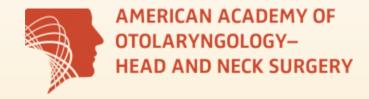
AMERICAN ACADEMY OF OTOLARYNGOLOGY-HEAD AND NECK SURGERY

13TH SOCIOECONOMIC SURVEY MAY 2014



AMERICAN ACADEMY OF OTOLARYNGOLOGY-HEAD AND NECK SURGERY

13TH SOCIOECONOMIC SURVEY MAY 2014

The Townsend Group, Inc. 2 Wisconsin Circle, Suite 900, Chevy Chase, MD 20815



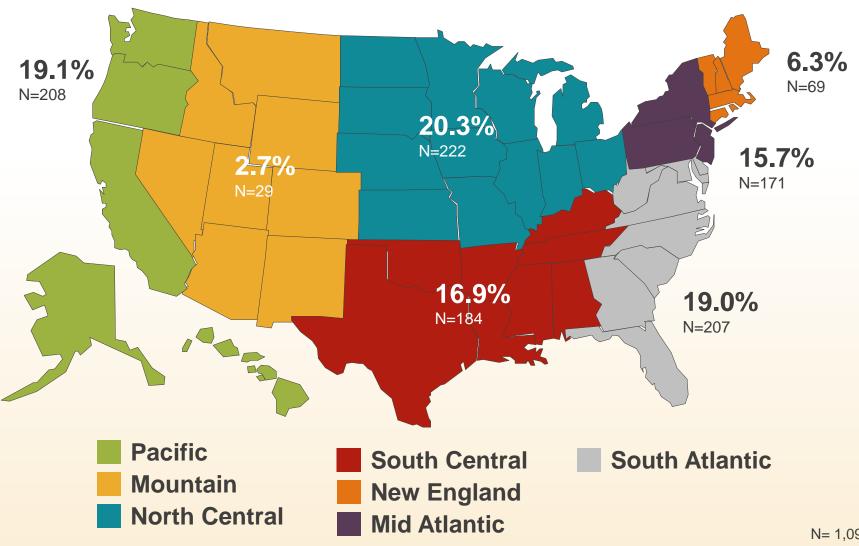
BACKGROUND

- Email Sent: 7,916
- Second and third reminder emails were sent to nonrespondents
- Surveys Completed: 1,363
- Response Rate: 22.7%
- Excluded from this study were respondents who had not practiced clinically in the past 12 months (military, retirees and those in training).

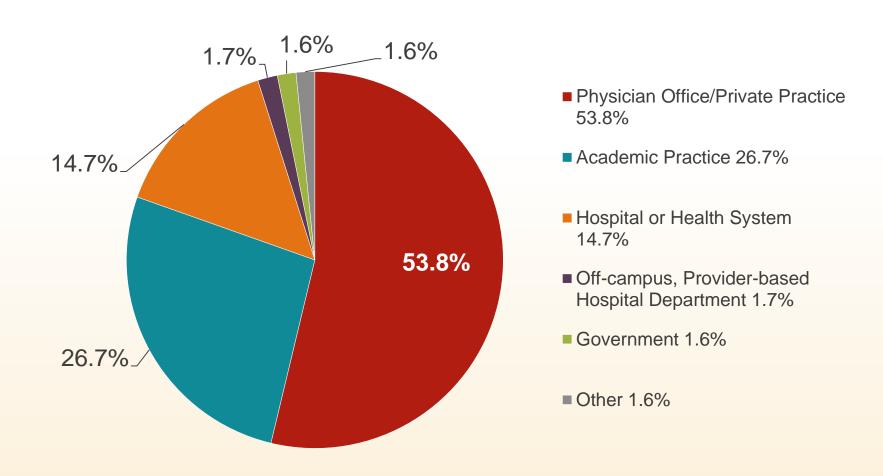
RESPONDENT PROFILE

- Mean Age: 52 years
- Mean Years in Practice: 19 years
- Mean Planned Retirement Age: 67 years
- Gender: 84% male, 16% female

