

bulletin

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

MARCH 2020



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bulletin features

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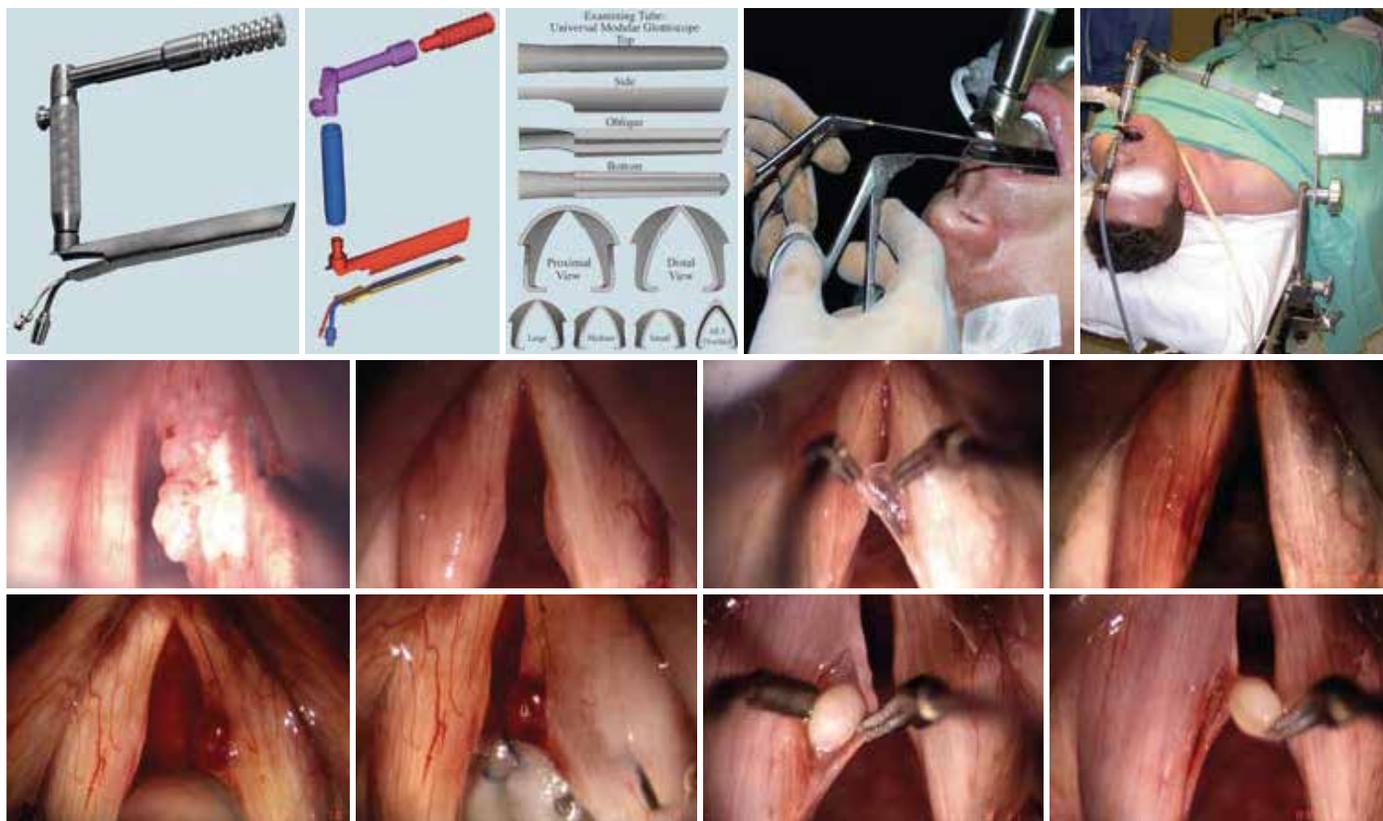
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Working Together as We Embrace and Support Our Differences

This month, I would like to highlight the history and efforts of our Academy in the area of diversity and inclusion. The motto "We Are One" embodies the composition of and commitment to our membership and the patients we serve. What is now the Diversity and Inclusion Committee, currently chaired by **Cristina Cabrera-Muffley, MD**, had its origins nearly 15 years ago starting as a task force and evolving into a committee (with me as the Chair) with a guest seat on the AAO-HNS Board of Directors. Our Past Presidents, **Drs. Richard Miyamoto, Ron Kuppersmith, Jim Denny, J. Regan Thomas**; the Board of Governors; and staff (as well as other leaders) all played critical roles in turning this vision into a reality. One of the first tasks of the group was to create a statement on diversity, which appears on our website and is as follows:

"The AAO-HNS affirms that in order to continue to work for the best ear, nose, and throat care, we must support and encourage diversity in our membership.

We acknowledge that culturally effective care is predicated on cultural sensitivity and cultural competence. We are committed to diversity and equal opportunity for our members. The Academy affirms its dedication to diversity by ensuring and developing opportunity for leadership positions within the Academy that are accessible to all Fellows, including underrepresented minorities within our specialty.

We maintain that achieving diversity requires an enduring commitment to inclusion that must find full expression in our organizational culture, values, norms, and behaviors. Throughout our work, we will support diversity in all of its forms, encompassing but not limited to age, disability status, economic circumstance, ethnicity, gender, race, religion, and sexual orientation.

Leading by example, we aspire to make diversity a core and abiding strength of the otolaryngology community."

As the largest organization in the specialty, representative of all otolaryngologists, we strive to encourage an atmosphere of inclusion for all. Toward that end, our Diversity Committee was initially charged with educating and promoting diversity and inclusion in all its forms—including gender, race, religion, socioeconomic status, disability, geographic location, sexual orientation, age, and culture—within

our membership and especially in our leadership. It was also charged with promoting cultural sensitivity and competence in concert with other committees, first to the membership and medical schools, and then to the public, for the best treatment of ear, nose, and throat, and head and neck disease. We were and still are committed to establishing programs that support these goals of inclusion in an effort to build a culture that will attract the best and brightest physicians to our specialty, increasing research being conducted by a diverse population of researchers, fostering the best education exchange, and enhancing patient care.

This year marks the 10-year anniversary of the beginning of the AAO-HNSF Diversity Endowment and the Harry Barnes, MD Endowment Leadership Grants. The committee and a group of concerned Academy members at our AAO-HNSF 2010 Annual Meeting in Boston, Massachusetts, gathered with the support of an energetic staff development team to raise the initial funds to support these endowments. In 2010, under the leadership of AAO-HNS/F President J. Regan Thomas, MD, and me as Chair of the Diversity Committee, the AAO-HNSF created the Diversity Endowment to provide critical funding of programs that will facilitate education and awareness, create an atmosphere of inclusion, and encourage pursuit of the specialty by underrepresented minorities. This endowment was set up to provide funding for:

- Grants for medical student rotations in otolaryngology
- Medical student grants and mentoring associated with the AAO-HNSF Annual Meeting & OTO Experience and AAO-HNS/F Leadership Forum & BOG Spring Meeting
- Resident Leadership Grants for the Annual Meeting and Leadership Forum & BOG Spring Meeting
- Distinguished research prizes for medical student papers
- CORE Grants for research related to underrepresented populations and for underrepresented researchers
- Marketing outreach to encourage awareness of diversity and inclusion and AAO-HNS/F efforts and resources in these areas

We have come a long way and congratulate the work of all who continue to support these efforts. ■



Duane J. Taylor, MD
AAO-HNS/F President

“As the largest organization in the specialty, representative of all otolaryngologists, we strive to encourage an atmosphere of inclusion for all.”



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- Subscriptions to the peer-reviewed scientific journal, *Otolaryngology-Head and Neck Surgery*, and the *Bulletin*, the official magazine of the AAO-HNS
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The Unequivocal Role of Specialty-wide Societies in the Future

We hear the term “value” related to healthcare so frequently that it has become trite. Even so, “value” is what ultimately determines the survivability and structure of a given entity. Those who predict and provide the tools and services that their customers/members want and need successfully evolve and maintain relevance during times of disruptive change. Those who do not are ultimately replaced or become irrelevant.

Medicine will be at the center of the revolutionary changes we are certain to see over the next 10 years. How care is delivered, who gets care, and how we pay for that care will be front and center following the 2020 election cycle. It will be critical to provide rational, evidence-based commentary and recommendations to the architects of the systemic changes we will all have to live with.

Who is best positioned to provide that input? For otolaryngology-head and neck surgery, it is the Academy. In this era of expanding subspecialization, some have questioned the need for and value of being a member of a specialty-wide medical association. This is particularly prevalent among those who practice exclusively within a subspecialty area. Many physicians pay dues to multiple associations representing local, state, or national medical associations as well as specialty and subspecialty societies. Declining revenue and changing employment models will force limitations on money available to spend for professional memberships and continuing education. Choices will have to be made based on the perceived benefit received from each.

How, then, can specialty societies like the Academy bring the most value to their members during the ongoing societal and healthcare system changes?

The Academy functions as the “umbrella organization” that represents both physicians and their patients across the entire spectrum of otolaryngology. This involves maintaining professional, collaborative relationships with the subspecialty societies, the American Board of Otolaryngology - Head and Neck Surgery (ABOHNS), other medical associations, federal agencies, and private payers. We must recognize that we are a small specialty and all otolaryngologists need to work together to thrive. The Academy must exercise the duty of foresight to prepare for plausible favorable and unfavorable futures and make sure

otolaryngologists have the tools they need to provide the best care under whatever system emerges.

Academy leadership recognized that demonstrable quality care will be the basis of all potential successor payment systems four years ago and made a multimillion-dollar investment in our clinical data registry system, Reg-entSM. This will allow participants from all practice settings to document high-quality, high-value care while facilitating clinical research to improve and define best care for the disease processes we treat while documenting the value of our work. We have recently partnered with an outstanding data analytics firm and will be able to fully maximize the potential of this project over the next several years and ensure financial sustainability. FLEX, our replacement for the Home Study Course (HSC), will be a monthly education program providing timely materials through cutting-edge technology priced lower than the HSC. We will be providing CME for the ABOHNS continuing certification program through CERTLink[®] and teaming with the ABOHNS using Reg-ent on the continuing certification program.

As well as the specialty-specific quality data, clinical practice guidelines, and measures, the Academy maintains a top-notch legislative, regulatory, and private payer advocacy team that continually works for all subspecialties within otolaryngology at the state and national levels. The most frequent interventions include CMS policy, scope of practice issues, fair reimbursement, insurance coverage for new procedures, and equitable treatment for all patients. As the specialty moves to expanded office-based surgical care, it will be essential that we continue to aggressively pursue just reimbursement for our members in this area.

The Board of Directors is sensitive to the financial situation our members find themselves in and has aggressively worked to increase services while keeping dues levels as low as possible. Over the last five years, dues have increased 6.2 percent, the same as the consumer price index. Expenses during that time have dropped 8.8 percent, while services have increased. The Academy will continue to endeavor to provide the tools our members need to be successful in a cost-effective way.

