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The official Member magazine of the **American Academy of Otolaryngology—Head and Neck Surgery**

JULY 2016

Research and Quality



Growing to meet your needs

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Guiding the specialty:
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consensus statements:
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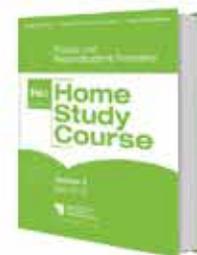
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Learning leadership

Leadership is one of those popular buzzwords these days. When most of us applied to medical school and residency, we were thinking about the medical and surgical work at hand and not really about becoming leaders. But as we proceeded in residency and in practice, we learned and honed leadership skills, even if we did not put that name on them.

As surgeons, we are trained to make immediate decisions. We are highly focused with little room for mistakes. This requires *managerial* skills in the application of knowledge and experience. *Leadership*, on the other hand, relies on synthesizing disparate information, trying to understand different stakeholders and their concerns, and taking the time to formulate a higher level plan of action. This is true in any leadership position, whether for organized medicine, at a university, or in a practice, and it requires training.

The Academy offered leadership courses years ago, well before it became *de rigueur*. I took them, like a mountain climber, “because they were there.” They enabled me to learn a new set of skills to face upcoming challenges, allowed me to meet otolaryngologists outside of my specialty area, and think of a future as more than a practicing ENT. Although not formally so identified, participating in the Board of Governors, first as just an attendee, then, as a committee Member and specialty society rep, was an incredible leadership development experience.

As President-Elect of the AAO-HNS/F, I had the opportunity to attend the American Society of Association Executives two-day intensive training in 2014. That gave me some great ideas and showed me how much more I needed to learn if I wanted to serve our membership the best way I could. I applied for the Heller School Leadership Program for Health Policy and Management, held at Brandeis University, with a scholarship co-sponsored by the Academy and the American College of Surgeons. I was fortunate to get in and spend a full week there in June 2015. At that time, my kids were in grades 4, 10, and 11, and one was a college freshman. My husband held down the fort admirably, so that I could spend that week away. Trying to squeeze in the course material through e-learning or fitting in a weekend here and there would have minimized my

ability to focus and understand. The Heller course took some of my ideas and helped crystallize them into actionable items, both for the Academy and for my work.

As President, I have to process a great deal of information every day, from what seems like every direction. This includes communications at least once daily with our EVP/CEO **James C. Denny III, MD**, as well as communications with other staff, Members, other medical societies, and federal regulatory bodies. Taking a bead, listening—really listening—to figuring out what the situation is, trying to dissect it, and then figuring how to address the concern as best as possible—these are skills that are necessary for this position. Obviously, I had some of these skills already. However, the fine-tuning of my responses and the ability to step back and see much more of the whole picture than I could previously reflect a great deal on the formal leadership programs in which I have had the good fortune to participate.

Over the past couple of years, I have been asked to speak on leadership, my journey, and negotiation. Using the information learned at leadership courses has made me better able to articulate my feelings and concerns, as well as look for paths that I or others might wish to take on our journeys forward. Great leaders set out not to be leaders but to make a difference. They are not born leaders; they are made. It is clear that, like anything, there is no magic or easy path. Pursuing leadership, like pursuing otolaryngology, requires dedication, commitment, and energy, as well as family support.

We are all facing a rapidly changing healthcare environment. Physician leadership is critical to managing these changes, and leadership development is critical in the progress of our careers. I am exceedingly pleased that our Academy will be launching a formal, long-lasting leadership development program in 2017. The Women in Otolaryngology Section program is providing a template, and the inclusion of otolaryngologists from all backgrounds will make this a robust course that enables individuals to recognize their own leadership potential. I urge you each to take advantage of the wonderful opportunities for growth that this program offers, and I look forward to hearing about each of your leadership journeys in the future. ■



Sujana S. Chandrasekhar, MD
AAO-HNS/F President

“Leadership relies on synthesizing disparate information, trying to understand different stakeholders and their concerns, and taking the time to formulate a higher level plan of action.”



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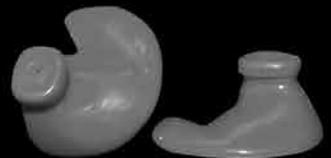


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The growing season

Research and quality-related activities are a high priority and will be even more critical for our Members and their patients in the upcoming years. A significant portion of our budget is dedicated to basic and clinical research as well as quality-related projects.

The 2016 Centralized Otolaryngology Research Efforts (CORE) leadership (including the boards and councils of all participating societies) has approved a portfolio of 29 grants totaling \$495,195. CORE has been in existence since 1985. The Outcomes Research Evidence-Based Medicine (OREBM) Committee is completing a MarketScan obstructive sleep apnea (OSA) project that will compare single-level sleep surgery versus multi-level sleep surgery. Through their quarterly *Bulletin* feature, “Publications that may change your practice,” the committee informs our Members of key recent evidence-based studies that might change practice patterns. The Creating Healthcare Excellence through Education and Research (CHEER) network has completed two guideline gaps projects: Sudden Hearing Loss (funded through AAO-HNSF) and Tympanostomy Tubes (funded through AAO-HNSF by use of MarketScan data).

The opportunity for clinical and patient outcomes research will expand as RegentSM, our clinical data registry, begins accepting participants early this fall following a successful pilot. The preliminary rule released by the Centers for Medicare & Medicaid Services (CMS) on April 27, 2016, enforces acceptance of both QCDRs and Clinical Data Registries as mainstays in the post-MACRA era. Participation in these registries will considerably facilitate participation in the Merit-based Incentive Payment System (MIPS) at all levels. For those interested in the Physician Quality Reporting System (PQRS) reporting for 2016, it is essential that you enroll in RegentSM as soon as possible. Please contact us at Regent@ENTnet.org. You will also be able to view live demonstrations of Regent’s functionality and observe the practice dashboard available to all participants.

More exciting developments

A number of factors have contributed to recent discussions centered on multiple aspects of Graduate Medical Education (GME), including future funding issues, effectiveness, and workforce projections. The Accreditation Council for Graduate Medical Education (ACGME) held hearings on the 80-hour work week and

accepted testimony on areas of success and concern. The American College of Surgeons (ACS) recently held a National Invitational Conference on the “Future of Surgical Training.” This was attended by the house of surgical specialties, and while some nuances specific to each specialty were identified, there were many common concepts identified, including the future use of simulation technology. The Academy has had an active Simulation Task Force for several years that was recently converted to an education committee chaired by **Ellen S. Deutsch, MD**. At this year’s Annual Meeting & OTO EXPOSM there will be a simulation reception demonstration. If you wish to participate, please submit your project through the Annual Meeting website.

I recently heard Manny Dominguez, PhD, at digitalNow (a summit for association leaders), describe the virtual hospital he created for the Veterans Health Administration. The graphics and interactive capability of the avatars were incredible. The potential of this technology in surgical training, patient training and education, skills assessment, and population management is truly exciting. Programs such as this will also enhance the capability of telemedicine and telehealth activities, which will become particularly beneficial as we face potential physician shortages and access problems predicted for the near future.

I attended a recent FDA hearing on hearing aids and sound amplifying devices, which included over-the-counter availability of these products and concerns about the ability of patients to properly use and maximally benefit from these devices without a comprehensive aural rehabilitation. Instructional products of the quality demonstrated by Dr. Dominguez could be a powerful adjunct for patients should those sales be allowed. These could be produced by hearing professionals and the industry with such quality that patients would benefit significantly.

Physician-astronaut keynote

I am very excited about this year’s Annual Meeting Opening Ceremony in San Diego. We have engaged a dynamic speaker, Mae Jemison, MD, a physician-entrepreneur-astronaut who conducted research aboard the Space Shuttle Endeavor. She currently leads the 100 Year Starship (100YSS), an initiative seed-funded by DOD’s Defense Advanced Research Projects Agency (DARPA), to assure the capability for human interstellar space travel to another star is possible within the next 100 years. Her inspirational and futuristic comments will be a must for meeting attendees. Don’t miss her amazing presentation! ■



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

“A significant portion of our budget is dedicated to a broad spectrum of basic and clinical research as well as quality-related projects.”

BOARD OF GOVERNORS

Be a BOG All-Star Advocate

■ **Susan R. Cordes, MD**, Chair, BOG Legislative Affairs Committee

Ah, summer! There is everything to love about summer: warm weather, long days, vacations, and baseball.



This month, top-notch major league baseball players will convene for the mid-season All-Star game in beautiful San Diego, CA. So what does it mean to be an “all-star?” Simply, it means to be the best.

Otolaryngologists know what it means to be the best. We have worked and trained hard, and we constantly seek to improve our knowledge and skills. We want to be the best for our patients and our profession. Part of doing our best for patients is being their voice when important legislative decisions are being made that will affect their healthcare. As physicians, we can step up to the plate and advocate on our patients’ behalf. Fortunately, the AAO-HNS makes advocacy easy, including a new program to recognize the all-stars of advocacy. At the Leadership Forum & BOG Spring Meeting, the “All-Star Advocate” initiative was rolled out, and I hope every eligible Academy

Member will join this exciting program. It’s easy, just email govtaffairs@entnet.org.

There are four components to being an All-Star Advocate:

- Sign up to receive *The ENT Advocate* e-newsletter
- Agree to be a PROJECT 535 “key contact”
- Sign up for an In-district Grassroots Outreach (I-GO) activity
- Donate to ENT PAC*

The ENT Advocate

The ENT Advocate is a monthly email. It is designed to be easy to read and to keep recipients informed of the status of important legislative and political issues affecting otolaryngology and medicine. Most of us get a lot of emails, but this one is concise and packed with valuable information.

PROJECT 535

PROJECT 535, a BOG-sponsored initiative, links an otolaryngologist to each member of Congress (hence the “535”), so that when important legislation arises, the Academy can call upon the PROJECT 535 participants and know that every member of Congress has heard our message.



As physicians, we can step up to the plate and advocate on our patients’ behalf.

Susan R. Cordes, MD
Chair, BOG Legislative Affairs Committee



In-District Grassroots Outreach

Signing up for an I-GO event allows AAO-HNS Legislative Advocacy staff to facilitate contact between you and your legislators in your home district. The local activity can take many forms, tailored to your situation (e.g., one-on-one meeting, visit to your practice). An I-GO activity is a great opportunity to establish yourself as a resource for your members of Congress, so that when you need to advocate, they will already know you—and you do not have to travel to Capitol Hill in Washington, DC!

