

bulletin

entnet.org

The official Member magazine of the **American Academy of Otolaryngology—Head and Neck Surgery**

JUNE 2016

Crossing the payment bridge

Long-awaited post-SGR payment is here

18

Opening Ceremony keynote:

Mae Jemison, MD, former astronaut, engineer, physician, and educator

15

Practice profile:

Polaris Medical Group-ENT

16

American College of Surgeons on **responsible surgery**

28

FOR PATIENTS
What is laryngopharyngeal reflux (LPR)?

27

NoseComfort®

Post-Nasal Surgery and Eyeglass Support® Appliance

The Choice in Nose Care®

Endorsed by Dr. Paul S. Nassif, Fellow, American Academy of Facial Plastic and Reconstructive Surgery

NoseComfort is a lightweight appliance you wear like a small headband. It utilizes a patented hook-support design allowing you to wear your prescription eyeglasses, reading glasses, sunglasses, or other optical wear while ensuring your eyeglasses don't touch your nose. A hypo allergenic pad with an adjustable headband fits comfortably around your head and can be worn with a hat or other head covering without affecting the ability of NoseComfort to support your eyeglasses in the proper position.



No longer will you need to tape eyeglasses to the forehead of your patients following surgery.

NoseComfort is the ideal solution for patients who must wear their eyeglasses following a Rhinoplasty, Septoplasty, or other nasal surgeries.

- Patented design securely holds eyeglasses from coming into contact with the nose while keeping eyeglasses in a proper position.
- Weighing less than half an ounce, NoseComfort can be worn comfortably for prolonged periods of time.
- The adjustable headband allows NoseComfort to be worn with most hairstyles without any difficulty.
- NoseComfort can fit any head size with the adjustable elastic headband.
- A Hypo-allergenic foam pad rests against your patients forehead, ensuring a comfortable fit.



SPALDING DRIVE MEDICAL SUPPLY, LLC
THE CHOICE IN NOSE CARE®



USPTO Patent #8,152,298
Veteran Owned Business

Please visit NoseComfort.com for more information.

A single NoseComfort® can be purchased for \$24.95 which includes shipping and handling. Medical professionals can also purchase in bulk, a carton of ten (10) NoseComforts® for \$149.95 including shipping and handling. Please contact us at info@nosecomfort.com for bulk pricing of 100 NoseComforts in case quantity. This pricing makes it cost-effective for you to include NoseComfort in your Post-Rhinoplasty Recovery Kits, or to resell at a competitive price.

bulletin

JUNE 2016

Volume 35, No. 5

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. Denny 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

©2016 American Academy of Otolaryngology—Head and Neck Surgery

BULLETIN ADVERTISING

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

ADVERTISER INDEX

AAO-HNS Academy Advantage	26
AAO-HNSF AcademyU®	21
AAO-HNSF Annual Meeting	8
AAO-HNSF Home Study Course	30
American Rhinologic Society	2
BayCare Health System	24
Doc's Proplugs	4
The Doctor's Company	Back Cover
Invotec	25

Spalding Drive
Medical Supply LLC Inside Front Cover

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



Crossing the payment bridge

Long-awaited post-SGR payment is here.

18

SEE ALSO

Categories for reporting	19	Payment reform updates on website	22
Meaningful Use hardship exception application	20	Bridging the gap	22
Academy develops ICD-10 FAQs	20	MIPS/APM acronym guide	23
Academy updates CPT for ENT articles	20	CMS provides ICD-10 resources	25



Practice
profile

16



Responsible
surgery

28

Patient
information

27



➔ READ MORE ONLINE

Longer articles available:
Think like a hiring manager

11

departments

The leading edge

A new year,
academically speaking **3**
by Sujana S. Chandrasekhar, MD

New payment models **5**
by James C. Denny III, MD

At the forefront

RegentSM Update: Quality reporting for 2016 ■ RegentSM pilot sites ■ Finding joy in what we do ■ Proposed fiscal year 2017 combined budget ■ How to write a business plan ■ Think like a hiring manager ■ Board of Governors candidates for office 2016 ■ My mini-MBA ■ 2016 Presidential Citations ■ Opening Ceremony keynote speaker Mae Jemison, MD, will launch Annual Meeting **6**



Become a Member

Membership in the ARS places you in a highly respected professional organization that has a significant and far-reaching impact on the subspecialty of rhinology.

Online registration and membership forms available at:
http://www.american-rhinologic.org/membership_application

JOIN US

● 5th Annual **ARS Summer Sinus Symposium** July 14-16, 2016 | Westin Michigan Avenue Hotel, Chicago, IL

Meeting Registration is **FREE** with paid ARS membership!

MEETING HIGHLIGHTS:

Keynote Speaker: David Kennedy, MD - *Frontal Sinus Surgery Today - What's Changed and What's the Same?*

- Pearls and Pitfalls: Safe and Successful Sinus Surgery
- Cases: Medical or Surgical Management
- Frontal Sinus: Tips, Tricks, and Tools
- Doc, I Still Got Sinus
- Uh Oh! What Do I Do Now? Managing Complications

- Preoperative Steps to Facilitate Sinonasal Surgery
- Postoperative Steps to Improve Surgical Outcomes
- Medical Malpractice: Steps to Avoid Being Sued
- Coding Update 2016: ICD-10, E&M and CPT
- Extending FESS Technique Beyond the Usual Bounds
- Innovations for Your Rhinology Practice

- Topical Therapies in Recalcitrant CRS
- Rhinoplasty for the Rhinologic Surgeon
- Immunotherapy Update 2016
- Allergy Testing and Safety Monitoring
- Medical Advances in the Management of AR/CRS/Asthma
- CF, Immunodeficiency & AERD: What You Need to Know & How to Treat

- Surgery in Pediatric Rhinosinusitis: Who, What, Where, When and How?
- Sinus Headaches: Medical or Surgical Management
- Debate: GERD Causes CRS
- Expanding Your Armamentarium: In-office Procedures
- Cadaver Dissection
- Meet the Professors - All Past Presidents at the Conference
- Women in Rhinology Luncheon

ANCILLARY NON-CME & Social Events - The following instructional ancillary events will take place during the ARS 5th Annual Summer Sinus Symposium. Food and beverage will be provided for all symposia. Please note that these events are non-CME and are neither sponsored, nor endorsed by, the ARS.

THURSDAY, JULY 14, 2016

2:00 pm - 4:00 pm (Session 1), 5:00 pm - 7:00 pm (Session 2): **Hands-on Cadaver Workshop**

"Advances in Frontal Sinus Surgery": Lecture, Demo Dissection, & Hands-on Cadaver Lab
Guest Faculty: Roy Casiano, MD; Amber Luong, MD; Jeremiah Alt MD
Sponsored by Medtronic

2:30 pm - 4:30 pm (Session 1), 5:00 pm - 7:00 pm (Session 2): **Hands-on Cadaver Workshop**

"Advanced Sinus techniques utilizing innovative technologies; Balloons, Navigation, Multi-debrider and RF energy...a cadaveric, hands-on opportunity to explore."
Sponsored by Acclarent, Part of the Johnson & Johnson Family of Companies/Olympus America, Inc

7:30 pm - 9:00 pm: **Evening Symposium & Reception**
"Office Based Sinus Procedures Utilizing Image Guidance"
Sponsored by Medtronic

FRIDAY, JULY 15, 2016

7:30 am - 8:20 am: **Breakfast Symposium**
"Breakthrough Evidence in Frontal Sinus Surgery"

Guest Faculty: Amber Luong, MD; Ameet Singh, MD; Pablo Stolovitzky, MD; Troy Woodard, MD
Sponsored by Intersect ENT

12:30pm - 1:30pm: **Lunch Symposium**
"Biologic Tissue Grafts in Modern Rhinology"
Guest Faculty: James Palmer MD; Bradford Woodworth MD; Jeff Suh MD; Michael Hiles MD
Sponsored by Cook Medical

5:00 pm - 6:00 pm: **Evening Symposium & Reception**
"A New Treatment Paradigm in Endoscopic Surgery"
Sponsored by Acclarent, Part of the Johnson & Johnson Family of Companies

SATURDAY, JULY 16, 2016

7:30 am - 8:20 am: **Breakfast Symposium**
"Innovations in Sinus Surgery"
Sponsored by Olympus America, Inc.

10:00 am - 10:30 am: **Mid-morning Symposium**
"Topics in Practice: Considerations in Management of Allergic Rhinitis for Appropriate Patients"
Guest Faculty: Neil Lofchy, MD
Sponsored by Merck & Co., Inc.

12:30 pm - 1:30 pm: **Lunch Symposium**
"The Office in 2020: How Innovations in Technology, Shifting Economics and Patient Activism are Reshaping ENT Practice"
Sponsored by Entellus Medical

Details at <http://www.american-rhinologic.org/ss>

Contact Wendi Perez, Executive Administrator, ARS, PO Box 495, Warwick, NY 10990
Tel: 845-988-1631 | Fax: 845-986-1527 | wendi@amrhso.com

Accreditation Statement: The American Rhinologic Society (ARS) is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians. **Credit Designation Statement:** ARS designates this live activity for a maximum of **15.25 AMA PRA Category 1 Credits™**. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

www.american-rhinologic.org

A new year, academically speaking

June marks the end of another academic year and the completion of various aspects of training—medical school, residency, and fellowship. About 20.4 percent of Academy Members are in full-time academic practice, and another, more fluid group of practitioners are either in part-time or voluntary academic otolaryngology. Nearly 15 percent of our Members are residents or fellows-in-training. As such, many of us will be attending end-of-year and graduation parties and ceremonies as another batch of chief residents and fellows goes out into the world and other residents advance to the next year of training.

The residency experience is like no other. You become intimately involved with people you didn't choose, but who become your family for several years and, indeed, your lifetime. You get to know each other's partners, children, taste in music. You learn how to negotiate: "I'll cover your call this weekend if you'll take my next weekend," for example. You learn how to learn and teach on the run. The senior resident figures out how to guide the junior resident for part of the case, while the attending supervises both. Residents pair up to make presentations and posters better, and get to travel to nice locations to present them, such as San Diego for this year's Annual Meeting. One resident starts a really good research project, and breathes longevity into it by engaging the next one and so on, so that that residency program becomes really outstanding at that topic. Another resident applies for a Leadership Forum & Board of Governors Spring Meeting travel grant, comes home enthused, and the next year three residents from that program attend. And they all see that they can make a difference.

If you are involved in any teaching, June provides a time to reflect on how you've done over the year. I have the great fortune to interact with residents from four of the five New York City programs on a regular basis. I see residents start with one level of knowledge and understanding, and end having leapt forward to an advanced status. It is said that a teacher is one who makes her- or himself progressively unnecessary; I agree with this wholeheartedly.

I have been thinking about the joy of watching a student advance, and the pride in having had even just a little to do with it. A young medical student came to me when I was full-time faculty at Rutgers New Jersey Medical School, interested in otolaryngology. He was smart and hardworking and self-motivated, and fantastic both clinically on his rotations and in my lab. By the time he was ready to apply to residency, I had moved across the river and was teaching in New York City. I was so happy that he matched from the medical school where I had previously taught into the residency program where I was currently teaching. He excelled in his residency and went to Florida to do a prestigious fellowship. He came back to NJMS and in six short years had become full professor and vice chair of the department! And then, as the rapper Big Sean says, "It's evolution, man. Eventually the student becomes the teacher."

Jean Anderson Eloy, MD, that young man I had mentored so many years before, became my mentor in thinking and writing about, of all things, gender issues in otolaryngology. There is something overwhelmingly gratifying about reflecting on the students and residents I have trained, where they started, and how they have succeeded.

When the Academy says it's your partner from residency to retirement, it means it. Just as your co-residents and co-fellows are your buddies for life, and your professors are always there to offer advice and introductions, every Academy initiative is designed for otolaryngologists in all stages of their careers.

This issue of the *Bulletin* details many of the Health Policy programs at the Academy. As you read the particulars, you will see how you benefit from the work that is being done, no matter your type or location of practice. How can you help? Please participate in Academy surveys when you get them; please fill out the RUC surveys so that our Health Policy team can ensure that we are reimbursed properly for services that we render. As you transition from year to year in residency or practice, engage your juniors to do the same.

Have a great new year! ■



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

“If you are involved in any teaching, June provides a time to reflect on how you've done over the year.”



proplugs.com

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



800.521.2982

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



pink, non-vented*

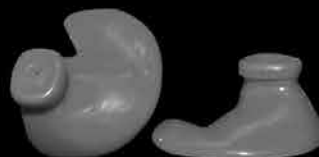


blue, non-vented*

* don't use for scuba-diving



clear, vented –(safe for scuba)



red, vented –(safe for scuba)

International Aquatic Trades, Inc. ~ 719 Swift Street, Suite 56 ~ Santa Cruz, CA 95060
phone: 831.425.5920, ext. 119 ~ fax: 831 425-0178 ~ toll free: 800-521-2982
www.proplugs.com ~ info@proplugs.com

New payment models

This month's *Bulletin* highlights many facets of the activities of our Health Policy team and the rapidly escalating demands that they face in the shifting healthcare environment. The death of the SGR and subsequent onboarding of the healthcare community into the replacement Merit-based Incentive Payment System (MIPS) and Alternative Payment Model (APM)-structured system has exposed the uncertainty involved in the implementation of this radically different payment model. In fact, it has taken more than one year since the passage of the Medicare Access & CHIP Reauthorization Act of 2015 (MACRA) for the Centers for Medicare & Medicaid Services (CMS) to publish the initial set of rules guiding this implementation. During the process of formulating the rules, CMS regularly requested input from affected stakeholders. Your Academy Health Policy staff submitted thoughtfully prepared responses to CMS on your behalf highlighting the necessity of the ability for the majority of otolaryngologists to meaningfully participate in both the MIPS and APM arms of the new quality-based paradigm. A recent meeting with Patrick Conway, MD, Deputy Administrator for Innovation and Quality & CMS Chief Medical Officer, was helpful in our understanding of the upcoming process that will be used by CMS.

A number of groups are exploring APM options for surgeons and specialists. The American College of Surgeons is leading a project with Brandeis University with input from surgical specialty societies to identify opportunities for surgeons to participate in APMs. After discussions with several Congressional committees, it is clear that most practitioners will not be able to participate in APMs in 2018.

