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

AUGUST 2016



OTO **exp**erience

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candidate statements

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brings the world to you

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THE MORE

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OF HOSPITAL.



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AAO-HNSF Annual Meeting

September 18-21, 2016

Discover why at Mount Sinai's Department of Otolaryngology – Head and Neck Surgery. A world leader in the treatment of HPV-associated oropharyngeal cancers using robotic surgery to deescalate therapy and reduce toxicity, we have forged groundbreaking treatments, diagnostics, and technological advances in this exciting field. Additionally, our experts are on the faculty of the Icahn School of Medicine at Mount Sinai, ranked among the nation's top medical schools by *U.S. News & World Report*, and the Head and Neck Cancer Research Program is the foremost international resource for tumor dormancy.

- Head and Neck Institute
- Center for Hearing and Balance
- Center for Thyroid and Parathyroid Diseases
- Grabscheid Voice and Swallowing Center
- Skull Base Surgery Center
- Sleep Surgery Program



bulletin

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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

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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

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Embrace the Experience

OTO Experience and all Annual Meeting venues offer more than 250 ways to expand your knowledge of the specialty

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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 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

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

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.

● ARS 62nd Annual Meeting

September 16-17, 2016 | Manchester Grand Hyatt Hotel, San Diego, CA

Special Guests: European Countries

12th Annual Distinguished David W. Kennedy Lecturer:
Ricardo Carrau, MD - *Endoscopic Skull Base Surgery: State of the Art & Future Directions*

Saturday, 9/17/16

Residents & Fellows in Training Luncheon

12:15pm - 1:00pm
(Supported by Entellus Medical) "Five mistakes I made so you don't have to: How to succeed as a Young Rhinologist" - Moderator: Jamie Litvack, MD

Abstract Deadline: 6/10/16; Manuscript Deadline: 8/19/16

HOUSING NOW OPEN:

http://www.american-rhinologic.org/annual_lodging

Women in Rhinology

11:45am - 1:00pm
Live Broadcasting for Intn'l Countries

Poster Presentations & International Countries Welcome Reception

5:30pm - 7:00pm

ANCILLARY NON-CME & Social Events

- ARS Resident Course and Cadaver Lab with Satellite Symposia
- Inaugural Residents Course

Thursday, 9/15/16

1:00pm - 5:00pm (Sponsored by Acclarent/Olympus) **Didactic Session:** To give a detailed overview of rhinologic topics directed at a resident audience. Topics will cover medical, surgical and practice related issues.

5:30pm - 7:00pm (Sponsored by Intersect ENT) **Reception:** To give the residents an opportunity to network with current leaders of the ARS and Fellowship directors who they will want to work with in the future. **Residents must obtain housing via the housing link below.**

Friday, 9/16/16

8:00am - 12:00pm (Sponsored by Acclarent/Olympus) **Dissection Lab:** The purpose of the cadaver dissection portion of the ARS Resident Course is to give residents an opportunity to see experts in the field prosecuting specific rhinologic procedures and then getting the chance to practice those same techniques themselves via cadaver dissection.

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

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

www.american-rhinologic.org

Delivering value to Members

How do things get done at the Academy and Foundation? Our tag line—You care for patients; we care for you—isn't just advertising; it reflects the work done by incredible AAO-HNS staff for every otolaryngologist from training through retirement.

A suggested initiative is considered only if it is in line with the Mission and Strategic Plan. The Strategic Plan has been hammered out by the Boards of Directors and breathed into life by our 70 staff members working with physician leaders.

They dedicate their time, energy, and expertise so that we can focus on patient care, research, teaching, and our personal interests. It has taken me a few years to grasp much of the intricacy of what goes on at the Academy and Foundation, and I thought I would distill a recent week, by no means representing all of the functions that are a necessary and integral part of the infrastructure, but conveying a calendar of value.

Monday: Your needs come first each week.

Key Member communications are developed and disseminated as well as communications for the public, including the media. Media inquiries often result in immediate outreach to Member otolaryngologists for interviews that ultimately are reported back in the weekly news digest. Working with committees, headquarter specialists also conduct our public service campaigns.

Tuesday: Education is a cornerstone for value and this is a busy time of year.

AcademyU® offerings have grown exponentially and are much sought-after. Education activities will be the focus of my next month's *Bulletin* column. Don't miss reading about the most recent programs. As you and 6,000 other expected attendees experience the AAO-HNSF 2016 Annual Meeting & OTO EXPOSM in San Diego September 18-21, know that it has taken staff months of detailed preparation to make it all go smoothly.

This year's Annual Meeting will host the first ever International Symposium, where presenters from around the world will share their knowledge.

Along similar lines, the AAO-HNSF helps Members coordinate international representation at meetings across the globe. A particular success was the 35th Pan-American Congress on OHNS in Havana, Cuba, in June.

Wednesday: Getting your needs met relies on the expertise of technology.

Being anticipatory of, and responsive to, rapid changes in this arena keeps our Academy and Foundation at the cutting edge. Headquarters folks work with all other staff functions and with the Member database to improve, develop, and/or upgrade programs. Member services rely on these databases and additional technological resources to facilitate inquiries and registrations for the Home Study Course, Annual Meeting, patient information leaflet and licensing orders, and so much more.

Thursday: Member networks and legislative advocacy activities keep you connected.

Often the week's actions include Capitol Hill and state-level meetings and outreach programs, coordinating Members' meetings with legislators in the I-GO program, and working for ongoing clinical otolaryngology legislation and appropriations. Staff support of the Board of Governors, Women in Otolaryngology Section, Young Physicians Section, and Section for Residents and Fellows-in-Training is crucial in supporting their programs.

Friday: Research, quality, and health policy endeavors continue non-stop to identify and influence, when possible, outcomes for patients and regulatory issues that affect our practices.

AAO-HNS/F actions dealing with measures reporting and payment under MACRA and its work with the AMA CPT and RUC on coding are of paramount importance to Members and patients. Clinical Practice Guidelines and Consensus Statements require constant management to keep current.

And last but not least, sustaining firm footing and AAO-HNS/F longevity includes financial management, portfolio strategy, coupled with governance and human resources.

Governance of the organization—human resources, committees, Board and Executive Committee meetings, and annual elections—plays a key role in our future footing. Daily vigilance adds up to overall value delivered. This particular week dealt with performance appraisals systems and strategic work plans as well as finalizing committee appointees lists.

So when you pass or see a staff member in a red shirt or sweater in San Diego, you may have a better sense of the value they represent and recall the work done and benefits received. ■



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

“Staff members dedicate their time, energy, and expertise so that we can focus on patient care, research, teaching, and our personal interests.”

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red, vented



clear, vented



pink, non-vented



blue, non-vented



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"DPP help prevent repetitive Otitis Media after Tubes."

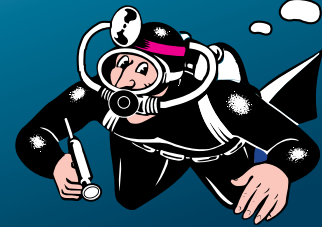
"DOC'S PROPLUGS are the ultimate after Ventilation Tubes."



"Less cold, less Surfer's Ear."



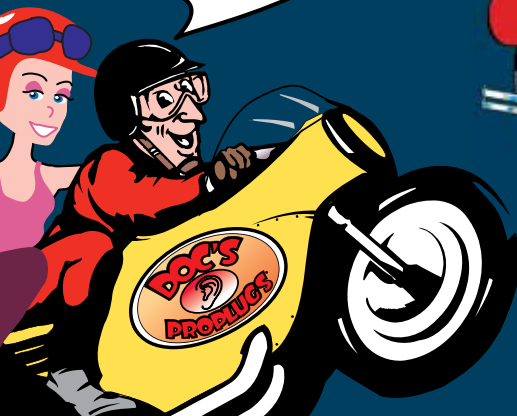
"I'm sure glad my instructor turned me on to vented DOC'S PROPLUGS."



"Proplugs or bust, cold water and wind gives me Surfer's Ear."



"Less high-frequency wind & engine, can hear girlfriend's voice."



"I can whack at my drums and still hear the singer."



Hola from Havana

I have just returned from Havana, Cuba, where I had the pleasure of attending the 35th Pan-American Congress on Otolaryngology-Head and Neck Surgery. This meeting was an exceptional learning opportunity for me on many levels including, but not limited to, the practice of otolaryngology. Havana rolled out the red carpet and welcomed over 1,000 attendees to the convention center for this momentous meeting marked by the largest contingent from the United States to ever attend this event. A diverse group of attendees predominantly from South and Central America was welcomed by the Cuban Society of Otolaryngology and its president Prof. Dr. Antonio S. Paz Cordovez and treated to a stimulating, comprehensive multinational program covering the breadth of the specialty. The different perspectives and experiences described in these multinational presentations were thought provoking and informative and highlighted the educational value of diverse experience in patient care.

The interactions with our international colleagues stressed our increasing ability and willingness to share both cultural and medical experiences for the benefit of our patients across the globe. There was considerable excitement among the international attendees as our delegation, headed by AAO-HNS/F President **Sujana Chandrasekhar, MD**, President-elect **Gregory W. Randolph, MD**, and Coordinator for International Affairs **James E. Saunders, MD**, presented our plan for the International Symposium that will premiere at our Annual Meeting in San Diego.

Our plans for the AAO-HNSF International Advisory Board, which will consist of members of our International Corresponding Societies and holds its first meeting at our 2017 Annual Meeting in Chicago, were well received. Dr. Chandrasekhar continued her worldwide promotion of the AAO-HNS and otolaryngology-head and neck surgery with a number of presentations, which she delivered in Spanish. I thank both our hosts in Cuba and the Pan-American Association for organizing this landmark meeting as well as the exceptional hospitality and friendship they showed our delegation.

The quality of this program heightens the exciting buildup to our meeting in San Diego, where we will have six distinct sessions for international presentations in our International Symposium. There will be an updated presentation on our clinical data registry, RegentSM, along with enrollment opportuni-

ties for founding Member-participants, and an outstanding Opening Ceremony speaker in physician, entrepreneur, and former astronaut Mae C. Jemison, MD. San Diego is a great city for a meeting and I encourage you to finalize your plans to attend.

