bulletin
entnet.org
American Academy of Otolaryngology—Head and Neck Surgery
OCTOBER 2015

The power of data
RAISES THE BAR ON PATIENT CARE

The answer is AOA.

The Association of Otolaryngology Administrators (AOA) is the ONLY professional association dedicated to the unique specialty of otolaryngology practice management. Our resources, education and networking are what make more than 1,000 ENT practices across the country stand among the top in the nation. Learn more at www.AOAnow.org to see how AOA could be that missing piece to your practice management puzzle.

2400 Ardmore Blvd.
Ste. 302
Pittsburgh, PA 15221
412-243-5156

ASSOCIATION OF OTOLARYNGOLOGY ADMINISTRATORS

Your Partner in ENT Management Excellence

www.AOAnow.org
info@AOAnow.org

bulletin
OCTOBER 2015
Volume 34, No. 09

The Bulletin (ISSN 0731-8359) is published 11 times per year (with a combined December/January issue) by the **American Academy of Otolaryngology—Head and Neck Surgery**
1650 Diagonal Road
Alexandria, VA 22314-2857
Telephone: 1-703-836-4444
Member toll-free telephone: 1-877-722-6467

The Bulletin publishes news and opinion articles from contributing authors as a service to our readers. The views expressed in these articles are solely those of the individual and may or may not be shared by the AAO-HNS. Acceptance of advertising in the *Bulletin* in no way constitutes approval or endorsement by AAO-HNS of products or services advertised unless indicated as such.

President
Sujana S. Chandrasekhar, 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

MAILING INFORMATION
Postmaster: Send address changes to the American Academy of Otolaryngology—Head and Neck Surgery, 1650 Diagonal Road, Alexandria, VA 22314-2857
Return undeliverable Canadian addresses to PO Box 503, RPO West Beaver Creek, Richmond Hill, Ontario, Canada L4B 4R6
Publications Mail Agreement NO. 40721518

BULLETIN ADVERTISING
Ascend Integrated Media, LLC
Suzee Dittberner
6710 West 121st St., Ste 100
Overland Park, KS, 66209
Phone: 1-913-344-1420
Fax: 1-913-344-1492
sdittberner@ascendintegratedmedia.com

ADVERTISER INDEX

This advertiser index is for reader convenience only and is not part of the advertising agreement. While every attempt is made to ensure accuracy, publisher cannot be held responsible for errors or omissions.

features

The power of data raises the bar on patient care

AAO-HNSF clinical data registry, Regent[SM], to begin pilot enrollment **16**

What the CY 2016 MPFS means for you **22**

Health information from guidelines for patients **26**

READ MORE ONLINE

Longer articles available:

ONLINE ONLY: Coding companion for ENT/allergy/pulmonology 2016

ONLINE ONLY: Nobel laureates who contributed to otolaryngology

departments

The leading edge

At the forefront **6**

Responding to those who say guidelines don't make sense ▪ Gold Humanism in Medicine Award ▪ The value of mentoring relationships ▪ 2016 G-I-N Scholars travel grants available ▪ 2016 Cochrane Scholars travel grants available ▪ Cleft lip and palate surgery in Cebu ▪ The reprocessing of devices so designated ▪ Journal showcases young physicians ▪ Tech assessment of imaging for diagnosing rhinosinusitis ▪ Gearing up for 2016 legislative sessions ▪ AMA House of Delegates report: Issues impacting otolaryngology ▪ Be part of the 2016 AAO-HNSF Annual Meeting & OTO EXPO[SM] ▪ Academy collaborates with Anthem to refine ear tubes medical policy ▪ Thoughts on the June 2015 health policy course at the Heller School

AAO-HNS
irt industry round table

Special Thanks to Our IRT PARTNERS

AAO-HNSF would like to extend a special thank you to all of the **Industry Round Table (IRT)** partners! Corporate support is critical to realizing the Academy's mission, which is to help our Members achieve excellence and provide the best ear, nose, and throat care through professional and public education, research, and health policy advocacy. Our partner organizations help the Academy continue the programs and initiatives critical to our Members.

IRT Leaders

OLYMPUS
Your Vision, Our Future

Medtronic

IRT Members

Acclarent
expanding relief

entellus
MEDICAL

IRT Associates

Alcon
a Novartis company

Auris Medical
Cochlear therapies

Lumenis
Energy to Healthcare

OTONOMY

smith&nephew

For more information on support opportunities, please contact:

David Buckner
Phone: 1-703-535-3718
Email: dbuckner@entnet.org

AAO-HNS
irt industry round table

As of August 20, 2015

AMERICAN ACADEMY OF OTOLARYNGOLOGY–HEAD AND NECK SURGERY FOUNDATION

Of gavels and goals

When **Gayle E. Woodson, MD**, passed me the gavel at the Annual Meeting Opening Ceremony in Dallas last month, she was symbolically putting our Academy into my hands, which is a solemn trust. The Academy's many strengths include the strategic plan, responsiveness to external forces affecting otolaryngologists, staff support, and finances. The obvious role of the president is to ensure, along with our EVP/CEO **James C. Denneny III, MD**, that actions of the Executive Committee and Boards of Directors remain true to our vision—empowering otolaryngologist-head and neck surgeons to deliver the best patient care. The other, more personal, roles of the president involve functioning as the Academy's face to Members, the greater House of Medicine, legislators and regulators, and the public, and also as a mentor and advisor to, and advocate for, other otolaryngologists.

I have reflected this year on how I got here. It's a lifelong path with three essentials: showing up and working hard, persevering, and being supported by family and colleagues. My family came to the United States from India in 1969. My otolaryngology residency at NYU was an experience made even richer because one of my professors was **Hosakere K. Chandrasekhar, MD**, my father. During my fellowship in otology/neurotology at the House Ear Clinic in Los Angeles, I had the great fortune to work with my friends and mentors **Karen Jo Doyle Enright, MD, PhD**, the late **Antonio De La Cruz, MD, Derald E. Brackmann, MD, M. Jennifer Dereberry, MD**, and **John W. House, MD**. After two full-time faculty appointments in New Jersey and New York from 1994 through 2004, I entered solo private practice in New York City, to which I have now added part-time positions at the VA and the North Shore-LIJ Health System. Along the way, I have been fortunate in having a loving and supportive family: my husband and four children ages 19, 18, 16, and 10. Experiencing healthcare in various types of practices and a growing family has helped me understand the changes, challenges, and opportunities for otolaryngologists.

I began serving on Academy and BOG committees very early in my career. Woody Allen said that 80 percent of life is showing up. I did. The other 20 percent takes a bit more effort, and it is worth it. As BOG Chair, I held a three-year seat on the Academy's Executive Committee and Board of Directors and one year on the Nominating Committee. There, our Academy's breadth and depth shines, and is evident in the dedication of the physician volunteers and our outstanding staff, including prior EVP/CEO **David R. Nielsen, MD**, another mentor of mine.

I lost an election or two as I won some, but I never regretted putting myself "out there." As a working mother of young(ish) children, adding Academy service to the juggling act is perhaps a bit more challenging. I have made it to as many games, competitions, recitals, and plays as possible, but my family understands my passion for my work. That support has been essential.

I heard this year that a dream told to others becomes a goal, and I believe it. Two years ago, I whispered to Nominating Committee Members **Lauren S. Zaretsky, MD**, and the late **Linda Brodsky, MD**, that I wanted to be Academy president. My AAO-HNS involvement and the experience of working with other dedicated physicians gave me confidence that I could make a difference. My goal this year is to further understand the shifting sands in healthcare delivery and physician assessment to help fellow otolaryngologists continue to succeed academically, clinically, financially, ethically, and with peace of mind. As such, I will work with the Registry Task Force to ensure that our new clinical data registry is user-friendly and clear; advocate for otolaryngologists; maintain and strengthen the relationship of the AAO-HNS with our subspecialty society siblings and our international corresponding societies; and champion diversity of all types.

I am the third doctor in my family, I was the third female House Ear Clinic fellow, and I am the third female AAO-HNS president. It is wonderful to have such role models. In the course of this year and onward, I hope to help other otolaryngologists articulate their dreams and reach their goals. I am humbled and proud to hold this gavel with its awesome responsibility to our Members. Throughout my presidency year, I look forward to hearing from you and working with you to keep otolaryngology-head and neck surgery the wonderful field that it is. ■

Sujana S. Chandrasekhar, MD
AAO-HNS/F President

"My goal this year is to further understand the shifting sands in healthcare delivery and physician assessment to help fellow otolaryngologists continue to succeed academically, clinically, financially, ethically, and with peace of mind."

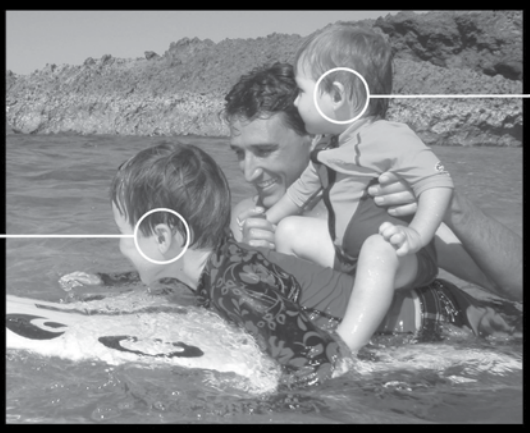
DOC'S PROPLUGS
THE ULTIMATE IN EAR PROTECTION SINCE 1977

800.521.2982

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

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

proplugs.com



pink, non-vented

blue, non-vented

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

The dawn of a new era

I have just returned from a most exciting AAO-HNSF 2015 Annual Meeting and OTO EXPO℠ held in Dallas, Texas, which showcased a number of initiatives designed to add value to your Academy membership. Our new format and pricing structure allowed most attendees to markedly increase their CME activities at the meeting. There was more than a 100 percent increase in Instruction Course attendance relative to the 2014 meeting in Orlando. The preliminary response from attendees indicates that changes to the format of the Annual Meeting were well received. Our inaugural Coding Workshop with our new partner AAPC was well attended. As we transition into implementation of ICD-10, the in-person and online AAPC resources should prove to be of significant value to our Members.

Immediately following the Opening Ceremony, a Miniseminar, "The Power of Data: Creating a Data Registry for Otolaryngology," introduced **Regent℠**, our clinical data registry, which will be a game changing event for otolaryngologists. While the concept of specialty-based registries is not new, it is clear that physicians will need to participate in quality-related metrics both in the government-related payment models as well as the private payers. This introduction culminates more than a year of intense study, planning, and research of both the payer and quality arena with significant input from like organizations' experience. I would particularly like to thank David W. Parke II, MD, and William Rich III, MD, of the American Academy of Ophthalmology for their contributions. Our feature article gives a comprehensive review of our registry program including expected benefits and a proposed timeline for implementation.

I commend the tremendous amount of work done by the task forces that were active during this year. **Richard W. Waguespack, MD**, chaired the Election Review Task Force that recommended moving our elections to the spring and clarified issues related to campaigning. **Karen T. Pitman, MD**, chaired the Committee Review Task Force, which reviewed committee structure, committee terms, committee charges, and committee contributions. The task force recommended changes both in committee structure as well as composition. **Richard M. Rosenfeld, MD, MPH**, chairs the Performance Measures Task Force, which oversaw the development, maintenance, and stewardship of our performance measures that we assumed from the Physician Consortium for Performance Improvement. They also oversaw the National Quality Forum endorsement process for several measures. **Lisa E. Ishii, MD, MHS**, chairs the Registry Task Force that researched registries in general and then formulated a plan and timeline for establishment of the otolaryngology-specific registry, Regent℠. **Sonya Malekzadeh, MD**, chairs the Curriculum Task Force, which is in the process of constructing a comprehensive curriculum for otolaryngology. She has assembled a team that includes representatives of our specialty societies who will contribute to this valuable project. Finally, **Gayle E. Woodson, MD**, chairs the International Task Force, which is in the process of a complete review of the AAO-HNS International Program. This review will include international meetings, educational programs, governance, and humanitarian opportunities.

All Academy Members should congratulate and thank Dr. Woodson for the remarkable year she has had as president of the Academy. I particularly appreciate her contributions during my first year as EVP. Her thoughtful and wise decision-making skills and support have been instrumental as we embarked on a "specialty unity" pathway, brought forth significant changes to our election cycle, introduced a new Learning Management System, underwent significant operational changes, and fast-tracked our registry project bringing it in ahead of schedule and below budget. I especially value the leadership she displays as chair of the International Task Force. Our international colleagues are integral parts of our educational and humanitarian outreach as well as valuable Members of our Academy. Dr. Woodson is helping to develop an overarching plan to maximize participation and collegiality across the globe.

Join me in welcoming **Sujana S. Chandrasekhar, MD**, as your incoming president of the AAO-HNS/F. Dr. Chandrasekhar brings tremendous energy and enthusiasm to the position and is a great promoter of otolaryngology. She's already been very active in several areas as president-elect, particularly development. I would also like to congratulate **Gavin Setzen, MD**, who has just completed a four-year term as treasurer. During his tenure his budgetary oversight has been vital to our ongoing fiscal health. **Scott P. Stringer, MD**, will be replacing Dr. Setzen as treasurer and chair of the Financial and Investment Subcommittee. We look forward to working with Dr. Stringer over the next four years. ■

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

"The secret of change is to focus all of your energy, not on fighting the old, but on building the new."

—Socrates

BOARD OF GOVERNORS

Responding to those who say guidelines don't make sense

Sanjay R. Parikh, MD

I was recently at an otolaryngology conference in line for lunch with some friends when the topic of tonsillectomy guidelines came up. One of my good friends, Dr. X, explained to me that he was not following our AAO-HNSF guideline recommendation to stop using antibiotics after tonsillectomy. Dr. X explained to me that "Guidelines don't make real sense. They are made up by a bunch of academicians who don't grasp what surgery practice is like in the real world." He also explained to me that he had been using antibiotics for his 10 years of practice and almost never had a post-tonsillectomy hemorrhage.

I was a bit surprised to hear his opinion regarding antibiotics but can understand his point of view given his 10 years of experience. At my own institution, there are eight of us who routinely perform tonsillectomies. Two years ago, about half the group used antibiotics and half did not. After the tonsillectomy guidelines came out, we had a meeting and decided on two things: We would stop using antibiotics (which we were giving to about one-half of our patients), and we would track our post-operative admission rate for hemorrhage and dehydration. Two years later, we are still not using antibiotics and our admission rate is unchanged. We perform about 1,200 tonsillectomies annually, and, at about $15 for an amoxicillin prescription, our change in practice saves the local system about $9,000 annually. While it may not seem like a large monetary amount, reducing exposure of 600 kids to antibiotics is substantial. Additionally, if we were to translate such changes nationally, with more than 400,000 tonsillectomies performed annually in the U.S., the numbers become impressive. Our group is happy with our change following the AAO-HNSF Guideline.

One has to wonder if Dr. X's opinion is the prevailing opinion in otolaryngology regarding guidelines, or if most otolaryngologists are following guidelines like my group. One of my friends, Anne Schilder, is an otolaryngologist from the Netherlands who studied how their own 2004 trials on the effectiveness of adenotonsillectomy influenced otolaryngology practice patterns. Her group did a study five years after the 2004 trials to look at rates of adoption of the trials' recommendations in the Netherlands. She polled 46 otolaryngologists and, although 94 percent were familiar with the 2004 trials, their overall practice patterns did not change substantially as a result of the trials.[1]

As I write this, I must disclose to you my bias in opinion regarding guidelines. I have participated in two AAO-HNSF guidelines as a reviewer and saw the painstaking effort that goes into making a guideline. There is a sincere attempt to incorporate opinions and high-level evidence from both academicians and non-academicians during the entire process from guideline conception to review. Although guidelines have limitations, they provide otolaryngologists with a foundation for providing effective healthcare. There is no mandate for otolaryngologists to adopt all the points enumerated in an AAO-HNSF guideline, but being familiar with them sure can't hurt.

