

bulletin

entnet.org

The official member magazine of the **American Academy of Otolaryngology-Head and Neck Surgery**

JUNE 2018



ADVOCACY: MAKING THE SPECIALTY'S VOICE HEARD

Joint Commission:
Meaningful change?

6

#OTOMTG18
Guest Lecturers

16

Legislative and policy
recent wins

23

The first and only combination ear drop for AOMT in single-use vials¹

For treatment of acute otitis media in children with tympanostomy tubes (6 months and older) due to *S. aureus*, *S. pneumoniae*, *H. influenzae*, *M. catarrhalis*, and *P. aeruginosa*.




OTOVEL[®]
ciprofloxacin 0.3% and
fluocinolone acetonide 0.025%

Single. Sterile. Simple.

- **14 single-use vials contain 1 premeasured dose** each—dose BID/7 days²
- **Every dose is sterile**, precise, and preservative free²
- **No drop counting.** No mixing or shaking required²

Drop into www.otovel.com to learn more about this AOMT treatment.

IMPORTANT SAFETY INFORMATION

Contraindications

OTOVEL is contraindicated in:

- Patients with known hypersensitivity to fluocinolone acetonide or other corticosteroids, ciprofloxacin or other quinolones, or to any other component of OTOVEL.
- Viral infections of the external ear canal, including varicella and herpes simplex infections and fungal otic infections.

The following Warnings and Precautions have been associated with OTOVEL: Hypersensitivity reactions, potential for microbial overgrowth with prolonged use, and continued or recurrent otorrhea.

The most common adverse reactions are otorrhea, excessive granulation tissue, ear infection, ear pruritus, tympanic membrane disorder, auricular swelling, and balance disorder.

For additional Important Safety Information, please see Brief Summary of Prescribing Information on adjacent page and full Prescribing Information available at www.otovel.com.

References: 1. US Food and Drug Administration. Orange Book: Approved drug products with therapeutic equivalence evaluations. <https://www.accessdata.fda.gov/scripts/cder/ob/>. Accessed February 1, 2017. 2. Otovel [package insert]. Atlanta, GA: Arbor Pharmaceuticals, LLC.

 **arbor**
PHARMACEUTICALS, LLC

 **SALVAT**

Otovel is a registered trademark of Laboratorios Salvat, S.A. with the US Patent and Trademark Office and under license by Arbor Pharmaceuticals, LLC. Trademarks are the property of their respective owners.

© 2017 Arbor Pharmaceuticals, LLC.
All rights reserved. PP-OTO-US-0135

OTOVEL® (ciprofloxacin and fluocinolone acetonide) otic solution

Brief Summary of Prescribing Information

1 INDICATIONS AND USAGE

OTOVEL is indicated for the treatment of acute otitis media with tympanostomy tubes (AOMT) in pediatric patients (aged 6 months and older) due to *Staphylococcus aureus*, *Streptococcus pneumoniae*, *Haemophilus influenzae*, *Moraxella catarrhalis*, and *Pseudomonas aeruginosa*.

2 DOSAGE AND ADMINISTRATION

- OTOVEL is for otic use only. It is not for ophthalmic use, or for injection.

The recommended dosage regimen is as follows:

- Instill the contents of one single-dose vial 0.25 mL into the affected ear canal twice daily (approximately every 12 hours) for 7 days. Use this dosing for patients aged 6 months of age and older.
- Warm the solution by holding the vial in the hand for 1 to 2 minutes. This is to avoid dizziness, which may result from the instillation of a cold solution into the ear canal.
- The patient should lie with the affected ear upward, and then instill the medication.
- Pump the tragus 4 times by pushing inward to facilitate penetration of the medication into the middle ear.
- Maintain this position for 1 minute. Repeat, if necessary, for the opposite ear [see *Instructions for Use*].

3 DOSAGE FORMS AND STRENGTHS

Otic Solution: Each single-dose vial of OTOVEL (ciprofloxacin 0.3 % and fluocinolone acetonide 0.025 %) delivers 0.25 mL of solution equivalent to ciprofloxacin 0.75 mg and fluocinolone acetonide 0.0625 mg.

4 CONTRAINDICATIONS

OTOVEL is contraindicated in:

- Patients with known hypersensitivity to fluocinolone acetonide or other corticosteroids, ciprofloxacin or other quinolones, or to any other components of OTOVEL.
- Viral infections of the external ear canal, including varicella and herpes simplex infections and fungal otic infections.

5 WARNINGS AND PRECAUTIONS

5.1 Hypersensitivity Reactions

OTOVEL should be discontinued at the first appearance of a skin rash or any other sign of hypersensitivity. Serious and occasionally fatal hypersensitivity (anaphylactic) reactions, some following the first dose, have been reported in patients receiving systemic quinolones. Some reactions were accompanied by cardiovascular collapse, loss of consciousness, angioedema (including laryngeal, pharyngeal or facial edema), airway obstruction, dyspnea, urticaria and itching. Serious acute hypersensitivity reactions may require immediate emergency treatment.

5.2 Potential for Microbial Overgrowth with Prolonged Use

Prolonged use of OTOVEL may result in overgrowth of non-susceptible bacteria and fungi. If the infection is not improved after one week of treatment, cultures should be obtained to guide further treatment. If such infections occur, discontinue use and institute alternative therapy.

5.3 Continued or Recurrent Otorrhea

If otorrhea persists after a full course of therapy, or if two or more episodes of otorrhea occur within 6 months, further evaluation is recommended to exclude an underlying condition such as cholesteatoma, foreign body, or a tumor.

6 ADVERSE REACTIONS

The following serious adverse reactions are described elsewhere in the labeling: Hypersensitivity Reactions [see *Warnings and Precautions* (5.1)]

6.1 Clinical Trials Experience

Because clinical trials are conducted under widely varying conditions, adverse reaction rates observed in the clinical trials of a drug cannot be directly compared to rates in the clinical trials of another drug and may not reflect the rates observed in practice.

In clinical trials, 224 patients with AOMT were treated with OTOVEL for a median duration of 7 days. All the patients received at least one dose of OTOVEL. There were 220 patients who received at least one dose of ciprofloxacin (CIPRO) and 213 patients received at least one dose of fluocinolone acetonide (FLUO). The most common adverse reactions that occurred in 1 or more patients are as follows:

Table 1: Selected Adverse Reactions that Occurred in 1 or more Patients in the OTOVEL Group

Adverse Reactions ¹	Number (%) of Patients		
	OTOVEL N=224	CIPRO N=220	FLUO N=213
Otorrhea	12 (5.4%)	9 (4.1%)	12 (5.6%)
Excessive granulation tissue	3 (1.3%)	0 (0.0%)	2 (0.9%)
Ear infection	2 (0.9%)	3 (1.4%)	1 (0.5%)
Ear pruritus	2 (0.9%)	1 (0.5%)	1 (0.5%)
Tympanic membrane disorder	2 (0.9%)	0 (0.0%)	0 (0.0%)
Auricular swelling	1 (0.4%)	1 (0.5%)	0 (0.0%)
Balance disorder	1 (0.4%)	0 (0.0%)	0 (0.0%)

¹ Selected adverse reactions that occurred in ≥ 1 patient in the OTOVEL group derived from all reported adverse events that could be related to the study drug or the drug class.

6.2 Postmarketing Experience

The following adverse reactions have been identified during postapproval use of ciprofloxacin and fluocinolone acetonide otic solution, 0.3% / 0.025% outside the US. Because these reactions are reported voluntarily from a population of uncertain size, it is not always possible to reliably estimate their frequency or establish a causal relationship to drug exposure.

- Immune system disorders: allergic reaction.
- Infections and infestations: candidiasis.
- Nervous system disorders: dysgeusia, paresthesia (tingling in ears), dizziness, headache.
- Ear and labyrinth disorders: ear discomfort, hypoacusis, tinnitus, ear congestion.
- Vascular disorders: flushing.
- Skin and subcutaneous tissue disorders: skin exfoliation.
- Injury, poisoning and procedural complications: device occlusion (tympanostomy tube obstruction).

8 USE IN SPECIFIC POPULATIONS

8.1 Pregnancy

Risk Summary

OTOVEL is negligibly absorbed following otic administration and maternal use is not expected to result in fetal exposure to ciprofloxacin and fluocinolone acetonide (12.3)].

8.2 Lactation

Risk Summary

OTOVEL is negligibly absorbed by the mother following otic administration and breastfeeding is not expected to result in exposure of the infant to ciprofloxacin and fluocinolone acetonide.

8.4 Pediatric Use

OTOVEL has been studied in patients as young as 6 months in adequate and well-controlled clinical trials. No major differences in safety and effectiveness have been observed between adult and pediatric patients.

8.5 Geriatric Use

Clinical studies of OTOVEL did not include sufficient numbers of subjects aged 65 years and over to determine whether they respond differently from younger subjects. Other reported clinical experience has not identified differences in responses between the elderly and younger patients.

10 OVERDOSAGE

Due to the characteristics of this preparation, no toxic effects are to be expected with an otic overdose of OTOVEL.

Distributed by:
Arbor Pharmaceuticals, LLC
Atlanta, GA 30328

Under license of Laboratorios SALVAT, S.A.

OTOVEL is a registered trademark of Laboratorios SALVAT, S.A.

U.S. Patent No: 8,932,610

You are encouraged to report negative side effects of prescription drugs to the FDA. Visit www.fda.gov/medwatch, or call 1-800-FDA-1088.

For more detailed information, see the full prescribing information for Otovel at www.otovel.com or contact Arbor Pharmaceuticals, LLC at 1-866-516-4950.



12TH INTERNATIONAL SYMPOSIUM OF FACIAL PLASTIC SURGERY

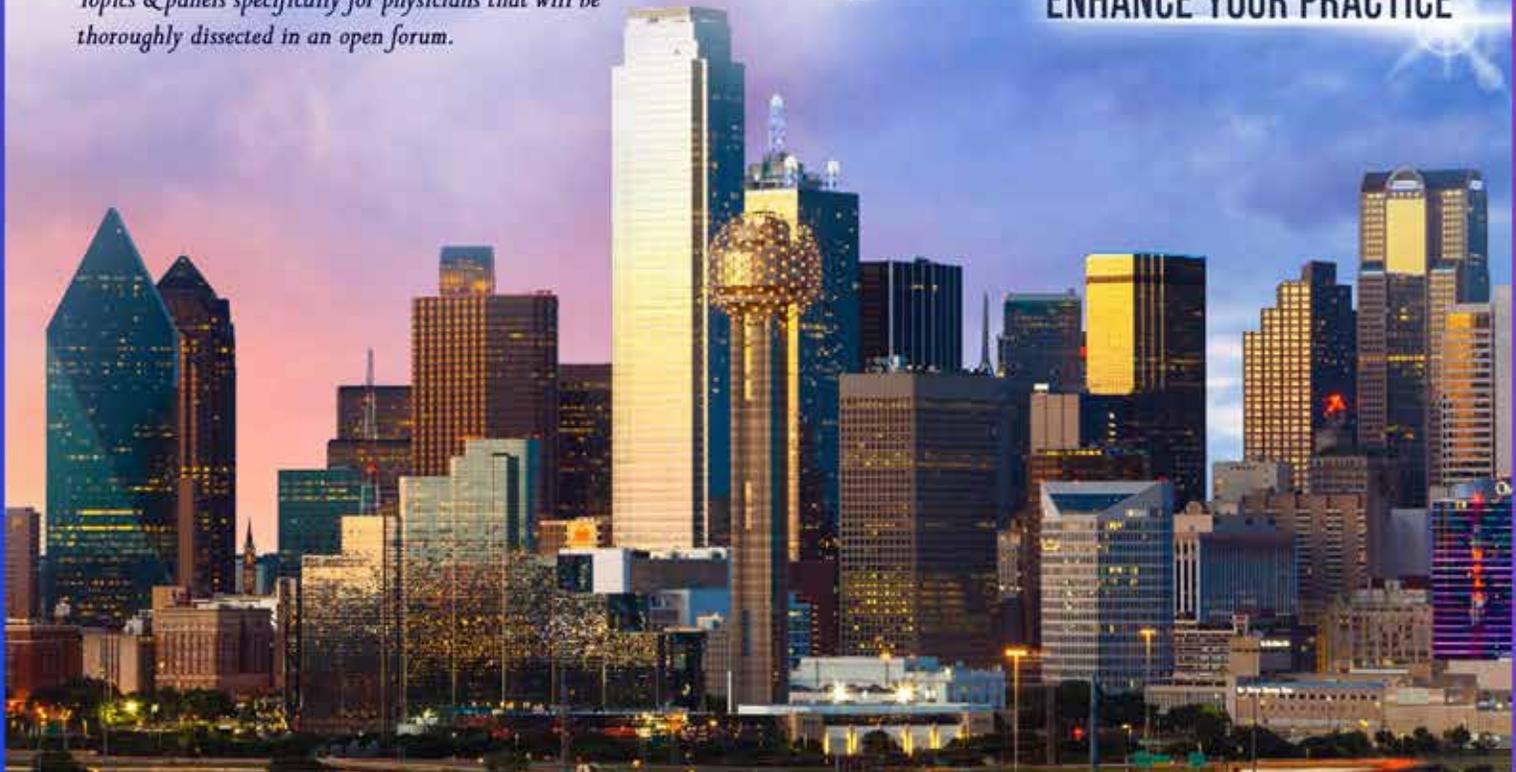
- Four days of rhinoplasty
- Four days of facial rejuvenation surgery
- Four days of facial reconstructive surgery
- Four days of non-invasive, emerging trends, and new technology

+ Four mornings of office staff training and management
+ Four afternoons of business/marketing/media (for physicians and staff)
The best business, marketing, media & staff training program ever assembled!

BONUS! Come a day early and attend the
Physicians Only Business Forum!
*Topics & panels specifically for physicians that will be
thoroughly dissected in an open forum.*

Transform
OUR WORLD

ENHANCE YOUR PRACTICE



**FACIAL
PLASTIC
SURGERY**

INTERNATIONAL FEDERATION OF FACIAL PLASTIC SURGEONS
10000 W. LAKELAND BLVD., SUITE 1000, DALLAS, TX 75247
WWW.IFFPSS.ORG

John L. Frodel, Jr., MD
CO-CHAIR

Mary Lynn Moran, MD
CO-CHAIR

Krishna G. Patel, MD
CO-CHAIR

Phillip R. Langsdon, MD
AAFPRS MEETINGS DIRECTOR



IFFPSS
International Federation of
Facial Plastic Surgeons

bulletin

JUNE 2018
Volume 37, No. 5

The *Bulletin* (ISSN 0731-8359) is published 11 times per year (with a combined December/January issue) by the **American Academy of Otolaryngology-Head and Neck Surgery** 1650 Diagonal Road Alexandria, VA 22314-2857
Telephone: 1-703-836-4444
Member toll-free telephone: 1-877-722-6467

The *Bulletin* publishes news and opinion articles from contributing authors as a service to our readers. The views expressed in these articles are solely those of the individual and may or may not be shared by the AAO-HNS. Acceptance of advertising in the *Bulletin* in no way constitutes approval or endorsement by AAO-HNS of products or services advertised unless indicated as such.

