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American Academy of Otolaryngology—Head and Neck Surgery July 2012—Vol.31 No.07

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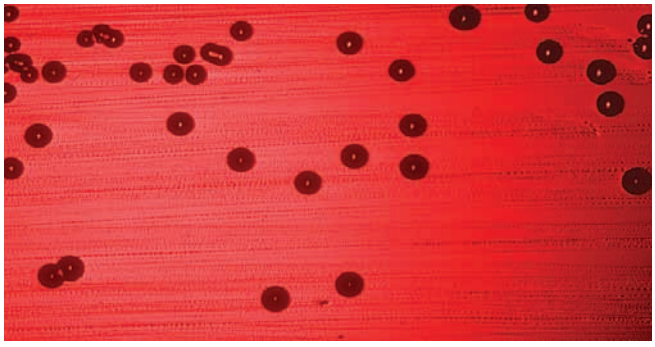
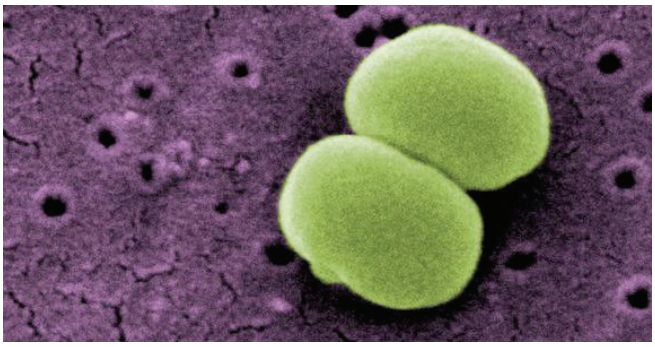
Gram Negative Bacteria



Infecting Organism:

Staphylococcus epidermidis

Gram Positive Bacteria



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[1]Athanasiadis T, Beule AG, Robinson BH, et al. Effects of a novel chitosan gel on mucosal wound healing following endoscopic sinus surgery in a sheep modelof chronic rhinosinusitis. Laryngoscope 2008;118:1088–1094; [2]Valentine R, Wormald PJ, Nasal dressings after endoscopic sinus surgery: what and why? Current Opinion in Otolaryngology & Head and Neck Surgery 2010;18:44–48.

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American Academy of Otolaryngology—Head and Neck Surgery

July 2012—Vol.31 No.7

Research and Quality Improvement Accomplishments

In this issue of the *Bulletin*, we highlight the important developments and achievements of our collective team. Academy leadership has been extremely supportive and visionary as we react to new challenges and anticipate new developments in the realm of research and quality.

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AMERICAN ACADEMY OF OTOLARYNGOLOGY–HEAD AND NECK SURGERY

David R. Nielsen, MD
Executive Vice President, CEO, and Editor, the *Bulletin*

Letters to the Editor Questions, concerns, or comments about *Bulletin* articles and other content may be addressed to the Editor via email at bulletin@entnet.org.

Article Submissions Author guidelines are online at www.entnet.org/press/bulletin/ and AAO-HNS members are encouraged to submit articles via email to bulletin@entnet.org. *Bulletin* staff will contact the author at the completion of the editorial review process for any article submitted.

bulletin

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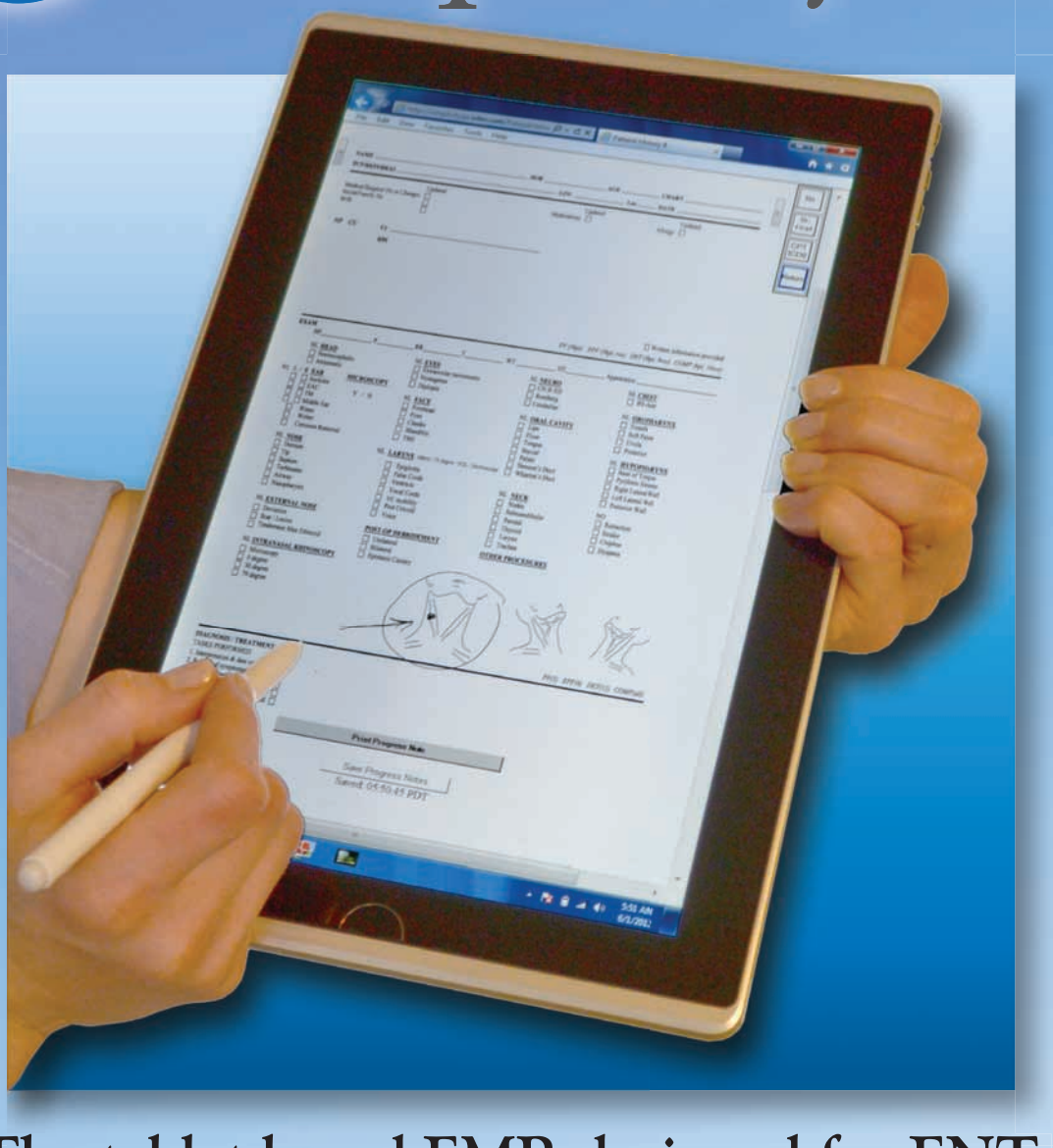

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Our Plan: Keeping You Up on the Latest; Your Plan: Consider Offering Your Talents

Rodney P. Lusk, MD
AAO-HNS/F President

The main goal of the American Academy of Otolaryngology—Head and Neck Surgery and its Foundation is to improve the quality of care for our patients. Some of our efforts in that area are easy to identify. Others are less obvious, but just as important.

Obvious efforts to improve quality of care and education include the Educational Program, coordinated by **Sonya Malekzadeh, MD,** the Scientific Program coordinated by **John H. Krouse, MD,** and Instruction Courses coordinated through **Eduardo M. Diaz, Jr., MD.** The Scientific Program has continued to expand because of its educational value and popularity. Academy committees, International Corresponding Societies, and our subspecialty societies are invited to submit miniseminars that bring the specialties of otolaryngology together.

Presentations have increased from 62 in 2008 to 90 this year. They will run in 13 separate rooms throughout the four morning sessions at the AAO-HNSF Annual Meeting & OTO EXPO. Simulation labs will become more important in the future and this year Wednesday morning will include a program to highlight how simulation can be used to improve technical skills, judgment, and quality of care.

Instruction courses started in 1921 in an effort to provide continued proficiency in specific areas of expertise. These courses are now a major focus of our annual meeting. This year there were 497 course submissions and the committee selected 359 for presentation. For the first time, subspecialty papers and courses can be easily tracked through the entire meeting. This is possible through a major effort to assign key words (metatags) to all material produced by Academy or Foundation members for easier tracking and searching. This will vastly improve the efficiency of scientific paper, miniseminar, and course selection for members with specific interests.

Information presented in our scientific papers is widely disseminated through our journal, edited by **Richard M. Rosenfeld, MD, MPH**. This year we received an all-time record number of 1,960 articles for review and two-thirds were original research. Our website has been optimized for mobile viewing and this March we launched iPad and iPhone applications for viewing journal articles. The journal also provides a variety of articles dedicated to evidence-based medicine, guidelines, literature reviews, Cochrane reviews, and practical guidelines.

Research and quality, coordinated by **John S. Rhee, MD, MPH**, is dedicated to producing two clinical practice guidelines or consensus statements each year. Consensus statements for indications of CT imaging of paranasal sinuses and tracheostomy care have been submitted to the journal. Clinical Practice Guidelines on tympanostomy tubes, improving voice outcomes for thyroid surgery, and Bell's Palsy are also under development. There is a concerted effort to provide evidence that demonstrates the influence of strong research and quality education on patient care. This is being directed through the Outcomes Research and Evidence-Based Medicine Committee, while the Centralized Otolaryngology Research Efforts (CORE) Grants program provides funding to fill research gaps in otolaryngology.

The "Maintenance Manual for Lifelong Learning" is undergoing a major revision with the adoption of the outline endorsed by the American Board of Otolaryngology (ABOto) for its education modules. The information will be presented in an outline or bullet point format that will be easier to access during clinical encounters and while studying for Maintenance of Certification (MOC). This is a major undertaking with the development of eight educational subcommittees responsible for reviewing and updating the material. There also is a large effort to provide the extensive data bank of Academy questions in a mobile format that can help members prepare for MOC testing. Accreditation through the Accreditation Council for Continuing Medical Education (ACCME) is critical for our membership and this continues to be a major focus for the Foundation. In 2011, the Foundation offered 201 CME activities that provided 24,750 physician hours of Continuing Medical Education (CME) credit.

Comprehensive Otolaryngologic Curriculum Learning through Interactive Approach (COCLIA) has been completely revised and is a novel tool designed to help residents systematically acquire otolaryngology–head and neck surgery knowledge. Based on adult learning principles, the program provides a discussion platform for basic anatomy, physiology, diagnosis, management, and decision making of more than 100 major otolaryngology topics. This will be part of a concerted effort to provide the entire scope of otolaryngology through the combined efforts of the Academy and specialty societies. New working relationships are being explored with the American Academy of Pediatric Otolaryngology (ASPO) and other societies.

Less obvious, but just as important, are the Academy and Foundation's efforts to incorporate the ethics committee on the Board of Directors and all major committees to ensure that bias is not inadvertently inserted into research, papers, or the governance of our organization.

All of this happens because our organization is based on a spirit of volunteerism. Are you participating or just consuming? If you are not participating, I urge you to get involved in any committee in which you have an interest.

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"Choosing Wisely™"—Next Steps

David R. Nielsen MD

David R. Nielsen, MD
AAO-HNS/F EVP/CEO

A couple of months ago, I wrote about the Choosing Wisely™ campaign. There have been enthusiastic expressions of support from most otolaryngology societies and many of our committees. The national press has also shown interest in the leadership displayed by physicians and their organizations in improving patient care. Major publications, including *The New York Times*, *The Washington Post*, and *Consumer Reports* have published articles specifically about this movement, identifying the Academy as a participant. They have been predominantly complimentary in their assessments and editorials about the necessity for such leadership.

One of the concerns faced by medical associations embarking on this initiative to improve quality care, and reduce waste and duplication is the potential for misperception by the public of the patients' role in addressing it. While physicians and their associations are acknowledging the presence of waste and duplication in healthcare delivery, patient attitudes, expectations, compliance, and communication with their doctors are critical elements in improving quality. The Choosing Wisely™ campaign is not just about physicians prescribing and ordering tests or treatments. The campaign is designed to encourage conversations between physicians and their patients so accountability for the medical care being given, and the resources being used, is shared.

The AMA-convened Physician Consortium for Performance Improvement (PCPI) recently asked me to represent them on the task force on shared accountability. This task force is being convened by the American College of Cardiology Foundation (ACCF), the National Committee for Quality Assurance (NCQA), the American Heart Association (AHA), the AMA-PCPI and several other medical associations and nonprofits. The goal of this group is to draft a white paper outlining the issues related to shared accountability for quality improvement, and to make recommendations for how patients and their caregivers can effectively collaborate.

I believe this task force will address a number of issues. Naturally, physicians are faced with the responsibility of obtaining an accurate history, performing a physical examination, recommending justifiable and necessary tests, making a provisional diagnosis, and suggesting a course of action. Patients are responsible for sharing information physicians need in order to perform these functions. However, once recommendations are made for laboratory tests, imaging, or medical or surgical treatment, a host of additional concerns arises. Physician clinical experience and judgment, assessing the most effective use of resources, and patient compliance and adherence to a treatment regimen, are added to the mix. Just looking at adherence alone, we can further subdivide concerns into many other related issues that would influence shared accountability, even going beyond the physician and patient contributions. A brief list could include:

1. Physician prescribing patterns
2. Variations in or alternatives to recommended procedures
3. Alternative medical interventions
4. Performance measures or evidence-based guidelines
5. Patient preferences, compliance, education, understanding, healthcare literacy, and acceptance
6. Access to or availability of medications and ancillary care
7. Lifestyle factors (diet, exercise, tobacco, alcohol, drug use, etc.)

Each of these could be further affected by many other compliance concerns, including, but not limited to, out-of-pocket costs, insurance coverage, formulary policy, travel restrictions, family issues, and communication issues between the patient and the medical facility.

During the last month, the Academy embarked on the methodology for determining the five clinical practice parameters we would like to address as a specialty to improve quality and reduce waste and unnecessary care. The Academy's Patient Safety and Quality Improvement Committee (PSQI) has accepted responsibility for leading this initiative. The committee has extended a call to all otolaryngology societies through the Specialty Society Advisory Council to make recommendations to the PSQI. We have been gratified by the enthusiastic response and recommendations from several subspecialty societies, including the American Neurotology Society, the American Laryngological Association, the American Academy of Facial Plastic and Reconstructive Surgery, the American Rhinologic Society, the American Society of Pediatric Otolaryngology, and the American Otological Society. We have additional commitments from other societies and expect to have more submissions soon.

I extend my thanks to you, our members, and to the many thoughtful specialty society leaders who are giving careful, continuous deliberation on how we as otolaryngologists can provide better care. In the words of Daniel B. Wolfson, the executive director of the American Board of Internal Medicine Foundation, in The Medical Professionalism Blog (blog.abimfoundation.org), "much like Paul Revere during the American Revolution, the specialty societies are the right messengers to lead this movement."

American Institute of Ultrasound in Medicine Annual Convention

Robert A. Sofferman, MD
American College of Surgeons (ACS) Thyroid and Parathyroid Post-graduate Course Chair

The American Institute of Ultrasound in Medicine (AIUM) conducted its annual convention March 30-April 1, in Scottsdale, AZ, with a diverse specialty presence and related lectures. I represented the AAO-HNS at the meeting to interact with their leadership and understand the process of ultrasound accreditation.

The AIUM supports "point-of-care" ultrasound whereby clinicians perform the procedures in their individual offices rather than exclusively in hospital-based radiology departments. In addition to providing education and multiple resources for cross-fertilization, the organization accredits individual and group practices in a variety of specialties.

We're interested in developing a process of accreditation for those who enroll in both the primary ACS course and exported courses. Currently, AIUM accreditation for thyroid and parathyroid ultrasound is accomplished through a link to endocrinology and their special Endocrine Certification in Neck Ultrasound (ECNU.)

Just this year, otolaryngologists who completed the ACS course can now apply for ECNU, which will lead to possible AIUM accreditation. The process is reviewable online through the AIUM website. However, the AAO-HNS Endocrine Surgery Committee and the ACS are evaluating alternative means of obtaining direct entry into the accreditation process.

If this is accomplished in a comprehensive and acceptable format, all individuals who complete the ACS ultrasound course will have access to accreditation from a body that may protect them from refusal of reimbursement from insurance companies and possibly future governmental restrictions.

This issue currently is under intense review and will be critical to the protection of those who proceed with appropriate ultrasound education and clinical application.

Saturday, September 8, before the Annual Meeting & OTO EXPO in Washington, DC, Dr. Sofferman will again act as course director for the Thyroid and Parathyroid Ultrasound Workshop, licensed by the ACS. For details, visit www.entnet.org/annual_meeting or email meetings@entnet.org

Your Academy, Your Future, Your Board of Governors

Wendy B. Stern, MD
BOG Secretary

The Board of Governors (BOG) continues to be a cornerstone of the Academy. BOG Chair **Sujana S. Chandrasekhar, MD**, shared many of the highlights from the BOG Spring Meeting in Alexandria, VA, in the June issue of the *Bulletin*. The BOG Socioeconomic & Grassroots Committee is working on exciting ideas designed to enhance two-way communication between the membership and the BOG/Academy in addition to pursuing hot topics, such as Maintenance of Certification and subspecialization within our specialty. The BOG Legislative Representatives Committee continues to be a watchdog and a voice on our behalf at both the local and national levels. Other issues addressed at the meeting in lectures included electronic medical records and meaningful use, media and public relations, and entrepreneurship. And, of course, the ENT PAC reception and the OTO Advocacy Summit and Capitol Hill visits completed the event.

The BOG meeting is where representatives from all member societies can gather, share ideas and concerns, and participate in its committees. The Academy recognizes more than 75 state, local, and national societies throughout the country. Academy members, young and old, who are interested in independently participating in BOG activities are also welcome. Our biannual meetings are exciting, interesting, and fun. More importantly, they offer an opportunity for the individual otolaryngologist to get involved in ways that not only enhance the Academy's agenda, our specialty, and our member societies, but also the richness that one experiences as an individual professional.

The 2012 AAO-HNSF Annual Meeting & OTO EXPO will take place September 9-12 in Washington, DC. The BOG Legislative Representatives Committee and the BOG Socioeconomic & Grassroots Committee will meet on Saturday, September 8. Although the fall meeting tends to be focused on the committees, I encourage anyone who is curious about getting more involved to attend our committee meetings and related activities. All members are invited and encouraged to attend the BOG General Assembly from 5:00 pm-7:00 pm, Monday, September 10. During the General Assembly BOG committee chairs will update attendees on their activities and plans for the coming year. The General Assembly also features the elections for BOG officers and honors the recipients of the BOG Model Society. The BOG Executive Committee is sponsoring a miniseminar titled, "Hot Topics: 2012," from 9:30 am-10:50 am, Tuesday, September 11. I hope to see you there.

Leveraging Social Media

A presentation from the May 6 BOG Media and Public Relations Workshop during the AAO-HNS BOG Spring Meeting & OTO Summit

Spencer C. Payne, MD, for the Media and Public Relations Committee

In a world where 80 percent of adults look for health information online and 44 percent of web users look for information about doctors or other health professionals, social media is a necessity for marketing your practice. In addition to marketing benefits, social media provides opportunities to engage in productive conversations with other physicians and to stay abreast of current events and opinions in otolaryngology. This brief guide to popular platforms and how to leverage them can help you to get started.

Facebook, the most popular social networking site, is a fairly easy place to start. Organizations use "Fan Pages," which are easy to set up and allow for multiple forms of communication between each organization and its audience, making them ideal for medical practices and hospitals. In addition to sharing short posts of a few sentences, you can upload photos, share longer posts using the Notes application, or share your location using the "check in" feature. Other Facebook users can express approval for your posts using the Like button or comment. Organizations typically post to their pages at least once a week, and sometimes daily.

Twitter is one of the 10 most visited websites worldwide and the second-most popular social networking site in the United States. Individual posts, called Tweets, are limited to 140 characters. Users are defined by the @ symbol, and @username can be used to write about or direct responses to another user. Twitter's best-known and most innovative feature is the hashtag, which uses the number symbol (#) to index Tweets by topic in real time. Hashtags that accelerate usage rapidly are highlighted as "trending topics" on the website's right-hand sidebar. It's common for users to Tweet several times a day, although Tweet quality is more important than quantity.

LinkedIn is a professionally oriented social networking site where a user's CV and employment history make up the bulk of his or her profile. Users can write recommendations for each other, virtually introduce their contacts to one another, and join interest groups to discuss professional matters. LinkedIn can be an especially useful tool if your practice is hiring.

YouTube is one of several online video repositories. Individuals and organizations can use YouTube to post, store, and share videos. For each video uploaded, YouTube creates a unique URL so the video can be shared via email or other social media channels. It also automatically generates HTML code that can be used to embed your video in a blog post or on a webpage.

Blogging Platforms: In the past 15 years, blogs have evolved from "web logs" that users treated as online diaries to platforms to share news with commentary, brief essays, and opinion pieces. Blogs can be run individually or by groups, and are usually updated anywhere between once a month and several times daily, depending on the blog's focus. Posts are usually 250-1,000 words. Readers can subscribe through an RSS (Really Simple Syndication) reader or by email. Multiple blogging platforms exist, including **Blogger**, which is owned by Google and integrates easily with other Google products, like Gmail; **WordPress**, which offers improved search engine optimization and widgets; and **Tumblr**, which includes Twitter-like sharing features and for posting of audio files, videos, and photos in addition to text.