Help with CMS regs, structures

The Centers for Medicare & Medicaid Services (CMS) released its proposed rule regarding the structure in detail of the Merit-based Incentive Payment System (MIPS) and Alternative Payment Models (APMs) on April 27. Our health policy team in collaboration with multiple medical organizations thoroughly reviewed the 962-page document and forwarded comments to CMS relating to our Members' participation in these new payment models described in the MACRA bill passed in 2015. The final rule will come out most likely in late October. We acknowledged policies that we feel will benefit physicians and patients and pointed out concerns we have with the rule. A significant concern is the short turnaround Members will have to comply with the rule that comes out two months prior to the proposed start date for 2017 data gathering. This data will apply to the original MIPS payments in 2019. It will require significant education no matter what practice setting Members work in. This comes at a time when CMS will also be initiating a program to gather data on 10- and 90-day global surgical periods using a new G code system. We pointed out the severe burden this will place on our Members to make major changes into systems at the same time and ask for a minimum six-month delay to begin the MIPS reporting. We feel there is also unnecessary complexity in the calculation of a number of the MIPS scoring system.

An encouraging portion of the proposed rule involves specialty-based registries and qualified clinical data registries (QCDRs). **It is apparent from the rulemaking that providers participating in a registry will have a significant advantage in meeting the reporting requirements in three of the four pillars described in the MIPS system.** We will have details about these opportunities at our presentation on RegentSM, our QCDR and clinical data registry, at the Annual Meeting. The presentation format will include extensive question-and-answer period to clarify how a registry will facilitate participation in the federal payment systems. I encourage everyone to attend that presentation and sign up in our registry. ■



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

“The interactions with our international colleagues stressed our increasing ability and willingness to share both cultural and medical experiences for the benefit of our patients across the globe.

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Plan for the future with Practice Management sessions

A Board of Governors Miniseminar and two Physician Payment Policy Workgroup (3P)-supported Miniseminars have been included in the robust Annual Meeting schedule to provide even more exciting learning opportunities. Please mark your calendars so you don't miss these sessions!

Board of Governor's Hot Topics: How to Survive and Succeed in Practice in 2016 **Sunday, September 18, 2016**

10:00 am – 12:00 pm

Quality is the buzzword for 2016. As new mandates, regulations, and expectations start to take effect, physicians will face the difficult challenges of understanding, complying, and surviving these requirements. Panelists will discuss the Merit-based Incentive Program (MIPS), Physician Consortium for Performance, and the Sunshine Act, among other topics, and focus on how physicians can understand the various rating systems and improve their quality scores. This presentation will include discussions on patient perception, public quality rating management, and maintaining a beneficial web presence.

Business of Medicine for Residents and Fellows Planning for the Future **Monday, September 19, 2016**

3:45 pm – 5:45 pm

Once the residency and fellowship training period ends, the focus shifts to the various practical questions surrounding providing quality care to patients and how to navigate everyday life as a practicing otolaryngologist-head and neck surgeon. This course has been designed to prepare residents and fellows to tackle the important decisions they will need to make in the future—from choosing a place to practice and interviewing for a position to selecting maintenance of certification courses and advancing their practice. All residents and fellows are encouraged to attend.

New Payment Models: Effects on Otolaryngology Reimbursement

Wednesday, September 21, 2016

7:30 – 8:30 am

The Academy, through the Ad Hoc Payment

Model workgroup, continuously analyzes the trends and developments in current payment reform efforts. We work to keep you well informed of the payment reform trends so that you know how changes to current alternative

Get started with RegentSM at the

The AAO-HNSF Annual Meeting & OTO EXPOSM in San Diego is right around the corner. If you want to learn more about RegentSM, then make sure to attend the Regent Miniseminar, The Future Is Now, Regent: The First Otolaryngology-Specific Clinical Data Registry, and visit the Regent booth in the Sails Pavilion of the San Diego Convention Center. The Regent team will be available to answer all of your questions, demonstrate the live Regent registry, and walk you through the Regent Signup Portal to execute your contract.

The Regent Miniseminar is taking place from 9:45 am to 11:30 am on Sunday, September 18, immediately following the Opening Ceremony. It features **James C. Denny III, MD**, as moderator, who will provide an overview of the registry's substantive capabilities. The following panelists will address important aspects of Regent:

■ **James C. Denny III, MD (Moderator and Opening Remarks):** How Far We Have Come: One year from an-

nouncement of Regent, Value, Governance and Clinical Advisory Committee structure

■ **Lisa Ishii, MD, MHS (Presenter):** Where We Are Going Next: Regent Pilot Overview, timeline for full launch, measures development through the Clinical Advisory Committees, and transition to eMeasures

■ **Tim Parr, Vice President, Technology, FIGmd (Presenter):** Registries Future: Latest FIGmd technology updates (Measure Authoring Tool) technology to support and incorporate additional MIPS requirements, future technology related trends for registries

■ **Louise Eddy, MS, CCC/A (Presenter):** Reflections of a Regent Practice: Being actively engaged, data extraction process, and measures data review with FIGmd, and important facts for practice sites

Please also make sure to stop by the Regent booth, which is open Sunday, September 18, 2016, through Wednesday, September 22, to test drive Regent and execute your contract before the September 30 deadline. ■



The logo features a stylized white 'Q' on a red background, followed by the word 'Regent' in a large, white, sans-serif font. Below 'Regent' is the text 'ENT CLINICAL DATA REGISTRY' in a smaller, white, all-caps, sans-serif font. A small 'SM' trademark symbol is located at the top right of the word 'Regent'.

payment models (APMs) will affect our profession and our patients in the near future.

Join a panel of Academy payment reform experts as they share their personal experiences with APMs, focusing on the potential benefits and risks for otolaryngologist-head and neck surgeons. Additionally, Ad Hoc Payment Model workgroup leaders will discuss recent Academy efforts to work with private payers and Centers for Medicare & Medicaid Services (CMS) to develop potential models that would allow for otolaryngologists-head and neck surgeons to participate in newly developed MIPS, APMs, or Advanced APMs. ■

Annual Meeting

**September 30 is deadline
for 2016 PQRS reporting,
first 1,000 free year offer**

PQRS Reporting for 2016 via Regent

If you have an electronic health record and want to utilize Regent for 2016 PQRS reporting, it's important that you get started now, as all contracts for individuals and practices seeking to use Regent for 2016 PQRS reporting must be completed by September 30, 2016.

First 1,000 free year offer

For all Members who signed up via the Regent web page or who had their badges scanned at the AAO-HNSF 2015 Annual Meeting & OTO EXPOSM in Dallas, TX, last September, you must execute your Regent contract by September 30 to secure your first year free access to Regent. Regular pricing goes into effect October 1, 2016.

2016 AAO-HNS election results

The AAO-HNS extends its greatest appreciation to the candidates of the 2016 election for their dedication and willingness to serve. The Nominating Committee presented the membership with an outstanding slate of candidates. The AAO-HNS thanks the committee for its meaningful deliberations. Committee Members are: **Gayle E. Woodson, MD (chair)**, **Susan R. Cordes, MD**, **David R. Edelstein, MD**, **Stacey L. Ishman, MD, MPH**, **Bradley W. Kesser, MD**, **Albert L. Merati, MD**, **Brian A. Moore, MD**, **Spencer C. Payne, MD**, **Lawrence M. Simon, MD**, and **Joseph C. Sniezek, MD**. **James C. Denny III, MD**, AAO-HNS/F EVP and CEO, and **Susan D. McCammon, MD**, chair of the Ethics Committee, serve as ex-officio Members of the committee without a vote.

We also extend our greatest appreciation to all the candidates for their willingness to run for office and serve the AAO-HNS and its Members. You are all dedicated Members and you are greatly appreciated.

Election results

President-Elect: **Gavin Setzen, MD**

Director-at-Large/Academic: **Sonya Malekzadeh, MD**

Director-at-Large/Private Practice: **Peter J. Abramson, MD**

Audit Committee: **Jerome W. Thompson, MD, MBA** (unopposed/incumbent)

Nominating Committee/Academic: **Earl H. Harley, MD**, and **Cherie-Ann O. Nathan, MD**

Nominating Committee/Private Practice: **Catherine R. Lintzenich, MD**, and **Brian J. McKinnon, MD**

Bylaws changes

Also approved were the two Bylaws changes cited below. Please see www.entnet.org/content/annual-election-0 for the complete wording of the updated Bylaws Amendments.



Life Fellow/Life Members

Approved: The proposed language change to Section 2.07. Life Fellow/Life Members of the AAO-HNS Bylaws will serve to more clearly define what constitutes a "life member." The current language defines a life member as any physician who has been a Fellow or Member of the Academy for 35 years. The new proposed language defines a life member as any physician who has held continuous membership with the Academy for a minimum of 35 years, and is fully retired from the practice of medicine. All current life fellow/life members would be grandfathered in and not be impacted by this change. In addition, should a physician who is fully retired and is doing humanitarian work by seeing patients, the physician is still considered "fully retired" for the purposes of the definition.

Nominating Committee

Approved: The proposed amendments to the Nominating Committee are: a) to extend the term of service from two years to three years for all elected Nominating Committee members, and b) to add four more elected members (2 each Academic and Private Practice) to allow for staggered terms and easier transition of new members as each learns how to become a productive member of the committee (i.e., four roll off each year); this would increase the number of elected members from eight to 12. ■

New hypoglossal nerve stimulation codes available

In February, the Academy's CPT team presented a code change proposal at the CPT Editorial Panel meeting requesting the creation of several new Category III codes for the insertion and/or replacement of chest wall sensor for the treatment of obstructive sleep apnea. These codes were approved by the AMA and released and available for reporting on July 1, 2016. CPT Category III codes are a set of temporary codes that allows data collection for emerging technology, services, and procedures. These codes are intended to be used for data collection to substantiate widespread usage or to provide documentation for the Food and Drug Administration (FDA) approval process.

It is important to note that CPT Category III codes are not referred to the AMA/Specialty Society Relative Value Scale Update Committee (RUC) for valuation because no relative value units (RVUs) are assigned to these codes. Payment for these services or procedures is based on the policies of payers and not on a yearly fee schedule.