President
Gavin Setzen, MD
Executive Vice President, CEO, and Editor of the Bulletin
James C. Denny III, MD
Managing Editor
Jeanne McIntyre, CAE
bulletin@entnet.org

INQUIRIES AND SUBMISSIONS
bulletin@entnet.org

MAILING INFORMATION

Postmaster: Send address changes to the American Academy of Otolaryngology-Head and Neck Surgery, 1650 Diagonal Road, Alexandria, VA 22314-2857

Return undeliverable Canadian addresses to PO Box 503, RPO West Beaver Creek, Richmond Hill, Ontario, Canada L4B 4R6 Publications Mail Agreement NO. 40721518

©2018 American Academy of Otolaryngology-Head and Neck Surgery

BULLETIN ADVERTISING

Ascend Integrated Media, LLC
Suzee Dittberner
7171 W. 95th Street, Suite 300
Overland Park, KS 66212
Phone: 1-913-344-1420
Fax: 1-913-344-1492
sdittberner@ascendintegratedmedia.com

ADVERTISER INDEX

AAO-HNSF AcademyU	2
AAO-HNSF Annual Meeting	4
AAO-HNSF Home Study Course	22
AAO-HNSF Reg-ent SM	28
AAFPRS	Across From Contents
Arbor	Inside Front Cover, First Right-Hand Page
Invotec	14
The Doctors Company	Back Cover

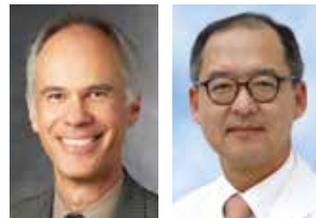
This advertiser index is for reader convenience only and is not part of the advertising agreement. While every attempt is made to ensure accuracy, publisher cannot be held responsible for errors or omissions.

features



23

ADVOCACY: MAKING THE SPECIALTY'S VOICE HEARD



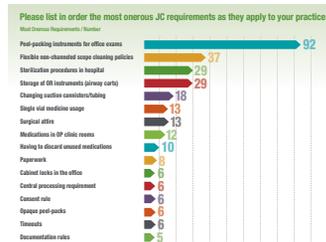
#OTOMTG18 16
Honorary Guest Lecturers

departments

The leading edge

Practice in an era of healthcare disruption **3**
by Gavin Setzen, MD

Data and evidence **5**
by James C. Denny III, MD



Joint Commission:
Meaningful change? **6**

Welcome to Atlanta:
Our town **18**

International guest of honor series:
The Colombian ENT
surgeon is the product
of a wonderful land **19**

Join AAO-HNSF in new
humanitarian effort:
Donate medical supplies
and instruments today! **20**

AAO-HNS takes lead role in
first FDA sleep disordered
breathing workshop **24**

Now available: CPT Assistant
on "Updated Endoscopic
Nasal Sinus Surgery" codes **24**

Payment advocacy spotlight:
Wins and recent actions **25**

ENT PAC: Speak with a
collective voice **25**

AAO-HNS leads efforts to oppose
audiology direct access/
physician status legislation **26**

State of States: Mid-year 2018 **29**

➔ READ MORE ONLINE

Longer article available:
Humanitarian service in Belize

At the forefront

■ Joint Commission survey results ■ Board of Governors: Mentorship through Academy meetings ■ Reg-entSM MIPS 2018 reporting FAQs ■ International Advisory Board (IAB) Chair election ■ Commentary: New clinical practice guideline on hoarseness (dysphonia) ■ Humanitarian service in Belize ■ Proposed fiscal year 2019 (FY19) combined budget **6**

AcademyU[®]

YOUR OTOLARYNGOLOGY EDUCATION SOURCE

What's **NU**?



AcademyQ Knowledge Assessment - Mobile-Based Learning

- Question Set 4 - Test your recall, interpretation, and problem solving skills



eCourses

- Functional Consequences of Chemo Radiation Therapy
- Evaluation and Management of Vestibular Migraine



Annual Meeting Expert Series

- Pediatric Home Sleep Apnea Testing: What's Happening?



Home Study Course

- Section 3: Trauma and Critical Care Medicine



ENT for the PA-C Conference

- 2017 Lectures

AND DON'T MISS

AcademyU Podcasts located at www.entnet.libsyn.org and the **OTO Central App** featuring:

- AAO-HNSF CPG Evaluation of the Neck Mass in Adults
- Current Treatment of Lymphatic Malformations

For more information, please visit AcademyU.org

Practice in an era of healthcare disruption

More health systems are feeling the pressure of impending **consolidation** due to a number of factors, including narrowing margins, tightened net incomes, unpredictable national health policy, costs, increasing regulatory burdens, and time to build a population health infrastructure. Declining reimbursement from Medicare and Medicaid have led to softening in operating performance with pronounced rise in annual expense growth and slowed rate of commercial revenue growth. Other factors include shift of inpatient services to outpatient settings, “site-neutral” facility reimbursement, competition from niche providers, and the increasing role of medical consumerism.

Health systems are being pushed to either compete as their own horizontally or vertically integrated, high-value networks, or be rolled up into a larger organization. This trend has C-suite executives searching for opportunities to influence their market share and sustainability in the regional, national, and now international healthcare marketplace.

While Affordable Care Act delivery **system reforms** have been ongoing, the direction seems consistent for now, with emphasis on decreased mandatory bundles, easing of Merit-Based Incentive Payment System reporting, drive to Alternative Payment Models and Accountable Care Organizations (ACOs), and affirmation of so-called Value direction. Many Medicare and commercial ACOs have met with variable success, and several have failed. **Reg-entSM**, the AAO-HNSF qualified clinical data registry, is the tool that allows otolaryngologists to measure and report their data and demonstrate their quality care.

As physicians, we must reassess our practice environment, business model, opportunities and vulnerabilities, and financial stability in this ever-changing healthcare landscape in order to remain competitive and viable, and to **ensure optimal patient care delivery**. For those otolaryngologists who have chosen to transition to an “employment model,” it is important to set an accurate valuation for your practice, evaluate the “right partner,” and assess for common goals to identify strategic options to “set a course” for sustainability over time, with a shared vision and mission that is patient-centered.

There are other opportunities for “partnering” with larger entities by providing contracted services, allowing one the ability to recognize paths toward **horizontal and vertical alignment** to delivering clinical integration, while preserving a higher degree of independence and autonomy.

In my opinion, it is this healthcare disruption and uncertainty that will facilitate the **continued success of private practice otolaryngology**, which I believe is poised for growth. Depending on geographic location and other market forces, independent solo practice, small-group, large single-specialty group, multispecialty organization, and Single Tax-ID structures are all appealing alternatives, while there is also increasing interest in the Concierge (Direct Pay) Model.

Much of the reason the U.S. healthcare system is in need of overhaul is that control has been ceded to business interests and administrators. Data has shown that the number of physicians has grown only minimally over the past several decades, while the number of managers in healthcare has grown exponentially. Those of us working in the medical system, as well as our patients, experience the myriad harmful effects of relinquishing medicine to business people devoid of any experience or insight into the actual **care of patients**. As documented by Elisabeth Rosenthal in her book, *An American Sickness: How Healthcare Became Big Business and How You Can Take It Back* (Penguin, 2018), we now deliver staggeringly inefficient and low-quality care despite the resources dedicated to our medical system. Healthcare costs are approximating 20 percent of GDP. This is clearly unsustainable.

There have been innovative efforts to harness the potential efficiencies of big data, machine learning, virtual reality, and telemedicine with current practice patterns in order to provide **efficient and high-quality care, with improved access and patient convenience**. The recent CVS-Aetna merger; collaboration among Amazon, Berkshire Hathaway, and JP Morgan, and interest shown by Apple, Google, and others in transforming healthcare are just a few examples.

Many of those who seek to disrupt healthcare are driven by financial motivations and are more concerned with satisfying their boards of directors and shareholders. It is our challenge, our obligation, and our responsibility as otolaryngologists to reshape the narrative in healthcare and to redefine how healthcare is delivered.

I believe the U.S. healthcare system is poised for significant change in the coming years. We must strive to create a healthcare system that truly works for everyone by eliminating waste, inefficiencies, and the deleterious and disproportionate influence of stakeholders who profit from this uncertainty.

We Are One—moving ear, nose, and throat patient care onward and forward! ■



Gavin Setzen, MD
AAO-HNS/F President

“As physicians, we must reassess our practice environment, business model, opportunities and vulnerabilities, and financial stability in this ever-changing healthcare landscape in order to remain competitive and viable, and to ensure optimal patient care delivery.”



AAO-HNSF **2018** **OCTOBER**
ANNUAL MEETING **7-10**
& OTO EXPERIENCE **ATLANTA, GA**

WHERE EXPERTS FROM THE SPECIALTY AND THE LATEST SCIENCE CONVERGE

Featuring:

- Over **550 education sessions** with CME Credit
- The **OTO Experience**, with 250 exhibitors, the Practice of the Future Pavilion, Physician Wellness Pavilion, Simulation Zone, Hands-on Training and Demonstration Lab, Product Theater, and more
- Exciting evening events to **network with colleagues**
- **Speakers** from around the world
- An opportunity to **discover Atlanta**

#OTOMTG18
www.ENTAnnualMeeting.org

REGISTER
BY JULY 16 FOR
THE BEST PRICE!

Data and evidence

One of the most frustrating subjects permeating the medical community revolves around data and evidence. There has been a steady progression, particularly over the last decade, of the realization and acceptance that data and evidence should be the foundation of the diagnosis and treatment of medical problems. This transformation is a result of educational efforts beginning at the earliest level and extending through professional training, in addition to countless publications demonstrating the validity of this principle.

Even though the pace of progress has not satisfied everybody, there has been clear advancement in the volume and quality of available evidence. Data scientists are constantly working to define exactly what constitutes the best and most valuable data elements needed to address the problem at hand. This transition phase of identifying what data has value and what is little more than busywork has created a catch-22 situation for physicians who genuinely want to define and provide the most effective care possible.

Perhaps the greatest single cause of burnout and the decreasing wellness of the physician community emanates from this issue. We are all aware of the widespread dissatisfaction with the current EHR documentation requirements and adaptation to a satisfactory clinical flow. We are also aware that most of the data captured does not serve to improve patient care or measure elements important to the patients themselves. The perception that MIPS reporting also does little to advance patient care, but is required to avoid penalties in payment for work already performed, does little to engender physician support of the process. When you add in the heterogeneous interpretation of available clinical data, particularly diagnostic and therapeutic modalities by the insurance industry, you have a formula for exasperation and anger. It is difficult to explain to physicians that they are expected to foot the cost, both monetary and temporal, for collecting data that in many cases is superfluous, and that they can be controlled by policies based on minimal, if any, acceptable evidence.

An area that is particularly infuriating to many otolaryngologists is based on policies and standards propagated by hospital systems and the Joint Commission that are used in the hospital and ambulatory surgery setting and have now expanded into office practice. Increasing discontent among our members over the last several years seemed to explode recently on ENTConnect. A multiquestion survey was disseminated

both on ENTConnect and through *OTO News*.

Over the two weeks the survey was open, we received a substantial response from 158 members, representing academic, hospital system, military, and private practice settings. Most of these participants took the time to add personal comments. The general concerns included staff and physician frustration, wasted time, increased costs, and patient safety and quality issues. Specific concerns included the requirement for “peel-packing” office instruments, general sterilization procedures, specific sterilization policies for flexible endoscopes, suction canister and tubing rules, and single vial medicine usage. Details of the survey are presented on pages 6-7.

The American College of Surgeons had previously conducted a study on the “surgical caps” issue and demonstrated that recommended standards using the bouffant hat were the most likely to cause infection. Even with that data, many ORs have not rescinded the policy. We plan on pursuing direct discussions with the Joint Commission and hope to use the results of this study to trigger a review of some of these policies. AMA Trustee **Russell W.H. Kridel, MD**, an otolaryngologist and facial plastic surgeon from Houston, TX, has volunteered to help enlist the AMA in this discussion, which could result in creation of a system that works for everybody.

The FDA held its first workshop on devices for sleep disordered breathing on April 16, 2018. The Academy was closely involved in the planning of this watershed conference, which included seven organizations that care for these patients. The workshop concentrated on discussing and defining measurement criteria that would be applicable in future studies for sleep-related treatment modalities. These included definitions of apnea, hypopnea, obstructive sleep apnea, and central sleep apnea. There was a robust discussion about what should be measured, both in terms of diagnostic and therapeutic modalities. Finally, there was extensive discussion on emerging digital technology and future prescription and OTC products and how they should be regulated.

I want to thank the team that represented the AAO-HNS—led by **Kathleen Yaremchuk, MD, MSA**, and including **Raj Dedhia, MD; M. Boyd Gillespie, MD, MSc; Stacey L. Ishman, MD, MPH; Ofer Jacobowitz, MD, PhD; Edward M. Weaver, MD, MPH**; and myself—for the fantastic contributions made. ■



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

“We plan on pursuing direct discussions with the Joint Commission and hope to use the results of this study to trigger a review of some of these policies.”

”

Joint Commission: Meaningful change?

■ James C. Denny III, MD

The expanding list of rules governing how one practices medicine both in the hospital and outpatient setting has been recognized as one of the greatest threats to physician well-being in the medical community today. Whether it's the EHR, documentation requirements irrelevant to best patient care, operating room attire, sterilization requirements, or "peel-packing" of outpatient office instruments, the frustration and anger is palpable. The cost of compliance in terms of financial resources in addition to physician and staff time is high and sometimes prohibitive at a time when both have exceeded rational limits. When you include the toll that these burdens take on physician resiliency and wellness, it is easy to understand the reaction we are seeing now.

As part of an updated strategy to present our concerns to the Joint Commission (JC), a survey was sent out this spring through ENTConnect and *OTO News*. We had a robust response of 158 members who contributed to the survey results. We asked six questions, including three that required a detailed response. All practice types were represented with 39.2 percent designated as private practice, 33.5 percent as academic, 18.4 percent as employed by hospital systems, and 8.9 percent representing military practices. When asked "What JC policies negatively affect your practice and wellness," the respondents' top answer was "Hospital/OR policies." (See Table 1.)

The most common negative effect of JC policies was staff and physician frustration. (See Table 2.) When asked to list the most onerous policies as they affect the respondent's practice, peel-packing office instruments was

In an esteemed and honorable profession, we physicians are charged with the responsibility to not only provide services that are in the best interest of our patients, but also to pursue policies that are good for our society. Accomplishing this lofty goal is neither an easy nor always an obvious pathway to chart. On this journey, we are tasked with assimilating our understanding of medical knowledge thus far accumulated and generalizing it to other similar healthcare scenarios. Sometimes this translates well; other times, such translation is imperfect.

We also must realize that our actions do not occur in a vacuum, but exist in a complex interaction within a system and society. While we should pursue everything possible to secure the safety of the patients we take care of, it should be done so to maximize social good within the context of finite resources. What is

an appropriate pursuit of a systematic intervention or policy for a given level of risk? When the evidence is shaky, it is too easy to fall back upon the "more is more" approach and apply the strictest guidance. Yet, while an ounce of prevention is worth a pound of cure, is a pound of prevention worth an ounce of cure?

As a body, the Academy is an advocate for both physicians and patients. If armed with reasoned dialogue and documented evidence, we can better partner with regulatory agencies and equipment manufacturers to advocate for responsible recommendations. Otherwise, if guided too much by emotion, our professional agenda may appear to be in conflict with our simultaneous role for patient advocacy.

— C.W. David Chang, MD
AAO-HNSF Co-Chair, PSQI Committee

the Number One concern. (See Table 3.) It was difficult to accurately estimate monetary costs for the different practice settings, but the majority of respondents agreed it was over \$10,000 per physician per year.

Some of the more notable quotations from respondents included:

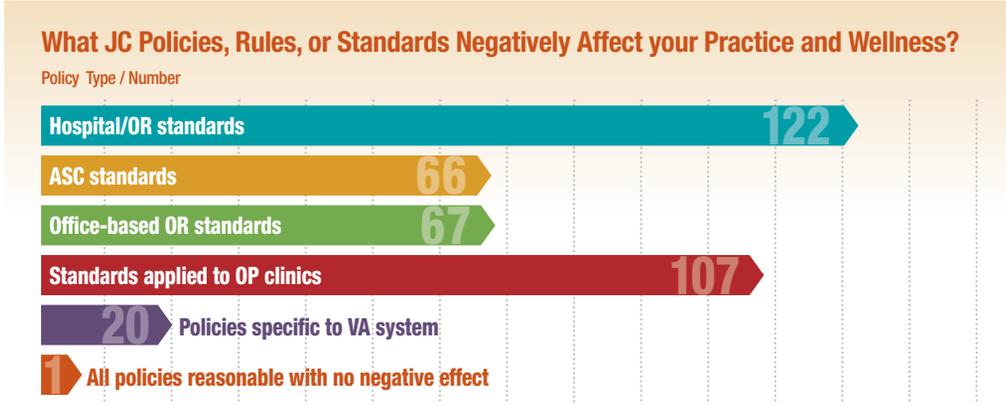
- "People wonder what happened to the 'old time physicians' ... I think that a lot of empathy, generosity, and kindness has gotten beaten out of them ... glad you asked."
- "The fact that I need to spend time on this survey is symbolic of how there are so many restrictions that serve no

evidence-based positive patient care purpose, yet are inconvenient and wasteful of my time and money."