Leveraging the Media

Share Interesting and Helpful Content: The Internet is rife with health information, and not all of it is correct or easily understood by patients. Whether you're writing your own information on a blog or sharing other people's articles on Twitter, Facebook, or LinkedIn, you can provide solid, understandable health information for your patients—and for the people who may soon become your patients. You can also share relevant news and commentary, as long as it's related to your practice.

Engage with Other Users: In addition to promoting your practice, social media can be a great way to stay on top of current events in the field and build relationships with other otolaryngologist–head and neck surgeons. Make sure you take the time to subscribe to relevant blogs, "like" other practices on Facebook, "follow"

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the users you find interesting on Twitter, and/or exchange Tweets, Facebook posts, or blog comments.

Take Advantage of Cross-Posting Capabilities: Maintaining accounts on multiple social media platforms gets easier once you realize that nearly every platform provides the option—often buried somewhere in your settings page—to automatically share your posts on other platforms. You can link your Facebook to your Twitter account and set them both up to automatically update every time you publish a new blog post, for instance, by entering the relevant information in your settings page. You can also use a third-party application like **TweetDeck** or **HootSuite** to update multiple platforms at once through a central location and even schedule future updates. Most of these are free, but provide the option to pay for additional features.

Protect Yourself against Legal Action: There are simple steps you can take to mitigate the risks associated with social media. Include a simple disclaimer emphasizing that you are providing general information, not medical advice, on your social media profile(s) and on any informative blog posts you may write. If users ask you a medical question, don't answer it—instead, encourage them to make an appointment with you or direct them to our online database at www.entnet.org/findanent.cfm. To avoid HIPAA violations, think carefully—or better yet, get permission from the patient—before you write up a case study for your blog, and share only information about the patient that is relevant. It may be habit to include a patient's age or sex when discussing a case, but those facts can constitute identifying details, especially to friends, relatives, and acquaintances who may already have some information about the patient.

Social media requires regular attention to be effective, but the value it brings to your practice is well worth the effort.

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1. Manes RP, Tong L, Batra PS.: "Prospective evaluation of aerosol delivery by a powered nasal nebulizer in the cadaver model" *Int Forum Allergy Rhinol*, 2011; 1:366–371
2. Yuri M. Gelfand, MD; Samer Fakhri, MD; Amber Luong, MD, PhD; Seth J. Isaacs, MD & Martin J. Citardi, MD: "A Comparative Study of the Distribution of Normal Saline Delivered by Large Particle Nebulizer vs. Large Volume/Low Pressure Squeeze Bottle" 56th Annual Meeting of the American Rhinologic Society, September 25, 2010, page 38

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American Thyroid Association: A Vital Organization

Gregory W. Randolph, MD
R. Michael Tuttle, MD
Bryan P. McIver, MD, PhD

The American Thyroid Association (ATA) is the leading worldwide organization dedicated to the advancement, understanding, prevention, diagnosis, and treatment of thyroid disorders and cancer. The ATA has more than 1,600 members from 43 countries, most endocrinologists, but also other specialists interested in thyroid diseases, including more than 100 surgeons. As such, this organization is centrally important to your referring endocrinologist, but it is also essential to otolaryngologists interested in thyroid disease and thyroid cancer treatment.

Considered to be the source of the most up-to-date and reliable information for all matters pertaining to diseases of the thyroid gland, the ATA has been responsible for the development of well-respected, influential guidelines for management of a range of thyroid conditions, including thyroid nodules and differentiated cancer, medullary thyroid carcinoma, anaplastic carcinoma, treatment of hyperthyroidism, and the treatment of thyroid disease during pregnancy. These widely recognized, often quoted expert guidelines and numerous patient information pamphlets can be downloaded from www.thyroid.org.

The American Thyroid Association publishes the highly regarded, peer-reviewed monthly journal *THYROID; Clinical Thyroidology*, the online professional monthly summary of advances in the field; and the patient-oriented journal *Clinical Thyroidology for Patients*.

The organization welcomes otolaryngology members, some of whom have moved into positions of leadership within the ATA, while others have served on various guideline task forces. There are several committees on which otolaryngologists can be influential, including the Annual Meeting Program Committee, and various others for research, patient education, trainee and career, and surgical affairs, which is currently co-chaired by otolaryngologist **David L. Steward, MD,** and general surgeon, W. Barry Inabnet, MD. The ATA is an excellent collaborative venue for otolaryngologists, general surgeons, and medical endocrinologists.

More than 1,000 registrants from around the world share the newest in basic science and clinical research in thyroid disease at ATA's annual meeting. The meeting features oral presentations, posters, plenary presentations, symposia, workshops, discussion groups, and distinguished lectures. The 82nd ATA Annual Meeting will be September 19-23 in Quebec City, Canada.

Once every five years, the ATA joins the Latin American Thyroid Society, the European Thyroid Association, and the Asia-Oceania Thyroid Association for an International Thyroid Congress. The 15th International Thyroid Congress, hosted by the ATA, will take place October 18-23, 2015, at the Walt Disney World Swan and Dolphin Resort in Orlando, FL.

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Research and Quality Improvement Accomplishments

John S. Rhee, MD, MPH
AAO-HNSF Coodinator, Research and Quality

It's been a productive year for Research and Quality Improvement at the AAO-HNS and for all of our Academy member volunteers. In this issue of the *Bulletin*, we highlight the important developments and achievements of our collective team. Academy leadership has been extremely supportive and visionary as we react to new challenges and anticipate new developments in the realm of research and quality.

Increasingly, the boundaries of clinical outcomes research, quality metrics, health policy, board certification maintenance, and reimbursement are becoming blurred and indistinct. The talent, dedication, and teamwork of our unit have been tremendous with just some of the many achievements highlighted in the paragraphs below:

In March 2012, the Clinical Practice Guideline (CPG): Sudden Hearing Loss was published in *Otolaryngology—Head and Neck Surgery* and two clinical consensus statements were submitted for publication in late April 2012 (Appropriate Use of CT Imaging for Paranasal Sinus Disease and Tracheostomy Care). We have three CPGs under development (Improving Voice Outcomes after Thyroid Surgery, Tympanostomy Tubes in Children, and Bell's Palsy). Guidelines continue to be of great interest to Academy membership as illustrated by being the No. 1 (Tonsillectomy in Children) and No. 2 (Indications for Polysomnography for Sleep-Disorder Breathing prior to Tonsillectomy in Children) most downloaded articles in *Otolaryngology—Head and Neck Surgery* during 2011. (Read more on p. 28.)

For practice-based research, three grants have been submitted since October 2011. The Creating Healthcare Excellence through Education and Research (CHEER) renewal scored well and funding is expected for an additional five years. CHEER will deploy a study testing awareness of, and barriers to, implementation of the Sudden Hearing Loss guideline. A pilot study utilizing the Surgical Consumer Assessment of Health Providers and Services (SCAHPS) was successfully completed last year and a manuscript has been submitted to the Academy journal. (Read more on p. 26.)

This year the CORE Study Section reviewed a record 189 applications. Applicants were seeking $3,517,630 in research funding (up 24 percent). We are thrilled to report that 46 applicants have been awarded funding by the leadership of the participating societies and foundations totaling $777,471 (up 19 percent). Resident participation is at an all-time high within the CORE Study Section (18 percent) and we are glad to see so many young investigators eager to rub elbows with the research leaders in the field. One described the experience as "both inspirational and humbling." (Read more on p. 21.)

The Patient Safety and Quality Improvement (PSQI) Committee continues to be prolific in generating survey and database studies that focus on areas of risk for otolaryngology-head and neck surgery. During the past year, they have completed or initiated studies in the following areas: tonsillectomy

disasters, issues with tracheotomy, post-admission criteria in obstructive sleep apnea, and practitioner transitions. In addition, the committee is developing a secure web link for reporting patient safety events. Through this web link, members will be able to enter de-identified event information, which, over time, can provide PSQI with focus areas for future work of the committee. (Read more on p. 18.)

Last year, we created the Advisory Council on Quality (ACQ) to lend counsel to staff, the committees involved in the Foundation's quality agenda, and me. The group met several times during the past year and has contributed greatly to the discussions with the Academy and the Board for preparing our members in meeting requirements of Part IV MOC. Next year, we will be engaging the group in more of the Quality Improvement strategic initiatives and seeking their expertise in some key project areas, including measure development and a small data registry project.

The Outcomes Research and Evidence-Based Medicine (OREBM) Committee is developing a list of prioritized areas for future study. These are areas within otolaryngology-head and neck surgery that are most in need of future data (i.e., "evidence gaps") to help improve evidence-based clinical decision-making. In addition, the committee has worked to identify clinical areas that may benefit from compiling and critically analyzing currently available data in the form of a systematic review or meta-analysis.

Several of the OREBM members were recipients of scholarships to attend the Cochrane Collaboration Colloquium Meeting in October that will include training in advanced meta-analysis techniques. In addition, the committee is exploring ways to provide CORE grant support specifically targeted to the study of prioritized research areas for the benefit of future patients and our specialty. (Read more on p. 21.)

I appreciate the opportunity to share the great work that is going on with Research and Quality Improvement and the committees it supports. Please join me in thanking the many leaders and participants on our team.

"I appreciate the opportunity to share the great work that is going on with Research and Quality Improvement and the committees it supports. Please join me in thanking the many leaders and participants on our team."

Their dedication and volunteerism are exemplary, and I hope you will continue to support us and provide feedback as we work together toward our collective future.

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PSQI Studies Risk to Provide Safe Care

The Patient Safety and Quality Improvement (PSQI) Committee continues to develop survey and database studies that identify zones of risk for otolaryngology–head and neck surgery and identify tools that can assist with providing safe care. This year, we had a particularly aggressive work plan with studies focusing on several areas within our specialty.

In addition, the leadership team of PSQI represents AAO-HNSF at several national quality forums and therefore, ensures that otolaryngologist-head and neck surgeons have input to the national quality agenda.

Descriptions of some of the studies either underway or completed during the past year are below:

Post Admission Criteria for Obstructive Sleep Apnea Patients

In collaboration with the Sleep Committee, this study examines whether it is safe to discharge patients with obstructive sleep apnea (OSA) from the hospital when they undergo what would otherwise be ambulatory surgery. Specifically, whether differences in key outcomes exist among patients with OSA undergoing ENT surgery based on location of surgery (inpatient vs. ambulatory outpatient). Current recommendations are that patients all be admitted to the hospital. This recommendation is based largely upon a few studies[1,2] and expert opinion. A review of the experience of administrative data may exhibit enough variation or deviation from the recommendation to permit an assessment about the safety of such practices.

Practitioner Handoffs Study

The purpose of this project is to investigate current practices in patient care handoffs as related to the care of otolaryngology–head and neck surgery patients. Data is being collected regarding practices proposed within other disciplines, and current practices within both private and academic otolaryngology practices. The study, led by resident members of the committee, includes:

1. Review of the literature regarding handoff practices within other healthcare disciplines;
2. A survey study of residency program directors and current residents in training; and
3. A survey study of private practice otolaryngology care providers.

The goal is to compile information regarding current practices of provider handoffs in otolaryngology practices in the United States. Ultimately, the information attained could be useful in the development of best practice recommendations that otolaryngology providers may use to decrease potential inaccuracies in handoffs and improve the quality of care provided to patients.

Trends in Otolaryngology–Head and Neck Surgery Closed Claims 2005-2011 and Risk Factors for Closed Claims in Endoscopic Sinus Surgery 2005-2009

Working with The Doctor's Company, PSQI has engaged in two projects. We have analyzed and classified all closed claims for the last seven years, allowing us and The Doctor's Company to identify important trends in closed claims.

PSQI also completed a more detailed analysis of closed claims in endoscopic sinus surgery (ESS). By surveying The Doctor's Company insured, we identified a control group of ESS cases that did not result in a claim, and used these control cases to do a formal case-control analysis of risk factors for adverse events in ESS. Both of these projects are in preparation for manuscript submission.

Survey and Database Studies on Issues with Tonsillectomy

The purpose of this study was to determine the variation in post-tonsillectomy admission practices and create a better understanding of the likelihood of apneic death on post op day one. Additionally, the study looked at delayed bleeding complications in tonsillectomy patients in order to improve the ability to make rational decisions about whom to admit and to provide criteria that can be used in discussions with payers when they disagree. A survey with close to 400 responses was finalized at the end of last year and a manuscript was completed earlier this year and has been submitted for publication.

Survey and Database Studies on Issues with Tracheotomy

In collaboration with the Airway and Swallowing Committee, three methodologies were used to obtain a realistic perspective on the incidence and potential opportunity for intervention in patients with tracheotomies:

1. A National survey of surgeons regarding these events;
2. A search of a national admissions database; and
3. A search of a multi-institutional database developed by members of the Airway and Swallowing Committee.

A series of manuscripts were published this past January in *Laryngoscope*. The articles represent a significant contribution to the peer-reviewed literature regarding outcomes of patients with tracheotomies with actionable items that have the potential to materially decrease adverse events and outcomes from tracheotomies.

Creation of a Secure Database of ORL Adverse Events

In addition to the survey and database studies, PSQI also is creating a secure web link that will enable members to submit de-identified patient safety data in a secure environment. This web link follows the Agency for Healthcare Research and Quality (AHRQ) guidelines and will provide the opportunity for PSQI to identify focus areas for future projects.

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Work with National Quality Organizations

American Board of Internal Medicine Foundation Choosing Wisely Campaign

The Academy joined with nine other medical societies for this campaign that has the goal of promoting wise choices by clinicians and patients in order to improve healthcare outcomes, provide patient-centered care that avoids unnecessary and even harmful interventions, and reduce the rapidly expanding costs of the healthcare system. Through the leadership of the PSQI Committee, we will be reaching out to specialty societies and other content producing committees to identify five tests or procedures commonly used in otolaryngology-head and neck surgery to be publicized in the fall as part of Choosing Wisely's "Five Things Physicians and Patients Should Question" initiative.

AMA Physician Consortium for Performance Improvement (PCPI) Summit on Overuse

The PCPI and The Joint Commission are partnering on an initiative to look at areas of overuse. They have identified five areas for review, including tympanostomy tubes. **David W. Roberson, MD**, and **Richard M. Rosenfeld, MD**, are the Foundation representatives to this national summit, which is to take place in September in Washington, DC.

Annual Meeting Programming

Each year PSQI develops a miniprogram for the annual meeting focusing on important topics in patient safety and quality improvement. This year we will highlight the important work of the committee, and have some prominent speakers from the Academy, the ABOto, and an executive from a large health system provide the leadership view of patient safety and quality improvement.

AAO-HNSF Annual Meeting & OTO EXPO in Washington, DC

PSQI Miniprogram

1. Injuries in Sinus Surgery (50 min.) Moderators: **David W. Roberson, MD**; **Giri Venkatraman, MD**; **Subinoy Das, MD**
2. Leadership View of PSQI (50 min.) Moderators: **Rahul K. Shah, MD**; **David R. Nielsen, MD**; **Robert H. Miller, MD**; Kylanne Green
3. Tonsillectomy Disasters (50 min.) Moderators: **Michael J. Brenner, MD**; **Lee D. Eisenberg, MD**; **Reginald F. Baugh, MD**
4. Disasters in Facial Plastic Surgery (50 min.) Moderators: **Matthew A. Kienstra, MD**; **Brian Nussenbaum, MD**

References

1. Blake DW, et al. Preoperative assessment for obstructive sleep apnoea and the prediction of postoperative respiratory obstruction and hypoxaemia. *Anaesth Intensive Care.* 2008;36(3):379-384.
2. Haeck PC, et al. ASPS Patient Safety Committee. Evidence-based patient safety advisory: liposuction. *Plast Reconstr Surg.* 2009 Oct;124(4 Suppl):28S-44S

Evidence Gaps: Prioritizing Our Research 'To Do' List

By Scott E. Brietzke, MD, MPH
OREBM Committee Chair

Which Chore to Do First?

The "dog days" of summer are upon us and that "to do" list of yard work is growing: fix the gate, paint the fence, plant that tree in the corner of the front yard. Let's not kid ourselves, it's all work, right? We would certainly take watching the game with the AC on in place of any of it. But if we are going to work in the yard on a Saturday afternoon, planting that tree (that the neighbors will surely notice) certainly sounds better than fixing that old gate and painting that fence.

For those who perform research, there is nothing greater than discovering something new and exciting, or publishing a paper on the "latest and greatest" thing everyone will be talking about. After all, who doesn't want their work to be useful and interesting? But should the "latest and greatest" be what drives which research areas are pursued, instead of perhaps targeting the specific areas where new knowledge or data on comparative effectiveness would be more beneficial to our patients and our specialty? When winter comes around again and the leaves have fallen off the tree we planted (although, we did get some nice comments from the neighbors) we are sure going to wish we had made the time to paint that darn fence and fix that old gate!

The Outcomes Research and Evidence-Based Medicine (OREBM) Committee of the American Academy of Otolaryngology—Head and Neck Surgery Foundation strives to assist our specialty in this endeavor. Its formal stated charge is "to serve as a repository of expertise on health services research and evidence-based medicine, including outcomes and effectiveness research generally and specifically in otolaryngology-head and neck surgery; to advise and support other Academy and Foundation committees on outcomes and clinical effectiveness; to liaise with the Patient Safety and Quality Improvement Committee on research aspects of the development of clinical practice guidelines; to develop and maintain educational materials; instructional courses; and Annual Meeting miniseminars in these areas, including an Outcomes Primer; and to develop and maintain a prioritized list of project areas suitable for research on outcomes and clinical effectiveness."

With this charge in mind, the OREBM aims to:

1. Highlight relevant, current research data that can assist the otolaryngologist with patient decision-making and
2. Guide research efforts into clinical areas that will most benefit our specialty based on identified gaps in evidence and emerging clinical importance.

Developing the 'To Do' List: Where Are the Evidence Gaps?

The OREBM Committee has spent considerable time pondering that issue for otolaryngology as a specialty. We have made it our task to reflect on our own practices and consider what areas are in most need of future data (i.e., evidence gaps) to help improve our evidence-based clinical decision-making. We developed a selected "to do" list of prioritized areas for future study in Table 1*. Note that only some areas of otolaryngology are listed—we are currently well represented with pediatric otolaryngologists, rhinologists, laryngologists, and sleep surgeons on the committee. We are in need of more neuro-otologists, head and neck surgeons, and facial plastic surgeons to join us. If this is your area of expertise and interest, please consider participation in the OREBM Committee. The more people who look around the "yard" the more complete our "to do" list will be and the better the "yard" will be.

In addition to pondering evidence gaps, the OREBM Committee has been considering and attempting to identify clinical areas that may benefit from compiling and critically analyzing the currently available data in the form of a systematic review or meta-analysis. These efforts may lead to future studies and/or help sharply develop clinical areas where true evidence gaps lie. The completion of a high-quality meta-analysis is not a simple task. Some committee members have been selected, after an academy-wide competitive search (anyone can apply), for sponsorship to attend the International Cochrane Collaboration Colloquium Meeting in October that will include training in advanced meta-analysis techniques. The requirement for receiving this support is a resulting submission of a completed meta-analysis for publication in *Otolaryngology-Head and Neck Surgery*. Thus, Academy members can expect to see more high-quality meta-analyses in our journal in the future.

How to Steer Research Effort into Targeted Areas?

Quality research requires talent, time, and financial support. The Academy and the OREBM Committee are exploring ways to tie financial support to study prioritized research areas for the benefit of future patients and our specialty as a whole. Stay tuned for more on this topic.

In conclusion, we hope you agree that even some of those less exciting, but still important items on the "to do" list are worth doing first for the benefit of our current and future patients, and our specialty. It is the goal of the OREBM Committee to continually support this pursuit for the otolaryngologist with educational endeavors, research activities, and emphasis of targeted areas within our specialty that are most in need of investigation.

Annual Update on the Activities of the OREBM Committee

The OREBM Committee has several ongoing and recently completed studies targeting important evidence gaps. Table 2* lists and provides an update on the status of these projects. As the committee strives to identify key evidence gaps, it is the goal that future projects, both of the OREBM Committee and the research sponsored by the Foundation CORE grants, will target these areas that will translate to a continually improving evidence basis on which to guide clinical decision-making.

** tables available exclusively online at: aaobulletin-365.ascendmedia.com*

CORE Grant Program Advances Otolaryngology

The Centralized Otolaryngology Research Efforts (CORE) grants program plays a critical role in advancing the field of otolaryngology by providing support to research projects, research training, and career development. CORE aims to:

1. Unify the research application and review process;
2. Encourage young investigators to pursue research in otolaryngology; and
3. Serve as an interim step that may ultimately channel efforts for important NIH funding opportunities.

The CORE grant program societies, foundations, sponsors, and partners have awarded nearly 500 grants totaling more than $8 million since the program's inception in 1985. In conjunction with the American Academy of Otolaryngology—Head and Neck Surgery Foundation (AAO-HNSF), societies, foundations, and sponsors are involved in funding one- to two-year non-renewable grants ranging from nearly $5,000 to $70,000. The leadership of each participating subspecialty society is ultimately responsible for determining who is selected to receive funding each year. The scores and critiques provided by the CORE Study Section are simply recommendations to help in the decision process. The AAO-HNSF leadership determines the recipients of the grants, sponsored by Alcon, Cook Medical, Olympus, Oticon, and The Doctors Company.

