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

APRIL 2017

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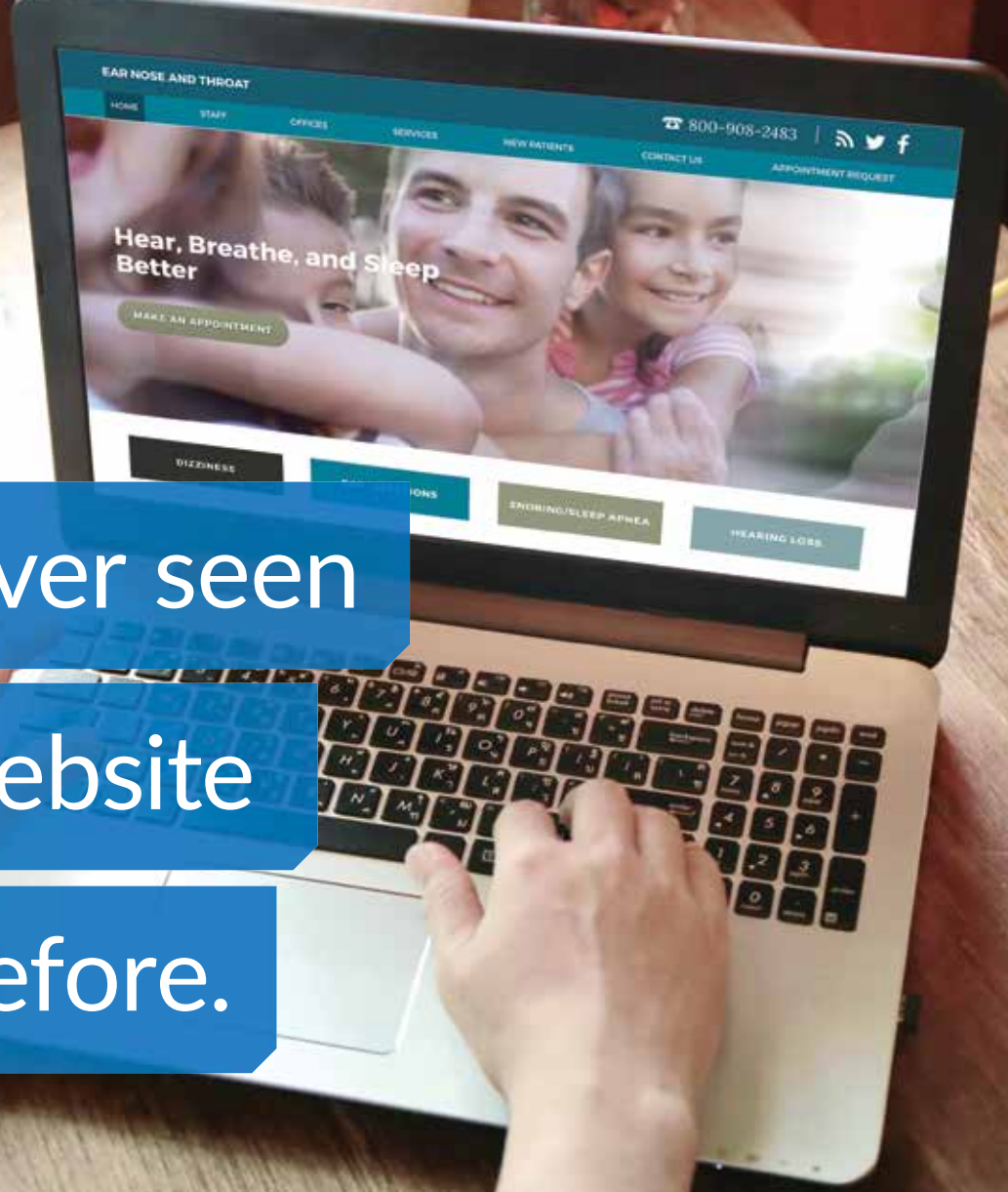
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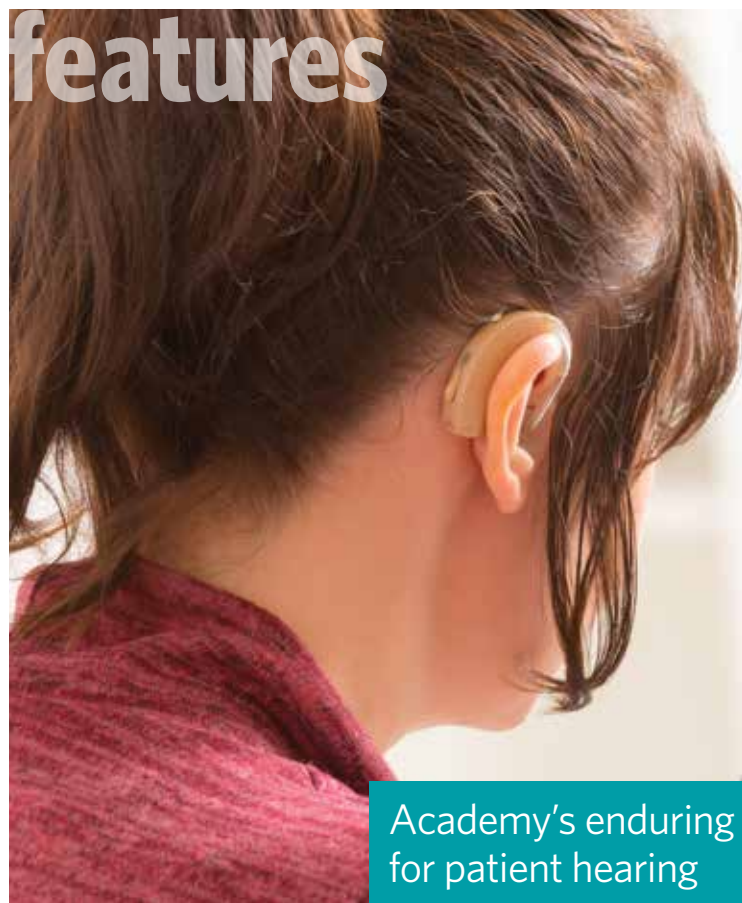
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2017 AAFPRS

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Travel the globe at our Annual Meeting

The American Academy of Otolaryngology—Head and Neck Surgery is truly the global academy of otolaryngology, and there has never been a better, more exciting time to get involved in the panoply of the Academy's Annual Meeting international activities.

- Befriend a member of the **Chinese delegation**.
- Initiate discussions with an otolaryngologist from Paris over coffee at the **European Summit**.
- Attend research presentations at the **International Symposium**.
- Go to the **African Caucus**, and learn about otolaryngology in Zimbabwe or Rwanda.
- Visit the **Humanitarian Forum** for impressive presentations of Academy surgical mission work, and then scan the Humanitarian Initiatives Map developed by **Susan R. Cordes, MD**, Humanitarian Committee chair.

The final program, available this summer, will have the times and locations of these activities.

The magnitude of our international program is remarkable. Our international members numbered over 1,000, with an attendance of nearly 1,900 from 84 countries at our San Diego meeting—almost 35 percent of attendance overall. Our international members are intrinsic to our Academy's activities. In 2016, international submissions were 49 percent of all manuscripts submitted and 27 percent of those were accepted. **John H. Krouse, MD, MBA, PhD**, editor-in-chief, has also reinvigorated the journal's International Editorial Board in an effort to expand the journal's reach around the world. Since 2011, 54 International Travel Grants have been awarded to facilitate the attendance of international otolaryngologists at the Annual Meeting, with the recent generous support from **Nancy L. Snyderman, MD**, **Nikhil J. Bhatt, MD**, and **Eugene N. Myers, MD**. Of course, we owe thanks to Dr. Myers and **KJ Lee, MD**, the "founding fathers" of our global programs.

The backbone of our Academy's international outreach is our network of 64 International Corresponding Societies (ICS). Newest ICS members include the Rwanda Otolaryngology Head and Neck Surgery Society, the African Head and Neck Society, and the Otorhinolaryngology Society of Ghana. In 2017, Academy-ICS meetings are planned in the Caribbean, Mexico, Israel, Honduras, and Uruguay. Thanks to **Gayle E. Woodson, MD**, we will hold the inaugural convocation of the International Advisory

Board (IAB) on September 11 in Chicago, IL. The IAB will be a gathering of all 64 ICS, chaired by **Johan Fagan, MD**, of South Africa, with Co-Chair **Sady da Costa, MD, PhD**, of Brazil.

Our meeting in Chicago provides tremendous opportunities to meet otolaryngologists at six international caucuses on September 10: Cumbre de Lideres, Middle East Caucus, Asia-Pacific Rim Caucus, European Summit, Africa Caucus, and International Women in Otolaryngology Caucus. Thanks to **Mark K. Wax, MD**, Annual Meeting Program Coordinator, international research presentations are concentrated in the International Symposium sessions. Also, **James E. Saunders, MD**, AAO-HNSF International Affairs Coordinator, welcomes all to observe the Pan-American, Humanitarian, International, and International Steering Committee Meetings as guests. Other prominent International programs:

- The **Humanitarian Committee**, chaired by Dr. Cordes, has served 18 countries since 2011, through 134 Humanitarian Travel Grants.
- **Chinese Society of Otolaryngology Initiative:** **James C. Denney III, MD**, and I were invited to Beijing in March to initiate discussions with the leadership of the Chinese Academy of Otolaryngology, an organization of over 30,000 otolaryngologists. We discussed their delegation traveling to Chicago as well as short- and long-term collaborative goals. The Chinese and American academies total approximately 42,000 otolaryngologists.
- **Global Young Physicians Initiative:** **J. Pablo Stolorovitzky, MD**, Academy Latin American regional adviser and Academy International Coordinator-elect, is leading a global Academy youth initiative whereby leadership of the Young Physicians Section (YPS) and the Section for Residents and Fellows-in-Training (SRF) are liaising with young physicians in our guest countries, including Mexico, France, China, and South Korea.
- **AAO-HNS Resident Exchange Program:** initiated and expanded by **Mark E. Zafereo, Jr., MD**, involves Cincinnati Children's Hospital, the House Clinic, UC San Diego, Stanford, Johns Hopkins, and Harvard Medical Schools.

Key to our Academy's global successes are **Johnnie White**, senior director Global Education, Meetings and Strategic Partnerships, jwhite@entnet.org, and **Rebecca Dobbins**, senior manager, Global Affairs, rdobbins@entnet.org. ■



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

“Our international members numbered over 1,000, with an attendance of nearly 1,900 from 84 countries at our San Diego meeting.”



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clear, vented



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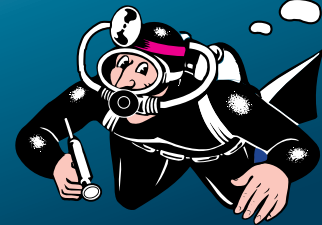


"DPP help prevent repetitive Otitis Media after Tubes."

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



"Less cold, less Surfer's Ear."

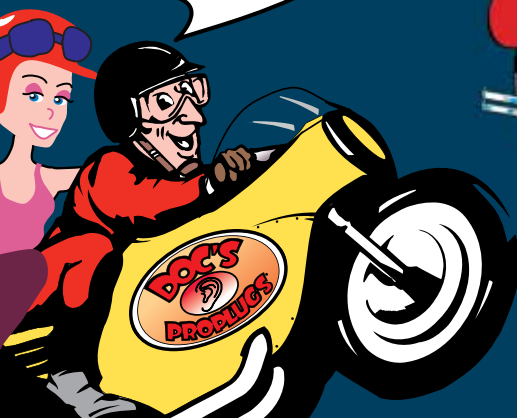


"I'm sure glad my instructor turned me on to vented DOC'S PROPLUGS."