In the end, I'm still great friends with Dr. X, and look forward to my next lunch with him. Maybe, we'll talk about the new allergic rhinitis guidelines. ■

Reference

1. Rovers MM, Hoes AW, Klinkhamer S, Schilder AG. Influence of single-trial results on clinical practice: example of adenotonsillectomy in children. *Arch Otolaryngol Head Neck Surg.* 2009 Oct;135(1):970-5.

Gold Humanism in Medicine Award

In 2009, the Arnold P. Gold Foundation selected the American Academy of Otolaryngology—Head and Neck Surgery Foundation (AAO-HNSF) as one of three medical specialty societies to confer the Gold Foundation's new Humanism in Medicine Award, with the goal of advocating for the compassion, empathy, and sensitivity displayed by practicing physicians caring for their patients. The recipient of the 2015 Arnold P. Gold Foundation Humanism in Medicine Award is **Susan R. Cordes, MD**. She was selected in admiration for her compassion, empathy, and sensitivity when caring for patients. Dr. Cordes is chair of the AAO-HNFS Humanitarian Efforts Committee and travels to Kenya regularly to provide surgical care and training and is an honorary lecturer at the Moi University School of Medicine in Kenya. ■

The value of mentoring relationships

Of all the relationships possible during the lifetime of an individual, mentoring relationships are some of the most formative you'll ever experience. These relationships can exist for a short period or last a lifetime, but whatever their length, they can change lives forever.

Mentor relationships are beneficial to both the mentor and the mentee. Mentees get the assistance and support of someone who has the experience, talent, and professional standing, while mentors get to practice leadership, share their experiences and knowledge, and gain the satisfaction of knowing they positively influenced the life of one of their colleagues. Above all, mentor relationships are about listening without negative judgment and questioning with respect.

mENTorConnect was created to bring together Members of the AAO-HNS and provide a unique tool for personal and professional growth through the creation of mentorship relationships. This new feature on ENTConnect will allow Members to search for potential mentorship relationships and connect like never before.

Get started today, visit **www.entnet.org/mentorships**. ■

2016 G-I-N Scholars travel grants available

Interested in Guideline development, dissemination, and implementation? Through the G-I-N Scholars program, the AAO-HNSF will fund up to five Members to attend the September 2016 G-I-N North America meeting in Philadelphia, PA. In exchange, recipients agree to participate on an AAO-HNSF guideline panel, and submit a commentary to *Otolaryngology–Head and Neck Surgery* about a specific aspect of clinical practice guidelines. The application deadline is December 1, 2015. Learn more at **www.entnet.org/content/g-i-n-scholars-program**. ■

2016 Cochrane Scholars travel grants available

Interested in systematic literature review training? SAGE, the publisher of *Otolaryngology–Head and Neck Surgery*, will offer two grants of up to $4,000 to help Members attend the October 2016 Cochrane Colloquium in Seoul, South Korea. In exchange, recipients agree to submit a systematic review to the journal. The deadline to apply is January 1, 2015. Learn more at **www.entnet.org/content/cochrane-scholars-program**. ■

Cleft lip and palate surgery in Cebu

■ **Jamie L. Funamura, MD**, Humanitarian Travel Grant Awardee

Dr. Funamura (pictured front left) reports from Cebu, Philippines, where an Operation Restore Hope (ORH) team performed more than 90 surgeries in March. ORH is a long-standing joint Australian-American-Filipino humanitarian venture that has provided care for children with cleft lip and palate in the Philippines for more than two decades.

READ MORE ONLINE

FROM THE MEDICAL DEVICES AND DRUGS COMMITTEE

The reprocessing of devices so designated

Sven-Olrik Streubel, MD, Children's Hospital Colorado, Aurora, CO, with **Anand K. Devaiah, MD**, Chair and Series Editor, Boston University School of Medicine and Boston Medical Center

READ MORE ONLINE
References available

Reprocessing of medical devices is an important—and largely transparent—part of an otolaryngologist's practice. Whether it is in the office setting or operating theater, reprocessing of durable devices is essential to our ability to deliver safe, effective care. This has been in evolution and under scrutiny recently. It is important for the practicing otolaryngologist to be familiar with the significance of this issue, as well as the principles of cleaning, disinfection, and sterilization of objects. This article focuses on those devices designed for reprocessing, and not on the practice of reprocessing of devices that are not intended for repeated use.

The ECRI (formerly the Emergency Care Research Institute) ranks inadequate reprocessing of flexible endoscopes and surgical instruments as No. 4 of the top 10 health technology hazards of 2015.[1] Of the 13 immediate threat to life (ITL) discoveries from Joint Commission surveys conducted in 2013, seven were directly related to the improper sterilization or high-level disinfection of equipment.[2] The Joint Commission takes ITLs seriously. If discovered during a survey, the organization immediately receives a preliminary denial of accreditation (PDA) and, within 72 hours, must either entirely eliminate the ITL or implement emergency interventions to abate the risk to patients (with a maximum of 23 days to totally eliminate the ITL). Corrective actions may include: reprocessing of all equipment or instruments involved in the infection control breach; evaluating staff competency and conducting training; and implementing an equipment tracking process that traces items used back to the patient, in the event of an infection control breach or recall.

> Inadequate reprocessing of flexible endoscopes and surgical instruments is the No. 4 health technology hazard.

According to reports to The Joint Commission's Office of Quality Monitoring, findings from non-complying organizations include:

- There is a mistaken belief that the risk of passing bloodborne pathogens or bacterial agents to patients is low.
- Staff lack the knowledge or training required to properly sterilize or high-level disinfect equipment.
- Staff don't have access to or lack knowledge of evidence-based guidelines.
- There is a lack of leadership support.
- Frequent leadership and staff turnover makes sterilization or high-level disinfection of equipment a low priority.
- There is a lack of a culture of safety that supports the reporting of safety risks.
- Processes for sterilization or high-level disinfection are not followed (i.e., staff take shortcuts).
- The time frames for proper sterilization or high-level disinfection of equipment are not followed.
- There is no dedicated staff person to oversee the proper sterilization or high-level disinfection of equipment.
- Facility design or space issues prevent proper sterilization or high-level disinfection of equipment.
- There is a lack of monitoring or documentation of sterilization or high-level disinfection of equipment, which makes it difficult to track the use of equipment on a specific patient, complicating the patient notification process when an outbreak occurs.
- Equipment is spread throughout the facility and may be processed or stored in numerous locations, making it difficult to track the equipment for documentation.

To optimize reprocessing the ECRI and the Association for the Advancement of Medical Instrumentation (AAMI) made the following recommendations:[3,4,5]

- Recognize that cleaning and disinfection/sterilization of reusable devices are separate, but equally important processes, and must be performed before each patient use according to the device manufacturer's written instructions for use (IFU).
- Provide adequate space, equipment, and resources for the reprocessing function to be performed effectively.
- Have the IFU as well as all cleaning implements and equipment required by the IFU readily available in all the reprocessing areas.
- Have sufficient instruments to meet demand, and allow adequate time for instrument processing.
- Establish a formal program for reprocessing, including written standardized policies and procedures that incorporate a chain of accountability. Expert guidance can be obtained from industry experts in order to resolve conflicts between the IFU and facility policies. Written procedures should also be developed and implemented for central sterile processing, reporting of inadequate instructions, equipment problems and in-service education through the manufacturer.
- Know the current standards, recommended practices, and IFU.
- Include central sterile processing in purchasing decisions for medical devices, to provide input on whether the device can be reprocessed appropriately and with the facility's existing resources.
- Separate and standardize functions and locations: Separate central service (warehouse, stocking, etc.) from reprocessing; create standardized job descriptions and functions.

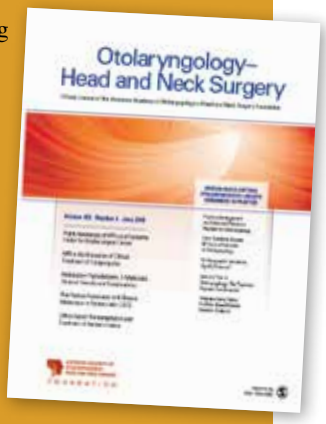
- Train and retrain. Ideas include: assess staff competencies; negotiate for training budget with cost/benefit analysis to prove value; partner with vendors for education; create a list of available continuing education units (CEUs) for easy access by staff; work with human resources to create career ladders for certification and promotion; promote the importance of certification. Note: In-service for loaner or new instruments should include reprocessing in-service areas that are separate from (or in) central sterile processing.
- Conduct an audit of compliance with standards and regulations, using any number of available tools and resources. See References and go to: **www.fda.gov/MedicalDevices/DeviceRegulationandGuidance/ReprocessingofReusableMedicalDevices/**.
- Create a multidisciplinary committee to review the priority issues and set a plan for solving them throughout the organization. The following areas should be represented: OR, infection prevention and control, healthcare technology management (biomed), endoscopy, risk management, quality, safety, education, and materials management.

Readers may also find our September 2014 *Bulletin* article on the FDA's role in the safe use of medical devices at **www.bulletin.entnet.org/.** Our education department has additionally been working with some of our physician leaders to update our Maintenance Manual for Lifelong Learning, which contains more information on CDC and FDA recommendations on disinfection best practices.

To maximize safety when using devices designed for reprocessing, it is vital to adhere to CDC and FDA guidelines.[5,6,7] By being aware of the guidelines, remaining vigilant for breaks in protocol, and participating in the team process, we can maximize the safety and utility of the medical devices we use in our practices.

Journal showcases young physicians

The October 2015 issue of *Otolaryngology–Head and Neck Surgery* celebrates the achievements of young physicians. The issue comprises 40 articles whose first authors are under 40 years of age. These "40 under 40" submitted their articles in response to the journal's first-ever young physicians call for papers.



"We are fortunate in our specialty to have outstanding young physicians in residency and entering practice," Editor-in-Chief **John H. Krouse, MD, PhD, MBA**, said. "This young physicians issue gives the journal an opportunity to showcase their talents and highlight the excellent work that our younger colleagues are doing."

The journal announced its call for papers in December 2014, and the response proved overwhelming.

"We were both amazed and thrilled that our call for papers generated in excess of 200 submissions from young otolaryngologists around the world," Dr. Krouse said. "We have selected 61 exceptional papers from this pool that met or exceeded our rigorous editorial standards, and that represent the hard work of these remarkable young physicians."

With 61 accepted young physicians articles, the journal received too much high-quality content to contain in a single issue. Twenty-one young physicians articles will appear in subsequent issues, designated in the table of contents with a special badge (above). ■

Tech assessment of imaging for diagnosing rhinosinusitis

As Members may know, the Washington State Health Care Authority (HCA) paves the way for many public carrier policies across the country through its Health Technology Assessment (HTA) program. The HTA program was designed by the state to ensure medical services paid for by its state entities are safe and effective. This program has created a following with many other states entities looking to it when creating their own policies.

Generally, the Washington State HCA Health Technology Assessments are performed by researchers who have a clinical background and/or are trained in various research methods using information derived from clinical trials, case studies, published research, and various other materials. Each assessment traditionally results in a conclusion or rating about whether there is sufficient scientific evidence demonstrating that the health technology is safe, works as intended, and is cost effective.

Washington State HCA generally follows a five-step process when performing HTAs (**www.hca.wa.gov/hta/Pages/tech_process.aspx**):

- The Washington State HCA accepts nominations for existing or new technologies for review, and once or twice a year the nominated technologies are prioritized with roughly 10 selected for review.
- For the selected technologies, the Washington State HCA identifies questions and publishes draft and final key questions on its website.
- Submitted comments and supporting literature are reviewed by a contracted research firm. Subsequently, a draft and final technology assessment report are produced.
- Quarterly public meetings are organized by a committee of 11 local clinicians to determine under what circumstances state agencies should pay for the technology.
- The draft coverage decision is posted online with a two-week comment period prior to finalization.

Recently the Washington State HCA undertook the review of effectiveness of different imaging modalities in diagnosing acute rhinosinusitis. Although the Academy typically does not address state-related payer issues, the Physician Payment Policy Workgroup (3P) reviewed the initial assessment and determined Academy advocacy was appropriate. As such, the Academy's Rhinology and Paranasal Sinus Disease and Imaging Committees both provided substantial input throughout the

entire health technology assessment process on behalf of the Academy. Both committees provided input on Washington State HCA's initial list of key questions that would provide the direction and scope of the overall technology assessment. From there the Washington State Health Care Authority produced a draft report, to which both Academy committees provided detailed input to ensure an accurate coverage decision would eventually be reached.

In part due to these efforts, the Washington State HCA recently published its final coverage decision that mirrors Academy recommendations on the topic (**www.hca.wa.gov/hta/Documents/rhino_draft%20findings_decision_060215.pdf**). Committee input was vital to this important outcome, which may influence various payers and state Medicaid coverage determination guidelines. The Academy issues a sincere thanks to both of these committees for their invaluable contributions. ■

Gearing up for 2016 legislative sessions

During the 2015 state sessions, legislators across the nation introduced a wide variety of bills that would inappropriately expand the scope of practice for certain non-physician healthcare providers. In many states, there were new and continued efforts to expand the scope of practice of audiologists, speech-language pathologists, dentists, chiropractors, nurses, and hearing aid dispensers. In most instances, these scope expansion proposals failed to come to a vote due to the powerful advocacy efforts of the AAO-HNS and its Members.

A key component to successfully combating scope-of-practice proposals is "boots on the ground." Although the AAO-HNS has been fortunate to have more than 100 active volunteer State Trackers, not all states are currently being monitored for scope expansion efforts. The Academy still needs State Trackers in Alaska, Idaho, Iowa, Mississippi, Nevada, Oregon, South Dakota, and Wisconsin. This fall, the AAO-HNS and its legislative advocacy staff are recruiting volunteers to fill these vacancies in preparation for the 2016 state legislative sessions.

Join the growing number of physician advocates helping to monitor and defeat misguided proposals that threaten patient safety. Learn more about the rewarding State Trackers program by visiting **www.entnet.org** or contact **govtaffairs@entnet.org**. ■

The AAO-HNS is looking for volunteer State Trackers in Iowa (Iowa Capitol pictured) and eight other states.

CALL FOR SCIENCE

Be part of the 2016 AAO-HNSF Annual Meeting & OTO EXPO℠

We invite you to submit proposals and abstracts to be considered for presentation at the AAO-HNSF 2016 Annual Meeting & OTO EXPO℠ in San Diego, CA, September 18-22. During these four days, more than 5,500 of the brightest and most talented medical experts from around the globe will convene for this unique, once-a-year opportunity to share practical and comprehensive knowledge to advance the specialty.

About the Annual Meeting & OTO EXPO℠

Each year, the AAO-HNSF receives and reviews hundreds of abstracts and proposals submitted by otolaryngologists and healthcare professionals. If accepted, your proposal or abstract will be presented during this premier education event. Further, accepted Scientific Oral and Poster presentations will be published in the *Otolaryngology–Head and Neck Surgery* journal.

Eligibility requirements

- Members and nonmembers of the AAO-HNSF are eligible to submit an abstract or proposal.
- Abstracts describing original basic science and clinical work related to the broad area

AMA HOUSE OF DELEGATES REPORT

Issues impacting otolaryngology

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

The American Medical Association (AMA) House of Delegates (HOD) held its annual meeting June 2015 in Chicago. Representing the Academy were **Liana Puscas, MD**, Delegation Chair; Delegates **Michael S. Goldrich, MD**, and **Shannon P. Pryor, MD**; Alternate Delegates **Robert Puchalski, MD**, and Academy EVP/CEO **James C. Denneny III, MD**. Of note, Dr. Puchalski gave a stirring AMPAC speech about the importance of engaging in advocacy in his new role as Chair of AMPAC, the AMA's political action committee.

