

bulletin

The background of the cover is a photograph of the Cloud Gate sculpture, also known as 'The Bean', in Chicago. The sculpture is a large, reflective, bean-shaped object that mirrors the surrounding city skyline, including several tall skyscrapers. The sky is a clear, bright blue. The title 'bulletin' is written in a large, white, sans-serif font across the top of the image. The website 'entnet.org' is in the top right corner, and the date 'MAY 2017' is in the top right corner.

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

MAY 2017

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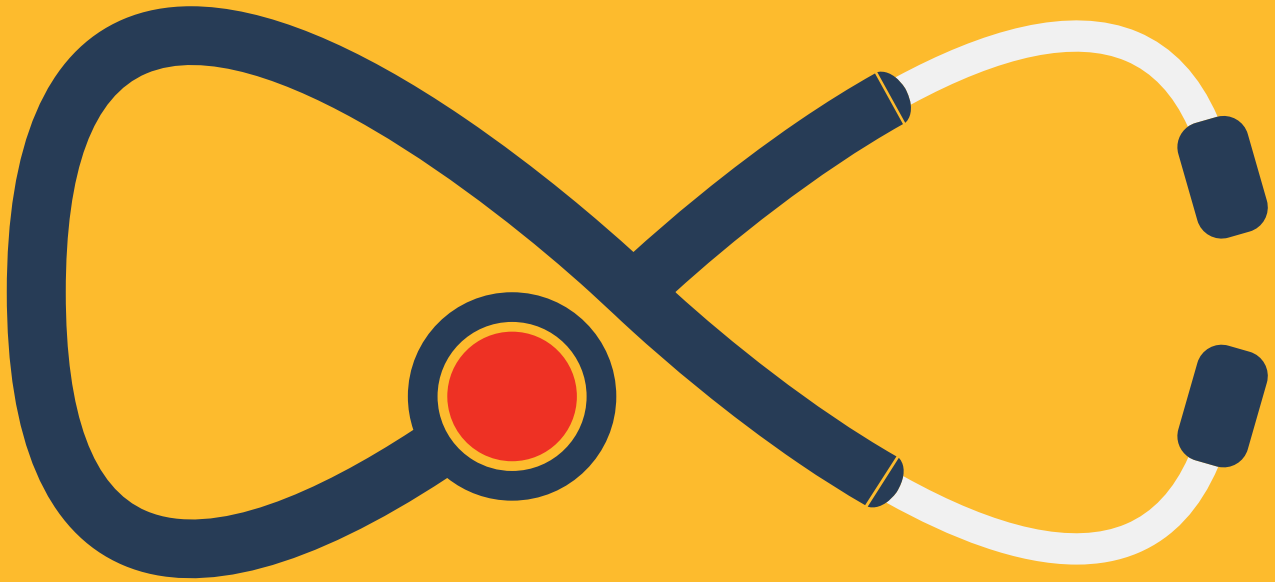
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bulletin

MAY 2017

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The leading edge

Pearls for success
in life and work

by Gregory W. Randolph, MD

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2017-18 Home Study Course Registration

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

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Watch for your HSC renewal in May: Renewal notices will be emailed to the email address on file in late May 2017. To update your email address, contact Member Services at memberservices@entnet.org.

Pearls for success in life and work

A successful life ... to laugh often and much; to win the respect of intelligent people and the affection of children; to earn the appreciation of honest critics and endure the betrayal of false friends; to appreciate beauty and to find the best in others; to leave the world a bit better whether by a healthy child, a garden patch or redeemed social condition; to know even one life has breathed easier because you have lived!

—Ralph Waldo Emerson

There are many parts to a successful life. The blending of career (clinical and surgical patient care, research, education, administration) with family, home, and spiritual life requires some sophisticated alchemy. There are many parts to success within the Academy as well. During this year, I have been inspired by the leaders I've worked with. It is not just a good or serviceable organization, it is a great organization—a constellation of talented individuals—and it is you! There are many stepping stones to success within our Academy. Let's highlight ways to participate and focus on some “pearls” for doing so.

Richard V. Smith, MD, Foundation Coordinator for Education, is dedicated to delivering the highest quality otolaryngic education to you developed by experts in their field. With more than 800 offerings, AcademyU® presents self-paced education through multiple modalities and interactive modules. Dr. Smith's tip: Sign in to AcademyU.org® today and explore a variety of offerings.