This year the CORE Study Section reviewed a record 189 applications, up from 151 in 2011. Applicants were seeking $3,517,630, up from $2,310,922 in 2011, in research funding. Twenty-four percent of applicants this year were ultimately awarded funding.

The 2012 CORE Study Section subcommittees included: Head and Neck Surgery, chaired by **Jay O. Boyle, MD;** Otology, chaired by **David R. Friedland, MD, PhD**; and General Otolaryngology, chaired by **Richard R. Orlandi, MD**. After many years of service as the chair for the General Otolaryngology subcommittee, Dr. Orlandi has stepped down and passed the reins to **Rodney J. Schlosser, MD**. The AAO-HNSF and the CORE societies and foundations thank Dr. Orlandi for his commitment to the program, and welcome **Christine G. Gourin, MD**, into the CORE leadership family. Dr. Gourin will be shadowing Dr. Boyle this year with the Head and Neck Surgery subcommittee as chair-elect.

The 2012 CORE leadership, including the boards and councils of all participating societies, have approved a portfolio of 46 grants, up from 38 in 2011, totaling $777,471, up from $629,067 in 2011.

Congratulations to the 2012 CORE Grantees

The Alcon Foundation

Alcon Foundation/AAO-HNSF Resident Research Grant

Robert W. Eppsteiner, MD
The University of Iowa, Iowa City, IA
Project: Genetic Contribution to Cochlear Implant Performance ($10,000)

American Academy of Otolaryngic Allergy (AAOA) Foundation

AAOA Foundation Research Grant

No meritorious applications received.

American Academy of Facial Plastic and Reconstructive Surgery (AAFPRS)

AAFPRS Leslie Bernstein Grant

No meritorious applications received.

AAFPRS Leslie Bernstein Resident Research Grant

Gregg W. Schmedes, MD
Medical University of South Carolina, Charleston, SC
Project: Novel Biofeedback Therapy for Facial Paresis/Paralysis ($4,803)

AAFPRS Leslie Bernstein Investigator Development Grant

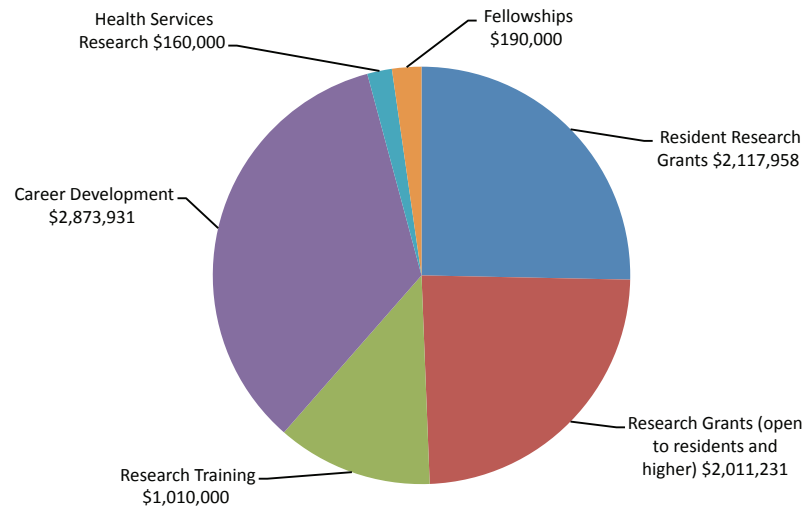
Vijay R. Ramakrishnan, MD
University of Colorado, Aurora, CO
Project: Endoscopic Repair of Skull Base Defects with Synthetic Hydrogel Matrices ($14,836)

American Academy of Otolaryngology—Head and Neck Surgery (AAO-HNSF)

AAO-HNSF Resident Research Award

Morgan R. Bliss, MD
University of Utah, Salt Lake City, UT
Project: Laryngeal Reanimation with a High Density Electrode Array ($9,878)

Total Dollars Awarded By Grant Type: 1985-2012



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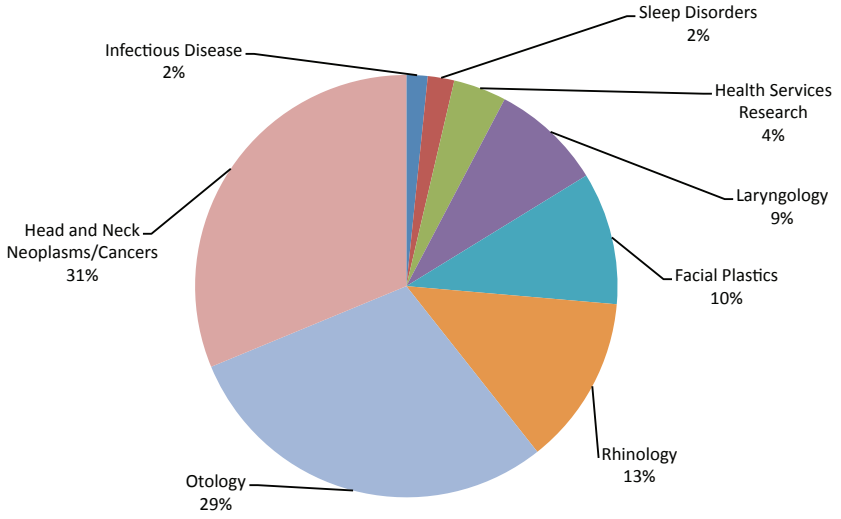
Percent of Total Dollars Awarded by Sub-Specialty: 1985-2012



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Paula M. Borges, MD
Stanford University, Stanford, CA
Project: Aldehyde Dehydrogenase Inhibitors as Anti-Head and Neck Cancer Compounds ($10,000)

David Tan-Wei Chang, MD, PhD
Stanford University, Stanford, CA
Project: Protein-Engineered Hydrogel as a Delivery Vehicle for Mouse Inner Ear Stem Cells ($10,000)

Rebecca J. Hammon, MD
Massachusetts Eye and Ear Infirmary, Boston, MA
Project: The Role of Apoptosis in Clinical Response of HNSCC to Cisplatin Therapy ($10,000)

Matthew A. Hubbard, MD
University of Virginia, Charlottesville, VA
Project: Use of Nanoimmunoassay to Predict Response to Targeted Therapy in HNSCC ($10,000)

Brian M. Kellermeyer, MD
West Virginia University, Morgantown, WV
Project: The Role of Ednrb in Central Auditory Pathway Development ($10,000)

Benjamin C. Paul, MD
New York University School of Medicine, New York, NY
Project: Localized Gene Silencing in Vocal Fold Injury ($10,000)

Marsha S. Reuther, MD
The Regents of the University of California, San Diego, CA
Project: Volume Expansion and Reshaping of Tissue Engineered Human Septal Cartilage ($10,000)

Marisa A. Ryan, MD
Duke University Medical Center, Durham, NC
Project: Prognostic Value of Tregs in Sentinel Lymph Nodes in Head and Neck Melanoma ($10,000)

Vlad C. Sandulache, MD, PhD
Baylor College of Medicine, Houston, TX
Project: MRI-Based Evaluation of Metabolic Targeting in Anaplastic Thyroid Cancer ($10,000)

Nicole C. Schmitt, MD
University of Washington, Seattle, WA
Project: Role of Osteopontin in Cisplatin Toxicity ($10,000)

Andrew G. Shuman, MD
Memorial Sloan-Kettering Cancer Center, New York, NY
Project: Decision-Making in Laryngeal Cancer ($10,000)

Steven M. Sperry, MD
University of Pennsylvania, Philadelphia, PA
Project: Defining Two Distinct Quiescent Subpopulations within Head and Neck Cancers ($10,000)

Marietta Tan, MD
Johns Hopkins Univ. School of Medicine, Baltimore, MD
Project: The Role of Aquaporin-1 in Salivary Gland Adenoid Cystic Carcinoma ($10,000)

Mark Van Deusen, MD
Vanderbilt University Medical Center, Nashville, TN
Project: Post-Cricoid Connexins in Patients with Objective Reflux Disease ($10,000)

Andre M. Wineland, MD
Washington University, St. Louis, MO
Project: Novel Computer-Based Approach to Assess the Cognitive Impact of Tinnitus ($7,454)

AAO-HNSF Maureen Hannley Research Training Award

Rodrigo Silva, MD
University of Florida, Gainesville, FL
Project: RNA-Targeting Approach to Prevent Ear Canal Stenosis ($20,000)

Joshua Tokita, MD
The University of Iowa, Iowa City, IA
Project: Merlin, a Tumor Suppression Protein, Inhibits Neurite Growth ($15,000)

AAO-HNSF Percy Memorial Research Award

Yen-fu Cheng, MD
Massachusetts Eye and Ear Infirmary, Boston, MA
Project: Novel Strategy for Deafness Treatment-Posttranslational Atoh1 Regulation by Sox2 ($24,500)

AAO-HNSF Health Services Research Grant

Alexander Langerman, MD
The University of Chicago, Chicago, IL
Project: Antibiotic Usage in Head and Neck Surgery ($10,000)

AAO-HNSF Rande H. Lazar Health Service Research Grant

Emily F. Boss, MD, MPH
Johns Hopkins University, School of Medicine, Baltimore, MD
Project: Influence of Socioeconomic Status on Patient Experience in Pediatric OHNS ($10,000)

American Head and Neck Society (AHNS)

AHNS Pilot Grant

John W. Frederick, BS
The University of Alabama, Birmingham, AL
Project: Anti-CD147 Inhibits EGFR Signaling in Cutaneous Squamous Cell Carcinoma ($10,000)

Daria Gaykalova, PhD
Johns Hopkins University School of Medicine, Baltimore, MD
Project: Transcription Factor Signature of Head and Neck Squamous Cell Carcinoma ($10,000)

AHNS Alando J. Ballantyne Resident Research Pilot Grant

Neerav Goyal, MD, MPH
The Pennsylvania State University College of Medicine, Hershey, PA

Project: Determining the Association Between Radon Levels and Thyroid Cancer ($10,000)

AHNS/AAO-HNSF Young Investigator Combined Award

Allen Szu Hao Ho, MD
Memorial Sloan-Kettering Cancer Center, New York, NY
Project: Mutational Characterization of Adenoid Cystic Carcinoma ($40,000)

American Hearing Research Foundation (AHRF)

AHRF Wiley H. Harrison Memorial Research Award

Alan G. Cheng, MD
Stanford University, Palo Alto, CA
Project: Characterizing Hair Cell Regeneration in the Mouse Utricle ($25,000)

The American Laryngological, Rhinological, and Otological Society, Inc. (The Triological Society)

The Triological Career Development Awards

Michael J. Brenner, MD
Southern Illinois University School of Medicine, Springfield, IL
Project: Targeting of Nonselective Cation Channels to Prevent Gentamicin Ototoxicity ($40,000)

Wade Wei-De Chien, MD
National Institute on Deafness and Other Communication Disorders, NIH NIDCD, Bethesda, MD
Project: Gene therapy for Genetic Hearing Loss ($40,000)

Anne E. Getz, MD
Washington University, St. Louis, MO
Project: Adverse Outcomes in Endoscopic Skull Base and Sinus Surgery ($40,000)

Ian N. Jacobs, MD
The Children's Hospital of Philadelphia, Philadelphia, PA
Project: Tissue-Engineered Rabbit Model for Pediatric Laryngotracheal Reconstruction ($40,000)

Jayakar V. Nayak, MD, PhD
Stanford University, Palo Alto, CA
Project: Basal Cells in Maintenance and Regeneration of the Nasal Epithelium ($40,000)

Melissa A. Pynnonen, MD
University of Michigan, Ann Arbor, MI
Project: Rhinosinusitis: Variations in Care and Opportunities for Improvement ($40,000)

American Laryngological Association

ALA Award

Jennifer L. Long, MD, PhD
Regents of the University of California, Los Angeles, CA
Project: In Vivo Vocal Fold Cover Layer Replacement ($10,000)

ALA-Nestle Nutrition Institute Dysphagia Research Grant

Cara Stepp, PhD
Boston University, Boston, MA
Project: Voluntary Control of Anterior Neck Musculature in Parkinsonian Dysphagia ($10,000)

American Neurotology Society (ANS)

ANS/AAO-HNSF Herbert Silverstein Otology and Neurotology Research Award

Nathan M. Schularick, MD
The University of Iowa, Iowa City, IA
Project: p75NTR Signaling in Vestibular Schwannomas ($25,000)

Thank You to the 2012 CORE Study Section

The AAO-HNSF, CORE societies, foundations, sponsors, and partners would like to formally thank the 2012 CORE Study Section for its commitment to ensuring that research grants are awarded to the most meritorious grant applications. The section provides written critiques to each applicant to assist our young investigators with strengthening their grant-writing skills and encourage them to continue to pursue their research careers in otolaryngology–head and neck surgery.

Dunia Abdul-Aziz, MD
Oliver F. Adunka, MD
Kenneth W. Altman, MD, PhD
Marc L. Bennett, MD
Carol M. Bier-Laning, MD
Jay O. Boyle, MD
Michael J. Brenner, MD
Teresa V. Chan, MD
Dylan Chan, MD, PhD
Rakesh K. Chandra, MD
Alan G. Cheng, MD
Dinesh Chhetri, MD
Steven B. Chinn, MD, MPH
Baishakhi Choudhury, MD
Joseph C. Clarke, MD
Noam A. Cohen, MD, PhD
Carleton Eduardo Corrales, MD
Marion E. Couch, MD, MBA, PhD
Adam DeConde, MD
Gregory Dion, MD
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Akira Ishiyama, MD
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Nancy P. Judd, MD
Benjamin L. Judson, MD
David H. Jung, MD, PhD
Alexandra Kejner, MD
Young Jun Kim, MD, PhD
Robbi Kupfer, MD
Andrew Lane, MD
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Maria T. Pena, MD
Jeffrey Phillips, MD
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Liana Puscas, MD
Melissa A. Pynnonen, MD
Vicente A. Resto, MD, PhD
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Claus-peter Richter, MD, PhD
Pamela C. Roehm, MD, PhD
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Carol G. Shores, MD, PhD
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Maie St. John, MD, PhD
Gordon H. Sun, MD
John B. Sunwoo, MD
Jonathan Y. Ting, MD
Joshua Tokita, MD
Travis T. Tollefson, MD
Michael P. Underbrink, MD, MPH
Ravindra Uppaluri, MD, PhD
Eric W. Wang, MD
Steven J. Wang, MD
Deborah Watson, MD
Edward M. Weaver, MD, MPH
Debra G. Weinberger, MD
Sarah K. Wise, MD
Bradford A. Woodworth, MD
Adam Mikial Zanation, MD

American Rhinologic Society (ARS)

ARS New Investigator Award

Benjamin S. Bleier, MD
Harvard Medical School, Massachusetts Eye and Ear Infirmary, Boston, MA
Project: MDR1/P-gp Overexpression and Negative Feedback Insensitivity in CRSwNP ($25,000)

ARS Resident Research Grants

Adrienne M. Laury, MD
Emory University, Atlanta, GA
Project: Periostin and RANKL Expression in Allergic Fungal Rhinosinusitis ($8,000)

Henry P. Barham, MD
University of Colorado, Denver, CO
Project: Investigation into Nasal Solitary Chemoreceptor Cells ($8,000)

The Doctors Company Foundation

The Doctors Company Foundation/ AAO-HNSF Resident Research Grant

No meritorious applications received.

American Society of Pediatric Otolaryngology (ASPO)

ASPO Research Grant

No meritorious applications received.

Cook Medical

Cook Medical/AAO-HNSF Resident Research Grant

Jeffrey B. Watson, MD
University of California, San Diego, CA
Project: In vitro compaction of tissue engineered human septal cartilage ($10,000)

Olympus

Olympus/AAO-HNSF Resident Research Grant

Corinna G. Levine, MD
University of Washington, Seattle, WA
Project: Modification and Validation of a Quality of Life Comorbidity Index ($10,000)

The Oticon Foundation

The Oticon Foundation/AAO-HNSF Resident Research Grant

Elena B. Willis, MD
Montefiore Medical Center, New York, NY
Project: Boosting Speech Perception after Cochlear Implantation with Tablet Software ($10,000)

The Knowles Hearing Center at Northwestern University

Knowles Hearing Center Collaborative Grant

Anna Lysakowski, PhD
University of Illinois, Chicago, IL
Project: Protein Composition of the Striated Organelle in Vestibular Hair Cells ($30,000)

Laura Dreisbach, PhD
San Diego State University Research Foundation, San Diego, CA
Project: Early Detection of Hearing Loss from Chemotherapy Among Racial Groups ($30,000)

2012 Research Awards Ceremony

The 2012 Research Awards Ceremony will recognize the 2012 CORE grantees from 10:30 am-noon on Monday, September 10, at the 2012 AAO-HNSF Annual Meeting & OTO EXPO in Washington, DC.

Thanks to the AAO-HNSF CORE Grant Supporters

The AAO-HNSF Percy Memorial Research Award

Established in 1990, the AAO-HNSF Percy Memorial Research Award was created by **Leslie Bernstein, MD, DDS**, in memory of **A. Edward Percy, Jr., MD**. This generous grant provides vital funding for research projects in any area within the scope of otolaryngology-head and neck surgery. Dr. Bernstein is applauded for this act of generosity that will continue to facilitate new research in otolaryngology while also providing a great source of honor to his colleague, Dr. Percy.

The ANS/AAO-HNSF Herbert Silverstein, MD, Otology and Neurotology Research Award

Established in 1999, the ANS/AAO-HNSF Herbert Silverstein Otology and Neurotology Research Award was established by **Herbert Silverstein, MD**, and receives additional support from the American Neurotology Society (ANS) and the AAO-HNSF. This grant supports clinical or translational research projects focused on diseases, disorders, or conditions of the peripheral or central auditory and/or vestibular system by new full-time academic surgeons. Dr. Silverstein's significant gift ensures that the CORE grant program will continue to foster advances in this important area of patient care.

The AAO-HNSF Rande H. Lazar, MD Health Services Research Grant

Established in 2002, the AAO-HNSF Rande H. Lazar, MD, Health Services Research Grant was endowed by **Rande H. Lazar, MD**, to inspire investigation of health services and socioeconomic issues by young physicians. The grant represents the first time an individual in the AAO-HNS has provided this level of funding in support of a sustained effort to gather socioeconomic data for otolaryngology and promotes increased participation by otolaryngologists in the rapidly expanding area of health services research. The first $10,000 CORE grant was awarded in 2008 and they have since been awarded every other year. We look forward to the continuation of new research in this area for many years thanks to Dr. Lazar's stellar display of philanthropy.

AAO-HNSF Resident Research Grant Supported by The Alcon Foundation

In 2009, The Alcon Foundation generously committed its support to award an annual CORE grant for a period of five years. The purpose of this grant is to stimulate original resident research with a preference for grants related to pediatric otolaryngology, and to promote the discovery and development of innovative treatments.

AAO-HNSF Resident Research Grant Sponsored by The Oticon Foundation

In 2010, The Oticon Foundation generously committed its support to award an annual CORE grant for a period of five years. Oticon is the oldest hearing aid manufacturer in the world and in keeping with the Foundation's commitment to support the needs of hearing impaired people, this grant will be used to establish a new CORE grant for research in otology with the goal of generating vital new research about hearing loss and otology.

AAO-HNSF Resident Research Grant Sponsored by Olympus

Olympus has generously supported the AAO-HNSF Annual Meeting & OTO EXPO and the resident/medical student paper prizes for many years. To continue its support of our young investigators, in 2010 the resident/medical student paper prizes were "sunsetted" and the Olympus sponsorship dollars were redirected in support of a resident research grant.

AAO-HNSF Resident Research Grant Sponsored by The Doctors Company Foundation

In 2011, The Doctors Company Foundation (TDC) generously committed its support to award an annual CORE grant for a period of five years to encourage new research that focuses on vital advances in patient safety. Founded in 2008 by The Doctors Company, the TDC Foundation supports patient safety research, forums, and pilot programs; patient safety education programs; and medical liability research.

AAO-HNSF Resident Research Grant Sponsored by Cook Medical

In 2012, Cook Medical committed its support to award an annual CORE grant for a period of five years to stimulate original resident research with a preference for proposals related to paranasal sinus disease, salivary gland disease, sleep medicine, voice therapy, airway, ultrasound, and tissue engineering.

COMING SOON
The Bobby R. Alford Endowed Research Grant

Established in 2010, the Bobby R. Alford Endowed Research Grant was endowed through the generosity of many of Dr. Alford's faculty members, residents, students, and friends. This award will support innovative research in the specialty and help facilitate the career development of young investigators. This mentored research award is intended to promote research that could ultimately lead to critical discoveries or major advancements that will translate into improved understanding into the cause, treatment, or outcome for diseases of the head and neck. Proposed projects may be related to any area of otolaryngology-head and neck surgery, but must have direct or potential clinical significance for patients seen by otolaryngologist-head and neck surgeons. Basic science, translational, and clinical research projects may be funded. The endowment will begin to fund research in 2014.

AAO-HNSF is grateful for the generous support of the donors above who have made significant personal commitments to ensuring advances in the specialty are made possible through innovative research—both today and in the future. To learn more about supporting the CORE research grants program, contact Julie Wolfe, director of development, at 703-535-3717.

