scanner, audiology/sound booths and fully-equipped Med-Spa already established. Fast track partnership available. Competitive salary + bonuses + benefits package. New graduates welcomed. Please send CV to toddparnes@gmail.com.

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.

- Solo practitioner seeking associate for busy practice. Practice has 2 AUDs, 2 aestheticians and an accredited surgical center in house. Also have in house CAT scan and ultrasound etc. Please contact A. Daniel Toland, DO, at 478-808-6971 or dantoland@cox.net.

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 in 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.

- Wanted ENT associate to join busy 2 man practice in the Warren and Mount Clemens area. Residency program for support. If interested, please contact Dr. Michael Sherbin or secretary Angie at 856-463-5831.

OHIO

- Seeking an otolaryngologist for position/ownership in an established practice located in Troy, OH. The practice has a well-established facial plastics base. 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 drgww@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 513-891-8700 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@knetwork.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.

- Premier Southeastern PA private practice of 4 physicians and 2 PAs seeking BC/BE otolaryngologist starting in 2010. Attractive salary and benefits package, early partnership opportunity and generous loan repayment offered. Comprehensive range of ENT-head and neck surgical services, separate allergy suite, 4 office locations, speech therapy, specialty audiologic testing and hearing aid dispensing distinguish our practice in the community. Please direct your letter of interest and CV to: practice.mgr@earthlink.net.

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 opened in fall 2008 with op. for ENT academic position in addition to private practice. Merged two separate ENT groups in 2008 to form a single group in 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.

NEED MEDICAL DIRECTOR

- Specialty medical clinic in Southlake (Trophy Club), TX is seeking a compassionate board certified otolaryngologist to serve as the clinic's medical director. This is an excellent opportunity to practice and represent an innovative vision of patient advocacy in one of Texas' premier communities. The position offers competitive salary plus performance incentive, \$300,000+ annual income potential, no call, no weekends, full benefits package, excellent hours to ensure quality of life for you and your family, specialty care practice, focus on patient care, state-of-the-art equipment and facility, verifiable need. Interested candidates should call Steve Orlando at 512-351-4747 or send your CV via fax to 512-338-0083 or via email to steve@neurosensorycenters.com.

Otolaryngology Fellowships FLORIDA

- One-year clinical fellowship in otology-neuro-otology starting July 1, 2011 at the Ear Research Foundation/Silverstein Institute, Sarasota, FL. 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 jmass@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 Ted Schwartzfeld, 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. Schwartzfeld at 248-541-0100 or email entrock@aol.com.
- Pediatric otolaryngology fellowship available July 2008 at Children's Hospital of Michigan in Detroit, MI. Please contact Dr. Michael Hauppert or Dr. David Madgy at 313-745-5402.