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American Academy of Otolaryngology—Head and Neck Surgery

MARCH 2015

Voice

The original social media 12

AAO-HNS supports
World Voice Day

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comfortable relief

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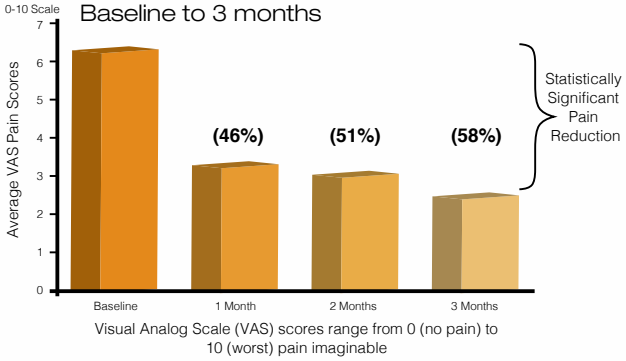
VAS Pain Reduction Score*



Visual Analog Scale (VAS) scores range from 0 (no pain) to 10 (worst) pain imaginable

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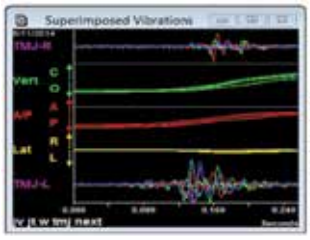
Initial JVA Summary before insertion of TMJ NextGeneration™

	Average Left	Right
Total Integral	28.6	11.7
Integral <300Hz	27.6	10.0
Integral >300Hz	1.0	1.7
>300/<300 Ratio	0.04	0.17
Peak Amplitude	6.1	1.2
Peak Frequency	64	37
Med. Frequency	68	99
Distance to CO	41.8	38.0



JVA Summary after insertion of TMJ NextGeneration™

	Average Left	Right
Total Integral	26.2	11.4
Integral <300Hz	23.8	9.7
Integral >300Hz	1.8	1.7
>300/<300 Ratio	0.06	0.17
Peak Amplitude	2.4	0.9
Peak Frequency	60	33
Med. Frequency	76	107
Distance to CO	42.2	38.0

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*Tavera A, et al: Approaching Temporomandibular Disorders From a New Direction. A Randomized Controlled Clinical Trial of the TMDes Ear System. J Craniomandibular Practice July 2012; Vol 30, No 3, 172-181.
**This was a single-patient study using JVA to measure the before and after effects with TMJ NextGeneration™ devices; individual results may vary.

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President
Gayle E. Woodson, MD
Executive Vice President, CEO, and Editor of the Bulletin
James C. Denneny III, MD
Managing Editor
Jeanne McIntyre, CAE
bulletin@entnet.org

INQUIRIES AND SUBMISSIONS
bulletin@entnet.org

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For all who care for the voice

I have a vivid recollection of a patient I encountered early in my residency. I "worked him up" the day before his scheduled laryngectomy for supraglottic cancer. As I watched him read his informed consent form, he seemed calm and resigned to the dire necessity of the surgery. But that evening, as I pulled out of the parking garage on my way home, I saw him sitting on the front steps of the hospital, talking into a cassette tape recorder. He wanted to save a sample of his voice, which he would otherwise never hear again.

April 16 is World Voice Day, a time to focus on the value of voice. Multiple events are scheduled worldwide to raise awareness of the enormous importance of the voice. As otolaryngologists, we have a unique perspective on the value of voice. But most people take their voices for granted. A newborn baby enters the world crying. It comes so naturally. We talk, we scream, we shout, we sing (some much better than the rest of us). When laryngitis strikes, it can be surprisingly debilitating. We lose our vocal persona. Maybe we can't sing. People may not be able to hear us. If we whisper, people seem to whisper back. If we speak too slowly, others jump in to complete our sentences. If speaking becomes a great effort, there is an inclination to be silent and withhold emotions and opinions. And if you can't speak at all, many act as though you are also unable to think. The voice conveys not only spoken words, but communicates emotions. Each person's voice is unique and conveys identity.

World Voice Day also should be a time for otolaryngologists to think about our colleagues in other disciplines who join us in caring for the voice. Unfortunately, too many health insurance plans do not acknowledge the important roles that others, such as speech pathologists and singing teachers, play.

Rehabilitation is recognized as a critical component of treating many orthopedic injuries and cardiac conditions. In contrast, voice therapy is usually not covered for patients with voice disorders. I have never had difficulty in pre-certifying patients for surgical removal of vocal fold lesions. But voice therapy that would likely obviate the need for surgical removal of vocal nodules is routinely denied.

A major hurdle is the dearth of robust quantitative measures to document outcomes that are essentially qualitative. This challenge is continually addressed by voice scientists and researchers who should also be acknowledged for their dedication. The brightest future for everyone's voice is in the continued collaboration of all who care about voice. ■

Gayle E. Woodson, MD
AAO-HNS/F President

"World Voice Day also should be a time for otolaryngologists to think about our colleagues in other disciplines who join us in caring for the voice."

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The Academy is a voice

I was Chair of the BOG in 1999 when the AAO-HNS was a driving force in the creation of "World Voice Day." April 16 will mark the 17th celebration with its theme this year "Voice: The Original Social Media." This event has been instrumental in the recognition and advancement of voice science. The various connotations of the word "voice" have become more apparent and germane as I transition my career away from patient care to one in specialty leadership. We must be cognizant of the different "roles" the voice plays as we seek to benefit our Members and ultimately their patients.

Patients view the voice as a means of communication, source of enjoyment, as well as an instrument for their problems to be heard and addressed whether by speech, text, email, Facebook, or Twitter. They expect access to their doctor and responsive communication well beyond traditional hours and locations through the previously mentioned modalities. With increasing frequency our patients are employing "selfies," videos, and telemedicine modalities to more accurately get a diagnosis of their problem. Advances in voice recognition software systems have partially eased the burden of EHRs for many physicians. The voice of "quality performance" is rapidly emerging and soon many physicians will be collecting registry and quality data through mobile applications for use in quality reporting, Maintenance of Certification (MOC), and Maintenance of Licensure (MOL).

As a medical specialty, the Academy is concerned about hearing and understanding the voices of our Members and patients, and in turn being a voice for them. Whether this involves patient care issues, quality improvement, access to care, standards of care, or practice management issues, the AAO-HNS seeks to understand these voices and advocate for otolaryngologist–head and neck surgeons to provide the best patient care through the voice of "advocacy" on the legislative and regulatory stage at the state and federal levels.

Currently, as an individual society and as a member of the "surgical coalition" we are addressing the recent CMS policy that involves a transition away from "global surgical periods" of 0, 10, and 90 days to all "0 day global periods." We feel that this change, while on the surface seems to be a zero sum transition, actually has significant negative consequences for otolaryngologists and their patients. When all post-operative visits are billed separately (including inpatient post-op visits) there is a likelihood that patients will potentially skip post-op visits since there would be an additional charge. This is particularly worrisome if commercial payers adopted this strategy. Out-of-pocket expenses, which have risen precipitously during the last several years, would increase significantly again since there would be a co-pay for each visit that was not previously required. Many family units would choose not to keep necessary appointments for a cost reason. This would possibly lead to suboptimal healing in some circumstances.

Preliminary studies done by the American College of Surgeons show an additional drop in reimbursement total RVUs with most of that embedded in practice expense and malpractice adjustments. CMS has not proposed a methodology to administer this program to date. Whatever that mechanism turns out to be, it will increase the administrative burden on providers.

The overwhelming volume of information available today on a wide array of subject matters of interest to our Members and options for receiving it makes conveying critical facts challenging. Ascertaining the content and the right balance of timing and frequency of communications with Members and the ideal way to disseminate that information is difficult. ENTConnect, our new member portal, has provided new options to accomplish this. This allows for communications among the general membership and specialized communities such as committees and interest groups. This will improve connectivity and effectiveness while maximizing your limited time.

We are your voice in producing educational materials and advocating for you and your patients in the legislative, regulatory, and payment arenas. Recently, we were informed that UnitedHealthcare has decided to continue to cover balloon sinuplasty following productive meetings with our 3P group and staff. Working with the American Board of Otolaryngology (ABOto), we were able to get CMS to include two additional performance measure groups in the 2015 final rule, which allow you to report PQRS measures on fewer patients.

We will conduct an "Otolaryngology Strategic Summit" in Arlington, VA, this month. One of our goals will be for otolaryngology to speak with a **powerful, unified voice**. ■

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

"As a medical specialty, the Academy is concerned about hearing and understanding the voices of our Members and patients, and in turn being a voice for them."

Membership in AAO-HNS/F is an investment in your success

Did you know? When you joined the American Academy of Otolaryngology—Head and Neck Surgery, you immediately gained access to a network of esteemed colleagues, high-quality education and conferences, and valuable resources. But did you know that Members often recover several times their annual dues by taking advantage of exclusive Members-only benefits? Recently, we ran a series in our weekly newsletter, *The News*, highlighting some of these benefits that offer a great return on your investment.

Members benefit from discounted registration for the AAO-HNSF Annual Meeting & OTO EXPO℠, where the benefits continue with education programs, networking opportunities, hands-on demonstrations, and more. Not only do you save money—you gain significant knowledge, experience, and relationships.

Members experiencing denials from payers have access to template appeal letters and advocacy statements to optimize reimbursement. By focusing on the benefits of certain clinically appropriate and medically necessary services, as well as the training, expertise, and knowledge otolaryngologists possess to perform such services, these resources help members contest policies that exclude otolaryngologists from appropriate reimbursement. Use of these pre-written letters and advocacy statements greatly reduces administrative hours and increases the likelihood of payment.

We give an average of nearly 200 grants each year, including humanitarian, resident leadership grants, research grants, and international visiting scholar grants given exclusively by the Academy and its Foundation, plus additional support provided in collaboration with several societies, foundations, and industry supporters. These grants, totaling more than $900,000 annually, fund activities such as research and travel to the AAO-HNSF Annual Meeting & OTO EXPO℠ and the AAO-HNS/F Leadership Forum, thus investing in our Members' futures.

Members can earn more than 600 CME credits each year through 200 different education activities offered by the Foundation. Members benefit from discounts on professional education and the convenience of accessing quality education through a single source.

All Members in good standing are welcome to attend open committee meetings during the AAO-HNSF Annual Meeting & OTO EXPO℠. Members are invited to observe decisions being made, learn more about the issues that committees explore, and become more involved in the Academy.

The "Find an ENT" tool on www.entnet.org is a resource for patients to locate a Member physician in their local area. The new website launched in May has 67 percent more page views than the previous website, helping to drive more patients to our Members' practices.

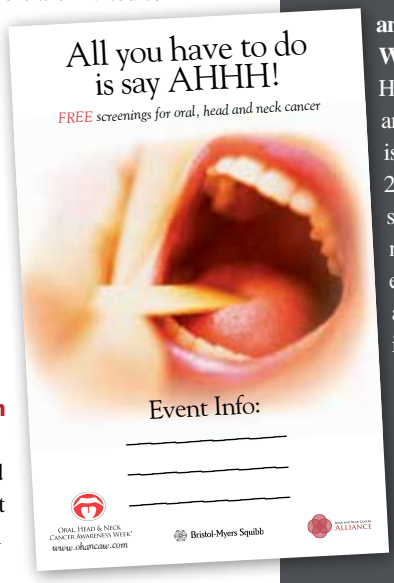
These, and many other often-overlooked benefits, are compounded by the value you receive from accredited education programs, discounts on conferences and events, health policy support, Academy Advantage program, and the information available through our member publications. Don't miss out on all of the programs the Academy and Foundation provide from residency through retirement! It truly is an investment in your success. ■

Take part in Oral, Head and Neck Cancer Awareness Week®

Recent studies show that screening for, and early detection of, oral, head, and neck cancer is more important than ever for two reasons: oropharyngeal cancer caused by human papillomavirus (HPV) infection is on the rise, especially among younger adults; and HPV-positive cancer carries a better chance of survival than HPV-negative cancer if it's caught and treated early. In 2015, more than 120,000 people are expected to be diagnosed with head and neck cancers. Early detection gives them a much better survival rate.

The **18th Annual Oral, Head and Neck Cancer Awareness Week® (OHANCAW®)**, led by the Head and Neck Cancer Alliance and supported by the AAO-HNS/F, is scheduled for April 12–18, 2015. OHANCAW is a weeklong series of events promoting awareness of this potentially life-threatening disease, the pinnacle being a day of free oral cancer screenings at medical offices throughout the country. According to a study published in the *Journal of Clinical Oncology*, HPV-positive oral cancers will likely constitute a majority of all head and neck cancers in the United States in the next 20 years. Now more than ever, screening for, and early detection of, this disease is critical.

We are urging health professionals to help save lives affected by this potentially deadly, but treatable disease. You can make a difference by conducting a free screening at your medical practice, clinic, hospital, or university. For more details, promotional materials including posters, T-shirts, and media kits, and registration information, please visit www.OHANCAW.com or www.entnet.org/OHANCAW. ■



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Once you've found your voice, use it!