The AMA discussed many resolutions, and those that are especially pertinent to the practice of otolaryngology-head and neck surgery are summarized.

Compounded medications and access to in-office administered drugs

The HOD voted to support regulatory changes to improve access to the compounding and repackaging of manufactured FDA-approved drugs and substances usually prepared in the office-based setting. In addition, the HOD voted to advocate for coverage for in-office administered drugs and related delivery services for patients who are physically unable to self-administer the drug. Otolaryngologists who provide allergy desensitization therapy have been impacted by the implementation of some regulations that do not allow compounding or administration of any drug or serum without the oversight and involvement of a pharmacist.

Partial credit for meaningful use

The HOD voted to work with the Centers for Medicare & Medicaid Services (CMS) and other relevant stakeholders to allow for partial credit for eligible professionals accomplishing one or more objectives in the

meaningful use (MU) program. With the expense of EHR (electronic health record) implementation and the burdens of MU criteria, those physicians who are able to meet certain criteria of MU should be able to reap the rewards of good-faith partial compliance.

MOC and MIPS

The repeal of Medicare's flawed SGR formula brought about a new program for physician payment called the Merit-Based Incentive Payment System (MIPS). MIPS will consolidate many of the components of the current EHR meaningful use, PQRS

of otolaryngology diseases may be submitted.
- By submitting your abstract or proposal, you agree to participate if it is selected for presentation at the Annual Meeting in San Diego, CA.
- Abstracts addressing one or more of the identified clinical topics below will be given special consideration during the review and selection process.

Submission categories

- **Instruction Courses:** one- or two-hour sessions that address current diagnostic, therapeutic, and practice management topics, presented by Academy Members and nonmembers.
- **Miniseminars:** Presentations, case studies, and/or interactive discussions providing an in-depth, state-of-the-art look at specific topics.
- **Masters of Surgery Video Presentations:** eight-minute video presentations on surgical techniques, patient presentations and encounters, and instructional/demonstrative behavioral reviews.
- **Scientific Oral Presentations:** five-minute oral presentations focusing on cutting-edge clinical and basic translational research aspects of otolaryngology.
- **Clinical and Basic Science Poster Presentations:** poster submissions should be timely, contain innovative information and findings on original scientific research, case studies, surgical procedures, practices, and approaches to practicing surgeons, residents, and medical students. Young investigators and trainees are strongly encouraged to submit.

Needs assessment

Our education activities are designed to improve healthcare provider knowledge, competence, and performance through lifelong learning. To that end, the Foundation's education committees underwent a gap analysis to identify areas that will strengthen our education offerings within the specialized scope of practice of otolaryngologists.

Abstracts addressing one or more of these topics will be given special consideration during the review and selection process.

- Soft tissue engineering and application to the head and neck
- Chronic rhinosinusitis
- Complications of chemoradiotherapy
- Tinnitus
- Nasal valve problems
- Emerging role of HPV
- Endoscopic skull base surgery
- The dizzy patient
- Thyroid carcinoma
- Facial trauma
- Healthcare reform, managed care, reimbursement
- Laryngeal laser surgery
- Otitis media and ear tubes
- Vocal fold paralysis and injections
- Nonallergic rhinitis
- Patient satisfaction and compliance
- Pediatric OSA
- Reflux: GERD and LPR
- Sialoendoscopy
- Immunotherapy
- Stroboscopy
- Sudden hearing loss
- OSA surgical treatment options
- Pediatric postoperative pain management

Submission dates

Instruction Course
November 9, 2015 to December 14, 2015

Miniseminar
November 9, 2015 to December 14, 2015

Scientific Oral and Poster Abstracts
January 4, 2016 to February 8, 2016

Masters of Surgery Video Presentations
January 4, 2016 to February 8, 2016

Submission review process

After the submission deadline, completed abstracts and proposals will be peer reviewed. To ensure the integrity of the review process, revisions to abstracts and proposals will not be accepted after the submission deadline—no exceptions. Abstracts will be peer reviewed by the responsible committee according to subject categories.

Notification

The AAO-HNSF will notify all presenters of the status of their submissions upon the final review and decision of the committee and program chair. The AAO-HNSF graciously requests that all interested parties please refrain from directly contacting the AAO-HNSF to obtain information regarding abstract status, notification distribution, and/or publication dates. Please check the Annual Meeting website regularly for the most up-to-date information. ■

Visit www.entnet.org/annual_meeting for more information and to submit your proposal.

(Physician Quality Reporting System), and Value-based payment modifier programs. MIPS will also require practice improvement similar to the philosophy underlying Part IV of MOC. There was widespread support for designing and/or aligning these two programs so a practice improvement project would satisfy both programs and could increase the chances that other third-party payers would also accept such efforts in fulfillment of their quality measures.

COBRA grace period

The HOD voted to strongly advocate to ensure physicians are notified when patients are within the 45- or 30-day COBRA grace periods in a manner similar to the ACA-required insurance marketplace 90-day notifications for physicians. The goal is to require such information to be provided in real-time to physicians' offices.

The next meeting of the AMA HOD is scheduled for November 14-17, 2015, in Atlanta, GA. With questions regarding this report and other AMA HOD activities, please contact govtaffairs@entnet.org. ■

Academy collaborates with Anthem to refine ear tubes medical policy

Thanks to the Academy physician leaders' comments and clinical recommendations, Anthem has revised the Anthem Medical Policy for Myringotomy and Tympanostomy Tube Insertion. Key changes include a revised pediatric extended otitis media effusion (OME) hearing loss requirement from 30 dB to 20 dB, new medical necessity indicators, and allowance for myringotomy as a stand-alone procedure for select populations.

Members from the Pediatric Otolaryngology Committee, Hearing Committee, and 3P contributed to the August 3 meeting with Anthem, providing input and clinical recommendations. Due to the effective relationship the Academy's 3P leaders and Health Policy team have fostered with Anthem, Anthem heeded the recommendations of **David R. White, MD**, and **David E. Tunkel, MD**. Anthem was open to discussing the medical policy and agreed to review Academy comments and suggestions at their August 2015 Medical Policy & Technology Assessment Committee (MPTAC) meeting rather than waiting to review them in the following quarter, in January 2016. Other notable comments and recommendations were made by **Robert Lorenz, MD**, and **Lawrence M. Simon, MD**. One week later, recommendations were effective and posted for public access.

The Anthem Medical Policy addresses myringotomy and tympanostomy tube insertion—surgical procedures used to decompress and ventilate the middle ear when fluid builds up due to infection, trauma, or other conditions. In their review, Academy physician experts were concerned about the original policy language and addressed clinical indications regarding the use of combined myringotomy and tympanostomy tube insertion.

Concern arose around the original 30 dB hearing loss requirement. Physician leaders suggested taking a more holistic approach, advocating for more latitude in assessing and determining treatment for the hearing needs of a child, and identifying other factors and/or activities that could be compromised and decrease the quality of life for a child. The Academy ultimately recommended that discretion be left to clinicians treating children and to provide a dB requirement closer to 20 dB.

Academy physicians also recommended changing the use of myringotomy alone as a requirement for medical necessity. The Academy expressed that myringotomy is medically necessary for acute OME in neonates or other immune-compromised children to obtain cultures, as well as for patients with complications of acute otitis media, such as facial nerve paralysis, meningitis, mastoiditis, and lateral sinus thrombosis, among other conditions. The Academy provided clinical examples to demonstrate instances when myringotomy improved outcomes for children.

The changes to the guideline discussed on August 3 include the following:

- Revision of the hearing loss requirement from 30 dB to 20 dB, in one or both ears, in the medical necessity criteria for children with unilateral or bilateral OME for greater than or equal to three months
- Addition of two medically necessary indications for combined myringotomy and tympanostomy tube insertion:
  - Children or adults with a severe complication of acute otitis media including, but not limited to meningitis, intracranial abscess, mastoiditis, or facial nerve paralysis
  - Children or adults with persistent AOM despite at least two different courses of recommended empiric antibiotic therapy
- Addition of a medically necessary statement for myringotomy as a stand-alone procedure for three indications when criteria are met: 1) neonates; 2) individuals with acute otitis media and an immunocompromising condition; and 3) individuals who meet criteria for tympanostomy and tube insertion but for whom tube insertion is not feasible.

This is an exceptional outcome that confirms the positive impact the Academy's physician leaders contribute to private payer issues. See the revised medical policy complete with Academy physician efforts at **www.anthem.com/medicalpolicies/guidelines/gl_pw_c178412.htm**. ■

Thoughts on the June 2015 health policy course at the Heller School

Sujana S. Chandrasekhar, MD, President, American Academy of Otolaryngology–Head and Neck Surgery

When I applied for the AAO-HNS/ACS Scholarship to attend the Health Policy and Leadership Course at the Heller School, I knew that I had ascended to a high level of leadership in medicine but that I needed more intense and detailed education on various aspects of U.S. healthcare policy, financial assessment, and leadership skills. I was grateful when I received the scholarship, but even more so once I attended the week-long course in June.

READ MORE ONLINE
Longer article available

A week is a really long time to take away from one's practice and family, and that decision is made after a great deal of coordination at work and at home, and anticipating a significant return on that investment. I was not disappointed; the ROI from the Heller week was very high, indeed. In an intense learning atmosphere, the more than 25 surgeons who attended discussed changing roles and effective (and ineffective) styles in surgical leadership, methods for strategic decision making, the "physics" of managing clinics and healthcare, financial literacy, cost accounting, and value-based purchasing for programmatic success, and conflict negotiation. We heard from a high-level architect of several national healthcare systems over the past 40 years, who gave us a sense of the continuum in healthcare and healthcare policy negotiations. Change is very difficult for many physicians; the skills discussed during that week were geared to the attendees' understanding of the current and anticipated changes and then how to lead our colleagues to meet those changes. In addition to extraordinarily well-regarded speakers, we had the advantage of spending the week with so many physician-leader students. Similarly to how you advance in sports by playing with advanced players, the second and very important advantage of this week was spending it learning, eating, and chatting with my fellow students, from whom I learned a great deal as well.

I have a significant weakness in understanding finances beyond the most superficial level. Or I did, until this course. If you can imagine it, this course took Accounting 101 and Graduate School Accounting and mashed them into nine-and-a-half hours. And kept someone like me, who would previously have described herself as "allergic" to math and finances, completely engaged! This is an area where even the math brains among us surgical leaders can get misdirected. The terminology and the "how to" of dissecting balance sheets, doing cost accounting and determining value-based purchasing strategies, delivered didactically and in case-based and interactive formats, really became clear. I was actually thrilled to do some of the extra projects on my own, and was able to communicate much more effectively with administrators (and my MBA husband) when I got home.

It is common knowledge that physicians, in general, negotiate poorly for themselves, and that women, in particular, are worse negotiators than men when it comes to themselves, and are just a bit better when negotiating for others. I have taken several prior leadership courses—at AAO-HNS and at AAMC and elsewhere—where negotiation is identified as a necessary skill and reviewed, but never in the detailed and goal-oriented manner of this course. What did I learn and what do I use? Negotiation takes practice. Train hard; fight easy. Opportunities for negotiation can sneak up on you when you're least prepared—if that happens, the other party has ambushed you. You need to recognize the situation, walk away, and pursue those negotiations with preparation. We talked about the one-off model of negotiation which is something you might use with someone you'll never deal with again and where there is no repercussion for bad faith; most healthcare negotiations are inside ongoing relationships and, here, trust is paramount with each negotiation so that it can be maintained in the future. We also explored the details of preparing your team in negotiations so that you are all speaking with the same voice, for the greater good of the team in a "win-win more" tactic.

The power of raises the bar on

AAO-HNSF registry, Regent℠, to begin pilot enrollment

By **James C. Denneny III, MD**

At our spring Boards of Directors meeting, the BOD made the courageous decision to fund an otolaryngology-specific clinical data registry. That decision will "empower our Members to provide the best patient care" as well as satisfy reporting requirements for both CMS and private payers. The BOD charged the Registry Task Force, chaired by **Lisa Ishii, MD, MHS**, to create a business plan and select both a model and vendor for our registry. The Registry Task Force recommended **FIGmd** as the vendor for the otolaryngology clinical data registry (**Regent**) and the Boards of Directors approved that recommendation on September 26, 2015. I would like to thank the Members of the Registry Task Force as well as our staff, particularly Jean Brereton, MBA, and Cathlin Bowman, MBA, for the tireless work they have done in moving this process forward on an expedited timeline.

We will begin enrolling Members from all practice settings to participate in pilot testing. Our goal is to have pilot testing done and the registry open for enrollment in 2016. FIGmd was chosen after considerable investigation and consultation with multiple organizations throughout the process. The FIGmd model of registry building and implementation has been successful for a number of organizations similar to the AAO-HNSF including the American College of Cardiology, the American Academy of Ophthalmology, the American Academy of Neurology, the American College of Emergency Physicians, and the American Urological Association. All clients of FIGmd have access to innovations and improvements made anywhere in their network. Their vision of shared technology and group participation has allowed a more rapid advancement of registries and their capabilities across a broad range of medical and surgical societies.

Regent℠
ENT CLINICAL DATA REGISTRY

One of our greatest concerns was how data would get from our Members to the registry with the least disruption to their practices. FIGmd has perfected a technology that extracts data from more than 60 existing EMR systems, which include the majority of EMR systems our Members report using. This does not require any additional data entry by physicians or their staffs. While it takes time to build a successful registry, FIGmd's system, which starts with pilot testing of a number of diverse sites (academic, private practice, and hospital-based), streamlines this process. Although the initial focus of the registry will be on quality reporting, it will evolve over time into much more. Our model will allow input from the otolaryngology specialty societies as we expand to encompass the breadth of our specialty. The following goals will be paramount to the registry operation.

data
patient care

Registry Task Force

Chair
Lisa E. Ishii, MD, MHS

Members
James C. Denneny, III MD
Robert R. Lorenz, MD, MBA
Rodney P. Lusk, MD
David R. Nielsen, MD
Richard M. Rosenfeld, MD, MPH
Jennifer J. Shin, MD, SM
David L. Witsell, MD, MHS

Meet current and future CMS quality reporting requirements.
The registry can be used for PQRS reporting under current conditions as well as adapted to MIPS reporting requirements when finalized by CMS.

Demonstrate the value of care.
Data from disparate Electronic Health Record (EHR) systems in various participant locations will be interoperable and transparent. This will enable the AAO-HNSF to benchmark its participants, understand quality of care, and construct a program to allow for performance improvement.

Establish and define excellent otolaryngology care across the depth and breadth of the specialty.
By enhancing interoperability and transparency of clinical data at a central location in a registry, the AAO-HNSF can gauge the clinical impact of its guidelines and fine tune them to continually improve standards for "excellent otolaryngology care." This will also allow input from specialty societies to broaden our portfolio of measures to cover the breadth of the specialty.

Develop Performance Measures to meet quality reporting/ performance improvement requirements.
More rapid and cost-effective development of performance e-measures to quickly expand our portfolio will allow the AAO-HNSF to author, simulate, and test measures on registry data before launching the measures.

Assist Member participation in MOC and MOL activities.
Coordinate with and provide data to the American Board of Otolaryngology (ABOto) and state licensing boards to satisfy MOC and MOL requirements. The ABOto has expressed interest in such a relationship going forward.

Facilitate appropriate secondary uses of aggregated data.
In addition to a focus on required quality reporting, measures can be developed to facilitate educational, research, quality and performance improvement opportunities; post-market device surveillance; population health tracking; and patient outcomes.

