

bulletin

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American Academy of Otolaryngology—Head and Neck Surgery

JULY 2015

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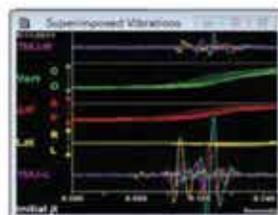


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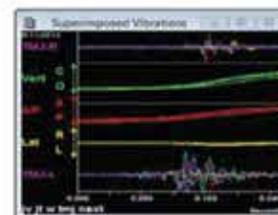
Informal Patient Case Study**

The TMJ NextGeneration™ device supports the jaw joint by preventing the ear canal diameter from collapsing while the jaw opens and closes. This Joint Vibration Analysis (JVA) illustrates the improvement in one patient immediately after insertion.



Initial JVA Summary before insertion of TMJ NextGeneration™

	Average	Left	Right
Total Integral	28.8	11.7	17.1
Integral <200Hz	27.8	16.8	11.0
Integral >200Hz	1.0	4.7	6.3
>200<300 Ratio	0.36	0.11	0.17
Peak Amplitude	8.1	1.2	6.9
Peak Frequency	88	21	107
Med. Frequency	88	88	88
Distance to CO	41.8	28.6	55.0



JVA Summary after insertion of TMJ NextGeneration™

	Average	Left	Right
Total Integral	22.2	11.4	10.8
Integral <200Hz	22.2	9.7	12.5
Integral >200Hz	0.0	1.7	0.5
>200<300 Ratio	0.00	0.17	0.05
Peak Amplitude	3.4	0.9	2.5
Peak Frequency	60	23	107
Med. Frequency	76	107	107
Distance to CO	41.2	28.6	55.0

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*Tavets A, et al. Approaching Temporomandibular Disorders From a New Direction. A Randomized Controlled Clinical Trial of the TMJes Ear System. J Craniofacial Practice July 2012; Vol 30, No 3, 172-181.
 **This was a single-patient study using JVA to measure the before and after effects with TMJ NextGeneration™ device; individual results may vary.
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Research and quality

2015-2016 is another pivotal year in advancing the specialty through AAO-HNSF Research and Quality activities

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Grippers and whiners

A recent “Piece of My Mind” essay by Scott I. Berman, MD, in the April 28 issue of *JAMA* talked about “grippers and whiners” in medicine. He made the point that “gripping” is common across all professions and occupations: people complain about the difficulty of their work, yet continue in their jobs. “Whiners,” on the other hand, blame others for not being able to do their work. In the case of physicians, whiners blame insurance companies and hospital compliance offices for limiting their ability to take care of patients. He opined that physicians need to stop being “wimps” and take charge of challenging the bureaucracy.

While diligent insistence can resolve many issues, there are increasing constraints on our ability as otolaryngologists to provide what we believe to be the best care for our patients. On the one hand, we are legally obliged to provide the community “standard of care,” as defined by medical experts. But the third-party payers increasingly require more proof than our courts do. They want data, not opinions.

My parents taught me that in any conflict, I should try to see things from the perspective of

people with whom I disagree. I have repeatedly found this to be a very effective exercise—helping me to identify solutions. The other day, I applied this approach in thinking about the number of insurance company practices that we otolaryngologists generally regard as flawed or unfair: e.g., denials of payment for procedures or medications that we believe are indicated. To my horror, I kind of see their point. An entity that has X amount of money to cover the healthcare needs of a population has a duty to be certain that the funds are spent responsibly—i.e., payment for proven therapies. Sometimes we cannot provide that proof in a form the analysts can understand. Therein lies the rub!

There are a number of valid and legitimate constraints on the collection of quantitative data for many clinical issues in our field. The randomized trial is accepted as the gold standard for medical research, but it is often impossible to conduct such a study of the problems that we treat. A clinical trial is considered unethical if existing evidence conclusively demonstrates efficacy (think about the infamous Tuskegee experiment). And randomized, blinded clinical trials of surgical procedures are nearly impossible. Moreover, many of our treatment outcomes can be difficult to quantify. For example, blood pressure can be expressed numerically. But nasal obstruction? Not so much. Another, very important issue: problems that are not common enough for one center to amass a critical “n” of cases. The result is that we collectively have a wealth of experience that we cannot “mine” to produce meaningful data about the outcomes of much of our management.

So are we doomed to be “whiners?”

Fortunately, no. Our AAO-HNSF is embarking on a very important initiative: the development of a registry for otolaryngology so that all Members can share their clinical experience in a format that is searchable, analyzable, and de-identified. And it is data that we will own: a systematic collection of information that we deem to be relevant. Members will also be able to use this data for quality reporting and for maintenance of certification. This project will be extremely valuable for our Members. We can still reserve the right to “gripe” about the system, but the registry will significantly enhance the quality of care that we provide to our patients. ■



Gayle E. Woodson, MD
AAO-HNSF President

“Our AAO-HNSF is embarking on a very important initiative: the development of a registry for otolaryngology so that all Members can share their clinical experience in a format that is searchable, analyzable, and de-identified.”





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Registry, coding, and compassion

We continue to make progress on our “Road to a Registry.” This month’s *Bulletin* features an enlightening article about clinical registries, including the formation and benefits of Qualified Clinical Data Registries (QCDRs) and examples of successful registry operations. This tool will allow our Members to participate on an equal footing with providers across a wide spectrum of diseases as care transitions to a quality-based enterprise. I am grateful for the continued, tireless work on this project by the Registry Task Force, chaired by **Lisa E. Ishii, MD, MHS**, and our staff, led by **Jean Breretton, MBA**, and **Cathlin Bowman, MBA**. We will present a Miniseminar on registry selection and implementation following the Opening Ceremony at 10 am Sunday, September 27, at our 2015 Annual Meeting in Dallas this year.

We have more news. In the complete review of our educational offerings, including the Annual Meeting, we reviewed format, pricing, and educational content. Our goal is to provide an excellent, broad-based content in a format conducive to flexible learning opportunities. Coding and practice management instruction is a consistently requested area for additional educational content. We felt a well-designed, comprehensive portfolio of offerings relating to ICD-10 and CPT coding and practice management resources, delivered in a variety of settings, would be of great benefit to our Members. The Academy Health Policy staff and Physician Payment Policy (3P) Workgroup undertook a comprehensive assessment of services and vendors. We are pleased to announce a collaborative partnership for an Academy-sponsored Coding and Practice Management Workshop at this year’s Annual Meeting.

We welcome our new partner, **AAPC**, and will team with them to present in-person meetings and state-of-the-art online educational opportunities. Specifically, we will highlight ICD-10 webinars and in-person events leading up to the October 1, 2015, transition from ICD-9. Practice management resources, including compliance planning strategies, will be integral to these workshops. We have participated in successful joint ventures with **AAPC** and **Rhonda Buckholtz, CPC, CENTC**, with coder certification. We anticipate a noticeable upgrade to our Annual Meeting with the addition of this workshop.

Applying skills where needed

In the wake of the earthquake in Nepal, I would like to acknowledge and thank all of our Members

who participate in humanitarian efforts and outreach internationally and within the United States. Humanitarian work is not only disaster relief, but a wide range of services to improve medical care or education that benefit underserved populations. Opportunities for service abroad include surgical missions, visits to teach newer surgical technologies (e.g., endoscopic sinus surgery), or research efforts to understand the scope of ENT diseases in developing countries. Some Academy Members have found retirement as a time to shift their focus to volunteer work, starting foundations, relocating to become the sole otolaryngologist in a region, or helping to train new otolaryngologists abroad. In the United States, they may volunteer through a free clinic, head and neck cancer screenings at a health fair, visits to a Native American reservation, or offer financial or moral support to residents and other otolaryngologists who do humanitarian work. Residency is an optimal time to participate in humanitarian mission trips domestically and especially abroad. Such service can hopefully set a pattern for future service and can be a tremendous learning and teaching experience. Every year the AAO-HNSF disburses as many as 15 grants (\$1,000 each) to help U.S. residents and fellows-in-training deliver care to those who need it most around the world. These grants are made possible through the generous support of our membership and the Academy’s commitment to the humanitarian spirit of our specialty.

Finally, I would like to commend the participants in this year’s CORE Grant Program for making 2015 the 30th consecutive year that such grants have been awarded. Participants from the American Academy of Facial Plastic and Reconstructive Surgery, AAO-HNSF, American Head & Neck Society, American Rhinologic Society, and American Society of Pediatric Otolaryngology reviewed 163 applications requesting \$2.5 million in research funding. The 2015 CORE leadership (including the boards and councils of all participating societies) has approved 35 grants totaling \$519,000. In an effort to keep costs down, the participating societies agreed to increase applications to be reviewed by each reviewer from six to nine. This resulted in 33 percent fewer reviewers participating in the 2015 CORE Study Section and an estimated \$25,000 savings to participating societies. I would like to thank all of the societies that continue to participate in this worthwhile endeavor for their efforts in supporting research in otolaryngology and our staff, led by **Stephanie L. Jones**. ■



James C. Denneny III, MD
AAO-HNS/F EVP/CEO

“We will offer ICD-10 webinars and in-person events [with new partner **AAPC**] leading up to the October 1 transition from ICD-9.”

As Meaningful Use changes, we're advocating for you

As Members know, the Health Policy team has actively worked not only to educate Members on the Centers for Medicare & Medicaid's (CMS) Electronic Health Records (EHR) Meaningful Use (MU) Incentive Program, but also to advocate on behalf of Members so that your needs and experiences

are best represented within the program.

This past spring, CMS published two proposed rules regarding the EHR MU Incentive Program that *if finalized* will change a number of reporting requirements in the current year and beyond. Below is a brief overview of changes under each proposed rule.

Stage 3 proposed rule overview*

- Proposed Stage 3 as the final stage of MU.
- Proposed single reporting period and a single stage for all participants.
- Proposed requiring a full calendar year reporting period after 2015 for all eligible professionals regardless of their stage of participation.
- Proposed replacing the core and menu structure with a flat structure (eight advanced use objectives with accompanying measure requirements).

Modified Stage 1 and Stage 2 proposed rule overview*

- Proposed changes for reporting in 2015, 2016,

and 2017 in an effort to align with Stage 3.

- Proposed synchronizing reporting period objectives/measures to reduce burdens on providers.
- Proposed all providers (EPs, hospitals, CAHs) would be moved to a calendar year reporting period starting in 2015.
- Proposed all providers attest to a single set of objectives and measures in 2015.
- Proposed reducing the number of requirements and lowering certain thresholds.
- Proposed all providers move to Stage 3 beginning in 2018 regardless of their prior participation or stage of MU.

Academy submits comments to CMS

The Academy submitted comments to CMS emphasizing 1) the need for increased flexibility; 2) lack of interoperability; 3) stringent thresholds; and 4) delay of stage 3. Publication of final rules likely will take place this summer and the Academy will once again submit

Get involved!

Rulemaking is a process that federal government agencies, such as CMS, use when developing health policy in regulations. This process requires the opportunity for public comment before final regulations may be made. The Academy submits comments to CMS and other agencies on priority issues that impact otolaryngology-head and neck surgeons nationally. Member feedback on why certain measures within the program are difficult to meet helps the Academy craft pointed arguments giving additional weight to our comments.

State Trackers, take a bow

With most state legislatures adjourned for the year, the AAO-HNS sincerely thanks its State Trackers who helped make 2015 another successful year. Despite their full workloads and family obligations, these physician leaders took action and volunteered their time to closely monitor and report on legislative activity in their statehouses.

The efforts of the AAO-HNS State Trackers cannot be praised enough, as this legislative session was quite active. Many states considered legislation to inappropriately expand the scope of practice of various professions, including audiologists, speech-language pathologists, naturopaths, and hearing aid dispensers. With the dedication of the State Trackers, quick and coordinated actions were successful in keeping the most intrusive of these measures from being enacted.

Check the adjoining chart to identify your state's tracker(s). If you are interested in joining this "boots on the ground" effort, please contact the AAO-HNS Legislative Advocacy team at govtaffairs@entnet.org for more information. ■

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Lawrence M. Simon, MD	Louisiana
Benjamin D. Liess, MD	Maine

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Steve M. Parnes, MD	New York

2015 AAO-HNS Election results

The AAO-HNS extends its greatest appreciation to the candidates of the 2015 Election for their dedication and willingness to serve. The Nominating Committee presented the membership with an outstanding slate of candidates. The AAO-HNS thanks the committee for its meaningful deliberation. Committee members are: **Richard W. Waguespack, MD** (Chair), **Ellen S. Deutsch, MD, Stacey L. Ishman, MD, MPH, Albert L. Merati, MD, Brian A. Moore, MD, Brian Nussenbaum, MD, Shannon P. Pryor, MD, Lawrence M. Simon, MD, Wendy B. Stern, MD,** and **Ken Yanagisawa, MD. James**

C. Denny III, MD, AAO-HNS/F EVP and CEO, and **Susan D. McCammon, MD,** Chair of the Ethics Committee, serve as ex-officio members of the committee without vote.