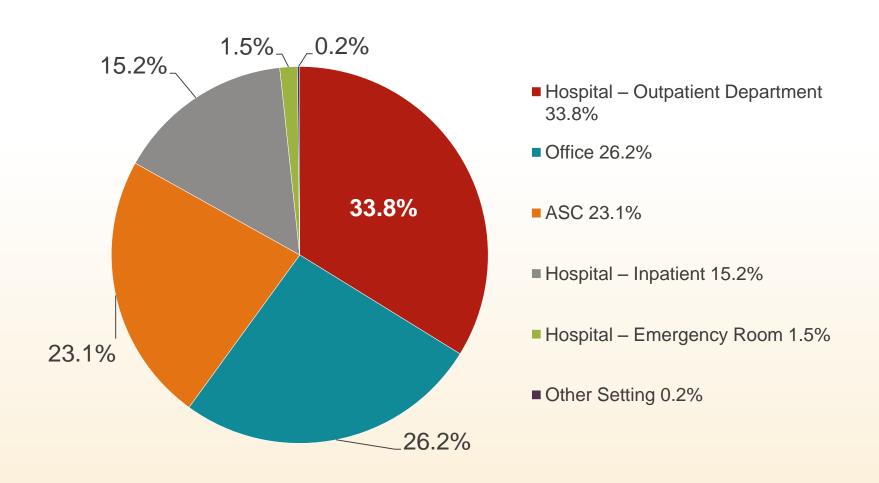
RESPONDENT DISTRIBUTION



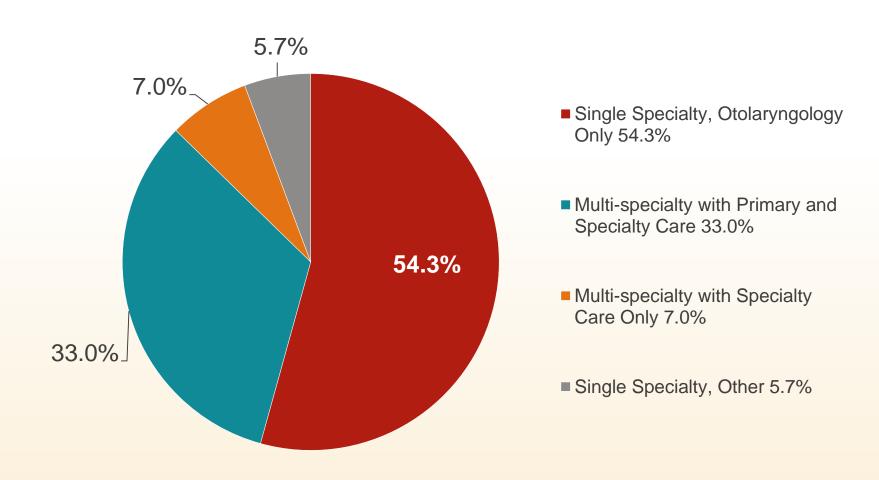
WORK SETTINGS



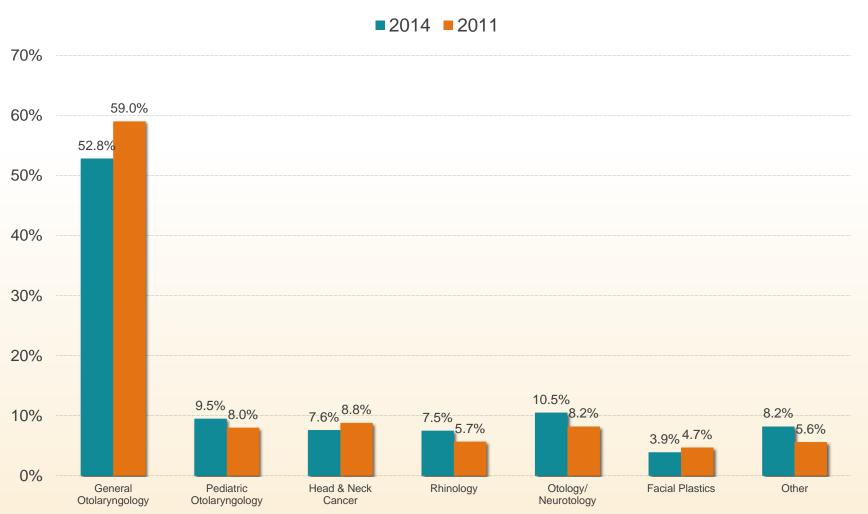
PROCEDURES BY PRACTICE SETTING



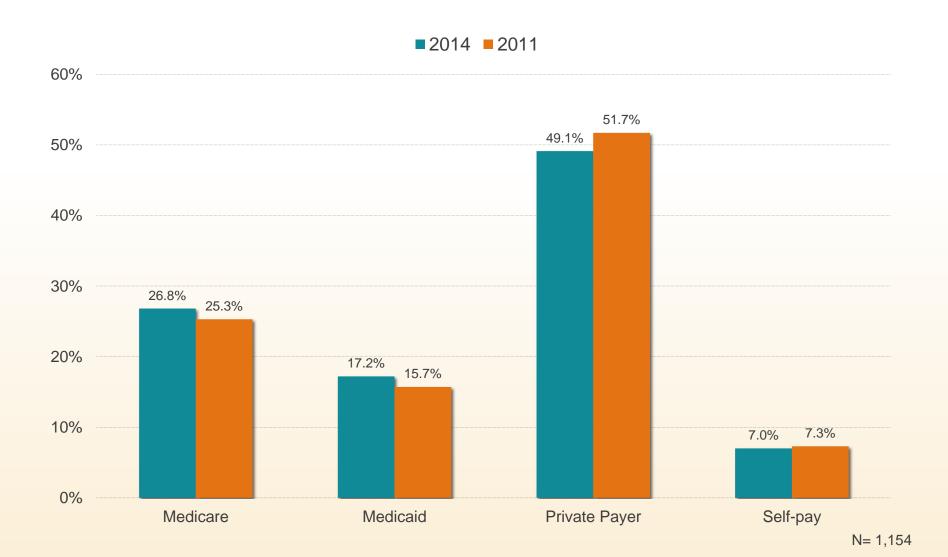
TYPE OF PRACTICE



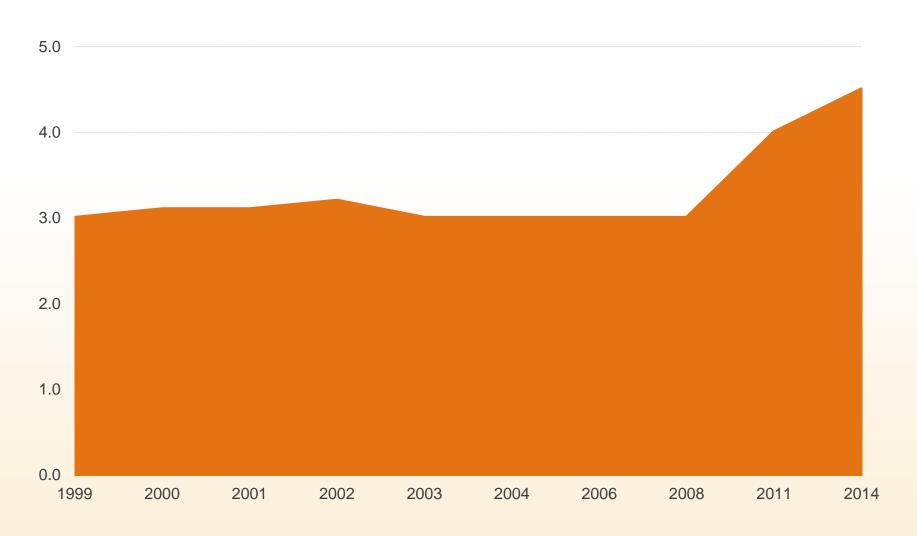
PRIMARY AREA OF SPECIALIZATION



TYPE OF PAYMENT

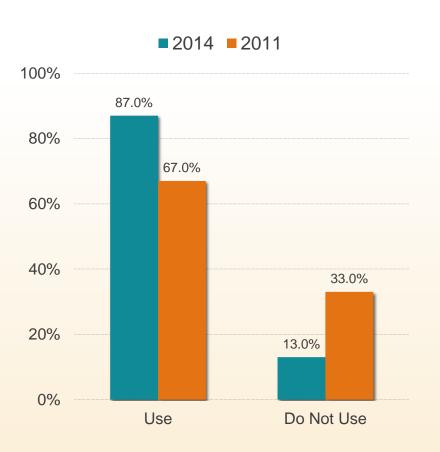


NUMBER OF PHYSICIANS IN OFFICE

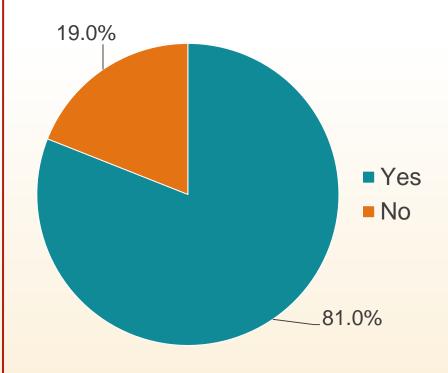


MEDICAL BILLING & REIMBURSEMENT

Practice Uses EHR System



Receives CMS Incentive Payment

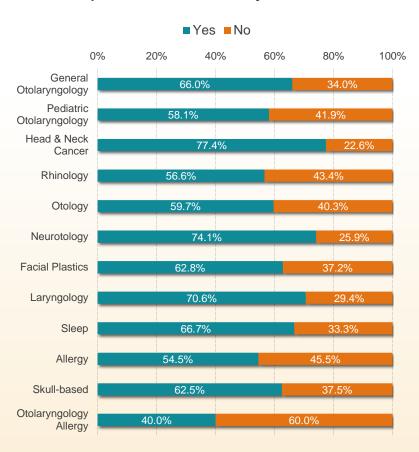


MEDICAL BILLING & REIMBURSEMENT

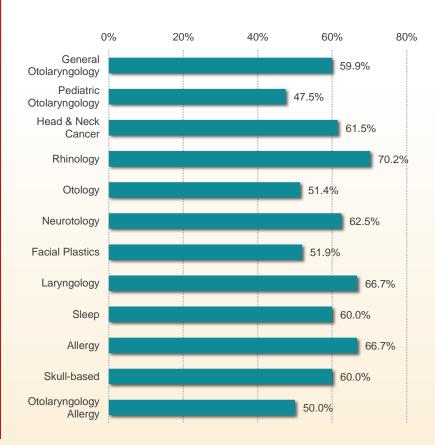