Practice-Based Research in Otolaryngology

Creating Healthcare Excellence through Education and Research (CHEER) continues to make strides in practice-based research in otolaryngology. The CHEER clinical research network's mission is to become the national resource for practice-based clinical research in disorders of the ear, nose, and throat; translate the latest evidence into practice efficiently and expeditiously; and ultimately improve patient care. CHEER comprises 24 private and academic sites nationwide committed to practice-based research and improving outcomes. Across our sites, we have more than 200 otolaryngologist-head and neck surgeons, 100 audiologists, 50 speech-language pathologists, and many other office and professional staff dedicated to our mission. Our site study coordinators and private and academic investigators are the lifeblood of CHEER.

Highlights of Network Activities

Funded Study Under Way—Sudden Hearing Loss: Through support from the AAO-HNSF, **David L. Witsell, MD**, (CHEER Grant PI) and the CHEER team are implementing a study on the awareness of, and barriers to, implementation of the recently published AAO-HNSF Clinical Practice Guideline: Sudden Hearing Loss. This study will have a physician survey component and a patient data collection component. Development of materials is under way with AAO-HNSF staff and guideline panel experts and CHEER sites will be oriented for participation in early summer. This will be a step toward ensuring guidelines move from "paper to practice."

Study Submitted—Voice Therapy: An administrative supplement to the CHEER grant was submitted to the NIH/NIDCD in April. This study, if awarded, will focus on usage of voice therapy and perceptions and barriers from both the patient and provider perspective.

"Practice-based Research for YOUR Practice": Two sessions were accepted for presentation at the North Carolina/South Carolina Otolaryngology Meeting in Asheville, NC, in August and the AAO-HNSF Annual Meeting & OTO EXPO in September. These sessions will focus on incorporating practice-based research into practice and will include a panel of academic and private practitioners.

CHEER Annual Research Coordinator's Conference: The fifth annual conference of CHEER research coordinators will take place at the AAO-HNSF August 9-11. In addition to providing research education, this conference is crucial to networking and sharing of expertise and experience across sites.

CHEER Site Database—Under Way: A CHEER Site database with information about the site and investigators has been developed. We are working with sites to collect de-identified, patient-level data to develop a searchable database for researchers and sponsors, support for pilot data needs, etc.

For more information on CHEER, email Kristine Schulz at Kristine.schulz@duke.edu.

Performance Measures Update

The Foundation continues to work with the American Medical Association (AMA)-convened Physician Consortium for Performance Improvement (PCPI) on a set of performance measures for adult sinusitis. The Adult Sinusitis Work Group is co-chaired by **Richard M. Rosenfeld, MD, MPH**, AAO-HNSF senior consultant for Quality and Guidelines, and **William E. Golden, MD**. The draft measures are intended for clinicians caring for adult patients with either acute or chronic sinusitis, with particular emphasis on overuse, appropriate use, and patient-reported health status. The PCPI prioritized sinusitis as a topic for overuse because of variation in the diagnosis and treatment of patients with sinusitis, despite the availability of evidence-based guidelines. Current quality gaps in sinusitis treatment indicate the need to develop and enhance specific processes demonstrated to improve outcomes, including accurate diagnosis, appropriate diagnostic testing, appropriate antibiotic prescribing, and reducing antibiotic resistance and unnecessary exposure to radiation. The 10 draft measures were made available for public comment this past winter and are due to be finalized later this year.

The Foundation is also working with the PCPI to support several of the Acute Otitis Externa (AOE) and Otitis Media with Effusion (OME) measures for full endorsement by the National Quality Forum (NQF). Previously, five of AOE/OME measures had received a one-year, time-limited NQF endorsement.

As a reminder, several of the AOE/OME measures are included in the Centers for Medicare and Medicaid Services (CMS) Physician Quality Reporting System (PQRS). PQRS is a voluntary program that allows clinicians to report performance measure data to CMS and receive an incentive payment on eligible Medicare Part B Physician Fee Schedule services provided during the reporting period. For 2012, clinicians who satisfactorily report PQRS data will be eligible for a 0.5 percent incentive payment. To assist members' participation in the PQRS program, the Foundation has made available PQRIwizard, a PQRS-certified registry. More information on PQRS and the PQRIwizard is available at http://www.entnet.org/Practice/cmsPQRIBonus.cfm.

Building and Sharing Knowledge in Patient Safety and Quality

Wendy B. Stern, MD
Chair, Media and PR Committee
Mimi Kokoska, MD
Women in Otolaryngology Section

Few things are as personal and important to us as our health and the health of our loved ones. With so much happening in the field of medicine, patients are often overwhelmed.

Most patients gain access to important health innovations and technologies through the media. They also witness the battles being fought regarding rising healthcare costs, access to medicine, and the politics of medicine. That is why our Academy is actively involved in media and public relations. This month the Media and Public Relations Committee wants to share with you activities regarding quality and patient safety, another hot topic. Quality and patient safety are the cornerstones of most of the new health initiatives being discussed by our government, the carriers, and our patients.

The seminal book *To Err is Human: Building a Safer Health System* by the Institute of Medicine was published in 2000. The following year gave us *Crossing the Quality Chasm: A New Health System for the 21st Century*. These publications unapologetically placed quality and patient safety in the center of the healthcare conversation. During the next decade, the United States continued to spend disproportionately more for healthcare than any other industrialized country and yet, comparatively, Americans lag in life expectancy and infant mortality. Most healthcare policy makers have long discarded the notion that spending more on healthcare will result in better quality and patient safety. How can real improvements in quality of care and patient safety be identified and sustained?

In most academic surgical departments, the morbidity and mortality (M&M) associated with delivering care is presented in a regularly scheduled M&M conference. In private practices, there may be a process or forum for reviewing M&M, depending on the number of practitioners, case volume, and organizational affiliation. In general, the cases identified for M&M discussion are self-reported, which may result in an underreporting of cases. Even under the ideal circumstance where the factors contributing to a specific M&M are identified, it is unlikely that trends in M&M are recognized (such as higher than average rates of perioperative myocardial infarction or pneumonia, pharyngocutaneous fistula, unplanned peripheral nerve deficits, etc.), unless the practice and/or hospital affiliate purposefully examines their data for trends quarterly and annually, or participates in a large surgical quality improvement program. Such multifacility programs can capitalize on statistical comparisons of observed to expected M&M outcomes data either within the same healthcare system or across large healthcare systems.

The most mature and robust surgical quality improvement program is the National Surgical Quality Improvement Program (NSQIP), developed in the Veterans Health Administration during the late 1980s and formally implemented in 1991. It was subsequently piloted in 1999 and adopted in 2001 by the American College of Surgeons (ACS) for the private sector. The VA's NSQIP, which has been recently renamed VASQIP, provides data on surgical outcomes for essentially all surgical subspecialties, including otolaryngology-head and neck surgery. Although the availability of VASQIP data undoubtedly contributed to the continued downward slopes in both surgical M&M rates in Veterans Affairs from 1999 through 2011, it was the actions by frontline staff following the analysis of quarterly and annual reports that yielded the remarkable sustained improvements. The ACS NSQIP has also expanded its NSQIP to allow analysis of other specialties and procedures beyond general and vascular surgery.

It is important to realize, however, that the availability of outcomes data is only one of the necessary components of an effective organizational quality improvement and patient safety program. The outcomes data must be analyzed and translated into actionable changes in processes, practice, and/or communications. The organizational culture determines whether quality improvement efforts are positively viewed and engaged by employees.

The Academy and the Patient Safety Quality Improvement (PSQI) Committee recognize that we must be at the forefront of developing survey- and data-based studies to identify those areas of quality and patient safety that affect our specialty and patient population. The PSQI works with other Academy committees in order to come up with recommendations. Highlights of the important work being done by the PSQI Committee are featured in this issue of the *Bulletin*. Most importantly, the leadership team of the PSQI represents us at several national quality forums, giving us direct input to the national quality agenda.

The conversation regarding quality and patient safety is in its infancy. Much work remains to be done. Our Academy and its committees are dedicated to being proactive and a strong voice in this dialogue. Members are encouraged to use the guidelines and recommendations, such as the one produced by PSQI and the Sleep Committee regarding inpatient admission after an ENT surgery on a sleep apnea patient to engage hospitals and physician organizations in best practice efforts. Take advantage of the wealth of resources available through the Academy website. Under the header Practice & Advocacy one can find a plethora of information on quality and safety, as well as guidelines and policies. It is important for each of us to take a seat at the table when it comes to negotiating how the practice of medicine is to be shaped, especially for otolaryngology. These tools will help each of us to be knowledgeable and valuable in this conversation. Our Academy is engaged in creating clinically valid studies; we are charged with helping to implement them.

AAO-HNSF Develops Quality Knowledge Products for Members

The AAO-HNSF develops quality knowledge products (QKPs), including clinical practice guidelines (CPGs) and clinical consensus statements (CCSs) to support evidence-based decisions in patient care for its members, the wider clinical community, and the general public. The Foundation developed and published its first QKP in 2006 and has since published at least one new QKP each year. In March, the Foundation published the Clinical Practice Guideline: Sudden Hearing Loss. Two CCSs have been submitted for publication (Appropriate Use of CT Imaging for Paranasal Sinus Disease and Tracheostomy Care) and three CPGs are currently under development (Improving Voice Outcomes after Thyroid Surgery, Tympanostomy Tubes in Children and Bell's Palsy).

CPGs will now be updated every five years post publication. Each update will identify any new evidence relevant to the guideline and determine if the document can be reaffirmed or whether a minor or major revision is required. The Foundation's first CPG on Acute Otitis Externa recently turned five and is currently undergoing an update. Moving forward, each year, the Foundation will update at least one of its CPGs to ensure content remains current and relevant.

CPG Development Process

Guidelines are developed using an explicit and transparent a *priori* protocol for creating actionable statements based on the strength of supporting evidence and the associated balance of benefit and harm. The Academy's methodology is outlined in the "Clinical Practice Guideline Development Manual," which is available at http://www.entnet.org/guidelines. Guideline development occurs during a 12- to 14-month period and the development panel includes a variety of stakeholders representing multiple specialties, subspecialties, and consumers. The guideline panel convenes via conference call three times and two in-person meetings take place at the AAO-HNS/F headquarters. A final draft of the guideline is distributed for peer review to internal and external stakeholders, and then goes through a two-week public comment period. The manuscript is then sent to the Foundation's Board of Directors for approval prior to submission to *Otolaryngology–Head and Neck Surgery*, at which point the guideline undergoes traditional peer review by journal editors. Guidelines are ultimately published in *Otolaryngology–Head and Neck Surgery* as supplements. Copies of each guideline are made available for free on the Academy's website, and are referenced on the National Guidelines Clearinghouse website at http://www.guideline.gov.

CCS Development Process

Each CCS is developed utilizing a modified Delphi methodology to systematically achieve consensus among a panel of topic experts. A CCS may be single- or multi-specialty depending on the topic and should reflect the expert views of a panel of individuals well versed on the topic of interest. Each CCS panel is composed of 10 to 12 stakeholders who carefully review and discuss the current literature to identify gaps in research where evidence is lacking. The panel is asked to complete a qualitative survey to further refine the scope of the CCS. An initial list of statements are developed based on the qualitative survey results and compiled into a survey format using a Likert scale. Panel members are asked to rate their agreement with each statement on the survey. Each survey is followed by a conference call during which results are presented and statements discussed. Statements are categorized as "consensus," "near consensus," and "no consensus" based on their mean score. Multiple iterations of the survey may be necessary to revise statements and achieve consensus. Final results are compiled and the panel for submission to *Otolaryngology–Head and Neck Surgery* develops a manuscript. A manual outlining the Academy's methodology is being developed.

Oversight: Guideline Development Task Force (GDTF)

The GDTF oversees the development and prioritization of topics for AAO-HNSF CPGs and CCSs. The GDTF is lead by **Seth R. Schwartz, MD, MPH**, chair and **Richard M. Rosenfeld, MD, MPH**, past-chair and current AAO-HNSF Senior Consultant for Quality and Guidelines. The GDTF is composed of subspecialty society representatives from American Broncho-Esophagological Association, American Neurotology Society, American Rhinologic Society, American Head and Neck Society, American Laryngological Association, The American Laryngological, Rhinological and Otological Society, Inc. (The Triological Society), American Otological Society, American Academy of Facial Plastic and Reconstructive Surgery, American Academy of Otolaryngic Allergy, American Society of Pediatric Otolaryngology and representatives from the AAO-HNS Board of Governors, Association of Otolaryngology Administrators, American Board of Otolaryngology, and Society Otorhinolaryngology and Head-Neck Nurses.

The group meets biannually at the Academy's headquarters and reviews guideline development methodology, progress, and prioritizes upcoming products. All AAO-HNS/F Scientific and Education Committees are encouraged to submit topics to the GDTF for consideration. Topics are presented and voted on at the fall/winter GDTF meeting. Approved future CPG/CCS topics include: Tinnitus; Chronic and Recurrent Pediatric Sinusitis; Allergic Rhinitis; and Septoplasty.

The GDTF produces a newsletter that highlights the group's activities and provides updates on guideline and consensus statement development; recent editions of the GDTF newsletter are available on the Academy's website.

National Guideline Clearinghouse (NGC)

All of the Foundation CPGs are posted on the NGC. The NGC is an initiative of the Agency for Healthcare Research and Quality (AHRQ) and the U.S. Department of Health and Human Services. The NGC mission is to provide physicians and other health professionals, healthcare providers, health plans, integrated delivery systems, purchasers, and others an accessible mechanism for obtaining objective, detailed

information on CPGs and to further their dissemination, implementation, and use. NGC provides structured, standardized summaries containing information derived from guidelines using the NGC Template of Guideline Attributes. Guidelines must meet the NGC Inclusion Criteria to be included in the clearinghouse. Visit http://guideline.gov/ to learn more.

Podcasts - New in 2011 at www.otojournal.org

In January 2011, the Foundation began developing podcasts related to clinical practice guidelines and other provocative articles published in *Otolaryngology–Head and Neck Surgery*. Each recording is, on average, 12-to-15 minutes in length and features a lively discussion between the editor in chief, corresponding author, and an associate editor who is a content expert for that field. The intent is to explore and to expand upon ideas and concepts in the original article, not to simply repeat what has already been published. We suggest that members refer to the complete published article, in addition to the Podcast, to get the most from your learning experience.

Electronic Access Statistics: *Otolaryngology–Head and Neck Surgery* (Journal) and National Guidelines Clearinghouse (NGC)

Sudden Hearing Loss

- Journal data available in September
- NGC data not available (posted May 2012)

Indications for Polysomnography for Sleep-Disorder Breathing prior to Tonsillectomy in Children

- 2011 #2 Most-Accessed Article in Journal (3,719 full text downloads, Jan 2011-Dec 2011)
- Viewed 2,621 times on the NGC (December 2011–March 2012)

Tonsillectomy in Children

- 2011 No. 1 Most-Accessed Article in OTO Journal (13,003 full text downloads, January 2011-December 2011)
- Viewed 14,775 times on the NGC (January 2011–March 2012)

Dysphonia (Hoarseness)

- Viewed 14,136 times on the NGC (April 2010–March 2012)

Benign Paroxysmal Positional Vertigo (BPPV)

- 2011 No. 9 Most-Accessed Article in Journal (902 full text downloads, January 2011-December 2011)
- Viewed 29,885 times on the NGC (April 2009–March 2012)

Cerumen Impaction

- Viewed 21,265 times on the NGC (April 2009–March 2012)

Adult Sinusitis

- 2011 No. 4 Most-Accessed Article in Journal (1,276 full text downloads, January 2011-December 2011)
- Viewed 50,341 times on the NGC (July 2008–March 2012)

Acute Otitis Externa

- Viewed 57,620 times on the NGC (July 2006–March 2012)

Journal data represents January 2011-March 2012 only. NGC data are from the time the guideline was originally posted to the NGC.

Get Involved with Guidelines

In March, the Foundation announced the first year of the G-I-N Scholars Program. The Foundation is funding four members to attend the annual Guidelines International Network (G-I-N) North America (NA) Conference in New York, NY. In exchange, recipients must agree to serve on an upcoming CPG panel. Recipients may serve as either a panel member or as assistant chair if he or she has prior guideline experience. This year's G-I-N Scholars include: **David O. Francis, MD**; **Lisa Michelle Ishii, MD**; **Melissa A. Pynnonen, MD**; and **Gordon H. Sun, MD**. The call for applications to attend the 2013 G-I-N Conference, which will take place in North America, will be released in August.

The Future

The Foundation maintains awareness of ongoing progress in the field of guideline development. As such, the Foundation's guideline development manual is reviewed and updated on a periodic basis to reflect the most up-to-date methodological techniques. Furthermore, the Foundation has just started its third year of collaboration with **Richard N. Shiffman, MD, MCIS**, and the Yale Center for Medical Informatics as part of the GuideLines Into DEcision Support (GLIDES) project sponsored by the Agency for Healthcare Research and Quality (AHRQ). The project explores how the translation of clinical knowledge into clinical decision support (CDS) tools can be routinely applied in practice, and taken to scale, to improve the quality of healthcare delivery in the United States. As part of this collaboration, the Sudden Hearing Loss guideline panel pilot tested Bridgewiz, an action statement development tool, and eGLIA, a guideline implementability appraisal tool. The three CPGs currently under development will also adopt and test the Bridgewiz and eGLIA tools.

In March 2011, the Institute of Medicine (IOM) released two consensus reports: "Finding What Works in Health Care: Standards for Systematic Reviews" and "Clinical Practice Guidelines We Can Trust." These reports were produced following a congressional mandate in the Medicare Improvement for Patients and Providers Act of 2008 for two independent studies: one to develop standards for conducting systematic reviews and the other to develop standards for trustworthy clinical practice guidelines. The IOM report, "Clinical Practice Guidelines We Can Trust," highlighted eight standards for developing rigorous and trustworthy clinical practice guidelines including: transparency; conflict of interest; guideline development group composition; CPG–SR intersection; establishing evidence foundations for and strength of recommendations; articulation of recommendations; external review; and updating.

In April, the manuscript "Guidelines International Network: Toward International Standards for Clinical Practice Guidelines" was published in the *Annals of Internal Medicine*. The article presents G-I-N's proposed set of standards for guideline development including: panel composition; decision-making process; conflicts of interest; guideline objective; development methods; evidence review; basis of recommendations; ratings of evidence and recommendations; guideline review; updating processes; and funding. Amir Qaseem, MD, PhD, MHA, an author of the manuscript, will be speaking at the GDTF Meeting in July.

The Academy has reviewed both the IOM reports and the G-I-N manuscript and believes that the current Foundation guideline development methodology, to a large extent, meets both sets of standards. However, we recognize that the Academy's methodology needs to reflect current best practices and thus we are continuously striving to strengthen our process.

For more information, email the Research and Quality Improvement business unit, quality@entnet.org. Copies of the Academy's guidelines, the guideline development manual, and the GDTF newsletters are available at http://www.entnet.org/guidelines.

AAO-HNS Mid-Year State Legislative Update

Across the nation, 46 state legislatures convened for their regular sessions this year. By the end of July, only five states will remain in regular session as most have already adjourned for the year. As of June 15, more than 79,000 state-based bills had been introduced in the United States in 2012. The AAO-HNS is monitoring more than 740 bills at the state level, including holdover bills from 2011. Of those, there are 42 state legislative bills that have been identified as being of particular importance to the AAO-HNS and its members. We have provided state otolaryngology leaders with customized tracking reports, notifications, and alerts for these legislative bills of interest.

Scope of Practice

The Academy believes it is appropriate for nonphysician providers to seek updates to statutes and regulations relating to their defined scope of practice to reflect advances in education and training. However, the Academy strongly opposes state legislation that would inappropriately expand the scope of practice for nonphysician providers beyond their skills. Enabling nonphysician providers to independently diagnose, treat, or manage medical disorders could adversely affect the quality of patient care.

This year, the Academy has advocated for modifying and/or defeating several potentially harmful bills that would inappropriately expand the scope of practice of nonphysician professionals. The California legislature is considering a bill that would allow audiologists to become qualified medical examiners for workers' compensation claims. The Academy continues to strongly oppose this legislation. In West Virginia, the Academy successfully opposed a bill regulating the practice of speech-language pathology and audiology. The bill, as proposed, would have inappropriately expanded their scope of practice to allow speech-language pathologists and audiologists to diagnose, manage, and treat. Unfortunately, state legislatures in Colorado and South Dakota adopted scope-of-practice expansion bills for speech-language pathologists. A carry-over bill in New York sought to permit nonphysician oral and maxillofacial surgeons to perform elective surgeries in the oral and maxillofacial regions if granted hospital privileges, the bill died in the Assembly. The Academy worked with other state and national organizations in a coalition to defeat this legislation.

Truth in Advertising

With the emergence of clinical doctorate programs for nonphysician providers, which has led to many degree holders referring to themselves as "doctors," there is growing confusion within the patient population about the level of training and education of their healthcare providers. In 2012, truth-in-advertising bills were introduced in Arizona, California, Maryland, Missouri, Nebraska, New York, Utah, and Washington. In Maryland, the legislature passed a bill that requires identification tags and advertisements to show the type of certification the practitioner holds, subject to approval by the state medical board. The Academy, working with other national specialty organizations and the state medical society, developed and advocated for language that closes loopholes, but still works for all Academy members' board certifications. The Washington legislature considered a bill that would have required advertisements by those who identify themselves as "doctors" to list their license, registration, and/or certifications.