Facilitate the development of alternative payment models.
The registry can be structured to automatically collect, host, process, and benchmark data from all participants. This data will assist

> We look forward to solidifying our collaboration with the American Academy of Otolaryngology—Head and Neck Surgery and to assisting them in the development of their Regent℠ registry to provide Members with context-specific data to positively impact outcomes, improve performance measurement, demonstrate the value of care, and facilitate future quality improvement and quality reporting.

Sanket Baralay
President and CEO, FIGmd

About FIGmd

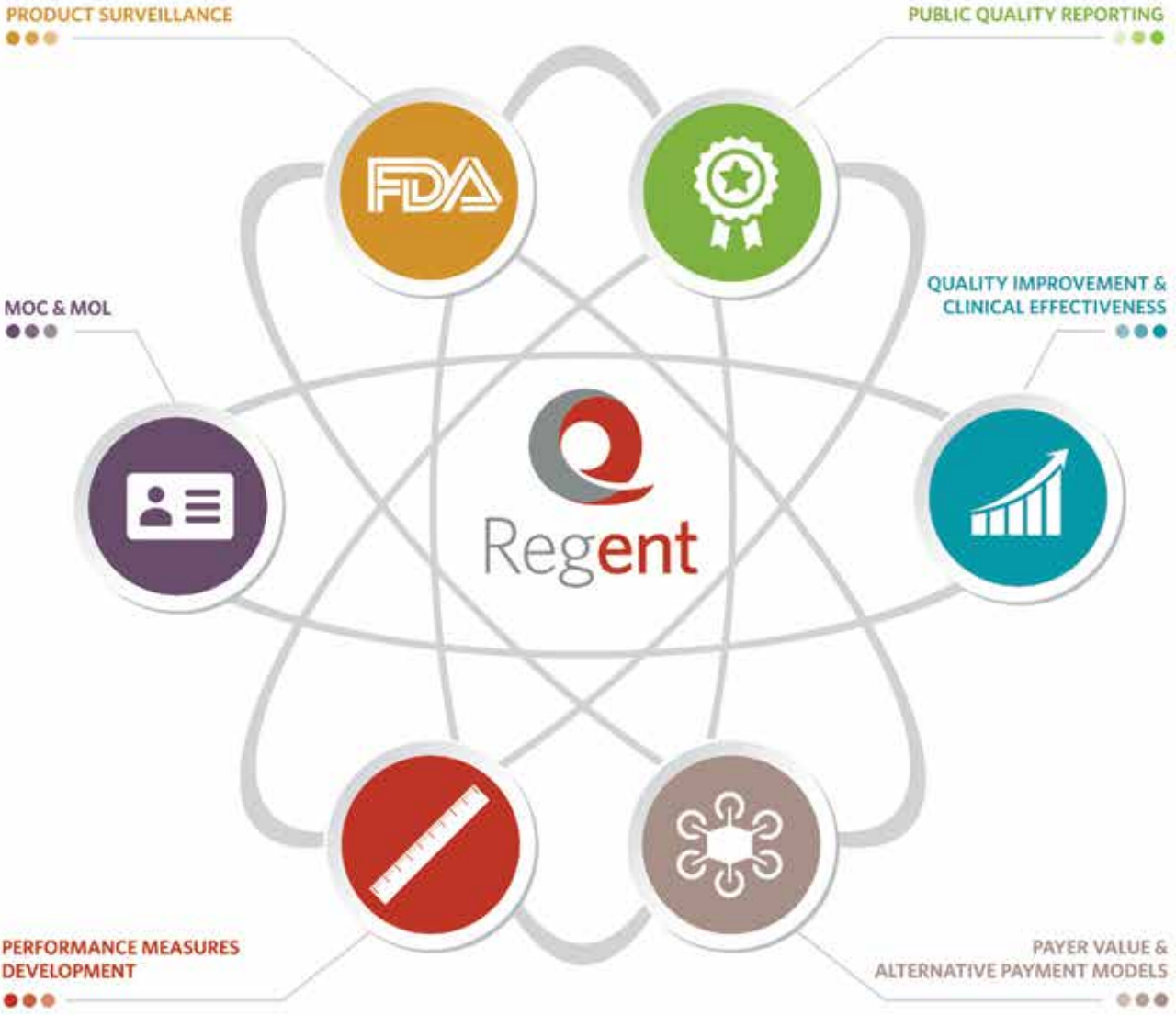
FIGmd, Inc., was incorporated in 2010 and provides clinical data registry, analytics, and data reporting solutions to medical practices, specialty societies, medical professional associations, hospitals, health systems, and others. FIGmd's platform, technologies, and solutions allow societies such as AAO-HNSF to quickly scale registries with minimal impact to the daily workflow of physician and care team members. Services in the FIGmd solution include measure identification and customization, data dictionary development and coding, e- specification of existing measures, patient reported outcomes, and data quality rules definitions. Also included are contract development assistance, registry brand development, integration of registry infrastructure with existing infrastructure as well as participant recruitment and onboarding. FIGmd's clinical analytics allow registry owners to perform research, track longitudinal data, identify gaps in care, and have rapid collection of patient encounter data. ■

HARNESS THE POWER OF DATA

Regent℠

ENT CLINICAL DATA REGISTRY

www.entnet.org/Regent



Regent℠ is an otolaryngology-specific clinical data registry that will become the foundation for quality improvement and research, and will support certification and licensure.

For more information about Regent℠ please visit www.entnet.org/Regent

AMERICAN ACADEMY OF OTOLARYNGOLOGY–HEAD AND NECK SURGERY FOUNDATION

“Our Members have asked us to provide the tools that they need to survive and thrive as healthcare delivery transitions away from the fee-for-service model to quality-based care delivery. We listened and feel that Regent will provide these tools for our Members in a 'one-stop shopping' arrangement.”

Member participation in integrated physician groups and risk-sharing models including bundled episodes of care.

Facilitate development of Appropriate Use Criteria. Help identify opportunities for the development of evidence-based guidelines and Appropriate Use Criteria that can be used in establishing appropriate care with both government and private payers.

Regent will be available to U.S.-based AAO-HNS Members from all regions and all practice settings. This includes private practitioners, those working in academic settings as well as employees of hospital systems. FIGmd has successfully worked in all of these venues to provide participants the information they need for quality endeavors. We will waive the application fee and the yearly maintenance fee for the first 1,000 participants joining in the first year. Going forward, there will be a $295 yearly maintenance fee similar to the current cost of PQRS reporting, even though the benefits of the registry will far exceed simple PQRS activities. There will also be a one-time $250 application fee for those who apply after the first 1,000 Members are enrolled.

Our Members have asked us to provide the tools that they need to survive and thrive as healthcare delivery transitions away from the fee-for-service model to quality-based care delivery. We listened and feel that Regent will provide these tools for our Members in a “one-stop shopping” arrangement. We look forward to your participation in the future and will be sending out information when registration begins. ■

2016 CORE GRANT FUNDING OPPORTUNITIES

www.entnet.org/CORE

Need Research Dollars?

CENTRALIZED OTOLARYNGOLOGY RESEARCH EFFORTS

Submission Deadlines
Letter of Intent (LOI) to be submitted electronically by **December 15, 2015 midnight ET**
Application to be submitted electronically by **January 15, 2016 midnight ET**

OVER $518,000 AWARDED BY THE CORE SPECIALTY SOCIETIES, FOUNDATIONS AND INDUSTRY SUPPORTERS IN 2015!

AMERICAN ACADEMY OF OTOLARYNGOLOGY - HEAD AND NECK SURGERY (AAO-HNSF)

AAO-HNSF Resident Research Award
$10,000, non-renewable, one year to complete project.
Up to eight available annually.

AAO-HNSF Maureen Hannley Research Grant
$50,000, renewable, one to two years to complete project.
One available annually.

AAO-HNSF Percy Memorial Research Award
$25,000, non-renewable, one year to complete project.
One available annually.

AAO-HNSF Health Services Research Grant
$10,000, non-renewable, one year to complete project.
Up to two available annually

AAO-HNSF Bobby R. Alford Endowed Research Grant
$30,000, non-renewable, one year to complete project. One available.

AAO-HNSF Rande H. Lazar Health Services Research Grant
$10,000, non-renewable, one year to complete project.
One available annually.

AMERICAN HEAD AND NECK SOCIETY (AHNS)

AHNS Pilot Grant
$10,000, non-renewable, one year to complete project.
One available annually.

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

AHNS/AAO-HNSF Young Investigator Combined Award
$40,000 ($20,000 per year), non-renewable, two years to complete project. One available annually.

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

AMERICAN NEUROTOLOGY SOCIETY (ANS)

ANS/AAO-HNSF Herbert Silverstein Otology and Neurotology Research Award
$25,000, non-renewable, one to two years to complete project.
One available in 2016.

AMERICAN RHINOLOGIC SOCIETY (ARS)

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

ARS Resident Research Grant
$8,000, non-renewable, one year to complete project. Two available annually.

AMERICAN SOCIETY OF PEDIATRIC OTOLARYNGOLOGY (ASPO)

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

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

ASSOCIATION OF MIGRAINE DISORDERS (AMD)

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

COOK MEDICAL

AAO-HNSF Resident Research Grant sponsored by Cook Medical
$10,000, non-renewable, one year to complete project.
One available in 2016.

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

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

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

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

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

XORAN TECHNOLOGIES, LLC

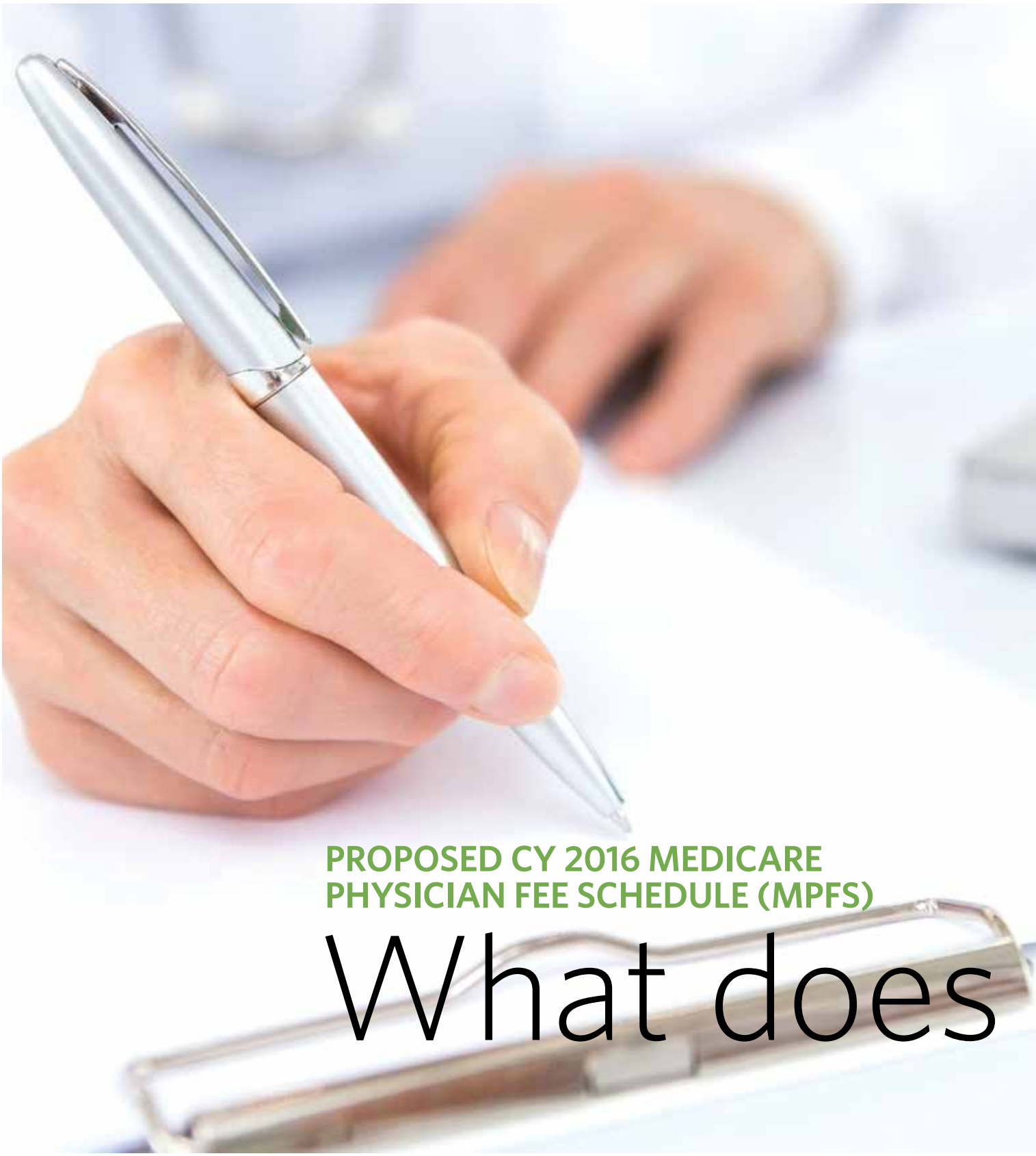
AAO-HNSF Resident Research Grant sponsored by Xoran Technologies, LLC
$10,000, non-renewable, one year to complete project.
One available annually.

For more information about these grants visit: www.entnet.org/CORE
Questions? Contact Stephanie L. Jones sljones@entnet.org or Sarah O'Connor soconnor@entnet.org

AMERICAN ACADEMY OF OTOLARYNGOLOGY–HEAD AND NECK SURGERY FOUNDATION

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

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



PROPOSED CY 2016 MEDICARE PHYSICIAN FEE SCHEDULE (MPFS)

What does

it mean for you?

On July 8, 2015, the Centers for Medicare & Medicaid Services (CMS) posted the proposed Medicare physician fee schedule (MPFS) for calendar year (CY) 2016. The Academy submitted comments to CMS on the proposed rule on September 8, 2015. The Academy also developed a Member summary, which goes into greater detail of all of the important proposed requirements. The summary and comments can be accessed on the Academy's Regulatory Advocacy page at http://www.entnet.org/content/regulatory-advocacy. Some key provisions Members should be aware of from the proposed rule include:

Repeal of Sustainable Growth Rate (SGR)

The CY 2016 MPFS is the first proposed update to the physician payment schedule since the repeal of the SGR through the Medicare Access and CHIP Reauthorization Act of 2015 (MACRA). An incentive payment program, referred to as the Merit-Based Incentive Payment System (MIPS), will replace the SGR in CY 2019 and consolidates three existing incentive programs, the Physician Quality Reporting System (PQRS) program, the Value-Based Modifier (VBM) program, and the Electronic Health Record (EHR) Meaningful Use incentive program.

ACRONYM	FULL NAME
ABLE	Achieving a Better Life Experience Act of 2014
ACA	Affordable Care Act
ACOs	Accountable Care Organizations
CAHPS	Consumer Assessment of Healthcare Providers and Systems
CHIP	Children's Health Insurance Program
CMS	Centers for Medicare and Medicaid Services
CY	Calendar Year
EHR	Electronic Health Record
EP	Eligible Professional
GPRO	Group Practice Reporting Options
HHS	Health and Human Services
IWPUT	Intra-Service Work Per Unit of Time
MACRA	Medicare Access and CHIP Reauthorization Act of 2015
MIPS	Merit-Based Incentive Payment System
MPFS	Medicare Physician Fee Schedule
PAMA	Protecting Access to Medicare Act of 2014
PE	Practice Expense
PFS	Physician Fee Schedule
PQRS	Physician Quality Reporting System
QCDR	Qualified Clinical Data Registry
RUC	Value Scale Update Committee
RVUs	Relative Value Units
SGR	Sustainable Growth Rate
VM	Value-Based Modifier

Professionals will receive an annual update of 0.5 percent in each of the years 2015 through 2019. The rates in 2019 will be maintained through 2025, while providing professionals with the opportunity to receive additional payment adjustments through the MIPS. In 2026 and subsequent years, professionals participating in alternative payment models that meet certain criteria would receive annual updates of 1 percent, while all other professionals would receive annual updates of 0.5 percent. For CY 2016, CMS estimates the CY 2016 MPFS conversion factor to be 36.1096, which reflects a budget neutrality adjustment of .09999 and the 0.5 percent update factor specified under MACRA.

