



# ASPO

## AMERICAN SOCIETY OF PEDIATRIC OTOLARYNGOLOGY, INC NEWSLETTER

Fall 2010

### OFFICERS & COMMITTEES

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Peter Koltai, MD

#### PRESIDENT ELECT:

Richard Rosenfeld, MD

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Marci Lesperance, MD

#### TREASURER:

Brian Wiatrak, MD

#### ADDITIONAL DIRECTORS:

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Anna Messner, MD

Dana Suskind, MD

#### BY LAWS:

Scott Manning, MD

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James Thomsen, MD

#### AD HOC INTERNATIONAL

#### OUTREACH

Anna Messner, MD

#### AD HOC PATIENT SAFETY & QUALITY

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#### AD HOC SUBCERTIFICATION

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Bruce Maddern, MD

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#### INFORMATION / TECHNOLOGY:

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#### LIAISON:

Jerome Thompson, MD

#### LONG RANGE / STRATEGIC

#### PLANNING:

Kathy Sie, MD

#### MEMBERSHIP / CREDENTIALS:

Stephen Conley, MD

#### NOMINATING:

Sukgi Choi, MD

#### PROGRAM:

Diego Preciado, MD

#### RESEARCH COMMITTEE:

Maria Pena, MD

#### NEWSLETTER EDITOR:

Paolo Campisi, MD

### President's Report

#### Peter Koltai, MD



Peter Koltai, MD  
ASPO President

This is always a nice time of the year as summer draws to an end; residential rawness has been rendered, the kids go back to school and the waiting rooms look a little less congested. Now folks want to put off procedures till Thanksgiving instead of doing them yesterday. It is also the season when the academic year begins; the early basic lectures have been given, Grand Rounds start again and the annual cycle renews itself. Interestingly, this period coincides with the celebration of the harvest and the new year among many faiths.

In the same spirit, ASPO comes back alive as we refocus from hazy summer to planning the next annual meeting and carrying forward a whole series of important initiatives and policies all of which will be on the agenda of the ASPO Board meeting on September 25th.

I have received much feedback from you about the program for the annual meeting. There are those who feel strongly that there should be greater emphasis on experientially based clinical reports and more "how to" type lectures and panels by recognized experts in the field. Others are equally certain in their view that the ASPO annual meeting is the premier Pediatric Otolaryngology forum for presenting the newest research and cutting edge technology. All of our past Presidents and their Program Committees have understood ASPO's role in guiding our younger colleagues with a strong scientific program as well as the necessity of balancing the science with a stout serving of clinical information pertinent to the practitioner. The key challenge is emphasizing the basic science that translates well to clinical practice; basic science that every clinician should know. Ultimately the program is like an equation that has lots of variables and many solutions; our job for this coming year is to pick an aesthetic and appealing answer to that equation. Some of the responsibility is in the hands of those who submit abstracts; content can only be as good as what we receive for review. We are looking forward to your submissions in the fall.

An issue that I value is seeing ASPO as the "Big Tent" of pediatric otolaryngology, welcoming academic, community and mixed practitioners, providing resources for all members, educationally, socially and politically. I would like to see every pediatric otolaryngologist within our community. Jim Thomsen MD, our immediate past Treasurer, will focus on developing strategies for bringing private practice pediatric otolaryngologists who have left or never joined ASPO, into our community. This group represents the largest potential pool of untapped members for ASPO and I strongly believe a concerted effort should be made to recruit them. He will be working with Stephen Conley MD, Chair of our membership committee in working toward this goal.

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#### MISSION STATEMENT

American Society of Pediatric Otolaryngology (ASPO) exists to foster excellence in the care of children with otolaryngologic disorders through education and research and thereby enhance the profession of Pediatric Otolaryngology.