- "I could not begin to convince the JAH-CO surveyor that this was a solution to a non-existent problem."
- "I cannot estimate the cost. One avoidable death is too many."

There is a great need to pursue policy that is meaningful in terms of results through evidence-based data as well as that allows an efficient, cost-effective practice of medicine. We are working to establish foundations that allow both goals to be met. ■

Table 1:



Top six causes that affect the ability to practice effective medicine:

1. Cost
2. Time wasted
3. Extra staff
4. Sterilization of scopes
5. Peel-packing
6. Single dose vials

Table 2:

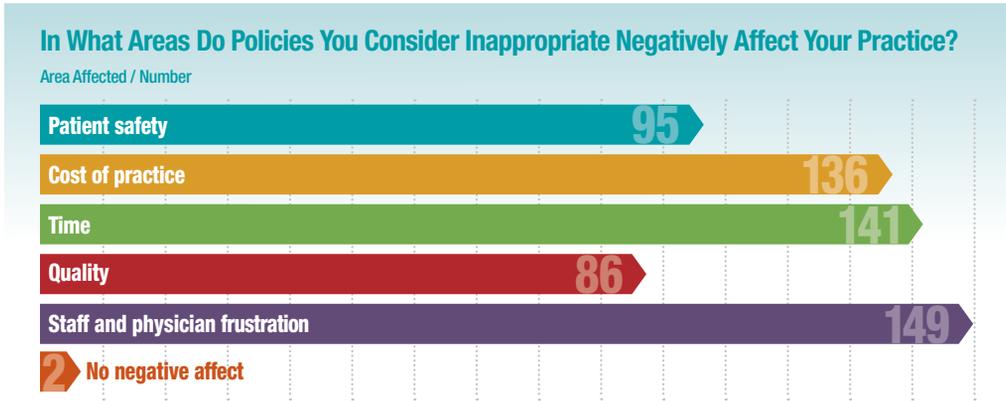
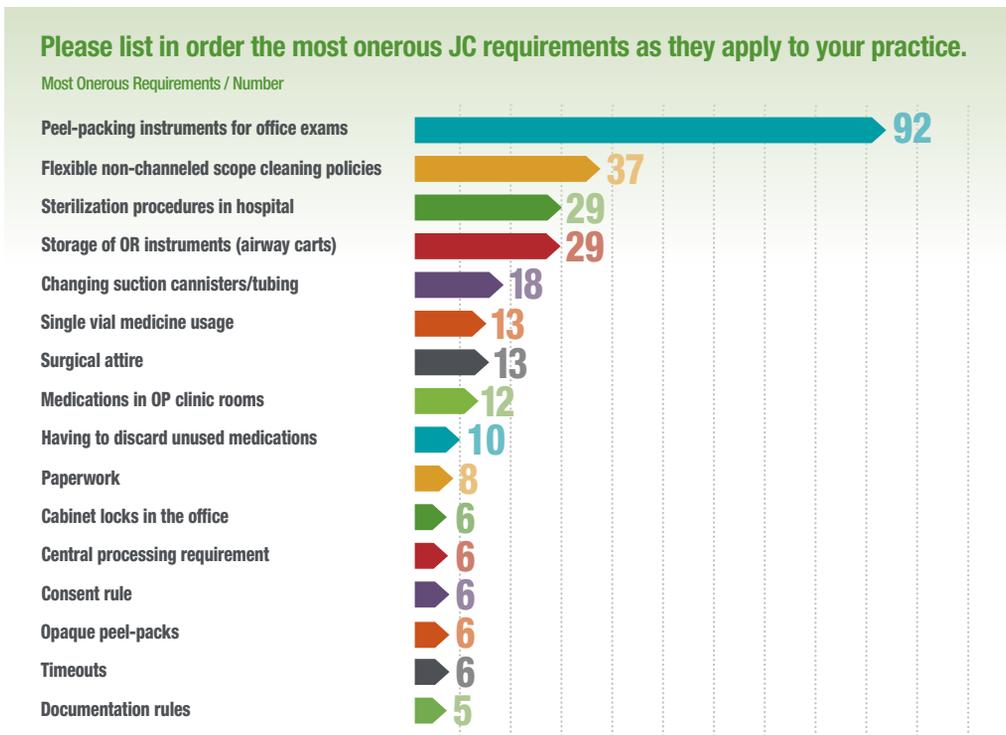


Table 3:



BOARD OF GOVERNORS

Mentorship through Academy meetings

■ **Troy D. Woodard, MD**

Vice Chair, BOG Legislative Affairs Committee

During my residency and first few years of practice, I looked forward to attending the AAO-HNSF Annual Meeting because of the dynamic speakers and exciting courses to further develop my surgical skill set. Like many of you, I also enjoyed learning the latest scientific breakthroughs and getting my hands on the novel technology at the OTO Experience.



Now that I am nine years out of training, my viewpoint has evolved. I have come to realize that the Annual Meeting and the AAO-HNS/F Leadership Forum & BOG Spring Meeting are much more than aggregations of key thought leaders spreading their knowledge. I now appreciate that our meetings are fertile environments that cultivate collaborations, personal and professional relationships, and key networks.

Although I enjoy meeting up with old friends and colleagues at Academy/Foundation events, I most value the mentorship opportunities provided. My passion and motto has always been to “get involved and give back to my community.” At the start of my career, while I possessed the desire and drive to get more engaged, I really didn’t know how or where to start.

However, that changed when I attended my first Leadership Forum & BOG Spring Meeting. I felt welcomed. The environment was intimate and provided the opportunity to speak

with the leaders of our Academy and Board of Governors (BOG).

I realized that many of our leaders had been in similar predicaments early in their careers, and they relied on key relationships with mentors to help navigate their career paths. It was that guidance and encouragement of others that gently pushed them toward their goal. It was motivating to hear the different paths to success taken by Academy leaders. I was also surprised to find that many of the people I met seemed to have a genuine interest in my development. Although I expected to have a casual conversation with some of the leaders, I never expected for anyone to take an interest and place a stake in my development, but that is exactly what happened.

During one Academy meeting, the person I now call my mentor forever changed the trajectory of my career development. First, he asked me, “What do you want to do?” Next, he asked, “How can I help you?” After a brief conversation, he said, “Let’s go do it!”

It was that statement and his authenticity that blew me away. I realized that true mentors not only share knowledge and experience, but also provide advice and accountability to empower their mentee to take action toward their goals. My mentor helped clarify my career roadmap and helped me avoid missteps along the way.

In addition to navigating one’s career path, there are many other benefits of mentor/mentee relationships. For the mentor, the partnership provides a way to give back and engage in a volunteering capacity while

“

I now appreciate that our meetings are fertile environments that cultivate collaborations, personal and professional relationships, and key networks.

”

expanding his or her network. It also provides the opportunity to improve active listening, communication, and interpersonal skills. Other benefits include developing leadership and management capacity and gaining a broader perspective on relevant issues. Likewise, mentees benefit from the relationship. They learn from the valuable expertise and advice of the mentor and gain needed perspective, encouragement, and support. Oftentimes, this guidance helps the mentee develop a sense of direction and attainable goals.

There are many opportunities within our Academy and various specialty societies to join a formal mentoring program, or a spontaneous mentor-mentee bond might develop from participation in AAO-HNS/F meetings. Whether you are the mentor or mentee, involvement in a mentoring relationship is sure to fuel personal and professional advancement. ■

Reg-entSM :

MIPS 2018 reporting FAQs

Q What are the benefits of participating in Reg-ent to report MIPS 2018 instead of using another reporting mechanism?

A Reg-ent has numerous benefits for AAO-HNS members and is the MIPS 2018 reporting tool of choice for otolaryngologists because:

- Reg-ent provides access to more otolaryngology-specific quality measures than any other available MIPS reporting mechanism. Reg-ent contains 18 otolaryngology-specific Qualified Clinical Data Registry (QCDR) measures that are exclusive to the registry. In addition to these 18 QCDR measures developed by AAO-HNSF, Reg-ent also contains 37 publicly available quality measures that include otolaryngology-specific measures, as well as measures to meet the overall needs of the specialty.
- Reg-ent is first and foremost an otolaryngology clinical data registry, and by participating in Reg-ent, you are contributing to the growth of the national data repository. Reg-ent:
 - Allows members to define quality otolaryngology care and make improvements in the care and outcomes of their patients.
 - Is an investment in the future of otolaryngology-head and neck surgery.
 - Safeguards the role of otolaryngologist-head and neck surgeons in defining the best care.
 - Helps define and develop otolaryngology-specific quality measures.
 - Provides access to future private payer quality programs, fulfillment of maintenance of certification requirements, and FDA product surveillance.

Q How will the Reg-ent registry help my practice with MIPS 2018 reporting?

A As a QCDR, Reg-ent can accommodate reporting for all required MIPS 2018 performance categories, including Quality,

Promoting Interoperability (PI), formerly known as Advancing Care Information (ACI), and Improvement Activities (IA). Reg-ent staff at AAO-HNSF and FIGmd (the registry's technical vendor partner) will work closely with your practice through the process of quality measures mapping and measures selection, PI, and IA data entry and attestations, and ultimately the submission to CMS.

Q What are the new requirements and changes for MIPS 2018 reporting?

A CMS has outlined the new requirements for MIPS 2018 reporting in the Quality Payment Program (QPP) Year 2 Final Rule:

- The low volume threshold has increased. For 2018, providers who have less than or equal to \$90,000 in Medicare-allowed charges **or** provide care to 200 or fewer Medicare beneficiaries will be excluded from MIPS 2018 reporting. Use the CMS 2018 MIPS Eligibility Lookup Tool at <https://qpp.cms.gov/participation-lookup/> to determine your eligibility.
- Virtual Groups, defined as solo practitioners and groups of 10 or fewer Eligible Clinicians (ECs) who come together virtually to participate in MIPS for a performance year, have been added as a new way to participate in MIPS 2018 reporting. Reg-ent is able to accommodate Virtual Group reporting.

**Note: To report as a Virtual Group for the 2018 Performance Year, the election process had to be completed by December 31, 2017.*
- There are new bonus points for small practices and for treatment of complex patients.
- You are now required to submit Quality category data for the full year while PI and IA categories have a minimum performance period of 90 days. Cost data, as calculated by CMS utilizing administrative claims, are required for the full year.

- The Quality Performance category will now be 50 percent of your final score (compared to 60 percent in 2017). As in 2017, you are required to report on six quality measures, with one of the six being an Outcome measure (or a High-Priority measure if an Outcome measure is not available).
- The Cost category will count toward 10 percent of your final score and will be calculated by CMS through administrative claims data—no additional submission is required for the Cost category.
- For the PI category, a 10 percent bonus will be given to those who use only 2015 edition CEHRT.
- Small practices (15 or fewer clinicians) can apply for a PI Hardship Exception—please note that if accepted, the PI category will be reweighted to zero and the Quality category will be increased to 75 percent of your final score.

To learn more about the details of these changes, view our Reg-ent MIPS 2018 resources at <http://www.entnet.org/content/reg-ent%E2%84%A0-mips-2018-measures>. If you have questions specifically related to the MIPS 2018 reporting requirements, contact the Academy's Health Policy team at healthpolicy@entnet.org.

Q Are there otolaryngology-specific quality measures available through Reg-ent?

A Yes. For MIPS 2018 reporting, there are 18 otolaryngology-specific QCDR measures available exclusively through Reg-ent. The topics for these QCDR measures include otitis media with effusion, cerumen impaction, allergic rhinitis, age-related hearing loss, Bell's Palsy, and tympanostomy tubes. In addition to the QCDR measures, Reg-ent has 37 publicly available QPP measures available

■ at the forefront

for MIPS 2018 reporting, bringing the total quality measures in Reg-ent to 55. To view more details about these measures, visit www.entnet.org/2018-measures.

Q How is PI and IA reporting done through Reg-ent?

A Reporting for the PI and IA categories is done through data entry and attestations in the Reg-ent MIPS dashboard. Through Reg-ent you can report on either set of PI measure sets (as dependent on your certified electronic health record technology (CEHRT) edition—2014 and/or 2015). For certain PI measures, participants will be required to enter numerator and denominator information; for other PI measures, only attestation is required. Reg-ent includes all the 112 Activities available from CMS for 2018. Of these 112 Activities, Reg-ent provides a list of selected Registry Recommended activities that are most applicable to our participants.

Q Will I be able to secure any bonus points for using Reg-ent to report MIPS 2018?

A Yes. By reporting through Reg-ent, you will be able to secure the bonus points available under MIPS 2018 for end-to-end electronic quality measure reporting, as well as those available under the PI category for attesting to completion of certain Activities using CEHRT. In addition, under the PI category you will earn 10 percent for reporting Quality measures data to Reg-ent.

Q Will I be able to track my performance and scores for the MIPS reporting categories?

A Yes. Reg-ent participants will be able to view and track their scores in each reporting category within the Reg-ent MIPS dashboard. The Reg-ent dashboard provides a visual representation of your data and allows you to benchmark your performance at the practice, location, and provider levels against your peers in Reg-ent.

All final payment adjustments are determined by CMS and will be applied in 2020 for the 2018 reporting year.

Q By what date must I join Reg-ent to report MIPS 2018?

A All practices must have contracts executed by **July 16, 2018**, to report MIPS 2018 via the EHR integrated method of reporting through the Reg-ent registry.

Q Will Reg-ent work with my EHR?

A Reg-ent is able to work with a wide variety of EHRs. Visit Reg-ent's EHR vendor resource page at www.entnet.org/content/regent-compatible-emrs-and-practice-management-systems for a complete list of EHR vendors currently connected to Reg-ent.

Direct extraction of data from the practice EHR is the most seamless means by which to submit data to the Reg-ent registry.

**Note: If your EHR data is in the cloud or if you practice in a health system or academic medical center, the Reg-ent registry will work with both the practice and the EHR vendor to push your practice data to the Reg-ent registry. Pushing data requires active engagement from both the practice and vendor, and fees may be charged by your EHR vendor.*

Q I use paper charts in my practice. Will Reg-ent be able to help me report MIPS 2018?

A Yes. For practices without EHR systems, Reg-ent offers a web entry tool for reporting MIPS 2018. The web entry tool requires manual entry of your patient and practice data for the quality measures you select. There is also a CSV file upload feature that allows for faster bulk data entry.

Please note that without an EHR you will not be able to report the PI category, which requires the use of a 2014 or 2015 certified EHR. However, you will still be able to report the Quality and IA categories via Reg-ent.

**Note: While the deadline to have a contract executed with Reg-ent in order to use the web entry tool is December 31, 2018, we encourage you to join as early as possible to allow time to enter your quality data. This is especially important now that twelve months of data is required.*

Q When will Reg-ent submit data to CMS?

A Submission of data to CMS will begin upon conclusion of the 2018 performance year. While the CMS submission period of effectively closes on March 31, 2019, Reg-ent intends to complete all submissions to CMS by mid-February.

Q What fees does Reg-ent charge?

A Participation in Reg-ent is an investment in the single largest quality improvement initiative in AAO-HNSF history.

Reg-ent fees include a one-time application fee of \$250 per provider and a \$295 yearly subscription fee per provider. Reg-ent fees are not directly tied to MIPS reporting and are required for all participants regardless of reporting needs. By joining Reg-ent you will have access to your registry dashboard and benchmarking data, as well as additional product benefits as they are developed. Reg-ent has moved to an annual January payment and billing cycle for the yearly subscription fee. For the initial subscription fee, the amount your practice pays per provider will be based on the month of registration.

Please see the table on our Reg-ent fees web page at www.entnet.org/content/reg-ent-fees for more information.

Q How do I get started?

