bulletin

American Academy of Otolaryngology—Head and Neck Surgery January 2014—Vol.33 No.01

Join Us at Our Leadership Forum

AAO-HNS academy advantage

Members-only discounts on valuable products and services **negotiated exclusively** for busy AAO-HNS medical practices.

www.entnet.org/advantage

PREMIER PARTNERS

THE DOCTORS COMPANY

onTargetjobs

healthecareers NETWORK

PARTNERS

AllMeds

EYEMAGINATIONS

Officite
Web Presence Solutions for Medical Practices

OPTUM™

To learn more about **exclusive AAO-HNS member discounts,** contact David Buckner, 703-535-3718 or email: dbuckner@entnet.org

AAO-HNS academy advantage

As of January 1, 2014

AMERICAN ACADEMY OF OTOLARYNGOLOGY–HEAD AND NECK SURGERY

EMPOWERING PHYSICIANS TO DELIVER THE BEST PATIENT CARE

1650 Diagonal Road, Alexandria, Virginia 22314-2857 U.S.A. | www.entnet.org

bulletin

American Academy of Otolaryngology—Head and Neck Surgery January 2014—Vol.33 No.01

2013 Education By the Numbers

20

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.

Ad Index

This advertiser index is provided for the reader's convenience and is not part of the advertising contract. While every attempt is made to provide accurate information, the publisher cannot be held responsible for errors or omissions.

bulletin

January 2014 | Vol.33 No.01

The *Bulletin* (ISSN 0731-8359) is published monthly by the American Academy of Otolaryngology—Head and Neck Surgery 1650 Diagonal Road, Alexandria, VA 22314-2857.

POSTMASTER Send address changes to the American Academy of Otolaryngology—Head and Neck Surgery
1650 Diagonal Road, Alexandria, VA 22314-2857
Telephone: 1-703-836-4444.
Member Toll-Free Telephone: 1-877-722-6467.

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

INTRODUCING THE NEW DIEGO® ELITE

THE MULTIDEBRIDER®

EFFICIENCY & CHOICE

The DIEGO ELITE MULTIDEBRIDER delivers multiple options for ENT Surgery

- Standard, Bipolar and Monopolar Blades
- Unique “Toggle Stop” and “Declog” features
- Distal suction increases visualization with fewer clogs and instrument changes
- Optimized tissue dissection for sinus, turbinate and tonsil & adenoids

For more information, please contact your Olympus sales representative at 800.773.4301 or visit medical.olympusamerica.com/diegoelite

OLYMPUS®

Your Vision, Our Future

WHAT TO EXPECT

- EXCEPTIONAL EDUCATION OFFERINGS
- RENOWNED EXPERTS
- PROFESSIONAL NETWORKING
- LATEST EVIDENCE-BASED INFORMATION

GOING GREEN IN 2014!

WITH ALL NEW EASY TO USE DIGITAL FINAL PROGRAM, AND MOBILE APP

AAO-HNSF ANNUAL MEETING & OTO EXPO℠

2014 SEPTEMBER 21-24 ORLANDO, FL

ORANGE COUNTY CONVENTION CENTER
LEED Certified, Best in Service

"A TOUR DE FORCE AS USUAL. Helped me apply most current clinical recommendattions to patient care."

2013 ANNUAL MEETING & OTO EXPO℠

2014 CALL FOR PAPERS

INSTRUCTION COURSE & MINISEMINARS
Submissions Closed: December 2, 2013

SCIENTIFIC (ORAL & POSTER)
Submission Opens: January 21, 2014
Submission Closes: February 18, 2014

VISIT **WWW.ENTNET.ORG/ANNUAL_MEETING** to submit your abstract.

WWW.ENTNET.ORG/ANNUAL_MEETING

AMERICAN ACADEMY OF OTOLARYNGOLOGY–HEAD AND NECK SURGERY FOUNDATION

EMPOWERING PHYSICIANS TO DELIVER THE BEST PATIENT CARE

1650 Diagonal Road, Alexandria, Virginia 22314-2857 U.S.A.
1-703-836-4444 1-703-683-5100 fax www.entnet.org

A Renewed Commitment to Education

Richard W. Waguespack, MD
AAO-HNS/F President

This January issue of the *Bulletin* offers a bonus. Take note of the latest opportunities from the Academy's Foundation for professional development. You likely realize what we often referred to as CME in the past has changed dramatically during the last five years, broadening the once static formula of pedagogic learning to a full program for professional development and performance improvement. This expanded approach to ongoing learning adds not just knowledge, but quality to the learning environment. The goal of this focus shift is to keep us up to date, and, more importantly, to make us better physicians and improve patient care.

> During the subsequent years, despite some early trial-and-error effort, this organization has remained the trusted resource in maintaining the vital knowledge that is required to maintain our professional commitment to patient care.

To give context to the array of options in this year's "resources publication," **Sonya Malekzadeh, MD**, and the Education Steering Committee contributed a feature section to this *Bulletin* that details the program's growth. The need to assess the gaps in otolaryngology education practice that began in earnest in 2012 examined current products and programs through a comprehensive needs assessment and SWOT (strength, weakness, opportunity, threats) analysis. This past year, it included the robust whole-membership education survey that is expected to become a biannual event. Lastly, each education resource was specifically evaluated by individuals who had directly participated in the activity, rolling Annual Meeting programming into this study. It considered critical course topics, education design and format, and types of media best used to educate the members.

Simply put, the objectives of the combined research efforts were to:

- Develop an action plan to improve the member's education experience.
- Design education activities that meet the clinical needs of our members.
- Increase member involvement in, and satisfaction with, education offerings.
- Enhance member knowledge, competence, and skill in their practice of otolaryngology-head and neck surgery.

This comprehensive program assessment and program revision is grounded in the tradition of the Academy's Foundation history. For more than 80 years, our members have worked to benefit the ongoing professionalism of its members.

The AAO-HNSF's Commitment to Education

Around 1931, our Academy began developing summaries from the courses given during its annual meetings. These proved to be popular with attendees and then led to the publication of monographs and atlases. Both the monographs and the atlases were revised two more times in the following years, establishing their ongoing value.

In 1938, as suggested in Member Harry Gradle, MD's "stop-gap" plan for inadequate instruction to residents, packages of such manuals and atlases were proposed in the "slightly shocking" format of a correspondence course, known as the Home Study Course. The Home Study Course began the formal offerings of this organization to continuing education.

With a $12,000 Carnegie grant, the society produced its first instructional film, "Embryology of the Eye," in 1949, followed in 1951 with "Embryology of the Ear."

During the subsequent years, despite some early trial-and-error effort, this organization has remained the trusted resource in maintaining the vital knowledge that is required to maintain our professional commitment to patient care.

You continue to tell us in numerous ways that this Foundation's value is firmly grounded in its reputation to provide for your education needs.

What We Know Now

As a result of the extensive work of the last 18 months, the Foundation Education leadership now has essential information for the next education planning cycle, valuable insight for longer-term planning, and required information for our 2015 ACCME reaccreditation preparation. The initiative is a model for future years' efforts to continually identify members' gaps in practice, assess members' education and training needs, and engage members in the ongoing initiative to influence lifelong learning and patient outcomes in a meaningful way.

Through this initiative, three critical needs emerged:

- Need for awareness of the breadth and depth of the Foundation education offerings.
- Need for engagement to encourage utilization and participation in education activities by both members and nonmembers.
- Need to focus on the quality of education activities.

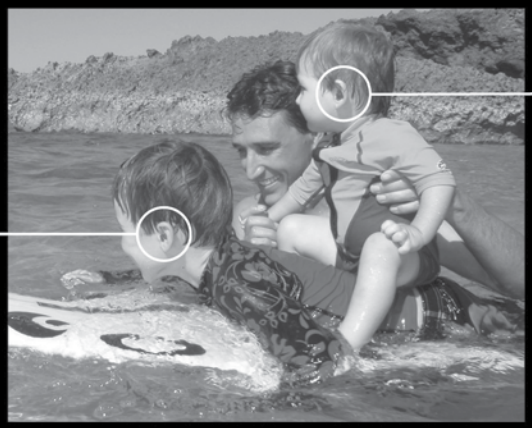
DOC'S PROPLUGS
THE ULTIMATE IN EAR PROTECTION SINCE 1977

800.521.2982

and not a summer lost... even with ventilation tubes

proplugs.com

Please consider **DOC'S PROPLUGS** for all your child's swimming and bathing needs



pink, non-vented

blue, non-vented

International Aquatic Trades, Inc. ~ 719 Swift Street, Suite 56 ~ Santa Cruz, CA 95060 ~ phone: 831.425.5920

Assessing Education: What We Do and Why We Do It

"Medical education is a lifelong process embracing premedical experience, undergraduate education, general clinical training, specialist or vocational training, subspecialty training, and continuing medical education." [*BMJ*. 1999 May 8; 318(7193): 1280]."

With the need to teach an increasing body of knowledge and skill, and give more training in a fixed amount of time, medical education—undergraduate, graduate, and continuing—is evolving. As Dr. Waguespack's column states, traditional "continuing medical education" is now more correctly described as "continuing professional development (CPD)," involving not just the acquisition of new knowledge and facts, but also the integration of that knowledge into practice, the changing of behavior, and the documenting of the improvements in patient care and outcomes. Our educational methods should change in concert with our needs; thus it is essential to strengthen the influence and effectiveness of the AAO-HNS Foundation's CPD programming.

With that in mind, how do we assess what we need? Where do we begin to effectively support medical students, GME, CPD, otolaryngologists, other physicians, physician assistants, nurses, audiologists, SLPs, and others who need otolaryngology education programming?

Gaps: What Do We Mean?

The answer requires a robust system of ongoing measurement of learner needs in regard to education and performance improvement. One of the most important recent changes in our requirements for accreditation by the ACCME is identifying gaps in care and ensuring that our educational programming addresses these gaps. Gaps in clinical care can include gaps in knowledge, in dissemination of knowledge, in implementation in practice, in documentation, and in reporting and comparing/benchmarking improvement. Therefore, even with new emphasis on education and changing practice behavior through evidence-based guidelines and performance measures, one can easily see that knowledge-based medical education still remains a foundational component, and some form of didactic and instructional programming will always be needed.

A strategic issue to consolidate and enhance the otolaryngology practice gap analysis and needs assessment process was included in the 2013 AAO-HNS/F strategic plan. Beginning in late 2012 and continuing into 2013, Foundation Education Leadership embarked on an initiative to collect gap analysis and needs assessment data for the Foundation's CPD function.

Gap Analysis and Needs Assessment

In accordance with our CPD Guidelines the Foundation utilizes a planning process that links identified professional practice gaps and education needs with expected outcomes (knowledge, competence, or performance) in its provision of CPD activities. This analysis data is incorporated into the planning of all education activities.

Professional practice gaps are identified through:

- Environmental scans of research reports,
- Peer-reviewed journals,
- Healthcare quality assurance data,
- Research abstracts,
- Activity evaluation summaries and member surveys,
- ABMS/ABOto certification and maintenance of certification requirements, and
- Evidence-based clinical guidelines development.

Various member needs assessment surveys are conducted on an ongoing basis in an effort to gauge whether existing education and knowledge products are meeting the learning needs of our members.

They include:

- Education Needs Survey with Education Committee members (biannually).
- Course Participant Survey on quality and effectiveness of education activities (biannually).
- Overall Membership Survey assessing their perceptions of the Foundation's CPD program and how it can better meet their education needs (biannually).
- Target Audience Focus Groups.

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

The Gap Analysis and Needs Assessment Initiative Process requires first that we survey and conduct a SWOT (strengths, weaknesses, opportunities, and threats) analysis with the members of the Foundation's Education Steering Committee and specialty education committees—roughly 250 individuals via online survey. Second, we gather and analyze existing member / participant usage and evaluation data from current education activities, demographic data, and web-based analytics. Information collected as part of the 2012 Voice of the Member Survey, 2012 Section for Residents and Fellow Survey, and the recent Residency Program Directors Survey along with data collected by Research and Quality Improvement staff used to develop clinical practice guidelines and to establish research priorities will be reviewed and analyzed. Third, we distribute a membership-wide education needs survey to assess perceived practice gaps and education needs in order to plan more focused education activities.

Otolaryngology education and the Academy/Foundation programming continue to evolve to provide comprehensive, traditional and point-of-care, mobile, real time access to the information, skills, techniques, and processes that will advance quality and safety, and ensure that we continue to provide the best possible care to our patients.

OHANCAW—A Worthy Investment

"OHANCAW."

"Say what?"

"OHANCAW! It stands for Oral Head And Neck Cancer Awareness Week."

Otolaryngologists remain at the forefront of the surgical specialties in involvement in important endeavors to help our patients, especially critical during these turbulent times.

One area that has provided a valuable opportunity for every otolaryngologist to contribute to our specialty and our patients' well-being has been OHANCAW, yet another healthcare acronym, but one that projects potential hope and improvement. Each year, a week in April is designated the Oral Head and Neck Cancer Awareness Week. This year it's set for April 20-26. This special week represents a time to increase public awareness about head and neck cancer, and is spearheaded by the Head and Neck Cancer Alliance, formerly known as the Yul Brynner Head and Neck Cancer Foundation.

After Yul Brynner was diagnosed with a vocal-fold lesion by **George Sisson, MD**, in the 1980s, he created the Yul Brynner Foundation in 1984 to educate the public about the dangers of tobacco and increased risks of throat cancer. **Jerome C. Goldstein, MD**, was the inaugural chairman of the Board of Directors, with other early board members including **Robert H. Ossoff, MD, DMD; Peter D. Costantino, MD**, **John M. Lore, MD**, Roger Ebert, and Larry Gatlin. In 1988, an annual Head and Neck Cancer Awareness Week was created to improve education and awareness. In 1997, the Head and Neck Cancer Alliance joined forces with the Yul Brynner Foundation, and **Terry A. Day, MD**, was named president of this organization that promotes early detection and prevention of head and neck cancer. In 2001, the week awareness moniker was changed to OHANCAW.

Nationally and internationally, OHANCAW includes free head and neck cancer screenings, lectures, walk-a-thons, news releases, and conferences. Throughout the years, the number of screening sites and patients screened has grown, with a total of 363 free screening sites, and 11,392 people screened in 2013. Of these, 191 were referred for immediate consultation for suspected neoplasm, and 1,331 referred for further follow up, for a total of 1,522 potential lives saved due to early detection.

Within our state of Connecticut, we have grown from one site several years ago to 10 sites/screenings in 2013. The event, the opportunities, and the rewards are shared at our semi-annual Connecticut ENT Society meetings with encouragement for increased involvement. Numerous physicians have stepped up and voluntarily established screenings at most of our state hospitals, and these screenings—that can last all day or even just a few hours in the late afternoon or early evenings—attract many interested patients.

Patients understand medical screenings…especially free screenings. The screening concept is currently deeply ingrained with breast cancer, prostate cancer, and gastrointestinal screenings commonplace.

Head and neck cancer is not well understood.