Success follows preparation and hard work. The Academy is proud to represent all otolaryngologists as we successfully adapt to the changes thrust upon us. ■



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

“
The Academy functions as the 'umbrella organization' that represents both physicians and their patients across the entire spectrum of otolaryngology.



at the forefront

Information, resources, and updates in this section

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Call for IAB Chair-elect Nominees

Recognize World Voice Day
with AAO-HNSF Quality Resources

State OTO Society Roundtable

Humanitarian Travel Grant:
Medical Mission in Ethiopia

Reg-entSM Receives CMS QCDR
and QR Designations

AAO-HNS History Museum
Primary Donor Pays a Visit

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Humanitarian Travel Grant: Medical
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The FrequENTcy App is now available as a FREE download through the Apple, Google Play, or Spotify stores. Don't miss the convenience of being able to access AAO-HNS/F podcasts with the touch of a button. <https://www.entnet.org/content/frequency-podcast-app>. ■

Donate to the WIO2.0 Initiatives Campaign

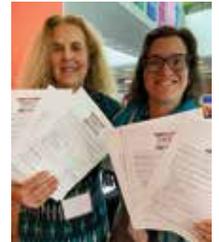
In its second year, "Women in Otolaryngology (WIO) Day" will be celebrated on March 8, providing an opportunity for local WIO groups around the world to meet for social, educational, and networking events. Donating to the **WIO Endowment in support of the WIO2.0 Initiatives Campaign** is another opportunity to help sustain and grow a vital source of funding needed for supporting projects and programs that advance issues important to all women in otolaryngology today and laying the foundation for the next

generation of women in otolaryngology.

The goal is to raise \$800,000 by the AAO-HNSF 2020 Annual Meeting & OTO Experience in Boston,

Massachusetts, September 13-16.

As of publication, \$121,400 has been raised. To learn more and donate today, go to entnet.org/give2wio. ■



Call for IAB Chair-elect Nominees

A 2020-2021 Chair-elect of the International Advisory Board (IAB) will be elected at the AAO-HNSF 2020 Annual Meeting & OTO Experience in Boston, Massachusetts.

After serving a one-year term as Chair-elect, this individual will then serve a one-year term as Chair and assume the duties as a leader and voice of the global otolaryngology community.

Candidates must be active international (non-U.S.) members of the AAO-HNS and formally affiliated with the AAO-HNSF International Corresponding Societies network. Deadline for submission of the nominee application is April 1.

Please visit entnet.org/content/call-nominees-iab-chair-elect or contact International@entnet.org. ■



Recognize World Voice Day with AAO-HNSF Quality Resources

In observance of World Voice Day, read **Clinical Practice Guideline: Hoarseness (Dysphonia) Update** and **Clinical Practice Guideline: Improving Voice Outcomes After Thyroid Surgery**.

In addition, review **AAO34 Dysphonia: Postoperative Laryngeal Examination**, a Qualified Clinical Data Registry (QCDR) measure available exclusively through the Reg-entSM registry.

To learn more, visit www.entnet.org/CPG and www.entnet.org/2020-measures. ■

State OTO Society Roundtable

The AAO-HNS/F 2020 Leadership Forum & BOG Spring Meeting starts on Friday, May 1, with the popular State OTO Society Roundtable, followed by the Executive Directors & Society Administrators Meeting. The Roundtable starts with a preview of the BOG Governance & Society Engagement Committee's society management toolkit, followed by an hour-long presentation, "Best Practices in Society Management: From the Start-up to the



Established Organization," by C. Michael Deese, MA, JD, a partner with Howe & Hutton, Ltd., one of the country's foremost law firms to the association, nonprofit, and hospitality industry communities. The Roundtable concludes with the presentation of three case studies in society management focusing on membership building, event planning, and development of a government affairs program.

The Roundtable runs 3:00-6:00 pm (ET) on Friday, May 1, followed by the Executive Directors & Society Administrators Meeting, 6:00-6:30 pm (ET). The day concludes with a welcome and networking reception, 6:30-7:30 pm (ET).

For additional program information or to register and secure your guest room at the Westin Alexandria Old Town Hotel, visit <https://www.entnet.org/leadershipforumregistration> or email bog@entnet.org. ■



HUMANITARIAN TRAVEL GRANT Medical Mission in Ethiopia

Nandini Govil, MD, MPH, traveled to Ethiopia with Healing the Children after receiving an AAO-HNSF Humanitarian Travel Grant. Dr. Govil admitted to becoming "slightly jaded" in terms of global health prior to the trip but reconsidered this stance after meeting a three-year-old patient who was suffering from a large neck mass and ultimately diagnosed with rhabdomyosarcoma. Despite the team not being able to cure the child, Dr. Govil was surprised to learn the family was relieved.

"I realized that just putting a word to what their child was going through gave this family solace and power," said Dr. Govil. "They now had knowledge of what was happening, making the experience a little less scary. I discovered that the value in global health work comes from the power of knowledge that we provide patients. Even one lone physician can make a huge difference in this way." ■



➔ READ MORE ONLINE
Longer article available



Reg-ent Receives CMS QCDR and QR Designations

For the fifth consecutive year, the Reg-ent registry has been approved by the Centers for Medicare & Medicaid Services (CMS) as a Qualified Clinical Data Registry (QCDR) and Qualified Registry (QR) for Merit-based Incentive Payment System (MIPS) reporting. In conjunction with the QCDR approval for 2020, CMS approved 17 otolaryngology-specific QCDR measures that were developed from AAO-HNSF clinical practice guideline key action statements, as well as measures developed jointly with medical specialty society partners. These QCDR measures are available exclusively through Reg-ent. In addition, 40 Quality Payment Program (QPP) measures applicable to otolaryngology-head and neck surgery are also available in the Reg-ent registry.

<https://www.entnet.org/2020-measures> ■

AAO-HNS History Museum Primary Donor Pays a Visit

The Academy had a surprise visit from **John Q. Adams**, a major donor and supporter of the AAO-HNS Foundation (AAO-HNSF), who generously donated \$1 million as part of the Foundation's Greater Academy Campaign. In recognition of his outstanding and longtime support of the Foundation, the History and Archives Department of the AAO-HNSF was renamed The John Q. Adams Center for the History of Otolaryngology-Head and Neck Surgery in 1996. At that time, the History and Archives Department's charter was to preserve the history of otolaryngology-head and neck surgery, promote historical research, and provide education programs for the profession and the public. The AAO-HNSF was headquartered on Prince Street in Old Town Alexandria, VA, and the AAO-HNSF Museum, which was housed in the lobby, was open to the public with a full-time staff member.

The John Q. Adams Center became The Adams Center, which housed an extensive library and archival museum collections documenting the history of otolaryngology in the United States and Europe. This diverse collection—now housed on the fifth floor of AAO-HNS/F headquarters office at 1650 Diagonal Road, Alexandria, VA—includes The Rosalind N. and David Myers Hearing Aid Collection, medical illustrations, oral histories, rare books and manuscripts, surgical instruments, and official records of several otolaryngology societies. The Adams Center made news when it was featured in the 2013 post "Adams Center - medical museum in



James C. Denny III, MD, AAO-HNS/F EVP/CEO (left), welcomes John Q. Adams (right), to the AAO-HNS/F offices in Alexandria, VA, on February 12. The History and Archives Department of the AAO-HNSF was renamed the John Q. Adams Center for the History of Otolaryngology-Head and Neck Surgery in 1996. Mr. Adams is a major donor and supporter of the AAO-HNSF who generously donated \$1 million as part of the Foundation's Greater Academy Campaign.

Old Town Alexandria." According to the post, "One of the many intriguing things about life in Alexandria in Old Town is the assortment of highly specialized trade associations. One of these is the American Academy of Otolaryngology-Head and Neck Surgery (AAO-HNS)"¹

Mr. Adams is the founder, former President, and CEO of the Adams Laboratories (renamed Adams Respiratory Therapeutics) of Fort Worth, TX. His company provided specialty pharmaceuticals for respiratory care, including Humibid LA and Entex LA, staples of ENT practice. Mr. Adams has had a long, successful career in the pharmaceutical industry and in developing prescription and nonprescription pharmaceuticals for the treatment of respiratory disorders and diseases, including Mucinex. Mr. Adams remains active in the healthcare

industry and retains memberships and board positions with several professional and philanthropic organizations, including the American College of Allergy, Asthma and Immunology and the Vanderbilt Voice Center. He is also an Honorary Fellow of the American Academy of Otolaryngology-Head and Neck Surgery.

Mr. Adams was grateful to have the opportunity to visit The John Q. Adams Center and meet with Dr. Denny. He hopes to celebrate the AAO-HNSF's 125th anniversary at the AAO-HNSF 2021 Annual Meeting & OTO Experience in Los Angeles, California. ■

References

1. Nesbitt W. Adams Center - medical museum in Old Town Alexandria. <https://activerain.com/blogview/3815173/adams-center---medical-museum-in-old-town-alexandria>



John Q. Adams



AMERICAN LARYNGOLOGICAL ASSOCIATION (ALA)

Laryngology and Technology: Balancing Outcome and Cost

Paul W. Flint, MD, President, ALA

We are now faced with the opportunity

of the advanced technology of single port robotics and the potential for applications in



Paul W. Flint, MD

laryngology. Between 2002 and 2009, I had the opportunity to work with Russell H. Taylor, PhD, who pioneered robotic surgery for IBM and later collaborated with Intuitive Surgical. As part of his team at Johns Hopkins University, we asked how we could advance the technology to include access via a laryngoscope. His team developed the “Snake Robot.”^{1,2} The ability to suture within the airway would offer new opportunities for management of laryngeal and airway disorders. Lateralization procedures, management of posterior glottic stenosis, excision of glottic and supraglottic lesions—all seemed applicable to robotic surgery. However, as we now have this new technology available, we must ask the question: Is this a cost-effective approach to laryngeal disorders?

Our institution, Oregon Health & Science University (OHSU), recently acquired a da Vinci single port robot that is used predominately for TORS in head and neck cancer patients. I have undergone training with the intent of applying this technology to laryngeal surgery and will briefly share my initial experience. The first issue encountered is how does one achieve required clinical experience? The FDA

and Intuitive Surgical require early on-site experience following laboratory training with pigs and cadavers. This includes 15 cases within 90 days following completion of training. Unfortunately, the number of cases applicable to laryngology is limited and achieving these numbers may not be feasible. That requires the new trainee to seek other opportunities for surgical experience. At our institution, we are fortunate to have the opportunity to perform tonsillectomy procedures on contralateral tonsils in cancer patients. While this provides ample opportunity to develop skills required for robotic surgery, it does not ensure experience applicable to laryngeal surgery. Prior to laryngeal procedures, dry runs with Intuitive Surgical staff and OR staff are highly recommended.

In my first laryngeal procedure, issues related to exposure and access, adaptability and size of instrumentation, and suture material were quickly realized. The first procedure performed at OHSU was a unilateral cordotomy for bilateral vocal fold paralysis. The procedure was successful, and the patient has experienced dramatic improvement in airway symptoms. He is exercising and enjoying yoga on a regular basis. His voice is weak and breathy, a predictable outcome to the procedure.

The financial considerations are considerable. The first is related to CMS regulations and the line between covered and uncovered expenses. In Oregon, bilateral paralysis with airway obstruction is a covered DRG; however, application

of TORS has not been tested. With respect to hospital billing, laryngeal procedures performed with CO₂ laser are considered level 2 or 3 depending on the complexity of the case. TORS procedures are listed as level 5 and billed at a 10-20 percent higher rate per OR minute. As surgeons train and learn new techniques, it is expected that an increase in OR time will occur, and in this situation, we need to be aware that this will increase the cost of the procedure. As surgeons, we must consider how this added cost during training will be shared between hospital, patient, payer, and industry and collectively determine the balance between cost and benefits.