The results are:

President-Elect: Gregory W. Randolph, MD

Director-at-Large (Academic): Timothy L. Smith, MD, MPH

Director-at-Large (Private Practice): Seth R. Schwartz, MD, MPH

Audit Committee: Steven W. Cheung, MD, MBA

Nominating Committee (Academic): Bradley W. Kesser, MD, and Spencer C. Payne, MD

Nominating Committee (Private Practice): Susan R. Cordes, MD, and Joseph C. Sniezek, MD

Proposed AAO-HNS Bylaws Amendment: PASSED. The proposed amendment to these Bylaws is the addition of a Standing Committee of the Board to be included as: Section 6.06. EVP Performance Evaluation and Compensation Committee.

comments on behalf of Members. To stay up-to-date on the latest announcements from CMS, Members are encouraged to periodically review the Academy's CMS Quality Initiative Page at: www.entnet.org/content/cms-quality. ■

*Please note that the information listed is based on proposed rules, which may change.

2015 AAO-HNS STATE TRACKERS	
Name	State
Brian W. Downs, MD	North Carolina
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B. Joseph Touma, MD	West Virginia
Scott R. Chaiet, MD	Wisconsin
Vacant	Wyoming

BOARD OF GOVERNORS

How to be a more effective medical board member

■ **David R. Edelstein, MD,** Manhattan Otolaryngology-Head and Neck Surgery, Chair-elect, Board of Governors

➔ READ MORE ONLINE
Longer article available

When doctors get together they complain, a lot. This could be a good description of most hospital medical boards, even yours. However, better hospitals have built a different doctor relationship, which makes the medical board an instrument of change, a launching pad for new programs, and a forum for constructive dialogue. Former IBM CEO Louis Gerstner once stated: "Don't tell me about the flood, build me an ark."

In their book *Chaos and Organization in Health Care* Thomas H. Lee and James J. Morgan describe modern medicine as having a problem—chaos, with a solution—organization, and a motivating question—how do we get there. No one in medicine knows what the long-term outcome of healthcare reform will be, but hospitals need to have a plan to implement the changes, interpret new rules, use new technologies, and make strategic choices. This makes the medical board essential to overcoming chaos, since we spend our lives taking care of patients and using the hospital.

Medical boards have multiple specific purposes, which are outlined in the bylaws based on

section MS01.01.01 from the Joint Commission. There are 36 elements of performance, which set up a system of responsibilities, rights for doctors, and accountability to the governing body. The bylaws set standards for credentials, codes of conduct, and other rules to care for patients, monitor patient safety, and develop a process for self-governance. These are minimum goals for the medical board.

The problem with most medical boards is that physicians are often unwilling to speak up and are not prepared for the meetings. Physicians get elected for one- to two- year terms and spend too much time getting acclimated. I have known physicians to go an entire term without speaking for fear that they would offend someone or show ignorance. Some physicians are too willing to accept information from administration, which may be contrary to their medical knowledge. Most medical boards have a majority of members

who are chairpersons, who may believe incorrectly that it is in their best interest to agree with administration. For a medical board to be effective, physicians need to be vocal and equal partners with administrators in organizing patient care solutions. ➔



The expansion of fellowship training and the modern-day resident

■ **John M. Carter, MD**, SRF Information Officer, New Orleans, LA

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Longer article available

In 1994, Byron Bailey, MD, and Robert H. Miller, MD, MBS, examined the explosion in the amount of otolaryngology subspecialty programs and number of fellowship trainees.^{1,2} By 1994, 25 percent of the 260 otolaryngology residents were entering fellowship.² Fast forward 20 years and subspecialty pursuits among otolaryngology trainees have only expanded further. Greater than 50 percent of the approximately 300 graduating otolaryngologists are deciding to pursue subspecialty fellowship, and in the most recent unpublished data from the 2014 AAO-HNS SRF survey, 61 percent of all residents stated that they planned to pursue fellowship. Currently the most popular fellowships are pediatric

otolaryngology, facial plastic surgery, and head and neck oncology.³ This compares similarly to 1994. The only major shifts are the increase in the number applying to pediatric otolaryngology and a relative decrease in the proportion of applicants applying to neurotology. Both are perhaps greatly affected by the number of available positions. There were 27 neurotology programs in 1994 compared to only nine to 12 programs [requirement having tightened for subcertification] participating now (varies by year). On the converse, pediatric otolaryngology now has 31 programs participating compared to only 16 in 1994.^{1,3}

The reason for the spike in interest in subspecialty training is likely multifactorial and not all together clear. In 1994, Dr. Bailey postulated that the likely motives behind why residents decide to pursue subspecialty training are to 1) gain additional experience to provide superior care; 2) reach a sense of mastery in a subspecialty field; 3) limit

their practice to an area they find more satisfying; 4) obtain a marketing advantage over colleagues who practice more broadly; and 5) obtain job security.¹

In 2015, these motives likely still largely hold true, but are there new factors that are driving this overall increase in fellowship interest? In the 2014 AAO-HNS SRF survey (approximately 460 respondents), residents were asked “What is the most important factor in determining which fellowship you decide to pursue?” The most common responses were types of surgical cases (50 percent), nature of clinical and medical problems (33 percent), and lifestyle (6 percent). However, this survey gave residents limited choices and may not have captured the true responder attitudes. In this same survey, 46 percent of respondents identified location as the most important factor in determining their practice choice. Practice location is clearly important to the majority and there is a distinct possibility that market forces in certain geographical locations may play a role in the decision-making. Residents may find that fellowship helps them to gain a niche or occupational advantage in certain competitive or saturated areas. ➔

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One humanitarian mission: two perspectives

■ **Susan Cordes MD, Bruce Campbell MD, Kia Renee Jones MD, and Aria Jafari MD**

➔ **READ MORE ONLINE**

Authors report on their experiences at the Indiana University-Kenya AMPATH Partnership “ENT Camp” at the Moi Teaching and Referring Hospital in Eldoret, Kenya.

2015 AAO-HNS/F Leadership Forum— a resident’s perspective

Author and scholar on leadership Warren Bennis said, “Leadership is the capacity to translate vision into reality.” This was the take-away I got from the annual AAO-HNS/F Leadership Forum in Arlington, VA, held March 14-16, 2015. The meeting delivered many insightful leadership talks and forums. ➔



Eugene L. Son, MD, PGY-4 at University of Texas Medical Branch, Galveston, TX

➔ **READ MORE ONLINE**
Longer article available

WIO: role models, trail blazers

■ **Christine B. Franzese, MD, EVMS**

Otolaryngology, Virginia Beach, VA

Take advantage of the extraordinary networking and mentoring opportunities at this year’s WIO activities at the Annual Meeting. Learn about the incredible activities and career trajectories of some of our most respected leaders and interact in person.

There are those who used to ask “what’s a nice girl like you doing in a profession like this?” That’s how the essay of one of the four women otolaryngologists featured in the book *Being a Women Surgeon: Sixty Women Share Their Stories* begins. Among the esteemed authors are our own **Sujana S. Chandrasekhar, MD, Marion E. Couch, MD, PhD, MBA, Cherie-Ann Nathan, MD, and Kathleen Yaremchuk, MD, MSA.**

These four accomplished women contributed heartfelt stories from their lives and experiences. Some are amusing and comical, some shocking or disturbing, some frustratingly sad, but all of them in-

spiring. These contributions describe the challenges and experiences from residency, from academics, and from private practice, that each of these women, faced and still face. Each independently describes the unfortunate lack of female role models, particularly female otolaryngology leadership role models.

So what are these nice girls doing in a profession like this? To paraphrase one, these girls are blazing trails, getting up when they’ve fallen, teaching themselves and others to be better, wearing blinders when needed, and taking them off to fight for what’s right when called for. I boldly add: You are also serving as role models. My sincerest thanks to each of you fiercely brilliant ladies for filling that void.

To continue this momentum, the WIO general assembly will be held in a new time slot at the Annual Meeting on Monday, 28, from 7:30-9:30 am. This year we break tradition having a panel rather than a speaker. The topic will be “Do We Still Need General Otolaryngologists?” Please join us for a lively and exciting debate. ■

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■ at the forefront

The Academy needs you! Fill out a RUC survey

The Academy needs experts three times a year to fill out RUC surveys for the AMA Specialty Society/Relative Value Update Committee. The RUC is a joint effort of the American Medical Association and medical specialty societies that makes recommendations on revising and updating the resource-based relative value scale (RBRVS), which is utilized by Medicare and many private payers to determine reimbursement for medical services. Information, such as the time and intensity it takes to perform certain services for patients, is derived by surveying physicians. During July the Academy must survey the family of CPT codes 31570-31579 (Flexible Laryngoscopy, with three new codes) for October RUC meeting presentation.

Filling out a survey takes about 20 minutes. **Before completing a survey, please review important background information by viewing the slide set developed by the AMA RUC at www.entnet.org/AMA_RUC_slides.** Background on the RUC survey process and instrument can be found at www.entnet.org/RUC-Surveys. Email Jenna Minton mintonhealthcarestrategies@gmail.com to participate. ■



Mission brings cleft lip/ palate procedures to Peru

Little Yosely poses with **Myriam Loyo, MD**, just before going home. Yosely, who had palate surgery the previous day, was among 58 patients in Chicalayo, Peru, treated by a 28-member team including Dr. Loyo, plastic facial and reconstructive surgery fellow from Oregon Health & Science University.

▶ READ MORE ONLINE



ANNUAL MEETING HONORARY GUEST LECTURES

COTTON-FITTON ENDOWED LECTURE IN PEDIATRIC OTOLARYNGOLOGY

The Cotton-Fitton Endowed Lecture in Pediatric Otolaryngology, funded by Robin T. Cotton, MD, and Cynthia M. Fitton, was established to educate otolaryngologists about considerations and care of children with disease or disorders of the ears, nose, throat, head, and neck.

"Pediatric Otolaryngology: The Value Proposition of Subspecialty Training"

Lecturer: Marci Lesperance, MD

Marci Lesperance, MD, is professor of otolaryngology-head and neck surgery and division chief of pediatric otolaryngology at the University of Michigan Health System. She has a passion for otolaryngology and for seeing research advances translated into patient care. As a clinician-scientist, Dr. Lesperance has been gratified to see the opportunities brought about by the growth of the field. Advances in the surgical and medical care for children, including the growth of neonatal ICUs and survival of once-fatal childhood illnesses, have contributed to the growth of pediatric otolaryngology.

Dr. Lesperance was educated at the University of Michigan (receiving an MD and MS), where she did a six-year otolaryngology residency, with 18 months of research training supported by a T32 grant. She then completed a one-year research fellowship in the Laboratory of Medical Genetics at the National Institute of Deafness and Other Communication Disorders (NIDCD), followed by a pediatric otolaryngology fellowship at Children's National Medical Center in Washington, DC.

Dr. Lesperance's research focuses on the molecular genetics of hearing loss and using genetics to improve patient care. She recently served as Chair of the Board of Scientific Counselors for the NIDCD. She has held leadership roles in the American Society of Pediatric Otolaryngology, most recently as president. She edited the Pediatric Otolaryngology section for *Cummings Otolaryngology-Head and Neck Surgery*, 6th edition. ■



H. BRYAN NEEL III MD, PHD DISTINGUISHED RESEARCH LECTURE

The H. Bryan Neel III MD, PhD, Distinguished Research Lecture, funded by the Neel family and friends, was established to disseminate information on new developments in biomedical science to the otolaryngologic community.

"Leading the Biomedical Revolution in Precision Health: How Stanford Medicine Is Developing the Next Generation of Health Care"

Lecturer: Lloyd B. Minor, MD

Lloyd B. Minor, MD, scientist, surgeon, and academic leader, may be best known for identifying and coming up with a surgical correction for a disabling ear disorder called "superior canal dehiscence syndrome."

He is the Carl and Elizabeth Naumann Dean of the Stanford University School of Medicine, a position he has held since December 1, 2012. He is also a professor of otolaryngology-head and neck surgery and a professor of bioengineering and of neurobiology, by courtesy, at Stanford University. As Dean, Dr. Minor is leading the Campaign for Stanford Medicine, which seeks to sponsor innovation, transform patient care, and empower future leaders at the school.

Beyond that, he challenges the U.S. healthcare system for comprehensive reforms to correct two systemic problems: very high costs, but not commensurate great results. He says it will require a team approach to both lower the cost of care and improve outcomes. He predicts technology will be a major part of the correction.

Dr. Minor earned his bachelor's and medical degrees from Brown University, and trained at Duke University and the University of Chicago medical centers. Before moving to Stanford, he was provost in The Johns Hopkins University School of Medicine.

He has been honored for his research, and in 2012, was elected to the prestigious Institute of Medicine of the National Academy of Sciences. ■



**JOHN CONLEY, MD
LECTURE ON MEDICAL ETHICS**

The John Conley, MD Lecture on Medical Ethics was established in 1987. This lecture is dedicated to the subject of ethics and is presented during the Opening Ceremony.