## President's Report continued

My "Big Tent" concept of pediatric Otolaryngology extends far beyond our borders. Given personal background, my instinct is to focus on the international diaspora of our unique knowledge. Our specialty has thrived in some places and not really progressed in others. The truth is we are experts in providing very expensive care. It is not certain that Pediatric Otolaryngology will be part of the evolving health care model in the rapidly developing nations of the world. In these countries, the emergence of children's hospitals as centers of complex care provide fertile ground to nurture the skills of our craft in great numbers, however with major overlaps with other subspecialties. As a consequence of the unprecedented scale of populations of China and India, we will have new insights and undoubtedly innovative new treatments about the disease we are interested in. We should make every effort to participate in this future and reach out to our colleagues with whom we share common problems and common expertise. This can be done in many ways: sharing our skill and knowledge in congenial conferences, teaching the teachers to promote the spread of our knowledge, directly caring for the dispossessed in foreign lands. My goal for the year is to deepen our understanding of the models of pediatric health care in the countries where our footprint remains modest. I would like ASPO to develop a program of providing assistance to young clinician educators from the developing world to come to the United States to learn about Pediatric Otolaryngology here. Finally, I think it is important to update our ASPO members about the various programs for international humanitarian outreach and the opportunities of participating in these efforts. The "International Outreach Committee", led by Anna Messner MD, is focusing on coordinating pediatric otolaryngology opportunities for teaching and service in developing countries and possibly setting up an ASPO international visiting scholar program.

Peter J. Koltai MD, FACS, FAAP  
ASPO President

## Secretary Report

### Marci Lesperance, MD

It is my pleasure to serve as your secretary, and I invite all members to become more involved in ASPO. Please feel free to email me at lesperan@umich.edu with your thoughts and concerns.

The 2010 COSM meeting enjoyed record attendance, and COSM continues its progress toward financial security. After COSM reaches its goal of accumulating \$500,000 in reserves, anticipated to occur in the next 2-3 years, any additional profits will be returned to the participating societies, including ASPO.

At the Business Meeting, a change to the bylaws was proposed to and voted down by the membership. The proposal was to create a new membership category for pediatric otolaryngology fellows associated with programs seeking accreditation or already accredited by the ACGME.

The ASPO board approved the establishment of a travel fellowship for a young member of IAPO (Interamerican Association of Pediatric Otorhinolaryngology) to defray the costs of attending the ASPO meeting. This \$1500 fellowship, called The Sylvan E. Stool Latin American Travel Award, is endowed by funds raised by IAPO members and donated to ASPO. The travel award winner will be recognized at the ASPO annual meeting.

I look forward to seeing you all in Chicago!

In an effort to keep ASPO membership up-to-date on the activities of the ASPO Board, a list of important decisions and action items from the most recent Board meeting (Las Vegas, May 2010) is provided below.

Item # Where Action Found	Motion/Action Item	Result
ITEM - email vote	Approve the set up and utilization of a Pay Pal account for the ASPO Treasurer to facilitate dues payments and other contributions such as the President's Annual Appeal	Approved
ITEM - email action item	Dr. Wiatrak will proceed with setting up the account and be prepared to report back to the Board in Las Vegas Board update after a year to assess the impact is on membership dues payment as well as the President's Annual Appeal	No vote
ITEM - email vote	Motion: Change the Karl Storz Lectureship to the Karl Storz Memorial Lectureship	Approved
ITEM #1	Approval of 2009 Business Minutes	Approved
ITEM A	Motion: Transfer \$30,000 to general endowment from money raised and donated by IAPO and offer \$1500 scholarship for individual from IAPO to attend ASPO meeting. Fixed amount not to change over time	Approved
ITEM #5	Action item: Continue with PayPal	No vote
ITEM #5	Action item: Eliminate payments via credit card	No vote