Potentially misvalued services under the fee schedule

CMS and the AMA Relative Update Committee (RUC) have taken increasingly significant steps to address potentially misvalued codes. Under the Affordable Care Act (ACA), the Secretary of United States Department of Health and Human Services (HHS) is directed to examine misvalued services in the seven key categories. In addition to these seven categories, the Protecting Access to Medicare Act of 2014 (PAMA) also added nine new categories that the Secretary must consider in identifying potentially misvalued codes: 1. Codes that account for the majority of spending under the physician fee schedule (PFS); 2. Codes for services with a substantial change in the hospital length of stay or procedure time; 3. Codes for which there may be a change in the typical site of service since the code was last valued; 4. Codes for which there is a significant difference in payment for the same service between different sites of service; 5. Codes for which there may be anomalies in relative value units (RVUs) within a family of codes 6. Codes for services where there may be efficiencies when a service is furnished at the same time as other services; 7. Codes with high intra-service work per unit of time (IWPUT); 8. Codes with high Practice Expense (PE) RVUs; and 9. Codes with high cost supplies.

Reissuance of 2015 potentially misvalued codes under High Expenditure Screen

In the proposed CY 2016 MPFS, CMS re-proposes a new screen that captures codes as potentially misvalued codes and prioritizes the subset of codes that account for the majority of spending under the physician fee schedule. CMS is proposing 118 codes as potentially misvalued codes, identified using the high expenditure screen under the statutory category, "codes that account for the majority of spending under the PFS," 14 of which are related to otolaryngology.

HCPCS	Short Descriptor
10022	Fna w/image
11100	Biopsy skin lesion
11101	Biopsy skin add-on
31500	Insert emergency airway
31575	Diagnostic laryngoscopy
31579	Diagnostic laryngoscopy
31600	Incision of windpipe
70491	CT soft tissue neck w/dye
70543	MRI orbt/fac/nck w/o &w/dye
76536	US exam of head and neck
92557	Comprehensive hearing test
92567	Tympanometry
95004	Percut allergy skin tests
95165	Antigen therapy services

**Note: CMS excluded E/M services from the list of proposed potentially misvalued codes for the same reasons that CMS excluded them in a similar review in CY 2012.*

Improving valuation of the global surgical package (p. 80)

In the final 2015 MPFS rule, CMS made a major change to reporting global surgical procedures by implementing a two-year transition of all 010 and 090 global services to a 000 global. MACRA prohibits HHS from implementing this change. However, HHS may revalue misvalued codes for specific surgical services or assign values to new or revised codes for surgical services, and MACRA requires CMS to develop a process to gather information needed to value surgical services from a representative sample of physicians, and requires that the data collection shall begin no later than January 1, 2017.

The collected information must include the number and level of medical visits furnished during the global period and other items and services related to the surgery, as appropriate. This information must be reported on claims at the end of the global period or in another manner specified by the Secretary. Every four years, CMS must reassess the value of this collected information. CMS can discontinue the collection once they have adequate information from other sources to accurately value global surgical services.

Beginning in CY 2019, CMS must use the information collected as appropriate, along with other available data, to improve the accuracy of valuation of surgical services under the physician fee schedule (PFS). MACRA gives HHS the authority to delay up to 5 percent of the payment for services for which a physician is required to report information in cases where they do not report.

Target for relative value adjustments for misvalued services (p. 97)

PAMA requires CMS to establish an annual target for reductions in PFS expenditures resulting from adjustments to relative values of misvalued codes. If the estimated net reduction in expenditures for a year is equal to or greater than the target for the year, reduced expenditures attributable to the adjustments will be redistributed in a budget-neutral manner within the PFS in accordance with the existing budget neutrality requirement. This means that for a given year, CMS is to net all reductions to misvalued codes. If the reductions do not hit the target amount, then as per normal, the reductions are distributed.

Initially, PAMA set the target at 0.5 percent of the estimated amount of expenditures under the PFS for CY 2017-CY 2020. However, the Achieving a Better Life Experience Act of 2014 (ABLE) amended the targets to 1 percent for CY 2016 and 0.5 percent for CY 2017 and CY 2018. In the proposed MPFS, CMS has reached 0.25 percent of the target, meaning CMS needs to reach another 0.75 percent to meet the accelerated target. CMS proposes to use a phase in of significant relative value units (RVUs) over two years to meet the target. If CMS does not reach the target, CMS will redistribute a negative 0.75 percent reduction to all codes in the MPFS.

Quality reporting initiatives

The proposed MPFS details changes to quality initiatives, including PQRS and Physician Compare. For a detailed look at all program changes in the proposed rule, please refer to the Academy's summary at: **www.entnet.org/content/regulatory-advocacy**. Highlights of CMS' proposed changes to quality programs are detailed here.

Physician Compare website (p. 370)

The Physician Compare website provides information to the public on physicians enrolled in the Medicare program as well as other EPs who participate in PQRS. To the extent that scientifically sound measures are available, Physician Compare includes measures collected as part of PQRS, as well as assessments of patient health outcomes; continuity and coordination of care and care transitions; efficiency; patient experience and patient, caregiver, and family engagement; and safety, effectiveness, and timeliness of care. CMS proposes to add the following to the Physician Compare website:

- A green check mark on the profile page for individuals and groups who receive an upward adjustment for the value modifier (VM)
- All PQRS Group Practice Reporting Options (GPRO) measures, as well as measures reported by Shared Savings Program Accountable Care Organizations (ACOs), including CAHPS for ACO measures
- All group practice QCDR measure data
- A benchmark used to assign stars for the Physician Compare 5 star rating

Physician Quality Reporting System (PQRS) (p. 397)

The proposed rule also details CMS proposed changes to the 2018 PQRS payment adjustment, which will be determined by an eligible professional's (EP) or group practice's reporting of quality measures data from January 1, 2016, to December 31, 2016. The PQRS payment adjustment for 2018 for failure to meet the PQRS reporting requirements for the applicable reporting period is -2 percent. As mandated by MACRA, future payment adjustments will be determined by MIPS once the PQRS program concludes in 2018.

CMS has issued the following proposed changes, which may affect PQRS reporting for otolaryngologist-head and neck surgeons:

- Groups of 25+ Eligible Professionals (EPs) participating via the GPRO web interface will be required to submit the CAHPS for PQRS survey
- A new multiple chronic conditions measures group is proposed for inclusion

Qualified Clinical Data Registry (QCDR) (p. 401)

QCDRs are CMS-approved entities that collect data for the purpose of patient and disease tracking to foster improvement in the quality of care furnished to patients. In the proposed MPFS, CMS offers increased reporting flexibility by proposing to expand the QCDR reporting option to group practices. Please visit the Academy's Regulatory Advocacy page for a full summary of proposed changes to QCDR requirements affecting vendors and QCDR developers, including updates to measure attestation, data validation, audit requirements, and the self-nomination process. The Academy is in the early stages of developing a QCDR to satisfy the reporting and quality improvement needs of AAO-HNS Members. For additional information on the importance of QCDRs and the Academy's clinical data registry development efforts, please see page 16 of this issue. ■

WHAT IS ALLERGIC RHINITIS

This plain language summary serves as an overview in explaining allergic rhinitis and how to manage its symptoms. Allergic rhinitis (pronounced uh-lur-jik rye-ni-tis), or nasal allergy, is often called "hay fever." Allergic rhinitis is swelling inside of the nose caused by allergies and is common in both children and adults.

WHAT IS ALLERGIC RHINITIS?

Allergic rhinitis is one of the most common illnesses that affects adults. It is also the most common long-lasting illness in children. Symptoms include runny nose, stuffiness, sneezing, itchy nose, and red, watery eyes. Allergic rhinitis can be defined as swelling of the inside lining of the nose that occurs when a person inhales something he or she is allergic to. The symptoms can range from mild to severe. Symptoms are mild when they do not interfere with quality of life. Symptoms are more severe when they are bad enough to interfere with quality of life. Patients can have allergies at different times of year or when exposed to different allergens.

Allergic rhinitis can also affect a person's quality of life by interfering with everyday activities. In children, allergic rhinitis can be linked to disorders of learning, behavior, and attention. Allergic rhinitis symptom frequency can be either intermittent or persistent. Intermittent means fewer than four days a week, or fewer than four weeks a year. Persistent means more than four days a week, or more than four weeks a year. Patients should work closely with their doctor to determine which treatment is best and most appropriate based on the frequency of symptoms.

WHAT CAUSES ALLERGIC RHINITIS?

Allergic rhinitis symptoms can be also be grouped into how frequently they occur. Symptoms can be year round (perennial) such as those caused by dust mites. Allergic rhinitis can also be seasonal, such as when pollen is the allergen. Symptoms can also occur from exposure to something in the environment (episodic), such as those caused by pet dander. Patients may experience symptoms at different levels of severity depending on their exposure to allergens and their sensitivity to them. Some people can be allergic to pollen or mold. Mold is considered to be both seasonal and perennial. The most common allergies in the U.S. are grass, ragweed pollen, and dust mites. Pollen can be year round in a tropical environment. Therefore, it can be difficult to figure out if symptoms are caused by pollen or dust mites. The key is to work closely with your doctor to help identify the cause of your allergies.

WHAT CAN YOU DO?

You should seek medical care after you notice symptoms, as this may help avoid misdiagnosis or delayed diagnosis. You may be able to better control your symptoms by avoiding what you are allergic to. If you have seasonal allergies, stay indoors when pollen counts are high. You should change clothes after being outdoors when you have been exposed to pollen. If you have dust mite allergies, you can also buy allergy control products for your home such as bed covers, air filters, or sprays that help kill dust mites. For dust mite allergies, using several of these avoidance measures has shown to be more effective than only using one. Avoiding pets is recommended for those who suffer from pet dander allergies. Washing pets twice weekly can also help reduce allergen levels, but may not reduce your symptoms.

Asthma is a related condition that may occur with allergic rhinitis. Asthma is swelling and narrowing of the lower airway that causes difficulty breathing. Asthma may or may not be related to allergies and a doctor can help treat this.

HOW IS ALLERGIC RHINITIS DIAGNOSED?

A doctor can diagnose allergic rhinitis by reviewing your medical history and performing a physical examination. The examination may show you have allergic rhinitis if you have any of the following symptoms: stuffy head, red and watery eyes, clear drainage, or pale-colored mucus. Your doctor may perform an allergy test when your diagnosis is uncertain. Your doctor may use the results to target therapy for a specific allergy. This testing can include skin or blood allergy testing. Your doctor should not perform any imaging, or x-rays, if your symptoms are consistent with a diagnosis of allergic rhinitis. If you have any related conditions such as asthma, your doctor should review and document the conditions in your medical record. Your doctor should schedule follow-up visits whenever asthma is suspected. If you have difficulty breathing during sleep, skin problems, sinus problems, or ear infections, your doctor will note these and refer you for treatment.

WHAT TREATMENTS ARE AVAILABLE?

Allergic rhinitis is treated based on symptoms. Treatment depends on both how severe the symptoms are and how frequently they occur. Patients can be advised to avoid known allergens. Your doctor may prescribe steroid nose sprays if your symptoms are severe. A steroid spray can help with swelling in your nose and make breathing more comfortable. If your symptoms include sneezing and itching, your doctor may prescribe an oral antihistamine. If you have seasonal, perennial, or episodic allergic rhinitis, your doctor may prescribe nose spray antihistamines. Oral leukotriene (LTRAs) are not recommended as a first-line medication to treat allergic rhinitis, but may be helpful in those people who have both asthma and allergic rhinitis. Your doctor may offer a combination of medications or refer you to a doctor who can offer allergy shots (subcutaneous immunotherapy), or under-the-tongue allergy tablets or drops (sublingual immunotherapy).

Your doctor may offer TO refer you to a surgeon when you have nasal airway blockage that does not respond to medications. This blockage treatment is called inferior turbinate reduction. It is a surgical procedure, and can be done when you have not responded to medical treatment.

Studies show that acupuncture may be helpful for those with perennial allergic rhinitis. Your doctor may suggest acupuncture, especially if you are interested in non-drug approaches to control your symptoms. There is not enough evidence to either support or discourage using Chinese herbal therapy for treating allergic rhinitis.

WHERE CAN I FIND HELP?

Patients and healthcare providers should discuss the benefits and potential risks or harms of treatments for allergic rhinitis and engage in shared decision making for better health outcomes. To learn more about allergic rhinitis there are a number of resources available. Go to **www.entnet.org/AllergicRhinitisCPG** to see printable patient resources and tables. The tables include approved over-the-counter and prescription products, including common side effects.

This plain language summary was developed from the 2015 AAO-HNSF Clinical Practice Guideline: Allergic Rhinitis. The multidisciplinary guideline development group represented the fields of otolaryngology–head and neck surgery, including pediatric and adult otolaryngologists, allergists, immunologists, internal medicine, family medicine, pediatrics, sleep medicine, advanced practice nursing, acupuncture and herbal therapy medicine, and consumer advocates. Literature searches for the guideline were conducted up through May 2014. For more information on allergic rhinitis, visit **www.entnet.org/AllergicRhinitisCPG**.

SOURCE

Seidman MD, Gurgel RK, Lin SY, et al. Clinical Practice Guideline: Allergic Rhinitis. *Otolaryngol Head Neck Surg.* February 2015; 152(S1):S1-S43

Clip and copy to make available in your practice for patients.

WHAT IS ADULT SINUSITIS

This plain language summary serves as an overview in explaining sinusitis (pronounced sign-uh-sight-is). This summary applies to adults 18 years of age or older with sinusitis and addresses how to manage and treat sinusitis symptoms. Sinusitis is often called a sinus infection, and it affects millions of adults in the U.S. each year. A healthcare provider may refer to a sinus infection as rhinosinusitis (pronounced rhi-no-sign-uh-sight-is). This includes the nose (rhino) as well as the sinuses in the name.

WHAT IS SINUSITIS?

Sinusitis refers to infection, inflammation, or swelling of the sinuses and nasal cavity. The sinuses are a group of hollow spaces that surround the nose and eyes. Sinus infections include cloudy or colored discharge from the nose with nasal blockage or facial pain/pressure. Other symptoms include fever, cough, fatigue, lack of or reduced sense of smell, dental pain, and ear fullness. The symptoms can be serious enough to disturb your quality of life or general well-being.

Sinus infections can be caused by viruses, bacteria, or fungi. A viral sinus infection has similar symptoms as bacterial infections, but improves within 10 days and does not get worse. A bacterial sinus infection is defined by how long the symptoms last. The three types of bacterial sinus infections are acute (short course), recurrent (repeated), or chronic (long lasting). An acute bacterial sinus infection is one that either fails to get better within 10 days or has suddenly gotten worse after an initial period of getting better. Acute bacterial sinus infection lasts less than four weeks. Recurrent bacterial sinus infections are when an acute sinus infection occurs four or more times in a one-year period. A chronic sinus infection is when two or more symptoms and swelling last for 12 weeks or longer. A fungal sinus infection is one that is linked with chronic symptoms. Fungal sinus infections usually occur with people who have weak immune systems. Fungal sinus infections can also occur with people who have used long-term antibiotics. In addition to viral, bacterial, and fungal sinus infections, there are other causes of sinus problems. A healthcare provider can make the proper diagnosis.

WHAT CAUSES ADULT SINUSITIS?

