Transformational innovation is a concept that implies the adoption of a radically different set of premises in order to respond to a set of problems or expectations. A key characteristic of transformational innovation is that it is frequently unexpected, and is always disruptive. The healthcare delivery system we now have in the United States may be viewed by some as experiencing something akin to transformational innovation.

The entirety of our healthcare system is realizing substantial changes. The mandated use of the electronic medical record is driving healthcare providers to change processes by which they and their staff interact and manage patients seeking medical care. Tightening reimbursement for services rendered by both physicians and hospital systems is forcing dramatic changes in expense structures. Budgetary concerns by state governments has affected higher education funding which impacts the medical and resident education processes, and federal level efforts to control spending have led to a palpable reduction in research funding. Finally, value is rapidly ascending to become the most important criterion for healthcare purchasing decisions by commercial and government payers.

Academic medical centers are compelled to adapt this transformation in order to maintain a sustainable model for meeting the academic missions: research, education and service. How real are these concerns? Vanderbilt Medical Center has found it necessary to reduce their operating expenses by $250 million by the end of FY 15, the Cleveland Clinic announced plans to trim $300 million in operating expenses and 2,500 positions, and at Indiana University Health, the goal was to reduce $1 billion and 800 positions — these are astounding numbers.

Similarly, the Department of Otolaryngology-Head and Neck Surgery at MU has been challenged over the last year by the sequelae of transformational innovation in healthcare. We look for solutions to enable us to continue to meet our academic missions. Today, a “business as usual” approach is inadequate for meeting these mission objectives. We must be innovative, resourceful and must manage our assets efficiently and with skill. In this regard, we are working to measure and improve the quality of all of our ambulatory and inpatient services. Quality improvement through optimizing our patient outcomes and patient experience will better position our Department for value-based healthcare purchasing.

One strategy we have used to respond to the transformation of healthcare has been to look for new clinical service opportunities which will provide funding for the support of our research and educational endeavors. We have recently formed a multidisciplinary head and neck endocrine service in which our head and neck surgeons work with endocrinologists in the same physical location to manage patients with thyroid and parathyroid disorders. Cytologists are available to give point of service diagnostic interpretation of needle aspirates for the patients with thyroid nodules. Finally, we are nearing the completion of our new Hearing, Balance and Voice Disorders center, which will include comprehensive diagnosis and evaluation management of patients with balance disorders. Growth in these areas as well as in our allergy section will provide revenues allowing us to fulfill our research and education obligations.

Robert P. Zitsch III, M.D.
William E. Davis Professor and Chair
**Class of 2014**

Congratulations to the resident graduating Class of 2014!

Jason C. Goodwin, M.D. will be practicing general otolaryngology when he returns to military life at Eglin Air Force Base in Ft. Walton Beach, FL.

Abigail C. Schnieders, M.D. will be joining the Faculty at the University of Missouri practicing general otolaryngology.

**Legacy Lecture Series**

The Department of Otolaryngology – Head and Neck Surgery was proud to host George H. Zalzal, M.D. as our spring Legacy Lecture Series speaker. Dr. Zalzal’s lectures on Congenital Laryngotracheal Anomalies and Strategies in Pediatric Laryngotracheal Reconstruction were excellent. He even took the opportunity to tell a story or two about one of his former fellows, our very own Eliav Gov-Ari, M.D.

Dr. Robert Zitsch was recently named the 2013 Boone County Medical Society Doctor of the Year. Dr. Zitsch graciously accepted the award at the annual Boone County Medical Society gala in January.

During his acceptance speech he spoke fondly of how he and his wife, Molly, raised their children in such a great community, even though when he first told her he wanted to take the position in Columbia, she thought they were moving to Columbia, South Carolina – not Missouri. Congratulations Dr. Zitsch on a well-deserved award!
Dr. Tabitha Galloway received an honorable mention for her clinical poster titled “Decreased Healthcare Utilization after Implementation of Postoperative Serum Calcium Algorithm Following Total and Complete Thyroidectomy” at the annual American Academy of Otolaryngology – Head and Neck Surgery meeting in Vancouver, BC. Congratulations Dr. Galloway!

Phase II Completion

After nearly a year-and-a-half of planning, moving and living in temporary work spaces, the remodel project of the Department suite is complete. Our new space added seven new Faculty offices, doubled the seating capacity of the conference room and provided a formal reception area for visitors. Through the generosity of Dr. Richard Holt, the reception area now displays works of Missouri native artist Thomas Hart Benton. New displays were created for alumni photos, along with plenty room for those yet to come. We are excited about the completion of the project and the much needed updates to our home away from home.