Academy imaging advocacy update

In May 2016, Academy leaders held a call with leaders from the Society of University Otolaryngologists-Head and Neck Surgeons (SUO), Association of Academic Departments of Otolaryngology-Head and Neck Surgery (AADO), and Otolaryngology Program Directors Organization (OPDO) to discuss residency imaging education in response to payer concerns that non-radiology specialists, including otolaryngologist-head and neck surgeons, are performing imaging services without the proper training. The Academy

and SUO/AADO/OPDO agreed that a survey of current residency imaging education practices and active review of diagnostic radiologic studies would be helpful information to provide to private payers in response to their concerns.

This call was a culmination of efforts that began in the fall of 2015, when the Imaging Committee Chair, **R. Christopher Miyamoto, MD**, initiated outreach to SUO/AADO/OPDO leaders to request collaboration on how best to advocate for services that fall within the scope of otolaryngology-head and neck surgery and

how to provide information to private payers that would reflect that residents are trained to perform and interpret diagnostic radiologic studies of the head and neck, sinus, and temporal bone.

Along with resident education efforts, the Academy has also been working to address nationwide imaging service coverage issues with several private payers through intra-society coalition efforts to ensure that otolaryngologist-head and neck surgeons with International Accreditation Committee (IAC) accreditation continue to receive proper reimbursement for the professional and technical component of CT procedures.

Beginning in May 2015, Dr. Miyamoto and **Gavin Setzen, MD**, past imaging committee

ENT PAC

Last, but certainly not least, is donating to ENT PAC.* The PAC is non-partisan and issue-driven, so it doesn't matter which political party you identify with. The monies are used to support candidates who represent our specialty's interests. Please note that while the amount donated is important, it is also important to have as many otolaryngologists donate as possible. Our message on Capitol Hill is much stronger if we can proudly state that the majority of our Members donate to the PAC.

Send an email to govaffairs@entnet.org today. The all-stars of baseball will be in San Diego, CA, in July; but look out, San Diego, the All-Stars of ENT are headed your way in September! I look forward to seeing you there, proudly wearing your All-Star Advocate ribbon. ■

**Contributions to ENT PAC are not deductible as charitable contributions for federal income tax purposes. Contributions are voluntary, and all members of the American Academy of Otolaryngology – Head and Neck Surgery have the right to refuse to contribute without reprisal. Federal law prohibits ENT PAC from accepting contributions from foreign nationals. By law, if your contributions are made using a personal check or credit card, ENT PAC may use your contribution only to support candidates in federal elections. All corporate contributions to ENT PAC will be used for educational and administrative fees of AAO-HNS, and other activities permissible under federal law. Federal law requires ENT PAC to use its best efforts to collect and report the name, mailing address, occupation, and the name of the employer of individuals whose contributions exceed \$200 in a calendar year. ENT PAC is a program of the AAO-HNS, which is exempt from the federal income tax under section 501 (c)(6) of the Internal Revenue Code.*

chair, and Health Policy staff led a coalition effort with the IAC and American Association of Oral and Maxillofacial Surgeons (AOMS) to develop additional strategy in advocacy efforts with private payers. This effort resulted in the development of a Joint Statement on Point-of-Care, signed on to by the American Rhinologic Society, the American Academy of Otolaryngic Allergy, the American Laryngological Association, the American Broncho-Esophagological Association, the American Association of Oral and Maxillofacial Surgeons, as well as the IAC and AOMS. The joint statement supports medically necessary point-of-care imaging performed by qualified providers to improve efficiency and accuracy of medical condition diagnosis and management.

Addressing private payer denials

The Health Policy Team collaborates with the Academy's Physician Payment Policy Workgroup (3P) to address and monitor national practice management issues and private payer denials. Nevertheless, there are challenges at the state/local level that require a more focused approach. During the AAO-HNS/F 2016 Leadership Forum & BOG Spring Meeting, **Robert Lorenz, MD, MBA**, 3P co-chair and coordinator for Practice Affairs, and **Lawrence M. Simon, MD**, vice-chair BOG Socioeconomic Grassroots Committee and 3P member, provided helpful steps to take when facing insurance coverage challenges:

1. Avoid denials by properly coding and providing suitable documentation, which includes the correct use of modifiers to break bundling edits.
2. Differentiate between pre-certification and pre-determination.
3. Be familiar with certain private payer idiosyncrasies.
4. Develop a relationship with the Medical Directors and explain your practice patterns.
5. If faced with a denial:
 - a. Ask for detailed rationale on the policy;
 - b. Verify the initial denial and subsequently collect the necessary information;
 - c. Request a peer-to-peer review of denial; and
 - d. Keep your BOG regional representative

The statement further recommends point-of-care imaging, specifically imaging performed with cone beam computed tomography (CBCT) technology, as a form of patient-centered care that provides patients with timely, effective, and patient-centered diagnostic imaging studies.

The Academy provided the Joint Statement to Humana, as part of the advocacy effort to request a change in their policy to allow for appropriate coverage of imaging services. In March 2016, the Academy and IAC leadership held a call with representatives from Humana and their utilization management company, HealthHelp, to discuss ongoing concerns regarding their policy that denies reimbursement of interpretation of



apprised of the issue/outcome.

Lastly, the Health Policy Team developed a **Private Payer Toolkit** to assist Academy Members when working with Medical Directors to address localized denials. The toolkit can be found on the Private Payer Advocacy Academy page at www.entnet.org/content/private-payer-advocacy and includes:

- Template appeal letters
- Advocacy statements
- Position Statements
- Clinical Indicators
- CPT for ENTs ■

imaging services to otolaryngologist-head and neck surgeons. While Humana did not change their policy, the Academy will continue working to advocate for appropriate policies. Once the survey results from the program directors are collected, the Academy plans to submit the analysis of the results to Humana and we believe this should address their concerns regarding adequate training. Updates will be provided to Members via the *Bulletin* and other communications as they become available.

To learn more about this advocacy effort as well as other private payer advocacy efforts visit entnet.org/content/private-payer-advocacy. ■

WOMEN IN OTOLARYNGOLOGY SECTION

Ten complete inaugural Leadership Course

On a February 2016 evening video conference call, a group of 10 diverse female otolaryngologists completed the first Women in Otolaryngology (WIO) Section Leadership Course. Selected from a highly competitive application process, the group began the inaugural course created by **Mona M. Abaza, MD, MS**, and **Carol R. Bradford, MD**. Initiated with a generous grant from Medtronic, the course was modeled after the Association of American Medical Colleges (AAMC) female faculty development courses and the Executive Leadership in Academic Medicine (ELAM) Program at Drexel University. The intent was to help mentor and foster developing women leaders in the AAO-HNS.

The course was launched at the March 2015 AAO-HNS/F Leadership Forum, starting with an all-day face-to-face workshop that evaluated participants' Myers-Briggs personality types as they related to their leadership styles, and proceeded with the participants attending many leadership talks during the forum.

Thereafter, the group met virtually, on a monthly basis, to explore a variety of skills. Participants tackled many of the complicated facets of leadership throughout the year, including conflict management styles and handling difficult conversations, identifying personal traits that can aid/hinder leadership styles, and gaining knowledge of various negotiation skills and types. At last fall's Annual Meeting in Dallas, we had the opportunity to meet with leaders of the WIO Section and further develop their group bond and networking skills.

Throughout the year, participants worked on capstone projects, both individually and as



Participants indicated they most valued the mentorship and networking experience provided by the course. One participant remarked that she would have never had the courage to ask for what she needed to support her career without the skills and backing of the group leaders and participants.

pairs or in groups. The format also provided a structure for peer-to-peer coaching. These projects had a positive impact for the AAO-HNS and Members' regional areas. Several of the participants played a significant role in the mENTor Connect project and rollout. Other projects included development and promotion of local otolaryngology groups, the initiation of diversity and inclusion plans for residents, and the launch of a new female resident recognition award by the WIO Section.

The group also had significant advancement in their service roles to the Academy. Several members of the group recently have been appointed/elected to leadership posi-

tions within the AAO-HNS. This includes the member-at-large for the WIO Section, the Board of Governors chair-elect, Young Physicians Section chair-elect, and the WIO Research and Survey Committee chair, to name a few. Also, **Nikhila P. Raol, MD, MPH**, was presented with the Holt Leadership Award for Residents and Fellows-in-Training at the 2015 Annual Meeting. All of the participants have played active roles within the AAO-HNS this year and hopefully will continue to expand their roles in the Academy and in their local communities in the future.

Based on the feedback received, the group indicated they most valued the mentorship

and networking experience provided by the course. One participant remarked that she would have never had the courage to ask for what she needed to support her career without the skills and backing of the group leaders and participants. Overall, the one most valued aspect for the participants was a safe place to explore their own self-knowledge and areas for improvements, as well as form bonds with each other. As women are still in the minority in our specialty, many do not have structures in their home locations that provide a place to discuss and explore solutions to many personal and professional issues. This program provided that structure for the group members and allowed them to expand those opportunities to others around them. All have indicated their desire to aid the mentoring of the next group, as well as continue to informally meet together.

We are seeking funding to expand the pilot program for the coming year for 20 new participants. The addition of a professional leadership coach and consultant to the program will fortify the skills and techniques offered to the participants. As the face-to-face sessions were valued most highly by the group, despite the personal effort and cost incurred, two in-person sessions are being planned. The kick-off meeting is scheduled for Saturday, September 17, immediately before the AAO-HNSF 2016 Annual Meeting & OTO EXPOSM in San Diego, and the second face-to-face session will occur during the AAO-HNSF 2017 Leadership Forum & BOG Spring Meeting in Alexandria, VA. Please contact WIO at wio@entnet.org for more information and/or to apply for one of the highly desired slots. ■



Surgical teams from ReSurge International worked with local surgeons in Bahia de Caraquez.

Mission to Ecuador repairs facial burns, cleft lips, and palates

■ **Jeffrey Markey, MD**, AAO-HNSF Resident Humanitarian Grantee

I doubt my reasons for participating in a humanitarian mission were unique: satisfaction in helping others, love of travel, the interesting pathology, learning new viewpoints and techniques. Nonetheless I traveled to Bahia de Caraquez in coastal Ecuador for a week to perform cleft lip and palate repairs. Once you arrive, it doesn't matter why you came but rather that you're there, ready to work.

