

bulletin

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

NOVEMBER 2018

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of interest for future
generations

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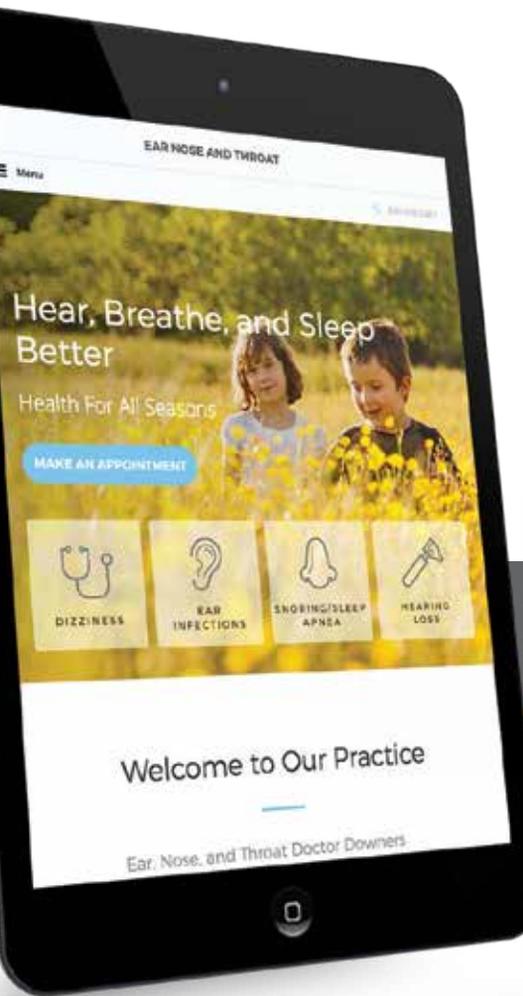
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The dynamic patient health website from the AAO-HNSF



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Keynote listener

A few months ago, as I was preparing to speak at the Summer Sinus Symposium of the American Rhinological Society, I ran some ideas by my wife, Jenny, a trained career coach. After hearing some of the key messages I intended to focus on, JPM (as I call her) suggested I refer to my role as “keynote listener” instead of the usual “keynote speaker.” I loved this clever idea and intend to use this forum to share messages from committed members like you—concerns and perspectives from every make and model of otolaryngologist in our extended AAO-HNS/F family.

I don't pretend to understand all of the issues that face otolaryngologists and their patients, but I do know how to *listen*, how to *connect* folks with answers, and how to *energize* responsible change. As you can see from this month's edition of the

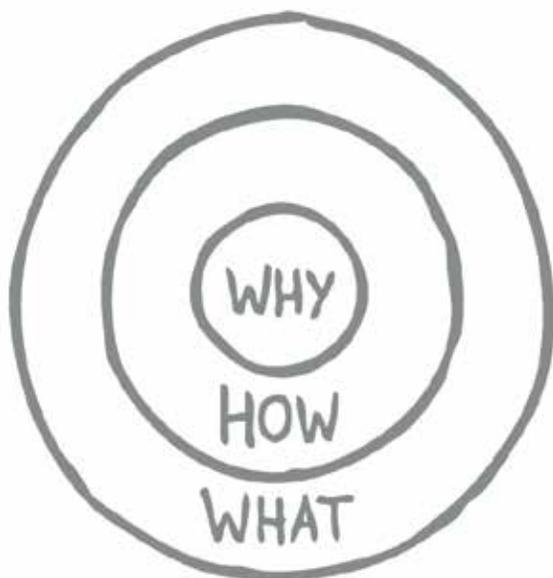
Bulletin, this year looks to be a remarkable year for our AAO-HNS membership. Responsive leadership and sustained membership engagement are vital for our success.

Over this next year, as I serve in the role of President of our American Academy of Otolaryngology–Head and Neck Surgery/Foundation, I intend to get personal with you. I want to explore why you and I do what we do. What compels each of us in our myriad experiences as otolaryngologists? This is, of course, the essence of Simon Sinek's mantra as explained in his original TED Talk, “Start with Why” (www.youtube.com/watch?v=IPYeClXpxw). While this may all sound lofty, exploring these fundamentals and reflecting upon your stories will provide both compass and star as we navigate the very real issues facing all of us over the next few years and beyond. ■



Albert L. Merati, MD
AAO-HNS/F President

Adaptation of Simon Sinek's Golden Circle as presented in his TED Talk “Start with Why”



Members engaged in the act of listening during last month's Annual Meeting in Atlanta.



Over this next year, as I serve in the role of President of our American Academy of Otolaryngology–Head and Neck Surgery/Foundation, I intend to get personal with you.



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How do we get there?

I recently had the opportunity to attend and speak at the Association of Otolaryngology Administrators (AOA) meeting in New Orleans, LA. The program was well-conceived and covered the breadth of skills and knowledge necessary to successfully navigate the ever-increasing complexity of what is our current healthcare system. The AOA's contribution to our specialty and members, along with their patients, allows the optimal practice of otolaryngology. I had the opportunity to hear a very stimulating presentation on "legendary leaders" given by Jason Hewlett, a professional speaker, entertainer, author, and impressionist. He described how individuals could differentiate themselves by establishing a "signature move" that they become known for. While I was listening, I kept thinking how important this is for organizations as well as individuals and what would that represent for the Academy. What are we currently known for, what would we like to be known for, and how do we get there?

Accurate identification of our brand, our goals, and aspirations requires a process that involves diverse input from a broad array of stakeholders. Initially, there are many ideas identified as attributes that we would like to embody that help shape our direction. Perhaps the most difficult aspect of this discovery process is collating this information and homing in on the most important principles and activities that we value the most. Clarifying and refining these ideas through interaction with our organizational family, as well as "customers," leads to the eventual decision as to what makes us unique and what is our brand. Once that is done, it is essential to own it, magnify it, and, most important, teach it and share it within the organization and subsequently to the public. Once there is agreement and the brand created and the stakeholders educated, it is critical to "keep your promise" and uphold the expectations of your members in the various communities you serve. The organization needs to be known as a "promise keeper," not a "promise breaker."

The Academy went through an extensive process of gathering information from a large group of stakeholders both within and outside the organization prior to formulating and adopting our strategic plan this year. We committed to represent the interests of our diverse membership, patient population, and healthcare community that we work with to facilitate

providing the best otolaryngology care possible to all. The organization is committed to this mission and strives to be a "promise keeper." Projects such as our clinical data registry, Reg-entSM, and our new patient-focused website, ENThealth.org, are dedicated to achieving this goal.

I encourage you to visit ENThealth.org, which premiered at our Annual Meeting last month in Atlanta, Georgia. We anticipate this website will provide trusted information to patients with ear, nose, and throat problems as we fully populate it with interactive and innovative strategies to disseminate needed information to patients and physicians alike. I would like to thank all our member volunteers and staff for putting this website together under a very tight timeline. I hope that you and your patients will visit the site and give us your feedback on how we can improve any or all aspects of its educational offerings.

Our committees are the backbone of the organizational efforts in advocacy, education, health policy, quality, and research. Without the extensive time of the volunteer members and leaders of our Academy and Foundation committees, we would not be able to meet the needs of our specialty and our patients. This month's online edition of the *Bulletin*, on entnet.org, lists all our committee rosters for the upcoming year. I encourage you to review them and if you know any of the volunteers or their staff liaisons, please thank them for their wonderful service. It is with great appreciation and thanks that I salute all these members who give willingly of their scarce free time to help the specialty.

As the next chapter of the USP 797 saga is closed, we will review our two-and-a-half-year collaborative effort with the AOA and AAAAI on the allergy immunotherapy compounding regulations, as well as with other specialty societies such as the ANS, AOS, and ARS, who worked with us on additional compounded products used in their areas of practice.

Finally, I would like to thank **Eiji Yanagisawa, MD**, for having donated his priceless collection of images, representing a lifetime of scientific and clinical work, to the AAO-HNS/F. These images will be newly available on AcademyU[®] soon. Please join me in welcoming **Albert L. Merati, MD**, as your President for 2018-19. ■



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

“We committed to represent the interests of our diverse membership, patient population, and healthcare community that we work with to facilitate providing the best otolaryngology care possible to all.”

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BOARD OF GOVERNORS

Physician-owned private practice in ENT—Not dead yet!

■ **David S. Boisoneau, MD**
BOG Region 1 Representative



There was a recent and very interesting discussion on the ENTConnect forum titled “The Devaluation of General ENT/HNS Private Practice” that evolved into an eloquent discourse on the current state of the practice of otolaryngology in our country. The original poster expressed frustration in his inability to attract a new associate to his small ENT practice. He was concerned that most residents are pursuing fellowships and avoiding entering the workforce, or are being heavily recruited by large hospital systems or multispecialty groups. The 25 or so responses to his original post are some of the most articulate words written about our wonderful specialty and cover a wide range of issues.

His concern is valid, of course. As of 2016, for the first time, physician-owned private practice is below 50 percent nationwide. When residents were surveyed, only 22 percent saw themselves in private practice. This trend largely started in the 1990s as a push to integrate physician practices with nearby hospitals, a movement grounded in the belief that managed care would be the model of the future. However, the demand for managed care dwindled in the late 90s, and many physician-hospital partnerships disbanded. Then, in the early 2000s, legislation put increased financial pressure on private practices. Following that, the Affordable Care Act increased the number of patients on Medicaid but cut payments to providers. Now, expensive electronic health record systems are essential quality reporting simply to avoid further financial penalties. And, in the near

future, fee-for-service payments will transition to fee-for-performance, which many feel could completely finish off small private practice.

