



# AMERICAN RHINOLOGIC SOCIETY NEWSLETTER

November 2000

Volume 20, No. 16

## President's Message



*This New Year has started with many exciting and interesting things. As you will see below some of the interesting things are also challenges; however, the Society is vibrant and the future holds out great promise.*

*If you missed the Nose 2000 and Beyond, you missed a great meeting. There were 1100 Rhinologists from over 120 countries congregated in one place speaking 'nose and sinus'. There were excellent plenary and free paper sessions; the nasal knowledge bowl was exciting and controversial; the ARS / Bayer Satellite Symposium was excellent and the social events were extravagant. The discussion on fungus and chronic sinusitis was very controversial, informative and thought provoking and has already made the popular press. Gene Kern and his staff did an excellent job.*

**Fred Kuhn, M.D., President** *Your Society's Board of Directors met on Tuesday before the Nose 2000 and accomplished a great deal. One of the major advances in the society is our new web site at [www.american-rhinologic.org](http://www.american-rhinologic.org). If you have not accessed it I recommend that you do so. Martin Citardi has done a superb job as your web site editor. It is now set up so that all abstracts will be submitted electronically via the site and our Program Committee chaired by Paul Toffel will be able to review, grade and select the papers for the program online much more quickly and efficiently than in the past. It will also allow more rapid assembly of the Scientific Program.*

*The Society elected new officers, and voted on several bylaws changes. The new officers are: President Elect – Paul Toffel; 1<sup>st</sup> Vice President – Don Lanza; 2<sup>nd</sup> Vice President – Jim Hadley; Secretary – Marvin Fried; New Board Members – Bob Meyers, Tom McCaffery; Consultants – one year appointment, Bob Toohill, Still Kountakis; two year appointment, Brent Senior and Winston Vaughn. The Executive Committee will meet in December in place of a winter board meeting.*

*Your Society is taking the lead again on the socioeconomic front. We have identified a coding edit, which Administar and HCFA appear to have unilaterally made in bundling CPT code 61795 with endoscopic sinus surgery, even though it is an add on code. In May 2000 some Medicare Carriers stopped paying for Stereotactic Computer Assisted Navigation in conjunction with sinus surgery, except for the sphenoid sinus. We have retained Laura Loeb of Hogan and Hartson, who helped us with the FESS MESS, to intercede on our behalf with HCFA. She has spoken with the Academy, who has joined us in the effort, and a joint letter has been sent to HCFA requesting a review.*

*Committee assignments will be made this Fall and will be published in the next Newsletter. I have some concern that the committees are having difficulty functioning and would like to develop the ability for the committees to meet monthly online so that they can operate all year long and be more effective than they have been.*

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Lobby of Desert Springs Marriott

## **The Nose 2000 . . .**

*"The Nose 2000 and Beyond" was held in Washington DC from September 20-23. It turned out to be the largest gathering of Rhinologists in the United States to date. Approximately 1400 Rhinologists from over 70 countries came to Washington to exchange ideas, debate issues covering everything from endoscopic sinus surgery, physiology, cystic fibrosis, and chronic rhinosinusitis to the nose in art.*

*During the opening ceremonies, the United States Marine Corps band, "The Presidents Own" from the White House provided the music. The ceremonial platoon from Marine Corps Base at Quantico provided the back drop for the inauguration of six new countries into the International Rhinologic Society including China, Egypt, India, Lebanon, Pakistan and Poland.*

*Thursday morning the scientific sessions were in conjunction with the American Academy of Otolaryngologic Allergy Foundation and Friday the day belonged to the American Rhinologic Society. On Saturday the American Academy of Facial Plastic and Reconstructive Surgery led the way discussing primary and secondary rhinoplasty and covered everything from the disappointed patient to medical-legal and socioeconomic issues. Thursday night the faculty went to the Cannon House office building and over 200 faculty and guests attended the buffet reception.*

*On Saturday night during the gala black tie dinner dance, the entertainment was provided by the United States Navel Academy Men's Glee Club and the La Masquerade singers and dancers from New York. The*