I traveled with ReSurge International, a reconstructive non-profit operating on three continents. Ten other volunteers joined us as we took the six-hour bus ride to Bahia de Caraquez, an impoverished town on shallow muddy waters, after starting in Guayaquil, the capital city of the Ecuadorian province of Guayas. Upon arrival we found ourselves in the concrete, three-story, colorfully painted Miguel H. Alcivar Hospital. The patients were outside waiting for the bus to arrive. We had our work cut out for us.

The week began without delay. The group immediately divided the tasks ahead, and I set off helping to evaluate the patients slated for the OR the following day. I met a boy, younger than a year, with a bilateral cleft lip and barely able to feed. Another older boy had undergone repair years prior and suffered profound speech and swallowing troubles due to a

foreshortened and scarred soft palate. Others awaiting surgery had facial burn injuries, syndactyly, and wide-clefted palates. All waited patiently with their parents while we raced through the list using broken Spanish.

The following day we were back to the second floor of Miguel H. Alcivar Hospital prepping for surgery. Two sparse ORs housed our three surgical teams. The equipment was minimal—never using two towels when one would do, tying sutures carefully to preserve the remnants. However, we provided solid repairs with expediency. The textbook figures quickly came to life with new robust techniques from the local surgeons and other members of the team. And when the repair was complete, we'd extubate and carry the child back to the cots in the Post Anesthesia Care Unit where the parents were waiting with a nervous excitement.

The cases went by quickly, as did the days and, eventually, the week. On the final afternoon we gathered the supplies and said goodbye to the patients recouping on the third floor. Each kid with a cleft palate, lip, scarred palate, or burn gave our group another reason to return.

I returned home from a week in Ecuador with new techniques and a new appreciation for the specialty. The procedures and experience we learn from our training renders us uniquely advantaged to do some real good for those who need it. I highly recommend participating in a humanitarian mission and sincerely thank the AAO-HNSF for getting me there. ■



See all the humanitarian service locations 24/7 at www.entnet.org/map.

■ at the forefront

Thanks to State Trackers

With most state legislatures adjourned for the year, the AAO-HNS sincerely thanks its State Trackers who helped make 2016 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 that would inappropriately expand the scope of practice of various professions, including audiologists, speech-language pathologists, physician assistants, 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.

Identify your state's Tracker(s)* below. 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. ■

**In addition to the AAO-HNS Members listed, some states are also represented by state/local OTO society staff/lobbyists. The Academy appreciates their efforts as well!*

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Arizona Mariel Stroschein, MD	Hawaii Paulus D. Tsai, MD	Maryland William R. Bond, Jr., MD Hamad Chaudhary, MD Shannon P. Pryor, MD Michael D. Weiss, MD H. Russell Wright, MD	New Hampshire Mark F. Kelly, MD Christopher J. Knox, DO	Ohio Stacey L. Ishman, MD, MPH Yash J. Patil, MD Erica A. Woodson, MD	Utah Joshua G. Yorgason, MD
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California Art A. Ambrosio, MD Marcella R. Bothwell, MD Susan R. Cordes, MD Steven T. Kmucha, MD, JD Zara M. Patel, MD Geoffrey A. Smith, MD	Illinois Ira D. Uretzky, MD	Michigan Seilesh Babu, MD Charles F. Koopmann, MD, MHSA	New Mexico Karen A. Hawley, MD Jeremy D. Prager, MD	Oregon Philip B. Zald, MD	Virginia William R. Bond, Jr., MD Andrew J. Heller, MD Edilberto O. Pelausa, MD Michelle M. Roeser, MD
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Connecticut David S. Boissoneau, MD Denis C. Lafreniere, MD Raymond Winicki, MD Ken Yanagisawa, MD	Iowa Isaac D. Erbele, MD	Mississippi Vacant	North Carolina Calhoun D. Cunningham III, MD Brian W. Downs, MD Stuart M. Hardy, MD Robert F. Leinbach II, MD	Rhode Island Andrew Tompkins, MD	West Virginia B. Joseph Touma, MD
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AAO-HNSF Historical Library opens



The unveiling of the new AAO-HNSF Historical Library occurred on Saturday, March 19, 2016, during the Leadership Forum & BOG Spring Meeting. The library, located on the fifth floor of the Academy headquarters, has nearly 700 historical documents related to the field of otolaryngology, including books, oral histories, drawings, pictures, and medical devices. ■

Information for patients

In 2012 the American Board of Internal Medicine Foundation launched *Choosing Wisely*[®] with a goal of advancing a national dialogue on avoiding wasteful or unnecessary medical tests, treatments, and procedures.

Choosing Wisely centers around conversations between providers and patients informed by the evidence-based recommendations. You can access the AAO-HNSF *Choosing Wisely* List of 10 Things Providers and Patients Should Question at www.entnet.org/ChoosingWisely.

9 Don't routinely use perioperative antibiotics for elective tonsillectomy in children.

Oral antibiotics may have significant adverse effects and do not provide demonstrable benefit after tonsillectomy. Avoidance of oral antibiotics can reduce the spread of antibiotic resistance and the risk of opportunistic infections.

A related patient information sheet that you can clip, copy, and share with your patients is on page 12. ■

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WHAT ARE

TONSILS AND ADENOIDS

Tonsils and adenoids are the body's first line of defense as part of the immune system. They sample bacteria and viruses that enter the body through the mouth or nose, but they sometimes become infected. At times, they become more of a liability than an asset and may even cause airway obstruction or repeated bacterial infections. Your ear, nose, and throat (ENT) specialist can suggest the best treatment options.

WHAT ARE TONSILS AND ADENOIDS?

Tonsils and adenoids are similar to the lymph nodes or glands found in the neck, groin, and armpits. Tonsils are the two round lumps in the back of the throat. Adenoids are high in the throat behind the nose and the roof of the mouth (soft palate) and are not visible through the mouth or nose without special instruments.

WHAT AFFECTS TONSILS AND ADENOIDS?

The two most common problems affecting the tonsils and adenoids are recurrent infections of the nose and throat, and significant enlargement that causes nasal obstruction and/or breathing, swallowing, and sleep problems.

Abscesses around the tonsils, chronic tonsillitis, and infections of small pockets within the tonsils that produce foul-smelling white deposits can also affect the tonsils and adenoids, making them sore and swollen. Cancers of the tonsil, while uncommon, require early diagnosis and aggressive treatment.

WHEN SHOULD I SEE A DOCTOR?

You should see your doctor when you or your child experiences the common symptoms of infected or enlarged tonsils or adenoids.

Your physician will ask about problems of the ear, nose, and throat and examine the head and neck. He or she may use a small mirror or a flexible lighted instrument to see these areas.

OTHER METHODS USED TO CHECK TONSILS AND ADENOIDS ARE:

- Medical history
- Physical examination
- Throat cultures/strep tests are helpful in determining infections in the throat
- X-rays are helpful in determining the size and shape of the adenoids
- Blood tests are helpful in diagnosing infections such as mononucleosis
- Sleep study, or polysomnogram, is helpful in determining whether sleep disturbance is occurring because of large tonsils and adenoids.

TONSILLITIS AND ITS SYMPTOMS

Tonsillitis is an infection of the tonsils. One sign is swelling of the tonsils. Other symptoms are:

- Redder than normal tonsils
- A white or yellow coating on the tonsils
- A slight voice change due to swelling
- Sore throat, sometimes accompanied by ear pain
- Uncomfortable or painful swallowing
- Swollen lymph nodes (glands) in the neck
- Fever
- Bad breath

ENLARGED TONSILS AND/OR ADENOIDS AND THEIR SYMPTOMS

If you or your child's adenoids are enlarged, it may be hard to breathe through the nose. If the tonsils and adenoids are enlarged, breathing during sleep may be disturbed. Other signs of adenoid and/or tonsil enlargement are:

- Breathing through the mouth instead of the nose most of the time
- Nose sounds blocked when the person speaks
- Chronic runny nose
- Noisy breathing during the day
- Recurrent ear infections
- Snoring at night
- Restlessness during sleep, pauses in breathing for a few seconds at night (may indicate sleep apnea)

HOW ARE TONSIL AND ADENOID DISEASES TREATED?

Bacterial infections of the tonsils, especially those caused by streptococcus, are first treated with antibiotics. Removal of the tonsils (tonsillectomy) and/or adenoids (adenoidectomy) may be recommended if there are recurrent infections despite antibiotic therapy, and/or difficulty breathing due to enlarged tonsils and/or adenoids. Such obstruction to breathing causes snoring and disturbed sleep that leads to daytime sleepiness, and may even cause behavioral or school performance problems in some children.

Chronic infections of the adenoids can affect other areas such as the eustachian tube, the passage between the back of the nose and the inside of the ear. This can lead to frequent ear infections and buildup of fluid in the middle ear that may cause temporary hearing loss. Studies also find that removal of the adenoids may help some children with chronic earaches accompanied by fluid in the middle ear (otitis media with effusion).

In adults, the possibility of cancer or a tumor may be another reason for removing the tonsils and adenoids. In some patients, especially those with infectious mononucleosis, severe enlargement may obstruct the airway. For those patients, treatment with steroids (e.g., prednisone) is sometimes helpful.

HOW TO PREPARE FOR SURGERY CHILDREN

- Talk to your child about his or her feelings and provide strong reassurance and support.
- Encourage the idea that the procedure will make him or her healthier.
- Be with your child as much as possible before and after the surgery.
- Tell him or her to expect a sore throat after surgery, and that medicines will be used to help the soreness.



- Reassure your child that the operation does not remove any important parts of the body, and that he or she will not look any different afterward.
- It may be helpful to talk about the surgery with a friend who has had a tonsillectomy or adenoidectomy.
- Your otolaryngologist can answer questions about the surgical procedure.

ADULTS AND CHILDREN

For at least two weeks before any surgery, the patient should refrain from taking aspirin or other medications containing aspirin. (WARNING: Children should never be given aspirin because of the risk of developing Reye's syndrome.) Your doctor may ask you to stop taking other medications that may interfere with clotting.

- Tell your surgeon if the patient or patient's family has had any problems with anesthesia or clotting of blood. If the patient is taking medications, has sickle cell anemia, has a bleeding disorder, is pregnant, or has concerns about the transfusion of blood, the surgeon should be informed.
- A blood test may be required prior to surgery.
- A visit to the primary care doctor may be needed to make sure the patient is in good health at surgery.
- You will be given specific instructions on when to stop eating food and drinking liquids before surgery. These instructions are extremely important, as anything in the stomach may be vomited when anesthesia is induced.