However, as Monty Python says: “I’m not dead yet!” The ENTConnect discussion was full of excellent and encouraging words from all types of ENTs: private practice, academic,

hospital-employed, residency directors, fellowship-trained subspecialists, and more. Many issues were discussed, including how residents are trained and retained, overproduction of

subspecialists, regulatory burdens, work/life balance, leadership, and advocacy. Everyone shared a mutual love of our specialty and a huge amount of respect for one another. The private practice ENTs all stated that, while challenging, their practices are highly rewarding. In fact, there is some recent evidence that physician burnout rates are significantly lower in small, independent private practices. Some felt that there should be more representation of small, private, general ENTs in leadership positions like the Board of Governors (BOG). My current experience with leadership in the BOG contradicts this, fortunately.

I’ll end with a quote from the discussion (with author’s permission), as **William R. Blythe, MD,**

is far better with words than I: “Medicine is always changing. The lines between ‘private practice,’ ‘academic medicine,’ ‘practice ownership,’ ‘employed physicians,’ ‘fee for service,’ ‘pay for performance,’ ‘sub-specialists,’ and so many other divisions are becoming progressively blurred. The only thing that is certain is that nothing is certain. The only thing that never changes is the fact that things are always changing. We need to continue these excellent discussions and nurture leadership that always advocates for the best interest of our patients first and our specialty as a whole.” ■



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What are we doing for you?

■ James C. Denny III, MD

One of the most influential factors determining care that patients receive are the medical policies adopted by the various commercial and government-sponsored health insurance plans. These policies are typically determined by clinical advisory committees employed by the individual payer. These committees review current literature, clinical practice guidelines, clinical consensus statements, and existing specialty position statements and policy recommendations in crafting their specific policies. Currently, there is no consensus among the various payers on many policies affecting otolaryngology.

Recently, there has been a great deal of collaborative discussion between specialty societies—and major insurance companies as policies are being proposed or reviewed. On a much more frequent basis than in years past, the Academy is asked to review a proposed policy before it is implemented. This represents the optimal situation for both the payer and our members and gives the Academy an opportunity to highlight the most recent literature and expert opinions on the respective subject matter of the policy. We have found that even though not all recommendations are accepted, there has been a collegial dialogue,

United Healthcare initial proposed policy on cochlear implants

Cochlear implants are unproven and/or not medically necessary for treating hearing loss. There is insufficient high-quality evidence in the published clinical literature demonstrating the safety and efficacy of cochlear implants in the management of individuals with severe hearing loss.

and in most circumstances, our input has been considered when establishing these policies.

The Academy has established a protocol for completing policy reviews and commenting on proposed or existing policies. We seek clinical input from the appropriate Academy or Foundation committees, the specialty societies within otolaryngology most closely related to the subject matter, and our Physician Payment Policy (3P) Workgroup to ensure we have the most recent and relevant factual information related to the policy. Then, under the direction of Coordinator for Health Policy **R. Peter**

Manes, MD, the Academy's Advocacy team prepares a response letter with recommendations and references and submits it to the requesting company.

The example below regarding "hybrid cochlear implants" demonstrates how well this process can work. We sought and obtained input from the Academy Hearing Committee, as well as the Implantable Hearing Devices Committee (who are also members of the American Neurotology Society and the American Otological Society), and the 3P Workgroup prior to composing our comments to United

United Healthcare response following AAO-HNS comments

Thank you for the comments regarding our medical policy on Cochlear Implants. We appreciate collegial input from medical specialty societies and we take that input very seriously.

AAO-HNS Comment/Recommendation

1. Consider changing the status of hybrid cochlear implants from unproven to proven for appropriate patients
2. Eliminate a requirement for a hearing aid trial in cases with a history of meningitis
3. Consider removing the term speech reading from the Description of Services section of the policy
4. Modify the language regarding "short implant electrodes" in the Description of Services section
5. Remove the reference to the seven-year-old National Institute for Health and Care Excellence (NICE) guidance which does not support the current recommendations for cochlear implant use

United Healthcare's Response to Comment/Recommendation

1. The status of hybrid cochlear implants was changed from unproven to proven in certain circumstances
2. The policy now indicates that a hearing aid trial is not required in an individual with a concern for meningitis-related cochlear ossification
3. The sentence was changed to the following: Advantages associated with cochlear implants include significantly improved lip-reading ability, improved recognition of environmental sounds, and improved speech intelligibility
4. The description of hybrid cochlear implants was modified in the Description of Services section
5. The reference for NICE was removed from the policy

Healthcare (UHC). I would like to specifically thank **Kevin D. Brown, MD, PhD**, for his help in this project.

In the first box, you will see the new cochlear implant medical policy, which UHC revised after requesting the AAO-HNS review the original language, also below.

This is a positive example of how the collective input of all involved stakeholders can successfully influence policy allowing our members to deliver the highest quality state-of-the-art care to their patients. We are grateful to all our specialty societies within otolaryngology and our volunteer committee members for the time and energy they spend that allows us to make a difference in the day-to-day practice of our members. ■

United Healthcare new policy on cochlear implants effective August 1, 2018

Hybrid Cochlear Implantation

When used according to FDA-labeled indications, contraindications, warnings and precautions, cochlear implantation is proven and/or medically necessary for treating individuals who meet ALL of the following criteria:

- Diagnosis of bilateral severe to profound sensorineural hearing loss in the mid to high frequencies with residual low-frequency hearing sensitivity
- Ability to follow or participate in a program of aural rehabilitation
- Freedom from middle ear infection, an accessible cochlear lumen that is structurally suited to implantation, and freedom from lesions in the auditory nerve and acoustic areas of the central nervous system; and
- No contraindications to surgery

AAO-HNS *foundation* – Giving back to the specialty and beyond

GivingTuesday is a global day of giving that harnesses the collective power of individuals, communities, and organizations to encourage philanthropy and to celebrate generosity worldwide. Following Thanksgiving and the widely recognized shopping events Black Friday and Cyber Monday, this year’s **#GivingTuesday** will take place on November 27. This will also kick off the AAO-HNS *foundation's* **2018 end-of year Annual Fund campaign**.

In the spirit of **#GivingTuesday**, we want to reach beyond the specialty to the wider healthcare community in urgent need of medical care. For the second year in a row, and in response to the most recent natural disasters, Hurricanes Florence and Michael, the *foundation* will partner with **Americares**, which will receive 25 percent of all donations to the Foundation’s Annual Fund received between November 27 and December 31, 2018. **Americares** provides medical personnel, medicine, and medical supplies to people impacted by these disasters. In 2017, the *foundation* donated \$2,345 to **Americares**, providing the equivalent of **\$46,900 in medical aid** to those impacted by Hurricanes Harvey, Irma and Maria. More than 97 percent of **Americares’** expenses support local health programs (for every \$10 donated **Americares** can provide \$200 in aid), which is why **Americares** has consistently received high ratings from Charity Navigator, Better Business Bureau Wise Giving Alliance, and Forbes.

Let’s take the AAO-HNSF theme “We Are One” one step further during this season of giving and extend our philanthropic reach beyond ENT patients to all



“Humanism has been defined as encompassing a spirit of sincere concern for the centrality of human values in every aspect of professional activity. Caring for our fellow human beings requires sensitivity and empathy, coupled with kindness, concern, and compassion for those near and far, in the United States and globally, consistent with the AAO-HNSF vision.”

— **Gavin Setzen, MD**
AAO-HNS/F Immediate Past President

patients in urgent need of medical care by donating to the *foundation's* Annual Fund and **Americares**. Your donation to the Annual Fund will not only help advance the specialty today but also help rebuild lives and restore health.

Stay tuned on how **you can make a difference to the specialty and beyond** during the AAO-HNS foundation’s end-of-year fundraising campaign starting on **#GivingTuesday, November 27**. ■

ADVOCACY IN ACTION

AAO-HNS comments on CY 2019 Medicare Physician Fee Schedule proposed rule

On July 12, 2018, the Centers for Medicare & Medicaid Services (CMS) released the CY 2019 proposed rule for the Medicare Physician Fee Schedule (MPFS). While previous years' regulations for the Quality Payment Program (QPP) were released independently, the 2019 MPFS proposed rule also included proposals related to the QPP.

CMS proposed an updated CY 2019 conversion factor of \$36.0463, which reflects the 0.25 percent update specified by the Medicare Access and CHIP Reauthorization Act (MACRA) and a budget neutrality adjustment of -0.12 percent. Overall, there was a slight increase from the 2018 conversion factor of \$35.9996. The proposed rule also outlined the agency's broad-reaching attempt to replace existing E/M coding documentation guidelines for office and outpatient visits by collapsing payments from five levels to either two or three levels. Further, the rule proposed a 50 percent multiple procedure reduction when reporting an E/M service and a procedure on the same date.

Among the proposed updates to the QPP, the Merit-based Incentive Payment System (MIPS) portion of the rule retained the low-volume threshold with a new criteria (<200 covered professional services to Part B patients), as well as an opt-in mechanism. Mandatory use of 2015 Edition certified EHR technology (CEHRT) for Year 3 was also proposed, as well as payment adjustments as high as +7 percent or as low

as -7 percent. The rule further modified the weighting for the four performance categories: Quality—45 percent; Cost—15 percent; Promoting Interoperability (formerly Advancing Care Information)—25 percent; and Improvement Activities—15 percent.

