Minnesota Academy of Otolaryngology–Head and Neck Surgery

The origin, evolution and impact of a specialty society

BY THOMAS A. CHRISTIANSEN, MD, AND KENT S. WILSON, MD

Medical societies emerged early in the history of medicine in Minnesota. Saint Anthony and Minneapolis Union Medical Society was founded in 1855 and incorporated as the Hennepin County Medical Society (HCMS) in 1869. The forerunner of the Minnesota Medical Association (MMA) was established in 1853 and the Ramsey County Medical Society in 1860. Medical societies served essential purposes, offering forums where members could share information about new medical and surgical developments, emerging diseases and public health concerns. They also played a key role in setting and upholding the standards of the profession.

Frontier or pioneer medicine was characterized as herbal, homeopathic or allopathic. Fewer than 10 percent of physicians were graduates of a medical school and there was no such thing as licensure or certification.

Motivated individuals from frontier areas might do a preceptorship under a graduate of a school from "back East," thereby authenticating their intention to practice the healing arts. Those with medical degrees often obtained specialty training in Europe, then brought these skills to places like Minnesota. In 1851, the territorial legislature enacted a bill establishing a university with five departments, including a Department of Medicine. But the university barely functioned through the Civil War years and medical education was in the hands of private medical colleges such as the St. Paul Medical College, formed in 1878; The Minnesota College Hospital, formed in 1881; The Minneapolis College of Physicians and Surgeons, started in 1883, which would become part of Hamline University by 1895; and a homeopathic medical college that was started in 1896.

Without a medical school, the nascent University of Minnesota had a non-teaching but examining medical faculty. In 1883, the Minnesota Legislature authorized that faculty to examine candidates before granting them licensure to practice medicine, the first such medical board in the United States. This board function transferred to an independent board of medical examiners in 1887. The examining faculty could also evaluate graduates of the University with a Bachelor of Medicine degree, who could then do a preceptorship with an MD graduate of an approved medical school. Following a preceptorship, these medical school graduates could be rewarded with an MD degree; nine such diplomas were granted before 1888, the year the medical school was founded.

The University of Minnesota Medical School was created after influential physicians in the state convinced the St. Paul Medical College, The Minnesota Hospital College and the Homeopathic School to relinquish their charters to the University. The Hamline College of Physicians and Surgeons did the same in 1909, the year that the medical school began creating departments.

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Howard McIlvain Morton began the drive for the first statewide medical specialty society in Minnesota in 1911.

It was in this context of a growing professionalism in medicine that, Arthur S. Hamilton, MD, a neurologist, addressed the Hennepin County Medical Society and proposed the creation of subsections of

county medical societies that reflected an increased interest in specialization. Hamilton explained the need for such subdivisions thus: "As the county medical society grows, its needs and duties increase until finally the social, legal, legislative, business and public functions require as much attention that the scientific program necessarily suffers. As a result, that class of men who care only for the strictly medical part of the Society's work find less and less attraction to the Society." Not long after this address, in 1911, the state's first medical specialty society formed: the Minnesota Academy of Ophthalmology and Otolaryngology (MAOO).

The founder

One of those to heed Hamilton's call was Howard McIlvain Morton. Born in Chester, Pennsylvania in 1866 and a graduate of Lafayette College and the University of Pennsylvania with special training in London and Berlin, Morton moved to Minneapolis in 1891 and became an aurist and oculist at Asbury Hospital, chief of the Eye and Ear Clinic at St. Barnabas Hospital Free Dispensary and clinical professor of Ophthalmology and Otology in the College of Physicians and Surgeons of Hamline University. Morton was regarded as organized, administratively skilled, inventive of medical instruments and highly inquisitive. A collection of Morton's letters and responses from physicians around the country are preserved and retained by the Minnesota Academy of Ophthalmology.

In 1893, Morton communicated with prominent Boston physicians Frederick Jack and Clarence Blake, each of whom were performing stapedectomy in both sclerotic and suppurative ear disease, resulting in an occasional gain in hearing. Jack referred to a paper on the subject being prepared by Morton. Morton also queried numerous ophthalmologists around the country as to the safety of enucleation in the presence of panophthalmitis.

In 1910, Morton and Hamilton promoted the concept of specialty organizations to various county medical societies. Hamilton formed the Twin Cities Neurological Society, while Morton focused on a statewide Minnesota Academy of Ophthalmology and Otolaryngology (MAOO). He invited "a number of men prominent in these specialties in the two cities" to write him if they were interested in forming a specialty society "for the members of the profession engaged in the practice of diseases of the eye, ear and throat." In the letter, he pointed to Hamilton's success: "The neurologists of the Twin Cities have a successful Society, and inasmuch as we outnumber them it seems that we should have at least equal success." The list of those to whom the letter was sent included John F. Fulton, a founder of the St. Paul Medical College, the first professor of Ophthalmology and Otology at the beginning of the University of Minnesota Medical School in 1888, the first president of the Minnesota Academy of Medicine, the second president of the MAOO (following Morton), and for whom Fulton Street on the University of Minnesota campus is named. Other recipients included the first three department heads of Ophthalmology and Otology at the University: Frank C. Todd, William R. Murray and Frank E. Burch.

The favorable response to Morton's letter resulted in the founding of the MAOO—the first statewide specialty society in Minnesota—on Feb. 8, 1911; The Minnesota Neurological Society was formed shortly after that.

Evolution of the Academy

The developments in Minnesota paralleled those happening nationally.