"What Makes a Great Surgeon?"

Lecturer: G. Scott Morris, MD, MDiv

G Scott Morris, MD, is a physician (board certified family practice), an ordained United Methodist minister (St. John's United Methodist Church in Memphis), and the founder of a clinic (Church Health Center) that serves 65,000 people with primarily volunteer physicians and other health-care providers.



After earning an undergraduate degree at the University of Virginia, a Master of Divinity from Yale University, and an MD from Emory University, he chose to move to Memphis because it was one of the country's poorest cities.

Since 1987, Dr. Morris has seen the Church Health Center grow to serve poor and/or under insured patients, and has expanded to inspire more patients with a "wellness" component, which offers spiritual support along with exercise, diet, and cooking classes. He has written two books on the topic: *Relief for the Body, Renewal for the Soul*, and *Healthcare You Can Live With*, and writes a monthly column in the *Memphis Commercial Appeal*.

In his column, Dr. Morris gently presses for everyone, including doctors, to "be in the moment" and to connect with full attention to others. But he also presses for changes in medical practices, including helping patients to a "better death" than being hooked up to machines in their last moments. ■

**HOWARD P. HOUSE, MD MEMORIAL
LECTURE FOR ADVANCES IN OTOLOGY**

The Howard P. House, MD Memorial Lecture for Advances in Otolaryngology honors a member who has had a distinguished career in advancing hearing science through research and education to improve quality of life.

"Modern Otolaryngology: A Nexus of Surgery, Neuroscience, and Biotechnology"

Lecturer: Konstantina M. Stankovic, MD, PhD

Scientists have known for 60 years that there is a battery-like power in the inner ear of mammals. But it took a team led by Konstantina Stankovic, MD, PhD, and scientists from MIT to figure out how to access that battery and begin assessing its potential.



Her own long-term goal, she says, is "to restore hearing through regeneration and novel technologies." She began her research in hearing as an undergraduate student and has maintained a focus in this area since.

Dr. Stankovic is a neurotologic surgeon at Massachusetts Eye and Ear Infirmary (MEEI), principal investigator at the Infirmary's Eaton-Peabody Laboratories, and associate professor of otology and laryngology at Harvard Medical School. She trained at MIT (PhD) and Harvard (MD, residency in otolaryngology-head and neck surgery, followed by a postdoctoral research fellowship through the Howard Hughes Medical Institute (HHMI), a clinical fellowship in neurotology.

She has received numerous awards, including the Association of MIT Alumna award for the highest degree of academic excellence and professional promise, the Henry Asbury Christian Award for outstanding performance in research and scholarly activities at Harvard Medical School, HHMI postdoctoral research fellowship, the Burt Evans young investigator award from the National Organization for Hearing Research, and Harvard/MIT Thomas A. McMahon Mentoring Award. ■

**EUGENE N. MYERS, MD INTERNATIONAL
LECTURE ON HEAD AND NECK CANCER**

Established in 1991, the Eugene N. Myers, MD International Lecture on Head and Neck Cancer was endowed by Leslie Nicholas, MD, in honor of his nephew, Eugene N. Myers, MD, FRCS Edin (Hon), a past president of the AAO-HNS/F.

"Care and Rehabilitation of Patients Treated for Advanced Laryngeal Cancer"

Lecturer: Professor-Emeritus Frans J.M. Hilgers, MD, PhD

After earning his medical degree in 1972 at the University of Utrecht, Dr. Hilgers completed his residency at the University of Amsterdam and his head and neck fellowship at the Netherlands Cancer



Institute in 1978. He was then appointed as full-time head and neck surgeon at the Department of Head and Neck Oncology and Surgery at the Netherlands Cancer Institute/Antoni van Leeuwenhoek, where he was chairman from 1988 until 2009 and consultant for the same at the Academic Medical Hospital of the University of Amsterdam for two non-sequential terms ending in 2011. Since then, he has been professor-emeritus of the University of Amsterdam.

He has published hundreds of peer-reviewed papers, and edited four books as well as supervising doctoral theses. His co-edited textbook *Diseases of the Head and Neck, Nose and Throat* received the George Davey Howell's Memorial Prize 1999 for "the most distinguished publication in otolaryngology in the preceding five years" by the Royal College of Medicine in London. About 40 percent of his research has been in larynx cancer treatment outcomes and postlaryngectomy voice, pulmonary, and olfactory rehabilitation. Of late, Dr. Hilgers and his department have focused research on preventive swallowing rehabilitation after organ preservation therapy.

Dr. Hilgers is a member of several national and international ENT societies. He holds the honorary medal of both the Netherlands Society of Oto-Rhino-Laryngology and Cervico-Facial Surgery, and the Dutch Head and Neck Society. ■

Research and quality



2015-2016 is another pivotal year in advancing the specialty through AAO-HNSF Research and Quality activities

by **Lisa E. Ishii, MD, MHS**



The Foundation's 2015/2016 strategic plan outlines several major initiatives that reside in the Research and Quality (R & Q) business unit. It is an exciting time for R & Q, as these interrelated initiatives will provide valuable new quality tools for our Members. This issue of the *Bulletin* contains several articles about these initiatives, and, additionally, I have outlined other efforts in Research and Quality that are being conducted on behalf of our Members.

The AAO-HNS/F Boards approved funding for the development of a clinical data registry for the specialty at the March meeting. Clinical data registries are organized systems of data collection, storage, and dissemination that serve multiple purposes to societies. They are becoming increasingly important as the primary tool for quality reporting. However, they can also offer a central repository for otolaryngology-specific data, which can serve a multitude of needs for our membership. Dr. Denny has written about the importance of this initiative for the future of the specialty. As described in the article on registries in this issue, we have a task force working through the planning phases now (See "Registry 101," page 16.)

Last year the AAO-HNSF Board approved the incorporation of quality measures into the work plan of the business unit. This required building an infrastructure to support work on measures development, stewardship, and endorsement activities. The work on measures development and stewardship of existing otolaryngology measures continues. Much of the effort this year was focused on updating our existing measures for adult sinusitis, acute otitis externa, and otitis media with effusion. Measures in government programs are routinely reviewed for updates related to new evidence and based on utilization and performance rates for the measures within the PQRS program. The Performance Measures Task Force, chaired by **Richard M. Rosenfeld, MD, MPH**, is working toward a prioritization of measure topics for the specialty

for new measures/measures groups. Now that we are through the majority of the activities related to updating our current measures, staff will be working with physician leaders and volunteers to begin development of new measures for our specialty. Measure groups, as opposed to individual measures, are important resources for our Members that allow for highly efficient quality reporting.

Again this year a successful Centralized Otolaryngology Research Efforts (CORE) meeting was held in March in Dallas. The 2015 CORE leadership (including the boards and councils of all participating societies) approved a portfolio of 35 grants totaling \$519,000. Please review the list of grantees in this issue. We very much appreciate the leadership of the physician leaders associated with the 2014 CORE Study Section subcommittees: **Christine G. Gourin, MD** (head and neck surgery), **David R. Friedland, MD, PhD** (current neurotology section leader), **Oliver Adunka, MD** (incoming neurotology section leader), and **Rodney J. Schlosser, MD** (general otolaryngology section leader).

In addition, through the Guidelines Task Force and physician leadership of **Seth R. Schwartz, MD, MPH**, and Dr. Rosenfeld, and the many members who volunteer to serve on panels as their society representatives, great work continues on clinical practice guidelines (CPGs) and clinical consensus statements (CCS). We now have a compendium of 13 published CPGs; four CPGs currently under development/update; four guideline topics in the queue for future development (two new and two updates); and four published CCS and one under development. The AAO-HNSF guidelines process has evolved over the past eight years and our process is recognized as best practice by leading organizations including the Institute of Medicine and the Agency for Healthcare Research and Quality. With the ever-increasing emphasis on quality in practice, it certainly reflects well on our specialty that we have such a wide array of guidelines and consensus statements. The guidelines will inform our performance measures and our registry as our R & Q efforts come full circle.

I invite you to take the time to learn about these exciting initiatives that will help us provide the highest value care to our patients. ■

Patient registries are organized systems for patient data collection. Often developed and maintained by specialty societies, they can serve a number of purposes, with data collected for scientific, policy, or clinical reasons. The value of mature clinical data registries has been proved by multiple peer groups, including the Society for Thoracic Surgeons (STS) and the American College of Cardiology (ACC), both of whom have maintained registries since the 1980s. As the value of registries has become more obvious, more and more specialty societies are in various stages of planning and developing registries of their own.

Patients included in a registry typically have a similar disease condition or have undergone the same type of procedure. The type of registry developed depends on the ultimate purpose, with different infrastructure and support dependent on registry type. For example, Quality Improvement (QI) registries differ from those designed primarily for research purposes, or those for post-market surveillance.

The most important step in building a registry is identifying its purpose such that it aligns with member needs and expectations. The Registry Task Force (RTF), chaired by **Lisa E. Ishii, MD, MHS**, and including the Performance Measures Task Force Chair, **Richard M. Rosenfeld, MD, MPH**, as well as **James C. Denny III, MD**, **David L. Witsell, MD, MHS**, **Robert R. Lorenz, MD MBA**, **Jennifer J. Shin, MD, SM**, **Rodney P. Lusk, MD**, and **David R. Nielsen, MD**, is charting the course forward for the AAO-HNSF. In collaboration with the consultant Avalere Health and Academy staff, the RTF will identify the core purpose and scope of the Registry.

How are registries used?

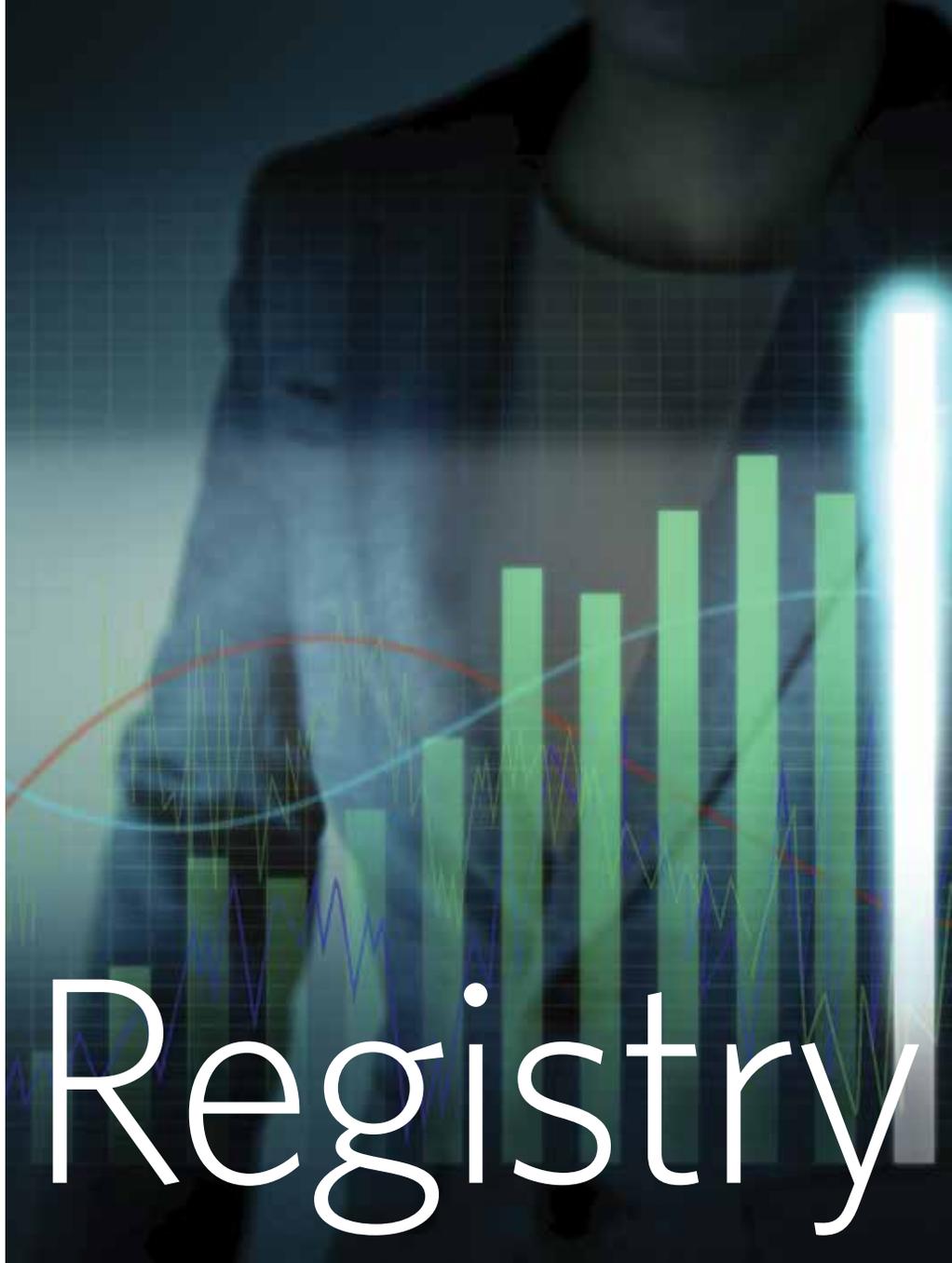
Being aware of the different ways in which registries are used is important.