ITEM #6	Motion: Balance existing funds among managers within asset classes - details below	Approved
ITEM #6	Motion: Transfer \$55,000 from the operating account into the ASPO Endowment - details below	Approved
ITEM #6	Motion: Recommendation for the Bluestone Account Transfer \$20,000 from this account into the ASPO Endowment Account	Approved
ITEM #8	Motion: Send all Bylaws changes to the attorney for incorporation at a minimum during the first year of the secretary's term - every 4th year	Approved
ITEM #8	Motion: Bylaws change regarding fellow membership I. Section 9. Fellow Member. A Board eligible enrollee of a pediatric otolaryngology fellowship accredited by or in the process of obtaining accreditation by either the Accreditation Council for Graduate Medical Education or the Royal College of Physicians and Surgeons of Canada. A Fellow Member shall not be required to pay dues, shall not be able to vote, and shall not be eligible to hold office. Membership as a Fellow is maintainable for a maximum of four years at which time the Fellow must meet the criteria for either Member or Associate Member as defined in Sections 4 and 5 of Bylaws.	Defeated (2/3 majority required for passage)
ITEM #11	Motion: Defer COI statement from ASPO until Academy has approved statement	Approved
ITEM #11	Motion: Provide \$10,000 for mini-mentorship Program	Approved
ITEM #11	Action Item: President-Elect (Dr. Rosenfeld) responsible for collecting COI of Board, and Committee Members and making sure it gets submitted to Sheila Seid and printed in program	No vote
ITEM #13	Action Item: Survey the members about desire to keep abstract book for annual meeting - Dr. Lesperance to coordinate	No vote
ITEM #14	Election of New Nominating Committee: Drs. Nira Goldstein, Scott McMurray, Seth Pransky, Bob Yellon	4 candidates with most member votes
ITEM #15	Motion: Approve grants which were selected through CORE process	Approved
ITEM #15	Motion: Continue to use Survey Monkey for conducting surveys	Approved
ITEM #17	Motion: Business proposal to be brought to the Board next meeting regarding creating new website - Dr. Molter to coordinate	Approved
ITEM #18	Motion: Approve membership roster of all 31 applicants who were all approved at the ASPO Board level	Approved
ITEM #18	Motion: Wave ASPO Annual Meeting registration fee for Emeritus members	Approved
ITEM #19	Action Item: Continue submission of articles from ASPO at a rate of 4 per year. PR representative to the BOG (Dr. Parikh) to coordinate	No vote
ITEM #24	Action Item: Dr. Kerschner's group to look at NSQIP codes and report back on appropriateness	No vote
ITEM #25	Motion: Support attendance at JSAC by ASPO member: flight, hotel, registration	Approved

## National Surgical Quality Improvement Project (NSQIP) Joseph Kerschner, MD

It has been my pleasure over the past 6 months to represent ASPO in the NSQIP as it develops metrics for pediatric surgical specialties. The leadership of ASPO has been extremely proactive in this process and also felt it was time to give membership a little flavor of what this entails.

First some background:

NSQIP is a national surgical quality improvement program that began in the Veteran's Administration (VA) Health System in 1994 and has been credited with massive improvements in VA surgical morbidity (45% reduction) and mortality (27% reduction). This process was then brought outside of the VA and into an adult surgical setting by the American College of Surgeons (ACS) with the first patients enrolled in 2004. Similar to the VA results, there have been improvement in surgical outcomes through this process. NSQIP is currently run and supported by the ACS and the ACS has begun a process to bring NSQIP to pediatric surgery, including pediatric otolaryngology

The first generation of pediatric NSQIP (pediatric NSQIP Gen 1) consisted of 4 alpha sites: Children's Hospital of Wisconsin (my home institution), Denver Children's, Yale Children's and DuPont Children's. This initial phase, which just concluded, lasted 15 months and has captured approximately 7 thousand cases. In order to have any valid data, risk adjustment is needed, and it is anticipated that 30 thousand cases will be needed for this. Cases are captured randomly in 8-day cycles and patients are followed for only 30 days after inclusion. During NSQIP Gen 1 approximately 3000 CPT codes were selected and followed. This process was cumbersome and in general did not lead to identification of meaningful O/E ratios – observed to expected complications. Although pediatric otolaryngology cases were highly represented during this alpha phase (26% of total cases selected were ENT) due to the high number of pediatric otolaryngology cases in most hospitals, many of these cases represented tonsillectomy surgery in healthy children who had a very low complication rate. This is likely to prevent much ability to design quality improvement in this area.

The second generation of Pediatric NSQIP (pediatric NSQIP Gen 2) began this January with a number of new pediatric institutions collecting data. These hospitals are many of the important children's hospitals in the country and represent 20% of NACRI hospitals. In order to be included in this process each hospital must fund a data collection specialist or SCR (surgical clinical reviewer). I have recently returned from the annual NSQIP meeting in Chicago in July and there are a number of changes proposed for as Gen 2 proceeds into 2011.

## In Memoriam

### Joyce A Schild, MD

Dr. Joyce A. Schild, 78, of Albuquerque and Chicago, passed away on April 26, 2010 in Albuquerque. Dr. Schild graduated from the University of Illinois Medical School in 1956 and ran her own private practice, specializing in otolaryngology for 20 years, with both Presbyterian and Children's Memorial Hospital. After leaving private practice, Dr. Schild returned to the University of Illinois. Our sincerest condolences to her husband, John Hegber, and her family.