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



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



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



Participation, planning enable success

Leaders representing the wide breadth of specialty practices, settings, geographic locations, and demographics assembled at the **AAO-HNS/F Leadership Forum & BOG Spring Meeting** in Alexandria, VA, last month. They included national otolaryngology society officers, state otolaryngology society representatives, AAO-HNS/F Boards of Directors and AAO-HNS Board of Governors members, American Board of Otolaryngology officers, section society leaders, and members.

Discussion and planning centered on identifying evolving trends in the business/economic climate, national and specialty demographics, political and social values, the legislative and regulatory 2017 arena, and science/technology innovations that will affect the practice of medicine and the needs of our members. The greater the agreement and willingness to collaborate on these issues, both within otolaryngology and the house of medicine in general, the better the chance of effecting change that will benefit society, members of the contributing organizations, and their patients.

The collective intelligence and commitment in the group was apparent as critical issues were discussed and solutions offered. The Specialty Unity Conference once again featured valuable dialogue and frank discourse of specialty-specific needs within the house of otolaryngology. I thank the attendees from the specialty societies and the American Board of Otolaryngology for contributing to the depth of success of the meeting. Ideas from this meeting as well as others happening during the weekend were taken to the Boards of Directors strategic planning portion of their meeting. Through the leadership of **President Gregory W. Randolph, MD**, and the Executive Committee, the Boards of Directors prioritized strategic directions for the Academy/Foundation to pursue. Key initiatives coming from this meeting include a program for physician wellness and resiliency, continued improvement and expansion of the international program, and advancement of our Clinical Data Registry, Reg-entSM, to the next phase of development and operations. The Boards of Directors also voted to have an additional meeting every year, which would be a strategic planning meeting every third year.

I recently read an article about America's 25 fastest dying industries. The three major causes for

the decline in these industries were cost reduction, technology changes, and macroeconomic conditions. These industries, which included manufacturing and service industries such as garment workers, mortgage brokers, newspaper workers, photofinishing, and librarians, experienced a failure to recognize and/or the lack of ability to alter the above-mentioned three factors.

Identifying and delivering a “value proposition” relevant to the personal and professional lives of our members will require our leadership to accurately assess the current state of affairs and the restraining and driving factors propelling the ongoing change. We need to provide the knowledge and insight that help our members be successful at things that matter to them, while enjoying a community experience facilitated by the Academy. We will be measured by our member's actual experience as to what we provide, and equally as important, how we provide it.

Strength in volunteers

Gavin Setzen, MD, president-elect, and **Susan D. McCammon, MD**, chair, Ethics Committee, have recently completed appointments to the 72 Academy/Foundation committees. I thank them and our staff for the tremendous job they did finalizing this task. I would also like to thank the more than 2,000 volunteers who allow our many programs to be successful. These include committee members, participants in our component sections (SRF, WIO, YPS), the Board of Governors, and a host of other volunteers. Your dedication and selfless donation of time and resources make it possible for the Academy to exist and produce the quality products for which our members and patients have become accustomed.

Get informed and vote

I congratulate the Nominating Committee, chaired by **Sujana S. Chandrasekhar, MD**, for the excellent slate of candidates they identified for our upcoming elections. I would ask the membership to do your part to reverse a recent trend of declining voter participation in Academy elections and make sure you go online and vote for your preferred candidates and bylaws changes. Candidate statements are available online and in this *Bulletin*. The process is quick and will help direct the future of the organization. ■



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

“Identifying and delivering a “value proposition” relevant to the personal and professional lives of our members will require our leadership to accurately assess the current state of affairs and the restraining and driving factors propelling the ongoing change.

”

■ at the forefront



First in a series honoring the 2017 International Guests of Honor: Korean American Satellite Symposium

■ **Joseph K. Han, MD**

■ **Timothy TK Jung, MD, PhD**

■ **Albert H Park, MD**

The first Korean American Satellite Symposium (KASS) started in San Diego, CA, on October 3, 2009. The idea to start KASS was initiated in 2008 by Chul Hee-Lee, MD, who was chairman of the Board of Directors for the Korean Society of Otorhinolaryngology (KSORL), and **Timothy TK Jung, MD, PhD**, who was the president of the Korean American Otolaryngology Society (KAOS). With the support of **Gregory W. Randolph, MD**, who was the coordinator for International Affairs, and Catherine Lincoln, AAO-HNS staff, KASS became an official satellite meeting of the AAO-HNSF 2009 Annual Meeting.

The first KASS scientific program in San Diego was composed of seven prominent speakers (**Richard A. Chole, MD, PhD**; **Jonas T. Johnson, MD**; Alan Simmental, MD; **James A. Stankiewicz, MD**; Samuel Merchant, MD; **Tom Wang, MD**; and **B. Tucker Woodson, MD**) followed by a lively dinner. The lectures by the speakers were amazing, and the meeting was a resounding success.

“

Due to the success of KASS in years past, the AAO-HNS has recognized KAOS as a model society and has encouraged other international countries to emulate the KASS meeting.

”

The second annual KASS was held at Anthony's Pier 4 Restaurant overlooking the Boston Harbor on September 26, 2010. After the welcome address by the KSORL President, the KAOS President, and the AAO-HNSF Coordinator of International Affairs, the scientific lectures

were delivered during dinner. The speakers from both the United States and Korea were **Se-Heon Kim, MD**; **John Rhee, MD, MPH**; **Robert Ossoff, DMD, MD**; and **Michael McKenna, MD**. KASS also provided six travel grants to residents or fellows presenting at the AAO-HNSF Annual Meeting. KASS has been awarding travel grants to students, residents, and fellows since 2004. To date, 67 travel grants have been awarded.

KASS could only have been achieved through the collaboration of the three societies, KSORL, AAO-HNS, and KAOS. The KASS meeting has been a beneficiary of support from the KSORL, AAO-HNS, and KAOS.

Last year, the eighth annual KASS meeting was held again in San Diego where it all began. But this time in 2016, the KASS Annual Meeting design was different. The scientific session was divided into two sections. The first half of the scientific lecture was incorporated in the inaugural International Symposium during the AAO-HNS Annual Meeting, and the second lecture that was part of the KASS dinner event.

This year, the format of KASS will be





similar to the 2016 format. Part of the KASS scientific content will be incorporated into the International Symposium. Then a dinner program will be held and opened to any individuals interested in fostering collaboration between the American and Korean otolaryngologists. **Mark K. Wax, MD**, and **Blake Papsin, MD**, will give presentations immediately before the dinner. Due to the success of KASS in years past, the AAO-HNSF has recognized KAOS as a model society and has encouraged other international countries to emulate the KASS meeting.

Korea will also be honored as one of the international guests of honor at the AAO-HNSF 2017 Annual Meeting & OTO Experience. Indirectly, the success of KASS has led to the establishment of the International Symposium, creating an avenue for additional and stronger international relations with the AAO-HNSF and other international societies.

With the growth of international collaboration and educational meetings, the world will continue to get smaller.

Check the AAO-HNS website for upcoming KSORL and other international meetings, <http://www.entnet.org/content/calendar>. ■

AMA HOUSE OF DELEGATES REPORT

Issues affecting otolaryngology

■ **Liana Puscas, MD, MHS**, Former Chair, AAO-HNS Delegation to the AMA House of Delegates

The American Medical Association (AMA) held its 2016 Interim House of Delegates (HOD) Meeting

November 12-15, in Orlando, FL. Your Academy was represented by myself, **Michael S. Goldrich, MD**, delegate; **Robert Puchalski, MD**, delegate and otolaryngology section council chair; and **James C. Denny III, MD**, Academy EVP/CEO, and alternate delegate.

The AMA HOD debated and voted on several topics relevant to our specialty.

- The HOD voted to study (through the AMA Council on Science and Public Health) universal color schemes for **respiratory inhalers** that may be critical in situations such as the emergent need for a rescue inhaler. The AMA will also study disclosures of screening test risks and benefits when those tests are performed without a doctor's order. This latter scenario may have important implications for patients who seek **online hearing testing** or screenings relating to over-the-counter access to hearing aids.
- The HOD passed policy in which the AMA will engage in efforts to convince the Centers for Medicare & Medicaid Services (CMS) to abstain from **inappropriate bundling** in situations in which functional and aesthetic issues can or should be considered separately. This discussion was triggered by the recent bundling by CMS of **blepharoplasty and blepharoptosis repair**. The AMA HOD agreed with the AAO-HNS and American Academy of Facial Plastic and Reconstructive Surgery (AAFPRS) Delegations that not only was this inappropriate for this procedure, but it could potentially set a dangerous precedent for other circumstances.

- The recently released Food & Drug Administration (FDA) draft guidance on "Insanitary Conditions at Compounding Facilities" has implications for in-office physician compounding. This, coupled with potential changes to USP (United States Pharmacopeia) Chapter 797, could negatively impact the specialty and our members who perform **in-office compounding of allergy immunotherapy, Botox, buffered local anesthetic**, etc., for patient administration. With the support of the AAO-HNS Delegation, the AMA voted to urge the FDA to remove physician offices from the list of compounding facilities impacted by the draft guidance.

On a personal note, I would like to thank the Academy for the opportunity to serve on the AAO-HNS Delegation to the AMA HOD and as its chair for the past 12 years. This has been a tremendous opportunity to learn and engage in health policy on a national level. It has been my privilege to participate in the Board of Directors' meetings as a standing guest, and I have enjoyed working closely with Academy leadership and its fantastic staff.

Dr. Goldrich will become the new Delegation chair, as I have termed off the Delegation. I want to thank **Shannon P. Pryor, MD**, who also termed off the Delegation in 2016, and welcome **Douglas R. Myers, MD**, from Vancouver, WA, to the Delegation beginning in 2017.

I encourage you to become an AMA member and maintain your membership. Your membership gives our specialty and the house of medicine greater clout in policymaking.

The next meeting of the AMA HOD will be June 10-14 in Chicago, IL. With questions regarding this report and other AMA HOD activities, please contact govtaffairs@entnet.org. ■

BOARD OF GOVERNORS

Spring is here: Speak up!

■ Daniel L. Wohl, MD,
BOG Member-at-Large
Secretary/Treasurer-Elect



Communication is a cornerstone of civilized society.

Among all the medical specialties, our training uniquely qualifies us to be experts in the essential components for verbal human interaction. We learn about laryngeal function, the nasal and pharyngeal resonance chamber, and the importance of tongue movement. But, voice production is not an isolated variable in verbal communication. Our superb training in peripheral and central auditory physiology equally informs us of the importance of integrating auditory health with speaking skills. We need to hear in order to process aural information so we can understand and then produce articulate feedback.

As the experts on speech *and* hearing, who then is better positioned to promote both **World Voice Day (WVD)** on **April 16** and the month of **May** as **Better Hearing and Speech Month**? Both programs offer the opportunity to promote awareness of hearing and speech problems. Assuring maintenance of hearing and speech, the two essential components of verbal communication, helps improve our patients' quality of life. Let's make a concerted effort this year to broadcast our support. Tell your patients, write an article in your local paper, schedule a lecture, or simply put up an informative flyer in your office.

Time to vote

April is the month when voting season begins with publication of the AAO-HNS/F candidates' statements. We have a very democratic process to select our leaders, as we have a Nominating Committee comprised of colleagues elected by us who come together, discuss at length, and then arrive at a slate of candidates for



“Assuring maintenance of hearing and speech, the two essential components of verbal communication, helps improve our patients' quality of life.”

President-Elect, Audit Committee, Director-at-Large, and the next year's Nominating Committee. I encourage you to read all of the candidate statements. Who we elect makes a difference. Decide who you would like to see serve in those positions and then vote.