The trend to regulate activities in physicians' offices continues as the United States Pharmacopeia (USP) is recommending changes to the process used to prepare immunotherapy vials that would markedly change requirements for office preparation and alter the way subcutaneous immunotherapy is delivered. We are working with the American Academy of Otolaryngic Allergy (AAOA) and the American Academy of Allergy, Asthma & Immunology (AAAAI) to mitigate these proposed changes. Additionally, concerns involving standards of sterilization and re-use of "single use" devices have surfaced and clarity is needed regarding their safe and ethical use and the way that the payment system handles such practices.

RegentSM pilot testing

The pilot phase of RegentSM, our Qualified Clinical Data Registry, is well under way and we are grateful to the academic and private practices who are participating in the original pilot process that will set the stage for the launch of the registry to our full membership. Significant progress has been made in working with physicians utilizing both Epic and Cerner EHR systems. Other EHR products have already proved to be compatible with the FIGmd data collection system. The pilot phase will be completed in time for the launch for the general membership around the Annual Meeting in September.

Over the next few months, we will be accepting applications and completing contracts for groups who wish to take advantage of being in the first 1,000 participants who will have the registration fee and first year participation fee waived. Many Members have already placed their names on the "founders list" and will be contacted first. We have no limitations as to the number that the registry can accommodate so if you have not signed up please contact us at regent@entnet.org, and we will send the pertinent information to you. I would like to furthermore thank all of the specialty societies that are participating with our Clinical Advisory Committees to ensure that we are prioritizing and measuring the most pertinent areas of practice initially. I would also like to thank the American Board of Otolaryngology for its willingness to work with the Foundation both related to RegentSM and other educational activities that will benefit the diplomates and members of each group.

'Concurrent and overlapping' surgery

The *Boston Globe* called into question the practice of "concurrent and overlapping" surgery in a series of articles. The American College of Surgeons convened a Task Force to address the issue, and, with input from specialty societies including the AAO-HNS, has produced a document (see page 28) that defines the applicable situations and outlines principles to ethically handle them and protect the public. We would appreciate your responding to the recently sent AAO-HNSF survey on this topic.

Leadership in 2017

Finally, I would like to recognize the outstanding young leaders being developed among our ranks. The Academy will actively cultivate and promote these young leaders through our emerging Leadership Development Program, which we hope to have in place by early 2017. ■



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

“Health Policy staff highlighted the necessity for the majority of otolaryngologists to meaningfully participate in MIPS and APM.”

REGENTSM UPDATE

Quality reporting for 2016

Now is the time to prepare for Physician Quality Reporting System (PQRS) reporting for calendar year 2016. There are many changes to requirements this year and the fines associated with failing to report are significant. Highlighted below are important considerations and information on reporting via RegentSM, a Qualified Clinical Data Registry (QCDR.)

For practitioners who still maintain paper charts, or who want to take advantage of the simplicity of reporting measures groups, RegentSM offers a solution. Make sure to read the July *Bulletin* for information on all of Regent's measures and measures groups that will be available to you in 2016. Also, make sure to visit www.entnet.org/Regent as we will be updating this page frequently with RegentSM PQRS reporting resources.

Using RegentSM for PQRS 2016

RegentSM does all of the



work for you if you are reporting as an individual or as a group, and depending on whether you choose to report individual measures or measures groups.

1. Know the penalties

PRACTICE TYPE	PQRS AND VALUE MODIFIER PENALTIES
Solo practitioners and practices with 2-9 providers	-2% PQRS and -2% Value Modifier = -4%
Practices with 10 or more providers	-2% PQRS and -4% Value Modifier = -6%

2. Decide how to report

You may report either as an individual or as a group. Individuals may report individual measures or measures groups, while practice groups may report individual performance measures only.

If you decide to report as a group, first, understand your practice size as there are different CMS requirements depending upon how many Eligible Professionals (EPs) are in your group. Next, make sure to register with CMS if you plan to report as a group. For more information on group reporting and to self-nominate with CMS before the June 30, 2016 deadline, visit <https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/PhysicianFeedbackProgram/Self-Nomination-Registration.html>.

■ **For practices of two to 99 EPs**
NEW! Practices of two to 99 EPs participating via the Group Practice Reporting Option (GPRO) may report quality measures via RegentSM for the 2016 reporting period, and Reporting Consumer Assessment of Healthcare Providers and Systems (CAHPS) for PQRS survey measures is **optional**.

■ For practices with 100 or more EPs

Groups with 100 or more EPs are also required to report the CAHPS for PQRS measures through a CMS-Certified Survey Vendor in addition to satisfactorily reporting PQRS measures via RegentSM. For more information on CAHPS for PQRS click here: <https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/PhysicianFeedbackProgram/Self-Nomination-Registration.html>.

■ For practices with 100 or more EPs

Groups with 100 or more EPs are also required to report the CAHPS for PQRS measures through a CMS-Certified Survey Vendor in addition to satisfactorily reporting PQRS measures via RegentSM. For more information on CAHPS for PQRS click here: <https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/PhysicianFeedbackProgram/Self-Nomination-Registration.html>.

[cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS/downloads/2016PQRS_CAHPS_MadeSimple.pdf](https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS/downloads/2016PQRS_CAHPS_MadeSimple.pdf).

3. Learn about Regent's measures and measures groups

Visit www.entnet.org/Regent and click on the measures link in the right-hand navigation to view all of the measures contained in Regent.

As noted above, RegentSM is also able to accommodate measures group reporting. The measures groups are listed here: www.entnet.org/content/quality-measures-groups.

Get started

Visit www.entnet.org/Regent and sign up to learn more. Then, make sure all the physicians in your practice are AAO-HNS Members and up-to-date on dues payment with the AAO-HNS even if they choose not to participate in RegentSM. Nurses, physician assistants, audiologists, speech pathologists, and non-physician providers do not have to become AAO-HNS Members to participate. Dues payment for 2017 starts in October 2016. All Member dues must be paid by January 15, 2017, for participation in RegentSM. Stay tuned to your AAO-HNSF emails and watch for our full launch date, which is anticipated to be late summer 2016. Visit www.entnet.org/Regent.

PQRS reporting needs already addressed?

PQRS reporting is just the first phase of RegentSM. RegentSM is the first Otolaryngology Clinical Data Registry and will be growing to include measures covering the depth and breadth of the specialty. In the future and as measures are added, Members will be able to engage with RegentSM data for research, quality improvement, and meeting Maintenance of Certification and licensure needs. If your practice or institution cares about defining quality in practice and documenting the value of the care you provide, then you need to become part of RegentSM, even if you don't need to report for PQRS. ■

RegentSM pilot sites

Advanced ENT & Allergy
Advanced ENT
Augusta ENT
Colorado ENT & Allergy
Dr. Steven Peskind, MD & Associates
Ear Nose & Throat Clinics of San Antonio
East Alabama Ear, Nose & Throat, P.C.
ENT and Allergy Associates
Hebert Medical Group
Oregon Health and Science University
Pinnacle Ear Nose & Throat Associates, LLC
Premier Medical Group
Select Physicians Alliance, PL
South Florida ENT
Southern New England ENT*
Texas Ear, Nose and Throat Specialists, P.A.
University of Alabama - Birmingham Hospital
University of Missouri Medical Center*
White Rock ENT

*Newly added

BOARD OF GOVERNORS

Finding joy in what we do

■ **Lawrence M. Simon, MD**, Vice-chair, BOG
Socioeconomic & Grassroots Committee

This month, the *Bulletin* addresses health policy and the budget—two subjects that always bring a smile to physicians' faces. No doubt, the ever-present consternation over coding, reimbursement, HIPAA, regulatory changes, and the myriad other obstacles that we face on a daily basis can sometimes make us wonder why we ever chose to do this for a living. Well, if you feel this way, you are not alone, as multiple articles on physician burnout now populate blogs, traditional media, and even medical journals.

In December 2015, the Mayo Clinic published an update to its 2011 study on physician burnout. The results are staggering: 54.4 percent of physicians report burnout; 44.5 percent report



work/life imbalance; 39 percent feel symptoms of depression; and 7.2 percent report suicidal ideation. Clearly, a lot of us are struggling. Many physicians attribute this struggle to the increasing regulatory burden, and there is truth to this. For while it is unclear if we are working longer hours than our predecessors, we are clearly spending fewer hours caring for patients and more hours dealing with administrative tasks that do not bring any satisfaction.

Unfortunately, these regulations are likely not going anywhere soon. Therefore, we must reflect on how we can still find joy both in our practices and in our lives in general. This can be surprisingly easy. First, we ought to remember how wonderfully joyful it is to be a physician. Our occupation provides an intellectually stimulating environment with opportunities for lifelong learning. Additionally, even with changes in reimbursement, we remain among the

highest paid professionals in the country. Lastly, almost everyone that we come across on a daily basis will be better off for having interacted with us. Think about that—almost everyone we see *every day* will be better *because they saw us!* How many other people can say that about their jobs?

After finding joy *in* our practices, it is then time to find joy *outside of our practices*. To accomplish this, we must each learn what is important to us, and then work to involve ourselves in such endeavors. We all need something outside of our practice to bring us additional fulfillment—to remind us that we are part of something bigger. It could be anything from coaching the soccer team, to playing golf, to volunteering in a soup kitchen. For me, these things have been volunteering for the Academy and helping my wife run our Animal Rescue Foundation. The point is for each of us to learn what makes us happy—what brings us joy—and *do it for ourselves*.

In conclusion, increasing regulatory burdens provoke frustrations that run deeply in all of us. However, they can also unify us, and while reading this issue of the *Bulletin*, I hope that we can all remember two things. First, our profession remains pretty great. Second, there is life to be lived outside of our medical practices. If we can remember these two things, regardless what comes our way, we will continue to find joy. ■

“

Almost everyone that we come across on a daily basis will be better off for having interacted with us. Think about that—almost everyone we see every day will be better because they saw us! How many other people can say that about their jobs?

Lawrence M. Simon, MD
Vice-chair, BOG Socioeconomic & Grassroots Committee

”

JOIN US IN SAN DIEGO, CALIFORNIA, FOR OUR
AAO-HNSF 2016 ANNUAL MEETING & OTO EXPOSM



REGISTRATION NOW OPEN

Earn CME credit, tap the minds of leaders, see and touch the latest devices, expand your network, become a stronger professional, and enjoy a fabulous destination – all at one event! It's significant Value 4U.

As healthcare providers and otolaryngologist—head and neck surgeons, you owe it to yourself and to your patients to participate in the otolaryngology event of the year.

Register now at www.entnet.org/annual_meeting

Proposed fiscal year 2017 combined budget

■ **Scott P. Stringer, MD,**

AAO-HNS/F Secretary-Treasurer

The Executive Committees (ECs) were presented with the Finance and Investment Subcommittee (FISC) proposed budget for the next fiscal year, July 1, 2016-June 30, 2017 (FY17), and endorsed it for approval by the BODs. During their April meeting, the BODs reviewed and conditionally approved the FY17 budget that is presented here for our membership.

Budgeting for FY17 represents the collaborative work of both the staff leadership and the Members of the FISC to develop a balanced combined AAO-HNS/F budget. The debt covenants of AAO-HNS/F require a balanced budget whereby total revenue is sufficient to meet all operating expenses plus the next year's debt service principal payment. The proposed FY17 budget is structured to meet these compliance requirements, the strategic plan goals of the AAO-HNS/F, and continue to provide member services in the most effective and efficient way possible.

In early spring, the FISC reviewed financial results for the first six months of the FY16 budget year showing that a favorable variance, as compared to budget, is projected for the year.

FY17 budget highlights

The FY17 balanced budget is proposed at \$19.15M and prioritizes the direction of the BODs. Development of RegentSM, the ENT clinical data registry, continues to be a strategic priority and significant area of budget resources. The BODs previously approved up to \$3M of reserves for RegentSM start-up costs of which \$2M was budgeted for use in FY16 and \$553K is budgeted for use in FY17.

Starting in FY17, dividend and interest income will be credited directly to reserves. This change supports the AAO-HNS/F strategic goal of ensuring long-term sustainability by focusing our investment

portfolio on long-term growth rather than generating cash flow for operations.

The decrease in the amount of reserves used for the registry, plus the change in accounting for dividend and interest income, accounts for the majority of the difference between the FY16 and FY17 revenue budgets. No change in membership dues is proposed. Annual Meeting revenue is budgeted to be consistent with the prior year budget and continue the change made in 2015 to provide Instruction Courses at no additional cost.

The expenses for the AAO-HNS/F are separated below into two areas.

Direct Operating Expenses include costs directly related to carrying out the priorities of the strategic plan and ongoing mission-related programs. Two areas with notable changes in resource use for FY17 are Meetings and Education. Costs to hold the 2016 Annual Meeting & OTO EXPOSM in San Diego will be significantly more than the costs of the prior year's Dallas meeting. City selection is made years in advance and, in addition to cost, takes a number of factors into consideration. Also, education printing and production costs are budgeted to decrease as the Home Study Course moves to include an online format option.

The direct costs of RegentSM are funded by reserves and budgeted to be significantly less than the prior year. With the registry project now underway, we are able to better estimate actual costs to be incurred on an annual basis. Research grants awarded by AAO-HNS/F remain approximately equal to the prior year budget. However, a \$130K grant previously funding data collection is not budgeted for FY17 as this need will be met through use of RegentSM.

Allocated Costs relate to staffing and benefits as well as the operating costs that are incurred for the good of the whole organization, such as occupancy and building-related expenses, and organizational-wide HR, Financial, and IT costs. In total, these costs are budgeted to be less

than the prior year, due to elimination of certain staff positions and operational efficiencies incorporated over the past several years.