Mark K. Wax, MD, Annual Meeting Program Coordinator, offers this pearl on maximizing your AAO-HNSF 2017 Annual Meeting experience: Take advantage of myriad opportunities to network with classmates, colleagues, and otolaryngology experts and experience cutting-edge developments.

The Coordinator for Practice Affairs, **Robert Lorenz, MD, MBA**, and the Coordinator for Socioeconomic Affairs, **Jane T. Dillon, MD, MBA**, work closely with the 3P Work Group and health policy staff to represent our members on a seemingly endless stream of governmental and private payer policies and regulations. Read more about recent successes, including Anthem's Blue Cross Blue Shield of America's reclassification of injection laryngoplasty from “experimental” to “standard of care.”

Reg-entSM

If data rules, **Lisa E. Ishii, MD, MPH**, is the face of Reg-entSM. The highly subscribed CMS-certified otolaryngologic patient registry fulfills multiple

Academy member needs now and in the future. Dr. Ishii suggests signing on to Reg-ent sooner rather than later to allow more time to review your performance data, integrate your EHR system, and make adjustments as needed in order to maximize your participation. (See page 11.)

Journal and online journal

Our flagship for research and cutting-edge science is *Otolaryngology–Head and Neck Surgery*: the OTO Journal. Its success inspired the Foundation to expand with a new peer-reviewed, online, open access journal, *OTO Open*. Editor-in-chief **Jack H. Krouse, MD, PhD, MBA**, suggests: Serving as a journal's reviewer provides a window into the future of otolaryngology and allows individuals to continue to exercise skills as intelligent critics and users of the medical literature.

Global affairs

Foundation International Affairs Coordinator **James E. Saunders, MD**, and Coordinator-elect **J. Pablo Stolovitzky, MD**, oversee the expansion of the AAO-HNSF international program, which was pioneered by **Eugene N. Myers, MD**, and re-invigorated by **Gayle E. Woodson, MD** and **KJ Lee, MD**. Expert tip: Widen your world by attending the Annual Meeting International Symposium (with CME) along with international caucuses and more events.

AAO-HNS/F development

The Foundation's Annual Fund supports research opportunities, humanitarian, and international programs, and improved quality and patient care outcomes that are otherwise not possible. Development Coordinator **Lee D. Eisenberg, MD, MPH**, values investing in the legacy of care: Giving to the Foundation acknowledges and sustains the opportunities that we have been given through our training and careers.

And so, with these AAO-HNS/F engagement pearls, I wish you a safe and full journey to a life well lived. May these augment your travel as Mr. Emerson advised. ■



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

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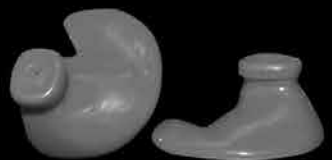


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Shaping healthcare policy

May is Better Hearing and Speech month. In the April *Bulletin*, we highlighted the recent evolution of the hearing aid market place in the United States. As we continue to follow changes closely, we must remain cognizant that we can do more to highlight preventable causes of hearing loss through public educational campaigns. This month's *Bulletin* features a report on noise-induced hearing loss (NIHL), which the CDC has highlighted as an expanding problem in the United States. We are obligated to inform and educate the public about the preventable and treatable causes of hearing loss in this era of disruptive technology, which will increase self-diagnosis.

Registration opens this month for our 121st Annual Meeting & OTO Experience in Chicago, IL. This promises to be an exceptional educational opportunity with increased CME/CE offerings. As part of registration, all attendees will have access to the AcademyU library of recorded 2017 sessions, an electronic version of all meeting presentations, allowing them access to sessions they were previously unable to attend, and an opportunity for up to 50 additional CME credits. This package will also be available after the meeting for those who were unable to attend. Our keynote speaker at the Opening Ceremony, Daniel Kraft, MD, will present his thoughts on "The Future of Health and Medicine: Where Can Technology Take Us?" We will also have an outstanding group of speakers for the Conley, Cotton-Fitton, House, Myers, and Neel Lectures. The International Symposium will be expanded this year, and CME credit will be available for U.S. attendees of these diverse international sessions. I encourage you to register during the early registration period to get the most value from the meeting as well as securing the hotel of your choice.