Tell the BOG

Finally, I would like to encourage each of

you to consider participation in the Board of Governors (BOG). The BOG serves as a voice for all the members of our Academy. We do our best to represent your interests through a network of state and local governors, legislative representatives, and socioeconomic and grassroots representatives, as well as representatives from our specialty societies. Certainly, the BOG serves to disseminate information on Academy initiatives that impact our professional endeavors. The BOG's strength, however, actually comes from listening to the voices of all of our members. This year, we want to better connect with our grassroots general membership. This process will start with the BOG itself and extend through our national team of regional representatives who will connect with state and local societies in order to provide equal access to any AAO-HNS member with something to say. So, when you are approached, please don't turn away. Speak up. Communicate. The Academy and its BOG are listening. ■

Academy releases new and updated 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. This year, at the March Board of Directors Meeting, three Position Statements, two 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. Three different Academy committees worked in conjunction with the Physician Payment Policy (3P) Workgroup to provide revisions and/or to recommend and develop new Position Statements. The table provides more detail on the approved Position Statements and the Academy committees involved.

Approved Position Statement	Revised or newly proposed	AAO-HNS/F committee
Botulinum Toxin Treatment	Revised	Plastic and Reconstructive Surgery
Intraoperative Facial Nerve Monitoring in Otolologic Society	New	Intraoperative Nerve Monitoring Task Force
Industry Representatives in the Operating Room	New	Medical Devices and Drugs

Additional Position Statements are expected to be added to the list after the September 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 Board of Directors meetings. For guidance on creating a new Position Statement, visit www.entnet.org/sites/default/files/PositionStatementTemplateandDevelopmentProcess.pdf. ■

Ninth annual mission trip provides otolaryngology services in Honduras



Benjamin J. Rubinstein, MD, fourth-year resident from Eastern Virginia Medical School (EVMS), reports on the October 2016 mission trip to Hospital Loma de Luz on the north coast of Honduras, where an EVMS team and local staff saw 72 outpatients, conducted screening audiograms, and performed 23 surgeries. This was the EVMS' ninth annual mission trip to Honduras. In the photo, **John T. Sinacori, MD**, observes as **Mauricio Loreda, MD**, performs ear surgery. At right, is anesthesiologist **Matt Cecchini, MD**.

➔ READ MORE ONLINE

Annual Meeting keynote to highlight technology's future in health and medicine

The AAO-HNSF 2017 Annual Meeting & OTO Experience offers a unique opportunity for attendees to explore this year's meeting theme, "Premiering Tomorrow Today," as we glimpse the future of otolaryngology September 10-13, in Chicago, IL.

Daniel Kraft, MD, a Stanford- and



Daniel Kraft, MD

Harvard-trained physician-scientist, inventor, entrepreneur, and innovator, will present the keynote address, "The Future of Health and

Medicine, Where Can Technology Take Us?" at the Annual Meeting Opening Ceremony.

Discover the potential impact of emerging fields, including low-cost personal genomics, the digitization of health records, crowd-sourced data, molecular imaging, wearable devices and mobile health, synthetic biology, systems medicine, robotics, artificial intelligence, nanotechnology, 3D printing, and regenerative medicine.

Dr. Kraft has more than 20 years of experience in clinical practice, biomedical research, and healthcare innovation, and his various TED Talks have more than one million views. He chairs the medicine track for Singularity University, a think tank in Silicon Valley, and is the founding

executive director for Exponential Medicine, a cross-disciplinary annual event where technology and medicine innovators explore the future of healthcare. In addition, Dr. Kraft has multiple

scientific publications and medical device, immunology, and stem cell-related patents.

The AAO-HNSF Annual Meeting & OTO Experience arms you with new research findings,

approaches, and treatment options to help you deliver excellent patient care. More than 5,500 of the brightest and most talented medical experts from around the globe convene once a year to advance the specialty. Registration opens in May. For more information, visit www.entannualmeeting.org. ■



Congratulations to African Head and Neck Society

Johan Fagan, MD, professor and chairman of Head and Neck Surgery at the University of Cape Town, South Africa, has trained 10 African fellows from nine different sub-Saharan African countries over the last decade through the Karl Storz Fellowship in Advanced Head and Neck Surgery. Members of the AAO-HNS have made efforts to continue to support these head and neck surgeons as they return to their home countries by coordinating educational workshops and humanitarian efforts in conjunction with these fellows.

The surgeons officially formed the African Head and Neck Society (AfHNS) at the second All Africa ENT & Audiology (AAENTA) Congress in Kigali, Rwanda, in June 2016, a joint meeting with the AAO-HNS. The inaugural officers of the AfHNS include **Ragab Mugabo, MD**, (Rwanda) as president; **Jeff Otiiti, MD**, (Uganda) as vice president; **Joyce Aswani,**



Seated (from left): Evelynne Diom, Senegal; Rajab Mugabo, Rwanda; Johan Fagan, South Africa; Anna Konney, Ghana; Joyce Aswani, Kenya. **Standing (from left):** Paul Onakoya, Nigeria; Patrick Noah, Malawi; Kenneth Baidoo, Ghana; Innocent Kundiona, Zimbabwe; Jeffrey Otiiti, Uganda. **Inset:** Victor Mashamba, Tanzania

MD, (Kenya) as secretary; and **Kenneth Baidoo, MD**, (Ghana) as treasurer. The next meeting of the AfHNS is planned to be held in Nairobi, Kenya, in May. AAO-HNS members are encouraged to join the AfHNS as corresponding members and to continue to collaborate with the AfHNS in educational and research endeavors.

For more information regarding the AfHNS, please contact Dr. Mugabo (mugasta@yahoo.com) or Dr. Aswani (joyceaswani@gmail.com). We congratulate our African colleagues on the formation of the AfHNS, and we look forward to future collaboration between the AAO-HNS and the AfHNS! ■

Reg-entSM ramps up for MIPS 2017

With PQRS 2016 now in the rear-view mirror, the Reg-entSM registry is gearing up to meet the needs of its practices and clinicians for reporting under the Merit-based Incentive Payment System (MIPS). One hundred and twenty-one clinicians successfully reported PQRS in 2016 and, we anticipate many more to report all categories of MIPS, via Reg-ent in 2017.

Reg-ent is preparing for MIPS in 2017 by enhancing its technology platform to accommodate all reporting categories required, including Quality Performance, Advancing Care Information (ACI), and Improvement Activities (IA).

Start early

The ramp-up time to prepare practices and secure measures data for quality reporting depends on the Electronic Health Record (EHR) solution in place within each practice, the level of cooperation of the EHR vendor, and the timeliness of both the vendor and

the practice in following up on deliverables assigned during the data mapping process. We urge everyone to start now by visiting www.entnet.org/regent and clicking on the Get Started Now button to execute your contract.

All practices and clinicians interested in reporting MIPS 2017 via the Reg-ent registry must have signed contracts in place by July 15, 2017.

Your data is private

It's important to note that your dashboard and your data are private. The Reg-ent dashboard contains benchmarks of CMS measures as well as the Reg-ent averages for each measure contained in Reg-ent to which you may compare your individual performance. Individual physicians and practices are not compared to each other, and no one will have any view into your performance data. Each Reg-ent practice will be afforded the time to refine and thoroughly review its data and scores prior to submission to CMS.

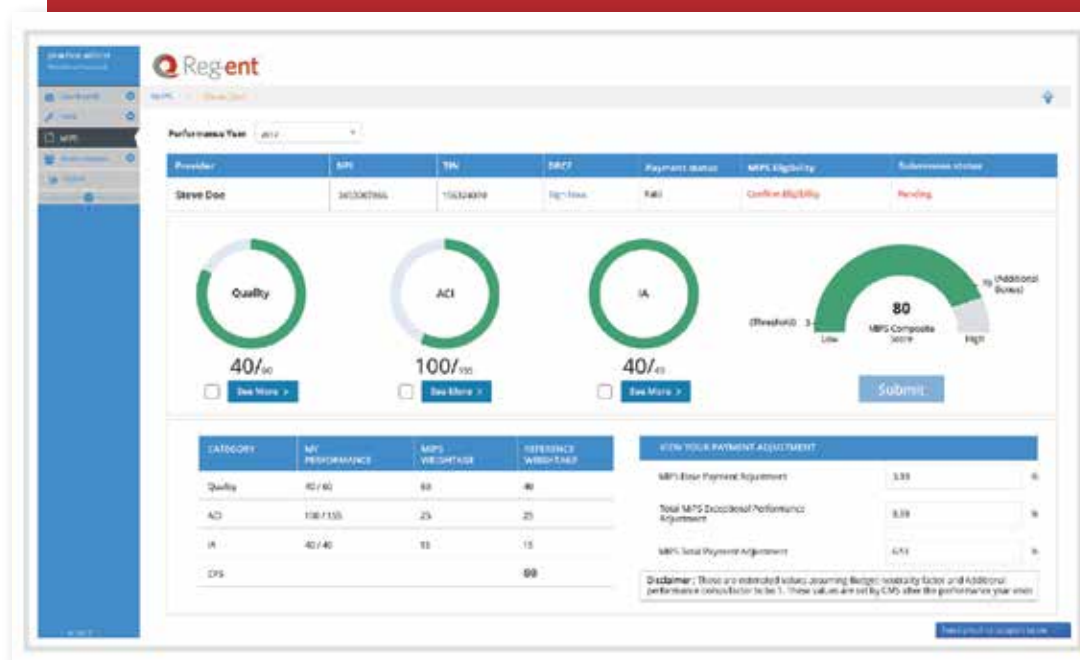
All practices and clinicians interested in reporting MIPS 2017 via the Reg-ent registry must have signed contracts in place by July 15, 2017.

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Continue to monitor your existing Reg-ent dashboard and prepare for additional 2017 reporting measures extraction and refinement. IA Performance categories, and ACI reporting modules will be added to your dashboard after measures mapping is complete.

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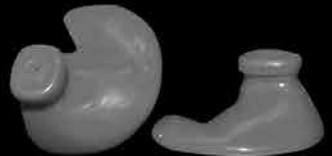


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INFORMING YOUR vote

Statements from your candidates for president-elect, secretary-treasurer, director at large, nominating committee, and audit committee

Election opens May 8

AAO-HNS has partnered with Election America to administer the 2017 election of candidates for leadership positions. To ensure your election-specific broadcast email arrives safely in your inbox on May 8, simply add the following email address as an approved sender: **help+AAOHNS@election-america.com**. Those who have not provided an individual email address to the Academy will receive a personalized letter from Election America with information on how to access the ballot. For technical support, please call 1-866-384-9978 or email **help+AAOHNS@election-america.com**. For ballot-related questions, call Membership at 1-877-722-6467 or email Estella Laguna at **elaguna@entnet.org**.

Q: In keeping with our vision statement “Empowering otolaryngologist-head and neck surgeons to deliver the best patient care,” how would you engage the membership and our leaders in raising their consciousness in respect to the effect of cultural competence on improved patient outcomes? How do you see us strengthening our partnerships with industry without usurping our integrity?



Albert L. Merati, MD

As your colleague and partner, I believe what you believe—that otolaryngology-head and neck surgery is a special field; that we all have the knowledge and training to help others; and that we should live a meaningful life as part of the communities we serve. The Strategic Plan of the AAO-HNS must provide leadership and support that is useful for all of our practices.

Specialty unity matters more than ever as we continue to experience increased subspecialization within otolaryngology. As AAO-HNS president, my focus will be on the day-to-day work we all do—taking care of patients. We all sincerely want to provide ideal, efficient, and culturally sensitive care. We are, together, learning that understanding and seeking diversity is about achieving clinical excellence in patient care and in organizational decision-making—it is not just about fairness. In contrast with these ideals, we are often faced with continuing challenges to our time, the erosion of autonomy, and even some feelings of powerlessness over changes that threaten to limit our capacity to do what we believe is best.