■ **Spencer C. Payne, MD**, BOG Member-at-Large and associate professor at the University of Virginia Health System, Charlottesville, VA

With the Leadership Forum this month and World Voice Day in April, I cannot think of a better opportunity to provide this exhortation. However, what sounds so simple also can be an incredibly daunting task for the young and elder physician alike. At first, I was afraid to get involved because I was not sure if my voice was strong enough or even desired. The reality is that even the weakest voice, when joined by others, can create a resonant chorus to move our specialty forward. Further, as the "business" of medicine continues to bloom, regulatory agencies and guidelines continue to grow, and rules of billing and coding remain in a constant state of flux, the demand for your voice has never been stronger! But first, you will need to find your voice in order to use it. If you are anything like me, you will find it difficult to know how, when, or on what issues to spend your time and effort. In the field of otolaryngology, as with the House of Medicine in general, there are numerous avenues through which one can become involved, but start slow and plan time accordingly to dedicate to the endeavor to maximize your effect. The "always say yes" mentality can be your worst enemy and result in a dilution of your talent.

What interests you? What do you feel in your heart needs to be better? Some may argue that P4P will hurt us, some may argue it's moving in the right direction. Either way, at its base are quality and guidelines. Consider getting involved with the Guideline Task Force. Appointments can be made through specialty societies and Academy committees. The Board of Governors is soliciting your input as well in order to determine what topics and issues need to be put forward and reviewed so we can take control of our own "best practices" before they are provided to us. Consider getting involved locally as well. Most hospitals and health systems, if they have not already, are gearing up to improve their provision of care and will always need physician-citizens to lead the way.

> "What interests you? What do you feel in your heart needs to be better?"
>
> **Spencer Payne, MD**

What about scope of practice issues? Are you concerned about whether care provided by nonphysicians is in the best interest of our patients? Academy trackers pay close attention to bills being introduced in the state and national arenas that influence this and many other issues. The Board of Governors also organizes the state societies into regions to help disseminate the information in both directions. Get involved locally and use that as a springboard to Academy involvement.

Perhaps you want to help your fellow physician understand the intricacies of all that can stand in our way to providing the best care to our patients. Become involved in the Academy Sections for women, residents/Fellows-in-Training, or young physicians, and help mold the educational opportunities they provide.

Once you find your passion, your voice will follow and when you have found your voice, use it! ■

Recently reviewed Clinical Indicators posted to website

The AAO-HNS/F reviews all Clinical Indicators, Position Statements, and Clinical Practice Guidelines on a regular basis. As part of this scheduled cycle, six Clinical Indicators, including "Ethmoidectomy," "Mandibular Fracture," "LeFort Fracture," "Nasal endoscopy," "Laryngoscopy/Nasopharyngoscopy," and "Endoscopic Sinus Indicators," were recently reviewed. They were reviewed through the Academy committee structure, which included the clinical committee involved, the Physician Payment Policy (3P) workgroup, and the Executive Committee of the Board of Directors, and approved with updates. These have been posted to the website and supersede prior versions of these indicators (of note, the prior versions were in force until January 19, 2015). These indicators are designed to aid clinicians and payers alike in best practices, but do not replace the clinical judgment necessary to treat individual patients. ■

Important disclaimer notice

Clinical indicators for otolaryngology serve as a checklist for practitioners and a quality care review tool for clinical departments. The American Academy of Otolaryngology—Head and Neck Surgery, Inc. and Foundation (AAO-HNS/F) Clinical Indicators are intended as suggestions, not rules, and should be modified by users when deemed medically necessary. In no sense do they represent a standard of care. The applicability of an indicator for a procedure must be determined by the responsible physician in light of all the circumstances presented by the individual patient.

Adherence to these clinical indicators will not ensure successful treatment in every situation. The AAO-HNS/F emphasizes that these clinical indicators should not be deemed inclusive of all proper treatment decisions or methods of care, nor exclusive of other treatment decisions or methods of care reasonably directed to obtaining the same results. The AAO-HNS/F is not responsible for treatment decisions or care provided by individual physicians.

AMA HOUSE OF DELEGATES

Issues affecting otolaryngology

Liana Puscas, MD, Chair, AAO-HNS Delegation to the AMA House of Delegates

The American Medical Association (AMA) conducted its 2014 Interim House of Delegates (HOD) meeting November 8-11 in Dallas, TX. Representing the Academy were **Liana Puscas, MD, MHS**, delegation chair; Delegates **Michael S. Goldrich, MD**, and **Shannon P. Pryor, MD**; and Alternate Delegates **Robert Puchalski, MD**, and **David R. Nielsen, MD**, former AAO-HNS executive vice president. **James C. Denneny III, MD**, new executive vice president/CEO of the AAO-HNS, also attended. Staff support for the delegation and the OTO Section Council was provided by Joy Trimmer, JD, senior director of government affairs, and Danielle Jarchow, JD, health policy analyst.

While the state and national society delegations to the AMA HOD debated many issues at the meeting, below are some key issues affecting our specialty, our practices, and our patients.

Electronic Health Records (EHRs)

The AMA will continue to advocate for the suspension of Meaningful Use (MU) penalties for all physicians and healthcare facilities. Although not specifically adopted as new AMA policy, the HOD noted the following criteria for EHRs: certified EHRs should be fully interoperable; a physician advisory group should be established to review and comment on the clinical relevance of all new requirements for EHRs and MU; any new elements for EHRs and/or MU should be provided to physicians, facilities, and the EHR industry without charge; and all data generated on EHRs should be the property of those generating the data, ensuring access rights for patients and other relevant parties.

Preservation of small practices

Building upon its existing policy, the AMA has established an extensive educational practice platform known as STEPS Forward™ (www.steps-forward.com) to assist physicians in solo and small group practices to improve practice effectiveness and efficiency. The content of this new platform includes topics related to prescription management and ways to improve the physician/patient interaction. Various modules are offered with CME credits available.

Electronic cigarettes

The HOD received a 2014 report from the Council on Science and Public Health regarding electronic cigarettes, vaping, and health. As part of its long-standing efforts to increase awareness of the health problems associated with tobacco use, the AMA, working with others including the AAO-HNS, is identifying and responding to issues surrounding the increased usage of e-cigarettes, especially by minors. The comprehensive report, adopted by the HOD, supports broader FDA regulatory authority to include all forms of tobacco/nicotine-delivery products. In addition, the report calls for certain legislative or regulatory changes, namely: establishing a minimum legal purchasing age of 18 for e-cigarettes; prohibiting the use of e-cigarettes in all places that currently ban tobacco products; applying existing advertising restrictions to e-cigarette marketing; prohibiting

OTOLARYNGOLOGY-HEAD AND NECK SURGERY ROTATION AT PARIRENYATWA HOSPITAL, HARARE, ZIMBABWE

Josephine A. Czechowicz, MD, Humanitarian Travel Grant Awardee, chief resident, Department of Otolaryngology-Head and Neck Surgery at Stanford University

Radiology rounds on the wards. From left to right: Dr. Innocent, Dr. Divi, and Dr. Katurura.

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product claims of reduced risk or effectiveness as tobacco cessation tools until such time as credible evidence is available; requiring child-proof packaging; establishing manufacturing, labeling, and production standards; and prohibiting the use of characterizing flavors (e.g., vanilla) that enhance the appeal of such products to youth. The report was also amended to encourage further clinical and epidemiological research on e-cigarettes.

Payments to physicians

The AMA will advocate for the Affordable Care Act's Medicaid primary care payment increases to continue past 2014 in a manner that does not negatively influence any other physicians (e.g., surgical subspecialists).

The next meeting of the AMA HOD is scheduled for June 6-10, 2015, in Chicago, IL. With questions regarding this report and other AMA HOD activities, please email govtaffairs@entnet.org. ■

Society of University Otolaryngologists meeting a success

■ **Kara Davis, MD**, PGY4, University of Pittsburgh Medical Center

The annual meeting of the Society of University Otolaryngologists (SUO) took place in Chicago, IL, November 7-9, 2014. The meeting was combined with the Association of Academic Departments of Otolaryngology and the Otolaryngology Program Directors Organization. As the delegate representing the AAO-HNS Sections for Residents and Fellows-in-Training, I was fortunate to attend this highly practical and influential meeting presented under the leadership of **Scott P. Stringer, MD**.

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Longer article available

In preparations for Chicago, **Barry M. Schaitkin, MD**, advised me on the impressive level of engagement of this audience—he was right. ➲

Thank you to our 2014 ENT PAC Leadership Club Investors*

Read the full 2014 investor list including categories for the General Member, Practice Investors, and AAO-HNS staff, online. Program year: January 1, 2014 through December 31, 2014.

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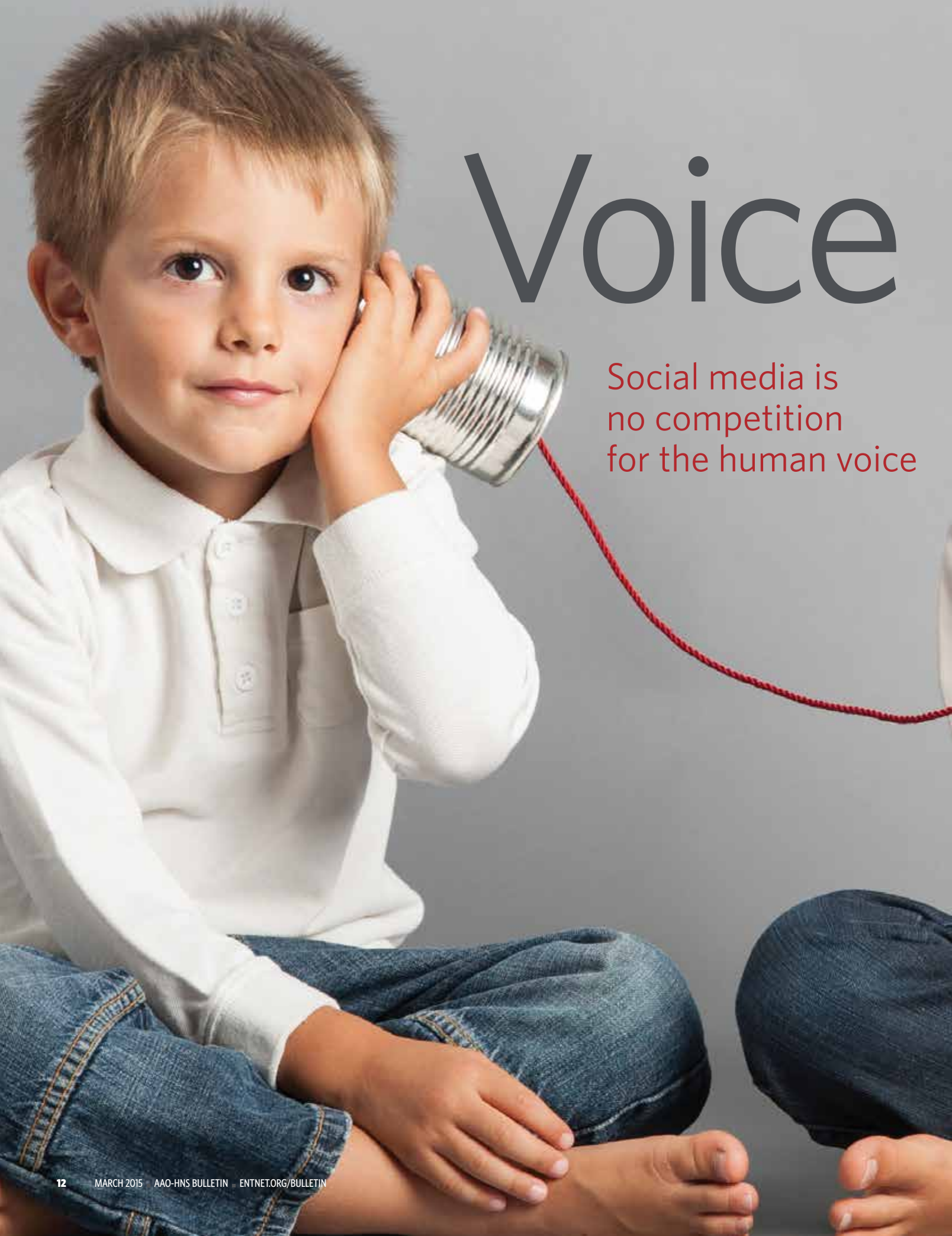

Voice

Social media is no competition for the human voice

By **J. Ongkasuwan, MD**, assistant professor at Baylor College of Medicine, Houston, TX, for the AAO-HNS Voice Committee

The theme for World Voice Day 2015 is "Voice: The Original Social Media." So what is social media? The Merriam-Webster online dictionary defines social media as "forms of electronic communication through which users create online communities to share information, ideas, personal messages, and other content." The origins of the term remain murky, however, it was popularized in 2004.[1]

A decade later, social media permeates all facets of our lives private and public: from your private Facebook account where you share family photos, to your public Facebook account where you can attract patients, to your otolaryngology practice profile page. Institutions, including ivory tower academic ones, can have entire departments dedicated to crafting their online presence, maintaining blogs, vlogs, and patient information portals. All this content is directed to those of us who are glued to the screens in front of us, our hands constantly groping for our smartphone with a Pavlovian response to the ding of a notification.