In my limited experience, opportunities do exist and will require investment in improving access, miniaturization and modification of instrumentation, improvement and modification of suture material, surgical clips, cautery, and application of laser technology. Our success in application of this technology will require demonstration of reduced OR time, maintained or reduced overall cost, reduced morbidity, and improved satisfaction relative to voice, airway symptoms, and swallowing. ■

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2. Simaan N, Xu K, Kapoor A, Wei W, et al. Design and integration of a telerobotic system for minimally invasive surgery of the throat. *Int J Rob Res*. 2009.

■ section spotlight

SECTION FOR RESIDENTS AND FELLOWS-IN-TRAINING

A Call to Otolaryngologists-in-Training for Academy Engagement

Kevin J. Contrera, MD, MPH, Alternate BOG Governor, SRF

As the healthcare landscape rapidly evolves, the need for organized medicine grows stronger by the day. Yet, for those of us in the structure of a training environment, participation in our specialty society can easily be pushed to the end of a long list of things to do. The following are just a few of the reasons why medical students, residents, and fellows should be actively engaged in the American Academy of Otolaryngology-Head and Neck Surgery.

We owe it to ourselves, each other, and our patients to be better doctors with each day. Our Academy is the platform to do just that.

It's best for you.

The Academy has countless high-yield education tools to maximize our learning outside of direct patient care.



OTOSource.org is a comprehensive online study guide invaluable for otolaryngologists at any stage—but particularly for those of us starting out.



May 1-3, 2020, is an opportunity to build your knowledge alongside pioneers in the field at the **AAO-HNS/F 2020 Leadership Forum & BOG Spring Meeting**.



You can put your leadership into practice serving in the **Section for Residents and Fellows-in-Training**, on Academy Committees, or as a delegate to groups like the ACS, AMA, and SUO. More than just adding it to a resume, the Academy allows us to build a network of resources we will continue to call upon well into practice.

It's best for us.

The demand for low-cost care is second only to the demand for quality.



Resources, such as **Project 535**, give providers the tools to further amplify their voices in the legislative process.



ENT PAC* serves as the specialty's Political Action Committee.



Reg-ent is our specialty's long-awaited registry to build the data needed for evidence-based decision making. We have the most to gain from the advancement of otolaryngology, but we also have the most responsibility to ensure its effective stewardship.

It's best for our patients.

Our primary job as physicians-in-training is to learn from those around us.



Clinical Practice Guidelines are a proactive means of establishing standards of care for otolaryngology.



While trainees often serve on the front lines of healthcare, **ENThealth.org** can help our patients find reliable information about their conditions.

* 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.

DIVERSITY AND INCLUSION

When We Default to Straight

Jeffrey Teixeira, MD

The presumed assumption that every male or female patient we meet in our exam rooms is cisgender and straight leads to more than just awkward moments. These assumptions can also lead to worse health outcomes for those patients.¹ A quick search on Google reveals multiple examples of lesbian, gay, bisexual, transgender, and queer (LGBTQ) patient accounts of discrimination. What is surprising is that many of these situations are a result of casual discrimination, when healthcare providers are unaware of their own mistaken assumptions.

When practitioners default to thinking that all patients are cisgender and heterosexual, the message sent to LGBTQ patients is that they should not disclose their sexuality. These situations may threaten LGBTQ patients' sense of safety and result in the withholding of information that may be critical to accurate and timely diagnosis and treatment. When patients feel scared to reveal their sexuality, they are less likely to contact providers or seek treatment. To deliver optimal care, providers should prioritize understanding their patients' sexual orientation. While many providers worry that LGBTQ patients will not want to disclose their sexual orientation, a recent study shows that only a minority of patients will refuse to provide such information.² When we ask patients about their sexual orientation, we communicate that we are recognizing them as part of a healthcare system where their individual needs are more likely to be met.

One scenario that is all too common is mislabeling significant others in the pre-operative area. Such mischaracterization can significantly erode trust in the physician-patient relationship and subsequently negatively affect patient satisfaction and outcomes. Providers should ask family members who accompany patients how they are related instead of making assumptions. Updating patient intake forms to remove

“By not automatically defaulting to heterosexuality or cisgender status, providers demonstrate a level of sensitivity that is inclusive for LGBTQ patients, which will strengthen the physician-patient relationship.”

gender-specific terms can also lead to a more inclusive environment. For example, instead of entries for “mother” and “father,” use “parent 1” and “parent 2.” In addition, instead of asking patients, “What gender are your sexual partners?” a more appropriate question is, “Are your current or past sexual partners men, women, or both?” Not confusing gender with sexuality is an important distinction for LGBTQ patients and communicates that their providers are informed and aware of issues that affect them. By not automatically defaulting to heterosexuality or cisgender status, providers demonstrate a level of sensitivity that is inclusive for LGBTQ patients, which will strengthen the physician-patient relationship. ■

Reference

1. Institute of Medicine. *The health of lesbian, gay, bisexual, and transgender people: building a foundation for better understanding*. Washington, DC: National Academic Press; 2011.
2. Haider AH, Schneider EB, Kodadek LM, et al. Emergency department query for patient-centered approaches to sexual orientation and gender identity: the equality study. *JAMA Intern Med*. 2017; 177(6):819-828.

Donate to the Diversity Endowment Today

The **Diversity Endowment** provides a critical base of funding for underrepresented minority groups to create programs that facilitate education about inclusion, place a greater emphasis on inclusion, and encourage exploration of the specialty by medical students everywhere.

Your donation today will help fund:

- **Annual grant awards** for medical rotations in otolaryngology
- **Medical Student and Resident Leadership Grants** for the AAO-HNSF Annual Meeting & OTO Experience and the AAO-HNS/F Leadership Forum & BOG Spring Meeting
- **Distinguished research prizes** for meritorious medical student or resident papers
- **CORE grant funding** for research related to healthcare disparities that impact underrepresented patient populations or to support projects of young investigators
- **Increased marketing outreach to training program directors and medical programs** to encourage awareness of the specialty, its commitment to diversity, and the AAO-HNS

Help promote diversity and inclusion by donating to the Diversity Endowment at www.entnet.org/donate-to-diversity.

Practice Opportunity: Advanced Practice Provider Training

Trina Sheedy, MMS, PA-C
Director at Large, SPAO-HNS
Workshop Director, ENT for the PA-C annual meeting

Laura Kirk, MSPAS, PA-C, DFAAPA
Director at Large, SPAO-HNS
Co-Director, ENT for the PA-C Annual Meeting

Kristi Gidley, PA-C, MSHA
President-Elect, SPAO-HNS

Healthcare quality and value remain a hot topic in 2020. The final 2020 Physician Fee Schedule Rule issued by the Centers for Medicare & Medicaid Services (CMS) included many notable changes, some positive and some less so. One change that benefits physician assistants (PAs) and their physician colleagues is the elimination of unnecessary administrative burdens and outdated supervisory language that no longer reflect current practice models. We anticipate ongoing legislative efforts to enhance the care team model—not to devalue any member of the care team

but rather to complement the skill sets, efficiency of work, and training of each healthcare provider.

The Society of Physician Assistants in Otorhinolaryngology/Head and Neck Surgery (SPAO-HNS) recognizes the importance of education, training, and collaboration in order to ensure that the care team provides exceptional patient care. During the talk “Advanced Practice Providers in ENT: Justify, Recruit, and On-Board for Success” at the AAO-HNSF 2019 Annual Meeting & OTO Experience in New Orleans, Louisiana, audience members were polled regarding their areas of interest in learning about advanced practice providers (APPs). The overwhelming answer was “training and onboarding APPs.” Whether you are looking to hire a PA or a nurse practitioner (NP), ensuring proper training in our specialty is a top priority.

SPAO, in partnership with the AAO-HNSF and the American Academy of PAs

(AAPA), provides an exceptional training opportunity for APPs and physicians at the annual ENT for the PA-C education meeting. Our 10th Annual Conference is April 2-6, 2020, in San Francisco, CA, and is hosted by the University of California San Francisco Department of Otolaryngology-Head and Neck Surgery. This conference boasts three days of lectures addressing subspecialty topics including: adult and pediatric general ENT, otology, laryngology, rhinology, sleep medicine, head and neck surgery, and facial plastic and reconstructive surgery. Core and advanced lecture tracks focus on evidence-based practice, clinical pearls, practice management, and professional growth, all within a care team model. Lectures are given by leading physicians in the field as well as experienced ENT PAs. With an anticipated offering of 116 hours of continuing medical education (CME) (38 maximum hours per participant), this conference is essential for any APP in their first five years of practice in



otolaryngology, while offering differentiated learning for more experienced clinicians.

In addition to didactic teaching, the meeting is unique in offering numerous opportunities for hands-on practice of ENT skills and procedures in simulation environments. ENT for the PA-C 2020 will offer 72 hours (maximum 16 per participant) of workshops with skill-building simulations of flexible and rigid endoscopy, management of epistaxis, cerumen disimpaction, foreign body removal, myringotomy, PTA drainage, suturing, vertigo testing and maneuvers, vestibular rehab techniques, videostroboscopy, trach management, ENT ultrasound, and billing/coding. Workshops have a low participant-to-proctor ratio to provide high-quality learning and maximize one-on-one instruction. ■

A promotional banner for the ENT for the PA-C Annual CME. The background features a stylized illustration of a suspension bridge (resembling the Golden Gate Bridge) and a city skyline at sunset. The text is arranged in a clean, modern layout with a blue and white color scheme.

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APRIL 2-6, 2020

Incorporating Advanced Practice Providers into Your Practice

Part I: What is an APP?

Wendy B. Stern, MD

The American Academy of Otolaryngology–Head and Neck Surgery (AAO-HNS) recognizes the growing importance of the physician–advanced practice provider (APP) team approach and the positive impact on the quality of practice, patient care, and wellness. In the 2017 AAO-HNS Socioeconomic Survey,¹ Academy members identified the recruitment of new physicians and the use of satisfaction or patient outcome reporting tools as two of the top three strategic initiatives for their practices over the next 12-24 months. This is a challenge given the number of graduating residents and the number of retiring physicians, which limit the otolaryngology workforce. The APP workforce, on the other hand, is seeing rapid growth.

The physician assistant (PA) profession has a projected growth rate of 31 percent from 2018 to 2028, faster than all other healthcare occupations.² There are also increasing numbers of nurse practitioner (NP) programs, with more than 28,700 new graduates in 2017-2018.³ Yet, of all Academy members surveyed, 63 percent of respondents are looking to hire a new physician while only 37 percent are looking to hire an APP.

We are competing for the same physicians while not taking advantage of the opportunities of working with APPs. Many of us have known or worked with PAs and NPs but may not understand the differences in training, scope of practice, and licensing. There are



Wendy B. Stern, MD

differences, and this knowledge could affect who you might recruit to complement your practice. To better understand this, I have asked **Kristi Gidley, PA-C, MSHA**, to share her knowledge. She is a member of the AAO-HNS, liaison between the AAO-HNS and American Academy of PAs (AAPA), and President-elect of the Society of Physician Assistants in Otorhinolaryngology/Head and Neck Surgery.



Kristi Gidley, PA-C, MSHA

What are the distinguishing differences in the education and training of physician assistants versus nurse practitioners?