Alumni Spotlight: Peter Shapiro, M.D.

Dr. Shapiro graduated from MU in 1992. Since that time he’s been practicing general otolaryngology, with an emphasis on sinus, in a solo private practice in Kansas City, MO. Also, for the past 15 years he has been performing endoscopic orbital decompressions with a local ophthalmologist. Together they have one of the largest series in the country and presented the results at the ophthalmology annual national meeting several years ago.

In his spare time, he enjoys playing golf and going to Royals games, both activities involving his daughters as long as food is involved. He also likes to travel as well as enjoying good food and wine.

In thinking about his time during residency in Columbia, Dr. Shapiro reflects, “I have fond memories of my time at MU, they become more fond as the years roll by. I feel fortunate to have been able to train with Drs. Davis, Templer and Zitsch and the many resident teachers during my years there. They, and the program, gave me the opportunity and the tools to become a successful physician. I am very satisfied with my career and feel I have helped a great many people over the years.”
Last October I had the opportunity to travel with World Medical Mission to perform cleft lip and palate repairs at AIC-CURE International Children’s Hospital in Kijabe, Kenya. Situated on a mountainside rimming the Great Rift Valley and 50 kilometers west of Nairobi, I was surprised to find that this geographically isolated hospital was a busy hub of craniofacial cleft repair. Teams travel there several times each year to provide much needed repairs for poor families and their affected children. Dr. Chang has been traveling there annually since 2005 and this year I was allowed to join him and two other otolaryngologists Jeffrey Neal, M.D., and Cameron Kirchner, M.D., to learn the challenging but rewarding art of repairing clefts. I have been interested in humanitarian medicine for many years, but this was my first opportunity to travel as a physician and provide much needed care.

We operated out of CURE Hospital which was staffed mostly by Kenyan nationals and a handful of missionary physicians from around the world. The hospital and operating rooms ran efficiently and required very little “pushing” on our end. The hospital had been broadcasting daily radio announcements of our arrival and the day we arrived our clinic was packed with parents and their children who had traveled, in some cases days, to have this opportunity. Within an hour of arriving we were already operating on patients who had arrived the night before, gotten lab work, and had been NPO in anticipation. We ran two operating rooms five days a week that out of necessity functioned with very little waste.

The hospital staff was glad to have us there and really made the experience enjoyable for us. There were two anesthesiologists, well-trained scrub techs, and compassionate nurses who were all Kenyans with years of experience working together at the hospital. In the wards, a single large room with 20+ beds held daily praise and worship led by the hospital staff which filled the halls with beautiful music as we drank tea between cases.

As welcoming as the hospital staff was, I was struck by how little emotion the parents showed after their children had their operation. At times it seemed to border on apathy and it really made me and the rest of our team wonder why they weren’t more excited. I came on this trip to serve and learn. I really wasn’t seeking their gratitude but when there was such little outward evidence of their appreciation I have to say I was surprised. In speaking with the hospital staff we learned that in Kenya a sign of true strength is to be unwavering in one’s emotion. To scream, shout, clap, and dance is entirely out of character and actually laughable to them. Instead our mothers accepted their child back into their arms with solemn gratitude, their most honorable display of strength.

The Kenyans showed their strength, and all the while I was getting mine back. The hours were long but my energy and desire to serve increased throughout the trip. Five months later I still reflect on this trip and find renewal. I am a better resident and better physician today because of this experience.

- Jason A. Showmaker, M.D. PGY4
Dr. Lever hosted an open house for the Faculty and Residents to see and hear about the exciting research being done. With roughly 10 million Americans evaluated for dysphagia each year due to a broad spectrum of medical conditions including stroke, MS, Parkinson’s disease, Alzheimer’s disease, head and neck cancer, and ALS – the research being done is more important than ever. Dysphagia leads to malnutrition and respiratory conditions that are associated with poor quality of life, morbidity, mortality, and extended hospitalization. With areas of research that includes the neurobiology of normal swallowing and dysphagia, Dr. Lever’s goal is to develop diagnostic tests for early the detection, and therefore earlier treatment, of dysphagia. Her research team has pioneered methodology capable of reliably detecting small but important changes in the swallowing function of mice. This methodology can then be adapted for humans as well as companion animals to aptly detect swallowing disorders earlier than currently available. She and her team have patented an observation kennel for conducting swallowing studies with naturally feeding unrestrained cats and dogs, which is being made available to veterinary campuses across the U.S.

Health Sciences Research Day

Steve R. Taylor, M.D. (PGY3), presented two posters “Novel Peritonsillar Abscess Drainage Task Simulator” and “Use of Fluorescent Angiography to Assess Donor Site Perfusion Prior to Free Tissue Transfer” at MU Health Sciences Research Day.