The complete budget is available to any Academy Member who requests it in writing. Email requests to Carrie Hanlon, CPA, Senior Director, Financial Operations to chanlon@entnet.org. ■

AAO-HNS/F Combined Budgets

	Approved Budget FY16	Proposed Budget FY17
Revenue		
Membership Dues	\$6,855,000	\$6,850,000
Meetings	6,901,000	6,960,000
Products & Program Sales	1,717,000	1,693,000
Royalties	1,618,100	1,560,000
Corporate & Individual Support	712,500	825,000
Dividends and Interest	320,000	0
Miscellaneous	140,500	128,000
Funds Released from Restrictions	597,700	581,500
Funds Designated for Data Registry	2,000,000	553,500
Total Revenue	\$20,861,800	\$19,151,000
Direct Operating Expenses		
Meetings	\$1,603,000	\$2,104,000
Printing & Production	695,500	485,000
Travel	547,400	516,800
Connectivity & Software	361,700	381,600
Office Expenses	337,000	336,000
Grants	664,300	503,500
Consultants & Professional Fees	2,662,100	2,706,900
Data Registry Support	2,000,000	553,500
Total Direct Operating Expenses	\$8,871,000	\$7,587,300
Allocated Costs		
Salaries & Benefits	8,939,400	8,612,600
Occupancy	1,583,000	1,555,000
Shared Support	1,468,400	1,396,100
Total Allocated Costs	\$11,990,800	\$11,563,700
Total Expenses	\$20,861,800	\$19,151,000

How to write a business plan

■ **Brian J. McKinnon, MD, MBA; Selena Heman-Ackah, MD, PhD, MBA; Ken Kazahaya, MD, MBA; and C. Anthony Hughes, MD, MBA, MPH**

Many years ago, one of the authors came across the book, *Handbook of Law Firm Mismanagement*, a tongue-firmly-in-cheek exposé on the business of a learned profession. The real lesson of the book is the need for the professional to know and understand the applicable business principles to ensure that services provided can be self-sustaining and economically viable. As otolaryngologists, we are keenly aware of institutions that have provided great service to our profession that, however, have struggled or failed economically despite their great success in research and clinical care. Their stories are a reminder that the elements for achieving clinical excellence do not end at the exam room door.

One key business activity is the preparation of a business plan. Writing a business plan provides a process to assess the viability of a potential new service or product, or expansion of a current service. A well-written business plan may also help guide a company after its launch, especially if the direction becomes unclear. During the AAO-HNS/F 2016 Leadership Forum & BOG Spring Meeting, we introduced the audience to the process of developing a business plan, using their formal business education and personal experiences in the public and private sector.

The groundwork for a business plan includes an in-depth evaluation of an opportunity or concern the project is to address—identifying stakeholders, assessing the impact of the opportunity or concern on each stakeholder, and the manifestations of the opportunity or concern. Any previous attempts at addressing the opportunity or challenge should be reviewed for lessons learned. Evaluation of organizational resources will reveal what is available internally, and what may be needed externally to address the opportunity or concern.

Assessment of the organization's strengths



and weaknesses in regard to its ability to be effective or take advantage of a particular opportunity is of central importance. This is often referred to as a SWOT analysis, an acronym referring to its four components: strengths, weakness, opportunity, and threats. While seeming simplistic, this analysis requires objective, often brutal honesty. When done well it will markedly improve the quality of the business plan, and the likelihood of success.

Elements of a business plan typically include: the Executive Summary, company description, organizational structure, product details, market analysis, marketing/sales strategy, and financials/funding. The Executive Summary, written last, should include a mission statement, experience/background of the key individuals, summaries of market analysis, target market, and future plans. The company description and organizational structure provides a clear picture of the company's abilities and weakness, helps organize information, and provides an accurate assessment of the company's ability to take advantage of an opportunity and/or effectively counter a threat. Product details and market/sales analysis and strategy provide the background for the need or desire

for a product or service, and the likelihood that an action will succeed in achieving the desired results. Growth strategy and funding/financials provide for planning the monetary needs that will be demanded to achieve the proposed plan.

Presenting and executing the plan is the culmination of the research and writing of the plan. The "elevator pitch" is the succinct telling of the business plan's key elements, why it is important, and how the listener can contribute. The written plan should be professional, typed, and edited. A cover letter should be included, giving readers a very concise picture of the proposal and why they should support your plan. The goal is to interest and inspire, with the hope of gaining the opportunity of a more detailed presentation. Executing the plan is a cyclical process, requiring the stakeholder to engage in a constant and active process of re-evaluation to incorporate lessons learned and ensure that the goals of the business plan remain achievable and rewarding.

The writing of the business plan does take time and patience to learn; learning to do so effectively will go a long way toward improving our care and our profession. ■

**ACADEMY ADVANTAGE
PARTNER: ENTCAREERS**

Think like a hiring manager

It happens to everyone—even the best medical professionals in the industry—at least once. An internet search leads you to a clinic, hospital, or health system job posting that seems like a perfect fit. You dust off your résumé and cover letter, submit them according to the instructions ... but nothing happens. Weeks later, you find yourself wondering, “Did I attend the wrong medical school?” “Have I worked for the wrong healthcare employers?” “Were my application materials too casual, too formal, or too elaborate?”



Chances are your rejection had little to do with any of these points. Rather, you may have failed to consider your candidacy from the employer's perspective.

Whether you're a pediatric ENT who dreams of working for a major hospital system or a local ENT physician who aspires to join the team at a local clinic, implementing these suggestions will help you get a healthcare job by thinking like a hiring manager.

Visit healthcareers.com/aaohns for jobs, career advice, and more! ☺

Board of Governors candidates for office 2016

Chair-Elect

- Sanjay R. Parikh, MD
- Spencer C. Payne, MD

Member-at-Large

- Paul M. Imber, DO
- Daniel L. Wohl, MD

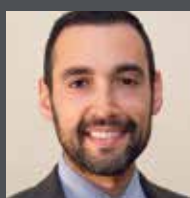
Eligible BOG governors or alternate representatives will cast their votes during the BOG General Assembly meeting, Monday, September 19, in San Diego, CA.

LEADERSHIP FORUM & BOG SPRING MEETING

My mini-MBA

■ **Peter M. Vila, MD, MSPH**, Vice-chair, Section for Residents and Fellows-in-Training (SRF), Washington University School of Medicine, St. Louis, MO

As vice-chair to the Section for Residents and Fellows-in-Training (SRF), I was very lucky to be able to attend the 2016 AAO-HNS/F Leadership Forum & BOG Spring Meeting in Alexandria, VA, and benefit from the wonderful mentorship and wisdom being passed along to all the residents and fellows in attendance.



The overall focus of the meeting was on developing leadership in otolaryngology, or as Board of Governors (BOG) Chair **David R. Edelstein, MD**, put it, a “mini-MBA.” The day began with a panel on developing a long-term career plan, followed by an informative and energizing speed-mentoring session. Admiral Christine S. Hunter, MD, then delivered a keynote speech, “Leadership in Large Organizations,” focusing on her experience in the U.S. Navy and the federal government. She shared some key lessons that she picked up along the way, making sure to impart on the audience that ambition and a willingness to speak up are helpful in securing leadership roles. Through her past stories of being “outspoken,” she described how those experiences later led to her being awarded leadership roles where she was able to carry out her vision, while adapting to the environment around her. The rest of the day was packed full of excellent panels and speakers, ranging from dealing with insurance denials and advocating for your patients, to updates on RegentSM and navigating ICD-10.

Sunday brought more exciting talks and panels on leadership, anchored by a keynote speech from Richard Popovic, MBA. In his inspiring lecture, “Learning Leadership,” he discussed how the house of medicine is now

increasingly led by non-physicians, and how physicians might be able to use skills learned from the business world to enhance their own leadership skills, including personality assessments and techniques for managing and leading groups of people in the workplace. The rest of the day featured panels on marketing with social media, managing online reviews, crafting a business plan, and the nuts and bolts of the Board of Governors, culminating with a panel of Academy leaders on how to navigate leadership challenges in medicine.

To me, the meeting overall conveyed the sense that perhaps otolaryngologists should be more involved in leadership roles, and that there are specific tools available to us that might help us attain those goals. Pursuing an MBA might be helpful, but certainly not necessary. There are elements from the MBA curriculum that we can teach ourselves, such as developing a business plan, understanding one's leadership style, and adapting to different group environments and cultures. I left Alexandria feeling energized and hopeful that the future of otolaryngology is bright, and hope that we as a specialty can take charge of our careers by pursuing more leadership roles in the future. ■

“

Pursuing an MBA might be helpful, but certainly not necessary. There are elements from the MBA curriculum that we can teach ourselves.

”



2016 PRESIDENTIAL CITATIONS

The Presidential Citations are given to individuals who have had a profound influence on the AAO-HNS/F president's life and otolaryngology. President Sujana S. Chandrasekhar, MD, has selected the following individuals for their outstanding contributions and dedication to the Academy and Foundation.

Hosakere K. Chandrasekhar, MD

Hosakere K. Chandrasekhar, MD, is a clinician-academic, thoroughly dedicated to patient care and resident education, who has overcome the barriers of being foreign-trained and brown-skinned with his encyclopedic knowledge of otolaryngology, his generosity with that knowledge, and his respectful care of patients. This citation is given to him in honor of his many contributions to otolaryngology and his unfailing support of others.



How do I thank my father, who was also my professor in residency, who was also my temporal bone dissection partner, and who is also my scientific collaborator, for always believing in me and always believing that I could do anything I set my mind to? Dr. Hosakere K. Chandrasekhar is a brilliant otolaryngologist, outstanding temporal bone histopathologist, patient and thorough teacher, and wonderful mentor. He is also a major leader in the Indian-American community, serving as the New York City Mayor and State Governor's Ethnic Liaison for Indian-American affairs, spearheading the erection of the iconic statue of Mahatma Gandhi in New York City's Union Square Park, leading both our native language society and the Federation of Indian Associations, as well as the Hindu Temple Society of North America. He was honored with India's Hind Rattan Award, the highest honor that India gives to its expatriates, and with our Academy's Jerome C. Goldstein, MD Public Service Award. He and my mother, Dr. Sree Devi Chandrasekhar, are patrons of the arts, hosting the highest caliber of musicians, poets, and playwrights in our home for chamber performances, and bringing Kannada drama to life in the United States.

I was born when my parents were doing their house-surgencies in otolaryngology and pediatrics, respectively, in England. They were brave enough to send me to India with an air hostess when I was three months old, and didn't see me again until I was two. Three years later, our little family of four moved to the U.S. on my mother's coattails,

as she had secured a fellowship in adolescent medicine at what is now Children's National Medical Center. A year later, we moved to New York City where my parents had to redo their residencies and establish their practices while raising three rambunctious little girls. Education, arts, and community service were always the priorities in our house. I did my residency at NYU, where my father is a professor, and did my research rotation in his temporal bone histopathology lab. It was the most wonderful experience I can imagine, even though he knew every time I did something wrong, which was, unfortunately, not that rare! One of his most important legacies is to be found in the halls of our Annual Meeting convention center, where we always encounter his former students, all of whom adore him. Another is the fantastic relationships he has with each of his 10 grandchildren.

I attended my first AAO-HNSF meeting tagging along as a resident with my father, in San Diego. This many years later, it is an indescribable feeling to be able to honor this man who has so shaped who I am, what I believe in, and how I live my life, with this Presidential Citation. ■

I attended my first AAO-HNSF meeting tagging along as a resident with my father, in San Diego. This many years later, it is an indescribable feeling to be able to honor this man who has so shaped who I am, what I believe in, and how I live my life, with this Presidential Citation. ■

Karen Jo Doyle Enright, MD, PhD

Karen Jo Doyle Enright, MD, PhD,

embodies the complete person that we all aspire to be.

Karen Jo is not only a leader in otolaryngology, but has actively encouraged others up into their leadership positions. This citation is given to Karen Jo Doyle Enright, MD, PhD, in recognition of her selfless work to advance our specialty and her generous and enduring friendship.

Karen and I overlapped as fellows. Initially a wonderful PhD audiologist, she went on to medical school and became a star resident and otology and neurotology fellow at the House Ear Clinic. She had been an audiologist there prior to going to medical



school, so she knew the lay of the land. She found me at the Boards before I got to the clinic, and befriended me immediately. Once I had been there for a month or so, she saw I was looking lost—LA is most definitely not New York—and she organized an evening out for us along with two other House women, a senior statistician and audiologist. I was transported to off-off Broadway and my homesickness was quashed.

The House Ear group had never had two female fellows simultaneously before us. Somehow the “nice” Japanese-Irish woman and the “nice” Indian woman showed them who we really were—and the Institute stayed standing! Her academic career in the University of California system spanned decades of meaningful research on childhood hearing loss, mentoring medical students and residents, and leadership in national otology. That continues now in Michigan where another group of patients and residents benefit.

Karen is an incredibly thoughtful researcher, identifying a true clinical void and then organizing her work to answer the right question. She is a patient teacher and brilliant, but unassuming surgeon. She managed to have her sons during residency—back in the bad old days when that was just not done, and they have grown into wonderful young men. She is an active community member, and loving toward the older generation. When I had my children, Karen sent the most thoughtful and creative auntie gifts.

She has been my champion throughout. I had the good fortune to attend a lecture given by her at Johns Hopkins when she was being honored there. Her humility in the face of obvious excellence is a lesson to take strongly to heart. As much as otolaryngology has benefited from Karen Jo, I am incredibly fortunate to have found and kept such a wonderful friend. I am very honored to be able to present Karen Jo Doyle Enright with this Presidential Citation. ■

Lauren S. Zaretsky, MD

A busy private practice otolaryngologist, physician practice manager, wife and mother of three, and strong leader in

the AAO-HNS, **Lauren S. Zaretsky, MD**, makes “having it all” look effortless. This citation is given in honor of her exacting and tireless work on behalf of Academy Members worldwide, and her frank and honest nature.

Lauren is the ultimate in private practice otolaryngology. She and her husband, **Lee M. Shangold, MD**, have been in practice together since completing their training. They have three wonderful, creative, funny children. Lauren



claims that she was in part-time practice, but I could always find her at the office or in the hospital making rounds on weekends. She not only does the breadth of otolaryngology, but she ran the business end of their five-person practice for years. When Members ask me how they can possibly participate at the Academy when they are in private practice, I just show them a picture of Lauren. She served on the Board of Directors for years, and came to every meeting thoroughly prepared, having read all of the materials and using her sharp memory to keep the Academy and Foundation on the right path. She was chair of the Ethics Committee when our Code of Ethics was rewritten, a prodigious feat that serves all of us very well. Her contributions on the Nominating Committee as Ethics Chair have made our Academy stronger for years to come. Lauren was part of the active conversion of the Women in Otolaryngology Committee to a section, and has remained in a very important

advisory role there. She unfailingly attends local and regional scientific programs, every AAO-HNSF Annual Meeting, and is a leader in the Long Island Society of Otolaryngology. She currently works with ENT and Allergy Associates there.