*special guest was former first lady Mrs. Barbara Bush, who honored Rhinology and gave the Life Achievement awards to distinguished faculty members, over 65 years of age who were voted by their colleagues. The honorees included Ryo Takahashi, Charles Gross, Egbert Huizing, Fausto Lopez-Infante, Walter Messerklinger, Wolfgang Pirsig, Georgio Sulsenti, Eugene Tardy, and Malte Wigand.*

*Ashutosh Kacker and Sam Lam of Cornell University won the Nasal Knowledge Bowl "Gold". Mayo received the "Silver" award with Matthew Kienstra and Holger Gassner. The University of Minnesota received the "Bronze" award with Hamid Djallilian and Weiru Shao. The Cottle Award for basic investigation was received by Dr. Fred Kuhn for: "Capsaicin effect on trigeminal nucleus substance P release: Experience basis for rhinogenic headache and vasomotor rhinitis treatment."*



**The inauguration of six new countries into the International Rhinologic Society**

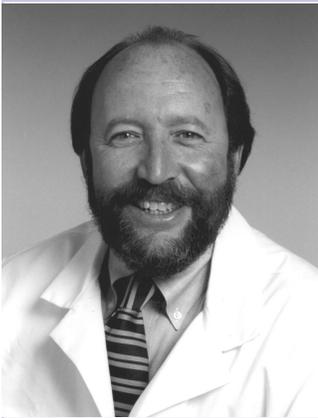


**Special Guest former first lady Mrs. Barbara Bush**

*Other awards were for Case of the Millennium. Those winners were Anna Galewicz(Gold) Poland, Amin Javier (Silver) Canada and Igor Kozin(Bronze) Russia. Video awards were P. Thulasi Das (Gold) India, Sea Young Jeon(Silver) Korea and Seung Kyu Chung(Bronze) Korea. Poster awards went to Michelle Facer(Gold) UnitedStates, David Congdon(Silver) United States and Heidi Olze (Bronze) Germany.*

*The next meeting of the International Rhinologic Society will be held in 2003 in Korea with Professor In-Yong Park as President. Dr. David Kennedy was elected the first Vice President of the International Rhinologic Society. Thanks to all of the members and our major sponsor, Schering/Key, for supporting our meeting.*

**Eugene B. Kern, M.D., Historian, ARS  
Rochester, Minnesota**



## **Meet Your New Secretary, Marvin Fried**

*It is with great pride and pleasure that I take over as Secretary of the American Rhinologic Society. My predecessor, Fred Stucker, has done a superb job in carrying forth this position. The membership in the ARS has grown substantially, and managing that growth has*

### **Marvin Fried, M.D.**

*come under his supervision. He has been ably assisted by Amy Ray, and I greatly appreciate her efforts in the transition to the new secretary's office. I hope to be as responsive as possible to all of your needs and concerns, and if I cannot assist you, I will help in directing you to the person who can.*

*I also want to introduce you to Wendi Perez, my Administrative Assistant, who will be there to help you in any way possible.*

*In order for you to be able to reach me in my office we have established a number of new contact points. My phone number is (866) 866-8656, fax number is (718) 652-5194, and my e-mail is [mfried@montefiore.org](mailto:mfried@montefiore.org)*

*There are many individuals in our Society who have taken on tasks that are substantive, which is quite unique in any medical organization. Usually, the "work" sits on the shoulders of few, but in the ARS, it is distributed over many. Membership in our committees, is a critical element in this workforce. Dr. Donald Lanza, our first Vice President, has helped revitalize our committee structure and would be pleased to help you find a committee that will meet your interest.*

*Thank you for the honor of letting me serve you.*

**Marvin P. Fried, M.D., Secretary, ARS  
New York City, New York**

### **CPT Codes: To Arms Again!**

*As many of you may remember the early 90's brought us the FESS mess. Your society played a pivotal role in salvaging the sinus CPT codes. Through this experience we learned valuable lessons about coding and reimbursement, at times, more than we ever wanted to know. We learned what components make up the Relative Value Units (RVU's) for any given code and what a laborious task it is to value a new code (a process called 'surveying a code') once agreement has been reached that a new code is needed to adequately describe a service. We learned that requesting a new CPT code is a process not to be entered into lightly. It requires justification and must be agreed to by the AMA CPT Editorial Panel; once accepted as necessary*