When the patient arrives at the hospital or surgery center, the anesthesiologist and nursing staff may meet with the patient and family to review the patient's history. The patient will then be taken to the operating room and given an anesthetic. Intravenous fluids are usually given during and after surgery.

After the operation, the patient will be taken to the recovery area. Recovery room staff will observe the patient closely until discharge. Every patient is unique, and recovery time may vary.

Your ENT specialist will provide you with the details of preoperative and postoperative care and answer your questions.

AFTER SURGERY

There are several postoperative problems that may arise. These include swallowing problems, vomiting, fever, throat pain, and ear pain. Occasionally, bleeding from the mouth or nose may occur after surgery. If the patient has any bleeding, your surgeon should be notified immediately. It is also important to drink liquids after surgery to avoid dehydration.

Any questions or concerns you have should be discussed openly with your surgeon.





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2016 HONORARY GUEST LECTURES

**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.

September 18, 2016, 2:15 PM, Ballroom 6A

**NIDCR: Advancing Health
Through Research and Innovation**
Martha J. Somerman, DDS, PHD

Martha J. Somerman, DDS, PhD, is the director of the National Institute of Dental and Craniofacial Research (NIDCR), National Institutes of Health. She also is chief of the Laboratory of Oral Connective Tissue Biology at the National Institute of Arthritis and Musculoskeletal and Skin Diseases. The NIDCR mission is to improve dental, oral, and craniofacial health through research, research training, and dissemination of health information. The NIDCR vision is that these activities will result in NIDCR being recognized as the catalyst of change in transforming how oral healthcare is delivered.



Prior to becoming NIDCR's director, Dr. Somerman was dean of the University of Washington School of Dentistry, Seattle, a position she held from 2002 to 2011. Before joining the University of Washington, she was on the faculty of the University of Michigan School of Dentistry, Ann Arbor, from 1991 to 2002, and the University of Maryland from 1984 to 1990. An internationally known researcher and educator, Dr. Somerman's research has focused on defining the key regulators controlling development, maintenance, and regeneration of dental-oral-craniofacial tissues. She has been a recipient of numerous honors and awards throughout her academic career.

Dr. Somerman holds a DDS from New York University, a certificate in periodontology from Eastman Dental Center, Rochester, NY, and a PhD in pharmacology from the University of Rochester, School of Medicine and Dentistry. ■

**AAO-HNSF/INTERNATIONAL HEARING FOUNDATION/
MICHAEL M. PAPARELLA, MD ENDOWED LECTURE FOR
DISTINGUISHED CONTRIBUTIONS IN CLINICAL OTOLGY**

The AAO-HNSF/International Hearing Foundation/Michael M. Paparella, MD Endowed Lecture for Distinguished Contributions in Clinical Otolgy recognizes outstanding achievements and significant sustained contributions to clinical otology and neurotology. Given biennially since 1992, the award is co-sponsored by the International Hearing Foundation.

September 19, 2016, 10 AM, Ballroom 6A

**Human Otopathology:
Renaissance or Return to the Dark Ages**
Michael J. McKenna, MD

Michael J. McKenna, MD, is professor in otology and laryngology at Harvard Medical School and surgeon at Massachusetts Eye and Ear Infirmary. The focus of his extensive research has been on the pathogenesis of otosclerosis and the development of better forms of treatment. But teaching has been an important part of his work.



As director for the Massachusetts Eye and Ear's neurotology fellowship program, he is able to combine both aspects of his practice. In addition to advanced training on diagnosis and treatment of diseases that affect the auditory and vestibular systems, facial nerve, temporal bone, lateral skull base and related head and neck structures, Massachusetts Eye and Ear fellows continue their learning as they work with Dr. McKenna in this NIH-funded lab. Dr. McKenna states, "Our laboratory was the first to discover an association between measles virus and otosclerosis."

Dr. McKenna's dedication to patient care and research came together in his involvement in the development of Massachusetts Eye and Ear's Auditory Brainstem Implant (ABI) Program and its new ABI research facility.

Dr. McKenna received his medical degree from the University of Southern California, School of Medicine, Los Angeles, in 1982. After an otology fellowship at the House Ear Institute, in 1984 he took a residency at Harvard Medical School and Massachusetts Eye and Ear in otolaryngology followed by clinical fellowship there in otology and neurotology.

His honors include the 1980 Alpha Omega Alpha; 1990 The Fisons Travel Award; 2003 William Montgomery Award for Excellence in Teaching; and 2009 Presidential Citation, American Otological Society. ■

For detailed scheduling information, visit
www.entnet.org/annual_meeting.

LEGENDS IN OTOLARYNGOLOGY LECTURE

The AAO-HNSF *Legends of Otolaryngology* is a new initiative beginning this fall. The *Legends of Otolaryngology* is a fundraising program that will honor those individuals who have made significant contributions to the field of otolaryngology-head and neck surgery. Our first Legend is M. Eugene Tardy, Jr., MD. The May issue of the *Bulletin* focused on this event. Read it here <http://bulletin.entnet.org/article/legends-of-otolaryngology>.

September 19, 2016, 2:30 PM, Ballroom 6A

The Medical Aspects of the Lewis and Clark Expedition
M. Eugene Tardy, Jr., MD

M. Eugene Tardy, Jr., MD, will speak on medical aspects of the Lewis and Clark expedition. For biographical information on Dr. Tardy and his influence, see the November 2015 *Bulletin*, <http://bulletin.entnet.org/article/otolaryngology-legends>, or contact bulletin@entnet.org. ■



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. Dr. Myers is known for his dedication to management of head and neck cancer and his interest in international medicine.

September 20, 2016, 9:45 AM, Ballroom 6A

The Changing Role of the Surgeon: Leading the Transformation of Healthcare
Jonathan Irish, MD, MSc, FRCS

Jonathan Irish, MD, MSc, FRCS, is chief of the department of surgical oncology at Princess Margaret Hospital/ University Health Network (UHN) and Mount Sinai Hospital, Toronto, ON, Canada. He is also full professor of otolaryngology-head and neck surgery at the University of Toronto.



Dr. Irish is on the forefront of quality improvement in cancer surgery. While his clinical focus is head and neck oncology and reconstruction, he is provincial head for the surgical oncology program at Cancer Care Ontario and in that role is responsible for access to care and quality improvement for 13.5 million people in the province of Ontario.

His research interests range from basic science studies in head and neck cancer to patient education intervention trials, to outcomes in head and neck cancers. In his capacity as the Kevin and Sandra Sullivan Chair in Surgical Oncology at the University of Toronto, Dr. Irish leads the UHN's multidisciplinary program in guided therapeutics using the development of new nanotechnologies for intraoperative imaging and enabling minimal access surgical approaches and ablation. Dr. Irish's enthusiasm for this project is evident. "We can harness technology to be the new eyes, the new hands to guide the new knife of the modern surgeon," he said.

Dr. Irish graduated with his MD degree in 1984 from the University of Toronto. He completed residency training at UCLA and at the University of Toronto. He completed his masters of science degree under the supervision of Dr. Alan Bernstein, where he studied molecular biology of head and neck malignancies. He completed the American Head and Neck Society fellowship in head and neck oncology in 1991 and joined the staff of the University Health Network in 1992.

He currently is vice-president of the American Head and Neck Society. He has over 300 peer review publications and over 20 book chapters and has over \$2 million in peer review funding for his research through the NCIC and CIHR. ■



From the *Bulletin*, November 2015, page 26



2016 HONORARY GUEST LECTURES

JOHN CONLEY, MD LECTURE ON MEDICAL ETHICS

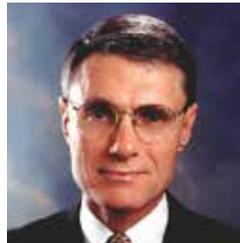
The John Conley, MD Lecture on Medical Ethics was established in 1987. This lecture is dedicated to the subject of ethics.

September 20, 2016, 2:15 PM, Ballroom 6A

Applying Dr. Conley's Ethical Standards to The Practice of Contemporary Otolaryngology

G. Richard Holt, MD, MPH, and panelists Susan D. McCammon, MD; Kevin Christopher McMains, MD; and Howard W. Francis, MD

G Richard Holt, MD, MPH, is an emeritus professor of otolaryngology-head and neck surgery and a faculty member of the Center for Medical Humanities and Ethics at the University of Texas Health Science Center at San Antonio, an adjunct professor in the department of otolaryngology at the University of Missouri, and a faculty scholar in its health ethics center.



Dr. Holt has master's degrees in public health, engineering, bioethics, and health policy, and a doctorate in bioethics. Because Mae C. Jemison, MD, a former astronaut, engineer, physician, and educator, is this year's AAO-HNSF Annual Meeting & OTO EXPOSM keynote speaker, an especially relevant biographical entry for Dr. Holt is the fact that he was a 1991 NASA astronaut selection candidate.

He is a past president and former executive vice president of the American Academy of Otolaryngology—Head and Neck Surgery and past president of the American Academy of Facial Plastic and Reconstructive Surgery.

Dr. Holt is a past editor-in-chief of the AAO-HNS journal *Otolaryngology—Head and Neck Surgery*; a past editor-in-chief of *Aviation, Space, and Environmental Medicine*; and is the current editor-in-chief of *Southern Medical Journal*.

While still clinically active at the San Antonio Military Medical Center, he teaches global health and international medicine at the UT School of Public Health, San Antonio, as well as teaching across the country.

Dr. Holt has received the following AAO-HNS awards: Distinguished Service Award; Jerome C. Goldstein, MD Public Service Award; and a Presidential Citation. ■

Panelists

Susan D. McCammon, MD, is vice-chair, associate professor, and co-director of the Center for Cancers of the Head and Neck, and residency program director in the department of otolaryngology-head and neck surgery at the University of Texas Medical Branch, Galveston. Dr. McCammon is the current chair of the Ethics Committee of the AAO-HNS.

Howard W. Francis, MD, is vice-director and professor of the department of otolaryngology-head and neck surgery, professor of neurosurgery, and professor of radiation oncology and molecular radiation sciences at the Johns Hopkins School of Medicine, Baltimore, MD. He is the recipient of the George T. Nager, MD, Award for Excellence in Teaching.