## **National Surgical Quality Improvement Project (NSQIP) continued**

These changes primarily involve a much different emphasis on which cases will be monitored for data collection. This is being termed the "bucket approach" to focus on specific areas of surgical specialties that are likely to have higher complication rates and therefore have greater opportunities for developing quality and process improvement. For otolaryngology, although the final decisions have not been made, there are four areas of emphasis which ASPO has proposed. These buckets include: neonatal, airway, neck and ear. The specific CPT codes which have been proposed in each of these areas should become more clearly delineated in the next several months and I will be presenting an update in the ASPO Business Meeting in the spring.

ASPO owes a debt of gratitude to Craig Derkay for bringing the importance of NSQIP to ASPO leadership and for the nimble and proactive nature in which the ASPO leadership responded to the opportunity to help shape this process instead of waiting to be shaped by it.

I am happy to answer any future questions you may have. You can also access the NSQIP website:  
<https://acsnsqip.org/login/default.aspx>

## **ASPO Mini-Mentorship Program**

**Kathy Sie, MD**

The purpose of the ASPO Mini-Mentorship Program is to increase the number of residents exposed to an active, tertiary care pediatric otolaryngology practice, and educate more ENT residents about the wide range of complex care that is provided by pediatric otolaryngologists.

Priority will be given to junior residents within the first 3 years of their residency at programs with limited exposure to pediatric otolaryngology. The awardee will be assigned to a host program relatively close to their residency program. Various programs have been identified as acceptable Mini-Mentorship sites in as many states as possible. At the participating host location, an ASPO member will be responsible for ensuring that the attendee sees a variety of pediatric ENT cases and specialty clinics during the 3 day Mini-Mentorship. Available funding from ASPO will not exceed \$750 per participant.

## **ASPO Practice Survey**

**Craig Derkay, MD**

In January 2010, ASPO commissioned a practice and salary survey of its members. The confidential compensation figures were presented at the Spring Business Meeting and are available by contacting me at [craig.derkay@chkd.org](mailto:craig.derkay@chkd.org). I was asked to summarize the practice results for the newsletter. We sent out 269 surveys to current ASPO members living in the US and received back completed data from 170 members (63.2% response rate). The demographics of the responders reveal a median age of 49, of which 78% are male and 92% hold an academic appointment. Interestingly, we tend to find a job that we like and keep it resulting in a median of only 2 jobs since fellowship with longevity averaging 16 years in our present job.

As a group, we tend to run busy practices seeing a large number of children. The median ½ day office load is 20 patients with the median number of new patients evaluated in a month standing at 100 and resulting in a median of 60 surgical cases per month. Likely because of the indigent care nature of Pediatric Otolaryngology, our collection percentages average in the 0-40% range being pulled down by the Medicaid/Medicaid HMO portion of the practices. 25% of respondents report that Medicaid/Medicaid HMO patients make up more than 50% of their practices while 28% report that more than 5% of their patients are uninsured.

ASPO members perform a wide variety of surgeries in children ranging from uncomplicated "tubes and tonsils" making up about 50% of our case load in 2/3rds of our practices and complicated children or complicated procedures making up the other 50%. Only 30% of our practices do less than 25% complicated cases while 30% do more than 50% complicated cases.

We seem to be a relatively stable bunch with only 6% determined to change their current job in the next 5 years. We must like what we are doing (or can't afford to stop) because we don't anticipate reducing our clinic hours till we reach 60 and don't plan on retiring till 65 years of age.

With a median of 4 weeks of vacation and 2 weeks of academic time, we tend to take what is allotted. Interestingly, we rarely call in sick with a median of no sick leave utilized each year.

## President's Personal Photo

In keeping with tradition, I have asked our President to share a personal photo with all of us.

This photo of Dr. Peter Koltai and Lizzy on Kala Patthar, Mt. Everest, with Khumbu Icefall in the background.



