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

OCTOBER 2016

RegentSM is growing

Join the first ENT Clinical
Data Registry and be ready
for 2017 MIPS reporting

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Academy, Anthem
revise **SPECT/CT**
fusion imaging policy

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MIPS and APMs
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bulletin

OCTOBER 2016

Volume 35, No. 9

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

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Postmaster: Send address changes to the American Academy of Otolaryngology—Head and Neck Surgery, 1650 Diagonal Road, Alexandria, VA 22314-2857

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

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62nd Annual Meeting

Sept. 16-17, 2016

Manchester Grand Hyatt Hotel, San Diego, CA

MEETING HIGHLIGHTS

Guest Countries: European Countries

12th Annual Distinguished David W. Kennedy Lecturer:
Ricardo Carrau, MD
"Endoscopic skull base surgery: State of the art & future directions"

Guest Speaker:
Patricia Hudgins, MD
Chief of Head and Neck Radiology at Emory University, "Radiologic imaging of CSF leaks" and "Pitfalls in radiologic workup of the sinuses and skull base"

ARS/AAOA Joint Panel:
"Pediatric chronic rhinosinusitis: Does it really exist?"

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

Women in Rhinology
11:45am - 1:00pm
Live Broadcasting for Intr'l Countries
(Supported by Intersect ENT)

Mentorship Program Luncheon
12:00 - 1:00 pm
"Medicare physician payment reform: What an otolaryngologist should know"

Moderator:
Ameet Singh, MD
Associate Professor of Surgery & Neurosurgery; Director, Rhinology & Skull-Base Surgery; George Washington University Medical Center

Speaker:
Howard Pitluk, MD
Vice-President Medical Affairs & Chief Medical Officer; Health Services Advisory Group

Panelists:
Robert Lorenz MD
Medical Director Payment Reform, Risk & Contracting;
Dr Michael Setzen, MD,
Past-President, American Rhinologic Society; Clinical Associate Professor, NYU School of Medicine; Chief Rhinology Section, North Shore Hospital

Poster Presentations & International Countries Welcome Reception
5:30pm - 7:00pm
(Supported by Medtronic)

Educational & Controversial Panels:

- The socioeconomic Impact of CRS and FESS
- Skull base issues: When to resect skull base and orbit
- Are you doing appropriate ESS? Who should have sinus surgery?
- Timing of sinus surgery: How quickly should we intervene?
- Sinus disease and the immunocompromised patient
- The minimal disease patient: Do I operate and when?
- The recurrent nasal polyp patient: What now?
- Sinus surgery mulligan: A case I would now do differently

LIVE WEBCAST/STREAMING to Guest Countries! Plus now opened to ALL international countries!
Registration required.

New This Year!
ARS Meeting Mobile App!



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.

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 prospecting specific rhinologic procedures and then getting the chance to practice those same techniques themselves via cadaver dissection.

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 11.75 **AMA PRA Category 1 Credits™**. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

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

MTG REGISTRATION: http://www.american-rhinologic.org/annual_meeting

ARS MEMBERSHIP: http://www.american-rhinologic.org/membership_application

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

www.american-rhinologic.org

The Academy is our calling

As a third-year Cornell Medical College student I had a basic science research background and strong clinical interest in reproductive endocrinology. It was then I took my otolaryngology-head and neck surgery rotation and met Roy Sessions, MD, then the sole otolaryngologist on the renowned head and neck surgical service of Memorial Sloan Kettering. Roy introduced me to head-neck surgical anatomy and the thyroid gland—this was my calling.

I am so proud to serve as your president of the American Academy of Otolaryngology—Head and Neck Surgery. Our strong and vibrant Academy has never been better situated as we move forward through our challenging medical landscape. There has never been a better time to find your calling within the Academy.

I call on you to contribute to the Academy—there are many venues for your participation.

RegentSM

Our otolaryngology-specific unique data registry, approved as a Qualified Clinical Data Registry (QCDR) by CMS, was rolled out in September. Data is king, and as our specialty collects and utilizes clinical data so we are increasingly empowered on many levels. Data will be largely automatically pulled from electronic medical records without encumbering participating physicians. Regent functionality will include performance metrics quality reporting (including current PQRS and future MIPS reporting for CMS and private payers), clinical effectiveness research, and assistance in Member maintenance of certification and licensure. We must thank the tireless work of **Lisa E. Ishii, MD, MPH**, chair of the Regent Task Force. The registry also provides a strong bond between subspecialty societies and the AAO-HNS/F to define quality measures.

Committees

The depth of the committee structure within the Academy is remarkable, with more than 50 committees and task forces focused on specific clinical and surgical topics as well as standing and board-related committees, ad hoc committees, education committees, international committees, research committees, and those committees associated with the Women in Otolaryngology Section, and the Board of Governors, the Section of Residents and Fellows-in-Training, and the Young Physicians Section.

ENTConnect

Participate with more than 5,500 Members now using ENTConnect, our communications portal. Through this unrivaled communication source, you can access the entire Academy membership with your comments and questions.

Academy communities

We are a community of diverse individuals. The Board of Governors is a superb grassroots network of committed Academy Members. The Women in Otolaryngology Section, Diversity Committee, Young Physicians Section, and Section for Residents and Fellows-in-Training are areas for participation.

International networking

Through the leadership of **Gayle E. Woodson, MD**, of the International Task Force, the International Advisory Board has been born—an Academy body with representation from International Corresponding Societies to promote the highest standards of clinical care through education, research, communication, and global collaboration.

Education expanding

Positioning toward a comprehensive online curriculum is being expertly fashioned under the leadership of Curriculum Task Force chair **Sonya Malekzadeh, MD**.

Ready to lead

Over time and this last year, I've learned a tremendous amount from our inspiring Academy leaders including **James C. Denny, MD**, our tireless and forward-thinking CEO, who has forged strong strategic partnerships with the ABOto and American College of Surgeons; from Past-President **Sujana S. Chandrasekhar, MD**, whose articulate, collaborative leadership has so strongly led us this past year; and Dr. Woodson, whose kind leadership provides an invaluable moral compass.

It is with great pride in otolaryngology, pride in what we have done, and pride in what we can still achieve, that I look forward to this coming year of work. You may count on me, heart and mind, to tirelessly provide leadership to our Academy and specialty—in this I'm committed completely.

I call you to look to the Academy, to redouble your efforts and partner with me to advance our Academy and specialty with a single voice. It is our privilege. It is our time. It is our calling. ■



Gregory W. Randolph, MD
AAO-HNS/F President

“It is with great pride in otolaryngology, pride in what we have done, and pride in what we can still achieve, that I look forward to this coming year of work. You may count on me, heart and mind, to tirelessly provide leadership to our Academy and specialty.”



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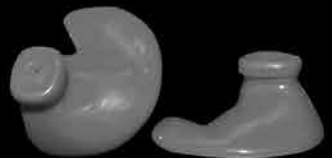


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Commitment and collaboration

Even the most casual observer who attended our meeting in San Diego would recognize the massive amount of work that goes into staging our Annual Meeting. The teamwork between our staff and otolaryngologists worldwide and spectrum of practice situations is truly amazing. The time our volunteer Members contribute to making this meeting truly outstanding mirrors the efforts given by otolaryngologists of all specialty areas in collaborative projects throughout the year. There are many examples of our Members and sister societies stepping up to help the specialty, particularly in advocacy and education.

The Annual Meeting is a perfect example of the time and talent donated on behalf of our specialty and its patients. The Program Advisory Committee and Instruction Course Advisory Committee dedicated hundreds of hours to ensure the best and most relevant materials were selected for presentation. The 793 Instruction Courses, Miniseminars, oral presentations, and Named Lectures required several thousand hours of preparation on top of all the years of study to gain the expertise to give the presentations. An additional 375 Poster Presentations, requiring substantial work and time, further enhanced the style and diversity of this year's offerings.

The Academy and Foundation have more than 50 committees and task forces with more than 900 volunteer Members, who have made multiyear commitments to help us fulfill our mission and "empower our Members to deliver the best patient care." Committee and taskforce activities vary, but all rely on the consistent production of their Members.

