



# American Neurotology Society

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## From the Desk of the Secretary-Treasurer

Anil K. Lalwani, MD

### A MESSAGE FROM THE PRESIDENT OF THE AMERICAN NEUROTOLOGY SOCIETY CLOUGH SHELTON, MD



It is said that history repeats itself. We all hope that this repetition leads to progress. In the late 1980s, when I was fresh out of fellowship, one Fall ANS Program was devoted to implantable hearing aids. There was a great deal of excitement at that time about these devices, and it was predicted that they would become the "otologist's cataract surgery". The half-day program highlighted a handful of devices and their investigators discussed the progress that had been made. It seemed like the inclusion of implantable hearing aids in our practice was imminent. However of those devices, only one, the Vibrant Soundbridge®, went on to effective commercialization. The technical aspects of these devices were more difficult than had been anticipated.

Frank Rizer was a creative and inventive Neurotologist. Frank and I were fellows together and I always admired his drive and creativity. After his untimely death in a private plane accident, the Franklin M. Rizer Memorial lectureship was established to honor him and to highlight medical innovation. The 2012 Rizer Lecturer will be Dr. Richard Goode. Dick is an incredibly creative individual who is always thinking outside the box. He has numerous medical inventions to his credit and is one of the fathers of implantable hearing aids. His lecture will review the history of implantable hearing aids.

It is now more than 20 years later, and the number of commercially available implantable devices has multiplied. For the 2012 Fall ANS Program we have a panel moderated by Dr. Larry Lustig, focusing on new hearing devices, both for sensorineural and conductive hearing loss applications. Perhaps implantable hearing devices will become a larger part of our practice in the near future.

This past year has been a historical one for major device recalls from two of the cochlear implant manufacturers. This of course has had a huge negative impact on our patients. Dr. Douglas Backous has put together a panel discussing cochlear implant failures and the standards that are being developed on an industry wide basis.

There is great excitement and enthusiasm concerning the preservation of residual hearing with conventional cochlear implants, but does preserving hearing affect cochlear implant performance? What are the best techniques to preserve hearing? While the concept of hearing preservation appeals to us all, what is the evidence that preserving anatomy and function is beneficial? Dr. Colin Driscoll and his panel will explore these issues.

Finally, remember the Fall Program starts early Saturday morning with the Facial Nerve Study Group at 7 AM, followed by the Stereotactic Radiosurgery Study Group at 8:30 AM, the William F. House Cochlear Implant Study Group at 10:30 AM and the ANS Scientific Program at 1:15 PM. There will be early shuttle bus service to and from area hotels (with the exception of the those within walking distance) to enable our members to get to the Program. The buses begin running at 6 AM and will continue until 6:45 PM.

Warm regards,  
Clough

### A WORD FROM THE SECRETARY

The ANS newsletter has undergone a year of growth and expansion. I hope you have found the new layout a source of useful information about the activities of the American Neurotology Society and the field of Neurotology & Otolaryngology in general. This issue features submissions from Foundations that are focused on hearing health, specifically the history, mission, & research grants available. These include the American Hearing Research Foundation (AHRF), the Hearing Health Foundation (HHF), formerly Deafness Research Foundation and the National Organization for Hearing Research Foundation (NOHR). Kim Pollock, of *Karen Zupko & Associates*, concludes her series on improving your revenue process.

Once again, the ANS is pleased to sponsor a full day of educational activities on the 2nd Annual "Super Saturday", September 8, 2012. Plan to come early and stay all day. Dr. Shelton has done an excellent job of highlighting the ANS Scientific program above; sure to be an outstanding program not to be missed! Mark your calendar for the ANS miniseminar led by Dr. Sujana Chandrasekhar, entitled "Practice Pearls Neurotology for the General Otolaryngologist", Sunday, September 9th at 10:30 AM at the Convention Center, Room 202A.

A special thanks to the Study Group Coordinators: Drs. John Leonetti, Sam Marzo, & Larry Lustig for the Facial Nerve Study Group; Dr. Edwin Monsell for the Stereotactic Radiosurgery Study Group and Dr. Craig Buchman for his efforts in coordinating the William F. House Cochlear Implant Study Group.

## AMERICAN HEARING RESEARCH FOUNDATION

The American Hearing Research Foundation ([www.american-hearing.org](http://www.american-hearing.org)) was founded in Chicago in 1956 by George E. Shambaugh, Jr., MD, and Eugene L. Derlacki, MD, two prominent otolaryngologists who pioneered early procedures to restore hearing loss.