There are subtle but important differences in the education and training of PAs and NPs. PAs are trained as generalists in the medical model—disease- and organ-centered, focusing on pathophysiology, patient assessment, diagnosis, and treatment. NPs are trained in the nursing model, focusing on disease prevention, health education, diagnosis, and treatment. PAs have a more generalized training with exposure to pediatrics, adult/geriatric, emergency medicine, and many surgical subspecialties. NPs focus their training with approximately 10 certifications, such as family medicine, adult-gerontology primary care, emergency medicine, psychiatric-mental health, and acute critical care. This is an important distinction because

a general otolaryngology practice that sees all age ranges, for example, might recruit an NP trained in family medicine as opposed to one trained in acute critical care.

Is there a difference in the training of an NP who receives a master's degree versus a doctoral degree?

There is no difference when looking at clinical skills and workforce readiness. The bigger issue centers around the fact that APP training programs recognize the tremendous demand for APPs, resulting in larger graduating classes and increasing numbers of online training programs.

What is the typical scope of practice of APPs, and does it differ for PAs and NPs?

In practical terms, the scope of practice in an otolaryngology practice for PAs and NPs is similar. Both can assess patients, order and interpret diagnostic tests, and develop and implement treatment plans. In-office procedures can be taught and competency assessed as long as state guidelines are met. For example, in the state of Alabama, we had to request permission to train our APPs to perform flexible laryngoscopy from the Alabama Board of Medical Examiners. It is very important to understand state and federal regulations as well as payer guidelines for APPs. You can refer to AAPA and the American Association of Nurse Practitioners (AANP) scope of practice pages⁴ for more information.

Do local, state, and federal regulations treat PAs and NPs similarly?

There is wide variety among states regarding PA and NP regulations. NPs have independent practice, also known as full practice authority, in 21 states, meaning they can work without physician supervision. The AANP website has an interactive map⁵ showing the state practice environment in every state.

PAs remain in a supervisory/collaborative relationship with physicians for the most part, but there are state advocacy efforts around optimal team practice (OTP).⁶ OTP seeks to eliminate the legal requirement for a supervisory relationship between a PA, physician, or other healthcare provider, allowing for high-quality and timely care without burdensome administrative constraints. It in no way seeks to eliminate the team approach to patient care, but rather to allow all members of the care team to work at the top of scope and licensure. ■

References

1. <https://www.entnet.org/content/socioeconomic-data>
2. <https://www.bls.gov/ooh/healthcare/physician-assistants.htm>
3. <https://www.aanp.org/about/all-about-nps/hp-fact-sheet>
4. https://www.aapa.org/wp-content/uploads/2017/01/Issue-brief_Scope-of-Practice_0117-1.pdf
<https://storage.aanp.org/www/documents/advocacy/position-papers/ScopeOfPractice.pdf>
5. <https://www.aanp.org/advocacy/state/state-practice-environment>
6. <https://www.aapa.org/advocacy-central/optimal-team-practice/>

Education Resources on How to Incorporate APPs into Your Practice

AcademyU[®]
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Recent sessions held at the AAO-HNSF 2019 Annual Meeting & OTO Experience

- **Incorporating Advance Practice Providers in Your Practice: A Winning Formula**
- **Advanced Practice Providers in ENT: Justify, Recruit, and On-Board for Success (Part I & II)**

www.AcademyU.org

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A free resource

- **Incorporating Mid-Level Providers into Your Practice**
<https://www.otosource.org/content/incorporating-mid-level-providers-your-practice>

Please send your questions about incorporating APPs in your practice to bulletin@entnet.org. These questions will be considered for future articles or as discussion starters on ENTConnect.



#OTOMTG20 Brings Otolaryngology Together

Each fall, the American Academy of Otolaryngology–Head and Neck Surgery Foundation welcomes 7,000-plus attendees from more than 80 countries and more than 250 exhibiting companies for the AAO-HNSF Annual Meeting & OTO Experience.

September 13-16, we head to Boston, Massachusetts, for the return of the largest gathering of otolaryngologist-head and neck surgeons to Beantown in 10 years. The 2020 Annual Meeting offers attendees the cornerstone of engagement and education. Over the course of the four days, attendees have ample opportunity to encounter groundbreaking science and discoveries, innovative and hands-on education, and social

networking. In addition, the OTO Experience is a dynamic exhibit hall providing yet another way for attendees to immerse themselves and take full advantage of the latest in leading-edge tools and technology and education.

What makes the Annual Meeting so unique is the people who make up the specialty and come from around the globe bringing diversity of perspective and experience. This breadth of knowledge comes together under one roof at the Boston Convention and Exhibition Center, with scientific research being presented by world-renowned faculty, lectures held by otolaryngologist-head and neck surgeons who are leaders in their field, panel discussions on topics that are essential to practice management and patient care,

hands-on simulation learning opportunities, and so much more.

Learning opportunities are offered via multiple modalities to fit the educational learning style and area of interest of each attendee. From Lunch with the Experts and the Young Physician Pavilion, to the International Symposium and Simulation sessions, the networking and learning come together in so many facets of the Annual Meeting program, providing value-added benefit to every experience.

Boston is a nostalgic city for the 124th AAO-HNSF Annual Meeting. Not only does it hold the record for highest rating of satisfaction by attendees of all Annual Meetings, but it is the birthplace of a number of important components of the Academy: the Women in Otolaryngology (WIO) Section and the WIO Endowment, as well as the Diversity and Inclusion Committee, the Harry Barnes, MD Endowment Leadership Grants, and the Diversity Endowment.

Ten years ago, attendees of the 2010 Annual Meeting in Boston came together to foster positive change and growth for the specialty and the Academy. In 2020, we celebrate the 10-year anniversary of these efforts and the spirit and fortitude displayed by attendees taking full advantage of the facetime the Annual Meeting provides to work together and make a difference.

Plan to join our global community of otolaryngologist-head and neck surgeons at the AAO-HNSF 2020 Annual Meeting & OTO Experience in Boston, Massachusetts. We look forward to seeing you in September. ■



Boston in September

Boston is the epitome of the historical and the contemporary. The options that suit all personal preferences for entertainment and interests are virtually endless—from historical trails and artifacts to fringe theatre, from inspirational architecture to dining on local fare, from the old masters to the new brew masters. Each season brings its own specialties and favorites enjoyed by locals and visitors from around the globe. Some things to consider as you plan your trip to Beantown in September for #OTOMTG20:



Theatre marquees are lit year-round, and Boston's music scene hits all the right notes, with classical music, rock, and every genre in between.



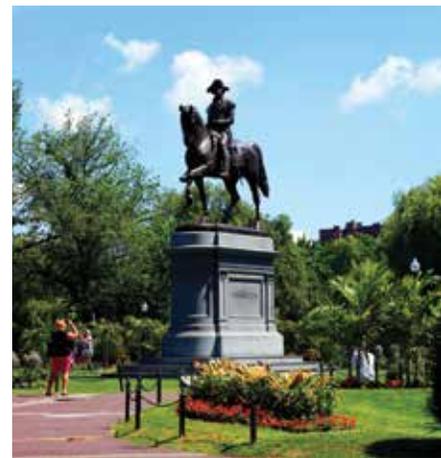
Boston's independent **boutiques, galleries, department stores,** and brand-name outlets offer options galore for either the bona-fide fashionista or whimsical window shopper.

Boston Common and the **Public Garden** provide inspiring tours and trails that can be enjoyed by foot, bike, boat, trolley, Segway, or "ducks."

Recreational activities

are wide-ranging: from spectator sports, sailing and kayaking the Charles River, jogging along the Esplanade, or posing downward dog on the Greenway.

Boston's **dining options** are dynamic and delicious. New restaurants and old favorites cater to every palate and every budget.



Boston is truly a walking city, so there is no need for a car. Public transportation is accessible and convenient. Pedicabs, taxis, and bike rentals are also readily available. The best way to enjoy this compact, friendly, and delightful city is to take to the streets—walk, explore, peruse, and then relax with a cool beverage, cup of coffee, or, you got it, ice cream—no matter what time of year.



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International Guest of Honor: Egypt

Egyptian ORL Society

The healthcare system in Egypt faces the burden of providing healthcare services especially in areas associated with low income or inadequate education and is required to evolve at a very fast pace to meet existing and potential demand gaps.

The Egyptian ORL Society actively shares the efforts to upgrade our healthcare system. The society is currently sponsoring a full-sized national project to establish Egyptian guidelines based on international guidelines and at the same time



tailored to the demographics and peculiarities of our patients as well as other socio-economic issues.

The society provides continuing medical education to otolaryngologists all over Egypt and organizes monthly meetings in collaboration with regional societies across the country. There are no registration fees for these meetings, and the society encourages all otolaryngologists to actively participate in them.

The society publishes the *Egyptian Journal of Otolaryngology* as an open-access journal (<http://www.ejo.eg.net>) and has established links with several international societies to extend the frontiers of Egyptian otolaryngologists. ■



Egypt's Population Growth Drives Advancement

Egyptian ORL Society

Egypt is the most populous Arab country, with 94.7 million people residing in Egypt and 9.5 million Egyptian nationals living abroad, according to the Central Agency for Public Mobilization and Statistics. With a population growth rate of 2.2 percent per annum, this will continue to fuel demand for educational and infrastructure services with a direct impact on the evolving urban landscape.

Egypt has one of the longest histories of any country, tracing its heritage back to the 64th millennia BCE. Considered a cradle of civilization, Ancient Egypt saw some of the earliest developments of writing, agriculture, urbanization, organized religion, and central government.

The Egyptians were one of the first major civilizations to codify design elements in art and architecture. Ancient

Egypt was the preeminent civilization in the Mediterranean world. From the great pyramids of the Old Kingdom through the military conquests of the New Kingdom, Egypt's majesty has long entranced archaeologists and historians and created a vibrant field of study all its own, Egyptology.

Egypt is a recognized cultural trendsetter of the Arabic-speaking world. Contemporary Arabic and Middle Eastern culture are heavily influenced by Egyptian literature, music, film, and television.

On its way to build a new modern country, Egypt is switching its capital city from Cairo to a newly constructed city, the "New Administrative Capital." It is a smart capital city that introduces a modern concept of residency and is expected to accommodate from 18 million to 40

million people by 2050. The city aims to address the various issues facing Egypt and provides a distinct quality of life that adapts to the conditions of population growth and civilization by accommodating the various social segments in a smart city that keeps abreast of technological progress.

Furthermore, the Egyptian Ministry of Health started a new comprehensive health insurance system to offer better health services to citizens that will cover all governorates by 2032. The new system gives citizens the freedom to choose their health service providers and reduces personal spending on medical care. Under the new system, citizens will head for the nearest health unit to their place of residence to get the medical service. These units will refer them to hospitals if necessary. ■



MIPS Year 4: What

The Centers for Medicare & Medicaid Services (CMS) made several changes to the Merit-based Incentive Payment System (MIPS) for 2020, the program's fourth year. CMS is required by the Medicare Access and CHIP Reauthorization Act of 2015 (MACRA) to implement a quality payment incentive program, referred to as the Quality Payment Program (QPP). This program rewards value and outcomes in one of two ways: MIPS and Advanced Alternative Payment Models (APMs).

Most AAO-HNS members participate in the QPP via MIPS. The AAO-HNS has developed this summary to provide members with high-level information on MIPS and changes in year four.