It is incumbent upon us as otolaryngologist-head and neck surgeons to help improve this knowledge gap. Patient education during screenings can range from tobacco cessation counseling to better understanding symptoms or findings that should raise concerns. The relationship of HPV and oral sex continues to intrigue patients, and this is a forum for us to share information as we clinicians continue to gain better understanding about this disease.

When physicians are engaged and interested, the www.OHANCAW.com website provides an invaluable wealth of information. The physician screening sites are listed alphabetically by state; all the necessary forms including patient screening forms, patient information sheets, and pointers and "how to get started" presentations are readily accessible; lists of necessary screening supplies and personnel requirements are included. The Education tab lists two valuable documents, "What Is Head and Neck Cancer?," and "50 Facts about Head and Neck Cancer," which can be distributed to all screening participants.

Ken Yanagisawa, MD
Vice Chair, BOG Socioeconomic & Grassroots Committee

Our local Connecticut hospitals that have embraced this type of screening offered public relations assistance and advertising to publicize the events. We would often discuss with the hospital organizers thoughts, ideas, and suggestions that have worked with previous screenings to help them coordinate and organize their own. Sharing these experiences has yielded greater collegiality amongst the hospitals and the providers.

In this day and age of practice challenges filled with EHR headaches, ever increasing regulation and decreasing reimbursement, it is often difficult to find worthwhile side endeavors. However, the few invested hours it takes for an individual physician to offer a valuable community service such as staffing an OHANCAW screening can be uplifting and so appreciated by our patients. And when/if a disease is caught earlier in its developmental course, it has for ever altered the life of a grateful patient.

ORAL HEAD AND NECK CANCER AWARENESS WEEK (OHANCAW®)—APRIL 20-26

Editor's Note: The OHANCAW website is a great resource for Academy Members. You will find great background resources to share in your community, and organizational tools for participation. The following is reprinted from its website.

What?

A week that is organized by grass roots groups of individuals that are knowledgeable about cancers of the head and neck region. The week is organized at the discretion of these "local" directors and officers and customized to the resources and needs of their location. The week may include news releases, public service announcements, talks at middle schools, free cancer screenings, cancer survivor banquets, walk-a-thons, and research conferences.

Why?

Head and neck cancers include cancers of the following areas:

- Mouth
- Throat
- Voice box
- Skin
- Sinuses
- Saliva glands
- Thyroid gland

How?

You can be the first to start OHANCAW® in your hometown. Sign up at http://www.kintera.org/site/c.8hKNI0MEImI4E/b.6281225/k.BDD9/Home.htm.

Most people who start an event in their hometown have no idea how to begin. Here are the simple steps:

1. Develop a timeline. Once you decide to begin and sign up on the website, you are ready to go. In fact, each participant will be provided the ability to create a webpage with information, images, and videos with links to your site through Friends Asking Friends.
2. Identify what events you would like to participate in from the following list:
   - News and media release
   - Talks at middle schools by survivors and healthcare professionals
   - Walk-a-thon
   - Free cancer screenings
   - Survivor events (banquet, silent auction, reception)
   - Mayoral and/or gubernatorial official announcements
3. Now, it is time to gather your volunteers which brings us to:

Who?

- Physicians-otolaryngologists, head & neck surgeons, radiation and medical oncologists, consider these resources to help your event:
- Cancer survivors
- Friends and family of cancer survivors
- Public relations and marketing department
- Nurses
- Speech pathologists
- Dieticians
- Social workers
- Dental hygienists
- Dental assistants
- Dentists, oral & maxillofacial surgeons, maxillofacial prosthodontists
- Students-medical, dental, speech and language pathology, undergraduate

Where?

The locations of each event may be different. Some of the places these events have occurred since the inaugural year of 1998 include:

- Clinics
- Hospitals
- Offices
- Malls
- Churches
- Barber shops and salons
- Cancer centers
- Dental schools
- Medical schools
- Health fairs
- NASCAR races
- Major league (and minor league) baseball games

When?

April 20-26, 2014 or any time of your choosing! Many groups around the U.S. and abroad organize these events during OHANCAW®, or on a day, date, or week of their choosing. Although the broadest exposure is during OHANCAW®, many people and organizations cannot schedule the event due to other conflicts. Thus, many are organized during other weeks or even months of the year.

More information at: http://www.kintera.org/site/c.8hKNI0MEImI4E/b.6281225/k.BDD9/Home.htm.

AMERICAN ACADEMY OF OTOLARYNGOLOGY–HEAD AND NECK SURGERY

PATIENT INFORMATION

More Head and Neck resources to give to patients visit: To license this content and more for your website visit: www.entnet.org/healthinformation/HeadandNeckSurgery.cfm and www.entnet.org/healthinformation/Cancer.cfm to access and print fact sheets (for educational use only).

Head and Neck Cancer

Insight into recognizing symptoms for early detection

- Early detection of head and neck cancer
- Symptoms of head and neck cancer
- and more ...

This year, more than 55,000 Americans will develop cancer of the head and neck—most of which is preventable. Nearly 13,000 of them will die from it.

Early Detection of Head and Neck Cancer

Tobacco use is the most preventable cause of these deaths. In the United States, up to 200,000 people die each year from smoking-related illnesses. The good news is this figure has decreased due to the increasing number of Americans who have quit smoking. The bad news is some of these smokers switched to smokeless or spit tobacco, assuming it is a safe alternative. This is untrue. By doing so, they are only changing the site of the cancer risk from their lungs to their mouths.

While lung cancer cases are decreasing, cancers in the head and neck appear to be increasing, but they are curable if caught early. Fortunately, most head and neck cancers produce early symptoms. You should know the potential warning signs so you can alert your doctor as soon as possible. Remember—successful treatment of head and neck cancer depends on early detection. Knowing and recognizing its signs can save your life.

Symptoms of Head and Neck Cancer

A lump in the neck. Cancers that begin in the head or neck usually spread to lymph nodes in the neck before they spread elsewhere. A physician should see a lump in the neck that lasts more than two weeks as soon as possible. Of course, not all lumps are cancer. But a lump (or lumps) in the neck can be the first sign of cancer of the mouth, throat, voice box (larynx), thyroid gland, or of certain lymphomas and blood cancers. Such lumps are generally painless and continue to enlarge steadily.

Change in the voice. Most cancers in the larynx cause some changes in voice. An otolaryngologist is a head and neck specialist who can examine your vocal cords easily and painlessly. While most voice changes are not caused by cancer, you shouldn't take chances. If you are hoarse or notice voice changes for more than two weeks, see your doctor.

Tobacco use is the most preventable cause of these deaths.

A growth in the mouth. Most cancers of the mouth or tongue cause a sore or swelling that doesn't go away. These may be painless, which can be misleading. Bleeding may occur, but often not until late in the disease. If lumps in the neck accompany an ulcer or swelling, you should be concerned. In addition, any sore or swelling in the mouth that does not disappear after a week should be evaluated by a physician. Your dentist or doctor can determine if a biopsy (tissue sample test) is needed and can refer you to a head and neck surgeon who can perform this procedure.

Bringing up blood. This is often caused by something other than cancer. However, tumors in the nose, mouth, throat, or lungs can cause bleeding. If blood appears in your saliva or phlegm for more than a few days, you should see your physician.

Head and Neck Cancer continued

Swallowing problems. Cancer of the throat or esophagus (swallowing tube) may make swallowing solid foods—and sometimes liquids—difficult. The food may "stick" at a certain point and then either go through to the stomach or come back up. If you have trouble almost every time you try to swallow something, a physician should examine you. Usually a barium swallow X-ray or an esophagoscopy (direct examination of the swallowing tube with a scope) will be performed to find the cause.

Changes in the skin. The most common head and neck cancer is basal cell cancer of the skin. Fortunately, this is rarely serious if treated early. Basal cell cancers appear most often on sun-exposed areas like the forehead, face, and ears, but can occur almost anywhere on the skin. Basal cell cancer often begins as a small, pale patch that enlarges slowly, producing a central "dimple" and eventually an ulcer. Parts of the ulcer may heal, but the major portion remains ulcerated. Some basal cell cancers show color changes. Other kinds of cancer, including squamous cell cancer and malignant melanoma, also occur on the head and neck. Most squamous cell cancers occur on the lower lip and ear. They may look like basal cell cancers, and if caught early and properly treated, are usually not dangerous. If there is a sore on the lip, lower face, or ear that does not heal, consult a physician. Malignant melanoma typically produces a blue-black or black discoloration of the skin. However, any mole that changes size, color, or begins to bleed may mean trouble. A black or blue-black spot on the face or neck, particularly if it changes size or shape, should be seen as soon as possible by a dermatologist or other physician.

Persistent earache. Constant pain in or around the ear when you swallow can be a sign of infection or tumor growth in the throat. This is particularly serious if it is associated with difficulty in swallowing, hoarseness, or a lump in the neck. An otolaryngologist should evaluate these symptoms.

Identifying High Risk of Head and Neck Cancer

As many as 90 percent of head and neck cancers arise after prolonged exposure to specific risk factors. Use of tobacco (cigarettes, cigars, chewing tobacco, or snuff) and alcoholic beverages are the most common cause of cancers of the mouth, throat, voice box, and tongue. In adults who do not smoke or drink, cancer of the throat can occur as a result of infection with the human papilloma virus (HPV). Prolonged exposure to sunlight is linked with cancer of the lip and is also established as a major cause of skin cancer.

What you should do. All of the symptoms and signs described here can occur with no cancer present. In fact, many times complaints of this type are due to some other condition. But you can't tell without an examination. So if they do occur, see your doctor to be sure.

Remember—when found early, most cancers in the head and neck can be cured with few side effects. Cure rates for these cancers could be greatly improved if people would seek medical advice as soon as possible. Play it safe. If you detect warning signs of head and neck cancer, see your doctor immediately. And practice health habits, which help prevent these diseases.

AIUM/AAO-HNS Establish Accreditation Training Guide for Head and Neck Ultrasound

For the past year, negotiations and formal documentation have passed from our Ultrasound Review Board to the American Academy of Otolaryngology—Head and Neck Surgery (AAO-HNS) and the American Institute for Ultrasound in Medicine (AIUM). The Review Board consists of four individuals who have been part of the ACS Head and Neck Ultrasound Courses for several years and are experienced in both performing ultrasound and teaching it to residents and post-graduate physicians. This Board has been a working group and will be expanded as the accreditation project advances. The end result has been a joint approval from both organizations for an accreditation of the facilities where clinicians and residents who have had sufficient exposure and experience in head and neck ultrasound practice. The precise timing of implementation is still undetermined, but should be within the next six months. This process has evolved to add credibility to those who take the initial step of enrolling in the American College of Surgeons Post-graduate Head and Neck course during the AAO-HNSF Annual Meeting, ACS Annual Congress, and identical exported courses. Some individuals have complained that as non-radiologists they are unable to receive reimbursement for their service of "point-of-care" ultrasound and future requirements from government agencies will certainly demand that we are qualified to apply this important craft. With that simple introduction, we would like to outline the process as follows:

Training Guidelines

1. Completion of an ACGME-approved residency in otolaryngology, general

The American Institute of Ultrasound in Medicine (AIUM) is very pleased to have collaborated with the American Academy of Otolaryngology-Head and Neck Surgery in developing the Practice Guideline for the Performance of Ultrasound Examinations of the Head and Neck, along with the "Training Guidelines for Physicians Who Evaluate and Interpret Ultrasound Examinations of the Head and Neck."

As a multi-specialty, modality-driven society, the AIUM appreciates the value of collaboration, and we commend the AAO-HNS and Robert Sofferman, MD, in particular for their initiative and leadership in helping to bring this to fruition. These guidelines will help serve as a measure of quality and will help to promote patient safety.

Carmine M. Valente, PhD, CAE
CEO, American Institute of Ultrasound in Medicine (AIUM)

surgery, and radiology (either Board certified or eligible)

2. Documentation of one of the following:
   - Completion of the ACS Post-graduate Course in Head and Neck Ultrasound. An equivalent course may by acceptable to the Review Board if the course content and experience is in keeping with the ACS course.
   - Completion of a residency in which sufficient practical experience and didactic lectures and skill sets may be considered for accreditation. The resident must keep an accurate log of performance of 100 ultrasound examinations from each of six designated head and neck areas. The resident must successfully complete the 100 question ACS test and then will not be required to enroll in the formal ACS course.
3. After completing one of the above requirements the clinician must have a minimum of six months of hands-on experience along with an identified experienced mentor for consultation. During this minimum interval time or maximum of two years the candidate must demonstrate direct application of 100 ultrasound examinations.
4. Validation of competency—de-identified images and reports from 20 ultrasound cases taken from three of six head and neck areas must be submitted to an amplified Review Board and then maintain a minimum experience with 50 ultrasound examinations per year.
5. Accredited individuals are required to obtain a minimum of 12 *AMA PRA Category 1™* credits in head and neck ultrasound every three years.

This is a brief introduction and the AIUM website will be the primary resource for best understanding the details of submission. The cost will be modest and all submissions will be to AIUM under the evaluation by our Review Board that is soon to be constructed of competent otolaryngologists with significant ultrasound experience and education. The AAO-HNS and ACS will help us to alert its members when the process is to begin. Please do not query or try to rush the process as its construction is complicated and must be ideally configured before it becomes public. This is a very exciting opportunity for our membership and is likely to stimulate the involvement of residency programs that do not yet teach or provide ultrasound.

Ultrasound Review Board

Robert A. Sofferman, MD, emeritus professor of surgery, University of Vermont School of Medicine, Review Board chairman

Lisa A. Orloff, MD, professor of otolaryngology-head and neck surgery, Stanford University

Merry E. Sebelik, MD, associate professor of otolaryngology-head and neck surgery, University of Tennessee Medical Center

Russell B. Smith, MD, professor of otolaryngology-head and neck surgery, University of Nebraska Medical Center

PQRSwizard

Act now to avoid the 1.5% CMS penalty and become eligible for a 0.5 percent incentive! PQRS*wizard* deadline for 2013 reporting is March 13, 2014.

The AAO-HNSF has partnered with CE City to provide members with a web-based solution for reporting PQRS measures to the Centers for Medicare and Medicaid (CMS). For a nominal fee, PQRS*wizard* offers a fast, convenient, and cost-effective online registry to help collect and report quality measure data for the PQRS incentive program. Similar to online tax preparation software, the PQRS*wizard* helps guide you through the steps to rapidly collect, validate, report, and submit data to CMS for payment. The PQRS*wizard* is powered by the CE City Registry, a CMS qualified registry for PQRS reporting.

On **Tuesday, January 21**, the AAO-HNSF and CE City will host a webinar providing an overview of PQRS and the PQRS*wizard*. The webinar will be from **7:00pm-9:00pm ET**. Register for the webinar now at https://www2.gotomeeting.com/register/420063778

The webinar will highlight the following:

- Incentive payments available for successful reporting
- Quality measures available for PQRS reporting
- How PQRS*wizard* can communicate with your EHR
- PQRS penalities

Learn more about the PQRS*wizard*: https://aaohns.pqrswizard.com/default.aspx

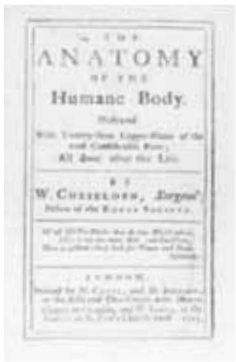
Learn more about PQRS: http://www.entnet.or/Practice/qualityimprovement/cmsPQRS.cfm and http://www.cms.gov/PQRS

Please contact the AAO-HNSF Quality Improvement staff (qualityimprovement@entnet.org) if you have any questions regarding PQRS*wizard*, the PQRS program, or registering for the webinar.