The mission of the AHRF is to fund research into hearing loss and balance disorders related to the inner ear, and to educate the public about these health issues.

The AHRF funds five \$20,000 research projects each year. On some years, the AHRF also funds a sixth grant of \$20,000 named after one of the foundation's donors, Georgia Birtman, and goes to the researcher whose proposal is considered to have most translational research. The Birtman Grant application process follows the AHRF's regular grant application guidelines and schedule. The AHRF also funds the Wiley H. Harrison, MD grant in conjunction with CORE (Centralized Otolaryngology Research Efforts) of the American Academy of Otolaryngology — Head & Neck Surgery. This grant is \$25,000 for one year of research. The timeline for these applications differs from that of the regular AHRF grants (see below).

AHRF grant proposals are due on August 1 of the year before funding begins. Funding starts on January 1 and ends December 31.

Proposals are reviewed by the AHRF Research Committee in mid-October and applicants are notified as to the status of their grants the following day. No notes are given.

Grant proposals should relate to the hearing or balance functions of the ear. Both basic and clinical studies may be proposed that investigate aspects of the auditory and vestibular systems including but not limited to genetics, neurotology, anatomy, auditory processing, molecular and cellular biology, therapeutic studies, and investigations of current or experimental devices (i.e. cochlear implants).

Applicants must hold the MD, PhD or equivalent degree(s) and be associated with a university or hospital in the United States.

Grant recipients will need to submit progress reports to the AHRF by April 1 of their grant year. These reports may be included on our website and/or newsletter. Recipients must also notify the AHRF in advance of publication or coverage of their funded research in journals or in the news media. The AHRF must also be listed as a funder in any published scientific papers. Recipients are required to submit a final report of their research by the end of January after the completion of their funded year of research.



**Hearing Health Foundation**  
Prevention | Research | Cure

Hearing Health Foundation: New Name, New Program –  
and a Goal of Curing Hearing Loss in the Next Ten Years

Hearing Health Foundation (HHF), formerly Deafness Research Foundation, is committed to three pillars: prevention, research, and a cure for hearing loss. Since 1958, HHF has funded over 2000 grants and distributed over \$26.5 million for hearing and balance research, including work that led to cochlear implant technology, among many other achievements.

To see HHF's Achievement Timeline, please visit <http://hearinghealthfoundation.org/timeline>. The Emerging Research Grants Program ensures that new investigators are encouraged to enter the field of hearing research. The grants for up to \$25,000 per year (renewable for up to one year) are intended to prepare researchers for future NIDCD or other extramural funding.

To learn more about the Emerging Research Grants Program, visit <http://hearinghealthfoundation.org/researching-hearing-loss>. Deadlines for Letters of Intent are due October 31, 2012 for first-year applicants, and applications are due in December. The funding cycle is July 1 to June 30, and projects in all areas of auditory research are encouraged. Information about eligibility and our policies can be found on the website.

In 2011 Hearing Health Foundation launched the Hearing Restoration Project (HRP), with a goal of a biologic cure for most types of acquired hearing loss within the next ten years. While the Emerging Research Grants Program remains an area of focus, the Hearing Restoration Project engages established scientists working in the area of cell regeneration in the inner ear in a multi-institutional consortium. HRP researchers are located at Harvard, Stanford, University of Washington, Baylor College of Medicine, House Research Institute, and Washington University, among other institutions.

Hearing Health Foundation also publishes Hearing Health magazine, a consumer resource on hearing loss and related technology, research, and products, that is available free of cost for individuals as well as for waiting rooms of hearing professionals (<http://hearinghealthfoundation.org/hearing-health-magazine>).



The National Organization for Hearing Research Foundation (NOHR) was established in 1988 by Geraldine Dietz Fox – a noted and energetic advocate for hearing research. The year 1988 was also notable for President Ronald Reagan signing the Bill establishing the National Institute on Deafness and Other Communication Disorders (NIDCD) as the 13<sup>th</sup> Institute at the National Institutes of Health. Mrs. Fox was instrumental in lobbying for the separate “Ear Institute” and was appointed to serve as the first Chairperson of NIDCD’s Board.

From the beginning, NOHR’s mission has been supporting young investigators with seed money grants for innovative and contemporary projects. NOHR hopes that data gathered in pilot studies would be used to apply for larger grants elsewhere (e.g. NIDCD, National Science Foundation). As of May 2012, NOHR has awarded \$9.8 million for 510 investigations.

