



Douglas D. Backous, MD

**Candidate for
President-Elect**

***What experience and attributes do you have that prepare you for this position and why?
What is the most important current need of Academy members and how do you propose to tackle it?***

My core principle is for each of us to practice in our own way that works for our patients, partners, and communities. Protecting the autonomy and integrity of otolaryngology practice requires attention to advocacy, billing, and coding, and making clear distinctions about our identity and what we offer across the healthcare marketplace. We must maintain a “seat at the table” for critical conversations at local and national levels. I am high energy, relational, and focused on clear expectations to drive measurable results. I feel called to address the most important need for our members: to be able to build a meaningful career, respectful of our own wellness and resiliency, while focusing on excellent patient care with minimal non-value-added activities.

Academy advocacy efforts have never in history been as important as they are today. The current political climate creates an opportunity for the collective physician voice to shape policies that will impact our future healthcare system. This is an area where AAO-HNS serves all our specialty societies. With ongoing work on the 3P Workgroup, coordinated lobbying with AAO-HNS advocacy staff, relationships with key political leaders, and knowledge I gained through the Brandeis University Leadership Program in Health Policy and Management, I feel equipped to serve with the language and process understanding necessary to create legislative change.

The AAO-HNS has arrived at a critical time as we rise from the challenges of the pandemic in an uncertain world. Serving on the AAO-HNS Board of Directors and Executive Committee during this time gave me an incredible appreciation of the importance of our organization and its many talented leaders, members, and dedicated staff. By harnessing the best learnings from dealing with COVID-19, we can be an even more effective organization that serves all otolaryngologists. We need to continue to bring together experts and serve as a platform to stimulate creative solutions to common and previously unthinkable problems. I am committed to growing the number of people from underrepresented backgrounds in our field and funding grants to understand the social determinants that create healthcare disparities. My hope is we will continuously enrich our cultural competence to ensure excellent ENT care for all people. I support our Annual Meeting Program Committee efforts to build an increasingly relevant, just-in-time education delivery platform accessible to all. The Academy as a

reliable source of practical information is invaluable to reduce stress of members who manage complex disease.

ENT Connect and the Private Practice Study Group are examples of how members are engaging to identify innovative solutions to ensure new graduates and our early career colleagues can thrive in a practice model that they choose. My experience in employed and now independent private practice convinces me of the importance and power of shared ideas and representative leadership. I want each of us, at all career levels, to stand together.

Serving our specialty through the AAO-HNS continues to be one of the most satisfying aspects of my professional career. Thank you for the honor of running for President and I ask for your vote.

With hard work, clear vision and bold leadership the AAO-HNSF responded to the challenges of the Covid-19 pandemic by becoming an essential resource of information for otolaryngologists throughout the world. Our newly adopted strategic plan embraces key areas which will require all of us to truly come together as “one” to build an organization which empowers members to achieve our vision of excellence in ear, nose, and throat care.

A renewed commitment to fostering physician health, wellness, and resiliency in our specialty goes hand-in-hand with creating more sustained opportunities for our colleagues from under-represented groups to thrive, lead and mentor future leaders. By building our understanding of the socioeconomic determinants which create care disparities, we as an academy can work more efficiently to ensure our clinical pathways and quality initiatives include metrics for removing barriers to equitable healthcare. We need more practicing physicians to advocate, on a grassroots and national level, for timely access to appropriate, cost-effective and evidence-informed care. We also deserve to be rewarded fairly for the work we do in an ever-changing and complex healthcare system. Business of medicine priorities and the creation of the private practice study group will stoke innovation and identify changes the academy can support to improve the working environment in private, employed and academic practice settings. Providing steady leadership, a sharp focus on adhering to the strategic plan, and an eye for continuous improvement of implementation strategies is my vision for the next president-elect of the AAO-HNSF and is my motivation to serve. We have a great blueprint; we need to continue to execute and show results.

I am a practicing neurotologist with special interest in value-based healthcare delivery. I completed the Executive Development Program at the Foster School of Business at the University of Washington in 2011 and received the ACS/AAO-HNSF Health Policy Scholarship at Brandeis University in 2021. I completed four years as a member-at-large, private practice, with the academy in 2021. I held leadership positions in a multispecialty group, a hospital-based practice model and now in private practice. I currently serve on the 3-P committee for the AAO-HNSF and continue to work with my congressional representatives to support otolaryngology and the house of medicine at-large. I am passionate about inclusive diversity, have great respect for the women in leadership in our academy, and want to create opportunities to identify new members who will rise into leadership positions.

Building on the great work of past presidents, engaging our specialty societies along with members from the BOG, YPO, WIO and others requires curiosity, patience, humility, respect, and the ability to find joy in watching others succeed. I have great confidence in our academy administrative team led by Dr. James Denneny and would look forward to engaging his succession planning process. I believe the president should know when engage the CEO and when to step back and let his staff do their jobs.

