The exemplary and extraordinary actions of the healthcare community’s response to the COVID-19 pandemic define 2020. We want to extend our sincere appreciation to our amazing physician community and the healthcare teams they work with for their dedication to research and best practices and incorporating them in the rapidly changing scenario worldwide.

In addition to the traditional programs and services provided to the members, 2020 also thrust the Academy into action to provide the global otolaryngology community the resources, tools, and support for practices and patient care. The AAO-HNS/F 2020 Annual Report provides a snapshot of those as well as highlights the work that aims to support you, your practice, and patient care.

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THE GLOBAL OTOLARYNGOLOGY COMMUNITY COMES TOGETHER

In the face of the crisis the pandemic created and at a time when the world was calling for guidance, the Academy, its leadership, members, and staff proved to be the reliable source needed for ever-evolving challenges. Putting patient care and healthcare team safety first created a common challenge that led to exceptional collaboration in the house of otolaryngology.

Leadership from the Boards of Directors and our committees rose to the challenge with expeditious responses, providing the otolaryngology community, both domestic and international, access to timely information, resources, and guidance to deal with COVID-19 issues related to patient care and practice management. Relationships developed through our 75 International Corresponding Societies also proved invaluable.

From new Position Statements focusing on tracheotomy, elective surgery, and urgent and nonurgent patient care to reporting tools and research on anosmia, the COVID-19 podcast series, publication of COVID-19 related papers in Otolaryngology-Head and Neck Surgery, and resources like the Guidance for Return to Practice for Otolaryngology-Head and Neck Surgery, we found many avenues to disseminate information throughout the specialty and healthcare community at large.

During this critical time, our members’ commitment to excellence in patient care through engagement with the Academy has been remarkable. The unselfish collaborative efforts we shared with our colleagues has been particularly gratifying as we worked hand-in-hand with our specialty societies within and outside of the otolaryngology family to produce education and scientific information that is consistent and that has and will continue to affect policy favorably.

In this day of advanced technology offering multiple ways to connect, dissemination of information and collaboration exist successfully and productively on a day-to-day basis, preventing the pandemic from disrupting our essential operations aimed at supporting our members and the specialty.

Advance preparation over the past several years, led by our Information Technology team, allowed the Academy to transition to a complete “work from home” setting over a weekend, which enabled us to continue to serve our members without missing a beat. Rapid adoptions of technologies like Skype and Zoom facilitated effective communication across the spectrum of healthcare and supplied the information our members and their patients needed.

The COVID-19 pandemic has created unprecedented disruptive societal consequences that have necessitated public health measures dramatically changing the way all facets of society operate, including healthcare. Financial consequences weigh heavily on our members and all physicians and their practices in all settings. Our organization is sensitive to the extreme pressures that the pandemic has placed on our members and society in general, and we do not intend to magnify the current situation.
THE VALUE OF LEADERSHIP

What we have witnessed this year is the ability of the medical community at all levels to focus on a common problem with a collaborative and productive resolve to address this millennial event. The rapid response of leadership and members alike in identifying and prioritizing not only the immediate concerns and needs raised by the pandemic, but also the short-term, intermediate, and long-term ramifications was made possible by marshaling the resources available from many sources, not the least of which was the medical association community.

The willingness to share information and best practices transcended national and state borders, specialty designations, and levels of training. These efforts predominately involved patient and provider safety, accumulating real-time scientific information, education and training concerns, and short-term economic issues. Equally important have been the aggressive, unified advocacy efforts on behalf of all healthcare providers and their patients. These efforts resulted in unprecedented legislative and regulatory policies that changed the course of the disease and benefited providers and patients alike.

The collaborative network of the global otolaryngology community as well as the house of medicine has demonstrated extraordinary initiative and leadership in addressing the paramount COVID-19 challenges. It is our belief that this peer-to-peer connection that transcends from organization to organization, practice to practice, and physician to physician, is the value that propels the healthcare community through crises such as this.

The pandemic also served to put a clear focus on critical deficiencies in our healthcare delivery system. The lack of a well-developed, coordinated public health system magnified the needs of underserved patient populations, particularly in the underrepresented minority communities, and the significant disproportionate impact resulting from this shortcoming in addition to failing to adequately account for social determinants of health in our treatment paradigms. The urgency for recognition and change was heightened following a series of killings that highlighted the dire need for social justice, meaningful dialogue, and peaceful change across America. The AAO-HNS remains committed to providing the best care for all patients regardless of ethnicity, gender, race, religion, sexual orientation, or social status and advocating for equal access and treatment for all people.