MACRA and MIPS

Foremost in the minds of all involved in the healthcare profession and industry is the legislative and regulatory process relating to MACRA and the Affordable Care Act (ACA) "repeal and replace"

activity. This, combined with the implementation phase of the Merit-based Incentive Payment System (MIPS) has created significant, justifiable anxiety for all participants in the healthcare system. We will continue to advocate on both the legislative and regulatory fronts for policies and laws based on principles of access, affordability, quality, and reduced administrative burden. The current ACA contains upward of 1,400 regulations that the new secretary of Health and Human Services (HHS) can change unilaterally. The Academy along with the house of medicine will continue to work with the secretary to relieve physicians of some of the burdensome provisions of the ACA that contribute to the burgeoning problem of "burnout" that is affecting healthcare workers at all levels.

While the Academy and its members may not agree with the concepts and details of the implementation of MIPS, we must continue to educate our members on how to participate and give them the tools to do so. That will not stop us from working to improve the system and ease the burden of participation for our members. The "transition year" announced by CMS is a direct result of continuous discussion and recommendation by the house of medicine, including otolaryngology. The transition to quality and value-based payment will continue. Our goal is to make that as easy as possible for our members through products like Reg-entSM while we continue to work for improvement in the system.

The evolution of the value-based payment system was dictated by the projection that overall healthcare spending would approach 25 percent of the gross domestic product by 2030, a level that the United States is unwilling and unable to sustain. Attempts to solve this problem have and will continue to result in the opportunity to improve upon policy and statutes that dictate the way we practice. This will be a marathon rather than a sprint. We depend on input from our members to identify specific areas that are not working well and do not benefit patients and further suggest ways to create a better system. Working with other stakeholders in the provider community to effect positive changes will allow us the opportunity to succeed where we would not be able to on our own. ■



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

“While the Academy and its members may not agree with the concepts and details of the implementation of MIPS, we must continue to educate our members on how to participate and give them the tools to do so.”

BOARD OF GOVERNORS

What? No more course tickets?

■ Sanjay R. Parikh, MD,
BOG Chair-Elect

When I was a resident, I remember

going to my first AAO-HNSF

Annual Meeting in San Francisco, CA, with my co-residents. We registered in advance by phone, purchased tickets to some courses, and stayed in the least expensive Foundation-sanctioned hotel. I remember dressing in a shirt and tie, taking a 15-minute shuttle, and walking onto the football field called the OTO EXPOSM before heading to courses. I was awestruck with the educational opportunities for knowledge and technology. I stood in the resident line every day waiting for extra tickets to courses that might become available.

When the meeting was over, I knew I had chosen the right specialty, but I felt I had missed an opportunity—my co-residents had obtained tickets to courses that I had missed.

Well, some time has passed since I was a resident. I have a practice, a supportive family, and threads of gray hair kicking in. But, the AAO-HNSF Annual Meeting remains my favorite educational meeting, and the format, content, and educational paradigm have changed over the last couple of years.

■ **Course tickets gone:** Last year, the Academy experimented thankfully with removing all tickets from the registration process. For the first time, attendees could book their educational content online with no additional Instruction Course fees. Also, the Academy changed the daily content so that Miniseminars and Instruction Courses are available throughout each day. You can now pick panels or didactic lectures based on the style of learning that best suits you. No more tickets.



Opening session at the AAO-HNSF 2016 Annual Meeting, which was held in San Diego.

■ **Updated meeting app:** Another revolutionary change in the meeting has been the development of a meeting app. The app seems to advance every year with new options to make navigating the meeting as easy as possible. By adding instruction courses, Miniseminars, meetings, events, and, of course, Board of Governors functions, into my personalized schedule, the app tells me where to be so I can get the most out of my time during the meeting.

■ **Post-meeting online education:** Another change our Academy has implemented is that much of the meeting is recorded professionally and available on

AcademyU.org, so you may watch an Instruction Course and Miniseminar that you missed. This year the Academy is offering something special for full conference attendees—

included in registration is online access through AcademyU of all recorded Instruction Courses and Miniseminars.