Report PQRS Quality Measures



Successfully Earned Incentive Payment



N= 1,308 N= 750

ICD 10 TRANSITION



Have You Started Preparing?

Yes, 77.1%

No, 22.9%

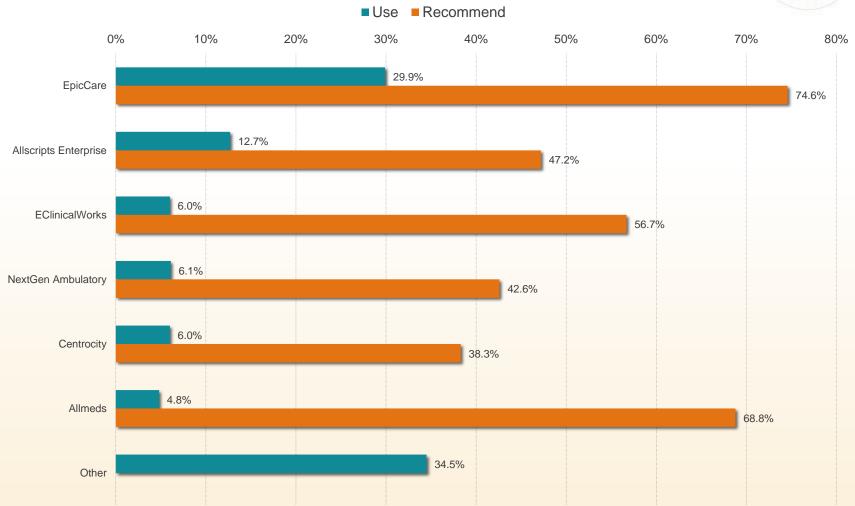
N = 1,308

Top 5 Steps Taken to Prepare

- 1. Trained personnel (60.0%)
- 2. Determined how much additional documentation will be required for use of the more granular codes (37.9%)
- Contacted office manager or financial support personnel to ask for a risk assessment to your particular practice (37.5%)
- 4. Created preference lists that can be updated ahead of time to mitigate the disruption to your practice (28.8%)
- 5. Created a pilot of dual coding to test the systems you put into place (16.5%)