An aspect of Lauren that you might not glean from her CV is that she is an outstanding consigliere. I heard once that when you speak your dreams, they become goals. A few years ago, I whispered to Lauren and to the late Linda Brodsky that I thought I'd like to become Academy President. Boom! They turned that right into a goal. Their advice and encouragement, both when I was feeling confident and especially when I was hesitant, allowed me to lay out my rationale and my plan. With friends like Lauren, it's hard to go wrong. I am delighted to be able to present my friend and a true otolaryngology leader, Dr. Lauren Zaretsky, with this Presidential Citation. ■



2016 PRESIDENTIAL CITATIONS

The Presidential Citations are given to individuals who have had a profound influence on the AAO-HNS/F president's life and otolaryngology. President Sujana S. Chandrasekhar, MD, has selected the following individuals for their outstanding contributions and dedication to the Academy and Foundation.

John W. House, MD, on behalf of the Associates of the House Ear Institute and House Clinic

The House Ear Institute and House Clinic (HEI/HEC) are synonymous with the best in otology and neurotology clinical excellence, research, and education. The motto, "so



House Ear Institute



House Clinic

that all may hear" translates to a generosity of spirit in sharing not just knowledge but reasoning, in order to spread outstanding ear care around the world. This citation is given to the Associates of the HEI/HEC to acknowledge their myriad contributions to advancement of otology and neurotology worldwide, and as a personal form of great gratitude from me to them for sharing their wisdom with me and for always supporting me in my career.

I met the HEI/HEC associates first when I interviewed there for a fellowship position. They were gracious and generous to a visiting resident, and once I got in, I was made to feel like a part of the team. The expectations were high, as were the rewards. The laughs were plentiful, even in such a serious place. **John W. House, MD**, joked with me about my

facial reaction after meeting his beautiful, elegant wife, Barbara. He said, "You didn't think I could get someone like her, did you?" He introduced me to the best French dip sandwich at the train station; I introduced him to my "New Yawk" accent. **Howard P. House, MD**, told wonderful stories of what it really means to be a physician: being compassionate, taking care of the whole patient and his or her family, and maintaining a healthy sense of humor.

Ralph A. Nelson, MD, was the cool guy who came and went on a motorcycle or in a sports car. He had that *je ne sais quoi* of an ex-Navy man who shrugged off the fact that he had penned the world authority lab manual on temporal bone dissection.

Back then, **Derald E. Brackmann, MD**, was nearly double my age and had four times the energy, every single day. He could do four acoustic neuroma operations, throw in some chronic ears, tell some really funny jokes, and be ready to go home by 7 pm.

James L. Sheehy, MD, (Jim) played his big band music so loudly in the operating room that I could barely hear myself think, and had to shout around the microscope to the scrub nurse for instruments. He'd say, "Chandrasekhar, let me know if the music is too loud ... and I'll turn it up!" At the end of a busy day, we'd go up to his office where he'd have a beer, I'd have a soda, and he would go over every single patient we saw that day in detail, no matter how late it was. **William E. Hitselberger, MD**, (Bill) cursed constantly—but only at

himself—and took wonderful care of the patients and the fellows, letting us do as much neurosurgery as we were capable of. **Antonio A. De La Cruz, MD**, took me under his wing. He and his patients from all over the world put up with my New York Spanish, and he allowed me to accompany the team on a surgical trip to Costa Rica that I will never forget. He always had a horde of visitors in the OR—so he would explain every step of every surgery in English, Spanish, French, Portuguese, and Italian. Thus I got to hear each explanation five times! I miss those three men so very much.

M. Jennifer Derebery, MD, embodied then, and embodies now, the idea that we can have it all. She is a brilliant physician, a to-the-point leader, a wonderful wife and mother, and effortlessly elegant. I remember how proud I felt when she broke the gender barrier as the first female president of the AAO-HNS/F.

The House Ear Associates adopted me as one of their own. I have never felt as comfortable and homey in any other professional setting. Each one is generous with their knowledge. I never had to memorize anything, as every step and thought had reasoning behind it, which they shared openly. They believed in me, and still do, and I am eternally grateful to them for their friendship, their tutelage, and their guidance. It is an honor for me to be able to recognize them with this Presidential Citation. ■



OPENING CEREMONY KEYNOTE SPEAKER

Mae Jemison, MD, will launch Annual Meeting

Mae C. Jemison, MD, will inspire attendees at the Opening Ceremony of the AAO-HNSF 2016 Annual Meeting & OTO EXPOSM with stories of her adventures in space and achievements in medicine and science. Dr. Jemison, a former NASA astronaut and the first woman of color in the world to go into space, is an engineer, physician, and educator.

During her six years at NASA, Dr. Jemison flew aboard the Space Shuttle Endeavour, STS-47, a cooperative mission between the United States and Japan, and served as NASA's first Science Mission Specialist performing experiments in material science, life science, and human adaptation to weightlessness.

"I am delighted to introduce Dr. Jemison as our keynote speaker. Her dynamic background in space travel and medicine will energize all who hear her story," said **Sujana S. Chandrasekhar, MD.** "As

healthcare professionals, we can all appreciate her message of determination and scientific advancement."

Prior to working at NASA, Dr. Jemison earned her medical degree from Cornell University, completed her residency at the University of Southern California, and practiced general medicine in Los Angeles. She served as an Area Peace Corps Medical Officer for Sierra Leone and Liberia, and oversaw the healthcare system for the Peace Corps and the State Department in Sierra Leone.

She is currently leading 100 Year Starship (100YSS), an initiative seed funded by DOD's Defense Advanced Research Project Agency (DARPA) to assure the capability for human interstellar space travel to another star is possible within the next 100 years. She also is the founder and president of two medical technology companies and the Dorothy Jemison Foundation for Excellence.



Mae Jemison, MD, is an engineer, physician, educator, and former NASA astronaut.

Dr. Jemison is a member of the National Academy of Sciences' Institute of Medicine, and serves on several boards of directors, including the Texas Medical Center. She is an inductee of the National Women's Hall of Fame, the National Medical Association Hall of Fame, and the Texas Science Hall of Fame. She has received the National Organization for Women's Intrepid Award, the Kilby Science Award, and in 1999 was selected as one of the top seven women leaders in a presidential ballot national straw poll.

The Opening Ceremony will take place Sunday morning during the AAO-HNSF Annual Meeting & OTO EXPOSM, September 18-21, in San Diego, CA. This is an Opening Ceremony that no one will want to miss.

"In September 1992, while I was biting off the last of my nails before my Boards exams, Dr. Jemison was conducting microgravity investigations in materials and life sciences on the Space Shuttle Endeavour. She is truly a remarkable person, and I hope you all attend the meeting and feel inspired by her experiences and character," Dr. Chandrasekhar said. ■

“

During her six years at NASA, Dr. Jemison flew aboard the Space Shuttle Endeavour, STS-47, a cooperative mission between the United States and Japan, and served as NASA's first Science Mission Specialist performing experiments in material science, life science, and human adaptation to weightlessness.

”



PRACTICE PROFILE

Polaris Medical Group-ENT

Solo practice
thrives despite
challenges

Polaris Medical Group-ENT, LLC, in Atlanta, GA, is owned by Academy Member **Lisa C. Perry-Gilkes, MD**. As a solo private practitioner, Dr. Perry-Gilkes (above, third from left) employs four full-time staff members and one part-time.

"I saw three kids with nosebleeds yesterday, and then three older people with tinnitus. I am a general ENT. I treat neonates to my oldest patient who is 103—whatever walks through the door," Dr. Perry-Gilkes says cheerfully.

Her positivity radiated through the phone in an interview with *Bulletin* staff.

"I like being a specialty of small dark holes. I like the technical part—the amazing changes you can make in someone's health and life through little tiny holes, no huge incisions. I like that we still have nonsurgical parts of our practices, and I love seeing a wide range of patients. Maybe it's because I just like people," she chuckles, "I'm kind of chatty myself. I think of my office as my house. I welcome you—the patient—into my home. I want you to be comfortable. You're an invited guest. I want you to have a good time, and the ultimate goal is for me to make you feel better."

Dr. Perry-Gilkes grew up in the Midwest,

and says she sometimes feels like she is in a Tennessee Williams play or Truman Capote novel living in the South. She insists, "Some of my patients are absolutely, positively wonderful. One patient can make you forget all about the trials and tribulations—one grateful patient can just make your whole day or even your whole week."

What are some of the challenges she faces as a private practitioner?

"Oh baby, I could write you a book!" Dr. Perry-Gilkes said. "The investment, of course. The cost of doing business. My lease is ridiculous. And finding competent employees is a challenge." One of her best employees was in her 60s, but recently resigned. Another top employee that she tells us about is in her 70s. "She is amazing. Do you remember 'The Golden Girls'? I have Blanche Devereaux in my office, in charge of collections. She used to be a patient of mine and she could make me do just about anything, so one day I thought to myself, how about getting her to call these people? She's as sweet as pie, but she can get blood from a stone."

With her office located 10 minutes from the Hartsfield-Jackson Atlanta International Airport, Dr. Perry-Gilkes doesn't peak marketplace. She is in a middleclass

Lisa C. Perry-Gilkes, MD, third from left, heads the Polaris Medical Group-ENT, LLC.

neighborhood and has a significant amount of Medicare and Medicaid patients. “One thing that annoys me is RVUs [relative value units] and how you can do the exact same procedure but depending on where your office is, you get paid differently. To me that doesn’t seem fair,” Dr. Perry-Gilkes says. “I know a lot of people complain about electronic health records [EHR] but it’s all part of doing business now. You can complain as much as you want, but do you want to work? Then get with the program! As much energy as people put into complaining, if they put that into getting their EHRs together, they’d be halfway there,” she quips.

“There are always frustrations, but no one told me to be a doctor. These are my choices. I think it was Abraham Lincoln who said most people are as happy as they choose to be?” she pauses before finishing, “I choose to be happy. Pain in life is necessary, but suffering is your choice.”

Dr. Perry-Gilkes also made it clear that she loves her Academy. “It’s not perfect, but what is perfect? We’re all like-minded people working toward the same things: the betterment of our patients, the better care of our specialty, helping our Members to optimize their work academically, medically, as well as financially.”

She didn’t always feel that way though. “For a long time, I didn’t appreciate all that the Academy did. I’m a real supporter of organized medicine, ever since medical school when I

joined the SNMA [Student National Medical Association]. When I initially started as a young physician in California, I got involved with my county and state medical societies—I’m still active in all of those—but what I realized was that you need to belong to both local and national organizations. You need to have a voice. Those organizations are parallel, not exclusive. You need both. Yes, it’s an investment but the dues pay for themselves if you take advantage of what the Academy offers. For example with PQRS [Physician Quality Reporting System], they either earned you \$2,000 or saved you a huge fine. That pays for your dues right there.”

She urges young physicians and students to find out everything that is available to them through the Academy. “I think people just don’t realize all that the Academy does for them. The meetings are especially useful,” she continues, “It’s fellowship. Heck, all the meetings are fun and you get to see people from all over the country that you haven’t talked to in how long? I look forward to it.”

Dr. Perry-Gilkes is particularly invested in the Academy’s mission and vision. “The saying is that where there is no vision, the people perish. We know where we’re going, and it takes courage and organization to move forward.” As for her personally, “I’m not going to lie down. I’m not going to quit. I may retire someday but even when I do, I’ll still do something,” she says. “To those who much is given, much is expected. That’s why I’m active, that’s why I care about giving back to my community, and that’s why I’m going to keep going.” ■

“

Yes, it’s an investment but the dues pay for themselves if you take advantage of what the Academy offers. For example with PQRS [Physician Quality Reporting System], they either earned you \$2,000 or saved you a huge fine. That pays for your dues right there.

Lisa C. Perry-Gilkes, MD

”

Local, national collaboration benefits Members

Dr. Perry-Gilkes appropriately highlights the essential nature of collaboration among all levels of organized medicine.

Optimal results are most likely obtained when organizations synergize their resources and take advantage of their respective areas of expertise and influence to solve complex problems. The Academy participates in a number of coalitions both national and local that deal with legislative and regulatory issues, public health initiatives, patient care issues, and humanitarian opportunities.

The Academy works closely with national organizations such as the American College of Surgeons, the American Medical Association, national specialty societies within otolaryngology, and consumer advocacy groups, as well as state and local medical societies to represent the interests of our Members and their patients.

A key ingredient to the success of this system is the knowledge that there is some matter that is affecting our Members’ ability to practice the type of medicine that benefits their patients most. The Board of Governors, particularly those participating in PROJECT 535 and the AAO-HNS State Tracker programs, is an essential pipeline of information that alerts us when action is needed. The earlier that the Academy knows of a problem, the more likely we will be able to intervene in a meaningful fashion.

Some recent examples of collaborative efforts include successful modification of the policy regarding providers of allergy service for Texas Medicaid patients, advocacy on the USP 797 proposal that would alter the way immunotherapy vials are prepared, and recent comments on a Federation of State Medical Boards (FSMB) resolution that would affect compounding of medicines in physician offices.

Activities such as these are critical for the day-to-day practice of medicine for our Members and will continue to be emphasized in the future. ■



Crossing the payment bridge

Long-awaited post-SGR payment is here

On April 27, 2016, the Centers for Medicare & Medicaid Services (CMS) released the long-awaited replacement for the Sustainable Growth Rate (SGR) as the payment system for physicians participating in Medicare: the Merit-based Incentive Payment System



(MIPS) and Alternative Payment Model (APM) programs. Although the rule will not be finalized until later this year, it is important for physicians to become familiar with many of the concepts and new terminology that accompany the new payment models.

Merit-based Incentive Payment System

Under the new MIPS program, starting January 1, 2017, physicians will report on four categories that add up to a composite score, which CMS will use to determine whether or not Eligible Clinicians (ECs), including most otolaryngologist-head and neck surgeons, receive a bonus payment or are subject to a payment reduction for 2019 payments. The graphic at right, courtesy of CMS, provides a broad explanation of the four categories ECs will begin reporting in 2017.

