



**David M. Yen, MD**

**Candidate for  
Nominating Committee  
Private Practice**

***What experiences have you had that will allow you to identify a diverse set of candidates for Academy leadership? What are the most important attributes you look for when nominating a member for leadership with the Academy?***

Thank you in advance for your support! If you are reading this, you are an active member of our Academy who is likely to vote. And now more than ever, we need the engagement of as many of us as possible!

I recognize the importance of the Nominating Committee in selecting candidates for leadership, and I look forward to this responsibility. I always rely on my breadth of experience and ability to consider the perspective of others in all aspects of my life, personal and professional. I will continue to do so when seeking to identify candidates who best represent the diversity in our specialty, inclusive of background, interests, and practice settings. Our leadership should mirror us.

Regarding leadership, I believe it is critical to have deliberate goals, and even more critical to have a practical pathway to accomplish them. I will seek members to nominate who can clearly define how they intend to meet the strategic needs of our Academy and specialty—our needs. Here's to our future together!

**Please provide a personal statement as to what is your vision for the leadership role for which you are applying, why you are pursuing the elected position, and why you should be chosen.**

2024

I have been a member of our Academy for over 25 years, and like many, I suspect, I never really thought about getting more involved. We are all products of a relatively similar pathway...study hard, match into otolaryngology, continue to study hard and train even harder, head out into practice, whether private or academic. Care for patients, operate, offer good recommendations and choice, become a part of a community, make a difference, make a decent living, sounds familiar right?

Along the way, something changed. Let's be honest, it seems as if everything has changed! Decreasing reimbursement, increasing expectations for access, documentation, staffing, quality of life, consolidation...I don't have to tell you. Not getting involved was no longer an option.

What to do then? No one can do it by themselves; recruit more otolaryngologists, recruit APPs, recruit more audiologists. Work with colleagues to start an ASC, pull together multiple separate ENT groups into one, hire an administrator, lose a group along the way. Pull on board allergists, then a pulmonologist, recognize evolving to a multispecialty group is easier in many ways than finding new otolaryngologists?

We have a workforce problem here, and maybe it is more an issue of distribution and scope of practice rather than number, but it is a problem nonetheless. What to do on a local level...start a residency! Wait, you can do that, I thought you were in private practice?

A lot is changing, even the classic categories of academic or private practice. In response to the changes and challenges we face, we have no other option but to change and adapt ourselves, as individuals, groups, and more importantly as a specialty. The only way we can accomplish this on the specialty level is through the AAO-HNS, and this is why I am choosing to get involved. Please help me.

I admit, I don't have much of a track record of previous service to our Academy. I am working on it, and if this is the primary criteria I certainly understand if you vote for someone else, and I hope to be a better candidate in future years. On the other hand, I seek to serve as a member of the nominating committee, with the stated task to *"provide the voting membership of the AAO-HNS with a slate of candidates that have been determined to be the "best of the best" to carry on the leadership of the Academy, and be individuals with perspectives that represent the varying interests and concerns of the general membership of the Academy."* I am not minimizing prior committee service or involvement, but there are other ways to learn of the interests and concerns of our general membership. I have spent a lot of time meeting and listening to colleagues across the country, and will continue to do so. I have gained perspective along the way and would be grateful for the opportunity to help nominate future leaders of our Academy accordingly!

## CURRICULUM VITAE

**Name:** David M. Yen, MD FACS

**Current Employment:**

Specialty Physician Associates, Bethlehem, PA, 2011-current  
President and CEO  
Co-Founder

**Place of Birth:** Allentown, PA

**Education (include institutions, dates, degrees):** Georgetown University, 1987-1991, BS, Biology, minor in Economics  
University of Pennsylvania School of Medicine, 1995, MD

**Residency and Fellowship:** Hospital of the University of Pennsylvania, 1995-2000

**Specialty:** Otorhinolaryngology-Head and Neck Surgery

**Licensure and Certification:** Pennsylvania 1995-current; New Jersey 2013-current  
American Board of Otolaryngology, Diplomate, 2001

**Previous Employment:**

Bethlehem Ear Nose and Throat Associates, Bethlehem, PA, 2000-2011  
President 2003-2011

**Memberships and Offices Held /Academy and other societies:**

American Academy of Otolaryngology  
Workforce and Socioeconomic Survey Task Force  
ENT-PAC Board of Advisors  
OPPS-Member  
American Rhinologic Society  
Rhinology in Private Practice Section  
Executive Committee  
Research Committee-Chair  
Pennsylvania Medical Society  
Past Chair, Young Physicians Section, Past Member at Large, Governing Council  
Northampton County Medical Society, Past-President, Past Board of Directors

**Honors/Awards:**

Valedictorian, National Merit Scholar, High School; Summa Cum Laude, Phi Beta Kappa, Georgetown; Alpha Omega Alpha, UPenn School of Medicine

**Community Service:**

Boy Scouts of America, Minsi Trails Council, Executive Board Member

**Regional/Local Hospital Participation:**

St. Luke's University Health Network  
Board of Trustees, 2014- current  
Chief, Division of Otolaryngology, 2006-current  
Past Medical Staff President, Vice President  
Center for Specialized Surgery  
Co-founder, Board Member, Past President, Past Vice President