## Calendar of Events

AAO-HNS Annual Meeting & Oto Expo 2010  
September 26-29, 2010  
Boston, MA, USA  
[www.entnet.org](http://www.entnet.org)

SENTAC  
December 3-5, 2010  
Hyatt Regency Cincinnati  
Cincinnati, Ohio, USA  
[www.sentac.org](http://www.sentac.org)

ASPO/COSM  
April 27-May 1, 2011  
Sheraton Chicago Hotel & Towers, Chicago, IL  
[sheilaseid@mac.com](mailto:sheilaseid@mac.com)  
[www.aspo.us](http://www.aspo.us)  
[www.cosm.md](http://www.cosm.md)

Future ASPO/COSM  
April 18-22, 2012  
Manchester Grand Hyatt, San Diego, CA

April 10-14, 2013  
JW Marriott Grande Lakes, Orlando, FL  
(ASPO breakout meeting, date and time TBD)

2014 Las Vegas, Nevada (tentative location, date TBD)

## Calendar of Events

Harvard Medical School - Massachusetts General Hospital Laryngology and Voice Surgery Course  
September 24-25, 2010, Boston, MA  
[www.cme.hms.harvard.edu/courses/laryngology](http://www.cme.hms.harvard.edu/courses/laryngology)

6th Annual Cochlear Implant Symposium and 3rd Annual ANSD Training Course  
Nemours/Alfred I. duPont Hospital for Children  
October 4-5, 2010, Wilmington, Delaware  
[www.medsci.udel.edu/symposia](http://www.medsci.udel.edu/symposia)

Pediatric Implantable Hearing Devices Course  
King Abdulaziz Medical City, Riyadh, Saudi Arabia  
November 3-4, 2010  
[www.orl.ksa.com](http://www.orl.ksa.com)

Lucile Packard Children's Hospital at Stanford Pediatric Otolaryngology Update  
February 11-12, 2011, Palo Alto, CA

13th Symposium on Cochlear Implants in Children  
Children's Memorial Hospital, Northwestern University Feinberg School of Medicine  
July 14-16, 2011, Chicago, IL  
[www.ci2011usa.com](http://www.ci2011usa.com)

## Employment Opportunities

Pediatric Otolaryngology Group in South Florida  
Private practice with academic affiliation  
Contact: Zorik Spektor, MD ([dzs@centerforpediatricent.com](mailto:dzs@centerforpediatricent.com))

David Geffen School of Medicine, UCLA  
Academic practice  
Contact: Gerald S. Berke, MD, Professor & Chief  
62-132 CHS, 10833 LeConte Ave  
Los Angeles, CA 90095-1624

Oregon Health & Science University  
Academic Practice, Portland, Oregon  
Contact: Shannon Dencer ([dencers@ohsu.edu](mailto:dencers@ohsu.edu))

Vanderbilt University  
Academic practice, Nashville, Tennessee  
Contact: Molly Breen ([Molly.breen@vanderbilt.edu](mailto:Molly.breen@vanderbilt.edu))

Children's Hospital Central California  
Contact: Michael Dunham, MD  
([mdunham@CHILDRENSCENTRALCAL.ORG](mailto:mdunham@CHILDRENSCENTRALCAL.ORG))

Private practice for Sale North Atlanta  
Contact: Ann White, MD ([drakwhite@mindspring.com](mailto:drakwhite@mindspring.com))

American Society of Pediatric Otolaryngology  
ASPO Meeting Planner  
1721 Gascony Road  
Encinitas, CA 92024

Non-Profit Org.  
US Postage  
Paid  
Milwaukee, WI  
Permit No. 3431

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[www.aspo.us](http://www.aspo.us)**

**ASPO ANNUAL MEETING INFORMATION**

**ASPO BUSINESS MEETING MINUTES**

**ASPO PROGRAM ARCHIVE**

[http://www.aspo.us/information.php?info\\_id=10](http://www.aspo.us/information.php?info_id=10)

**EMPLOYMENT OPPORTUNITIES**

<http://www.aspo.us/employment.php>

**FELLOWSHIPS**

<http://www.aspo.us/information.php>

**MEMBER LOCATOR**

<http://www.aspo.us/members.php>

**NEWSLETTER ARCHIVE**

[http://www.aspo.us/information.php?info\\_id=18](http://www.aspo.us/information.php?info_id=18)

**RESEARCH AND GRANT OPPORTUNITIES**

[http://www.aspo.us/information.php?info\\_id=12](http://www.aspo.us/information.php?info_id=12)

**MEMBERSHIP APPLICATION**

[http://www.aspo.us/UserFiles/File/pdf/ASPO\\_application\\_2006.pdf](http://www.aspo.us/UserFiles/File/pdf/ASPO_application_2006.pdf)

**ASPO MEETING PLANNER**

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