Kevin Christopher McMains, MD, is adjunct professor in the department of otolaryngology-head and neck surgery at the University of Texas Health Science Center, San Antonio; chief of otolaryngology at Audie Murphy VA Hospital in San Antonio; and associate professor in the department of surgery at the Uniformed Services University of the Health Sciences in Bethesda, MD. Dr. McMains is also past-chair of the ethics committee of the American Rhinologic Society and a past member of the AAO-HNS Ethics Committee. ■

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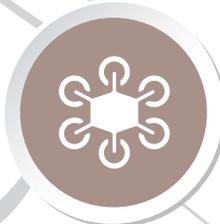
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The changes to physician reimbursement with the dissolution of the SGR and institution of the Medicare Access and Chip Reauthorization Act (MACRA) and its Merit-Based Incentive Payment System (MIPS), not only have impacted our health policy work at the Academy but have had a profound effect on the focus and strategic work plan of the entire Research, Quality, and Health Policy strategy. While we have been preparing for these changes for the past several years, the future is now and staff and physician leaders involved in Research and Quality are quickly adapting our products and member support activities to this new environment.

At the same time, the specialty has recognized the need for an otolaryngology-specific national data repository for many years, which would serve as the basis for clinical research, define quality for the specialty, address product surveillance, and provide data to inform discussions with major payers. This section of the *Bulletin* provides updates on some of the ongoing research and quality activities

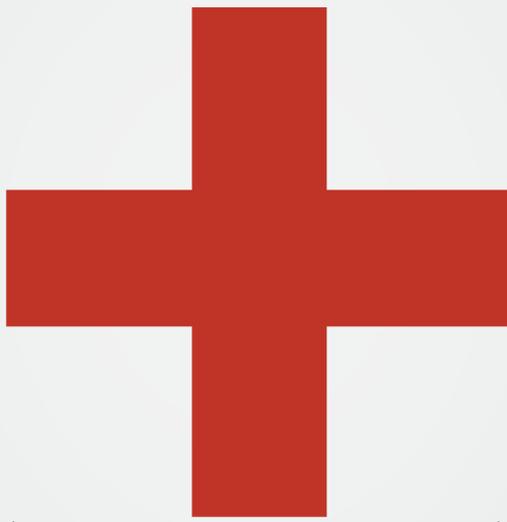
and highlights two of the newer initiatives (RegentSM and quality measurement development). All of these initiatives will assist our Members in navigating this new world.

RegentSM, the first otolaryngology-specific clinical data registry, moved from the business planning stage through Board approval, selection of vendor and vendor contracting, obtaining QCDR and Qualified Registry status from CMS, to the start of a pilot in nine short months. In fact, 21 otolaryngology practices are signed up to participate in the pilot as we go to press. The pilot will run through late summer/early fall. We have ensured representation from all practice types in this pilot from small, one- to two- physician practices to large, academic practices. Gaining QCDR status for the registry has made the difference with reporting to MIPS as outlined in the upcoming Regent article in this issue of the *Bulletin*.

The Patient Safety Quality Improvement Committee, identified as a model committee, has continued to contribute valuable information to the membership on providing safe

care. Their 2016/2017 work plan includes a survey study on concurrent surgeries as well as research and guidance on the issue of in-office sterilization.

Additionally, in supporting the organization's vision to empower our physicians to provide the best patient care, the Research and Quality staff and physician volunteers identify, promote, and address key research questions and disseminate discoveries for the advancement in the specialty to fundamentally improve patient outcomes. We urge you to closely follow the articles on Guidelines, the Outcomes, Research and Evidence-based Medicine (OREBM) Committee's new *Bulletin* column and the Centralized Otolaryngology Research Efforts (CORE program), which all demonstrate the depth and breadth of the initiatives supported by the work of Research and Quality. ■



“

In supporting the organization's vision to empower our physicians to provide the best patient care, the Research and Quality staff and physician volunteers identify, promote, and address key research questions and disseminate discoveries for the advancement in the specialty to fundamentally improve patient outcomes.

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Guiding the specialty

CORE grants nurture 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 societies, foundations, sponsors, and partners have 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 nonrenewable grants ranging from \$5,000 to \$70,000. The leadership of each participating subspecialty 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. However, the recipients of the grants sponsored by the Alcon Foundation and 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 2016 CORE Study Section Subcommittees included: Head and Neck Surgery, chaired by **Cherie-Ann O. Nathan, MD**; Otolaryngology, chaired by **Oliver F. Adunka, MD**; and General Otolaryngology, chaired by **Rodney J. Schlosser, MD**.

The 2016 CORE leadership (including the boards and councils of all participating societies) has approved a portfolio of 29 grants totaling \$495,195. ■

Congratulations to the 2016 CORE grantees

AMERICAN ACADEMY OF OTOLARYNGOLOGY—HEAD AND NECK SURGERY FOUNDATION (AAO-HNSF)		
AAO-HNSF Research Grant sponsored by Cook Medical		
PI	INSTITUTION	PROJECT
William W. Thomas, MD	Hospital of the University of Pennsylvania, Philadelphia, PA	Growing stable cartilage autografts with 3D tissue engineering and FGF-18
AAO-HNSF Resident Research Grants		
PI	INSTITUTION	PROJECT
Edward C. Kuan, MD	University of California, Los Angeles, CA	Laser-Generated Shockwave Treatment of Biofilms
Kevin M. Motz, MD	Johns Hopkins University, Baltimore, MD	Defining the role of Th2 CD4 T-Helper lymphocytes in laryngotracheal stenosis
Yin Ren, MD, PhD	Massachusetts Eye and Ear Infirmary/Harvard Medical School, Boston, MA	Tumor-penetrating delivery of nanoparticles to human vestibular schwannomas
Margaret L. Naunheim, MD	University of California, San Francisco, CA	Hearing consequences of voice impairment
Renee M. Banakis-Hartl, MD	University of Colorado School of Medicine, Aurora, CO	Brainstem plasticity: effects on cochlear implants for unilateral deafness
Ashley Kita, MD	University of California, Los Angeles, CA	Point of care cerebrospinal fluid detection
Patrick Tassone, MD	Thomas Jefferson University, Philadelphia, PA	A mouse model of tumor metabolism in head and neck squamous cell carcinoma
Phillip Lee, MD	University of Utah, Salt Lake City, UT	Assessing the effectiveness of private surgical performance feedback
Tiffany Peng, MD	New York Presbyterian-Columbia, New York, NY	Music perception and music enjoyment in cochlear implantation
AAO-HNSF Maureen Hannley Research Grant		
PI	INSTITUTION	PROJECT
Harrison W. Lin, MD	University of California-Irvine, Orange, CA	Objective and subjective measures of auditory neurodegeneration in humans



AAO-HNSF Percy Memorial Research Award		
PI	INSTITUTION	PROJECT
Tanya K. Meyer, MD	University of Washington, Seattle, WA	Work productivity in voice disorders: spasmodic dysphonia
AAO-HNSF Health Services Research Grant		
PI	INSTITUTION	PROJECT
Victoria A. Jordan, MD	University of Minnesota, St. Paul, MN	Mental health and dysphonia: associations in a large healthcare system
AAO-HNSF Rande H. Lazar Health Services Research Grant		
PI	INSTITUTION	PROJECT
Sebastian M. Jara, MD	University of Washington, Seattle, WA	The association between obstructive sleep apnea and cancer in VA patients
AAO-HNSF Bobby R. Alford Endowed Research Grant		
PI	INSTITUTION	PROJECT
Alexander Gelbard, MD	Vanderbilt School of Medicine, Nashville, TN	Elevated IL-17A drives mucosal fibrosis in idiopathic subglottic stenosis
AMERICAN HEAD AND NECK SOCIETY (AHNS)		
AHNS Pilot Grant		
PI	INSTITUTION	PROJECT
Sufi Thomas, PhD	University of Kansas Medical Center Research Institute, Inc., Kansas City, KS	Role of tumor-associated fibroblasts in head and neck cancer metabolism
AHNS Alando J. Ballantyne Resident Research Pilot Grant		
PI	INSTITUTION	PROJECT
Paul A. Zolkind, MD	Washington University, St. Louis, MO	Preclinical model for a genomics-driven personalized vaccine in oral cavity

CONTINUED ON PAGE 22

AHNS/AAO-HNSF Young Investigator Combined Award

PI	INSTITUTION	PROJECT
Jessica M. Moskowitz, MD	University of Tennessee, Memphis, TN	Enhancing cetuximab efficacy by checkpoint inhibition in HNSCC

AHNS/AAO-HNSF Translational Innovator Combined Award

PI	INSTITUTION	PROJECT
Matthew E. Spector, MD	University of Michigan, Ann Arbor, MI	Predictive biomarkers and targeted therapy in recurrent laryngeal cancer

AMERICAN NEUROTOLOGY SOCIETY (ANS)**ANS/AAO-HNSF Herbert Silverstein Otolaryngology and Neurotology Research Award**

PI	INSTITUTION	PROJECT
David H. Jung, MD, PhD	Massachusetts Eye and Ear Infirmary/Harvard Medical School, Boston, MA	Novel neurotrophin-bisphosphonate conjugates to promote cochlear synaptogenesis

AMERICAN RHINOLOGIC SOCIETY (ARS)**ARS Resident Research Grant**

PI	INSTITUTION	PROJECT
Richard Alexander Harbison, MD	University of Washington, Seattle, WA	Skills transfer to sinus surgery via a low-cost simulation-based curriculum

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

PI	INSTITUTION	PROJECT
Emily F. Boss, MD, MPH	Johns Hopkins University School of Medicine, Baltimore, MD	Nothing about me without me: shared decision-making for tonsillectomy in children

ASPO Research Grant

PI	INSTITUTION	PROJECT
Rosa B. Lipin, MD	Emory University School of Medicine, Atlanta, GA	Palate bone formation and the role of the hypoxia pathway
John D. Prosser, MD	Cincinnati Children's Hospital Medical Center, Cincinnati, OH	Characterizing xenograft models of recurrent respiratory papillomatosis

ASSOCIATION OF MIGRAINE DISORDERS (AMD)**AMD Resident 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
Matthew Q. Miller, MD	University of Virginia, Charlottesville, VA	Bone regeneration in craniofacial skeleton using growth factors and stem cells

AAFPRS Leslie Bernstein Resident Research Grant

PI	INSTITUTION	PROJECT
Joshua K. Au, MD	UCLA Medical Center, Los Angeles, CA	Artificial hair implantation in a rat model
Weitaio Wang, MD	University of Rochester, Rochester, NY	Optimizing bone allograft in craniofacial defect reconstruction

AAFPRS Leslie Bernstein Investigator Development Grant

PI	INSTITUTION	PROJECT
John J. Chi, MD	Washington University, St. Louis, MO	Shared decision making in complex nasal reconstruction

AAFPRS Research Scholar Award

No meritorious applications received.