In the past, the due date for receipt of applications for NOHR’s annual seed money grants has been in October. The date for 2012 has not yet been set. The grants submitted to NOHR for funding consideration are reviewed by the distinguished members of NOHR’s Scientific Review Committee; in funding decisions, NOHR also benefits from the counsel of its Board of Medical Advisors.

Members of ANS are encouraged to visit the NOHR website, [www.nohrfoundation.org](http://www.nohrfoundation.org), to learn about granting mechanism, previously funded grants, and about NOHR’s special program recognizing young investigators, the Burt Evans Award.



#### IMPROVE YOUR REVENUE PROCESS PART II

by Kim Pollock, RN, MBA, CPC

*Kim is a consultant and speaker with KarenZupko & Associates, Inc. a physician practice management consulting and training company.*

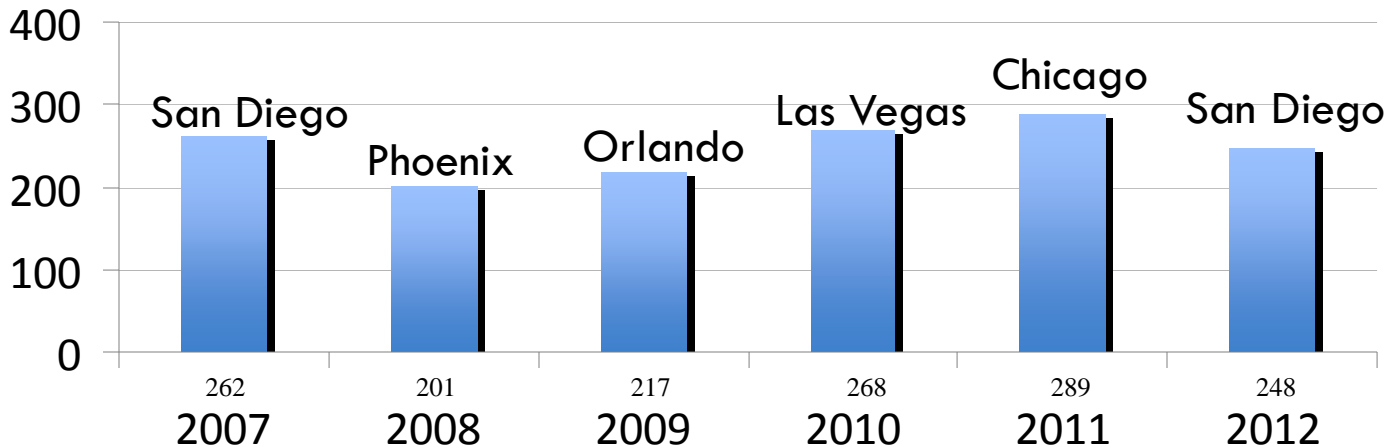
#### Overhead Reduction Tips

A little savings here and there adds up to real money! Here are 10 opportunities that offer you potential savings. Using only a few of these can reduce overhead and boost your bottom line.

- 1. Bid out the credit card processing.** One \$2.2 million practice was able to save \$5,000 per year by doing this. The money saved falls right to the bottom line.
- 2. Forget fresh flowers – buy silk.** The monthly floral bill in one practice (two offices) was in excess of \$600. The surgeon’s wife found gorgeous silk orchids for the reception rooms, which continue to garner compliments. This resulted in an annual savings of more than \$7,000.
- 3. Cut the cost of creating payroll.** Pay your staff every other week instead of every week. You’ll cut your payroll expenses in half, and spare yourself some unnecessary cash flow stress.
- 4. Shop for medical malpractice insurance and ask for risk reductions.** Check with other carriers. Look for up to a 15 percent premium reduction if you attend a risk seminar or implement an electronic health record (EHR). Just ask!
- 5. Employ the Web.** Cut patient communication expenses, such as postage and long-distance phone charges, and boost efficiency by enhancing your website. Bill patients electronically and accept online payments via your website. Have new patients download registration forms and Health Insurance Portability and Accountability Act (HIPAA) forms online.
- 6. Re-evaluate your workforce.** Do you have the right number of people doing the right jobs at the right time? Employee salaries are usually the largest single overhead expense in a practice. Eliminate overtime, look at part-time replacements, and reduce staff, if necessary.
- 7. Talk isn’t cheap.** Count the telephone lines in your practice. Eliminating unnecessary phone lines can offer an attractive savings without impacting day-to-day operations. For example, the line dedicated to your credit card machine can be eliminated if an Internet scanning device is used.
- 8. Review who’s reviewing your line items.** One physician saved \$2,500 by switching accounting firms and discovered that “larger” does not equate to “better,” or more efficient. The new Certified Public Accountant (CPA) charges a flat fee for the corporate and personal taxes, and does not charge for every telephone call, tax planning meeting, and tax resubmission or correction.
- 9. Get group discounts for clinical supplies** (even for solo practitioners). Shop around for your most frequently used and most expensive supplies, and take advantage of membership discounts through your local or state medical societies. Ongoing, competitive pricing—quarterly, not annually—is a must.
- 10. Save the letterhead for important correspondence.** Electronic faxing to referring physicians saves on paper costs and postage.