The new codes, officially implemented by payers on January 1, 2017, but available for reporting on July 1, 2016, for the insertion and/or replacement of chest wall sensor for the treatment of obstructive sleep apnea include:

●●0466T Insertion of chest wall respiratory sensor electrode or electrode array, including connection to pulse gen-

erator (List separately in addition to code for primary procedure)
(Use 0466T in conjunction with 64568)

●0467T Revision or replacement of chest wall respiratory sensor electrode or electrode array, including connection to existing pulse generator
(Do not report 0467T in conjunction with 0466T, 0468T)
(For revision or replacement of cranial nerve [e.g., vagus nerve] neurostimulator electrode array, including connection to existing pulse generator, use 64569)

●0468T Removal of chest wall respiratory sensor electrode or electrode array
(Do not report 0468T in conjunction with 0466T, 0467T)
(For removal of cranial nerve [e.g., vagus nerve] neurostimulator electrode array and pulse generator, use 64570)

The new code set is used to describe implantation, revision/replacement, or removal of the chest wall sensor(s) attached to a cranial nerve neurostimulator electrode array and pulse generator for

the treatment of selected patients with obstructive sleep apnea. With these new codes, as of July 1, 2016, a surgeon is no longer to use CPT 64999 hypoglossal nerve stimulator implantation.

Instead, surgeons should report both 64560-64570 and the corresponding 0466T-0468T depending for insertion, revision/replacement, and/or removal. For example, de novo insertion of a hypoglossal nerve stimulator with chest wall sensor would be reported with both 64568 and 0466T. The new Category III codes report the chest wall sensor electrode work only.

Additionally, editorial changes were made to CPT codes 64568, 64569, and 64570 to account for the new codes. In conjunction with the release of these new codes, the Academy is working with the AMA to develop updated *CPT Assistant*®, CPT for ENT, and *Bulletin* articles for the use of CPT code 64568 and the newly created Category III codes. The Academy is in the process of developing and reviewing the guidance in conjunction with the AMA. We do not have a date for publication set at this time, but plan to be able to distribute the information as soon as it is available to the public. Visit the Academy's Coding Corner at www.entnet.org/content/coding-corner to check for updates on these educational materials and view other Academy coding resources. ■

Your advocacy guide to the Annual Meeting

With the AAO-HNSF 2016 Annual Meeting & OTO EXPOSM approaching, now is the time to learn more about advocacy-related programming available at the upcoming meeting in San Diego, CA. The main legislative advocacy booth, located near the Convention Center Sails Pavilion, will be open daily through Tuesday, September 20. And to better serve our Members, a booth will be operational in close proximity to the various Board of Governors (BOG) meetings on Saturday, September 17. The two booths will provide attendees with greater access to information regarding the Academy's legislative, politi-

cal, and grassroots initiatives.

Stop by one (or both) of the booths to learn more about our various program offerings and to:

- Receive updates on state and federal legislation impacting your practice and your patients;
- Join the ENT Advocacy Network for timely updates on political and legislative issues affecting the specialty and receive a free subscription to a monthly e-newsletter, *The ENT Advocate*;
- Volunteer to be a "state tracker" for the specialty;
- Learn how to participate in the BOG-sponsored PROJECT 535 initiative; and
- Help ensure the Academy is well-prepared for the upcoming Congressional elections by becoming a 2016 ENT PAC Investor!*

In recognition of our 2016 ENT PAC Investors and advocacy leaders, the ENT PAC Board of Advisors and staff have also scheduled various events during the meeting. Please mark your calendars to join these events:

■ **Annual ENT PAC Investors "Thank-You" Reception.** This popular event is scheduled for the evening of Monday, September 19. U.S. AAO-HNS Members who make contributions of \$100 or more to ENT PAC (prior to, or during, the meeting) are invited to the event. Residents are invited to attend for a donation of \$50 or more.

■ **Advocacy Leadership Luncheon (invitation only).** The luncheon, hosted by the ENT PAC Board of Advisors, is a unique opportunity to learn about the Academy's political strategy

CT-related Miniseminars and Instruction Courses

There are over 100 CT imaging and other CT-specific courses available as part of the 2016 AAO-HNSF Annual Meeting & OTO EXPOSM. These CT-related Miniseminars and Instruction Courses are included as a part of the meeting's enhanced all-inclusive learning program and require no additional registration fees. Participation in any or all of these courses can provide credit toward the CME requirement for accreditation and reimbursement by CMS. Explore the courses and plan your schedule today with our comprehensive list of CT-related Miniseminars and Instruction courses at www.entnet.org/content/imaging-services.

Don't want to wait until the Annual Meeting to take advantage of the Foundation's related material? Visit AcademyU[®] and search for imaging to see all of the courses currently available. AcademyU activities can be accessed on a desktop, tablet, or mobile device and include special pricing for Members. Go to www.academyu.org now to learn more. ■

and decision-making process, while also networking with fellow colleagues. This year's luncheon will be held on Monday, September 19, from 11:30 am to 1:00 pm.

For more information regarding the above-mentioned advocacy-related events, contact govtaffairs@entnet.org. We look forward to seeing you in sunny San Diego! ■

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

2016 BOG Awards announced

Each year, the AAO-HNS Board of Governors (BOG) highlights outstanding individual efforts of its state societies and Members. Below are the results of the 2016 BOG Awards. Congratulations to the winners!

BOG Model Society Award

The Model Society Award recognizes outstanding local/state/regional societies that exhibit effective leadership. The 2016



Model Society Award is based on activities from February 1, 2015, through January 31, 2016.

The **Connecticut Ear, Nose & Throat Society (CT ENT Society)** is the recipient of the 2016 BOG Model Society Award. The CT ENT Society is well-represented on the BOG by **David S. Boisoneau, MD**, BOG governor, **Raymond Winicki, MD**, BOG legislative representative, and **Ken Yanagisawa, MD**, BOG Socioeconomic & Grassroots representative.

In 2015, CT ENT Society participated in several public awareness activities, including, but not limited to, a Doctor's Day at the Capitol, the organization of many free statewide head and neck cancer screenings during Oral, Head, and Neck Cancer Awareness Week, political candidate fundraisers, and a World Voice Day proclamation/resolution in the state legislature. The CT ENT Society also provided two full-day educational (CME) meetings, participated in an annual conference for office and practice administrators, conducted monthly meetings of their executive committee, and hosted an active website to keep their membership informed.



BOG Model Society Honorable Mention Award

The **Virginia Society of Otolaryngology-Head & Neck Surgery (VSO-HNS)** is recognized with the 2016 BOG Model Society

Honorable Mention Award. The society is well-represented on the BOG by **Spencer C. Payne, MD**, BOG governor, **Patrick J. Gibbons, MD**, BOG legislative representative, and **Eric M. Gessler, MD**, BOG Socioeconomic & Grassroots representative.

The VSO-HNS provided a free screening for head and neck cancer at the Richmond International Raceway to help raise awareness and identify risks. Society members from across the state, including representatives from all VA academic departments, participated in the event. The VSO-HNS also held its annual White Coat Day where members visited with their state delegates and senators, as well as with other members of the general assembly committees with jurisdiction over critical healthcare legislation.

BOG Practitioner Excellence Award

The Practitioner Excellence Award recognizes the prototypical clinical otolaryngologist one wishes to emulate and is sought out by other physicians because of their personal and effective patient care. In addition to his or her clinical skills, the nominee must possess one or more of the following attributes: civic leadership; charitable activity; leadership involvement with local, state, regional, or national medical organizations; community education; or engagement in other local community activities.

The 2016 BOG Practitioner Excellence Award is presented to **Eiji Yanagisawa, MD**. Dr. Yanagisawa's



remarkable career spanning 50 years as a mentor and colleague to many epitomizes the Practitioner Excellence qualities. He has profoundly influenced the training and development of over 100 Yale residents, serving as a role model in advancing patient care. He pioneered the art of photo/video documentation techniques and donated his lifetime work to the AAO-HNS/F Yanagisawa Image Library for all otolaryngologists to use and share. ■

Please join the BOG to honor the award recipients during the BOG General Assembly meeting, Monday, September 19, 5:00-7:00pm, in San Diego, CA.

BOARD OF GOVERNORS

'And the survey says ...'

■ **Hayes H. Wanamaker, MD**, Chair, BOG
Socioeconomic &
Grassroots Committee



Over the last few years, the Board of Governors

(BOG) has made a concerted effort to obtain Member input on a regular basis regarding a range of issues through surveys distributed by its Socioeconomics and Grassroots (SEGR) Committee. The survey results are usually presented at the Leadership Forum & BOG Spring Meeting or the Annual Meeting & OTO EXPOSM.

The information generated from these surveys can be used in a number of ways. A recent survey regarding pediatric sub-certification helped make the American Board of Otolaryngology aware of the sentiment of the membership regarding this issue.

Last year, the survey on Alternative Payment

Models (APMs) identified a number of our Members involved in various stages of development of innovative and creative projects. Their experience can help us all to understand this component of the new Centers for Medicare & Medicaid Services (CMS) payment structure mandated by MACRA (Medicare Access and CHIP Reauthorization

Act) and its Quality Payment Program (QPP), which replaced the Sustainable Growth Rate (SGR) payment formula and consists of a Merit-based Incentive Program (MIPS) and an APM pathway.

The models are being tracked and may be used to help develop our own specialty-specific APM programs.

Our most recent survey identified areas of impact and concern as the ACA (Affordable Care Act) has rolled out. Issues identified included difficulties with timely payment, significant increases in administrative burdens and premium costs for patients and physician practices, loss of access due to changes in networks, and problems associated with the failure of a number of exchange co-op insurance programs.

Your BOG member society should have already distributed to its members the current SEGR Committee survey on issues related to emergency room call. Our survey addresses topics including on call requirements; duration and amount of call; age and length of service limits; trauma, pediatric, and subspecialty call; compensation; liability; and issues related to the Emergency Medical Treatment & Labor Act (EMTALA), among other subjects. We hope that the information from this survey will be useful not only to the Academy to better understand the practice and workload issues impacting our Members but also to the Members themselves, allowing them to compare their situation to those of their peers across the nation. Our results will

be more robust, more representative, and more useful with broader participation, so please take a few minutes to respond when you receive your survey link from your society representative.