As exhilarating as all of this connectivity is, does liking a high school friend's status update about his or her son's baseball game equate to a phone call to catch up? Hand-wringing abounds about teens sitting next to one another choosing to text instead of talk and are only able

For more information

Find out more about World Voice Day at **www.entnet.org/WorldVoiceDay**.

Members and their staff will find poster and health information including the "Smart-Talk" items from page 17 to use in office at this online resource. Make sure to download the poster and tips to observe World Voice Day.

Don't forget to share these tools with your referring physicians as well.

to type in unpunctuated shorthand (IMHO). Like an online dating profile, we edit and construct an image to present to the online world—but does it truly represent us? How reliable is the information that is propagated through social media? Outliers and fanatics can have as broad a platform as credible data supported organizations. The anonymity of online forums can bring out the most ignoble human behaviors and the trolls.

Recent popular culture is rife with social media missteps. Errant tweets have ruined political careers. Ill-conceived marketing campaigns have resulted in embarrassing publicity for major corporations.[2] Young physicians, who have grown up inured to constant sharing of their lives on Facebook, Twitter, and Instagram, have had to learn the hard way about the Health Insurance Portability and Accountability Act (HIPAA) and patient privacy. Hospitals employ individuals to police social media for mentions of their institutions. How many of us now get sign out or updates on a patient via a text? How much information about a sick patient can be conveyed in 200 characters? In the interim, medical and legal institutions scramble to keep up with the changes in technology and their implications for patient care and privacy.

Despite these changes, this online universe still has yet to supplant the old-fashioned phone call or face-to-face conversation. We still fly across the country to sit in a conference room to present and talk to one another. Laboratory groups still have weekly meetings to discuss projects. Hospitals still have grand round presentations and departmental meetings. Although many medical school lectures are now recorded and online, students still have to show up before dawn for clinical rotations. Patients still get in their cars and drive, sometimes hours, to our offices to see us. Online patient access to records and advice can help with communication over trivial matters; however, sensitive information is best conveyed via a phone call or, better yet, face-to-face. To do otherwise is considered inappropriate, cold, rude, or gauche. While disease support group pages can be invaluable to patients, it can be difficult to wade through the volumes of information and disinformation on the Internet. Patients often look to us, medical professionals, to help them sort through the cacophony.

Via inflections and emotions, voice can impart a much clearer and nuanced message than a tweet. President Franklin D. Roosevelt knew this, using his 1930s radio "fireside chats" to woo U.S. citizens.[3] Although they hire young idealists to manage their social media presence, politicians still use verbal argument and presentation to convince individuals of their sincerity and political goals. In 2007, the video of Dr. Randy Pausch's last lecture at Carnegie Mellon University, after his diagnosis with terminal pancreatic cancer, had a powerful emotional influence on people worldwide. Nothing can replace the connection forged by a warm reassuring smile, handshake, and "Hi, I'm Dr. X. What brings you in to see me today?" While social media is flexing its muscles as a fresh and powerful tool, ergo the Arab Spring, the voice remains the original social media. ■

"Young physicians, who have grown up inured to constant sharing of their lives on Facebook, Twitter, and Instagram, have had to learn the hard way about the Health Insurance Portability and Accountability Act (HIPAA) and patient privacy. Hospitals employ individuals to police social media for mentions of their institutions. How many of us now get sign out or updates on a patient via a text? How much information about a sick patient can be conveyed in 200 characters?"

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Search

AAO-HNS Celebrates WORLD VO!CE DAY APRIL 16

VO!CE: The Original Social Media

FOR A HEALTHY VOICE:

- **DO** drink water and live a healthy lifestyle
- **DO** warm up your voice before heavy use
- **DO** use a vocal amplification system
- **DO** use good breath support

FOR A HEALTHY VOICE:

- **DON'T** drink an excessive amount of coffee, tea, soda, or alcohol
- **DON'T** abuse or misuse your voice
- **DON'T** clear your throat more than necessary
- **DON'T** smoke

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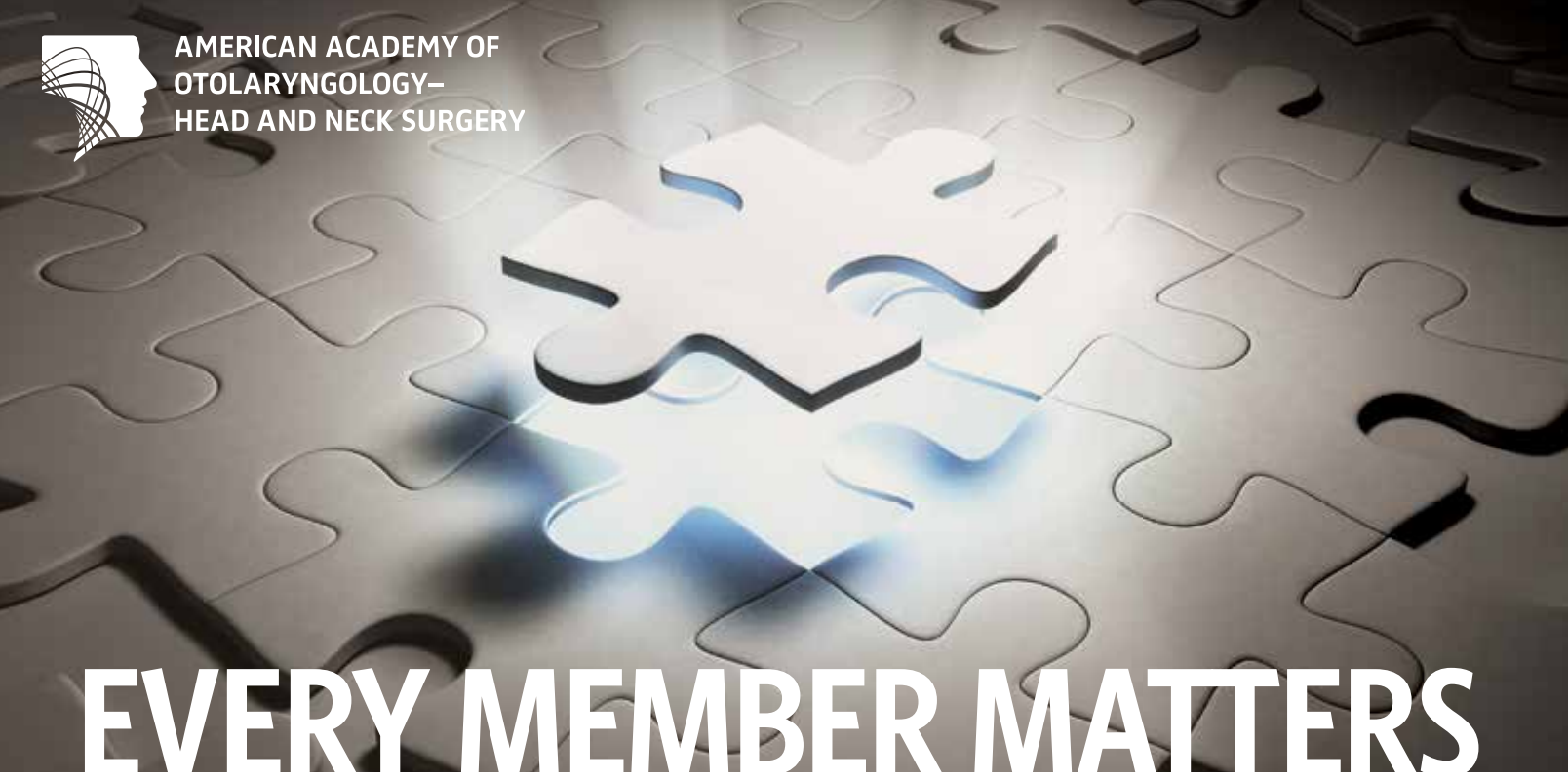

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SMART TALK FOR PHYSICIANS AND PATIENTS

The **do's** and **don'ts** to a healthy voice

By **Amanda C. Hu, MD**, assistant professor, Drexel University, Philadelphia, PA

Voice problems are usually associated with hoarseness, which is defined as a disorder characterized by altered vocal quality, pitch, loudness, or vocal effort that impairs communication or reduces voice-related quality of life.[1]

If you are unsure if you have a voice problem, ask yourself the following questions:

- Does your voice become hoarse or raspy?
- Does your throat feel raw or achy?
- Is it an effort or strain to talk?
- Do you repeatedly clear your throat?
- Do people regularly ask you if you have a cold when in fact you do not?
- Have you lost your ability to sing the high notes?

Voice problems arise from a variety of sources including voice overuse or misuse, cancer, infection, or injury. Here are some tips to prevent voice problems and to maintain a healthy voice.

DO DRINK WATER

Stay well hydrated! Your body needs about six to eight glasses daily to maintain a healthy voice. This water consumption optimizes the throat's mucous production and aids vocal fold lubrication.

DON'T DRINK AN EXCESSIVE AMOUNT OF COFFEE, TEA, SODA, OR ALCOHOL

These drinks all dehydrate the body and dry out your vocal folds. These drinks will also worsen acid reflux.

DO LIVE A HEALTHY LIFESTYLE

This includes exercise, eating healthy, and getting adequate sleep.

DON'T SMOKE

Smoking leads to lung or throat cancer. Primary and second-hand smoke can cause significant irritation and swelling of the vocal cords. This will permanently change your voice quality.

DO WARM UP YOUR VOICE BEFORE HEAVY VOICE USE

You should warm up your singing voice before giving a performance and your speaking voice before giving a speech, preaching, or teaching a class. Warm-ups can be simple, such as gently gliding from low to high tones on different vowel sounds, doing lip trills (like the motorboat sound that kids make), or tongue trills.

DON'T ABUSE OR MISUSE YOUR VOICE

Avoid habitual yelling, screaming, or cheering. Try not to talk loudly in locations with significant background noise.

DO USE A VOCAL AMPLIFICATION SYSTEM

If you routinely need to speak in a loud environment or give a long speech, using a vocal amplification system like a microphone may help prevent vocal damage.

DON'T CLEAR YOUR THROAT

Clearing your throat can be compared to slapping or slamming the vocal folds together. Consequently, excessive throat clearing can cause vocal fold injury and subsequent hoarseness. An alternative to throat clearing is taking a small sip of water or simply swallowing to clear the secretions from your throat.

DO USE GOOD BREATH SUPPORT

The lungs are the power behind the voice. Take the time to fill your lungs before starting to talk, and don't wait until you are almost out of air before taking another breath to power your voice.

AND MOST IMPORTANTLY, DO LISTEN TO YOUR VOICE

When your voice is complaining to you, listen to it. Modify and decrease your voice use if you become hoarse in order to allow your vocal folds to recover. Pushing your voice when it is already hoarse can lead to significant problems.

If your voice is hoarse frequently, or for an extended period of time, an otolaryngologist should evaluate you. There are many medical conditions that can cause hoarseness, like infections, reflux, overuse, and cancer. ■

Reference

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Vocal health into the golden years

With more people aged 65 and older reporting vocal complaints, here's what you need to know about treating voice disorders in the elderly

By **Karen M. Kost, MD, FRCSC**,
Westmount, Quebec, Canada

With advancing age, our voices may sound "old" and weak. This may affect quality of life in many ways. For example, it may be difficult for others, especially those with hearing loss, to hear us, and result in withdrawal. There is sometimes a tendency to think that the undesirable voice qualities associated with older age must be accepted and are an inevitable consequence of aging. This is not the case. Accurate diagnosis of the problem allows for effective treatment.

Somewhere between 12 percent and 35 percent of people aged 65 and older have a vocal complaint, which explains the increasing number of consultations for the problem. One-third of those with a vocal complaint use their voices for work, making it an especially high priority. Many patients have both voice problems and hearing loss, resulting in difficulty communicating, and even anxiety and depression.

Voice problems in older people may be due to a variety of conditions including benign lesions, acid reflux, viral laryngitis (usually with a cold-like illness), and neurologic conditions. In addition, there is another condition sometimes referred to as "presbylarynx," or vocal fold (previously referred to as "vocal cords") thinning, which occurs more commonly in those older than 65. As you are aware, otolaryngologists diagnose all these conditions based on a thorough history and physical examination. It is not unusual to find more than one problem, for example, vocal fold thinning and acid reflux. Poor health and some medications may also affect the voice adversely.

The more common voice complaints in individuals aged 65 and older include hoarseness, inability to project the voice, throat-clearing, a tired voice, cough, breathiness, and tremor. There also may be reduced range (loss of the highest and lowest notes) and loss of fine control over volume, as well as pitch.

Changes

A number of changes occur in the body with age. All the structures above and below the larynx undergo alterations. The muscles of the face and soft tissues of the mouth and throat become thinner and lose elasticity. The jaw joint becomes stiffer, and the salivary glands produce less saliva. These changes can all affect the ability to eat and swallow, as well as the voice. The lungs, which are the power source of the voice, lose some capacity with age.