Otologic Anatomical Advancement in 18th Century England—Or The Lack of: The Case of Dr. William Cheselden

C. Eduardo Corrales, MD
Albert Mudry, MD, PhD

At the turn of the 18th century, no suitable atlas of anatomy existed in the English language. In 1713, William Cheselden (1688-1752) published the English manual of anatomy entitled *The Anatomy of the Human Body.*



Contrary to the custom of his day, which preferred Latin (Contugno and Scarpa) or French (Guyot and Petit), Cheselden composed the entire book in English. A unique work, it spanned 93 years with 15 editions including one German edition and three American editions up to 1806. A huge success, the compendium became the preeminent anatomical reference textbook in English-speaking countries. It is largely an anatomical textbook filled with surgical techniques.

Cheselden dedicated one chapter to the ear, describing its different anatomical features. In the first edition, Cheselden notably mentions four middle ear ossicles: *malleolus, incus, stapes*, and *officulum quartum*; four auditory muscles: *externus tympani, obliquus*, *internus*, and *stapidis*; a description of a tympanic membrane with a small opening; and hearing through the Eustachian tube.

In the second edition, he modified the nomenclature of the *malleolus* to *malleus* and the *officulum* to *orbicular ossicle*, and named the auditory muscles *obliquus internus* or *trochlearis*, *external oblique*, *external tympanic*, and *stapedial*. He demonstrated bone conduction through the teeth and discussed the opportunity to perform a myringotomy to improve hearing, which he ultimately performed it on dogs in 1722.

He added a "valve" covering the aperture of the tympanic membrane in the third edition. Virtually no modifications to the ear chapter appeared in subsequent editions. Especially interesting are his later editors and publishers in charge of his book.

This article primarily demonstrates that Cheselden and his subsequent editors did not critically analyze the otologic knowledge of their time, emphasized by the lack of description of most otologic advances made in the 18th century. Key otologic advances included:

- A detailed description of the cochlear scalae (Valsalva, 1704);
- Catheterization of the Eustachian tube through the mouth (Guyot, 1724);
- The first surgical opening of the mastoid (Petit, 1774);
- Catheterization of the Eustachian tube through the nose (Cleland, 1744);
- The first artificial perforation of the tympanic membrane (Bresson, 1748);
- A description of inner ear fluid (Cotugno, 1760);
- The inner ear filled with two different fluids (Scarpa, 1789); and
- A description of the membranous labyrinth (Scarpa, 1795).

Possible explanations include:

1. Most treatises of the time were published in French, Italian, or Latin; virtually all otologic advances were published in non-English languages.
2. His treatise was largely a general surgery reference textbook and otology was not a formal surgical specialty.
3. He may have been exposed to secondary references such as Duverney's *Treatise of the Organ of Hearing* (1683).
4. Most otologic advances were made in laboratories that combined anatomists, physiologists, and pathologists, and this combination of scientists was mainly to be found in France, Germany, and Italy.
5. Lack of interest of Cheselden and subsequent editors in otologic anatomy may be a reason for lack of otologic advances described in his treatise.

Cheselden was undoubtedly one of England's greatest surgeon-scientists in the 18th century. He was an innovator, skilled politician, and medical illustrator. His compendium spanned 93 years as the anatomical reference book in English-speaking countries.

Interested in Our History?

- Join or renew your membership in the Otolaryngology Historical Society (OHS)—check the box on your Academy dues renewal or contact museum@entnet.org.
- Save the date—the OHS annual meeting and reception, 6:30 pm-8:30 pm, September 22, in Orlando, FL.
- Present a paper at the OHS meeting-contact museum@entnet.org. May 15 is the deadline.

OHS Member, Dr. Lanny Close

Grant's Final Battle

David H. Darrow, MD, DDS

In 1879, having failed to win a third Republican nomination for president, Ulysses S. Grant relocated to New York City with his wife, Julia. A career soldier and statesman, Grant had no special skills to rely on for regular income, and had declined offers to publish his memoirs. Encouraged by his son, Buck, he chose instead to lend his money and his name to investors Ferdinand Ward and James Fish; along with Buck, the four established the banking and brokerage firm of Grant & Ward.

Although the firm initially thrived, the Grants discovered in 1884 that Ward and Fish had engaged in a Ponzi scheme. Grant & Ward collapsed, and Ward and Fish were eventually convicted and imprisoned. The Grants were bankrupt and moved out of the city with the assistance of donations.

Illustration of General Grant's death from *Harper's Weekly*, August 1, 1885. Dr. Douglas is second from the left.

http://www.encore-editions.com/the-death-of-general-grant-at-mount-mc-gregor-saratoga-co-new-york-july-23rd-1885.

> By the time he was referred to otolaryngologist John H. Douglas more than three months later, his exam revealed "...a scaly squamous inflammation, strongly suggestive of epithelial trouble."

Concerned about his legacy and his family's financial situation, Grant finally agreed to author four articles, and entered initial discussions for a book. At about the same time, while eating a peach, Grant noted a sore area in his throat. By the time he was referred to otolaryngologist John H. Douglas more than three months later, his exam revealed "…a scaly squamous inflammation, strongly suggestive of epithelial trouble." Also noted were rigidity of the right tongue base and a nodule in the right neck.

That Grant was an avid smoker of cigars is no secret. Many accounts suggest he smoked 10 to 20 cigars a day. The degree to which he consumed alcohol is debated, but it is clear that Grant was no stranger to the bottle. Grant stopped smoking and started topical therapies including various gargles and 4 percent cocaine for pain.

His physicians, however, ruled out surgery. Increasingly aware of his ultimate fate, Grant decided to author his memoirs so the royalties could provide Julia with an income. He accepted an offer from Samuel Clemens (Mark Twain) to use Twain's publishing company and agreed to a 75 percent royalty.

The subsequent months became a public race to complete his memoirs before his death. As his disease advanced, Grant fought through bouts of hemoptysis and airway obstruction, often choosing to sleep seated to avoid suffocation. Despite the circumstances, Grant continued to write an average of about 750 words a day.

Grant's writing was completed by early July, but revisions had to be completed by Twain and Grant's son Frederick. The book was completed on July 20, 1885, three days before his death. It is estimated that, in his final victory, Grant left to Julia about $450,000 in royalties.

Grant writing his memoirs at Mt. McGregor, NY. The photo appeared in *The Century Magazine*, July 1908.

http://www.uccnewvernon.org/Virtual-MuseumforHotelBalmoralMountMcGregor/tabid/47790/Default.aspx.

Jerome C. Goldstein, MD Public Service Award

2013

The Jerome C. Goldstein, MD Public Service Award recognizes members for their commitment and achievement in service within the United States, either to the public or to other organizations, when such service promises to improve patient welfare.

The 2013 recipient, **Steven F. Isenberg, MD**, is a marathon runner and founded Medals4Mettle (www.medals4mettle.org) in 2005, a 501c3 non-profit organization that awards endurance athletes' finishers medals to struggling patients (mostly children) and others who demonstrate mettle, or courage, as they struggle through life's challenging marathon. His efforts have resulted in awarding more than 25,000 medals worldwide in more than 100 hospitals. Dr. Isenberg's commitment in service to others in the United States is outstanding and the AAO-HNSF is proud to honor him as the recipient of this prestigious award.

Nominations for 2014 are now being accepted. Any Academy member in good standing is eligible to be nominated, or to nominate another member. Nominations must be submitted by January 30, 2014. The finalist will be selected on February 11, 2014. The recipient will be recognized during the 2014 Annual Meeting and OTO EXPOSM in Orlando, FL. Visit http://www.entnet.org/Community/Goldstein-Award.cfm for more information.

Nominations Deadline for World Chinese Academy

- Past Academy President K.J. Lee, MD, has announced a call for nominations to represent U.S. otolaryngologists on the Board of the World Chinese Academy of Otolaryngology—Head and Neck Surgery, Ltd. The World Chinese Academy is an International Corresponding Society, affiliated with the Academy.
- Nominees for the three U.S. positions must be otolaryngologists of Chinese descent.
- The position is open to qualified board certified otolaryngologists of Chinese descent. If interested send a CV to KjleeMD@aol.com. The nomination period ends February 15, so act now.

Choosing Wisely® Brochure on Oral Antibiotics for Ear Infections Now Available

From: Consumer Reports Share

Consumer Reports, a Choosing Wisely® campaign partner, has produced English and Spanish patient brochures from the AAO-HNSF's list of procedures and treatments that patients and physicians should question. "Oral Antibiotics for Ear Infections: When You Need Them, When You Don't" is now available as a patient/physician discussion resource at http://consumerhealthchoices.org/catalog/oral-antibiotics-for-ear-infections-aao-hnsf/.

Choosing Wisely®

An initiative of the ABIM Foundation

ConsumerReportsHealth

AMERICAN ACADEMY OF OTOLARYNGOLOGY–HEAD AND NECK SURGERY FOUNDATION

ABIM FOUNDATION

Oral antibiotics for ear infections

When you need them—and when you don't

Antibiotics are strong medicines that can kill bacteria. For ear infections, doctors often prescribe oral antibiotics that you swallow in pill or liquid form.

However, eardrops can sometimes be safer and more effective than oral medicines. Here's why:

Oral antibiotics have risks.

- Oral antibiotics are more likely to cause resistant bacteria outside the ear. Then, in the future, the drugs will not work as well. Illnesses will be harder to cure and more costly to treat.
- Antibiotic eardrops kill the bacteria faster and more completely than oral antibiotics. Drops don't go into the bloodstream, so more medicine reaches the infection.

Oral antibiotics have more side effects.

Oral antibiotics can cause more side effects than antibiotic eardrops. Side effects include diarrhea, nausea and vomiting, stomach pain, rash, headache, and dangerous allergic reactions.

Who should use antibiotic eardrops?

Antibiotic eardrops can be more effective and safer for:

- People with Swimmer's Ear, an infection caused by water in the ear.
- Children who have tubes in their ears. The tubes prevent most infections behind the eardrum—an area known as the middle ear. If there is an infection, antibiotic eardrops can be given right through the tube.

What about over-the-counter eardrops?
Over-the-counter eardrops can often be effective for Swimmer's Ear.

People who have a hole or tube in the eardrum should check with their doctor before using any kind of eardrops. The drops may cause pain, infection, or even damage hearing. For bacterial infections, the only eardrops they should use are the antibiotics ofloxacin (Floxin Otic and generic) or ciproflaxin-dexamethasone (Ciprodex).

Antibiotics can lead to more costs.
Most oral antibiotics don't cost much. But if they don't work well, you may need extra doctor visits, a hospital stay, and costly drugs. You may also miss work. Treatment of a severe infection that is antibiotic-resistant can cost as much as $29,000.

Who should take oral antibiotics for ear infections?

- Children without ear tubes should take oral antibiotics for middle-ear infections, especially when they have severe ear pain or high fever.
- Children with ear tubes should take oral antibiotics if:
  - They are very ill.
  - They have another reason to be on an antibiotic.
  - The infection doesn't go away with eardrops.

Oral antibiotics help treat Swimmer's Ear when:

- Infection spreads beyond the ear.
- The person has other conditions, such as diabetes, that increase the risk of complications.

Advice from Consumer Reports

Steps to help prevent and manage ear infections

Lower your child's risk of ear infections.

- Keep children away from cigarette smoke.
- Breastfeed your baby.
- Don't give a pacifier to a child over one year old.
- Wash your hands often to avoid spreading germs.
- Ask your child's doctor about vaccines against flu, pneumonia, and meningitis. Most children should get a flu shot every year.

Guard against Swimmer's Ear.

- If you often get Swimmer's Ear, use earplugs when you swim or shower.
- If your ears get wet, towel-dry them well. Or use a hair dryer on the lowest setting, held a few inches from the ear.
- Don't use cotton-tip swabs or other objects to clear your ears. They can damage the ear, push earwax in deeply, and lead to infection. If earwax is a problem, talk to your doctor.
- Ask your doctor if you could use homemade eardrops. Mix equal parts white vinegar and rubbing alcohol. Do not do this if you have a tube or hole in the eardrum.

Call the doctor at signs of infection:

- *In young children*: fever, pulling at the ears, crying, fluid dripping from the ears, trouble sleeping, and hearing problems.
- *For Swimmer's Ear*: itching, pain that is worse when you pull on the ear, drainage from the ear, and hearing loss.

Avoid ear candles. There is no evidence that these help. In fact, they can cause burns and burst eardrums.

2013 EDUCATION BY THE NUMBERS

6 The number of topics covered in the General Otolaryngology Review Course held at the 2013 Annual Meeting. The course presented a concise review of general otolaryngology topics that provided attendees a starting point in preparing for recertification. Look for new review courses at the 2014 Annual Meeting.

1,016 The number of Coding and Reimbursement Workshop attendees across eight locations. This is an 18 percent increase in attendees over 2012. ICD-10 will be a focus of the 2014 workshops; in Dallas, Orlando, Las Vegas, Chicago, and four other locations.

125 The number of articles spanning four sections of the Home Study Course. Specialties covered this year included Head and Neck Surgery, Otology and Neurotology, Congenital and Pediatric Problems, and Clinical Competency Issues.

8 The number of issues of Patient Management Perspectives published. Titles included *Adult with Rhinoplasty Consultation: The Mixed Non-Caucasian Rhinoplasty, Adult with Epistaxis and Adult with Recurrent Rhinorrhea, Adult with Multiple PET- Positive Lesions: Ethics and Decision Making at the End of Life, Child with Recurrent Throat Pain and Fever, Adult with Recurrent Vertigo, Adult with a Neck Mass, and Nasal Reconstruction.*

21 The number of Online Lectures published in 2013. Topics include pediatric obstructive sleep apnea, balance problems in the elderly, endoscopic and robotic thyroid surgery, five new landmarks to make you a better sinus surgeon, chronic cough: hacking up a treatment algorithm, surgical management of eustachian tube disorders, and developing a quality control program for surgeons. These have joined the list of more than 120 online courses available in AcademyU®.

10 The number of Clinical Fundamentals topics presented at the 2013 Annual Meeting & OTO EXPO℠. These sessions satisfy the Clinical Fundamentals requirement of Maintenance of Certification®. Two of the courses are currently available online with eight more to follow in early 2014. Look for them in AcademyU®.

4,605 The number of Online Course Completions. Thousands of members take advantage of the Foundation's free online education covering the breadth of the specialty; all courses are available in AcademyU®.

8 Hsc Home Study Course

9 Pmp Patient Management Perspectives

10 Am Annual Meeting

11 Crw Coding and Reimbursement Workshops

12 PAc ENT for the PA-c Conference

3,204 The number of **AcademyQ® Knowledge Assessment app downloads**. In addition, 400 individuals have purchased the full set of 400 high-quality, peer-reviewed questions with explanations and references. This is an ideal certification exam resource.