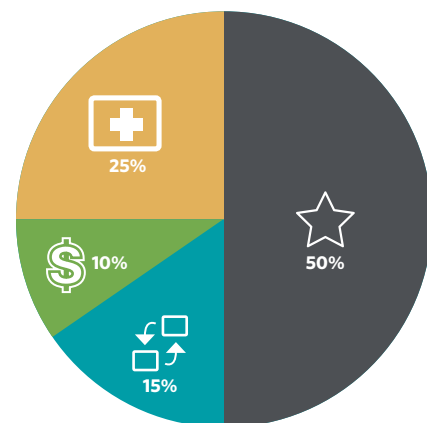
Alternative Payment Models

ECs may be exempted from the MIPS program if they participate in a CMS-defined Advanced APM. An Advanced APM requires participants to use certified EHR technology;

provide payment for covered professional services based on quality measures comparable to those used in the quality performance category of MIPS; and be either an expanded Medical Home Model or bear more than a nominal amount of risk for monetary losses. The Academy expects otolaryngologist-head and neck surgeon participation in Advanced APMs to be low due to the strict eligibility criteria.

Some ECs may participate in a MIPS APM to receive bonus points and alternative scoring criteria for the MIPS program. MIPS APMs are participants of CMS-defined APMs, such as a Track 1 Accountable Care Organization, that do not meet Advanced APM criteria.

For a more detailed outline and further explanation of the reporting criteria for the MIPS and APM programs, please see the Academy's summary on page 22. Members can also access more detailed information on the MIPS and APM programs at www.entnet.org/content/physician-payment-reform. ■



CATEGORIES FOR REPORTING

COST

10 percent of total score in year 1; replaces the cost component of the Value Modifier Program, also known as Resource Use

The score would be based on Medicare claims, meaning no reporting requirements for clinicians. This category would use more than 40 episode-specific measures to account for differences among specialties.



QUALITY

50 percent of total score in year 1; replaces the Physician Quality Reporting System and the quality component of the Value Modifier Program

Clinicians would choose to report six measures versus the nine measures currently required under the Physician Quality Reporting System. This category gives clinicians reporting options to choose from to accommodate differences in specialty and practice.



CLINICAL PRACTICE IMPROVEMENT ACTIVITIES

15 percent of total score in year 1

Clinicians would be rewarded for clinical practice improvement activities focused on care coordination, beneficiary engagement, and patient safety. Clinicians may select activities to match their practice goals from a list of more than 90 options. In addition, clinicians would receive credit in this category for participating in Alternative Payment Models and in Patient-Centered Medical Homes.



ADVANCING CARE INFORMATION

25 percent of total score in year 1;

replaces the Medicare EHR Incentive Program for physicians, previously known as "Meaningful Use"

Clinicians would choose to report customizable measures that reflect how they use electronic health record (EHR) technology in their day-to-day practice, with a particular emphasis on interoperability and information exchange. Unlike the existing Meaningful Use program, this category would not require all-or-nothing EHR measurement or quality reporting.

Meaningful Use hardship exception application due July 1

The Centers for Medicare & Medicaid Services (CMS) extended the application deadline in February 2016 for the Medicare EHR Incentive Program hardship exception process. The deadline for Eligible Professionals, Eligible Hospitals, and Critical Access Hospitals is Friday, July 1, 2016, by 11:59 pm ET.

If a provider cannot attest for a 2015 reporting period or believes her or his attestation may be unsuccessful, the provider

may apply for a hardship exception to avoid the payment adjustment in 2017. For more information on which sub-category to file under, see CMS FAQ 12845 (www.entnet.org/CMS/FAQ-12845).

CMS does not require a provider or group of providers to submit documentation for this or any other hardship category selected and CMS will not be reviewing documentation supporting the application on a case-by-case basis. CMS

will review the application to record the category selected and use the identifying information to approve the hardship exception for each provider listed on the application.

You can send the application via email to ehrhardsip@provider-resources.com or fax in an application to (814) 456-7132. The application and instructions can be found at www.entnet.org/content/electronic-health-records-ehr-and-meaningful-use. ■



Academy develops ICD-10 FAQs

ICD-10 has been in effect as of October 1, 2015. The Academy is dedicated to helping our Members through the ongoing transition from ICD-9 to ICD-10. Based on Member inquiries the Health Policy Team received, the following two ICD-10 FAQs were developed in conjunction with the AAPC.

- **General ICD-10 FAQ:** questions on

resources for the ICD-10 transition

- **ICD-10 Private Payer FAQ:** questions on how private payers are handling the ICD-10 transition

These FAQs were presented at the Spring Leadership Forum this past March, and are also available online on the Academy's website at www.entnet.org/icd-10-coding-resources. ■

Academy updates CPT for ENT articles

As part of a process to continue to provide the most up-to-date resources for our membership, Academy CPT experts have begun to reevaluate and update the Academy's list of CPT for ENT articles.

CPT for ENT articles are a collaborative effort among the Academy's team of CPT Advisors, Members of the Physician Payment Policy (3P) Workgroup, and health policy staff. Articles are developed to address common coding questions received by this health

policy team as well as to clarify coding changes and correct coding principles for frequently reported ENT procedures. These updated articles help the Academy to provide Members with the latest coding resources.

These are the recently updated CPT for ENT articles: *Transtympanic Therapeutic Injections* and *Laryngoscopy*.

All updated CPT for ENT articles can be found at www.entnet.org/content/cpt-ents as part of the Academy's Coding Corner.

In addition to CPT for ENT articles,

the Academy's Coding Corner offers access to AMA CPT Assistant articles, annual code change summaries, an updated annual list of the top 100 ENT billed services, template appeal letters, ICD-10 coding resources, and information on Centers for Medicare & Medicaid Services quality initiatives and reporting programs.

All of these resources can be found at the Academy's Coding Corner (www.entnet.org/content/coding-corner). ■

AcademyU[®]

YOUR OTOLARYNGOLOGY EDUCATION SOURCE

EDUCATION ELEMENTS THAT MEET YOUR LEARNING STYLE

AmW Annual Meeting Webcasts

In summer 2016, full audio recordings of the 2014 and 2015 Annual Meeting & OTO EXPO[™] Education Program will be found in AcademyU[®]. This gives members and non-members an easy way to view recordings of the many great sessions and speakers who have presented. The 2016 Annual Meeting recordings will be available for Continuing Education credit.

AmX Annual Meeting Expert Series: Interview

New this year, the online Expert Series includes nineteen complete video recordings of select Annual Meeting sessions presented by key leaders in the field. They are chosen based on the critical and timely topics of great relevance to AAO-HNS Members. In addition to the video recordings, nine of the recordings include a special Expert Interview with the presenter conducted by Foundation Education leaders.

aQ AcademyQ[™]

Enhance your knowledge of otolaryngology-head and neck surgery with 800 study questions to test your recall, interpretation, and problem-solving skills. Users are provided with instantaneous detailed feedback and they can highlight, take notes, and mark questions for future review.

aQ CME AcademyQ[™] CME

Using the same questions found in AcademyQ[™], AcademyQ[™] CME offers CME-accredited assessments in eight different specialties. Every question is accompanied by an explanation of the correct answer with references for further reading and learning that allows users to gain a greater understanding of the topics.

Cf Clinical Fundamentals

Satisfy the American Board of Otolaryngology's Clinical Fundamentals requirement for Part III of Maintenance of Certification (MOC) by viewing the online recordings of Clinical Fundamentals sessions held at the Annual Meeting on subjects common to all otolaryngologists regardless of their practice focus. Residents and medical students may also find these useful.

Co COOL[™]

Written and peer-reviewed by otolaryngology experts, COOL[™] cases are interactive patient scenarios that prepare the learner for a variety of common otolaryngologic situations. COOL[™] is an engaging learning experience for PCPs, APPs, medical students, and any healthcare professional who encounters otolaryngologic cases.

eB eBooks

The Foundation offers a number of eBooks as education resources for otolaryngologists, residents, medical students, and other healthcare professionals.

eL Online Courses

Online courses are self-paced learning activities developed through the Foundation education committees. These peer-reviewed courses provide in-depth study of critical otolaryngology-head and neck surgery topics.

The Online Lecture Series (OLS) offers quick and concise versions of top Annual Meeting sessions in an online format. The format includes the speaker's presentation audio and slides, reference lists, and links to additional resources.

Hsc Home Study Course

One of the Foundation's most popular education products, each section of the Home Study Course (HSC) brings you a compendium of select scientific articles, reference bibliography, self-assessment exam, and faculty symposia covering each of the eight otolaryngology specialty areas.

Pac ENT for the PA-C Conference

Held annually, this conference is organized to provide advanced practice providers with an excellent and practical education opportunity. The program includes hands-on workshops to maximize learning as well as basic and advanced tracks on a variety of otolaryngology topics.

Pmp Patient Management Perspectives

Patient Management Perspectives allows the learner to manage a patient from presentation to discharge and follow-up. With an interactive question-and-answer self-assessment format. Each topic includes clinical cases study, detailed patient management summaries, references for further study, and a self-assessment.

Pws Pediatric OTO Webinar Series

Pediatric Otolaryngology eLectures, coproduced by the American Society of Pediatric Otolaryngology (ASPO) and AAO-HNSF, offer talks presented by expert faculty focused on pertinent pediatric otolaryngology topics relevant to the practicing pediatric and general otolaryngologist.

Sim Simulation

Simulation is growing at a fast pace and has implications for education, research, and quality as well as certification and credentialing and impacts otolaryngologists across all stages of their career. With this in mind, Simulation has become a part of the Foundation's AcademyU[®] education and knowledge resources. Projects include simulation research, simulation boot camps and miniseminars, and networking among otolaryngologists with an interest in simulation.

Xs ENT Exam Video SeriesSM

This four-part video series is a great tool for teaching residents and medical students. This series, available on YouTube, depicts how to perform a thorough ENT Exam. Presented in four short episodes, it provides instruction on exams of the ear, oral cavity, face, nose, neck, nasopharynx, and larynx. All videos include images of normal anatomy, normal variances, and common abnormalities to enhance the learning experience.



Indicates Education Activity May be Appropriate for Recertification Preparation

Bridging

Payment reform updates on website

As the payment landscape continues to shift, the Academy has created a new section on the website that is devoted to keeping Members informed on the latest updates from the Centers for Medicare & Medicaid Services (CMS). As a part of the SGR-ending legislation, the Medicare Access and CHIP Reauthorization Act of 2015 (MACRA), two new payment programs were created: the Merit-based Incentive Payment System (MIPS) and Advanced Alternative Payment Models (APMs). This new Physician Payment Reform website section covers the requirements physicians must meet to avoid the new MIPS negative payment adjustment factors by either meeting the MIPS requirements or qualifying for APMs. For a quick comparison of the MIPS and APMs programs, use the Compare to Choose page (www.entnet.org/content/compare-choose).

As the programs are finalized, the Academy's website will continue to be the place for otolaryngologist-head and neck surgeons to go to learn how to continue to receive proper reimbursement and avoid negative payment adjustments from CMS. Learn more today at www.entnet.org/content/physician-payment-reform. ■

On April 27, 2016, the Centers for Medicare & Medicaid Services (CMS) released the proposal for the long-awaited replacement for the Sustainable Growth Rate (SGR) as the payment system for physicians participating in Medicare: the **Merit-based Incentive Payment System (MIPS)** and **Alternative Payment Model (APM)** programs. These two programs are key components of the new Quality Payment Program (QPP), which was created by the Medicare Access and CHIP Reauthorization Act of 2015 (MACRA).

Under the MIPS, starting January 1, 2017, physicians will report on four categories that add up to a **composite score** that CMS will use to determine whether or not **Eligible**

Clinicians (ECs), including most otolaryngologist-head and neck surgeons, receive a bonus payment or are subject to a payment reduction in 2019 and beyond. According to the Brookings Institution: "Under the new MIPS program, physicians report to the government payer directly (CMS) and receive a bonus or penalty based on performance on measures of **quality, resource use**, meaningful use of electronic health records [**now known as Advancing Care Information (ACI)**], and **Clinical Practice Improvement Activities (CPIA)**". The bonus or payment reduction physicians may see starts at 4 percent of the fee schedule in 2019 (based on their performance two years prior—in this case 2017) and increases successively to 5 percent in 2020, 7 percent in 2021, and

the gap



New CMS payment system provides two paths for quality reporting: the Merit-based Incentive Payment System (MIPS) and Alternative Payment Model (APM)

9 percent from 2022 forward. From 2026 onward, MIPS providers would receive an annual increase of 0.25 percent on their base fee schedules rates.”

MIPS

Under the MIPS, physicians will report on four different categories. Each category will count toward a final composite score, which is used to determine whether or not an EC is subject to a bonus payment or payment reduction. These bonuses and payment reductions escalate over the first few years of the program. In addition to the 4 percent to 9 percent bonus payments, top performing ECs may be eligible for additional bonus payments. Like the Physician Quality Reporting System (PQRS) and Meaningful Use programs, MIPS will use data reported two years prior to determine payment adjustments. For example, CMS will use data reported by ECs in 2017 to determine payment for 2019. For a more detailed look at the MIPS performance categories, including links to CMS informational materials, visit the Academy’s MIPS webpage at www.entnet.org/content/merit-based-incentive-payment-system.

Resource Use: 10 percent of composite score

The Resource Use category will replace the Value-based Modifier (VM) program and account for 10 percent of an EC’s composite score for the first year. CMS will use Medicare Spending per Beneficiary, 41 existing condition- and episode-based measures, and total per capita costs to calculate a resource use

score, which will be adjusted for geography, beneficiary risk, and by specialty. The Resource Use score is determined using claims and does not require any reporting by ECs.

Quality: 50 percent of composite score

The quality category will replace the PQRS program and account for 50 percent of an EC’s composite score for the first year. ECs will report a minimum of six measures with at least one cross-cutting measure and one outcome measure, if available. If an outcome measure is not available, ECs can report one other high priority measure. MIPS ECs will be able to use a qualified registry, a qualified clinical data registry (QCDR) such as RegentSM, or an electronic health record (EHR) to report quality measures.

CPIA: 15 percent of composite score

CPIA (Clinical Practice Improvement Activities) is a new category under MIPS and accounts for 15 percent of an EC’s composite score for the first year. CPIA allows physicians to select from a list of more than 90 activities to receive credit for this category. ECs can report CPIA through a qualified registry, an EHR system, a QCDR such as RegentSM, the CMS web interface, and attestation data submission.