In addition to committee duties, we have a group of clinical experts representing all areas of the specialty who made themselves available for fast turnaround analysis and recommendations in response to changing regulatory and payment situations. This group has been called upon this year on projects related to functional endoscopic sinus surgery, the President's Council of Advisors on Science and Technology (PCAST) report on hearing devices, the ACGME position on the 80-hour work week for residents, concurrent surgery, balloon sinus ostial dilation, and the subject of "single use devices" by otolaryngologists to name a few. Potential changes in

these areas could have devastating effects on the day-to-day practice of otolaryngology as we know it.

It is particularly noteworthy that the specialty societies within otolaryngology have generously collaborated with the AAO-HNS to guarantee that concerns within their respective areas are addressed with the most relevant and contemporary recommendations presented in a unified fashion. Responses of this nature carry considerably more weight and tend to be more comprehensive in scope. Prime examples of this type of cooperation include the American Academy of Otolaryngic Allergy, AAO-HNS, and American Rhinologic Society effort in the CMS mandated review of the FESS codes; the AAO-HNS, American Neurotology Society, and American Otological Society effort related to implantable hearing devices; and the AAO-HNS, American Broncho-Esophagological Association, and American Laryngological Association collaboration on the recently presented operative laryngeal codes.

The largest project of recent times, the creation and operation of our Clinical Data Registry, embodies the efforts of all otolaryngologists and specialty societies, including the American Board of Otolaryngology (ABOto). The commitment to provide clinically appropriate quality measures for patients across our spectrum of care has united the family of otolaryngology to accomplish this monumental task. To provide our Members with the ability to use our registry for quality reporting and participate in the MOC process, we have worked closely with ABOto and their volunteer leaders as well as clinicians chosen by each respective specialty society to create our Clinical Advisory Committees who are responsible for recommending measures appropriate for each specialty area. If you have not signed up to participate in RegentSM, now is the time to add your name to the list.

The evolution of the healthcare delivery system will mandate optimal "synchrony" of the resources available to participate meaningfully on behalf of our patients across the full breadth of the specialty. The future ability to determine the most effective management of the diseases we treat will depend on the continued collaborative efforts across otolaryngology and the incredible volunteer spirit demonstrated by our Members. If you would like to join this effort, please contact us at memberservices@entnet.org. ■



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

“The amount of time that our volunteer Members contribute to making the Annual Meeting truly outstanding mirrors the efforts given by otolaryngologists representing all specialty areas in collaborative projects throughout the year.”

BOARD OF GOVERNORS

Be an advocate for change

■ **Stacey L. Ishman, MD, MPH**, Chair, Board of Governors



The joy of patient care is hopefully something that you experience on a regular basis. As practitioners, it is easy to get caught up in the alphabet soup—MIPS, MACRA, ACA, EHR. But, the real reason that most of us chose this path is the patients.

At the Board of Governors (BOG) meeting last month in San Diego, we focused on the importance of local specialty societies for education, fellowship, and professional development through the counsel of our colleagues and friends. We also highlighted the socioeconomic issues that are impacting our practices and our patients—issues such as balloon sinuplasty payment and the request for preauthorization for office flexible laryngoscopy. And, we addressed the alphabet soup and the mandate for improved quality and value—tenets for which we would all like to strive.

We need your input

At the same time, we have all waited with anticipation to see how the launch and actuation of RegentSM will help us to meet the federal quality reporting requirements. More importantly, we will have the data to prove the positive outcomes that we see in our patients when insurance companies come to us with denials. We will have benchmarks to help us attain and improve the quality of our care.

The BOG is your grassroots voice to provide input regarding the issues and clinical questions that you need answered the most. **Please let us know what issues you find most important for your practice or what clinical questions you think need to be answered in order for you to provide the best care for your patients.**

Society engagement

At the same time, we want to ensure that everyone has the tools to maximize connections and advocacy at the local and regional society level. Toward that end, we are pulling together leaders from these societies to help us create an **online toolbox for member societies**. Our intent is to provide you the tools to benchmark against vibrant local societies and improve attendance and value for your members, whether you meet in person or as **virtual societies**.

Please let us know if we can help your society and if you are interested in helping us maximize these resources.

AAO-HNS/F 2017 Leadership Forum & BOG Spring Meeting, March 10-13

We also invite you to join us in Alexandria, VA, for the upcoming Leadership Forum, where we will continue to discuss the aforementioned issues along with ways to hone your advocacy and leadership skills. At the same time, there are ample opportunities to network with the leadership of our Academy and ask questions directly to the candidates for Academy President at the BOG-sponsored **Candidates Forum**. Other highlights will include the always popular ENT PAC Reception (open to ENT PAC Leadership Club members) and free CME credits. Online registration will open this winter, so mark your calendars now.

I hope to see you there! ■

AAO-HNSF establishes two international awards

Thanks to the generosity of **Nikhil J. Bhatt, MD**, the AAO-HNSF has established the **AAO-HNSF Nikhil J. Bhatt, MD International Humanitarian Award** and the **International Public Service Award**. These awards were announced during the AAO-HNS/F Boards of Directors' luncheon, September 17.

The International Humanitarian Award honors a non-U.S. otolaryngologist-head and neck surgeon who has selflessly treated persons for whom access to care would have been financially or physically prohibitive.

This year, the **International Humanitarian Award** recognized the efforts of **Nega Kiros, MD**, of Ethiopia.



Dr. Kiros began his medical career as the only physician for a 60-bed hospital in eastern Ethiopia. After two years he joined a residency program in Addis Ababa where he received a scholarship to Germany to study otolaryngology. Unlike many, he returned to Ethiopia to serve his country, collaborating with the Ethiopian Orthodox church to establish a new ENT hospital for the poor and underserved. He continues to bring better otolaryngic care in Ethiopia with mobile care programs, support for community-based hearing health rehabilitation and education programs, and personal and kind treatment to those in most need.

The International Public Service Award honors a non-U.S. otolaryngologist-head and neck surgeon whose achievements have advanced the specialty.

This year, the **International Public Service Award** recognized the efforts of

Revamping hearing health in Barbados

■ **Daniel H. Coelho, MD**,
Virginia Commonwealth
University, Richmond, VA,
Humanitarian Travel Grant
Awardee

A team of surgeons from Virginia Commonwealth University performed the first cochlear implant in Barbados in May.

➔ READ MORE ONLINE



Lokman B. Saim, MD, of Malaysia.

During his considerable academic career, Dr. Saim has become known as the father of cochlear implant microsurgery in Asia. Through his teaching and advocacy, more than 500 deaf children and adults in the region have benefited from this procedure. Although retired now, he continues to assist in such surgeries throughout the region.



To further this work, Dr. Saim and his family began "Hospitals Beyond Boundaries" dedicated to sustaining healthcare efforts in the area's vulnerable communities, enlisting youth volunteers and the community in the health enterprise.

These new international awards expand the AAO-HNS/F's encouragement and support for the delivery of otolaryngic patient care worldwide. This commitment was evidenced during the International Symposium, which presented 23 sessions during four days of the 2016 Annual Meeting & OTO EXPOSM. ■

Value^{4U} Membership renewal

Your AAO-HNS membership delivers service and performance that fulfills the AAO-HNS mission to empower otolaryngologist-head and neck surgeons to deliver the best patient care.

This year your membership delivered an abundant return on your investment.

Benefits include:

- Savings on Annual Meeting & OTO EXPOSM registration
- Member-only access to our website, www.entnet.org and our online community portal, ENTConnect
- Subscription to the highly rated *Bulletin* magazine and scientific journal, *Otolaryngology-Head and Neck Surgery*
- Opportunity to access Clinical Practice Guidelines
- Participation in our clinical data registry, Regent[®]
- Savings on more than 200 education opportunities in AcademyU[®]
- Eligibility to participate on AAO-HNS/F committees and sections

The Academy supports your professional life from residency to retirement. Be sure to continue this important relationship and your partnership for success.

Renew today at www.entnet.org/renew. ■

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

Committees and 3P Workgroup approve nine Position Statements

Position Statements are used to designate a statement, policy, or declaration of the American Academy of Otolaryngology—Head and Neck Surgery and Foundation (AAO-HNS/F) on a particular topic or set of topics. At the September Board of Directors Meeting, nine Position Statements (three of which were new) were approved for use in state and federal regulatory or advocacy efforts, or to clarify the AAO-HNS/F approval or disapproval of certain practices in medicine. Five Academy Committees worked in conjunction with the Physician Payment Policy (3P) Workgroup to provide revisions, reaffirm and/or recommend, and develop new Position Statements. The table lists the approved Position Statements and the

Academy committees involved.