The AAO-HNS should help maintain the high standards we set for ourselves in two important ways. Firstly, AAO-HNS will improve knowledge through discovery and education regarding the impact of cultural competence on patient outcomes in increasingly diverse populations. The otolaryngology-specific information from AAO-HNS efforts should be credible and evidenced-based; we can absolutely improve in this way, and I support this approach. Secondly, the AAO-HNS can continue to

play a more significant role in our day-to-day practice. With effective, determined advocacy and leadership, the AAO-HNS must protect and preserve our members’ freedom and capacity to practice ideal medicine. When a responsible and committed physician is empowered instead of ensnared, both the patients and physicians fare better. In the long run, we can’t expect to provide culturally competent or really any sort of competent care if we can’t be the best doctors we know how to be.

Part of navigating this successful future for the AAO-HNS will be a clear-eyed understanding of industry relationships and what we want from each other: improved patient care and outcomes, innovation, the development of quality products, content exchange, and access in support of education. As president, I would energize relations with companies that recognize all aspects of our mission including education and discovery. Partners will follow our standards of ethical behavior for advertising, research, and publication. With a vibrant and thriving AAO-HNS, we can set the terms and tones of industry relations and be less susceptible as individuals and organizations to conflicts of interest, perceived or otherwise.

AAO-HNS leadership should listen to the voice of the membership and focus the Strategic Plan on the needs most related to daily practice. Personally, I am as close to training as I am to retirement; I have heard the hopes and concerns of a thousand otolaryngologists in forming these thoughts. As president, I would dedicate my term to make sure that **every otolaryngologist feels like they have a home in the AAO-HNS.** ■

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With effective, determined advocacy and leadership, the AAO-HNS must protect and preserve our members’ freedom and capacity to practice ideal medicine.

”



Eben L. Rosenthal, MD

Diseases that confront otolaryngologist-head and neck surgeons cross ethnic, geographical, religious, or political boundaries and so does our membership. This was foremost on my mind as coordinator of the Scientific Program for the Foundation when I helped lead the restructuring of the Annual Meeting, which required a careful understanding of the different content demands, delivery formats, and learning styles of our membership.

For the Academy to impact patient care, we must consider cultural competence to include the broad range of our membership, each with its own unique perspective: academic or private, rural or urban, and generalist or specialist. Even more important, understanding advocacy needs of membership in solo, multispecialty, academic, hospital-employed, or independent practice environments will be a major challenge facing Academy leadership in the years to come.

If elected, I would work hard to embrace our diversity and different practice settings so that I can effectively serve all our members. Recognizing the diversity of our membership will be important to develop broadly applicable quality metrics that are meaningful, defend scope of practice, and buffer external pressures that confront our specialty. Collaboratively with our sister societies, the Academy should define “best patient care” and demonstrate the high quality of care that otolaryngologists are uniquely trained to provide. My leadership experience as medical director of the Stanford Cancer Center and chief of otolaryngology at University of Alabama at Birmingham have taught me that cultural differences generate organizational strength because it forces constant dialogue

to achieve consensus. The AAO-HNS/F is strengthened by the cultural, gender, ethnic, and religious diversity of its leadership and membership allowing for a more unified and impactful voice.

One of my favorite authors said, “To give real service you must add something which cannot be bought or measured with money, and that is sincerity and integrity.” AAO-HNS/F integrity demands current disclosures from members and leadership as well as transparency of our Academy’s relationship to industry. My years of experience in developing imaging agents and devices for surgical imaging have taught me that successful bi-directional industry partnerships are necessary for bringing innovation to our patients. It is the physician who can educate industry on the clinical need, and industry that is in the best position to scale new technologies to the marketplace and then provide technical education to the end-user. However, to maintain trust during industry interactions, it is necessary to use established, transparent processes with independent oversight.

Industry partnerships under the proper conditions facilitate education, innovation, and improve patient care. Practicing otolaryngologists need educational opportunities to understand the rapid advances in implant, device, imaging, and software technology. Because members are seeking “hands on” experience or formalized training with these new products, the AAO-HNS/F should be one of the organizations that facilitate bringing members and industry together. To maintain integrity, it is imperative that the entire process is conducted in a balanced and transparent manner to facilitate trust with membership and industry alike. ■

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If elected, I would work hard to embrace our diversity and different practice settings so that I can effectively serve all our members.

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Q: What are your priorities for fiscal responsibility in the present economy? What non-dues revenue stream, current or proposed, do you plan to optimize to help improve the financial status of the Academy?



Kenneth W. Altman, MD, PhD

It is my great pleasure to be considered for election as Secretary/Treasurer-Elect. This position serves the important roles of guiding a proposed budget, overseeing administration of our general funds, and serving as a critical conduit between the Executive Committee, directors, and the Finance Investment Subcommittees (FISC). Most importantly, it is to represent the varying interests and concerns of our general membership. And in my 24 years as a member since starting residency, I've come to appreciate that our specialty is stronger as a result of our Academy's efforts.

It starts with being a responsible shepherd of your dues and registration fees for the Annual Meeting of the AAO-HNSF. On the expense side, we've managed to retain a core group of devoted high-performing administrators, while reserving non-employed consultants only for specialty needs. Our physician leadership is strictly volunteer, with the exception of the executive vice president. And the Academy has been quite conscious of Annual Meeting costs by choosing appropriate locations to get the best exposure at the lowest cost. But we also have a forward-thinking strategy to position ourselves with strong footing, despite the challenges of healthcare reform and re-reform. As treasurer of the American Laryngological Association beginning after the stock-market crash of 2008, I helped manage an austerity plan to include innovation and an investment in growth, whose results I'm enjoying this

year as president. Part of this success was also seen under my past service as secretary/treasurer of the New York Laryngological Society, where my working knowledge and amicable style helped rejuvenate and modernize both organizations. As chair of the Audit Committee, I've also led our Academy efforts to ensure that our financial status was aligned with our strategy. Building our unity, sensible management of our finances, and a consistent investment in our future is the most responsible approach to our long-term success.

We're well past the days of large industry sponsorships and cost shifting large medical reimbursements to fund a grassroots volunteerism in our profession. But I would promote the idea that now is the time for us to pull together to make otolaryngology stronger than ever. Our growing membership and younger generation of talent represents untapped human capital that can further energize our Academy and create innovation in ways that our existing leadership may not even imagine yet. We're also on the precipice of helping to establish evidence-based best practice globally, and this effort has certainly benefitted from our international members and conference attendees.

I've been privileged to have many models of excellence during my career and consider support from my family at home (my wife, four boys, and two dogs) as critical to bringing a sense of warmth and insight to my professional family at work and the Academy. ■

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Building our unity, sensible management of our finances, and a consistent investment in our future is the most responsible approach to our long-term success.

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Ken Kazahaya, MD, MBA

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I would strive to maintain a well-diversified investment policy, work to maximize our investment income while not putting our portfolio at unnecessary risk, and monitor our investment portfolio performance against standardized metrics.

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In order to ensure the continued success of the AAO-HNS/F, it is imperative to be fiscally responsible and promote an environment of growth of the Academy's revenue streams. My MBA from the Wharton School uniquely qualifies me for this task. We must develop various sources of reliable revenue to meet the ever-increasing expenses and costs incurred maintaining the Academy and continuing to provide services and value to the membership. In addition to developing balanced annual budgets, adequate cash flows must be maintained to ensure that we can pay our obligations. Growth of both dues and non-dues sources of revenue and assets are necessary to reduce reliance upon investment income and asset reserves. I would collaborate with the Board of Directors, Academy staff, and business units to foster an environment for growth of the Academy's revenue streams and development of new sources of assets.

During the present economic setting, the Dow has risen above 20,000 points. Some believe the U.S. GDP could exceed three percent annual growth, and the world GDP growth may exceed the 20-year average for the first time in six years. However, investors seem wary as there is still uncertainty surrounding various economic growth drivers and as the political realities in Washington materialize. I believe that it is important to stay well informed during this current volatile time and to maintain a conservative stance, while not being afraid to make calculated moves when appropriate. I would strive to maintain a well-diversified investment policy, work to maximize our investment income while not putting our portfolio at unnecessary

risk, and monitor our investment portfolio performance against standardized metrics.

The annual revenue for the Academy is essentially divisible into three main categories: membership dues, meeting revenue, and miscellaneous revenue sources. The latter includes publications, product sales, corporate support, and investment income.

Membership growth and retention are important to the Academy, and I believe that it is important to work along the Academy's Strategic Plan so that we maintain our focus and have realizable and tangible benefits for our members. Non-dues revenue comprises about two-thirds of the annual budget. Meeting attendance generates about a half of the non-dues revenue. Formulating concepts to continue to expand the benefits for meeting attendees and encourage the involvement of resident and young providers as well as other otolaryngology affiliates would hopefully continue to increase meeting attendance. I would consider soliciting donations for specific projects to encourage resident, first-time attendee, and affiliated persons' participation at the Annual Meeting. Consequently, increasing meeting attendance should translate into more robust corporate support. Also, providing donor feedback on how donations have helped recipients may help secure continued future philanthropy. A bright star on the horizon is the Reg-entSM registry, which will not only provide significant benefit to our membership, but when realized, should also provide significant revenue streams to our organization.

I would be privileged and honored to serve you and would take the responsibility extremely seriously, setting it as a top priority. ■

Q: How would you strengthen our grassroots activities to protect our specialty from legislation that would undermine our mission? What life lessons in your career would you use to identify and strengthen portions of our strategic plan to improve our membership's future?



Brian B. Burkey MD, MEd

the current practice needs of all otolaryngologists. I promise that I will work with the membership to stay abreast of those needs and appropriately bring those needs to the awareness of the Academy's leadership.

I have a strong experience working effectively in the leadership of many major surgical and otolaryngology organizations, including: AAO-HNS, Society of University Otolaryngologists, American Head and Neck Society, American College of Surgeons, the Accreditation Council for Graduate Medical Education (ACGME), and the American Board of Otolaryngology. Protecting our specialty from legislation that might undermine our mission will require building collaborative and cooperative relationships within our otolaryngology societies, and also with other medical and surgical societies, in order to increase our voice in advocacy issues. Efforts

such as PROJECT 535 and the ENT Advocacy Network are laudable but will be more powerful if coordinated with those of other similarly minded groups.

My particular passion is in the field of education, and I have both a fundamental background (masters in education) and experiential training in this area, spanning from patient education to CME. I am committed to placing a particular emphasis on the improvement of the educational opportunities for all AAO-HNS members, including novel ways to reach members for a more efficient transfer of knowledge and feedback. This will be essential to improve our future during the anticipated change in the clinical practice and business aspects of otolaryngology, including reimbursement models and documentation requirements. I humbly ask for the opportunity to represent and serve you. ■

I am honored to be a candidate and hope to be able to serve the Academy by "providing perspectives that represent the varying interests and concerns of the membership," as stated in the official job description. Although I have spent all my life in academic medical venues, I have worked closely with community practice otolaryngologists and believe that I understand



Brent A. Senior, MD

now it is MIPS and MACRA. We live in a constantly changing tsunami of acronyms, each threatening to end our practices as we know them.

In this environment, the AAO-HNS is uniquely poised to lead all otolaryngologists in the strategic areas of advocacy, quality, and education. ENT is a fragmented discipline with strong subspecialty societies. But the AAO-HNS, through its large membership, active grassroots advocacy, and leading edge educational offerings, offers true VALUE for all otolaryngologists, all subspecialties, all stages of career. A vigorous online presence with ENTConnect and AcademyU® and quality initiatives like Reg-entSM, further add to this value. So whether you are an otologist in Orlando or a generalist in Tulsa or a rhinologist in Chapel Hill, the AAO-HNS provides

unparalleled, meaningful value for you.

And the key for the AAO-HNS as it seeks to navigate the storms of change confronting us all is an active, engaged membership that understands this value.

I have been honored to serve our Academy in many ways that have enhanced this value, including as chair of Rhinology Allergy Education providing me with extensive knowledge of the outstanding educational products produced. Outside the AAO-HNS, I have served as president of the American Rhinologic Society, yielding executive leadership experience and "insider knowledge." It is this background and experience that I look forward to applying to my term on the BOD.