When I go to the AAO-HNSF Annual Meeting this year, I'll probably still put on a shirt and tie, take the shuttle to the meeting, and meet up with friends I've trained with. I look forward to learning about the latest technology and advancements in our specialty. I may not be standing in line for course tickets anymore, but I'll still be awestruck. ■



Academy contributes to episode-based cost measures

Along with our continued engagement with the American College of Surgeons-Brandeis Advanced Alternative Payment Model (APM) episode grouper model, on April 24, the Academy submitted comments to the Centers for Medicare & Medicaid Services (CMS) on CMS' Request for Information (RFI) on episode-based cost measure development for the Quality Payment Program. CMS will incorporate episode-based cost measures into the development of the cost performance category for the Merit-based Incentive Payment System (MIPS) for 2018 reporting. In 2016, the Academy

was asked to participate in a clinical committee to provide input on several proposed clinical measures. Two of these measures, Laryngectomy and Tracheostomy were included in the first group of episode-based cost measures.

In comments, the Academy provided responses and insights to multiple questions asked by CMS to assist with the development of the episode-based cost measures, including the selection of episode groups, acute inpatient episode group development, and chronic condition episode groups. Members can access the Academy's comments at <http://www.entnet.org/content/mips>. ■

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Inaugural State OTO Society Roundtable recap

The inaugural State OTO Society Roundtable was held on March 10 in conjunction with the AAO-HNS/F 2017 Leadership Forum and BOG Spring Meeting. 40 physicians and seven executive directors/society administrators attended, representing 32 state and local otolaryngology societies.

The Roundtable, moderated by **Spencer C. Payne, MD**, chair of the Board of Governors (BOG) Governance & Society Engagement Committee, **Robert T. Sataloff, MD, DMA**, of the Philadelphia Laryngological Society, and **Jeffrey P. Simons, MD**, of the Pennsylvania Academy of Otolaryngology–Head & Neck Surgery, fostered productive conversations. While each society came to the table looking for solutions to different problems, a spirit of collegial collaboration enabled a robust discussion. Smaller societies looking for advice on growing their ranks brainstormed with

members of larger societies and representatives who faced similar recruitment issues not long ago. Additionally, larger societies demonstrated the importance of legislative engagement and frequent communication to help ensure “value” for dues-paying society members.

State Society executive directors and administrators were a vital part of the conversation, bringing issues such as retention of residents and membership outreach to the forefront. Executives and administrators further contributed to the member “value” discussion, suggesting activity summaries before dues are collected and taking turns hosting meetings with neighboring societies.

BOG Chair **Stacey L. Ishman, MD, MPH**, joined the Roundtable, contributing her perspective from involvement with the Cincinnati Society of Otolaryngology–Head & Neck Surgery. In addition, Academy staff

provided attendees with information on AAO-HNS resources, ranging from a virtual meeting platform to legislative letters of support or opposition, many of which are available at www.entnet.org/bog and www.entnet.org/advocacy.

Looking forward to next year, a “State of your Society” form will be circulated prior to the meeting requesting important demographics from each group (number of members, number of meetings, amount of dues, etc.). This will allow for more time during the meeting for collaborative conversations. The discussion was also helpful in providing the BOG Governance & Society Engagement Committee with direction for new initiatives, particularly actions that may help counter member apathy—a common concern among the societies in attendance.

Thank you to everyone who attended this inaugural event and helped to make it a success. ■



State OTO Society

- Alabama Society of Otolaryngology-Head & Neck Surgery
- Buffalo Otolaryngology Society
- Central Indiana Otolaryngology Society
- Cincinnati Society of Otolaryngology-Head & Neck Surgery
- Colorado Ear, Nose, and Throat Society
- Connecticut Ear, Nose, and Throat Society
- Delaware Academy of Otolaryngology-Head & Neck Surgery
- Georgia Society of Otolaryngology-Head & Neck Surgery
- Greater Miami Otolaryngology Association
- Kentucky Society of Otolaryngology-Head & Neck Surgery
- Long Island Society of Otolaryngology-Head & Neck Surgery
- Louisiana Academy of Otolaryngology-Head & Neck Surgery

Health policy scholarship awarded

The AAO-HNS and the American College of Surgeons (ACS) offer an annual scholarship to subsidize attendance and participation in the Leadership Program in Health Policy and Management at Brandeis University.



Gavin Setzen, MD

This year's scholarship has been awarded to **Gavin Setzen, MD**, AAO-HNS/F president-elect. Dr. Setzen will attend the intensive one-week June program that is designed to equip healthcare leaders with education and skills to participate in policy reform and create groundbreaking solutions to improve the quality, cost-effectiveness, and efficiency of healthcare. Scholars are required to provide one year's health policy-related assistance to the AAO-HNS and the ACS.