New Position Statements are expected to be added after the March 2017 Board of

Directors Meeting. If Academy Members are interested in developing new Position Statements, submissions are considered on an ongoing basis and approved during Spring or Fall Boards of Directors' meetings. For guidance on creating a new Position Statement, visit www.entnet.org/sites/default/files/PositionStatementTemplateandDevelopmentProcess.pdf. ■

Approved Position Statement	Revised, Reaffirmed, or Newly Proposed	AAO-HNS/F Committee
Pediatric Habilitation Following Cochlear Implantation	New	Hearing
Dilation of Sinuses, Any Method (e.g., balloon, etc.)	Revised	Rhinology & Paranasal Sinus
Tongue Suspension	Revised	Sleep Disorders
CDC Immunization Recommendations for Cochlear Implant Patients	Reaffirmed	Implantable Hearing Devices
Active Middle Ear Implants	Revised	Implantable Hearing Devices
Bone Conduction Hearing	Revised	Implantable Hearing Devices
Minimal Test Battery for Cochlear Implant	Reaffirmed	Implantable Hearing Devices
Human Papillomavirus (HPV) Vaccination for Prevention of HPV-Related Oropharyngeal Cancer	New	Head and Neck Surgery & Oncology
Reuse of Single-Use Devices: Responsible Recycling of Medical Instrumentation	New	Physician Leaders

AAO-HNSF
ANNUAL MEETING
& OTO EXPERIENCE
SEPTEMBER 10-13, 2017 CHICAGO, IL

CALL FOR SCIENCE 2017 DEADLINES

Instruction Courses, Miniseminars, and the International Symposium

Submissions Open: **Monday, November 14, 2016**
Submissions Close: **Monday, January 2, 2017**

Scientific Oral & Poster and Masters of Surgery Video Presentations

Submissions Open: **Monday, January 6, 2017**
Submissions Close: **Monday, February 6, 2017**

REQUIRED SUBMISSION

Answering a 'Call for Papers,' applying for a grant, or engaging in committee work?

All Scientific Oral Presentations at the AAO-HNSF Annual Meeting and all manuscripts resulting from Academy or Foundation-sponsored research or committee work must be submitted as full-length articles to *Otolaryngology–Head Neck Surgery*, the official journal of the AAO-HNSF, for right of first refusal. ■

—Statement on Required Submission,
approved by the Executive Committee, July 2016

Academy comments on 2017 Medicare Physician Fee Schedule

On July 15, the Centers for Medicare & Medicaid Services (CMS) posted the proposed Medicare physician fee schedule (MPFS) for calendar year (CY) 2017. In addition to payment policy and payment rate updates, the MPFS addresses a number of issues affecting otolaryngologist-head and neck surgeons.

Key provisions Members should be aware of from the proposed rule include: practice expense adjustments; proposed global surgical data collection requirements; Appropriate Use Criteria for Advanced Diagnostic Imaging requirements; modifications to the Qualified Clinical Data Registry (QCDR) qualification requirements; and updates to the Value Based Modifier and Physician Feedback Programs. The Academy submitted comments to



CMS on the proposed rule on September 6. The comments can be found on the website at www.entnet.org/content/regulatory-advocacy.

Watch for the November *Bulletin* with a deeper explanation of what you need to know about proposals in the MPFS and how the Academy is advocating on your behalf. ■



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DOPAMINE - frontal lobe
(Energy or Metabolism):
Normal

ACETYLCHOLINE - parietal lobes (Memory): Low

GABA - temporal lobes
(Calm): *Normal*

SEROTONIN - occipital
(Mood): *Normal*

Stay up-to-date with Regent by visiting the Regent home page at: www.entnet.org/content/regent-ent-clinical-data-registry. Questions? Contact us at regent@entnet.org.

RegentSM is growing

The AAO-HNSF was successful in its recruitment of sites for the Regent pilot. This phase of the pilot has come to a close with a total of 21 practices and 298 practitioners in six academic sites and 15 private practices with 12 different EHR systems. These practices are now entering various phases of data extraction and review of measures data and analysis. Five pilot practices have begun analyzing their clinical data. AAO-HNSF registry staff has also been actively engaged with all of the Regent practice sites, including regular calls with FIGmd and the pilot practices to discuss measure performance data to confirm utmost accuracy for the data contained in Regent.

A special thank you to Regent's pilot sites:

- Advanced ENT & Allergy
- Advanced ENT
- Augusta ENT
- Baylor College of Medicine
- Colorado ENT & Allergy

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

Regent's full launch

Regent opened to the full membership for contracting on July 25, 2016, with promotions focused on encouraging Members and

Join the first ENT
Clinical Data Registry
and be ready for 2017
MIPS reporting

 **RegentSM**
ENT CLINICAL DATA REGISTRY

“

With MIPS 2017 reporting beginning soon, we urge Members to get started on contracts now to be ready for the new reporting paradigm. Visit the Regent page at www.entnet.org/regent to get started now. There you may also access the Regent practice toolkit, which contains all the information needed to get started with the registry.

”

practices to execute contracts by September 30, 2016, in order to secure one year of free access to Regent for their providers.

In tandem with these targeted offerings, Regent was promoted throughout the past year including at the AAO-HNSF 2016

Annual Meeting & OTO EXPOSM in San Diego, CA. The Regent booth was busy as Members sought to execute contracts prior to the September 30 deadline. During the Regent Miniseminar titled “The Future Is Now, Regent: The first ENT Clinical Data

Registry” Members learned more about the formation and value of the Regent registry and heard first-hand reflections from a private practice involved in the Regent pilot and what the future holds for registry technology.


Regent is here: get on board!

Regent continues to grow. The registry currently has 101 total practice sites on board representing 473 practitioners and preparing for measures data extraction in time for PQRS 2016 reporting.

With MIPS 2017 reporting beginning soon, we urge Members to get started on contracts now to be ready for the new reporting paradigm. Visit the Regent page at www.entnet.org/regent to get started now. There you may also access the Regent practice toolkit, which contains all the information needed to get started with the registry.

Regent membership

Make sure all otolaryngologists in your practice are current Academy Members and up-



**GET INVOLVED
WITH AAO-HNSF
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GUIDELINES**


**G-I-N NORTH AMERICA
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** Residents and previous G-I-N Scholar or Cochrane Scholar recipients are not eligible to apply.*

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to-date on dues payment with the AAO-HNS. Dues payment for 2017 starts this month, October 2016. (See page 7 for more information on how to pay dues.) All member dues must be paid by January 15. If you have any questions regarding membership status, please email the AAO-HNS Membership Services department at memberservices@entnet.org.

Non-physician providers do not need to become AAO-HNS Members to participate in Regent, but they are subject to subscription and one-time application fees as outlined below. ■



Regent fees

Providers who executed contracts prior to October 1, 2016, have had the first annual subscription fee (\$295) and the one-time application fee (\$250) waived. For more information on Regent fees, visit www.entnet.org/content/regent-fees. ■



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Academy, Anthem revise SPECT/CT fusion imaging policy

Thanks to Academy physician leaders' comments and clinical recommendations, Anthem revised the Anthem Medical Policy for Single-Photon Emission Computed Tomography/Computed Tomography (SPECT/CT) Fusion Imaging. The key change included adding a statement that considers the use of SPECT/CT fusion imaging medically necessary in the evaluation of parathyroid glands in individuals with hyperparathyroidism when used for anatomic localization prior to parathyroid surgery.

Mark E. Zafereo, MD, Endocrine Committee, led the May 10, 2016, meeting. Members from the Physician Payment Policy Workgroup (3P) and Imaging Committee also attended to provide input on policy language, critiques on the referenced medical literature, and overall clinical recommendations to revise the policy. Due to effective relationships the Academy physician experts held, the Academy also invited external leadership to the meeting, including Past New York State American College of Radiology Chair, Robert Rapoport, MD, and Section Chief of Nuclear Medicine and Radiation Safety Officer of St. Peter's Hospital, Stewart Hawkins, MD. Anthem was open to discussing the policy and agreed to review the Academy's comments and suggestions on appropriate medical literature at their next Medical Policy & Technology Assessment Committee (MPTAC) meeting.