Research

- To generate evidence; evaluate the method or outcomes of treatment provided
- To conduct comparative effectiveness research (CER)
- To identify practice trends

Quality improvement

- To analyze the data provided to improve individual or group provider performance
- To report measurement data for national



Registry

quality programs

- To develop quality measures
- To assess gaps in patient care or provider performance
- To report quality data for pay for reporting/ pay-for-performance initiatives

Policy

- To make coverage decisions
 - To determine reimbursement rates
- #### Surveillance/public health
- To monitor public health development and post-market surveillance
 - To understand and address burden of disease

Who uses registry data?

Different healthcare stakeholders use registry data for a variety of purposes.

Providers use registries to:

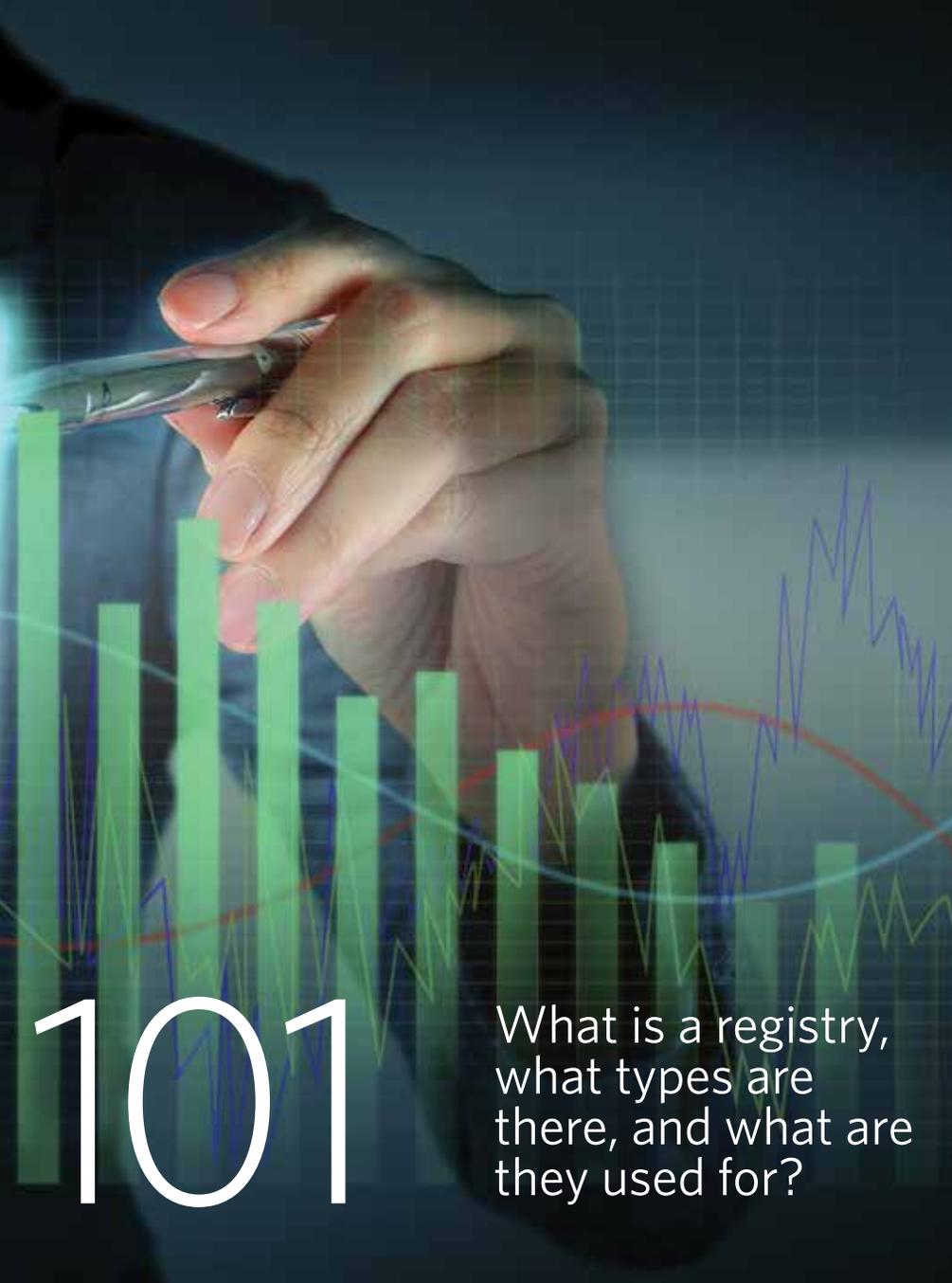
- inform treatment decisions
- report quality measures and participate in Value-Based Payment (VBP) programs
- improve quality of care via enhanced surveillance and population management

Payers use registries to:

- understand patient markets
- inform coverage determinations and benefit design decisions
- track prevalence trends

Registries provide patient benefits by helping:

- provide clinical knowledge for complex diseases
- identify optimal interventions or population-specific care
- assess therapy outcomes and side effects



101

What is a registry, what types are there, and what are they used for?

Industry uses registries to:

- demonstrate the value of its products
- conduct post-market surveillance
- generate Comparative Effectiveness Research (CER)

One of the major types of registries now emerging with the advent of quality reporting for Medicare quality programs is a QCDR

or Qualified Clinical Data Registry. These registries are used to report to the Physician Quality Reporting System, or PQRS, and are built to help members report on approved measures for CMS quality reporting. Over time these registries may grow and add new performance measures, but their core deliverable is quality reporting. A good number of

societies have developed their QCDRs jointly with their boards as collaborators and partners so that physicians may one-stop shop for quality reporting, Maintenance of Certification Part IV points, and quality improvement. QCDRs house performance measures approved by CMS for PQRS reporting. Until 2019 and for a good period of time thereafter, QCDRs will have a role to play both for PQRS until it is phased out and then in the new CMS Merit Based Incentive Payment Systems (MIPS) as it launches. However, the environment bears watching as physicians who join alternative payment programs will be exempt from quality reporting in 2019.

Walking hand-in hand with QCDRs are PQRS-approved performance measures as they are necessary for quality reporting inside a QCDR. Measures are also important to other types of registries as well as the new payment models.

Here, inside the AAO-HNSF, staff is working closely with the RTF to identify the purpose of the AAO-HNSF registry. At the same time, staff is also working closely with the Performance Measures Task Force to assure the creation of measures for submission to CMS for PQRS, use in the AAO-HNSF registry, and use in alternative payment models.

Right now the AAO-HNSF is in the planning phase of registry development, or Phase 1.

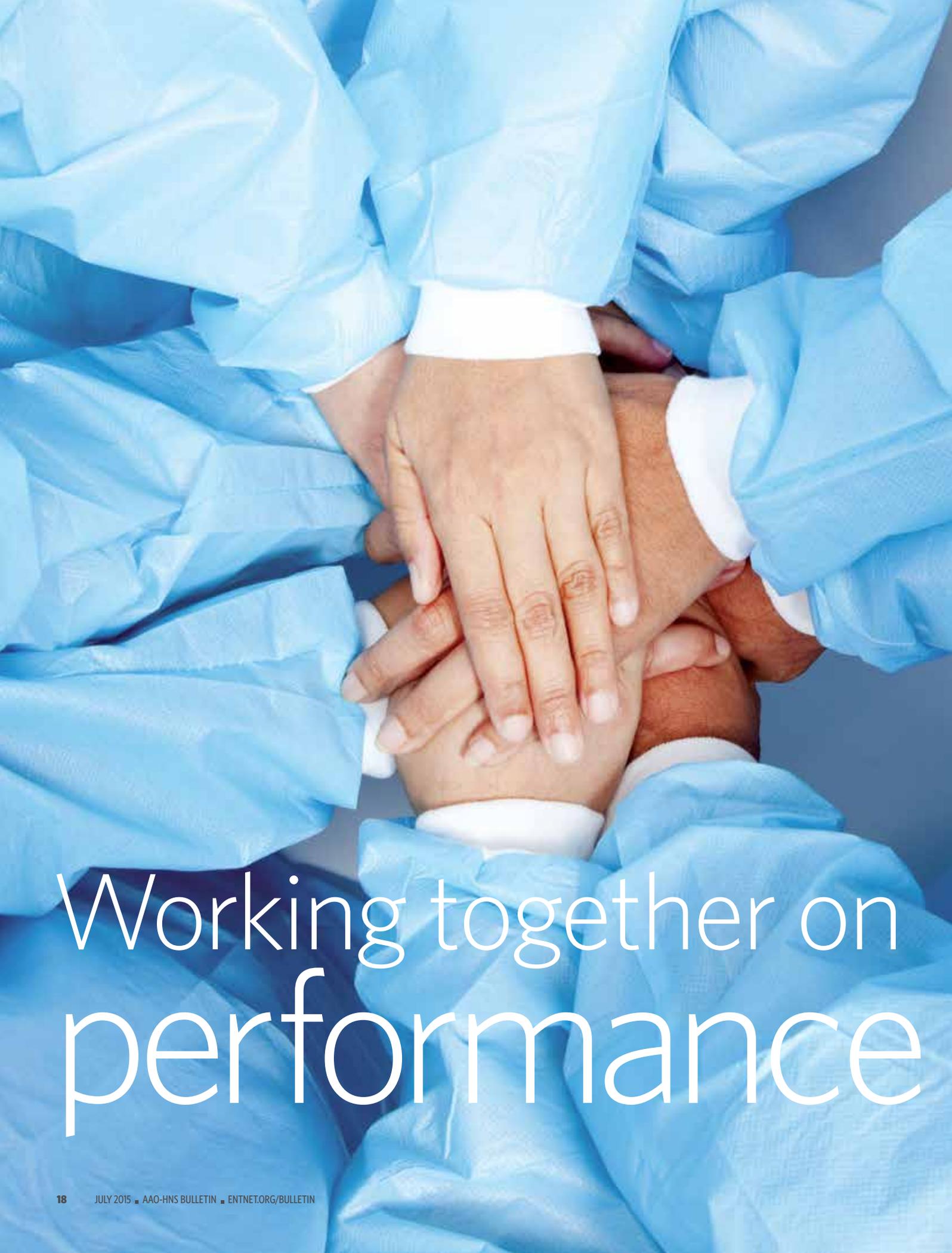
The AAO-HNS/F Boards approved funding for the registry in March. The RTF is currently working through Phase 1 activities to plan for the best registry solution for our specialty and to have a registry vendor chosen by the end of September 2015.

As we continue to work through these steps in the planning phase, we will continue to keep you informed through the *Bulletin*, the News, and other targeted communications throughout the process. ■

Phases of registry development

SOURCE: AVALERE HEALTH





Working together on performance

Quality metrics and performance measures have assumed center stage as payment progresses forward to alignment with quality of care and efficiency in care. To address Member needs for clinical quality measures, the AAO-HNSF launched the Performance Measures Task Force (PMTF) comprised of **Richard M. Rosenfeld, MD, MPH**, Chair, and **Lisa E. Ishii, MD, MHS**, **James C. Denny, MD**, **Richard V. Smith, MD**, **Jane T. Dillon, MD, MBA**, **Julie L. Goldman, MD**, and **David R. Nielsen, MD**, in 2014. The Task Force held its first meeting in February 2015. Specific outcomes included a commitment to develop two prioritized sets of measures based on clinical practice guidelines (CPG), a continued collaboration with the AMA-convened Physician Consortium for Performance Improvement® (AMA-PCPI®) for measures testing, and exploration of tools that will facilitate faster development of measures from CPGs. Over the past year, the Foundation has produced a measures development strategy aligned with its registry initiative and new payment models to meet critical Member needs in the realm of quality reporting and support of Medicare and commercial reimbursement with an overarching goal of reinforcing the value of care provided by Members.

The AAO-HNSF is moving forward for Members on three fronts in the realm of clinical quality measures. First, the Foundation took over ownership and stewardship of the AMA-PCPI® measures most applicable to our Members, which include acute otitis externa (AOE), adult sinusitis, and otitis media with effusion (OME) in December 2014. Each of the measures had time-limited endorsement from the government contractor for measure endorsement, the National Quality Forum

(NQF). One of the key roles of measure owners and stewards is ensuring the continued validity and endorsement, as well as dissemination and use of the clinical quality measures in its portfolio. To this end, the acute otitis externa (AOE) and otitis media with effusion (OME) measure groups are under consideration in NQF for continued endorsement under their Head, Eyes, Ears, Nose, and Throat (HEENT) measures initiative. This particular NQF project seeks to identify and endorse clinical quality measures for accountability and quality improvement that address these structures. The NQF Committee overseeing this project has two Academy Member appointees, **Kathleen Yaremchuk, MD, MSA**, and **Michael G. Stewart, MD, MPH**. Dr. Rosenfeld will provide his expertise in responding to any questions from the panel during the AOE and OME measures review.