Guidelines and consensus statements: A foundation for Quality

Guideline Task Force products see high yield in downloads and citations

The AAO-HNSF Clinical Practice Guideline (CPG) and Clinical Consensus Statement (CCS) program continues to thrive. We've completed several five-year CPG updates, created several new products, released the eagerly anticipated CCS manual, and welcomed a few new methodologists.

Five-year updates

- CPG Otitis Media with Effusion (published February 2016)
- CPG Cerumen Impaction (under journal review)
- CPG Benign Paroxysmal Positional Vertigo (under journal review)
- CPG Hoarseness (Dysphonia) (in process)

New products

- CCS Septoplasty with or without Inferior Turbinoplasty (published November 2015)
- CCS Development Manual (published November 2015)
- CPG Rhinoplasty (in process)
- Evaluation of the Neck Mass in Adults (in process)

We are pleased to see a continued, high-level of interest in the guidelines. Citations for the guideline products now exceeds 3,500 and all of the 2015 *Top 10 most accessed articles for Otolaryngology–Head and Neck Surgery* were guideline products (totaling more than 150,000 downloads).

Our senior guideline methodologists,



Citations for the guideline products now exceeds 3,500.

Richard M. Rosenfeld, MD, MPH, and **Seth R. Schwartz, MD, MPH,** have been busy training additional Members to become guideline methodologists. Our current methodologists in training include **Stacey L. Ishman, MD, MPH; David E. Tunkel, MD;** and **Lisa E. Ishii, MD, MHS. Sujana S. Chandrasekhar, MD,** is also a contributing methodologist, however, her 2014-2015 AAO-HNS president-elect and AAO-HNS 2015-2016 president leadership positions have placed a temporary hold on her engagement with the program. We look forward to welcoming her back into the fold this fall.

The Guideline Task Force continues to meet in both the spring and fall to review new guideline

and CCS topics. The current queue includes five-year updates for “Tonsillectomy in Children,” “Polysomnography for Sleep Disordered Breathing prior to Tonsillectomy in Children,” and “Sudden Hearing Loss.” New guidelines are scheduled for the “Surgical Management of Rhinosinusitis, Meniere’s Disease, and Epistaxis.” ■

To help educate Members about the clinical practice guidelines, 22 CME activities and nine American Board of Otolaryngology Self-Assessment Modules/Performance Improvement Modules have been linked to the pertinent guideline webpages.

Defining quality for the specialty

RegentSM delivers performance measures data

As announced previously, the AAO-HNSF's otolaryngology-specific clinical data registry, RegentSM, has been approved as a Qualified Clinical Data Registry (QCDR) by the Centers for Medicare & Medicaid Services (CMS). Regent is a Member-only benefit and is the first and only such registry in the field of otolaryngology-head and neck surgery. Expected to be available later this summer, Regent will allow participants to report on quality measures for federal and private programs. It will become the foundation for quality improvement and research, define quality for the specialty, and assist Members in meeting requirements for certification and licensure.

A QCDR is a CMS-approved entity that collects clinical data to foster improvement in the quality of care furnished to patients. The QCDR designation is very important as it will provide more seamless reporting by Members to the CMS Physician Quality Reporting System (PQRS) in 2016 and will address new reporting requirements under the Merit-based Incentive Payment System (MIPS). Achieving QCDR status is also important for a number of reasons:

- Patient care is improved as Members engage with their own performance data in Regent and track to national benchmarks.
- Members will track their progress to more meaningful measures as the QCDR designation affords the AAO-HNSF the opportunity to create up to 30 otolaryngology head and neck surgery-related measures for quality reporting and quality improvement.

The AAO-HNSF is moving forward with development of performance measures to address the depth and breadth of otolaryngology-head and neck surgery as discussed later in this article.

- It's physician-friendly. With little data entry burden to physicians and staff, patient data will be extracted and incorporated into Regent from a practice's electronic health record system (EHR), practice management system, or administrative data system.

In the future, we anticipate that Regent will assist in the support of maintenance of certification and licensure (MOC/MOL) by our Members with the provision of data to the American Board of Otolaryngology (ABOto) and state licensing boards. Additionally, in coming years, Regent will be able to facilitate post-market surveillance for medical devices.

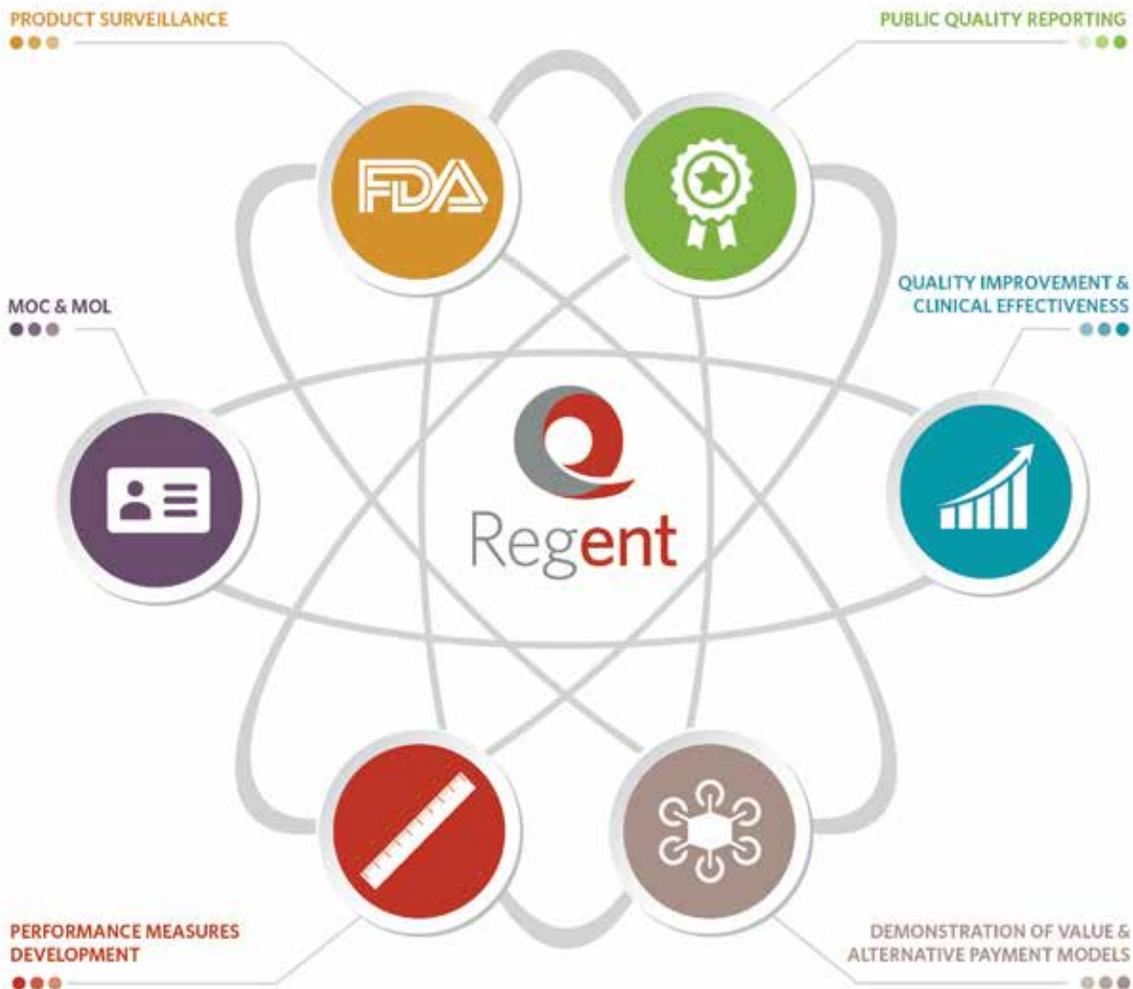
How Regent extracts data

Regent extracts data directly from the practice EHR utilizing the technology of FIGmd, AAO-HNSF's vendor partner. FIGmd installs the Registry Practice Connector (RPC), an application used to access, query, and transfer data from your practice's data source to the servers supporting Regent. It may be installed on either your practice's EHR database server or on a computer that has access to your EHR database (or a current copy of the database.) The RPC uses a read-only account to directly access your EHR database and the connection sessions can only be initiated from the practice (and never Regent). The RPC allows Regent a great deal of flexibility in mapping data elements required by the registry and little to no work effort on the



RegentSM

ENT CLINICAL DATA REGISTRY



part of your practice.

Patient/encounter-related clinical data is then uploaded to the HIPAA-compliant Regent data cloud where Private Health Information (PHI) data is separated and securely stored in complete compliance with HIPAA laws and regulations until re-identification is needed for quality submissions to CMS. All data extraction and upload activity is fully

encrypted and in compliance with HIPAA.

Once installed, your practice will be able to access your own interactive executive dashboard, which will give you and your practice the ability to query performance data, and see performance across different measures for multiple locations and providers. Participating practices can only see their own individual patient-level performance data, which are benchmarked against

aggregated data of other Regent participants. Regent is currently in the pilot testing phase with participating practices and is expected to fully launch later this summer.

New measures developed for Regent

It is critically important that the AAO-HNSF and the specialty societies define quality care for the depth and breadth of the specialty. In

2016, the AAO-HNSF committed resources to the development of outcomes measures to meet eligible professionals' (EPs) need for quality reporting and for documenting the value of care. In May, individual Clinical Advisory Committees (CACs) for facial plastics, general and sleep, head and neck, hearing and balance, voice and swallowing, pediatrics, and sinus and allergy were created to satisfy the need for meaningful performance measures across the specialty. To ensure the inclusion of meaningful, specialty-specific, applicable measures in Regent, the CACs comprise experts from existing Academy committees, specialty societies, and stakeholder groups such as the ABOto and the Large Group Forum. Each CAC will be tasked with proposing and prioritizing topics for measure development, and will identify current best evidence to support the Foundation's measure development efforts.