"The success in the revision of Anthem's SPECT/CT Fusion Imaging Policy is an example of how the collaborative efforts of the Academy can serve to benefit all otolaryngologist-head and neck surgeons," said Dr. Zafereo. "Thanks to the efforts of experts from multiple committees and the hard work of Academy staff, our physicians can now spend less time negotiating with insurance companies on the medical necessity of a SPECT/CT, and more time in caring for our patients."

The lead-up to the successful policy revision began in October 2015, when the Academy's Imaging and Endocrine

Committees provided reviews on Anthem's SPECT/CT Fusion Imaging Medical Policy. Academy committee members disagreed with the policy position that SPECT/CT fusion imaging was considered "investigational and not medically necessary" for all indications. Physician leaders believed it would be valuable to arrange a conference call before Anthem reviewed the policy to understand the policy rationale and discuss criteria for coverage.

In January 2016, Anthem informed the Academy that it was the decision of the MPTAC to retain the policy position without Academy recommendations. In February, the Health Policy Team inquired on the rationale behind this decision, and requested the recommendations be reconsidered and implemented in the next iteration of the policy. Ultimately, Anthem agreed to meet in May. The clinical expertise provided in May and the additional value referenced in the medical literature led to the successful change in policy.

On the call, the Academy discussed that many otolaryngologists-head and neck surgeons frequently use SPECT-CT to optimize patient outcomes in parathyroid surgery. Furthermore, experts said that based on detailed anatomic localization of abnormal parathyroid glands, SPECT/CT may contribute to improved success of surgery, fewer revision surgeries, less morbidity of surgery, fewer complications, less operative time, and equivalent or reduced overall treatment cost.

This exceptional outcome confirms the positive impact the Academy's physician leaders contribute to private payer issues. The new policy now reflects medical literature from several studies demonstrating that SPECT/CT may be superior to SPECT alone and planar imaging with single and dual phase sestamibi, and the policy reflects the overall medical necessity of SPECT/CT fusion imaging in the anatomic localization of parathyroid glands. See the revised medical policy, complete with Academy physician efforts, at https://www.anthem.com/medicalpolicies/policies/mp_pw_a050555.htm. ■

FACT SHEETS

Merit-based Incentive Payment System (MIPS) and eligible Alternative Payment Models (APMs)

The Medicare Access and CHIP Reauthorization Act of 2015 (MACRA) repealed the SGR and created two new payment update tracks: the Merit-based Incentive Payment System (MIPS) and Alternative Payment Models (APMs).

The MIPS program incorporates components of the current CMS quality programs into one incentive program that will determine payment. Most otolaryngologist-head and neck surgeons will participate in the MIPS program and receive incentives and penalties through that program. Providers participating in Advanced APMs will receive a 5 percent bonus payment. The proposed date clinicians will begin reporting for the MIPS and APM programs is scheduled for January 1, 2017.

To help Members understand MIPS and APMs, the Academy's Health Policy team has created one-page fact sheets (see pages 15, 17, and 19) providing an overview of each program including MIPS reporting categories and Advanced APM eligibility criteria. Members are encouraged to use the fact sheets as quick references and learn more about the programs. For detailed information on the MIPS and APM programs, including how the Academy is working for you, visit www.entnet.org/content/physician-payment-reform. ■

MIPS and APMs

The Medicare Access and CHIP Reauthorization Act of 2015 (MACRA) was signed into law April 16, 2015.

MACRA replaced the Sustainable Growth Rate (SGR) and created the Merit-based Incentive Payment System (MIPS) and the Advanced Alternative Payment Model (APM) program. The **proposed** start date for the two new payment programs is **January 1, 2017**.

MACRA created the following payment update schedule for eligible clinicians (ECs):

	MIPS Annual Payment Update	MIPS Additional Incentive Payment Adjustments	Advanced APM Annual Payment Update	Advanced APM Payment Incentive
2019	0.5%	≤10%	0.5%	+ 5%
2020	0%	≤10%	0%	+ 5%
2021	0%	≤10%	0%	+ 5%
2022	0%	≤10%	0%	+ 5%
2023	0%	≤10%	0%	+ 5%
2024	0%	≤10%	0%	+ 5%
2025	0%	0	0%	0
2026+	0.25%	0	0.75%	0

- **MIPS:** Under MIPS, a majority of eligible clinicians (ECs) will report on four categories that will add up to a composite performance score (CPS):

- Quality
- Advancing Care Information (ACI)
- Clinical Practice Improvement Activities (CPIA)
- Resource Use

The CPS will be used by CMS to determine whether or not an EC will receive a bonus payment or will be subject to a payment reduction.

- **Advanced APM program:** Alternative payment models are a form of payment reform that incorporate quality and total cost of care into reimbursement rather than a traditional fee-for-service structure.
 - Eligible clinicians (ECs) that successfully participate in a CMS-defined Advanced APM may be exempted from MIPS reporting and receive a 5 percent incentive payment.
- **Academy advocacy:** To allow Members more time to learn and adapt their practice patterns to MIPS and APM reporting, the Academy is actively advocating for a later reporting period.

We have established RegentSM, a qualified clinical data registry (QCDR), which will:

- Help Members navigate evolving payment models and quality programs
- Focus on longitudinal perspective of clinical care
- Inform healthcare at a national level through clinical research
- Assist with satisfying Maintenance of Certification needs for Members
- House measures across all specialties of otolaryngology-head and neck surgery



To learn more visit, www.entnet.org/content/alternative-payment-models.

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

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\$40,000 (\$20,000 per year), non-renewable, two years to complete project. One available annually.

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AAFPRS Leslie Bernstein Investigator Development Grant

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AAFPRS Research Scholar Award

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

Post-SGR Payment Policy: MIPS

The Medicare Access and CHIP Reauthorization Act of 2015 (MACRA) was signed into law April 16, 2015.

MACRA replaced the Sustainable Growth Rate (SGR) and created the **Merit-based Incentive Payment System (MIPS)** and the Alternative Payment Model (APM) program.

Under MIPS, eligible clinicians (ECs) will report on four categories that will add up to a composite performance score. The composite performance score will be used by CMS to determine whether or not an EC will receive a bonus payment or will be subject to a payment reduction. CY 2019 payment adjustments will be based on CY 2017 reporting.



ADVANCING CARE INFORMATION (ACI)

25% of the total score in 2019

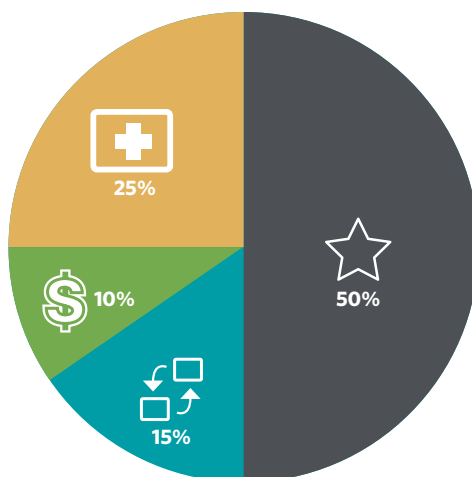
- Replaces the Medicare Electronic Health Record (EHR) Incentive Program for clinicians.
- In the future, Academy Members participating in RegentSM will be able to report ACI through Regent.



RESOURCE USE

10% of the total score in 2019

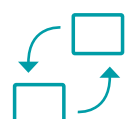
- Replaces the cost component of the Value-Based Payment Modifier (VM) Program.
- The score is based on Medicare claims, meaning no direct reporting requirements for clinicians.



QUALITY

50% of the total score in 2019

- Replaces the Physician Quality Reporting System and the quality component of VM.
- Physicians select 6 measures to report (including 1 outcome/high priority measure, and 1 cross-cutting measure).



CLINICAL PRACTICE IMPROVEMENT ACTIVITIES (CPIA)

15% of the total score in 2019

- Clinicians select from a list of over 90 activities to receive credit for this category.
- Can report for CPIA through a qualified registry, an EHR system, a QCDR such as RegentSM, or the CMS web interface and attestation data submission.