ACS anticipates that the program alumni will serve as state councilors for the SurgeonsVoice program, a grassroots initiative meant to foster relationships with Members of Congress.

Dr. Setzen obtained his medical degree in Johannesburg, South Africa. After spending two years in general surgery at North Shore University Hospital, Cornell University Medical College, he completed a five-year residency in otolaryngology-head and neck surgery at Albany Medical Center. Dr. Setzen, who practices in Albany, NY, has special interest in allergy diagnosis and immunotherapy, rhinology, and paranasal sinus disease, and endocrine surgery. He is president of the New York State Society of Otolaryngology—Head & Neck Surgery and past president of the Intersocietal Accreditation Commission for CT imaging. Dr. Setzen has served this Academy as past Chair of the Board of Governors. ■

Section for Residents and Fellows-in-Training announces delegates

In March, the Governing Council of the AAO-HNS Section for Residents and Fellows-in-Training (SRF) selected the following SRF members to serve as delegates/alternate delegates to the organizations named below.

American Board of Otolaryngology

- Elizabeth H. Wick, MD, delegate
- Sheena Samra, MD, alternate delegate

American Medical Association House of Delegates

- Lauren A. Umstattd, MD, delegate
- Jiahui Lin, MD, alternate delegate

ENT PAC Board of Advisors

- Zahrah Taufique, MD, delegate
- Sabrina A. Brody-Camp, MD, alternate delegate

Resident and Associate Society of the American College of Surgeons

- April M. Tanner, MD, delegate
- Matthew M. May, MD, alternate delegate

Society of University Otolaryngologists

- Ernest D. Gomez, MD, delegate
- Hayley L. Born, MD, alternate delegate

Congratulations to the newly selected delegates. For more information on the SRF, visit <http://www.entnet.org/content/section-residents-and-fellows-training>.

Roundtable attendees

- Maryland Society of Otolaryngology-Head & Neck Surgery
- Michigan Otolaryngological Society
- Minnesota Academy of Otolaryngology-Head & Neck Surgery
- Missouri Society of Otolaryngology-Head & Neck Surgery
- Nebraska Academy of Otolaryngology-Head & Neck Surgery
- New Jersey Academy of Otolaryngology-Head & Neck Surgery
- New Mexico Otolaryngological Society
- New York Laryngological Society
- North Carolina Society of Otolaryngology-Head & Neck Surgery
- Northeastern Ohio Society of Otolaryngology-Head & Neck Surgery
- Northwest Academy of Otolaryngology-Head & Neck Surgery
- Oklahoma Academy of Otolaryngology-Head & Neck Surgery
- Oregon Academy of Otolaryngology-Head & Neck Surgery
- Pennsylvania Academy of Otolaryngology-Head & Neck Surgery
- Philadelphia Laryngological Society
- Texas Association of Otolaryngology-Head & Neck Surgery
- Virginia Society of Otolaryngology-Head & Neck Surgery
- Washington Metro Area Otolaryngology-Head & Neck Surgery Society
- West Virginia Academy of Otolaryngology-Head & Neck Surgery
- Wisconsin Society of Otolaryngology-Head and Neck Surgery

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However, Reg-ent has a much broader purpose than regulatory reporting alone. Reg-ent is an otolaryngology-specific clinical data registry that will become the foundation for quality reporting, measures development, quality improvement, clinical and product research, and support for maintenance of certification and licensure.

Make sure to stop by the Reg-ent booth at the AAO-HNSF 2017 Annual Meeting &

OTO Experience in Lakeside Level 3 E of McCormick Place from Sunday, September 10, through Wednesday, September 13, to learn more about the future of Reg-ent, including Maintenance of Certification Part IV, Research and Product Surveillance. Join us for the Reg-ent Miniseminar being held after the Opening Ceremony on Sunday, September 10. ■

Still need a solution for MIPS 2017? Start early.

The ramp-up time to prepare practices and secure measures data for quality reporting is dependent upon the 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.reg-ent.org and clicking on the Get Started Now button to execute your contract.

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



LEADERSHIP FORUM & SPRING BOG MEETING

Legislative Advocacy Highlights

Following the success of the inaugural State OTO Society Roundtable, the BOG Spring Meeting included several advocacy-related sessions where attendees learned about the importance of making their voices heard on Capitol Hill.