In September, CAC Members will convene at the AAO-HNSF Annual Meeting & OTO EXPOSM in San Diego to discuss measure development priorities and commence the important work of developing meaningful performance measures for each otolaryngology specialty.

Regent measures for PQRS reporting in 2016

To enable Members to meet the requirements for successful PQRS reporting through a QCDR, the Foundation is pleased to offer six newly developed outcome measures addressing primary and secondary post-tonsillectomy hemorrhage in adults and children and resolution of otitis media with effusion in adults and children. Physicians using Regent to complete PQRS reporting are required to report two outcome measures. In the event that two outcome measures are not available or

applicable, EPs are permitted to report at least one outcome measure and at least one resource use, efficiency, appropriate use, patient safety, or patient experience of care measure.

Regent contains 42 measures shown in the table below.

The AAO-HNSF is constantly looking to the future to ensure Regent addresses not only measures and reporting needs, but that future phases of the registry address research, Maintenance of Certification and licensure requirements, quality improvement, and product surveillance. We welcome you to visit www.entnet.org/Regent to sign up to participate in Regent and to follow Regent developments. We also invite your thoughts and questions. To contact us, send an email to regent@entnet.org. If you are planning on attending the AAO-HNSF Annual Meeting and OTO EXPOSM in San Diego, please stop by the Regent booth. ■

Regent measures: Current PQRS measures					
Patient Safety	Person & Caregiver-Centered Experiences & Outcomes	Communication & Care Coordination	Effective Care	Community/Population Health	Efficiency & Cost Reduction
Selection of Prophylactic Antibiotic		Medication Reconciliation	Pharmacologic Therapy for Persistent Asthma	Influenza Immunization	Appropriate Treatment for Children with URI
Discontinuation of Prophylactic Parenteral Antibiotic		Care Plan	AOE: Topical Therapy	Pneumonia Vaccination Status for Older Adults	Appropriate Testing for Children with Pharyngitis
VTE Prophylaxis		Pain Assessment & Follow-Up	Sleep Apnea: Assessment of Sleep Symptoms	BMI Screening	AOE: Avoidance of Systemic Antimicrobial Therapy
Documentation of Current Medications		Biopsy Follow-Up	Sleep Apnea: Severity Assessment at Initial Diagnosis	Tobacco Use: Screening and Cessation Intervention	Adult Sinusitis: ABX Prescribed for Acute Sinusitis (Overuse)
Falls: Risk Assessment		Falls: Plan of Care	Sleep Apnea: PAP Therapy Prescribed	Screening for High Blood Pressure & Follow-Up	Adult Sinusitis: Amoxicillin w/wo Clavulanate Prescribed for ABS
			Sleep Apnea: Assessment of Adherence to PAP	Tobacco Use & Help with Quitting Among Adolescents	Adult Sinusitis: CT for Acute Sinusitis (Overuse)
			Optimal Asthma Control		Adult Sinusitis: More than One CT Within 90 Days for Chronic Sinusitis (Overuse)
Regent measures: Non-PQRS measures					
Primary Post-Tonsillectomy Hemorrhage in Children*	Resolution of OME in Children*		OME: Assessment of TM Mobility		
Primary Post-Tonsillectomy Hemorrhage in Adults*	Resolution of OME in Adults*		OME: Hearing Testing**		
Secondary Post-Tonsillectomy Hemorrhage in Children*			OME: Avoidance of Antihistamines or Decongestants**		
Secondary Post-Tonsillectomy Hemorrhage in Adults*			OME: Avoidance of Systemic Antimicrobials**		
			OME: Avoidance of Systemic Corticosteroids**		
			OME: Avoidance of Topical Intranasal Corticosteroids**		
* Developed for registry pilot ** Denotes measures that will be tracked in Regent, but not available for CMS quality reporting in 2016					



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For more information on the practice, please visit us at entandallergy.com.

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Paul R. Lambert, M.D., Professor & Chair



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The Mount Sinai Health System Department of Otolaryngology – Head and Neck Surgery is seeking applications for an Otolologist at the Ear Institute. The Institute represents one of the largest academic otologic-neurotologic practices in the country. The Mount Sinai Health System is the largest health system in New York and is composed of the Mount Sinai Hospital, New York Eye and Ear Infirmary, Beth Israel Hospital, and St. Luke's and Roosevelt Hospitals. The Ear Institute is based at New York Eye and Ear Infirmary.

Located in the heart of Manhattan, the Ear Institute is staffed by full-time and voluntary otologic surgeons and audiologists. The otologist will be working with a multidisciplinary team of physicians to expand skull base surgery, the cochlear implant program, clinical audiology, balance disorders, research and clinical trials. The candidate will work closely and collaborate with the Department of Neurosurgery as an integral part of the skull base surgery program.

The candidate should be fellowship-trained in otology/ neurotology and qualified for faculty appointment at the Assistant Professor, Associate Professor or Professor level commensurate with his/her level of experience. The candidate is required to have a medical degree, board certification and able to obtain a New York State medical license.

Please send inquiries and curriculum vitae to:

Eric M. Genden, MD

Professor and Chairman
 Icahn School of Medicine at
 Mount Sinai
 Department of
 Otolaryngology-
 Head and Neck Surgery

One Gustave L. Levy Place
 Box 1189
 New York, NY 10029

Email: kerry.feeney@mountsinai.org
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PEDIATRIC OTOLARYNGOLOGIST

The Mount Sinai Health System Department of Otolaryngology – Head and Neck Surgery is seeking a full-time Pediatric Otolaryngologist at the Assistant or Associate Professor Level. This individual will serve as Chief of the Pediatric Otolaryngology Division at Mount Sinai with the goal of developing a center of excellence at the Mount Sinai Health System.

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The American Board of Otolaryngology (ABOto) invites qualified individuals to apply for the position of full-time Executive Director to serve beginning January 1, 2018, following a six-month overlap period with the current Executive Director.

The Executive Director functions as the chief physician officer of the ABOto and works with the Board of Directors (BOD) and its officers to fulfill the ABOto's mission. Primary responsibilities include, but are not limited to, oversight of office operations, finances, the certification process, Maintenance of Certification, and implementation of strategies and policies developed by the BOD.

A successful candidate must be an ABOto Diplomate in good standing with senior-level administrative experience including fiscal management, organizational administration, and graduate medical education. Candidates must possess leadership abilities, and excellent communication and interpersonal skills. An academic background and experience with the ABOto are preferable.

Interested candidates should send (1) a statement of intent briefly describing why you are interested in the position, and (2) a current CV, to the attention of Dr. Ron Cannon, ABOto President and Chair of the Search Committee, c/o of the American Board of Otolaryngology, 5615 Kirby Drive, suite 600, Houston, TX 77005. Confidentiality will be maintained throughout the process.

The deadline for application receipt is August 15, 2016, and the interview and selection process will occur during the Fall and Winter of 2016-17.

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Otolaryngology

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The Ohio State University

Department of Otolaryngology – Head and Neck Surgery

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 Columbus, Ohio 43212
 E-mail: mark.inman@osumc.edu
 Department Administrator
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Practice Manager

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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 five 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, laryngology, and neurotology.

- Full employment with ProMedica Physicians
- “Built in” referral base and high volume

- Call shared equally among all members (currently 1:5)
- 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

Please visit www.promedica.org/doctors

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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Head and Neck Surgery Fellowship

The Head and Neck Fellowship is a comprehensive one-year fellowship, encompassing a full spectrum of Head and Neck Oncology, Multidisciplinary management of head and neck cancer patients, with clinical research involvement.

Clinical Focus: Head and Neck Oncologic Surgery, Microvascular Reconstructive Surgery, Skull Base Surgery, Minimally Invasive Endocrine Surgery, Transoral Laser Surgery, Transoral Da Vinci Robotic Surgery, and management of skin cancers, including melanoma, and sentinel lymph node biopsy.

Admission to the fellowship is contingent upon completion of one of the ACGME-accredited residency programs in Otolaryngology, Plastic Surgery or General Surgery and eligibility to sit for board examination in applicant's respective specialty. Applicants must be eligible for a medical license in the state of Kansas.

All interested candidates should apply via the American Head and Neck Society Match.

www.ahns.info/residentfellow



DEPARTMENT OF OTOLARYNGOLOGY - HEAD AND NECK SURGERY

Contact:
Samantha Hall
Senior Coordinator
at 913-588-6739 or
shall7@kumc.edu
www.kuent.info

Rhinology and Skull Base Surgery Fellowship

The Department of Otolaryngology-Head & Neck Surgery at the University of Kansas Medical Center has added a new Rhinology and Skull Base Surgery Fellowship and is currently accepting applications for the 2017-2018 academic year.

Under the mentorship of Drs. Alexander Chiu and David Beahm, this one-year fellowship will facilitate exposure to a large volume of sinus and skull base procedures. The fellow will also be afforded tremendous opportunities for clinical and/or translational research within the department's research program. The fellow will learn medical management of sinonasal disease and otolaryngic allergy practice via experience in outpatient clinics.

Eligible applicants must have successfully completed an ACGME-accredited Otolaryngology residency training program, are expected to be American Board certified/eligible and must be able to obtain a Kansas and Missouri medical license.

All interested candidates should apply via the SFMatch.

www.SFMatch.org



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For more information contact Carlos Lopez at (516) 220-6448 or nyents@optonline.net



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. Additionally, the department operates a state of the art clinical vestibular laboratory established in collaboration with NASA. 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, UTMB Health
 301 University Boulevard, Galveston, TX 77555-0521
 Email: varesto@utmb.edu Phone: 409-772-2701

utmb Health



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

The Chahfe Center

in Utica, NY is seeking a full time **Otologist**, a **general ENT physician** as well as an **ENT facial plastic physician** for a successful, well established Otolaryngology Head and Neck and Skull Base surgery practice in beautiful Central New York. The Chahfe Center treats patients for all aspects of diseases of the Head and Neck including head and neck cancer, general ENT conditions, sinus conditions, thyroid conditions, sleep apnea, ear and hearing conditions and head and neck reconstruction. The practice is much diversified and treats pediatric patients as well as adults.