The larynx, or "voice box," also undergoes several changes. Cartilages in the neck become stiffer, as do the cartilages to which the vocal folds are attached. The joints that allow the vocal folds to move may develop some arthritic changes, and the muscles of the vocal folds become thinner. There are several important muscles in the voice box involved in breathing and producing voice. The thyroarytenoid muscle (there is one on each side), often called the vocalis muscle, is involved in several important functions such as respiration, airway protection, and sound production. In addition, it helps modulate pitch and volume, and is important in fine-tuning of the voice. Although it has

similarities to other muscles in the body, the vocalis possesses a number of unique structural characteristics such that it is ideally suited for its various tasks. Reduction of overall muscle mass in the body with aging tends to be gradual, and there is little noticeable loss in function until the loss extends beyond threshold levels.

Professor Peter Mueller from Kent State University once said, "The voice is a mirror of personality and senescence may cloud that image." Older voices often are associated with loss of range and described with undesirable adjectives such as "hoarse," "raspy," "breathy," "unsteady," "tremulous," and "shaky." Indeed, listeners are reasonably accurate in distinguishing between young, middle, and older age groups. In older men the fundamental frequency increases, while in older women, it decreases. The vocal intensity of speech tends to decrease with age, as does the ability to modulate it. For example, it may be difficult to speak "softly."

Interestingly, these changes are much less apparent, or even absent, in older singers, who may be seen as "exercising" their vocal folds. Older voices often are linked with the perceptual qualities of harshness and roughness. Singers, as well as other healthy, physically fit older individuals, display less harshness and roughness and sound "younger" compared with their counterparts in poor health. Indeed, listeners consistently rate the voices of older singers as "younger" compared to non-singers. A detailed examination of the vocal folds using videostrobolaryngoscopy allows for evaluation of vocal fold vibration, closure, and shape. In patients older than 65, the vocal folds may have a concave edge, and appear thin and bowed. During speech, the vocal folds do not close fully, and the resulting loss of air leads to a weak, "breathy" voice.

Medical treatment

It is well-established that general activity, and in particular exercise programs, positively affect the structure and function of muscle. Resistance training increases muscle mass

About this series

The AAO-HNS Geriatric Otolaryngology Committee, Alan Rubin, MD, Chair, and Robert T. Sataloff, MD, former Chair, enlisted ORL-HNS experts to address many of the age-related conditions that Academy Members see when treating aging patients. The result is a new clinical book for otolaryngologists on its way to members via Thieme publishers this spring.

However, the committee has also authored a patient-facing series of articles, directed to primary care physicians and patients to heighten understanding of ear, nose, throat, head, and neck issues related to aging that might require a specialist's care. So, in keeping with this issue's theme, Dr. Kost developed the following on voice.

and strength, while endurance training may help preserve normal muscle structure. At a cellular level, exercise positively affects hormonal levels, and transmission of nerve signals, while blocking the production of destructive chemicals. This suggests that decline is not inevitable and can be minimized or delayed by optimizing health and physical conditioning. Appropriate exercise not only maintains muscle function and coordination, but also improves function of the cardiovascular system, nervous system, and especially the respiratory system, which is so important for optimizing voice quality. Exercise is as important to muscles involved in voice as it is to those elsewhere in the body.

Good oral health is important for maintaining vocal function and includes adequate salivary quality and flow, good dental hygiene, good dentition, and treatment of any mucosal disorders. Many medications are associated with undesirable effects such as cough, drying of the mouth, and slowed mentation, all of which may influence voice negatively. Whenever possible, these medications should be minimized or changed. Acid reflux can affect vocal function negatively, and should be identified and treated.

Hearing loss in the elderly is extremely common, and may result in distortion of pitch and loudness, as well as impaired auditory feedback (the ability to hear one's own voice), thereby adversely affecting vocal quality and performance. Hearing should therefore be objectively assessed with an audiogram, and hearing impairment should be corrected.

Alterations in mental health, especially memory, and changes in personality secondary to mood disorders and delusionality may impair a person's ability to concentrate, consistently perform vocal tasks, and cooperate optimally with voice rehabilitation.

Hormonal changes occurring with menopause may result in voice change. Although estrogen replacement may be helpful, the potential associated risks must be considered carefully prior to instituting this therapy. Thyroid hormone disturbances are fairly common in the elderly and can be corrected easily. Even mild hypothyroidism can impair the voice.

In summary, almost all medical conditions may affect vocal quality negatively, and correcting or improving them will directly or indirectly influence vocal performance positively.

In the majority of patients voice exercise programs consisting of traditional voice therapy, singing training, acting voice techniques, and aerobic conditioning are effective in eliminating the characteristics ascribed to an "old" voice. This often involves a team approach, with a speech-language pathologist, acting voice trainer, and singing voice specialists. Acting voice trainers teach techniques not only for development of speaking voice strength and projection, but also for control of face and body function, phonatory expression of emotion, preparation, and interpretation of spoken materials, and other communication skills. Learning these techniques improves not only voice quality and vocal authority, but it also gives the patient great confidence in his/

her ability to control vocal communication.

Scientific studies have confirmed the value of voice therapy in the treatment of those with "old" voices. For example, elderly men treated with voice therapy and exercises have significant improvement in the quality and strength of their voices. Studies also have demonstrated that the improvement noted with voice therapy also translates into higher voice-related quality of life scores, a measure of the impact of voice quality on quality of life. It should be noted, however, that voice therapy requires a significant commitment of time, effort, and resources.

Occasionally, medical management alone does not sufficiently restore the voice. In these patients, laryngeal surgery may offer additional benefit. Injection laryngoplasty consists of adding "bulk" to the vocal folds by injecting a material directly into the region of the vocalis muscle. It is a simple, outpatient procedure that improves vocal fold closure. Several safe injectable materials are available. Because most of these materials are absorbed slowly over time, the procedure may need to be repeated. Another appropriate treatment option consists of medializing the vocal folds, or helping them come together by placing an implant through an external incision.

Summary

Dysphonia in geriatric patients is common and is expected to increase as demographics continue to shift to an older population. The etiology is often multifactorial, with presbylarynx being a diagnosis of exclusion. Older voices are typically hoarse, weak, breathy, unsteady, and tremulous. Examination may reveal prominent vocal processes, atrophic vocal folds, and a spindle-shaped glottic gap. Presbyphonia is associated with depression, anxiety, social isolation and a reduction in quality of life. Histological changes have been demonstrated in the mucosa, lamina propria, and musculature of aged vocal folds. Similar age-related changes in limb skeletal muscles of elderly patients occur as well. Convincing evidence has shown that many of these changes can be reversed or avoided with maintenance of good general health and conditioning, which is maintained with regular physical exercise.

Older singers are perceived to have younger voices compared to elderly non-singers, presumably because of the benefits of regular vocal exercise. With optimal physical and vocal conditioning, proper medical supervision of cardiac and respiratory function, and appropriate medication, weight control, nutrition, and surgery in selected cases, many singers, actors, clergy, politicians, teachers, and others may enjoy extra years or even decades of improved voice performance. Voice exercise programs in elderly patients with age-related dysphonia provide an effective and non-invasive means of treatment, with a positive influence on quality of life, as well as improvement in acoustic measures, maximum phonation time, and vocal intensity. In selected patients with insufficient improvement from medical therapy, surgery often provides added benefit. ■

2015 CMS QUALITY REPORTING INITIATIVES

Fact sheets are quick-reference tools

This year, physicians will be subject to new requirements for many Centers for Medicare & Medicaid Services (CMS) quality reporting initiatives. To help you understand the reporting requirements, the Academy's Health Policy team has once again created one-page fact sheets for each of the CMS initiatives. The fact sheets provide Members with key information, such as reporting deadlines, reporting requirements, changes for 2015, and much more. Members are encouraged to use the factsheets as quick references. For detailed information on all of these programs, visit the Academy's CMS Quality Initiatives webpage at www.entnet.org/content/cms-quality. ■

Electronic Health Records Incentive Program

AMERICAN ACADEMY OF OTOLARYNGOLOGY–HEAD AND NECK SURGERY

Successfully Navigating the Centers for Medicare & Medicaid (CMS) Electronic Health Records Incentive Program

What Is the EHR Incentive Program?

The Electronic Health Records (EHR) Incentive Program is a CMS initiative designed to facilitate the use of EHRs in clinical settings. By meeting the objectives outlined by CMS, Eligible Professionals (EPs) demonstrate "meaningful use" (MU) and potentially avoid the penalties set to begin this year. The program has 3 Stages: Stage 1, Stage 2 currently under way, and Stage 3, set to begin in 2017.

EHR/Meaningful Use Incentives and Penalties in 2013 and Beyond

	2013	2014	2015	2016	2017
Incentive Amount	$8K-$15k	$4K-$12k	$2K-$8k	$2K-$4k	N/A
Penalty Amount	N/A	N/A	-1% (based on 2013 reporting)	-2% (based on 2014 reporting)	-3% (based on 2015 reporting)

Requirements

STAGE 1

- Report on 13 core objectives
- Report on 5 of 10 menu objectives
- Report on 6 out of 44 CQMs

STAGE 2

- Report on ALL 17 core objectives
- Report on 3 of 6 menu objectives
  If none of the menu objectives are applicable to your scope of practice & you qualify for all of the exclusions for each, then you can select 3 and claim the exclusion for each.
- Report on 9 out of 64 CQMS
  The CQMs selected must cover at least 3 of the 6 available National Quality Strategy domains.

How to Avoid Penalties

- EPs must meet the Meaningful Use criteria above (20 Core and Menu Objectives and 9 Clinical Quality Measures over the reporting period

or;

- Qualify for an exemption for 2015 reporting requirements. Exemptions are granted on an annual basis and must be applied for annually.

Important Information to Keep in Mind

- The last year to begin participation in order to receive an incentive payment was 2014
- The last year that an EP can begin participation is 2016
- To receive the maximum incentive payment, EPs must have started participation by 2012
- Beginning in 2015, EPs who do not successfully demonstrate MU will be subject to a penalty
- Payment reductions start at 1% and increase each year an EP does not demonstrate (max 5%)

Important Dates for 2015

- **January 1**: Beginning of 2015 reporting period for EPs
- **February 28**: Attestation Deadline for EPs for the 2014 program year
- **July 1**: Hardship Exception Deadline to Avoid 2016 Penalties
- **October 3**: Last day for EPs in their first year to begin 90-day reporting period for CY 2015
- **December 31**: End of 2015 reporting period for EPs

* **Possible Change for 2015:** CMS is considering shortening the EHR reporting period in 2015 to 90 days.

Visit the Academy's website for more detailed information!

http://www.entnet.org/content/electronic-health-records-ehr-and-meaningful-use

Physician Compare Program

AMERICAN ACADEMY OF OTOLARYNGOLOGY–HEAD AND NECK SURGERY

Successful Participation in the Physician Compare Program: What the Web Says About You as a Physician

What Is Physician Compare?

Physician Compare is a Centers for Medicare & Medicaid Services (CMS) website that allows the public to find and select physicians who are currently enrolled in the Medicare program as well as other information on Eligible Professionals (EPs) who participate in CMS quality programs. Information on physician performance, including information on quality measures and patient experience, is available to the public through the Physician Compare website.

General Physician Information Included on Physician Compare includes

- Address
- Education
- American Board of Medical Specialties (ABMS) Board Certification Information
- Primary and Secondary Specialties
- Group Affiliations
- Hospital Affiliations (which link to the hospital's profile on Hospital Compare as available)
- Medicare Assignment Status
- Provider Language Skills

Physician Participation in Physician Compare

Physician Compare website includes information on physician performance in the various CMS quality initiative programs, such as:

- Physician Quality Reporting (PQRS), including the Group Practice Reporting Option (GPRO)
- Electronic Health Record (EHR) Incentive Program

If you would like to check your information for accuracy, please visit: http://www.medicare.gov/physiciancompare/search.html.

Physician Compare Public Reporting Timeline

2013

- 2011 PQRS, GPRO, eRx & EHR MU Incentive Program Participation
- 2012 PQRS, GPRO, eRx & EHR MU Incentive Program Participation
- Information on ABMS board certification

2014

- 2013 PQRS, GPRO & EHR Incentive Program Participation
- 2013 PQRS Maintenance of Certification Incentive
- 2012 PQRS GPRO & ACO measures (early 2014)
- 2013 PQRS GPRO & ACO measures (late 2014)
- GPRO Composite Measures (DM & CAD) (late 2014)
- CG-CAHPS data for PQRS GPROs and ACOs (late 2014)
- Successful reporting of the 2013 Cardiovascular Prevention measures group in support of Million Hearts Initiative

2015

- Notation for satisfactory PQRS GPRO reporters
- ALL 2015 PQRS measures for individual EPs collected through a Registry, EHR, or claims *
- ALL 2015 PQRS Group Practice Reporting Option (GPRO) measures reported via the Web Interface, EHR, and Registry for group practices of 2 or more EP *
- All measures reported by ACOs with a minimum sample size of twenty patients *
- Notation for satisfactory reporters under PQRS, participants in the EHR MU Incentive Program, and EPs that satisfactorily report all four of the Cardiovascular Prevention measures
- Notation for individuals who have earned the 2014 PQRS Maintenance of Certification Incentive
- 2015 CAHPS for PQRS for groups of 2 or more EPs
- CAHPS for certain ACOs
- ALL 2015 Qualified Clinical Data Registry (QCDR) measure data collected at the individual level *

* Does not include a measure that is in its first year

How Do I Update My Information on Physician Compare?