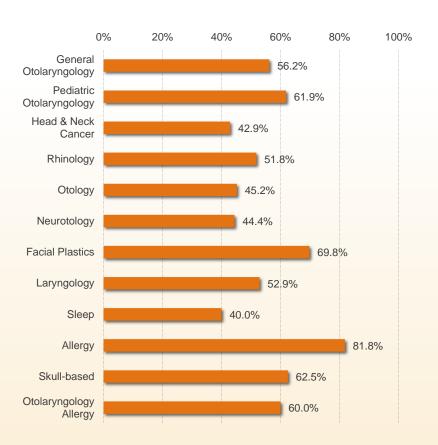
CURRENT EHR VENDOR



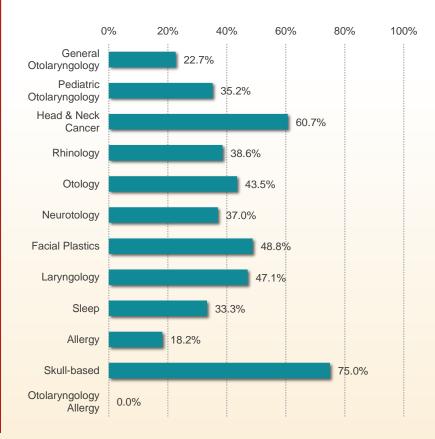


SMART TECHNOLOGY

Use Smart Technology in Office for Business or Patient Care

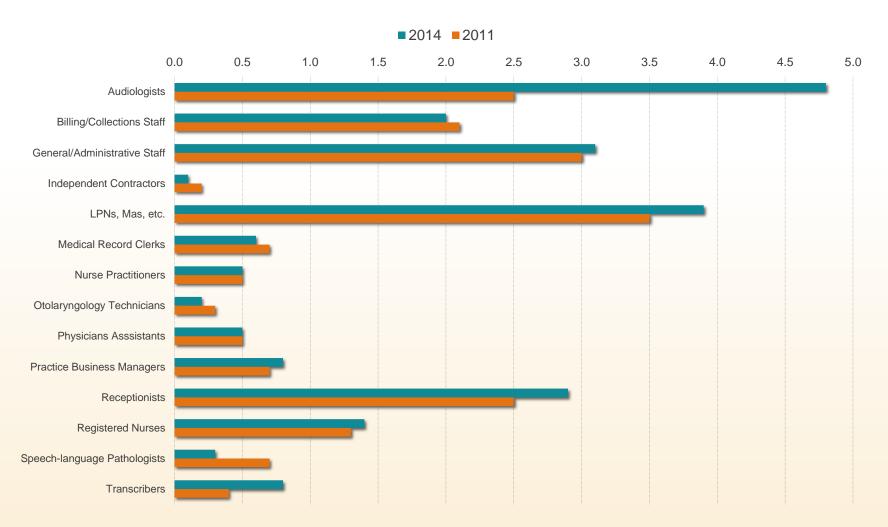


Use Smart Phone/Cell Phone Calendars for Surgery Schedules

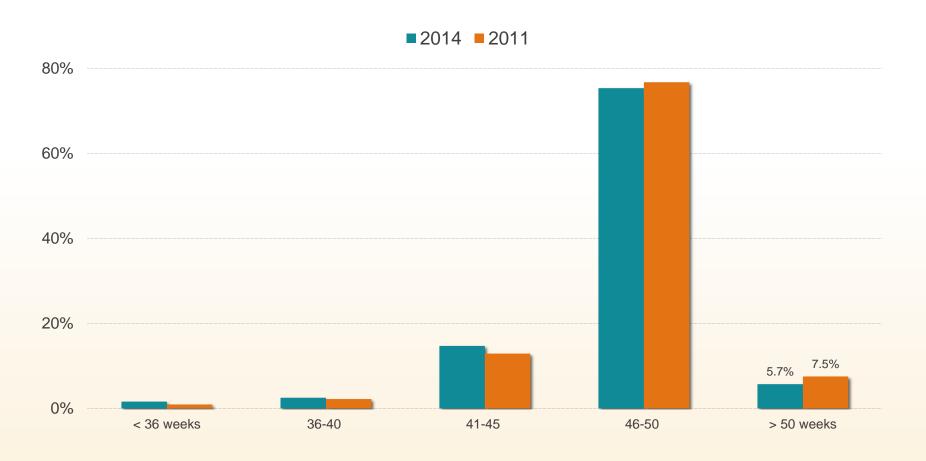