ACI: 25 percent of composite score

The Advancing Care Information component will replace the EHR Meaningful Use program and account for 25 percent of an EC’s

MIPS/APM ACRONYM GUIDE	
ACRONYM	DEFINITION
ACI	Advancing Care Information
ACO	Accountable Care Organization
APM	Alternative Payment Model
CMS	Centers for Medicare & Medicaid Services
CPIA	Clinical Practice Improvement Activities
ECs	Eligible Clinicians
EHR	Electronic Health Record
MACRA	Medicare Access and CHIP Reauthorization Act of 2015
MIPS	Merit-based Incentive Payment System
PQRS	Physician Quality Reporting System
PTAC	Physician-Focused Payment Model Technical Advisory Committee
QCDR	Qualified Clinical Data Registry
SGR	Sustainable Growth Rate
VM	Value-based Modifier

composite score for the first year. MIPS ECs will report measures to form a base score and performance score. Unlike the all-or-nothing scoring in the Meaningful Use program, ECs can receive partial credit for the ACI portion of the MIPS composite score. ECs can use a qualified registry, EHR system, QCDR such as RegentSM, attestation, and CMS web interface submission methods to report ACI measures.

APMs

A small number of physicians are exempted from the MIPS by participating in an Advanced APM. Advanced APMs defined as those that meet criteria for linking payments to quality measures, using EHRs, and bear more than a nominal financial risk. Participants who meet the strict Advanced APM criteria would be eligible for a 5 percent bonus payment from CMS on top of any incentives built into the Advanced APM model. Current APMs that meet Advanced APM criteria are Track 2 &

“

Due to the restrictive Advanced APM definition, the Academy does not expect that many otolaryngologist-head and neck surgeons will be able to participate in the Advanced APM program for the first few years.

”

3 Accountable Care Organizations (ACOs), Next Generation ACOs, Comprehensive Primary Care Plus, and some Comprehensive End State Renal Disease Care Organizations.

In addition to Advanced APMs, there are several other APMs available to ECs including MIPS APMs, which provide more favorable MIPS composite scoring, and Physician-Focused Payment Models, which are submitted to the Physician-Focused Payment Models Technical Advisory Committee (PTAC). Due to the restrictive

Advanced APM definition, the Academy does not expect that many otolaryngologist-head and neck surgeons will be able to participate in the Advanced APM program for the first few years. However, the Academy is working with the American College of Surgeons in addition to other stakeholders to evaluate and hopefully develop APMs that will help otolaryngologist-head and neck surgeons participate in Physician-Focused Payment Models, MIPS APMs, and hopefully Advanced APMs in the future. Members can

access more information on APMs and the Academy's efforts by accessing www.entnet.org/content/alternative-payment-models.



Academy staff and physician leaders are currently reviewing the extensive proposal and will advocate for continued progress toward a less burdensome reporting system that truly incorporates quality of care for patients into payment while still allowing for necessary reporting flexibility. Although the Academy believes the MIPS and APM programs are a start in the right direction, CMS can continue to work with otolaryngologist-head and neck surgeons to allow for the widest range of innovative ideas to ensure the greatest numbers of physicians are able to not only participate, but succeed in these future payment models. The Academy met with CMS in May and plans on submitting comments. Once submitted, the Academy will make these comments available to all Members. Members should look out for the comment letter in the News, HP Update, and on the Academy's website at www.entnet.org/content/physician-payment-reform. ■

**Register Early!
Limited Lab Space!**

Advanced Rhinology 2016: Endoscopic Surgery & Allergy

November 3-5, 2016
Hilton Carillon Park | St. Petersburg, Florida
*Surgical and Medical Rhinology
Hands-On Image-Guided Cadaver Dissection*

Course Directors:
- Donald C. Lanza, MS, MD
- Alla Y. Solyar, MD


Honored Guests
Stephen R. Durham, MA, MD David W. Kennedy, MD
Dennis K. Ledford, MD


Internationally Recognized Faculty

Pete S. Batra, MD	Bradley F. Marple, MD
James A. Hadley, MD	Elina M. Toskala, MD, PhD
Roy R. Casiano, MD	James C. Denny III, MD
John H. Krouse, MD, PhD	Anju T. Peters, MD
Raj Sindwani, MD	Michael F. Vaezi, MD, PhD
Rakesh K. Chandra, MD	Bahman Guyuron, MD
Ramesh C. Deka, MD	Todd D. Rozen, MD
Noam A. Cohen, MD, PhD	Eugenia M. Vining, MD

Cutting-Edge Evidence-Based Rhinology

• GERD	• AERD and AFS
• Balloons	• Controversies in Allergy and Headache
• Biologics	• Vasomotor Rhinitis Surgery
• Allergy Prevention	
• Biofilms and CRS	

 **St. Anthony's Hospital**
BayCare Health System

 **Sinus & Nasal Institute of Florida**

For more information: (844) 818-2358 or SinusCME.org

BC1600563-0116

CMS provides ICD-10 resources

As mandated by the Department of Health and Human Services (HHS), the ninth revision of the International Statistical Classification of Diseases and related health problems (ICD-9) was updated to the 10th revision (ICD-10). The required deadline for the transition from ICD-9 to ICD-10 has been effective since October 1, 2015. The Centers for Medicare & Medicaid Services (CMS) provide official resources that can support your organization and systems with the continuing ICD-10 transition. The following resources can help analyze, track, and improve your ICD-10 progress.

■ **Assessment & Maintenance Toolkit:** www.entnet.org/CMS/Assessment-Maintenance-Toolkit

Maintenance-Toolkit

- **ICD-10-CM Official Guidelines for Diagnosis Coding and Reporting 2016:** www.entnet.org/CMS/Guidelines-Diagnosis-Coding-Reporting
- **ICD-10-CM Official Guidelines for Inpatient Procedure Coding and Reporting 2016:** www.entnet.org/CMS/Guidelines-Inpatient-Procedure-Coding-Reporting
- **Provider ICD-10 Resource Guide and Contact List:** www.entnet.org/CMS/ICD-10-Resource-Guide-Contact-List
- **Frequently Asked Questions on Medicare Fee-for-Service (FFS):** www.entnet.org/CMS/FAQs-Medicare-FFS
- **Medicare Fee-for-Service (FFS) Claims Process Guidance for ICD-10:** www.entnet.org/CMS/ICD-10-Medicare-FFS-Claims-Guidance



[entnet.org/CMS/ICD-10-Medicare-FFS-Claims-Guidance](http://www.entnet.org/CMS/ICD-10-Medicare-FFS-Claims-Guidance)

You can also sign up for CMS ICD-10 email updates by registering at www.entnet.org/CMS/Email-Updates. Visit the Academy's website for the latest ICD-10 news and other ICD-10 resources at www.entnet.org/icd-10-coding-resources. ■



BrightStar II

Advanced LED Headlamps

BrightStar II™ LED energy efficient headlamps offer precise white light with a pivoting and focusable 50,000 hour LED light to ensure your headlamp will function perfectly each time, everytime. BrightStar II™ offers all the features you need and want in a headlamp, backed by the dependability of a company you can trust.

Focusable, Bright LED light

Lightweight and Comfortable

New Quick Change Wireless Battery Option

Rechargeable Lithium Ion Battery

Adjustable Head Band



INVOTEC®

800 998 8580 • www.invotec.net

Visit us at the COSM 2016 May 19 – 21st Hyatt Regency Chicago - Chicago, Illinois Booth #409



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

www.entnet.org/advantage



Premier Partner



THE DOCTORS COMPANY

ENT
CAREERS



Officite
Web Presence Solutions
for Medical Practices

Partner



ENT-Cloud



EYEMAGINATIONS



OPTUM360[®]

To learn more about
**exclusive AAO-HNS member
discounts**, contact Annette
Bacchus, 703-535-3718 or
email: abacchus@entnet.org



As of June 1, 2016



AMERICAN ACADEMY OF
OTOLARYNGOLOGY-
HEAD AND NECK SURGERY

EMPOWERING PHYSICIANS TO DELIVER THE BEST PATIENT CARE
1650 Diagonal Road, Alexandria, Virginia 22314-2857 U.S.A. | www.entnet.org

WHAT IS

LARYNGOPHARYNGEAL REFLUX

During gastroesophageal reflux (GER), the contents of the stomach and upper digestive tract may flow back (reflux) all the way up the esophagus, beyond the upper esophageal sphincter (a ring of muscle at the top of the esophagus), and into the back of the throat and possibly the back of the nasal airway. This is known as laryngopharyngeal reflux (LPR), which can affect anyone.

WHAT ARE THE SYMPTOMS OF LPR?

In adults the symptoms of LPR include a bitter taste, a sensation of burning, or something “stuck” in the back of the throat. Some patients have hoarseness, difficulty swallowing, a need for throat clearing, and the sensation of drainage from the back of the nose (“postnasal drip”). Some may have difficulty breathing if the voice box is affected. Many patients with LPR do not experience the symptom of heartburn associated with gastroesophageal reflux disease (GERD).

In infants and children, LPR may cause breathing problems such as cough, hoarseness, stridor (noisy breathing), asthma, sleep-disordered breathing, feeding difficulty (spitting up), turning blue (cyanosis), aspiration, pauses in breathing (apnea), apparent life-threatening event (ALTE), and even a severe deficiency in growth. Proper treatment of LPR, especially in children, is critical.

While GERD and LPR may occur together, patients can also have GERD alone (without LPR) or LPR alone (without GERD). If you experience any symptoms on a regular basis (twice a week or more), then you may have GERD or LPR. For proper diagnosis and treatment, you should be evaluated by your primary care doctor or an otolaryngologist-head and neck surgeon (ENT doctor).

WHO GETS LPR?

Women, men, infants, and children can all have LPR. These disorders may result from physical causes or lifestyle factors. Physical causes can include a malfunctioning or abnormal lower esophageal sphincter muscle (LES), hiatal hernia, abnormal esophageal contractions, and slow emptying of the stomach. Lifestyle factors include diet (chocolate, citrus, fatty foods, spices), destructive habits (overeating, alcohol and tobacco abuse) and even pregnancy. Young children experience GERD and LPR due to the developmental immaturity of both the upper and lower esophageal sphincters. It should also be noted that some patients are just more susceptible to injury from reflux than others. A given amount of refluxed material in one patient

may cause very different symptoms in other patients. Unfortunately, LPR and GERD are often overlooked in infants and children, leading to repeated vomiting, coughing in GERD, and airway and respiratory problems in LPR, such as sore throat and ear infections. Most infants grow out of GERD or LPR by the end of their first year, but the problems that resulted from the GERD or LPR may persist.

WHAT ROLE DOES AN EAR, NOSE, AND THROAT SPECIALIST HAVE IN TREATING LPR?

Laryngopharyngeal reflux is primarily treated by an otolaryngologist or ear, nose, and throat specialist. Symptoms related to LPR, including throat discomfort, laryngitis, hoarse voice, and airway or swallowing problems, are all conditions commonly treated by otolaryngologists. These problems require an otolaryngologist-head and neck surgeon, or a specialist who has extensive experience with the tools that diagnose GERD and LPR. They treat many of the complications of GERD and LPR, including: sinus and ear infections, throat and laryngeal inflammation and lesions, as well as a change in the esophageal lining called Barrett’s esophagus, a serious complication that can lead to cancer. Your primary care physician or pediatrician will often refer a case of LPR to an otolaryngologist-head and neck surgeon for evaluation, diagnosis, and treatment.

HOW IS LPR DIAGNOSED AND TREATED?

LPR (and GERD) can be diagnosed or evaluated by a physical examination and the patient’s response to a trial of treatment with medication. Other tests that may be needed include an endoscopic examination (a long tube with a camera inserted into the nose, throat, windpipe, or esophagus), biopsy, x-ray, examination of the esophagus, 24-hour pH probe with or without impedance testing, esophageal motility testing (manometry), and emptying studies of the stomach. Endoscopic examination, biopsy, and x-ray may be performed as an outpatient or in a hospital setting. Endoscopic examinations can often be performed in your ENT’s office, or may

require some form of sedation and occasionally anesthesia.

Most people with LPR respond favorably to a combination of lifestyle changes and medication. Medications that could be prescribed include antacids, histamine antagonists, proton pump inhibitors, pro-motility drugs, and foam barrier medications. Some of these products are now available over the counter and do not require a prescription. Children and adults who fail medical treatment or have anatomical abnormalities may require surgical intervention. Such treatment includes fundoplication, a procedure where a part of the stomach is wrapped around the lower esophagus to tighten the muscle (sphincter), and endoscopy, where hand stitches or a laser are used to make the lower esophageal sphincter tighter.

LIFESTYLE CHANGES TO PREVENT LPR

- Avoid eating and drinking within two to three hours before bedtime
- Do not drink alcohol
- Eat small meals and eat slowly
- Limit problem foods: caffeine, carbonated drinks, chocolate, peppermint, tomato, citrus fruits, and fatty and fried foods
- Lose weight
- Quit smoking
- Wear loose clothing



Responsible surgery

The American College of Surgeons defines the intraoperative responsibility of the primary surgeon

The American College of Surgeons has released a Statement on Principles on the responsibility of the primary surgeon during surgery. Recent news reports had raised questions about the primary surgeon initiating a second surgery before the first surgery was fully completed. These reports led to a larger discussion of the reasons why surgeons may leave an operating room during the course of a surgery and the appropriate actions that need to be taken to inform the patient and ensure continued safe care.

General statement

The primary attending surgeon is personally responsible for the patient's welfare throughout the operation. In general, the patient's primary attending surgeon should be in the operating suite or be immediately available for the entire surgical procedure. There are instances consistent with good patient care that are valid exceptions. However, when the primary attending surgeon is not present or immediately available, another attending surgeon should be assigned as being immediately available.

The definitions at the end of this Statement provide essential clarification for terms used herein.

Concurrent or simultaneous operations

Concurrent or simultaneous operations occur when the critical or key components of the procedures for which the primary attending surgeon is responsible are occurring all or in part at the same time. The critical or key components of an operation are determined by the primary attending surgeon. A primary attending surgeon's involvement in con-

current or simultaneous surgeries on two different patients in two different rooms is not appropriate.

Overlapping operations

Overlapping of two distinct operations by the primary attending surgeon occur in two general circumstances.

The first and most common scenario is when the key or critical elements of the first operation have been completed and there is no reasonable expectation that there will be a need for the primary attending surgeon to return to that operation. In this circumstance a second operation is started in another operating room while a qualified practitioner performs non-critical components of the first operation allowing the primary surgeon to initiate the second operation, for example, during wound closure of the first operation. This requires that a qualified practitioner is physically present in the operating room of the first operation.

