

**Transcript from the 2014 Candidates Forum – Embassy Suites Hotel, Alexandria, VA
Sunday, March 2, 2014 –AAO-HNS/F Leadership Forum Weekend**

Candidates for President-Elect:

Sujana S. Chandrasekhar, MD

J. Pablo Stolovitzky, MD

**Denis C. Lafreniere, MD, Immediate Past Chair, Board of Governors (BOG), and Chair, BOG Nominee
Platform Work Group:**

“Okay, so there’s going to be 5 minutes for each speaker and they will be talking to us, answering questions that came out of the Nominating Committee and those questions are:

1. During your term as president, what 3 goals would you like to accomplish that would position our Academy best for the future? What would you do as president-elect to lay the groundwork for fulfilling these goals, and what would you do as immediate past-president to promote a lasting benefit?
2. How would you lead our Academy in adapting to healthcare reform through advocacy, quality initiatives, and member engagement? In what ways could the Academy best empower members to participate and thrive in the evolving healthcare reform landscape?

And they will do all that in five minutes, right gang? So we had a random drawing and Dr. Stolovitzky is first, and Pablo, if you’re ready? Dr. Abramson will be our timekeeper.”

Peter J. Abramson, MD, Chair, BOG and Forum Moderator:

“While he’s setting up his slides, a couple of announcements: Residents and Fellows-in-Training please go to the fountain right afterwards for a group photograph. Also there’s the green sign-in sheets and a practice survey. Please get those to Bethany or Richard, or to the registration table. And don’t forget, to receive your CME credits, you have to complete the survey. The survey link is in your folders. We will give these 2 candidates exactly 5 minutes and are you just about ready to go?”

Dr. Stolovitzky, Candidate for President-Elect:

“I’m honored to be a candidate for president of the Academy along my good friend Sujana Chandrasekhar. For those of you who do not know me, I want to make it clear from the very beginning, I am a true Southerner. My accent is fake. [laughter] I moved from Argentina to the United States to pursue the American dream. Today, I am a proud American citizen, and privileged to live in the best country in the world. I will briefly review my qualifications as they pertain to my 3 specific goals to strengthen the Academy and empower its members. I co-founded and serve as CEO of a 20 otolaryngologist group practice in Atlanta. As such, I gain significant experience in all operational, contractual, and financial aspects of a thriving medical practice. I am clinical faculty at Emory University, which gives me a unique perspective of both private practice and academic otolaryngology. I serve in many leadership roles at the Academy. My roots are in the Board of Governors, where I served as Secretary and Chair. I also served as a director on the Board of Directors for 4 years, and the Executive Committee twice for a total of 3 years. For the past 5, I have been a member of the Finance and

Investment Subcommittee. This provides me with a thorough understanding of the Academy's budget process and its relationship to strategic initiatives, finances and operations. I have been on the International Steering Committee, which enables me to foster relationships with international members and gain a deeper understanding of global strategies in our specialty. I am particularly proud to be in the Ad Hoc Alternative Payment Model Workgroup, formed, as you know, to evaluate transient healthcare payment reform and to develop practical methods to participate in new models.

My first and foremost goal as president is to empower members to face the most significant healthcare reform we have ever confronted. The [unintelligible] shift from fee-for-service payments to value-based payment is on the horizon before it. How we address this challenge will impact our autonomy and our daily practice. As president, I will set a high priority to allocate considerable resources to vigorously advocate on healthcare regulatory and legislative issues. We must develop specialty-specific quality measures and value payment models or they will be developed for us. I strongly believe the Academy must educate and help otolaryngologists to prepare for accountable care organizations and to negotiate equitable bundled payment for services. We must empower our members to retain equitable payment and continue to thrive as we navigate healthcare reform.

My second goal is specialty unity. We must align strategies with our sister societies to speak with a stronger voice and achieve economies of scale. Jointly developing quality measures and MOC materials are excellent opportunities for collaboration.

My third goal is to secure sustainability. Our ambitious strategic plan requires significant revenue. I will work diligently to support development initiatives and to increase alternative revenue streams. For example, our international outreach program offers tremendous opportunity for growth through increased international membership, broadcasting our Annual Meeting abroad, etc. My experience on the International Steering Committee and knowledge of the global landscape in our field, gives me a unique perspective to achieve this goal. We must also synergize our constituencies. The Board of Governors with its excellent regional representation, SSAC, Women in Otolaryngology Section, Diversity Committee, Young Physicians, Residents and Fellows-in-Training, must be part of these conversations. My vision is to use my leadership skills and experience to engage and empower members, and to implement our strategic plan while enhancing our core missions of education, advocacy and research.

I am confident that my Academy leadership experience, my successful practice, academic and business expertise has prepared me for the challenges ahead and will enable me to succeed. I will devote my energy, talents, and commitments to our members and I will get the job done. I will be deeply honored to serve as your president. Thank you so much for your consideration." [applause]

Moderator (Dr. Abramson):

"So if anybody has a question for the candidates during the question and answer session, if you could please write them down and pass them to the end of the row, Bethany and Richard will collect them. We'll look at them and try to get as many in as we can in order to stay on time. Denis will be there collecting as well."