Please remember—the purpose of the BOG's SEGR Committee is to identify and help address your concerns. There are several

“

The purpose of the BOG's SEGR Committee is to identify and help address your concerns.

Hayes H. Wanamaker, MD
Chair, BOG Socioeconomic & Grassroots Committee

”

ways to bring issues to our attention. Every BOG member society (state/local/regional/national) has a SEGR representative. In addition, there are 10 regional representatives and one specialty society representative available to help field questions. We also monitor posts on ENT-Connect. Please share information, concerns, and ideas for future surveys with us, and please attend the BOG sessions at the Annual Meeting in San Diego, CA, to hear the survey results and many other important subjects. ■

Attend the BOG and Section general assembly meetings

Be more engaged in your Academy! Mark your calendars to attend the following BOG and Section general assembly meetings at the AAO-HNSF 2016 Annual Meeting & OTO EXPOSM:

- **Women in Otolaryngology (WIO)** Section, Monday, September 19, 7:30 am-9:30 am
- **Young Physicians Section (YPS)**, Monday, September 19, 2:30 pm-4:30 pm
- **Board of Governors (BOG)**, Monday, September 19, 5:00 pm-7:00 pm
- **Section for Residents and Fellows-in-Training (SRF)**, Tuesday, September 20, 7:30 am-9:30 am

While each general assembly will feature speakers and presentations targeted to the specific audience, all meetings are open to registered attendees at the Annual Meeting. ■

Congratulations to the 2015-2016 Committees of Excellence

We applaud these three outstanding committees on their extraordinary work on behalf of the specialty and its patients.

Humanitarian Efforts Committee

Susan R. Cordes, MD, Chair

Ethics Committee

Susan D. McCammon, MD, Chair

Rhinology and Allergy Education Committee

Brent A. Senior, MD, Chair

Watch for further information on these committees and their outstanding work in the near future. ■



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- ▶ ENT administered for assured compliance

OTIPRIO is indicated for the treatment of pediatric patients with bilateral otitis media with effusion undergoing tympanostomy tube placement.

Visit OTIPRIO.com for more information

IMPORTANT SAFETY INFORMATION

CONTRAINDICATIONS

OTIPRIO is contraindicated in patients with a history of hypersensitivity to ciprofloxacin, to other quinolones, or to any of the components of OTIPRIO.

WARNINGS AND PRECAUTIONS

Potential for Microbial Overgrowth: OTIPRIO may result in overgrowth of nonsusceptible bacteria and fungi. If such infections occur, institute alternative therapy.

ADVERSE REACTIONS

Adverse reactions (incidence at least 3%) that occurred in two Phase 3 trials with OTIPRIO vs sham were: nasopharyngitis (5% vs 4%), irritability (5% vs 3%), and rhinorrhea (3% vs 2%).

USE IN SPECIFIC POPULATIONS

Pediatric Use: The safety and effectiveness of OTIPRIO in infants below six months of age have not been established.

Please see adjacent page for Brief Summary of the Prescribing Information for OTIPRIO.



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BRIEF SUMMARY OF PRESCRIBING INFORMATION FOR OTIPRIO

INDICATIONS AND USAGE

OTIPRIO is a fluoroquinolone antibacterial indicated for the treatment of pediatric patients with bilateral otitis media with effusion undergoing tympanostomy tube placement.

DOSAGE AND ADMINISTRATION

Dosage and Important Administration Instructions

- OTIPRIO is for intratympanic administration only.
- OTIPRIO is intended for single-patient use, discard unused portion.
- Administer OTIPRIO as a single intratympanic administration of one 0.1 mL (6 mg) dose into each affected ear, following suctioning of middle ear effusion.

Preparation of OTIPRIO

Directions for OTIPRIO dose preparation and handling is illustrated in Figure 1 of the full prescribing information.

DOSAGE FORMS AND STRENGTHS

Otic Suspension: Each 1 mL of OTIPRIO contains a white, preservative-free, sterile otic suspension consisting of 6% (60 mg/mL) ciprofloxacin in a single-patient use glass vial.

CONTRAINDICATIONS

OTIPRIO is contraindicated in patients with a history of hypersensitivity to ciprofloxacin, to other quinolones, or to any of the components of OTIPRIO.

WARNINGS AND PRECAUTIONS

Potential for Microbial Overgrowth

OTIPRIO may result in overgrowth of nonsusceptible bacteria and fungi. If such infections occur, institute alternative therapy.

ADVERSE REACTIONS

Clinical Trials Experience

Because clinical studies are conducted under widely varying conditions, adverse reaction rates observed in the clinical studies of a drug cannot be directly compared to rates in the clinical studies of another drug and may not reflect the rates observed in practice.

In two randomized, sham-controlled Phase 3 clinical trials, 530 pediatric patients with bilateral otitis media with effusion undergoing tympanostomy tube placement were treated with OTIPRIO or sham administered intra-operatively as a single dose. The median age of the pediatric patients enrolled in the clinical trials was 1.5 years; 62% of patients were 6 months through 2 years of age and 38% of patients were greater than 2 years of age.

Adverse reactions that occurred in at least 3% of OTIPRIO patients and at an incidence greater than sham are presented in Table 1.

Table 1: Adverse Reactions in Phase 3 Trials

Adverse Reactions	OTIPRIO (N=357)	Sham (N=173)
Nasopharyngitis	5%	4%
Irritability	5%	3%
Rhinorrhea	3%	2%

USE IN SPECIFIC POPULATIONS

Pregnancy

Risk Summary

Animal reproduction studies have not been conducted with OTIPRIO. No adequate and well-controlled studies have been performed in pregnant women. Because of the negligible systemic exposure associated with clinical administration of OTIPRIO, this product is expected to be of minimal risk for maternal and fetal toxicity when administered to pregnant women.

Lactation

Risk Summary

Ciprofloxacin is excreted in human milk with systemic administration. However, because of the negligible systemic exposure after otic application, nursing infants of mothers receiving OTIPRIO should not be affected.

Pediatric Use

The safety and effectiveness of OTIPRIO in infants below six months of age have not been established.

The safety and effectiveness of OTIPRIO was established in approximately 530 pediatric patients with bilateral otitis media with middle ear effusion undergoing myringotomy with tympanostomy tube placement. The median age of patients enrolled in the clinical trials was 1.5 years; 62% of patients were 6 months through 2 years of age and 38% of patients were greater than 2 years of age.

For more detailed information, please read the full Prescribing Information.

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1-OTI15201

Sanjay R. Parikh, MD

What qualities does the chair of the BOG need to be effective in the position?

I have had the opportunity to work with the last eight BOG chairs, all of whom exhibited outstanding leadership experience, listening skills, and communication ability. The BOG chair should also understand the Academy infrastructure and strategic plan. I believe my own leadership experience has made me integrally familiar with our Academy's priorities. My prior positions include:

- BOG Secretary
- BOG Executive Committee
- BOG Vice Chair, Socioeconomic and Grassroots Committee
- BOG Committee Member: Socioeconomic and Grassroots, Media and Public Relations
- AAO-HNS Board of Directors, Young Physician
- AAO-HNS Strategic Planning Participant
- AAO-HNS Chair, Young Physicians Committee
- AAO-HNS Committee Member, Journal Reviewer, State Tracker, and Miniseminar, Course, & Research Presenter

In addition to experience, the BOG chair must carefully listen to BOG members, understand valuable opinions, and advocate for these opinions across all levels of Academy leadership. Finally, the BOG chair should be able to recognize, develop, and mentor future Academy leaders.

How would you change the BOG to make it more successful?

I would focus BOG efforts on the upcoming physician payment reform so that we may support and sustain our membership through this rapidly changing healthcare climate.

In April 2015, President Obama signed into law the inception of the Merit-based Incentive Payment System (MIPS), which is a new paradigm for how Medicare (and other aligned insurers) will pay physicians with an included measure of "quality." I would like to see the BOG:

- Advocate to Medicare for a simple, fair, and transparent quality measure
- Engage membership to help develop our own Academy quality data registry, RegentSM
- Use Regent to find out what Members think is a fair quality measure for otolaryngology

The BOG is a unique Academy organization that represents all facets of otolaryngology: state/regional societies and national specialty societies. This brain trust must focus on optimizing payment systems to meet our Members' needs and to protect the future of otolaryngology-head and neck surgery. ■



Spencer C. Payne, MD

What qualities does the chair of the BOG need to be effective in the position?

As physicians we thrive on information and rely on it for action. The BOG chair must excel at communication in order to equip Academy leaders and membership with the knowledge of our shared experiences. By leveraging ENTConnect and the virtual society platform, we can enhance the bidirectional and continuous flow of data in order to better understand and treat the maladies of our profession. The chair of the BOG must also be creative in order to invigorate its members to future action despite growing regulatory and fiscal obstacles. Enhancing the value of the leadership forum through innovative networking and advocacy opportunities will empower our membership. And finally, the chair must be introspective. It is essential to not only recognize one's own limitations but also to identify and foster the savvy and expertise of others. Through mentorship and sponsorship, we will advance the current and future leaders of this great organization.

How would you change the BOG to make it more successful?

As healthcare delivery and reimbursement continue to evolve, so also must the Academy and the BOG. This evolution must include enhancements in both engagement and mentorship strategies. Even the briefest review of the threads on ENTConnect reveals a fragmented membership that is uncertain of Academy goals. We must reinforce our commitment to our Members through more regular and engaging activity on the forum, enhancing both the reality and perception of our continuous advocacy. Further, we will need to enact strategies to foster more formalized mentoring relationships among member societies. By expanding upon the Virtual Society and BOG Tool Kits, BOG model societies can be paired with other regional or developing organizations to optimize their efficacy. We must then design more specific approaches to directly involve them in local and state advocacy opportunities such as the I-GO (In-district Grassroots) initiative. We can and will meet the future challenges of our specialty through this continuous adaptation. ■



The positions of Chair-Elect, Secretary, and Member-at-Large will be elected by the voting members of the BOG (i.e., Governors or Alternate Governors pursuant to Article III, Sections 2 and 3) present at the fall meeting of the BOG General Assembly. No proxy votes are allowed.