In the weeks leading up to the AAO-HNS' submission of comments to CMS, Academy physician leaders and Advocacy staff carefully reviewed the 1,472-page proposed regulation to determine its impact on practicing otolaryngologists, while attending numerous strategy discussions and an in-person meeting with CMS officials. In order to develop comprehensive comments, the AAO-HNS collaborated with various stakeholders, including medical societies, practice administrators, industry representatives, and physician experts. In August, the AAO-HNS also joined 170 co-signatories from the house of medicine in sending a comment letter to CMS expressing concerns about the proposal to collapse payment rates for E/M services, as well as opposition to payment reductions for procedures reported on the same day as an E/M service.

On September 10, the AAO-HNS submitted its formal comments to CMS. We thanked the agency for its efforts to reduce the regulatory burden on physicians via its "Patients Over Paperwork" initiative and urged continued efforts to simplify documentation requirements for office and other E/M visits for new and

established patients. However, the AAO-HNS highlighted key areas of the proposed rule that could potentially have a negative impact on the practice of otolaryngology, providing extensive rationale and data to support our arguments. Specific areas of concern included:

- **E/M Code Collapse:** While the AAO-HNS concurred that five levels of E/M coding could appropriately be reduced, for a change of this magnitude, the AAO-HNS recommended utilizing a process similar to the current CPT/RUC structure where all stakeholders have the opportunity to be heard. The Academy expressed concerns that the development of an E/M Practice Expense per hour and resulting Indirect Practice Cost Index (IPCI) distorts the relativity of the RBRVS and has massive unintended payment effects across the physician fee schedule.
- **Application of Multiple Procedure Payment Reduction (MPPR) to E/M services:** The AAO-HNS strongly opposed the addition of E/M office visit codes (99201-99215) to the surgical multiple procedure payment indicator list. After performing a detailed review of the specialty's most commonly billed codes, the Academy concluded that the medical community and CMS have worked appropriately and diligently under

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2019-2020 AAO-HNS/F Committee Application Cycle Opens November 1

Apply to become a committee member and let your voice be heard! The 2019-2020 application cycle will open on November 1, and close on January 1, 2019. All committee applicants should be in good standing with the Academy and must be a voting fellow, member, resident member, scientific fellow, international fellow, or international member of the Academy to be eligible to serve as a committee member.

If you have any further questions about the committee process, please email committees@entnet.org.

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The AAO-HNSF Program Committee met in Atlanta last month. Don't miss this opportunity to influence the specialty.



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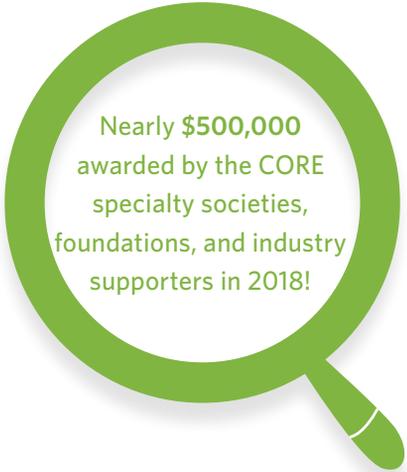
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AHNS Alando J. Ballantyne Resident Research Pilot Grant \$10,000, non-renewable, one year to complete project. One available annually.

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AHNS/AAO-HNSF Translational Innovator Combined Award \$80,000 (\$40,000 per year), non-renewable, two years to complete project. One available annually.

AMERICAN RHINOLOGIC SOCIETY (ARS)

ARS New Investigator Award \$25,000 (\$12,500 per year), non-renewable, two years to complete project. One available annually.

ARS Friends in Research Young Investigator Award \$25,000 (\$12,500 per year), non-renewable, two years to complete project. One available annually.

ARS Resident Research Grant \$10,000, non-renewable, one year to complete project. Two available annually.

AMERICAN SOCIETY OF PEDIATRIC OTOLARYNGOLOGY (ASPO)

ASPO Research Career Development \$40,000, non-renewable, one to two years to complete project. One available annually.

ASPO Research Grant \$20,000, non-renewable, one year to complete project. Two available annually.

ASSOCIATION OF MIGRAINE DISORDERS (AMD)

AMD Resident Research Grant \$10,000, non-renewable, one year to complete project. One available annually.

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

AAFPRS Leslie Bernstein Grant \$25,000, non-renewable, up to three years in which to complete project. One available annually.

AAFPRS Leslie Bernstein Resident Research Grant \$5,000, non-renewable, up to two years to complete project. Two available annually.

AAFPRS Leslie Bernstein Investigator Development Grant \$15,000, non-renewable, up to three years to complete project. One available annually.

AAFPRS Research Scholar Award \$30,000, renewable, may receive grant in second and third year, up to three years to complete project. One available annually.

XORAN TECHNOLOGIES, LLC

AAO-HNSF Resident Research Grant sponsored by Xoran Technologies, LLC. \$10,000, non-renewable, one year to complete project. One available annually.

Electronic Submission Deadlines

Letter of Intent (LOI): December 17, 2018, midnight (ET)

Application: January 15, 2019, midnight (ET)



www.entnet.org/CORE

For more information about these grants, visit www.entnet.org/CORE.

Questions? Email COREGrants@entnet.org.



New data-sharing solutions for Reg-ent practices

The Reg-ent team is excited to share the following updates regarding cloud-hosted EHRs. Continued advocacy with EHR vendors by FIGmd and the Reg-ent team is continuing to produce results. Significant strides have been made with Epic, eClinicalWorks, and Allscripts, and work with other EHR vendors such as Greenway continues.

FIGmd is now officially listed as an **Epic-verified solution** in the Epic App Orchard. The FIGmd Registry Practice Connector app allows extraction of Epic data to share with the Reg-ent registry. Pilot testing is currently under way with four Reg-ent academic medical centers. Once the pilot is complete, this new Epic-sanctioned process will be made available to all Epic-based practice sites in the Reg-ent registry.

eClinicalWorks and FIGmd recently launched a pilot program for cloud-hosted eClinicalWorks practices to share their data across FIGmd registries. Starting in 2019, all eClinicalWorks cloud-based practices will have the option to share data with the Reg-ent registry via the eClinicalWorks ELIXIR program. eClinicalWorks will charge a per-participant fee of \$300 to share data with the Reg-ent registry.

FIGmd is in the very early stages of launching a pilot using the **Allscripts Unity API** and two Reg-ent practice sites to test the process of sharing data between Allscripts cloud-hosted solutions and the Reg-ent registry. Once this pilot is complete, more details will be rolled out to Reg-ent practices interested in pushing data from their Allscripts cloud solution to the Reg-ent registry.

These solutions, while all important, will not be available in time to accommodate reporting the quality performance category of MIPS in 2018. We are, therefore, encouraging Reg-ent participants with cloud-based eClinicalWorks and Allscripts solutions to continue to use the Reg-ent web-entry tool for MIPS 2018 quality performance reporting.

We thank our current and future Reg-ent practices for their patience and investment in the Reg-ent registry. It is anticipated that these new solutions will enable our Epic, Allscripts, and eClinicalWorks practices to fully participate in the development and growth of the Reg-ent registry.

If you have any questions, please contact the Reg-ent team at reg-ent@entnet.org. ■

Accepting submissions for Eisenberg Health Policy Resident Leadership Grant

The Call for Applications is open now through January 31, 2019.

We will award three \$550 resident leadership grants to attend the AAO-HNS/F Leadership Forum & BOG Spring Meeting April 26-28, in Alexandria, VA. This is an opportunity to network with some of our leaders in otolaryngology and to learn about hot button issues impacting healthcare.

For specific details on application guidelines and grant recipient expectations, please visit www.entnet.org/EisenbergGrant. ■

Recap of Reg-entSM at #OTOMTG18

The AAO-HNSF 2018 Annual Meeting & OTO Experience in Atlanta, Georgia, was a great success for the Reg-ent team. We thank everyone who attended our panel presentation, “Reg-ent: Quality and Outcomes, Your Ticket for Success in New Payment Models,” where **James C. Denny III, MD**, AAO-HNS/F EVP/CEO, and Sandeep Agate, CEO, FIGmd Center of Excellence, spoke about the next phases

of growth of the Reg-ent registry—and why our members can’t afford not to participate.

Reg-ent participants attended the first Reg-ent Users Group Conference, where they met and interacted with fellow participants, heard more about advancements to the registry’s platform, and shared lessons learned about how to make the most of their participation in Reg-ent.

The Reg-ent and FIGmd staff enjoyed speaking with meeting attendees, including current registry participants and other members, at the Reg-ent, Research & Quality booth. If you didn’t get a chance to see us at the Annual Meeting and are interested in joining Reg-ent, visit www.reg-ent.org to learn more and contact us at reg-ent@entnet.org. ■

Advocacy highlights from the AAO-HNSF 2018 Annual Meeting & OTO Experience

Another successful Annual Meeting & OTO Experience has come and gone. If you were unable to join us in Atlanta, Georgia, below is a brief overview of the advocacy events and opportunities that took place.

Advocacy Booth — Annual Meeting attendees had the opportunity to join the ENT Advocacy Network for timely “insider” updates and a free subscription to the monthly e-newsletter *The ENT Advocate*. Learn more about the Academy’s legislative priorities, regulatory and private-payer activities, grassroots initiatives, and political programs by visiting www.entnet.org/advocacy.