The second and less common scenario is when the key or critical elements of the first operation have been completed and the primary attending surgeon is performing key or critical portions of a second operation in another room. In this scenario, the primary attending surgeon must assign immediate availability in the first operating room to another attending surgeon.

The patient needs to be informed in either of these circumstances. The performance of overlapping procedures should not negatively impact the seamless and timely flow of either procedure.

Multidisciplinary operations

Contemporary surgical care may require multidisciplinary operations. During such op-

erations, it is appropriate for surgeons to be present only during the part of the operation that requires their surgical expertise. However, an attending surgeon must be immediately available for the entire operation.

Delegation to qualified practitioners

The surgeon may delegate part of the operation to qualified practitioners including, but not limited to residents, fellows, anesthesiologists, nurses, physician's assistants, nurse practitioners, surgical assistants or another attending under his or her personal direction. However, the primary attending surgeon's personal responsibility cannot be delegated. The surgeon must be an active participant throughout the key or critical components of the operation. The overriding goal is the assurance of patient safety.

Procedure-related tasks

A primary attending surgeon may have to leave the operating room for a procedure-related task. Such procedure-related tasks could include review of pertinent pathology ("frozen section") and diagnostic imaging; a discussion with the patient's family; and breaks during long procedures. The surgeon must be immediately available for recall during such absences.

Unanticipated circumstances

Unanticipated circumstances may occur during procedures that require the surgeon to leave the operating room prior to completion of the critical portion of the operation. In this situation, a backup surgical attending must be identified and available to come to the operating room promptly.

Circumstances in this category might include sudden illness or injury to the surgeon, a life-threatening emergency elsewhere in the operating suite or contiguous hospital building, or an emergency in the surgeon's family.

If more than one emergency occurs at the same time, the attending surgeon may over-



see more than one operation until additional attending surgeons are available.

Surgeon-patient communication (Section II.A.)

The surgical team involved in an operation is dependent on the type of facility at which the operation is performed and the complexity of the surgery. At a free standing outpatient surgical center, many procedures are performed solely by the primary attending surgeon with no assistant. In contrast, a complex procedure at an academic medical center may involve

multiple qualified medical providers in addition to the primary attending surgeon. As part of the pre-operative discussion, patients should be informed of the different types of qualified medical providers that will participate in their surgery (assistant attending surgeon, fellows, resident and interns, physician assistants, nurse practitioners, etc.) and their respective role explained. If an urgent or emergent situation arises that require the surgeon to leave the operating room unexpectedly, the patient should be subsequently informed. ■

Definitions

In an effort to provide some standardization of nomenclature and terminology, the following definitions are provided:

Back-up surgeon/surgical attending

The qualified surgical attending who has been designated to provide immediately available coverage for an operation, during a period when the primary surgeon might be unable to fill this role.

"Concurrent or simultaneous operations" (or surgeries)

Surgical procedures when the critical or key components of the procedures for which the primary attending surgeon is responsible are occurring all or in part at the same time.

"Critical" or "key" portions of an operation

The "critical" or "key" portions of an operation are those segments of the operation when essential technical expertise and surgical judgment are required in order to achieve an optimal patient outcome. The critical or key portions of an operation are determined by the primary attending surgeon.

Immediately available

Reachable through a paging system or other electronic means, and able to return immediately to the operating room. This should be defined more completely by the local institution.

Informed consent

Described in ACS Statements on Principles II.A.

Multidisciplinary operations

One example of this would be a procedure where a surgeon of one specialty provides the exposure required by a second surgeon who performs the main surgical intervention (e.g.; a general or thoracic surgeon providing exposure for a neurosurgeon or orthopaedist to operate on the spine). Another example would be an operation that requires the involvement of two or more surgeons with different specialty expertise (e.g.; chest wall or head and neck resection followed by plastic surgical reconstruction; face or hand transplantation; repair of complex craniofacial defects).

"Overlapping or sequenced" operations for surgeons

The practice of the primary surgeon initiating and participating in another operation when he/she has completed the critical portions of the first procedure and is not essential for the final phase of the first operation. These are by definition surgical procedures where key or critical portions of the procedure are not occurring simultaneously.

Physically present

Located in the same room as the patient.

Primary attending surgeon

Considered the surgical attending of record or the principal surgeon involved in a specific operation. In addition to his/her technical and clinical responsibilities, the primary surgeon is responsible for the orchestration and progress of a procedure.

Qualified practitioner

Any licensed practitioner with sufficient training to conduct a delegated portion of a procedure without the need for more experienced supervision and who is approved by the hospital for these operative or patient care responsibilities.

AcademyU[®]

YOUR OTOLARYNGOLOGY EDUCATION SOURCE

NEW FOR 2016!

"Home Study Course Online" Available Now

Residents and practicing physicians will benefit from the flexibility and convenience of accessing the Home Study Course online. Enhanced features make this essential learning tool better than ever!

REGISTRATION NOW OPEN



Available through www.AcademyU.org, your otolaryngology education source.

- **Use on desktop, laptop, tablet, and mobile phone**
- Read online, download to a computer, or print as a PDF
- Search within the articles in each section
- Bookmark key articles and link to complementary resources
- Save money with new purchasing options and discounts
- Take advantage of no subscription deadlines, single yearly exam deadline, and no late fees
- Access immediate exam scores and course completion transcripts
- Subscribe to the entire series or buy each section individually

Register by August 1, 2016



if you wish to receive the printed version



EMORY
UNIVERSITY
SCHOOL OF
MEDICINE

Atlanta, GA, USA

Department of Otolaryngology – Head and Neck Surgery

Course Faculty:

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

Temporal Bone Surgical Dissection Courses

5 Day Courses

November 14 - 18, 2016

April 3 - 7, 2017

November 13 - 17, 2017

April 2 - 6, 2018

November 12 - 16, 2018

Fee: \$1800 Physicians in Practice
\$1500 Residents (with letter from chief)

CME: 45 Category 1 Credits

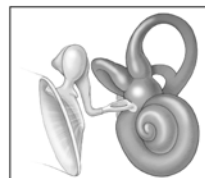
For more information, please visit our website at:

www.otolaryngology.emory.edu

or you may email us at:

emoryotolaryngology@emory.edu

THE STANFORD OTOLOGY COURSE 2016



Presented by the Department
of Otolaryngology –
Head & Neck Surgery
Stanford University
School of Medicine

NOVEMBER 3 - 5, 2016

Li Ka Shing Center for Learning and Knowledge
Stanford University Campus, Palo Alto, CA

Providing a comprehensive review of
contemporary otology & neurotology for the
practicing otolaryngologist.

Course Chairs:

Nikolas H. Blevins, MD
Robert K. Jackler, MD
John S. Oghalai, MD

Special Guest Faculty:

Manohar Bance, MB, ChB,
MSc, FRCSC
Cliff A. Megerian, MD, FACS

Registration Fee: \$595

For questions, contact:

Yolanda Cervantes

P: 650-724-9549

E: ycervant@stanford.edu

Learn more and register at:
cme.stanford.edu/otology



Stanford
MEDICINE

22ND ANNUAL

UTAH OTOLARYNGOLOGY UPDATE

June 24 - 25, 2016, Salt Lake City, UT

Guest Speakers:

Andrew F. Inglis, MD
Steven Gray Memorial Lecturer
University of Washington School of
Medicine

Colin L. W. Driscoll, MD
James Parkin Lecturer
Mayo Clinic, Rochester, MN

Randal S. Weber, MD
David Dolowitz Memorial Lecturer
University of Texas MD Anderson
Cancer Center

For more information visit:

<https://umarket.utah.edu/um2/otoupdate>

The Charleston Course *At the Beach!*

6th Annual Otolaryngology Literature Update

Medical University of South Carolina

August 5 - 7, 2016 | Kiawah Island Golf Resort, SC

***How does a busy clinician stay current in
our rapidly expanding specialty?***

Our 6th Annual Literature Update Course is designed to help!

- Expert critical assessments of over 100 of the past year's most relevant, current evidence-based publications
- Lectures and discussions that will evaluate best practices and strategies for how to translate the evidence into practice

Our faculty members will cover the entire specialty in 19 lectures over 3 half days with emphasis on the "pearls" important to your practice. We hope you will join us in a beautiful location along the South Carolina coast this August!

Paul R. Lambert, M.D.

Paul R. Lambert, M.D., Professor & Chair



Otolaryngology – Head & Neck Surgery
Contact: 843-876-0943 • Email: tayloju@musc.edu
Website: ENT.musc.edu

Otolaryngology Opportunity

Southern California, Los Angeles County

Busy ENT practice, with high volume patient referral, is seeking a BC/BE Otolaryngologist. Practice covers all areas of ENT, including Head & Neck Surgery, Audiology/Hearing Aids, and Allergy services.

We offer:

- Excellent Salary
- Health Insurance
- Malpractice Insurance
- Pension Plan
- Paid Vacation
- Equally Shared Call
- Partial Relocation Reimbursement
- Partnership Track

Contact :

Donna Olivieri, Practice Administrator

Phone: (626-506-1177)

E-Mail: entlb@yahoo.com



Allergy • Facial Plastic & Reconstructive Surgery • Head & Neck Surgery
Laryngology • Neurotology • Otolaryngology • Pediatric Otolaryngology
Rhinitis • Sleep Medicine

The American Board of Otolaryngology (ABOto) invites qualified individuals to apply for the position of full-time Executive Director to serve beginning January 1, 2018, following a six-month overlap period with the current Executive Director.

The Executive Director functions as the chief physician officer of the ABOto and works with the Board of Directors (BOD) and its officers to fulfill the ABOto's mission. Primary responsibilities include, but are not limited to, oversight of office operations, finances, the certification process, Maintenance of Certification, and implementation of strategies and policies developed by the BOD.

A successful candidate must be an ABOto Diplomate in good standing with senior-level administrative experience including fiscal management, organizational administration, and graduate medical education. Candidates must possess leadership abilities, and excellent communication and interpersonal skills. An academic background and experience with the ABOto are preferable.

Interested candidates should send (1) a statement of intent briefly describing why you are interested in the position, and (2) a current CV, to the attention of Dr. Ron Cannon, ABOto President and Chair of the Search Committee, c/o of the American Board of Otolaryngology, 5615 Kirby Drive, suite 600, Houston, TX 77005. Confidentiality will be maintained throughout the process.

The deadline for application receipt is August 15, 2016, and the interview and selection process will occur during the Fall and Winter of 2016-17.

The American Board of Otolaryngology is an equal opportunity employer.

OTOLARYNGOLOGY OPPORTUNITY

Columbus, Ohio

Ohio ENT & Allergy Physicians, a 25 physician independent practice operating in Columbus, Ohio, has openings in our Otolaryngology group. Ohio ENT & Allergy Physicians is the largest independent ENT practice in the state of Ohio. We offer a full range of services including complete audiology and vestibular services, laryngology, facial plastics, CT scanning, Hearing Aid Dispensing and our own 5 OR ambulatory surgery center. Many revenue opportunities beyond professional income including on call, ambulatory surgery center, sleep research and real estate.

Columbus is one of America's fastest growing cities with a wide range of offerings such as major league sports, great golf, wonderful arts and great schools. Columbus has a strong economy based primarily on banking, insurance, government and education.

Requirements:

Board Certified or Eligible

Excellent communication and interpersonal skills

Graduate from an accredited residency program in ENT

If interested, please contact

Jim Barlow, CEO

Ohio ENT & Allergy Physicians

(614) 273-2246 or Barlowj@ohpin.com

Ohio ENT
& Allergy Physicians
PEDIATRIC AND ADULT

www.ohioentandallergy.com

ENT PHYSICIAN

Sound Health Services, a twenty-three physician Otolaryngology group in St. Louis, MO, has an immediate opening in



One Group. Sound Health. Complete ENT Care.

their South County practice. Sound Health Services is the largest independent ENT group in the St. Louis metropolitan area. We provide full service ENT care including Audiology, Vestibular Testing, Hearing Aid Dispensing, Voice & Swallowing Services, Facial Plastics and CT Scanning.

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 hard working.

Requirements:

- Board certified or eligible
- MD/DO from approved medical/osteopathy school
- Excellent communication and interpersonal skills
- Graduation from accredited residency program in ENT

For more information about this position, please contact our Practice Manager, Rebecca Akers, at 314-843-3828, or by email at bakers@soundhealthservices.com.

You may also visit our website at soundhealthservices.com.

OTOLARYNGOLOGY PHYSICIAN

A well-respected Otolaryngology practice located in **SCOTTSDALE, ARIZONA**, is seeking a new associate to join our team. The practice offers a full range of complete ENT care.

**BOARD CERTIFIED OR ELIGIBLE IN ENT SURGERY
PARTNERSHIP TRACK
COMPETITIVE COMPENSATION AND BENEFIT PACKAGE
RELOCATION ASSISTANCE IS AVAILABLE**

This is an incredible opportunity with a well-established practice. Enjoy a beautiful environment, exceptional climate, and an outstanding quality of life.

For more information or to apply, please contact:

Attn **JOAN KILMARTIN**
Email **JOAN.KILMARTIN@HONORHEALTH.COM**
or call **602-882-4463**



**HARVARD MEDICAL SCHOOL
TEACHING HOSPITAL**



**BRIGHAM AND
WOMEN'S HOSPITAL**

DANA-FARBER/BRIGHAM AND WOMEN'S

CANCER CENTER

Head and Neck Surgical Oncologist Faculty Position

The Department of Otolaryngology at Harvard Medical School, the Division of Otolaryngology at Brigham and Women's Hospital, and the Head and Neck Oncology Program at the Dana-Farber/Brigham and Women's Cancer Center invites applications for a full-time academic head and neck surgical oncologist. Fellowship training or extensive experience in ablative surgery, reconstructive microsurgery and multidisciplinary management of head and neck cancer patients is required. This position will support the clinical and research goals of the Dana-Farber/Brigham and Women's Cancer Center and the academic mission of the Harvard Department of Otolaryngology and Laryngology.

We are interested in a collegial physician who practices excellent, compassionate multidisciplinary clinical care. The candidate should be board certified or eligible in Otolaryngology and qualified to be appointed as a faculty member at Harvard Medical School at the Instructor, Assistant Professor or Associate Professor level. Academic rank will be commensurate with experience, training, and achievements.