*to describe a new service, it must then be assigned a relative value by the RUC (the Relative Value Update Committee of the AMA). This value is usually determined by surveying at least 50 members of the specialty who will use the code to describe their services. The process involves writing a scenario for the service, justifying the pre-service and post-service time and comparing the amount of work involved in the new code to other established procedure codes, which involve similar work and complexity that are familiar to those being surveyed. This last part is sometimes called 'crosswalking' the codes.*

*The relative value units (RVU's) for any code are made up of three components, 1) Work Value Units, 2) Practice Expense Value Units and 3) Malpractice Value Units. Work RVU's are the primary thing surveyed.*

*One other key piece of information is that HCFA, for whose benefit most of this work is done, has a defined pool of money with which to pay its claims for a given year. The amount of reimbursement for a given code relative to other codes is determined by the relative value assigned and by the 'conversion factor', i.e. how many dollars per unit of value HCFA pays and by a geographic modifier. Consequently any new code dilutes the pool of money available for all other codes and specialties, unless it is "new technology" (it might seem logical that if we eliminate some codes that their RVU's could be put back into the pool; however, that does not happen.)*

*In addition, HCFA allows every specialty to have a 5-year review of its codes to determine whether they are properly valued relative to other codes. Our Academy recently submitted a 5-year review of some of our codes and had them turned down. Due to difficulty they had getting enough people to respond to the surveys, they had to resort to a consensus panel method of determining the relative values, and the RUC turned this down as invalid. This was a major loss. Now the General Surgeons and the Orthopedists appear to have received approval for significant increases in some of their codes by just this same method. This will negatively affect everyone else's reimbursement including yours, because HCFA will have to take something from everyone to pay for these changes. If this tends to raise your blood pressure, don't let it, just let it stimulate you to become involved for your own benefit. The days of being able to sit back and let someone else do it are over.*

*The Academy says this process is expensive, costing about \$6,000,000 per code surveyed. The turn around time is short, a matter of days from notification to deadline and the process is somewhat difficult to understand and follow; yet it is critical to your future reimbursement. The Academy is requesting help from all of the specialty societies to contribute financially and to provide trained volunteers who will be willing at a moment's notice to provide answers to the surveys. I can attest that they never come at a convenient time; however, if we do not help or do it correctly we will not get the requested RVU. This just happened with Revision of the Nasal Valve, a code requested by the AAFPRS, due to lack of input (the ARS was not consulted.).*

*Consequently, I am requesting 50 – 60 volunteers from diverse geographic locations and practice types who are*  
*(continued on Page Five)*

**COMBINED OTOLARYNGOLOGICAL  
SPRING MEETING 2001  
PALM DESERT, CALIFORNIA**

The Combined Otolaryngological Spring Meeting (COSM) for 2001 will be held at the Desert Springs Marriott Resort and Spa in Palm Desert, California from May 12<sup>th</sup> through the 18<sup>th</sup>. The resort is a spectacular 400 acre resort featuring a European style spa, two 18-hole championship golf courses, 20 tennis courts, 13 specialty restaurants, a high-energy nightclub, glistening swimming pools, a 12,000 square foot sandy beach, shopping and much more. Palm Desert is located in the heart of California's Coachella Valley. Boasting 350 days of sunshine each year, Palm Desert is the place for visitors looking for a stress-free lifestyle of golf, swimming, shopping, art galleries, dining, hiking, horsebackriding, or just plain sunset watching.