Much work has been done behind the scenes to prepare the measures applications, identify all uses of the measures since their initial endorsement, gather all research on gaps in care these address, and all testing and reporting data for submission to NQF for review. During May and June conference calls were held with the NQF HEENT Committee overseeing this initiative. The process concluded with a formal presentation of the measures by the AAO-HNSF to NQF in June.

As the AOE and OME measures were prepared for NQF endorsement, the Foundation launched its own review of the adult sinusitis measures. This review of the measure specifications highlighted several issues that may have impacted Members' quality reporting in 2014. Staff worked closely with the Centers for Medicare & Medicaid Services (CMS) executive leadership and with the Physician Quality Reporting System (PQRS) vendors to

assure correct reporting for Academy Members in 2014 and 2015. Complete revisions to these measures will be in place for 2016 reporting as well. These measures are now under Academy ownership and stewardship, which will allow for continued utilization in the PQRS program and for broad dissemination to assure use.

The Foundation's work on the second front in clinical quality measures centers on its work to assure that an adequate pipeline of measures is available for Maintenance of Certification (MOC) by otolaryngologists and other physicians for quality improvement and quality reporting purposes. This is where the registry will play a critical role. With a registry, the Foundation will be able to utilize EHR data as well as claims data to craft quality metrics quickly for inclusion in quality reporting programs such as PQRS, Meaningful Use, and the Value-Based Modifier. Concurrently, it is also critically important that the AAO-HNSF disseminate its current measures as broadly as possible to improve patient care and outcomes. To this end, the Foundation has secured inclusion in PQRS of the adult sinusitis and acute otitis externa measures and measure groups. Academy staff has also researched every measure available in PQRS that might have applicability to Member practices and has organized all of these measures and related information on the AAO-HNSF website at www.entnet.org/content/quality-measures.

The third domain of measure activity focuses on staying abreast of changes to federal rules and regulations in the realm of quality reporting. At this point, it is worthwhile to share just what is happening with your Foundation measures for quality reporting in 2015. This is where measures have a profound impact

measures

Measurement aligns with registry, payment models

for Members. As we noted earlier, AOE and sinusitis measures are contained within PQRS. This year, both Meaningful Use and the Value Based Modifier will be linked to PQRS.

Concurrently, this is the year when fines will be levied for failure to report in PQRS with downstream ramifications into other quality reporting programs—all of which could have an impact on reimbursement in 2017.

The most important point is to start early. To avoid penalties and fines, report to PQRS in 2015.

Do you report to PQRS as an individual or as a group?

You may report through the PQRSwizard® made available through the Academy, an EHR, or a registry. You may report either as an individual or as a group. This is an important decision to make early.

Reporting as an individual

If you decide to report individually, you may report using measure groups. If you choose this option, you must report on one measure group on a 20-patient sample, a majority of

which (at least 11 out of 20) must be Medicare Part B patients. If you choose to create your own list of measures from the table below, you will have to select nine measures covering three quality domains and report for at least 50 percent of your Medicare Part B patients.

Reporting as a group

If you choose to report as a group, you must first register with CMS. Then, you will identify nine measures from the individual measures list below that cross at least three quality domains.

2015 National Quality Strategy Domains (Individual/Claims Measures)

	PERSON AND CAREGIVER-CENTERED EXPERIENCES AND OUTCOMES		EFFECTIVE CLINICAL CARE	COMMUNITY/POPULATION HEALTH	EFFICIENCY AND COST REDUCTION
PATIENT SAFETY	[PATIENT AND FAMILY ENGAGEMENT]	COMMUNICATION AND CARE COORDINATION	[CLINICAL PROCESSES/EFFECTIVENESS]	[POPULATION/PUBLIC HEALTH]	[EFFICIENT USE OF HEALTHCARE RESOURCES]
Perioperative Care: Selection of Prophylactic Antibiotic - First OR Second Generation Cephalosporin PQRS #21	Patient Centered Surgical Risk Assessment and Communication PQRS #358	Medication Reconciliation PQRS #46	Controlling High Blood Pressure PQRS #236	Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention PQRS #226	Acute Otitis Externa (AOE): Systemic Antimicrobial Therapy - Avoidance of Inappropriate Use PQRS #93
Perioperative Care: Discontinuation of Prophylactic Parenteral Antibiotics (Non-Cardiac Procedures) PQRS #22	Optimal Asthma Control PQRS #398	Care Plan PQRS# 47	Acute Otitis Externa (AOE): Topical Therapy PQRS #91	Preventive Care and Screening: Screening for High Blood Pressure and Follow-Up Documented PQRS #317	Adult Sinusitis: Antibiotic Prescribed for Acute Sinusitis (Appropriate Use) PQRS #331
Perioperative Care: Venous Thromboembolism (VTE) Prophylaxis (When Indicated in All Patients) PQRS #23		Functional Outcome Assessment PQRS #182	Diabetes: Hemoglobin A1c Poor Control PQRS #1	Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up Plan PQRS #128	Adult Sinusitis: Appropriate Choice of Antibiotic: Amoxicillin Prescribed for Patients w/ Acute Bacterial Sinusitis PQRS #332
Perioperative Temperature Management PQRS #193		Falls: Plan of Care PQRS #155	Asthma: Pharmacologic Therapy for Persistent Asthma Ambulatory Care Setting PQRS #53	Preventive Care and Screening: Influenza Immunization PQRS #110	Adult Sinusitis: CT for Acute Sinusitis (Overuse) PQRS #333
Falls: Risk Assessment PQRS #154		Functional Deficit: Change in Risk-Adjusted Functional Status for Patients with Neck, Cranium, Mandible, Thoracic, Spine, Ribs, or Other General Orthopedic Impairments PQRS #223		Immunizations for Adolescents PQRS #394	Adult Sinusitis: More than One CT Scan Within 90 Days for Chronic Sinusitis (Overuse) PQRS #334
Documentation of Current Medications in the Medical Record PQRS #130		Biopsy Follow-Up PQRS #265		Tobacco Use and Help with Quitting Among Adolescents PQRS #402	Appropriate Treatment for Children w/Upper Respiratory Infection PQRS #65
Radiology Exposure Time Reported for Procedures Using Fluoroscopy PQRS #145				Pain Assessment and Follow-Up PQRS #131	Appropriate Testing for Children with Pharyngitis PQRS #66
				Pneumonia Vaccination Status for Older Adults PQRS #111	

You will report for at least 50 percent of your group's Medicare Part B patient population. For more information on group reporting, visit www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS/Registry-Reporting.html.

The good news is the Academy has made the process of measure selection easier by having identified all the measures that could be used by Academy Members and sorted them by quality domain for ease of use. The measures highlighted in red were developed and stewarded by the Academy. To secure information on all of the individual measures contained in the table at right, visit www.entnet.org/content/individual-quality-measures.

It is clear with the passage of H.R. 2 Medicare Access and CHIP Reauthorization Act of 2015, the need for quality measures will continue well into the future. The Academy recognizes the complexity and difficulty of the CMS quality reporting and hence, the decision to invest resources into quality measurement development specific to our specialty. ■

Reporting as individuals

For physicians reporting as individuals, you may use these clinical quality measures groups or the other measures groups listed on our web site at www.entnet.org/content/quality-measures-groups.

Sinusitis Measures Group	
Measure #130	Documentation of Current Medications in the Medical Record
Measure #131	Pain Assessment and Follow-Up
Measure #226	Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention
Measure #331	Adult Sinusitis: Antibiotic Prescribed for Acute Sinusitis (Appropriate Use)
Measure #332	Adult Sinusitis: Appropriate Choice of Antibiotic: Amoxicillin Prescribed for Patients with Acute Bacterial Sinusitis (Appropriate Use)
Measure #333	Adult Sinusitis: Computerized Tomography (CT) for Acute Sinusitis (Overuse)
Acute Otitis Externa Measures Group	
Measure #91	Acute Otitis Externa (AOE): Topical Therapy
Measure #93	Acute Otitis Externa (AOE): Systemic Antimicrobial Therapy - Avoidance of Inappropriate Use
Measure #130	Documentation of Current Medications in the Medical Record
Measure #131	Pain Assessment and Follow-Up
Measure #154	Falls: Risk Assessment
Measure #155	Falls: Plan of Care
Measure #226	Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention
Measure #317	Preventive Care and Screening: Screening for High Blood Pressure and Follow-Up Documented

AAO-HNS FOUNDATION-SPONSORED CODING AND PRACTICE MANAGEMENT WORKSHOPS AND WEBINARS

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Friday, September 25 and Saturday, September 26

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Supporting the

CORE grants foster research, career development

The Centralized Otolaryngology Research Efforts (CORE) grants program plays a critical role in advancing the field of otolaryngology by providing support to research projects, research training, and career development. CORE aims to: (1) unify the research application and review process for the specialty; (2) encourage young investigators to pursue research in otolaryngology; and (3) serve as an interim step that may ultimately channel efforts for important NIH-funding opportunities.

The CORE grant program has awarded more than \$10 million since the program's inception in 1985. In conjunction with the

American Academy of Otolaryngology—Head and Neck Surgery Foundation (AAO-HNSF), societies, foundations, and sponsors are involved in funding one- to two-year non-renewable grants ranging from \$5,000 to \$70,000. The leadership of each participating society is ultimately responsible for determining who is selected to receive funding each year. The scores and critiques provided by the CORE Study Section are simply recommendations to help in the decision process. The recipients of the grants sponsored by the Alcon Foundation, Cook Medical, and the Oticon Foundation are determined by the AAO-HNSF leadership.

This year the CORE Study Section reviewed 163 applications requesting \$2.5

million in research funding.

The 2014 CORE Study Section subcommittees included Head and Neck Surgery, chaired by **Christine G. Gourin, MD**; Otolaryngology, chaired by **David R. Friedland, MD, PhD**, and **Oliver F. Adunka, MD** (chair-elect); and General Otolaryngology, chaired by **Rodney J. Schlosser, MD**.

We would like to thank Dr. Gourin for her contributions to CORE and welcome **Cherie-Ann O. Nathan, MD**, as the new chair for Head and Neck starting with the 2016 grant cycle.

The 2015 CORE leadership (including the boards and councils of all participating societies) has approved a portfolio of 35 grants totaling \$519,000. ■

Congratulations to the 2015 CORE grantees

AMERICAN ACADEMY OF OTOLARYNGOLOGY—HEAD AND NECK SURGERY FOUNDATION (AAO-HNSF)		
AAO-HNSF Resident Research Grant sponsored by The Alcon Foundation		
PI	INSTITUTION	PROJECT
Patricia Lorryne Purcell, MD	University of Washington, Seattle, WA	Functional assessment instrument for children with unilateral hearing loss
AAO-HNSF Resident Research Grant sponsored by Cook Medical		
PI	INSTITUTION	PROJECT
Kyle VanKoevering, MD	University of Michigan, Ann Arbor, MI	Customized 3D-Printed CPAP masks for children with craniofacial anomalies

CONTINUED ON PAGE 24



future

AAO-HNSF Resident Research Grant sponsored by The Oticon Foundation		
PI	INSTITUTION	PROJECT
Jameson Mattingly, MD	University of Colorado Denver, AMC and DC, Aurora, CO	Examination of factors that limit performance of bone conduction implants
AAO-HNSF Resident Research Grants		
PI	INSTITUTION	PROJECT
Misha Amoils, MD	Stanford University, Palo Alto, CA	PD-1/PD-L1 expression patterns in aggressive cutaneous squamous cell carcinoma
Phi Chau Doan, MD	University of Minnesota, Minneapolis, MN	Production of a cost-effective 3D temporal bone model
Kara S. Davis, MD	University of Pittsburgh, Pittsburgh, PA	Cotargeting of PI3K and HER3 in head and neck squamous cell carcinoma
Theresa Guo, MD	Johns Hopkins Medical Institutions, Baltimore, MD	Discovery of novel alternative splicing in HPV-related oropharyngeal cancer
Aisha Harun, MD	Johns Hopkins University-School of Medicine, Baltimore, MD	Assessment of vestibular function in individuals with dementia
Taha Jan, MD	Massachusetts Eye and Ear Infirmary, Boston, MA	Effects of secreted factors from human vestibular schwannomas on hearing
Dane Jeffery Genther, MD	Johns Hopkins University, Baltimore, MD	Upper eyelid loading thresholds and blink efficiency in facial paralysis
Ashok Ratilal Jethwa, MD	University of Minnesota, Minneapolis, MN	Video self assessment may improve competency in resident mastoidectomy
Eamon McLaughlin, MD	University of Pennsylvania, Philadelphia, PA	Modulation of airway taste receptors for the treatment of sinusitis
Sidharth Venkata Puram, MD, PhD	Massachusetts Eye and Ear Infirmary, Boston, MA	Identification of Intratumoral Subpopulations in Oral Cavity SCC
Benjamin Rubinstein, MD	Eastern Virginia Medical School, Norfolk, VA	The association between secondhand smoke exposure and pediatric sleep apnea
Phayvanh Sjogren, MD	University of Utah, Salt Lake City, UT	Reactive oxygen species and cytomegalovirus labyrinthitis
Justin Sowder, MD	University of Utah, Salt Lake City, UT	Determining and improving the flow dynamics of rigid bronchoscopes
Matthew Tyler, MD	The University of Texas Health Science Center at Houston, Houston, TX	Molecular pathways underlying disease burden in CRSwNP and AFRS
AAO-HNSF Maureen Hannley Research Grant		
<i>No meritorious applications received.</i>		
AAO-HNSF Percy Memorial Research Award		
PI	INSTITUTION	PROJECT
Judith Eunkyung Cho Lieu, MD	Washington University, St. Louis, MO	Development of preschool hearing-related quality-of-life measures
AAO-HNSF Health Services Research Grant		
PI	INSTITUTION	PROJECT
Marion Boyd Gillespie, MS	Medical University of South Carolina, Charleston, SC	The effect of patient phenotype on sleep surgery outcomes
AAO-HNSF Bobby R. Alford Endowed Research Grant		
PI	INSTITUTION	PROJECT
Nithin D. Adappa, MD	University of Pennsylvania Health System, Philadelphia, PA	Bitter taste receptor genetics and the sinonasal microbiome

CONTINUED ON PAGE 26



2015 HOME STUDY COURSE

Registration deadline
September 9, 2015

Sign up before August 5 to **SAVE!**



For more Home Study Course information:

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Payment must be received by September 9, 2015, to receive 2015-2016 courses. First packet begins mailing in late August.