A statement was issued by the Academy on June 3, “to denounce the individuals, elements, and institutions in our society that perpetuate the racism, social injustice, and disparities that exist.” Read the full statement by President Taylor at www.entnet.org/content/statement-aaohns-president-duane-j-taylor-md.

THE COVID-19 PANDEMIC’S FINANCIAL IMPACT ON YOUR ACADEMY

One of the biggest impacts on the Academy this year was the evolution of the AAO-HNSF Annual Meeting & OTO Experience from an in-person, four-day meeting to one that was a virtual six-week program with live and new on-demand content. Leadership and staff transitioned quickly once informed that we no longer could hold our meeting in Boston, Massachusetts, due to the pandemic.

The AAO-HNS/F operates following best fiscal practices under the guidance of the AAO-HNS/F Executive Committee, Secretary-Treasurer, and Finance and Investment Subcommittee. This ensures that when something like the COVID-19 pandemic impacts a reliable revenue source such as the Annual Meeting, we have a strategic plan in place to absorb the impact in a way that doesn’t create a financial burden on our members. We have been able to build our financial reserves through operational savings over the past several years and that has allowed us to maintain the current level of services that members expect as well as offer a $100 voucher that practicing physicians could use to offset dues or education offerings. The Foundation also lowered the price of its new flagship education product, FLEX, compared to the previous Home Study Course. In fact when we made the decision to transition the AAO-HNSF 2020 Annual Meeting & OTO Experience to one that was virtual, we decided to do it in a way that attendees could get the greatest value for their financial investment. We provided a free 2020 Virtual Annual Meeting registration for those who signed up for FLEX by October 25.

As we address the ongoing challenges that the COVID-19 pandemic presents us as a medical society serving members who are on the front lines of this public health crisis, we aim to overcome these obstacles through new initiatives already underway and innovation rather than seeking to add to the financial burden our members are already experiencing.

Disruptive change brings opportunity for the prepared. The COVID-19 pandemic accelerated trends that were already emerging and that certainly have long-lasting impact in the way we do so many things as a society. After witnessing the exceptional response of our members when asked to serve during the worst of times, we are confident in the future of the organization. We will continue to adapt, innovate, and overcome obstacles to deliver relevant programs and services and overall value in this fluid “new normal world.”

Collaboration, cooperation, and community are three essential elements that will shape the future of otolaryngology-head and neck surgery around the globe. Our “We Are One” philosophy guides the inclusion of all otolaryngologists—regardless of demographics or location—that the AAO-HNS/F employs in partnering with the international otolaryngology community in the bidirectional sharing of education resources, which will help us all provide the best patient care.

We have accomplished a great deal this year during particularly difficult circumstances because of the tireless work of your elected officers, physician volunteers, and staff. Your dedicated staff worked continuously during the worst of the pandemic to provide you with vital information necessary for you and your patients in addition to carrying out all areas of our Strategic Plan to continue to move our specialty forward.

2021 marks the 125-year anniversary of the AAO-HNS/F. As we turn away from 2020 and head into this upcoming commemorative year as a united specialty, the Academy will continue our focused efforts creating a diverse and inclusive global otolaryngology community that not only enhances education opportunities internationally but also builds upon our strong foundation for physician wellness and leadership development of tomorrow’s pioneers in the field.
COVID-19 RESPONSE

Global Otolaryngology Community Comes Together in the Face of the COVID-19 Pandemic

During 2020 the AAO-HNS/F provided the global otolaryngology community, including nonmembers, the resources and tools to address the varying impacts of the COVID-19 pandemic on practice and patient care through OTO News, emails, social media, and audio/video podcasts on a continual basis. The following encompass those efforts:

GUIDANCE FOR RETURN TO PRACTICE:
The AAO-HNS, with the collaboration of the otolaryngology specialty societies, developed recommendations for a safe return to practice, presented in two parts and to be updated as necessary:

PART ONE released on May 7
Focused on comprehensive general considerations that are applicable to all practice settings and specialty areas of otolaryngologists’ practice.

PART TWO released on May 15
Focused on specific recommendations encompassing prioritization and special circumstances related to surgical procedures for all specialty areas.