A Visit the Reg-ent Sign Up Portal at <https://regent.entnet.org/Signup/registry.aspx>. To sign up today, make sure you have the following information available:

- list of clinicians that includes the AAO-HNS member IDs and National Provider Identifier (NPI) numbers for each
- individual email address for each provider
- practice Tax Identification Number (TIN)
- practice location address(es)
- credit card or check details

Q Who may I reach out to if I have additional questions?

A Please contact the Reg-ent team at Reg-ent@entnet.org or call 703-836-4444. ■

International Advisory Board (IAB) Chair election

The AAO-HNS call for nominees for the next Chair of the International Advisory Board (IAB) was highly successful and resulted in the submission of several highly qualified candidates for the position. The IAB Executive Committee selected **Sady Selaimen da Costa, MD, PhD**, Porto Alegre, Brazil, and **Titus Sunday Ibekwe, MD, MPH**, Ibadan, Nigeria, as the candidates for Chair. The election will be held at the AAO-HNSF 2018 Annual Meeting & OTO Experience in Atlanta, Georgia.

Sady Selaimen da Costa, MD, PhD

My name is Sady Selaimen da Costa, and I am an otolaryngologist living in Porto Alegre in southern Brazil. Currently, I am the Chairman of Otolaryngology at the University of Rio Grande do Sul.

I have had the privilege to serve as Vice Chair of the International Advisory Board (IAB) during the last two years, when we set specific goals that I intend to keep pursuing as the Chair of the IAB:

- Support mission to be a global educational organization
- Give voice to ENTs worldwide within the AAO-HNS
- Foster the development of a global otolaryngology community

- Increase participation of non-Americans in the activities of the Academy
- Enhance exchange among global ENT societies

After this great experience, and as Past President of the two largest Brazilian ENT-related societies, I had the opportunity of experiencing many aspects of the associative life: administration, scientific, educational, and political.

I have lectured in the last years in various and contrasting countries: Brazil, Uruguay, Argentina, Peru, United States, Lebanon, France, Switzerland, Senegal, Morocco, Portugal, England, Spain, and Japan. I have also served as a volunteer in a charity medical mission in

Senegal (Africa) and collaborated with many educational projects with colleagues in India.

These wonderful experiences have created a network of connections with colleagues from all around the planet and consistently enhanced my understanding of the world mechanics and real life. Furthermore, they have nourished the awareness of the importance of international cooperation and the never-ending efforts to build a better and fair world.

All these principles are confluent to the notion that the IAB can really make the difference! ■



Titus Sunday Ibekwe, MD, MPH

My vision is to build a virile International Advisory Board (IAB) and consolidate on the impacts of global otolaryngology for the AAO-HNS. This shall be achieved through regular consultations, feedback from the stakeholders, and evaluation/re-evaluation of the needs assessments and prompt presentations of outcome to the IAB for informed decision and policy implementation. Each member country of the AAO-HNS shall be treated according to her global needs.

Truly global AAO-HNS

We shall strengthen AAO-HNS collaboration with regional organizations to make the AAO-HNS more visible and increase international

membership. The list of countries which are NOT corresponding societies to AAO-HNS/F shall be compiled, and efforts geared toward making them members. A special sub-committee comprising secretaries of the International Corresponding Societies and member countries shall be constituted toward this cause. They shall be charged with aggressive marketing of the AAO-HNS/F brand to ensure that non-member countries in their regions are convinced to join.

Capacity building

As the Chair of the IAB, education and skill acquisition shall be given priority to foster sustainable goals on the various regions of the world, especially the developing countries. The

costs and risks of travels by volunteer members of AAO-HNS/F shall be minimized if the indigenous health workers are maximally empowered during medical outreach to cater for subsequent needs of their populace.

We shall strengthen advocacy for AAO-HNS/F global otolaryngology support by international organizations such as the WHO, UN, UNICEF, etc., without conflicting interest(s).

Finally, we shall build on achievements of our predecessors and entrench principle-oriented leadership.



■ at the forefront



CLINICAL PRACTICE GUIDELINE: A CONSUMER'S PERSPECTIVE

Commentary: New clinical practice guideline on hoarseness (dysphonia)

with permission from the National Spasmodic Dysphonia Association

Special thanks to all of the committee members

(pictured on page 12): **Top row from left:** Helene J. Kro-use, PhD, RN; Cecelia Damask, DO; German P. Digoy, MD; Rita R. Patel, PhD, CCC-SLP; Daniel R. Ouellette, MD; Char-lie W. Reavis, DMA; Scott McCoy, DMA; Steven R. Strobe, MD, MED, MPH; Peak Woo, MD; Marshall E. Smith, MD; and Libby J. Smith, DO; **Bottom row from left:** David O. Francis, MD, MS; Seth R. Schwartz, MD, MPH; Robert J. Stachler, MD; and Lorraine Nnacheta, MPH

■ **Charlie Reavis**, NSDA President

In February 2016, I was asked by the American Academy of Otolaryngology–Head and Neck Surgery Foundation (AAO-HNSF) to serve on a panel as the consumer advocate to update the Clinical Practice Guideline: Hoarseness (Dysphonia). I initially questioned how much I could contribute on a panel of health professionals and, frankly, how would my participation and input be accepted. After some consideration, I decided this was a unique and important opportunity to represent the dysphonia patient community, and I accepted the challenge.

There were two things that stood out immediately. First, I was warmly accepted and quickly became an active panel participant and contributor to the process. Second, it became clear that the guideline, published in 2009, would require a complete rewrite rather than an update of current practices.

The Clinical Practice Guideline: Hoarseness (Dysphonia) is designed to provide doctors with evidence-based recommendations for treating patients with dysphonia. Dysphonia is characterized by altered voice quality, pitch, loudness, or vocal effort that impairs communication and/or quality of life. It affects nearly one-third of the population at some point in their lives. The guideline ensures that current best-case evidence is available to doctors to improve the quality of care for patients with dysphonia.

The mission of the panel was to use data and studies from the past nine years to ensure the guideline remains relevant. The AAO-HNSF revised the methodology it used to write this guideline, which required review of an

extensive amount of material. The team analyzed research that included systematic reviews, clinical practical guidelines, randomized controlled trials, and comparative studies.

This was necessary to achieve the specific objectives of the guideline—i.e., to reduce inappropriate variations in care, produce optimal health outcomes, and minimize harm.

The new guideline was released March 1, 2018, and is available to the public from *Otolaryngology–Head and Neck Surgery*. The team also created a plain language summary, and a handout that doctors could use to provide evidence-based recommendations to patients. In addition, I had the opportunity to participate in a podcast about the new guideline.

The National Spasmodic Dysphonia Association is committed to research, outreach, and education, which ensures we have the competency to participate in activities like this and advances our goal of a speedy diagnosis and appropriate treatment. It was an honor to be included by the AAO-HNSF to represent the dysphonia patient community on this panel of distinguished health professionals.

The guideline can only serve as a valuable tool in speeding diagnosis and appropriate treatment of dysphonia, if physicians are aware of it. We will send the guideline directly to all of our participating otolaryngologists and speech-language pathologists. We need your help to make primary care providers and other physicians aware of the guideline. ■

All of the information on the guideline can be found at www.entnet.org/content/clinical-practice-guideline-hoarseness-dysphonia.

National Spasmodic Dysphonia Association 300 Park Boulevard | Suite 335 | Itasca, IL 60143 | 800-795-6732 | NSDA@dysphonia.org | www.dysphonia.org

Changes to the guideline

The new Clinical Practice Guideline on Hoarseness (Dysphonia) delivers an algorithm to healthcare providers to determine when the acceleration in care is needed and serves to meet the following goals:

- Reduce excessive variation in care
- Produce optimal health outcomes
- Prevent delay in evaluation, diagnosis, and treatment
- Improve education among all health professionals

Hoarseness is a common complaint that will affect one-third of the population at some point in their lives. It is also a symptom common to many diseases. It can be caused by an upper respiratory tract infection and disappear on its own. However, if it does not go away or get better in four weeks, there may be a more serious underlying medical condition. The guideline shortens the amount of time recommended before performing a laryngoscopy in all patients. The guideline also recommends that patients with isolated hoarseness should not be treated with anti-reflux, antibiotic, or steroid medication before inspecting the larynx. ■

Humanitarian service in Belize

In February, **Jeffrey J. Harmon, Jr., MD**, served on a medical mission to the Corozal Community Hospital in Corozal, Belize. There he was part of a 60-member team that focused on the surgical treatment of congenital and acquired facial deformities in adults and children. Here, Dr. Harmon sits with his young patient, Joveh, the day after Joveh's unilateral cleft palate was repaired.

➔ **READ MORE ONLINE**
Longer article available



Otovent®

Auto-Inflation System for Glue Ear Treatment

Otovent® auto-inflation system is a first-line treatment for negative pressure in the middle ear.

Why Otovent® in the treatment of glue ear?

- 64% of trial patients demonstrated immediate improvement¹
- A mechanical treatment without the use of drugs
- Minimal demand on physicians time
- Immediate relief encourages patients and relieves anxiety
- Easy, safe and fun to use!

INVOTEC®
800 998 8580 • www.invotec.net

1. S-E Dzungup M.D., J. Soderberg-Olsen M.D., V. Balic M.D. Autoinflation as treatment of Secretory Otitis Media. Arch Otolaryngol Head Surg. 1992; 118: 149-152.

Proposed fiscal year 2019 (FY19) combined budget

■ **Scott P. Stringer, MD**

AAO-HNS/F Secretary-Treasurer

The Executive Committees of the Boards of Directors (BODs) were presented with the Finance and Investment Subcommittee (FISC) proposed budget for the next fiscal year, July 1, 2018-June 30, 2019 (FY19), and endorsed it for approval by the BODs. During the April meeting, the BODs reviewed and conditionally approved the FY19 budget that is presented here to the membership.

Budgeting for FY19 represents the collaborative work of both the staff leadership and the members of the FISC to match stable funding to the mission we aspire to accomplish. The proposed FY19 budget is structured to meet the strategic plan goals of the AAO-HNS/F and continue to provide member services in the most effective and efficient way possible.

In early spring, the FISC reviewed financial results for the first six months of the FY18 budget year. Based on this information, it is projected that the FY18 actual results will be within budget.

Highlights of the FY19 budget

The FY19 balanced budget is proposed at \$18.028M, approximately equal to the FY18 budget of \$18.794M. Member dues continue to account for almost 40 percent of the revenue budget while the Annual Meeting & OTO Experience account for another 35 percent. Product and Program sales, mainly sales of education products and royalties from publishers of the *Otolaryngology-Head and Neck Surgery* journal, the *Bulletin*, and our Academy Advantage partners, make up 20 percent of budgeted revenue. The remaining 5 percent of FY19 revenue is budgeted to come from corporate support of the Annual Meeting, donations to the Annual Fund, use of donor-restricted gifts, and

use of reserves for two designated purposes.

The Board approved that \$440K of reserves be designated for use in the FY19 budget for two specific purposes. First, to cover any shortfall in contracted technology costs for Reg-entSM that are not covered by participant fees. This shortfall is budgeted to be \$240K in FY19. Second, for development costs of a new patient information website, ENThealth.org, budgeted to be \$200K in FY19.

Significant changes in the FY19 budgeted revenue compared to FY18 include: lower Annual Meeting registrants, based on an average of prior year meetings; lower Home Study Course and other education product sales, based on projected FY18 actual sales; and transformation of patient information content and distribution services. Corporate sponsorships are budgeted slightly lower than in FY18 but offset by an increase in Other Revenue associated with Annual Meeting events, such as the popular Lunch with the Experts series.

The downward pressure on revenues is balanced by controlling the growth of expenses.

In December 2017, approximately half of the outstanding debt used to purchase the headquarters office building was paid off using accumulated net asset reserves. This reduced annual debt service by approximately \$500K per year, allowing inflationary expense increases to be absorbed without a reduction in member services.

Meeting Facilities and Banquet Costs for the Annual Meeting in Atlanta, GA, are budgeted 25 percent less than budgeted for Chicago, IL, based on pricing differences between the venues and the lower budgeted attendance. Delivering the world's best otolaryngology education program continues to be a priority in the allocation of budget resources.

The FY19 budget for grants is comparable to FY18, except for certain donor-restricted

AAO-HNS/F Combined Budgets

	Approved Budget FY18	Proposed Budget FY19
Revenue		
Membership Dues	\$7,000,000	\$6,925,000
Meetings	6,771,000	6,204,000
Product and Program Sales	1,989,000	1,714,000
Royalties	1,540,000	1,642,000
Corporate and Individual Support	917,000	810,000
Other Revenue	60,000	105,000
Use of Donor Restricted Funds	244,000	188,000
Use of Board Designated Reserves	273,000	440,000
Total Revenue	\$18,794,000	\$18,028,000
Expenses		
Salaries & Benefits	\$9,124,000	\$9,325,000
Consultants & Professional Fees	2,492,000	2,718,000
Other Operating Expenses	2,376,000	2,396,000
Meeting Facilities & Banquet Costs	2,212,000	1,662,000
Occupancy	1,676,000	1,060,000
Grants	464,000	417,000
Contingencies	450,000	450,000
Total Expenses	\$18,794,000	\$18,028,000

grants that are on an every-other-year disbursement schedule.

Contingencies are budgeted in the same amounts and for the same purposes as in FY18—that is, \$250K to buffer any Annual Meeting net revenue shortfall and \$200K for use at the discretion of the EVP/CEO.

The complete budget is available to any Academy member who requests it in writing. Email requests to Carrie Hanlon, CPA, Senior Director, Financial Operations at bulletin@entnet.org. ■



#OTOMTG18

Honorary Guest Lecturers

Presented in order of appearance, October 8 and 9, 2018

JOHN CONLEY, MD LECTURE ON MEDICAL ETHICS

Monday, October 8 - 10:00 - 11:00 am
Georgia World Congress Center
Building B, Ballroom 2-3

The Ethics of Surgical Innovation
Ronald B. Kuppersmith, MD, MBA



Ronald B. Kuppersmith, MD, MBA, is in private practice in Bryan-College Station and Huntsville, TX, and holds an academic appointment as Professor of Surgery at the Texas A&M Health Science Center College of Medicine. Dr. Kuppersmith is a Past President of the American Academy of Otolaryngology–Head and Neck Surgery and the Texas Association of Otolaryngology-Head and Neck Surgery. He currently serves on the Board of Directors of the American Board of Otolaryngology and as the Deputy Editor of *ENT Today*.

Dr. Kuppersmith has always been interested in innovation in health-care. He designed surgical instrumentation that is used worldwide for robot-assisted thyroid surgery and has served as a principal investigator on studies to help medical device companies obtain FDA clearance for new technologies. Dr. Kuppersmith frequently advises medical device companies, technology companies, and investors on clinical, market, business development, and strategic issues.

Dr. Kuppersmith attended the University of Michigan in Ann Arbor, MI, for his undergraduate degree and medical school. He completed his residency in Otolaryngology-Head and Neck Surgery at Baylor College of Medicine in Houston, TX, and obtained an MBA from University of Washington in Seattle, WA.

M. PAPARELLA, MD GRANT FOR RESEARCH IN CLINICAL OTOPATHOLOGY AND LECTURE FOR DISTINGUISHED CONTRIBUTION IN CLINICAL OTOLOGY

Monday, October 8 - 2:30 - 3:30 pm
Georgia World Congress Center
Building B, Ballroom 2-3

**Contributions of Contemporary
Human Temporal Bone
Histopathology to Clinical Otology**
Debara L. Tucci, MD, MS, MBA



Debara L. Tucci, MD, MS, MBA, is a Professor of otolaryngology-head and neck surgery at the Duke University Medical Center.

Dr. Tucci is principal investigator (PI) on an NIH-funded grant focused on improving access to care for adults with hearing loss, and served as co-PI on an NIH-funded project that developed a national practice-based clinical research consortium, the CHEER network. She recently served on the Committee on Accessible and Affordable Hearing Health Care for Adults convened by the National Academies of Sciences, Engineering and Medicine.