Grassroots Initiatives — The Board of Governors and Advocacy staff recruited new AAO-HNS volunteers to the PROJECT 535 and State Trackers programs. As a reminder, the goal of PROJECT 535 is to build relationships with federal legislators in every U.S. congressional seat—435 in the House and 100 in the Senate. PROJECT 535 establishes key “grasstop” contacts—**voting** physicians with access to national leaders in **every district**. The AAO-HNS works closely with its volunteer physician State Trackers and state otolaryngology societies to advocate for the specialty at the state level. Want to get involved? Send an

email to govtaffairs@entnet.org to sign-up!

ENT PAC Success at Annual Meeting — Thanks to the generous support of our members, ENT PAC—the Academy’s Political Action Committee—exceeded its goal, raising over \$20,000 during the AAO-HNSF 2018 Annual Meeting & OTO Experience.*

Lunch among Advocacy Leaders — On Sunday, October 7, the ENT PAC Board of Advisors hosted the annual Advocacy Leadership Luncheon. Attendees included 2018 ENT PAC Leadership Club, “First 50,” and Chairman’s Club donors; representatives from the various AAO-HNS Sections and the Board of Governors; and other key advocacy leaders. During the event, attendees discussed critical healthcare issues with **special guest speaker, U.S. Representative Earl “Buddy” Carter**, a member of the Health Subcommittee of the powerful House Committee on Energy & Commerce. For more information about the ENT PAC contribution levels, email entpac@entnet.org or visit www.entpac.org (use your AAO-HNS password to log in).

Special Medicare Physician Fee Schedule Session — The AAO-HNS added a late-breaking session to the Annual Meeting

agenda spotlighting the CY 2019 Medicare Physician Fee Schedule & Quality Payment Program proposed rule. Session attendees heard from **Barbara Connors, DO, MPH, the Chief Medical Officer for CMS Region 3** and Academy leaders about CMS reasoning and the AAO-HNS concerns related to the proposed new policies and payment proposals on the day-to-day practice of otolaryngology.

To receive the latest legislative and political news year-round, follow us on Twitter (@AAOHNSGovtAffrs) and join the ENT Advocacy Network by emailing govtaffairs@entnet.org. ■

*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. ENT PAC is a program of the AAO-HNS which is exempt from federal income tax under section 501(c)(6) of the Internal Revenue Code.

Annual Meeting snapshots



ENThealth

Help your patients Be ENT Smart

ENThealth.org, the new dynamic patient health website from the AAO-HNSF, provides a much-sought-after roadmap for consumers navigating ENT health-related symptoms and conditions for themselves and their loved ones. The site positions the AAO-HNS/F as THE trusted source for patient-centered otolaryngology-head and neck surgery information.

As physicians encounter more patients who have turned to the internet for medical information, it is clear there is a satiable appetite for reliable, consumer-focused content that is easily available online.

Enter ENThealth.org. The site that puts the ENT patient first.

A community dedicated to helping patients.

Consumers will benefit from our community of experts and the site's plain language information delivered via peer-reviewed articles, interactive features, and video content featuring physicians.

Authoritative information designed to demystify otolaryngology.

The site presents

information in a way that informs consumers and helps them understand the medical discipline and the wide variety of conditions and diseases treated by otolaryngologist-head and neck surgeons.

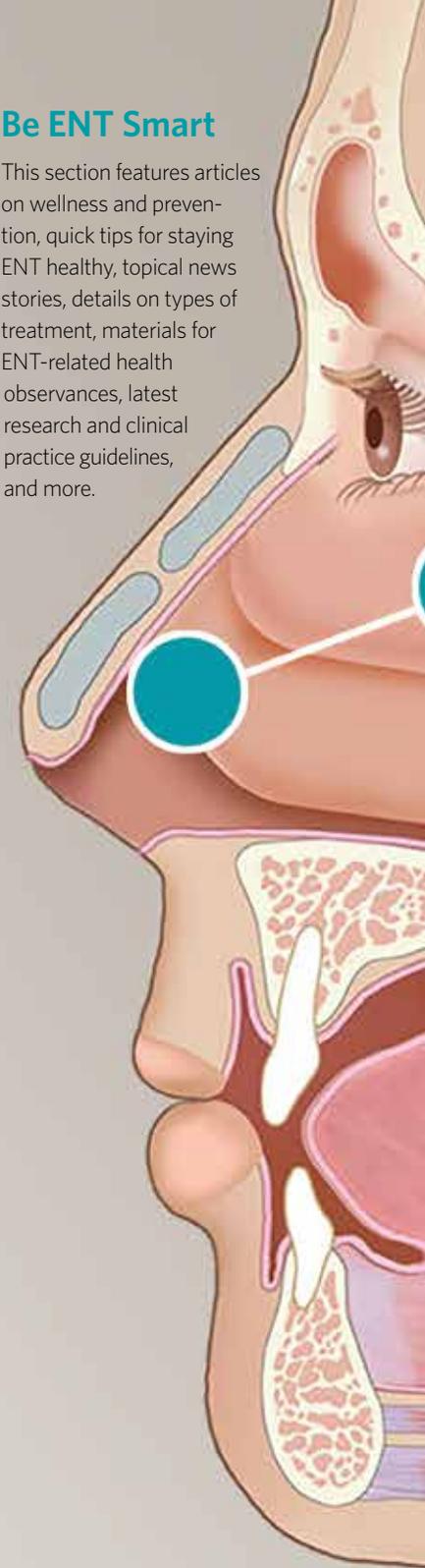
Communicating interconnectivity can lead to better understanding.

Communicating that many ENT conditions can present as a symptom in one area of the body, but may, in fact, be attributed to another area is a key goal of ENThealth.org. Clearly showcasing the interrelated aspects of these areas of human anatomy will be critical to increasing patient knowledge of potential underlying issues.

Overall, ENThealth.org includes many features that have been developed to serve you and your patients, keeping individuals engaged in their healthcare process and journey. The content offers an understanding of the breadth and depth of "What's an ENT?," provides clinician-reviewed information on ENT conditions and diseases, and highlights prevention and wellness articles that lead to "Be ENT Smart" healthy tips and habits. ■

Be ENT Smart

This section features articles on wellness and prevention, quick tips for staying ENT healthy, topical news stories, details on types of treatment, materials for ENT-related health observances, latest research and clinical practice guidelines, and more.



Other engagement opportunities

Quizzes and polls let visitors test their knowledge about ENT topics; and easy-to-share pages with icons on each page make it simple to click and share content through social media or print at home.

What's an ENT?

- A video resource to share with current and new patients, explaining the area of clinical expertise of an otolaryngologist-head and neck surgeon.
- The website aims to promote public understanding of the otolaryngology-head and neck surgery specialty, increasing awareness of the breadth and diversity of the types of conditions and diseases treated by the specialty.

Find an ENT

A best-in-class physician directory connecting patients with AAO-HNS members.

ENThealth.org Executive Committee and Consumer Health Development Groups

The website content continues to be developed by your peers through a governance structure that includes teams of clinician experts, referred to as Consumer Health Development Groups (CHDGs). An ENThealth.org Executive Committee, composed of clinical experts, provides guidance and oversight.

Conditions and treatments

There are a number of ways visitors can easily access the clinician-developed, copyrighted information related to symptoms, conditions, and treatments of the ear, nose, throat, and head and neck.

- Conditions A-Z — a quick-reference dictionary of ENT-related conditions and treatments
- Symptom Checker to navigate possible causes of what they and/or their loved ones are experiencing (Coming Soon!)
- It's All Connected — a unique visual module where visitors can explore the holistic view of the interrelationships between many ENT conditions
- Search Function
- Anatomical Pages

Licensing and downloading of content from ENThealth.org

The transition of the Academy's patient health information to its own dedicated website will also include a new licensing and printing program in January 2019. This will be in the form of a subscription program that will offer both co-branded, downloadable PDF patient hand-outs as well as the online content for your practice website in real-time of automatically updated ENThealth.org content.

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informed and assisting doctors
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- Conditions and Treatments from A-Z
 - Be ENT Smart
 - Find an ENT
- It's All Connected
- Quizzes and Polls
 - Videos

Join This Trusted Source to Help Patients

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Contact admin@enthealth.org to add your name to the list for more information.



A special thank you to those who serve on the ENThealth.org Executive Committee and the individual CHDGs.

The work and commitment of these individuals to the vision of ENThealth.org has been essential to the project. As with any site, the work continues as more resources and content is created for patients seeking information on ENT-related health conditions.