ANOSMIA AND DYSGEUSIA ACTION EFFECTING CHANGE:
Recognition of anosmia and dysgeusia as symptoms followed comprehensive Academy initiatives carried out in a few short weeks. Actions included:

PUBLIC STATEMENT released on March 22
REPORTING TOOL launched for data collection on March 26
PUBLIC OUTREACH achieved through substantial media coverage
PATIENT INFORMATION included on ENThealth.org
PUBLICATION of initial reporting tool findings in Otolaryngology–Head and Neck Surgery on April 10

LEADING VOICE ON ANOSMIA AS A SYMPTOM:
Domestic and international media quoted the Academy extensively about anosmia and the data collected through the AAO-HNS COVID-19 Anosmia Reporting Tool. Starting in March and continuing throughout the summer and fall, media coverage included an initial surge with USA Today, The New York Times, Fox News, Associated Press, and NPR and then continued with the Sinclair Broadcast Group television report “Spotlight on America” that ran on 191 stations in 89 markets across the country with a reach of 5-7 million viewers, WFAA in Texas, The Washington Post, U.S. News & World Report, Prevention, HealthDay, Medscape, and more.
Statements and Position Statements

The Academy issued these statements during the weeks following the start of the COVID-19 pandemic:

- Position Statement: Tracheotomy Recommendations During the COVID-19 Pandemic (REVISED: April 2, 2020)
- AAO-HNS Responds to CMS Statement on Adult Elective Surgery and Procedures Recommendations (UPDATED: March 26, 2020)
- Position Statement: Otolaryngologists and the COVID-19 Pandemic (March 23, 2020)
- Anosmia, Hyposmia, and Dysgeusia Symptoms of Coronavirus Disease (March 22, 2020)
- AAO-HNS New Recommendations Regarding Urgent and Nonurgent Patient Care (March 20, 2020)

Advocacy and Financial Relief

- Successfully advocated for COVID-19 relief provisions for otolaryngologists and their practices included in H.R. 748, the “Coronavirus Aid, Relief, and Economic Security Act” or the “CARES Act,” which was signed into law on March 27, 2020.
- Launched impactful grassroots campaign advocating for COVID-19 relief for physicians on April 16, resulting in AAO-HNS members sending 1,004 emails to Congress. AAO-HNS reached 197 Senators and Representatives through this effort.

Financial Relief

- Academy Cares: The Academy offered a token of financial relief to practicing physicians by providing a $100 voucher to be applied toward membership dues, education offerings including FLEX, the Virtual Annual Meeting, or a donation back to the foundation.

AAO-HNS 2020 Virtual Annual Meeting & OTO Experience

Due to the cancellation of the in-person meeting scheduled to be held in Boston, Massachusetts, the Annual Meeting transitioned to a virtual platform, offering a six-week specialty-focused program:

- Included were five special live Panel Presentations with Q&A that covered:
  - The Current Status of COVID-19 Testing, Transmission, and Immunity
  - The Future of Otolaryngology Practice
  - The Future of Telemedicine in Otolaryngology
  - Shifting Sands: The COVID-19 “Science” That Informs ENT Practice in the Fog of War
  - Well-being: It’s Time for a 360° Approach

Information Technology

In response to the COVID-19 pandemic, led the transition to virtual operations of the AAO-HNS/F overnight. Provided staff seamless access to technology resources, including voice communications and online conferencing, to keep the organization working at a high level to serve members during these difficult times.

COVID-19 PODCAST SERIES

- peer-to-peer connection on COVID-19 pandemic related topics

18 episodes 27,382 downloads 64 participants

COVID-19 EMAIL SERIES

- information, updates, and resources to the global otolaryngology community

1,018,742 emails sent 41% open rate 14% click rate

COVID-19 RESOURCE WEB PAGE

- housed on entnet.org serves as a repository of information

| updates from federal agencies (CDC, FDA, NIH, HHS, CMS, SBA) |
| shared clinical research and information from medical societies |
| access to all of the resources and materials developed by the AAO-HNS/F |

EDUCATION PROVIDED

- HOME STUDY COURSE+

800 residents 200 free courses

ENGAGEMENT ON ENTCONNECT

- provided peer-to-peer support
- triggered Academy policies and Position Statements
- shared resources
- provided a sounding board for what individuals and the collective community are experiencing

participation is up over 80% compared to the same time last year

COVID-19 VIDEOS

- created for both the otolaryngology community and to the public/patient community and accessed on ENThealth.org

9 podcasts via video format 4,732 views
2 video messages from AAO-HNS/F president 2,855 views
Proper Procedures of COVID-19 Testing 701 views
How ENT Practices Have Prepared to Treat Patients During the COVID-19 Pandemic 87 views

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ADVOCACY

2020 ACHIEVEMENTS

- Worked with state advocates and state medical societies to successfully:
  - Amend the Audiology and Speech-Language Pathology Interstate Compact (ASLP-IC) legislation in Utah and West Virginia, to reduce the potential for scope of practice abuse and increase transparency. Halt compact action in Alabama, Kansas, Kentucky, Maryland, and Nebraska.
  - Convince state legislators in Virginia to require insurance coverage of hearing aids for children when recommended by an otolaryngologist under SB 423, Health Insurance Coverage of Hearing Aids for Minors.
  - Amend and pass the Hearing Aid Sales Amendment Act of the District of Columbia (B23-565), which requires minors to receive initial hearing loss evaluations and medical clearance from an otolaryngologist. Also under the new law, adults with new hearing loss must receive medical clearance from a physician prior to a hearing aid purchase.