I am humbled by this opportunity and thank you for it. I look forward to working for all of otolaryngology to calm the acronym storm! ■

A colleague once told me what he wanted carved into his tombstone: "If it hadn't been this, it would have been something else!" I am often reminded of this when confronted with the onslaught of change occurring in medicine. In the past, it was HMOs and DRGs while



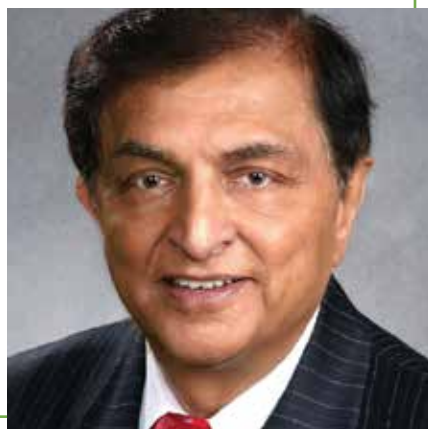
Douglas D. Backous, MD

and local government officials is daunting to most of us who are very busy in the day-to-day clinical activities. The AAO-HNS can make your advocacy work efficient and effective by providing core resources.

I work in a matrixed health system staffed by independent and hospital-employed surgeons. We, together, defined minimal clinical standards for participation in a shared implantable hearing device program to ensure consistent, high quality care. Necessary core services that were too extensive for each participant to afford on their own were provided by the hospital. Cost savings to the hospital providing the implants justified infrastructure provided by the system. The volume of devices provided better buying leverage for the contracting team. Surgeons were supported in the pre-authorization process to improve the probability of adequate reimbursement.

The lessons I learned from collaborating in this working group can be translated to the power of improving access to the rich centralized resources AAO-HNS has created to achieve specific objectives set out in the Academy strategic plan. Consistent messaging in line with our Academy lobbying efforts will optimize your time spent in advocacy efforts. Enriching the quality and accessibility of socioeconomic data would provide our members needed information for negotiating employment and insurance contracts. Increased participation in PROJECT 535 will form key relationships in each state and will help us to generate a list of representatives and senators who support AAO-HNS initiatives and activities of the Physician Payment Policy (3P) Workgroup. As a director-at-large, I would work diligently to represent your needs to the AAO-HNS Board. ■

Broader member involvement will strengthen grassroots Academy initiatives and represents the most powerful protection from legislation that would undermine our mission of empowering otolaryngologists to deliver the highest quality healthcare. The thought of building relationships with state



Nikhil J. Bhatt, MD

political climates, and bureaucracies. To maintain an excellent standard of care, we need to monitor these changes and aggressively formulate and advocate our perspective so we can move forward with our work.

Modalities, such as ENTConnect, the ENT Advocacy Network, and the BOG, serve their purpose well. How would I strengthen these activities?

1. I would approach, encourage, and persuade our colleagues—especially the younger generation—to actively engage and understand the current legislative trends and how they would impact our practice of ENT and then contribute meaningfully to the Academy's actions.
2. I have the time, ability, and sensitivity to track demographic and social trends. I can be the EYES and EARS of the Academy. I would learn, understand, and work with the board,

focusing on the critical issues that impact us and formulate plans to effect a change.

Life Lessons that would help me achieve these goals:

- Networking and diplomatic persuasion are constant needs in fostering engagement and influence. I have the ability to connect with my peers, proven as chair of the International Committee and coordinator for Development. I can persuade and encourage and am confident that I will be able to recruit newer colleagues into a participatory role.
- Giving back to the community has been my pet project. I have established several scholarships at the Academy. That also speaks for a fundraising capability.
- As past president of hospital medical staff, I have successfully navigated delicate situations.

I would be honored to serve, and I humbly seek your support. ■

deeply appreciate this nomination. If elected, I will do my best to take the Academy to the forefront of patient care, academic excellence, and political activation.

Today, the superior practice of otolaryngology alone is not enough; it puts us in a cocoon. We are impacted by constantly changing rules and regulations, changing

Q: What attributes will you seek in our future Academy leaders? What experience do you have that will aid in selecting leaders that will advance the mission of the Academy?



Yuri Agrawal, MD

I am honored to have been chosen to run for the Nominating Committee, a committee whose role is critical to the selection of our Academy's leadership. I have been fortunate to serve the Academy as a reviewer for the CORE otolaryngology grants, on the Geriatric and Equilibrium Committees, and on the Guideline Development Task Force as a specialty society (American Neurotology Society) representative.

The key qualities I will look for in a leader are being approachable, thoughtful, open-minded, and sincere. I have observed individuals with these leadership qualities throughout our Academy membership and am excited to recruit these individuals for leadership positions. I am an otologist-neurotologist and a clinician-researcher, and these experiences have taught me the importance of building and motivating teams, finding common ground around different views, analyzing data, and being open to new ideas. I think these skills of team-building and being open to new people and ideas are critical for the Nominating Committee's work of identifying the next group of individuals to lead our Academy. I thank you for considering me for this opportunity. ■



R. Peter Manes, MD

It is an honor to be nominated for the Nominating Committee, and I would like to thank the current Nominating Committee for this opportunity. In seeking our future Academy leaders, my goal is to identify people that represent, not just our current Academy, but rather the Academy we want for the future. We need to make sure that our leaders represent people from all different aspects of otolaryngology and walks of life. Such diversity can take many forms, and it is only through a vibrant and diverse group of leaders that we can continue to move our specialty forward.

I have had the opportunity to be involved with many individuals within the Academy through my work as the RUC advisor for the Academy, on various committees, through the SRF, and through leadership positions within other organizations such as the American Rhinologic Society. Such experiences have allowed me to see the attributes of strong leaders, including patience, inclusion, vision for the future, and a sense of selflessness. I hope to use these and other attributes to identify the future leaders of our specialty. My goal is to present to you the individuals you want leading our Academy. I hope I am afforded the opportunity. ■



Troy D. Woodard, MD

An effective leader has integrity, compassion, enthusiasm, and is a team player. Integrity is the most important attribute. It ensures that leaders will always seek the "high road" and maintain high moral/ethical principles. Second, compassion and empathy are key elements that strengthen the physician-patient bond and allow us to unite with one another. Third, our leaders need enthusiasm to ants in our Academy. The best leaders are able to mobilize others. We cannot be complacent with the status-quo, but rather be on the forefront of change in healthcare policy. Finally, leaders must be good team players and use collaborative efforts to ensure that we are all aligned in our goals.

I have been active in the Academy since residency as the SRF BOG Legislative Representative. I have participated on the ARS educational and membership committees. I currently serve as Governor for the Diversity Committee. Additionally, I am president of the Harry Barnes Medical Society and chair of the Otolaryngology Section of the National Medical Association. These experiences provided opportunities to collaborate with and lead individuals from various backgrounds and philosophies. If chosen to be on the Nominating Committee, I will work for the AAO-HNS to select individuals who will lead with integrity, fortitude, and inclusiveness. ■



Mark E. Zafereo, Jr., MD

The Academy should continue to expect leaders with commitment to service within and beyond the specialty: diverse servant leaders of varying age, gender, ethnicity, practice setting, subspecialty, and geography who embody common qualities of both servant and leader: integrity, humility, vision, grace, and strength of character.

I have been given opportunities to serve in numerous leadership, task force, and committee roles spanning a wide breadth of the AAO-HNS, benefiting greatly from the wisdom and example of past and current Academy leaders who have advanced the specialty in patient care, public education, and health policy advocacy.

The strength of the Academy is its membership, both the talent of its individual members and the broad representation of the specialty. Some have particular gifts to understand the economics of health policy and payment reform; others to mobilize grassroots efforts to influence legislation; some to push the frontiers of research; others to improve evidence-based clinical care guidelines. While any one person cannot possess all, effective servant leaders of the Academy will harness and inspire the wealth of gifts and diversity within Academy membership so that the Academy will continue to be true to its mission: to empower otolaryngologists to deliver the best patient care. ■

Q ■ What attributes will you seek in our future Academy leaders? What experience do you have that will aid in selecting leaders that will advance the mission of the Academy?



Michael R. Holtel, MD

Otolaryngologists must be intimately involved in health-care decision processes for us to improve healthcare in a meaningful way. I will nominate leaders whose primary focus is the betterment of our Academy, but who understand the importance of leadership in medicine as a whole and are willing to work locally, nationally, and internationally to improve our Academy.

A diverse experience of practice in academic, military, and multispecialty group environments will aid me in helping you select the best Academy leaders. Nine years at one of the largest and most nationally recognized for excellence multispecialty groups in California (of which two of eight board members have long been otolaryngologists) has demonstrated the importance of otolaryngology's leadership in an ever increasingly competitive environment. Six years working for the University of Hawaii managing a multi-million-dollar research effort in blast/acoustic trauma for the U.S. Army allowed me to work with exceptional researchers and academic leaders. I have learned the importance of leadership by serving in multiple leadership roles such as chief of surgery, chief of service, residency program director, president of state medical society and have been active in the Academy recognized with the distinguished service award. ■



Jeffery J. Kuhn, MD

Choosing the "right" individual(s) to lead our organization through the myriad obstacles that influence the practice of medicine for our membership requires thoughtful consideration by those who have the experience of navigating and negotiating in various environments in healthcare. Our future leaders need to be multidimensional, compassionate, spirited, and tough-minded.

I have always cherished the learning experience and opportunity to forward the interests of my colleagues, co-workers, and our patients while serving in a position of leadership. I have served in various leadership positions at the state and national levels and in the military and civilian sectors including, chairman, department of otolaryngology-head and neck surgery, Naval Medical Center Portsmouth; director, division of otology/neurotology and skull base surgery, department of otolaryngology-head and neck surgery, University of Cincinnati Academic Health Center; president of the Virginia Society of Otolaryngology; president of the Society of Military Otolaryngologists; and chairman, Implantable Hearing Devices Committee, American Academy of Otolaryngology. I have also served as a member on six AAO-HNS/F Committees over the past 20 years. I received the Honor Award in 2001 and the Distinguished Service Award in 2015 from the American Academy of Otolaryngology—Head and Neck Surgery. ■



Angela M. Powell, MD

I will advocate for leaders with diverse backgrounds and experiences, knowledgeable in healthcare policy, facile in negotiation with insurers and managed care organizations, globally minded embracing our international colleagues and their contributions to the specialty, and forward-thinking in their approach to educating the next generation of otolaryngologists.

Here are a few highlights from my career in the areas of professional and public education, research, and health policy advocacy in keeping with the Academy's mission. While teaching faculty at the Naval Medical Center in San Diego, I worked to enhance the residents' educational program and received the Program Director's Award for outstanding service and the Teacher of the Year Award. While a University of Pittsburgh resident, I received an AAO-HNS/F research grant and the Medtronic Xomed Award for excellence in clinical research. I have lobbied on Capitol Hill with Academy leadership and currently serve as a legislative representative to the Board of Governors for the Harry Barnes Society and as the member-at-large for the Women in Otolaryngology Section. ■



Gordon J. Siegel, MD

Honesty and integrity are two essential attributes that our Academy leaders must possess and promote. Beyond that, it is extremely important to select individuals who are well aware of what is going on in today's medical world and who are forward thinking, to enter the future on a solid, educated, and prepared footing. Leaders should reach out and hear our entire membership in order to formulate the Academy goals in a successful manner that promotes the outstanding performance of our Academy.

I have had the pleasure to experience the roads of progress that our Academy has travelled for more than two decades. I have seen and learned to understand what appears to be the best means of governing. I am in private practice but have had the very fortunate experience of being part of the faculty of Northwestern Feinberg School of Medicine. I have also served in private, non-academic institutions. I have been acquainted with numerous Academy leaders in both the academic and private worlds. I totally recognize that there is great value in both arenas. I am prepared to not only pick qualified candidates, but candidates who truly care and will be able to work well together. ■

Q: What is your particular experience or interest that would make you an effective member of the Audit Committee of the Academy?