The Living Desert is a 1,200 acre wildlife and botanical park representing endangered desert animals and African wildlife in skillfully-seeded native habitats of the world's incredible deserts. Golf is Palm Desert's premiere sport, with over 30 public, private and country club courses. The Mountain View Course and Firecliff Course at Desert Willow Golf Resort has been praised by the famed Smithsonian Magazine for its landscape architecture, combining both desert terrain and manicured greens. After tackling the mountains and greens, visitors can explore a shopper's paradise with 14 specialized shopping complexes. The Gardens on El Paseo, a new 200,000 square foot retail oasis, consists of a series of courtyards and gardens built around seven freestanding buildings which offers dining, shopping and venues for entertainment.

Palm Desert nightlife includes high energy clubs and bars which host blues, jazz, country and western, rock and the latest dance sounds. For more information on Palm Desert visit [www.palm-desert.org](http://www.palm-desert.org).

One of the beautiful courses at the Desert Springs Marriott



Water hazard at the Desert Springs Marriott

**AMERICAN RHINOLOGIC SOCIETY  
CALL FOR PAPERS**

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**Call for Papers**  
**American Rhinologic Society**  
**Spring Meeting**  
**COSM 2001**

All abstracts will be processed by the ARS e-Abstract Module.

Please submit your abstract via the Internet.  
For more info, please see:  
[www.american-rhinologic.org](http://www.american-rhinologic.org)

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The ARS is proud to announce a Call For Papers for the Combined Otolaryngologic Spring Meeting 2001. All abstracts will be submitted and processed via the ARS E-Abstract Module. For more information, visit the American Rhinologic Society website at [www.american-rhinologic.org](http://www.american-rhinologic.org).

There will be more information on the 2001 COSM in upcoming issues of The Bulletin, the monthly newsletter published by the American Academy of Otolaryngology – Head & Neck Surgery, or visit the AAO-HNS's website at [www.entnet.org](http://www.entnet.org).

Information on the American Rhinologic Society's involvement with COSM, including an extensive meeting schedule, will be in the Spring issue of your ARS Newsletter. If you are interested in becoming a member of the ARS, please visit the ARS website or call Wendy Perez, the Executive Assistant to ARS Secretary Marvin Fried, at 866-866-8656.



**J. David Osguthorpe, M.D.**

## **Sinus & Allergy Health Partnership**

The Sinus and Allergy Health Partnership (SAHP) continues to plug away at its primary goals of educating the public and primary care physicians on the fact that comprehensive and cost-effective care of nasal and sinus diseases, whether medical or surgical, is best obtained from Otolaryngologists Head and Neck Surgeons.

Since the SAHP Summer Update, David Kennedy, M.D., has become our Treasurer, joining the Chairman, James Denneny, M.D., representatives of the American Academy of Otolaryngology -Head and Neck Surgery (Jack Anon, M.D., and I) , the American Academy of Otolaryngic Allergy (James Hadley, M.D., and Ivor Emanuel, M.D.), and the American Rhinologic Society (Mike Benninger, M.D., and James Stankiewicz, M.D.)

The "Professor of the Day" initiative, which delivers structured 1 hour lectures on rhinosinusitis and on allergic rhinitis to the primary care residencies, has reached approximately 1,000 family medicine residents via 60 presentations. The "Distinguished Lecture Series" is gearing up to sponsor Otolaryngologists as guest speakers at the meetings of various state medical societies and the national primary care groups.

This past year the Partnership, in conjunction with the Centers for Disease Control and Prevention and the Food and Drug Administration, assembled a diverse group of representatives from the Otolaryngology, Pediatric, Internal Medicine and Pharmaceutical communities. The resulting product, "Antimicrobial Treatment Guidelines for Acute Bacterial Rhinosinusitis," was published in Otolaryngology-Head and Neck Surgery this past July. Since publication, over 400,000 copies have been distributed by pharmaceutical companies to primary care physicians and family nurse practitioners. A similar supplement is slated for the Journal of Pediatrics, and the Journal of Pediatric Infectious Diseases will be publishing an "executive summary" of those same guidelines. A similar undertaking on chronic rhinosinusitis is in the works.