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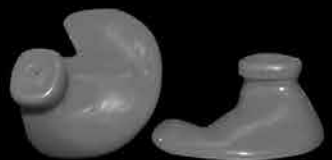


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Paul M. Imber, DO

What experiences have you had which make you an ideal candidate for the member-at-large position?

I have had extensive experience in leadership roles in various state and national organizations including:

- Chief of staff of Riverside Hospital and section chief of otolaryngology of Christiana Care Health Systems
- President of the Delaware Academy of Otolaryngology-Head & Neck Surgery
- President of the American Osteopathic College of Otolaryngology - Head and Neck Surgery
- Chaired BOG Rules and Regulations Committee (2008-2009) and Legislative Affairs Committee (2009-2015) and received the Model Committee Award (2014)
- Member of the ENT PAC Board of Advisors
- Recipient of the Certificate of Honor and the Distinguished Service Award, AAO-HNS

In these positions, I have had the opportunity to develop skills in organizational structure, growth, management, leadership development, fiscal oversight and strategies for the future. I believe I can bring these skills and experiences to the BOG as member-at-large, representing the needs, desires, and expectations of the overall otolaryngology community.

What is the role of the member-at-large in your opinion?

Within the BOG, the member-at-large serves at the discretion of the chair, recently operating to represent the BOG in the Clinical Practice Guidelines Committee. The Academy Strategic Plan also charges the member-at-large with helping to increase outreach to the specialty societies, program directors, and member sections. I believe the member-at-large could also:

- help the state societies gain access to the Academy membership database, including email information. This would help the state societies to enhance membership and representation, to the benefit of state societies and the Academy
- facilitate Virtual Society meetings for state, regional, and specialty society meetings
- coordinate a summary of the BOG spring and fall meetings to all members of the BOG, to be disseminated to the societal membership

If elected to this prestigious position I would be honored to implement these initiatives, as well as other suggestions from the membership, at the discretion of the Chair and Executive Committee. ■



Daniel L. Wohl, MD

What experiences have you had which make you an ideal candidate for the member-at-large position?

I have been in practice since 1991, first as a full-time academic physician for nine years and then, after a short term as a clinician-division chief for a nonprofit multispecialty clinic, I opened a solo practice in 2003 where I remain to this day. I am a member of two national specialty societies (American Society of Pediatric Otolaryngology and American Broncho-Esophageal Association). I have served on multiple national committees nearly continuously. I earned Honor Award status in 2004, and I have been an active member of the Board of Governors (BOG) since 2005 and served on the 2013-2014 Nominating Committee. I have been a member of the BOG Socioeconomic & Grassroots Committee since 2012 and am currently serving as the Region four representative. I have come to trust the BOG Executive Committee members with whom I would be working and believe the sum of my experiences has positioned me well to be a strong, supportive, and proactive member-at-large.

What is the role of the member-at-large in your opinion?

During my 11 years serving on the Board of Governors, I have witnessed continued progressive, sincere, and often brilliant leadership accomplishments in support of being an advisory body to the AAO-HNS Board of Directors. It is not an easy endeavor as there are day-to-day necessities as well as the need to be able to see the near and not-too-distant future of our diverse specialty. I believe the member-at-large must first be willing to provide an honest, objective opinion to all leadership positions. In addition, this individual must take on specific assigned responsibilities, currently representing the BOG on the Guideline Task Force. Importantly, I also see the member-at-large independently introducing or advancing concepts or programs for Executive Committee discussions based on the breadth of their own professional experience. Given the particulars of my career arc, I would help promote new and ongoing efforts to increase participation from within our entire Academy membership. ■



SAVE THE DATE

Arrive Early to the Annual Meeting to Participate in the

BOARD OF GOVERNORS COMMITTEE MEETINGS

Saturday, September 17, 2016 | 11:00 am - 4:45 pm

Embrace the



OTO Experience offers more than 250 ways to expand your knowledge of the specialty

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We have transformed our Annual Meeting & OTO EXPOSM into the **Annual Meeting & OTO Experience!** As defined by *Merriam-Webster*, “experience” is a “direct observation of, or participation in events as a basis of knowledge.” This description exactly conveys the activities that make our EXPO an “experience to embrace.” You don’t just gain knowledge from the education sessions, seminars, and lectures held in the meeting rooms, high quality education can be found right on the show floor.

This year, San Diego will host our city-wide event at its gracious Convention Center. As soon as you walk through the doors of OTO Experience you’ll feel an aura of excitement. Over 250 exhibiting companies will be on hand ready to share with you the tools to not only enhance your skills but to improve your overall patient care.

Simulation Zone and new technologies

New technologies and equipment being introduced include goggles that can diagnose vertigo, monopolar electrosurgical instruments, an updated smartphone lens, ENT ear wash systems, nasal catheters, 3-D endoscope cameras, and video otoscopy systems. There will also be 3-D pediatric temporal bone, and other ENT-related models, and for comfort, new ergonomic stools and chairs, and more. These along with all of the other medical devices and tools are a must-see, and being able to take this equipment on a test drive enhances the knowledge you’re receiving.

We continue to innovate and bring you something new and this year is no different. Need to learn more about simulation technology? Come experience what is being offered in the brand new **Simulation Zone** located just inside the entrance that leads in from the Registration area.

Product Theaters and Hands-on Demonstrations and Training Labs

For in-depth training and product demonstrations, visit the **Product Theaters** and our **Hands-on Demonstration and Training Labs**. The Product Theater is designed to enhance your medical product awareness. Don’t miss these presentations from our corporate partners discussing their products and services. Hands-on Training sessions are supported by the corporate community in conjunction with the AAO-HNSF Annual Meeting & OTO EXPOSM. Here you have the opportunity to expand your surgical expertise by learning the proper applications of surgical technologies from leaders in the field while under the direct supervision of corporate medical education personnel. Participating companies will provide all medical supplies and cadaveric specimens to create a truly unique *hands-on* experience!

Experience!



The popular ENTConnect Portrait Studio

Also returning is our **ENTConnect Portrait Studio** where we will have on display our ENTConnect portal, the official online community of AAO-HNS. Come to Hall D of the convention center to check in at the ENT-Connect booth, start or enhance your profile, and have a free headshot taken by professional photographers.

ENT Careers LIVE

For our Residents and Fellows-In-Training don't miss **ENT Careers LIVE!** at Booth #549 in Hall D! Our partners at Health eCareers are providing FREE CV reviews by healthcare professionals to benefit those entering the workforce. View more than 200 otolaryngology jobs, and prepare for the AAO-HNS.

Maximize the value of your overall experience at this year's AAO-HNSF Annual Meeting & OTO EXPOSM from September 18-21! Don't limit what you can learn by just attending the sessions. Please remember that the EXPO hall closes at 3:30 pm on September 20. ■

Lunch with Experts: Food for thought

This priceless opportunity underscores the value the OTO Experience offers by connecting with the specialty's leading experts. By taking the opportunity to ask more questions, you develop the perfect personalized learning occasion. Sign up for Lunch with Experts located in the back of Hall F. Before you travel, please visit our website for the current schedule. Our experts include:

■ Otology: Anil K. Lalwani, MD

Monday — 12:15 pm - 1:15 pm

- Head and Neck Surgery: Randal S. Weber, MD
- Laryngology: Albert L. Merati, MD
- Head and Neck Surgery: Cherie Ann O. Nathan, MD
- Head and Neck Cancer: Maie St. Johns, MD, PhD
- Head and Neck Cancer: James L. Netterville, MD

Tuesday — 12:00 pm - 1:00 pm

- Facial Plastic Surgery: J. Regan Thomas, MD
- Faculty Development, Transition to Leadership Opportunities, Resident Education and Population Health: Roland D. Eavey, MD
- Minimally Invasive and Endoscopic Endocrine Surgery: Michael C. Singer, MD
- Endocrine Surgery: David J. Terris, MD
- Upper Airway Disease: Do-Yeon Cho, MD
- Endoscopic/Skull Base Surgery: Peter H. Hwang, MD ■

Sunday — 12:00 pm - 1:00 pm

- Laryngology: Paul Castellanos, MD
- Robotic Surgery: Eric M. Genden, MD
- Otology: Nancy M. Young, MD
- Otolaryngology and Neurology with Particular Focus on Infectious Issues: Patrick J. Antonelli, MD
- Head and Neck Cancer: Marion E. Couch, MD, PhD
- Sialoendoscopy: M. Boyd Gillespie, MD
- Head and Neck Cancer: Robert L. Ferris, MD, PhD
- Sinus/Rhinology: Stacy T. Gray, MD
- Laryngology: Michael M. Johns III, MD

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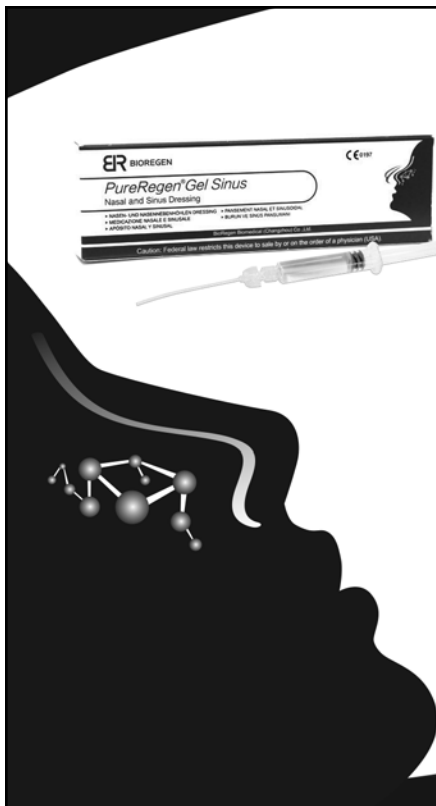
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AAO-HNS Seeks Coordinator for Practice Affairs

A search is underway for the Coordinator for Practice Affairs (CPA)

This position (a non-voting member of the Academy Board of Directors) coordinates the practice affairs efforts of the Academy. This position is responsible for developing and maintaining programs that support and provide practice management-related answers to health policy issues.

SPECIFIC AREAS OF RESPONSIBILITY INCLUDE:

- Private sector advocacy in third party reimbursement.
- Providing input related educational programs for the Annual Meeting.
- And other practice management related issues identified by the Health Policy Department.