Brigham and Women's Hospital is a Top 10 ranked US News and World Report Academic Medical Center and is a major teaching hospital of Harvard Medical School.

Interested applicants should submit curriculum vitae to:

Stanley W. Ashley, MD at sashley@partners.org

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

Head & Neck Oncologist North Carolina

Busy eight physician single-specialty ENT private practice is currently seeking a Board Certified/Board Eligible otolaryngologist to join the practice. The practice focuses on quality care and an excellent patient experience at our well-equipped center.

Our physician owned practice is the Otolaryngology Head & Neck Surgery department for Vidant Medical Center and has an affiliation with the Brody School of Medicine at East Carolina University. Ownership interest in SurgiCenter and numerous academic and clinical programs are available at our 900-bed tertiary teaching hospital, the Children's Hospital, the East Carolina Heart Institute and a new \$200 million Cancer Center currently under construction at Vidant Medical Center.

Please send letter of inquiry to:

Office Manager

Eastern Carolina Ear, Nose & Throat –

Head & Neck Surgery, PA

P.O. Box 5007, Greenville, NC 27835

252-752-5227 • aventers@easterncarolinaent.com

With a long-standing practice, there is a broad referral base and great opportunity for the physician. Head and neck fellowship is desired but not required. We offer a competitive salary, productivity bonus incentive, generous benefits package, along with partnership opportunities and possible loan forgiveness.

Modern, spacious office includes allergy, audiology, video stroboscopy with speech language pathology and onsite CT. A large university in town offers numerous performing arts events, sports, as well as other activities. The proximity to the coast makes for easy and frequent opportunities to explore and enjoy.



**Eastern Carolina E·N·T
Head & Neck Surgery**



UNMC Otolaryngology Faculty Opportunities

The Department of Otolaryngology – Head and Neck Surgery at the University of Nebraska Medical Center in Omaha, Nebraska is rapidly growing and actively seeking BC/BE physicians with fellowship training in the following subspecialties:

- Head & Neck Surgical Oncology
- Laryngology
- Sleep Medicine
- Pediatric Otolaryngology - in affiliation with Children's Hospital & Medical Center

These positions include opportunities for premier educational program teaching, innovative research and extraordinary patient care in a world renowned academic environment.

Faculty members enjoy the benefit of new clinical facilities with a robust general Otolaryngology practice in partnership with subspecialists in neurotology, laryngology, head and neck surgical oncology, facial plastic and reconstructive surgery, rhinology and base of skull surgery, pediatric otolaryngology and allergy. We offer a highly competitive benefits package and rank and salary commensurate with qualifications.

Candidates interested in working within a dynamic and stimulating setting are encouraged to send a current CV to:

Dr. Dwight Jones, Professor and Chair
Department of Otolaryngology – Head & Neck Surgery
Email: ent@unmc.edu • Phone: 402.559.7978

Individuals from diverse backgrounds are encouraged to apply.

THE UNIVERSITY of TENNESSEE HEALTH SCIENCE CENTER

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

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

Candidates must be able to obtain a Tennessee medical license.

Letters of inquiry and curriculum vitae should be sent to:

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

Or email to: jkeys@uthsc.edu

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

Head and Neck Surgery Fellowship

The Head and Neck Fellowship is a comprehensive one-year fellowship, encompassing a full spectrum of Head and Neck Oncology, Multidisciplinary management of head and neck cancer patients, with clinical research involvement.

Clinical Focus: Head and Neck Oncologic Surgery, Microvascular Reconstructive Surgery, Skull Base Surgery, Minimally Invasive Endocrine Surgery, Transoral Laser Surgery, Transoral Da Vinci Robotic Surgery, and management of skin cancers, including melanoma, and sentinel lymph node biopsy.

Admission to the fellowship is contingent upon completion of one of the ACGME-accredited residency programs in Otolaryngology, Plastic Surgery or General Surgery and eligibility to sit for board examination in applicant's respective specialty. Applicants must be eligible for a medical license in the state of Kansas.

All interested candidates should apply via the American Head and Neck Society Match.

www.ahns.info/residentfellow



Contact:
Samantha Hall
Senior Coordinator
at 913-588-6739 or
shall7@kumc.edu
www.kuent.info

Rhinology and Skull Base Surgery Fellowship

The Department of Otolaryngology-Head & Neck Surgery at the University of Kansas Medical Center has added a new Rhinology and Skull Base Surgery Fellowship and is currently accepting applications for the 2017-2018 academic year.

Under the mentorship of Drs. Alexander Chiu and David Beahm, this one-year fellowship will facilitate exposure to a large volume of sinus and skull base procedures. The fellow will also be afforded tremendous opportunities for clinical and/or translational research within the department's research program. The fellow will learn medical management of sinonasal disease and otolaryngic allergy practice via experience in outpatient clinics.

Eligible applicants must have successfully completed an ACGME-accredited Otolaryngology residency training program, are expected to be American Board certified/eligible and must be able to obtain a Kansas and Missouri medical license.

All interested candidates should apply via the SFMatch.

www.SFMatch.org

ACADEMIC PEDIATRIC OTOLARYNGOLOGIST

NYC Suburbs

The Division of Pediatric Otolaryngology at the Cohen Children's Medical Center of New York seeks a Board Certified/Board Eligible fellowship trained Pediatric Otolaryngologist to join our growing academic program.

The Cohen Children's Medical Center is the largest pediatric teaching hospital in the New York metropolitan region, treating over 230,000 children per year. It is the tertiary pediatric medical center of Northwell Health (formerly known as North Shore-LIJ Health System) and the only accredited Level-1 Pediatric Trauma Center verified by the American College of Surgeons in the metro area. We are a major site for the Albert Einstein College of Medicine Otolaryngology residency training program. In addition to the renowned tertiary clinical resources that we offer, our faculty also enjoys access to the scholastic and research resources of the Feinstein Institute for Medical Research.

Long Island is home to the world's most beautiful beaches and state parks which offer an array of outdoor activities. You can easily access Manhattan within 30 minutes to catch a Broadway show, visit a museum or attend a performance at the Met. Whatever your lifestyle, you can find a neighborhood to call home.



We offer a competitive salary and benefits package. An academic appointment at the Hofstra Northwell School of Medicine is commensurate with experience. For further details, please contact: Office of Physician Recruitment, Northwell Health, OPR@northwell.edu. EOE M/F/D/V.

North Shore-LIJ Medical Group is now Northwell Health Physician Partners

SOUTH FLORIDA ENT ASSOCIATES



South Florida ENT Associates, a fifty-five physician group practice operating in Miami-Dade, Broward and Palm Beach Counties, 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

A position is available at the Assistant or Associate Professor level in the Department of Otolaryngology/ Head & Neck Surgery



NEUROTOLOGIST/OTOLOGIST

- Rank commensurate with experience
- Excellent resources are available in this rapidly expanding program
- Fellowship training required

To apply and receive additional information about the support associated with this opportunity, please contact:

Stil Kountakis, MD, PhD, Professor and Chairman
Department of Otolaryngology-Head & Neck Surgery
1120 Fifteenth Street, BP-4109, Augusta, Georgia 30912-4060

Or email skountakis@gru.edu



AUGUSTA
UNIVERSITY

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



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 phonosurgery (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





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



BE PART OF NEW YORK'S PREMIER ENT PRACTICE


One of the largest and most established private practices in the Greater New York area. Specializing in all facets of General Otolaryngology, Facial Cosmetic Surgery, Laryngology, and Otology.

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

For more information contact Carlos Lopez at (516) 220-6448 or nyents@optonline.net

Do you have a position, course, or meeting you would like to promote?

The Bulletin is the perfect vehicle to reach your audience. Contact **Suzee Dittberner** today at **913-344-1420** or **sdittberner@ascendmedia.com**.




Head and Neck Surgery and Reconstruction Fellowship

The Department of Otolaryngology-Head and Neck Surgery in conjunction with University Hospitals Case Medical Center and the Seidman Cancer Center is proud to continue its competitive one-year Head & Neck Surgery and Reconstruction fellowship beginning July 2017. The head and neck surgical team includes **Drs. Pierre Lavertu, Rod Rezaee, Nicole Fowler and Chad Zender**.

This one year fellowship offers advanced training in:

- Microvascular free tissue transfer
- **Over 150 cases per year**
- Endoscopic and open skull base surgery
- Minimally invasive head and neck surgery
- Transoral laser and transoral robotic surgery
- Sentinel node mapping for head and neck melanoma

Applicant requirements:

- Completion of an ACGME accredited Otolaryngology-Head and Neck surgery residency
- ABO board eligible or certified
- Ohio Medical license eligible

Fellowship requirements and opportunities include:

- Clinical duties
- Teaching residents and medical students
- 1-12 call
- Clinical or basic science research
- Participation in our resident microvascular course and skull base workshop
- Travel and presentation at national meetings
- Productivity bonus in line with a **competitive fellowship salary**


Please visit <http://uhhospitals.org/ENT> to view the position online and to submit CV for consideration.

For more information please contact:

Chad Zender, MD, FACS

Associate Professor • Director of Head and Neck Fellowship • Vice Chair of Clinical Affairs and Translational Research
University Hospital-Case Medical Center • Department of Otolaryngology-Head and Neck Surgery

Chad.Zender@UHHospitals.org • 216-844-5307




Otolaryngology

Call This Top 10 Community Home

McFarland Clinic PC

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



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

EEO/AA Employer/Protected Vet/Disabled
Contact Doug Kenner
866.670.0334 or dkenner@mountainmed.net

Chester County Otolaryngology & Allergy Associates

SCENIC PHILADELPHIA SUBURBS

- Flourishing four physician Otolaryngology practice seeking an additional BC/BE physician.
- Located in beautiful Chester County, Pennsylvania's fastest growing county, with easy access to Philadelphia, New York City, Washington DC, mountains, and shoreline.
- Current services include audiology with hearing aid dispensing and balance testing, sinus surgery and allergy testing/immunotherapy, endocrine surgery, head and neck oncologic surgery, reconstruction of malignant cutaneous defects, and general pediatric and adult otolaryngology.
- Competitive salary, early partnership, health/dental insurance, 401k/Profit Sharing, paid CME and vacation.

Interested candidates please forward letter of interest and curriculum vitae to Alice via email at ccofps@comcast.net.




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 five 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, laryngology, and neurotology.

- Full employment with ProMedica Physicians
- "Built in" referral base and high volume

- Call shared equally among all members (currently 1:5)
- 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

Please visit www.promedica.org/doctors

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 © 2014 ProMedica

Bulletin content at your fingertips

Read the *Bulletin* online or on your mobile device, including longer versions of some stories and bonus content not found in print.

Visit entnet.org/bulletin today!



Head and Neck Surgical Oncologist/ Microvascular Reconstructive Surgeon

FULL-TIME BE/BC FACULTY FELLOWSHIP TRAINED FACULTY

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

Please direct your Letter of Interest and CV to:

Vicente Resto, MD, PhD, FACS

Chair, Department of Otolaryngology, UTMB Health
301 University Boulevard, Galveston, TX 77555-0521

Email: varesto@utmb.edu Phone: 409-772-2701

utmb Health



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

Assistant, Associate, or Full Professor in the Division of Laryngology Stanford University School of Medicine Department of Otolaryngology-Head and Neck Surgery

The **Division of Laryngology** in the Department of Otolaryngology-Head and Neck Surgery at **Stanford University School of Medicine** seeks a board-certified Otolaryngologist to join the department as an **Assistant Professor, Associate Professor, or Full Professor in either the Medical Center Line or the Clinician Educator Line**. Faculty rank will be determined by the qualifications and experience of the successful candidate.

The predominant 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 major criteria for appointment for faculty in the Clinician Educator Line shall be excellence in clinical care, clinical teaching, and scholarly activity.

The successful applicant should be board eligible or board certified in Otolaryngology-Head and Neck Surgery. We expect the successful candidate to develop an active clinical practice in laryngology, be an active teacher of medical students and residents, and to develop a robust research program.

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.

Submissions will be reviewed beginning May 1, 2016, and accepted until position is filled.



S
T
A
N
F
O
R
D
*



*
O
T
O
L
A
R
Y
N
G
O
L
O
G
Y
*

Submit curriculum vitae, letter of inquiry, and the names and addresses of three references to:

Lori Abrahamsohn

Faculty Affairs Administrator
Department of Otolaryngology-
Head and Neck Surgery
801 Welch Road, 2nd Floor
Stanford, CA 94305

Lori4@stanford.edu

p: 650-724-1745

f: 650-725-8502



University of Wisconsin Department of Surgery
**DIVISION OF OTOLARYNGOLOGY-
 HEAD & NECK SURGERY**
Remarkable People. Remarkable Results.

University of Wisconsin – Madison Assistant/Associate/ Professor Laryngologist

The Division of Otolaryngology, Department of Surgery at the UW School of Medicine and Public Health, is seeking a full-time, board eligible or board certified laryngologist to join our excellent team of academic physicians in a state-of-the-art environment. Requirements include completion of a one-year laryngology fellowship training program and board certification in Otolaryngology. The incumbent will develop a clinical practice and establish and/or continue an extramurally funded research program in laryngology. Protected time will be assured for research. A strong commitment to teaching residents and medical students is required. Faculty appointment will commensurate the candidate's experience and academic credentials. The successful candidate will also participate in departmental, professional, public, and university service appropriate to the faculty rank.

A competitive salary and fringe benefit package will be provided. If interested, please submit a letter of interest and curriculum vitae to:

K. Craig Kent, MD
 Chairman, Department of Surgery
 University of Wisconsin-Madison
 H4/710 Clinical Science Center
 600 Highland Avenue
 Madison WI 53792-7375
officeofthechair@surgery.wisc.edu

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

WE ARE UNMATCHED IN **REWARDING** OUR MEMBERS FOR PRACTICING GOOD MEDICINE

As a company founded by doctors for doctors, we believe that doctors deserve more than a little gratitude for an outstanding career. That's why we created the Tribute® Plan—to reward our members for their loyalty and commitment to superior patient care with a significant financial award at retirement. How significant? The highest distribution to date is \$138,599. This is just one example of our unwavering dedication to rewarding doctors.

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

CALL 888.536.5346 OR VISIT WWW.THEDOCTORS.COM



Tribute Plan projections are not a forecast of future events or a guarantee of future balance amounts.
For additional details, see www.thedoctors.com/tribute.

UNMATCHED REWARDS