From the President:
ASGO to meet with Winter Combined Triologial Meeting 23 January 2015 at Hotel Del Coronado, San Diego California
As many of you recognize, schedule ASGO scientific meetings in conjunction with COSM have been hampered by a number of factors, primarily the fact that COSM is such a busy week for many of us and our colleagues. As a result, the ASGO executive committee, consisting of David Eibling (President), Robert Sataloff, President-elect), Carl Shipp (Secretary), Brian McKennon (Treasurer), and Past Presidents Jerry Goldstein, Steven Parnes, and Karen Kost, elected to move the meeting to the free afternoon at the Combined Winter Triological Section Meetings, to be held this year in San Diego January 22-25, 2015.
The meeting will be at the Hotel Del Coronado Friday afternoon, January 23rd, 2015, from 1:30 to 5 PM.
The Theme of this year’s Meeting is “Geriatric Otolaryngology: Evolving Goals and Challenges.”
The theme will address evolving goals of our patients – and our specialty, and the challenges presented as these new goals evolve. Jonas Johnson has agreed to serve as our Guest of Honor, and will address us on “Why Knowing the goals of our patients is important,” and Sandy Blakowski, medical oncologist and Palliative Care Lead for VISN 4 (Pennsylvania VA system) will serve as our keynote speaker. Sandy will speak on “How to talk with elderly patients about their goals.” I have heard both of these individuals actively practicing these themes, as well as teaching them to their colleagues and students, and can guarantee that you will find that what they have to say will impact your practice and teaching. An all-star panel moderated by President-elect Bob Sataloff will address the “real-life” challenges presented by knowledge these goals.
Finally, this letter also serves as a call-for-papers. Send a brief abstract (250 words or less) to Carl Shipp gcshipp@uams.edu for review by the program committee.
And one final note – Although our website is being revised, it is still possible to pay your dues (only $100) online using PayPal, or via check sent directly to Brian McKinnnon, secretary, at the Shea Clinic.
Best personal regards – looking forward to seeing many of you in San Diego!

Dave Eibling
Dave Eibling, MD, FACS, President, American Society of Geriatric Otolaryngology

Editor’s Commentary on Proposed Ruling by CMS on BAHA
Recently, Medicare has proposed a rule change to no longer cover bone anchored hearing systems, reclassifying them as hearing aids, stating that bone anchored hearing systems do not replace an internal body organ or function. It is imperative for our community to take the opportunity to comment on the CMS to modify the existing regulation §411.15(d)(1), which, if implemented as stated, could adversely affect those seniors, who it is our privilege to care for, made even more vulnerable by hearing loss.

**The following is excerpted from the ASGO response to CMS regarding the proposed change:** (Full letter will be on the ASGO website)

*A hearing aid is a wearable device that can assist many seniors with conductive hearing loss, mixed hearing loss, and sensorineural hearing loss. A hearing aid compensates for those forms of hearing loss, just as a walker compensates for imbalance. However, published evidence in the medical literature informs us that some patients with conductive hearing loss, mixed hearing loss and unilateral severe to profound sensorineural hearing loss cannot be effectively surgically rehabilitated because of the loss of middle ear and inner ear function (1-4). Moreover, these patients cannot be effectively rehabilitated with a hearing aid due to local aural suppuration, profound impairment of sound conduction, or both. In the setting of conductive hearing loss, mixed hearing loss and unilateral severe to profound sensorineural hearing loss in an appropriate candidate, a bone anchored hearing implant represents the only effective solution as it replaces all or part of the function of the tympanic membrane catenary lever system, middle ear mechanical transformer and amplifier, and/or cochlear mechanical transducer, all internal body organs.*

*My reading of the CMS modification to existing regulation §411.15(d)(1) suggests that the understanding of bone anchored hearing implant's role in the management of hearing loss is incomplete. As written, the CMS modification to existing regulation §411.15(d)(1) fails to recognize that bone anchored hearing implants are prostheses that replace all or part of an internal body organ.*

**What you can do:**
The American Cochlear Implant Alliance has assembled a template for use in making a comment to CMS, which can be found at:


*Ms. Maureen Corrigan, from the American Academy of Otolaryngology-Head and Neck Surgery also was kind enough to forward this information from the Federal Register on how to submit the comment:*

In commenting, please refer to file code CMS-1614-P. Because of staff and resource limitations, CMS cannot accept comments by facsimile (FAX) transmission.