- Incorrect information relating to address, education, contact information, and Medicare Assignment status needs to be edited through the Internet-based PECOS system at https://pecos.coms.hhs.gov/pecos/login/do.
- Incorrect information relating to training, residency, hospital affiliation and/or foreign language needs to be edited by email to Physician Compare at PhysicianCompare@westat.com. Please be sure to include your name, specialty, address of practice location, NPI number, and the best method of contact in addition to providing the corrected information.

Visit the Academy's website for more detailed information!
http://www.entnet.org/content/physician-compare

Physician Quality Reporting System

AMERICAN ACADEMY OF OTOLARYNGOLOGY–HEAD AND NECK SURGERY

Successfully Navigating the Centers for Medicare & Medicaid Services (CMS) Physician Quality Reporting System (PQRS)

What Is PQRS?

PQRS is a CMS reporting program that uses a combination of incentive payments and penalties (payment adjustments) to promote reporting of quality information by physicians and other health professionals. 2014 was the last year reporting physicians were eligible to receive a 0.5% incentive payment.

PQRS Incentives and Penalties in 2014 and Beyond

	2014	2015	2016	2017
Incentive Amount	0.5%	X	X	X
Penalty Amount		-1.5% (based on 2013 reporting)	-2% (based on 2014 reporting)	-2% (based on 2015 reporting)

How to Avoid the 2017 Penalty

To avoid the 2017 penalty, physicians must report quality measure data to CMS for PQRS during the 2015 reporting period. To avoid the 2017 penalty you must:

Step 1: Submit data to CMS on nine measures across three National Quality Strategy domains.

Step 2: Report on at least one cross-cutting measure if you see at least one Medicare patient in a face-to-face encounter during the reporting period (the cross-cutting measure may be included in the nine required measures). Physicians will not be required to report on a cross-cutting measure if none apply to the practice.

Step 3: Physicians who report on fewer than nine measures will be subject to the Measure Applicability Validation (MAV) process.

Changes to PQRS in 2015

The Academy is pleased that, as a direct result of its advocacy efforts, measures groups for sinusitis and acute otitis externa (AOE) have been newly added for PQRS reporting. In 2015, members may report via the asthma, sleep apnea, sinusitis, or AOE measures groups. Members should consider reporting measures group via PQRS*wizard* to reduce burden and streamline the reporting process. For detailed information on PQRS*wizard*, please visit **http://www.entnet.org/content/physician-quality-reporting-system-pqrs**. To get started using PQRSwizard visit: **https://aaohns.pqrswizard.com/default.aspx**. Below is a brief list of changes made to PQRS reporting in 2015.

Measure Changes:
CMS has added 20 measures, created a cross-cutting measures set with 19 measures, and changed the NQS domains for 23 measures. Fifty measures have been removed for 2015.

Measure Group Changes:
CMS added new measures groups, including sinusitis and acute otitis externa (AOE). CMS has retired the perioperative measures group.

Additional Resources

Visit the CMS PQRS Website: **https://www.cms.gov/medicare/quality-initiatives-patient-assessment-instruments/pqrs/**

Visit the Academy's website for more detailed information!
http://www.entnet.org/content/physician-quality-reporting-system-pqrs

Value Based Payment Modifier

AMERICAN ACADEMY OF OTOLARYNGOLOGY–HEAD AND NECK SURGERY

Successfully Navigating the Centers for Medicare & Medicaid Services (CMS) Value Based Payment Modifier (VM)

What is the Value Based Payment Modifier (VM)?

The VM program is intended to assess both quality of care furnished, and the cost of that care, under the Medicare Physician Fee Schedule (MPFS) and pay physicians differentially based on specific program components. To gradually implement the program, the Centers for Medicare & Medicaid Services (CMS) applied the payment modifier to groups of 100 or more eligible professionals (EPs) in 2013, then to groups of 10 or more EPs in 2014. In CY2015, CMS is expanding this program to include solo practitioners and groups of 2 or more.

How is VM Implemented?

Implementation of the VM is based on Physician Quality Reporting System (PQRS) participation. This means that physicians and practices not participating in PQRS may start to see their payments reduced. Any payment adjustment (negative, neutral, or positive) will be applied in CY2017, two years after the PQRS performance year. For information on a fast, convenient, and cost effective online registry to help you collect and report quality measure data to CMS for the PQRS incentive program, see the PQRS*wizard*.

What Changes are Occurring in 2015 that will be Applied in 2017?

For a brief overview of how the VM Payment Adjustments and Quality-Tiering components of the program may affect you, please see below:

For PQRS reporters	For Non-PQRS reporters
Groups with 2-9 EPs and solo practitioners:	*Groups with 2-9 EPs and solo practitioners:*
Upward or neutral VM adjustment (+0.0% to +2% of MPFS)	Automatic -2.0% of MPFS downward adjustment
Groups with 10+ EPs:	*Groups with 10+ EPs:*
Upward, neutral, or downward VM adjustment (-4.0% to +4.0% of MPFS)	Automatic -4.0% of MPFS downward adjustment

How are my Quality and Cost Scores Calculated?

Each group receives two composite scores (quality and cost), based on the group's standardized performance (e.g. how far away from the national mean). Quality scores are comprised of clinical care, patient experience, patient safety, care coordination, efficiency and population / community health. Cost scores are comprised of total per capita costs (plus Medicare Spending Per Beneficiary) and total per capita costs for beneficiaries with specific conditions. Group cost measures are adjusted for specialty composition. This approach identifies statistically significant outliers in order to assign outlier groups to their respective quality and cost tiers.

	Low Quality		Average Quality		High Quality	
Group Size	**2-6 EPs & Solo**	**10+ EPs**	**2-6 EPs & Solo**	**10+ EPs**	**2-6 EPs & Solo**	**10+ EPs**
Low Cost	+0.0%	+0.0%	+1.0x*	+2.0x*	+2.0x*	+4.0x*
Average Cost	-0.0%	-2.0%	+0.0%	+0.0%	+1.0x*	+2.0x*
High Cost	-0.0%	-4.0%	-2.0%	-2.0%	+0.0%	+0.0%

Please Note: Groups and solo practitioners receiving an upward adjustment are eligible for an additional +1.0x if their average beneficiary risk score is in the top 25% of all beneficiary risk scores nationwide.

How are Patients Attributed to my Group for Purposes of Cost Calculation?

Step 1: Identify all beneficiaries who have had at least one primary care service rendered by a group physician.

Step 2: Assign beneficiaries who have had a plurality of primary care services (allowed charges) rendered by primary care physicians.

Step 3: For beneficiaries that remain unassigned, assign beneficiaries who have received a plurality of primary care services (allowed charges) rendered by any EP.

Exclusions: Patients that are part year beneficiaries (including those new to Medicare), died during the year, or had one or more months of Medicare Advantage are excluded from the attribution for calculating costs.

What Role do the Physician Feedback (QRURs) Reports Play in This?

The QRUR reports distributed by CMS to physicians play a crucial role in informing providers and groups impacted by the VM on areas that present opportunities for improvement as it relates to their quality and cost measures. CMS is working to provide reports to all physicians and groups in the Spring and Fall of 2015.

Visit the Academy's website for more detailed information!

http://www.entnet.org/content/value-based-payment-modifier

Choosing wisely

The AAO-HNSF's newest *Choosing Wisely*® recommendations on the next page are supported by key action statements from AAO-HNSF clinical practice guidelines

In February the AAO-HNSF released its second list of five things that physicians and patients should question as part of the American Board of Internal Medicine (ABIM) Foundation's *Choosing Wisely*® campaign. *Choosing Wisely*® aims to promote conversations between providers and patients by helping patients choose care that is supported by evidence, not duplicative of other tests or procedures already received, free from harm, and truly necessary. The AAO-HNSF first participated in the campaign two years ago, releasing recommendations numbered one through five. Now nearly 100 national, regional and state medical specialty societies, health collaboratives and consumer groups have joined the campaign, releasing more than 60 lists of tests and procedures that physicians and patients should discuss.

The AAO-HNSF's newest *Choosing Wisely*® recommendations, those numbered six through 10 on the next page, are supported by key action statements from AAO-HNSF clinical practice guidelines on tympanostomy tubes in children, tinnitus, adult sinusitis, tonsillectomy in children, and allergic rhinitis. The AAO-HNSF's Patient Safety and Quality Improvement Committee spearheaded the development of this list with insight from the Specialty Society Advisory Council, Academy and Foundation Committees, the Guideline Task Force, and approval from the Foundation Board of Directors. The AAO-HNSF thanks everyone who took an active role in the development process and provided input.

To learn more about *Choosing Wisely*, visit www.entnet.org/ChoosingWisely. ■

Choosing Wisely®

An initiative of the ABIM Foundation

American Academy of Otolaryngology — Head and Neck Surgery Foundation

AMERICAN ACADEMY OF OTOLARYNGOLOGY–HEAD AND NECK SURGERY FOUNDATION

Five Things Physicians and Patients Should Question

1 Don't order computed tomography (CT) scan of the head/brain for sudden hearing loss.

Computed tomography scanning is expensive, exposes the patient to radiation and offers no useful information that would improve initial management. CT scanning may be appropriate in patients with focal neurologic findings, a history of trauma or chronic ear disease.

2 Don't prescribe oral antibiotics for uncomplicated acute tympanostomy tube otorrhea.

Oral antibiotics have significant adverse effects and do not provide adequate coverage of the bacteria that cause most episodes; in contrast, topically administered products do provide coverage for these organisms. Avoidance of oral antibiotics can reduce the spread of antibiotic resistance and the risk of opportunistic infections.

3 Don't prescribe oral antibiotics for uncomplicated acute external otitis.

Oral antibiotics have significant adverse effects and do not provide adequate coverage of the bacteria that cause most episodes; in contrast, topically administered products do provide coverage for these organisms. Avoidance of oral antibiotics can reduce the spread of antibiotic resistance and the risk of opportunistic infections.

4 Don't routinely obtain radiographic imaging for patients who meet diagnostic criteria for uncomplicated acute rhinosinusitis.

Imaging of the paranasal sinuses, including plain film radiography, computed tomography (CT) and magnetic resonance imaging (MRI) is unnecessary in patients who meet the clinical diagnostic criteria for uncomplicated acute rhinosinusitis. Acute rhinosinusitis is defined as up to four weeks of purulent nasal drainage (anterior, posterior or both) accompanied by nasal obstruction, facial pain-pressure-fullness or both. Imaging is costly and exposes patients to radiation. Imaging may be appropriate in patients with a complication of acute rhinosinusitis, patients with comorbidities that predispose them to complications and patients in whom an alternative diagnosis is suspected.

5 Don't obtain computed tomography (CT) or magnetic resonance imaging (MRI) in patients with a primary complaint of hoarseness prior to examining the larynx.

Examination of the larynx with mirror or fiberoptic scope is the primary method for evaluating patients with hoarseness. Imaging is unnecessary in most patients and is both costly and has potential for radiation exposure. After laryngoscopy, evidence supports the use of imaging to further evaluate 1) vocal fold paralysis, or 2) a mass or lesion of the larynx.

These items are provided solely for informational purposes and are not intended as a substitute for consultation with a medical professional. Patients with any specific questions about the items on this list or their individual situation should consult their physician.

Released February 21, 2013 (1–5) and Released February 17, 2015 (6–10)

Choosing Wisely®

An initiative of the ABIM Foundation

American Academy of Otolaryngology — Head and Neck Surgery Foundation

AMERICAN ACADEMY OF OTOLARYNGOLOGY–HEAD AND NECK SURGERY FOUNDATION

Five More Things Physicians and Patients Should Question

6

Don't place ear tubes in otherwise healthy children who have had a single episode of ear fluid lasting less than 3 months.

Ear fluid of short duration is likely to resolve spontaneously. The child should be monitored to ensure resolution of the fluid. In children with comorbid conditions or speech delay, earlier tube placement may be appropriate.

7

Don't order imaging studies in patients with non-pulsatile bilateral tinnitus, symmetric hearing loss and an otherwise normal history and physical examination.

The utility of imaging procedures in primary tinnitus is undocumented; imaging is costly, has potential for radiation exposure and does not change management.

8

Don't order more than one computerized tomography (CT) scan of the paranasal sinuses within 90 days to evaluate uncomplicated chronic rhinosinusitis patients when the paranasal sinus CT obtained is of adequate quality and resolution to be interpreted by the clinician and used for clinical decision-making and/or surgical planning.

Computerized tomography scanning is expensive, exposes the patient to ionizing radiation and offers no additional information that would improve initial management. Multiple CT scans within 90 days may be appropriate in patients with complicated sinusitis or where an alternative diagnosis is suspected.

9

Don't routinely use perioperative antibiotics for elective tonsillectomy in children.

Oral antibiotics may have significant adverse effects and do not provide demonstrable benefit after tonsillectomy. Avoidance of oral antibiotics can reduce the spread of antibiotic resistance and the risk of opportunistic infections.

10

Don't routinely perform sinonasal imaging in patients with symptoms limited to a primary diagnosis of allergic rhinitis alone.

History, physical examination and allergy testing are the cornerstones of diagnosis of allergic rhinitis. The utility of imaging for allergic rhinitis is unproven.