We have established RegentSM, a qualified clinical data registry (QCDR), which will:

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RegentSM is an ENT qualified clinical data registry that will become the foundation for quality improvement and research, and will support certification and licensure.

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

Post-SGR Payment Policy: APMs

The Medicare Access and CHIP Reauthorization Act of 2015 (MACRA) was signed into law April 16, 2015.

MACRA replaced the Sustainable Growth Rate (SGR) and created the Merit-based Incentive Payment System (MIPS) and the **Advanced Alternative Payment Model (APM) program**. The **proposed** start date for the Advanced APM program is **January 1, 2017**.

Alternative payment models are a form of payment reform that incorporate quality and total cost of care into reimbursement rather than a traditional fee-for-service structure. Eligible clinicians (ECs) that participate in a CMS-defined Advanced APM may be exempted from MIPS reporting.

The Advanced APM program creates the following distinctions between different APMs:

	Advanced APM Program	MIPS APMs	APMs
Payment Update	Follows the APM program payment update schedule	Follows the MIPS payment update schedule	Follows the MIPS payment update schedule
Program Incentives	ECs who qualify for the program or Qualifying APM Participants (QPs) will receive a 5% payment incentive from 2019 to 2024	Some ECs may receive the bonus point and alternative scoring criteria for the MIPS program	No extra incentives
Criteria	Strictest Criteria, very few ECs will qualify	Strict Criteria, more but not many ECs will qualify	No criteria provided

- **Qualifying APM Participants (QPs):** QPs are ECs who meet the minimum percentage of patients or payments through an Advanced APM and are eligible to participate in the Advanced APM program.
 - All QPs in the Advanced APM program will receive a 5% payment incentive from 2019 until 2024.
 - The payments for QPs will be based off claims reported during the reporting periods, which will occur 2017-2022.
- **Academy advocacy:** The Academy has a history of working closely with regulatory agencies to maintain our visibility and credibility with national representatives regarding federal regulatory issues.
 - The Advanced APM requirements outlined in the proposed rule would only allow a very limited group of physicians to be held exempt from MIPS reporting by meeting the minimum percentage of patients or payments through an Advanced APM.
 - The Academy is actively advocating on Members' behalf to work with CMS to expand the definition to be closer in line with the intent of the law.

To learn more visit, www.entnet.org/content/alternative-payment-models.

Richard Rosenfeld receives G-I-N innovation award

Richard M. Rosenfeld, MD, MPH, was recognized with the Najoua Mlika-Cabanne Innovation Award at the Guidelines International Network (G-I-N) Annual Meeting in September.

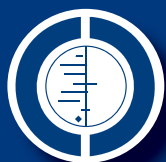
The award is named for Najoua Mlika-Cabanne, MD, PhD, the former Deputy Head of the Guidelines Department at the Haute Autorité de Santé (HAS, French National Authority for Health), who was known for her significant contributions to the science of clinical guideline development and for having consistently fostered international collaboration and friendship—attributes Dr. Rosenfeld mirrors. With more than

20 years of experience with systematic reviews and clinical practice guideline development, Dr. Rosenfeld's expertise in the methodology, development, and implementation of guidelines has been sought by the AAO-HNSF, the American Medical Association, American Academy of Pediatrics, Agency for Healthcare Research and Quality, the Cochrane Ear, Nose, and Throat Disorders Group, the New York State Department of Health, and the G-I-N, just to name a few.

"I think most of us who are involved in guideline development are heading in the same direction, and that is to make a difference by what we do," said Dr. Rosenfeld. "We all see that produced but unused guidelines are useless, and we

can probably make the biggest difference when we work together. That's definitely where I see us making an impact for the greater good... by collaborating, communicating, and working together. I think that's ultimately the way we're going to have real results in quality improvement."

Dr. Rosenfeld has been a driving force behind the clinical practice guideline (CPG) program at the AAO-HNSF. He is the lead author of the "AAO-HNSF Guideline Development Manual," which has been cited 150 times, most notably by the Institute of Medicine's report, "Clinical Practice Guidelines We Can Trust." He has authored or co-authored 18 clinical practice guidelines and giv-



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2017 COCHRANE CONCLAVE

Oxford, England | July 9 - 11, 2017

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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en more than 100 presentations—nationally and internationally—on guideline development, dissemination, and implementation. He is also one of the earliest champions for fully engaging consumers in the guideline process.

“Once you add consumers to a guideline panel, you have a new obligation. You have an obligation to speak about things in ways that everyone can understand. It changes the dynamic and makes for a much more robust guideline. We need all people to speak up, not just content experts dominating a discussion,” said Dr. Rosenfeld.

A true consumer advocate, Dr. Rosenfeld has ensured that guidelines include tools and additional resources that are accessible and understandable to better explain evidence-based recommendations. Dr. Rosenfeld has been instrumental in ensuring that all of the AAO-HNSF CPG panels include consumer representation from Consumers United for Evidence-based Healthcare (CUE), and they are now joined by other consumer groups.

He has served the AAO-HNSF and G-I-N in multiple capacities and is credited with initiating the establishment of the G-I-N North American com-

“

Dr. Rosenfeld has been instrumental in ensuring that all of the AAO-HNSF CPG panels include consumer representation from Consumers United for Evidence-based Healthcare (CUE), and they are now joined by other consumer groups.

”

munity, for which he now serves as chair emeritus. He continues to move the AAO-HNSF forward through his role as Senior Advisor on Measures, an effort for quality measures that will advance the implementation of and adherence to published clinical practice guidelines and other quality products.

In May, Dr. Rosenfeld, who is chair of the department of otolaryngology at SUNY Downstate Medical Center, was promoted to distinguished professor, the highest academic rank

in the SUNY system, marking the eighth time in the past 50 years that a Downstate faculty member received the honor. The announcement noted, “He is a leader for thousands of otolaryngologists through his guidelines work, and is an intellectual leader as a journal editor, chairman, and mentor to countless colleagues.”

We thank Dr. Rosenfeld for his contributions to the AAO-HNS/F and we applaud his recent recognitions. ■



af AAO-HNSF annual fund

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WHAT ARE SNORING AND SLEEP APNEA

Forty-five percent of normal adults snore at least occasionally and 25 percent are habitual snorers. Problem snoring is more frequent in males and overweight people and usually worsens with age. Snoring may be an indication of obstructed breathing and should not be taken lightly. An otolaryngologist can help you to determine where the anatomic source of your snoring may be and offer solutions for this noisy and often embarrassing behavior.



WHAT CAUSES SNORING?

The noisy sounds of snoring occur when there is an obstruction to the free flow of air through the passages at the back of the mouth and nose. This area is the collapsible part of the airway where the tongue and upper throat meet the soft palate and uvula. Snoring occurs when these structures strike each other and vibrate during breathing.

In children, snoring may be a sign of problems with the tonsils and adenoids. A chronically snoring child should be examined by an otolaryngologist, who may recommend a tonsillectomy and adenoidectomy to return the child to full health.

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People who snore may suffer from:

- Poor muscle tone in the tongue and throat: When muscles are too relaxed, the tongue falls backwards into the airway or the throat muscles draw in from the sides into the airway. Some relaxation is natural during deep sleep, but may become a problem if exacerbated by alcohol or drugs that cause sleepiness.
- Excessive bulkiness of throat tissue: Children with large tonsils and adenoids often snore. Overweight people may have excess soft tissue in the neck that can lead to airway narrowing. Cysts or tumors are rare causes of airway narrowing.
- Long soft palate and/or uvula: A long palate narrows the opening from the nose into the throat. The excessive length of the soft palate and/or uvula acts as a noisy flutter valve during relaxed breathing.
- Obstructed nasal airways: A stuffy or blocked nose requires extra effort to pull air through it. This creates an exaggerated vacuum in the throat that pulls together the floppy tissues of the throat, and snoring results. So snoring may only occur during the hay fever season or with a cold or sinus infection. Also, deformities of the nose or nasal septum, such as a deviated septum (a deformity of the wall that separates one nostril from the other) can cause such an obstruction.

WHY IS SNORING SERIOUS?

Socially: Snoring can make the snorer an object of ridicule and can cause the bed partner to experience sleepless nights and fatigue.

Medically: It disturbs sleeping patterns and deprives the snorer of adequate rest. It may be a sign of obstructive sleep apnea (OSA), which can lead to serious, long-term health problems.