**Summation of Published Works Within the Specialty: (recent)**

- Luong AU, Yong M, Hwang PH, Lin BY, Gopi P, Mohan V, Ma Y, Johnson J, **Yen DM**, DeMera RS, Bleier BS. Acoustic resonance therapy is safe and effective for the treatment of nasal congestion in rhinitis: A randomized sham-controlled trial. *Int Forum Allergy Rhinol*. Epub 2023 Oct 9.
- Waldman EH, Ingram A, Vidrine DM, Gould AR, Zeiders JW, Ow RA, Thompson CR, Moss JR, Mehta R, McClay JE, Brenski A, Gavin J, Ansley J, **Yen DM**, Chadha NK, Murray MT, Kozak FK, York C, Brown DM, Grunstein E, Sprecher RC, Sherman DA, Schoem SR, Puchalski R, Hills S, Harfe D, England LJ, Syms CA, Lustig, LR. Two-Year Outcomes After Pediatric In-Office Tympanostomy Using Lidocaine/Epinephrine Iontophoresis and an Automated Tube Delivery System. *Otolaryngology-Head and Neck Surgery*. 2023 Sep; 169(3)701-709.
- Reh DD, Lay K, Davis D, Dubin MG, **Yen DM**, O'Malley EM, Sillers M. Clinical evaluation of a novel multipoint radiofrequency ablation device to treat chronic rhinitis. *Laryngoscope Investigative Otolaryngology*. 2023 Apr; 8(2)367-372.
- Han JK, Silvers SL, Rosenthal JN, McDuffie CM, **Yen DM**. Outcomes 12 Months After Temperature-Controlled Radiofrequency Device Treatment of the Nasal Valve for Patients With Nasal Airway Obstruction. *JAMA Otolaryngol Head Neck Surg*. 2022 Oct 1;148(10):940-946.
- Del Signore AG, Greene JB, Russell JL, **Yen DM**, O'Malley EM, Schlosser RJ. Cryotherapy for Treatment of Chronic Rhinitis: 3-Month Outcomes of a Randomized Sham-controlled Trial. *Int Forum Allergy Rhinol*. 2022 Jan;12(1)51-61.
- Silvers SL, Rosenthal JN, McDuffie CM, **Yen DM**, Han JK. Temperature-controlled radiofrequency device treatment of the nasal valve for nasal airway obstruction: a randomized controlled trial. *Int Forum Allergy Rhinol*. 2021 Dec;11(12)1676-1684.
- Ow RA, O'Malley EM, Han JK, Lam KK, **Yen DM**. Cryosurgical Ablation for Treatment of Rhinitis: 2-Year Results of a Prospective Multicenter Study. *Laryngoscope*. 2021 Sep;131(9):1952-1957.
- Lustig LR, Ingram A, Vidrine M, Gould AR, Zeiders JW, Ow RA, Thompson CR, Moss JR, Mehta R, McClay JE, Brenski A, Gavin J, Waldman EH, Ansley J, **Yen DM**, Chadha NK, Murray MT, Kozak FK, York C, Brown DM, Grunstein E, Sprecher RC, Sherman DA, Schoem SR, Puchalski R, Hill S, Calzada A, Harfe D, England LJ, Syms CA. *In Response to Letter to the Editor Regarding In-Office Tympanostomy Tube Placement in Children Using Iontophoresis and Automated Tube Delivery*. *Laryngoscope*. 2021 Mar;131(3):E978-E979.
- Yen DM**, Conley DB, O'Malley EM, Byerly TA, Johnson J. Multiple Site Cryoablation Treatment of the Posterior Nasal Nerve for Treatment of Chronic Rhinitis: An Observational Feasibility Study. *Allergy & Rhinology*. 2020 Aug;11:1-7.
- Lustig LR, Ingram A, Vidrine M, Gould AR, Zeiders JW, Ow RA, Thompson CR, Moss JR, Mehta R, McClay JE, Brenski A, Gavin J, Waldman EH, Ansley J, **Yen DM**, Chadha NK, Murray MT, Kozak FK, York C, Brown DM, Grunstein E, Sprecher RC, Sherman DA, Schoem SR, Puchalski R, Hill S, Calzada A, Harfe D, England LJ, Syms CA. In-Office Tympanostomy Tube Placement in Children Using Iontophoresis and Automated Tube Delivery. *Laryngoscope*. 2020 May;130 Suppl 4(Suppl 4):S1-S9.
- Yen DM**, Murray MT, Puchalski R, Gould AR, Ansley J, Ow RA, Moss JR, England LJ, Syms CA. In-Office Tympanostomy Tube Placement Using Iontophoresis and Automated Tube Delivery Systems. *Oto Open*. 2020 Feb 24;4(1):2473974X20903125.

- Kern RC, Stolovitzky JP, Silvers SL, Singh A, Lee JT, **Yen DM**, Illoreta AMC Jr., Langford FPJ, Karanfilov B, Matheny KE, Stambaugh JW, Gawlicka AK. A phase 3 trial of mometasone furoate sinus implants for chronic sinusitis with recurrent nasal polyps. *Int Forum Allergy Rhinol.* 2018 Apr;8(4):471-481.