First, the BOG Legislative Affairs Committee served as a platform for attendees to receive updates on the Academy's various advocacy-related programs, including an overview of 2017 federal legislative priorities. In addition, attendees learned more about the legislative procedure known as "reconciliation" and how it impacts healthcare reform from well-known Senate expert, Martin B. Gold, JD, a partner at a DC lobbying firm. Finally, Mike Hamilton, Chief of Staff to U.S. Representative David McKinley (R-WV), spoke to the group about the political

landscape, detailing the timeline for healthcare reform efforts over the next year and the critical nature of forming relationships with Members of Congress and their staffs. The AAO-HNS makes this easy with the BOG-sponsored initiative, PROJECT 535, which establishes a "key contact" for each U.S. Senate and House Congressional seat to improve the specialty's outreach to federal legislators when major issues are debated by Congress.

Following the weekend sessions, leaders of the Academy traveled to Capitol Hill on Monday, March 13, to discuss issues important to the specialty, including:

- Physician participation in MIPS/APMs;
- Reauthorization of the Early Hearing Detection and Intervention (EHDI) program;
- Potential over-the-counter sale of hearing

aids for individuals with mild-to-moderate hearing loss; and

- Repeal of the Independent Payment Advisory Board (IPAB).

Members met with the offices of U.S. House of Representatives Speaker Paul Ryan (R-WI-1) and Minority Leader Nancy Pelosi (D-CA-12), as well as Republican and Democrat staff from the key House and Senate committees with jurisdiction over health-related issues: House Energy & Commerce and Ways & Means committees and the Senate Finance Committee and Health, Education, Labor, and Pensions (HELP) Committee.

For more information about the Academy's federal legislative priorities, contact legfederal@entnet.org or visit www.entnet.org/advocacy. ■

AAO-HNS Leaders on Capitol Hill



Above: (left to right) Robert J. Stachler, MD; David R. Edelstein, MD; Matthew Smith, MD; Lawrence M. Simon, MD; Paul M. Imber, DO; Erika A. Woodson, MD.



At left: (left to right) Gavin Setzen, MD; Michael D. Puricelli, MD; Stacey L. Ishman, MD, MPH; James C. Denny III, MD; Ayesha N. Khalid, MD.

Below: (left to right) Susan R. Cordes, MD; Richard M. Rosenfeld, MD, MPH; Sujana S. Chandrasekhar, MD; Lee D. Eisenberg, MD, MPH; Sanjay R. Parikh, MD; Peter M. Vila, MD, MSPH.