How This List Was Created (1–5)

The American Academy of Otolaryngology—Head and Neck Surgery Foundation's (AAO-HNSF) Patient Safety and Quality Improvement (PSQI) Committee was charged with developing the Foundation's recommendations for the *Choosing Wisely* campaign. The PSQI Committee initially sought the input of the Specialty Society Advisory Council (SSAC) and requested each member society submit potential topics along with supporting evidence. From those submissions, an initial list of 20 items was distributed to Academy and Foundation committees and the Guidelines Development Task Force (GDTF) for review.

PSQI Committee leadership reviewed feedback from the committees and identified six potential recommendations for inclusion in the campaign. The six topics were selected based on their supporting evidence (for example, clinical practice guidelines), committee support, and the current use (frequency) of the test or procedure. The members of SSAC ranked the six topics, and the top five topics were submitted to the Foundation board for approval.

How This List Was Created (6–10)

The American Academy of Otolaryngology—Head and Neck Surgery Foundation's (AAO-HNSF) Patient Safety and Quality Improvement (PSQI) Committee was charged with developing a second AAO-HNSF list. The PSQI Committee sought the input of the Specialty Society Advisory Council (SSAC) and requested each member society submit a list of potential topics along with supporting evidence. From the submissions received, an initial list of proposed topics was developed and distributed to Academy and Foundation committees and the Guidelines Development Task Force (GDTF) for review. Committees were asked to provide their support for any of the proposed topics, reasons why a topic should not be included, as well as identifying any additional topics for consideration along with supporting evidence.

PSQI Committee leadership reviewed all submitted feedback and identified seven potential topics for inclusion in the campaign. The seven topics were selected based on their supporting evidence (for example, AAO-HNSF clinical practice guidelines), committee support, and the current use (frequency) of the test or procedure. The members of SSAC were asked to rank the seven topics; the seven topics were submitted to the AAO-HNSF Board for approval and the top five were submitted to the Choosing Wisely campaign.

AAO-HNSF's disclosure and conflict of interest policy can be found at www.entnet.org.

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About the ABIM Foundation

The mission of the ABIM Foundation is to advance medical professionalism to improve the health care system. We achieve this by collaborating with physicians and physician leaders, medical trainees, health care delivery systems, payers, policymakers, consumer organizations and patients to foster a shared understanding of professionalism and how they can adopt the tenets of professionalism in practice.

ABIM FOUNDATION®

To learn more about the ABIM Foundation, visit www.abimfoundation.org.

About the American Academy of Otolaryngology—Head and Neck Surgery and Its Foundation

AMERICAN ACADEMY OF OTOLARYNGOLOGY–HEAD AND NECK SURGERY FOUNDATION

The American Academy of Otolaryngology—Head and Neck Surgery Foundation is the world's largest organization representing nearly 12,000 otolaryngologist–head and neck surgeons who treat the ear, nose, throat, and related structures of the head and neck. Medical disorders in this specialty are among the most common affecting patients, young and old. The AAO-HNSF works to advance the art, science, and ethical practice of otolaryngology–head and neck surgery through education, research, and lifelong learning.

For more information, visit www.entnet.org.

For more information or to see other lists of Things Physicians and Patients Should Question, visit www.choosingwisely.org.

The Center for Hearing and Balance Disorders

Neurotologist

The Center for Hearing and Balance Disorders is seeking a board certified/board eligible neurotologist to join a successful practice in the St. Louis area. The candidate will be joining a practice of two very busy neurotologists, one of whom is seeking to retire in the near future. This practice has a nationally recognized cochlear implant program, as well as an active emphasis on skull base surgery. Clinical research opportunities and resident teaching are available if desired.

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Interested Candidates should submit a cover letter and CV to:

Jacques A. Herzog, MD

Email Office Manager: sharonj@stlouisear.com
Address: The Center for Hearing and Balance Disorders
226 South Woods Mill Rd. Suite 58W
Chesterfield, MO 63017
www.stlouisear.com

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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**

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Questions? Contact David Buckner, Senior Manager of Development, 703-535-3718 or dbuckner@entnet.org

AMERICAN ACADEMY OF OTOLARYNGOLOGY–HEAD AND NECK SURGERY FOUNDATION

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UAB MEDICINE
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The University of Alabama at Birmingham, Division of Otolaryngology – Head and Neck Surgery is seeking a board certified or board eligible Otolaryngologist with fellowship training in microvascular reconstruction to join its talented, academic otolaryngology program. This position will be recruited at the Assistant or Associate Professor level.

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Letters of inquiry and curriculum vitae should be sent to the Chair of the Search Committee:

William R. Carroll, MD, FACS
wcarroll@uabmc.edu
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Assistant, Associate, or Full Professor, Otolaryngology (10-927)

(In Residence, Adjunct, Clinical X, HS Clinical)

School of Medicine - Surgery

Salary: Salary is commensurate with qualifications and based on University of California pay scales.

Closing Date: Review of applications will begin February 27, 2015

Job Description: The University of California, San Diego, Department of Surgery, Division of Otolaryngology (http://oto.ucsd.edu/default.aspx) is committed to academic excellence and diversity within the faculty, staff and student body. The Department is seeking a board certified or eligible otolaryngologist with an expertise in Pediatric Otolaryngology to join our Division. This is a full-time non-tenured faculty position (academic rank and series to be determined based upon experience). This position includes participation in patient care, teaching, research and projects leading to expansion of the clinical service.

Qualified candidates must meet the following criteria:

1. Board certification or eligibility in Otolaryngology
2. Completion of a Pediatric Otolaryngology fellowship or additional training
3. Must have or be able to obtain a California medical license
4. Experience and willingness to participate in education and research
5. Must be committed to developing a strong and diverse Pediatric Otolaryngology practice in a competitive environment
6. Must be committed to building an equitable and diverse scholarly environment

To Apply: Please send a C.V., bibliography and 3 names/addresses of references. Applicants should also include a separate personal statement summarizing their past and/or potential contributions to diversity, equity, and leadership (see http://facultyexcellence.ucsd.edu/c2d/index.html for further information).

Submit application material to **http://apptrkr.com/576669**

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

U.S. News & World Report ranked West Virginia University Hospitals in Morgantown #1 in the state for the last two years. Forbes recently ranked Morgantown as one of the Best Small Metros in America. Our area offers the cultural diversity and amenities of a large city in a safe, family-friendly environment. There is also an excellent school system and an abundance of beautiful homes and recreational activities.

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WestVirginiaUniversity.

WVU is an AA/EO employer and is the recipient of an NSF ADVANCE award for gender equity. Position will remain open until filled.

ENT / OTOLARYNGOLOGY

PENN HIGHLANDS HEALTHCARE is seeking a **BC/BE ENT/Otolaryngologist** to join our **Penn Highlands Elk** team. We offer excellent salary, benefits and incentives. This position is full time.

- Salary is MGMA competitive
- Sign-on Bonus
- Relocation expenses reimbursed up to $10,000
- CME reimbursement and time
- Malpractice and tail coverage paid
- Medical, Vision and Dental Insurance
- 2 Retirement Plan options – dollar for dollar match up to 4%
- 25 PTO days/year; 10 Sick days/year

Penn Highlands Elk is proud to be the premier provider of health care services for residents in a large geographic area in North Central Pennsylvania. With campuses in St. Marys and Ridgway, as well as physician offices in strategically placed locations throughout the region, **Penn Highlands Elk** proudly serves the residents of Elk, Cameron and McKean Counties. Just a short drive away from State College, Pittsburgh and Philadelphia - whether you enjoy the theatre or the beauty of our four seasons, we offer you a rewarding, challenging career and a well-balanced lifestyle.

Visit our website at www.phhealthcare.org. Please send CV to Wayne Saxton, Physician Recruiter at dwsaxton@phhealthcare.org or call at 814-375-3793.

Penn Highlands Healthcare

Director of Pediatric Otolaryngology
Assistant Professor, Associate Professor, or Professor (Non-Tenure, Clinical Track)
Anticipated Vacancy

The Department of Otolaryngology-Head and Neck Surgery of the LSU Health Sciences Center is actively seeking an experienced, board certified Pediatric Otolaryngologist to serve as Director of its growing Pediatric Otolaryngology division. This position will carry a full-time university faculty appointment at the rank of Assistant Professor, Associate Professor, or Professor (non-tenure, clinical track); appointment rank will be made commensurate with academic achievements and experience.

This is an outstanding opportunity to join a growing practice in a thriving department and a wonderful city. Children's Hospital of New Orleans, the principal site of this practice, is a 247-bed, not-for-profit medical center offering the most advanced pediatric care; it is the only full-service hospital exclusively for children in Louisiana and it also maintains busy outpatient and community outreach clinics. Critical care is provided in the hospital's 36-bed NICU, 24-bed PICU, and 20-bed CICU. The medical staff includes 40 pediatric specialties and more than 400 physicians.

Responsibilities include serving as Director of a growing Pediatric Otolaryngology practice that is currently composed of three pediatric otolaryngologists, with an institutional commitment for hiring two more in the next two years. The Director's responsibilities include clinical and academic pediatric ENT program oversight, direction and mentorship of junior faculty, active patient care, and resident and medical student education. Extensive collaborative research opportunities are also available. Qualified applicants must be board certified in Pediatric Otolaryngology and licensed or eligible for licensure to practice medicine in Louisiana. A minimum of 7 years' experience in academic and/or clinical practice management is required. Compensation packages are competitive nationally.

Our pediatric faculty members share the benefit of subspecialist support from other department members in otology, laryngology, head and neck oncology, rhinology, skull base surgery, and plastic/reconstructive surgery.

The city of New Orleans is one of the most culturally diverse and fastest growing cities in the country, and residents enjoy outdoor activities and coastal access all year long. New Orleans offers many of the amenities of larger cities but continues to maintain a small town family oriented atmosphere.

Interested applicants should send a CV and cover letter to SOM-Jobs@lsuhsc.edu; reference Pediatric ENT Director.

LSUHSC – Department of Otolaryngology – Head and Neck Surgery
Assistant Professor or Associate Professor (non-tenure, full-time clinical track)

The Department of Otolaryngology-Head and Neck Surgery of LSU Health Sciences Center is actively seeking fellowship trained, BC/BE Pediatric Otolaryngologists for one or two full-time faculty positions at the rank of Assistant Professor or Associate Professor (non-tenure track). Qualified applicants must be licensed or eligible for licensure to practice medicine in Louisiana.

This is an excellent opportunity to join our growing academic practice. Responsibilities include patient care, resident and medical student education. Extensive collaborative research opportunities are also available. The selected candidate will assume a dedicated pediatric otolaryngologist position in a busy clinical practice in a state of the art, free standing Children's Hospital; we are particularly interested in those candidates with special expertise in airway reconstruction and/or sinus surgery.

Children's Hospital is a 247-bed, not-for-profit medical center offering the most advanced pediatric care for children from birth to 21 years. It is the only full-service hospital exclusively for children in Louisiana and the Gulf South. Critical care is provided in the hospital's 36-bed NICU, 24-bed PICU, and 20-bed CICU.

Our faculty members benefit from cross-coverage arrangements for weekend and holiday on-call responsibilities and share the benefit of subspecialty support in otology, laryngology, head and neck oncology, and plastic/reconstructive surgery for complex patients.

New Orleans offers many of the amenities of larger cities but continues to maintain a small town family oriented atmosphere. New Orleans is also one of the most culturally diverse and fastest growing cities in the country, and residents can easily enjoy either an urban or outdoor and coastal lifestyle.

Salary and rank will be commensurate with the knowledge, education and experience of the individual. Candidates interested in working within a dynamic and stimulating setting combined with a generous package of related benefits are encouraged to provide a cover letter with clinical and research interests and current Curriculum Vitae to: SOM-Jobs@lsuhsc.edu;
reference Pediatric Otolaryngologist.

LSU HealthNewOrleans
School of Medicine

The School of Medicine does not participate in sponsoring faculty candidates for the Department of Health and Hospitals' Conrad 30 Program. LSUHSC-NO is an Equal Opportunity Employer for females, minorities, individuals with disabilities and protected veterans. LSUHSC is an AA/EEO employer.

South Florida ENT Associates, P.A.

South Florida ENT Associates, a fifty-two physician group practice in Miami-Dade, Broward and Palm Beach has immediate openings for full-time ENT Physicians. South Florida ENT Associates is the second largest ENT group in the country and the largest in the state of Florida. We provide full service ENT including Audiology, Hearing Aid Sales, Allergy, Facial Plastics, Robotics and CT services.

We offer an excellent salary/bonus with partnership track, health insurance, paid vacation time, malpractice insurance and CME reimbursement, plus other benefits.

Candidate must have strong clinical knowledge, excellent communication skills, be highly motivated and hardworking.

This position will include both office and hospital settings.

Requirements:

Board Certified or Eligible preferred
MD/DO from approved medical/osteopathy school and graduation from accredited residency program in ENT
Current Florida license
Bilingual (English/Spanish) preferred
Excellent communication and interpersonal skills
F/T - M-F plus call

For more information about us, please visit www.sfenta.com.