Overview

MIPS was designed to tie payments to quality and cost-efficient care, drive improvement in care processes and health outcomes, increase the use of healthcare information, and reduce the cost of care. Performance is measured through the data clinicians report in four areas:

Quality

Assesses the quality of care delivered based on measures of performance. Clinicians pick the measures created by CMS and stakeholder groups, like the AAO-HNS, that best fit their practices.

Improvement Activities

Assesses participation in clinical activities that support patient engagement, care coordination, and patient safety. The inventory allows clinicians to choose categories such as enhancing care coordination, patient and clinician shared decision making, and expansion of practice access.

Promoting Interoperability (PI) (formerly Advancing Care Information)

Focuses on the electronic exchange of health information using certified electronic health record technology (CEHRT) to improve patient access to their health information, exchange of information between providers and pharmacies, and systematic collection, analysis, and interpretation of healthcare data. This may include sharing test results, visit summaries, and therapeutic plans with the patient and other facilities to coordinate.

Cost (formerly Value-based Payment Modifier program)

Assesses the cost of care provided based on a clinician's Medicare claims. Cost measures are also used to gauge the total cost of a patient during the year or a hospital stay.

Eligibility

Clinicians can now use the updated **CMS Quality Payment Program Status Lookup**

Health Costs

Health
costs
out

You Need to Know

Tool to check initial 2020 eligibility for the MIPS program. By entering a National Provider Identifier in the lookup tool, providers can determine eligibility for the 2020 performance period. Eligibility does change during the second half of the year, so it is recommended that clinicians check their status throughout the year.

<https://qpp.cms.gov/participation-lookup/>

When

The MIPS Performance Year starts on January 1 and ends on December 31 each year. Participants must report data collected during the calendar year by March 31 of the following year to be eligible for a payment increase and avoid a payment reduction. Following the performance period, eligible clinicians who submit 2020 data for MIPS by March 31, 2021, will receive a positive, negative, or neutral payment adjustment in the 2022 payment year, which will be based on the MIPS final score.

MIPS Changes in Year 4

Performance Threshold

The Merit-based Incentive Payment System is raising the performance threshold points from 30 in 2019, to 45 in 2020. This significant jump will make avoiding a negative payment adjustment more difficult.

- As required by MACRA, the 2020 performance may result in a Medicare payment adjustment of up to +/- 9 percent in 2022.
- The exceptional performance threshold will be raised to 85 points.
- CMS maintained the performance category weights from 2019 for 2020:
 - Quality: 45 percent
 - Cost: 15 percent
 - Improvement Activities: 15 percent
 - Promoting Operability: 25 percent

Quality Category

Important changes have been made in the Quality category.

- For 2020, CMS increased the data completeness threshold for this category by 10 percentage points. Clinicians will now need to report each measure for at least 70 percent (up from 60 percent in 2019 of applicable patients).
- CMS removed 42 quality measures and added six new specialty-measure sets, including those for endocrinology and pulmonology.

Cost

In the Cost category, 10 new episode-based measures have been added so that more providers will qualify for this category. Also, CMS is revising the Medicare Spending Per Beneficiary Clinician and Total Per Capita Cost measures.

- CMS kept the weighting of the Cost category at 15 percent. However, clinicians can expect an increase in the Cost category weight in MIPS year five.

New Resources: Top 100 CPT Codes

The American Academy of Otolaryngology–Head and Neck Surgery has prepared new member resources outlining the Top 100 Current Procedural Terminology (CPT) codes reported by providers with the subspecialty designation of “4-Otolaryngology” within the Medicare enrollment database. Two charts are now available:

2020 Top 100 ENT Codes Billed in a Physician Office: the 100 most commonly reported codes in the physician office site of service.

2020 Top 100 ENT Codes Billed in the Hospital Outpatient Department: the 100 most frequently reported codes for the hospital outpatient site of service.

Volume for both charts is based on 2018 Medicare claims data, the most recent year for which data is available.

Further information and the chart files can be accessed as part of the Academy’s Coding Corner (<https://www.entnet.org/content/coding-corner>). The Coding Corner is a valuable resource available to AAO-HNS members that includes CPT for ENT articles, annual code change summaries, and ICD-10 coding resources. ■

- CMS will maintain the existing eight episode-based measures and add 10 new episode-based measures for a total of 18 episode-based Cost measures.

Improvement Activities Category

- Starting in 2020, groups can only attest to Improvement Activities if at least 50 percent of the clinicians in the group or virtual group complete the same activity during any continuous 90-day period. Previously, at least one clinician in the group needed to complete the activity for the group to receive credit.
- The activities may be completed anytime within the calendar year.
- CMS added two new Improvement Activities measures, modified seven existing measures, and removed 15 measures.

Promoting Interoperability Category

- CMS reduced the threshold for a group to meet the definition of hospital-based and qualify for reweighting of the PI component. In 2019, in order to reweight the PI component, 100 percent of clinicians in a group had to meet the CMS definition of a hospital-based clinician. In 2020, more than 75 percent of clinicians in a group must meet the definition of hospital-based, in order for the group to have the category reweighted for the 2020 performance year / 2022 payment year.



The Reg-ent Registry and MIPS 2020 Reporting

In addition to serving multiple functions as the clinical data registry for otolaryngology-head and neck surgery, Reg-ent can also be utilized by members to report MIPS. Since Reg-ent is a CMS-designated Qualified Clinical Data Registry (QCDR), the platform can accommodate required reporting for three of the four MIPS 2020 performance categories: Quality, Promoting Interoperability, and Improvement Activities. Submission to CMS is completed through

the Reg-ent dashboard. The Reg-ent dashboard provides a visual representation of performance for all three required reporting categories and generates score estimates.

Reg-ent also offers feedback opportunities to clinicians so that they can compare their performance to other providers in the registry at a national level.

The measures in Reg-ent include 17 QCDR specialty-specific measures developed by the AAO-HNSF available only in Reg-ent and 40 publicly available Quality Payment Program measures.

To learn more about Reg-ent, visit www.reg-ent.org and contact reg-ent@entnet.org. Visit <https://www.entnet.org/2020-measures> to view the full list of quality measures available for MIPS 2020 reporting through Reg-ent.

For any quality- or measure-specific questions, please contact quality@entnet.org.

Timeline for MIPS Performance Year 2020

January 1, 2020
Performance period began

December 31, 2020
Performance period ends

January 4, 2021
Submission window opens; first day to submit performance data*

March 31, 2021
Submission window closes; deadline for submitting performance data*

July 1, 2021
Performance feedback available

January 1, 2022
Payment adjustment begins

**Please note that the dates provided are only for the CMS QPP interface. Clinicians reporting via the Reg-ent registry, or through another MIPS reporting tool, should be aware that each vendor maintains its own timeline for submissions. Clinicians should contact their reporting vendor for details; Reg-ent participations should email reg-ent@ent.net.org.*



Getting Started with Reg-ent: What You Need to Know Before You Sign Up

Ready to sign up for Reg-ent now or thinking about doing so soon?

Here is what you need to know about *registry participation* and the *registration process* before you sign up.

Registry Participation Requirements

Participation in the Reg-ent registry is **open to active AAO-HNS members and their practices**. The ability to participate in Reg-ent, the only otolaryngology-specific clinical data registry, is an **exclusive benefit of AAO-HNS membership**.

Reg-ent participation requires that all otolaryngologists and allergists are AAO-HNS members in good standing. AAO-HNS Member Services can be contacted at memberservices@entnet.org and at 703-836-4444.

Created by the AAO-HNS for its member otolaryngologists and allergists, **Reg-ent welcomes and supports the entire otolaryngology practice.** Consider including your mid-level providers (nurse practitioners and physician assistants) as well as audiologists and speech language pathologists.

Reg-ent is currently only open to domestic AAO-HNS members; however, eventual expansion to include international members is planned.

Reg-ent participation requires the use of an EHR. Successful registry participation is dependent on the EHR used—vendor and hosting (on a local server or in the cloud). If you have not yet confirmed your EHR's compatibility with Reg-ent, visit <https://www.entnet.org/content/regent-and-ehrs> or contact the Reg-ent team at reg-ent@entnet.org.

The Registration Process

Registration is done online via the **Reg-ent Sign-Up Portal**: <https://regent.entnet.org/Signup/registry.aspx>.

Registration is completed at the practice level and includes all providers associated with the practice Tax ID Number (TIN).

The individual completing the registration process will create a practice account and will be automatically noted as a Practice Admin Contact for the practice's Reg-ent account (additional Practice Admin Contacts can be added during the sign-up process).

To complete the registration process, you will need to provide the following required information:

- Practice name, address, and Tax ID Number (TIN)
- EHR vendor and hosting details
- Practice contact details for:
 - * Practice Admin Contact(s), IT Contact, Billing Contact, and Clinical Point of Contact
- Provider details, including:
 - * NPI
 - * AAO-HNS Member ID number for otolaryngologists and allergists
 - * Unique individual email address

The Reg-ent Participation Agreement is signed at the practice level on behalf of the providers associated with the account as indicated on the *Appendix A, Participant's List of Providers Participating in the Registry*. The Participation Agreement also includes an *Appendix B, Fees and Membership Requirements*, and an *Appendix C, Business Associate Agreement (BAA) and Data Use Agreement (DUA)*. You can review the Participation Agreement and Appendices prior to signing online.

Upon initial registration with Reg-ent, the following Participation Fees apply for each provider associated with your Reg-ent account (as listed on the *Appendix A*):

- One-time, nonrefundable Application Fee of \$250 per provider
- Annual Subscription Fees of \$295 per provider (prorated based on the month of registration)

Reg-ent fees are based on a calendar year subscription period and are paid collectively at the practice account level. Payment can be made by credit card or by check via the Sign-Up Portal. In addition to the fees due upon initial registration, Reg-ent Participation Fees are due when new providers are added to the account and during the annual renewal cycle each January.

For additional details, visit the Reg-ent Fees web page at <https://www.entnet.org/content/reg-ent-fees>.

Questions? Visit www.reg-ent.org or email the Reg-ent Team at reg-ent@entnet.org.

Ready to sign up and get started with Reg-ent? Visit <https://regent.entnet.org/Signup/registry.aspx>.

Transition to In-office Treatments: Laryngology

For the Voice Committee: Joseph P. Bradley, MD

It is often said that what was once old becomes new again. Prior to the advent of modern general anesthetic techniques, otolaryngologists were already at the forefront of in-office procedures, such as in-office tonsillectomy and supraglottic biopsy. We then transitioned to doing many procedures under general anesthesia for decades. And now, in the age of healthcare efficiency, our specialty has really examined what should be done in the operating room versus in the office.

Otolaryngology is a unique specialty whereby many of the anatomical structures are easily accessible to practitioners for diagnosis and treatment in a clean-contaminated space without having to traverse large body cavities. In the modern era of otolaryngology, this can be easily exemplified through the use of flexible laryngoscopy, a ubiquitous tool in the hands of all otolaryngologists.

Within the subspecialty of laryngology, we have been pushing the boundaries of what can be done in the in-office or awake setting for a number of years. Advances in camera technology now give us high-definition views of the vibratory surfaces of the vocal folds to identify more subtle pathology even using flexible endoscopic technique, not just using rigid endoscopy.

Treatment of unilateral vocal fold paralysis through percutaneous or peroral techniques is likely the most common in-office procedure that comes to mind when thinking of laryngology. When done awake, patients' voices can be titrated real-time to the injection in a way that cannot be accomplished under direct laryngoscopy in the operating room for improved vocal outcomes.