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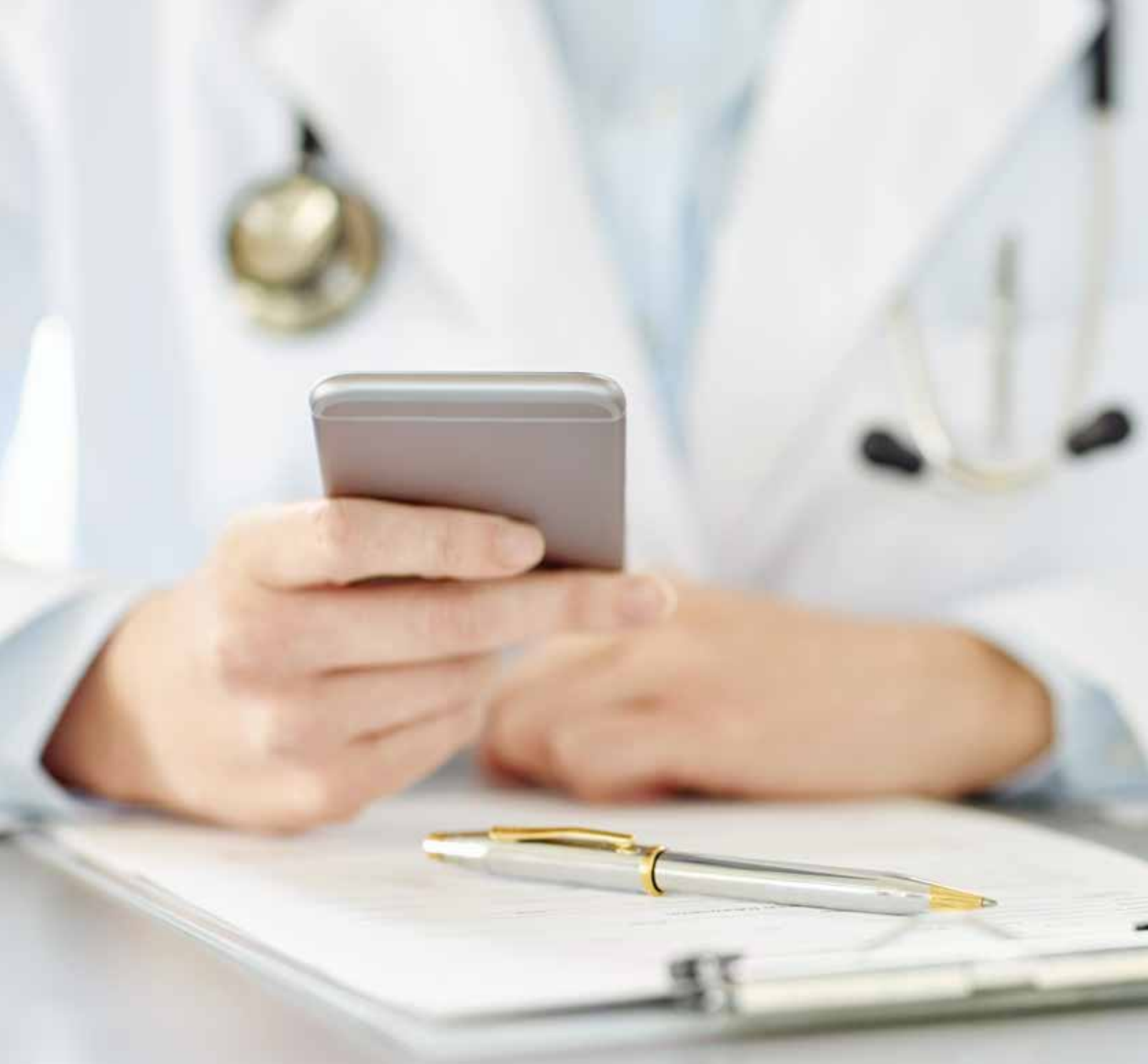
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Advanced communication technologies put patient privacy at risk

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This article provides background information regarding the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and secure texting. If you are an employed physician, your obligation is simple: Follow the policy of your employer.

texting

Communication technologies have advanced rapidly with the advent of the digital age. Realizing the benefits of communication technology in everyday use (mobile device texting, pictures, videos), the medical community has been driven to advance the quality and accessibility of data in the healthcare setting. However, such advances put data at risk against new threats to patient privacy attached to these technologies. Pagers are becoming less common, and texting has become almost ubiquitous. Texting has also changed from exclusively SMS (short message service) to Wi-Fi-based apps with picture and video capabilities. New data has now been rebranded as electronic protected health information (ePHI). The significant cost and burden of HIPAA infractions with little concrete standards in the legislation make understanding what is appropriate and compliant often difficult to ascertain.

HIPAA has been amended most notably with the Health Information Technology for Economic and Clinical Health (HITECH) Act in 2009 and the Omnibus Final rule in January 2013. These documents are critical in establishing the patient's right to the privacy of his or her protected information but leaves the options for compliance very broad. For example, there is no required or standard encryption, interface, or technology that results in HIPAA compliance. Instead,

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There is no required or standard encryption, interface, or technology that results in HIPAA compliance. Instead, HIPAA focuses on creating a system of protection, and providing for notification and enforcement of breaches and violations should they occur.

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HIPAA focuses on creating a system of protection, and providing for notification and enforcement of breaches and violations should they occur.

Unfortunately, HIPAA does not set forth a standard for communication, but instead lays out guidelines for establishing a system for protecting and securing the patient's information. The Privacy Rule requires the minimization of risk for a security breach and that organizations identify where its ePHI is stored, how it is accessed, and who accesses it. Furthermore, the information must be available to the patient on request to elucidate how medical decisions were made. Texting is different from a conversation in the hallway because once created, it exists and could be discovered, found, or stolen by an unauthorized person. It can exist on the device of the message composer, the recipient, and on the servers of the carrier, possibly in perpetuity. All three locations provide a vulnerability and a potential for a security breach.