28,323 The number of **ENT Exam Video Series views. This four-part video series** is a great tool for teaching residents and medical students. The series, available on YouTube, depicts how to perform a thorough ENT Exam. All videos include images of normal anatomy, normal variances, and common abnormalities.

10 The number of **Pediatric Otolaryngology Webinars** available online. Sponsored by both AAO-HNSF and ASPO, they address topics such as respiratory papillomatosis, Down's syndrome, speech assessment and resonance disorders, and seven more. Look for 10 new webinars in 2014.

200 The number of PAs and NPs at the **ENT for the PA-C conference** in April. The New York event provided attendees with excellent networking opportunities including hands-on workshops with concise content and small group settings. The 2014 conference will be in April in Pittsburgh, PA.

1 aQ AcademyQ™
2 Cc COCLIA℠
5 Jnl OTO Journal
6 Pmr Practice Management Resources
13 eB eBooks
3 Cpg Clinical Practice Guidelines
4 Iv ENT ImageViewer
7 Xs ENT Exam Video Series℠
14 AmW Annual Meeting Webcasts
15 AmP Annual Meeting Posters
16 Cf Clinical Fundamentals
17 Co COOL℠
18 Ocl Online Courses and Lectures
19 Pws Pediatric OTO Webinar Series

Education and Research: A Critical Partnership

One milestone of the Education strategic plan is to extend education and knowledge resources focused on topics critical to patient care. This includes clinical practice guideline (CPG) education. During the past year, staff and leadership from both Education and Research and Quality Improvement have been meeting to discuss how best to partner and educate healthcare professionals on Academy-developed CPGs. This collaboration has resulted in a five-point action plan.

Determining Education Gaps and Needs in Relation to Guidelines

The Education Gaps and Needs Initiative incorporates the selection of topics for new education activities that are based on formal gaps and needs analyses. Given the extensive amount of time and resources that go into the identification of new guideline topics and voting by the specialty societies, it is a natural progression to then take the quality improvement foci included in the CPGs and develop education products. The key action statements of each CPG will be used in designing new education activities. The goal is to incorporate CPG recommendations into Education Committee activity, topic, and format selection.

Marketing and Distributing Guideline Education Activities

It is imperative to cross-promote CPGs to both the Education and Research and Quality Improvement audiences. CPG education will be incorporated into the overall AcademyU® Education Source and the dedicated guideline webpages will also include links to the new education offerings. Some of the most immediate tools available include the CPG journal podcasts and online lectures.

Dr. Rosenfeld during the Annual Meeting Guideline on Tubes miniseminar.

We are working together to identify additional tools that would be of value to the membership. One of these ideas includes the development of slide sets for each guideline. These will be made publicly available to help both members and non-members educate others about the AAO-HNSF CPGs at their state and local levels.

Education Representation and Participation in Guideline Development

Efforts have also been made to bridge the gap between CPGs and education. An Education representative currently serves on the Guidelines Task Force and on each of the current guideline development groups. Job descriptions and role expectations are being developed for these positions.

Ensuring Compliance with New Education Activities

It is critical that newly developed education and knowledge resources be compliant with CPGs. This will be done by ensuring all current education content is reviewed for compliance and all new content being developed incorporates the recommendations of the published guidelines.

Faculty Development

Work is under way on author guidelines that include instructions on how to develop content that is compliant with the CPGs. Concurrently, there will be faculty training to ensure awareness of all Academy CPGs and how to incorporate content into the education activities they develop.

The AAO-HNSF is excited to be moving into this new phase. Since the Academy started developing CPGs in 2006, efforts have focused solely on dissemination. With more than 350,000 downloads of our guidelines from the National Guideline Clearinghouse and more than 1,200 citations for them, we have been successful with dissemination. This new collaboration between Education and Research and Quality Improvement will enhance efforts in the education arena and both Education and Guidelines leadership believe these combined efforts will increase the uptake and implementation of the guidelines.

Recorded CPG miniseminars from 2013 Annual Meeting & OTO EXPO℠

Miniseminar: AAO-HNSF Clinical Practice Guideline on Bell's Palsy
Presenter: Lisa E. Ishii, MD, MHS

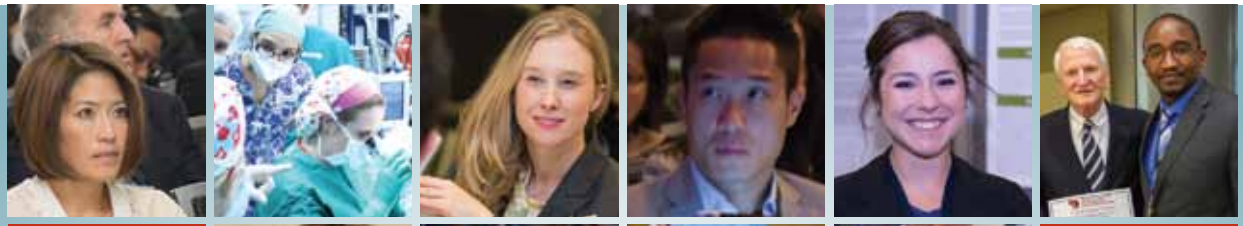
Miniseminar: AAO-HNSF Clinical Practice Guideline on Tympanostomy Tubes in Children
Presenter: Richard M. Rosenfeld, MD, MPH

See these at www.entnet.org/onlinecourses.

AcademyU®

Your Otolaryngology Education Source

Knowledge Resources | Subscriptions | Live Events | eBooks | Online Education



1 **aQ** AcademyQ™

2 **Cc** COCLIA℠

3 **Cpg** Clinical Practice Guidelines

4 **Iv** ENT ImageViewer

5 **Jnl** OTO Journal

6 **Pmr** Practice Management Resources

7 **Xs** ENT Exam Video Series℠

8 **Hsc** Home Study Course

9 **Pmp** Patient Management Perspectives

10 **Am** Annual Meeting

11 **Crw** Coding and Reimbursement Workshops

12 **PAc** ENT for the PA-c Conference

13 **eB** eBooks

14 **AmW** Annual Meeting Webcasts

15 **AmP** Annual Meeting Posters

16 **Cf** Clinical Fundamentals

17 **Co** COOL℠

18 **Ocl** Online Courses and Lectures

19 **Pws** Pediatric OTO Webinar Series

2014 EDUCATION OPPORTUNITIES

AMERICAN ACADEMY OF OTOLARYNGOLOGY–HEAD AND NECK SURGERY FOUNDATION

www.entnet.org/academyU

Foundation Education for Board Certification

It is estimated that nearly half of our members will participate in the Maintenance of Certification® (MOC) or Maintenance of Licensure (MOL) process during the next few years. In addition, our resident members will be working toward passing their Board Certification as they complete their residencies. These members have made it clear that they are looking to the Foundation to provide them the resources they need to prepare for these professional milestones. The Foundation continues to address this concern and provide useful education and knowledge resources.

AcademyQ Knowledge Assessment Tool

In the summer of 2012, the Foundation launched the AcademyQ Knowledge Assessment Tool in the form of an iPhone/iPad app. This app assists members in enhancing their knowledge of otolaryngology-head and neck surgery with hundreds of study questions to test recall, interpretation, and problem-solving skills. This mobile app includes questions across the eight specialties. Users are provided with instantaneous, detailed feedback, and they can highlight, take notes, and mark questions for future review. The app is available through the Apple App Store by keyword searching "AAOHNS." There are 10 free questions available with the download and an additional 390 questions available for $49.99. Work is under way in 2014 to publish new questions and to provide further enhancements to the product.

Clinical Fundamentals

In response to a request from the American Board of Otolaryngology (ABOto), the Foundation is offering a series of both Annual Meeting Instruction Courses and online courses that address 10 clinical fundamentals topics all physicians should be aware of and trained in. As a component of Part III of MOC®, physicians are required to view and pass the following courses:

- Clinical Outcome Measures/Evidence-Based Medicine
- Treatment of Anaphylaxis
- HIPAA: Updates and What it Means for You
- DVP: How, When, Why in Otolaryngology
- Integration of Quality and Safety into Otolaryngology
- Anesthesia-Related Topics for Otolaryngologists
- Management of the Addicted Surgeon
- Ethics and Professionalism
- Pain Management in Head and Neck Surgery
- Universal Precautions for the Otolaryngologist

These courses were presented at the 2012 and 2013 annual meetings and have been recorded and published as online courses through AcademyU®. They will continue to be offered as instruction courses at future annual meetings. Whether someone takes the live or online course, he or she is required to pass a post-test to receive the appropriate MOC® credit. Passing the post-test qualifies one for one hour of CME credit per course. The online per course fee is $75 for members and $100 for nonmembers and can be accessed through the AcademyU section of www.entnet.org./academyU.

Otolaryngology Review: A Lifelong Learning Manual

In an effort to meet the education needs of our members who may be preparing for board certification or recertification, or just looking to keep up with the continually growing field of otolaryngology, the Foundation is updating the 2002 *Maintenance Manual for Lifelong Learning*. Renamed *Otolaryngology Review: A Lifelong Learning Manual*, it is the result of great effort on the part of the eight Education committees. This important education resource reflects the Foundation's commitment to lifelong learning and providing resources for members undergoing certification or recertification. The primary goal of the updated manual is to address issues of practical importance to otolaryngologist-head and neck surgeons in order to improve patient care. The 2014 edition will have more than 100 chapters across 10 sections representing the most critical topics otolaryngologists need to be aware of in their practices. *Otolaryngology Review* will be available by summer 2014.

These are just three ways the Foundation is responding to its members' requests for assistance with Board certification. As current education and knowledge resources undergo review and update as a result of the 2013 Education Needs Assessment Initiative, emphasis will be placed on more ways to provide members with the tools they need to maintain their high level of patient care.

Technology Enhances the Education Experience for Members

The Foundation is continually exploring ways to improve education opportunities for Members. New technologies within professional education provide many options to enhance one's learning experience. There are several projects in development at the Academy that, through technology, will provide more meaningful and rewarding education and knowledge products, and services for you in 2014. Below is a glimpse of what this means for you.

Web-based Learning

One result of the 2013 Education Needs Assessment survey was a clear preference among members for more web-based education formats. Members indicated they are using smartphones, tablets, and eReaders for continuing education information. In addition, preferred learning formats included online self-paced courses, smartphone and tablet apps, and webinars. Survey respondents also offered useful suggestions about integrating more technology into the Foundation's education program. Because of these preferences and expectations, the focus will be toward more eLearning in the design of future education and knowledge resources. Members will see this transition in 2014 as each education and knowledge resource goes through a thorough review to see how it can be enhanced by new technology.

> "These initiatives are very exciting and a positive step for the Academy. Participants in the education and knowledge resources will benefit greatly from these new and innovative tools that will make learning both enjoyable and productive,"

Technological advances attract a crowd of Academy members to an exhibit hall demonstration.

AcademyU®.org

AcademyU.org is coming soon. This new education site will make for a richer member education experience by providing the ability to offer new products and services. Quick and easy access to all the Foundation's education and knowledge resources will be available through an improved search capability. Real-time access to continuing education credit information will help you track your progress and credit awarded. This new site will also provide robust analytics that the Foundation will use to evaluate its products and inform the development of new content.

New Academy Website

Plans are well under way to create a brand new entnet.org. This includes a complete revamp of the site designed to improve navigation, keyword searching, and easy access to content. It will employ responsive design, which allows one to engage with the site through multiple devices including smartphones and tablets. What this means for professional education is a more easily searchable site that allows members to access education and knowledge resources of most interest to them. Plans are to organize the education content not only by specialty area, but also by audience type.

Member Engagement Portal

Efforts are currently under way to launch ENTConnect, the new and engaging Member Portal. This will be a highly interactive site where members can gather, share, and talk with each other. The site will host many features that allow for meaningful connections with colleagues across the country and the world. Education and knowledge resources will be created and developed through this interactive platform by allowing the Education Committees to share and review documents. Education course participants can engage in discussions about the activity and more interactive learning can occur by using this platform.

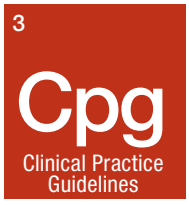
"These initiatives are very exciting and a positive step for the Academy. Participants in the education and knowledge resources will benefit greatly from these new and innovative tools that will make learning both enjoyable and productive," said Sonya Malekzadeh, MD, Foundation Coordinator for Education. As always education leadership wants to hear from you if you have an innovative education idea that uses these new technology resources.

AcademyU® is All about YOU

Your copy of the 2014 *Education Opportunities* has arrived with this *Bulletin*. Hopefully you have already paged through it to see how the Foundation is making you aware of the many education and knowledge resources we offer to members and non-members alike.

The Education emphasis this year will be on YOU, encouraging our members to engage in the education and knowledge resources the Foundation offers.

In an effort to continually create greater awareness of all the education and knowledge resources available across the Academy and Foundation, we are introducing new "elements" to the AcademyU® education and knowledge "table." While you may be familiar with many of these resources, our intent is to showcase how they contribute to your overall professional development. Find access to all at www.entnet.org/academyU.



Clinical Practice Guidelines (Cpg)

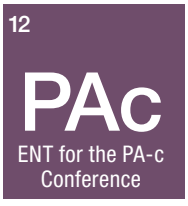
This new element is an outcome of efforts to provide members with the tools needed to implement the guidelines into your practice. Cpg will take you directly to all the Clinical Practice Guidelines and other resources for you to use to familiarize yourself with them. Cpg will be updated as new materials are developed and new guidelines are released.

Otolaryngology-Head and Neck Surgery Journal

The journal is the premiere source for contemporary, ethical, and clinically relevant information in otolaryngology and head and neck surgery that can be used by otolaryngologists, scientists, clinicians, and related specialists to improve patient care and public health. OTO Jnl will link you to the journal website where you have access to the journal online, selected podcasts, and meeting abstracts.

Annual Meeting Webcasts and Posters (AmW and AmP)

Annual Meeting learning never ends with online access to the presentations and posters. At each Annual Meeting & OTO EXPO℠ nearly every miniseminar, instruction course, and oral presentation is recorded for future viewing. These webcasts (AmW) are available for purchase and viewing shortly after the meeting has ended. And, as a special benefit, Members are given their choice of six free webcasts each year. Prior annual meeting webcasts are available for purchase as far back as 2004. In addition, poster presentations (AmP) for several past meetings are available for no charge.

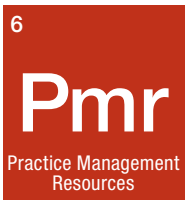


ENT for the PA-c Annual Conference (PA-c)

Each year, the Foundation partners with the Society for Physician Assistants in Otolaryngology to hold a special conference for physician extenders, especially physician assistants and nurse practitioners. In its fourth year, the 2014 event will take place April 24-27 in Pittsburgh, PA, hosted by the University of Pennsylvania Medical Center and **Jonas T. Johnson, MD**. This conference provides both extensive hands-on workshops and didactic lectures from top otolaryngology experts. Click on PA-c to register.