WHAT IS OBSTRUCTIVE SLEEP APNEA?

Snoring may be a sign of a more serious condition known as obstructive sleep apnea (OSA). OSA is

characterized by multiple episodes of breathing pauses greater than 10 seconds at a time, due to upper airway narrowing or collapse. This results in lower amounts of oxygen in the blood, which causes the heart to work harder. It also causes disruption of the natural sleep cycle, which makes people feel poorly rested despite adequate time in bed. Apnea patients may experience 30 to 300 such events per night.

The immediate effect of sleep apnea is that the snorer must sleep lightly and keep the throat muscles tense in order to keep airflow to the lungs. Because the snorer does not get a good rest, he or she may be sleepy during the day, which impairs job performance and makes him or her a hazardous driver or equipment operator. Untreated obstructive sleep apnea increases the risk of developing heart attacks, strokes, diabetes, and many other medical problems.

HOW IS HEAVY SNORING EVALUATED?

Heavy snorers should seek medical advice to ensure that sleep apnea is not a problem. Heavy snorers include people who snore constantly in any position or who negatively impact a bed partner's sleep. An otolaryngologist will provide a thorough examination of the nose, mouth, throat, palate, and neck, often using a fiberoptic scope. An examination can reveal if the snoring is caused by nasal allergy, infection, nasal obstruction, or enlargement of tonsils and adenoids. A sleep study in a laboratory or at home may be necessary to determine if snoring is due to OSA.

All snorers with any of the following symptoms should be evaluated for possible obstructive sleep apnea:

- Witnessed episodes of breath pauses or apnea during sleep
- Daytime sleepiness or fatigue
- High blood pressure
- Heart disease
- History of a stroke

WHAT TREATMENTS ARE AVAILABLE?

Treatment depends on the diagnosis and level(s) of upper airway narrowing. In some cases, more than one area may be involved.

Snoring or OSA may respond to various treatments offered by many otolaryngologist-head and neck surgeons:

- Obstructive sleep apnea is most often treated with a device that opens the airway with a small amount of positive pressure. This pressure is delivered via a nasal mask worn during sleep. This treatment is called CPAP; it is currently the initial treatment of choice for patients with OSA.
- Uvulopalatopharyngoplasty (UPPP) is surgery for treating snoring and obstructive sleep apnea. It

removes excess soft palate tissue and opens the airway. In addition, the remaining tissue stiffens as it heals, thereby minimizing tissue vibration. The size of the air passage may be further enlarged when a tonsillectomy is added to the procedure.

- Thermal ablation procedures reduce tissue bulk in the nasal turbinates, tongue base, and/or soft palate. These procedures are used for both snoring and OSA. Different methods of thermal ablation include bipolar cautery, laser, and radiofrequency. These procedures may be done in the operating room or during an office visit. Several treatments may be required.
- Methods to increase the stiffness of the soft palate without removing tissue include injecting an irritating substance that causes stiffness in the injected area near the uvula. Another method is inserting stiffening rods (pillar implants) into the soft palate.
- Genioglossus and hyoid advancement is a surgical procedure for the treatment of sleep apnea. It prevents collapse of the lower throat and pulls the tongue muscles forward, thereby opening the obstructed airway.
- A custom-fit oral appliance, which repositions the lower jaw forward, may also be considered for certain patients with snoring/OSA. This should be fitted by an otolaryngologist, dentist, or oral surgeon with expertise in sleep dentistry.
- In some patients, significant weight loss can also improve snoring and OSA.

DO YOU RECOMMEND THE USE OF OVER-THE-COUNTER DEVICES?

There is no specific device recommended. More than 300 devices are registered in the U.S. Patent and Trademark Office as cures for snoring. Different methods include products that help a person avoid sleeping on their back, since snoring is often worse in that position. Some devices open nasal air passages; others have been designed to condition a person not to snore by producing unpleasant stimuli when snoring occurs. While a person may find a product that works for him or her, underlying poor sleep quality may remain.

SELF-HELP FOR THE LIGHT SNORER

Adults who suffer from mild or occasional snoring should try the following self-help remedies:

- Adopt a healthy and athletic lifestyle to develop good muscle tone and lose weight.
- Avoid tranquilizers, sleeping pills, and antihistamines before bedtime.
- Avoid alcohol for at least four hours and heavy meals or snacks for three hours before retiring.
- Establish regular sleeping patterns.
- Sleep on your side rather than your back.
- Elevate the head of your bed four inches. ➔



The Triological Society 2017 Meetings

Registration Opens
OCTOBER 1, 2016

Registration Opens in
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The Combined Sections Meeting will feature general, concurrent and panel presentations which will cover all otolaryngology subspecialties. Panels and breakout sessions allow greater specialty specific topics to be covered. State of the art clinical and research posters will be in place throughout the meeting, culminating in the popular Meet the Authors Poster Reception. Sessions that are proven "attendee favorites" will again be presented, including *What's the Latest and the Greatest?*, *The Great Debate-Point/Counterpoint*, and the video session *How I Do It*. Other meeting highlights include a new session on Best Practices (*TRIO BP's*), the annual Resident Bowl competition, golf outing, as well as numerous opportunities to network with colleagues, visit exhibitors and enjoy special New Orleans events. Hotel reservations and additional information for attendees and exhibitors is available on the Society's website at www.triological.org. Exhibit and sponsorship opportunities are available. AMA PRA Category I Credits™ will be available for this activity.

WHAT IS POST-NASAL DRIP

Glands in your nose and throat continually produce mucus (one to two quarts a day). Mucus moistens and cleans the nasal membranes, humidifies air, traps and clears inhaled foreign matter, and fights infection. Although it is normally swallowed unconsciously, the feeling of it accumulating in the throat or dripping from the back of your nose is called post-nasal drip. This sensation can be caused by excessively thick secretions or by throat muscle and swallowing disorders.

WHAT CAUSES ABNORMAL SECRETIONS?

Thin secretions

Increased thin clear secretions can be due to colds and flu, allergies, cold temperatures, bright lights, certain foods/spices, pregnancy, and other hormonal changes. Various drugs (including birth control pills and high blood pressure medications) and structural abnormalities can also produce increased secretions. These abnormalities might include a deviated or irregular nasal septum (the cartilage and bony dividing wall that separates the two nostrils).

Thick secretions

Increased thick secretions in the winter often result from dryness in heated buildings and homes. They can also result from sinus or nose infections and allergies, especially to foods such as dairy products. If thin secretions become thick and turn green or yellow, it is likely that a bacterial sinus infection is developing. In children, thick secretions from one side of the nose can mean that something is stuck in the nose such as a bean, wadded paper, or piece of toy. If these symptoms are observed, seek a physician for examination.

HOW IS SWALLOWING AFFECTED?

Swallowing problems may result in accumulation of solids or liquids in the throat that may complicate or feel like post-nasal drip. When the nerves and muscles in the mouth, throat, and food passage (esophagus) aren't interacting properly, overflow secretions can spill into the voice box (larynx) and breathing passages (trachea and bronchi), causing hoarseness, throat clearing, or coughing.

Several factors contribute to swallowing problems:

- With age, swallowing muscles often lose strength and coordination, making it difficult for even normal secretions to pass smoothly into the stomach.
- During sleep, swallowing occurs much less frequently, and secretions may gather. Coughing and vigorous throat clearing are often needed upon waking.
- When nervous or under stress, throat muscles can trigger spasms that make it feel as if there is a lump in the throat. Frequent throat clearing, which usually produces little or no mucus, can make the problem worse by increasing irritation.
- Growths or swelling in the food passage can slow or prevent the movement of liquids and/or solids.

Swallowing problems may also be caused by gastroesophageal reflux disease (GERD). This is a backup of stomach contents and acid into the esophagus or throat. Heartburn, indigestion, and sore throat are common symptoms. GERD may be aggravated by lying down, especially following eating. Hiatal hernia, a pouch-like tissue mass where the esophagus meets the stomach, often contributes to the reflux.

HOW IS THE THROAT AFFECTED?

Post-nasal drip often leads to a sore, irritated throat. Although there is usually no infection, the tonsils and other tissues in the throat may swell. This can cause discomfort or a feeling that there is a lump in the throat. Successful treatment of the post-nasal drip will usually clear up these throat symptoms.