In addition, the Coordinator is responsible for publishing periodic practice management articles for the *Academy Bulletin*.

The Coordinator will work closely with the Coordinators for Socioeconomic Affairs to ensure high quality programs for delivery to both the Board of Governors and Board of Directors.

The Coordinator will act as BOG Liaison to the Socioeconomic and Grassroots Committee, and the Residents and Fellows Committee.

This is a five year commitment with the candidate spending a year shadowing the current Coordinator **beginning October 1, 2016** and then four years in the position.

The CPA also serves as co-chair of the Physician Payment Policy Work Group (3P).

APPLICATIONS ARE DUE AUGUST 15, 2016

Interested candidates should submit a CV and cover letter to Jenna Kappel at jkappel@entnet.org

For more information, please visit: www.entnet.org/Coordinator-Practice-Affairs



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International Symposium brings the world to you

Four-day meeting gathers experts from around the globe

By **James E. Saunders, MD**, AAO-HNS/F
Coordinator for International Affairs

Ever wish that you could travel the world without leaving the country? Ever wonder what it's like to practice otolaryngology—head and neck surgery outside of the United States? Interested in a fresh perspective on a complicated problem in your practice? This year, the Annual Meeting has just the thing for you.

Based on the recommendations and hard work of the International Task Force led by AAO-HNS/F Past-President **Gayle E. Woodson, MD**, the Academy will unveil the new International Symposium at the San Diego meeting. This is a wonderful opportunity to hear from the world's leading experts on a wide variety of clinical topics, ranging from state-of-the-art technology, such as robotic surgery or endoscopic ear surgery, to innovative approaches to common problems, or more regionally specific topics like the otolaryngologic manifestations of tuberculosis or tropical diseases.

Having traveled around the world, I am constantly impressed by the amazing expertise of our colleagues from outside of the United States. Besides the inherent intelligence and creativity that I have witnessed in these colleagues, there are other factors that contribute to their unique expertise. The

healthcare systems in other countries often lead to a single surgeon or center amassing a huge number of cases and expertise in a particular pathology. Otolaryngologists in other countries may have access to technology that is not yet available in the U.S. or have to employ creative and efficient strategies if the latest technology is not available. Different coverage of medical services may also open the door to unique expertise and approaches to a problem. Finally, there may specific disease entities or population characteristics from which we can all learn.

It was with this realization in mind that the Foundation developed the International Symposium. The symposium will span four days of the Annual Meeting in a designated room in the convention center. All of the presentations have undergone a highly competitive review process and are believed to represent the very best the world has to offer. We will begin on Sunday with two sessions to be presented in Spanish and simulcast to satellite meetings in many of our International Corresponding Societies throughout Latin America.

The Sunday morning session will be followed by “Global Otolaryngology 2016: Your Academy around the world,” our opportunity to honor and learn from the goodwill ambassadors from our International Guests of Honor. Our president, **Sujana S. Chandrasekhar, MD**, will personally welcome



speakers from Brazil, Nicaragua, Singapore, and India to speak on the state of otolaryngology in their countries.

I am personally very excited about the new International Symposium and feel that it will be a tremendous addition to the great education events at our Annual Meeting. I hope to see you all there. Together we can take a little trip around the world and still have dinner in the Gaslamp Quarter. It doesn't get much better than that! ■



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The AAO-HNSF leadership and SAGE, publisher of *Otolaryngology-Head and Neck Surgery*, have identified a need to train otolaryngologists in the conduct and publication of systematic literature reviews. Systematic reviews have a high citation impact, and serve as the foundation for evidence-based practice guidelines, clinical performance measures, and maintenance of specialty certification.

Four travel grants of up to \$2,500 will be offered to attend the 2017 Cochrane Conclave in Oxford, England, July 9 – 11, 2017. The Cochrane Conclave is the result of an AAO-HNSF partnership with the UK Cochrane Center and the staff and editors of the Cochrane ENT Disorders Group. Attendees will be introduced to evidence summaries of healthcare interventions, and will learn state-of-the-art techniques for producing systematic reviews and meta-analyses.

In return for a travel grant to attend the meeting, grant recipients must agree to initiate and submit a systematic review to *Otolaryngology-Head and Neck Surgery* for publication consideration within 12 months (by July 11, 2018).*

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WHAT IS

DIZZINESS AND MOTION SICKNESS

Feeling unsteady or dizzy can be caused by many factors such as poor circulation, inner ear disease, medication usage, injury, infection, allergies, and/or neurological disease. Dizziness is treatable, but it is important for your doctor to help you determine the cause so that the correct treatment is implemented. While each person will be affected differently, symptoms that warrant a visit to the doctor include a high fever, severe headache, convulsions, ongoing vomiting, chest pain, heart palpitations, shortness of breath, inability to move an arm or leg, a change in vision or speech, or hearing loss.

WHAT IS DIZZINESS?

Dizziness can be described in many ways, such as feeling lightheaded, unsteady, giddy, or feeling a floating sensation. Vertigo is a specific type of dizziness experienced as an illusion of movement of one's self or the environment. Some experience dizziness in the form of motion sickness, a nauseating feeling brought on by the motion of riding in an airplane, a roller coaster, or a boat. Dizziness, vertigo, and motion sickness all relate to the sense of balance and equilibrium. Your sense of balance is maintained by a complex interaction of the following parts of the nervous system:

- The inner ear (also called the labyrinth), which monitors the directions of motion, such as turning, rolling, as well as forward-backward, side-to-side, and up-and-down motions.
- The eyes, which monitor where the body is in space (i.e., upside down, right side up, etc.) and also directions of motion.
- The pressure receptors in the joints of the lower extremities and the spine, which tell what part of the body is down and touching the ground.
- The muscle and joint sensory receptors (also called proprioception) tell what parts of the body are moving.
- The central nervous system (the brain and spinal cord), which processes all the information from the four other systems to maintain balance and equilibrium.

The symptoms of motion sickness and dizziness appear when the central nervous system receives conflicting messages from the other four systems.

WHAT CAUSES DIZZINESS?

Circulation: If your brain does not get enough blood flow, you feel lightheaded. Almost everyone has experienced this on occasion when standing up quickly from a lying-down position. But some people have light-headedness from poor circulation on a frequent or chronic basis. This could be caused by arteriosclerosis or hardening of the arteries, and it is commonly seen in patients who have high blood pressure, diabetes, or high levels of blood fats (cholesterol). It is sometimes seen in patients with inadequate cardiac (heart) function, hypoglycemia (low blood sugar), or anemia (low iron).

Certain drugs also decrease the blood flow to the brain, especially stimulants such as nicotine and caffeine. Excess salt in the diet also leads to poor circulation. Sometimes circulation is impaired by spasms in the arteries caused by emotional stress, anxiety, and tension.

If the inner ear fails to receive enough blood flow, the more specific type of dizziness called vertigo occurs. The inner ear is very sensitive to minor alterations of blood flow and all of the causes mentioned for poor circulation to the brain also apply specifically to the inner ear.

Neurological diseases: A number of diseases of the nerves can affect balance, such as multiple sclerosis, syphilis, tumors, etc. These are uncommon causes, but your doctor may perform certain tests to evaluate these.

Anxiety: Anxiety can be a cause of dizziness and lightheadedness. Unconscious over-breathing (hyperventilation) can be experienced as overt panic or just mild dizziness with tingling in the hands, feet, or face. Instruction on correct breathing technique may be required.

Vertigo: Vertigo, an unpleasant sensation of the world rotating, usually associated with nausea and vomiting, is usually due to an issue with the inner ear. The common causes of vertigo are, in order:

- **Benign positional vertigo (BPV):** BPV is the most common cause of dizziness after (even a mild) head injury, which is experienced after a change in head position such as lying down, turning in bed, looking up, or stooping. It lasts about 30 seconds and ceases when the head is still. It is due to a dislodged otolith crystal entering one of the semi-circular balance canals. It can last for days, weeks, or months. The Epley "repositioning" treatment by an otolaryngologist is usually curative.
- **Meniere's disease:** An inner ear disorder with attacks of vertigo (lasting hours), nausea, or vomiting, and tinnitus (loud noise) in the ear, which often feels blocked or full. There is usually a decrease in hearing as well.

Migraine: Some individuals with a prior classical migraine headache history can experience vertigo attacks similar to Meniere's disease. Usually there is an accompanying headache, but it can also occur without the headache.

Infection: Viruses can attack the inner ear, but usually it's nerve connections to the brain, causing acute vertigo (lasting days) without hearing loss (termed vestibular neuritis). However, a bacterial infection such as mastoiditis that extends into the inner ear can completely destroy both the hearing and equilibrium function of that ear. This process is called labyrinthitis.

Injury: A skull fracture that damages the inner ear produces a profound and incapacitating vertigo with nausea and hearing loss. The dizziness will last for several weeks and slowly improve as the other (normal) side takes over. BPV commonly occurs after head injury.



Allergy: Some people experience dizziness and/or vertigo attacks when they are exposed to foods or airborne particles (such as dust, molds, pollens, dander, etc.) to which they are allergic.

WHEN SHOULD I SEEK MEDICAL ATTENTION?

Call 911 or go to an emergency room if you experience:

- Dizziness after a head injury,
- Fever over 101°F, headache, or very stiff neck,
- Convulsions or ongoing vomiting,
- Chest pain, heart palpitations, shortness of breath, weakness, a severe headache, inability to move an arm or leg, change in vision or speech, or
- Fainting and/or loss of consciousness.

Consult your doctor if you: have never experienced dizziness before, experience a difference in symptoms you have had in the past, suspect that medication is causing your symptoms, or experience hearing loss.

HOW WILL MY DIZZINESS BE TREATED?

The doctor will ask you to describe your dizziness and answer questions about your general health. Along with these questions, your doctor will examine your ears, nose, and throat. Some routine tests will be performed to check your blood pressure, nerve and balance function, and hearing. Possible additional tests may include a CT or MRI scan of your head, electronystagmography (ENG) or videonystagmography (VNG)—special tests of eye motion after warm or cold water or air is used to stimulate the inner ear—and in some cases, blood tests or a cardiology (heart) evaluation. Balance testing may also include rotational chair testing and posturography. Your doctor will determine the best treatment based on your symptoms and their causes. Treatments may include medications and balance exercises.