Pediatric Otolaryngology Webinar Series (Pws)

In collaboration with the American Society of Pediatric Otolaryngology, the Foundation is cosponsoring a series of webinars targeting the pediatric otolaryngologist. There are 10 webinars in the year-long series presented by experts in the field covering such topics as pediatric sleep disordered breathing; cochlear implant update; management of acute airway; and evaluation and management of laryngeal cleft.



Practice Management Resources

In this ever-changing world of healthcare, it is vital otolaryngologists remain up to date and aware of the new policies and actions that affect their practices. The Academy's health policy resources are excellent tools to help you navigate through these changes. Pmr will link you to resources available in the areas of coding and practice management, quality and safety, and payment reform.

Remember, AcademyU® is YOUR otolaryngology education source. Its mission is to meet your professional development needs by providing education and knowledge elements that span several learning formats and designs. Please be aware, stay engaged, and realize the value of education from the Academy.

How Do We Improve Education? We Asked and You Responded!

Sonya Malekzadeh, MD
Coordinator for Education

Last year, we asked you, our members, to voice your opinions and to provide feedback on ways to improve the Foundation's education programming. Your response has been tremendous. The compilation of ratings and comments will be an invaluable resource in planning an exciting future for the Foundation, one that meets the needs and interests of the diverse AAO-HNS membership.

Based on a thorough analysis of this needs assessment initiative data, it has become increasingly clear that we will need to focus on three central themes: **awareness, engagement**, and **value**. Accordingly, the Foundation will use this information to direct the development of a new and innovative professional development program.

As President Richard W. Waguespack, MD, described in his column (see page 7), our overarching goal is to increase awareness and user engagement, with the measure of our success being member access to premium otolaryngology content on the web and in print. The otolaryngology community's understanding of, and involvement in, our education mission is essential to successful programming.

Your feedback indicates that in addition to traditional education methods, a growing number of members desire a larger eLearning environment and expanded electronic platform. With a better appreciation of our members' preferred learning styles in education and training, combined with today's expanding technology, we will be better equipped to offer many new and varied formats to enhance learning experiences.

Additionally, a thorough review of existing education products will help us enrich and improve these resources to best meet your education needs and learning preferences. Look for electronic upgrades and web-based formats of your favorite education products in the ensuing months.

One message came across loud and clear from your survey responses: when it comes to providing quality education and knowledge resources the Foundation "can't do it alone." **Collaboration** will provide greater opportunities to enhance the education offerings and to create superior programs that will effectively meet the education needs of both general otolaryngologists and specialists. Building on our relationships with the American Board of Otolaryngology, our sister societies, and other healthcare groups, we will assemble a comprehensive set of resources for all our learners.

As we prepare to introduce you to the Foundation's improved learning platform, we'd like to thank the hundreds of members who've taken the time to respond in depth to our surveys. Your comments will help make otolaryngic education better, and we promise to keep listening. You will continue to play an integral role in redefining and planning future programming.

As I reflect on the last two years, I share with you my sense of pride in our education faculties. While we have made strong progress, we must also embrace the new challenges and opportunities that lie ahead. I am enthusiastic and optimistic that with the assistance of our education leadership and numerous dedicated volunteers, we will deliver state-of-the-art knowledge and education resources of value to all our learners.

Academic Bowl Winner

Congratulations to Geisinger Medical Center, Danville, PA, for winning the seventh Annual AAO-HNSF Academic Bowl at the AAO-HNSF 2013 Annual Meeting & OTO EXPO℠.

The Academy is grateful to the additional teams that competed:

- University of Michigan
- University of Missouri
- Northwestern University

Special thanks to **Mark K. Wax, MD**, who moderated the event.

Ideological Divide Sets Stage for Bumpy Start to 2014

It's that time of year again—a time for fresh starts and new perspectives, right? If only that thought rang true for Congress. As the second session of the 113th Congress convenes this month, we find that not much has changed and the ideological divide that paralyzed the nation's capital for several weeks last October is still alive.

This month, Congress would have faced the first of two critical deadlines put in place by the "compromise" that ended last fall's government shutdown. Congressional leaders had set a January 15 deadline to develop a framework for funding the government. However, in mid-December, U.S. Representative Paul Ryan (R-WI) and U.S. Senator Patty Murry (D-WA) announced that a two-year budget deal had been reached. Included as an amendment to this bill was language to halt (for three months) the 20+ percent cut in Medicare physician payments scheduled for January 1, 2014. Instead, physicians will receive a .5 percent positive increase during that time. This payment "bridge" is intended to avoid payment disruptions as Congress completes its work on permanent SGR repeal legislation early next year. The budget compromise, including the SGR "bridge," was passed (332-94) by the U.S. House of Representatives on December 12, and, at the writing of this article, the U.S. Senate was scheduled to consider the legislation sometime during the week of December 16.

Looking to next month, Congress will again contend with increasing the nation's borrowing capacity, with the February 7 deadline capping what could well become an extremely contentious start to the year. Several key issues—including changes to entitlement programs, and tax reform—remain focal points for the negotiations. In addition, implementation of the Affordable Care Act and general healthcare reform efforts will likely also remain recurring themes as Congressional leaders again attempt to find common ground regarding the aforementioned issues.

The ease—or pain—by which these two early deadlines are addressed will undoubtedly be woven into the election-year rhetoric that will begin taking center stage as the primary season for the 2014 mid-term elections gets underway. So, unfortunately, 2014 is poised to be yet another year that lacks substantial legislative activity, with the outcome of this year's elections largely determining the outlook for Congressional comity versus continued contentiousness through 2016.

No Travel Necessary!

Interested in where your Members of Congress stand on the issues important to the specialty? Join the growing number of otolaryngologist-head and neck surgeons participating in the AAO-HNS In-district Grassroots Outreach (I-GO) program! I-GO volunteers work with Academy staff to meet with their elected officials at town hall meetings, fundraising events, their practice location, or in a legislator's district office to discuss important issues affecting the specialty and patients. Key topics being discussed include the repeal of the Sustainable Growth Rate (SGR) formula, Graduate Medical Education (GME) funding, and truth-in-advertising legislation. The Academy is currently recruiting members for the upcoming President's Day recess. If you are interested in becoming a local voice for the specialty, email govtaffairs@entnet.org.

Follow Government Affairs on Twitter

Do you want to be one of the first to know the status of healthcare bills moving through Congress? Follow the Government Affairs Twitter account @ AAOHNSGovtAffrs. By following us, you can learn more about the issues affecting the specialty, including repeal of the flawed Sustainable Growth Rate (SGR) formula, medical liability reform, scope-of-practice battles, Graduate Medical Education (GME) funding, truth-in-advertising (TIA) initiatives, and efforts to repeal the Independent Payment Advisory Board (IPAB). Not a fan of Twitter? You can also check the Government Affairs webpage for updates at http://www.entnet.org/Advocacy.

ENT PAC

2014 is an election year for Congress. ENT PAC, the political action committee of the AAO-HNS, financially supports federal Congressional candidates and incumbents who help and/or advance the issues important to otolaryngology–head and neck surgery. ENT PAC is a NON-PARTISAN, ISSUE-DRIVEN entity that serves as your collective voice on Capitol Hill to increase the visibility of the specialty with key policymakers. To learn more about ENT PAC, visit our PAC website at www.entpac.org (log-in with your AAO-HNS ID and password).

New Year, New Advocacy Campaign: Attention Residents and Fellows-in-Training

At last year's AAO-HNSF Annual Meeting & OTO EXPO℠, the new Resident and Fellow-in-Training Involvement Campaign was introduced as a means to increase participation from these groups in advocacy-related initiatives. It is essential for residents and fellows-in-training as the future of the specialty to learn about the Academy's advocacy efforts and become involved early in their careers. The campaign, which is a competition among otolaryngology residency programs, provides AAO-HNS residents and fellows-in-training the opportunity to earn points for themselves and their residency programs.

UC-Irvine Residents achieve full participation in the 2013 campaign.

With the start of a new year, now is the perfect time to have your residency program become fully involved with this new campaign! Participation is easy, and in some instances, it only takes a minute to join this ongoing effort. Take part in these small activities and earn points for yourself and your program.

- Join the ENT Advocacy Network and earn one point.
- Follow @AAOHNSGovtAffrs on Twitter, friend us on Facebook, and connect on LinkedIn to earn a total of three points.
- Donate to ENT PAC and gain five points.*

These points also come with great rewards. For example, participants in the program receive an exclusive Advocacy Investor T-shirt by earning seven points. The training programs that receive 100 percent participation receive a special breakroom treat. The program with the most points overall will be rewarded with an exclusive networking event with top Academy members at the next annual meeting.

Who will be the top advocacy training program in 2014? Only time—and advocacy involvement—will tell! For more information on how to earn more points and increase your training program's ranking in this fun challenge, email govtaffairs@entnet.org.

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

State Legislatures Back in Session

As we celebrate the new year, many state legislatures across the nation are convening their legislative sessions. AAO-HNS "state trackers" should watch for legislative reports in their email. Reports are sent daily, but will include updates only on bills that are newly introduced, amended, scheduled for a hearing, or receiving a floor vote. If you are concerned you may not be receiving reports, please email govtaffairs@entnet.org.

State trackers should also prepare for our next legislative conference call on January XX. The goals of the conference call series are to help educate state trackers, provide a forum to identify national trends, and receive input on the specific needs of each state. The calls last about one hour and will be limited to participants in the state tracking program and state society staff. Trackers will receive an email with the time and login information for the conference call.

Thank you to all AAO-HNS members who have already volunteered to fill this important role! If you are interested in becoming a state tracker in your state, please email govtaffairs@entnet.org.

The Intersection of Quality, Safety, and Satisfaction

Rahul K. Shah, MD
George Washington University School of Medicine;
Children's National Medical Center, Washington, DC

We are all familiar with the Institute of Medicine's landmark clarion call to improve the safety and quality of care delivery in the United States healthcare system. This report, released almost 15 years ago, served as a catalyst for the modern patient safety and quality improvement efforts and successes.

As the last decade and a half has progressed, the role of the consumer (i.e., patient) of healthcare has emerged. The power of the consumer in the healthcare transaction has grown tremendously. Hospitals actively compete for patients to provide care for some services that have high margins and are lucrative for the hospital.

How do the hospitals compete for these patients? Of course they must all have excellent outcomes. For example, perhaps a couple of decades prior, we would have been able to compare three hospitals and see disparate results in terms of outcomes—i.e., one would be at 30 percent, another at 50 percent, and the best at 80 percent. Metrics at present are so narrowly defined and the quality of care has improved so significantly that when comparing institutions and providers, quality scores are within a range of a few single digits; for example, these three institutions may now score 98.7 percent, 98.9 percent, and 90.9 percent. What do these numbers mean for the consumer? How is the consumer going to be able to choose where to take their care? They are probably not going to base their decision on these outcome or quality metrics.

Satisfaction Surveys

Enter the patient satisfaction movement/craze to which physicians are beginning to have to pay attention. There are myriad healthcare satisfaction and experience surveys. These are nothing new; however, they were not widely popular until the past couple of years. Indeed, some otolaryngology practices are piloting the HCAHPS (hospital consumer assessment of healthcare providers and systems) survey for their outpatient practices. These surveys are a "measure" of the "experience" of the consumer. There is variability in such patient satisfaction and experience metrics that perhaps the consumer will be able to discern and select the best institution from these measures.

Providers continue to be squeezed in a schizophrenic environment where there are competing demands, unfunded mandates, and outright financial deductions for not adhering to or meeting certain metrics. As I often say, I could easily have the highest patient satisfaction scores in the hospital: I would only see one patient every week. Of course, this extreme is not sustainable on many levels.

I have been fortunate to have spent time with and heard a few talks from James Merlino, MD, the chief experience officer of the Office of Patient Experience at the Cleveland Clinic, when he discussed the intersection of patient safety, quality improvement, and patient satisfaction. He has come up with an excellent example of how they intertwine. He uses the airline industry as an example and paints the following story: our first priority when choosing an airline is to ensure we get to where we need to be safely, without crashing (patient safety); once we understand that we are safe, we then want to ensure that we arrive on time and leave on time within reason (quality); once this is established, only then do we consider the inflight amenities and overall comfort (patient satisfaction). Dr. Merlino's analogy captures eloquently how we should think about patient safety, quality, and patient satisfaction in healthcare delivery.

As there will inevitably be many competing priorities and many ideas *du jour*, it is imperative that Academy members have the ability to rise above the fray and see the proverbial forest for the trees. The analogy further helps us understand the intersection between patient safety/quality improvement and patient satisfaction by prioritizing each one and putting them in a linear perspective. The connectedness is much tighter than we appreciate at first glance, and the relationship is perhaps also much more symbiotic than we appreciate.

> As the last decade and a half has progressed, the role of the consumer (i.e., patient) of healthcare has emerged. The power of the consumer in the healthcare transaction has grown tremendously.

The study of patient satisfaction is an emerging frontier in the care delivery cycle and one that Academy members need to be versed in. Our own Academy member, **Emily F. Boss, MD, MPH**, has published several peer-reviewed articles on this topic and explains in her excellent articles the relationship between patient satisfaction, disparities in care, and improvement opportunities. Suffice it to say, the next couple of years will be interesting as providers learn how to navigate these intersecting priorities.

We encourage members to write us with any topic of interest and we will try to research and discuss the issue. Members' names are published only after they have been contacted directly by Academy staff and have given consent to the use of their names. Please email the Academy at qualityimprovement@entnet.org to engage us in a patient safety and quality discussion that is pertinent to your practice.