A sinus infection is typically caused by a viral upper respiratory infection, like a cold. A viral infection does not get better from taking antibiotics. Acute bacterial sinus infections are caused by a bacterial infection. Some people with bacterial infections can benefit from the use of antibiotics, although antibiotics are not necessary for everyone.

WHAT CAN YOU DO?

You should see a healthcare provider soon after symptoms occur. Early diagnosis may help avoid misdiagnosis or delayed treatment and worse results. There are several types of sinus infections, so it is important to get the correct diagnosis for proper treatment. Treatment options should be discussed with the healthcare provider after diagnosis. Antibiotics do not work for viral sinus infections. Antibiotics are not recommended for all types of bacterial infections.

HOW IS ADULT SINUSITIS DIAGNOSED?

A healthcare provider can diagnose a sinus infection by reviewing the medical history and doing a physical exam. The exam should review and document the conditions in your medical record. A healthcare provider will take note of how long symptoms have been present. The healthcare provider should identify acute bacterial sinus infection from viral sinus infection or noninfectious conditions. Your healthcare provider should diagnose an acute bacterial sinus infection when:

(a) symptoms (facial pain-pressure-fullness, nasal blockage) or signs (cloudy or colored nose drainage) or both continue without getting better for at least 10 days after the onset of upper respiratory symptoms like a cold, or

(b) symptoms or signs of a sinus infection worsen within 10 days after getting better (double worsening).

Other conditions can seem like a sinus infection. For instance, a headache alone may not mean a sinus infection. With a sinus infection there is usually cloudy or colored nose drainage.

An acute sinus infection is diagnosed when there are up to four weeks of colored or cloudy runny nose drainage with nasal blockage, facial pain-pressure-fullness, or both. A healthcare provider should decide between chronic and recurrent acute sinus infections from a single incident of acute bacterial sinus infections and other causes of sinonasal (sinus and nose) symptoms.

The healthcare provider cannot diagnose chronic sinus infection based on symptoms alone, but will also need to see nasal swelling or inflammation on exam. The healthcare provider may use tools such as an endoscope or rhinoscope. These tools can offer a better view of your sinuses. The healthcare provider may also order a CT (CAT) scan to view sinonasal swelling. The CT scan may confirm a diagnosis of chronic sinus infections. For chronic sinus infections, the healthcare provider should confirm whether nasal polyps are present. Nasal polyps are harmless growths. Having nasal polyps will modify care of your symptoms.

Instead of prescribing antibiotics right away for your acute bacterial sinus infection, your healthcare provider may suggest a treatment option known as watchful waiting. This option usually includes a seven-day waiting period without antibiotics to see if you get better on your own.

You may be tested for allergies and immune function. This testing will help tell chronic or recurrent sinus infections from allergies.

WHAT TREATMENTS ARE AVAILABLE?

It is important to properly diagnose viral and bacterial sinus infections. If you have heart, kidney, or liver disease, your healthcare provider may consider different treatment.

For a viral sinus infection: Talking with your healthcare provider can help you make decisions about the treatment of symptoms. To relieve symptoms, pain relievers, nasal steroid sprays, and/or nasal saline rinse may be recommended. Nasal saline rinse can be purchased or made at home. Nasal saline rinse involves using a bulb, squeeze bottle, or neti pot. The mixture includes water, baking soda, and a non-iodized salt. Antibiotics are not used for a viral sinus infection.

For an acute bacterial sinus infection: The healthcare provider should offer either watchful waiting without antibiotics or an antibiotic. If a decision is made to treat acute bacterial sinus infection with an antibiotic, amoxicillin will likely be prescribed. A combination of amoxicillin with clavulanate for five to 10 days may also be prescribed as a different treatment. If you feel worse or do not improve after seven days, you should see your healthcare provider. The healthcare provider will review the diagnosis and exclude other causes. The healthcare provider may also decide to start or change antibiotics. To relieve your symptoms, your healthcare provider may recommend over-the-counter treatments. These treatments may include pain relievers, nasal steroid sprays, decongestants, and nasal saline rinse. Nasal saline rinse can be purchased or homemade. Nasal saline rinse involves using a bulb or squeeze bottle or neti pot. The mixture includes water, baking soda, and non-iodized salt.

CONTINUED ON REVERSE

ABOUT THE AAO-HNS The American Academy of Otolaryngology—Head and Neck Surgery (www.entnet.org), one of the oldest medical associations in the nation, represents about 12,000 physicians and allied health professionals who specialize in the diagnosis and treatment of disorders of the ears, nose, throat, and related structures of the head and neck. The Academy serves its members by facilitating the advancement of the science and art of medicine related to otolaryngology and by representing the specialty in governmental and socioeconomic issues. The AAO-HNS Foundation works to advance the art, science, and ethical practice of otolaryngology-head and neck surgery through education, research, and lifelong learning. The organization's vision: "Empowering otolaryngologist-head and neck surgeons to deliver the best patient care."

AMERICAN ACADEMY OF OTOLARYNGOLOGY–HEAD AND NECK SURGERY

WHAT IS ADULT SINUSITIS

CONTINUED FROM REVERSE

For a chronic sinus infection: Your healthcare provider may recommend saline nasal rinse or topical intranasal corticosteroids. Your healthcare provider may also prescribe both for symptom relief. Your healthcare provider should not prescribe antifungal therapy for chronic sinus infections. Your treatment will be modified if you have asthma, cystic fibrosis, a weakened immune system, or ciliary dyskinesia.

WHERE CAN I FIND HELP?

Patients and healthcare providers should discuss the benefits and potential risks or harms of treatments. Engaging in shared decision making helps achieve better health outcomes. To learn more about sinus infections, there are a number of resources available. Go to **www.entnet.org/AdultSinusitisCPG** to see printable patient resources and tables. The tables will explain when to use home remedies, such as salt water rinses in the nose. The tables will also explain when it is OK to take an antibiotic and the side effects of antibiotics.

The information written in this summary is based on the 2015 Clinical Practice Guideline: Adult Sinusitis. The evidence-based guideline includes research to support more effective diagnosis and treatment of adult sinus infections.

SOURCE

Rosenfeld RM, Piccirillo JF, Chandrasekhar SS, et al. Clinical Practice Guideline: Adult Sinusitis. *Otolaryngol Head Neck Surg.* April 2015;152(S2):s1-s39.

PATIENT INFORMATION ON DIAGNOSIS OF ACUTE SINUSITIS	
QUESTION	**ANSWER**
What are the sinuses?	Sinuses are hollow spaces in the bones around the nose that connect to the nose through small, narrow channels. The sinuses stay healthy when the channels are open, which allows air from the nose to enter the sinuses and mucus made in the sinuses to drain into the nose.
What is sinusitis?	Sinusitis, also called rhinosinusitis, affects about one in eight adults annually and generally occurs when viruses or bacteria infect the sinuses (often during a cold) and begin to multiply. Part of the body's reaction to the infection causes the sinus lining to swell, blocking the channels that drain the sinuses. This causes mucus and pus to fill up the nose and sinus cavities.
How can I tell if I have acute sinusitis?	You have acute sinusitis when there have been up to four weeks of cloudy or colored (not clear) drainage from the nose, plus one or both of the following: (a) a stuffy, congested, or blocked nose or (b) pain, pressure, or fullness in the face, head, or around the eyes.
How can I tell if my sinusitis is caused by viruses or bacteria?	Acute viral sinusitis is likely if you have been sick less than 10 days and are not getting worse. Acute bacterial sinusitis is likely when you do not improve at all within 10 days of getting sick or when you get worse within 10 days after beginning to get better.
Why is it important to tell if my sinusitis is caused by bacteria?	Because sinusitis is treated differently based on cause, acute viral sinusitis does not benefit from antibiotics, but some patients with acute bacterial sinusitis may get better faster with an antibiotic.

Clip and copy to make available in your practice for patients.

CLINICAL FELLOWSHIP IN LARYNGEAL SURGERY AND VOICE DISORDERS

Massachusetts General Hospital

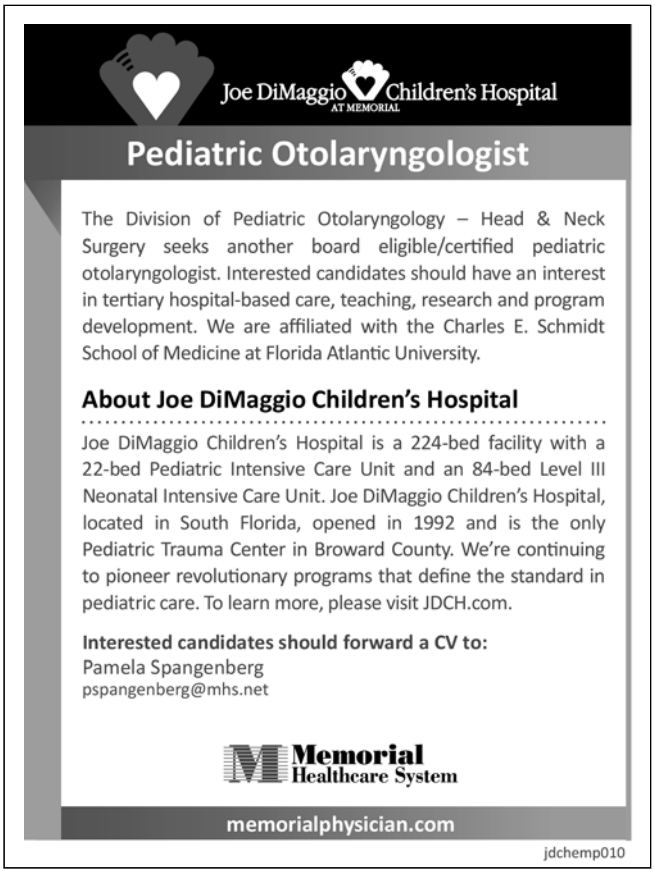
The Division of Laryngeal Surgery is seeking applicants for clinical fellowship positions. The fellowship training covers all aspects of laryngeal surgery, voice disorders, and management of the professional voice. The curriculum will provide a wide range of experiences, including phonomicrosurgery (cold instruments and lasers), laryngeal framework surgery, novel operating-room and office-based laser (Pulsed-KTP, Thulium) treatment, complex laryngeal stenosis with aortic homograft transplantation, and the use of botulinum toxin injections for spasmodic dysphonia.

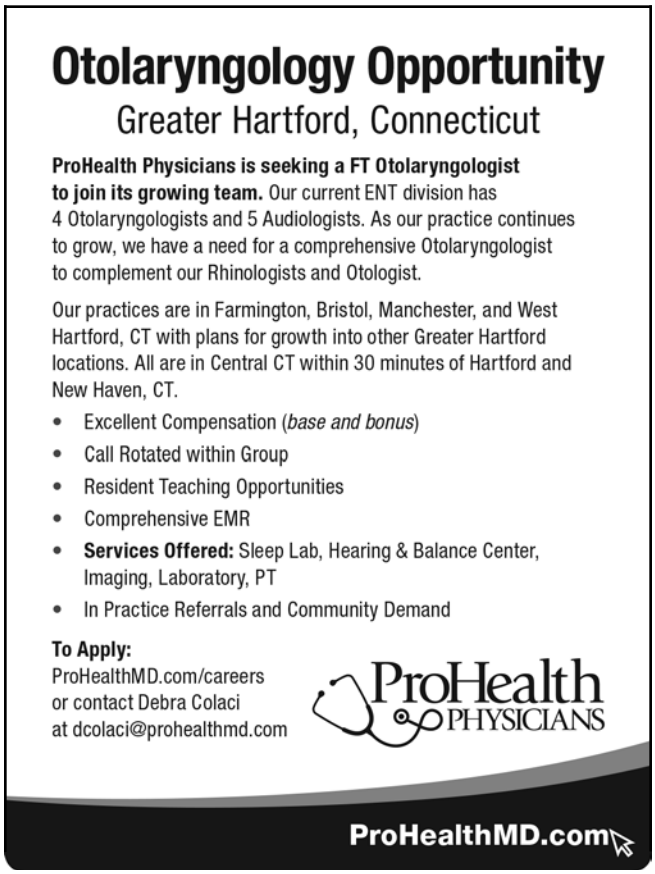
The fellow will participate in the management of voice disorders and clinical research as a member of a multidisciplinary team (voice scientists and speech pathologists) that has access to state-of-the-art voice clinic and surgical engineering laboratory facilities. The research fellowship provides numerous opportunities to focus on grant-funded (NIG and private foundations) clinical and basic science research projects in collaboration with interdisciplinary teams of scientists and clinicians at the Massachusetts Institute of Technology and the Wellman Laboratories of Photomedicine at the Massachusetts General Hospital. The option to collaborate with local music conservatories is also available.

Qualified minority and female candidates are encouraged to apply. Send curriculum vitae and three letters of recommendation. The Massachusetts General Hospital is a teaching affiliate of Harvard Medical School.

Direct inquiries to:

Steven M. Zeitels, MD, FACS
Eugene B. Casey Professor of Laryngeal Surgery, Harvard Medical School
Director: Center for Laryngeal Surgery & Voice Rehabilitation
Massachusetts General Hospital
One Bowdoin Square, 11th Floor
Boston, MA 02114
Telephone: (617) 726-0210 Fax: (617) 726-0222
zeitels.steven@mgh.harvard.edu





PEDIATRIC OTOLARYNGOLOGIST

Dayton Children's Hospital in Dayton, OH, is seeking a third BC/BE fellowship trained pediatric otolaryngologist interested in growing our rapidly expanding ENT services. Clinical responsibilities include inpatient and outpatient services at the hospital, located in downtown Dayton, and will also be provided at an ambulatory surgery center, located in Springboro, Ohio, scheduled to open in 2017.

Dayton Children's is a 155-bed, freestanding children's hospital with more than 35 pediatric specialties. We serve a pediatric population of 510,000 from a 20 county region of central and southwestern Ohio and eastern Indiana. Construction on a new, eight-story, 260,000-square-foot patient care tower in the center of the hospital's current campus began in August 2014 and is scheduled to be completed in 2017. Also, a major expansion of the Springboro Outpatient Care Center and Urgent Care will include a medical office building for pediatric specialists and primary care physicians, a 16-room pediatric emergency department and an outpatient surgery center with four operating rooms.

The Wright State University Boonshoft School of Medicine department of pediatrics and its residency program are based at Dayton Children's. All of our physicians have the opportunity to hold faculty appointments at the Boonshoft School of Medicine and to teach medical students and residents.

Known as the birthplace of aviation, Dayton offers big-city amenities coupled with Midwestern friendliness and charm. The region is home to some of the best private and public schools in the state with one school district ranked among the best in the country. Dayton also has a very vibrant arts and entertainment community with a philharmonic orchestra, theater, Broadway performances, many museums and minor league baseball. With a beautiful system of parks, trails and river corridors, the region provides opportunity for year-round recreation. A diverse and innovative business community keeps Dayton and its surrounding communities thriving.

For additional information, contact:

Cyndy Emerson, FASPR, PHR, SHRM-CP
Physician Recruitment Manager
Dayton Children's Hospital
1 Children's Plaza, Dayton, OH 45404-1815
(937) 641-5307
emersonc@childrensdayton.org
www.childrensdayton.org

Dayton Children's

Division of Otolaryngology - Head and Neck Surgery
Children's Hospital Los Angeles

Department of Otolaryngology
Keck School of Medicine
University of Southern California

Full-Time Pediatric Otolaryngologist at the Assistant/Associate Professor level with the University of Southern California at Children's Hospital Los Angeles.

The candidate must be fellowship trained and either board eligible or certified. A demonstrated specialty interest and training in outcome measures, quality, meta-analysis, and/or velopharyngeal insufficiency/palate surgery would be preferred. The candidate must obtain a California medical license.