Selena E. Heman-Ackah, MD, PhD, MBA

The landscape of healthcare has changed dramatically over the course of the past two decades, and the future of healthcare within the United States presents various uncertainties. In 2005, to become better equipped to navigate the rapidly changing landscape of healthcare while assisting in ensuring the future of patient-centered quality care, I obtained a master's of business administration degree from the University of Cincinnati. It is the business training early in my career as an otolaryngologist that shapes the lens with which I view healthcare and finance that would make

me an effective member of the Audit Committee of the Academy. With the business acumen obtained from the MBA and experientially while holding a director position in practice, I endeavor to contribute to the betterment and advancement of our field while securing a future of high quality patient-centered care that is fiscally sustainable by supporting the Academy mission. It would be an honor and a privilege to utilize the business acumen and training that I have attained to serve the AAO-HNS/F as a member of the Audit Committee to assist in maintaining the legacy of the Academy and ensuring its continued successes in the future. ■



Terance Tsue, MD

It is an honor and privilege to be nominated and considered for this prestigious opportunity to serve the AAO-HNS and greater otolaryngology community through the Audit Committee. I have a passion to help “move the needle” and a life philosophy of continuous improvement.

I hope to bring a fresh perspective and sage counsel based upon my national leadership experience as well as my developed fiscal management skills. Nationally, through serving on the Accreditation Council for Graduate Medical Education (ACGME) Residency Review Committee, I learned how to develop and shepherd major programmatic initiatives. As Milestones Committee chair, the essence of collaboration, iteration, and

optimism to ensure success was manifest. Currently, as vice-president and physician-in-chief of the University of Kansas Cancer Center, vice-chair and treasurer of the department of otolaryngology, and in my previous tenure as associate dean for graduate medical education at the University of Kansas School of Medicine, fiscal responsibility with prudent budgetary oversight in an environment of eroding resources was central to success. These leadership positions also afforded me an “on the job” education in strategic vision planning, manpower allocation, and programmatic capital investment decisions.

Thank you for your consideration, trust, and the opportunity to serve you to make our specialty better for our patients. ■

Academy Bylaws:

Proposed amendments

The proposed recommendation by the Articles of Incorporation and Bylaws Committee is to revise and add language to the Academy Bylaws clarifying the role of the Financial & Investment Subcommittee (FISC) as a Standing Committee of the Board, and to clearly define term limits on the FISC. In addition, the proposed change for the Specialty Society Advisory Council is explained in column two below.

Note: Former text to be removed is shown as struck. New language is shown as underscored.

Finance and Investment Subcommittee (FISC)

Committee Charge: The Finance & Investment Subcommittee (FISC) of the ~~AAO-HNS/F Company~~ Executive Committees shall have the responsibility of overseeing the financial affairs of the AAO-HNS/F. The FISC subcommittee shall consist of three members who serve for staggered three year terms. Members may serve a second term of three years but may not serve more than six consecutive years on the FISC. Members may be reappointed to the FISC only after three years have elapsed following the close of their last term. Each year, as one member rotates off the subcommittee, the incoming President will ~~make a recommendation to the Executive Committee~~ to appoint a new member to the subcommittee from either a current or past member of the Board~~s~~ to ensure familiarity with current fiscal issues. In addition to the three members appointed by the incoming President, the Secretary-Treasurer of the Board shall serve as the Chairman of the subcommittee FISC as a non-voting member.

The Treasurer/Financial Officer of the Women in Otolaryngology (WIO) Section shall also have a seat on the Finance and Investment Subcommittee (FISC) to further collaboration between the FISC and the WIO Endowment Committee. Her term of office on the FISC shall coincide with her term as the WIO Section's Treasurer/Financial Officer.

The authority and responsibilities of FISC include periodically reviewing and making any necessary recommendations to the Executive Committees regarding:

1. Provide regular reports to the Executive Committees.
2. Oversight of the Academy/Foundation's financial activity including, but not limited to, risk management, cash flow management, insurance, performance against budget, and investment policies and performance.
3. In conjunction with staff, the preparation and presentation of the Annual Operating Budget.
4. Financial resolutions submitted to the Board~~s~~ for action.

The Subcommittee may delegate authority to staff when appropriate. The Subcommittee will meet at least quarterly and additionally as appropriate. A majority of the members shall constitute a quorum. ■

The proposed bylaw change eliminating the Specialty Society Advisory Council (SSAC) does not signify any change in the commitment of the Academy and Foundation to promote specialty unity through inclusiveness and collaboration with our Otolaryngology specialty societies. Rather, it signifies the success of the Specialty Unity Summit in creating a viable forum that has resulted in a robust collaborative atmosphere and enhance cooperation within the house of otolaryngology. This recommendation is done with the full knowledge and support of the Otolaryngology specialty societies making up the current SSAC. The proposed amendment to these bylaws is to eliminate Article X Specialty Society Advisory Council and to sunset the Council. For a copy of the full AAO-HNS Bylaws, please contact Governance at committees@entnet.org.

Article X Specialty Society Advisory Council

The Academy shall actively support and participate in the Specialty Society Advisory Council ("SSAC"), a group consisting of representatives from the national specialty societies of otolaryngology-head and neck surgery, including the Academy. The SSAC shall elect its officers, meet regularly, and act in accordance with governing articles approved by the Academy Board of Directors, serve as an advisory body for subspecialty issues to the Academy Board of Directors, and act as a conduit for communications between the Academy Board of Directors and the members of the representative societies. The Chair and Chair-Elect of the SSAC shall each serve as ex officio members of the Academy Board of Directors with vote as long as the Board of Directors determines that the SSAC is continuing to act in accordance with its governing articles and purposes and satisfies any other criteria established by the Board of Directors. ■

Better Hearing and Speech Month

For downloadable patient information and relevant material, go to www.entnet.org/BetterHearingSpeechMonth

MAY IS BETTER HEARING AND SPEECH MONTH

Balancing access and safety of hearing aids

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

Diseases of the ear, including hearing loss, have long been a focus for otolaryngologists. Diagnosing, treating, and preventing the various causes of hearing loss has been and remains to be a significant part of the general otolaryngologist's practice as well as spawning specialty-related practices in neurotology and otology.

The goal of achieving better hearing for as many patients as possible has been a guiding principle for otolaryngologists for centuries. This includes significant commitment to education and research activities designed to define and improve "best practice" paradigms. Inherent to these activities is the promise to advocate for not only the highest quality care, but also access to receive that care.

Events over the last 18 months have signaled a potential marked change in the delivery of hearing healthcare services for individuals 18 years of age and older. Spurred by the persistent low rate of adoption of technologies that would benefit many patients as well as disruptive technology advances, there has been significant interest in removing barriers and improving access for patients to enter the hearing aid market.

Currently in the United States, it is estimated that 20 percent of the individuals who would benefit from hearing aids actually use the technology—a figure that hasn't changed since 2001. While there is no universal agreement as to the dominant cause for this phenomenon, factors such as cost, social barriers, failure to recognize the problem, denial, and the complexity of navigating the hearing healthcare system itself are certainly contributors. There is a general consensus that both initial and continuing costs are a major factor.

Converging factors, such as the increased availability of medical devices and other treatment options online and over-the-counter (OTC) and the availability of low-cost alternatives that improve hearing, led to the creation of expert panels by the President's Council of Advisors on Science and Technology (PCAST): https://obamawhitehouse.archives.gov/sites/default/files/microsites/ostp/PCAST/pcast_hearing_tech_letterreport_final.pdf, and the National Academy of Medicine

(NAM): <http://www.nationalacademies.org/hmd/Reports/2016/Hearing-Health-Care-for-Adults.aspx>. The Academy contributed testimony to each group providing written comments prior to and/or following the release of their respective reports.

The Food and Drug Administration (FDA) also received testimony from interested stakeholders regarding the overall issue, including mandatory medical examinations and OTC sales. I represented the Academy at those hearings and was the only physician giving testimony. The FDA issued an updated guidance in December 2016 (Docket Number FDA-2016-D-3466; “Immediately in Effect Guidance Document: Conditions for Sale for Air Conduction Hearing Aids”), which stated that the agency will no longer enforce the requirement for a medical evaluation/waiver prior to purchasing a hearing aid for adults.

Academy advocacy

The Academy has spent considerable time and resources weighing in on this debate and advocating for our members and patients, as has been our practice and commitment for many years. The earliest testimony regarding hearing aids by the Academy was given in 1973 by **Robert J. Ruben, MD**, before the Subcommittee on Consumer Interests of the Elderly of the United States Senate. (See related article on page 32.) Subsequent input led to the inclusion of package inserts as well as the “red flag warnings for ear disease” issued by the FDA.

I have personally been involved with this issue for more than 20 years, particularly in relation to the red flags warning and the medical examination requirement by the FDA. I was the founding chair of the Coalition for Hearing and Balance (CHB), a collaborative effort between the AAO-HNS, the American Neurotology Society (ANS), and the American Otological Society (AOS). This group’s work on patient education, physician education, and patient advocacy subsequently led to the formation of America’s Hearing Healthcare Team in 2001. This organization included stakeholders in the audiology community and primary care in addition to the CHB.

In reviewing the introductory article in the May 2001 *Bulletin*, I found the following quote from my original piece: “. . . in our role

as physicians, we have pledged to do our best to give our patients the optimal care, as we understand this is a considerably more burdensome task in the age of rising cost-managed care roadblocks, and widespread economically driven expansion of traditional practice boundaries, but we must not ignore opportunities to fulfill this mission.” This particular statement is equally applicable to today’s times and must be our guiding principle as we move forward.

The question of access

Throughout the recent process, the Academy has sought a balance between access and safety. Certainly, there have been technological advances in hearing aids, but it is disappointing that only 20 percent of those who might benefit have actually adopted the technology. Empirically, one might think that lowering the price and easing the access would reduce the problem. However, when you look at different payment and access systems around the world, it is not clear that that is the case. Japan, which follows an OTC model, has only a 14 percent adoption rate. The United Kingdom, which dispenses hearing aids at no cost to patients, has a 41.1 percent adoption rate. France, which operates under a patient pay model, has a penetration of 30.4 percent, and Germany, which has a mixed model, has 34 percent adoption rate.

The worldwide experience would indicate adjusting price and availability is not the total solution. In the United States, consumerism and the explosion of information on the internet relating to healthcare problems and solutions is driving some of these proposed changes. Technologies that will allow untrained consumers to assess their own hearing have now

advanced to apps that individuals can use to test not only hearing levels but word discrimination. These technologies have the potential to bring patients into the hearing healthcare system who would not have previously participated. A recently released report by the Centers for Disease Control and Prevention (CDC) on noise induced hearing loss (NIHL) highlights the fact that 30 percent of patients with significant NIHL were unaware of this fact (<https://www.cdc.gov/vitalsigns/HearingLoss/index.html>). The availability of this type of testing will hopefully lead to earlier identification of hearing loss and alert patients of the need to seek medical care.

The question of safety

Current discussion centers around three types of non-surgical devices that have the potential to improve hearing in patients using them. Personal Sound Amplifying Products (PSAPs), entry-level hearing aids, and high-end hearing aids all have shown the ability to improve hearing when placed on individuals whose hearing loss is appropriate for the specific product. PSAPs are not classified as medical devices and are available over-the-counter. The FDA is currently in the process of gathering information and formulating a policy that might allow entry-level hearing aids to be sold over-the-counter. Recommendations by the PCAST and the NAM would support the OTC availability of these types of aids for patients with mild to moderate sensorineural hearing loss. It is unclear when that policy will be released and exactly what it will say. The Academy’s recommendation to the FDA is to allow this to take place but continue to require a medical examination prior to the purchase.