The Partnership is working with the Food and Drug Administration as well as the pharmaceutical industry to conduct a study to compare the "gold standard" antral puncture with an endoscopically-guided microswab culture of the hiatus semilunaris. Limited studies to date have indicated a correlation of 82 to 85%. The FDA currently mandates that all clinical trials of antibiotics prescribed for acute rhinosinusitis include antral puncture verification of efficacy (even though the anterior ethmoid cells are more commonly infected than the antra).

As you know, pharmaceutical companies sponsor clinical trials for new antibiotics, antihistamines, topical steroids, and related products. At present, a large majority of these clinical trials are conducted by general allergists, infectious disease specialists, and primary care physicians. The Partnership has helped the pharmaceutical companies recognize the need for greater otolaryngologist participation in these studies. The

Partnership is now creating panels of both academic and non-academic otolaryngology practices interested in participating in such clinical trials. As specialists of the nose/sinuses, we have an obligation to our patients—indeed to ALL patients—to contribute our unique expertise to emerging patient care. This is an opportunity.

Recent activities directed toward you—the individual physician we are working for—took advantage of our just-completed annual meeting in Washington. The Partnership and its Board presented three AAO – HNSF Breakfast Symposia with invited colleagues and one instruction course on "Marketing Your Practice." The Partnership, through these Updates, its publications and constituent society presentations, will keep you updated on our activities.

Please feel free to contact any member of the Partnership, its' constituent organizations, the Partnership's Project Manager Nick Williamson at 202-955-5010 (fax 202-955-5016). The Managing Director, Joe Fox, and the Executive Director, Jami Lucas, can also be reached at the same numbers. Our web site is [www.allergysinus.org](http://www.allergysinus.org). Our office address is SAHP, 1990 M Street, NW, Suite 680, Washington, D.C., 20036.

**J. David Osguthorpe, M.D., SAHP Board  
ARS Newsletter Editor  
Charleston, South Carolina**

### **CPT Codes (continued from page three)**

willing to be trained and to be ready to fill out surveys expeditiously when asked. We also need people who are willing to be the watchdogs of our reimbursement process. Please contact me by letter or through the ARS web site to let me know of your willingness to serve. This will become more important as reimbursement declines and as other specialties encroach on the limited pool of resources.

As you might expect if we have to supplement the Academy financially this may require a dues increase, particularly in light of having unilaterally funded the legal fight to restore CPT #61795 and the FESS MESS.

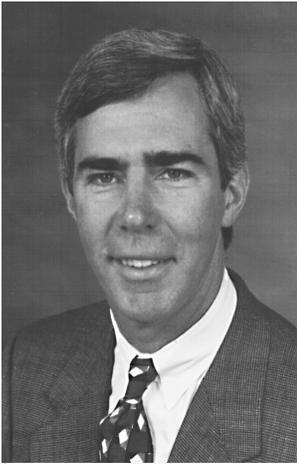
### **CPT/RVU Volunteer Information**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Telephone: ( ) - \_\_\_\_\_ Fax: ( ) - \_\_\_\_\_  
e-mail address: \_\_\_\_\_

### **Type of Practice**

Private (Solo) \_\_\_\_\_  
Private (Single Specialty Group) \_\_\_\_\_  
Private (Multi Specialty Group) \_\_\_\_\_  
Private (Large Institution, Multi Specialty) \_\_\_\_\_  
University Department \_\_\_\_\_  
University Division \_\_\_\_\_  
Government \_\_\_\_\_

**Fred Kuhn, M.D. , President, ARS  
Savannah, Georgia**



## By-Laws Update

The following are the proposed By-Law changes recommended by the Board of Directors of the American Rhinologic Society, and ratified by the general membership on September 20, 2000.

### **Old Version: ARTICLE II Qualification for Membership**

The qualifications of the **nine** classes of members of the Society are **1. Fellow:** A physician who has met the criteria for Regular membership and has the following

additional qualifications: a.) 50 medical or surgical rhinologic cases in two years, b.) Publications or other evidence of scholarly activity in rhinology, c.) Attendance at two American Rhinologic Society meetings or ARS-sponsored courses over a three year period may apply to become a Fellow of the Society. Fellows shall have the same rights and privileges of Regular members and shall be eligible to vote, serve on one or more committees, and in addition may hold office.