- Opposed CMS proposal in the 2021 Physician Fee Schedule on the value of E/M codes in the global surgery package that would negatively impact otolaryngology practice.

- Continued the fight in Congress to stop inappropriate federal scope of practice expansions, including the "Medicare Audiologist Access and Services Act" (H.R. 4056/S. 2446), which would inappropriately grant audiologists unlimited direct access to Medicare patients without a physician referral.

- Opposed CMS prior authorization proposals for certain outpatient department services and successfully advocated for the removal of CPT code 21235 (obtaining ear cartilage for grafting) from the prior authorization list.

- Collaborated with national, regional, and local insurers seeking positive coverage changes to policies relating to:
  - Surgical treatment of obstructive sleep apnea including hypoglossal nerve stimulation
  - Balloon dilation of the eustachian tube
  - Functional endoscopic sinus surgery
  - Balloon sinus ostial dilation
  - Cochlear implants
  - Minimally invasive treatment of the posterior nasal nerve to treat rhinitis
  - Postoperative sinus endoscopy

NEW CPT CODES effective in January 2021
- Eustachian tube balloon dilation
- Absorbable nasal implant repair

WORKED WITH RUC TEAM AND OTHER ACADEMY LEADERS

NEW CPT CODES effective in January 2022
- Hypoglossal Nerve Stimulation (HGN)
- Drug Induced Sleep Endoscopy (DISE)
- Bone Anchored Hearing Aids (BAHA)

WORKED WITH CPT TEAM, RUC TEAM, ACADEMY LEADERS AND COMMITTEES, AND THE REPRESENTATIVE SISTER SOCIETIES

The American Neurotology Society and the American Otological Society were particularly helpful on the BAHA codes.

173 PHYSICIAN VOLUNTEERS
via the State Tracker Network worked on 2,290 state legislative and regulatory proposals

Please see the COVID-19 page for additional efforts and highlights related to Advocacy.
RESEARCH & QUALITY

2020 ACHIEVEMENTS

REG-ENT REGISTRY
→ Finalized partnership with OM1 and commencement of Reg-ent data validation and curation.
→ Integrated Epic, Modernizing Medicine, Allscripts, eClinicalWorks, and Waiting Room Solutions EHR-based practices.
→ Launched new dashboard, MIPS reporting module, and sign-up portal.
→ Developed a group of 25 practices committed to mapping, validating, and supporting specialty-specific QCDR measures with the goal of increasing utilization of our specialty measures.
→ Integrated seven new academic medical centers.
→ Achieved Qualified Registry and Qualified Clinical Data Registry designations with CMS in 2020 for the fourth year.

CLINICAL PRACTICE GUIDELINES (CPG) & EXPERT CONSENSUS STATEMENTS (ECS)
→ Published the following CPGs, CCS, and ECS in Otolaryngology–Head and Neck Surgery:
  ○ CPG: Nosebleed (Epistaxis) → Published January 2020
  ○ CPG: Ménière’s Disease → Published April 2020
  ○ CCS: Ankyloglossia in Children → Published April 2020
  ○ ECS: Pediatric Drug-Induced Sleep Endoscopy (DISE) → Pending publication date
→ Began work on the following CPGs:
  ○ CPG: Opioid Prescribing for Analgesia After Common Otolaryngology Operations
  ○ CPG: Tympanostomy Tubes in Children (Update)
  ○ CPG: Manual Update

QUALITY MEASURES
→ Met with CMS regarding MIPS Value Pathways (MVPs) as an alternative to MIPS reporting for the specialty. Under consideration by CMS are three otolaryngology draft clinical pathways on Chronic Rhinosinusitis, Hearing Loss, and Early Oral Cavity Cancer.
→ Developed and programmed the first Reg-ent Patient-Reported Outcome Measure for Age-related Hearing Loss.

CORE GRANTS
→ Held the first virtual CORE Study Section on March 21, with 62 reviewers and three chairs participating.
→ Reviewed 157 grant applications, with 28 meritorious CORE grants awarded.
→ Funded $500,000 in CORE grant awards, supported by AAO-HNSF and specialty societies.