HOW IS IT TREATED?

A correct diagnosis requires a detailed ear, nose, and throat exam, and possibly laboratory, endoscopic (procedures that use a tube to look inside the body), and x-ray studies. Treatment varies according to the following causes:

- Bacterial infections are treated with antibiotics. These drugs may only provide temporary relief. In cases of chronic sinusitis, surgery to open the blocked sinuses may be required.
- Allergies are managed by avoiding the causes. Antihistamines and decongestants, cromolyn and steroid (cortisone type) nasal sprays, and other forms of steroids may offer relief. Immunotherapy, either by shots or sublingual (under the tongue drops) may also be helpful. However, some older, sedating antihistamines may dry and thicken post-nasal secretions even more; newer nonsedating antihistamines, available by prescription only, do not have this effect. Decongestants can aggravate high blood pressure, heart, and thyroid disease. Steroid sprays may be used safely under medical supervision. Oral and injectable steroids rarely produce serious complications in short-term use. Because significant side-effects can occur, steroids must be monitored carefully when used for more than one week.
- Gastroesophageal reflux is treated by elevating the head of the bed six to eight inches, avoiding foods and beverages for two to three hours before

bedtime, and eliminating alcohol and caffeine from the daily diet. Antacids such as Maalox®, Mylanta®, Gaviscon®, and drugs that block stomach acid production such as Zantac®, Tagamet®, or Pepcid® may be prescribed. If these are not successful, stronger medications can be prescribed. Trial treatments are usually suggested before x-rays and other diagnostic studies are performed.

General measures that allow mucus secretions to pass more easily may be recommended when it is not possible to determine the cause. Many people, especially older persons, need more fluids to thin out secretions. Drinking more water, eliminating caffeine, and avoiding diuretics (medications that increase urination) will help. Mucous-thinning agents such as guaifenesin (Humibid®, Robitussin®) may also thin secretions. Nasal irrigations may alleviate thickened secretions. These can be performed two to four times a day either with a nasal douche device or a Water Pik® with a nasal irrigation nozzle. Warm water with baking soda or salt (½ to 1 tsp. to the pint) or Alkalol®, a nonprescription irrigating solution (full strength or diluted by half warm water), may be helpful. Finally, use of simple saline (salt) nonprescription nasal sprays (e.g., Ocean®, Ayr®, or Nasal®) to moisten the nose is often very beneficial.

SINUS CONDITIONS

Sinuses are air-filled cavities in the skull. They drain into the nose through small openings. Blockages in the openings from swelling due to colds, flu, or allergies may lead to acute sinus infection. A viral cold that persists for 10 days or more may have become a bacterial sinus infection. This infection may increase post-nasal drip. If you suspect that you have a sinus infection, you should see your physician to see if it needs antibiotic treatment.

Chronic sinusitis occurs when sinus blockages persist, causing the lining of the sinuses to swell further. Polyps (growths in the nose) may develop with chronic sinusitis. Patients with polyps tend to have irritating, persistent post-nasal drip. Evaluation by an otolaryngologist may include an exam of the interior of the nose with a fiberoptic scope and CAT scan x-rays. If medication does not relieve the problem, surgery may be recommended.

Vasomotor rhinitis describes a nonallergic hyperirritable nose that feels congested, blocked, or wet.





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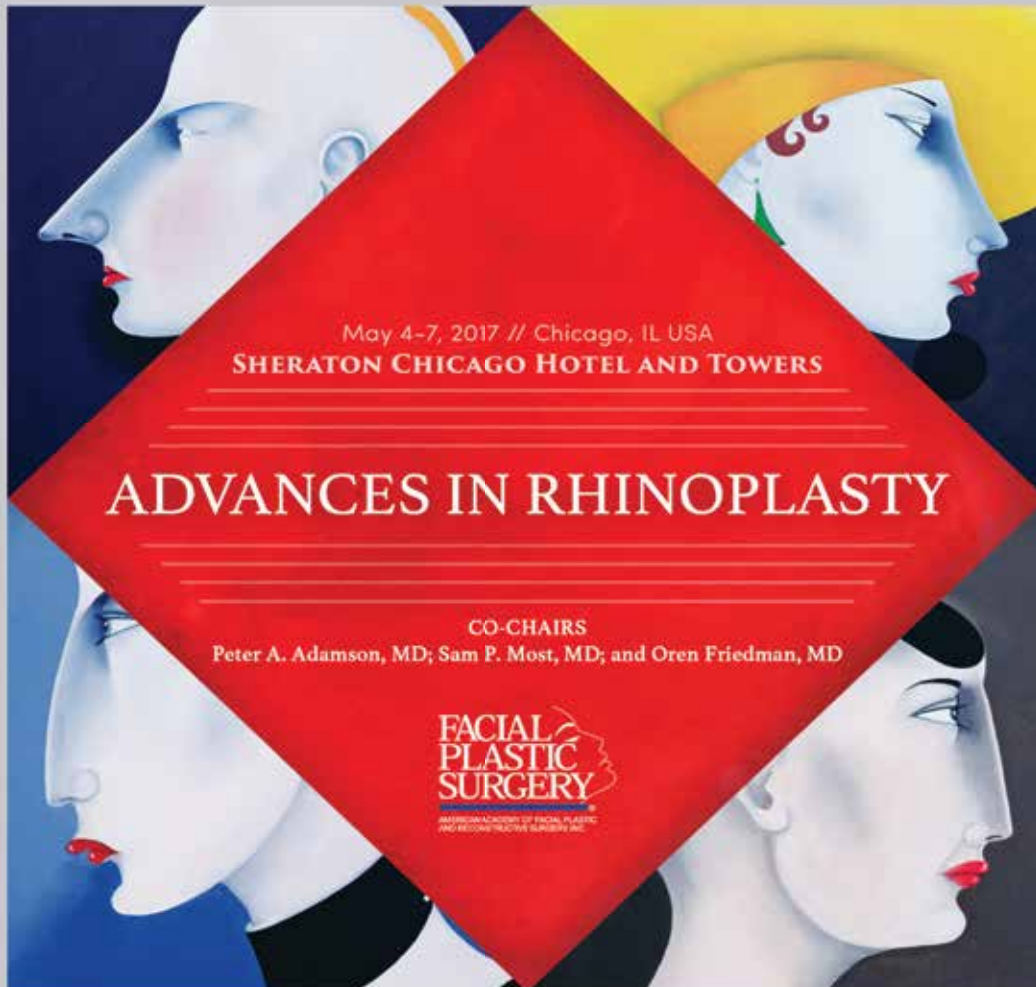
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Cookeville is home to Tennessee Tech University and is located in middle Tennessee between Nashville and Knoxville. There is a robust medical community that serves not only the city but also a rural referral area of approximately 300,000 people. Cookeville 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

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



THE OHIO STATE UNIVERSITY
WEXNER MEDICAL CENTER

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



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Medical Center™**

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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.

**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.

**The Allegheny Health Clinic in Pittsburgh, PA seeking General ENT
to join growing Otolaryngology Division**

The Allegheny Health Network and Allegheny Clinic located in Pittsburgh, PA is seeking a General Ear Nose and Throat Surgeon to join our Department of Otolaryngology. The new physician will join a team of busy and successful ENT and Trauma Physicians and will be working within our City and Community hospitals. Applicants must be board-certified or board-eligible.

The physician will be employed by the Allegheny Clinic of the Allegheny Health Network. Total compensation package will be commensurate with experience. Benefits include: medical, dental and vision insurance; life insurance; short-term disability; long-term disability; flexible spending account; cash balance retirement plan; 403(b) retirement savings plan; 457(b) deferred compensation plan; paid vacation and CME allowance; paid sick days; paid holidays; possible relocation assistance, work-life balance program; day care center; fitness club; credit union; and paid bereavement days.

The Allegheny Clinic is an integrated network of primary and specialty care providers committed to achieving the highest level of patient satisfaction and clinical performance. Based in Pittsburgh, the organization includes over 900 physicians who practice in communities throughout Western Pennsylvania. Our physicians – along with a group of dedicated, compassionate nurses and support staff – provide a wide range of diagnostic, clinical and preventive services to patients of all ages. The Allegheny Health Network is recognized as the healthcare quality and personalized service leader in its market.