Dr. Chandrasekhar, Candidate for President-Elect:

“So good afternoon. Thank you, Denis and Peter. And thank you to the Nominating Committee for according me this great honor of running for president-elect, along with my very good friend and dancing partner, Pablo. [laughter]

We are all otolaryngologists and we know that we are in the best medical field. We have the most fun. We’re still one of the top 3 most competitive fields for residency. We have very, very interesting CMEs and we have the coolest toys. So it really is the best of times to be an ENT. Unfortunately, it is also the worst of times to be a physician in general. It seems like every time you turn around, there’s another arrow headed your way; whether it’s should you join an ACO, what you should do with your patient satisfaction surveys, decreased reimbursements, what happens with the roll-out of healthcare reform? Are you ready for ICD-10? All the depressing stuff that happened for the past couple of hours. But the problems are not just from the outside. We have fragmented our already small specialty by dividing ourselves between generalists and specialists, how we trained, and what kind of practice we’re practicing, whether it’s academic, salaried, VA, military, group or solo private practice. Navigating these challenges requires experienced leadership.

I have practiced successfully in two academic settings and am currently part time at the VA and in a successful solo private practice in neurotology. As past BOG chair, I think I have a pretty good understanding of the needs of the entire ENT community. As you can see, I have experience in all the key strategic areas of the Academy, from the BOG and BOD to education, advocacy and development. I have direct personal experience increasing membership and member involvement through the WIO Section via social media, donor development and expanding the luncheon, with my involvement at the SRF and YPS, and through member-get-a-member campaign for the ENTPAC and the Millennium Society.

If I get the wonderful opportunity to become president-elect, my three goals will be 1) to increase member participation in all areas of the Academy; 2) to strengthen the Academy’s position as a leader in organized medicine, and 3) to make the Academy’s website the go-to site for clear concise ENT information.

It’s somewhat disheartening when we hear members complain that they don’t see value in their membership. They’re salaried or VA or military or academic, and they don’t think they need the Academy or the meetings; that they’re only involved in their subspecialty, or when they say that ENT is so small that they can’t make a difference. Well, like Cool Hand Luke, “what we’ve got here is a failure to communicate.” Okay, that was a joke [laughter].

As president-elect, I’d like to harness the incredible potential power of our ENT.org website to enhance committee communications, driving traffic back to us to go where the members are particularly expanding, to the new and different practice situations in hospitals where ENTs may actually be practicing in relative isolation, to find out who’s not participating and why.

We should finalize and distribute the Member Handbook, highlighting the educational, financial, and advocacy benefits of membership.

The SSAC and our relationship with our sister societies needs to be strengthened, and we need to identify future leaders and mentor them. And obviously that starts by involving residents and young physicians actively.

In the world of organized medicine and healthcare reform, our Academy has been the mouse that roared. We are strong with legislators, and thanks to David Nielsen, we are leaders at CMSS. We work very well with the larger house of medicine on key issues. We have clearly been the leader in guideline development and the Choosing Wisely campaign.

My second goal would be as David leaves his position, to work with the new EVP/CEO to help understand the alphabet soup of regulations and to strengthen our leadership position. We must aim for 100% participation in the ENTPAC. We need to help our members financially navigate the new waters by complying with all the upcoming regulations and we need to use our robust guidelines process to establish quality measures that actually pertain to ENT practice.

Our field is so important and so poorly known. 50% of all doctor visits are for ENT problems, and with healthcare reform, many more patients will be entering the system. Patients often Google and arrive with misinformation. Our Academy has really nice vetted teaching materials, but unfortunately these are not being accessed the way that they should.

My third goal as president-elect would be to expand access to our website so that when people search for detailed ENT information, they don't just Google it, they ENT.net it. So to succeed, our website needs to become truly mobile friendly. We need to publicize the site to all our stakeholders, which would in fact be everyone.

It has been a pleasure to serve the Academy for all these years. I have the great support of my family, my parents are in the audience, my husband and kids are going to brave the snowstorm up north, and I would really love the opportunity to continue to serve as president-elect. Thank you." [applause]

Moderator (Dr. Abramson):

"Again if you have questions, please pass them to the end so Richard and Bethany can get them."

Dr. Lafreniere:

"I can read the question from here. We've got one question. 'How would you expand the reach of the Academy while improving non-dues revenue?' Pablo?"

Dr. Stolovitzky:

"I think the key element is how we get alternative sources of revenue. Our Academy budget is \$19 million. \$7 million comes from the Annual Meeting at an expense of about \$3+ million for the Annual Meeting itself. So yes, we cannot tap into more from our members. We know that and that's why international outreach becomes so critical. I do believe that there are tremendous sources of revenue out there in the international community to serve them in a way, and then get for the Academy. Repurposing the Annual Meeting is another way of doing it. We can achieve economies of scale if we work closer with our sister societies and by decreasing cost in the generation of educational material,

for example. And by repurposing the Annual Meeting, we can certainly achieve the alternative revenue sources without tapping into our US members.”

Dr. Chandrasekhar:

“So there are a number of things that our Academy is already doing that can be expanded to help. I agree with Pablo, I don’t think we can tap into membership dues any further. However, we’re offering educational materials that are very, very helpful for MOC and maintenance of licensure, and they are really well designed, well organized materials. I think when we work with our sister societies to prepare content, which may actually speed the preparation process so that that will reduce the cost. Reaching out internationally is very important. And I think harnessing the Internet. There are different ways to monetize much of the information that we have that we have not really looked into yet.”

Dr. Lafreniere:

“Are there any more questions? Richard, nothing? All right, Peter, we’re all done.”

Moderator (Dr. Abramson):

“Okay, well at this point, I guess unless there are any questions from the staff, as opposed to the members that are here? [off mike question and laughter] Sujana answered that question.

Okay, I would like to thank the candidates for gladly coming up and presenting a little earlier than expected and appreciate everybody being here. Again, residents and fellows, head out to the fountain for pictures. Everybody else head up to the stairs to the buses so that we can go to the ENTPAC reception. Green sheets to Bethany.”