Contact Information:

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

University of Missouri

Department of Otolaryngology—Head and Neck Surgery

Seeks clinicians, teachers, and researchers who are personable, energetic and innovative to join a rapidly growing and collaborative group of physicians. Faculty opportunities at all academic levels (Assistant/Associate Professor or Assistant/Associate Professor of Clinical Otolaryngology) are available in **General Otolaryngology with an interest in Pediatrics or Allergy**. Title, track, and salary are commensurate with experience.

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

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

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

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

Live. Work. Play.

Leading South Florida Healthcare Systems Seeks

Medical Director, Division of Otolaryngology

About the Opportunity:

Memorial Healthcare System is seeking a Medical Director for the Division of Otolaryngology. The Memorial Physician Group currently employs two otolaryngologists supporting an established otolaryngology outpatient practice, inpatient hospital consults, and emergency room call.

Memorial Healthcare System

Successful candidates will meet the following criteria:

- Fellowship training in head and neck surgery required;
- Board certified in otolaryngology;
- Excellent communication, interpersonal, and team leadership skills demonstrated;
- Minimum of five (5) years leadership experience required;
- Experienced in evidence-based medicine;
- Achieved success in new program development and the establishment of policies and guidelines to monitor effectiveness of medical care, evidence-based clinical outcomes, and patient progress

This is a full-time employed position with the multi-specialty Memorial Physician Group. The position offers a highly competitive and desirable compensation/benefits package that is commensurate with training, experience, and market demand. Professional malpractice and medical liability is covered under sovereign immunity.

About Memorial Healthcare System:

Memorial Healthcare System is a 1,900-bed healthcare system located in South Florida and is highly regarded for its exceptional patient- and family-centered care. Memorial's patient, physician, and employee satisfaction rates are some of the most admired in the country, and the system is recognized as a national leader in quality healthcare.

About South Florida:

South Florida offers quality of life, miles of pristine beaches, is rich in cultural and recreational amenities, top-rated golf courses, museums, and world-class dining. The greater Ft. Lauderdale area offers numerous communities in which to raise a family. In addition, Florida has no state income tax.

To inquire or learn more about this opportunity, visit memorialphysician.com.

Otolaryngology

Call This Top 10 Community Home

McFarland Clinic PC

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

Featured 8th in Money Magazine's "Best Places to Live", Ames, Iowa is recognized as an active, friendly community with plenty to do. Ames is a vibrant university town with one of the highest-rated public school systems in the nation. Having close access to several major metropolitan cities means that this versatile community provides small-town serenity and charm plus big-city amenities and culture.

EEO/AA Employer/Protected Vet/Disabled

Contact Doug Kenner
866.670.0334 or dkenner@mountainmed.net

THE UNIVERSITY OF NEW MEXICO
Department of Surgery, Division of Pediatric Otolaryngology

The Department of Surgery, Division of Otolaryngology, at the University of New Mexico is seeking a Pediatric Otolaryngologist who is trained in all aspects of pediatric otolaryngology surgery. This position will be recruited at the Assistant/Associate Professor level. Research opportunities are available if desired, and clinical research opportunities are readily available. Appointment and salary will be commensurate with level of experience.

The successful candidate will participate in an active Pediatric Otolaryngology practice, as well as provide resident teaching rounds, medical student teaching and participation at local and national conferences. It is an excellent opportunity for a pediatric otolaryngologist interested in academic achievements and good clinical experience. An excellent compensation package is provided.

Minimum Qualifications: Medical doctor who is board certified/eligible in Otolaryngology-Head and Neck Surgery, eligible for licensure in New Mexico, and eligible to work in the U.S.

Preferred Qualifications: Academic/clinical experience and completed fellowship in Pediatric Otolaryngology, or completing a fellowship in the next twelve months.

Interested applicants must apply for this position via UNMJobs website, unmjobs.unm.edu/, Posting# 0824589. Please attach electronic copies of a current CV and a letter of interest to the application.

In addition, please submit three (3) letters of reference to the email address below. Applications will not be considered complete until all three (3) letters of reference are received. This position **will remain open until filled**. For more information and to submit letters of reference, please contact Erica Bennett, M.D., at ***EBennett@salud.unm.edu***.

The UNM School of Medicine is an Equal Opportunity/Affirmative Action Employer and Educator. This position may be subject to criminal records screening in accordance with New Mexico state law. J1 Visas are not eligible for this opportunity. UNM's confidentiality policy ("Disclosure of Information about Candidates for Employment," UNM Board of Regents' Policy Manual 6.7), which includes information about public disclosure of documents submitted by applicants, is located at http://www.unm.edu/~brpm/r67.htm

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SCHOOL OF MEDICINE
CASE WESTERN RESERVE UNIVERSITY

University Hospitals
Ear, Nose & Throat Institute

Academic Fellowship Trained Otologist/Neurotologist Opportunity

University Hospitals Medical Group (UHMG), the unified faculty practice plan of University Hospitals of Cleveland (UH), is comprised of several practices representing medical and surgical specialties located within University Hospitals Case Medical Center and throughout Northeastern Ohio. As part of our historic primary affiliation, UHMG physicians serve on the faculty of Case Western Reserve University School of Medicine. UHMG strives to champion the success of the physician practices and UH in fulfilling our mission: To Heal. To Teach. To Discover.

Due to increased patient demand and institutional support for expansion, the Division of Otology & Neurotology in the Department of Otolaryngology - Head and Neck Surgery at University Hospitals Case Medical Center in Cleveland, Ohio is seeking to add a fellowship trained otologist/neurotologist to our team. Our program currently averages over 13,000 wRVUs per cFTE and continues to grow. We have two providers in the division at this time and would like to expand with the addition of a junior faculty member. The propsective candidate will have clinical and teaching responsibilities.

We offer a comprehensive compensation package and excellent benefits including CME funding, paid vacation and educational time, medical, dental and vision coverage and more. University Hospitals is proud to be an equal opportunity employer.

Candidates should forward a current CV to: Maroun.Semaan@UHhospitals.org

Candidates may also mail a current CV to:
Maroun T. Semaan, MD, FACS
Director, Division of Otology and Neurotology
Ear, Nose and Throat Institute
University Hospitals Case Medical Center
c/o Kim Kuivila
11100 Euclid Avenue
Mailstop LKS5045
Cleveland, OH 44106

Children's Hospital of San Antonio™
CHRISTUS SANTA ROSA HEALTH SYSTEM

Baylor College of Medicine

The Division of Pediatric Otolaryngology at the Children's Hospital of San Antonio-Baylor College of Medicine seeks an energetic, fellowship-trained **Pediatric Otolaryngologist** interested in building an academic program in a community-hospital setting. The qualified applicant will join three fellowship-trained Pediatric Otolarygologists at the only free standing children's hospital in San Antonio and will serve an intregal role in developing clinical programs, teaching residents, and providing exceptional care to the children of South Texas.
Assistant and Associate Professor levels preferred, and any area of pediatric otolaryngology subspecialty interests are encouraged.

Interested applicants should send CV and letter of intent to:

Lisa Buckmiller MD, Chief Pediatric Otolaryngology
Children's Hospital of San Antonio
315 N. San Sabe, Suite 1003
San Antonio, TX. 78207
(210) 704-3391
Lisa.Buckmiller@christushealth.org

Washington University in St. Louis
SCHOOL OF MEDICINE

Department of Otolaryngology-Head and Neck Surgery

FELLOWSHIP
TRANSORAL SURGERY
MICROVASCULAR HEAD & NECK RECONSTRUCTION
HEAD AND NECK ONCOLOGY

The Department of Otolaryngology-Head and Neck Surgery at Washington University School of Medicine invites applications for a one-year fellowship starting July 1, 2015. This excellent high volume fellowship provides in-depth exposure to a broad variety of advanced microvascular reconstructive head & neck techniques, transoral resections (TLM and TORS), and skull base surgery. Applicants must be able to obtain a Missouri State license and must be board eligible. ECFMG certification and completion of USMLE (Steps 1-3) required. Salary and benefits are according to PGY year. License expenses also covered. Send inquiries and curriculum vitae to: **Bruce H. Haughey, MBChB** haugheyb@ent.wustl.edu **& Brian Nussenbaum, MD,** nussenbaumb@ent.wustl.edu, Division of Head and Neck Surgical Oncology, Washington University School of Medicine, Department of Otolaryngology Head and Neck Surgery, 660 S. Euclid Avenue, Campus Box 8115, St. Louis, MO. 63110, Phone 314/362-0365, Fax 314/362-7522, http://oto.wustl.edu

BARNES-JEWISH Hospital BJC HealthCare | Washington University in St. Louis Physicians | Children's HOSPITAL • ST. LOUIS

LSUHSC
Department of Otolaryngology – Head and Neck Surgery
Assistant Professor (non-tenure, full-time clinical track)

The Department of Otolaryngology-Head and Neck Surgery of LSU Health Sciences Center is actively seeking applicants for a full-time faculty position at the rank of Assistant Professor (non-tenure, clinical track). Qualified applicants must be BC/BE in Otolaryngology – Head and Neck Surgery, fellowship trained in Head and Neck Oncology - Microvascular / Reconstruction and licensed or eligible for licensure to practice medicine in Louisiana.

This is an excellent opportunity to join our growing practice. Responsibilities include patient care, resident and medical student education, and the pursuit of clinical research. Extensive collaborative research opportunities are available. Our faculty team members enjoy liberal cross-coverage for weekend and holiday on-call responsibilities and share the benefit of subspecialty support in otology, laryngology, head and neck oncology, pediatric otolaryngology, and plastic/reconstructive surgery.

Salary and rank will be commensurate with the knowledge, education and experience of the individual. Candidates interested in working within a dynamic and stimulating setting combined with a generous package of related benefits are encouraged to provide a cover letter and current Curriculum Vitae to: SOM-Jobs@lsuhsc.edu; reference ENT - Microvascular position.

The School of Medicine does not participate in sponsoring faculty candidates for the Department of Health and Hospitals' Conrad 30 Program.

LSUHSC-NO is an Equal Opportunity Employer for females, minorities, individuals with disabilities and protected veterans.

University of Maryland
Otorhinolaryngology - HNS

The Department of Otorhinolaryngology – Head and Neck Surgery is seeking a board certified or board eligible, full-time, academic General Otolaryngologist to join the faculty. The candidate will have an appointment at University of Maryland Medical Center Midtown Campus, as well as an appointment at the University of Maryland School of Medicine. Responsibilities include teaching of medical students and residents, patient care and research.

Faculty rank, tenure status and salary will be commensurate with the level of experience.

Qualified applicants should submit their Curriculum Vitae and the names of three references to:

Scott E. Strome, MD, FACS
Professor and Chairman
Department of Otorhinolaryngology – Head & Neck Surgery
University of Maryland
16 South Eutaw St., Suite 500
Baltimore, MD 21201-1619

The University of Maryland encourages women and minorities to apply and is an AA/EEO/ADA employer.

ProMedica

JOIN THE PROMEDICA FAMILY

Otolaryngologist Opportunity in Toledo, Ohio

ProMedica Physicians Ear, Nose and Throat is seeking highly motivated, personable BC/BE otolaryngologists to join their progressive and expanding practice. The practice consists of six ENT physicians and is the only ENT practice in Toledo with fellowship-trained otolaryngologists in head and neck surgical oncology and neurotology. We offer a full range of services including allergy testing and treatment, and complete audiology and vestibular services including ENG, rotary chair, posturography, and cochlear implantation and mapping.

We are seeking candidates who excel at general ENT or with advanced subspecialty interest and fellowship-trained in head and neck surgical oncology and laryngology.

- Full employment with ProMedica Physicians
- "Built in" referral base and high volume
- Call shared equally among all members (currently 1:6)
- Trauma call is optional and paid separately
- Opportunity for teaching residents and medical students
- All members participate in weekly board meetings
- Competitive compensation and generous benefits package
- Relocation paid up to $10K
- Perfect balance of work and lifestyle

Toledo, Ohio is home to an extensive Metropark system, Toledo Zoo, Toledo Museum of Art, and excellent institutions of higher education.

Contact: Denise Johnston, physician recruiter, at 419-824-7445, denise.johnston@promedica.org.

ProMedica is a tobacco-free employer. EOE

LSUHSC
Department of Otolaryngology – Head and Neck Surgery
Assistant Professor or Associate Professor
(non-tenure, full-time clinical track)

The Department of Otolaryngology-Head and Neck Surgery of LSU Health Sciences Center is actively seeking applications for a full-time faculty position at the rank of Assistant or Associate Professor (non-tenure track). Qualified applicants must be BC/BE in Otolaryngology, fellowship trained in Otology/Neurotology and licensed or eligible for licensure to practiced medicine in Louisiana.

This is an excellent opportunity to join our growing practice. Responsibilities include patient care, resident and medical student education, and the pursuit of clinical research. Extensive collaborative research opportunities are available. Our faculty team members enjoy liberal cross-coverage for weekend and holiday on-call responsibilities and share the benefit of subspecialty support in otology, laryngology, head and neck oncology, pediatric otolaryngology, and plastic/reconstructive surgery.

Salary and rank will be commensurate with the knowledge, education and experience of the individual.

Interested candidates should provide a cover letter and current Curriculum Vitae to: **SOM-Jobs@lsuhsc.edu**; reference Otology/Neurotology position.