In 1896, the Western Association of Ophthalmologists, Otologists and Laryngologists was created by Hal Foster, MD, in Kansas City, Missouri. This was the forerunner of the American Academy of Ophthalmology and Otolaryngology (AAOO) and by 1907, AAOO was the largest specialty society in the United States.

While ophthalmology and otolaryngology were considered a single specialty in both training and practice, it was becoming increasingly common for individuals to specialize in one or the other. Remarkably, the first specialty board in the United States was Ophthalmology in 1916 and the second was Otolaryngology in 1924. At the University of Minnesota, the department was unified until 1930, when chairman Frank Burch, MD, divided it into ophthalmology and otolaryngology divisions. In 1955, they became distinct departments, each with its own chairman.

Scientific sessions and professional matters at the American Academy of Otolaryngology and Ophthalmology and the MAOO gradually became separate as well, but it wasn't until 1979 that the AAOO split into the American Academy of Ophthalmology and the American Academy of Otolaryngology Head and Neck Surgery (AAOHNS). In Minnesota, the MAOO continued to jointly meet, in large measure a reflection of collegial preference. In 1985, the MAOO split similarly to the national organizations, with Robert Letson, MD, the first president of the ophthalmology group and George Adams, MD, president of the otolaryngology group. A new logo for the Minnesota Academy of Otolaryngology Head and Neck Surgery (MAOHNS) was created. Officers, members at large, and committee members were drawn from membership around the state and surrounding states as well. Monthly meetings evolved into a mid-winter continuing medical education conference.

Academy impact

Throughout the 20th century and into the 21st, the specialty society pursued its educational and collegial missions and only occasionally veered into scope-of-practice issues, usually pursuing them in cooperation with the Minnesota Medical Association. But in the summer of 1989, MAOHNS became involved in what was perceived as a crisis in professional autonomy. Blue Cross/Blue Shield (BC/BS) of Minnesota had begun to implement a medical review system (MRS) to screen for the appropriateness of surgical procedures. The program was a product of Value Health Sciences of Santa Monica, California, and developed by Mark Chassin, MD, a former researcher at the Rand

Corporation. Of the 10 procedures to be tested in Minnesota, three were in otolaryngology (tonsillectomy, adenoidectomy and PE tubes), selected because of a perception of variable utilization, frequency and high cost.

An MAOHNS ad hoc committee looked into the new system and found that the new MRS guidelines and review criteria were proprietary and secret, an example of corporate practice of medicine without local consultation, not fundamentally educational to the medical profession, burdensome and a reflection of the breakdown of traditional medical decision-making process. The vice president and medical director of BC/BS of Minnesota argued against the MAOHNS position.

The Academy developed a three-pronged approach to defeat the medical review system developed by Value Health Sciences:

First, locally, the ad hoc committee coordinated a statewide effort to develop its own guidelines for appropriate surgical consideration. The April 1990 issue of *Minnesota Medicine* included the committee's "Secret Proprietary Standards of Care" and Preferred Practice Patterns, the guidelines developed by the Academy. These guidelines were widely distributed to physicians, payers and others.

Second, a legislative effort by the Hennepin County and Ramsey County medical societies and the MAOHNS brought the Minnesota Medical Association (MMA) into the discussion. Recognizing the national importance of this dispute, the MMA referred the issue to the American Medical Association (AMA) 1990 annual meeting. The Council on Medical Services of the AMA concluded that the Value Health Sciences MRS criteria and methodology did not reach concurrence or transparency by those under review, that they focused on cost-containment rather than provider education, disrupted the physician-patient relationship without requisite levels of accountability and facilitated the practice of medicine by those not licensed in Minnesota. The report concluded that implementation of the Value Health Sciences MRS in Minnesota was inconsistent with AMA policy; the AMA Office of Quality Assurance had outlined "Attributes to Guide the Development of Practice Parameters" in January 1990. There was general agreement that guidelines needed to be based on a public, open set of criteria and not driven as a standard of care. Implementation should be specialty-driven and educational. Above all, guidelines should not intrude on good and timely care nor interfere in the doctor-patient relationship.

Third, the authors of this article went to the AAOHNS meeting in 1990 and addressed the Quality Assurance Committee, which concluded in 1991 that the national specialty society had to become involved in clinical outcomes research and to develop clinical practice guidelines. The first AAOHNS guidelines were published in 1993. That same year, the second edition of the MAOHNS Preferred Practice Patterns was published and Minnesota's Institute for Clinical Systems Improvement began publishing practice guidelines.

Conclusion

The Value Health Systems MRS exited Minnesota—and failed to gain traction elsewhere in the United States. The Academy's Preferred Practice Patterns were among the earliest guidelines developed by a statewide medical specialty society, and showed the value of the expertise contributed by both private and academic sources around the state. The Academy's efforts have been followed by national specialty societies and other institutional sources throughout the various medical and surgical specialties.

In their original call for creation of medical specialty societies, Hamilton and Morton recognized that, as medicine was becoming specialized, subspecialty professional societies were needed. Minnesota's first specialty society ended up playing a key role in helping physicians of all specialties assert themselves when they felt their ability to provide quality care was threatened. The MAOHNS played a leadership role in the formation of practice guidelines, a concept whose time had come by 1989. MAOHNS' history with the Value Health Systems MRS illustrates the value of specialty societies and the role they play in upholding professional values and standards. **MM**

Thomas Christiansen, MD, MS, and Kent Wilson, MD, MS, are retired otolaryngologists who practiced in Minneapolis and St. Paul, respectively, and are former presidents of MAOHNS (Christiansen in 1998 and Wilson in 1990).

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