PREVENTION TIPS

- Avoid rapid changes in position
- Avoid rapid head motion (especially turning or twisting)
- Eliminate or decrease use of products that impair circulation, e.g., tobacco, alcohol, caffeine, and salt
- Minimize stress and avoid substances to which you are allergic
- Get enough fluids
- Treat infections, including ear infections, colds, flu, sinus congestion, and other respiratory infections

Remember: Most cases of dizziness and motion sickness are mild and self-treatable. But severe cases and those that become progressively worse deserve the attention of a doctor with specialized skills in diseases of the ear, nose, throat, equilibrium, and neurological systems.



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Department of Otolaryngology—Head and Neck Surgery
University of Missouri—School of Medicine
One Hospital Dr MA314 DC027.00
Columbia, MO 65212
zitschr@health.missouri.edu

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Malcolm D. Graham, MD N. Wendell Todd, MD, MPH
Esther X. Vivas, MD

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November 3-4, 2016

UT MD Anderson Cancer Center
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Value-Based Head and Neck Cancer Care is a conference for multidisciplinary clinicians and researchers dedicated to improving the value and quality of head and neck cancer care.

CALL FOR ABSTRACTS:

Abstracts will be chosen for podium or poster presentations.
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Phone: 713-792-2223

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Maine Medical PARTNERS

Otolaryngology

Maine Medical Partners Otolaryngology is seeking Board Certified/Board Eligible Fellowship trained Pediatric Otolaryngologist interested in joining our rapidly growing tertiary Otolaryngology practice in Portland, Maine.

This is a robust outpatient and inpatient otolaryngology program with dedicated pediatric audiology, videostroboscopy, and an established aerodigestive team. Qualified candidates should have an interest in pediatric airway reconstruction, and head and neck and vascular malformations. Excellent opportunities exist for interdisciplinary collaboration, research and program development.

Maine Medical Partners Otolaryngology is a team of 5 Board certified physicians, 4 audiologists, medical assistants, an advanced practice provider and excellent administrative staff all working together to deliver high quality care in five locations throughout the state of Maine, specializing in the treatment of ear, nose and throat conditions in adults and children. Services include sinus surgery, ear surgery, head and neck surgery, treatment for skin cancers, pediatric ENT, hearing and hearing aids, and snoring.

The Barbara Bush Children's Hospital is the tertiary medical center for children serving the state of Maine and southern and eastern New Hampshire. The Children's Hospital medical staff represents all the pediatric medical and surgical subspecialties that provide comprehensive services for children, including trauma care, surgery for congenital heart disease and renal transplantation. The critical care division also supports and supervises a 24/7 pediatric transport team. Services provided through The BBCH are comprehensive, including a PICU, NICU, dedicated pediatric section in the ED, and a 35 bed Inpatient Unit. The BBCH is fully staffed with all major pediatric medical and surgical subspecialties.

Maine Medical Center has 637 licensed beds and is the state's leading tertiary hospital and Level One Trauma Center, with a full complement of residencies and fellowships and is an integral part of the Tufts University Medical School. The position involves teaching and mentoring residents and medical students from the Maine Medical Center-Tufts University School of Medicine Program, and the successful candidate would have an academic appointment at Tufts University School of Medicine.

The successful candidate will be employed by Maine Medical Partners (MMP), a subsidiary of Maine Medical Center and Maine's largest multi-specialty group. This high quality team of more than 475 physicians and 150 advanced practice professionals provides a wide range of hospital based, primary, specialty, and subspecialty adult and pediatric care delivered throughout a network of 30 locations across the State and acts as a regional referral network.

Situated on the Maine coast, Portland offers the best of urban sophistication combined with small-town friendliness. The area provides four season recreational opportunities, such as skiing, hiking, sailing, and miles of beautiful beaches. Just two hours north of Boston, this is an exceptionally diverse and vibrant community.

For more information please contact Alison C. Nathanson, Director, MaineHealth Physician Recruitment Center at (207) 661-7383 or nathaa@mainehealth.org.

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Private Practice Opportunity in Cookeville, TN General ENT/Fellowship Interests Welcome

Partnership Opportunity

Upper Cumberland Ear, Nose, and Throat is seeking a Board-Certified/Board-Eligible Otolaryngologist to join its practice. We operate a busy and successful five-physician practice in Cookeville, TN that serves the state's entire Upper Cumberland region. We are seeking a partnership-track physician to replace a retiring partner. We practice the full spectrum of otolaryngology – head and neck surgery. Our clinic includes an on-site CT scanner, audiological/vestibular testing, as well as a retail hearing aid business. Although our interest is in a comprehensive general otolaryngologist, subspecialty fellowship training is welcomed and would be easily supported by our patient population.

Cookeville is home to Tennessee Tech University and is located in middle Tennessee between Nashville and Knoxville. There is a robust medical community that serves not only the city but also a rural referral area of approximately 300,000 people. Cookeville is consistently ranked by national publications as one of the most affordable U.S. cities in which to live. It has outstanding outdoor recreational activities and is an ideal place to raise a family.

Ambulatory Surgery Center/Real Estate Ownership Opportunities

Our practice also owns and operates a fully certified ambulatory surgery center as well as a medical office building. The option for ownership in both of these entities is available to new partners, which affords an earning potential that significantly exceeds traditional practice purchase opportunities.

Interested candidates seeking partnership in a long-standing, stable practice in a family-friendly community should contact us.

Please contact or send C.V. to our practice administrator:

Mike Vaughn
100 W 4th St, Suite 200
Cookeville, TN 38501
mvaughn@myentdocs.com
931.520.5831



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.

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 is an equal opportunity, affirmative action institution which proudly values diversity. Candidates of all backgrounds are 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**

ENT group practice, founded in 1977 and located in the coastal area of Southeast Georgia, is seeking an Otolaryngologist that would like to join a well-established, independent practice of six physicians with a large referral base. In addition to our main office, the practice has several satellite offices and an Ambulatory Surgery Center. Our patients enjoy on-site audiology department, allergy clinic, and CT Scanning, as well as other ancillaries. We offer an excellent salary/bonus with partnership opportunity, health insurance, malpractice insurance, paid vacation, CME reimbursement and other benefits. Weekend Call rotation is every 7th weekend.

CANDIDATE MUST BE:

- Board Certified or Eligible
- MD from approved medical school
- A graduate from an accredited residency program in ENT
- Current Georgia license

For more information on our practice, please visit:

www.entsavannah.com

or contact:

Kathy R. Layne, CMPM

Practice Manager

(912) 629-4535

klayne@entsavannah.com



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Carlos Lopez at (516) 220-6448
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OTOLOGIST/ NEUROTOLOGIST

The Mount Sinai Health System Department of Otolaryngology – Head and Neck Surgery is seeking applications for an Otolaryngologist at the Ear Institute. The Institute represents one of the largest academic otologic-neurotologic practices in the country. The Mount Sinai Health System is the largest health system in New York and is composed of the Mount Sinai Hospital, New York Eye and Ear Infirmary, Beth Israel Hospital, and St. Luke's and Roosevelt Hospitals. The Ear Institute is based at New York Eye and Ear Infirmary.

Located in the heart of Manhattan, the Ear Institute is staffed by full-time and voluntary otologic surgeons and audiologists. The otologist will be working with a multidisciplinary team of physicians to expand skull base surgery, the cochlear implant program, clinical audiology, balance disorders, research and clinical trials. The candidate will work closely and collaborate with the Department of Neurosurgery as an integral part of the skull base surgery program.

The candidate should be fellowship-trained in otology/ neurotology and qualified for faculty appointment at the Assistant Professor, Associate Professor or Professor level commensurate with his/her level of experience. The candidate is required to have a medical degree, board certification and able to obtain a New York State medical license.

*Please send inquiries and
curriculum vitae to:*

Eric M. Genden, MD

Professor and Chairman
Icahn School of Medicine at
Mount Sinai
Department of
Otolaryngology-
Head and Neck Surgery

One Gustave L. Levy Place
Box 1189
New York, NY 10029

Email: kerry.feeney@mountsinai.org
212-241-7008

PEDIATRIC OTOLARYNGOLOGIST

The Mount Sinai Health System Department of Otolaryngology – Head and Neck Surgery is seeking a full-time Pediatric Otolaryngologist at the Assistant or Associate Professor Level. This individual will serve as Chief of the Pediatric Otolaryngology Division at Mount Sinai with the goal of developing a center of excellence at the Mount Sinai Health System.

The candidate should be fellowship-trained in pediatric otolaryngology and qualified for faculty appointment at the Assistant Professor, Associate Professor or Professor level commensurate with his/her level of experience. The candidate is required to have a medical degree, board certification and able to obtain a New York State medical license.



Join A Well Established Practice In North Carolina

Our ENT practice is seeking a BC/BE Otolaryngologist to join our current four-physician practice. This practice enjoys a full spectrum of ENT services including head and neck surgery, otology, allergy testing and treatment, CT scanner on site, EHR (Electronic Health Records), audiology and hearing aid dispensing.

Our benefit package includes excellent starting salary with partnership anticipated after two years, 401(k), professional liability insurance, and health insurance.

Interested individuals should send Curriculum Vitae to:

**Fayetteville Otolaryngology
Head & Neck Surgery, P.A.
1839 Quiet Cove
Fayetteville, N.C. 28304**

Phone (910) 323-1463 Fax (910) 222-6551

Website: fayent.com

Email: gparksfayent@ncrrbiz.com

Contact: Steven Pantelakos, M.D. or Gwendolyn Parks, Practice Administrator.

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Contact Emery Ellinger 727.639.4716 or email
emery@aberdeenadvisors.com

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

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PEDIATRIC AND ADULT

www.ohioentandallergy.com

The Ohio State University

Department of Otolaryngology – Head and Neck Surgery

General Otolaryngologists to work in Community Practices

OSU currently has multiple positions available within the Central Ohio region. Positions combine the ability to practice in a community setting while being affiliated with Ohio State University. Applicants must demonstrate excellence in patient care, research, teaching, and clinical leadership. This is an outstanding opportunity to join one of the top ranked programs in the country. Located in the heart of Ohio, Columbus offers a population of over 1.5 million people and excellent cultural, sporting, and family activities.