You may submit comments in one of four ways (please choose only one of the ways listed):
1. Electronically. You may submit electronic comments on this regulation to http://www.regulations.gov/#/documentDetail;D=CMS-2014-0092-0002. Follow the “Submit a comment” instructions.

2. By regular mail. You may mail written comments to the following address ONLY: Centers for Medicare & Medicaid Services, Department of Health and Human Services, Attention: CMS-1614-P, P.O. Box 8010, Baltimore, MD 21244-8010.

Remember: Please allow sufficient time for mailed comments to be received before the close of the comment period.

3. By express or overnight mail. You may send written comments to the following address ONLY: Centers for Medicare & Medicaid Services, Department of Health and Human Services, Attention: CMS-1614-P, Mail Stop C4-26-05, 7500 Security Boulevard, Baltimore, MD 21244-1850.

4. By hand or courier. Alternatively, you may deliver (by hand or courier) your written comments ONLY to the following addresses prior to the close of the comment period: a. For delivery in Washington, DC—Centers for Medicare & Medicaid Services, Department of Health and Human Services, Room 445-G, Hubert H. Humphrey Building, 200 Independence Avenue SW, Washington, DC 20201.

If you need further information, please feel free to contact me at my Shea Ear Clinic email, brian.mckinnon@sheaclinic.com

Brian J. McKinnon, MD, MBA
Newsletter Editor, American Society of Geriatric Otolaryngology

Don’t Forget!!
American Society of Geriatric Otolaryngology
Please Pay your 2014 Dues
ASGO is one of the last great bargains!
$100 includes Meeting registration
Pay online with PayPal or Send Check to:
Brian J. McKinnon, Treasurer, ASGO
Shea Ear Clinic
6133 Poplar Pike
Memphis, TN 38119

Pay online at
www.geriatricotolaryngology.org
If you pay online notify me via email (brian.mckinnon@sheaclinic.com) so I can assure you are credited!
American Society of Geriatric Otolaryngology
Fellowship Application/Renewal

The mission of the American Society of Geriatric Otolaryngology is to promote the generation and dissemination of knowledge to benefit the geriatric patient with disorders of the ears, nose, throat, and neck. Thank you for your interest in joining ASGO! Please read the membership requirements and American Society of Geriatric Otolaryngology Bylaws before completing your application. Additional information may be obtained from the ASGO website at http://www.geriatricotolaryngology.org or contacting the Secretary of ASGO at info@geriatricotolaryngology.org.

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Eligibility Requirements:
- **Fellowship**: Fellows must hold the MD or DO degree and be certified by a Board recognized by the American Board of Medical Specialties or fellows of the Royal College of Physicians and Surgeons of Canada, and must have speciality interest in Geriatric Otolaryngology or Geriatric Medicine.
- **Associate Fellowship**: Associate Fellows are allied health professional whose major professional activities are devoted to teaching, research, or care of geriatric patients. Associate Fellows must be certified by a Board recognized by the American Board of Medical Specialties or its equivalent.
- **International Fellowship**: International Fellows include physicians or surgeons who practice outside the United States or Canada whose specialty interest lies in Geriatric Otolaryngology or Geriatric Medicine, but who are not diplomates of a Board recognized by the American Board of Medical Specialties.

Applications (along with payment and current CV) should be mailed to:
Brian J. Mckinnon, MD, MBA
Shea Ear Clinic
6133 Poplar Pike
Memphis, TN 38119

Payments may also be made by Paypal. Please visit our website for details info@geriatricotolaryngology.org

DONATIONS AND CONTRIBUTIONS ACCEPTED ASGO is a 501(c)(3) corporation.

Signature
MEDIA ANNOUNCEMENT

FOR IMMEDIATE RELEASE
Memphis, TN
June 13, 2014

Media Contact:
Brian J. McKinnon, M.D.
Otology and Neurotology
Shea Ear Clinic
6133 Poplar Pike, Memphis, TN 38119
Telephone: 706.288.9835,
email: brian.mckinnon@sheacleinic.com

TOPIC: Osseointegrated Hearing Devices; Hearing Aids or Hearing Prostheses?