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Airmail fee*					\$
TOTAL					\$

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	Early (By Aug.5)	Regular	Early (By Aug.5)	Regular	
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Airmail fee*					\$
TOTAL					\$

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To receive the first section packet on time, registration with payment must be **RECEIVED** by August 5, 2015. Registration closes September 9, 2015. A \$200 registration penalty will be applied to all registrations after September 9, 2015.

AAO-HNSF Research Grant		
PI	INSTITUTION	PROJECT
Rick F. Nelson, MD, PhD	Indiana University, Indianapolis, IN	Modeling hair cell degeneration in 3D inner ear organoids
AMERICAN HEAD AND NECK SOCIETY (AHNS)		
AHNS Pilot Grant		
PI	INSTITUTION	PROJECT
Narasimhan Rajaram, PhD	University of Arkansas, Fayetteville, AR	Optical biomarkers of radiation resistance in head and neck cancers
AHNS Alando J. Ballantyne Resident Research Pilot Grant		
PI	INSTITUTION	PROJECT
Michael Chan-Wei Kao, MD	University of Washington, Seattle, WA	G2/M cell cycle check point inhibitors as targeted therapy for HNSCC
AHNS/AAO-HNSF Young Investigator Combined Award		
PI	INSTITUTION	PROJECT
Clint Tanner Allen, MD	Johns Hopkins University-School of Medicine, Bethesda, MD	Combination targeted and immunotherapy in head and neck cancer



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Questions? Contact Lorraine Nnacheta
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AMERICAN ACADEMY OF
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F O U N D A T I O N

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GET INVOLVED WITH AAO-HNSF CLINICAL PRACTICE GUIDELINES



Philadelphia, PA | September 28 – 30, 2016

AAO-HNSF Guidelines International Network (G-I-N) Scholars Program

G-I-N Scholars, selected based on their qualifications, experience, interest and engagement in clinical practice guideline development, receive travel grants to attend training and educational sessions at the G-I-N North America meeting. In exchange for receiving a G-I-N travel grant, recipients agree to serve on an upcoming AAO-HNSF clinical practice guideline panel. Recipients will serve as either a panel member or as assistant chair if he or she has prior guideline experience. Recipients are also expected to submit a commentary to *Otolaryngology – Head and Neck Surgery* on any aspect of guidelines (e.g. development, dissemination, adaptation, implementation, etc.).

AHNS Translational Innovator Combined Award

PI	INSTITUTION	PROJECT
Jose Pedro Zevallos, MD, MPH	The University of North Carolina, Chapel Hill, NC	Targeted Sequencing of HPV-positive Oropharyngeal Cancer Treatment Failures

AMERICAN RHINOLOGIC SOCIETY (ARS)

ARS New Investigator Award

No meritorious applications received.

ARS Resident Research Grant

PI	INSTITUTION	PROJECT
Arjun Parasher, MD	Icahn School of Medicine at Mount Sinai, New York, NY	The Role of Doxycycline in Severe Chronic Rhinosinusitis with Nasal Polyps
Carol Hanlu Yan, MD	University of Pennsylvania, Philadelphia, PA	Elucidating gram-positive factors stimulating T2R sinonasal innate defense

CONTINUED ON PAGE 28



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Questions? Contact Lorraine Nnacheta
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AMERICAN ACADEMY OF
OTOLARYNGOLOGY-
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Seoul, South Korea | October 21-25, 2016

The AAO-HNS/F leadership and SAGE, publisher of *Otolaryngology–Head and Neck Surgery*, have identified a need to train otolaryngologists in the conduct and publication of systematic literature reviews. Systematic reviews have a high citation impact, and serve as the foundation for evidence-based practice guidelines, clinical performance measures, and maintenance of specialty certification.

Two travel grants of up to \$4,000 will be offered for the 2016 Colloquium in Seoul, South Korea, October 21-25, 2016. The Colloquium features a full scientific program and nearly 60 training and discussion workshops related to systematic review. In return for a travel grant to attend the meeting, grant recipients must agree to initiate and submit a systematic review to *Otolaryngology–Head and Neck Surgery* for publication consideration within 12 months (by October 25, 2017).

Attendees will be introduced to the Cochrane Collaboration, the world leader in evidence summaries of healthcare interventions, and will learn state-of-the-art techniques for producing systematic reviews and meta-analyses.

AMERICAN SOCIETY OF PEDIATRIC OTOLARYNGOLOGY (ASPO)**ASPO Research Career Development Award**

PI	INSTITUTION	PROJECT
Dylan K. Chan, MD, PhD	University of California, San Francisco, CA	AAV-mediated genetic rescue of Cx26-associated hearing loss

ASPO Research Grant

PI	INSTITUTION	PROJECT
Victoria Lee, MD	University of Washington, Seattle, WA	Objective imaging measures to guide Robin Sequence airway management
David Smith, PhD, MD	Cincinnati Children's Hospital Medical Center-Research Foundation, Cincinnati, OH	Inflammation and cardiovascular disease in pediatric OSA

ASPO Dustin Micah Harper Recurrent Respiratory Papillomatosis Research Grant

PI	INSTITUTION	PROJECT
Ryan Branski, PhD	New York University School of Medicine, New York, NY	Oral papilloma virus colonization and clearance in patients with RRP

ASSOCIATION OF MIGRAINE DISORDERS (AMD)**AMD Resident Research Grant**

No meritorious applications received.

AMD Research Grant

No meritorious applications received.

THE EDUCATIONAL AND RESEARCH FOUNDATION FOR THE AMERICAN ACADEMY OF FACIAL PLASTIC AND RECONSTRUCTIVE SURGERY (AAFPRS)**AAFPRS Leslie Bernstein Grant**

PI	INSTITUTION	PROJECT
Jacqueline Greene, MD	Northwestern University, Chicago, IL	Facial nerve nanoengineering and regeneration

AAFPRS Leslie Bernstein Resident Research Grant

PI	INSTITUTION	PROJECT
Joseph Bayer Vella, MD, PhD	University of Rochester, Rochester, NY	Craniofacial reconstruction via 3D printing and mesenchymal stem cells
Robert Brody, MD	University of Pennsylvania Health System, Philadelphia, PA	Optimizing cartilage autografts in septorhinoplasty

AAFPRS Leslie Bernstein Investigator Development Grant

No meritorious applications received.

AAFPRS Research Scholar Award

PI	INSTITUTION	PROJECT
Lamont K. Jones, MD	Henry Ford Health System, Detroit, MI	Assessing the role of AHNAK Methylation in keloid pathogenesis

SEPTEMBER 27 ★ 30, 2015

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Surgical Lessons to the Community Practitioner
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free-of-charge, on Wednesday, September 30—immediately after the AAO-HNSF meeting

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Otolaryngology- Head & Neck Surgery

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University of Wisconsin Hospitals and Clinics' Division of Otolaryngology - Head and Neck Surgery is a leader in teaching, research, patient care and service, and is seeking applicants for one-year clinical fellowships. The ideal candidate should have a strong interest in an academic career in Otolaryngology-Head and Neck Surgery and must demonstrate a commitment to resident and medical student education. Opportunities for both clinical and basic science research are available in the Department of Surgery and through collaboration within the School of Medicine and Public Health. The fellowships will offer a competitive salary with benefits.

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Applicants who will have completed a US or Canadian Otolaryngology residency should contact:

Delight Hensler

Division Otolaryngology Head & Neck Surgery

K4/719 CSC

600 Highland Avenue

Madison, WI 53792-7375

608-263-0192

Hensler@surgery.wisc.edu

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Robin Hice
PHYSICIAN RECRUITER

rhice@harbinclinic.com
706.378.8130/888.427.2461
Fax: 706.235.3104

Pediatric Otolaryngology



OPPORTUNITY IN SOUTH FLORIDA

The Division of Pediatric Otolaryngology—Head and Neck Surgery at Joe DiMaggio Children's Hospital—seeks a motivated BC/BE fellowship-trained pediatric otolaryngologist interested in growing our rapidly expanding tertiary care division. This is a robust outpatient and hospital-based program with dedicated pediatric audiology, mid-level practitioners and a diverse patient population. Our services include an established aerodigestive team, a Cochlear Implant Center, pediatric videostroboscopy and the busiest Craniofacial Center in Florida. Qualified candidates should have an interest in head and neck surgery, airway, vascular malformations or otology. Excellent opportunities exist for interdisciplinary collaboration, program development, research and teaching. We also have a new affiliation with a four-year allopathic medical school. Emergency room call is 1:7. This is a full-time employed position within the multi-specialty Memorial Physician Group. The position offers competitive benefits and a compensation package that is commensurate with training and experience. Professional malpractice and medical liability are covered under sovereign immunity.

ABOUT JOE DIMAGGIO CHILDREN'S HOSPITAL

Joe DiMaggio Children's Hospital, a 204-bed facility, opened in 1992 and is located in Hollywood, Florida. This premier provider of tertiary-level pediatric care has a 64-bed Level II & III NICU, 22-bed PICU and 12-bed intermediate care unit. As South Florida's newest freestanding children's hospital, we are redefining the pediatric healthcare experience. The only Level 1 Pediatric Trauma Center in South Broward County, JDCH combines cutting-edge excellence with a commitment to patient- and family-centered care. JDCH has earned the distinction of being the leading children's hospital in Broward and Palm Beach Counties. Further, our South Florida location is known for its high quality of life. In addition, Florida has no state income tax. To learn more, please visit JDCH.com.



LIVE. WORK. PLAY.
IN SOUTH FLORIDA



memorialphysician.com

THE OHIO STATE UNIVERSITY

Department of Otolaryngology – Head and Neck Surgery

The Ohio State University Department of Otolaryngology is accepting applications for the following faculty positions:

General Otolaryngologists to work in Community Practices

Chief of Facial Plastics

Otolaryngologist with Experience in Surgical Quality and Comparative Effectiveness Studies

Hearing Scientist (PhD)

Applicants must demonstrate excellence in patient care, research, teaching, and clinical leadership. This is an outstanding opportunity to join one of the top ranked programs in the country. Located in the heart of Ohio, Columbus offers a population of over 1.5 million people and excellent cultural, sporting, and family activities.

Send letter of interest and CV to:

Ted Teknos, MD
Professor and Chair
The Ohio State University
Department of Otolaryngology
915 Olentangy River Rd. Suite 4000
Columbus, Ohio 43212
E-mail: mark.inman@osumc.edu
Department Administrator
Or fax to: 614-293-7292
Phone: 614-293-3470



THE OHIO STATE UNIVERSITY

WEXNER MEDICAL CENTER

The Ohio State University is an Equal Opportunity Affirmative Action Employer. Women, minorities, Vietnam-era veterans, and individuals with disabilities are encouraged to apply

THE UNIVERSITY of TENNESSEE 
HEALTH SCIENCE CENTER

Head and Neck Surgeon – The Department of Otolaryngology Head and Neck Surgery of University of Tennessee Health Science Center, is recruiting a mid-career Head and Neck Cancer surgeon to lead its Division of Head and Neck Surgery. This individual must have a proven record of collaborative multi-specialty clinical experience, an interest in clinical translational research, be well published, and nationally recognized. The position will be tenure-track at either the Associate/Professor rank as appropriate. The individual will join another surgeon, and be a leader in a large established multi-specialty Cancer Treatment Team, The West Group, as well as be closely affiliated with Methodist University Hospital.