The Executive Committee includes:

(to date)

Samantha Anne, MD
Philip G. Chen, MD
James C. Denny III, MD

Kristine McGriff, COPM
Brian J. McKinnon, MD, MBA
Spencer C. Payne, MD

Gregory W. Randolph, MD
Duane J. Taylor, MD
VyVy N. Young, MD

The Consumer Health Development Group includes:

(to date)

Cristina Baldassari, MD
Ryan H. Belcher, MD
Marc L. Bennett, MD
Yael Bensoussan, MD
Selena E. Briggs, MD, MBA, PhD
Jennifer Brooks, MD
Eugene G. Brown III, MD
Erin J. Buczek, MD
Sujana S. Chandrasekhar, MD
Susan R. Cordes, MD
Zainab Farzal, MD
Stephen R. Favrot, MD
Charles Wesley Ford, Jr., MD
D. Scott Fortune, MD
William Z. Gao, MD

Charles Anthony Hughes, MD, MBA, MPH
Ofer Jacobowitz, MD, PhD
Nausheen Jamal, MD
Ken Kazahaya, MD, MBA
Priya D. Krishna, MD
Anil K. Lalwani, MD
Kenneth Lee, MD
Whitney Elizabeth Liddy, MD
Stanley Yung-Chuan Liu, MD, DDS
Lyndsay Madden, DO
Cherie-Ann Nathan, MD
Erin O'Brien, MD
Kourosh Parham, MD, PhD
Noah P. Parker, MD
Steve M. Parnes, MD

Phillip K. Pellitteri, DO
Colleen T. Plein, MD
Lindsay Reder, MD
Sara L. Richer, MD
Maisie L. Shindo, MD
Michael C. Singer, MD
Libby J. Smith, DO
Alyssa R. Terk, MD
Betty S. Tsai Do, MD
Dale A. Tylor, MD, MPH
Randal S. Weber, MD
Cameron C. Wick, MD
Sarah K. Wise, MD
Troy D. Woodard, MD
Yu-Lan Mary Ying, MD

Nora W. Perkins, MD (symptom checker medical expert)

Pilot Groups and Committee Contributors:

Special acknowledgment to members of the AAO-HNS Airway and Swallowing, Hearing, Voice, and Rhinology and Paranasal Sinus Committees who contributed to the development of patient health information during the lead-up to this website.

Creating a culture of interest for future generations

■ James G. Naples, MD

Editor's Note: The BOD has approved a program that will generate both interest in and understanding of otolaryngologists and what we do. We are targeting students curious about medicine and otolaryngology beginning in high school and extending into medical school. Our program will involve both community-based and academic type practices. This invited article shows one young physician's successful involvement in localized programs to bring his personal enthusiasm for the specialty to medical students within his respective institutions.

I have spent much of my early professional career as a resident and fellow trying to understand what motivates people's interest. What does it mean to be interested in something, and where does interest come from? How does someone show interest, and how do we cultivate that interest? More specifically, how can we, as physicians and mentors, cultivate interest in students who represent our future generations of otolaryngologists?

My personal experiences have taught me that interest is the result of an environment and culture created by people who provide valuable experiences and opportunities. I often think about how this applies to the development of my interest in the field of otolaryngology. I remember the people I met when I was a medical student at the University of Connecticut, including Jeffrey D. Spiro, MD, and **Kouros Parham, MD, PhD**, who fostered my interest. I remember the experiences of being in my first neck dissection and working

on my first research experiment with them. Finally, I remember the opportunities they provided that allowed me to make professional progress. I am certain that my introduction to otolaryngology as a student is not unique, and I want to reciprocate these experiences for future generations of students. Now, more than ever, as our field overcomes the ups and downs of the previous residency match, it is important that our specialty focuses on promoting interest in otolaryngology, and I want to share my positive experiences in working with medical students to promote interest through Otolaryngology Interest Groups.

I completed my residency training at the University of Connecticut, where the medical school is on the smaller side with currently about 100 medical students per class. With the small class sizes, otolaryngology was underrepresented as a field of interest because students did not get extensive exposure. This resulted in limited interactions with the people, limited experiences in how to manage otolaryngologic problems, and limited opportunities to join the specialty of otolaryngology. My idea on how to resolve this issue was simple: provide students with people, experiences, and opportunities. I believed that if all students have those three tools at their disposal, a culture could be developed that would help the students find a self-generated interest in the specialty. Ultimately, I felt that a self-generated interest would attract students who wanted to make positive contributions to our field.

During my fourth year of medical school, I organized a formal medical student Otolaryngology Interest Group recognized by the

student government. I still remember the first informal meeting as we learned the head and neck exam. There were four students and two residents. I offered to undergo a flexible fiberoptic laryngoscopy for the students who came, and I remember the anxiety it caused as I wondered what it was like. Despite these humble beginnings with few students, I enjoyed spending time with them and I knew the interest group was having a positive impact on the few who attended. So, as I continued to hold meetings during my residency, I developed relationships with newer mentors, such as **Todd E. Falcone, MD**, who helped me promote the interest group. He always made himself available to students and constantly had students shadowing him in the clinic and OR. He was instrumental in promoting the group and recruiting other physicians to get involved, and he ultimately strengthened the culture of interest within the institution through his efforts. He, and others, even opened their homes to host meetings for students. Without the people willing to sacrifice their time for this initiative, the culture of interest would not exist, and I am grateful to all of the people who spent countless hours promoting this effort.

With the people part of the equation in place, experience and opportunity were easy for interested students to find. Once the students felt comfortable with the otolaryngologists, they had an easier time reaching out to explore various opportunities within the specialty. This was obvious during my residency, as the number of students shadowing in the clinic and OR increased as the Otolaryngology Interest Group matured. Most of the students were self-directed

learners, so they knew what experiences they wanted to explore and what opportunities they wanted. I became a student liaison. I would inquire about their goals, letting their interests guide them as they explored our specialty, and provide them with all their options. As they gained experience, their interest often grew, and their involvement increased. The process was very organic. It was not based on expectations. There were no evaluations or judging. It was a time for the students to learn and explore. We simply created a comfortable environment for the students with people who fostered their enthusiasm. It was gratifying to get follow-up from the students who would see me in the hospital and tell me about their first experience with an otolaryngologist. Whether it was seeing a flexible laryngoscopy, learning a new pathology, or watching a new surgery, the experiences they shared with me made the time I spent worthwhile. It made me recall all the positive experiences I had when I was in their position.

As my residency ended, I went on to pursue a neurotology fellowship at the University of Pennsylvania, where I am currently. They had an existing Otolaryngology Interest Group, and I was excited to continue my involvement when I arrived. The interest group was larger because the school was larger, and there was a more established culture of interest. Similar to my residency experience, the people part of the equation was easily accessible and willing to get involved in developing a positive culture around the interest group. My fellowship director, **Michael J. Ruckenstein, MD, MSC**, shared my passion for working with medical students and encouraged me to get involved. Together, with many other faculty, we have formalized the Otolaryngology Interest Group at Penn. We have had meetings centered around simulation of procedures commonly performed by otolaryngologists, and we have upcoming meetings planned to discuss research opportunities for students. Students often approach me to tell me how exciting it was when they learned to place



James G. Naples, MD (standing in back) helped formalize the Otolaryngology Interest Group at the University of Pennsylvania, where they have meetings centered around simulation of procedures commonly performed by otolaryngologists.

an ear tube during the simulation meeting. Since formalizing the interest group, countless students have already become involved in research opportunities and positively contributed to our department. It is easy to tell the students are motivated by self-interest, because they contribute despite not being required to get involved. We simply keep the door open, and they get involved on their own. In working with these students on research, I have learned to appreciate the questions they ask and the different perspective they bring to our specialty. They do not think about problems the way I do and they are not supposed to. Through this interest group, I have learned a lot from the students, and that is largely why I believe in the power of self-generated interest. It strengthens the culture that these interest groups should promote.

As I move toward the end of my fellowship, I often consider what will allow these

otolaryngology interest groups to remain active. At both institutions, the need for both senior and junior leadership was reinforced so that the experience will continue as it comes time for current members to graduate. Similarly, the need to maintain dedicated physicians as the foundation upon which the culture of interest is built cannot be overstated. This foundation opens the door to continued positive experiences and opportunities. While I will likely never fully understand the philosophical question of what interest is, I am beginning to understand some of the necessary parts. As long as we have the people who practice in the field to provide experiences and opportunities for students, interest in our specialty will continue to grow. I am fortunate to play a small part in this, and I look forward to continuing my contribution for future generations of otolaryngologists. ■



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FROM THE AAO-HNSF PSQI COMMITTEE

Quality corner

■ **CW David Chang, MD**
PSQI Committee Co-Chair

Patient Safety and Quality Improvement (PSQI) underpins everything we do as physicians as we care for our patients. The PSQI Committee has been working for our members to focus on safe and effective practices within otolaryngology.

The “Quality Corner” is a bimonthly feature in the *Bulletin* to highlight PSQI issues. To date, committee members have authored columns on the following: Patient Safety Event Tool; Cognitive and Implicit Bias; Wrong-site Surgery; and Surgical Competency. We anticipate future articles on opioids, operating room fire safety, and ergonomics for surgeons.

PSQI and AAO-HNS leadership engaged The Joint Commission (TJC) to discuss

disturbing directions in the delivery of otolaryngic care. Clarification was sought regarding the interpretation of standards set forth by TJC. Some of these interpretations appeared to be extrapolations of standards applied to other environments but not necessarily appropriate for the otolaryngology outpatient environment. As individual surgeons, our voices were not heard. Collectively as the AAO-HNS, we were able to sit with TJC leadership to voice concerns of over-interpretation that have led to confusion and unnecessary time and expense, and could interfere with patient safety. For a copy of TJC letter to AAO-HNS, see the October *Bulletin*.

PSQI joined with other committees to provide panel presentations at this year’s Annual Meeting. Committee members participated in three co-sponsored panels: 1. Improving Patient Safety with Systems-based

Simulation (with the Simulation Education Committee); 2. Office Equipment Disinfection and Storage: Sound Evidence or Alternative Facts? (with the Infectious Disease Committee); and 3. Demystifying Opioids: Facts, Gaps, Patterns, and Alternatives for Pain Control in Common Surgical Procedures (with the Outcomes Research and Evidence-Based Medicine Committee).