Dr. Taylor took 2nd place in the Graduate/Postdoctoral Research Fellows, Medical Fellows and Residents Clinical Science category for “Novel Peritonsillar Abscess Drainage Task Simulator.” Congratulations Dr. Taylor!

Dysphagia Research

Dr. Lever explained about the research taking place.

Lucky lab workers recieve a fun T-shirt!

Dr. Steve Taylor learning about the research taking place.

Dr. King asking about the research dogs.

Dr. Lever explaining data.

Lab worker explaining research technique.
We are very excited to welcome CeCe Ukatu and Craig Bollig to the OtoHNS family! CeCe Ukatu is originally from Texas. She completed her undergrad at Washington University, followed by her M.D. at Emory University. Craig Bollig is originally from Kansas, where he completed his undergrad at Kansas State University, then onto the University of Miami for his M.D.

Randal Otto, M.D., was recently recognized at the University of Missouri School of Medicine’s 57th Annual Medical Alumni Awards receiving the Distinguished Service Award.

Dr. Otto is Professor and Thomas Walthall Folbre, MD, Endowed Chair in Otolaryngology at the University of Texas Health Science Center at San Antonio. He previously served as the physician-in-chief of the Cancer Therapy and Research Center in San Antonio and is a member of numerous boards, including the Association of Academic Departments of Otolaryngology and Strong Missions.

After graduating from medical school, Dr. Otto completed internships in pathology at the University of Hawaii School of Medicine, and subsequently, general surgery at the MU School of Medicine. He remained at MU to complete residency training in otolaryngology-head and neck surgery.

His clinical and research interests are in head and neck oncology, diseases of the thyroid and parathyroid, and paranasal sinus disease. He frequently lectures nationally and internationally on these topics. Dr. Otto is most proud of the opportunities he has had to participate in international medical missions. He and his wife also cofounded the Magdalena House — a shelter for battered women and children located in San Antonio. Congratulations Dr. Otto!

After 27 years of practicing audiology at the University of Missouri, Karen Bauer recently retired. A celebration including comments from Dr. Zitsch and Will Kiehl was held in her honor. Many colleagues throughout her career were present to congratulate and wish her well in retirement.

Congratulations Karen!

We are very excited to welcome CeCe Ukatu and Craig Bollig to the OtoHNS family! CeCe Ukatu is originally from Texas. She completed her undergrad at Washington University, followed by her M.D. at Emory University. Craig Bollig is originally from Kansas, where he completed his undergrad at Kansas State University, then onto the University of Miami for his M.D.
The MU Department of Otolaryngology – Head and Neck Surgery has begun a development campaign to enhance our endowment which honors William E. Davis, M.D. We are looking to take this endowment, which is named the William E. Davis, M.D. Distinguished Professorship in Otolaryngology – Head and Neck Surgery to a fully funded Chair designation.

Through the generosity of our former residents, current and former faculty and various friends, we have been able to meet the original funding goals for both our $250,000 Jerry W. Templer, M.D. Faculty Scholar in Otolaryngology and our $550,000 William E. Davis, M.D. Distinguished Professor in Otolaryngology – Head and Neck Surgery endowments. As part of this new campaign, we seek to take the William E. Davis, M.D. endowment to a fully-endowed Distinguished Chair in Otolaryngology – Head and Neck Surgery. To do this will require nearly $400,000.

To donate, please visit our website ent.missouri.edu, Gift Opportunities tab. Thank you in advance for considering this campaign.

**LIFETIME DONORS**

**Lifetime Giving to the Department:**
- Department Benefactor: $10,000
- Legacy Assistant Professor: $20,000
- Legacy Associate Professor: $50,000
- Legacy Professor: $100,000

**CAMPAIGN DONORS**

**Donor levels during this campaign:**
- Friends: $1-$4999
- Gold Circle: $5000-$9999
- Platinum Circle: $10,000-$14,999
- Leadership Circle: $15,000-$19,999
- Founder Circle: $20,000-$24,999
- Ambassador Circle: $25,000-$29,999
- Presidential Circle: $30,000+

**Friends:** Dr. and Mrs. Russ Smith, Dr. and Mrs. Greg Campbell
**Gold Circle:** Dr. and Mrs. David Chang, Dr. and Mrs. Mark Stroble
**Platinum Circle:** Dr. and Mrs. Robert Zitsch, Dr. and Mrs. Matthew Page, Dr. and Mrs. Harry Ruth

**Pledges to be received:** $29,800
**Needed to reach goal:** $265,700

**$804,500** (raised to date)  **$1.1 Million** (goal)