Responsibilities include continued development of a strong clinical practice with other members of the Head and Neck Oncology Team, resident and medical student education, and clinical or basic science research.

Candidates must be able to obtain a Tennessee medical license.

Letters of inquiry and curriculum vitae should be sent to:

Jerome W. Thompson, M.D., MBA, Chairman
Department of Otolaryngology-Head and Neck Surgery
The University of Tennessee Health Science Center
910 Madison Avenue, Suite 408
Memphis, TN 38163

Or email to: jkeys@uthsc.edu

The University of Tennessee is an EEO/AA/Title VI/Title IX/Section 504/ADA/ADEA/V institution in the provision of its education and employment program and services.



July 1, 2016-June 30, 2017
One-Year Clinical Fellowship
Otology-Neurotology
Ear Research Foundation
Silverstein Institute
Sarasota, Florida

Featuring extensive hands-on surgery experience, patient care & research, this fellowship provides an excellent opportunity for an American Board-eligible or certified Otolaryngologist to obtain an additional year of training. Fellows gain extensive experience with chronic ear cases/surgeries, Otosclerosis & stapes surgery, minimally invasive and in-office ear surgery, BAHA's, cochlear implants & other implantable hearing devices, Meniere's Disease, acoustic neuromas, and dizziness & balance disorders. The Silverstein Institute houses a large Temporal Bone Lab with cadaver specimens and a Medical Library. Fellows take part in multiple ongoing research projects.

The Silverstein Institute is located on Florida's gulf coast just south of Tampa. Sarasota is known for its pristine white sand beaches, as well as many environmental, arts and cultural amenities. More area info at: visitsarasota.org

Send CV to: Herbert Silverstein, MD, c/o Ear Research Foundation, 1901 Floyd Street, Sarasota, FL 34239
Call or email Jennifer Moss 941-365-0367 or jmoss@earsinus.com for more info. www.earsinus.com



THE UNIVERSITY OF ARIZONA
COLLEGE OF MEDICINE TUCSON

**Otolaryngology -
Head & Neck Surgery**



Banner
University Medicine

Senior Head and Neck and/or Microvascular Reconstructive Surgeon

The Department of Otolaryngology – Head and Neck Surgery, at the University of Arizona (UA), College of Medicine (COM) in Tucson, Arizona is seeking **a fellowship-trained, board-certified head and neck and/or microvascular reconstructive surgeon** to serve in a leadership role at the Associate Professor/Professor level.

The Department has rapidly grown to offer the full breadth of quaternary Otolaryngology – Head and Neck Surgery. Currently, the department consists of 9 clinical faculty and 3 basic science faculty. We have been continuously funded by the NIH and have steadily expanded our residency and fellowship programs.

Funds are available for program building and preference will be given to candidates with funded research backgrounds and/or the ability to recruit funded research programs to the department. Potential senior leadership roles within the department and institution are available for qualified candidates.

Join us during this exciting period of growth. The University COM has recently merged with Banner Health, a \$6 billion organization with a hospital network that encompasses all of Arizona, and parts of Colorado and Alaska. There is a tremendous opportunity to establish a state-wide academic program. The University of Arizona and Banner University Medical Center (BUMC) are located in Tucson, Arizona. The Arizona Cancer Center, an NCI designated comprehensive cancer center, is on the BUMC campus as a fully integrated program offering state-of-the-art cancer treatment and research.

The department is seeking an individual who is able to work with diverse students and colleagues, and who has experience with a variety of teaching methods and curricular perspectives. The UA is an EEO/AA Employer.

Apply online at www.uacareertrack.com; Job posting 58293.

For additional inquiry, please email and attach a CV to:

Alexander Chiu, M.D., Professor and Chair
Department of Otolaryngology-Head and Neck Surgery
achiu@oto.arizona.edu

Are you more interested in building a legacy than just finding a job?

The Department of Otolaryngology at West Virginia University is seeking a pediatric otolaryngologist to join a thriving academic practice. Applicants must be board certified/eligible by the American Board of Otolaryngology. Responsibilities include teaching of residents and medical students, patient care and clinical/basic research.

You'll join a highly skilled team making an extraordinary difference in the lives of patients across our entire state. Ours is a collaborative atmosphere that encourages you to grow and evolve as you practice advanced medicine in a highly satisfying academic setting.

The department currently has thirteen physician faculty members and fifteen residents and has an active NIH-funded research division with three PhD members.

U.S. News & World Report ranked West Virginia University Hospitals in Morgantown #1 in the state for the last two years. Forbes recently ranked Morgantown as one of the Best Small Metros in America. Our area offers the cultural diversity and amenities of a large city in a safe, family-friendly environment. There is also an excellent school system and an abundance of beautiful homes and recreational activities.

Build your legacy as you serve, teach, learn and make a difference from day one. To learn more, visit <http://medicine.hsc.wvu.edu/otolaryngology/Home> or submit your CV directly to Laura Blake, Director of Physician Recruitment, at blakel@wvuhealthcare.com.



WVU is an AA/EO employer and is the recipient of an NSF ADVANCE award for gender equity. Position will remain open until filled.



Head & Neck Surgery Center of Florida

FLORIDA HOSPITAL MEDICAL GROUP

Head & Neck Surgery Opportunity, Florida Hospital Celebration Health

Florida Hospital Medical Group and Head & Neck Surgery Center of Florida has an immediate opening for a head and neck surgeon. The head and neck program is fully comprehensive, as seen in academic institutions, and draws patients from a regional and national level. The program is based at Florida Hospital Celebration Health.

Some of the highlights to our program include: Excellent case mix, fellowship program, research support, opportunity for academic appointment at Assistant Professor level, opportunities for course participation/leadership in transoral surgery, opportunities for industry related surgical trials and product development and opportunities for involvement in national societies.

Requirements for the position include: Board certification (or board eligibility within five years of training) through the American Board of Otolaryngology – Head & Neck Surgery. The qualified candidate must have completed a fellowship in head and neck surgery, including microvascular reconstruction. A commitment to an academic career, leadership in head and neck surgery, and interest in excellent career development is a priority.

For more information, please contact Jason Junker, Director of Physician Recruitment at 407-200-2538, or email CV to Jason.Junker@FLHosp.org



JOIN THE PROMEDICA FAMILY

Otolaryngologist Opportunity in Toledo, Ohio

ProMedica Physicians Ear, Nose and Throat is seeking highly motivated, personable BC/BE otolaryngologists to join their progressive and expanding practice. The practice consists of six ENT physicians and is the only ENT practice in Toledo with fellowship-trained otolaryngologists in head and neck surgical oncology and neurotology. We offer a full range of services including allergy testing and treatment, and complete audiology and vestibular services including ENG, rotary chair, posturography, and cochlear implantation and mapping.

We are seeking candidates who excel at general ENT or with advanced subspecialty interest and fellowship-trained in head and neck surgical oncology and laryngology.

- Full employment with ProMedica Physicians
- “Built in” referral base and high volume
- Call shared equally among all members (currently 1:6)

- Trauma call is optional and paid separately
- Opportunity for teaching residents and medical students
- All members participate in weekly board meetings
- Competitive compensation and generous benefits package
- Relocation paid up to \$10K
- Perfect balance of work and lifestyle

Toledo, Ohio is home to an extensive Metropark system, Toledo Zoo, Toledo Museum of Art, and excellent institutions of higher education.

Contact: Denise Johnston, physician recruiter, at 419-824-7445, denise.johnston@promedica.org.

ProMedica is a tobacco-free employer. EOE

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University of Missouri
Department of Otolaryngology—
Head and Neck Surgery

Seeks clinicians, teachers, and researchers who are personable, energetic and innovative to join a rapidly growing and collaborative group of physicians. Faculty opportunities at all academic levels (Assistant/Associate Professor or Assistant/Associate Professor of Clinical Otolaryngology) are available in **General Otolaryngology with an interest in Pediatrics or Allergy**. Title, track, and salary are commensurate with experience.

- Competitive production incentive
- Research interests encouraged and supported
- New outpatient clinic with state-of-the-art equipment and ancillary services
- Well established and expanding hospital system
- Live and work in Columbia, ranked by *Money* magazine and *Outside* magazine as one of the best cities in the U.S.

For additional information about the position, please contact:
Robert P. Zitsch III, M.D.
William E. Davis Professor and Chair
Department of Otolaryngology—Head and Neck Surgery
University of Missouri—School of Medicine
One Hospital Dr MA314 DC027.00
Columbia, MO 65212
zitschr@health.missouri.edu

To apply for a position, please visit the MU web site at
hrs.missouri.edu/find-a-job/academic/

The University of Missouri is an Equal Opportunity/Access/Affirmative Action/Pro Disabled & Veteran Employer.

Private Practice
North Carolina

Busy six physician single-specialty ENT private practice is currently seeking a Board Certified/Board Eligible otolaryngologist to join the practice. The practice focuses on quality care and an excellent patient experience at our well-equipped center.

Our physician owned practice is the Otolaryngology Head & Neck Surgery department for Vidant Medical Center and has an affiliation with the Brody School of Medicine at East Carolina University. Ownership interest in SurgiCenter and numerous academic and clinical programs are available at our 900-bed tertiary teaching hospital, the James and Connie Maynard Children's Hospital, the East Carolina Heart Institute and a new Cancer Center currently under construction at Vidant Medical Center.

With a long-standing practice, there is a broad referral base and great opportunity for the physician. Head and neck fellowship is desired but not required. We offer a competitive salary, productivity bonus incentive, generous benefits package, along with partnership opportunities and possible loan forgiveness.

Modern, spacious office includes allergy, audiology, video stroboscopy with speech language pathology and onsite CT. A large university in town offers numerous performing arts events as well as other activities. The proximity to the coast makes for easy and frequent opportunities to explore and enjoy.

Please send letter of inquiry to:
Office Manager
Eastern Carolina Ear, Nose & Throat – Head & Neck Surgery, PA
P.O. Box 5007
Greenville, NC 27835

Academic Otolaryngologist

UMassMemorial Medical Center, the clinical partner of the University of Massachusetts Medical School in Worcester, MA, is seeking BC/BE

1) General Otolaryngologist

Join an established group of 6 physicians in a busy tertiary care referral center. Responsibilities include clinical care as well as student and resident education. Opportunities exist for clinical and basic science investigation and research. An academic appointment commensurate with education and training is offered. We are looking for dynamic new or recent graduates with energy, desire, and drive to jump start their careers and help expand our scope and presence. UMassMemorial Medical Center is situated in Worcester, MA, a community rich in history. Worcester is the second largest city in Massachusetts and New England, and has a very large patient referral base. Worcester and the surrounding area have a strong and diverse economic base with family oriented communities and excellent school systems. Boston and Providence are only forty miles away, and beaches, lakes, and mountains are all easily accessible.

For consideration and/or additional details, please submit your CV and Letter of Introduction to:

Daniel Kim MD
Department of Otolaryngology-Head and Neck Surgery
UmassMemorial Medical Center
c/o Jennifer Pappas,
Physician Recruiter
Email: jennifer.pappas@umassmemorial.org
Phone: 774-312-0483

UMass Memorial Medical Center and the University of Massachusetts Medical School are equal opportunity employers.



EMORY
UNIVERSITY
SCHOOL OF
MEDICINE

The Division of Head and Neck surgery in the Department of Otolaryngology - Head & Neck Surgery at Emory University School of Medicine, Atlanta, GA seeks to add a fellowship-trained Head and Neck ablative and microvascular reconstructive surgeon at the rank of Assistant or Associate Professor. Duties will include resident and fellow teaching and a clinical practice primarily involving mucosal tumors of the upper aerodigestive tract and microvascular reconstruction.

Our current practice features four full-time, fellowship-trained Head and Neck Surgeons and a new, state-of-the-art Head and Neck Clinic on the campus of Emory University Hospital Midtown. Multidisciplinary care in conjunction with Winship Cancer Center includes exceptional Medical and Radiation Oncology as well as the full complement of ancillary services. Applicants must be Board Certified or Board Eligible.

Compensation will be commensurate with experience.

Interested applicants should forward letters of inquiry and curriculum vitae to:

Mark W. El-Deiry, MD, FACS
Associate Professor and Chief of Head and Neck Surgery
Department of Otolaryngology - Head & Neck Surgery
550 Peachtree Street, Medical Office Tower, Suite 1135
Atlanta, Georgia 30308
Fax: 404-778-2109 • Email: meldeir@emory.edu

An Equal Opportunity / Affirmative Action Employer.
Qualified minority and female applicants are encouraged to apply.
EOP # 34944BG

Otologist/Neurotologist

FULL-TIME BE/BC FACULTY

The Department of Otolaryngology at UTMB Health in Galveston, Texas is actively recruiting enthusiastic candidates for a full-time position. This job entails opportunities to participate in all aspects of clinical practice, as well as resident and medical student teaching. UTMB Health is undergoing rapid growth as exemplified by the building of two cutting-edge surgical hospitals and the acquisition of a third. With a light call schedule and generous benefits, this is an outstanding opportunity in one of the fastest growing geographic regions in the country. Clinical research is encouraged but not mandatory.