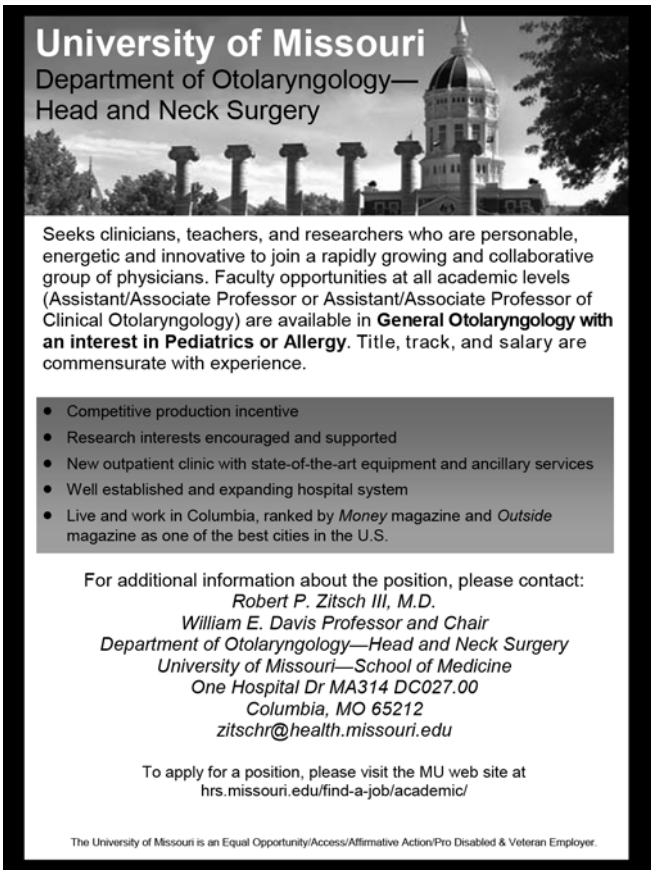
CHLA is ranked 7th in the nation and 1st in California for children's hospitals according to the US News and World Report. Our 'state-of-the-art' 317 bed hospital building with 85% private rooms opened in 2011. Our group has a nice mix of academic and private practice. Both clinical and basic science research opportunities are available and supported.

Excellent benefits are offered through USC. USC and CHLA are equal opportunity and affirmative action employers. Women, men, and members of all racial and ethnic groups are encouraged to apply.

Academic appointment through USC Keck School of Medicine is available at a level appropriate to training and experience.

Please forward a current CV and two letters of recommendation to:

Jeffrey A Koempel MD, MBA
Chief, Division of Otolaryngology – Head and Neck Surgery
Children's Hospital Los Angeles
4650 Sunset Blvd MS #58 • Los Angeles, CA 90027
jkoempel@chla.usc.edu • (323)361-5959



DEPARTMENT OF OTORHINOLARYNGOLOGY
UNIVERSITY OF OKLAHOMA
HEALTH SCIENCES CENTER

POSITION AVAILABLE:
OTOLOGIST/NEUROTOLOGIST
DATE AVAILABLE: IMMEDIATELY

The Department of Otorhinolaryngology of the University of Oklahoma Health Sciences Center has a position available for a full-time otologist/neurotologist at the Assistant or Associate Professor level. Minimum requirements include: Doctoral degree (M.D. or equivalent), Board certification/eligibility, a demonstrable commitment to teaching and an interest in collaborative research.
Responsibilities will include program development and patient care, resident and medical student education, and research.
Letters of interest with accompanying CV should be directed to: Greg A. Krempl, M.D., F.A.C.S., c/o Nancy Geiger, Department of Otorhinolaryngology, P.O. Box 26901, Room WP1290, Oklahoma City, OK 73126-0901 or via e-mail nancy-geiger@ouhsc.edu.
The University of Oklahoma is an Affirmative Action and Equal Opportunity Employer. Individuals with disabilities and protected veterans are encouraged to apply.

Academic Position – Pediatric Otolaryngology Chief
University of Washington
Department of Otolaryngology-Head and Neck Surgery
Division of Pediatric Otolaryngology
Seattle Children's Hospital • Seattle, Washington

The University of Washington Department of Otolaryngology–Head and Neck Surgery and Seattle Children's Hospital (SCH) seeks candidates for a full-time position as Chief of the Division of Pediatric Otolaryngology at the rank of Associate Professor or Full Professor.

The Division's otolaryngology surgeons perform operative procedures and hold outpatient clinic at SCH and associated clinics. The Department's partners collaborate in the development and success of the Division, support the array of SCH satellite outpatient clinics in the region, and share in call coverage at the hospital.

We are seeking a visionary leader who will support the Division's expanding and nationally recognized clinical, educational, and research programs. The Division's faculty members participate in an exciting blend of clinical, translational and basic science research, with a focus on improving the health of children–both nationally and globally. The innovative culture of SCH fosters a supportive environment for multidisciplinary collaborations in its clinical programs and the development of integrative care approaches; examples include the Childhood Communication Center, Craniofacial Center, Vascular Anomalies Center, and Aerodigestive Center.

The Division's faculty members are committed to educating the next generation of otolaryngologists. They also support a nationally recognized ACGME pediatric fellowship program that trains two fellows each year. We are seeking applicants with an established record of academic achievement and leadership experience who are committed to this mission and supportive of educational scholarship.

Minimum qualifications include an MD (or equivalent), certified in Otolaryngology, and eligible for a Washington State medical license.

Send letter of interest and curriculum vitae to:

Neal D. Futran, MD, DMD
University of Washington, Oto-Head & Neck Surgery
Box 356515, Seattle, WA 98195-7923
Email: nfutran@uw.edu

The University of Washington is an equal opportunity/affirmative action employer. All qualified applicants will receive consideration for employment without regard to race, color, religion, sex, sexual orientation, gender identity, national origin, age, protected veterans or disabled status, or genetic information.

UTHealth | Medical School
The University of Texas
Health Science Center at Houston

The Department of Otorhinolaryngology-Head & Neck Surgery is recruiting for additional faculty in Pediatric Otolaryngology, Head and Neck Surgery and General Otolaryngology

This is an amazing opportunity to join a rapidly growing, established academic practice at a large medical center in the third largest city in America. Fellowship training for the Pediatric ENT and Head and Neck Surgery positions preferred, but not required.

Academic appointment commensurate with experience. Great salary and benefits. Outstanding opportunities for teaching and research.

Please submit your CV and application here: **www.ent4.me/recruit**

Interest and questions may be directed to:

Martin J. Citardi, MD (chair)
The University of Texas Medical School at Houston
Department of Otorhinolaryngology-Head & Neck Surgery
Fax: 713-383-1410
martin.j.citardi@uth.tmc.edu

UTHealth is an EEO/AA employer. UTHealth does not discriminate on the basis of race, color, religion, gender, sexual orientation, national origin, genetics, disability, age, or any other basis prohibited by law. EOE/M/F/Disabled/Vet.

Head & Neck Oncologic Surgeon

The Department of Otolaryngology at the University of Florida is seeking applicants who wish to pursue an academic career in Head and Neck Oncologic Surgery at the rank of Assistant/Associate/Professor. Fellowship training in Head and Neck Surgery is required, and experience in microvascular reconstructive surgery is preferred. Track and rank will be commensurate with experience. This position will remain open until filled. Applicants should have a strong interest in clinical care, teaching, and research. Applicants should be board certified or board eligible and licensed (or eligible) to practice in Florida. Salary is negotiable and will be commensurate with experience and training.

Please address inquiries to:

Neil Chheda, MD
University of Florida
Department of Otolaryngology
P.O. Box 100264
Gainesville, FL 32610-0264

Surgeon
Otolaryngology
Plattsburgh, NY

The Department of Surgery at the University of Vermont College of Medicine is seeking a Clinical Practice Physician in the Division of Otolaryngology to join the Champlain Valley Physicians Hospital (CVPH) in Plattsburgh, New York. CVPH is a progressive medical center with nine state-of-the-art OR's and Ambulatory Surgery Center. The position entails providing Otolaryngology services to the patient population served by CVPH, a community medical center which is a regional referral hospital partnered with the University of Vermont Medical Center. This position offers the unique opportunity to work in a community setting while having an active affiliation with Vermont's only Academic Medical Center; the only ACS verified Level 1 trauma center in the state providing tertiary care to patients from Vermont and Northern NY.

Applicants must be board certified or board eligible and eligible for medical licensure in the state of New York. This is a full-time, 12 month, salaried position.

Plattsburgh is located on the shores of Lake Champlain, near the Adirondack Mountains, Olympic-Lake Placid region, Montreal and Burlington, Vermont.

The University is especially interested in candidates who can contribute to the diversity and excellence of the academic community through their research, teaching, and/or service. Applicants are requested to include in their cover letter information about how they will further this goal. The University of Vermont is an Affirmative Action/Equal Opportunity Employer. Applications from women, veterans, individuals with disabilities, and people of diverse racial, ethnic and cultural backgrounds are encouraged. Applications will be accepted until the position is filled.

Interested individuals should submit their curriculum vitae with a cover letter and contact information for four references electronically to Division Chief, William Brundage, MD (802.847-3152) c/o Lisa Bonser at **Lisa.Bonser@uvmhealth.org** or apply online at **https://www.uvmjobs.com**.

THE University of Vermont HEALTH NETWORK
Champlain Valley Physicians Hospital

HARVARD MEDICAL SCHOOL | Massachusetts Eye and Ear | MASSACHUSETTS GENERAL HOSPITAL

Clinical Fellowship in Balance and Vestibular Disorders

The Department of Otolaryngology at Massachusetts Eye and Ear/Harvard Medical School offers a one-year clinical fellowship in evaluation and management of balance and vestibular disorders starting July 1, 2016. The fellow will participate in all aspects of diagnostic evaluation and management of dizzy patients under the supervision of the Vestibular Division of otology/neurotology and otoneurology faculty. Additional training contact is provided with audiology, physiatry, physical therapy, radiology, and psychiatry services. Substantial opportunity exists for participation in research activities and for publication of abstracts and manuscripts.

Completed residency training in otolaryngology, neurology, or physiatry is preferred.

Please send CV and letters of interest to:

Steven D. Rauch, M.D.
Department of Otolaryngology
Massachusetts Eye and Ear
Harvard Medical School
243 Charles Street, Boston, MA 02114
Steven_Rauch@meei.harvard.edu

The Massachusetts Eye and Ear and Harvard Medical School are Equal Opportunity/Affirmative Action Employers. Women and minorities are encouraged to apply.

SILVERSTEIN Si INSTITUTE

July 1, 2016-June 30, 2017
One-Year Clinical Fellowship
Otology-Neurotology
Ear Research Foundation
Silverstein Institute
Sarasota, Florida

Featuring extensive hands-on surgery experience, patient care & research, this fellowship provides an excellent opportunity for an American Board-eligible or certified Otolaryngologist to obtain an additional year of training. Fellows gain extensive experience with chronic ear cases/surgeries, Otosclerosis & stapes surgery, minimally invasive and in-office ear surgery, BAHA's, cochlear implants & other implantable hearing devices, Meniere's Disease, acoustic neuromas, and dizziness & balance disorders. The Silverstein Institute houses a large Temporal Bone Lab with cadaver specimens and a Medical Library. Fellows take part in multiple ongoing research projects.

The Silverstein Institute is located on Florida's gulf coast just south of Tampa. Sarasota is known for its pristine white sand beaches, as well as many environmental, arts and cultural amenities. More area info at: visitsarasota.org

Send CV to: Herbert Silverstein, MD, c/o Ear Research Foundation, 1901 Floyd Street, Sarasota, FL 34239
Call or email Jennifer Moss 941-365-0367 or jmoss@earsinus.com for more info. www.earsinus.com

Washington University in St. Louis
SCHOOL OF MEDICINE

Full Time Academic Faculty Position Available

PEDIATRIC OTOLARYNGOLOGIST

The Department of Otolaryngology-Head and Neck Surgery is seeking a fellowship trained pediatric otolaryngologist. Applicants must be board certified in Otolaryngology. The Division of Pediatric Otolaryngology provides otolaryngology services at St. Louis Children's Hospital and our new ambulatory Children's Specialty Care Center just 10 miles west of St. Louis Children's Hospital opening June 1, 2015. Clinical responsibilities will include inpatient and outpatient responsibilities within the Department of Otolaryngology at St. Louis Children's Hospital. Clinical program highlights include the Cochlear Implant Program which is one of the two largest in the country. U.S. News and World Report named St. Louis Children's Hospital to its Honor Roll of America's Best Children's Hospitals and recognized by U.S. News for seven consecutive years. Applicants are invited to send their curriculum vitae to: Keiko Hirose, M.D., Chief of Pediatric Otolaryngology, Washington University School of Medicine, 660 S. Euclid, Box 8115, St. Louis, MO 63110, Phone: 314-454-4033, Fax: 314-454-2174, hirosek@ent.wustl.edu.

Washington University is an affirmative action and equal opportunity employer.

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

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

LOYOLA MEDICINE

We also treat the human spirit.®

Otolaryngology Physicians - Academic Practice Opportunity near Chicago

The Department of Otolaryngology at Loyola University Health System and Loyola University Chicago Stritch School of Medicine is currently inviting applications for the following positions:

- General Otolaryngologists (2 positions)
- Pediatric Otolaryngologist – Fellowship Trained

The ideal candidate will have an interest in academic otolaryngology, a commitment to resident education and clinical research, and a desire to build a busy academic practice. The ideal candidate will enjoy working near one of the finest cities in the United States for a large group with a strong reputation for clinical care and research.

The Department of Otolaryngology – Head & Neck Surgery at Loyola University Health System is among the top Ear, Nose and Throat (ENT) programs in Illinois and in the country. Currently rated 35th in the nation according to U.S. News & World Report, this Department is consistently identifying ways to improve its clinical, training, and research programs.

Candidates should be board-certified or board-eligible by the American Board of Otolaryngology and must be licensed or eligible to practice in Illinois. Interested candidates should address a cover letter and CV to Dr. Sam Marzo, Chair of Otolaryngology, and email to Michelle Pencyla, Director, Physician Recruitment, at mpencyla@lumc.edu.

Based in the western suburbs of Chicago, Loyola University Health System is a quaternary care system with a 61 acre main medical center campus and 22 primary and specialty care facilities in Cook, Will and DuPage counties. The medical center campus is conveniently located in Maywood, 13 miles west of the Chicago Loop and 8 miles east of Oak Brook, Ill. The heart of the medical center campus, Loyola University Hospital, is a 570 licensed bed facility currently undergoing a significant expansion project. It houses a Level 1 Trauma Center, a Burn Center and the Ronald McDonald® Children's Hospital of Loyola University Medical Center. The Children's Hospital consists of 125 pediatric beds, including 36 general beds, 14 intensive care beds, 50 neonatal intensive care beds and 25 newborn bassinets.

Also on campus are the Cardinal Bernardin Cancer Center, Loyola Outpatient Center, Center for Heart & Vascular Medicine and Loyola Oral Health Center as well as the LUC Stritch School of Medicine, the LUC Niehoff School of Nursing and the Loyola Center for Health & Fitness.

For decades, Loyola University Medical Center has had a close partnership with the Edward Hines, Jr. VA Medical Center. Loyola's campus in Maywood, IL lies immediately east of Hines' campus. Most faculty members of Loyola's Stritch School of Medicine have joint appointments at Hines, and Loyola students and resident physicians rotate through Hines as part of their training. Researchers from Loyola and Hines have collaborated closely on many federally funded studies.

Sam Marzo, MD
Professor and Chair, Otolaryngology
Loyola University Medical Center
2160 S. First Avenue
Maywood, IL 60153

Loyola is an equal opportunity and affirmative action employer/educator with a strong commitment to diversifying its faculty.

Are you more interested in building a legacy than just finding a job?