LSU HealthNewOrleans School of Medicine

The School of Medicine does not participate in sponsoring faculty candidates for the Department of Health and Hospitals' Conrad 30 Program.

LSUHSC-NO is an Equal Opportunity Employer for females, minorities, individuals with disabilities, and protected veterans.

THE UNIVERSITY of TENNESSEE HEALTH SCIENCE CENTER

Head and Neck Surgeon – The Department of Otolaryngology Head and Neck Surgery of University of Tennessee Health Science Center, is recruiting a mid-career Head and Neck Cancer surgeon to lead its Division of Head and Neck Surgery. This individual must, have a proven record of collaborative multi-specialty clinical experience, an interest in clinical translational research, be well published, and nationally recognized. The position will be tenure-track at either the Associate/Professor rank as appropriate. The individual will join another surgeon, and be a leader in a large established multi-specialty Cancer Treatment Team, The West Group, as well as be closely affiliated with Methodist University Hospital.

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

Candidates must be able to obtain a Tennessee medical license.

Letters of inquiry and curriculum vitae should be sent to:

Jerome W. Thompson, M.D., MBA, Chairman
Department of Otolaryngology-Head and Neck Surgery
The University of Tennessee Health Science Center
910 Madison Avenue, Suite 408
Memphis, TN 38163

Or email to: jkeys@uthsc.edu

The University of Tennessee is an EEO/AA/Title VI/Title IX/Section 504/ADA/ADEA/V institution in the provision of its education and employment program and services.

SOUTHERN CALIFORNIA FELLOWSHIP

The Department of Otolaryngology at Loma Linda University is currently seeking a fellow in Advanced Head & Neck Oncologic Surgery and Microvascular Reconstruction beginning in July 2015. This is a recently restructured one-year program for residents having residency exposure to Head & Neck and Microvascular Surgery. Two-year commitments are also considered on a case-by-case basis respecting the resident's experience, future ambitions, and research interests. Exposure to international fellows is likely, and mission electives are strongly encouraged. This candidate will be the sixth fellow in our program—all of which still practice advanced Head & Neck / Microvascular Surgery.

Currently, 5 full-time fellowship trained Head & Neck surgical oncologists practice at Loma Linda, 3 performing microvascular reconstructions and the others focusing on endocrine and ablative surgery. Two additional Head & Neck oncologic surgeons practice at our VA facility. Two endoscopic skull base surgeons, and two facial plastic/reconstructive surgeons help augment the fellow's experience. Advanced cases will be covered by the fellow preferentially, including: major head and neck ablative cases, microvascular reconstructions, TOLMS/TORS, endoscopic skullbase surgery, open/craniofacial skullbase resections, advanced trauma, and advanced Moh's reconstructions. The fellowship also includes participation in approximately 130 thyroid/parathyroid surgeries, which includes minimally invasive techniques, reoperative surgery, and surgery for non-localizing disease.

The fellow works at Loma Linda University assisting faculty with cases. Fellows choose their cases with limited mentor over-site to ensure a balanced experience. Intraoperative resident teaching and research is expected. The fellow may also assist at the VA or county hospital as interesting cases dictate. No call or clinic responsibilities exist; this is a surgical fellowship, with a focus on operative experience. A California Medical License is required.

Please send a letter of interest and curriculum vitae to **cnoble@llu.edu** or to:
Jared Inman and Alfred Simental
Department of Otolaryngology-Head & Neck Surgery
11234 Anderson St. #2586A, Loma Linda, CA 92354.

LOMA LINDA UNIVERSITY HEALTH

UNIVERSITY OF Cincinnati

UNIVERSITY OF CINCINNATI COLLEGE OF MEDICINE
Department of Otolaryngology-Head & Neck Surgery

The Department of Otolaryngology-Head & Neck Surgery and Myles L. Pensak, MD, FACS, H.B. Broidy Professor and Chairman, are expanding its clinical/academic programs and recruiting a full-time board certified Neurotologist. Candidates interested in pursuit of a combination clinical/research track are preferred.

This position requires a strong interest and commitment to the education of residents, fellows and medical students. This position includes an academic appointment as an Assistant/Associate Professor of Otolaryngology-Head and Neck Surgery. Academic appointment will be commensurate with experience/qualifications. MD degree and the obtainment of a permanent Ohio medical licensure required.

Interested candidates should send letter of interest and curriculum vitae for review by Myles L. Pensak, MD to:
barbarag.huber@uc.edu

The University of Cincinnati is an equal opportunity and affirmative action employer. UC is a smoke-free work environment.

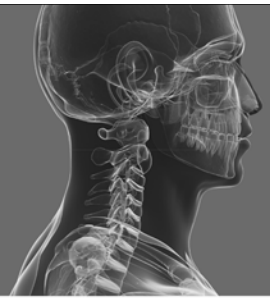
Pediatric Otolaryngologist
FULL-TIME BC/BE FACULTY

The Department of Otolaryngology at UTMB Health in Galveston, Texas is actively recruiting enthusiastic candidates for a full-time position. This job entails opportunities to participate in all aspects of clinical practice, as well as resident and medical student teaching. UTMB Health is undergoing rapid growth as exemplified by the building of two cutting-edge surgical hospitals and the acquisition of a third. With a light call schedule and generous benefits, this is an outstanding opportunity in one of the fastest growing geographic regions in the country. Clinical research is encouraged but not mandatory.

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 Health

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



CITY OF HOPE IS SEEKING A

BC/BE OTOLARYNGOLOGIST

with
Head and Neck Oncology and Microvascular Reconstructive Fellowship Training

City of Hope
RESEARCH · TREATMENT · CURES

City of Hope is seeking to recruit a full-time faculty member, at the assistant or associate professor level, in the Division of Head and Neck Surgery.

We are seeking a BC/BE otolaryngologist with Head and Neck Oncology and Microvascular Reconstructive Fellowship Training. This position emphasizes multidisciplinary management of complex head and neck cancer patients. Interest and experience in organ preservation and minimally invasive transoral surgery techniques such as TLM, and/or TORS are prioritized. The candidate must have at least two years of independent clinical practice experience. This individual is expected to help further expand our clinical and research programs in head and neck oncology, reconstruction, quality, and outcomes. The position will have responsibilities for patient care at both the main campus and regional City of Hope satellite centers.

For candidates with a clinical or translational research background, there are opportunities for mentored or independent research in our world-class cancer center and biomedical graduate school. Our main campus is located approximately 20 miles east of downtown Los Angeles. The location offers outstanding opportunities for both professional and lifestyle enrichment.

Interested applicants should forward CV to:

Ellie Maghami, M.D., F.A.C.S.
Associate Professor and Chief, Division of Otolaryngology/Head and Neck Surgery
City of Hope
1500 E. Duarte Road, Duarte, CA 91010
Phone 1-626-471-7100
Fax 1-626-471-9212
emaghami@coh.org

MED-17453

"There is no profit in curing the body if, in the process, we destroy the soul."
— Samuel Golter

Leading South Florida Healthcare Systems Seeks

Pediatric Otolaryngologist

Joe DiMaggio Children's Hospital
AT MEMORIAL
1005 Joe DiMaggio Drive / Hollywood, Florida 33021

About the Opportunity:

The Division of Pediatric Otolaryngology-Head and Neck Surgery at Joe DiMaggio Children's Hospital seeks a motivated BC/BE fellowship-trained pediatric otolaryngologist interested in growing our rapidly expanding tertiary-care division. This is a robust outpatient and hospital-based program, with dedicated pediatric audiology, mid-level practitioners, and a diverse patient population. Our services include an established aerodigestive team, a Cochlear Implant Center, pediatric videostroboscopy, and the busiest Craniofacial Center in Florida. Qualified candidates should have an interest in head and neck surgery, airway, vascular malformations, or otology. Excellent opportunities exist for interdisciplinary collaboration, program development, research, and teaching. We also have a new affiliation with a four-year allopathic medical school. Emergency room call is 1:7. This is a full-time employed position within the multi-specialty Memorial Physician Group. The position offers competitive benefits, and a compensation package that is commensurate with training and experience. Professional malpractice and medical liability is covered under sovereign immunity.

About Joe DiMaggio Children's Hospital:

Joe DiMaggio Children's Hospital (JDCH) is a 204-bed facility with a 22-bed Pediatric Intensive Care Unit and a 64-bed Level III Neonatal Intensive Care Unit, which is expanding to 80+ beds in 2015. JDCH opened in 1992 and is located in Hollywood, Florida. As South Florida's newest freestanding children's hospital, Joe DiMaggio Children's Hospital is redefining the pediatric healthcare experience. We combine cutting-edge excellence with a commitment to patient- and family-centered care, and have the largest and most diverse group of board-certified pediatric specialists in the region. Thanks to exemplary medical expertise, advanced technology, and exclusive pediatric programs, JDCH has earned the distinction of being the leading children's hospital in Broward and Palm Beach counties. JDCH is the only Pediatric Trauma Center in south Broward County. We're continuing to pioneed revolutionary programs that define the standard in pediatric care. To learn more, please visit JDCH.com.

About South Florida:

South Florida offers quality of life, miles of pristine beaches, is rich in cultural and recreational amenities, top-rated golf courses, museums, and world-class dining. The greater Ft. Lauderdale area offers numerous communities in which to raise a family. In addition, Florida has no state income tax.

To inquire or learn more about this opportunity, visit memorialphysician.com.

The Division of Pediatric Otolaryngology at Miami Children's Hospital ("MCH") is seeking a third, hospital-employed, fellowship-trained

Pediatric Otolaryngologist

with a particular interest in complex airway disorders to join a multi-specialty pediatric hospital in Miami, FL.

About the Opportunity:

The Division of Pediatric Otolaryngology specializes in the treatment of routine and complex conditions of the ear, nose and throat, including the evaluation and management of sleep apnea, otologic and sinonasal disease, head and neck tumors and complex airway disorders. The practice is one of the busiest at Miami Children's Hospital with over 25,000 visits and more than 4,000 surgeries per year.

The Miami Children's Health System has recently partnered with Jupiter Medical Center to expand our brand of outstanding pediatric specialty care to Jupiter, Florida and its surrounding areas. Pediatric Otolaryngology has been identified and targeted by the community as an area of particular need. Working out of the Nicklaus Outpatient Center, the perspective candidate should have several years of experience to enable them to establish and grow MCHS's Pediatric Otolaryngology practice in this attractive location. In addition, there is potential to invest and operate at an existing outpatient surgery center in Jupiter. This represents a truly unique and exciting opportunity for a motivated individual to flourish in one of the most sought after locations to live in Florida.

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

Sandeep Dave, MD
Division of Pediatric Otolaryngology, Miami Children's Hospital, through joyce.berger@mch.com.

DEPARTMENT OF SURGERY
Otolaryngology–
Head & Neck Surgery
UNIVERSITY OF WISCONSIN
SCHOOL OF MEDICINE AND PUBLIC HEALTH

University of Wisconsin Hospitals and Clinics' Division of Otolaryngology - Head and Neck Surgery is a leader in teaching, research, patient care and service, and is seeking applicants for one-year clinical fellowships. The ideal candidate should have a strong interest in an academic career in Otolaryngology-Head and Neck Surgery and must demonstrate a commitment to resident and medical student education. Opportunities for both clinical and basic science research are available in the Department of Surgery and through collaboration within the School of Medicine and Public Health. The fellowships will offer a competitive salary with benefits.

Fellowship Descriptions:

Head & Neck Oncology and Microvascular Reconstructive Surgery ~ This fellowship will stress multidisciplinary management of head and neck malignancies with a primary clinical experience focused on oncologic resection and microvascular reconstruction. The fellow will also gain experience with transoral laser resection, robotic procedures, transnasal endoscopic resection, and anterior skull base surgery. The experience will offer both mentored and independent clinical responsibilities and protected research time.

Laryngology ~ This position provides a unique opportunity to interact with adult and pediatric Otolaryngologists, speech pathologists and voice researchers in a clinically active, high flow-through, multidisciplinary setting for treatment of voice, swallowing and airway disorders. Clinical experience will be comprehensive and include office evaluation, office-based procedures, and operative interventions. The applicant will learn surgical techniques for the treatment of benign and malignant vocal folds lesions, surgical and non-surgical management for neurologic, psychogenic and inflammatory disorders, swallowing dysfunction and airway stenosis. Training in video stroboscopy, high-speed video, Voice analysis, QOL, transnasal esophagoscopy, EMG, High Resolution manometry. Research participation and initiation are expected.

Applicants who will have completed a US or Canadian Otolaryngology residency should contact:

Delight Hensler
Division Otolaryngology Head & Neck Surgery
K4/719 CSC
600 Highland Avenue
Madison, WI 53792-7375
608-263-0192
Hensler@surgery.wisc.edu

For more information about the Department of Surgery, please visit our website:
http://www.surgery.wisc.edu

UW-Madison is an equal opportunity/affirmative action employer. Women and minorities are encouraged to apply. Unless confidentiality is requested in writing, information regarding applicants must be released upon request. Finalists cannot be guaranteed confidentiality. Wisconsin open records and caregiver laws apply. A background check will be conducted prior to offer of employment.

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