RESEARCH & QUALITY

ENT CLINICAL DATA REGISTRY

HARNESSING THE POWER OF DATA

DEPLOYED
Reg-ent’s FIRST Patient-Reported Outcome Survey Tool on Age-Related Hearing Loss

GREW
data to 7 MILLION unique patients and approximately 26 MILLION patient visits

SUPPORTED
184 practices and 1,244 clinicians in MIPS reporting
The highest level of support to our members in four years

QUALITY MEASURES

EVIDENCE-BASED CARE

17 OTOLARYNGOLOGY-RELATED QUALITY MEASURES
developed by and for AAO-HNS members

41 REPORTABLE MEASURES
in the Merit-based Incentive Payment System (MIPS)
GLOBAL EDUCATION, MEETINGS, & STRATEGIC PARTNERSHIPS

2020 ACHIEVEMENTS

CORPORATE DEVELOPMENT
→ Sold $590,000 in sponsorships to the AAO-HNSF 2020 Virtual Annual Meeting & OTO Experience. Sponsorships included virtual booths, advertising on the platform, and Industry Thought Leadership Series opportunities.
→ Launched an ad retargeting campaign through the Annual Meeting website that generated over $50,000 in advertising revenue in three months.
→ Met with five of our largest industry partners at their headquarters to discuss options and lay the groundwork for mutually beneficial collaborative relationships via the new Corporate Champions program.

GLOBAL EDUCATION
→ Launched FLEX, our new flagship education product developed to replace the Home Study Course, which was retired in August after more than three decades, with 3,000 subscribers.
→ Unveiled OTO Logic, the successor to AcademyU®, to reflect the Foundation’s growing network of digital products. There has been a 614% surge in enrollments in online courses over the past year.
→ Continued ABOHNS initiatives to support CERTLink™ and rebuild the Self-Assessment Models (SAMS) to offer CME that counts for MOC as a newly launched AAO-HNSF series titled, “Otolaryngology Patient Scenarios.”

AOA-HNSF 2020 VIRTUAL ANNUAL MEETING & OTO EXPERIENCE
→ Launched the 2020 Virtual Annual Meeting & OTO Experience on September 12. The conference spanned six-weeks with focused specialty-week programming.
→ Registered 5,095 individuals - 3,149 from FLEX and 1,946 Annual Meeting registrants.
→ Launched over 200 On-demand education sessions for immediate access on September 13.
→ Presented over 70 Live education sessions.

ATTENDEE PROFESSION
Physician 68%
Medical Student 4%
Advanced Practice Provider 6%
Resident 21%

TOP TEN REPRESENTED COUNTRIES/REGIONS
USA 4,077
Egypt 173
Brazil 140
Mexico 102
Canada 83
Philippines 62
Colombia 57
Ecuador 41
Portugal 32
Caribbean 30

Please see the COVID-19 page for additional efforts and highlights related to Global Education, Meetings, & Strategic Partnerships.
Transitioned committee application, appointment, and approval process to 100% digital.
  - Received record number of application submissions.
  - Reviewed and streamlined the Committee Handbook in time to release for the 2020 application opening on November 1.

Launched the widely attended Virtual Regional Roundtable discussion groups for Africa, Asia, Europe, Latin America, and the Middle East.
  - Co-chaired by AAO-HNSF Regional Advisors and global leaders, Roundtables provide a forum to engage, network, and share experiences and best practices among the International Corresponding Societies affiliated network and the International Advisory Board leadership.

Recruited 91 volunteer faculty members for global Joint Meetings in collaboration with the International Steering Committee.

Developed an International Observership database of U.S.-based otolaryngology-head and neck surgery observership programs and opportunities.
  - The list is posted on the International Outreach web page to provide a resource for International Visiting Scholarship applicants and international young physicians planning to attend AAO-HNSF Annual Meetings.

Please see the COVID-19 page for additional efforts and highlights related to Membership & Global Affairs.

Celebrated the 10th anniversary of the Women in Otolaryngology (WIO) Section and the WIO Endowment with the documentary film "Four Days in Boston: A History of the AAO-HNS Section for Women in Otolaryngology (WIO)," which premiered at the 2020 Virtual Annual Meeting. (1,368 views)

Established a new International Delegate position to coordinate global activities and act as liaison with other residency and training programs outside the U.S. The delegate will focus on strengthening collaborations with current international members and help recruit new international members.