The Department of Otolaryngology at West Virginia University is seeking a **pediatric otolaryngologist** to join a thriving academic practice. Applicants must be board certified/eligible by the American Board of Otolaryngology. Responsibilities include teaching of residents and medical students, patient care and clinical/basic research.

You'll join a highly skilled team making an extraordinary difference in the lives of patients across our entire state. Ours is a collaborative atmosphere that encourages you to grow and evolve as you practice advanced medicine in a highly satisfying academic setting.

The department currently has thirteen physician faculty members and fourteen 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.

Build your legacy as you serve, teach, learn and make a difference from day one. To learn more, visit **http://medicine.hsc.wvu.edu/otolaryngology/Home** or submit your CV directly to Laura Blake, Director of Physician Recruitment, at **blakel@wvuhealthcare.com**.

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.

HARVARD MEDICAL SCHOOL | Massachusetts Eye and Ear | MASSACHUSETTS GENERAL HOSPITAL

Director, Multidisciplinary Tinnitus Center
Massachusetts Eye and Ear/Harvard Medical School

The Department of Otolaryngology at Massachusetts Eye and Ear/Harvard Medical School seeks a Director for the Multidisciplinary Clinical Tinnitus Center. This position is open to candidates with demonstrated interest and excellence in clinical research and/or clinical care of tinnitus patients. The Director will oversee development and implementation of clinical best practices for evaluation and management of patients with serious tinnitus and will work in close collaboration with the Lauer Tinnitus Research Center at Mass. Eye and Ear. Interested candidates with a background in the field of otolaryngology, neurology, audiology, physiatry, psychiatry, or clinical psychology are encouraged to apply. An academic appointment at the rank of Assistant or Associate Professor at Harvard Medical School is anticipated.

Please send CV and letters of interest to:

Steven D. Rauch, M.D.
Search Committee Chair
Professor, Otology and Laryngology
Harvard Medical School
Massachusetts Eye and Ear
243 Charles Street, Boston, MA 02114
Steven_Rauch@meei.harvard.edu

The Massachusetts Eye and Ear and Harvard Medical School are Equal Opportunity/Affirmative Action Employers.
Women and minorities are encouraged to apply.

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

The Ear, Nose, Throat & Plastic Surgery Associates

- **Head and Neck Surgeon**
- **Pediatric Otolaryngologist**
- **General Otolaryngologist**

The largest otolaryngology group in Central Florida, which offers a full array of subspecialty care including emphasis in general otolaryngology, pediatric and head and neck surgery, is seeking several partners. We offer the best of private practice with opportunities for academic pursuits. Integrity, quality and camaraderie are our core values.

We offer an excellent salary, benefits, partnership and the opportunity to teach residents and medical students.

Orlando is a world destination offering a variety of large city amenities and is a short drive to both the East and West Coasts of sunny Florida.

For more information, visit us online at **www.entorlando.com**.

Interested candidates should send CV to or may contact:

Debbie Byron, Practice Administrator
Phone: 407-342-2033
E-Mail: dbyron@entorlando.com

The Ohio State University Department of Otolaryngology – Head and Neck Surgery

The Ohio State University Department of Otolaryngology is accepting applications for the following faculty position:

General Otolaryngologists to work in Community Practices

Applicants must demonstrate excellence in patient care, research, teaching, and clinical leadership. This is an outstanding opportunity to join one of the top ranked programs in the country. Located in the heart of Ohio, Columbus offers a population of over 1.5 million people and excellent cultural, sporting, and family activities.

Send letter of interest and CV to:

Ted Teknos, MD
Professor and Chair
The Ohio State University
Department of Otolaryngology
915 Olentangy River Rd. Suite 4000
Columbus, Ohio 43212
E-mail: mark.inman@osumc.edu
Department Administrator
Or fax to: 614-293-7292
Phone: 614-293-3470

THE OHIO STATE UNIVERSITY
WEXNER MEDICAL CENTER

The Ohio State University is an Equal Opportunity Affirmative Action Employer. Women, minorities, Vietnam-era veterans, and individuals with disabilities are encouraged to apply.

Join Our Practice, Join Our Family.

We at ENT and Allergy Associates recognize the challenges you face deciding what's right for you and your family now that you are transitioning from the study of medicine...into the practice of medicine. Here's what we offer:

- **A starting salary of $300,000**
- **A well-traveled road to partnership without buy-ins and buy-outs**
- **A governance structure that gives you a voice from Day 1, and colleagues who understand there is more to life than just practicing medicine**
- **40 state-of-the-art offices outfitted with cutting-edge technology and equipment**

ENT AND ALLERGY ASSOCIATES, LLP
ENTANDALLERGY.COM

If these types of benefits make sense, we are eager to hear from you. Please reach out, with any comments or questions, directly to:

Robert P. Green, MD, FACS
President, ENT and Allergy Associates
rgreen@entandallergy.com

Robert A. Glazer
CEO, ENT and Allergy Associates
914-490-8880 ▪ rglazer@entandallergy.com

Stanford University School of Medicine
Department of Otolaryngology-Head and Neck Surgery
Asst., Assoc., or full Professor in Otology/Neurotology Division

The Division of Otology/Neurotology in the Department of Otolaryngology-Head and Neck Surgery at Stanford University seeks a board certified, or board eligible, otolaryngologist with subspecialty experience in otology/neurotology to join the division as **Assistant Professor**, **Associate Professor**, **or Professor in either the Medical Center Line or the University Tenure Line**. Faculty rank and line will be determined by the qualifications and experience of the successful candidate.

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

The successful applicant should be eligible for and maintain a medical license in California, and be eligible for and maintain certification from the American Board of Otolaryngology. We expect the successful candidate to develop a clinical practice within the Stanford Ear Institute, a new state-of the art facility with comprehensive diagnostic testing, hearing devices, cochlear implantation, and a multidisciplinary balance center. In conjunction with seven faculty otologists, a community of over seventy hearing scientists, and the shared resources of Stanford University, the position offers extensive basic science and clinical research opportunities in otology/ neurotology, as well as in device-oriented technology.

Applications will be reviewed beginning September 15, 2015, and accepted until position is filled.

Stanford University is an equal opportunity employer and is committed to increasing the diversity of its faculty. It welcomes nominations of and applications from women, members of minority groups, protected veterans and individuals with disabilities, as well as from others who would bring additional dimensions to the university's research, teaching and clinical missions.

STANFORD * HEAD*AND* NECK * SURGERY
OTOLARYNGOLOGY*

Please submit CV, a brief letter, and the names of three references to:

Lori Abrahamsohn
Faculty Affairs Administrator
Department of Otolaryngology-Head and Neck Surgery

via email at
labrahamsohn@ohns.stanford.edu

via fax at 650-725-8502

or via US mail at
801 Welch Road, 2nd Floor
Stanford, CA 94305

650-724-1745

Join the Premier Medical family!

A well-established ENT practice is seeking a BC/BE Otolaryngologist to join us

- Starting salary of $240,000
- Surgery Center and Real Estate Ownership
- On-call schedule: Once every 6 week days and once every 12 weekends

Visit us online at **pmg.md**.

Celebrating 100 YEARS 1915 • 2015
PREMIER MEDICAL
EYE • EAR • NOSE • THROAT

Interested individuals should send CV to or may contact:
Jimmy Hartman
3701 Dauphin Street
Mobile, AL 36608

251-341-3406 • jhartman@pmg.md

DAUPHIN WEST SURGERY CENTER

EMORY UNIVERSITY SCHOOL OF MEDICINE

The Division of Head and Neck surgery in the Department of Otolaryngology - Head & Neck Surgery at Emory University School of Medicine, Atlanta, GA seeks to add a fellowship-trained Head and Neck ablative and microvascular reconstructive surgeon at the rank of Assistant or Associate Professor. Duties will include resident and fellow teaching and a clinical practice primarily involving mucosal tumors of the upper aerodigestive tract and microvascular reconstruction.

Our current practice features four full-time, fellowship-trained Head and Neck Surgeons and a new, state-of-the-art Head and Neck Clinic on the campus of Emory University Hospital Midtown. Multidisciplinary care in conjunction with Winship Cancer Center includes exceptional Medical and Radiation Oncology as well as the full complement of ancillary services. Applicants must be Board Certified or Board Eligible.

Compensation will be commensurate with experience.

Interested applicants should forward letters of inquiry and curriculum vitae to:

Mark W. El-Deiry, MD, FACS
Associate Professor and Chief of Head and Neck Surgery
Department of Otolaryngology - Head & Neck Surgery
550 Peachtree Street, Medical Office Tower, Suite 1135
Atlanta, Georgia 30308
Fax: 404-778-2109 • Email: meldeir@emory.edu

An Equal Opportunity / Affirmative Action Employer.
Qualified minority and female applicants are encouraged to apply.
EOP # 34944BG

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

Head and Neck Fellowship

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

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

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

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

Full Time Academic Faculty Positions

The Yale School of Medicine Section of Otolaryngology in the Department of Surgery in New Haven, Connecticut is seeking full time faculty physicians. Our section is dedicated to providing the highest quality medical care; educating students, residents, fellows and physicians in the field of Otolaryngology-Head & Neck Surgery and related disciplines; and performing cutting-edge research. Our future goals include expansion of our clinical programs and building on the strengths of the Yale School of Medicine otolaryngology programs, as well as furthering the section's translational programs in head and neck cancer.

Otologist/Neurotologist	**Comprehensive Otolaryngologist**	**Rhinologist**	**Pediatric Otolaryngologist**
Candidate must be board certified or board eligible in neurology. Responsibilities include participation in an active otologic practice.	Candidate must be board certified or board eligible. Responsibilities include participation in an active otolaryngology practice.	Candidate must be trained in rhinology. Responsibilities include participation in an active rhinology practice and participation in an allergy program.	Candidate must be fellowship-trained in pediatric otolaryngology. Responsibilities include participation in a growing pediatric otolaryngology practice.

In addition to clinical duties, responsibilities for these positions include the teaching of surgical residents and medical students in an institution committed to educational excellence. Rank and salary will be commensurate with level of experience.

Yale University is an Affirmative Action Equal Opportunity Employer.

Interested candidates should submit CVs to:

Yale University School of Medicine

Romy Hussain
Operations and Program Manager
Department of Surgery - Section of Otolaryngology
Yale School of Medicine
800 Howard Avenue, 4th Floor, Room 422 • New Haven, CT 06519 • romy.hussain@yale.edu

OTOLARYNGOLOGY

DARTMOUTH-HITCHCOCK MANCHESTER, NH *(CLOSE TO BOSTON)*

Dartmouth-Hitchcock

The Dartmouth-Hitchcock Manchester Department of Otolaryngology is seeking a BC/BE ENT to join its collaborative and collegial team of three physicians, one PA and three audiologists. This is a new position due to the rapid expansion of our practice. Our premier group delivers a broad range of ENT, allergy and surgical services.

Opportunity Highlights:

- Dartmouth-Hitchcock has a substantial, well established and growing primary care patient base and you will be busy immediately.
- Your patients will have easy access to DH tertiary medical care when appropriate.
- You will experience a physician friendly work environment, flexible schedules and exceptional clinical and administrative support allowing you to make the most of your time professionally while providing for a balanced lifestyle.
- Excellent compensation and benefits package with relocation

Consistently in the top 5 most livable states (CQ Press), New Hampshire has no state income or sales tax and a cost of living that is among the lowest in New England. Our practice locations are less than an hour from Boston, the sea shore, lakes and mountain regions. Four-season living with year round recreation, a myriad of cultural events and venues and highly-ranked schools offer something for everyone.

The ideal candidate will have excellent communication skills and enjoy working in a busy, highly collaborative environment.

To apply- please send CV with letter of interest to:

Frances.Lannan@hitchcock.org

www.DHProviders.org

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

EMORY UNIVERSITY SCHOOL OF MEDICINE

The Division of Rhinology, Sinus, and Skull Base surgery in the Department of Otolaryngology - Head & Neck Surgery at Emory University School of Medicine, Atlanta, GA seeks to add a fellowship-trained Rhinologist at the rank of Assistant or Associate Professor. Duties will include resident and fellow teaching, academic productivity, and a tertiary care clinical Rhinology practice involving primary and revision inflammatory sinus disease and endoscopic skull base surgery with a very busy endoscopic transsphenoidal skull base surgery practice.

Our current practice features two full-time Rhinologists at our state-of-the-art Rhinology and Allergy clinic on the campus of Emory University Hospital Midtown. This position involves stepping into a recently vacated faculty position that will be immediately busy. Applicants must be Board Certified or Board Eligible.

Compensation will be commensurate with experience.

Interested applicants should forward letters of inquiry and curriculum vitae to:

John M. DelGaudio, MD
Vice Chair and Gerald S. Gussack, MD Endowed Professor
of Otolaryngology- Head and Neck Surgery
Chief of Rhinology and Sinus Surgery
Director- Emory Sinus, Nasal and Allergy Center
Department of Otolaryngology - Head & Neck Surgery
550 Peachtree Street, Medical Office Tower, Suite 1135
Atlanta, Georgia 30308
Fax: 404-778-2109 • Email: jdelgau@emory.edu

An Equal Opportunity / Affirmative Action Employer.
Qualified minority and female applicants are encouraged to apply.
EOP # 34944BG

Chief, Otolaryngology

OPPORTUNITY IN SOUTH FLORIDA

Memorial Healthcare System is seeking a Chief 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.

Successful candidates will meet the following criteria:

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

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 are covered under sovereign immunity.

ABOUT MEMORIAL HEALTHCARE SYSTEM

Memorial Healthcare System is the third-largest public healthcare system in the country. It is a national leader in quality care and patient satisfaction and has been ranked on *Modern Healthcare* magazine's list of Best Places to Work in Healthcare. Memorial Healthcare System's facilities include Memorial Regional Hospital, Memorial Regional Hospital South, Joe DiMaggio Children's Hospital, Memorial Hospital West, Memorial Hospital Miramar, Memorial Hospital Pembroke and Memorial Manor nursing home. Our facilities are located throughout South Florida, a region known for its high quality of life. In addition, Florida has no state income tax. For more information, visit mhs.net.

LIVE. WORK. PLAY.
IN SOUTH FLORIDA

Memorial Healthcare System

memorialphysician.com

Ear, Nose Throat Associates of New York, P.C.
Hear Better, Breathe Better, Feel Better
www.nyents.com

Unique

Distinguished Practice for BE/BC Otolaryngologists

Advanced

State-of-the-Art Facilities Offering Allergy and Immunology, Audiology, Speech Pathology, and On-Site CT Imaging

Partnership

Superior Compensation with No Buy-In or Buy-Out

BE PART OF NEW YORK'S PREMIER ENT PRACTICE

One of the largest and most established private practices in the northeast specializing in all facets of General Otolaryngology, Facial Cosmetic Surgery, Laryngology, and Otology.

A combined workforce of over 200 individuals committed to delivering high-quality medical care in a patient-friendly environment.

Offices conveniently located in Queens, the Bronx, Brooklyn, and Long Island.

For more information contact Carlos Lopez at 516.220.6448 or nyents@optonline.net

****On-site interviews will be available at the AAO-HNSF Annual Meeting & OTO EXPO℠ in Dallas****

WE ARE UNRELENTING IN OUR DEFENSE OF GOOD MEDICINE

We stand with doctors. When shady litigants challenge the good name of one of our members, we are fierce and uncompromising. Our powerful attorneys have well-earned reputations for unyielding defense and aggressive counter-action. Our relentless defense of the practice of good medicine is just one of the reasons we are the nation's largest physician-owned medical malpractice insurer, with 77,000 members.

Join your colleagues—become a member of The Doctors Company.

CALL 888.536.5346 OR VISIT WWW.THEDOCTORS.COM

RELENTLESS DEFENSE

THE DOCTORS COMPANY

AAO-HNS academy advantage PREMIER PARTNER