The Chahfe Center is in an excellent location with easy access to St. Elizabeth Medical Center and Faxton St. Luke's Healthcare Centers. The Chahfe Center serves 5-9 counties with a population of approximately 600,000 people and is within 1 hour of the beautiful Adirondack Mountains. This region offers an outstanding quality of life including excellent schools, restaurants and cultural activities. This diverse growing Otolaryngology practice includes a state of the art Audiology Department including hearing aid dispensing, FEESST/ Stroboscopy, Balloon Sinuplasty and Soredex CT imaging.

The Chahfe Center offers an exceptional opportunity for highly motivated individuals. We offer an excellent open comprehensive salary and benefit package with possible partnership possibilities.

We look forward to hearing from you and answering any questions you may have. Dr. Chahfe can be reached on his cell phone at 315-794-1409 or at the email address below.

Please direct email inquiries to practice manager Lynn Washicosky at: lwashicosky@chahfe.com



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.



One Group. Sound Health. Complete ENT Care.

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
- 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.

OTOLARYNGOLOGIST

NYC Suburbs
(Evenings & Weekends)

The Department of Otolaryngology at Long Island Jewish Medical Center of Northwell Health System seeks a Board Certified/Board Eligible fellowship trained **Otolaryngologist** to join our growing academic program. This is a full time position with a focus on providing evening and weekend coverage.

Northwell Health includes 21 award-winning hospitals and more than 450 community based practice locations throughout Long Island, Manhattan, Queens, Brooklyn, Staten Island and Westchester.

We offer a competitive salary and comprehensive benefits package. Full time positions will be employed as members of **Northwell Physician Partners**, the seventh largest medical group in the country. Academic Appointment to the Hofstra Northwell School of Medicine is commensurate with credentials and experience.



For further details, please contact: **Office of Physician Recruitment, Northwell Health, OPR@northwell.edu. EOE M/F/D/V.**

North Shore-LIJ Medical Group is now Northwell Health Physician Partners



**University of Nebraska
Medical Center**

BREAKTHROUGHS FOR LIFE™

UNMC Otolaryngology Faculty Opportunities

The Department of Otolaryngology – Head and Neck Surgery at the University of Nebraska Medical Center in Omaha, Nebraska is rapidly growing and actively seeking BC/BE physicians with fellowship training in the following subspecialties:

- **Head & Neck Surgical Oncology**
- **Laryngology**
- **Sleep Medicine**
- **Pediatric Otolaryngology - in affiliation with Children's Hospital & Medical Center**

These positions include opportunities for premier educational program teaching, innovative research and extraordinary patient care in a world renowned academic environment.

Faculty members enjoy the benefit of new clinical facilities with a robust general Otolaryngology practice in partnership with subspecialists in neurotology, laryngology, head and neck surgical oncology, facial plastic and reconstructive surgery, rhinology and base of skull surgery, pediatric otolaryngology and allergy. We offer a highly competitive benefits package and rank and salary commensurate with qualifications.

Candidates interested in working within a dynamic and stimulating setting are encouraged to send a current CV to:

Dr. Dwight Jones, Professor and Chair
Department of Otolaryngology – Head & Neck Surgery
Email: ent@unmc.edu • Phone: 402.559.7978

Individuals from diverse backgrounds are encouraged to apply.

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If these types of benefits make sense, we are eager to hear from you. Please reach out, with any comments or questions, directly to:

Robert P. Green, MD, FACS
President, ENT and Allergy Associates
rgreen@entandallergy.com

Robert A. Glazer
CEO, ENT and Allergy Associates
914-490-8880 • rglazer@entandallergy.com

NOTE: Bob Glazer will be at this year's AAO-HNS Annual Meeting in San Diego, CA, and would be delighted to meet with you and answer any questions you might have. If you plan on attending as well, please email him at rglazer@entandallergy.com.



Dr. John J. Huang
ENTA Offices: Oradell, NJ and West Nyack, NY



Dr. Francisca Yao
ENTA Offices: Bay Ridge West, Brooklyn Heights, NY



Dr. Eric A. Munzer
ENTA Offices: Fishkill, New Windsor, NY



Dr. Zarina Sayeed
ENTA Office: Parsippany, NJ



Dr. Douglas Leventhal
ENTA Offices: Oradell, NJ



University of Wisconsin Department of Surgery
**DIVISION OF OTOLARYNGOLOGY-
 HEAD & NECK SURGERY**

Remarkable People. Remarkable Results.

**Assistant Professor (Clinician-Teacher)
 Otolaryngology/Head and Neck Surgeon**

The Department of Surgery at the University of Wisconsin-Madison School of Medicine and Public Health is seeking an exceptional otolaryngology/head-and-neck surgeon. The appropriate candidate will be board eligible or certified, and will have completed a recognized fellowship in otolaryngology. The primary location of this position will be the ENT Clinic at 1 South Park St. in Madison. The incumbent will join and complement the other physicians in the division as a Generalist. This position will include an estimated 1.5 days/week in clinic, and 2.5 days/week in the operating room, plus call coverage. The incumbent will be expected to teach medical students and residents within the context of the clinical practice.

Madison is the state capitol, is situated on several scenic lakes, and is frequently cited as one of the best cities in which to live. It offers an excellent environment for families and a wide variety of cultural and recreational opportunities. A competitive salary and fringe benefit package is provided, as well as generous academic support. If interested, please submit a letter of interest and curriculum vitae to the address below.

Assistant/Associate/ Professor Laryngologist

The Division of Otolaryngology, Department of Surgery at the UW School of Medicine and Public Health, is seeking a full-time, board eligible or board certified laryngologist to join our excellent team of academic physicians in a state-of-the-art environment. Requirements include completion of a one-year laryngology fellowship training program and board certification in Otolaryngology. The incumbent will develop a clinical practice and establish and/or continue an extramurally funded research program in laryngology. Protected time will be assured for research. A strong commitment to teaching residents and medical students is required. Faculty appointment will commensurate the candidate's experience and academic credentials. The successful candidate will also participate in departmental, professional, public, and university service appropriate to the faculty rank.

A competitive salary and fringe benefit package will be provided. If interested, please submit a letter of interest and curriculum vitae to:

K. Craig Kent, MD

Chairman, Department of Surgery

University of Wisconsin-Madison

H4/710 Clinical Science Center

600 Highland Ave., Madison WI 53792-7375

officeofthechair@surgery.wisc.edu

UW-Madison is an equal opportunity/affirmative action employer. Women and minorities are encouraged to apply.

Unless confidentiality is requested in writing, information regarding applicants must be released upon request.

Finalists cannot be guaranteed confidentiality. Wisconsin open records and caregiver laws apply.

A background check will be conducted prior to offer of employment.

SOUTH FLORIDA ENT ASSOCIATES



South Florida ENT Associates, a fifty-five physician group practice operating in Miami-Dade, Broward and Palm Beach Counties, 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

**Head and Neck Surgical Oncologist/
 Microvascular Reconstructive Surgeon**

FULL-TIME BE/BC FACULTY FELLOWSHIP TRAINED 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.

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Vicente Resto, MD, PhD, FACS
 Chair, Department of Otolaryngology, UTMB Health
 301 University Boulevard, Galveston, TX 77555-0521
 Email: varesto@utmb.edu Phone: 409-772-2701



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

OTOLARYNGOLOGY OPPORTUNITY

Columbus, Ohio

Ohio ENT & Allergy Physicians, a 25 physician independent practice operating in Columbus, Ohio, has openings in our Otolaryngology group. Ohio ENT & Allergy Physicians is the largest independent ENT practice in the state of Ohio. We offer a full range of services including complete audiology and vestibular services, laryngology, facial plastics, CT scanning, Hearing Aid Dispensing and our own 5 OR ambulatory surgery center. Many revenue opportunities beyond professional income including on call, ambulatory surgery center, sleep research and real estate.

Columbus is one of America's fastest growing cities with a wide range of offerings such as major league sports, great golf, wonderful arts and great schools. Columbus has a strong economy based primarily on banking, insurance, government and education.

Requirements:

- Board Certified or Eligible
- Excellent communication and interpersonal skills
- Graduate from an accredited residency program in ENT

If interested, please contact
 Jim Barlow, CEO
 Ohio ENT & Allergy Physicians
 (614) 273-2246 or Barlowj@ohpin.com



www.ohioentandallergy.com



CLINICAL FELLOWSHIP IN LARYNGEAL SURGERY AND VOICE DISORDERS

Massachusetts General Hospital

The Division of Laryngeal Surgery is seeking applicants for clinical fellowship positions. The fellowship training covers all aspects of laryngeal surgery, voice disorders, and management of the professional voice. The curriculum will provide a wide range of experiences, including phonosurgery (cold instruments and lasers), laryngeal framework surgery, novel operating-room and office-based laser (Pulsed-KTP, Thulium) treatment, complex laryngeal stenosis with aortic homograft transplantation, and the use of botulinum toxin injections for spasmodic dysphonia.

The fellow will participate in the management of voice disorders and clinical research as a member of a multidisciplinary team (voice scientists and speech pathologists) that has access to state-of-the-art voice clinic and surgical engineering laboratory facilities. The research fellowship provides numerous opportunities to focus on grant-funded (NIG and private foundations) clinical and basic science research projects in collaboration with interdisciplinary teams of scientists and clinicians at the Massachusetts Institute of Technology and the Wellman Laboratories of Photomedicine at the Massachusetts General Hospital. The option to collaborate with local music conservatories is also available.

Qualified minority and female candidates are encouraged to apply. Send curriculum vitae and three letters of recommendation. The Massachusetts General Hospital is a teaching affiliate of Harvard Medical School.

Direct inquiries to:

Steven M. Zeitels, MD, FACS

Eugene B. Casey Professor of Laryngeal Surgery, Harvard Medical School

Director: Center for Laryngeal Surgery & Voice Rehabilitation

Massachusetts General Hospital

One Bowdoin Square, 11th Floor

Boston, MA 02114

Telephone: (617) 726-0210 Fax: (617) 726-0222

zeitels.steven@mgh.harvard.edu



arches

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*See Holstein N. Ginkgo special extract EGb 761 in tinnitus therapy: An overview of results of completed clinical trials. *Fortschr Med* 2001 Jan 11; 118(4): 157-64. Also: Von Boetticher A. Ginkgo biloba extract in the treatment of tinnitus: a systematic review. *Neuropsychiatr Dis Treat* 2011; 7:441-447.