Beyond her work in the United States, Dr. Tucci has an interest in international hearing healthcare and has worked with international colleagues to improve infrastructure and services in developing countries. She is currently working with the World Health Organization and other organizations to further global hearing healthcare initiatives.

She earned her medical degree from University of Virginia School of Medicine and completed her residency at University of Virginia Health System. She completed an MBA with a certificate in Health Sector Management from the Duke Fuqua School of Business in 2013.



**H. BRYAN NEEL, III MD, PHD
DISTINGUISHED RESEARCH
LECTURE**

Tuesday, October 9 • 10:00 – 11:00 am
Georgia World Congress Center
Building B, Ballroom 2-3

**Simulation in Otolaryngology:
Real Benefits from Virtual
Environments**

Nikolas H. Blevins, MD



Nikolas H. Blevins, MD, is the Larry and Sharon Malcolmson Professor of Otolaryngology at Stanford University. He is the chief of the Division of Otolaryngology and Neurotology, program director of the Neurotology Fellowship, and director of the Stanford Cochlear Implant Center.

His research focuses on the development and application of technology to augment microsurgical approaches to the skull base, including the use of computer modeling and immersive surgical simulation for preoperative rehearsal and the development of augmented reality platforms for operative guidance. Additionally, he and his collaborators are developing minimally invasive techniques for inner ear surgical access, surgical micro-robotics, and other technology to optimize the results of hearing restoration.

Dr. Blevins received his bachelor's degree from Stanford University. He completed medical training at Harvard University before returning to California for residency in otolaryngology at the University of California at San Francisco. He remained at UCSF for a fellowship in otology/neurotology. Dr. Blevins joined the Stanford Department of Otolaryngology in 2003.

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

Tuesday, October 9 • 2:30 – 3:30 pm
Georgia World Congress Center
Building B, Ballroom 2-3

Evolution of Neck Surgery

Eun-Chang Choi, MD, PhD



Eun-Chang Choi, MD, PhD, serves as a Professor and Chairman of the Department of Otorhinolaryngology at Yonsei University Health System in Seoul, Korea, a position he has held at his alma mater since 2012.

Dr. Choi's research focuses on super-selective neck dissection, esthetic head and neck surgery, and metastasis of head and neck cancer. His department is a world leader in the field of robotic head and neck surgery.

Dr. Choi currently serves in a variety of other roles, including on the Editorial Board of Oral Oncology, President of the Board of Directors for the Korean Society of Otorhinolaryngology and Head and Neck Surgery, President of the Korean Society of Head and Neck Oncology, and Conference Chair for the upcoming 6th Asian Society of Head & Neck Oncology meeting.

Dr. Choi graduated from Yonsei University in 1981. From 1982-1985 he specialized in otorhinolaryngology at the Yonsei University Severance Hospital. His PhD thesis: "The effect of selective section and direct nerve implant of laryngeal adductor nerve on vocal cord abduction" was published in 1991.



Welcome to Atlanta: Our town

In the middle of an urban resurgence, Atlanta is one of America's most accessible cities, featuring vibrant and unique neighborhoods, chic dining, and a rich history. Around every corner is a new attraction, restaurant, or shopping opportunity. If you haven't visited Atlanta in a few years, you haven't really seen Atlanta.



Pablo Stolovitzky, MD
ENT of Georgia

How does Atlanta encompass this year's We Are One theme?

It's a multicultural city that encompasses a tremendous amount of diversity.

President's Reception

The President's Reception is going to be outstanding. It will have a beautiful setting at the Georgia Aquarium, which is one of the most inspiring aquariums in the world, surrounded by thousands of aquatic species. We'll have our usual fun—dancing, listening to wonderful music, and exchanging a lot of ideas. A great opportunity for networking!

Why are you excited to host #OTOMTG18 attendees in Atlanta?

We have not held this conference in Atlanta in many years. This is a great opportunity to get to know the city again. Atlanta continues to have southern charm and a beautiful canopy of trees and rolling hills, but also lots of things to do. If you're a biker, we have the beltline where you can ride for miles, visiting the different neighborhoods and award-winning restaurants.



Nikhila P. Raol
Emory University School of Medicine Department of Otolaryngology – Head & Neck Surgery

How does Atlanta encompass this year's We Are One theme?

One of my favorite things about Atlanta is that it is a transplant city. I've met so many people from around the country and the world who have adopted Atlanta as their own. The people here get behind this city. No matter where you're from, you can feel the sense of unity.

What do you love most about Atlanta?

You're in the middle of an urban environment, but you don't feel like it. It's so green everywhere! I love the fact that I can get everything a big city has to offer but still feel like I'm in a beautiful picturesque setting.

What advice do you have for first-time attendees?

Go to everything you can and don't be afraid to approach new people. Feel comfortable picking new brains and making new friends.

What is Atlanta's best-kept secret?

The beltline! It gives you the chance to experience the entire city on foot or bike.



Peter J. Abramson, MD
ENT of Georgia

How does Atlanta encompass this year's We Are One theme?

There are quite a few otolaryngologists here in private practice and also in the academic setting and hospital-based medicine. We often get together to cross-pollinate on a number of ideas. Our patients are from not only Atlanta or Georgia, but the southeast, across the U.S., as well as international. It's a fantastic place to practice, and we really feel as if we are one in the specialty.

What makes Atlanta unique?

Atlanta is made up of a bunch of neat little neighborhoods that are easily accessible. There is a wonderful array of restaurants and shops, and each neighborhood has its own personality.

Why do you love Atlanta?

I've been here since 1983. I grew up in Georgia. Atlanta has grown so much and become so metropolitan. There is a great medical community here. It's vibrant, cutting edge, and a wonderful place to practice.



Lisa C. Perry-Gilkes, MD
Polaris Medical Group-ENT, LLC

How does Atlanta encompass this year's We Are One theme?

Atlanta is a multicultural city that is welcoming and easy to get around. It is one of the major cities for international conferences. There's no better city to have this meeting in than Atlanta, where the civil rights movement began. Atlanta was known as the "city too busy to hate." It has a multicultural population, multicultural restaurants, and multicultural shopping. It is a melting pot—the city of fun, education, and culture. We welcome you!

What do you love most about Atlanta in the fall?

There's always something to do in Atlanta! There are wonderful exhibits at the botanical gardens. The weather in Atlanta in the fall is perfect. It's not too hot and not too cold.

What advice do you have for attendees at this year's Annual Meeting in Atlanta?

Learn, enjoy yourself, have good eats, have fellowship, and make new friends.

What is your go-to Atlanta food?

Sweet Georgia's Juke Joint is very close to the convention center and is owned by a physician. They have southern cooking and live music every night. For more homestyle Atlanta cooking, there's also Mary Mac's Tea Room.



INTERNATIONAL GUEST OF HONOR SERIES

The Colombian Association of Otolaryngology, Head and Neck, Maxillofacial, and Facial Aesthetics

The Colombian ENT surgeon is the product of a wonderful land

“

As President of the AAO-HNS/F, it is my great honor and privilege to welcome the Colombian delegation from the Colombian Association of Otolaryngology, Head and Neck Surgery (ACORL) to the AAO-HNSF 2018 Annual Meeting & OTO Experience in Atlanta, Georgia, October 7-10. We look forward to the opportunity for continued friendship, camaraderie, and networking among friends and colleagues at the meeting. In addition, we look forward to our societies working closely together to improve the care and quality outcomes for our patients worldwide through this continued collaboration and outreach as our global message continues to resonate around the world.

— Gavin Setzen, MD
AAO-HNS/F President

”

■ **Steve Amado, MD**, President, Board of Directors, ACORL; **María Alejandra Pulido, MD**, Scientific Team director, ACORL; **Ricardo Silva, MD**, Vice President, Board of Directors, ACORL

The Colombian Association of Otolaryngology, Head and Neck Surgery (ACORL) was founded in 1961 in Bogota, Colombia, as a nonprofit scientific organization. Until then referred to as specialists in Organs of the Senses, ACORL was formed to become independent of the Colombian Society of Ophthalmology and Otolaryngology and is certified under ISO 9001: 2008 Quality Standard since 2010.

Since its establishment, ACORL has had 29 board directors with members from all over the country, many of whom have gained worldwide recognition for their contributions to the advancement of the specialty.

As an academic authority and source of knowledge through continuing medical education, ACORL is dedicated to the improvement and integration of the patient through prevention and rehabilitative health

in otolaryngology, head and neck surgery, and maxillofacial and facial aesthetics. Its mission and focus are to integrate specialty care, to promote professional development through continuing medical education and counseling, and to promote the excellence of medical activities for the welfare of the community.

The ENT surgeon in Colombia is the product of a wonderful land. Colombia, a rediscovered gem, is quickly becoming one of the fastest-growing destinations for young tourists, eco-lovers, and foreign culture enthusiasts. Colombia has a unique mix of ethnic cultures, ranging from indigenous African roots to Spanish settlers. Its landscape includes some of the most beautiful scenic beaches, national parks, rainforests, and exquisite flora and fauna. Its inhabitants are known as the friendliest, happiest, and most exceptional hosts in South America. The Walled City of Cartagena contains some of the most original and colorful architecture on the planet.

For these reasons and more, we invite our AAO-HNS colleagues and their families to visit and share with us these fantastic new experiences. We are societies bound through the advancement of the specialty, friendship, and global collaboration. ■



Colombia's inhabitants are known as the friendliest, happiest, and most exceptional hosts in South America.





Join AAO-HNSF in new humanitarian effort: Donate medical supplies and instruments today!

An Atlanta-headquartered organization helps us help others

Imagine turning patients away because you don't have surgical gloves to treat them, or not being able to perform life-altering surgery on a child because you don't have the correct instruments or supplies. This happens every day in places around the world. But you can help to change that.

The AAO-HNSF is spearheading a medical supplies and device donation drive in conjunction with the AAO-HNSF 2018 Annual Meeting & OTO Experience. This humanitarian effort, which runs from now through December 31, 2018, is being done

in collaboration with MedShare, a 501c(3) humanitarian aid organization headquartered in Atlanta, GA, dedicated to improving the "quality of life of people, communities and our planet" by sourcing and directly delivering surplus medical supplies and equipment to communities in need around the world.

The AAO-HNSF **Otolaryngology United for Global Patient Care** initiative encourages members to contribute to this donation effort, which is crucial to supplying much-needed medical equipment and supplies to underserved communities around the world.

In an April 2018 *Bulletin* article about his own global outreach efforts, **Eugene N. Myers, MD**, Past President of the AAO-HNS/F and founding AAO-HNSF International Coordinator, said, "Help is always needed in hospitals and clinics around the world, and we need to encourage ways to provide that assistance. Not only do we have to get the word out that being generous and being a humanitarian feels good, but we have to inform members that there are mechanisms by which doctors can be generous and partake in these humanitarian efforts. The new device donation initiative

OTOLARYNGOLOGY UNITED FOR GLOBAL PATIENT CARE

*The official outreach effort of the AAO-HNSF
2018 Annual Meeting & OTO Experience*



partnering with





through the AAO-HNSF is a good start. I admire what the Academy is doing.”

This sentiment is at the heart of this endeavor, initiated by the AAO-HNSF Humanitarian Efforts Committee. However, the involvement and participation of the entire specialty is needed for it to succeed. Please review the following information to consider your donation. If you have any questions, please contact humanitarian@entnet.org.

Why donate medical supplies and devices for the global otolaryngology-head and neck surgery community?

The need grows every day, and as MedShare states in its 2017 Annual Report, “Because you care, we can improve quality of life.”

According to the World Health Organization, in the developing world, over 10 million children under the age of five die from inadequate medical care every year. At the same time, hospitals in the United States generate over two million tons of medical waste each year. Much of that waste is unused, unexpired medical supplies and equipment. (Source: *Healthcare Without Harm*)

Why did the AAO-HNSF Humanitarian Efforts Committee select MedShare as the 2018 Annual Meeting recipient of this humanitarian effort?

The Annual Meeting is always a time for global connection among healthcare professionals from around the world. The initiative to collect donated medical supplies and devices aligns directly with the work and focus of AAO-HNSF, its members, and the global specialty to serve patients. AAO-HNSF selected MedShare as the 2018 Annual Meeting outreach recipient because of its history in reaching underserved populations and the extent, depth, and impact of its work, as well as its location in Atlanta, the host city of the AAO-HNSF 2018 Annual Meeting & OTO Experience.

Over the last 20 years, MedShare has:

- Collected over \$207 million worth of life-saving medical supplies and equipment

- Diverted over 3.6 million cubic feet of reusable medical products from local landfills
- Received medical supplies and equipment from hundreds of hospitals and corporations

This collaboration allows multiple ways for Academy members, attendees, and non-attendees to get involved in this crucial effort.

Who will the donations serve?

Your donations allow MedShare to continue its efforts to strengthen local health systems and increase the capacity to treat millions of patients in medically underserved areas. To date, the organization has delivered lifesaving medical supplies to 100 countries and territories worldwide and has provided biomedical training and support to over 6,200 healthcare professionals in 18 countries on equipment delivered to healthcare facilities.

What equipment and supplies does MedShare accept?

MedShare works with hospitals, clinics, manufacturers, distributors, and individuals to receive reusable medical supplies, gently used durable goods, and operational biomedical equipment. Items most needed include gloves, sutures, surgical instruments, stethoscopes, wheelchairs, patient monitors, and sterilizers.

- Surplus Medical Supply List: www.MedShare.org/surplus-medical-supply-list/
- Surplus Biomedical Supply List: www.MedShare.org/biomedical-equipment/
- Primary Donation Guidelines
 - All items must have at least 12 months left until expiration
 - No pharmaceuticals/medications
 - No liquids that can be ingested or injected
 - Items have not had patient contact

Donations for this initiative will be accepted by MedShare through December 31, 2018.

But don't delay. Join the Otolaryngology United for Global Patient Care effort of humanitarian giving and make your donation to MedShare today! ■

How do I donate?

There are a number of ways you can contribute:

1. If you are attending the Annual Meeting, bring your donation with you and drop it off at the MedShare booth in the OTO Experience. MedShare will be collecting donations each day of the OTO Experience, October 7-9, and will provide you with tax deduction information.
2. If you are not able to attend the Annual Meeting or prefer to make your donation directly to one of the MedShare facilities, three donations centers will take donations on behalf of the AAO-HNSF Otolaryngology United for Global Patient Care initiative. Just complete the online form and be sure to indicate that this is part of the AAO-HNSF drive. You can ship to or drop off your donation at any of the following centers:

NATIONAL HEADQUARTERS & SOUTHEAST REGION DISTRIBUTION CENTER
3240 Clifton Springs Road
Decatur, GA 30034
770-323-5858

WESTERN REGION DISTRIBUTION CENTER
2937 Alvarado Street
San Leandro, CA 94577
510-567-7070

NORTHEAST REGION VOLUNTEER & COLLECTION CENTER
701 Penhorn Avenue, Unit #3
Secaucus, NJ 07094
201-866-6090

The donation form can be found at www.MedShare.org/donate-medical-supplies/.

2018-19 Home Study Course (HSC)

REGISTRATION NOW OPEN

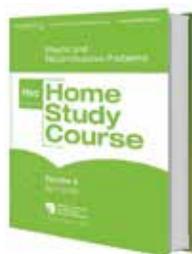


ONLINE FORMAT

- HSC is a compendium of relevant and timely scientific journal articles for residents and practicing physicians spanning across all eight specialty areas in a practical four-section format.
- Enhanced exam questions include case assessment questions and follow board format style.
- It is the most affordable way to earn up to 40 CME credits per section based on a minimum passing score of 70 percent for each self-assessment exam.
- Practicing physicians also have the option of a single-yearly exam submission deadline with no late fees.
- Enhanced features include online exam submissions (print and online packet subscribers), immediate access to exam scores and course completion transcriptions.
- Subscribe to the entire series or single sections.

PRINT FORMAT

- Receive print packet materials
- Submit exams online
- Access immediate exam scores and course completion transcripts
- Entire series subscription only



Register by
August 1, 2018,
to receive the
printed version.

HOME STUDY COURSE+

*The new HSC+
is available
to residents.*

For more information, visit
www.entnet.org/hsc.