N= 1,308 N= 1,308

FTE SUPPORT STAFF EMPLOYED BY PRIMARY PRACTICE

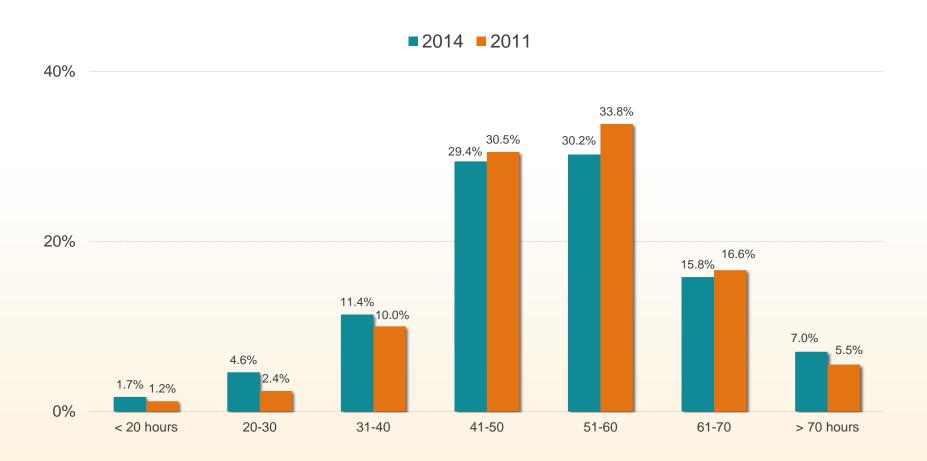


TOTAL WEEKS WORKED PER YEAR



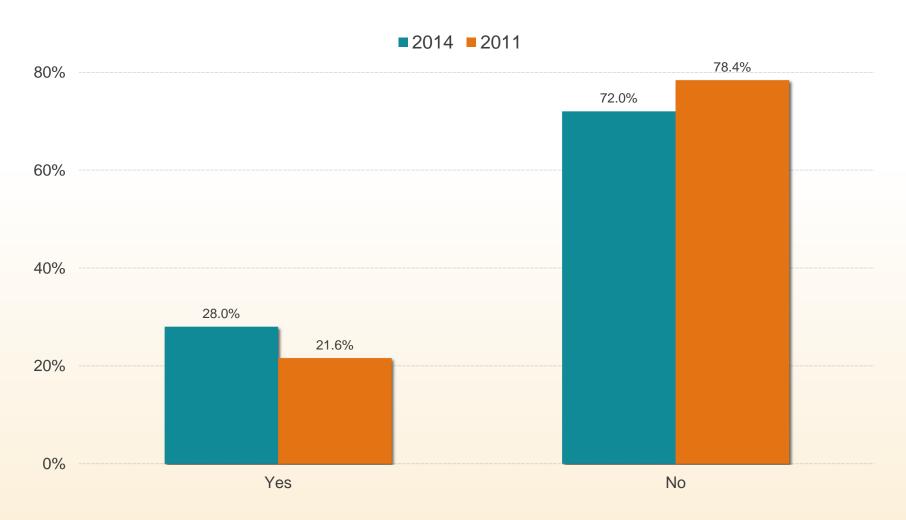
Median: 48 Weeks/Year (2014 and 2011)

TOTAL HOURS WORKED PER WEEK

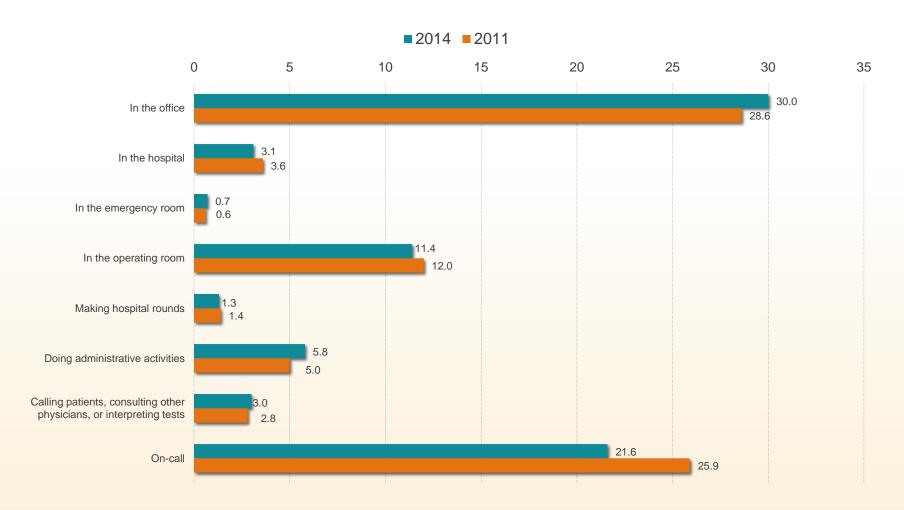


Mean: 51.1 Hours/Week (2014)