While we support increased access to

“

Spurred by the persistent low rate of adoption of technologies that would benefit many patients as well as disruptive technology advances, there has been significant interest in removing barriers and improving access for patients to enter the hearing aid market.

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

”



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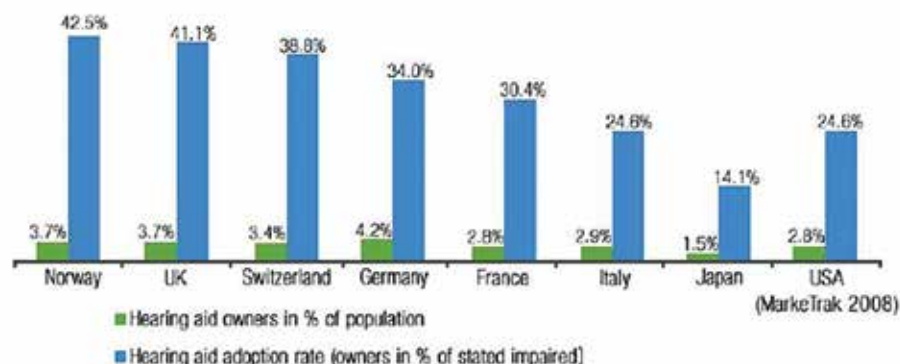
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technologies that can improve hearing for mild to moderate hearing losses, we believe that there are critical patient safety issues that cannot be ignored. Although the majority of patients with hearing loss do not have medically treatable disease, we are all aware of conductive, mixed, and sensorineural hearing loss scenarios that not only can be treated, but are also related to more consequential disease that needs diagnosis and management. We also maintain that for any of these devices to be effective, the type and severity of hearing loss must be accurately determined. Placing a PSAP on a patient with severe to profound hearing loss is inappropriate and ineffective.

Both the FDA and the U.S. Congress are considering actions to increase affordable access to amplification devices and medical devices to improve hearing. We are strongly advocating manufacturing standards to be established and maintained for the PSAPs. There are reports of existing devices with gains of up to 135 dB, and we feel that the patient population needs to be protected from devices that could actually worsen their hearing. In the



Courtesy of the Hearing Review, March 7, 2013. <http://www.hearingreview.com/2013/03/eurotrak-japantrak-2012-societal-and-personal-benefits-of-hearing-rehabilitation-with-hearing-aids/>

absence of a requirement for medical examination/waiver, we feel it is essential that package inserts continue to highlight “red flag warnings,” treatable causes of hearing loss, and the advisability of a medical examination.

We are hopeful that recommended changes will actually lead to earlier detection of hearing loss and entry into the hearing healthcare system, where patients will get appropriate treatment on a longitudinal basis. We also are proposing

that data be collected both prospectively and retrospectively related to both benefits and the frequency of overlooked treatable causes of hearing loss and the ramifications of that failure. As we have done consistently for decades, we will continue to focus on what is best for our patients.

To receive a copy of an AAO-HNS presentation by **James C. Denny III, MD**, “Remediation of Hearing Loss in the United States,” email Bulletin@entnet.org ■



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1. S-E Stangerup M.D., J. Sedenberg-Olsen M.D., V. Balte M.D. Autoinflation as treatment of Secretory Otitis Media. Arch Otolaryngol Head Surg 1992; 118: 149-152.

Academy's enduring advocacy for patient hearing

Times and technology have changed, but the Academy has remained committed to patients, receiving proper medical examinations for hearing loss, as evidenced by the following statements made 44 years apart.

“

September 11, 1973: Robert J. Ruben, MD, testified before the U.S. Senate's Special Committee on Aging concerning hearing aids and the older American. From the Congressional Record, p. 217:

It is extremely important that the individual be properly examined, to make sure there are no medically treatable causes of the hearing loss, or that there are no underlying life threatening diseases, which may manifest themselves with hearing loss.

To access the full record of Dr. Ruben's testimony, please visit: <https://www.aging.senate.gov/hearings?month=09&year=1973&c=93> and click on "Hearing Aids and the Older American: Part 2."

”

“

January 31, 2017: AAO-HNS letter to the Food and Drug Administration regarding conditions for sale of air conduction hearing aids:

...the AAO-HNS stands by its recommendation regarding the benefits of a medical evaluation by a physician, followed by a standardized hearing test (via a hearing health professional or appropriate online/technological source) BEFORE an individual purchases any type of basic hearing aid or other FDA-regulated assistive hearing device.

To access the full comments, please visit: http://www.entnet.org/sites/default/files/aa-hns_comments_to_fda_medical_waiver_and_otc_final.pdf

”

A persistent pursuit for patient hearing health

By **Robert J. Ruben, MD**

Intrinsic to the privilege of caring for people is our obligation for patient advocacy so as to provide the best care for the individual as well as ultimately for all patients. The unmet needs for hearing aids has been and continues to be a

major area of focused patient advocacy.

In 1973, the American Association for Retired People (AARP) asked me to be a witness for them at the hearings before the Subcommittee on Consumer Interest of the Elderly on the Special Committee of the U.S. Senate concerning hearing aids and the older American. I had a written testimony and ancillary documents, which are now part of the Congressional Record.

I explained to the committee the very real need for otological examinations of patients before they had a hearing aid to make sure there were no diseases that needed to be cared for which might alleviate the hearing loss and/or preserve function. This was documented by a number of case histories of my own patients who had delayed diagnosis because they had not been otologically

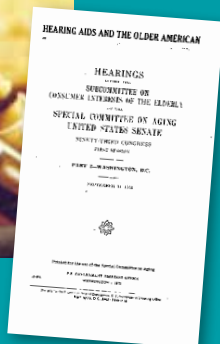
evaluated before receiving the hearing aid. Also, I conducted an analysis of the economics of hearing aid distribution, and at that time, there was the need for establishing more efficient marketing. I illustrated this with what I had observed at that time in Europe. My testimony was of no avail.

Fifteen years later, in 1988, I addressed the FDA Panel on Hearing Devices. I proposed three regulations, two of which were accepted: 1) the package insert that stated the device could be used for a month, and if not satisfied with the results, the individual could return it for a modest rental fee and 2) the requirement for a medical examination of children under 18. The adults were excluded from the medical evaluation.

Lesson learned is that advocacy, the relentless persistence of a rational agenda for patient betterment, will succeed over time; not all at once, but incrementally. We must be tenacious on behalf of our patients. ■



Robert J. Ruben, MD, testifies before the U.S. Senate in 1973, accompanied by his son.





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 Sydney, New South Wales, Australia

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 Associate Professor
 Department of Otolaryngology - Head & Neck Surgery
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University of Florida Pediatric & General Otolaryngology Positions

The Department of Otolaryngology at the University of Florida is seeking applicants who wish to pursue a career in Pediatric Otolaryngology. We are excited to announce 2 faculty positions: A Pediatric Otolaryngologist for our main campus in Gainesville, and either a Pediatric Otolaryngologist, or a General Otolaryngologist—with strong interest in Pediatric Otolaryngology—in Pensacola, Florida.

Gainesville: The division currently consists of 2 fellowship-trained Pediatric Otolaryngologists, within our growing department of 11 full-time University of Florida Faculty members.

The Division of Pediatric Otolaryngology is growing, and current practice locations include UF Health Shands Children's Hospital and the UF Health Children's Surgical Center. In addition, work has begun on the construction of a new, free-standing Otolaryngology clinic facility. The UF Health Shands Children's Hospital—recently ranked in 9 pediatric subspecialties in the 2016-2017 US News and World Report rankings—consists of 200+ inpatient beds, including a 24-bed PICU, 23-bed Pediatric Cardiac ICU, 68-bed NICU, and a Level I pediatric trauma center and Emergency Department.

A fellowship in Pediatric Otolaryngology is strongly encouraged. Applicants should also be board certified or board eligible and licensed (or eligible) to practice in Florida. Additionally, active involvement in both Otolaryngology resident and medical student education is expected.

Gainesville is a charming city and home to the University of Florida. The area is known for its natural beauty, with many springs, lakes and rivers. The mild climate encourages outdoor activities and residents enjoy swimming, boating, fishing, bicycling and camping. Culturally, the city is enriched by the influence of the university. The population of Gainesville is approximately 111,000 with a surrounding population of 250,000. We have a diverse culture, excellent public schools, low cost of living and no state income tax. For the past 8 years Gainesville has been voted among the Top 12 "Most Livable Cities in the Nation" by Money Magazine.

Pensacola: We are excited to announce an expanded partnership with The Studer Family Children's Hospital at Sacred Heart in Pensacola. We are seeking General Otolaryngologists with an interest in Pediatric Otolaryngology for Northwest Florida's only children's hospital.

Located in the Florida Panhandle—amidst the world's whitest sand beaches—Pensacola has been named in CNN/Money Magazine's "Best Cities to Live" and has been named "Boomtown" by Inc. Magazine. Pensacola offers beautiful homes to suit any budget, offers a cost of living that is well below the national average, along with excellent schools, no state income tax, and numerous outdoor activities. Here, you can live and practice where others only dream of living!

Candidates should have completed a fellowship in Pediatric Otolaryngology, or a General Otolaryngology residency from an ACGME accredited program, be board certified or board eligible, and licensed (or eligible) to practice in Florida. Interested candidates should send a letter of interest and CV to:

William O. Collins, M.D., FACS, FAAP
Associate Professor
Chief, Division of Pediatric Otolaryngology
William.collins@ent.ufl.edu

The University of Florida is an equal opportunity institution dedicated to building a broadly diverse and inclusive faculty and staff.

OTOLARYNGOLOGY OPPORTUNITY

Columbus, Ohio

Ohio ENT & Allergy Physicians, a 26 person independent practice operating in Columbus, Ohio, has openings in our Otolaryngology group. Ohio ENT & Allergy Physicians is the largest, independent ENT and Allergy practice in the state of Ohio. We offer a full range of ENT services including complete audiology and vestibular services, laryngology, facial plastics, CT scanning, Hearing Aid Dispensing and our own 5 OR surgery center. A lot of revenue opportunities beyond professional income including on call, surgery center, sleep studies and real estate.

Columbus is one of America's fastest growing cities with a lot to do including major sports, great golf, wonderful arts and great schools. Columbus has a strong economy based primarily on banking, insurance, government and education.

Requirements:

- Board Certified or Eligible
- Excellent communication and interpersonal skills
- Graduate from an accredited residency program in ENT

If interested, please contact

Jeff Brubaker, CEO

Ohio ENT & Allergy Physicians

614-233-2356 or Brubakerj@ohpin.com



ohioentandallergy.com

Chicago's Northern Suburbs

Otolaryngology— Head & Neck Surgeon

NorthShore University HealthSystem (NorthShore), the principal academic affiliate of The University of Chicago Pritzker School of Medicine, seeks an exceptional Otolaryngologist, Head & Neck Surgeon to join the Department of Surgery, Division of Otolaryngology—Head & Neck Surgery.

Take advantage of this unique opportunity to:

- Join a growing Otolaryngology Division that offers comprehensive, compassionate, state-of-the-art patient and family-focused care. Current faculty includes both general otolaryngologists and fellowship trained individuals in each subspecialty of otolaryngology—head and neck surgery.
- Become a member of a 900 plus physician, multispecialty group practice that includes more than 100 office locations with over 2,400 affiliated physicians.
- Academic appointment to The University of Chicago Pritzker School of Medicine is available to qualified candidates.
- Enjoy the full range of lifestyles that are uniquely available in the Chicagoland area.

We offer a competitive compensation and benefits package, a highly collegial work atmosphere, and an opportunity to work with a world-class interdisciplinary team of medical professionals!