ADVOCACY:

MAKING THE SPECIALTY'S VOICE
HEARD



AAO-HNS takes lead role in first FDA sleep disordered breathing workshop

On April 16, the U.S. Food and Drug Administration (FDA) held its first workshop on sleep disordered breathing (SDB) devices, focusing on the appropriate design of clinical studies to evaluate devices and digital health technologies intended for the diagnosis, monitoring, and treatment of SDB in adults. The FDA invited the AAO-HNS to serve on the planning committee, as well as be a key participant, in the day-long meeting at the agency's Maryland campus. The specialty was well-represented at this public forum with seven total participants, moderators for three of four panels, and a session speaker.

The AAO-HNS team was led by **Kathleen Yaremchuk, MD, MSA**, and included **Raj Dedhia, MD; James C. Denny III, MD; M. Boyd Gillespie, MD, MSc; Stacey L. Ishman, MD, MPH; Ofer Jacobowitz, MD, PhD;** and **Edward M. Weaver, MD, MPH**. Other invited organizations included the American Academy of Neurology, the American College of Chest Physicians, the American Sleep Apnea Association, the American Academy of Sleep Medicine, and the American Academy of Dental Sleep Medicine.

In recent years, the FDA has seen a marked increase in premarket submission for devices intended for both the diagnosis and treatment of SDB. The volume and variation of these emerging technologies present the FDA with complex questions regarding safety

and effectiveness, as well as determination of the benefit-risk profiles of these devices. The agency convened the public workshop to bring together device regulators, clinical experts in sleep medicine, patients, and other stakeholders to discuss potential solutions to these regulatory challenges. Study design considerations discussed included definitions for SDB conditions, inclusion/exclusion criteria for studies of these conditions, use of SDB assessment technologies, controls, and desired endpoints.

In the months leading up to the meeting, the Academy participated on numerous planning calls to assist the FDA in developing the workshop agenda. AAO-HNS physician leaders worked diligently with agency staff within the FDA's Center for Devices and Radiological Health, including **Eric A. Mann, MD, PhD**, Clinical Deputy Director, Division of Ophthalmic and Ear, Nose and Throat Devices, to arrive at a consensus on topics to be discussed and define the key questions to be addressed. The final workshop agenda included four panels, each one introduced by a primary speaker (see table at right). Following the overview, the panels included robust discussion around the appropriate design of clinical studies to evaluate devices and digital health technologies for the diagnosis and treatment of SDB. The FDA workshop marks a landmark success for otolaryngology-head and neck surgery, solidifying the specialty's role in sleep medicine with patients, policymakers, and industry. ■

PANEL TOPIC	AAO-HNS
Defining SDB Conditions for Clinical Trials	Moderator: Stacey L. Ishman, MD, MPH Panelist: Kathleen Yaremchuk, MD, MSA
SDB Diagnosis and Monitoring: Role of Polysomnography vs. Home Sleep Apnea Testing (HSAT)	Moderator: Kathleen Yaremchuk, MD, MSA Panelist: M. Boyd Gillespie, MD, MSc
Clinical Trial Design Considerations for Therapeutic SDB Devices	Primary Speaker: Edward M. Weaver, MD, MPH Panelist: Kathleen Yaremchuk, MD, MSA
Digital Health Technologies in SDB	Moderator: James C. Denny III, MD Panelists: Raj C. Dedhia, MD, and Ofer Jacobowitz, MD, PhD

If you missed the live broadcast

of the FDA workshop on April 16, visit <https://www.fda.gov/MedicalDevices/NewsEvents/WorkshopsConferences/ucm596147.htm> to access the following:

- List of speakers, moderators, and panelists
- A recorded webcast
- Slides for each panel topic

A full transcript of the workshop will be made available no later than May 30, 2018.

Now available: CPT Assistant on "Updated Endoscopic Nasal Sinus Surgery" codes

For the Current Procedural Terminology (CPT®) 2018 code set, significant changes were made to the Endoscopic Sinus Surgery (FESS) and Sinus Ostial Dilation (e.g. balloon sinus dilation or BSD) family of CPT codes. To help members understand the code changes and accurately report these procedures, the AAO-HNS partnered with the American Medical Association (AMA) to develop a CPT Assistant on the updated codes.

The CPT Assistant includes new introductory guidelines, updated full code descriptors of the bundled codes, details on revisions to the codes, helpful coding tips, and descriptions of all the procedures. Academy members can view the article via the AAO-HNS Coding Corner (www.entnet.org/content/coding-corner), a member benefit providing access to the newest coding and reimbursement tools.

To access a full inventory of CPT Assistant articles, subscriptions to the AMA CPT As-

sistant newsletter can be purchased through the AMA's online store at www.commerce.ama-assn.org.

For additional background on the Academy's comprehensive efforts to ensure appropriate Medicare reimbursement for these services, please view the November 2017 Bulletin article, available at <https://bulletin.entnet.org/article/cy-2018-medicare-physician-fee-schedule-mpfs-what-does-it-mean-for-you/>. ■



PAYMENT ADVOCACY SPOTLIGHT

Wins and recent actions

The AAO-HNS ramped up its private payment advocacy efforts this year due to increased actions by payers to reduce/eliminate physician reimbursements or limit their coverage decisions.

Strategic efforts were re-aligned to more actively advocate for full coverage and appropriate payment for patient procedures. After Anthem announced its decision to rescind its draft policy on Modifier 25, the Academy also was notified of another payment advocacy win from United Healthcare (UHC)!

Last November, the AAO-HNS submitted a comment letter in response to UHC's review request on its "Hearing Aids and Devices Including Wearable, Bone-Anchored and Semi-Implantable" medical policy. The Academy asserted the inaccuracy of the policy being reviewed, given that the use of bilateral bone-anchored hearing aids is proven and medically necessary for sensorineural hearing loss in both ears. The AAO-HNS requested that UHC revise its Coverage Rationale to provide clear and accurate clinical indications for the appropriate use of bone-anchored hearing aids. UHC updated its policy this spring, integrating the Academy's recommendations and removing inaccurate coverage criteria

language in the policy. The policy became effective April 1, 2018.

As part of these intensified efforts, since January 2018, the AAO-HNS also has worked on many other payer advocacy efforts, submitting comment letters to multiple private payers, including Anthem, various Blue Cross Blue Shield plans, and UHC. The following coverage topics have been the focus of our advocacy efforts:

- Balloon Dilation of the Eustachian Tube
- Cochlear Implants
- Drug-Eluting Devices for Maintaining Sinus Ostial Patency
- Antibiotic Therapy
- Sex Reassignment Surgery
- Cone Beam Computed Tomography Reimbursement
- Tapering of Fee-for-Service Rates

The AAO-HNS is awaiting responses from the private payer community on the above-named issues and will notify Academy membership if a change in coverage is confirmed. To read more about these and other payment advocacy wins, visit <http://www.entnet.org/content/advocacy>. If you have questions regarding private payer advocacy efforts or your local challenges, contact pmtadvocacy@entnet.org. ■



Speak with a collective voice

ENT PAC, the political action committee of the AAO-HNS, financially supports congressional candidates and incumbents who will advance issues important to otolaryngology-head and neck surgery. Since your AAO-HNS annual dues cannot be used for political purposes, ENT PAC was established to accept voluntary contributions, enabling our members to speak with a collective voice.

ENT PAC is a nonpartisan, issue-driven entity that supplements the Academy's legislative advocacy efforts and helps to increase the visibility of the specialty on Capitol Hill and with key policymakers.

ENT PAC Investor status runs on a calendar basis, so membership must be renewed each year.* To learn more about ENT PAC and the Academy's political efforts, visit www.entpac.org (log-in with your AAO-HNS member ID and password) or contact entpac@entnet.org for assistance. ■

*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 ENT PAC, 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.



AAO-HNS leads efforts to oppose audiology direct access/physician status legislation

The AAO-HNS strongly believes a physician-led hearing healthcare team, with coordination of services, is the best approach for providing the highest quality care to patients.

However, some in the audiology community continue to pursue legislation that would threaten patient safety by removing existing physician referral requirements within the Medicare program and redefining audiologists as “limited license physicians.”

The Audiology Patient Choice Act (S. 2575) was introduced in the U.S. Senate by Senators Elizabeth Warren (D-MA) and Rand Paul (R-KY) in March 2018. If enacted, S. 2575 would:

1. provide audiologists with unlimited direct access to Medicare patients without the need for a physician referral; and
2. inappropriately add “audiologist” to Medicare’s definition of a physician

S. 2575 is essentially identical to the audiology direct access/physician status legislation (H.R. 2276) introduced last year and in previous sessions of the U.S. House of Representatives.

Hearing and balance disorders are medical conditions that require a full patient history and physical examination by a medical doctor (MD) or doctor of osteopathic medicine (DO). Although audiologists are valued health professionals who work for and with physicians, they do not possess the medical training necessary to

perform the same duties as physicians, nor are they able to provide patients with the medical diagnosis and treatment options they require.

More than 130 national, state, and local medical societies, including the AAO-HNS, have opposed this effort in the House and the Academy is again leading the effort opposing S. 2575. In addition to spearheading a physician community opposition letter, the AAO-HNS has activated a grassroots response through PROJECT 535, updated our “Call to Action” for sending pre-written messages to lawmakers, and launched a “virtual lobby week” in June. Contact the AAO-HNS Advocacy Team at legfederal@entnet.org for more information or to get involved. ■



Federal legislative accomplishments

115th Congress – 2017/2018

Repealed the Independent Payment Advisory Board (IPAB)

- Created by the Affordable Care Act, the IPAB was charged with creating or modifying Medicare payment policy with limited congressional oversight.
- Repeal signed into law in February 2018.

Defeated proposed cuts to Medicare physician payments

- An SGR-like proposal relating to “mis-valued codes” was included in a congressional spending bill and would have resulted in cuts to Medicare physician payments.
- Provision successfully removed in February 2018.

Secured funding for Early Hearing Detection and Intervention (EHDI) programs

- This EHDI reauthorization effort sought to continue funding through 2022 for statewide plans that identify children with hearing loss and provide access to early intervention services.
- Bill signed into law in October 2017.

Ensured key patient protections in OTC hearing aids proposal

- An AAO-HNS amendment identifying “medically treatable causes of hearing loss” was added to legislation creating a category of over-the-counter (OTC) hearing aids.
- Amended bill signed into law in August 2017.

Increased visibility of World Hearing Day

- The AAO-HNS joined others in the hearing health community to draft a Congressional Resolution designating March 3 as World Hearing Day.
- Resolution introduced in the U.S. House of Representatives in March 2018.

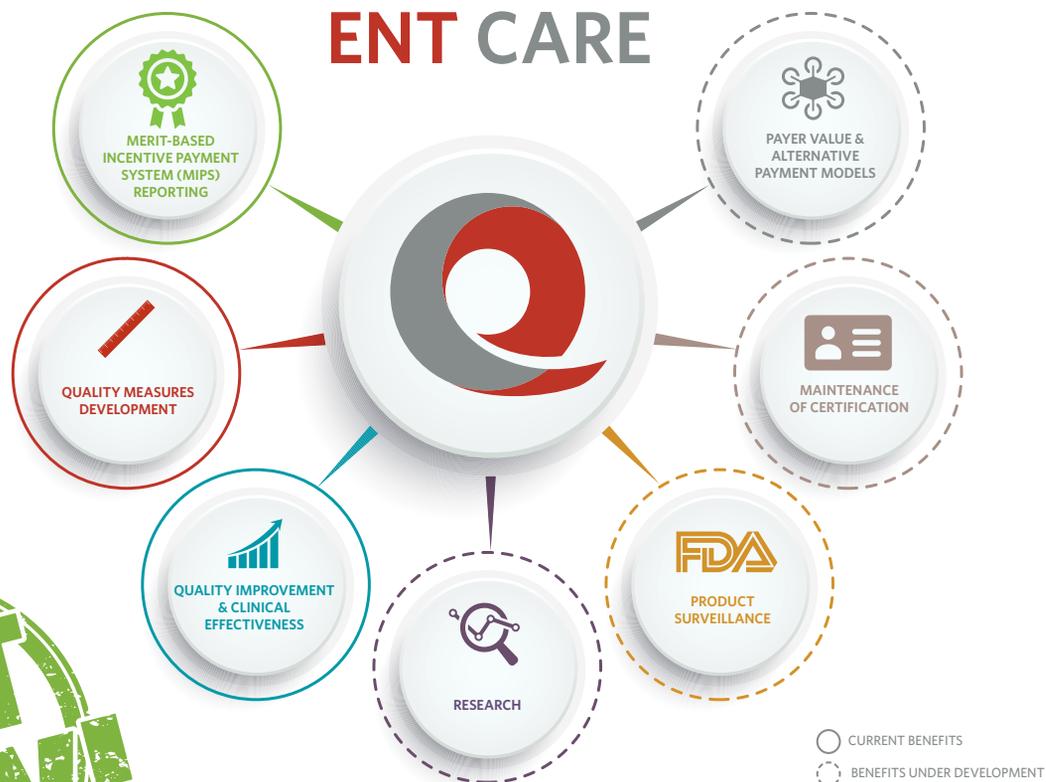
Led coalition letter opposing audiology scope expansion

- The AAO-HNS spearheaded opposition to the inappropriate expansion of audiology’s scope of practice and reclassification of audiologists as “physicians.”
- Letter garnered more than 130 signatories from national, state, and local medical organizations.

MAKE YOUR INVESTMENT IN THE FUTURE OF THE SPECIALTY

Reg-entSM

GUIDING BETTER ENT CARE



ACT NOW!

JOIN REG-ENT TODAY!

To complete your MIPS 2018 reporting through Reg-ent, sign your contract by **July 16, 2018**.

www.reg-ent.org

Contact us at reg-ent@entnet.org



AAO-HNS member Sung-Won Kim, MD, (far right in picture) was present at Governor Jay Inslee's bill signing ceremony for SB 5179. The Washington State Trackers and the Northwest Academy of Otolaryngology were successful in amending the bill to include otolaryngologists in the list of providers covered under the state's public employee and Medicaid programs for hearing aid services.

State of States: Mid-year 2018

With all but four state legislatures convening in 2018, it has been an active year for the AAO-HNS state advocacy program. However, many of those state sessions have been abbreviated. Oregon, for example, had a historically short session lasting only 27 days. This year, most of the legislatures were slated to concentrate on their state budgets. However, one need only look at Florida or West Virginia to see how a single

issue can derail an entire session's schedule. Thus, some issues pertaining to the specialty (e.g., a hearing aid bill in Florida), saw limited action and died upon adjournment.

For those states able to focus on non-emergency matters, four key healthcare issues impacting the specialty dominated the debate: the opioid crisis, inappropriate scope of practice expansions (particularly APRNs and PAs), maintenance of certification, and medical liability reform. States that continue to meet are pushing beyond the budget bills and attempting

to make some substantive changes in these areas.