I am passionate about our academy and believe we could create much needed and sustained change in our world. I believe being president of AAO-HNSF is an awesome opportunity to serve my colleagues and all our patients. I ask for your vote. Thank you.

CURRICULUM VITAE

Name: Douglas D. Backous, M.D., F.A.C.S.

Current Employment: Otolaryngology, Neurotology
 Proliance Surgeons, Puget Sound ENT
 21911 76th Avenue West, Suite 211
 Edmonds, WA 98020

Place of Birth: Saarbrücken, Germany

Education (include institutions, dates, degrees):

University of Washington School of Medicine, Seattle, WA Medical Doctor	1984-89
Executive Development Program, Foster School of Business, University of Washington Seattle, WA	2011-12
Seattle Pacific University, Seattle, WA. B.S. Biology, Magna Cum Laude, Alpha Kappa Sigma Honor Society	1980-84 1984

Residency and Fellowship:

Internship and Residency, Otolaryngology – Head and Neck Surgery Baylor College of Medicine, Houston, Texas	1991-95
Basic Science Fellowship Vestibular and Oculomotor Neurophysiology (Laboratory of Lloyd B. Minor, MD) Johns Hopkins University School of Medicine, Baltimore, Maryland	1995-96
Clinical Neurotology Fellowship (Program Director: John K. Niparko, MD) Johns Hopkins University School of Medicine, Baltimore, Maryland	1996-97

Specialty: Otolaryngology & Neurotology

Licensure and Certification:

American Board of Otolaryngology, Neurotology Certification (55511)	2005
Re-certification (certified through 2025)	2014
American Board of Otolaryngology (55511)	1996
American Board of Medical Examiners (376947)	1990
Licensure: State of Washington (#34718)	1997-present

Previous Employment:

Virginia Mason Medical Center, Seattle, WA (1997-2010)
 Swedish Medical Group, Seattle, WA (2010-2017)

Memberships and Offices Held /Academy and other societies:

3-P Committee, AAO-HNSF	2021-present
American Academy of Otolaryngology – Head & Neck Surgery (Fellow) Board of Directors, Private Practice	2017-21
American College of Surgeons (Fellow)	
American Laryngological, Rhinological, & Otological (Triological) Society (Fellow)	
American Neurotology Society (Fellow)	
American Otological Society (Fellow)	
British Cochlear Implant Group (Honorary Member)	
Christian Society of Otolaryngology - Head & Neck Surgeons	
North American Skull Base Society	
Otosclerosis Study Group President	2019-21
Washington State Medical Society, Delegate	2019-21

Honors/Awards:

ACS/HHO-HNSF Health Policy Scholarship Brandeis University, Boston, MA	2021
Keynote Speaker, European Academy of Otolaryngology & Neurotology London, England <i>What Europe can learn from the United States</i>	2021
Keynote Speaker, MedTech Rising Cork, Ireland Predictions on the shift from volume to value in American healthcare	2018
JLO Visiting Professor, Royal Society of Medicine London, England; Birmingham, England; Dunblane, Scotland	2011
American Academy of Otolaryngology-Head and Neck Surgery Distinguished Service Award	2009
Honor Award	2001
America's Best Doctors	2007-present
First place, Best Paper Competition 5 th Asia Pacific Symposium on Cochlear Implants and Related Sciences Hong Kong, Republic of China <i>Standardization of reliability reporting for cochlear implants: An interim report</i>	2005
American Academy of Otolaryngology – Head & Neck Surgery Association for Research in Otolaryngology Resident Research Award First Place – Basic Science Category <i>a-Difluoromethylornithine delays behavioral recovery and induces decompensation after unilateral labyrinthectomy</i>	1994
Western Student Medical Research Forum Meritorious Research Award <i>Assessment of pubertal maturity in boys, using height and grip strength</i>	1989
Medical Thesis Honors University of Washington School of Medicine <i>Soccer injuries and their relation to physical maturity</i>	1988
National Collegiate Athletic Association (NCAA) Post Graduate Scholarship, Seattle Pacific University	1984-85

Community Service:

Board of Trustees, Seattle Pacific University Seattle, Washington Chairman, Board of Trustees	2011-2019 2015-2019
Pillar Society, Washington Policy Center	2020-present

Regional/Local Hospital Participation:

Swedish Medical Center (Seattle, Washington) Physician Executive Council (Swedish Medical Group) Chairman, Strategy Committee	2012-14 2021-15
Program Director, Puget Sound Advanced Otolaryngology Fellowship Edmonds, WA	2012-present
Board of Directors, Proliance Surgeons Seattle, WA	2020-present

Summation of Published Works Within the Specialty:

Manuscripts in Journals

1. Prueter J, Norvell D, Backous D. Ki-67 index as a predictor of vestibular schwannoma re-growth or recurrence. *J Laryngol Otol* 2019;133(3):205-07.