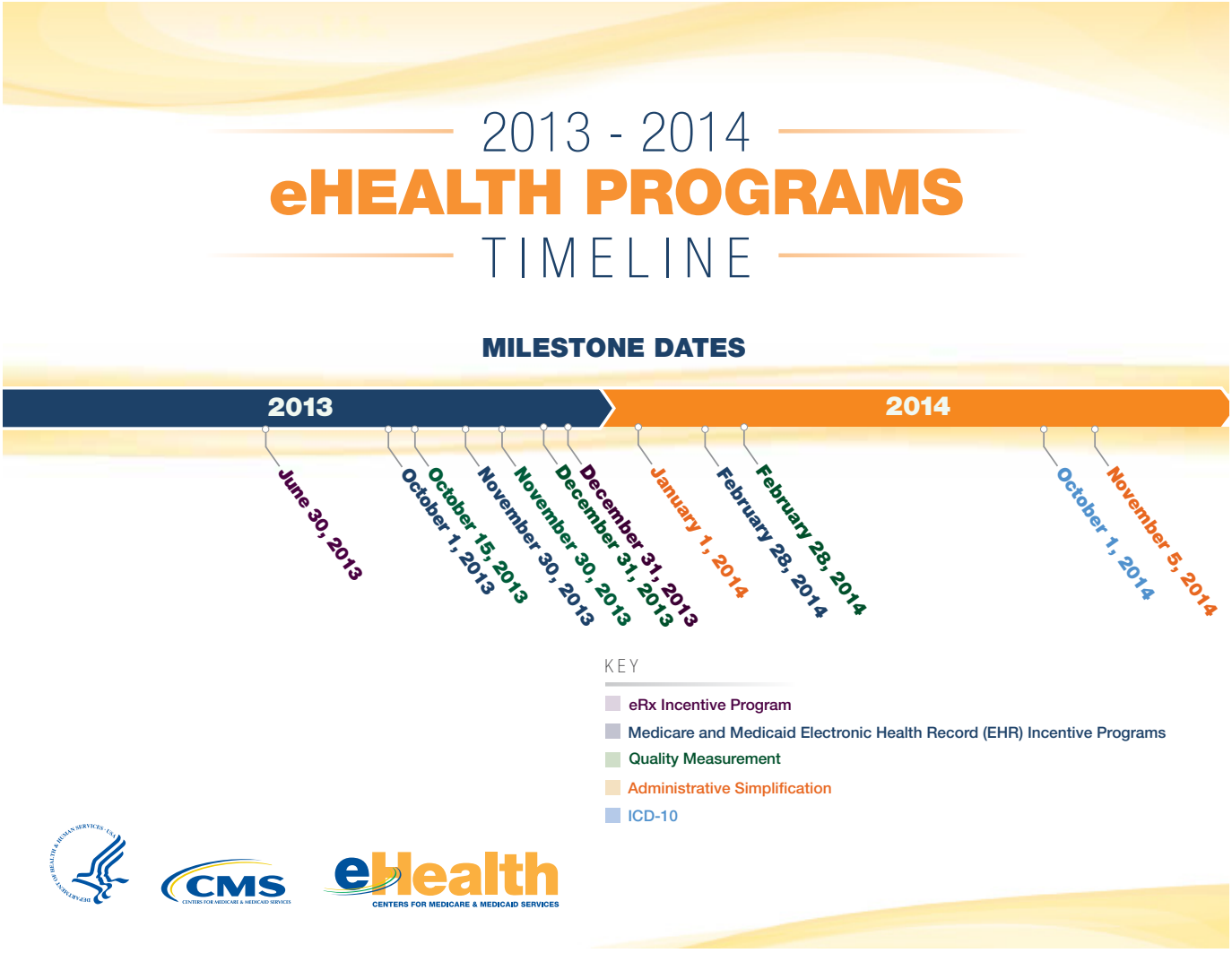
Confused about the Quality Reporting Deadlines? We're Here to Help!

As the new year begins, it is important for members to stay abreast of the various upcoming quality initiative deadlines. In an effort to provide clarity and highlight valuable resources, the Academy encourages members to utilize the Centers for Medicare & Medicaid (CMS) eHealth Programs Timeline, which can be found at http://www.cms.gov/eHealth/downloads/Timeline_091213_FINAL.pdf. The interactive timeline not only emphasizes looming deadlines, but also provides explanatory steps to ensure compliance with new and ongoing initiatives.

Key 2013 Dates

2013 proved a critical year for physicians participating in various quality initiatives. Important dates and deadlines included:

- **October 1**—Start of the EHR Meaningful Use (MS), Stage 2 reporting period for eligible hospitals and Critical Access Hospitals (CAHs) for the 2014 fiscal year.
- **October 15**—Last day for groups to register for participation in Group Practice Reporting Option (GPRO) for the 2013 Physician Quality Reporting System (PQRS) program year via Web Interface or registry reporting.
- **October 15**—Last day for individuals and groups participating in GPRO to submit administrative claims-based reporting to avoid penalties in 2015.
- **October 15**—Last day for groups of 100 or more Eligible Professionals (EPs) to self-nominate/elect quality-tiering for Value Based Payment Modifier.
- **November 30**—Last day for Medicare eligible hospitals and CAHs to register for the Medicare EHR Incentive Program for 2013.



- **November 30**—Last day for Medicare eligible hospitals and CAHs to register and attest to receive an incentive payment and for eligible hospitals to submit their 2013 fiscal year data through QualityNet to receive an incentive payment.
- **December 31**—Reporting PQRS for 2013 for both group practices (participating in GPRO) and individual EPs ended.
- **December 31**—Reporting for 2013 Electronic Prescribing (eRx) incentive for group practices (participating in GPRO) and individual EPs ended.

What to Expect in 2014

So what's in store for 2014? 2014 will be as pivotal as 2013 regarding quality initiative rollout dates. Members should be aware that February 28, 2014, is the last day for EPs to register and attest to receive an incentive payment for 2013. Additionally, February 28 is also the last day to submit PQRS data through some reporting methods (Registry and EHR direct submission). February 28 is also the last day to submit Clinical Quality Measures (CQMs) for the EHR Incentive Program Electronic Reporting Pilot. Lastly, the deadline to complete your practice's transition to ICD-10 is October 1, 2014.

> "the Academy encourages members to utilize the Centers for Medicare & Medicaid (CMS) eHealth Programs Timeline, which can be found at http://www.cms.gov/eHealth/downloads/Timeline_091213_FINAL.pdf."

Academy Resources

In addition to CMS's interactive timeline, the Academy has numerous resources available to members, including:

- **PQRS*wizard*:** PQRS*wizard* is a CMS-certified registry product tailored for otolaryngologists. This online tool helps collect and report quality measure data for the PQRS incentive payment program. Access the tool at https://aaohns.pqrswizard.com/ and http://entnet.org/PQRS.
- **ICD-10 ENT Superbill:** The ICD-10 ENT Superbill is designed to assist members in quickly completing and submitting procedure(s) and diagnosis(s) codes from a patient visit for reimbursement. A sample for members can be found at http://bit.ly/entICD10.
- **Quality Program Initiative Fact Sheets:** The Academy has developed three quality program initiative fact sheets that provide an overview of each quality initiative (PQRS, EHR, and eRx). Access the fact sheets at www.entnet.org/cmspenalties.

These materials and resources are designed to aid in member participation in the initiatives. The Academy understands that the breadth of reporting requirements imposed on physicians can be daunting. Please feel free to email us for support or to suggest additional resources that would be helpful at healthpolicy@entnet.org or quality@entnet.org.

AMA CPT® Assistant—Coding Update: Auditory System (69210)

Auditory System code 69210, Removal impacted cerumen requiring instrumentation, unilateral, is revised in the Current Procedural Terminology (CPT®) 2014 code set to include the use of instrumentation in the removal of impacted cerumen (ear wax) and to clarify that the procedure is unilateral. Developed in collaboration with the American Academy of Otolaryngology—Head and Neck Surgery (AAO-HNS), this article discusses the following three coding scenarios related to ear wax removal and the appropriate CPT codes to report once the 2014 revisions become effective:

> Removing wax that is not impacted does not warrant the reporting of code 69210. Rather, that work would appropriately be reported with an evaluation and management (E/M) code regardless of how it is removed (eg, lavage, irrigation, etc).

1. The patient presents to the office for the removal of ear wax by the nurse via irrigation or lavage.
2. The patient presents to the office for the removal of ear wax by a physician (any specialty) via irrigation or lavage.
3. The patient presents to the office for ear wax removal which requires magnification provided by an otoscope or operating microscope, and instruments such as wax curettes, forceps, or suction by the primary care physician or otolaryngologist. This latter situation occurs most commonly when impacted cerumen completely covers the eardrum and the patient has hearing loss.

Question: Are all of these procedures appropriately reported with CPT code 69210, Removal impacted cerumen requiring instrumentation, unilateral?

Answer: No. Only the third scenario listed above would be reported with CPT code 69210. A major element in determining whether code 69210 should be reported is based upon an understanding of the definition of impacted cerumen. The AAO-HNS defines cerumen as impacted if any one or more of the following conditions are present:

- cerumen impairs the examination of clinically significant portions of the external auditory canal, tympanic membrane, or middle ear condition;
- extremely hard, dry, irritative cerumen causes symptoms such as pain, itching, hearing loss, etc;
- cerumen is associated with foul odor, infection, or
- dermatitis; or
- obstructive, copious cerumen cannot be removed without magnification and multiple instrumentations requiring physician skills.

Another key factor in determining whether code 69210 should be reported is what instruments are utilized to remove the impacted ear wax. In this context, instrumentation is defined as the use of an otoscope and other instruments such as wax curettes and wire loops, or an operating microscope and suction plus specific ear instruments (eg, cup forceps, right angle forceps). Accompanying documentation should indicate the time, effort, and equipment required to provide the service. Additionally, the descriptor of code 69210 has been clarified to reflect that code 69210 is a unilateral code. For bilateral impacted cerumen removal, report code 69210 with modifier 50, Bilateral Procedure, appended.

Other issues may also require consideration. Removing wax that is not impacted does not warrant the reporting of code 69210. Rather, that work would appropriately be reported with an evaluation and management (E/M) code regardless of how it is removed (eg, lavage, irrigation, etc). Therefore, based on this information, scenarios 1 and 2 would not be reported with code 69210. These scenarios would be reported with the appropriate E/M code. Scenario 3, however, would be reported with code 69210 because both criteria were met: the patient had cerumen impaction and the removal required physician work using an otoscope or other magnification and instrumentation, rather than simple lavage.

Add-on code +69990, Microsurgical techniques, requiring use of operating microscope (List separately in addition to code for primary procedure), should not be reported if the operating microscope is used for cerumen removal. In this later instance, however, code 92504, Binocular microscopy (separate diagnostic procedure), may be reported additionally.

Finally, an E/M code may be reported if there is a separate and distinct service performed at the same session. In that instance, modifier 25, Significant, Separately Identifiable Evaluation and Management Service by the Same Physician or Other Qualified Health Care Professional on the Same Day of the Procedure or Other Service, should be appended to the E/M code.

CPT® Assistant October 2013

RUC and CPT Update: Coding and Reimbursement Changes in 2014

It is critical that Academy members keep in mind that maintaining value for otolaryngology-head and neck surgery services is an enormous success in light of the rigorous review and cost-saving focus of the AMA Relative Update Committee (RUC), MedPAC and the Centers for Medicare & Medicaid Services (CMS). ***While Otolaryngology will see some minor reductions in reimbursement for some services in CY 2014, we are pleased that for many of the new codes presented to the AMA RUC in late 2012-2013, the assigned relative value units (RVUs) are higher than the previously reported CPT codes for that work.*** Specifically, all six of the new rigid, transoral esophagoscopy codes will be reimbursed substantially higher than the previously reported 43200 code series.

Academy Collaboration with other Specialty Societies

Specific fluctuations in reimbursement for the services reviewed by the AMA RUC, and subsequently CMS, are outlined within the table following this article. The Academy participated either directly, or via comment and/or monitoring, in the development of recommendations to the AMA RUC for all of the following procedures. For several codes, such as the esophagoscopy family of codes, the Academy was asked to collaborate with other specialty societies (e.g. American Gastroenterological Association, Society of American Gastrointestinal and Endoscopic Surgeons, and the American Society for Gastrointestinal Endoscopy) to develop relative value and practice expense recommendations. Recommendations for all these codes were then reviewed by the AMA RUC and either approved or modified from the Academy's original recommendations via the AMA RUC survey process.

CMS is then presented with the AMA RUC's value recommendations and may either approve or modify the physician work values and direct practice expense inputs for these services. They then post their final determinations in the final Medicare physician fee schedule (MPFS) each year.

What were the Key Factors in Assigning Values for CY 2014?

Members should remember that for CY 2014, several factors led to the modified values for all physician services, including lower times reported by members on their RUC surveys for certain procedures reviewed in CY 2013, recommended reductions in value by the AMA RUC for some services, CMS' decision to revise the Medicare Economic Index (which reduced practice expense RVUs for services with high practice expense costs), and CMS' modification (additions and subtractions) to the direct practice expense inputs for several services reviewed by the RUC in 2013.

In sum, these policy changes result in the RVUs reflected below for CY 2014. For detailed information on the MEI policy or other specific modifications made by CMS in the final rule, access the Academy's full 2014 MPFS summary on our website at http://bit.ly/CMSregs.

Academy Next Steps

The table below reflects the approved values by CMS for CY 2014. Notably, CMS elected to modify several of the AMA RUC's recommended values for ENT services reviewed. ***The Academy is actively reviewing CMS' detailed rationale for changes to both physician work RVUs, as well as practice expense direct inputs and clinical staff time associated with these services.*** Additional detail on these modifications by CMS will be captured in the February 2014 *Bulletin*, which will include the summary of the 2014 MPFS.

The Academy plans to comment to CMS directly on areas of concern related to their modifications to RVUs for CY 2014 via our comment letter on the 2014 final MPFS, which are due by January 27, 2014. We also are in the process of arranging an in-person meeting with the Agency to discuss their alteration of RVUs for ENT services for CY 2014. It is our hope that as in years past, these direct discussions with CMS will help to achieve corrections and modifications to the RVUs for otolaryngology services that we believe are mis-valued or undervalued. Members should note, however, that any revisions to values would not take effect until the CY 2015 final rule due to statutory rulemaking requirements CMS must adhere to.

In the event members have questions regarding the above information or modifications to specific codes, please contact us at healthpolicy@entnet.org.

Year	CPT Code	Descriptor	Work RVU	Practice Expense Non-facility* RVU	Practice Expense Facility** RVU	
Esophagoscopy / Surgery						
2013	Formerly reported 43200	Esophagoscopy, rigid or flexible; diagnostic, with or without collection of specimen(s) by brushing or washing (separate procedure)	N/A New Code	N/A New Code	N/A New Code	
2014	43191	Esophagoscopy, rigid, transoral; diagnostic, including collection of specimen(s) by brushing or washing, when performed	2.00	N/A Facility only	1.43	
2013	Formerly reported 43201	Esophagoscopy, rigid or flexible; with directed submucosal injection(s), any substance	N/A New Code	N/A New Code	N/A New Code	
2014	43192	Esophagoscopy, rigid, transoral; with directed submucosal injection(s), any substance	2.45	N/A Facility only	1.63	
2013	Formerly reported 43202	Esophagoscopy, rigid or flexible; with biopsy, single or multiple	N/A New Code	N/A New Code	N/A New Code	
2014	43193	Esophagoscopy, rigid, transoral; with biopsy, single or multiple	3.00	N/A Facility only	1.85	
2013	Formerly reported 43215	Esophagoscopy, rigid or flexible; with removal of foreign body	N/A New Code	N/A New Code	N/A New Code	
2014	43194	Esophagoscopy, rigid, transoral; with removal of foreign body	3.00	N/A Facility only	1.37	
2013	Formerly reported 43220	Esophagoscopy, rigid or flexible; with balloon dilation (less than 30 mm diameter)	N/A New Code	N/A New Code	N/A New Code	
2014	43195	Esophagoscopy, rigid, transoral; with balloon dilation (less than 30 mm diameter)	3.00	N/A Facility only	1.86	
2013	Formerly reported 43226	Esophagoscopy, rigid or flexible; with insertion of guide wire followed by dilation over guide wire	N/A New Code	N/A New Code	N/A New Code	
2014	43196	Esophagoscopy, rigid, transoral; with insertion of guide wire followed by dilation over guide wire	3.3	N/A Facility only	1.96	
2013	Formerly reported 43200	Esophagoscopy, rigid or flexible; diagnostic, with or without collection of specimen(s) by brushing or washing (separate procedure)	N/A New Code	N/A New Code	N/A New Code	
2014	43197	Esophagoscopy, flexible, transnasal; diagnostic, includes collection of specimen(s) by brushing or washing, when performed	1.48	3.61	0.68	
2013	Formerly reported 43202	Esophagoscopy, rigid or flexible; with biopsy, single or multiple	N/A New Code	N/A New Code	N/A New Code	
2014	43198	Esophagoscopy, flexible, transnasal; with biopsy, single or multiple	1.78	3.89	0.79	