Stay up-to-date with the AAO-HNS monthly State Tracker report, the State-mENT, which can be found on the AAO-HNS Advocacy website www.entnet.org/advocacy. Finally, Academy members are urged to join the 140+ otolaryngology professionals who have volunteered for the State Tracker team. Be the "ears" for your state and help identify issues impacting your profession, your practice, and your patients. Sign up at legstate@entnet.org and you, too, can make a difference! ■

Registration & Housing Open

7TH Annual

Summer Sinus Symposium

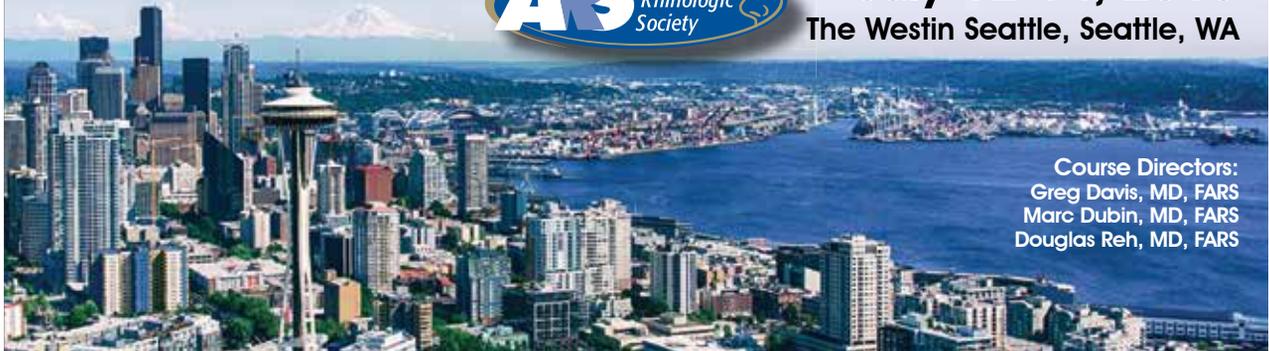
The Best Sinus Course in the World: Improving Rhinology from Office to OR



July 12-14, 2018

The Westin Seattle, Seattle, WA

Course Directors:
 Greg Davis, MD, FARS
 Marc Dubin, MD, FARS
 Douglas Reh, MD, FARS



MEETING HIGHLIGHTS:

• **Keynote Speaker:** *Albert Merati, President Elect AAO*

• **Signature Social Event – Chihuly Glass Museum**

- Cadaver Prosections
- Primary frontal sinus surgery: To do, or not to do?
- Second chances: Finding success in revision sinus surgery
- Would you do this in your office?
- Nasal polyps, our nemesis
- Complications of endoscopic sinus surgery: Managing the worst-case scenario

- Surgical failures after a textbook surgery: The chronically infected sinus
- Coding controversies. How would I code this? A case based panel
- Cough, throat clearing, and postnasal drip; tips for treatment of these challenging symptoms
- I don't have migraines, Doc, I have sinus headaches
- Balloon Dilation: From sinuses to eustachian tubes
- Topical therapies for chronic rhinosinusitis
- Prednisone: Friend and foe
- Epistaxis, hemostasis and HHT
- Epiphora – I'm really not crying

- Technical tips for successful orbital decompression
- Defining Appropriate Medical Therapy for CRS
- Understanding the International Consensus on Allergy and Rhinology Statements...and the most recent Allergic Rhinitis installment
- Controversies in allergy testing and immunotherapy: Challenging traditional practice
- The functional nose: When to do more than septoplasty and turbinate reduction
- Contemporary approaches to the turbinates, nasal septum, and nasal obstruction

- Endotypes matter in CRS management
- Asthma update: What every ENT should know about state of the art asthma treatment
- Runny noses: A comprehensive approach to the medical and surgical treatment of pediatric sinusitis
- Management of CSF Rhinorrhea
- Frontal drill out: When, why and how
- Complex inflammatory sinusitis cases: Case presentations
- Pituitary surgery: Pearls and Pitfalls
- Skull base cases: Case presentations

ANCILLARY NON-CME & Social Events

THURSDAY, 7/12/18

5:15 - 6:15pm
Acclarent Evening Symposium
 Leveraging New Advancements in 3D ENT Navigation

FRIDAY, 7/13/18

7:30 – 8:30am
Intersect ENT Breakfast Symposium
 Advancing Care for Recalcitrant Polypoid Patients with Evidence-based Innovation

12:00 – 1:00pm
Arrinex Lunch Symposium
 Chronic Rhinitis: Neurophysiology and New Treatment Paradigms

12:00 – 1:00pm
Cook Medical Lunch Symposium
 Nasoseptal Flap Donor Site Repair Using Biologic Grafts

12:00 – 1:00pm
Entellus Medical Lunch Symposium
 Enhanced Experiences for Sinusitis, Eustachian Tube Dysfunction, and Nasal Airway Obstruction Sufferers: Incorporating Less Invasive Technologies to Unlock Site of Service Flexibility

1:00 – 2:30pm & 3:00 – 4:30pm
Entellus Medical Cadaver Lab
 Expanding Treatment Options for Sinusitis, Eustachian Tube Dysfunction and Nasal Airway Obstruction Sufferers; A Hands-On Lab

1:00 – 3:00pm & 4:00 – 6:00pm
Medtronic Cadaver Lab
 Navigated In-Office Sinus Surgery

1:00 – 2:30pm & 3:30 – 5:00pm
Olympus Cadaveric Lab
 Enhanced Visualization in Advanced Surgery Techniques for Practicing Rhinologists

1:00pm Lecture; Labs 2:30 – 3:30pm & 3:30 – 4:30pm
Stryker Lecture and Mobile Lab
 Frontal Sinus Masterclass Using Building Blocks® Anatomy Planning and Target Guided Surgery Dissection

6:30 – 8:00pm
Women in Rhinology Networking Event

SATURDAY, 7/14/18

7:30 – 8:30 am
OptiNose Breakfast Symposium

12:00pm – 1:00pm
ALK, Inc. Lunch Symposium
 New Advances in House Dust Mite Allergy Treatment – Expanding Use of Immunotherapy

Details at <http://www.american-rhinologic.org/ss>

Contact: Wendi Perez, Executive Administrator, ARS, PO Box 269, Oak Ridge, NJ 07438 | Tel: 973-545-2735 | Fax: 973-545-2736 | wendi@amrso.com

www.american-rhinologic.org



The Charleston Course at the Beach!

8th Annual Otolaryngology Literature Update

Medical University of South Carolina
July 13 - 14, 2018 | Kiawah Island Golf Resort, SC

How does a busy clinician stay current in our rapidly expanding specialty?

Our 8th Annual Literature Update Course is designed to help!

- Expert critical assessments of over 100 of the past year's most relevant, current evidence-based publications
- Lectures and discussions that will evaluate best practices and strategies for how to translate the evidence into practice

Our faculty members will cover the specialty in 15 lectures over two half days with emphasis on the "pearls" important to your practice. We hope you will join us in a beautiful location along the South Carolina coast this July!

Paul R. Lambert, MD.

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



Otolaryngology – Head & Neck Surgery
Contact: 843-876-0943 • Email: tayloju@musc.edu
Website: ENT.musc.edu



24th ANNUAL UTAH OTOLARYNGOLOGY UPDATE

June 22-23, 2018, Salt Lake City, UT

Guest Speakers:

Ken Kazahaya, MD, MBA, FACS
Steven Gray Memorial Lecturer
University of Pennsylvania

Bradley W. Kesser, MD
James Parkin Lecturer
University of Virginia School of Medicine

J. Regan Thomas, MD, FACS
David Dolowitz Memorial Lecturer
Northwestern University

For more information, visit:

<http://medicine.utah.edu/surgery/otolaryngology/conferences/otolaryngology-update/>



Atlanta, GA, USA

Department of Otolaryngology – Head and Neck Surgery

Course Director:
Esther X. Vivas, MD

Course Faculty:

Esther X. Vivas, MD	C. Arturo Solares, MD
Kavita Dedhia, MD	Douglas E. Mattox, MD
Malcolm D. Graham, MD	N. Wendell Todd, MD, MPH

Temporal Bone Surgical Dissection Courses

5 Day Courses

October 1-5, 2018

March 25-29, 2019

October 28-Nov 1, 2019

Fee: \$1800 Physicians in Practice
\$1500 Residents (with letter from chief)
CME: 45 Category 1 Credits

For more information, please visit our website at:
www.otolaryngology.emory.edu
or you may email us at:
emoryotolaryngology@emory.edu



Complete Care. Trusted Doctors.

Ear | Nose | Throat | Allergy

We are a well-established, highly respected ENT private practice in Columbia, SC in search of an additional general otolaryngologist with subspecialty training in Otology/lateral skull base. Position is open to both new graduates and experienced physicians.

Our practice strives for ideal patient care in a friendly, pleasant work environment. We serve the greater Columbia area through two office locations where we provide comprehensive ENT and allergy services, audiology services including hearing aids, and CT scanning.

Outpatient surgery is performed in our physician owned ambulatory surgery center with potential buy in opportunity for physicians joining our practice. We offer a competitive compensation package.

The Columbia area is a great place to live with year round outdoor activities, family friendly community, and easy access to mountains and coastal beaches. The cost of living here is relatively low. Theater, symphony, excellent dining, white water kayaking, fly fishing, NCAA Division I athletics, and a host of other opportunities for recreation and community involvement are readily available.

Contact information:

Please send resumes to HR@centamedical.com



HEAD & NECK
SURGEONS

Private Practice Opportunity - General Otolaryngologist

Arizona Otolaryngology Consultants is one of the largest single specialty, physician-owned practices in the Valley, providing high quality medical care since 1997. Our group consists of multiple subspecialties, emphasizing all aspects of Otolaryngology/Head & Neck Surgery, including head & neck oncology, pediatric otolaryngology, laryngology, neurotology, hearing aid sales and CAT scanning. We offer patients ease of access at any of our 5 office locations and many surgery options as a result of over a dozen surgical affiliations.

Due to continued growth, we are looking to add a BC/BE General Otolaryngologist to our team of providers who offer a unique and collaborative approach to patient care.

Employment opportunities with AOC include:

- Excellent salary with partnership track
- Competitive health benefits
- Paid time off
- Malpractice insurance
- CME reimbursement

Interested candidates please submit your current CV and letter of interest to:

Alison Scott, Practice Administrator – Alisons@aocphysicians.com

For more information about our practice, please visit www.AOCPhysicians.com

University of Missouri

Department of Otolaryngology—
Head and Neck Surgery

Seeks clinicians, teachers, and researchers who are personable, energetic and innovative to join a rapidly growing and collaborative group of physicians, most of whom have subspecialty interests and training. There are four Faculty opportunities at all academic ranks (Assistant/Associate Professor or Professor) available:

- **Laryngologist or General Otolaryngologist with an interest/experience in Laryngology**
- **Pediatric Otolaryngologist**
- **General Otolaryngologist**
- **Head and Neck Microvascular Surgeon**

Title, track, and salary are commensurate with experience. These positions are affiliated with MU Health Care which include the University of Missouri Hospital and the MU Women and Children's Hospital.

- Competitive production incentive
- Established research program focusing on voice and swallow disorders
- Well established and expanding hospital system
- Ranked by *Money* and *Forbes* magazines for career growth and best places to live.

For additional information about the positions, please contact:

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

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

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



BC/BE Otolaryngologist to join busy practice in Western New England

Our robust practice with a well-established patient base is searching for a strong generalist or a Pediatric subspecialist. The largest ENT group in the region, Ear, Nose & Throat Surgeons of Western New England is a private practice with 7 physicians and 4 advanced practice providers, three office locations, and an associated surgery center. We are the primary ENT service for two community hospitals and for the region's only Level 1 Trauma and major academic center. We have served the community for more than 51 years with advanced endoscopic sinus surgery, head and neck cancer, laryngology, endocrine surgery, otology/neurotology, pediatric otolaryngology, and allergy testing and treatment.

- Compensation comprised of salary plus productivity bonus
- Anticipated starting volume of 30 patients per day
- Low practice call: 1:6, consisting of two weekends every 3 months
- State of the art offices with video stroboscopy, CT scans, VNG testing, ABR testing, and on-demand audiology
- Excellent earning potential with opportunity for partnership available

With offices in Springfield, Northampton and Ware, Massachusetts, the practice offers a community lifestyle in western Massachusetts with the benefits of easy access to Boston (1 1/2 hours), New York City (2 1/2 hours) and Vermont skiing (1 hour). As a family-friendly area, it is a well-recognized center of art, theater, music and quality restaurants. Excellent educational opportunities make this area perfect in every way. Please contact Barry Jacobs, MD FACS at brjacobs@entsurgeons.us or Jerry Schreiberstein, MD FACS at jschreiberstein@entsurgeons.us for additional information or to forward your CV.

 **Rutland Regional Medical Center**
An Affiliate of Rutland Regional Health Services
Otorhinolaryngologist
Rutland, Vermont

We are looking for an Otolaryngologist, for to join our well established, hospital owned practice. \$25k signing bonus. ER call 1:4. Join 2 other surgeons in this practice, with three Physician Assistants. Clinical faculty appointment possible. Teaching opportunity with med students and Advanced Practitioner students if desired. Board Certified or Board Eligibility with intent to become board certified.

Generous benefits of Malpractice, Health, Dental, and Disability insurances, 403b with hospital match, Defined Contribution retirement account, and tax-deferred earnings program. \$6000 annual CME allowance. Up to \$10k in relocation assistance.

There are two office locations. Each location has a fully developed Audiology program.

Well established EMR with hospital and home digital x-ray viewing capability.

100 bed community hospital with ER volume of 36,000 patient visits per year. ER physicians are residency trained. ICU with 24-hour intensivists coverage. Hospital based Community Cancer Center with COC certification. Service area 85,000 and new ENT Medical Office Building plans.

Great family oriented community with vast array of outdoor activities at your doorstep including 2 ski resorts within 20 minutes of hospital. Located in the Heart of the Green Mountains, near the base of Killington Ski Resort, our location offers wonderful recreational fun, good schools in safe communities, and easy access to Boston, Montreal, and NYC. This is a chance to practice and live in a location most desire for vacation.



RRMC was recognized by U.S. News and World Report as one of 42 Best Hospitals for Common Care conditions and procedures. We received an "A" rating from The Leapfrog Group" for hospital safety and 2015 Healthgrades Patient Safety Excellence Award. RRMC scored in the top 5% of hospitals in national standardized Press-Ganey Physician Survey for "Teamwork between providers and nurses", "Expertise of nursing staff", and "Performance of Administration". We are also a recognized Nursing Magnet Hospital.

Rebecca Banco, CMSR, DASPR
 Inhouse Physician Recruiter, Rutland Regional Medical Ctr, bbanco@rrmc.org

Rush University Medical Center, Chicago
Director, Oak Brook Otolaryngology

The Department of Otorhinolaryngology Head & Neck Surgery at Rush University Medical Center is seeking a full-time faculty member to join our Department as the **Director of Oak Brook Otolaryngology**, a position which will focus on comprehensive otolaryngology. The selected individual will have an opportunity to join a department of 12 full-time and 2 part-time faculty spanning the entire spectrum of otorhinolaryngology subspecialties and have the opportunity to expand this highly ranked* program. The Director will be the full-time anchor for the Department with a complement of subspecialists staffing the Oak Brook Otorhinolaryngology practice. Qualified candidates must possess a strong commitment to patient care, resident education, and research. Candidates should be BE/BC and eligible for faculty appointment at the Assistant or Associate Professor level.

Rush University Medical Group is a multidisciplinary group of about 1,500 providers, clinical staff and administrators who deliver state-of-the-art, patient-centric medical care to the communities we serve. The Rush Oak Brook Outpatient Center will feature a multispecialty, state-of-the-art **outpatient surgery center** at which the Director will have operating privileges; 65 exam rooms for patients; physical and occupational therapy; a laboratory; and full imaging services, including MRI, X-ray and CT imaging as well as a comprehensive breast imaging program with ultrasound and bone densitometry. The 100,000-square-foot facility is a joint venture with Midwest Orthopedics at Rush. Rush is ranked in 8 of 16 categories in U.S. News & World Report's 2016-2017 "America's Best Hospital's" issue, and is one of the two top-ranked hospitals in Illinois overall. *Rush was also ranked 33rd in the nation in Ear, Nose and Throat and the highest for the specialty in Illinois. To learn more about Rush University Medical Center, please visit www.JoinRush.org.

Interested candidates should address cover letters to **Pete S. Batra, MD**, Chairperson, Department of Otorhinolaryngology and submit with a CV to Rose Sprinkle, Manager, Faculty Recruitment at Rose_Sprinkle@rush.edu

Rush is an Equal Opportunity Employer





Otolaryngology

Call This "Top 10" Community Home

McFarland Clinic is seeking a BE/BC Otolaryngologist to join our extraordinary team and provide exceptional care within Iowa's largest multidisciplinary clinic.

Consistently ranked in the top 10 "Best Places to Live by

Money Magazine and CNNMoney.com, this thriving town has been ranked in the top 3 cities in the country for job growth.