Approved proposal to streamline dues. First-year member dues were reduced for U.S. and international young physicians from 50% to 66% off regular practitioner dues.

Developed a second-year category as an additional step discount (33%) before reaching full practicing physician dues ($945/$625).

The Socioeconomic and Grassroots Committee completed work on its Category III and Unlisted Codes toolkit.

The Governance and Society Engagement Committee launched its online interactive map, providing the most up-to-date contact information for national, state, and local member OTO societies.

The Legislative Affairs Committee made a concerted push to increase member participation as grassroots advocates by using the One-Click platform on the ENT Advocacy Network website, www.entadvocacy.org.

Elections for section officers for the SRF, WIO, YPS, and BOG were held virtually with special web pages developed to house the candidate statements and online voting to section members attending the Virtual Annual Meeting. Overall, voting was consistent with in-person rates from past years.
COMMUNICATIONS

2020 ACHIEVEMENTS

DIGITAL AND PRINT COMMUNICATIONS

→ Otolaryngology–Head and Neck Surgery reached its second highest Impact Factor of 2.341 for 2019. It also achieved its highest Five-Year Impact Factor with 2.592.

→ OTO Open has been accepted to Scopus, a comprehensive, curated abstract and citation database with enriched data and linked scholarly content.

→ Bulletin: Added five new series in 2020: Transition to In-office Treatment by specialty area, clinical content from the AAO-HNSF Education Committees, How to Incorporate AAPs into Your Practice, Wellness, and Tech Talk.

→ Meeting Daily: Produced three eDailies and five eWeeklies for the AAO-HNSF 2020 Virtual Annual Meeting & OTO Experience.
  ○ Average open rate 67.5%, an increase of 33.1% from 2019.

MULTIMEDIA

→ The AAO-HNS received the 2020 APEX Award for Publication Excellence Competition in “Electronic Media” for “Where Experts and Science Converge.”

→ Expanded reach of podcasts by releasing podcast channel on Apple podcasts, Spotify, Amazon Music, Android, iPhone, Microsoft Windows Non-COVID-19 podcasts published this year (downloads are as of 11/18/20):
  ○ Unconscious Bias: 449 downloads
  ○ HPV Status: Updates in Head and Neck Cancer: 739 downloads
  ○ BOGcast: RUC, CPT, 3P & U: 301 downloads
  ○ YPS Roundtable: ParENTal Responsibilities: 462 downloads
  ○ Insurance Considerations for Young Physicians: 863 downloads
  ○ Allyship and How to Unlock the Power of Diversity: 549 downloads
  ○ Craniofacial Trauma Management: 608 downloads
  ○ #OTOMTG20: Discussion with the Experts: 1,025 downloads
  ○ FLEX – Focused Lifelong Learning Xperience: 709 downloads

PUBLIC OUTREACH AND PATIENT INFORMATION

→ Social Media: Launched ENThealth Twitter profile @BeENTsmart.

→ ENThealth: Developed new content for ENThealth, including new conditions and treatments, Be ENT Smart articles, and resources for patients.

  ○ The Wall Street Journal article “Pixel Buds? AirPods? How to Choose the Best Wireless Earbuds for You,” referenced the ENThealth Be ENT Smart article, “Your Ear Gear and Hearing Health.”

DEVELOPED videos:

<table>
<thead>
<tr>
<th>Video Title</th>
<th>Views</th>
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<tr>
<td>Virtual Annual Meeting Opening Ceremony</td>
<td>2,204</td>
</tr>
<tr>
<td>Virtual Annual Meeting Promotion</td>
<td>1,350</td>
</tr>
<tr>
<td>Congratulations 2020 Graduating Residents</td>
<td>985</td>
</tr>
<tr>
<td>History of Women in Otolaryngology Exhibition</td>
<td>477</td>
</tr>
</tbody>
</table>

INCREASED podcast downloads by 1,258%

83 VIDEOS | 25 PODCAST EPISODES

INCREASED YouTube channel views by 201%

LAUNCHED 531* unique email messages

39% OPEN RATE | 13% CLICK RATE

2,211,320* total emails sent

* total number includes all COVID-19 emails referenced on page 19.
completed the reengineering of the Committee Application process, which culminated with a much smoother President-Elect final selection session.

→ Replaced the PDF worksheet with an online app for chairs to vet new applicants to their respective committees, saving time and effort for both chairs and staff.

→ Created interactive map for the Board of Governors, which allows members to choose a state and see the rosters for the state-wide and local societies.

→ Simplified the online Disclosure Form by eliminating all the many different cells to easier-to-use drop-down selections.