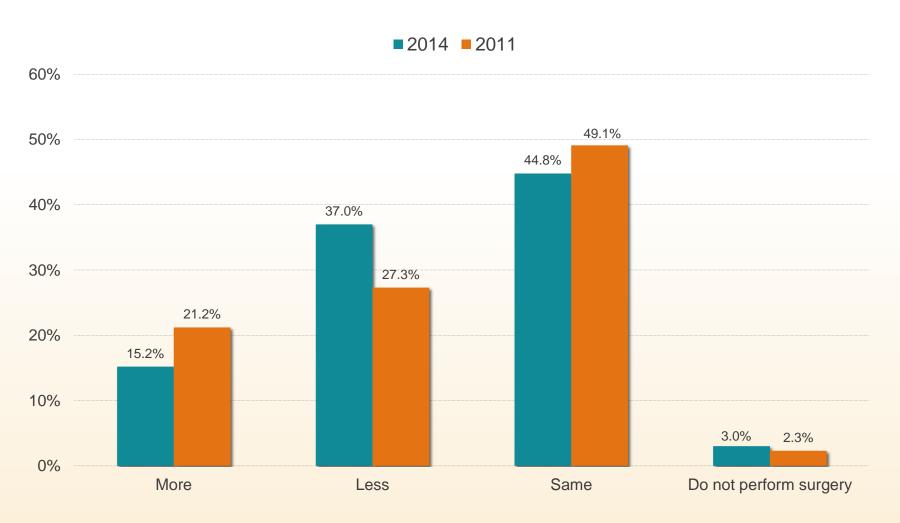
REIMBURSED BY LOCAL HOSPITALS FOR ON-CALL SERVICES



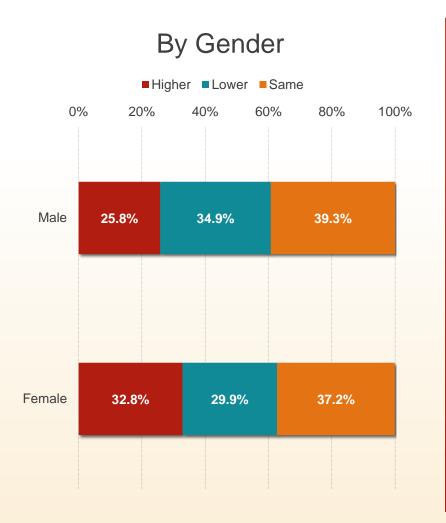
HOW HOURS ARE SPENT IN A TYPICAL WEEK



EXPECTED NUMBER OF SURGERIES COMPARED TO LAST YEAR



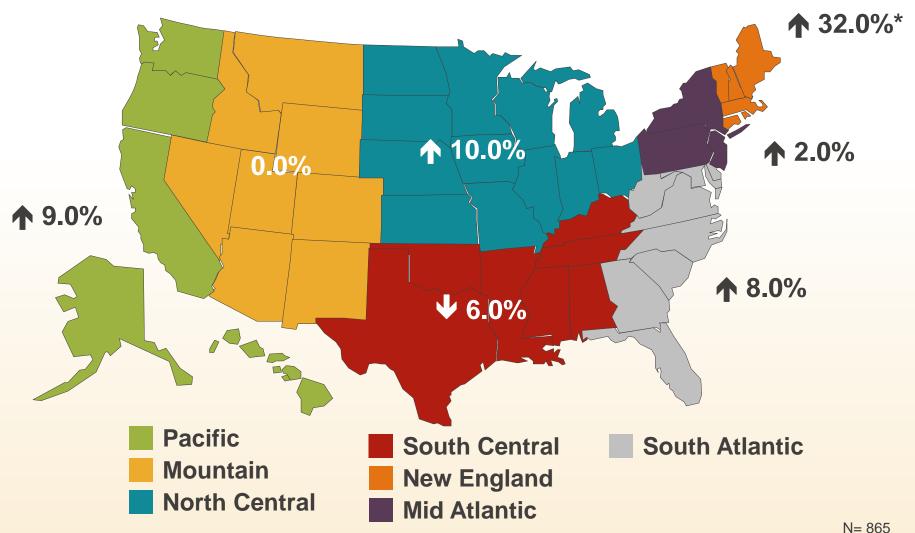
PERSONAL INCOME (2013 VS. 2012)



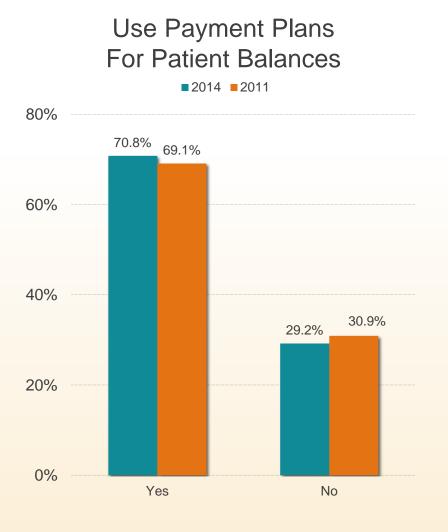
By Years in Practice

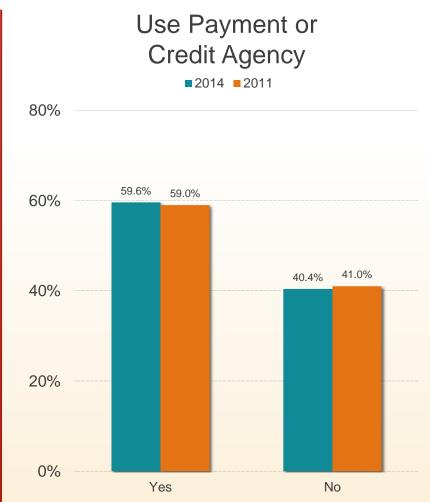


CHANGE IN MEDIAN INCOME BY REGION (2010 TO 2013)