Additionally, flexible laryngoscopes have "borrowed" the idea of channels from

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Otolaryngology is a unique specialty whereby many of the anatomical structures are easily accessible to practitioners for diagnosis and treatment in a clean-contaminated space without having to traverse large body cavities. In the modern era of otolaryngology, this can be easily exemplified through the use of flexible laryngoscopy, a ubiquitous tool in the hands of all otolaryngologists.

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our sibling specialties—pulmonology and gastroenterology—that enable us to perform interventional techniques under local anesthesia. The KTP fiber-based laser can be used to treat recurrent respiratory papillomatosis, polyps, dysplasia, and other lesions. Steroids can be delivered through the channel to treat subglottic stenosis or vocal fold scar. Transnasal esophagoscopy enables screening for esophageal lesions such as Barrett's esophagus. The technique can also be used for placement of tracheoesophageal prostheses and dilation of esophageal strictures.

Patients and the healthcare system receive advantages from the use of in-office treatments. By avoiding sedation, patients experience less downtime and are able to resume their normal daily living activities on the same day. The healthcare system avoids the costs of general anesthesia and operating room time. Depending on practice location, a facility fee may or may not be included.

However, there are up-front considerations. There is a learning curve for providers, which can sometimes be steep. As more laryngologists are trained and remain in academia, our resident trainees learn these

techniques and take them out into practice. Additionally, transnasal esophagoscopes and channeled laryngoscopes are more expensive. As an alternative, there are channeled sheaths that may be utilized on preexisting flexible laryngoscopes for doing interventions.

Throughout this transition to in-office treatment over the past few decades, the Academy and its Voice Committee have advocated for its acceptance and reimbursement by CMS and third-party payers. While the techniques had been in use for a number of years, in 2014, codes were approved for transnasal esophagoscopy, and in 2017, interventional flexible laryngoscopy codes were released that afforded reimbursement for the professional fee and also covered the cost of materials (injectables, laser fibers, etc.).

Encouraging innovation and the use of procedural techniques that decrease costs while improving healthcare efficiency not only advances our field but contributes to patient quality of life and hopefully improved outcomes. Our subspecialty and the members of our Voice Committee are proud in how we have advanced otolaryngology-head and neck surgery. ■

Safety of Office-based Laryngology Procedures

VyVy N. Young, MD

Within medicine, otolaryngology-head and neck surgery is often recognized for its balance of surgical procedures and clinical care of patients. Throughout the field of otolaryngology, there has been a shift over time to move an increasing number of our surgical procedures into the office setting.¹⁻³ Increased efficiency, enhanced cost-effectiveness, and high procedural tolerance coupled with low complication rates have led to both patient and surgeon preference for office-based procedures when appropriate.⁴⁻¹¹

In laryngology especially, this trend has been quite pronounced. Laryngology procedures now commonly performed in the office setting include laryngoscopy, bronchoscopy, transnasal esophagoscopy, biopsy, vocal fold injection (e.g., augmentation, steroid, or botulinum toxin), laser treatment of laryngeal pathology, esophageal dilation, and even some airway surgery (e.g., laser, dilation, or steroid injection).^{6,10-19} For reference, the American Academy of Otolaryngology-Head and Neck Surgery and its Foundation (AAO-HNS/F) outlined a Position Statement with supporting evidence related to in-office photoangiolytic laser treatment of laryngeal pathology.²⁰

Multiple techniques to perform these procedures, either through the use of the working channel of an endoscope versus a percutaneous or transoral approach, have been described. Some methods may

be performed with a single surgeon while others require an assistant.^{2,10,13-16,18,21-24} Often these are unседated procedures, performed under local anesthesia. The local anesthetic may be administered to the laryngopharynx indirectly via nebulizer treatment, percutaneously via transtracheal approach, or directly through an instrument (e.g., Abraham cannula) or the working channel of an endoscope.^{2,25} Otolaryngologists performing these procedures should be familiar with multiple techniques, both for administration of local anesthesia and for the procedure itself, to enhance patient safety and likelihood of procedure success.

Office-based laryngology procedures are generally considered safe, related to a low-reported complication rate.^{5,6,10,14-18,26} Complications are minor (including patient anxiety/intolerance of the procedure, epistaxis, vasovagal response, coughing, or gagging), tend to be mild in nature, and often spontaneously resolve.^{5,12} More serious complications are even more rare but may include laryngospasm, airway compromise, significant bleeding/hematoma, or a cardiac event.¹² It is imperative that the otolaryngologist be aware of the potential for complications and have a safety plan in place to address any issues that arise.

Proper identification of appropriate candidates for these types of procedures is fundamental. Multiple studies have reported hemodynamic changes during awake laryngology procedures, including a 20mm Hg increase in blood pressure (BP).²⁷⁻²⁹ Therefore, monitoring of vital signs (at a minimum, BP and heart rate) at least before and after the procedure is recommended to

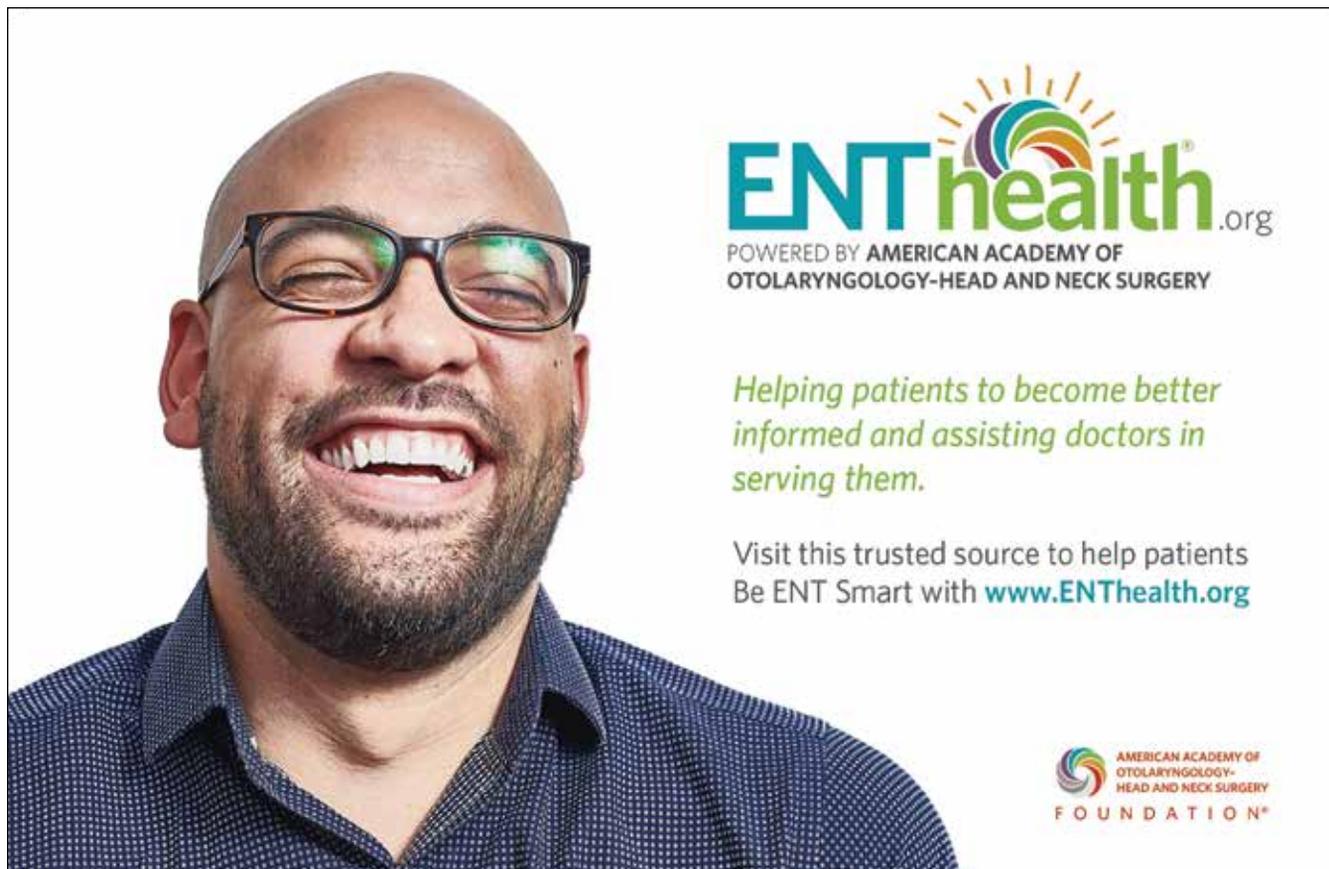
verify that the patient remains within a safe range from a cardiovascular standpoint. A multi-institutional study described a screening protocol identifying patients in need of further cardiovascular evaluation prior to pursuing an office-based procedure (e.g., those patients with systolic BP >160, diastolic BP >100, and/or HR >110 beats/minute).³⁰ Risk factors identifying potentially poor candidates for office-based otolaryngology procedures have been nicely summarized by Schmalbach.³ Otolaryngologists performing office-based procedures should have ready access to all the equipment necessary to perform the procedure, as well as any other supplies that may be needed to address potential complications. In this regard, checklists may be particularly helpful—especially for resuscitation equipment, which is thankfully only rarely utilized.^{3,31}

In summary, although it is a procedurally based surgical subspecialty, otolaryngology covers the spectrum from operative to ambulatory practice. Advances in laryngology in particular have allowed an increasing number of procedures to be performed in the office setting. Reports of safety have been favorable to date. Pre-procedure screening (e.g., vital signs and American Society of Anesthesiologist [ASA] level) and suitable patient selection lies at the heart of office-based laryngeal procedure safety. Continued vigilance and monitoring are vital as we move forward, especially for those practitioners newly adding office-based procedures to their clinical practice. ■

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March 1-7, 2020, is National Sleep Awareness Week

Information for Your Patients: Sleep Apnea

Cristina Baldassari, MD, Chair, AAO-HNS Sleep Disorders Committee

Regular snoring in adults and children can be a sign of a more serious problem: obstructive sleep apnea. Sleep apnea involves blockage of the airway during sleep and can be characterized by decreased oxygen levels and sleep fragmentation. Sleep apnea is common and affects at least 25 million adults living in the United States. While one to four percent of healthy school-aged children have sleep apnea, rates are much higher in children with certain medical problems, such as obesity. In adults, sleep apnea can have a significant impact on cardiovascular health, including putting patients at increased risk of high blood pressure and stroke. Children with sleep apnea can have difficulty focusing, poor school performance, daytime sleepiness, and bedwetting. Unfortunately, many individuals with sleep apnea have not been diagnosed and are not receiving adequate treatment.

Otolaryngologists, also known as ear, nose, and throat (ENT) surgeons or head and neck surgeons, are uniquely qualified to care for patients with sleep apnea. They are able to provide comprehensive management of sleep apnea in both children and adults, including diagnosis and treatment. If you are concerned that you or your child has sleep apnea, you should schedule an appointment to see a local ENT. They will examine your nose and mouth to check for any possible causes of sleep apnea, such as enlarged tonsils. Most commonly, the ENT will order a sleep study, also called a polysomnogram, to check for sleep apnea. This overnight test is typically performed at home for adults and

in a sleep laboratory for children. The sleep study measures various sleep parameters, including sleep stages, heart rate, and oxygen levels, and provides information about your sleep apnea severity.