→ Operationalized the registration for FLEX including the complementary registration for the Virtual Annual Meeting. FLEX purchasers were enrolled in the Virtual Annual Meeting within one hour of subscribing.

→ Developed back-office processes to support the Virtual Annual Meeting.

→ Wrote new web services to support single sign-on to the virtual platform.

→ Worked with multiple registration systems including the complementary registration for FLEX subscribers.

→ Provided technical support to members and staff.

→ Implemented the automatic credit card renewal option for annual membership dues.

Please see the COVID-19 page for additional efforts and highlights related to Information Technology.
Despite the COVID-19 pandemic, FY20 revenues were approximately at budget. Most FY20 revenue was received before the COVID-19 pandemic took hold in March 2020. A combination of below budget expenses and a positive return on investments resulted in an addition of $2,490,000 to Net Asset Reserves for the fiscal year ended June 30, 2020 (FY20). Because of the positive operating results, there was no need to use reserves for certain non-operating expenses as had been budgeted.

Membership dues and Annual Meeting related revenues accounted for 40% and 38% of total revenues, respectively. Membership growth came in the areas of international and student members and dues revenue was approximately 1% above budget. The FY20 Annual Meeting, held in New Orleans, Louisiana, in September 2019, had the highest total attendance of any meeting in the last five years, achieving overall budgeted revenue expectations. Other income came from the sale of education materials, publications, royalties from Academy Advantage partners, individual donations, and Reg-ent fees. In total, these made up the remaining 22% of revenue.

Expenses were below budget, in part due to pandemic-related reductions in the last quarter of the fiscal year. Savings in salaries and benefits, accounted for 40% of the positive addition to reserves from operations. All staff positions were maintained as budgeted, the savings largely due to extended vacancies over the course of the year. Occupancy and other operating costs were 20% below budget and no contingency funds were used. Reserves had been budgeted to pay for $1,700,000 of consulting expenses, the majority related to the technology costs for the Reg-ent data registry. Through negotiation of a new work order, this expense was substantially reduced.

Investment performance for the fiscal year was just over 2% on the long-term portfolios and just over 3% on the operating reserves, leading to a $720,000 addition to reserves from non-operating investment activity. The Foundation’s Finance and Investment Subcommittee (FISC) monitors investment performance and adherence to the Foundation’s Investment Policy Statement (IPS).

As of June 30, 2020, net asset reserves without donor restrictions were $29,600,000. In addition, net asset reserves with donor restrictions totaled $7,140,000 of which $4,800,000 are the corpus of the Hal Foster, MD Endowment.

In May 2020 the Boards of Directors approved a balanced fiscal year 2021 (FY21) budget with revenue and expenses both equal to $18,783,000. This budget was established before the full implications of the COVID-19 pandemic were known. Together, Annual Meeting revenues and Membership dues account for 70% of the FY21 revenue budget. The FY21 Annual Meeting (AM20), planned to be in Boston, Massachusetts, was cancelled and replaced with a Virtual Annual Meeting. The AM20 net revenues are expected to be received in the range as budgeted through a combination of net revenue from the Virtual Annual Meeting and coverage from the meeting’s cancellation insurance policy. Membership dues are more of an unknown. While we believe that the value of Academy membership has been demonstrated, financial strains and restrictions may nonetheless impact membership renewals.

Finding ways to maximize resources and build in efficiencies has been, and continues to be, a focus of budget management. The budgeting process is integrated with the AAO-HNS/F Strategic Plan and involves the efforts of elected leadership, the Boards of Directors, Executive Committee, and the FISC.

**DEVELOPMENT**

**BY THE NUMBERS (2020)**

- $91,000 in contributions to the annual fund
- $22,000 in contributions to DONOR RESTRICTED FUNDS
- $114,000 in contributions to the WIO ENDOWMENT as a result of the 10-Year Anniversary WIO2.0 Campaign
- $110,000 Endowment Investment Earnings

**NEW LIFETIME DONOR**

- ms

**millenium society**
## UNAUDITED (ROUNDED) CONSOLIDATED STATEMENT OF ACTIVITIES FOR THE FISCAL YEAR ENDED JUNE 30, 2020