Taxes on Medical Procedures

Each year, there is a re-emergence of proposals to tax medical procedures, and in light of extensive state budget shortfalls, this year has been no exception. The Stop Medical Taxes Coalition—a coalition of national, state, and local organizations, of which the Academy is a member—asserts that the taxation of medical procedures is unfair for patients and is a "slippery slope" toward the taxation of other medical services. In California, the legislature is considering two separate proposals on taxing cosmetic procedures. The Academy and other Coalition members have submitted written testimony to the California legislature in opposition to the proposed taxes. In 2012, New Jersey signed into law legislation that will gradually repeal the six percent tax currently imposed on cosmetic procedures. The tax will be reduced by two percent each year, for three years, ending with a zero percent tax rate.

Hearing Aid Services

The coverage, sale, and dispensing of hearing aids is an issue considered by several states in various forms each year. The Academy successfully opposed legislation in Arizona that would have changed the licensure requirements for hearing aid dispensers by removing the practicum examination. In New York, the Academy worked closely with the Patient Access to Hearing Aids (PAHA) Coalition to advocate for a bill that would expand patient access to hearing aid services by striking an archaic law prohibiting physicians from deriving a profit on hearing aid sales. This year, the PAHA Coalition attained introduction of amended companion bills in both the Senate and Assembly. Massachusetts also had legislation seeking to allow otolaryngologists to dispense hearing aids. In addition, several states considered bills to require insurers to cover the cost of, or expand benefits for, hearing aids and/or cochlear implants, including Connecticut, Georgia, Hawaii, Illinois, Kansas, Maine, Massachusetts, Nebraska, New York, Rhode Island, Tennessee, Utah, Vermont, and Wyoming. Several states also considered bills that would provide a tax credit and/or exemption for hearing aids, including Hawaii, Kansas, Michigan, Missouri, New Jersey, and Oklahoma.

Tobacco Use and Smoking Cessation

The Academy supports legislation and regulations that will help to reduce the use of tobacco products and exposure to secondhand smoke in order to promote healthy environments and lifestyles for the public. This year, bills were introduced in 15 states that sought to strengthen existing smoking ban laws, including California, Iowa, Kansas, Maine, Maryland, Mississippi, Missouri, New Jersey, Oklahoma, Rhode Island, South Carolina, Virginia, and West Virginia. A number of states also considered proposals to mandate insurance coverage and/or benefits for tobacco cessation, including Hawaii, Illinois, Indiana, Massachusetts, New Jersey, New York, and Washington. There are a few states—Alabama, Hawaii, and Illinois—that

proposed legislation to exempt certain establishments from a smoking ban, if they pay a fee to become licensed as exempt.

Medical Liability Reform

This year, there are 10 states that considered various tort reform measures, including those related to affidavits of merit, alternative reforms, caps on non-economic damages, defensive medicine issues, expert witnesses, health courts, or pre-trial screening panels. In Connecticut, there was a proposal to weaken the requirements for Certificates of Merit. The Academy and the state society advocated against this change. New Hampshire and New Jersey are considering enacting or modifying caps on non-economic damage awards in medical liability cases. In Rhode Island, the legislature is considering proposed legislation on apology inadmissibility, and Washington considered a comprehensive medical liability reform bill.

For more information about Academy legislative priorities and/or activities, visit the Legislative and Political Affairs website at www.entnet.org/advocacy or email legstate@entnet.org for state legislation inquiries. If you would like to receive timely updates regarding Academy legislative priorities and efforts, join the ENT Advocacy Network by emailing govtaffairs@entnet.org.

Stay Informed—Bookmark the AAO-HNS Legislative and Political Affairs Webpage

Do you want to be one of the first to know the status of healthcare bills moving through Congress or your state? Bookmark the Legislative and Political Affairs webpage today. By visiting the webpage you can learn more about the issues affecting the specialty, such as the flawed Sustainable Growth Rate (SGR) formula, medical liability reform, scope-of-practice battles, and efforts to repeal the Independent Payment Advisory Board (IPAB). Visit www.entnet.org/advocacy.

Two ENT PAC Plans to Invest in Your Future

ENT PAC Launches Two New Solicitation Campaigns

Are you a 2012 ENT PAC Investor? If not, consider making an investment in your future, and the future of the specialty, by supporting ENT PAC today.*

ENT PAC, the Academy's political action committee, is currently promoting two new membership campaigns designed to simultaneously increase the PAC's participation percentage and financial strength. The Academy's political action committee can only be as strong as you—its members. Currently, only six percent of AAO-HNS members contribute to the PAC. While this number is comparable to other percentages within the physician community, we can do better.

Simply put, to help increase our visibility and influence with Members of Congress and Congressional candidates, we need to increase our ENT PAC membership. Legislators are acutely aware of our participation rates, and a significant increase will be noticed. Therefore, it is critically important for ENT PAC to garner support from otolaryngologist-head and neck surgeons of all ages and from all geographic locations. Help the ENT PAC Board of Advisors build a single, strong voice on Capitol Hill by supporting the PAC today.

$20.12 in 2012

Let's make 2012 a banner year! Make your contribution today by supporting the "$20.12 in 2012" campaign. Your investment of only $20.12 will help build our ENT PAC coffers and increase the collective voice of otolaryngology-head and neck surgery in Washington, DC.

$15 for Your Future

Calling all residents and young physicians: Each day, decisions are being made on Capitol Hill that will affect how you practice medicine now and in the future. With only a small investment to ENT PAC, you can join the effort to protect your future and the future of medicine. Take part in the "$15 for Your Future" campaign today.

To make a general contribution and/or support one of ENT PAC's new campaigns, visit www.entnet.org/entpac (AAO-HNS member log-in required) or send your personal check payable to "ENT PAC" to 1650 Diagonal Road, Alexandria, VA 22314.

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

AAO-HNS Government Affairs Joins Twitter

With the launch of its Twitter account, the AAO-HNS Government Affairs team has officially started to roll out its social media platforms. These online tools are an inexpensive and easy way to reach Academy members with real-time information on critical issues, especially our legislative action alerts. The Government Affairs team will continue to roll out these social media platforms with the launch of its Facebook and LinkedIn accounts.

Make sure to follow our AAO-HNS Government Affairs activities on Twitter @AAOHNSGovtAffrs, and check for updates on the official launch of its Facebook and LinkedIn accounts.

3P Update: Academy Leads Advocacy Efforts on Balloon Dilation Policy

Richard W. Waguespack, MD; Michael Setzen, MD; Jenna Kappel; and Joseph Cody

During the last year, the Physician Payment Policy Workgroup (3P), supported by Health Policy staff, has been tirelessly working with insurers to advocate for changes to restrictive policies that limit the use of a balloon as a tool in a standard approach to sinus ostial dilation procedures. Private payers like Blue Cross Blue Shield Association (BCBSA), Humana, and Health*Now* developed policies that designate stand-alone ostial dilation as "Investigative/Not Medically Necessary." The Academy strongly disagrees with these policies and believes that the use of a balloon is acceptable and an appropriate therapeutic option for selected patients with sinusitis.

In early 2011, 3P and Academy staff began conversations with the national medical director from BCBSA regarding its balloon sinus ostial dilation draft reference medical policy. In all of these communications, the Academy expressed disagreement with the classification of balloon sinus ostial dilation as "Investigational/Not Medically Necessary" and provided evidence supporting the safety and effectiveness of the procedure. These communications included a letter from Academy Executive Vice President and CEO **David R. Nielsen, MD,** responding to the draft reference medical policy and a conference call with members from 3P and Academy staff on the final reference policy. Despite these efforts, BCBSA decided to keep the "Investigational/Not Medically Necessary" designation until future studies could meet the research criteria necessary for the policy to be changed. The Academy has continued to communicate with Blue Cross Blue Shield to provide additional evidence and advocate for a change in its policy at the national level.

At the local level, **Gavin Setzen, MD,** a member of the Academy's Board of Directors who serves on the Medical Management Clinical Committee for Blue Shield Northeastern New York (BSNENY, also known as Health*Now*, representing roughly 500,000 people in New York), advocated for review and removal of the "experimental" and "not medically necessary" designation in the policy for balloon sinus ostial dilation surgery. During the March meeting of the Medical Management Clinical Committee, Health*Now* reviewed its policy and in light of the new research presented by Dr. Setzen and others, and decided to change the designation to "medically necessary." In the new policy, effective May 1, HealthNow will now consider the use of a catheter-based inflatable device (balloon ostial dilation) in the treatment of medically refractory chronic sinusitis as medically necessary when used as a minimally invasive alternative to endoscopic sinus surgery. The policy also states when balloon ostial dilation is performed in conjunction with a medically necessary functional endoscopic sinus surgery (FESS) in the same sinus, balloon ostial dilation is considered to be not medically necessary as it would be an integral part of FESS, and therefore, not be separately payable.

In April, the Academy delivered comments to Humana regarding its balloon dilation policy. Humana's policy designated standalone balloon ostial dilations as "Investigational/Not Medically Necessary," therefore limiting physician choice. In the letter sent to Humana, the Academy expressed disagreement with the policy designating stand-alone ostial dilations as "Investigational/Not Medically Necessary," and provided evidence showing the widespread use and clinical experience of the procedure. The letter also sought to clarify which patient populations are appropriate for balloon dilations. In response to comments submitted by the Academy, Humana amended its policy and now supports physician choice when treating chronic sinusitis. The updated policy allows the use of balloon ostial dilation as a stand-alone and as a hybrid procedure when deemed clinically appropriate by the surgeon.

In addition to these changes, multiple other plans across the country have reviewed and changed their policies. Wellmark and Blue Cross Blue Shield Montana both now allow a hybrid approach and allow the use of a balloon catheter in FESS. Blue Cross Blue Shield Louisiana, CGS Medicare, Blue Cross Blue Shield North Dakota, Blue Cross Blue Shield Wyoming, Healthcare Service Corporation (Blue Cross insurer for IL, TX, NM, and OK), Blue Cross Blue Shield Western New York, and Network Health Plan now all allow the standalone use of a balloon catheter as an alternative to FESS. With these changes, the policies of roughly 194 million people now cover balloon dilation only procedures.

These policy changes show how important it is for Academy members to advocate at the local level. It is important to nurture good relationships with medical directors and decision makers, become involved in the committee structures, and be well prepared to present a cogent argument supported by clinical data. "Persistence beats resistance" in most cases, according to Dr. Setzen. In the meantime, the Academy will continue to advocate for physician choice and changes to policies in order to allow the use of a balloon.

If you are denied the use of a balloon, please forward information, indicating whether the full session is being denied and in what setting the procedure is being denied, to healthpolicy@entnet.org so we can continue to track these problems. Please also let us know if your local BCBSA plan is covering and paying for balloon sinus ostial dilation. The Academy has developed a template letter for members to utilize to appeal denials, which can be found at http://www.entnet.org/Practice/Appeal-Template-letters.cfm. Stay tuned to "The News" and our Private Payer page at http://www.entnet.org/Practice/News-and-Updates-from-Private-Payers.cfm for updates on additonal Academy advocacy efforts.

Payer Appeals Process: Academy Resources to Assist Members with Claim Denials

Every day the Academy receives member inquiries and notifications regarding claim denials and payment policy issues that arise when seeking payment for otolaryngology procedures from private insurers and Medicare. In response, the Academy has established policy that we follow when we receive inquiries about private payer denials to determine whether the matter is a local or state issue, or a national issue that the Academy Physician Payment Policy (3P) workgroup would need to investigate further. We have found that many times there is a better outcome when a local issue is addressed by the local AAO-HNS physician members who work directly with the payer's Medical Director on issue resolution.

The Academy has resources available to members, including the coding hotline, information accessible on the Academy's Practice and Advocacy websites, appeal template letters, clinical indicators, and policy statements to help members obtain appropriate payment for various otolaryngology procedures. The Academy's Health Policy team closely monitors and tracks private payer policies and Medicare Administrative Contractor (MAC) policies affecting members. Although the Academy cannot represent physician members individually on each issue with payers, we believe the established policy provides beneficial assistance to members having problems with getting claims paid and we appreciate being notified of any problems you are encountering so we can track the issue and provide any additional assistance possible.

To further assist members, the Academy has outlined the following recommended steps for members when you encounter difficulties obtaining payment for your services:

1. Contact the Academy's coding hotline to ensure that the service was billed appropriately (e.g., appropriate modifiers used with appropriate CPT codes). The Coding Hotline is available 9 am-6 pm EST at 1-800-584-7773. This service is an Academy membership benefit (please have your member ID available when calling).

2. Consult the Academy website for various resources to assist with an appeal for a specific service. Some helpful resources include:
   - Clinical Indicators: http://www.entnet.org/Practice/clinicalIndicators.cfm
   - CPT for ENT articles: www.entnet.org/Practice/cptENT.cfm
   - Clinical Practice Guidelines: http://www.entnet.org/Practice/clinicalPracticeguidelines.cfm
   - Appeal Template Letters: http://www.entnet.org/Practice/Appeal-Template-letters.cfm
   - Policy Statements: http://www.entnet.org/Practice/policystatements.cfm

3. For payer issues at the state level, we recommend you contact your state otolaryngology society or state medical society to report the issue. They may be able to provide a better idea of how widespread an issue is among providers in the area. You can access contact information for several state otolaryngology societies at http://www.entnet.org/Community/BOGSocieties.cfm?View=State (Login required). For issues with private payers we also recommend members initially attempt to work directly with the payer's medical director to obtain more information on their policies and the rationale for denying the initial claim. To do so, members should access the carrier or third party payer's website, logging in as a provider, and search for the policy relevant to your geographic jurisdiction.

4. For Medicare payment issues, we often recommend you contact the Medicare Administrative Contractor's (MAC) medical director directly, and contact your regional MAC's Carrier Advisory Committee (CAC) representative. Currently, there is an ENT CAC representative designated to each state within a MAC jurisdiction (15 geographic regions nationwide). Each representative acts as a liaison between Medicare contractors and state specialty societies. For more information on the CAC representative nomination process, or for local CAC representative contact information, email Health Policy at healthpolicy@entnet.org.

The Academy encourages members to take full advantage of available appeals processes when encountering denied claims. Even in cases where you may feel no progress is made, it is important to exhaust your right to appeal in order to gather pertinent information necessary for the Academy to understand the issue. Once you take these recommended steps and a service continues to be inappropriately denied, the Health Policy team may request additional information, including a copy of the applicable policy (this includes denial letters, national or local coverage policies, or any other documentation the payer has provided you during your appeals process, with patient HIPAA information redacted from any materials you provide to the Academy), so staff and 3P can try to determine the root cause of the payer's denial.

Then 3P will determine how widespread your specific issue is and whether additional advocacy efforts are required.

If you believe services are being inappropriately denied by a private payer, or your MAC, and have exhausted all appeal options to rectify payment; please email the Health Policy team at healthpolicy@entnet.org.

Academy Expresses Concerns Regarding Electronic Health Record Stage 2 Proposed Rule

On May 7, the Academy submitted comments to the Centers for Medicare and Medicaid Services (CMS) regarding the proposed rule for "Medicare and Medicaid Programs; Electronic Health Record Incentive Program—Stage 2." The Academy expressed its support for adopting robust and applicable electronic health records (EHRs) into practices to improve quality of care and enhance patient safety, but cautioned that stringent program requirements with high satisfaction thresholds will hinder health information technology (HIT) adoption.

While the Academy supports a staged approach to the EHR meaningful use incentive program, it believes this approach must take into account the current technological realities and the additional financial and administrative costs that will be incurred by physicians to meet all of the program requirements. Our letter focused on the proposed Menu Set of Measures and Objectives and the proposed Options for reporting Clinical Quality Measures (CQMs).

Menu Set: Measures and Objectives

CMS proposed 17 core objectives and five menu objectives that Eligible Professionals (EPs) must meet, or qualify for an exemption. EPs must meet all 17 core objectives and three out of five menu objectives. The Academy expressed concerns about many of these core and menu objectives. Often, the objectives set incredibly high thresholds that would be difficult for physicians to meet and attest to for successful meaningful use. Specific concerns were raised by the Academy about several specific core objectives including: Computerized Physician Order Entry (CPOE) requirements; electronic prescribing; incorporating clinical lab-test results into EHR as structured data; providing patients with electronic access to their health information and providing clinical summaries for patients; and medication reconciliation.

In the proposed rule, CMS included a measure for CPOE for more than 60 percent of medication, laboratory, and radiology orders made by a licensed professional. The Academy recommended that CMS remove the laboratory and radiology requirements during the EHR reporting period and decrease the proposed threshold for medication orders to require only one laboratory and one radiology order be entered electronically. The rule also proposed an increase in the requirement of orders transmitted as e-prescriptions, which the Academy does not support. Another requirement proposed was the incorporation of lab test results into EHRs. Although the Academy is supportive of the idea, it believes this requirement forces practices to purchase costly lab interfaces in order to meet meaningful use requirements.

The proposed rule also requires physicians to provide clinical summaries within 24 hours and to provide patients the ability to view their health information within four days of the information being available to the practice. The Academy believes patients should have access to information online, but the "24-hour and four day" time limits are arbitrary and fail to recognize that physician practices are not typically open 24 hours a day. In addition, this requirement fails to appreciate that some information should be provided to patients only during a face-to-face encounter.

Clinical Quality Measures

In the proposed rule, CMS includes two reporting options for consideration for CY 2014, Option 1 and Option 2. Option 1 includes two alternatives: 1a and 1b; however, only one method will be finalized. In Option 1a, EPs would report 12 CQMs from those listed in Table 8 of the proposed rule, including at least one measure from each of the six domains. These domains include the following:

1. Patient and family engagement;
2. Patient safety;
3. Care coordination;
4. Population and public health;
5. Efficient use of healthcare resources; and
6. Clinical process/effectiveness.

The proposal for Option 1b includes EPs who would report 11 "core" CQM listed in Table 6, plus one "menu" CQM. Option 2 would allow Medicare EPs who submit and satisfactorily report Physician Quality Reporting System (PQRS) measures under the PQRS EHR reporting option, using certified EHR technology, to satisfy their CQM reporting requirement under the Medicare EHR incentive program.

The Academy supports having options 1 and 2 to allow otolaryngologists to participate in the program, while it continues to develop specific clinical quality measures. Having the two options allows flexibility. Of the two Option 1 reporting options, Option 1a (12 measures, reporting at least one measure across the six domains) is preferable as it would allow more members to participate rather than submitting zero denominators. The Academy also encouraged CMS to consider a third option where EPs would report six CQMs, including at least two clinically relevant measures from any, not each, of the six domains. This is a more feasible option that would help ensure EPs can identify measures specific to their specialty.

Along with its comment letter, the Academy also signed on to two additional letters drafted by the American Medical Association and the American College of Surgeons. In these letters, the signed organizations expressed their desire to work with CMS on the adoption of EHR and Meaningful Use, but outlined concerns related to the stringent requirements necessary to meet Meaningful Use that could exclude specialists, such as otolaryngologists. The Academy signed onto these letters to reiterate common concerns across specialties regarding the proposed rule, but where there is any ambiguity, its comments take precedence.

You can see the entire letter to CMS at http://www.entnet.org/Practice/ONC.cfm. Questions about EHR, Meaningful Use, or the proposed rule for Stage 2 should be directed to the Health Policy Unit at healthpolicy@entnet.org.

AAO-HNSF

IRT

INDUSTRY ROUND TABLE

For more information on support opportunities, please contact:

Development Office
Phone: 1-703-535-3718
Email: development@entnet.org

Special Thanks To Our IRT Partners

We extend a special thank you to the partners of the AAO-HNSF Industry Round Table (IRT) program. Corporate support is critical to realizing the mission of the Academy, to help our members achieve excellence and provide the best ear, nose, and throat care through professional and public education and research. Our partnerships with these organizations who share this mission allow the Academy to continue to provide the programs and initiatives that are integral to our members providing the best patient care.

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AMERICAN ACADEMY OF OTOLARYNGOLOGY–HEAD AND NECK SURGERY FOUNDATION

Empowering physicians to deliver the best patient care

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Meeting Voices: Academy Leaders Talk about What Goes Into a Great Annual Meeting & OTO EXPO Experience

by Matt Brown
Special to the Bulletin

The *Bulletin* asked some of the Academy's leaders a few questions regarding what goes into getting the most of the Annual Meeting & OTO EXPO. They were kind enough to share what works for them and what doesn't. Here's what they had to say:

Liana Puscas, MD

American Medical Association (AMA) Delegation Chair **Liana Puscas, MD**, said the best thing to do before attending the meeting is to look through the courses being offered, decide what looks interesting, and make sure to sign up early.

"The popular sessions tend to sell out," she said. "I certainly plan my meeting by picking out specific sessions and themes. In terms of mornings, which are free, I think it is important to go through and choose the themes you are interested in to organize your experience and I think you need to do a bit of preparation."

Dr. Puscas said it is also important not to miss the advance registration deadline.

"If you know you are going to the meeting, go ahead and sign up, because the difference between the two options is pretty significant…there is a substantial difference in savings—so if you know you're going to go, you should just sign up," she said.

Dr. Puscas said planning ahead is key to having a great meeting.