The primary therapy for sleep apnea in children is surgical removal of enlarged tonsils and adenoids by an ENT. In adults with sleep apnea, the first-line treatment is typically positive airway pressure (PAP) therapy that involves wearing a mask over the mouth and/or nose that delivers a constant airflow to prevent the breathing passages from obstructing. ENTs will recommend a PAP mask and pressure setting that will improve your sleep apnea. In patients who are unable or unwilling to use PAP therapy, the ENT can suggest alternate treatments, such as a mandibular advancement device (oral appliance) or surgical therapy. ENTs may recommend a drug-induced sleep endoscopy that involves examining the upper airway with a flexible scope while the patient is sedated to determine sites of blockage that might be addressed with surgery. There have been numerous advances in surgery for sleep apnea over the past several years. One such example is the development of the hypoglossal nerve stimulator. ENTs surgically implant the device in the chest wall during a short procedure, and it stimulates forward movement of the tongue during sleep to prevent airway blockage.

Treatment of sleep apnea in adults and children results in improvement in sleep and quality of life. For more information about snoring and sleep apnea and to find an ENT near you, visit [ENThealth.org](https://www.enthealth.org). ■



Sleep & Snoring Patient Information

Go to [ENThealth.org](https://www.enthealth.org) for more patient information related to sleep.

Conditions & Treatments:

- Pediatric Sleep-disordered Breathing
- Snoring, Sleeping Disorders, and Sleep Apnea

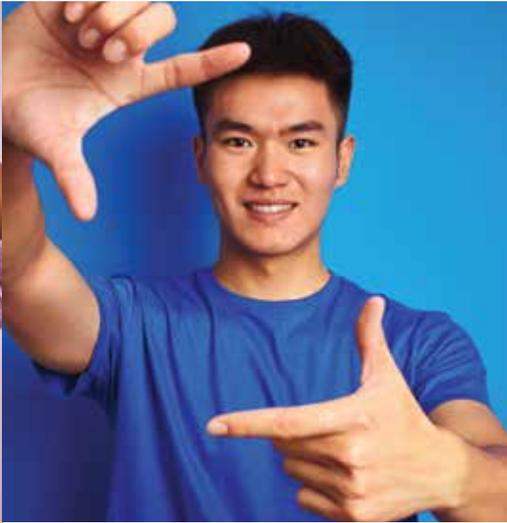
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Focus on Your Voice in 2020

World Voice Day is celebrated and recognized on April 16 every year, but with the year 2020, its vision and standard cannot escape our minds. Our world is a busy one, and our attention is often pulled in many directions. First and foremost, though, is our responsibility to do no harm—and we can do that by focusing on our voices.

For the Voice Committee, Jeanne L. Hatcher, MD

The visual effect of the voice as analyzed by frequency, also known as the acoustics, is one of the ways we can see our voices. But how do others see your voice? What do they hear? In those first few seconds of interaction, how are they analyzing you? There are subtle pitch changes and inflections we use to communicate any number of attitudes. This can portray emotion—a loud voice may show more aggression or urgency. A monotone voice might sound apathetic. However, a monotone voice also suggests a male gender identity. Upward inflection often aligns the voice with a female gender, at least in the United States. How we sound is also determined by geographical and cultural norms.

Regardless of where you were raised or where you live, your voice is part of the first impression a patient has of you. *Focus on Your Voice in 2020*. How do you sound, and how do you come across as soon as you walk in

that room? Take a breath. Take a moment. Set your intention, and focus on your voice in that moment. Caring for ourselves vocally will set an example of vocal health for our patients. Vocal health starts with us. Reduce the strain with a few lip trills. Should you have forgotten about those, I am sure that your voice-trained speech-language pathology colleagues would be happy to remind you. Your patients will hear your healthy voice. Take care of yourself first and foremost. Stay hydrated, get adequate rest. Focus on a diet “in moderation.” If you feel better physically, you will also sound better.

We are more aware of, though far from proficient at, wellness. Vocal health and wellness are intimately related. How can you sound good if you don't feel good? How can you be perceived as calm and focused if your mind is racing? Take a breath. Take a moment. Focus on you and good patient care will immediately follow. *Focus on Your Voice in 2020*. ■

A Few Vocal Health Tips:

- Stay hydrated
- Take caffeine, alcohol, and processed and fatty foods in moderation
- Avoid environmental irritants
- Think of your voice as a bank: Conserve when you can and spend when you need



Q & A

FOR PATIENTS

Contributors from the AAO-HNS Voice Committee:

William Z. Gao, MD
Norman D. Hogikyan, MD
Sid Khosla, MD
Melissa M. Mortensen, MD
Amy L. Rutt, DO

Q What are daily tips for keeping my voice healthy?

1. Your vocal folds need to be well hydrated to function efficiently. Make sure you drink water (six to eight cups a day is the general recommendation). Alcohol, caffeine, and sugary drinks can dry out your voice box.
2. If you speak a lot during the day, allow yourself times to be silent. For example, teachers may rest their voices during breaks and lunch.
3. If you speak to large groups, try to use a microphone. This is applicable for teachers, clergy, some fitness instructors, and other speakers.
4. Avoid yelling, screaming, and whispering.
5. If your voice is getting tired, it is a sign that you are either using it too much or talking too loudly. Consider reducing loudness, taking voice breaks, or limiting the time you are talking.

6. If you feel heartburn, consider eating earlier at night (at least four hours before bedtime); avoiding acidic foods, caffeine, and alcohol; and raising the head of your bed. If this does not work, seek medical attention.
7. Humidify your home.
8. Avoid throat clearing as much as possible. You can try swallowing or a sip of water. If you have allergies or heartburn, this can cause throat clearing; if it is not manageable, seek medical attention.

Q I have had persistent problems with my voice and saw an ENT, but the scope exam was normal. Is there a more focused evaluation that I need?

This is an excellent question and it speaks to the importance of a subspecialty evaluation when there are persistent voice problems

but no obvious cause is identified on initial evaluation. There are many possible etiologies for voice problems, with some being more apparent on initial exam than others. In particular, disorders of vocal function as opposed to disorders of structure may be more difficult to diagnose. The skills to critically assess a patient's vocal capabilities beyond listening purely to habitual speaking voice can be essential to some diagnoses. Also, disorders that cause vocal fold mucosal stiffness typically require laryngeal videostroboscopy in order to understand the abnormal physiology. Consultation with a laryngologist and, if possible, particularly for occupational or professional voice users, an evaluation that includes both a laryngologist and voice-experienced speech pathologist will in most cases lead to accurate diagnosis and treatment of even the most challenging voice patient.



Q Having dealt with strangled voice breaks for years, I was finally diagnosed with spasmodic dysphonia. What is it, and will I ever talk normally again?

Spasmodic dysphonia (SD) belongs to a family of neurological disorders called dystonias. A dystonia is a movement disorder that causes muscles to contract and spasm involuntarily. SD can also be referred to as laryngeal dystonia. When a person with SD attempts to speak, involuntary spasms in the muscles of the larynx cause the voice to break, or sound strained, tight, strangled, breathy, or whispery. The spasms often interrupt the sound, squeezing the voice to nothing in the middle of a sentence, or dropping it to a whisper.

What causes spasmodic dysphonia is still unknown. Evidence suggests the basal ganglia in the brain is impacted in people with SD. Different treatments are available to alleviate or control the symptoms of the vocal spasms of SD on a temporary or long-lasting basis. Botulinum toxin injections have been used for the treatment of SD symptoms since the mid-1980s and are recognized as an effective treatment. Some voice disorders like SD have a neurological component, and an appointment with a neurologist that focuses on movement disorders will help determine if there are any neurological components present. Similar to other problems affecting the larynx, SD can be approached with a single type or a combination of treatments, as no single strategy will be appropriate for every case.

Q I am a singer and have been told I need voice surgery. Is it safe?

It is important as a singer that you are seeing a physician, such as a laryngologist, who utilizes videostroboscopy to assess the vibratory dynamics and vocal fold microarchitecture to determine if surgery is needed and would improve the current problem you are having with your singing. This technology can help determine the type of lesion present, whether nodules, polyp(s), cyst(s) or sulci. The type of lesion present really determines the outcome of surgery.

During the surgery itself, laryngologists now use tiny, tiny forceps that allow them to grasp a very specific part of the vocal cord and use scissors with blades measured in millimeters to remove only the lesion. The result is a tiny and very superficial removal of the lesion itself with minimal effect on the surrounding tissue. There is no incision for the majority of singers, although for certain uncommon disorders, like cysts or sulci, a tiny incision and dissection technique may be used.

There is the risk of general anesthesia and, despite use of a tooth guard, a slight risk of a roughened or even chipped upper central tooth. Taken together, these risks are extremely small. The real issue is that the precise degree of improvement cannot be guaranteed, even though the typical improvement is major for nodules and polyps. Risk is greater for surgery that involves an incision and dissection, like for a cyst or sulcus. The initial postoperative hoarseness will be longer, and the final result is not as good on average. It is still possible to get a wonderful result after incisional surgery but not as routinely as after nodule and polyp surgery. ■



Voice-related Patient Information

Disorders that affect the ability to speak and swallow properly can have a tremendous impact on lives and livelihoods. ENT specialists treat sore throats, infections, gastroesophageal reflux disease (GERD), throat tumors, airway and vocal cord disorders, and more.

For more information, go to [ENThealth.org](https://www.enthealth.org).

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Fee: \$1750 (includes course materials and 2 1/2 day workshop). Travel, lodging and text book not included. Tuition checks payable to: Hearing Resources of Michigan

This course trains otolaryngology office staff to perform comprehensive audiometry and tympanometry under the supervision of an otolaryngologist.

The 3 phases of training are: 1) self study; 2) hands-on workshop; and, 3) 6 month period of supervised patient testing. Participants who submit a testing log signed by the supervising otolaryngologist at the end of the 6-month period will be issued a Certificate of Completion by the AAO-HNS.

Important Note: In June 2010, CMS clarified the Medicare policy on billing for audiology services. Not all services learned in this course are eligible for Medicare reimbursement. Many commercial insurances do reimburse for services provided by OT0tech staff.

Providence Park Hospital, Novi Michigan **Van Elslander Surgical Innovation Center**
Co-directors: Eric Sargent, MD (Michigan Ear Institute) & Jeffrey Weingarten, MD (Ear, Nose & Throat Consultants)

Registration Deadline: 3 weeks before start of course



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



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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

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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.

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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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EVMS

The Department of Otolaryngology-Head and Neck Surgery at Eastern Virginia Medical School is recruiting a third fellowship-trained Otolaryngologist/Neurotologist at the Assistant or Associate Professor level to join our expanding 18-member full-time academic Otolaryngology Department. Applicants must be board certified/board-eligible and should possess a strong commitment to clinical care, program development, teaching and research.

The successful candidate will have experience in all aspects of Otolaryngology/Neurotology including adult and pediatric chronic ear disease, cochlear implantation and skull base surgery. Duties will include patient care, resident education and mentorship along with bench/clinical research. Fully accredited Otolaryngology residency program with protected research time and graduated departmental responsibilities.