Please direct your Letter of Interest and CV to:

Vicente Resto, MD, PhD, FACS

Chair, Department of Otolaryngology
The University of Texas Medical Branch,
301 University Boulevard, Galveston, TX 77555-0521
Email: varesto@utmb.edu
Phone: 409-772-2701 Fax: 409-772-1715

utmb Health



UTMB is an equal opportunity, affirmative action institution which proudly values diversity. Candidates of all backgrounds are encouraged to apply.

Chief, Otolaryngology

OPPORTUNITY IN SOUTH FLORIDA

Memorial Healthcare System is seeking a Chief for the Division of Otolaryngology. The Memorial Physician Group currently employs two otolaryngologists supporting an established otolaryngology outpatient practice, inpatient hospital consults and emergency room call.

Successful candidates will meet the following criteria:

- Fellowship trained in head and neck surgery
- Minimum of five (5) years leadership experience
- Board certified in otolaryngology
- Experienced in evidence-based medicine
- Excellent communication, interpersonal and team-leadership skills
- Demonstrated success in new program development and the establishment of policies and guidelines to monitor patient progress, evidence-based clinical outcomes and the effectiveness of medical care

This is a full-time employed position with the multi-specialty Memorial Physician Group. The position offers a highly competitive and desirable compensation/benefits package that is commensurate with training, experience and market demand. Professional malpractice and medical liability are covered under sovereign immunity.

ABOUT MEMORIAL HEALTHCARE SYSTEM

Memorial Healthcare System is the third-largest public healthcare system in the country. It is a national leader in quality care and patient satisfaction and has been ranked on *Modern Healthcare* magazine's list of Best Places to Work in Healthcare. Memorial Healthcare System's facilities include Memorial Regional Hospital, Memorial Regional Hospital South, Joe DiMaggio Children's Hospital, Memorial Hospital West, Memorial Hospital Miramar, Memorial Hospital Pembroke and Memorial Manor nursing home. Our facilities are located throughout South Florida, a region known for its high quality of life. In addition, Florida has no state income tax. For more information, visit mhs.net.



LIVE. WORK. PLAY.
IN SOUTH FLORIDA

Memorial
Healthcare System

memorialphysician.com

 **Washington University in St. Louis**
SCHOOL OF MEDICINE

Full Time Academic Faculty Position Available

PEDIATRIC OTOLARYNGOLOGIST

The Department of Otolaryngology-Head and Neck Surgery is seeking a fellowship trained pediatric otolaryngologist. Applicants must be board certified in Otolaryngology. The Division of Pediatric Otolaryngology provides otolaryngology services at St. Louis Children's Hospital and our new ambulatory Children's Specialty Care Center just 10 miles west of St. Louis Children's Hospital opening June 1, 2015. Clinical responsibilities will include inpatient and outpatient responsibilities within the Department of Otolaryngology at St. Louis Children's Hospital. Clinical program highlights include the Cochlear Implant Program which is one of the two largest in the country. U.S. News and World Report named St. Louis Children's Hospital to its Honor Roll of America's Best Children's Hospitals and recognized by U.S. News for seven consecutive years. Applicants are invited to send their curriculum vitae to: Keiko Hirose, M.D., Chief of Pediatric Otolaryngology, Washington University School of Medicine, 660 S. Euclid, Box 8115, St. Louis, MO 63110, Phone: 314-454-4033, Fax: 314-454-2174, hirosek@ent.wustl.edu.

Washington University is an affirmative action and equal opportunity employer.



**Assistant, Associate or Full Professor of Comprehensive Otolaryngology Division
Stanford University School of Medicine Department of Otolaryngology-Head and Neck Surgery**

The Division of Comprehensive Otolaryngology in the Department of Otolaryngology-Head and Neck Surgery at Stanford University School of Medicine seeks a board-certified Otolaryngologist to join the department as an Assistant Professor, Associate Professor or Full Professor in either the Medical Center Line or the Clinician Educator Line. Faculty rank will be determined by the qualifications and experience of the successful candidate.

The predominant criteria for appointment for faculty in the Medical Center Line shall be excellence in the overall mix of clinical care, clinical teaching, scholarly activity that advances clinical medicine and institutional service appropriate to the programmatic need the individual is expected to fulfill. The major criteria for appointment for faculty in the Clinician Educator Line shall be excellence in clinical care and clinical teaching.

The successful applicant should be board eligible or board certified in

Otolaryngology-Head and Neck Surgery.

We expect the successful candidate to develop an active clinical practice in general otolaryngology, be an active teacher of medical students and residents, oversee the clinical program, and (for MCL) maintain an excellent clinical and/or translational research program.

Qualified applicants, based on merit and experience, will also be considered for the position of division chief. The successful applicant will have proven leadership and research potential, as well as sound clinical judgment and surgical expertise.

Stanford University is an equal opportunity employer and is committed to increasing the diversity of its faculty. It welcomes nominations of and applications from women, members of minority groups, protected veterans and individuals with disabilities, as well as from others who would bring additional dimensions to the university's research, teaching and clinical missions.

Submissions will be reviewed beginning March 3, 2015 and accepted until position is filled.

Submit curriculum vitae, letter of inquiry and the names and addresses of three references to:

Lori Abrahamsohn
Faculty Affairs Administrator
Department of Otolaryngology-Head and Neck Surgery
801 Welch Road, Stanford, CA 94305
labrahamsohn@ohns.stanford.edu
650-725-6500 (phone) 650-725-8502 (fax)



ENT PHYSICIAN

Sound Health Services, a twenty-three physician Otolaryngology group in St. Louis, MO, has an immediate opening in



their South County practice. Sound Health Services is the largest independent ENT group in the St. Louis metropolitan area. We provide full service ENT care including Audiology, Vestibular Testing, Hearing Aid Dispensing, Voice & Swallowing Services, Facial Plastics and CT Scanning.

We offer an excellent salary/bonus with partnership track, health insurance, paid vacation time, malpractice insurance, and CME reimbursement, plus other benefits. Candidate must have strong clinical knowledge, excellent communication skills, be highly motivated and hard working.

Requirements:

- Board certified or eligible
- MD/DO from approved medical/osteopathy school
- 1:4 Call coverage
- Excellent communication and interpersonal skills
- Graduation from accredited residency program in ENT

For more information about this position, please contact our Practice Manager, Rebecca Akers, at 314-843-3828, or by email at bakers@soundhealthservices.com.

You may also visit our website at soundhealthservices.com.

South Florida ENT Associates, P.A.

South Florida ENT Associates, a fifty-two physician group practice in Miami-Dade, Broward and Palm Beach has immediate openings for full-time ENT Physicians. South Florida ENT Associates is the second largest ENT group in the country and the largest in the state of Florida. We provide full service ENT including Audiology, Hearing Aid Sales, Allergy, Facial Plastics, Robotics and CT services.

We offer an excellent salary/bonus with partnership track, health insurance, paid vacation time, malpractice insurance and CME reimbursement, plus other benefits.

Candidate must have strong clinical knowledge, excellent communication skills, be highly motivated and hardworking.

This position will include both office and hospital settings.

Requirements:

- Board Certified or Eligible preferred
- MD/DO from approved medical/osteopathy school and graduation from accredited residency program in ENT
- Current Florida license
- Bilingual (English/Spanish) preferred
- Excellent communication and interpersonal skills
- F/T - M-F plus call

For more information about us, please visit www.sfenta.com.

Contact Information:

Contact name: Stacey Citrin, CEO
 Phone: (305) 558-3724 • Cellular: (954) 803-9511
 E-mail: scitrin@southfloridaent.com

A position is available at the Assistant or Associate Professor level in the Department of Otolaryngology/Head & Neck Surgery



NEUROTOLOGIST/OTOLOGIST

- Rank commensurate with experience
- Excellent resources are available in this rapidly expanding program
- Fellowship training required

To apply and receive additional information about the support associated with this opportunity, please contact:

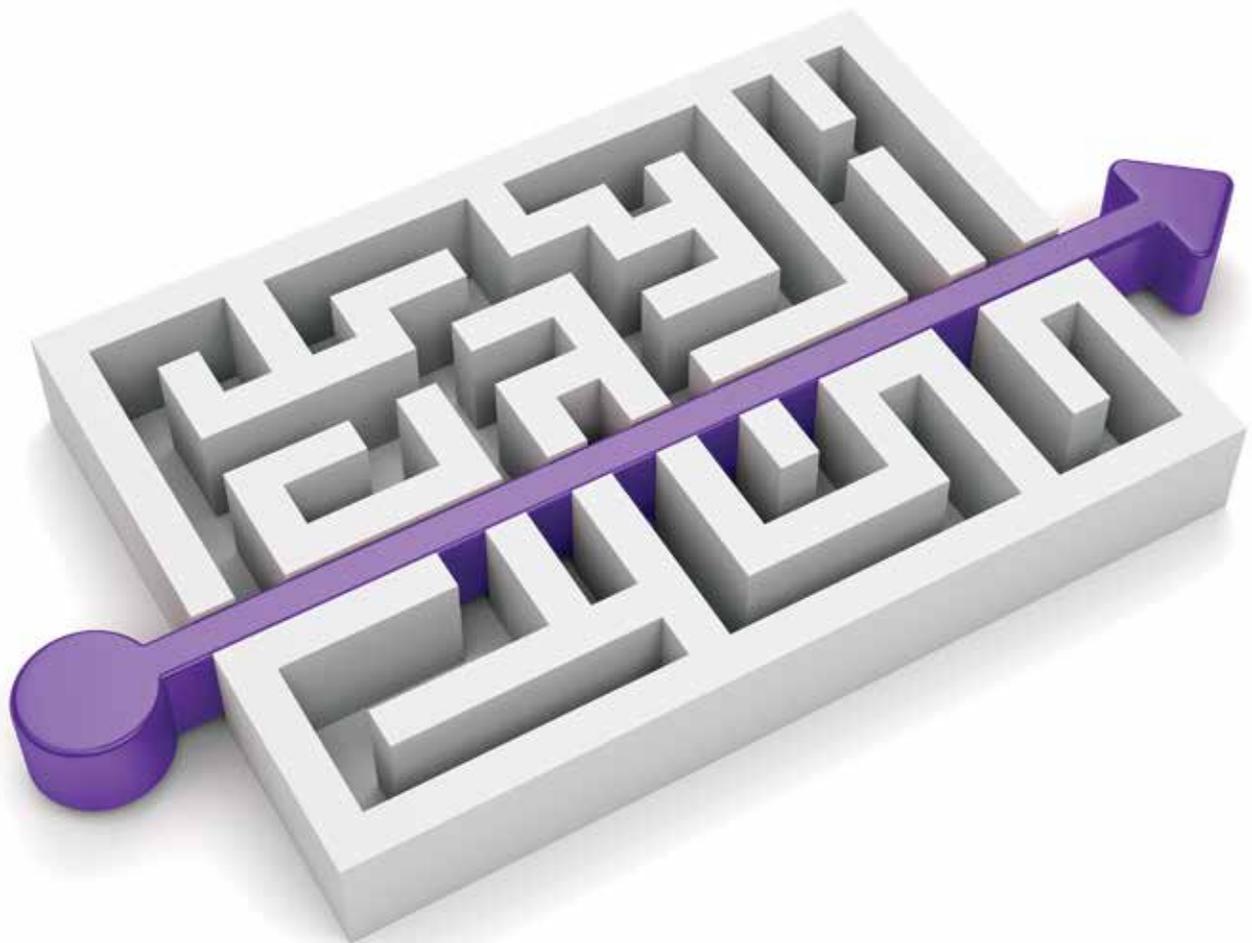
Stil Kountakis, MD, PhD, Professor and Chairman
 Department of Otolaryngology-Head & Neck Surgery
 1120 Fifteenth Street, BP-4109 Augusta, Georgia 30912-4060

Or email skountakis@gru.edu



GRU is an Equal Opportunity, Affirmative Action, and Equal Access employer.

Otolaryngology-Specific



Simplified.

EMA Otolaryngology™ simplifies ICD-10 coding, naturally.

Modernizing Medicine's Electronic Medical Assistant®, EMA Otolaryngology™ – a cloud-based and mobile EMR system – was born ready for ICD-10. With EMA's otolaryngology-specific knowledge, structured data and 3D anatomical atlas, efficient, accurate coding is easy. No guesswork. No translations. Just simple, automated ICD-10 coding generated with the exam note and populated onto the superbill. Tap. Touch. Done.



See how easy ICD-10 can be.
Learn more | www.modmed.com/icd-10



www.modmed.com | 561.880.2998