"There is a lot of great stuff in the program and you have to decide what you want to experience," she said. "People should also look at the activities that are available in the city the meeting is in. So when you are planning your travel, add a few days to your schedule that will allow you to enjoy that city. That adds to the overall experience and allows you to mix in some fun with all of that work."

Lauren Zaretsky, MD

Lauren Zaretsky, MD, chair, Ethics Committee, said the first thing she does prior to the annual meeting every year is join the Millennium Society.

"It is one of the highlights of the meeting to be able to catch up with people from around the country," she said. "The Millennium lounge adds to the whole annual meeting experience. It is the place you can catch up with everybody you haven't seen since last year."

In preparation for the annual meeting, Dr. Zaretsky said she likes to review the whole calendar, look at all of the instruction courses and presentations and make sure to highlight the things she is interested in. From there, she said she coordinates those items with all of the committee meetings she needs to attend.

"I usually go through multiple times—sometimes by topic—but I usually look for the new courses so I am able to get a flavor of the new information out there," she said. "I do the same with miniseminars, incorporating things that are new into my schedule."

"I use the *Bulletin* program in conjunction with the website and whittle it down, then I merge everything together, all the while making sure I keep in mind there needs to be time to catch up with colleagues," Dr. Zaretsky said. "I also stay as close to the convention center as possible, which means I try to register as early as possible so I avoid all the running back and forth."

Dr. Zaretsky said she also makes dinner plans with colleagues months in advance.

"I have to make sure I have my dinner plans arranged well ahead of time because the people I want to make sure to see are generally in high demand and this is the only opportunity to see many of them each year," she said. "I'm also looking forward to going to Washington, DC, because it is such a terrific city, so I need to figure those plans out ahead of time, too."

Duane J. Taylor, MD

Diversity Committee Chair **Duane J. Taylor, MD**, said he gets the most out of the annual meeting by planning ahead.

"I also look for the courses and miniseminars that interest me most and provide a variety of perspectives on evaluation and management of otolaryngologic disorders," he said.

Dr. Taylor said the annual meeting also offers the opportunity for face-to-face question-and-answer opportunities, and dialogue with colleagues.

"I would also encourage *Bulletin* readers to take the opportunity when attending the meeting to find out firsthand about the Academy's various committees and leadership opportunities," he said. "Most of the committees are open and you can get a flavor for what it might be like to be a part of a particular group that interests you."

Dr. Taylor said he would encourage members who have been to "more than a few" meetings to make sure they attend some course, meeting, or seminar that is different from what they have attended before.

"Our Academy has so many things to offer attendees at the annual meeting," he said. "Take the time while you are at the meeting to find out about them. Lastly, enjoy the collegiality of known colleagues, take the time to meet new ones, and interact with the residents, because they appreciate it."

2012 Basic & Translational Research Miniprogram

Miniprogram: Sleep Medicine

This is part of a *Bulletin* series of course samplers from the myriad options to be offered at the 2012 AAO-HNSF Annual Meeting & OTO EXPO in September. To read the full course description and to get your first choice of courses, sign up early at www.entnet.org/Annual_Meeting. Make sure to take advantage of the scheduler to review the full listing of courses and find those of special interest to you.

This year's Basic & Translational Research miniprogram will focus on sleep medicine. The program, developed by **Edward M. Weaver, MD, MPH**, chair; **Scott E. Brietzke, MD, MPH**, co-chair; and **Pell Ann Wardrop, MD**, co-chair, seeks to cover a broad spectrum of topics relevant to sleep apnea and surgical treatment, with a focus on research topics and data. The topics range from basic science relevant to understanding the upper airway pathology (miniseminar no. 1), to data on emerging surgical treatments (miniseminar no. 2), to research that influences policies relevant to sleep surgery (miniseminar no. 3).

> "Make sure to take advantage of the scheduler to review the full listing of courses and find those of special interest to you."

The miniprogram will highlight major advances in the field of sleep apnea research relevant to surgery and the important areas in need of deeper understanding at each level, from bench to policy development.

The guest speakers are leaders in the field of sleep medicine. The 2012 Neel Distinguished Research Lecturer, Allan I. Pack, MBChB, PhD, was selected to complement the three miniseminars. Dr. Pack is a world-renowned expert in the field and a dynamic speaker. His lecture will provide an overview on genetics in the context of OSA, sharing both experience and data from a large genetics study he is leading in Iceland, an area that provides unique advantages for genetics studies.

Atul Malhotra, MD, is the director of the Sleep Program at Harvard's Brigham & Women's Hospital and an international leader on normal upper airway physiology and sleep apnea airway pathophysiology. While otolaryngologists are expert in assessing the anatomical features of the upper airway, most otolaryngologists do not as well understand the physiological basis of upper airway collapse during sleep.

Nelson Powell, MD, DDS, is clinical professor of sleep medicine at Stanford University and is a pioneer of sleep surgery and sleep research. Dr. Powell will speak on a new area of research using computational fluid dynamics to understand airflow and its potential adverse effects on the airway tissues in normal and sleep apnea patients. Dr. Powell's presentation will complement the presentation by **Leila Kheirandish-Gozal, MD**, associate professor of pediatrics at the University of Chicago, who will speak on upper airway tissue damage, i.e., neuropathy, as a pathogenetic mechanism for OSA.

Innovations in surgical treatment of OSA include modification and refinements of existing techniques, topics covered in instruction courses annually at the AAO-HNSF Annual Meeting & OTO Expo. Promising new innovations also include using new technologies, new approaches, and newly invented devices to address upper airway collapse during sleep.

Robotic approaches for pharyngeal surgery are being tested for OSA, and early data on this approach will be presented during the second miniseminar, along with three hypoglossal nerve stimulation devices, which are in various

2012 Neel Distinguished Research Lectureship

Towards Personalized Sleep Apnea Surgery

9:30 am–10:20 am
Monday, September 10

Allan I. Pack, MBChB, PhD
John Miclot Professor of Medicine,
director, Center for Sleep and Circadian Neurobiology
chief, Division of Sleep Medicine
University of Pennsylvania Perelman School of Medicine
Philadelphia, PA

Much of medicine is moving toward a personalized approach, i.e., moving from a population-based approach to diagnosis and management that is based on the individual. Individual differences result from genetic variants, epigenetics, and environmental influences. Differences are identified by phenotyping—clinical features, imaging, physiological assessment, and molecular signatures. These concepts are relevant to surgery for obstructive sleep apnea (OSA). Different pathways contribute to the pathogenesis of OSA. Genetic risk factors are related to obesity and non-obesity pathways. The time seems appropriate for surgeons to develop personalized approaches. It will be important, however, to follow standard protocols and obtain the required evidence.

stages of human testing and show early promise as a tool to treat tongue-base obstruction in OSA. A review of the latest available data for this approach will be presented. Other new devices and approaches will also be covered, some with more data than others. Thus, this miniseminar serves to review data on the latest cutting-edge technologies being tested to treat OSA surgically.

The third and final miniseminar will discuss recently published reviews of sleep surgery that focus on sleep testing outcomes, review data on sleep surgery outcomes, and present new data on cost-effectiveness of sleep surgery. Several reviews and guidelines for the treatment of OSA have been published in the last few years. The reviews and criticisms of surgical treatment outcomes have focused largely on inadequate cure rates of OSA as measured by the apnea-hypopnea index. This miniseminar reviews the state of the sleep surgery literature and policy, and it looks forward to data and models that may help dictate future policy for the role of sleep surgery.

Sleep Apnea—From Bench to Bedside and Beyond

8 am–9:20 am Tuesday, September 11

Obstructive Sleep Apnea Pathophysiology

Moderator: Edward M. Weaver, MD, MPH

Upper airway physiology and OSA pathophysiology, Atul Malhotra, MD;
Upper airway neuropathy in the pathogenesis of OSA, Leila Kheirandish-Gozal, MD;
Computer modeling of the upper airway in normals and OSA, Nelson B. Powell, DDS, MD.

Novel Sleep Apnea Surgical Treatments

9:30 am–10:20 am

Moderator: Scott E. Brietzke, MD, MPH

Robotic sleep surgery, Erica R. Thaler, MD;
Hypoglossal nerve stimulators, Eric J. Kezirian, MD, MPH;
Novel surgical treatments under development, B. Tucker Woodson, MD.

Sleep Surgery Treatment Outcomes & Policy

10:30 am–11:50 am

Moderator: Pell Ann Wardrop, MD

Systematic reviews and guidelines, Ofer Jacobowitz, MD, PhD;
Sleep surgery treatment outcomes, Edward M. Weaver, MD, MPH;
Cost-effectiveness of uvulopalatopharyngoplasty, Jonathan R. Skirko, MD.

Annual Meeting & OTO EXPO Focus on Residents

Since 1896, the AAO-HNSF Annual Meeting & OTO EXPO has provided an opportunity for thousands of practitioners in otolaryngology-head and neck surgery to learn the latest evidence-based medicine and clinical practices, and explore hundreds of products and services displayed in the OTO EXPO. This is the largest international meeting of otolaryngologists and attracts the best and brightest in our field. Medical students, residents, and fellows-in-training can benefit from the tremendous opportunities designed especially for them at the annual meeting. This article discusses what will be available in September for this key audience in Washington, DC.

The annual meeting is the premier source of education for otolaryngologists in training, offering a comprehensive collection of the latest advances in otolaryngology with more than 400 poster presentations, more than 80 minisseminars, and more than 300 instruction courses. In addition to a wealth of scientific presentations and education programs, the annual meeting offers a variety of AAO-HNSF programming to encourage medical student, resident, and fellow-in-training involvement in AAO-HNSF activities.

For starters, residents, medical students, and fellows-in-training will save nearly 50 percent off the member price of registration if registered before August 3. The savings began with the early registration deadline with 70 percent off the member rate, if registered by June 22. Verification of resident, student, and/or fellow-in-training status must be submitted during the registration process to take advantage of the savings.

This Discounted Registration Fee Includes the Following:

- Access to all Scientific Sessions and Honorary Guest Lectures
- Entrance to the OTO EXPO
- The opportunity to review the latest scientific research in the poster area
- Access to the complimentary shuttle service to and from most official AAO-HNSF hotels and the Walter E. Washington Convention Center
- Entrance to the Opening Ceremony and President's Reception

The annual meeting can be an overwhelming experience for a new attendee. Don't miss the First-Time Attendees' orientation from 5:30-6:15 pm on Saturday, September 8. This event will help you discover how to get the most from the annual meeting and will connect you with other newcomers right from the start. You will have an opportunity to participate in small group discussions led by Academy leaders and staff. Academy leaders facilitate special roundtable discussions, including discussion for Spanish-speaking visitors.

Section for Residents and Fellows-in-Training

The Section for Residents and Fellows (SRF) General Assembly, taking place from 2:30 pm-4:30 pm, Monday, September 10, is the business meeting of the SRF Section. The agenda will feature presentations from Academy leaders, a keynote speaker, section elections, the presentation of the 2012 SRF survey results, resolutions, and the presentation of awards. As a medical student, resident, and fellow-in-training this is an ideal venue to meet colleagues and have a voice in AAO-HNSF initiatives and activities.

Monday, September 10, is Residents Day with activities specifically planned for you. We encourage you to take advantage of this opportunity and make plans now to attend.

6th Annual Academic Bowl

Another entertaining and informative event at the annual meeting is the Academic Bowl. Now in its sixth year, the contest pits four resident teams against each other in a clinically oriented test of knowledge. The 2012 Academic Bowl teams are from Otolaryngology Residency Programs at Eastern Virginia Medical School, Southern Illinois University, Loma Linda University, and Henry Ford Hospital. Everyone

2011 Academic Bowl winners from the University of Mississippi. From left, Byron K. Norris, MD, Sarah E.B. Thomas, MD, and Alan R. Grimm, MD.

in attendance also gets to participate through an audience response system. The Academic Bowl will take place at 10:30 am Sunday, September 9.

Special Education Opportunities

Medical students, residents, and fellows-in-training can receive free admission to many of the instruction courses at the meeting. Check in at the Member Resident Instruction Course Booth at the Walter E. Washington Convention Center each morning for free tickets to some of the most popular instruction courses. Seats have been reserved for member residents of the AAO-HNSF on a first-come, first-served basis.

The Tuesday morning scientifc miniseminar program will be geared toward residents, fellows, and young physicians. It includes three miniseminars that focus on interviewing for a position, setting up or running a practice, and tips for balancing personal life with the demands of a physician.

During "Interviewing: What to Ask and How," physicians who are starting or changing careers will be exposed to mock interviews, learn successful interview tips, and discover important questions that physicians should expect during the interview. The "Top 10 Business Mistakes I Have Made in Practice" miniseminar focuses on what is often not discussed in practice management—the mistakes made in setting up and running a practice. It features four otolaryngologists who have all formed their own practices in different stages of their careers. They will discuss errors they made along the way, including poor job selection, improper choice of partners, errors in forming professional relationships, isolation of referring physicians, and failed business ventures. "Finding Balance in a Surgical Career" will conclude the program. Physicians face extraordinary demands on their time and need to learn how to balance the demands of careers and family, while also allowing time to cultivate personal interests. During this interactive miniseminar, fellow otolaryngologists will share practical techniques and pearls regarding time management and work-life balance. The panel will include both private and academic otolaryngologists who manage busy practices and make substantial contributions to their institutions and specialty societies while maintaining strong relationships with their friends and families, and pursuing interests outside of medicine.

> "The Tuesday Morning scientific miniseminar program will be geared toward residents, fellows, and young physicians."

There will be something for everyone at the annual meeting. All medical students, residents, or fellows-in-training should strongly consider attending this year's conference. The opportunities for learning, networking, and leading abound within the Academy.

Instruction Course Samples for the 2012 Annual Meeting & OTO EXPO: Pt 3

This is the third part of a *Bulletin* series of instruction courses samplers each month from myriad options to be offered at the AAO-HNSF 2012 Annual Meeting & OTO EXPO in September. One notable course in each of the nine categories will be listed with an excerpt from its objective each month. To read the full course description and to get your first choice of courses, sign up early at www.entnet.org/Annual_Meeting. Make sure to take advantage of the scheduler to review the full listing of courses and to find those of special interest to you.

Business of Medicine/Practice Management

4612-1 **Developing a Quality Control Program for Surgeons**
Carl H. Snyderman, MD; Erin M. McKean, MD
1:15 pm-2:15 pm, September 12

Quality issues affect all aspects of patient care at all levels of an institution. Benefits of measuring quality include generating data for informed consent, improving surgical care, and providing a marketing advantage. Measurement of quality is now required as part of Medicare Pay for Performance and for Accountable Care Organizations. Indicators of quality can be both tangible (readmission, death, infection, recurrence of disease) and intangible (patient satisfaction, duration of surgery, cosmesis, length of stay, cost, and experience). The government and consumer groups now rank physicians and hospitals on many of these measures. The first step in improving quality is deciding what to measure. Groups such as the American College of Surgeons have established national databases to assist surgeons and hospitals (NSQIP). In industry, there are multiple tools that are used to measure quality that can be applied to surgical practice. The primary goal of such tools is to minimize variation; these tools can be applied to both qualitative and quantitative data. Statistical methods allow the individual surgeon to assess quality measures over time and diagnose and eliminate cases of variation. It is only through a quality improvement program that surgeons can overcome their cognitive biases and improve surgical care.

Facial Plastic and Reconstructive Surgery

2711-1 **Open Rhinoplasty: Arming Novices for Success**
Edmund A. Pribitkin, MD
3:00 pm-4:00 pm, September 9

This course presents the author's 18-year experience in teaching resident rhinoplasty in a program where residents actually perform the surgery rather than simply watching the attending physician work. The author's approach is a distillation of safe techniques enabling residents to learn the procedure while minimizing the attending physician's stress and maximizing patient outcomes. It proceeds step-by-step through cases and stops everywhere a mishap can occur, explaining how to avoid the mishap in the future and how to correct it in the present. Preoperative planning, patient encounters, and common rhinoplasty scenarios, as well as avoidance and management of postoperative complications are reviewed.

General Otolaryngology

1723-1 **Head and Neck Trauma: Lessons of War and Mass Casualties**
Joseph Brennan, MD
3:00 pm-4:00 pm, September 9

Great advances in the surgical management of head, facial, and neck trauma have been made during times of military combat and mass casualty treatment. This includes triage of mass casualty victims, management of acute airway injuries and control of bleeding, neck exploration for penetrating neck trauma, and reconstruction of soft tissue and bone injuries. The goal of this instruction course is to educate the otolaryngology community about the state-of-the-art management of specific otolaryngic injuries with emphasis on lessons learned in both Iraq and Afghanistan. The specific trauma topics to be discussed include the following:

1. Role of otolaryngologist in a mass casualty
2. Airway management during trauma
3. Evaluation and treatment of penetrating neck trauma
4. Reconstruction of bony and soft tissue head and neck trauma
5. Controversies in the management of head and neck trauma

The civilian practice of otolaryngology-head and neck surgery has benefited greatly from wartime surgical experience with this knowledge improving our ability to care for gunshot wounds, industrial and motor vehicle accidents, and other traumatic injuries in our civilian emergency rooms. With the looming threat of terrorism and mass casualties in the United States, otolaryngologists should be aware of the latest trauma advances.

Head and Neck Surgery

3706-1 **Conservation Surgery for Oropharyngeal Cancer Interactive**
F. Christopher Holsinger, MD; Olivier Laccourreye, MD
3:00 pm-4:00 pm, September 11

Both transoral and transcervical surgical approaches preserving the external framework of the upper aerodigestive tract without sacrificing critical neurologic and muscular structures. As such, conservation surgery for oropharyngeal cancer provides functional organ preservation and excellent oncologic outcomes. Yet radiation therapy (alone or with concomitant chemotherapy) has evolved as the primary treatment modality for oropharyngeal cancer (OC). However, the recent rise of HPV-associated OC has ushered in a new era. Patients present at a much earlier age and, as such, may be at greater risk for the long-term side effects of XRT and chemoradiation.

Laryngology/ Broncho-Esophagological

3825-1 **Endoscopic Microsurgical Techniques for Laryngeal Disease**
Mark S. Courey, MD; Katherine C. Yung, MD
4:15 pm-5:15 pm, September 11

Hoarseness, voice change, is due to alterations in laryngeal vibration. Both neoplastic and non-neoplastic laryngeal diseases change laryngeal histology, which then hampers vibratory patterns and impairs the laryngeal vocal output. This course will briefly review normal laryngeal histology and the changes created by laryngeal diseases. With an understanding of these changes, case presentations will be used to demonstrate endoscopic microsurgical techniques using cold steel and laser instrumentation. At the completion of this course the participants will possess an understanding of these contemporary techniques and be able to apply them in their clinical practice. The course will discuss the instrumentation requirements for endoscopic exposure and microscopic visualization. To a limited extent the preoperative and postoperative management will also be presented.

Otology/Neurotology

1720-2 **Chronic Otitis Media: Ear Surgery**
Derald E. Brackmann, MD; William M. Luxford, MD
3:00 pm-5:00 pm, September 9

This course details the techniques used at the House Ear Clinic for the management of chronic otitis media. The course content varies from year to year. Topics that may be included are the office management of the draining ear and a discussion of the indication for surgery. The clinic favors the outer surface graft technique and the intact canal wall procedure for management of the mastoid in most cases of cholesteatoma. The clinic does not hesitate to perform canal wall down procedures, however, and the presenters may discuss any of these operations. Finally, management of complications of chronic otitis media may be discussed. This course is illustrated by slides and videotapes of surgical procedures and supplemented by handouts on the subject.

Pediatric Otolaryngology

3621-1 **Pediatric Airway 101**
Robin T. Cotton, MD
1:45 pm-2:45 pm, September 11

A fundamental knowledge of the pediatric airway, including adequate assessment and basic airway management skills is an essential component of pediatric otolaryngology. This course seeks to provide a simple overview of basic management of the pediatric airway. This will include assessment of the pediatric airway, from office flexible endoscopy, through the techniques of rigid bronchoscopy of the neonatal and pediatric airway. Diagnosis of common conditions including laryngomalacia and vocal cord paralysis, as well as assessment of subglottic stenosis, laryngeal clefts, and complete tracheal rings will be covered. Operative management of laryngomalacia, as well as neonatal and pediatric tracheotomy will be discussed, as will the difficult intubation and foreign body management. The minimal desirable equipment for pediatric airway assessment and management will be covered.

Rhinology/Allergy

1715-2 **Gussack Memorial: Avoiding Bad Results in Sinus Surgery**
Martin J. Citardi, MD; Christopher T. Melroy, MD; Scott M. Graham, MD
3:00 pm-5:00 pm, September 9

This course presents the causes of recurrent/persistent rhinosinusitis and poor surgical results/outcomes after endoscopic sinus surgery by addressing the theory and technique of functional endoscopic sinus surgery (FESS). The review of cases in which surgery has failed can provide important information about appropriate treatment strategies. Inadequate initial surgical management may precipitate worsening or persistent disease. The discussion will include the surgical management of the middle turbinate, the maxillary ostium, the frontal recess, and the sphenoethmoid recess. Specific cases that illustrate appropriate surgical management in these areas will be discussed. Instrumentation, including the microdebrider and image-guided surgery, will be presented. Principles of postoperative management will be emphasized. The philosophy of FESS incorporates a comprehensive understanding of pre-existing medical conditions that may contribute to sinusitis. Immunological issues, antimicrobial resistance, sinusitis caused by enteric gram-negative organisms, fungal sinusitis, and nasal polyposis will also be addressed. Strategies for the incorporation of innovative treatments, such as topical antibiotic regimens, will be described. The major complications of FESS will be presented. Specific recommendations for the intraoperative management and prevention of these complications will be made. Review of clinical cases will serve to illustrate critical points.