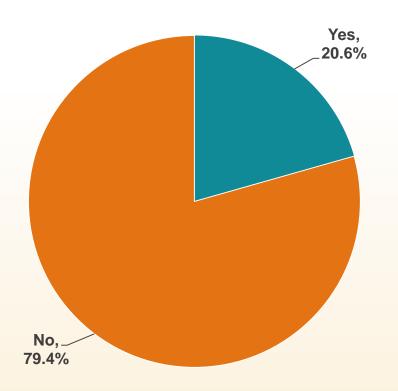
PAYMENT PLANS





FINANCIAL PROFILE

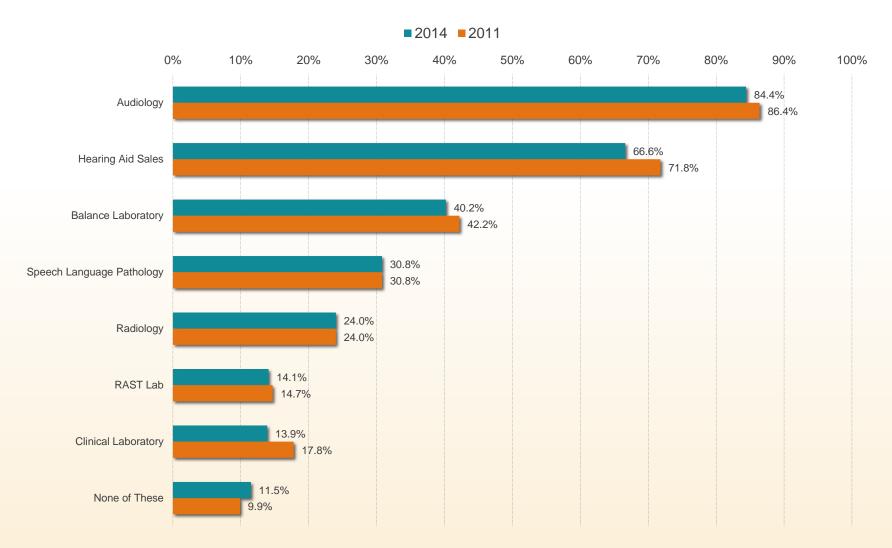




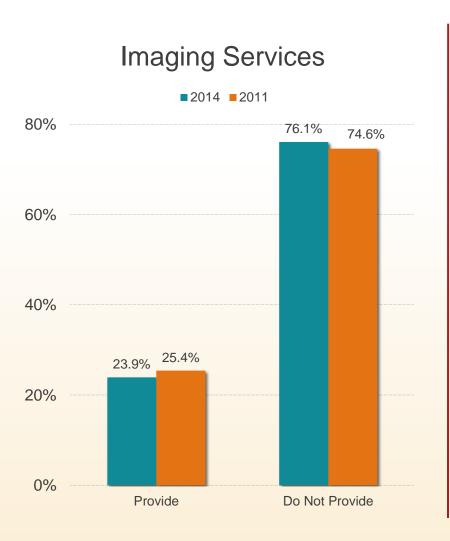
06.%

Average Amount of Interest Charged

SERVICES PROVIDED IN PRACTICE



AUXILIARY SERVICES



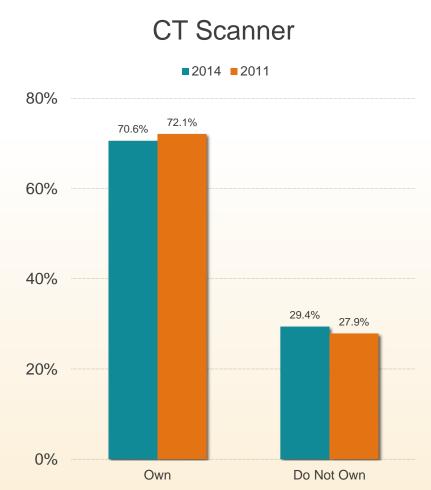
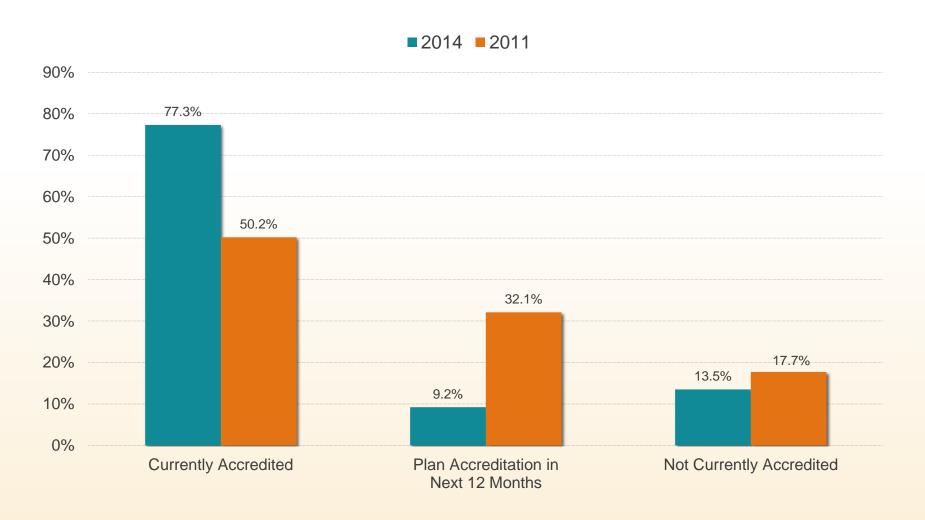
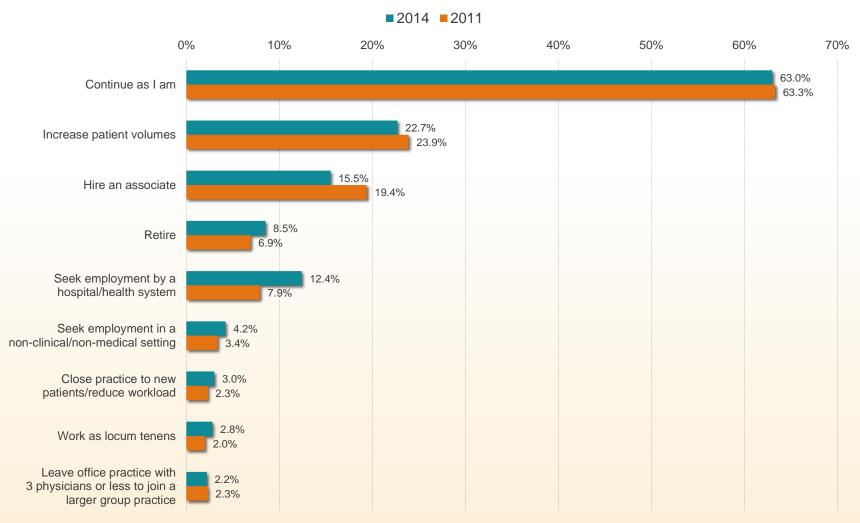