	Malpractice RVU	TOTAL Non-facility RVUs	Total Facility RVUs	Change in Non-facility RVUs	% Change in Non-facility RVUs	Change in Facility RVUs	% Change in Facility RVUs
	N/A New Code	N/A New Code	N/A New Code				
	0.21	N/A Facility only	3.64	N/A Facility only	N/A Facility only	3.64	N/A New Code
	N/A New Code	N/A New Code	N/A New Code				
	0.26	N/A Facility only	4.34	N/A Facility only	N/A Facility only	4.34	N/A New Code
	N/A New Code	N/A New Code	N/A New Code				
	0.32	N/A Facility only	5.17	N/A Facility only	N/A Facility only	5.17	N/A New Code
	N/A New Code	N/A New Code	N/A New Code				
	0.32	N/A Facility only	4.69	N/A Facility only	N/A Facility only	4.69	N/A New Code
	N/A New Code	N/A New Code	N/A New Code				
	0.32	N/A Facility only	5.18	N/A Facility only	N/A Facility only	5.18	N/A New Code
	N/A New Code	N/A New Code	N/A New Code				
	0.42	N/A Facility only	5.68	N/A Facility only	N/A Facility only	5.68	N/A New Code
	N/A New Code	N/A New Code	N/A New Code				
	0.15	5.24	2.31	5.24	N/A New Code	2.31	N/A New Code
	N/A New Code	N/A New Code	N/A New Code				
	0.18	5.85	2.75	5.85	N/A New Code	2.75	N/A New Code

Year	CPT Code	Descriptor	Work RVU	Practice Expense Non-facility* RVU	Practice Expense Facility** RVU	
2013	43200	Esophagoscopy, rigid or flexible; diagnostic, with or without collection of specimen(s) by brushing or washing (separate procedure)	1.59	4.77	1.32	
2014	43200	Esophagoscopy, flexible, transoral; diagnostic, including collection of specimen(s) by brushing or washing when performed	1.50	5.96	1.00	
2013	43201	Esophagoscopy, rigid or flexible; with directed submucosal injection(s), any substance	2.09	7.22	1.43	
2014	43201	Esophagoscopy, flexible, transoral; with directed submucosal injection(s), any substance	1.80	5.77	1.13	
2013	43202	Esophagoscopy, rigid or flexible; with biopsy, single or multiple	1.89	6.68	1.29	
2014	43202	Esophagoscopy, flexible, transoral; with biopsy, single or multiple	1.80	8.20	1.12	
2013	43215	Esophagoscopy, rigid or flexible; with removal of foreign body	2.60	N/A Facility only	1.60	
2014	43215	Esophagoscopy, flexible, transoral; with removal of foreign body	2.51	8.65	1.40	
2013	43220	Esophagoscopy, rigid or flexible; with balloon dilation (less than 30 mm diameter)	2.10	N/A Facility only	1.39	
2014	43220	Esophagoscopy, flexible, transoral; with balloon dilation (less htan 30 mm diameter)	2.10	26.09	1.26	
2013	43226	Esophagoscopy, rigid or flexible; with insertion of guide wire followed by dilation over guide wire	2.34	N/A Facility only	1.50	
2014	43226	Esophagoscopy, flexible, transoral; with insertion of guide wire followed by dilation over guide wire	2.34	8.15	1.34	
2013	43450	Dilation of esophagus, by unguided sound or bougie, single or multiple passes	1.38	3.14	1.08	
2014	43450	Dilation of esophagus, by unguided sound or bougie, single or multiple passes	1.38	4.46	0.95	
2013	43453	Dilation of esophagus, over guide wire	1.51	7.41	1.14	
2014	43453	Dilation of esophagus, over guide wire	1.51	25.94	1.01	
Nervous System / Surgery						
2013	Formerly Reported with 64613	Chemodenervation of muscle(s); neck muscle(s) (eg, for spasmodic torticollis, spasmodic dysphonia)	2.01	2.55	2.10	
2014	64617	Chemodenervation of muscle(s); larynx, unilateral, percutaneous (eg, for spasmodic dysphonia), includes guidance by needle electromyography, when performed	1.90	3.27	1.13	

	Malpractice RVU	TOTAL Non-facility RVUs	Total Facility RVUs	Change in Non-facility RVUs	% Change in Non-facility RVUs	Change in Facility RVUs	% Change in Facility RVUs
	0.23	6.59	3.14				
	0.21	7.67	2.71	1.08	16%	-0.43	-14%
	0.30	9.61	3.82				
	0.25	7.82	3.18	-1.79	-19%	-0.64	-17%
	0.29	8.86	3.47				
	0.27	10.27	3.19	1.41	16%	-0.28	-8%
	0.41	N/A Facility only	4.61				
	0.38	11.54	4.29	N/A Facility only	N/A Facility only	-0.32	-7%
	0.31	N/A Facility only	3.80				
	0.30	28.49	3.66	N/A Facility only	N/A Facility only	-0.14	-4%
	0.37	N/A Facility only	4.21				
	0.35	10.84	4.03	N/A Facility only	N/A Facility only	-0.18	-4%
	0.22	4.74	2.68				
	0.21	6.05	2.54	1.31	28%	-0.14	-5%
	0.23	9.15	2.88				
	0.22	27.67	2.74	18.51	202%	-0.14	-5%
	0.59	5.15	4.70				
	0.23	5.40	3.26	0.25	5%	-1.44	-31%

Year	CPT Code	Descriptor	Work RVU	Practice Expense Non-facility* RVU	Practice Expense Facility** RVU	
Auditory System						
2013	69210	Removal impacted cerumen (separate procedure), 1 or both ears	0.61	0.88	0.28	
2014	69210	Removal impacted cerumen requiring instrumentation, unilateral	0.61	0.72	0.27	
Speech Evaluation						
2013	New Code for 2014	N/A New Code	N/A New Code	N/A New Code	N/A New Code	
2014	92521	Evaluation of speech fluency (eg, stuttering, cluttering)	1.75	1.40	N/A Non-Facility only	
2013	New Code for 2014	N/A New Code	N/A New Code	N/A New Code	N/A New Code	
2014	92522	Evaluation of speech sound production (eg, articulation, phonological process, apraxia, dysarthria)	1.50	1.06	N/A Non-Facility only	
2013	New Code for 2014	N/A New Code	N/A New Code	N/A New Code	N/A New Code	
2014	92523	Evaluation of speech sound production (eg, articulation, phonological process, apraxia, dysarthria); with evaluation of language comprehension and expression (eg, receptive and expressive language)	3.00	2.31	N/A Non-Facility only	
2013	New Code for 2014	N/A New Code	N/A New Code	N/A New Code	N/A New Code	
2014	92524	Behavioral and qualitative analysis of voice and resonance.	1.5	1.12	N/A Non-Facility only	
Endoscopy / Surgery						
2013	31237	Nasal/sinus endoscopy, surgical; with biopsy, polypectomy or debridement (separate procedure)	2.98	6.52	2.02	
2014	31237	Nasal/sinus endoscopy, surgical; with biopsy, polypectomy or debridement (separate procedure)	2.60	4.43	1.73	
2013	31238	Nasal/sinus endoscopy, surgical; with control of nasal hemorrhage	3.26	6.43	2.16	
2014	31238	Nasal/sinus endoscopy, surgical; with control of nasal hemorrhage	2.74	4.25	1.79	
2013	31239	Nasal/sinus endoscopy, surgical; with dacryocystorhinostomy	9.33	N/A Facility only	10.14	
2014	31239	Nasal/sinus endoscopy, surgical; with dacryocystorhinostomy	9.04	N/A Facility only	7.66	
2013	31240	Nasal/sinus endoscopy, surgical; with concha bullosa resection	2.61	N/A Facility only	1.84	
2014	31240	Nasal/sinus endoscopy, surgical; with concha bullosa resection	2.61	N/A Facility only	1.70	

*Non-facility = physician offices, free standing imaging centers, and independent pathology labs.

**Facility = all other settings such as hospitals, ambulatory surgical centers, skilled nursing facilities, and partial hospitals.

	Malpractice RVU	TOTAL Non-facility RVUs	Total Facility RVUs	Change in Non-facility RVUs	% Change in Non-facility RVUs	Change in Facility RVUs	% Change in Facility RVUs
	0.07	1.56	0.96				
	0.07	1.40	0.95	-0.16	-10%	-0.01	-1%
	N/A New Code	N/A New Code	N/A New Code				
	0.04	3.19	N/A Non-facility Only	3.19	N/A New Code	N/A Non-Facility only	N/A Non-Facility only
	N/A New Code	N/A New Code	N/A New Code				
	0.03	2.59	N/A Non-facility Only	2.59	N/A New Code	N/A Non-Facility only	N/A Non-Facility only
	N/A New Code	N/A New Code	N/A New Code				
	0.07	5.38	N/A Non-facility Only	5.38	N/A New Code	N/A Non-Facility only	N/A Non-Facility only
	N/A New Code	N/A New Code	N/A New Code				
	0.08	2.70	N/A Non-facility Only	2.70	N/A New Code	N/A Non-Facility only	N/A Non-Facility only
	0.38	9.88	5.38				
	0.32	7.35	4.65	-2.53	-26%	-0.73	-14%
	0.41	10.10	5.83				
	0.33	7.32	4.86	-2.78	-28%	-0.97	-17%
	1.24	N/A Facility only	20.71				
	1.15	N/A Facility only	17.85	N/A Facility only	N/A Facility only	-2.86	-14%
	0.34	N/A Facility only	4.79				
	0.33	N/A Facility only	4.64	N/A Facility only	N/A Facility only	-0.15	-3%

PLEASE NOTE THAT THESE RATES ASSUME CONGRESSIONAL ACTION TO AVOID THE 20.1% SGR PAYMENT REDUCTION IN CY 2014. SHOULD A SGR PATCH OR REPEAL BE PASSED, ALL RVU VALUES ARE SUBJECT TO MODIFICATION BASED ON ADJUSTMENTS TO THE CY 2014 CONVERESION FACTOR (CF)

| www.entnet.org/renew

It's Time to Renew Your Membership for 2014!

Renew **TODAY** and continue to receive the high quality resources you need, including:

- **Lifelong learning**
  Members only discounts on your Contininuing Medical Education
- **Subscriptions to Member Publications**
  Complimentary subscriptions to *Otolaryngology—Head and Neck Surgery*, our monthly peer-reviewed journal and dynamic mobile app, and the *Bulletin*, our highly-rated monthly news magazine
- **Scientific meetings**
  Forums and courses to keep you current, network with colleagues, and earning CME credit at discounted rates
- **Research opportunities**
  Annual awards and training grants for health services research
- **Practice management**
  Tools for managing your practice and your career
- **Health Policy & Government Affairs**
  Fighting for our specialty, we monitor and shape health and public policies and keep you appraised of impending legislation
- **Public and patient education**
  Current news and topics that impact our specialty and your practice, and peer-reviewed *Patient Information leaflets* that inform your patients
- **Opportunities to expand your leadership**
  Lending your expertise, serving on a committee, and being part of the Academy's leadership in academic and meeting forums

Four Ways to Renew

1. **Online: www.entnet.org/renew**
   (Fastest and preferred)
2. **Mail: AAO-HNS**
   PO Box 418538
   Boston, MA 02241-8538
3. **Phone: 1-877-722-6467 (US and CAN)**
   +1-703-836-4444
   (Outside US and CAN)
4. **Fax: +1-703-684-4288**
   Monday–Friday, 8:30am–5:00pm ET

Please contact us for more information at the above numbers, or at memberservices@entnet.org.

AMERICAN ACADEMY OF OTOLARYNGOLOGY–HEAD AND NECK SURGERY

Not a member? Join today | www.entnet.org

Empowering otolaryngologist—head and neck surgeons to deliver the best patient care

1650 Diagonal Road, Alexandria, Virginia 22314-2857 U.S.A.

REGISTER ONLINE AND BOOK HOTEL RESERVATIONS NOW! WWW.COSM.MD

COMBINED OTOLARYNGOLOGY
COSM
SPRING MEETINGS

MAY 14-18, 2014

CAESAR'S PALACE, LAS VEGAS, NEVADA

ATTEND COSM AND...

- ☑ Network with over 1,500 Otolaryngologists
- ☑ Attend multiple scientific sessions
- ☑ View over 500 posters
- ☑ Listen to research and studies conducted by your colleagues
- ☑ Visit with over 85 exhibiting companies with products geared towards your specialty
- ☑ Enjoy the ultimate Las Vegas experience at an iconic luxury hotel in the center of "the Strip"

MEETING DETAILS AVAILABLE AT WWW.COSM.MD

2014 PARTICIPATING SOCIETIES:

ABEA – American Broncho-Esophagological Association
ALA – American Laryngological Association
ANS – American Neurotology Society
AOS – American Otological Society
ARS – American Rhinologic Society
ASPO – American Society of Pediatric Otolaryngology
TRIO – The Triological Society

Questions? Email **cosmsupport@facs.org** or visit **www.cosm.md**

Advanced Techniques in Endoscopic Sinus Surgery February 13-17, 2014

President's / Valentine's Day Weekend

Hyatt Regency Indian Wells Palm Springs, California

Lectures and Cadaver dissection with image guidance

LIVE SURGERY

Honored guest: **Richard Orlandi, MD**

Course Faculty: Karen Fong, MD Winston Vaughan, MD
Christopher Church, MD Nadeem Akbar, MD
Kimberly Cockerham, MD Tim Haegen, MD
Ed Hepworth, MD Manish Khanna, MD Peter Killian, MD
Brad Mechor, MD Ankit Patel, MD Ryan Rehl, MD
Kristin Seiberling, MD Alex Stewart, MD Roy Thomas, MD
Darshni Vira, MD Rhoda Wynn, MD

www.calsinus.com/course

UPPER EAST SIDE MANHATTAN PRACTICE FOR SALE

UPPER EAST SIDE
MANHATTAN, NEW YORK CITY
SOLO ENT PRACTITIONER,
42 YEARS IN PRACTICE,
RETIRING.

SELLING PRACTICE AND OFFICE.