Qualified candidates should submit their CV to: Mark E. Gerber, MD, Division Head, Otolaryngology—Head and Neck Surgery, by contacting:

Beth Walker, Physician Recruiter
 bwalker3@northshore.org
 (847)663-8250
 www.northshore.org/physicianrecruitment



EOE: Race/Color/Religion/Sex/National Origin/Protected Veteran/Disability, VEVRA Federal Contractor



**CHAIR, DEPARTMENT OF
HEAD AND NECK SURGERY
DIVISION OF SURGERY**

The Department of Head and Neck Surgery within the Division of Surgery is actively recruiting a chairperson to oversee all department functions and operations.

The chair will be expected to be a proven leader in head and neck surgery with administrative experience and ability to oversee an integrative research program. This role will assume full responsibility for all areas of management in the department to include finance and budget, long-range planning, resource allocation, space administration and faculty development. You will also be responsible for career development opportunities and mentorship of department faculty, as well as facilitating their growth in clinical, research, academic and professional areas. Additionally, the chair will represent the department, division and/or institution in local, regional, state and national matters.

This opportunity is an unmatched setting for an outstanding clinician/researcher who will provide strong administrative leadership and coordinate clinical care, education and research in a multidisciplinary practice environment. Applicants must be board-certified and eligible for licensure in the state of Texas. Medical leadership/administrative experience and knowledge of program development is required. MD Anderson is committed to building a diverse community of faculty and encourages women and minorities to apply.

Interested candidates should send a copy of their curriculum vitae and references along with a supplemental narrative statement to address the qualifications (2-3 pages) by May 1, 2017 to:

Head and Neck Surgery Chair Search Committee
 Attention: Jennifer Anderson
 Office of the Provost and EVP
 The University of Texas MD Anderson Cancer Center
 1515 Holcombe Boulevard, Unit 1492
 Houston, TX 77030
 Email: jaanders@mdanderson.org

MD Anderson Cancer Center is an equal opportunity employer and does not discriminate on the basis of race, color, religion, age, national origin, sex, sexual orientation, gender identity/expression, disability, veteran status, genetic information, or any other basis protected by federal, state, or local laws, unless such distinction is required by law. All positions at The University of Texas MD Anderson Cancer Center are security sensitive and subject to examination of criminal history record information. Smoke-free and drug-free environment.



Otolaryngology

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Featured 8th in Money Magazine's "Best Places to Live," Ames, Iowa is recognized as an active, friendly community with plenty to do. Rated 5th "Most Beautiful College Campuses in the World" (Buzzfeed), ISU is located in this vibrant college town with one of the highest-rated public school systems in the nation. Having close access to several major metropolitan cities means that this versatile community provides small-town serenity and charm plus big-city amenities and culture.


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Contact Doug Kenner
866.670.0334 or dkenner@mountainmed.net



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Pediatric Otolaryngologist

We are seeking a fellowship-trained, board eligible/certified individual to join a high-volume practice. This position will be recruited at the Assistant Professor level. Rank will be commensurate with experience and credentials. This is a tenure-track position. It is an excellent opportunity for a Pediatric Otolaryngologist interested in academic growth and excellent clinical experience.

Candidates must be able to obtain a Tennessee medical license.

Letters of inquiry and curriculum vitae should be sent to:

M. Boyd Gillespie, M.D., MSc, Chairman
Department of Otolaryngology-Head and Neck Surgery
The University of Tennessee Health Science Center
910 Madison Avenue, Suite 408
Memphis, TN 38163

Or email to: jkeys@uthsc.edu

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- ▶ 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
rpgreen@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 Chicago, IL, 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

**ACGME Approved
Otology Neurotology and
Skull Base Surgery Fellowship**

**Michigan Ear Institute
Providence Hospital**

An ACGME approved Neurotology Fellowship is offered by the Michigan Ear Institute in conjunction with Providence Hospital, Southfield, Michigan, and Wayne State University. Two positions are available commencing July 1, 2018 for a period of two years.

A strong otology residency training experience is required. The candidate must be board eligible or certified and be able to obtain a license to practice medicine in the State of Michigan.

Contact:

**Michael J. LaRouere, MD
Fellowship Program Director
Michigan Ear Institute
30055 Northwestern Hwy., #101
Farmington Hills, MI 48334
Phone (248) 865-4444
Fax (248) 865-6161**



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THE UNIVERSITY of TENNESSEE 
HEALTH SCIENCE CENTER

**Laryngologist (PIN 23075)
Neuro-otologist (PIN 23076)**

The Department of Otolaryngology-Head and Neck Surgery, College of Medicine, University of Tennessee Health Science Center is seeking candidates for open-rank faculty positions at the Assistant/Associate Professor level to join a growing and dynamic department. Rank is commensurate with education, credentials, and experience. Qualified individuals must be Board Eligible/Certified and fellowship trained in Laryngology (PIN 23075) or fellowship trained in Neuro-otology (PIN 23076). Tenure status is negotiable. The department seeks individuals who are interested in becoming leaders in clinical and programmatic growth, education and research.

Letters of inquiry and CV should be sent to:

**M. Boyd Gillespie, MD, MSc.,
Department of Otolaryngology-HNS,
U.T. Health Science Center,
910 Madison Avenue, Suite 408, Memphis, TN 38163
or email to: jkeys@uthsc.edu**

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



Children's National

Children's National Health System is seeking a qualified candidate for a non-tenured faculty position at the Assistant Professor level, the George Washington University Medical school, to function as a full time member in the Division of Otolaryngology. The position is effective July 2017.

Requirements for the position are candidates with an MD or equivalent degree, Board Certified or Board Eligible in Otolaryngology, and Fellowship trained in Pediatric Otolaryngology.


Responsibilities for the position include full time clinical and surgical care of patients, research to advance knowledge and understanding of pediatric otolaryngology, and education of medical students, residents and fellows.

Children's National Health System is an affirmative action and equal opportunity employer. We do not discriminate based on race, color, sex, religion, national origin, age, disability, marital status, ancestry, personal appearance, sexual orientation, family responsibility, matriculation, political, or any other unlawful basis. Interested candidates should send their curriculum vitae and letter of interest to:

**Eric N. Baker, M.H.S.A.
Program Manager, Otolaryngology
Children's National Health System
111 Michigan Avenue, N.W.
Washington, D.C. 20010
202-476-8389**

For complete details on this position and to apply online, please visit careers at: www.childrensnational.org and search by Requisition #160000FD

University of Missouri
Department of Otolaryngology—
Head and Neck Surgery



Seeks clinicians, teachers, and researchers who are personable, energetic and innovative to join a rapidly growing and collaborative group of physicians. There are two Faculty opportunities at all academic ranks (Assistant/Associate Professor or Professor) available:

- **General Otolaryngology with an interest/experience or fellowship training in Laryngology**

Title, track, and salary are commensurate with experience.

- Competitive production incentive
- Established basic and translational research program focusing on voice and swallow disorders
- New outpatient clinic with state-of-the-art equipment and ancillary services
- Well established and expanding hospital system
- Live and work in Columbia, ranked by *Money* magazine and *Outside* magazine as one of the best cities in the U.S.

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

To apply for a position, please visit the MU web site at
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HEAD & NECK
SURGEONS

Private Practice Opportunity - General Otolaryngologist

Arizona Otolaryngology Consultants is one of the largest single specialty, physician-owned practices in the Valley, providing high quality medical care since 1997. Our group consists of multiple subspecialties, emphasizing all aspects of Otolaryngology/Head & Neck Surgery, including head & neck oncology, pediatric otolaryngology, laryngology, neurotology, hearing aid sales and CAT scanning. We offer patients ease of access at any of our 5 office locations and many surgery options as a result of over a dozen surgical affiliations.

Due to continued growth, we are looking to add a BC/BE General Otolaryngologist to our team of providers who offer a unique and collaborative approach to patient care.

Employment opportunities with AOC include:

- Excellent salary with partnership track
- Competitive health benefits
- Paid time off
- Malpractice insurance
- CME reimbursement

Interested candidates please submit your current CV and letter of interest to:

Alison Scott, Practice Manager – Alisons@aocphysicians.com
For more information about our practice, please visit
www.AOCPhysicians.com

SOUTH FLORIDA ENT ASSOCIATES 

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

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

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

This position will include both office and hospital settings.

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

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Contact Information:
Contact name: Stacey Citrin, CEO
Phone: (305) 558-3724 • Cellular: (954) 803-9511
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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

Excellent Otolaryngology Opportunity in the Midwest - Toledo, Ohio

ProMedica Physicians Ear, Nose & Throat, Toledo's premier ENT practice is seeking highly motivated, personable BC/BE Otolaryngologists to join their progressive and expanding practice. The practice consists of 5 ENT physicians, of which 3 are fellowship trained, offering patients the full spectrum of ENT services. The services include: allergy testing and treatment, and complete audiology and vestibular services including VNG, rotary chair, posturography, and cochlear implantation and mapping. In addition, a full time speech pathologist that offers videostroboscopy & voice analysis with speech therapy, dysphagia evaluation and treatment.

ENT Practice located in ProMedica Health and Wellness Center, a three-story, 230,000-square-foot center that brings a full-spectrum of care under one roof housing primary care and specialty physician offices; medical imaging, laboratory, behavioral health and wellness services; an endoscopy center; ProMedica Optical; ProMedica Pharmacy Counter; ProMedica Urgent Care; and a food pharmacy.

We are seeking candidates who excel at general ENT with advanced subspecialty interest and fellowship trained in:

- Neurotology / Otology • Head and Neck Surgical Oncology • Laryngology

Highlights:

- Opportunity to join a collegial, dynamic team of 5 Otolaryngologists
- "Built in" referral base and high volume
- Call shared equally among all members (currently 1:5)
- Trauma call is optional and paid separately
- Opportunity for teaching residents and medical students
- All members participate in weekly board meetings
- Full employment with ProMedica Physicians
- CME allowance plus vacation, holiday and sick time
- Perfect balance of work and lifestyle

For more information, contact:

Deanna Stocker
Physician Recruiter
deanna.stocker@promedica.org
419-824-7456

Employment with ProMedica Physicians includes:

- Competitive compensation and generous benefit package to include medical, dental, vision, life insurance, long & short-term disability, deferred retirement options and malpractice insurance
- Relocation paid up to \$10K
- Being part of a diverse provider network that focuses on high-quality and patient-centered care.

ProMedica Physicians is a multi-specialty physician network of more than 900 physicians and midlevel providers throughout northwest Ohio and southeast Michigan. The ProMedica Physician professional team handles every aspect of practice management including billing, coding, compliance, human resources, legal issues and marketing to name a few. For more information, please visit www.promedica.org/doctors.



Excellent Neurotologist Opportunity in the Midwest - Toledo, Ohio

ProMedica Physicians Ear, Nose and Throat is seeking a full time BE / BC Neurotology fellowship-trained individual to join a five-physician ENT group based in Toledo, Ohio. Three partners within the group are fellowship-trained subspecialists.

Highlights:

- Oversee an existing, comprehensive "turn-key" neurotology practice
- Complete audiology and vestibular services including VNG, rotary chair, posturography cochlear implantation and mapping
- Collaborative, multidisciplinary culture
- ProMedica ensures you have the means to deliver exceptional personalized care to your patients
- Mix of general ENT and neurotology
- Group meets weekly for board meeting
- Strong referral base from within group and the surrounding community
- Employment with ProMedica Physicians Includes:
- Competitive compensation and generous benefit package to include medical, dental, vision, life insurance, long & short term disability, deferred retirement options and malpractice insurance
- Relocation paid up to 10k
- Teaching and research opportunities
- Being a part of diverse provider network that focuses on high-quality and patient-centered care
- Toledo, population 300,000, is the 4th largest city in Ohio offering attributes of a large city while maintaining the atmosphere and charm of a small town. The Toledo Zoo is #1 in the US. The area offers an extensive Metro park system, Museum of Art, and excellent institutions of higher education. Toledo is home to a minor league baseball team, and hockey team. Located within 1 hour access of other professional sports teams.
- **Attractive sign on bonus**

For more information, contact:

Deanna Stocker
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