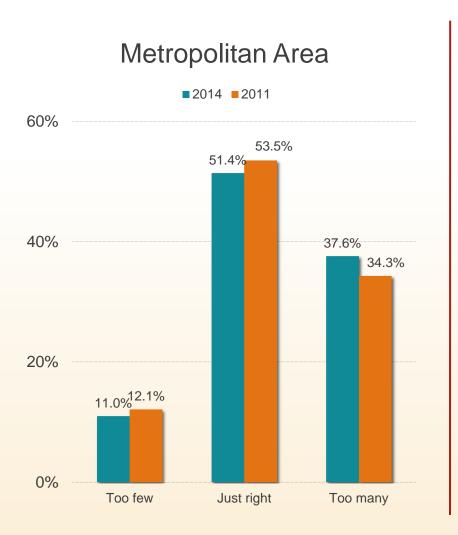
IMAGE ACCREDITATION

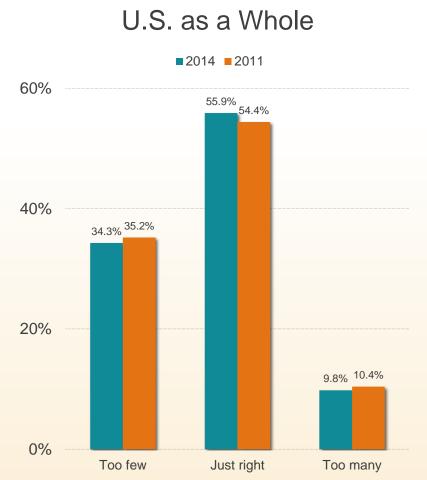


PROFESSIONAL PLANS IN THE NEXT THREE YEARS

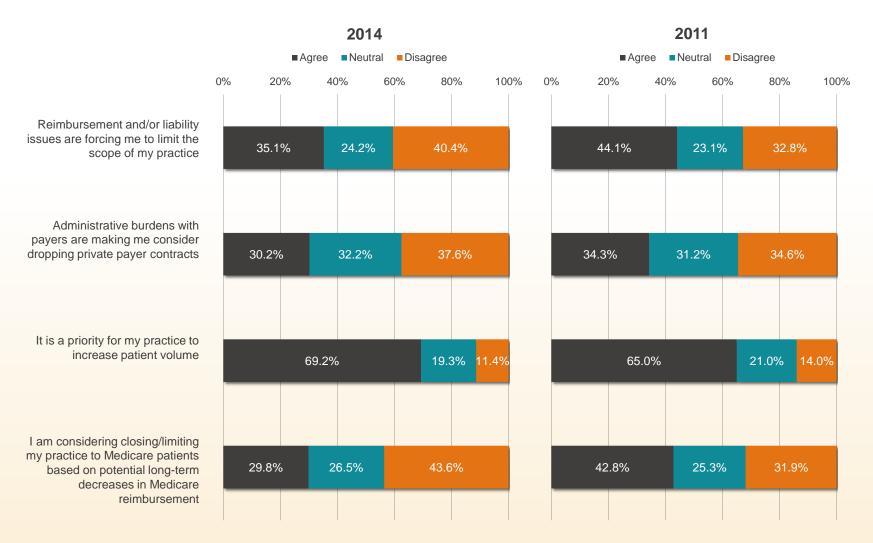


NUMBER OF PRACTICING OTOLARYNGOLOGISTS IS...

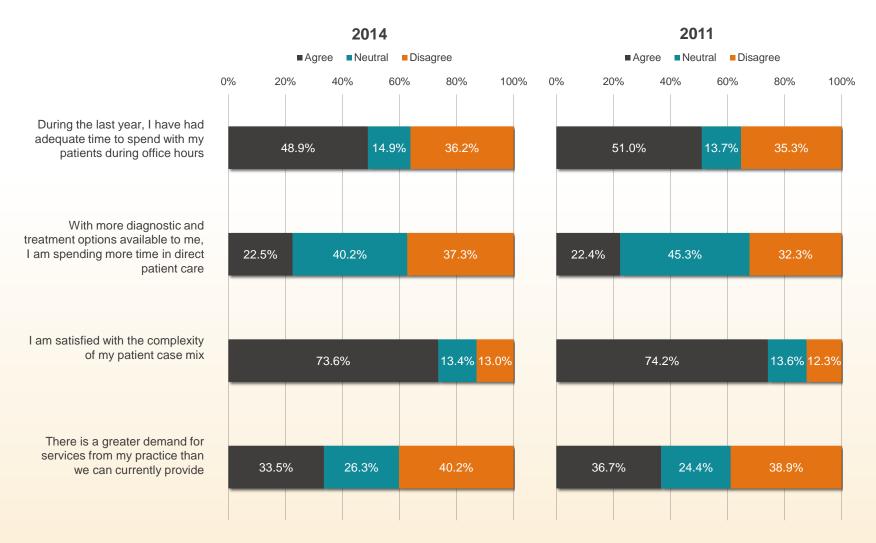




SOCIOECONOMIC OPINIONS



SOCIOECONOMIC OPINIONS



PRACTICE MANAGEMENT

Aware of AAO-HNS Coding Resources

Yes, 51.0%

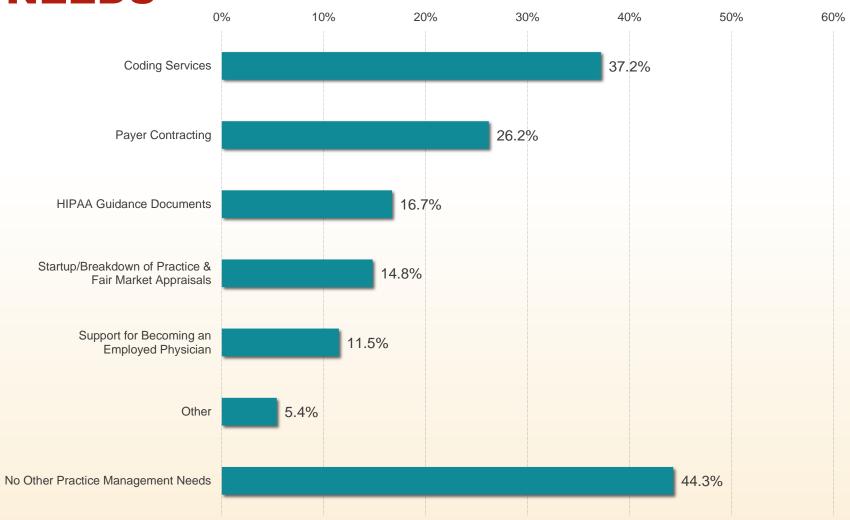
No, 49.0%

N = 1308

Coding Resources Utilized



OTHER PRACTICE MANAGEMENT NEEDS



RELATIVE VALUE UNITS GENERATED/REPORTED PER YEAR

Average RVUs Reported by Individual	
General Otolaryngology	7,700
Pediatric Otolaryngology	8,200
Head & Neck Cancer	9,300
Rhinology	10,200
Otology	8,100
Neurotology	10,300
Facial Plastics	5,700
Laryngology	8,000
Sleep	5,400
Allergy	13,300
Skull-based	3,500
Otolaryngology Allergy	N/A*

Average RVUs Reported by Practice/Group	
General Otolaryngology	64,500
Pediatric Otolaryngology	62,400
Head & Neck Cancer	101,200
Rhinology	98,900
Otology	140,600
Neurotology	158,600
Facial Plastics	22,400
Laryngology	63,100
Sleep	78,300
Allergy	57,700
Skull-based	75,500
Otolaryngology Allergy	N/A*

*Insufficient data