- daVinci Robot and the Olympus Video System
- In-office laryngeal biopsies
- New state-of-the-art minor procedure room
- Epic EMR System
- Weekly cancer case conference
- Established, collegial team and support staff
- Physician owned and governed
- Large, established referral network
- One of the least litigious states in the country
- "#1 Best State to Practice Medicine" - *WalletHub*



Ames, Iowa is a family friendly town that offers top-quality education with the best school district in the state. This Big 12 city has been voted the "Best College Town" by *Livability.com*. Our proud community boasts the cultural, recreational and entertainment amenities of a big city while maintaining the charm that you would expect from small-town living. Welcome to Ames, a place that will quickly become your hometown.

EEO/AA Employer/Protected Vet/Disabled

Contact Doug Kenner

866.670.0334 or dkenner@mountainmed.net



McFarland Clinic

Extraordinary Care, Every Day



Bassett Healthcare Network
Bassett Medical Center

Otolaryngologist

Join A Great Team!

Bassett Healthcare Network, a progressive health care network in central New York and major teaching affiliate of Columbia University, is seeking an Otolaryngologists to join our staff.

Pertinent Highlights Include:

- 3 Otolaryngologist and 4 Advanced Practice Clinicians (APC)
- 180 Bed Primary Hospital with Level II Trauma Center
- Instant Referral Base provided by over 300 Primary Care Clinicians
- Full support staff with dedicated clinic space
- Otolaryngology Services include otology, laryngology, facial plastic surgery, sinus surgery, head and neck surgery

Bassett Healthcare Network is an integrated health care system that provides care and services to people living in an eight county region covering 5,600 square miles in Central New York. The organization includes six corporately affiliated hospitals, as well as skilled nursing facilities, community and school-based health centers, and health partners in related fields.

Enjoy an outstanding quality of life in this lakeside resort town located south of the Adirondack Mountains and north of the Catskills. The combination of a modern practice within a growing academic and research oriented healthcare system, coupled with excellent schools and multiple outdoor recreational, cultural and artistic activities, makes this a unique opportunity.

For confidential consideration, please contact:

Debra Ferrari, Medical Staff Recruitment

Phone: 607-547-6982; email: debra.ferrari@bassett.org or visit our web-site at www.experiencebassett.org

Bassett Medical Center provides equal employment opportunities (EEO) to all employees and applicants for employment without regard to race, color, religion, creed, sex (including pregnancy, childbirth, or related condition), age, national origin or ancestry, citizenship, disability, marital status, sexual orientation, gender identity or expression (including transgender status), genetic predisposition or carrier status, military or veteran status, familial status, status as a victim of domestic violence, or any other status protected by law.

Otology, Neurotology, and Skull Base Surgery

USC Caruso Department of Otolaryngology -
Head and Neck Surgery, Los Angeles, California



Seeking an Assistant, Associate, or Full Professor

We are seeking a board-certified Neurotologist to join the Division of Otology, Neurotology, and Skull Base Surgery. Faculty rank will be determined by the qualifications and experience of the candidate.

We have a busy practice with a large surgical volume and we need another neurotologist to join our group. Candidates with a wide range of career goals will be entertained. These may include, for example, a junior physician eager to build a busy practice, a clinician-scientist with a solid history of research experience and grant funding, or a senior physician interested in a Division Chief role. An important criterion is proficiency in vestibular schwannoma, lateral skull base surgery, and cochlear implantation. Our Department and Medical School offers tremendous research and educational opportunities and all faculty are expected to pursue scholarly activities as part of their career.

The University of Southern California (USC), founded in 1880, is the largest private employer in the City of Los Angeles. As an employee of USC, you will be a part of a world-class research university and a member of the "Trojan Family," which is comprised of the faculty, students and staff that make the university what it is.

The University of Southern California strongly values diversity and is committed to equal opportunity in employment. Women and men, and members of all racial and ethnic groups, people with disabilities, and veterans are encouraged to apply.

John S. Oghalai, MD
Tiber Alpert Professor and Chair
USC Caruso Department of
Otolaryngology-Head and Neck Surgery
1540 Alcazar, Suite 204
Los Angeles, CA 90033
Ph: (323) 442-2312
john.oghalai@med.usc.edu

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

ENT Opportunity Bend, Oregon

Cascade ENT, a sole-practitioner practice, in Bend, Oregon, is seeking a dedicated Otolaryngologist to join our practice serving 2 area locations.

This is an opportunity to work with an experienced, highly skilled ENT/Facial Plastic Surgeon, in a well-established practice with a fantastic group of support personnel. The position is a full-time opportunity with partnership potential.

The position requires:

- MD/DO degree
- Board certification, board eligibility or fellowship-trained
- Licensed in Oregon or eligible for Oregon Licensure

Cascade ENT is expanding due to community growth. Bend, Oregon has a population of 92,122 in a county of 175,268. Bend is best known for its recreational opportunities such as water and snow skiing, hiking, biking,

camping, fishing and hunting, and various youth sports, to name just a few area offerings. Bend is home to a community college and a university, a well-known ski resort, excellent golf courses, museums, as well as many fine restaurants and cultural activities. Bend is routinely on publishers'

"Best lists" and is committed to maintaining a high quality of life for residents and visitors alike as it continues to experience significant growth.

For more information about our community visit www.visitbend.com

Please email your resume and letter in interest to manager@cascadeent.com



LSU Health SHREVEPORT

Louisiana State University Health, Shreveport
Department of Otolaryngology-Head and Neck Surgery
ACADEMIC OPPORTUNITY

Position for a Full time academic Rhinology/Skull Base surgeon at the Assistant/ Associate/Professor Level
Candidates must be fellowship trained and BC/BE by the American Board of Otolaryngology

Rhinology/Skull Base

This is a unique opportunity to further cultivate and develop a robust practice in rhinology/skull base in a tertiary care center that draws patients from the northern region of Louisiana as well as east Texas and south Arkansas. Responsibilities include building a clinical practice, resident teaching in a state of the art simulation lab and research. Excellent skull base referral source already established with Neurosurgery. The neurosciences center allows for a unique opportunity to also build a research program. The department has a strong clinical research program with infrastructure to include a CRA. Competitive salaries and benefits offered in a rapidly growing dept.

Louisiana State University Health in Shreveport is a 436 bed hospital, research and teaching facility. Shreveport-Bossier is a metropolitan area of approximately 450,000 people located in northwest Louisiana about 3 hours from Dallas, Texas and Jackson, Mississippi and just 5 hours from New Orleans.

CONTACT:

Please send curriculum vitae, a statement of current interests, and names of three references to:

Cherie-Ann Nathan, MD, FACS
Professor and Chairman, Department of Otolaryngology
Director of Head and Neck Surgical Oncology
1501 Kings Highway, 9-203
Shreveport, LA 71103-33932
Telephone: 318-675-6262
Fax: 318-675-6260
E-mail: cnatha@lsuhsc.edu

LSUHSC-S is an Equal Opportunity/Affirmative Action Employer

Join Our Team

Growth. Advancement. Opportunity.

General Otolaryngologist:

Cleveland Clinic is seeking a full-time general otolaryngologist to manage both adult and pediatric ear, nose and throat problems in a tertiary care academic center. The physician will practice at community locations and the main academic campus. The otolaryngology program is part of the Cleveland Clinic's Head & Neck Institute, a comprehensive, multi-disciplinary team that includes dentistry, oral surgery, speech and audiology. Cleveland Clinic's otolaryngology program is nationally ranked by *U.S. News & World Report*.

Join our team of 12 general otolaryngologists and 15 subspecialists. Outstanding benefits provided including tail coverage and no restrictive covenant. Robust resources offered for professional development including leadership, education, and management tracks as well as a formal mentorship program available for faculty.

To apply online, visit jobs.clevelandclinic.org/physicians



Cleveland Clinic is pleased to be an equal employment/affirmative action employer: Women/Minorities/Veterans/Individuals with Disabilities. Smoke-free/ drug-free environment.



Every life deserves world class care.



Full time Specialty and Sub-Specialty Positions Available At the Preeminent Otolaryngology Partnership in the Nation

Here's your opportunity to become a member of ENT and Allergy Associates, LLP (ENTA) and serve patients in state-of-the-art clinical offices in **New York, the Hudson Valley, Long Island and New Jersey.**

We have current openings in Midtown NYC, Bronx, White Plains, New Rochelle, Wayne, Somerset, Hauppauge, Port Jefferson, Southampton, Patchogue, Middletown and Rockville Center.

We offer new associates:

- The collegial expertise and guidance of nationally and internationally recognized specialists and subspecialists
- The prestige of an academic institution, without the bureaucracy
- Clinical faculty appointments at renowned tertiary centers including Mount Sinai, Northwell and Montefiore
- A starting salary of \$300,000
- A well-traveled road to partnership without buy-ins and buy-outs
- A governance structure that gives you a voice from Day 1, and colleagues who understand there is more to life than just practicing medicine

Our continued growth, coupled with upcoming physician retirements, means opportunity for you!

For more information, contact our President, **Robert Green, MD** (Rgreen@entandallergy.com) or our Chief Executive Officer, **Robert Glazer** (Rglazer@entandallergy.com or call 914-490-8880).

Positions are available at the Assistant or Associate Professor level in the Department of Otolaryngology/Head & Neck Surgery



AUGUSTA UNIVERSITY
**MEDICAL COLLEGE
OF GEORGIA**

HEAD AND NECK SURGEON

- Part-time appointment at the Charlie Norwood VAMC
- Part-time appointment at the Medical College of Georgia at Augusta University
- Rank commensurate with experience
- Excellent resources are available
- Fellowship training preferred

NEUROTOLOGIST/OTOLOGIST

- Rank commensurate with experience
- Excellent resources are available
- Fellowship training required

To apply and receive additional information, please contact:

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

Or email skountakis@augusta.edu

Augusta University is an Equal Opportunity, Affirmative Action and Equal Access employer.




**University of California, San Francisco
Department of Otolaryngology-Head and Neck Surgery
Assistant/Associate/Full Professor Laryngologist Surgeon Position**

The University of California, San Francisco is seeking an academic laryngologist to join a mature and renowned professional voice and speech and swallowing practice at UCSF. This academic practice is supported by a world class speech and language pathology partnership and is replete with highly sophisticated endoscopy and image storage equipment. The practice has a separate office site that is conducive to caring for patients who require discretion and privacy, therefore allowing the ability to pursue high end professional voice care within the practice parameters. The Laryngology Division has an established fellowship which has produced many academic faculty members. The Division also participates in oncologic care through the Helen Diller Family NCI designated Comprehensive Cancer Center and the brand new UCSF Bakar Cancer Hospital at Mission Bay.

Research collaboration is a hallmark of UCSF and as such basic science or clinical research can be supported in this position.

We seek a team member at the assistant, associate, or full professor level. The successful candidate is expected to obtain a California medical license.

Qualifications:

- MD degree or equivalent degree
- Completed accredited residency program in Otolaryngology-Head and Neck Surgery
- Completed Fellowship training in laryngology or at least 3 years surgical experience in laryngology
- Board Certified or eligible in the American Board of Otolaryngology – Head and Neck Surgery

The above requirements must be met by the time of employment

UC San Francisco seeks candidates whose experience, teaching, research, or community service that has prepared them to contribute to our commitment to diversity and excellence.

The University of California is an Equal Opportunity/Affirmative Action Employer. All qualified applicants will receive consideration for employment without regard to race, color, religion, sex, sexual orientation, gender identity, national origin, disability, age or protected veteran status.

Please apply online with your CV, cover letter, Statement of Research, Statement of Contributions to Diversity and two references at: <http://apptrkr.com/1213799>



HEAD AND NECK SURGERY OPPORTUNITY AVAILABLE AT SANFORD CLINIC – SIOUX FALLS, SD

Seeking a Head and Neck Surgeon to join an established head and neck cancer practice with multidisciplinary care. Walk into a full Head and Neck cancer practice with all the amenities of a large university with a very attractive salary and the ability to do research if interested!

Practice Details:

- Call schedule is 1:5 with no mandatory trauma call
- Join an exciting, innovative Head and Neck program
 - Established microvascular reconstruction program
 - Established TORS program
 - Multiple active head and neck cancer clinical trials including several investigator initiated clinical trials with strong institutional support for research and potential for protected research time depending on interest
 - Head and neck cancer nurse navigation with experienced head and neck cancer focused Nurse Practitioners and Physician's Assistants in the clinic and operating room.
- Join a team of well-trained ENT physicians, audiologists, APPs & support staff within the department
- 545-bed, Level II Trauma Center
- Large, State-of-the-Art Surgical Suites
- Competitive compensation and comprehensive benefit package
- Excellent retention incentive & relocation allowance

Sioux Falls, SD is one of the fastest growing areas in the Midwest and balances an excellent quality of life, strong economy, affordable living, safe and clean community, superb schools, fine dining, shopping, arts, sports, nightlife and the ability to experience the beauty of all four seasons. The cost of living is competitive with other leading cities in the region and South Dakota has no state income tax. Check us out at practice.sanfordhealth.org.

For More Information Contact:
Deb Salava, Sanford Physician Recruitment
(605) 328-6993 or (866) 312-3907 or email:
debra.salava@sanfordhealth.org



Multiple Positions Available

The University of Florida Department of Otolaryngology is seeking applicants who wish to pursue an academic career in Pediatric Otolaryngology, Otology/Neurotology, Head & Neck Oncology or General Otolaryngology at the rank of Assistant, Associate, or Full Professor. Track and rank will be commensurate with experience. The department has 11 full-time faculty members and 15 residents. The desired candidate should possess a strong commitment to both clinical practice as well as resident teaching. Applicants should be board certified or board eligible and licensed (or eligible) to practice in Florida. Significant relevant clinical experience and/or fellowship training in the chosen field is desired. Salary is negotiable and will be commensurate with experience and training.

To Apply, please go to explore.jobs.ufl.edu, search using "Otolaryngology, Gainesville". After applying, please send your CV and cover letter to the appropriate person below:

Pediatric Otolaryngology
Attn: William Collins, MD
email: william.collins@ent.ufl.edu

Otology/Neurotology
Attn: Neil Chheda, MD
email: neil.chheda@ent.ufl.edu

Head & Neck Oncologist
Attn: Peter Dziegielewski, MD
email: peter.dziegielewski@ent.ufl.edu

General Otolaryngology
Attn: Brian Lobo, MD
email: brian.lobo@ent.ufl.edu

The University of Florida is an equal opportunity institution dedicated to building a broadly diverse and inclusive faculty and staff.

utmb Health
Otolaryngology



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

The Department of Otolaryngology at UTMB Health in Galveston, Texas is actively recruiting enthusiastic candidates for three full-time positions.

Pediatric Otolaryngologist

FULL-TIME BE/BC FELLOWSHIP TRAINED FACULTY

Otologist/Neurotologist

FULL-TIME BE/BC FELLOWSHIP TRAINED FACULTY

Head and Neck Surgical Oncologist/ Microvascular Reconstructive Surgeon

FULL-TIME BE/BC FELLOWSHIP TRAINED FACULTY

These positions entail opportunities to participate in all aspects of clinical practice, as well as resident and medical student education. Candidates interested in pursuing clinical research are of particular interest.

In response to the rapid growth in our communities, the department has grown to now include 15 practitioners delivering care through all subspecialty areas of otolaryngology, a division of audiology, and a division of speech language pathology.

Organizationally, UTMB Health has similarly grown 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.

Please direct your Letter of Interest and CV to:

Vicente Resto, MD, PhD, FACS

Physician Executive for Growth

Assoc. Chief Physician Executive for Faculty Group Practice

Chair, Department of Otolaryngology UTMB Health

301 University Boulevard, Galveston, TX 77555-0521

Email: varesto@utmb.edu

Phone: 409-772-2701

Advancing the practice of good medicine.

NOW AND FOREVER.

We're taking the mal out of malpractice insurance.

However you practice in today's ever-changing healthcare environment, we'll be there for you with expert guidance, resources, and coverage. It's not lip service. It's in our DNA to continually evolve and support the practice of good medicine in every way. That's malpractice insurance without the mal. Join us at thedoctors.com

**The nation's largest physician-owned insurer
is now expanding in New York.**