Sleep Medicine

3627-2 **Integrating Oral Appliances into Your Sleep Apnea Practice Hands-On**
Ofer Jacobowitz, MD, PhD; Alan J. Chernick, DDS; Tod C. Huntley, MD; Christopher J. Lettieri, MD
1:45-3:45 pm, September 11

Comprehensive management of OSA requires a personalized approach. Nonadherence to CPAP and fear of surgery are common among OSA patients. Oral appliance therapy is recognized as an effective treatment for OSA and can be employed as a primary treatment modality or following a suboptimal surgical or CPAP outcome. In order to integrate this modality into the sleep apnea practice, otolaryngologists should acquire the requisite conceptual understanding and practical skills. What are the indications and contraindications for oral appliances? What is their mechanism of action? What are the relevant features for patient assessment? How is appliance fitting and titration performed? What are the relevant features of the informed consent for this modality, especially for otolaryngologists? What are the problems and complications of oral appliance therapy? How do you get reimbursed for your work? This course will use lecture and a hands-on session where participants will practice taking impressions and bite registrations. The participants will benefit from instruction by experts in the field of dental sleep medicine.

Conferences in Geneva, Switzerland, on Salivary Gland Disease , Sialendoscopy

Eugene N. Myers, MD, FRCS, Edin (Hon)

Pavel Dulguerov, MD, PhD, University of Geneva, did a remarkable job organizing the Third International Congress on Salivary Gland Diseases, March 22-23, which was attended by 152 delegates from 33 countries.

The First International Congress took place in Geneva in 2002, and the extremely successful Second Congress in Pittsburgh in 2007. Five years later, there was enough new information for the organizing committee to gather the world's outstanding specialists who deal with salivary gland function and disorders of the salivary apparatus.

The make-up of both faculty and audience reflected the belief that the symbiotic contributions of clinicians, surgeons, pathologists, immunologists, radiologists, and researchers from different basic science fields make for a stimulating, highly productive way to study salivary gland problems.

The meeting format allowed substantial open discussion after a formal presentation of important new information, as well as panel discussions, numerous free papers, and 22 poster presentations. Yoon-Woo Koh, MD, and his Korean colleagues presented significant new approaches including robot-assisted resection of the submandibular gland via the retroauricular approach.

On the first day, Vincent L. M. Vander Poorten, MD, and **Christopher H. Rassekh, MD,** moderated a plenary session on pleomorphic adenomas, and featured lecturers, such as Dominique Chevalier, MD; Orlando Guntinas-Lichius, MD; **Eugene N. Myers, MD**; Chris H. J. Terhaard, MD; and **Peter Zbaren, MD**.

Pilar Brito-Zeron, MD, Manuel Ramos-Casals, MD, and Athanasios G. Tzioufas, MD, contributed a plenary session on Sjögren syndrome. Drs. Myers and Chevalier moderated the third plenary session on refinements in parotid surgery, with Drs. Dulguerov and Guntinas-Lichius, **Francis Marchal, MD**, Miguel Quer i Agusti, MD, and Enrico Sesenna, MD.

The second day included sessions on xerostomia, challenging cases of pleomorphic adenoma, and salivary gland cancer with Jorn Bullerdiek, MD, **Fernando L. Dias, MD,** Silvano DiPalma, MD, **Roberto A. Lima, MD**, PhD, and Drs. Rassekh, Terhaard, and Vander Porten. **Claudio Cernea, MD**, gave a special lecture on parotidectomy for skin malignancy.

A thoroughly enjoyable gala dinner with an exceptional menu took place at the Hotel Beau Rivage, one of Geneva's finest hotels, and was a highlight of the Congress.

(Back left to right) Drs. Levent Soylu, Francis Marchal, Claudio Cernea, Randall Morton. (Front left to right) Dr. Kwang H. Kim and Mrs. Barbara L. Myers.

First International Sialendoscopy Conference

The First International Sialendoscopy Conference took place March 24-25, with Dr. Marchal as the conference director and Dr. Myers as the honorary president.

For the first time, this conference brought together 106 leading specialists with expertise in sialendoscopy from 48 countries. This followed the unparalleled success of sialendoscopy courses since 2002, in which more than 600 physicians from 54 countries were trained in this new field.

During the ensuing years, the technique has attracted significant interest and popularity worldwide. Building on Dr. Marchal's pioneering work in Geneva, sialendoscopy has been continuously developed and improved. Using techniques of minimally invasive surgery, which allow for optical exploration of the salivary duct system, it dramatically changed the management of patients with chronic sialadenitis and salivary calculi, saving many patients from removal of their salivary glands.

After Dr. Marchal's opening address, there followed brief introductory comments about sialendoscopy from many international thought leaders. Dr. Myers gave an interesting and provocative lecture entitled "Sialendoscopy: A Paradigm Shift?" showing remarkable improvements in management of salivary gland inflammatory conditions using sialendoscopy.

Six sessions included a variety of outstanding speakers discussing assessment, sialadenitis, non-sialendoscopy treatments, conservative techniques, issues at the beginning, stones, strictures, and the future.

A gala dinner at the Restaurant du Parc des Eaux Vives, Geneva, climaxed the outstanding social events. Overall, this meeting was highly successful, introducing beginners to fundamentals of sialendoscopy and experts to new concepts.

International Surgical Mission Goes to Philippines

Michael A. German, MD
UC Irvine
Department of Otolaryngology

The girl was 16 years old and had spent most of her life hiding smiles behind the back of her hand. She had never used a straw or whistled. She was born with a cleft lip and during adolescence had developed a large thyroid goiter that stuck out of her neck like a softball. Like many others, she had traveled miles across the island of Samar for an operation. We were privileged to help.

Drs. German and Kim perform a parotidectomy in the hospital.

February 4-18, I traveled with a group of surgeons and volunteers to Samar, a remote island in the Philippines. After three days of travel, including nearly 18 hours of flights, a van ride, and a river crossing by motor canoe, we arrived in Laoang, a crowded fishing and farming town of 80,000 inhabitants.

We were to spend nine days there seeing patients and operating in the local hospital, Dr. Gregorio B. Tan Memorial Hospital, Kahundit St. Brgy. SMH.

Planning was simple: bring the supplies, be flexible, and the patients will come. The mayor, who arranged for our daily food and accommodations, graciously welcomed us.

After meeting our hosts, we walked to the district hospital. The layout of the hospital was in theory similar to facilities in the United States, with a central registration and waiting area, emergency department, operating room, separate wards for men, women, and children, and a small clinic.

In reality it was a weathered, open-air concrete structure that blurred lines between jungle and hospital. A resident dog roamed the halls begging for scraps and a family of cats lived on one of the beds in the female ward. Geckos and spiders the size of my face hid behind piles of molded scrubs and rusty instruments piled up in the pathology lab. You soon realized in this setting that it's the people who are at the core of healthcare delivery. As one of my mentors likes to say, "a poor craftsman blames his tools."

This was my second medical mission trip to the Philippines. Last year I went to a different town on Samar with the same organization. As a chief resident, I was determined to return to the Philippines this year to make the most of my skills and to follow up with some previous patients.

I was fortunate to see a woman from last year with papillary thyroid cancer on whom we performed a hemi-thyroidectomy and radical neck dissection. It wasn't safe to operate on both sides of her neck and place bilateral internal jugular veins at risk. I was delighted to see she made her way back to us even though we were in a different town many miles from her home. We were able to complete her thyroidectomy without complication and found no signs of recurrence since the prior surgery.

I discovered that to a certain degree, continuity of care is possible even without Internet, reliable mail, and during many months and thousands of miles. I had been haunted by this particular case for the past year, wondering if we had done the right thing by operating on this woman. A year ago, we had given her and her husband some money to go to Manila for a completion thyroidectomy. Not surprisingly, they never went. I did receive an email from the local doctor with a picture of her about six months after the initial surgery and she looked to be doing well. Only now, more than a year after meeting her, I can feel confident that we helped her.

There were also patients we could not help. We met a woman with an advanced-stage erosive mandible tumor, probably a sarcoma, which was inoperable even by U.S. standards. I had to explain to her that she had at most three months to live, even with radical treatment. She understood and was appreciative in spite of what little we could offer. There were other patients with diseases too advanced for the level of care we could provide. We had no ICU, no ventilators, and generally no means of administering critical care. Recognizing the inherent limitations of medical mission work is something that I have come to accept.

In the future, I plan to continue mission work. As the world grows, there will only be greater need. I'll also encourage and facilitate future residents to participate in mission trips. They provide for broader training, understanding healthcare in Third World countries, and exposure to pathology not seen in the United States. The commitment by our Academy to humanitarian work should be applauded.

2012

New York Advanced Rhinology and Sinus Surgery Course

SAVE THE DATE

Presented by NYU, Montefiore, and Weill Cornell Medical Centers

Course Co-Directors
Vijay K. Anand, MD
Michael G. Stewart, MD, MPH
Richard A. Lebowitz, MD
Alexis H. Jackman, MD

Featured Guest
Brent Senior, MD

NYU School of Medicine

Montefiore
EINSTEIN

Weill Cornell Medical College

November 9-10, 2012 • New York City

Description
This two day course provides practicing otolaryngologists and residents in training with in-depth information on advanced medical and surgical management of patients with rhinosinusitis. The format includes didactic presentations, panel discussions, and interactive laboratory dissection sessions.

Course Objectives
Participants will: understand the anatomy, pathology and radiology of the paranasal cavities; understand the diagnosis and management of inflammatory and infectious upper respiratory disease; understand diagnosis and management of complications of sinus surgery including CSF leaks; improve endoscopic surgical skills including advanced surgical techniques.

Information & Registration
Heather Crosby, Program Coordinator
Department of Otolaryngology - Head and Neck Surgery
Weill Cornell Medical College
1305 York Avenue, 5th Floor, New York, NY 10021
Tel: 646.962.4712 • Fax 646.962.0125 • Email: hec3001@med.cornell.edu

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Pittsburgh Ear Research Foundation
Division of Otology Research and Neurotology
Allegheny General Hospital
Pittsburgh, Pennsylvania
presents

Temporal Bone Microanatomy and Hands-On Dissection Workshop

October 26-27, 2012

This workshop is intended for otolaryngologists interested in the most recent development in temporal bone surgical techniques.

Registration Fee:	$400
Location:	Allegheny General Hospital Pittsburgh, Pennsylvania
Course Co-Directors:	Douglas A. Chen, MD, FACS Todd A. Hillman, MD

For additional information, please contact Allegheny General Hospital, Continuing Medical Education, 320 East North Ave., Pittsburgh, PA 15212, by phone at (412) 359-4952, by e-mail at **tcochran@wpahs.org** or by fax (412) 359-8218.

2013 Ultimate Colorado Midwinter Meeting

An Otolaryngology Update &
The Colorado Otology – Audiology Conference

Vail Marriott Mountain Resort & Spa, Vail, Colorado
February 3 - 7, 2013

Join the University of Colorado Department of Otolaryngology and your colleagues for the 2013 Ultimate Colorado Midwinter Meeting.

- 18 Hours of Category 1 AMA CME or 1.8 AAA CEUs
- Dynamic program and international faculty
- Deluxe resort and world-class powder

Presented by:
Department of Otolaryngology
University of Colorado School of Medicine

Sponsored by:
Office of Continuing Medical Education
University of Colorado School of Medicine

Registration: cuotomidwintermtg.com
Email: admin@cuotomidwintermtg.com

OTOLOGIST / NEUROTOLOGIST

Seeking an experienced, fellowship-trained otologist/neurotologist to replace a retiring senior partner at the world-renowned Shea Ear Clinic in Memphis, TN. The **Shea Ear Clinic** was founded in 1926 and is a tertiary referral otologic clinic that specializes in the treatment of all diseases of the hearing and balance system, including chronic otitis media, stapedectomy, cochlear implantation, and inner ear perfusion. We are an extremely successful and innovative four-physician private practice with our own outpatient surgery center and hearing aid center. We currently have three otologists and one general otolaryngologist. Our state of the art audiology department has three Aud's and one audiology tech. Clinical appointments are available at the University of Tennessee Department of Otolaryngology – Head and Neck Surgery and teaching of residents is encouraged. Major procedures such as acoustic neuromas are performed at one of several large local hospitals.

Extremely competitive salary and benefits plus fast track to partnership, generous signing bonus, and relocation package. Memphis is a major regional medical center that serves patients from the mid-south and beyond. Memphis offers a laid-back lifestyle with a low cost of living and small town southern hospitality, but big-city amenities, professional sports, good schools, and many cultural attractions.

Please reply ASAP to

john.emmett@sheaclinic.com

ACADEMIC HEAD & NECK SURGEON
West Virginia University

The Department of Otolaryngology at West Virginia University is seeking a fellowship-trained head and neck surgeon to expand our well established head and neck oncology service. Expertise with both ablative and microvascular reconstructive procedures is desired. Responsibilities include teaching of residents and medical students, patient care and clinical/basic research.

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

West Virginia University is located in beautiful Morgantown, which is rated one of the best small towns in America in regard to quality of life. Morgantown is located 80 miles south of Pittsburgh and three hours from Washington, DC. The position will become available in October 2011 and will remain open until filled. The WVU Health Sciences Center is a smoke free campus. West Virginia University is the recipient of an NSF ADVANCE award for gender equity.

Contact:
Hassan Ramadan, MD
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Morgantown, WV 26506-9200
Telephone: (304) 293-3233; Fax: (304) 293-2902
e-mail: hramadan@hsc.wvu.edu
West Virginia University is an EOE/AA employer.

UNIVERSITY of CALIFORNIA • IRVINE
SCHOOL OF MEDICINE
DEPARTMENT OF OTOLARYNGOLOGY, HEAD AND NECK SURGERY

The University of California Irvine Department of Otolaryngology–Head and Neck Surgery (in conjunction with the Chao Family Comprehensive Cancer Center) is seeking a fellowship-trained head and neck oncologic/microvascular surgeon to join our expanding head and neck oncology group. Academic appointment as an Assistant or Associate HS Clinical Professor will be recommended based on training and experience.

The applicant must be fellowship trained in microvascular surgery, have excellent patient care skills, focus on management of head and neck cancer, an interest in clinical research, and enthusiasm for teaching.

Candidates must have MD degree and obtain a California medical license. More information on the department can be found at http://www.ent.uci.edu/

Submit your online application and complete curriculum vitae and 3 or more references by logging in to UC Irvine's RECRUIT System, located at:
https://recruit.ap.uci.edu/apply/

For further information pertaining to this recruitment please contact:
William B. Armstrong, Professor & Chair
101 The City Drive South, Building 56, Suite 500
Orange, California 92868-5386
Phone: 714-456-5750 | Fax: 714-456-5747
Email: wbarmstr@uci.edu

The University of California, Irvine is an equal opportunity employer committed to excellence through diversity.

Full Time Faculty Opportunities
University of Rochester Medical Center

Laryngologist
BC/BE, fellowship trained or equivalent experience laryngologist at any rank is sought to help build a nationally prominent laryngology and voice practice. Applicants should have a strong interest in clinical care and academic teaching. Protected research time and resources are available if candidate seeks a career as a clinician-scientist.

Pediatric Otolaryngologist
BC/BE, fellowship trained pediatric otolaryngologist at any rank is sought to practice at the Golisano Children's Hospital. This position offers excellent opportunities to practice the full range of the specialty in state of the art facilities. Resident teaching is expected and scholarly activities strongly encouraged. Protected research time and resources are available for candidates seeking a career as a clinician-scientist.

General Otolaryngology
BC/BE otolaryngologists with broad clinical interests are sought to develop a general otolaryngology practice in a community setting with full academic support. Protected research time and resources are available for clinician-scientists.

Our robust clinical practice and training program is affiliated with the University of Rochester Medical Center's Strong Memorial Hospital. The clinical office is located in a new facility opened in 2004. These are excellent opportunities to practice with an established group of academic faculty who already have practices in all Otolaryngology subspecialty areas, in a growing academic department.

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

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

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

Pediatric Otolaryngology - Academic Position

The Department of Otorhinolaryngology is recruiting a third Pediatric Otolaryngologist to join a busy, tertiary Pediatric Otolaryngology practice. This is a unique opportunity to join a rapidly growing Department at a major University Children's Hospital with a large Level III NICU and a Level I Trauma Center. Excellent compensation and benefits. Academic appointment commensurate with experience. Strong interest in resident and medical student teaching and research is encouraged.

Applicants should forward a CV and statement of interest to:
Soham Roy, MD, FACS, FAAP
Director of Pediatric Otolaryngology
The University of Texas Medical School at Houston
Department of Otorhinolaryngology-Head & Neck Surgery
713-383-3727 (fax)
Soham.Roy@uth.tmc.edu
http://www.ut-ent.org

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OF SOUTHERN NEW HAMPSHIRE PA

Southern New Hampshire Otolaryngology Group Seeks Fourth Physician

Three established physicians who appreciate hard work, enthusiasm and the highest quality of medical care are looking for a BC/BE Otolaryngologist who shares the same values.

Manchester, New Hampshire is conveniently located one hour from Boston, the seacoast and the White Mountains. New Hampshire is known for its excellent skiing, hiking, biking and fishing. Its beautiful lakes broaden the appeal to those who enjoy an active outdoor lifestyle set in a temperate four-season climate.

Money magazine has named Manchester, NH as the top small city in the Northeast. It boasts low unemployment, low crime rate and is a wonderful city to raise a family. New Hampshire is unique for having no sales or income tax and has the highest qualities of living in the nation!

Southern New Hampshire continues to grow at a rapid pace, therefore affording us the opportunity to expand. Our physicians have worked hard to earn the respect of the community and are held in the utmost regard.

We offer a 2 year partnership tract, competitive salary with incentive bonus and a very generous benefit package including 401K and profit sharing.

To learn more about our group, please visit our website: www.entspecialistsnh.com or contact Heather Rice, Hrice@entspec.org

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Charlotte Eye Ear Nose & Throat Associates, P.A.

CHARLOTTE EYE EAR NOSE AND THROAT
MONROE, NC
COMPREHENSIVE OTOLARYNGOLOGIST

Charlotte Eye Ear Nose and Throat Associates, PA, (headquartered in Charlotte, North Carolina) a physician-owned and operated dual specialty practice is seeking a BC/BE full time comprehensive otolaryngologist to practice all aspects of the field for 2013 in our Monroe facility located 20 miles from Charlotte. The largest provider of eye and ENT services in the Charlotte area, CEENTA offers a full range of services including general otolaryngology, pediatric otolaryngology, neurotology, laryngology subspecialty representation, voice center with 2 SLP, sleep medicine and facial plastic surgery.

The group, consisting of forty-seven ENT providers and sixteen locations has state of the art equipped offices including complete audiology services, allergy clinics, a CT scanner, an ambulatory surgery center, sleep lab and an in-house contract research organization.

Charlotte, NC is two hours east of the Appalachian Mountains and 3 ½ hours west of the Atlantic Ocean. It is nationally recognized for combining academic rigor with rich opportunities in the arts and humanities as well as professional and collegiate athletics. It is also recognized as one of the leading cultural capitals of the south and spectators can cheer their home favorite in just about any sport.

Excellent salary with partnership anticipated, 401(k), professional liability insurance, health insurance, long term disability and life insurance.

Annette Potts, Director-Human Resources
Charlotte Eye Ear Nose and Throat Associates, PA
6035 Fairview Road Charlotte, North Carolina 28210
Email: apotts@ceenta.com
Fax: 704.295.3415
EOE

BC/BE OTOLARYNGOLOGIST

Geisinger Medical Center (GMC) in Danville, PA is seeking a BC/BE fellowship-trained Head & Neck Otolaryngologist with special interest in Endocrine Surgery

Bring your expertise to an established, growing practice at Geisinger Medical Center – Danville, PA. This practice opportunity is pre-built with a broad-range of referrals coming from community-based primary care physicians. Take part in the growth of this dynamic department, teach residents and pursue research in your area of interest.

For more information or to apply for this position, please contact Autum Ellis, Professional Staff Recruiter, at 1-800-845-7112, email amellis1@geisinger.edu or learn more at Join-Geisinger.org

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University of Virginia Health System

Department of Otolaryngology Head & Neck Surgery
ASSISTANT OR ASSOCIATE PROFESSOR

The Department of Otolaryngology - Head and Neck Surgery at the University of Virginia seeks candidates for an Assistant or Associate Professor position in the area of laryngology. This tenure eligible position will be responsible for teaching medical students and residents, participating in laryngologic and swallowing disorders research, and providing clinical services in both outpatient and OR settings. This position will also take a lead role in the development of a multi-disciplinary swallowing center. Rank will be dependent on qualifications and experience. Candidates must have an MD and be board-eligible or board-certified in Otolaryngology, as well as have completed a fellowship in laryngology.

To apply, visit **https://jobs.virginia.edu** and search on **Posting Number 0609465.** Complete a Candidate Profile online, attach a cover letter, curriculum vitae and contact information for three references. Please also attach a copy of your surgical case log from residency, fellowship or last three years of practice. The position will remain open until filled.