<table>
<thead>
<tr>
<th>Description</th>
<th>BUDGET FY20</th>
<th></th>
<th>ACTUAL FY20</th>
<th></th>
<th>BUDGET FY21</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>REVENUE AND SUPPORT</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Membership Dues</td>
<td>$ 6,925,000</td>
<td>36%</td>
<td>$ 7,003,000</td>
<td>40%</td>
<td>$ 6,950,000</td>
<td>37%</td>
</tr>
<tr>
<td>Annual Meeting Revenues</td>
<td>6,741,000</td>
<td>35%</td>
<td>6,726,000</td>
<td>38%</td>
<td>6,438,000</td>
<td>34%</td>
</tr>
<tr>
<td>Education and Other Product Sales</td>
<td>1,858,000</td>
<td>10%</td>
<td>1,776,000</td>
<td>10%</td>
<td>1,349,000</td>
<td>7%</td>
</tr>
<tr>
<td>Publication Revenues and Other Royalties</td>
<td>1,756,000</td>
<td>9%</td>
<td>1,757,000</td>
<td>10%</td>
<td>1,704,000</td>
<td>9%</td>
</tr>
<tr>
<td>Annual Fund</td>
<td>150,000</td>
<td>1%</td>
<td>91,000</td>
<td>1%</td>
<td>150,000</td>
<td>1%</td>
</tr>
<tr>
<td>Corporate Support</td>
<td>-</td>
<td>0%</td>
<td>-</td>
<td>0%</td>
<td>300,000</td>
<td>2%</td>
</tr>
<tr>
<td>Other Revenue</td>
<td>45,000</td>
<td>&gt; 1%</td>
<td>149,000</td>
<td>1%</td>
<td>65,000</td>
<td>1%</td>
</tr>
<tr>
<td><strong>Subtotal</strong></td>
<td>17,475,000</td>
<td>91%</td>
<td>17,502,000</td>
<td>99%</td>
<td>16,956,000</td>
<td>90%</td>
</tr>
<tr>
<td>Use of Donor Restricted Net Assets</td>
<td>258,000</td>
<td>1%</td>
<td>198,000</td>
<td>1%</td>
<td>262,000</td>
<td>1%</td>
</tr>
<tr>
<td>Use of Board Designated Net Assets</td>
<td>1,700,000</td>
<td>9%</td>
<td>-</td>
<td>0%</td>
<td>1,565,000</td>
<td>8%</td>
</tr>
<tr>
<td><strong>Total Revenue and Support</strong></td>
<td>$ 19,433,000</td>
<td>100%</td>
<td>$ 17,700,000</td>
<td>100%</td>
<td>$ 18,783,000</td>
<td>100%</td>
</tr>
<tr>
<td><strong>OPERATING EXPENSES</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Salaries and Benefits</td>
<td>$ 9,125,000</td>
<td>47%</td>
<td>$ 8,406,000</td>
<td>53%</td>
<td>$ 9,180,000</td>
<td>49%</td>
</tr>
<tr>
<td>Occupancy</td>
<td>1,003,000</td>
<td>5%</td>
<td>936,000</td>
<td>6%</td>
<td>985,000</td>
<td>5%</td>
</tr>
<tr>
<td>Other Operating Expenses</td>
<td>2,231,000</td>
<td>11%</td>
<td>1,642,000</td>
<td>10%</td>
<td>2,175,000</td>
<td>12%</td>
</tr>
<tr>
<td>Annual Meeting Costs</td>
<td>2,161,000</td>
<td>11%</td>
<td>2,694,000</td>
<td>17%</td>
<td>3,564,000</td>
<td>19%</td>
</tr>
<tr>
<td>Consultants &amp; Professional Fees</td>
<td>3,983,000</td>
<td>20%</td>
<td>1,876,000</td>
<td>12%</td>
<td>1,984,000</td>
<td>11%</td>
</tr>
<tr>
<td>Grants</td>
<td>480,000</td>
<td>2%</td>
<td>376,000</td>
<td>2%</td>
<td>445,000</td>
<td>2%</td>
</tr>
<tr>
<td>Contingency Expense</td>
<td>450,000</td>
<td>2%</td>
<td>-</td>
<td>0%</td>
<td>450,000</td>
<td>2%</td>
</tr>
<tr>
<td><strong>Total Expenses</strong></td>
<td>$ 19,433,000</td>
<td>100%</td>
<td>$ 15,930,000</td>
<td>100%</td>
<td>$ 18,783,000</td>
<td>100%</td>
</tr>
<tr>
<td><strong>Revenue and Support in Excess of Expenses</strong></td>
<td>$ -</td>
<td></td>
<td>$ 1,770,000</td>
<td></td>
<td>$ -</td>
<td></td>
</tr>
<tr>
<td><strong>Net Investment Activity</strong></td>
<td></td>
<td></td>
<td>$720,000</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Increase in Net Assets without Donor Restriction</td>
<td></td>
<td></td>
<td>$2,490,000</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>