2. Hillyer J, Buchanan PC, Elkins E, Watson SD, Cloutier F, Backous DD, Parbery-Clark A. Modification of osseointegrated device parameters to improve speech in noise and localization ability: Clinical recommendations. *Otol Neurotol* 2016;37(8): 1084-91.
3. Nguyen S, Cloutier F, Philippon D, Cote M, Bussieres R, Backous DD. Outcomes of modern hearing preservation technique in cochlear implant. *Auris Nasus Larynx* 2016;43(5):485-8
4. Backous DD. Cochlear implant placement: Round window approach. *Neurosurg Focus* 36(1 Suppl):1. doi: 10.3171/2014.V1.FOCUS13537.
5. Schwartz SR, Watson SD, Backous DD. Assessing candidacy for cochlear implants: A survey of practices in the United States and Canada. *Cochlear Implants Int* 2012;13(2):86-92.
6. Backous DD. Introduction: Reports from the 12th Symposium on cochlear implants in children. *Otol Neurotol* 2010;31(8):1179.
7. Battmer RD, Backous DD, Balkany T, et al. International classification of reliability for implanted cochlear implant receiver stimulators. *Otol & Neurotol* 2010;31(8):1190-93.
8. Vrabc JT, Backous DD, Djalilian HR, et al. Facial Nerve Grading System 2.0. *Otolaryngol Head Neck Surg* 2009;140(4): 445-50.
9. Backous DD, Pham HT. Guiding patients through the choices for treating vestibular schwannomas: balancing options and ensuring informed consent. *Neurosurg Clin N Am* 2008;19(2):379-92.
10. Backous DD, Watson SD. Standardization of cochlear implant device reliability reporting in the United States: an interim report. *Ear and Hearing* 2007;28 (2Suppl):91S-94S.
11. Wootten CT, Backous DD, Haynes DS: Management of cerebrospinal fluid leakage from cochleostomy during cochlear implant surgery. *Laryngoscope* 2006;116(11):2055-59.
12. Backous DD, Wolf P, DeMonte F, Weber R. Outcomes following craniofacial resection for non-melanoma skin cancer of the head and neck. *Laryngoscope*, 2005; 115:931-37.
13. Chen DA, Backous DD, Arriaga MA, Garvin R, Kobylk D, Littman T, Walgren S, Lura D. Phase I clinical trial results of the Envoy System: a totally implantable middle ear device for sensorineural hearing loss. *Otolaryngol Head Neck Surg*. 2004;131 (6):904-16.
14. Backous DD, Littman TA. The Toyota production system and cochlear implants: methodology for improved patient safety and cost containment. *Cochlear Implants International*, 2004;5 (Suppl 1):188-89.
15. Backous DD, Dunford R, Segel P, Carter P, Hampson N. Effects of hyperbaric exposure on the integrity of receiver/stimulators of currently available cochlear implants. *Otol Neurotol*, 2002; 23(4):463-7.
16. Leutje CM, Brackmann D, Balkany TJ, Maw J, Baker RS, Kelsall D, Backous D, Miyamoto R, Parisier S, Arts A. Phase III clinical trial results with the Vibrant Soundbridge Implantable middle ear hearing device: a prospective controlled multicenter study. *Otolaryngol Head Neck Surg*, 2002; 126:97-107.
17. Lasker DM, Backous DD, Lysakowski A, Davis GL, Minor LB. Horizontal vestibulo-ocular reflex evoked by high-acceleration rotations in the squirrel monkey. II. Responses after canal plugging. *Journal of Neurophysiology*, 1999; 82:1271-85.
18. Minor LB, Lasker DM, Backous DD, Hullar TE. Horizontal vestibulo-ocular reflex evoked by high-acceleration rotations in the squirrel monkey. I. Normal responses. *Journal of Neurophysiology*, 1999; 82:1254-70.
19. Backous DD, Minor LB, Aboujaoude ES, Nager GT. Relationship of the utricle and saccule to the stapes footplate: Anatomic implications for sound- and/or pressure-induced otolith activation. *Annals of Otol Rhinol, Laryngol*, 1999; 108:548-53.
20. Backous DD, Henley CM, Dunn JK, Jenkins HA. A-Difluoromethylornithine delays behavioral recovery and induces decompensation after unilateral labyrinthectomy. *Otolaryngol Head Neck Surg*, 1994; 111:377-384.
21. Backous DD, Coker NJ, Jenkins HA. Prospective analysis of resident performed stapedectomy. *Am J Otol* 1993; 14:451-454.

Book Chapters

1. Backous DD, Cloutier, F. Surgical anatomy and physiology of the vestibular system. In: Weber PC, editor. *Vertigo and Disequilibrium*. Thieme, New York: 2017:52-65.
2. Torres A, Backous DD. Evaluation and surgical management of conductive hearing loss. In: Flint PW, Haughey BH, Lund VJ, Niparko JK, Richardson MA, Robbins KT, Thomas JR, editors. *Otolaryngology Head and Neck Surgery*, Fifth ed. Elsevier, St. Louis: in press.