Send letter of interest and CV to:

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



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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
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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**

WAYNE STATE UNIVERSITY

SCHOOL OF MEDICINE

Academic Faculty Positions

THE DEPARTMENT OF OTOLARYNGOLOGY
is currently seeking to hire two

ACADEMIC OTOLARYNGOLOGIST

The ideal candidates must have strong interest in academic career, a commitment to resident education and basic/clinical research as well as a desire to build a busy clinical practice. Academic appointment and compensation commensurate with training and experience. Candidates must be BC/BE in Otolaryngology.

Qualified and interested candidates should apply through WSU Online Hiring System at <https://jobs.wayne.edu> for

Posting # 041998 for General Otolaryngology
Posting # 041999 for Otology/Neuro-otology

Please also send letter of interest and CV to:

Ho-Sheng Lin, M.D., Professor and Chairman
Department of Otolaryngology
4201 St. Antoine, 5E-UHC, Detroit, MI 48201
hlin@med.wayne.edu

WSU is an Equal Opportunity/Affirmative Action Employer

MD/DO ENT, BE/BC Central Oregon ENT

Bend, OR sits on the eastern slopes of the Cascade Mountains in Central Oregon's high mountain desert and enjoys 300 days of sunshine. We are surrounded by year-round outdoor activities including world class skiing, fishing, water sports, golf and rock climbing. Bend's small town family atmosphere is home to rich cultural, excellent educational and exciting entrepreneurial opportunities. Escape to the "big city" of Portland a few hours away.

Central Oregon ENT, since 1964, is a full service clinic with six physicians and two audiologists plus a full range of support services and experienced staff. Our focus includes general ENT, Sinus and Skull-based surgery, Head & Neck, Voice & Swallowing, Allergy, Audiology and Hearing Aids. We have a large existing patient population and strong referral base, and we serve all of Central and Eastern Oregon; our greater area has a population of over 200,000. Our practice emphasizes community based otolaryngology care and practices excellent, compassionate clinical care.

We are recruiting a BE/BC MD/DO ENT to become part of our practice. We offer a full benefit package and generous salary structure. We are financially stable and have a proven and successful track to full partnership.

www.coent.com

CONTACT:

Lorin Easley
Central Oregon ENT, LLC
2450 NE Mary Rose Place, Ste 120
Bend, Oregon 97701
leasley@coent.com

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

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

Robert P. Green, MD, FACS

President, ENT and Allergy Associates
rgreen@entandallergy.com

Robert A. Glazer

CEO, ENT and Allergy Associates
914-490-8880 ■ rglazer@entandallergy.com

NOTE: Bob Glazer will be at this year's AAO-HNS Annual Meeting in San Diego, CA, and would be delighted to meet with you and answer any questions you might have. If you plan on attending as well, please email him at rglazer@entandallergy.com.



Dr. John J. Huang
ENT Offices: Oradell, NJ and West Nyack, NY



Dr. Francisca Yao
ENT Offices: Bay Ridge West, Brooklyn Heights, NY



Dr. Eric A. Munzer
ENT Offices: Fishkill, New Windsor, NY



Dr. Zarina Sayeed
ENT Office: Parsippany, NJ



Dr. Douglas Leventhal
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PennState Health
Milton S. Hershey
Medical Center

Penn State Health Milton S. Hershey Medical Center is seeking candidates for our Division of Otolaryngology - Head and Neck Surgery within the Department of Surgery:

Laryngologist: We are seeking a full-time BC/BE Laryngologist. Appointment will be at the Assistant/Associate Professor level. Qualified candidates must have completed an approved residency program and be fellowship-trained to provide clinic and hospital-based laryngology care for patients. This will include treatment of the professional voice, endoscopic surgical procedures, voice restoration, and airway reconstruction.

Pediatric Otolaryngologist: We are seeking a full-time BC/BE Pediatric Otolaryngologist. Appointment will be at the Assistant/Associate Professor level. Qualified candidates must have completed an approved residency program and be fellowship-trained to provide clinical and hospital-based pediatric otolaryngology care to patients.

General Otolaryngologist: We are seeking a full-time BC/BE General Otolaryngologist. Appointment will be at the Assistant/Associate Professor level. Qualified candidates must have completed an approved residency program; extra subspecialization is encouraged, but not required.

Apply online at <https://jobs.pennstatehershey.net>

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

Apply online at <https://jobs.pennstatehershey.net> or submit your current curriculum vitae to David Goldenberg, M.D., F.A.C.S., Chief, Division of Otolaryngology - Head and Neck Surgery via email to jburchill@hmc.psu.edu.

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Otologist/Neurotologist

FULL-TIME BE/BC 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. Additionally, the department operates a state of the art clinical vestibular laboratory established in collaboration with NASA. 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 is an equal opportunity, affirmative action institution which proudly values diversity. Candidates of all backgrounds are encouraged to apply.

Otolaryngology

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Contact Doug Kenner

866.670.0334 or dkenner@mountainmed.net



Great Pediatric Otolaryngologist Opportunities in North Texas!

Cook Children's, (located in North Texas), has several great opportunities for Pediatric Otolaryngologists trained in all aspects of pediatric otolaryngology surgery to include airway management and cochlear implants. This is an opportunity to join a well-established ENT department at Cook Children's. If you are interested in establishing a cochlear implant program, airway management program or general pediatric otolaryngology program, please contact us!

Minimum Qualifications: BC/BE Pediatric Otolaryngologist Fellowship trained physician to provide pediatric ENT care. Must be eligible to secure an unrestricted Texas Medical License before commencement of employment and be eligible to work in the U.S.

Attending the 2016 AAO-HNSF Annual Meeting & OTO EXPOSM? Make an appointment now to meet at the conference!

Contact:

Debbie Brimer, Physician Recruiter

Cook Children's Physician Network

682-885-7434

debbie.brimer@cookchildrens.org

www.cookchildrens.org





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



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

Chester County Otolaryngology & Allergy Associates

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- 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.

Chairman, Department of Otolaryngology/Head and Neck Surgery

The MetroHealth System and Case Western Reserve University School of Medicine are seeking a qualified candidate for the position of Chairman, Department of Otolaryngology/Head and Neck Surgery. Qualified candidates must have a medical degree, be Board Certified in Otolaryngology and be eligible to hold an appointment as Professor in the CWRU School of Medicine. Candidates should have a record of clinical excellence, managerial experience, professional leadership and academic achievement. A strong commitment to resident training and medical student education is essential.

The Department of Otolaryngology/Head and Neck Surgery at MetroHealth provides a full spectrum of clinical services including pediatric otolaryngology, rhinology & allergy, head and neck surgery, otology, audiology, facial plastic surgery and maxillofacial surgery. The Department is an integral component of acute injury services at this Level I Adult Trauma Center and Level II Pediatric Trauma Center.

Interested individuals should forward a letter of interest and curriculum vitae via email by no later than Sept. 30, 2016 to:

Roderick B. Jordan, MD
Director, Division of Plastic Surgery Department of Surgery
MetroHealth Medical Center
2500 MetroHealth Drive
Cleveland, Ohio 44109
rjordan@metrohealth.org

In employment, as in education, Case Western Reserve University and MetroHealth Medical Center are committed to Equal Opportunity and World Class Diversity. Women and minorities are encouraged to apply.



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SCHOOL OF MEDICINE
CASE WESTERN RESERVE
UNIVERSITY

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



DEPARTMENT OF OTOLARYNGOLOGY -
HEAD AND NECK SURGERY

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



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Ear Nose & Throat Plastic Surgery Center
Attn: Neil Persaud
Phone: 678-499-1980
<napent@bellsouth.net>



The Ear, Nose, Throat & Plastic Surgery Associates

- General Otolaryngologist
- Neurotologist
- Head and Neck Surgeon

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

We offer an excellent salary, benefits, partnership and the opportunity to teach residents and medical students, if desired. Orlando is a world destination offering a variety of large city amenities and is a short drive to both the East and West Coasts of sunny Florida.

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

Interested candidates should send CV to or may contact:

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



University of Nebraska
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BREAKTHROUGHS FOR LIFE™

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.

Pediatric Otolaryngology Faculty Positions

The Indiana University School of Medicine (IUSM) Department of Otolaryngology-Head & Neck Surgery in Indianapolis, Indiana is seeking full time BC/BE faculty physicians to join its comprehensive and growing department. Responsibilities include participation in an active pediatric otolaryngology practice, teaching residents and medical students, and participating in scholarly activities. Candidates must be fellowship-trained in all aspects of pediatric otolaryngology. Rank and salary will be commensurate with level of experience.

Riley Hospital for Children at IU Health

Riley Hospital for Children is a tertiary care teaching hospital located in downtown Indianapolis serving more than 300,000 children per year. Our practice includes the spectrum of pediatric otolaryngology including complex airway and sleep, head & neck masses/congenital malformations, hearing loss/otology, craniofacial, rhinology, laryngology/pediatric voice, speech, and vascular anomalies.

Riley Hospital for Children at IU Health North Hospital

IU Health North is a full service 189-bed hospital located 10 miles north of downtown Indianapolis. This state-of-the-art facility has dedicated pavilions for specialty surgery and an attached medical office building. Our practice focuses on general pediatric otolaryngology, including sleep disorders, airway disorders, rhinology and otology.

Please indicate position of interest, submit CV and arrange to have three letters of reference sent to:

Marion Everett Couch, MD PhD MBA FACS

Richard Miyamoto, Professor and Chair
Department of Otolaryngology – Head & Neck Surgery
Indiana University School of Medicine
Fesler Hall • 1130 W. Michigan St, Suite 400 • Indianapolis, IN 46202 • smaxwell@iupui.edu



SCHOOL OF MEDICINE
INDIANA UNIVERSITY

Indiana University is an EEO/AA employer, M/F/D/V.

ENT PHYSICIAN

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



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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.



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Ricardo Carrau, MD; Bradley Otto, MD;

Daniel Prevedello, MD

**Visit cancer.osu.edu/skullbasecourse2016
for registration and information about our program.**

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