For further information regarding the application process, please contact: Jennifer Oliver, via e-mail, **jmo8n@virginia.edu** or telephone, **434-243-3697**.

The University of Virginia is an Equal Opportunity/Affirmative Action Employer strongly committed to achieving excellence through cultural diversity. The University actively encourages applications and nominations from women, minorities, veterans and persons with disabilities.

Seeks clinicians, teachers, and researchers who are personable, energetic and innovative to join a rapidly growing and collaborative group of physicians. A Faculty opportunity at all academic levels (Assistant/Associate Professor or Professor or Clinical Assistant/ Associate Professor or Clinical Professor) is available in **Head and Neck Surgical Oncology**. Title, track, and salary are commensurate with experience.

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

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

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

The University of Missouri is an Equal Opportunity/Affirmative Action Employer and complies with the guidelines of the Americans with Disabilities Act of 1990. To request ADA accommodations, please contact (573) 884-7282 (V/TTY).

THE UNIVERSITY OF NORTH CAROLINA SCHOOL OF MEDICINE
CLINICAL FACULTY
FULL-TIME FACULTY POSITION

OTOLARYNGOLOGY/HEAD AND NECK SURGEON- The Department of Otolaryngology/Head and Neck Surgery, University of North Carolina at Chapel Hill School of Medicine is seeking a board-certified or eligible Otolaryngologist for a full time position of Assistant Professor Level on the Clinical Track. The successful candidate should have an interest in developing a strong clinical program in otolaryngology with a special expertise in Head and Neck Oncology and have demonstrated the potential for teaching, patient care and clinical research. Fellowship training in Head and Neck Oncology is preferred. Projected start date is fall of 2012.

Apply online at http://jobs.unc.edu/2502579.

Address cover letter to:
Harold C. Pillsbury, MD
Professor and Chair
Otolaryngology/Head and Neck Surgery
170 Manning Drive, Physician Office Building, CB# 7070
University of North Carolina School of Medicine
Chapel Hill, NC 27599-7070
(919) 966-3342
Fax (919) 966-7941

The University of North Carolina at Chapel Hill is an equal opportunity/ADA employer.

Children's Mercy HOSPITALS & CLINICS | Kansas City

Children's Mercy Hospitals and Clinics – Kansas City is seeking a fellowship trained Pediatric Otolaryngologist to join our professional staff at the assistant or associate professor level. The position would entail clinical care, research, and teaching of medical students, and pediatric and otolaryngology residents. In addition, our ACGME-accredited pediatric otolaryngology fellowship will be welcoming our 4th fellow starting this July, 2012.

Our active Pediatric Otolaryngology Section provides comprehensive tertiary patient care in a family-centered environment. There are currently 8 pediatric otolaryngologists on staff, as well as 3 neurotologists. Children's Mercy Hospitals & Clinics is a large pediatric health care system that is affiliated with the University of Missouri-Kansas City School of Medicine. The main hospital is growing to nearly 400 beds this year with plans to expand to 41 PICU beds and 80 NICU beds. Salary and academic range are commensurate with experience. EOE/AAP

Robert A. Weatherly, MD
Section Chief, Ear, Nose, and Throat
rweatherly@cmh.edu
For consideration submit CV via email to physicianjobs@cmh.edu
www.childrensmercy.org

SOUTH FLORIDA
PRIVATE PRACTICE OPPORTUNITY

Busy three physicians ENT practice in Miami, part of a large single specialty group, South Florida ENT Associates, looking for a Board Certified/Board Eligible physician Otolaryngologist.

Subspecialist will be considered. Position offers competitive financial package, excellent benefits with partnership track, Spanish desirable.

Affiliated with the University of Miami Hospital, Aventura Hospital & Medical Center and Miami Children's Hospital.

Please direct your letter of interest and CV to:
Stella Litke
slitke@southfloridaent.com

OTOLARYNGOLOGIST

Geisinger Health System is seeking a BC/BE Otolaryngologist

Bring your expertise to a well-established program at Geisinger Wyoming Valley Medical Center in Wilkes-Barre, PA. Take part in the growth of this dynamic department, teach residents and pursue research in your area of interest.

Visit **Join-Geisinger.org/266/OtoGWV** to learn more about this position or contact Autum Ellis, Physician Recruiter, at 1-800-845-7112 or amellis1@geisinger.edu.

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Expanding Otolaryngology services has created an opening for a **BC/BE General Otolaryngologist at our Center in Wausau**; and a **BC/BE Otolaryngologist at our Marshfield Center** with a subspecialty interest in Laryngology or Head and Neck Surgery.

We offer a generous guaranteed salary and comprehensive benefits including dental, life, disability and occurrence based malpractice insurance, 38 days paid leave to start plus $5,800 CME allowance; fully funded retirement plan and matching 401K plan; outstanding schools. Affordable housing. No long commutes. Plentiful outdoor recreation; convenient auto/air transportation to St Paul/Minneapolis, Chicago, Milwaukee, and Madison.

Please contact: Mary Treichel, Physician Recruitment, Marshfield Clinic, 1000 N. Oak Ave., Marshfield, WI 54449. **Phone:** 800-782-8581, extension 15774; **Fax #:** 715-221-5779; **E-mail:** treichel.mary@marshfieldclinic.org **Website:** www.marshfieldclinic.org/recruit; **Facebook:** www.facebook.com/marshfieldclinicphysrec

Marshfield Clinic is an Affirmative Action/Equal Opportunity employer that values diversity. Minorities, females, individuals with disabilities and veterans are encouraged to apply. Sorry, not a health professional shortage area.

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Faculty Positions

THE DEPARTMENT OF OTOLARYNGOLOGY - HEAD & NECK SURGERY
is currently seeking to hire

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With training and/or interest in either microlaryngology or pediatric surgery

The successful candidates must demonstrate experience and capability. Academic appointment and compensation commensurate with training and experience. Practice income available to augment negotiated salary.

Send letter of interest and CV to:

Robert H. Mathog, M.D.
Professor and Chair
Department of Otolaryngology
540 E. Canfield, 5E-UHC
Detroit, MI 48201
(313) 577-0804

Wayne State University is an Equal Opportunity/Affirmative Action Employer

OTOLARYNGOLOGY/SLEEP MEDICINE OPPORTUNITY

Large private practice Otolaryngology-Head & Neck group seeks an Otolaryngologist with interest in Sleep Medicine and Sleep Surgery.

The Group directs a preeminent, multidisciplinary Sleep Medicine program in affiliation with a large, tertiary care Hospital. Located in New York State's Capital Region in the heart of rapidly evolving "Tech Valley", the group has a strong clinical and academic base.

Time apportionment between sleep medicine / surgery and other aspects of otolaryngology-head and neck surgery will be flexible, reflecting the interest of the candidate.

Please send resume or contact
Aaron E. Sher, M.D.,
Diplomate, American Board of Otolaryngology-Head & Neck Surgery
Diplomate, American Board of Sleep Medicine:

Email: dqplacito@capitaloto.com
Telephone (518) 482-9111, Fax (518) 482-6142
Capital Region Otolaryngology Head & Neck Group, LLP
6 Executive Park Drive
Albany, NY 12203

CAPITAL REGION OTOLARYNGOLOGY
Head & Neck Group, LLP

OTOLARYNGOLOGIST
CAPITAL REGION

Large private practice, university affiliated group with resident teaching and coverage, seeks a BE/BC Otolaryngologist with interest in adult and pediatric general ENT or subspecialty.

The practice is in New York State's Capital Region in the heart of rapidly evolving "Tech Valley". We serve 4 offices, including a sleep center, which are conveniently located near the hospitals. The group has a strong clinical and academic base.

The practice has a full audiology department and experienced staff in all locations. Excellent salary, benefit package and an opportunity for rapid partnership track. The position is available immediately.

Please send resume or contact:
Debbie Placito @ (518) 482-9111, Fax (518) 482-6142
6 Executive Park Drive
Albany, NY 12203
Email: DQPLACITO@CAPITALOTO.COM

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Otolaryngology • Head and Neck Surgery

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912-355-2301 FAX

Seeking General otolaryngologist with special interest in otology and neurotology to join busy solo practice. Physician has 18 years career experience. Large, ready patient base to become immediately busy for the motivated, hard-working doctor interested in cultivating a fulfilling, limitless career. Our progressive environment includes state of the art EPM and EMR and an active web presence. Practice management and physician are certified coders. Practice management, with 24 years experience of proven success in billing and collections and logistics, achieves superior business results. Three local hospitals specialize in all progressive fields that support otolaryngologist. Practice call once or twice a week, City ER call one week in eight, weekend call one in eight. Opportunities to work with medical students from MCG and Mercer University and residents in six specialties are available. Potential to expand Audiology services, ASC, and other office based activities. Currently a leading provider of Balloon Sinuplasty. Future plans to add Non-Physician providers. Savannah and the area offer a myriad of recreational activities and cultural attractions. Local beaches are a convenient commute and world class resort beaches are a short drive. Savannah is a vibrant baseball, golf and tennis city. Concerts, Music Festivals, and St Patrick's Day Parade are only a few of the cultural attractions. The busy Savannah International airport is just minutes away. Atlanta is a 4 hour drive or a 30minute flight. Likewise Charleston and Jacksonville are 2 hour drives. Residential areas range from charming Historic downtown, to barrier island gated communities, to country living.

Please email resume to droliver598@gmail.com

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- Busy Hearing Aid business with five audiologists
- Electronic Medical Records
- In-office CT Scanner
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For consideration, send your cover letter and CV to:
Sarah Gosney, Administrative Services,
Head and Neck Surgery Associates, P.S.C.
40 N. Grand Avenue, Suite 103, Fort Thomas, KY 41075
Phone: (859) 572-3046, Fax: (859) 572-3045, Email: sarahg@nkyent.com

BERGER HENRY ENT SPECIALTY GROUP

Exciting Opportunity

Berger Henry ENT Specialty Group a premiere otolaryngology practice has immediate opening for Part-time/Full-time Board Certified Otolaryngologist in the suburbs of Philadelphia.

Extremely busy, state of the art, multi location practice looking for well trained associate to join practice. Position includes clinical sessions/ surgery and call schedule rotation with four physicians to include evenings, weekends and holidays. Benefits are available based on employment status.

For consideration please email
Deborah Bovee @ dadb1224@gmail.com.

MedStar Washington Hospital Center

The Department of Otolaryngology-Head and Neck surgery at MedStar Washington Hospital Center presents a unique opportunity to a BC/BE physician. This is a full time academic position as part of the Georgetown University residency program. The candidate should have an interest in practicing general otolaryngology with a focus in head and neck oncology or endoscopic skull base surgery, and should have experience managing facial trauma. Fellowship training is a plus, but not a requirement. The candidate will be active in resident and medical student education and in clinical research.

MedStar Washington Hospital Center is the largest not-for-profit teaching hospital in metropolitan Washington, DC. The Hospital is part of MedStar Health, a $2.7 billion not-for-profit healthcare organization and a community-based network of nine hospitals and other healthcare services in the Baltimore-Washington region. This network is the largest health system and one of the largest employers in the Baltimore/Washington area.

Interested applicants should forward an updated CV to:
Stanley Chia, M.D., F.A.C.S.
Associate Chairman
Department of Otolaryngology-Head and Neck Surgery
Washington Hospital Center
110 Irving Street NW, GA-4
Washington, DC 20010
202-877-6219
email: stanley.h.chia@medstar.net

Otolaryngology - Head and Neck Academic

The Department of Otolaryngology at the MetroHealth Medical Center campus of Case Western Reserve University is seeking applications for a BC/BE position in Head and Neck Surgery. The successful applicant will oversee our active Head and Neck Cancer service including clinical practice, teaching, and research opportunities. The ideal candidate will have fellowship training in Head & Neck and/or Reconstructive Surgery and will have a full-time faculty appointment through Case Western Reserve University appropriate to their experience and training.

Interested applicants should send a current CV to:
Joseph B. Carter, MD
Chairman, Department of Otolaryngology
Head and Neck Surgery
MetroHealth Medical Center
2500 MetroHealth Dr.
Cleveland, OH 44109

In employment, as in education, Case Western Reserve University is committed to Equal Opportunity and World Class Diversity

Opportunity in Portland, Maine

An excellent opportunity has just become available in Maine's largest city, Portland. MKM / ENT Associates, an established practice with an impeccable reputation is seeking an additional Otolaryngologist. This full service practice is currently comprised of 3 physicians and a physician assistant, along with 3 audiologists, a speech pathologist, two physical therapists and outstanding support staff. The practice, which is the largest in the State, has an active cochlear implant program, hearing aid services, an integrated balance center and speech lab. This represents a well rounded general practice with opportunities to pursue and develop subspecialty interests. The call is presently 1 in 8 and is shared city wide. We offer a competitive base salary with productivity incentives, malpractice, vacation, CME, assistance with medical debt, relocation expenses, and full fringe benefits package.

MKM/ ENT Associates is part of Mercy Hospital, a progressive 170-bed community hospital serving the greater Portland area. The physician will benefit from referrals from within Mercy's robust primary care network as well as statewide and regionally. Mercy Health System has 30 primary and specialty care practices.

Portland, Maine: Recently ranked 4th among the 10 perfect places to live in America. Portland offers all the cultural and entertainment amenities of any metropolitan area but on a much more livable scale. The city offers a vibrant arts district, restaurants, and a traditional working waterfront that are all balanced with the ease and friendliness of a small town. Maine offers exceptional outdoor recreational activities – hiking, mountains, skiing, and pristine lakes and beaches.

FMI: Ed de Oliveira – Recruiter
207.879.3804 | deoliveirae@mercyme.com
www.mercyhospital.org

Cleveland Clinic

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General Otolaryngologist

The Cleveland Clinic Head and Neck Institute is currently seeking a General Otolaryngologist to treat adults and children with a wide variety of ear, nose, sinus, mouth, throat and neck problems. This otolaryngologist will see patients at one or more of Cleveland Clinic's state of the art family health centers in the suburbs of Cleveland. The successful candidate must be Board Eligible/Certified by the American Board of Otolaryngology.

The otolaryngology program is part of the Head & Neck Institute, a comprehensive, multidisciplinary institute that also includes general dentistry, oral and maxillofacial surgery, prosthodontics, periodontics, speech language pathology and audiology. More than 40 faculty members in the institute pool their talents and expertise to achieve excellence in education, research and patient outcomes. In 2011, Cleveland Clinic's otolaryngology program was ranked No. 8 in the country by U.S.News & World Report in its 2011 "America's Best Hospitals" survey, the best ranking in Ohio. Our program has also consistently ranked in the top ten in the country for the past several years. Cleveland Clinic offers a very competitive salary enhanced with an attractive benefits package. We offer a pleasant, stable and collegial work environment with an unmatched quality of life.

The same vitality that charges Cleveland Clinic extends to almost every aspect of life in Greater Cleveland. The melting-pot culture that has helped establish Cleveland as a vibrant and versatile metropolitan area adds a unique flair to the lifestyle here. The Cleveland area is a very comfortable and affordable place to live with a variety of available activities, good school systems, and a great place to raise a family.

Cleveland Clinic is an equal opportunity employer and is committed to increasing the diversity of its faculty. It welcomes nominations of and applications from women and members of minority groups, as well as others who would bring additional dimensions to its research, teaching, and clinical missions. Cleveland Clinic is a smoke and drug free work environment.

Interested candidates should submit an application online by going to www.clevelandclinic.org/careers and search under Physician Opportunities.

General Otolaryngologist

POSITION NUMBER: M0202609

The University of Kansas Otolaryngology-Head & Neck Surgery Department is seeking a General Otolaryngologist to join a faculty of 15 physicians. The successful candidate will develop a practice at The Kansas University Medical Center and affiliated hospital sites and teach residents & medical students.

Head and Neck Surgeon

POSITION NUMBER: J0010781

The University of Kansas Otolaryngology-Head & Neck Surgery Department is seeking a BC/BE Head and Neck Surgeon for a full-time academic position. Fellowship training with expertise in microvascular surgery and an interest in oncologic research preferred.

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

Head and Neck Fellow

POSITION NUMBER: J0020146

CLINICAL FOCUS

Head and Neck Surgical Oncology, Skull Base Surgery (anterior and lateral), Minimally Invasive Endoscopic Laser Surgery, Minimally Invasive Endocrine Surgery, Microvascular Reconstructive Surgery

Responsibilities will include clinical activities, clinical/basic science research, and resident and medical student teaching. Additional educational opportunities include a graduate level Clinical Research Training series, access to a microvascular laboratory, a craniomaxillofacial plating course and clinical research support personnel.

APPLICANT REQUIREMENTS

Successful completion of an ACGME-accredited Otolaryngology-Head and Neck Surgery Residency training program, ABO board certified/eligible and Kansas and Missouri license eligible.

KU UNIVERSITY of KANSAS Department of Otolaryngology Head & Neck Surgery

To view position online:

http://jobs.kumc.edu
(Search by Position Number)

For job information or to apply, contact:

Douglas Girod, MD, FACS
Professor and Chairman

The University of Kansas
School of Medicine
Department of Otolaryngology-
Head & Neck Surgery
3901 Rainbow Blvd. MS 3010
Kansas City, KS 66160

Phone: 913-588-6719
Email: dgirod@kumc.edu

The University of Kansas School of Medicine is an Equal Opportunity/ Affirmative Action employer.

utmb Health

FULL-TIME FACULTY

The Department of Otolaryngology at UTMB in Galveston, Texas is actively recruiting a qualified candidate for a full-time academic position. The Department seeks a BC/BE otolaryngologist with the following interest:

General Otolaryngology

Position carries opportunities to participate in all aspects of clinical practice, teaching, and research. Excellent research resources are available. This positions is suitable for a full-time clinician-educator or clinician-scientist. We offer competitive salary, incentive, and generous benefits package. Please direct your Letter of Interest and CV to:

David Hileman, MBA, MHA
Administrator, Department of Otolaryngology
The University of Texas Medical Branch,
301 University Boulevard, Galveston, TX 77555-0521
Phone: 409-772-9933 Email: david.hileman@utmb.edu

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

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Candidate must be a Board Certified, NJ licensed ENT Physician.

We offer competitive compensation and a comprehensive benefit package. Please send CV to: **Summit Medical Group, Medical Staff Services, 1 Diamond Hill Road, Berkeley Heights, NJ 07922, Fax: 908-277-8786 or Email: providerrecruit@smgnj.com**. We are a smoke-free environment, EOE.

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Brian Richardson, Nemours Physician Recruiter
407-650-7670 or brichard@nemours.org

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or email to nyents@optonline.net

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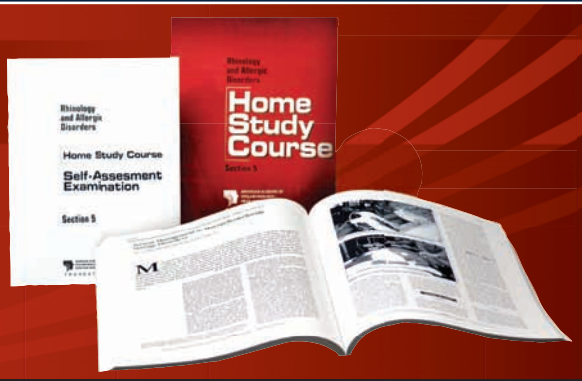
Register online @ www.entnet.org/hsc

2012 Home Study Course registration deadline September 3, 2012

Sign up before August 3 to SAVE



For more Home Study Course information: www.entnet.org/hsc

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Payment must be received by September 3, 2012, to receive 2012–2013 courses. First packet begins mailing in late August.

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			TOTAL		$

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or email: Llee@entnet.org

AMERICAN ACADEMY OF OTOLARYNGOLOGY–HEAD AND NECK SURGERY FOUNDATION

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First Name _____ Family/Last Name _____ Degree (MD, DO, PhD) _____

AAO-HNS ID# (Please note that an AAO-HNS ID# does not automatically signify membership.) _____

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ZIP+4/Postal Code _____ Country _____

Phone/Extension _____ Fax _____ Email _____

Exam Options (Choose One)

❑ Paper version ❑ Online: (email required) _____

Present Position

❑ Resident in Otolaryngology–HNS
(Copies of your examination profiles will be sent to your program director)

Institution _____ Program Year _____ Program Director _____

❑ Practicing Otolaryngologist ❑ Other (specify) _____

Payment

Enclose your check or write credit card information below. Checks must be in U.S. dollars drawn on a U.S. bank. Credit card orders only can be faxed to 1-703-519-1570.

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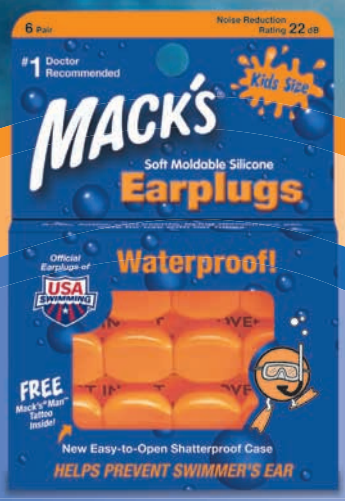
Account #: _____ Exp. Date: _____

Authorized Signature: _____

To receive the first section on time, registration must be RECEIVED with payment by August 3, 2012. Registration closes September 3, 2012. A $200 late registration penalty will be applied to all registrations **RECEIVED** after September 3, 2012.

Goodbye Otitis Externa.

Hello Championships!



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