This full-time employed position offers a very competitive compensation package that is commensurate with experience along with an attractive benefits package. This is an opportunity to join one of the top ranked Otolaryngology programs in the country located in a highly desirable coastal location. For additional inquiry please email Barry Strasnick MD, FACS Professor and Chair of the Department of Otolaryngology Head and Neck Surgery at strasnb@evms.edu

Interested candidates must apply online at www.evms.edu/careers

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Icahn School of Medicine at Mount Sinai
Department of Otolaryngology – Head and Neck Surgery

Chief, Otolaryngology – Mount Sinai South Nassau

The **Department of Otolaryngology – Head and Neck Surgery** is recruiting a full time otolaryngologist for the position of Chief of Service at Mount Sinai South Nassau. The candidate will hold a faculty appointment at the Icahn School of Medicine at Mount Sinai. The Mount Sinai Health System is New York City's largest integrated healthcare system, encompassing eight hospitals, a leading medical school, and a vast network of ambulatory practices throughout the greater New York region. The Health System includes approximately 7,480 primary and specialty care physicians; 11 joint-venture ambulatory surgery centers; more than 410 ambulatory practices throughout the five boroughs of New York City, Westchester, Long Island, and Florida.

Mount Sinai South Nassau is an award-winning, acute care, not-for-profit teaching hospital located in Oceanside, New York. Mount Sinai South Nassau is one of the region's largest hospitals, with 455 beds, more than 900 physicians and 3,500 employees.

The physician will provide high level, quality patient-centered healthcare while treating a broad spectrum of otolaryngology disease. The candidate is required to have a medical degree, be board certified or board eligible and must be able to obtain a New York State medical license.

PLEASE SEND INQUIRIES AND CURRICULUM VITAE TO:

Eric M. Genden, MD
Professor and Chair,
Icahn School of Medicine at Mount Sinai
Department of Otolaryngology –
Head and Neck Surgery
One Gustave L. Levy Place
Box 1189
New York, NY 10029

EMAIL:
kerry.feeney@mountsinai.org



Pediatric Otolaryngologist

Hershey, Pennsylvania

Join a growing team of clinical providers with the resources of one of the leading academic medical centers in the nation.

The Department of Otolaryngology – Head & Neck Surgery at Penn State Health Milton S. Hershey Medical Center, Penn State Children’s Hospital and Penn State College of Medicine is seeking an additional full-time Pediatric Otolaryngologist.

Appointment will be at the Assistant/Associate/Professor level. Qualified candidates must have completed an approved Otolaryngology – Head & Neck Surgery residency program, be board certified or board eligible, and be fellowship trained to provide clinical and hospital-based Pediatric Otolaryngological care for our patients. You will have the opportunity to build an airway practice.

The Children’s Hospital building was opened in 2013 and is already undergoing expansion due to exponential growth. It sits on the campus of the Hershey Medical Center, a 548-bed Level I regional trauma center. As central Pennsylvania’s only academic medical center and home to the College of Medicine, we are sought out as a resource for the most complex adult and pediatric cases. We were recognized as one of *U.S. News & World Report’s* Best Hospitals for Ear, Nose and Throat Care in 2016. The Children’s Hospital has been recognized for eight consecutive years among the best children’s hospitals in multiple specialties. Additionally, it is one of only eight hospitals in the nation to be named a Level 1 Children’s Surgery Center by the American College of Surgeons Children’s Surgery Verification Program.

The successful applicant will join a growing team of collaborative, clinical providers with the resources of one of the leading academic medical centers in the nation. We offer a competitive salary and benefits.

FOR MORE INFORMATION, PLEASE CONTACT:
 David Goldenberg, MD, FACS, Chair, Department of Otolaryngology – Head and Neck Surgery c/o Ashley Nippert, Physician Recruiter
anippert@pennstatehealth.psu.edu or to apply online <http://tinyurl.com/hkmrwlc>

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Rebecca Banco, CMSR, DASPR, Physician Recruiter
 802.747.3844 or bbanco@rrmc.org

 **Rutland Regional Medical Center**
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- Neurotologist

Lifestyle: Located in Cleveland OH, where you can live within a variety of geographic, scenic areas and commute in a hassle-free short distance to your work site. Cleveland is affordable, with a variety of activities, outstanding school systems, and a great place to raise a family.

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A well-established, premier and highly respected ENT private practice in Fayetteville, North Carolina is seeking a full time BC/BE General Otolaryngologist or Otologist. We offer a full spectrum of ENT services including complete audiology, hearing aids sales, vestibular services, laryngology, otology, head and neck surgery, in-office CT, allergy, Tru Di navigation balloon sinuplasty, eustachian tuboplasty, LATERA implants.

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Improving quality and access to healthcare is Wellstar's primary focus, and as a not-for-profit, we continue to reinvest in the health of the communities we serve with new technologies and treatments. Wellstar Health System consists of Wellstar Medical Group, 280 medical office locations, outpatient centers and health parks, as well as 11 inpatient hospitals. With over 25,000 team members, Wellstar remains committed to its Employer of Choice strategy that has led to numerous accolades for work-life balance, including being named to **Fortune Magazine's 100 Best Companies to Work For** list. As a member of the Mayo Clinic Care Network, we share a goal of improving the delivery of healthcare in all of our communities. Wellstar is looking for clinicians who have a passion for quality patient care and a willingness to invest in their community. Comprehensive benefits package includes malpractice coverage, medical/ dental/vision insurance, disability/life insurance, concierge services, 403(b) and a Defined Pension Plan.

Harvard Department of Otolaryngology/Mass Eye and Ear

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- Laryngology
- Neurotology
- Pediatric Otolaryngology

We are seeking to hire both general and fellowship trained otolaryngologists in multiple subspecialties as we grow in the Boston area and its suburbs, and expand to New Hampshire, northern Massachusetts and Rhode Island. We have an immediate opening in Quincy, MA for a general otolaryngologist and anticipate additional general otolaryngology positions in the near future.

The Department of Otolaryngology Head and Neck Surgery at Massachusetts Eye and Ear seeks qualified candidates for full-time general otolaryngology positions.

As a full-time member of the Mass. Eye and Ear staff, there are opportunities to participate in basic and clinical research and/or teaching within Mass. Eye and Ear and Harvard Medical School with academic rank commensurate with experience. The successful candidate must be Board certified or Board eligible in Otolaryngology.

We are an equal opportunity employer and all qualified applicants will receive consideration for employment without regard to race, color, religion, sex, sexual orientation, gender identity, national origin, disability status, protected veteran status, or any other characteristic protected by law.

Please send a letter of interest and curriculum vitae to:

D. Bradley Welling, MD, PhD, FACS
 Professor and Chair, Department of Otolaryngology
 brad_welling@meei.harvard.edu

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This position will include both office and hospital settings.

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- Current Florida license
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Contact Information:

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

Facial Plastic and Reconstructive – Microvascular Surgeon
 Department of Otolaryngology – Head and Neck Surgery

The Department of Otolaryngology – Head and Neck Surgery at Penn State Health Milton S. Hershey Medical Center is seeking a full-time board eligible/certified Facial Plastic and Reconstructive Surgeon. Appointment will be at the Assistant/Associate Professor level. Qualified candidates must have completed an approved residency program and be fellowship trained. Experience in a wide spectrum of aesthetic and reconstructive facial plastic surgery including training in microvascular reconstruction is desired. A strong commitment to patient care, resident education and research is required.

Penn State Health is multi-hospital health system serving patients and communities across central Pennsylvania. The system includes Penn State St. Joseph Medical Center in Reading, Penn State Health Milton S. Hershey Medical Center, Penn State Children’s Hospital, Penn State Cancer Institute, and Penn State Health Rehabilitation Hospital (jointly owned with Select Medical) based in Hershey, as well as more than 1,300 physicians and direct care providers at 78 medical office locations.

Hershey is a suburban community in a metropolitan area and is one of the fastest growing regions in the state with excellent schools and a safe friendly environment. Hershey is approximately 12 miles from Harrisburg, the state capital, and within a short train ride or drive to New York City, Philadelphia, Washington, DC, and Baltimore.



PennState Health

FOR MORE INFORMATION, PLEASE CONTACT:

David Goldenberg, MD, FACS, Chair, Department of Otolaryngology – Head and Neck Surgery c/o Ashley Nippert, Physician Recruiter
anippert@pennstatehealth.psu.edu

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- Otology/Neurotology
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- Pediatric Otolaryngology
- General Otolaryngology & Sleep

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Interested candidates, please reach out to **Ken Altman, MD, PhD, Chair, Department of Otolaryngology – Head & Neck Surgery, and Professor – Geisinger Commonwealth School of Medicine, 100 N. Academy Avenue, Danville, PA 17822** at kaltman@geisinger.edu or apply at geisinger.org/careers.

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The University of Utah Otolaryngology is seeking BC/BE Pediatric Otolaryngologists at the Assistant or Associate Professor level. Fellowship training is required.

These new faculty will staff the Primary Children's Hospital in Lehi, Utah, and will also have privileges at the main campus in Salt Lake City. This is a full-time academic position at the University of Utah. We have an existing pediatric group of 8 providers.

The successful candidates must demonstrate excellence in resident education, clinical research and patient care. Primary Children's Hospital is the only freestanding pediatric center for the state of Utah, and it has a large referral base comprising the surrounding states. For more information contact:

Albert Park, MD, Professor
University of Utah School of Medicine
50 North Medical Drive 3C120
Salt Lake City, Utah 84132
(801) 585-3186
susan.harrison@hsc.utah.edu

Applicants should send an updated CV and a list of three references to the above address.

Interested applicants must apply online at:
<http://utah.peopleadmin.com/postings/100106>

The University of Utah Health (U of U Health) is a patient focused center distinguished by collaboration, excellence, leadership, and respect. The U of U Health values candidates who are committed to fostering and furthering the culture of compassion, collaboration, innovation, accountability, diversity, integrity, quality, and trust that is integral to our mission.

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University of Utah is an Affirmative Action/Equal Opportunity employer and does not discriminate based upon race, national origin, color, religion, sex, age, sexual orientation, gender identity/expression, status as a person with a disability, genetic information, or Protected Veteran status. Individuals from historically underrepresented groups, such as minorities, women, qualified persons with disabilities and protected veterans are encouraged to apply. Veterans' preference is extended to qualified applicants, upon request and consistent with University policy and Utah state law. Upon request, reasonable accommodations in the application process will be provided to individuals with disabilities. To inquire about the University's nondiscrimination or affirmative action policies or to request disability accommodation, please contact: Director, Office of Equal Opportunity and Affirmative Action, 201 Presidents Circle, 135, (801)581-8365.

The University of Utah values candidates who have experience working in settings with students from diverse backgrounds, and possess a strong commitment to improving access to higher education for historically underrepresented students.

utmb Health
Otolaryngology

Facial Plastic/ Reconstructive Surgeon

FULL-TIME BE/BC
FELLOWSHIP TRAINED FACULTY

Laryngologist

FULL-TIME BE/BC
FELLOWSHIP TRAINED FACULTY

Surgeon/Scientist

with interest in comparative
effectiveness outcomes research

FULL-TIME BE/BC
FELLOWSHIP TRAINED FACULTY

Rhinologist

FULL-TIME BE/BC
FELLOWSHIP TRAINED FACULTY

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 four full-time positions.

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

In response to the rapid growth in our communities, the department has grown to now include 12 practitioners delivering care through all subspecialty areas of otolaryngology, a division of audiology, and a division of speech language pathology.

As a system, 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
Associate Chief Physician Executive

Vice President for Physician Integration and Strategic Alignment
Chair, Department of Otolaryngology UTMB Health
301 University Boulevard, Galveston, TX 77555-0521

Email: varesto@utmb.edu
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