The first installment—Part I: What PS/QI Means to Your Otolaryngology Practice—in the series of PS/QI Primer for the Academy’s journal *Otolaryngology–Head and Neck Surgery* was published in July to further awareness of concepts to AAO-HNS readership. Future installments are planned.

Many thanks for the work by all committee members and staff. The vibrancy and energy of our organization is certainly felt in PSQI. Please let us know your patient safety concerns. ■

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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

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Children's Hospital & Medical Center and the University of Nebraska College of Medicine are recruiting a Division Chief and Faculty for the Division of Pediatric Otolaryngology. Individuals will hold a faculty position at the University of Nebraska College of Medicine in the Department of Otolaryngology and should be BE/BC. The Division Chief will provide the overall clinical leadership for the practice of Otolaryngology. This leader will be responsible to develop and implement the clinical, educational, research and advocacy goals of the institution. He/she will have administrative, academic and clinical practice management experience within a complex, pediatric tertiary care medical center. In addition to the administrative responsibilities of this position, the individual will share in the clinical responsibilities with the faculty. This individual will represent Children's Hospital & Medical Center leadership to the University for matters involving Otolaryngology at all campus sites.

We seek individuals with a research focus. The Child Health Research Institute has been established and will provide start-up funding and infrastructure for clinical, basic science or translational research. We want individuals with strong emotional and social intelligence and a demonstrated ability to connect with others.

Children's is a vibrant, free-standing pediatric teaching hospital and Nebraska's only full service pediatric specialty health care center focused on extraordinary clinical care, education, clinical and outcomes research and advocacy. The hospital is embarking on transformational programmatic and physical growth to address our local, regional, national and global patient care. The hospital has a Level IV Regional NICU, Level II Pediatric Trauma Center, Specialized Clinical Pediatric Services and 24/7 Pediatric Intensivists. We have 50+ Specialty Clinics, 200+ Specialists, 14 satellite offices, multiple Pediatric Fellowship programs and is Magnet Certified. Our new campus expansion plans include an additional 100+ beds to the existing 145.

Interest: GERALYN AZIZKHAN, Director, Physician and Faculty Affairs, gazizkhan@childrensomaha.org or 402.955.6585. Cell: 402.979.3103.



FACULTY PHYSICIANS OF THE
UNIVERSITY OF NEBRASKA MEDICAL CENTER
COLLEGE OF MEDICINE



we call it home.

SO CAN YOU.

The Department of Otolaryngology at Carilion Clinic in Roanoke, Va., is seeking candidates to join a growing team in a thriving tertiary health care system led by people who take care of patients.

Positions available:

Otologist/Neurotologist

Full-Time BC/BE Fellowship-Trained Faculty

Treat a diverse patient population with a wide range of opportunities, strong audiology support, an active cochlear implant program and an academic neurosurgery program motivated to create partnerships.

H&N Oncologist/Reconstructive Surgeon

Full-Time BC/BE Fellowship-Trained Faculty

Join an established head and neck cancer practice with multidisciplinary care to treat patients with all stages of neoplastic disease as well as a broad endocrine population. Microvascular experience strongly preferred. Robotic technology and team available.

General Otolaryngologist

Full-Time BC/BE Faculty

Build a diverse practice caring for patients of all ages in all areas of otolaryngology. Opportunity for concentration in areas of specific interest. Ambulatory surgical center available.

System Highlights

- » Only Virginia hospital, and one of only 48 nationwide, named "High Performing" in all nine adult procedures and conditions rated by U.S. News & World Report (Roanoke)
- » Five-star rating for patient experience by Press Ganey (CTCH)

Direct inquiries to Chief of Otolaryngology, Dr. Benjamin Cable, at bbcable@carilionclinic.org



7 hospitals | 1,000+ physicians | 76 specialties | 220 practice sites | 25 GME programs

Equal Opportunity Employer - Minorities • Females • Protected Veterans • Individuals with Disabilities • Sexual Orientation • Gender Identity



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



**Yale School of Medicine
Faculty Position in Otolaryngology**

The Section of Otolaryngology at the Yale School of Medicine is seeking an **Otolaryngologist** who is board eligible/board certified or equivalent to join a growing and dynamic team as an Assistant or Associate Professor. This faculty member will provide patient care at Greenwich Hospital, a part of the Yale New Haven Health System. A physician skilled in addressing the full spectrum of otolaryngology diseases is needed in the Greenwich community. Those who wish to develop a specialty practice in conjunction with a comprehensive otolaryngology practice will be supported. Time will also be spent at our New Haven campus, including educational activities with medical students and otolaryngology residents.

Graduate study at **Yale University** towards a **Masters in Health Science** with the ability to focus on clinical or translational research, education, or other areas in order to advance a career in academic medicine will be supported. There are extensive opportunities for research collaboration and education as a faculty member at Yale University. We are seeking candidates who combine strong clinical skills and an academic orientation to take advantage of these opportunities.

This position also provides an opportunity to develop a robust clinical practice in a thriving community in southwestern Connecticut. Yale Medicine has a wide referral network of primary and specialty care physicians. Greenwich is a beautiful town on Long Island Sound and a relatively short distance from Manhattan. There is an opportunity to live along the coast or in surrounding areas with small town charm. The region offers some of the top public and private schools in the country.

**All application materials should be submitted electronically to:
Deb Kieslich at debra.kieslich@yale.edu**

Should you have any questions, please reach out to
Benjamin L. Judson, MD, Chief (Interim), at benjamin.judson@yale.edu

Yale University is an Affirmative Action/Equal Opportunity employer. Yale values diversity among its students, staff, and faculty and strongly welcomes applications from women, persons with disabilities, protected veterans, and underrepresented minorities.

Fellowship

Laryngology/Care of the Professional Voice

July 1, 2020 – June 30, 2021

Drexel University College of Medicine
American Institute for Voice and Ear Research
Hahnemann University Hospital
Philadelphia, Pennsylvania

For information contact:

ROBERT T. SATALOFF, MD, DMA, FACS

219 N. Broad Street, 10th Floor
Philadelphia, PA 19107
Phone: (215) 762-5165
Fax: (215) 762-5574
RTSataloff@PhillyENT.com



Fellowship Trained BC/BE Otolologist/Neurotologist

Albany ENT & Allergy Services (AENT) is a well-established Otolaryngology practice in upstate New York's Capital Region with diverse ancillary services. We have convenient access to ambulatory and hospital based surgical care and our immediate area is home to over 1 million people who present with a wide range of Otolologic conditions what would benefit from a fellowship trained Otolologist.

We are currently expanding our practice with a new state-of-the-art office space, currently under construction that will include an Ambulatory Surgery Center on the second floor (6 operating rooms).

AENT is a member of the CHEER network and is also actively involved in clinical trials, offering many opportunities for both research and academic involvement.

Our audiology services includes 5 clinical audiologists (AuD) and state-of-the-art audio-vestibular testing as well as an established cochlear implant program.

Our practice benefits from a supportive clinical staff that includes 9 physicians, 5 physician assistants, 5 audiologists (AuD), speech pathologist, radiology technician, clinical research coordinator as well as a large allergy and support staff. A new physician can anticipate a full patient schedule, call one week in ten, no trauma and a competitive compensation/benefits package including both 401k and profit-sharing plan, as well as potential partnership track, and ASC ownership as well.

The Capital Region, nestled at the foot of the great Adirondack State Park is in close proximity to NYC, Boston, Philadelphia, and Montreal. Our four seasons offer numerous options for outdoor activities and cultural experiences. Our low housing costs and excellent school systems and colleges, makes the Capital Region a desirable place for family living.

Please send confidential inquiries to:

Gavin Setzen, MD, FACS, FFAOA
Immediate Past-President, American Academy of Otolaryngology - Head & Neck Surgery
Clinical Associate Professor of Otolaryngology, Albany Medical College
Chief of ENT Surgery, St. Peter's Hospital (St. Peter's Health Partners)

Albany ENT & Allergy Services, PC
400 Patroon Creek Boulevard, Suite 205
Albany, New York 12206
518.701.2060 Voice
518-573-0841 Cell
518.701.2020 Fax
gavinsetzenmd@albanyentandallergy.com



University of Missouri
Department of Otolaryngology—
Head and Neck Surgery

Seeks a clinician, teacher, and researcher who is personable, energetic and innovative to join a rapidly growing and collaborative group of physicians, most of whom have subspecialty interests and training. There is a Faculty opportunity at all academic ranks (Assistant/Associate Professor or Professor) available in:

- **Pediatric Otolaryngology**

Title, track, and salary are commensurate with experience. This position is affiliated with MU Health Care which includes the University of Missouri Hospital and MU Women's 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 position, please contact:
Robert P. Zitsch III, M.D.
William E. Davis Professor and Chair
Department of Otolaryngology—Head and Neck Surgery
University of Missouri—School of Medicine
One Hospital Dr MA314 DC027.00
Columbia, MO 65212
zitschr@health.missouri.edu

To apply for a position, please visit the MU website at hrs.missouri.edu/find-a-job/academic/
The University of Missouri is an Equal Opportunity/Access/Affirmative Action/Pro Disabled & Veteran Employer.