### **New Version:**

**ARTICLE II Qualification for Membership.** The qualifications of the nine classes of members of the Society are

**1. Fellow:** A physician who has met the criteria for Regular membership and has the following additional qualifications: a.) 50 ~~medical or~~ surgical rhinologic cases in two years, b.) Publications or other evidence of scholarly activity in rhinology, c.) Attendance at two American Rhinologic Society meetings or ARS-sponsored courses over a three year period may apply to become a Fellow of the Society. Fellows shall have the same rights and privileges of Regular members and shall be eligible to vote, serve on one or more committees, and in addition may hold office.

**Old Version: Article VI Section 5.** Disbursements of over \$5,000.00 from the General Fund must be with the unanimous approval of two-thirds of the members of the Board of Directors present at the meeting or two-thirds of the general membership.

**New Version: Article VI Section 5.** Disbursements of over \$5,000.00 from the General Fund must be with the ~~unanimous~~ **majority** approval of ~~two-thirds~~ of the members of the Board of Directors present at the meeting or two-thirds of the general membership.

**Old Version: Section 4. Consultants -** The President may designate a maximum of four consultants to the Board. Each consultant shall serve a one year term, which can be renewed only one time. Consultants to the Board may be present at Board Meetings, but do not have the right to vote

**New Version: Section 4. Consultants -** The President may designate a maximum of ~~four~~ **two** consultants to the Board. Each consultant shall serve a ~~one~~ **two** year term, which can be renewed only one time. Consultants to the Board may be present at Board Meetings, but do not have the right to vote.

## American Rhinologic Society By-Laws Addition September 20, 2000

Constitution

Article IV Section 4.

Sub Section 4 (A). HISTORIAN

The Executive Committee of the Board of Directors may designate a distinguished member of the Society to serve as Historian for the Society. The Historian shall serve a three-year term, which may be renewable. The Historian will be a non-voting member of the Board of Directors.

By laws Ammendments recommended by the Board of Directors meeting on September 19, 2000.

### **Old Version:**

Article IV Section 3. Executive CommitteeThe Executive Committee shall consist of the President, the Immediate Past President, the President-elect, the Secretary and the Treasurer, who shall be responsible for all non-policy day-to-day operations of the Society.

### **New Version:**

Section 3. Executive CommitteeThe Executive Committee shall consist of the President, the Immediate Past President, the President-elect, **the First Vice-President**, the Secretary and the Treasurer, who shall be responsible for all non-policy day-to-day operations of the Society.

### **Old Version:**

9. Corresponding member - Any physician who practices the specialty of Rhinology in countries other than the United States and Canada, and whose geographical location prohibits him or her from regular attendance at meetings, who holds a valid and unrestricted license to practice medicine in his or her respective country shall be eligible to become a Corresponding Member. A Corresponding member shall be eligible for reduced membership fee, and fellow/membership registration rate at the Annual Meeting. They shall receive normal society mailings, however they shall not receive a journal subscription. They shall not be eligible to vote or hold office.

### **New Version:**

9. ~~Corresponding member -~~ **International Member:** Any physician who practices the specialty of Rhinology in countries other than the United States and Canada, and whose geographical location prohibits him or her from regular attendance at meetings, who holds a valid and unrestricted license to practice medicine in his or her respective country shall be eligible to become a ~~Corresponding~~ **International Member**. A ~~Corresponding~~ **International member** shall be eligible for reduced membership fee, and fellow/membership registration rate at the Annual Meeting. They shall receive normal society mailings, however they shall not receive a journal subscription. They shall not be eligible to vote or hold office.

**James R. Hadley, M.D., Chair  
By-Laws Committee and Second Vice President, ARS  
Rochester, New York**



**James Chow, M.D.**

## **AAO-HNS Rhinology and Paranasal Sinus Committee Winter Update**

The Committee was involved this past year in sponsoring the 13<sup>th</sup> Annual Cherry Blossom Conference. It was entitled "Adult and Pediatric Rhinosinusitis – Contemporary and Controversial Issues", and covered a wide variety of

topics ranging from the definitions of rhinosinusitis and the prevalence and economic impact of rhinosinusitis to the management of difficult patients and medico-legal issues. A monograph summarizing the meeting will be published shortly. Congratulations to co-directors Craig S. Derkay, M.D., and James A. Duncavage, M.D..