CALL (212) 288-2541

EMORY UNIVERSITY SCHOOL OF MEDICINE

Department of Otolaryngology – Head and Neck Surgery
Atlanta, GA, USA

Course Faculty:

Douglas E. Mattox, MD.
N.Wendell Todd, MD. MPH
Malcolm D. Graham, M.D.,
Esther X. Vivas, MD

Temporal Bone Surgical Dissection Courses

5 Day Courses
April 7-11, 2014
November 17-21, 2014
April 13-17, 2015
November 9-13, 2015

Fee: $1650 Physicians in Practice
$1350 Residents (with letter from chief)
CME: 45 Category 1 Credits

For more information contact:
Opal Reynolds
Clinical Support Specialist
Emory University Hospital Midtown
Medical Office Tower
550 Peachtree Street, Suite 1135
Atlanta, GA 30308
oreynol@emory.edu
Tel: 404-686-8184 Fax: 404-686-3782

KU UNIVERSITY of KANSAS
DEPARTMENT OF OTOLARYNGOLOGY-HEAD & NECK SURGERY

Head and Neck Fellowship

Clinical Focus: Head and neck surgical oncology, skull base surgery, endoscopic laser surgery, minimally invasive endocrine surgery, microvascular reconstructive surgery and robotic surgery

Applications are accepted through the American Head and Neck Society: **www.ahns.info**

To view position online, go to **http://jobs.kumc.edu** and search by position number.

Letters of inquiry and CV may be mailed or emailed to:
Dan Bruegger, MD, Associate Professor and Interim Chairman
The University of Kansas School of Medicine
Department of Otolaryngology-Head & Neck Surgery
3901 Rainbow Blvd, MS 3010, Kansas City, KS 66160
Email: **dbruegge@kumc.edu**

WestVirginiaUniversity.

The Department of Otolaryngology at West Virginia University is seeking a fellowship-trained head and neck surgeon to join a well established head and neck oncology service in the summer of 2014 or sooner. Expertise with both ablative and reconstructive procedures is desired. Responsibilities include education of residents and medical students and patient care. Opportunities are available for those interested in 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 members.

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. Located 80 miles south of Pittsburgh and three hours from Washington, DC, Morgantown has an excellent public school system and offers culturally diverse, large-city amenities in a safe, family setting.

The position will remain opened until filled. Please send a CV with three professional references to:

Laura Blake
Director, Physician Recruitment
Fax: 304-293-0230
blakel@wvuhealthcare.com
http://www.hsc.wvu.edu/som/otolaryngology/

West Virginia University is an AA/EO Employer. WVU Health Sciences is a tobacco free campus. West Virginia University is the recipient of an NSF ADVANCE award for gender equity.

Sleep Surgeon
Stanford University School of Medicine
Department of Otolaryngology & Head and Neck Surgery

The **Department of Otolaryngology/Head and Neck Surgery** and the Stanford Sleep Center at **Stanford University School of Medicine** seeks a board certified otolaryngologist to join the department in the Medical Center Line. Faculty rank will be at the level of professor, associate professor, or assistant professor, determined by the qualifications and experience of the successful candidate.

The major criteria for appointment for faculty in the Medical Center Line shall be excellence in the overall mix of clinical care, clinical teaching, scholarly activity that advances clinical medicine, and institutional service appropriate to the programmatic need the individual is expected to fulfill.

The successful applicant should be board eligible or board certified in Otolaryngology/Head and Neck Surgery and be enrolled in or have completed a fellowship in sleep surgery or its equivalent. We expect the successful candidate to develop an active clinical practice in the field of sleep surgery, be an active teacher of medical students and residents, and develop a robust scholarly/research program.

Applications will be reviewed beginning September 15, 2013 and accepted until the position is filled.

Stanford University 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 the university's research, teaching and clinical missions.

Submit CV, cover letter and the names of three references to:
Edward J. Damrose, MD, FACS
Chair, Sleep Surgery Search Committee
Department of Otolaryngology/Head and Neck Surgery
801 Welch Road, 2nd Floor
Stanford, CA 94305
edamrose@ohns.stanford.edu

HEAD AND NECK SURGERY
STANFORD OTOLARYNGOLOGY

Fellowships Available

GEORGIA REGENTS UNVERSITY

Department of Otolaryngology/ Head & Neck Surgery

Fellowships are available at Georgia Regents University in the Department of Otolaryngology

Endocrine-Head and Neck Surgery
David Terris, M.D., dterris@gru.edu

Facial Plastic and Reconstructive Surgery
Achih Chen, M.D., achen@gru.edu

Head and Neck Oncologic Surgery
Arturo Solares, M.D., csolares@gru.edu

Laryngology
Gregory Postma, M.D., gpostma@gru.edu

Rhinology-Sinus/Skull Base Surgery
Stil Kountakis, M.D., skountakis@gru.edu

Send ***curriculum vitae*** to email listed or to the address below:

Georgia Regents University
Department of Otolaryngology
1120 15th Street, BP-4109
Augusta, Georgia 30912-4060

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

GRU
GEORGIA REGENTS UNIVERSITY
AUGUSTA

Otolaryngologist Opportunity

Geisinger Health System (GHS) is seeking a BC/BE Otolaryngologist for Geisinger-Scenery Park, located in State College, Pa.

Bring your expertise to a growing practice with an established referral base. Enjoy a balanced schedule and the opportunity to participate in program development.

Geisinger Health System serves nearly 3 million people in Northeastern and Central Pennsylvania and has been nationally recognized for innovative practices and quality care. A mature electronic health record connects a comprehensive network of 4 hospitals, 38 community practice sites and more than 900 Geisinger primary and specialty care physicians.

The State College region offers an outstanding quality of life in a university town environment, including excellent restaurants and cultural activities, and some of the top nationally-ranked public and private schools. State College offers easy access to Interstate-80 and a local airport for weekend getaways to Philadelphia, Washington D.C. and New York City.

Discover for yourself why Geisinger has been nationally recognized as a visionary model of integrated healthcare.

For more information, please visit Join-Geisinger.org or contact: Autum Ellis, Department of Professional Staffing, at 1-800-845-7112 or amellis1@geisinger.edu.

Follow us: | LinkedIn

GEISINGER HEALTH SYSTEM

American Rhinologic Society

SAVE THE DATE

The ARS at COSM

MAY 14 - 18, 2014

CAESAR'S PALACE, LAS VEGAS, NEVADA

Abstract Submission Deadline: January 15, 2014
Manuscript Submission Deadline: April 15, 2014
Information: *http://www.american-rhinologic.org/spring_meeting*

Panel Highlights:

- *My most memorable complications: What I learned*
- *Etiology of CRS: From allergies to microbiomes*
- *Olfactory dysfunction: Where are we today in diagnosis and treatment?*
- *EPOS 2013: What they got right, what they got wrong*
- *Biomaterials in ESS: What is the evidence?*
- *What's new in translational research and how that makes a difference in your practice*
- *Insightful lively discussions about new technogical innovations and discoveries*
- *The latest in cutting-edge research from around the globe*

3RD ANNUAL

SUMMER SYMPOSIUM

JULY 18 -19, 2014

WESTIN MICHIGAN AVENUE, CHICAGO, ILLINOIS

- Demonstration dissections using the latest technology
- Panel discussions with renown faculty on a variety of hot topics
- Sinus Surgery
- Allergy & Immunology
- Rhinoplasty
- Office Procedures
- Practice Management

The ARS at AAO-HNS

SEPTEMBER 20, 2014

ORLANDO, FLORIDA

10th Annual David W. Kennedy Lectureship
Guest Speaker: Professor Claus Bachert, Belgium
Guest Countries: ***Brazil, Columbia, Mexico and Venezuela***

Details: *http://www.american-rhinologic.org/annual_meeting*

JOIN US

ARS MEMBERSHIP BENEFITS
Your membership in the ARS places you in a highly respected professional organization that has a significant and far-reaching impact on the subspecialty of Rhinology. The ARS is dedicated to promoting excellence in clinical care, investigation, education, and patient advocacy in the field of rhinology. Membership benefits include:

- Professional camaraderie
- Educational and research benefits
- Advocacy in socioeconomic issues for your rhinology practice
- Subscription to the *International Forum of Allergy & Rhinology,* the official publication of the ARS
- Discounted registration fees for the annual Fall and Spring meetings
- A subscription to the ARS newsletter
- Access to the "Members only" sections of the ARS website

See more at: *http://www.american-rhinologic.org/membership*

American Rhinologic Society • PO Box 495, Warwick, NY 10990 • 845-988-1631 • american-rhinologic.org

Full Time Faculty Opportunities
University of Rochester Medical Center

Clinician-Scientist / Neurotologist
BC/BE, fellowship trained boarded neurotologist with appropriate research training at any rank is sought to develop an outstanding clinical practice and externally funded research program and join three other practicing neurotologists. Applicants must also contribute to resident and medical student education. Basic, translational, or patient-oriented research programs are desired. Protected research time and resources are available.

Pediatric Otolaryngologist
BC/BE, fellowship trained pediatric otolaryngologist at any rank is sought to practice at the brand new Golisano Children's Hospital, opening in 2015. 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.

Our robust clinical practice and training program is affiliated with the University of Rochester Medical Center's Strong Memorial and Highland Hospitals. 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

BRIGHAM AND WOMEN'S HOSPITAL — HARVARD MEDICAL SCHOOL TEACHING HOSPITAL

Laryngologist Faculty Position

The Division of Otolaryngology at Brigham and Women's Hospital is seeking to recruit a full-time academic laryngologist at Harvard Medical School to support the Brigham and Women's Otolaryngology and Voice Program. The ideal applicant will board eligible/board certified in Otolaryngology as well as have a strong interest in clinical research and teaching.

The candidate should be qualified to be appointed at the Instructor, Assistant, or Associate level at Harvard Medical School. Salary and academic appointment will be commensurate with training and level of experience.

Brigham and Women's Hospital is a Top 10 ranked US News and World Report Academic Medical Center.

Interested applicants should submit curriculum vitae to:

Jo Shapiro, MD, Chief, Division of Otolaryngology, Department of Surgery, Brigham and Women's Hospital through aschwarzer@partners.org

Harvard Medical School and Brigham and Women's Hospital are equal opportunity/affirmative action employers with strong institutional commitments to diversity in their faculty. Women and minority candidates are particularly encouraged to apply.

General Otolaryngology Physician, Maui, Hawaii

The Hawaii Permanente Medical Group in Honolulu, Hawaii is seeking a General Otolaryngology Physician for its Wailuku Specialty Care Clinic on the island of Maui.

Position Highlights

- An exceptional opportunity for an ENT physician with solid clinical skills who has a passion for care delivery as a part of a well-integrated team
- Practice full scope of otolaryngology including a wide range of general ENT procedures
- Shared call responsibilities
- Excellent work life balance in a tropical setting

Position Requirements

- **BC/BE in Otolaryngology-Head and Neck Surgery**
- **Experience preferred but not required**

Hawaii Permanente Medical Group is the state's largest and most experienced multi-specialty group comprised of over 400 physicians dedicated to providing the highest quality clinical care and building lifetime relationships with their peers and patients within Hawaii's richly diverse communities.

Many know Hawaii as an attractive tourist destination with beautiful scenery, mild weather, friendly people, and a host of cultural and recreational opportunities. These elements, and others, make Hawaii an excellent place to live.

HPMG offers an excellent benefit package which includes a moving allowance.

To apply, send cover letter and CV to: Janice Omori, Physician Recruiter, HPMG Professional Recruitment Services, 2828 Paa Street, Suite 2055, Honolulu, HI 96819
Email: Janice.Omori@kp.org
Fax: (808) 432-5827

KAISER PERMANENTE® thrive

utmb Health

General Otolaryngologist
with an interest in Allergy

FULL-TIME BC/BE FACULTY

The Department of Otolaryngology at UTMB Health in Galveston, Texas is actively recruiting qualified candidates for a full-time academic position, which carries opportunities to participate in all aspects of clinical practice, teaching, and research. Excellent research resources are available. The position is suitable for full-time clinician-educators or clinician-scientists. We offer competitive salary, incentive, and generous benefits packages.

Please direct your Letter of Interest and CV to:
Vicente Resto, MD, PhD, FACS
Chair, Department of Otolaryngology
The University of Texas Medical Branch,
301 University Boulevard, Galveston, TX 77555-0521
Email: varesto@utmb.edu
Phone: 409-772-2701 Fax: 409-772-1715

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

BWH BRIGHAM AND WOMEN'S HOSPITAL | HARVARD MEDICAL SCHOOL TEACHING HOSPITAL

Otolaryngologist Faculty Position

The Division of Otolaryngology at Brigham and Women's Hospital is seeking to recruit a full-time general otolaryngologist to support our established group. We are interested in a collegial physician who practices excellent, compassionate clinical care and is board eligible/board certified in Otolaryngology. This position emphasizes community-based otolaryngology.

Brigham and Women's Hospital is a Top 10 ranked US News and World Report Academic Medical Center and is one of the major teaching hospitals of Harvard Medical School as well as a member institution of the Department of Otology and Laryngology at Harvard Medical School.

Interested applicants should submit curriculum vitae and letter of interest to:

Jo Shapiro, MD, Chief, Division of Otolaryngology, Department of Surgery, Brigham and Women's Hospital through aschwarzer@partners.org

Harvard Medical School and Brigham and Women's Hospital are equal opportunity/affirmative action employers with strong institutional commitments to diversity in their faculty. Women and minority candidates are particularly encouraged to apply.

GENERAL OTOLARYNGOLOGY

The Department of Otolaryngology at the Massachusetts Eye and Ear Infirmary seeks a qualified candidate for a full-time position with principal location at its Concord Center for Otolaryngology-Head and Neck Surgery. The successful candidate would have the opportunity for a broad clinical practice in General Otolaryngology. In addition, there are opportunities to participate in basic and clinical research and/or teaching within the Infirmary and the Department of Otology and Laryngology at Harvard Medical School. The successful candidate must be board-certified or board-eligible in Otolaryngology.

Qualified female and minority applicants are encouraged to apply.

Please send a letter of interest and curriculum vitae to:

Stephen Smith, M.D.
Massachusetts Eye and Ear Associates
290 Baker Avenue
Concord, Massachusetts 01742
(978) 369-8780
stephen_smith@meei.harvard.edu

PENNSTATE HERSHEY Surgery

Facial Plastic & Reconstructive Surgeon

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

The Penn State Milton S. Hershey Medical Center is a tertiary care facility that serves central Pennsylvania and northern Maryland. We are a part of a non-profit health organization that provides high-level patient services. Our division is part of a state-of-the-art, 551-bed medical center, a Children's Hospital, Cancer Center, research facilities, and outpatient office facilities. Penn State Hershey is the only Level I Trauma Center in Pennsylvania accredited for both adult and pediatric patients.

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

For immediate consideration, please send curriculum vitae to:
David Goldenberg, M.D., F.A.C.S., Penn State Milton S. Hershey Medical Center, Division of Otolaryngology – Head & Neck Surgery, 500 University Drive, MCH091, Hershey, PA 17033
E-mail: jburchill@hmc.psu.edu

Penn State is committed to affirmative action, equal opportunity, and the diversity of its workforce. EOE-AA-M/F/H/V


arches
Tinnitus
Formula
arches
Ah, the sweet sound of nothing.
Help your patients find peace and quiet.
Peace and quiet. Not too much to ask for, unless your patient has tinnitus. Arches Tinnitus Formula™ is safe, effective and affordable, and has been helping individuals with tinnitus for over 12 years. Give your patients the sweet sound of nothing and recommend Arches Tinnitus Formula today.
Get a free CD of clinical studies, physician's booklet, and patient brochures. Call 800.486.1237 or email md@archesnp.com
www.tinnitusformula.com