School of Medicine
UNIVERSITY OF COLORADO
ANSCHUTZ MEDICAL CAMPUS

CHILDREN'S HOSPITAL COLORADO

**Pediatric Clinician/Scientist Otolaryngologist
Assistant/Associate Professor**

The Department of Otolaryngology is seeking a full-time Pediatric Clinician/Scientist Otolaryngologist faculty member for its pediatric practice at Children's Hospital Colorado in Aurora, CO. Responsibilities include teaching, research, and clinical service responsibilities.

This is an exciting opportunity to join a growing and successful department while expanding services in the greater Denver community.

Full job posting: www.jobsatcu.com Job No. 14770

Please send a letter of interest and CV to
Search Committee Chair: Kenny Chan, MD
kenny.chan@childrenscolorado.org



Full Time Faculty Opportunity

**University of Rochester
Medical Center**

**Head and Neck Oncologic
Surgeon-Scientist**

BC/BE fellowship trained or equivalent experience head and neck oncologic surgeon/scientist is sought for an endowed position at Wilmot Cancer Center. Open at all ranks, ideal candidate at Associate or Professor Level. Successful applicant will join an established comprehensive service line at the University of Rochester and lead research efforts in head and neck oncology. Applicants should have a strong interest in head and neck translational or basic research and, ideally, a track record of research funding. Protected research time will be provided. Patient care and resident teaching are also required.

Our robust Otolaryngology department is affiliated with the University of Rochester Medical Center's Strong Memorial Hospital. The clinical office is located in the Wilmot Cancer Institute, the largest cancer center in western New York. There are excellent opportunities to practice with an established group of academic faculty who already have practices in all ENT subspecialty areas, in a growing academic department.

The University of Rochester is an affirmative action/equal opportunity employer and strongly encourages applications from women and minorities.

Interested candidates should send their curriculum vitae and letter of interest to:

Shawn Newlands, M.D., Ph.D., M.B.A., F.A.C.S.
Professor and Chair
Department of Otolaryngology
Strong Memorial Hospital
601 Elmwood Ave. Box 629
Rochester, NY 14642
(585) 758-5700
shawn_newlands@urmc.rochester.edu



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 continue to build on a robust practice in rhinology/skull base surgery 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 in a joint Otolaryngology/Neurosurgery Skull Base Center. 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 and tissue banking. Competitive salaries and benefits offered.

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 – Shreveport is an equal opportunity employer and all qualified applicants will receive consideration for employment without regard to race, color, religion, sex, national origin, disability status, protected veteran status, or any other characteristic protected by law.



Department of Otolaryngology

Laryngologist
Birmingham, Alabama

The Department of Otolaryngology - Head and Neck Surgery at The University of Alabama at Birmingham (UAB) School of Medicine is actively recruiting a fellowship-trained Laryngologist to join its nationally ranked department.

Qualified individuals must be Board Certified or Board Eligible and should possess a strong commitment to clinical practice, resident training and research. Academic rank, salary support and start up package will be based on experience. Tenure is negotiable for qualified and interested applicants.

Interested applicants should send letters of inquiry and CV to:

William R. Carroll, MD
Professor and John S. Odess Endowed Chair
UAB Department of Otolaryngology - Head and Neck Surgery
Phone: 205-934-9766
Email: wcarroll@uabmc.edu

Visit us at www.uab.edu/medicine/otolaryngology

UAB is an Equal Opportunity/Affirmative Action Employer committed to fostering a diverse, equitable and family-friendly environment in which all faculty and staff can excel and achieve work/life balance irrespective of race, national origin, age, genetic or family medical history, gender, faith, identity and expression as well as sexual orientation. UAB also encourages applicants from individuals with disabilities and veterans.



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 intensivist 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, rbanco@rrmc.org



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 Otolaryngology. 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 care, CT imaging, and audiology services including hearing aid fitting.

Outpatient surgery is performed in a 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



EXCITING JOB OPPORTUNITY!

Associates in Otolaryngology of Northern Virginia is seeking a Board Certified/ Board Eligible physician. Our offices are located in Alexandria and Springfield. Services we offer our patients include: in office balloon sinuplasty, TNE, laryngeal stroboscopy, audiology services, allergy testing and treatment. We enjoy a great referral base and are looking for a motivated individual to join our team of physicians and PAs. Salary will be commensurate with qualifications and experience, partnership options are available.

CONTACT INFORMATION:

Michael Nathan, MD
703 980-5301
mnate919@aol.com



**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 the **Hudson Valley, Metro NYC, Long Island and Central / Northern New Jersey.**

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).



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

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

WE WANT YOU!

UNCPN is seeking an Otolaryngologist to join an established group in Rocky Mount, NC

Summary & Responsibilities

- Board certified or board eligible candidate
- Practice includes PA support and medical assistants with scribe capability
- New office with full service audiology, in-office allergy and CO² laser
- Procedure room equipped for minor surgery and sinuplasty

Benefits

- Competitive MGMA salary
- Signing bonus, paid CME days & fund reimbursement and paid annual leave
- Matching 401(k) and malpractice insurance



Please contact Amber Williams at amber.williams1@unchealth.unc.edu to learn more.



**THE SEAN PARKER FELLOWSHIP IN LARYNGOLOGY:
CLINICAL TRAINING WITH MASTER'S DEGREE IN
CLINICAL & TRANSLATIONAL INVESTIGATION**

The Sean Parker Institute for the Voice offers a unique training opportunity in laryngology for individuals with strong interest in an academic career. A two-year fellowship combines comprehensive clinical training with formal coursework and mentored clinical research leading to a Masters of Science in Clinical & Translational Investigation. Clinical training is offered in all aspects of laryngology, with particular strengths in office procedures, neurolaryngology, laryngeal microsurgery and framework surgery, endoscopic management of malignancy, and care of the performing voice. The Master's Degree program is offered by Weill Cornell Medical College's Clinical & Translational Science Center.

Admission to fellowship is contingent upon completion of residency on Otolaryngology, and eligibility for a medical license in New York state. All interested candidates should apply through the American Laryngological Association match.

Candidates should email CV, letter of interest and arrange 3 letters of reference to be sent to:
Lucian Sulica, MD
Sean Parker Institute for the Voice
240 East 59th Street
New York, NY 10022
lus2005@med.cornell.edu

We are an equal opportunity employer. Applicants will receive consideration for employment without regard to race, color, religion, gender, national origin, disability or any other characteristic protected by law.



**Central Florida
100% Pediatric Otolaryngology
\$600,000+ Potential**

- Join **Orlando's premier Pediatric Otolaryngology** practice with **partnership opportunity**
- **Guaranteed Salary** plus bonuses and robust benefits
- **Surgery Center - Partnership Potential**
- State-of-the-art facilities with a **full support staff** and ancillary services including **audiology and allergy**

No State Income Tax!

- Live in a **"Top 5 Suburbs to live in Florida"**
- **"A" rated public and private schools**
- Enjoy international airports and **Florida's best theme parks year-round**
- **East and west coast beaches are 1-hour away!**
- **World-class golfing**, high-end shopping, and **sophisticated dining** in this affordable, family-friendly city.

Contact **Emily Glaccum** at: 678-331-5208 and send a copy of CV to emily.glaccum@themedicusfirm.com
 Please reference: **PDO 7580D**

Upper Cumberland Ear, Nose & Throat

Private Practice ENT Partnership Opportunity in Cookeville, TN

Surgery Center and Medical Real Estate Ownership Options

- University town setting home to Tennessee Tech University
- Consistently ranked as one of the most affordable U.S. cities for cost-of-living
- No state income tax; very favorable malpractice environment
- 1 in 5 call
- Financial incentives available including starting salary up to \$430k and \$100k of student loan repayment
- 1 year partnership track with options to buy in to own an ambulatory surgery center and real estate
- In office CT scan, ultrasound, audiology with hearing aid business

Interested candidates please send CV or any questions to:
 Mike Vaughn, mvaughn@myentdocs.com, 931-520-5831

**OTOLARYNGOLOGY OPPORTUNITY
Dublin, Ohio**

Ohio Sinus Institute and Ohio Facial Plastics, a two person independent practice founded in 2003 in Columbus, Ohio, is seeking a general Otolaryngologist to join a well-established ENT practice with a large referral base. We offer a full range of ENT services including Audiology and Vestibular services, Hearing Aid Dispensing, Facial Plastics, MediSpa, and in house CAT Scanner. Revenue opportunities beyond professional income are available including ancillary services, on-call and surgery center.

We offer a highly competitive salary with health/dental/retirement plus partnership opportunity.

Requirements:

Board Certified or Eligible
MD/DO from accredited medical school
Graduate from an accredited residency program in ENT
Excellent communication and interpersonal skills and
Independent, and well-trained

For more information on our practice, please visit:
www.ohiosinus.com or www.ohioface.com

Contact Information:

Contact Name: Wendy Phelps, Practice Manager
Phone: (614) 771-9871
Email: wp@ohiosinus.com



**Assistant or Associate Professor, Pediatric Otolaryngology
Otorhinolaryngology: Head and Neck Surgery**

The Children's Hospital of Philadelphia and the Department of Otorhinolaryngology: Head and Neck Surgery at the Perelman School of Medicine at the University of Pennsylvania seek candidates for an Assistant or Associate Professor position in the non-tenure clinician-educator track. The successful applicant will have experience in the field of Otolaryngology with a focus on Pediatric Otolaryngology. Responsibilities include patient/clinical care, research, and participation in medical student, resident and fellow education. Applicants must have an M.D or M.D./Ph.D. degree and have demonstrated excellent qualifications in education, research, and clinical care. They must document past research experience and present future ideas.