Our Committee was also involved in sponsoring a Mini-seminar on "The Etiology and Management of Sinus and Nasal Polyps" at the 2000 Annual Meeting of the AAO-HNS. This program included talks on the etiology of polyps and the medical and surgical management of polyps. Congratulations to Howard L. Levine, M.D., for organizing an excellent panel of experts. Plans are currently in the works for submitting next year's mini-seminar. It will cover the topic of image-guided surgery and include comparisons of image-guided systems and the economic and legal implications of image-guided surgery.

In the upcoming year, there are several initiatives that this Committee plans to address. First and foremost is to increase communication between our Committee and members of the Academy as well as other societies such as the American Rhinologic Society. We gladly welcome any concerns or problems that members of the Academy have regarding their clinical practice from a rhinologic standpoint. A project that is currently being undertaken with the American Rhinologic Society is to develop an outline of the scope of knowledge in rhinology that residents would be expected to know on completion of their training. Further collaborations are hopefully forthcoming.

Secondly, a Subcommittee has been formed to further develop topics on the Academy's website. One subject that has been proposed for development concerns the responsible use of antibiotics for upper respiratory and sinus conditions. Much of this material will make use of an excellent publication by the Sinus and Allergy Health Partnership on "Anti-microbial Treatment Guidelines for Acute Bacterial Rhinosinusitis" that was recently published in the Academy's journal. Additionally, rhinosinusitis

guidelines were also proposed for development on the Academy's website.

Thirdly, our Committee will be developing a position statement on image-guided surgery for submission to the Academy.

Fourthly, the Academy's principle patient education campaign, sinusitis awareness month, is scheduled for March, 2001. This will be the third consecutive year that the Academy has launched this campaign. Committee members will be participating in a variety of ways including providing and reviewing material for fact sheets that will be made available to the press and public and will also be acting as spokespeople regarding our Academy's campaign. Lastly, the Board of Directors of the American Academy of Otolaryngology-Head and Neck Surgery has determined that forthcoming Academy initiatives should incorporate evidence-based medicine into further editions of the Clinical Indicators Compendium. Consequently, another Subcommittee has been formed to develop a priority list of topics, which are needed in order to strengthen the "research evidence" leg of evidence-based medicine. This could possibly serve as a launching pad for further research.

**James Chow, M.D., Chair  
Rhinology and Paranasal Sinus Committee, AAO-HNS  
Maywood, Illinois**

## **The President's Message**

*(continued from page one)*

The Academy has decided that the work of the evaluating new CPT codes and assigning relative values to them has become expensive and complex enough that they are going to ask the specialty societies to provide manpower and financial support for these efforts in the future. Consequently we will develop a CPT/RVU Committee to train 50-60 of our members in the arcane arts of evaluating and valuing new or revaluing old codes (see article on pages 3 and 5). We will need many of you to volunteer for this assignment from all areas of the country and from all types of practices. This may also eventually necessitate a dues increase.

As you can see there are many benefits to your membership beyond the obvious, 1. Socioeconomic – Solving the FESS Mess, CPT 61795 and CPT/RVU; 2. Educational – Scientific Meetings; 3. Research Grants – available for all to apply; 4. The American Journal of Rhinology – included with your membership, accounts for about half of your dues; 5. Informational – Newsletter, Website.

Thank you for the privilege of serving as your President. I wish you a good Fall and a happy Holiday Season this year. I will look forward to seeing as many of you as possible at the Spring Meeting.

**Frederick A. Kuhn, M.D., President, ARS  
Savannah, Georgia**

**American Rhinologic Society**  
**Marvin P. Fried, M.D., FACS**  
**Montefiore Medical Center**  
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