That’s the question currently being analyzed by the Centers for Medicare and Medicaid Services (CMS), and the wrong answer can deal a potentially devastating blow to thousands of vulnerable, hearing impaired senior citizens - nationwide. Here’s why.

CMS excludes Hearing Aids from Medicare coverage.

Since 2005, Bone Anchored Hearing Devices (BAHD) have been classified as prosthetics and not hearing aids. As such, the costs for these devices and the surgeries associated with their implantation and on-going therapy have been covered. As a result, many Medicare patients have been able to recover a significant portion of hearing they had lost due to damaged, diseased, or dysfunctional components that comprise the organs known as their ears.

More than just a sound amplification device, a BAHD acts as a replacement for the ear system “organ” in much the same way as an eye lens implant used in cataract surgery enables a patient to see, or a hip replacement hardware converts a potential cripple into someone who can walk without assistance.

In all three of these examples, CMS has, until this point, classified the procedures, devices, and requisite surgeries and therapies as prosthetic in nature and covered by Medicare.

So, why, all of a sudden, have Osseointegrated Hearing Devices become a target for exclusion of coverage by CMS?

It certainly isn’t because the costs associated with BAHD are too high. In 2013, CMS paid out $9 million for all related BAHD procedures, a pittance when compared to net Medicare expenditures of $492 billion during the same time period.

Also, CMS is not seeking to revise the definition of BAHD utilization because the prostheses are unproven or experimental in nature. Quite the contrary; this therapy results in upwards of a 90% success rate, and the technology has been improving rapidly.

Additionally, the external BAHA device is easy to use with minimal encumbrance for almost any daily activity, and performs properly without medical intervention as long as basic personal hygiene and device maintenance instructions are followed.
So, what’s the answer?

The only apparent answer as to why CMS wants to redefine BAHD from a “prosthetic” to a “hearing aid” is that this represents a small-scale budget cut “test” that will, over time, evolve into a much larger plan of cutting costs by redefining components of other, more widely recognized medical procedures that DO represent significant expenditures in annual CMS budgets.

The few hearing impaired patients and their caregivers who will be affected by CMS’s approach to the BAHD redefinition to “Hearing Aid” status have only a short time to engage other concerned citizens and the media to speak out against this change before the comment period closes on September 2, 2014.

Concerned people who become aware of the CMS proposed redefinition must recognize that this action will create an adverse impact on a very vulnerable minority of Medicare patients (who stand to lose the one hope for a “normal” life with the quality hearing that they deserve). And, it could signal even more drastic future reductions in healthcare coverage for patients in need.

What’s our goal?

Our goal as ear implant surgeons is to make certain that all of our patients have all of the access they deserve to the Medicare and private insurance payments for BAHD procedures. Without this funding, many of our patients will be doomed to spend the balance of their lives horribly compromised because of hearing impairment that can be corrected.

To make a comment to CMS about this proposed change:

Address your comments to Marilyn Tavenner, RN, Administrator, Centers for Medicare & Medicaid Services, Department of Health and Human Services. In commenting, please refer to file code CMS-1614-P. Because of staff and resource limitations, CMS cannot accept comments by facsimile (FAX) transmission.

You may submit comments in one of four ways (please choose only one of the ways listed):

1. **Electronically.** You may submit electronic comments on this regulation to [http://www.regulations.gov](http://www.regulations.gov). Follow the “Submit a comment” instructions.

2. **By regular mail.** You may mail written comments to the following address ONLY: Centers for Medicare & Medicaid Services, Department of Health and Human Services, Attention: CMS-1614-P, P.O. Box 8010, Baltimore, MD 21244-8010.

   Please allow sufficient time for mailed comments to be received before the close of the comment period.

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4. **By hand or courier.** Alternatively, you may deliver (by hand or courier) your written comments ONLY to the following addresses prior to the close of the comment period: a. For delivery in

R&D Resources for media and general public:

1. How the ear works https://www.youtube.com/watch?v=flIAxGsV1q0
2. Ear anatomy and balance https://www.youtube.com/watch?v=p3Oy4lodZU4
3. How BAHA works https://www.youtube.com/watch?v=Srxeb1-gBvE - https://www.youtube.com/watch?v=lvBkMqB4CM8
4. Oticon https://www.youtube.com/watch?v=xO6V6s2BSKs