Interested Physicians are asked to contact:

Ms. Ariel Steele
412-330-6234
ariel.steele@ahn.org



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



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

Surgeon • Otolaryngology • Plattsburgh, NY

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

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

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

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

Interested individuals should submit their curriculum vitae with a cover letter and contact information for four references electronically to Division Chief, William Brundage, MD c/o Emily Nuse at Emily.Nuse@uvmhealth.org or apply online at <https://www.uvmjobs.com>.



THE SEAN PARKER FELLOWSHIP IN LARYNGOLOGY: CLINICAL TRAINING WITH MASTER'S DEGREE IN CLINICAL & TRANSLATIONAL INVESTIGATION

The Sean Parker Institute for the Voice offers a unique training opportunity in laryngology for individuals with strong interest in an academic career. A two-year fellowship combines comprehensive clinical training with formal coursework and mentored clinical research leading to a Masters of Science in Clinical & Translational Investigation. Clinical training is offered in all aspects of laryngology, with particular strengths in office procedures, neurolaryngology, laryngeal microsurgery and framework surgery, endoscopic management of malignancy, and care of the performing voice. The Master's Degree program is offered by Weill Cornell Medical College's Clinical & Translational Science Center.

Admission to fellowship is contingent upon completion of residency in Otolaryngology, and eligibility for a medical license in New York state. All interested candidates should apply through the American Laryngological Association match.

**Preliminary interviews are available by appointment at
The Fall Voice Conference, Scottsdale, Oct. 13-15**

Candidates should email CV, letter of interest and arrange 3 letters of reference to be sent to:

Lucian Sulica, MD

Director, Sean Parker Institute for the Voice
1305 York Avenue, 5th Floor • New York, NY 10021
lus2005@med.cornell.edu

We are an equal opportunity employer. Applicants will receive consideration for employment without regard to race, color, religion, gender, national origin, disability or any other characteristic protected by law.



Otolaryngologist Opportunity in Beautiful Eastern North Carolina

BC/BE Otolaryngologists wanted to join thriving small practice in Eastern North Carolina. Easy driving distance to Raleigh, Lake Gaston, the beach and the mountains. Modern practice on hospital campuses involving all aspects of adult and pediatric ENT.

Full range of services including:

- Audiology/Hearing aids
- Allergy/Immunotherapy
- Balance testing
- Videostroboscopy

Other Specifics:

State of the art minor procedure room. Able to easily integrate cosmetic services, sleep medicine, transoral robotic surgery, office balloon sinuplasty, and/or your specific practice interest. Competitive salary and benefits with production bonus and equitable call schedule. Affiliated with UNC Physicians Network. Enjoy temperate climate, busy, fulfilling practice without the traffic!

Contact: Amber Canzater or Jerry Boylan at
PhysicianRecruitment@unchealth.unc.edu or by phone at 984.215.4127/4128



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





Biltmore Ear Nose & Throat, a premier private practice in Phoenix, Arizona, is growing! We are looking for a BE/BC Otolaryngologist or Otologist to join our adult and pediatric otolaryngology practice. We currently have 3 offices with 4 physicians, 2 midlevel providers, audiology on site, allergy and CT availability. We offer an excellent salary/bonus with partnership or employee track, health insurance, paid vacation time, malpractice insurance and CME reimbursement, plus other benefits.

For more information, please forward your letter of interest and CV to **Judi Inteso** at jinteso@biltmoreent.com or fax to 602-956-3901.



LOMA LINDA UNIVERSITY
Faculty Medical Group

Retina Division Chief Opportunity in Southern California

Loma Linda University Faculty Medical Group, Department of Ophthalmology, is seeking a BC Ophthalmologist fellowship trained in Vitreoretinal Surgery, to join our full time group of ophthalmic subspecialties and generalists as Chief of the Retina Division. Ideal candidates will currently be at the academic rank of Associate Professor or eligible for promotion to Associate Professor level. Responsibilities include patient care, resident teaching and supervision, medical student teaching, coverage and call for subspecialty members, service level meetings, recruitment strategy and other service items.

We have a very busy group practice with satellite locations in Riverside, Banning, and San Bernardino in addition to our main location in Loma Linda. Our group provides professional services at the Riverside County clinic/hospital as well, where we have an active Resident training program. We are currently building out additional dedicated retina clinical space at our Loma Linda location to facilitate optimal patient service/flow. Our facilities are equipped with the most up to date equipment needed for diagnostic purposes and we have several retinal clinical trials underway. In the last 12 month period, as a group we had close to 50,000 billed visits.

This position will include competitive salary based on academic rank and a comprehensive benefit package, including medical, dental, CME, relocation assistance and paid malpractice insurance.

Loma Linda University is located East of Los Angeles, known as the Inland Empire. The beaches of Newport, Laguna, and Malibu are only 60-90 minutes to the West, with superb swimming, sunbathing, surfing, and sailing. Also 60 minutes to the West is downtown Los Angeles, with its top-quality restaurants, world-renowned museums, opera, and other cultural opportunities. The Big Bear Mountain Ski resort is about an hour drive from LLU. The golf courses, shopping, and spas of Palm Springs are an hour drive to the East and the World-class Mammoth Mountain resort is a 6 hour drive to the North.

Interested candidates, please send your CV to:

Mike Unterseher
Director of Physician Recruitment
recruitmd@llu.edu
800-328-1163

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



NEUROTOLOGIST/OTOLOGIST

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

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

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

Or email skountakis@augusta.edu



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UNIVERSITY

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

utmb Health
Otolaryngology



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

The Department of Otolaryngology at UTMB Health in Galveston, Texas is actively recruiting enthusiastic candidates for two full-time positions.

Otologist/Neurotologist

FULL-TIME BC/BE FELLOWSHIP TRAINED FACULTY

This position entails opportunities to participate in all aspects of clinical practice, as well as resident and medical student teaching. The department operates state of the art audiologic suites and a state of the art clinical vestibular laboratory established in collaboration with NASA to support our otologic/neurotologic experience. Clinical research is encouraged but not mandatory.

**Head and Neck Surgical Oncologist/
Microvascular Reconstructive Surgeon**

FULL-TIME BC/BE FELLOWSHIP TRAINED FACULTY


This position entails opportunities to participate in all aspects of clinical practice, as well as resident and medical student teaching. Clinical research is encouraged but not mandatory.

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.


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



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

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



Joe DiMaggio Children's Hospital
AT MEMORIAL


Join the Leading Children's Hospital in South Florida

The Division of Pediatric Otolaryngology – Head & Neck Surgery continues to expand. We seek to add another board-eligible/board-certified pediatric otolaryngologist to join an established hospital-employed practice with a brand new, fully integrated office suite equipped with video endoscopy/stroboscopy, speech lab, audiology and conference room. The ideal candidate will be highly proficient in tertiary-level pediatric otolaryngology procedures and possess exemplary teaching, research and program development skills.

About Joe DiMaggio Children's Hospital

Joe DiMaggio Children's Hospital opened in 1992 and has grown to be the leading children's hospital in Broward and Palm Beach counties. Scheduled for a major expansion in 2018, the hospital currently has 232 beds, an 84-bed Level II and III NICU, 30-bed PICU and 12-bed intermediate care unit. Joe DiMaggio Children's Hospital combines leading-edge clinical excellence with a child- and family-friendly environment. The hospital offers a comprehensive range of healthcare services – delivered with kindness, dedication and compassion.

Interested candidates should forward a CV to:
Janille Wolf
jwolf@mhs.net



memorialphysician.com

jdchemp010

Join Our Practice, Join Our Family.

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

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

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
ENT Office: Oradell, NJ

OTIPRIO™ (ciprofloxacin otic suspension) 6%

Rx only

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.

Distributed by: Otonomy, Inc. San Diego, CA 92121
www.otiprio.com

OTIPRIO™ is a Trademark of Otonomy.

U.S. Patent Nos: 8,318,817 and 9,205,048

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1-OTI15201



Staying Power

OTIPRIO™ is the first and only single-dose ciprofloxacin otic suspension

- ▶ Thermosensitive liquid-to-gel technology
- ▶ Intratympanically delivered
- ▶ 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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OTIPRIO™
ciprofloxacin otic suspension 6%