Certification by the American Board of Otolaryngology and successful completion of a Pediatric Otolaryngology fellowship is required. The primary location of this position will be at Children's Hospital of Philadelphia.

We seek candidates who embrace and reflect diversity in the broadest sense.

The University of Pennsylvania and The Children's Hospital of Philadelphia are EOE's. Minorities/Women/Individuals with disabilities/Protected Veterans are encouraged to apply.

Apply for this position online at: https://www.med.upenn.edu/apps/faculty_ad/index.php/g/d5087

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



**AUGUSTA UNIVERSITY
MEDICAL COLLEGE
OF GEORGIA**

PEDIATRIC OTOLARYNGOLOGIST

- Excellent opportunity at our Children's Hospital of Georgia
- Rank commensurate with experience
- Excellent resources are available
- Fellowship training required

OTOLOGIST/NEUROTOLOGIST

- 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.



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



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AMERICAN ACADEMY OF OTOLARYNGOLOGY-HEAD AND NECK SURGERY

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.



Cleveland Clinic
 Every life deserves world class care.



**Otologist/Neurotologist
Rush University Medical Center
Chicago, IL**

The **Department of Otorhinolaryngology Head & Neck Surgery** at Rush University Medical Center is seeking a full-time **Otologist/Neurotologist** to join the Division of Otolaryngology, Neurotology, and Lateral Skull Base Surgery. The selected individual will have an opportunity to join a department of 12 full-time and 3 part-time clinical faculty spanning the entire spectrum of otorhinolaryngology subspecialties. The Otolaryngology/Neurotology division is supported by a group of 10 experienced audiologists.

The position offers the opportunity to expand this highly ranked* program at the Rush main campus and regional sites. Qualified candidates must possess a strong commitment to patient care, resident education, and research. Candidates should have completed an accredited Neurotology Fellowship and be BE/BC and eligible for faculty appointment at the Assistant 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. Rush is ranked in 7 of 16 categories in U.S. News & World Report's 2018-2019 "America's Best Hospitals" issue, and is one of the two top-ranked hospitals in Illinois overall. *Rush is also ranked 24th in the nation in Ear, Nose and Throat and the highest for the specialty in Illinois, Indiana, and Wisconsin. 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 / Affirmative Action employer



**CLINICAL FELLOWSHIP IN
LARYNGEAL SURGERY AND VOICE DISORDERS
Massachusetts General Hospital**

The Division of Laryngeal Surgery is seeking applicants for clinical fellowship positions. The fellowship training covers all aspects of laryngeal surgery, voice disorders, and management of the professional voice. The curriculum will provide a wide range of experiences, including phonosurgery (cold instruments and lasers), laryngeal framework surgery, novel operating-room and office-based laser (Pulsed-KTP, Thulium) treatment, complex laryngeal stenosis with aortic homograft transplantation, and the use of botulinum toxin injections for spasmodic dysphonia. The fellow will participate in the management of voice disorders and clinical research as a member of a multidisciplinary team (voice scientists and speech pathologists) that has access to state-of-the-art voice clinic and surgical engineering laboratory facilities. The research fellowship provides numerous opportunities to focus on grant-funded (NIH and private foundations) clinical and basic science research projects in collaboration with interdisciplinary teams of scientists and clinicians at the Massachusetts Institute of Technology and the Wellman Laboratories of Photomedicine at the Massachusetts General Hospital. The option to collaborate with local music conservatories is also available. Qualified minority and female candidates are encouraged to apply. Send curriculum vitae and three letters of recommendation. The Massachusetts General Hospital is a teaching affiliate of Harvard Medical School.

Direct inquiries to:

Steven M. Zeitels, MD, FACS
Eugene B. Casey Professor of Laryngeal Surgery, Harvard Medical School

**Director: Center for Laryngeal Surgery & Voice Rehabilitation
Massachusetts General Hospital
One Bowdoin Square, 11th Floor
Boston, MA 02114**

**Telephone: (617) 726-0210 Fax: (617) 726-0222
zeitels.steven@mgh.harvard.edu**



New South Texas Medical School Seeks Otolaryngology Faculty

The University of Texas Rio Grande Valley School of Medicine and newly established clinical entity - UTHealth Rio Grande Valley offer unique leadership opportunities under the direction of Dean John Krouse, MD, PhD, MBA, and are recruiting Academic Physicians for a developing Otolaryngology Division.

Chosen applicants will have the opportunity to build a clinical practice while engaging in resident and medical education. An interest in research is preferred. We are seeking candidates for the following positions:

- **Facial Plastic and Reconstructive Surgeon**
- **Otolaryngologist**
- **Otologist/Neurotologist**

Candidates must have a MD, DO, or equivalent degree from an accredited institution and have or be eligible for a Texas medical license. Board Certification/Eligibility in Otolaryngology (and sub-specialty, if applicable) is required, and experience in a GME-Accredited Position or Program is preferred. Academic rank and salary are commensurate with experience and academic credentials.

The UTRGV School of Medicine, established in 2015 and located in the heart of Texas's Rio Grande Valley, has a focus toward community health. Our program prioritizes social responsibility, respect, dignity, sensitivity, sensibility, advocacy and community service – with a mission to improve health, and life, at the individual and community levels.

For consideration, forward a copy of your CV and statement of interest to:
SomDocs@utrgv.edu

EOE/M/F/Vet/Disability



Assistant or Associate Professor, Pediatric Otolaryngology Otorhinolaryngology: Head and Neck Surgery

The Children's Hospital of Philadelphia and the Department of Otorhinolaryngology: Head and Neck Surgery at the Perelman School of Medicine at the University of Pennsylvania seek candidates for an Assistant or Associate Professor position in the non-tenure academic-clinician track. The successful applicant will have experience in the field of Otolaryngology with a focus on Pediatric Otolaryngology, Head-Neck Surgery and Pediatric Airway Disease. Responsibilities include patient/clinical care and participation in medical student, resident and fellow education. Research is not required in the academic clinician track.

Certification by the American Board of Otolaryngology and successful completion of a Pediatric Otolaryngology fellowship is required. Applicants must have an M.D or M.D./Ph.D. degree and have demonstrated excellent qualifications in education and clinical care.

The primary location of this position will be at Children's Hospital of Philadelphia.

We seek candidates who embrace and reflect diversity in the broadest sense.

The University of Pennsylvania and The Children's Hospital of Philadelphia are EOE's. Minorities/Women/Individuals with disabilities/Protected Veterans are encouraged to apply.

Apply for this position online at: https://www.med.upenn.edu/apps/faculty_ad/index.php/g/d5086



EXCITING OPPORTUNITY

Atlanta Center for ENT has an opportunity for a full time Board Certified Otolaryngologist in the Buckhead area of Atlanta, Georgia.

Atlanta Center for ENT has a unique opportunity for a talented Board Certified ENT surgeon who is a self starter and a practice builder in the Buckhead area of Atlanta, Georgia.

The practice includes a strong support staff and an Certified Ambulatory Surgical Center on site which yields a superior compensation opportunity via participation in ASC facilities reimbursement, with a potential opportunity for ownership. All aspects of ENT are practiced with a special interest in endoscopic sinus surgery

Contact information:

Donald Dennis, MD, FACS
3193 Howell Mill Rd.
Suite 215
Atlanta, GA. 30327
404-355-1312
ddennis@sinussurgery.com

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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%)

¹Selected 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

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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.



For the treatment of AOMT in pediatric patients due to *S. aureus*, *S. pneumoniae*, *H. influenzae*, *M. catarrhalis*, and *P. aeruginosa*.

The difference is
in the **delivery.**

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

The first and only antibiotic/steroid combination ear drop in single-dose vials¹

- Manufactured using blow-fill-seal technology—each vial is formed, filled, and sealed in a continuous, automated, sterile operation^{2,3}
- Technology minimizes human intervention in the fill/finish process³
- Single-use vials contain 1 premeasured dose each—dose BID/7 days⁴
- No drop counting. No mixing or shaking required⁴
- Demonstrated efficacy and safety in 2 clinical trials^{1,5}

Order Starter Packs today
at otovel.com/hcp/resources



AOMT=acute otitis media with tympanostomy tubes; BID=twice daily.

INDICATIONS

OTOVEL[®] (ciprofloxacin and flucinolone acetonide) is indicated for the treatment of acute otitis media with tympanostomy tubes (AOMT) in pediatric patients (aged 6 months and older) due to *S. aureus*, *S. pneumoniae*, *H. influenzae*, *M. catarrhalis*, and *P. aeruginosa*.

IMPORTANT SAFETY INFORMATION

Contraindications

OTOVEL is contraindicated in:

- Patients with known hypersensitivity to flucinolone 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 pruritis, 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/default.cfm>. Accessed July 15, 2016. 2. Data on file. Arbor Pharmaceuticals, LLC. 3. Food and Drug Administration. Guidance for industry: sterile drug products produced by aseptic processing—current good manufacturing practice. <https://www.fda.gov/downloads/Drugs/Guidances/ucm070342.pdf>. Accessed March 15, 2018. 4. Otovel [package insert]. Atlanta, GA: Arbor Pharmaceuticals, LLC; 2016. 5. Spektor Z, Pumarola P, Ismail K, et al. Efficacy and safety of ciprofloxacin plus flucinolone in otitis media with tympanostomy tubes in pediatric patients: a randomized clinical trial. *JAMA Otolaryngol Head Neck Surg*. 2017;143(4):341-349.


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