A successful practice engages in a revenue cycle that involves efficient, cost-effective, compliant, and accurate processes, on the front end as well as back end, to achieve optimal collections. Paying attention to even the most minor of overhead expenses will also contribute to a thriving practice even in a down economy. Use these surefire ways to keep expenses down!

## ANS COSM Attendance



The history of the Combined Otolaryngology Spring Meetings (COSM) dates back to 1970 when the Triological Society suggested the formation of a liaison committee composed of the Secretaries of each of the ORL Societies (AAFPRS, ABEA, ALA, AOS, ASHNS, TRIO) that met together each Spring. The Secretaries agreed to have the American Council of Otolaryngology handle the logistics of this increasingly complex meeting and its Executive Director, Dr. Harry McCurdy, chair the Secretaries' Liaison Committee (SLC).

Each Society was individually responsible for handling its own scientific and social programs and its own registration. As other ORL Societies grew, they were admitted to the COSM group when they met the criteria established by the SLC, and the group grew to 10 Societies with the addition of AAOA, ARS, ASPO, and ANS. The American Council of Otolaryngology merged with the Academy in 1982 and Dr. McCurdy continued to chair the SLC as Academy EVP.

Dr. Jerome Goldstein became the Academy EVP in 1984 and replaced Dr. McCurdy as SLC Chair. Under his direction the Academy Meetings Department in 1986 introduced a common registration form and badge to obviate the necessity for each society to provide these, and the Department continued to arrange for the needs for audiovisual equipment, logistical setups and decorating needs, auxiliary meetings and exhibitor recruitment and displays. The SLC continues to meet at least twice a year.

In September 1999, they voted to have Dr. Goldstein, former Academy EVP, continue as SLC Chair and COSM coordinator. In response to surveyed suggestions, the secretaries agreed to shorten the COSM meeting to five days by encouraging Society shared and simultaneous presentations. AAOA announced they would withdraw from the COSM group in 2002, which left nine participating societies.

In May 2004, the COSM Secretaries Liaison Committee voted and agreed to transfer the logistics management and exhibitor recruitment of COSM to the American College of Surgeons.

In September 2009, the COSM Secretaries Liaison Committee voted and agreed to have Dr. Stanley Shapshay succeed Dr. Goldstein as the SLC Chair beginning with the April 2011 Meeting in Chicago, Illinois. In 2012, ANS and AOS registrants combined, make up the largest share of total attendees at 23%, followed by TRIO registrants at 18%, then ASPO at 16%.

### IN MEMORIAM



We are deeply saddened to inform you of the death of Saumil N. Merchant, M.D., a distinguished otologist, otopathologist, teacher, scholar and a member of the American Neurotology Society on June 27, 2012. Dr.

Merchant was the Eliassen Professor in the Department of Otolaryngology at the Harvard Medical School. During his career, Dr. Merchant made significant contributions to our understanding of middle ear mechanics and temporal bone histopathology. He served on the editorial board of a number of distinguished journals in our specialty. In 2004, Dr. Merchant was elected as a member of the *Collegium Oto-Rhino-Laryngologicum Amicitiae Sacrum*. We are indebted to Saumil for his service with distinction on the Executive Council of the American Neurotology Society. Dr. Merchant is survived by his wife Linda, daughters Alanna and Julie, and his parents Drs. Nalin and Rohinee Merchant.

### ANS CALL FOR PAPERS

Abstracts are being accepted for the 48th Annual ANS Spring meeting through October 15, 2012 via the ANS website. The ANS is pleased to announce a limited number of posters will be selected for presentation this year. Primary authors will select *Oral presentation*, *Poster*, or *Either* when submitting their abstract. All authors must comply with the guidelines & instructions outlined on the abstract submission page found on the ANS website.

[www.americanneurotologysociety.com/abstractinstruct.html](http://www.americanneurotologysociety.com/abstractinstruct.html)

The ANS Spring meeting in conjunction with COSM will be held on Friday & Saturday, April 12-13 in Orlando, FL at the JW Marriott Grande Lakes Resort.

Mark your calendar

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