Protecting data

Multiple technologies exist to protect data. They include end-to-end encryption, automatic deletion after a specified time, anonymity, user authentication requirements to access messages, or closed network limitations. These technologies are useful, but none constitute HIPAA compliance. There is no single app to download or a service that one can purchase that is “HIPAA compliant” since the regulations stipulate that there is a whole process that must be undertaken. There are indeed apps or services that as part of a process would be appropriate to use. With additional layers of security, a potential lack of

clarity and hindrance on optimal patient care is introduced. A message without any ePHI is compliant but can easily lead to a wrong patient intervention or assessment. User biometric authentication may impair the time-sensitive delivery of messages when scrubbed into a case. Automatic message deletion does not allow for an audit trail or documentation.

Other limitations on communication also exist in the modern medical delivery model. A healthcare organization may create a policy that, in effect, is creating a system to ensure ePHI security to be HIPAA compliant. As an

lost or stolen, does not result in a breach.

The ultimate goal of texting and transmitting ePHI is to provide fast, clear, unambiguous information to improve patient care. It is important to know that texting is not forbidden. Providers and organizations are not obligated to eschew texting but instead they are expected to proactively think how to balance the risks and advantages of texting in its various forms. To remain HIPAA compliant, a system needs to be established that shows that the risks and rewards of transmitting ePHI have been taken into consideration.

Changing HIPAA landscape

As a reminder, follow the policy of your organization and be mindful that HIPAA-related clarifications can change at any time. As an example, on Dec. 22, 2016, the Joint Commission (JC) issued a clarification reversing its position on the texting of medical orders. This is contrary to its May 2016 position in which the JC approved the use of secure platforms for texting, as long as specific criteria were met. In collaboration with the Centers for Medicare & Medicaid Services (CMS), the JC has made several new recommendations:

- All healthcare organizations should have policies prohibiting the use of unsecured text messaging, that is, SMS text messaging from a personal mobile device, for communicating protected health information.
- The JC and CMS agree that computerized provider order entry (CPOE) should be the preferred method for submitting orders as it allows providers to directly enter orders into the electronic health record (EHR).

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There is no single app to download or service that one can purchase that is 'HIPAA compliant.'

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employee, the physician is bound to follow these policies to ensure HIPAA compliance of the organization. Communication to other providers outside a healthcare system puts more onus on the individual to safeguard the ePHI. Risks that need to be considered when sending ePHI include: controlling who can access the message; confirmation that the message reached only the intended party; the message is not permanently residing on a non-secure server or the recipient's device, if

- In the event that a CPOE or written order cannot be submitted, a verbal order is acceptable.
- The use of secure text orders is not permitted at this time.

The JC and CMS will continue to monitor advancements in technology to determine whether text messaging systems will be a viable option in the future. The JC's clarification of its position can be found at: https://www.jointcommission.org/assets/1/6/Clarification_Use_of_Secure_Text_Messaging.pdf

Text messages under HIPAA compliance

HIPAA is technology-neutral in the sense it does not directly address text messaging, email, or other forms of electronic communications with specific advice. In fact, HIPAA does not specifically require that anything actually be “encrypted.” However, HIPAA does mandate that every organization identify where its ePHI is stored, where and how it is transmitted, and how it is accessed, among

other considerations defined in the Privacy Rule to minimize the risk of a security breach.

According to the HIPAA Journal article, “Is Texting in Violation of HIPAA?,” Standard SMS and IM text messages, such as Apple’s iMessage, often fail on all these counts, as senders have no control over the final destination of their messages. (Copies of correspondence can be kept and forwarded to unintended recipients, wrong numbers in regard to conversations, and messages can be stored on unsecured provider services indefinitely.) For these reasons, communicating PHI by standard, non-encrypted, non-monitored, and non-controlled SMS or IM is inherently in violation of HIPAA despite no specific requirements within HIPAA law.

Using electronic messaging in the HIPAA-compliant era

If the technology at your organization does not exist to encrypt text messages, then the onus remains on the physician to decide if you:

1. continue sending ePHI in text messages and risk exposure

2. prohibit the sending ePHI texts, thereby eliminating risk
3. allow patients to “opt in” to receiving ePHI texts after the risks have been explained, effectively transferring the risk from the organization to the patient.

Unfortunately, due to the lack of explicit rules documenting ePHI use in texting and encryption, following the above does not remove liability in the event ePHI enters the public sphere.

Options for HIPAA-compliant messages

- Google Allo
- WhatsApp
- TigerText
- HIPAABridge

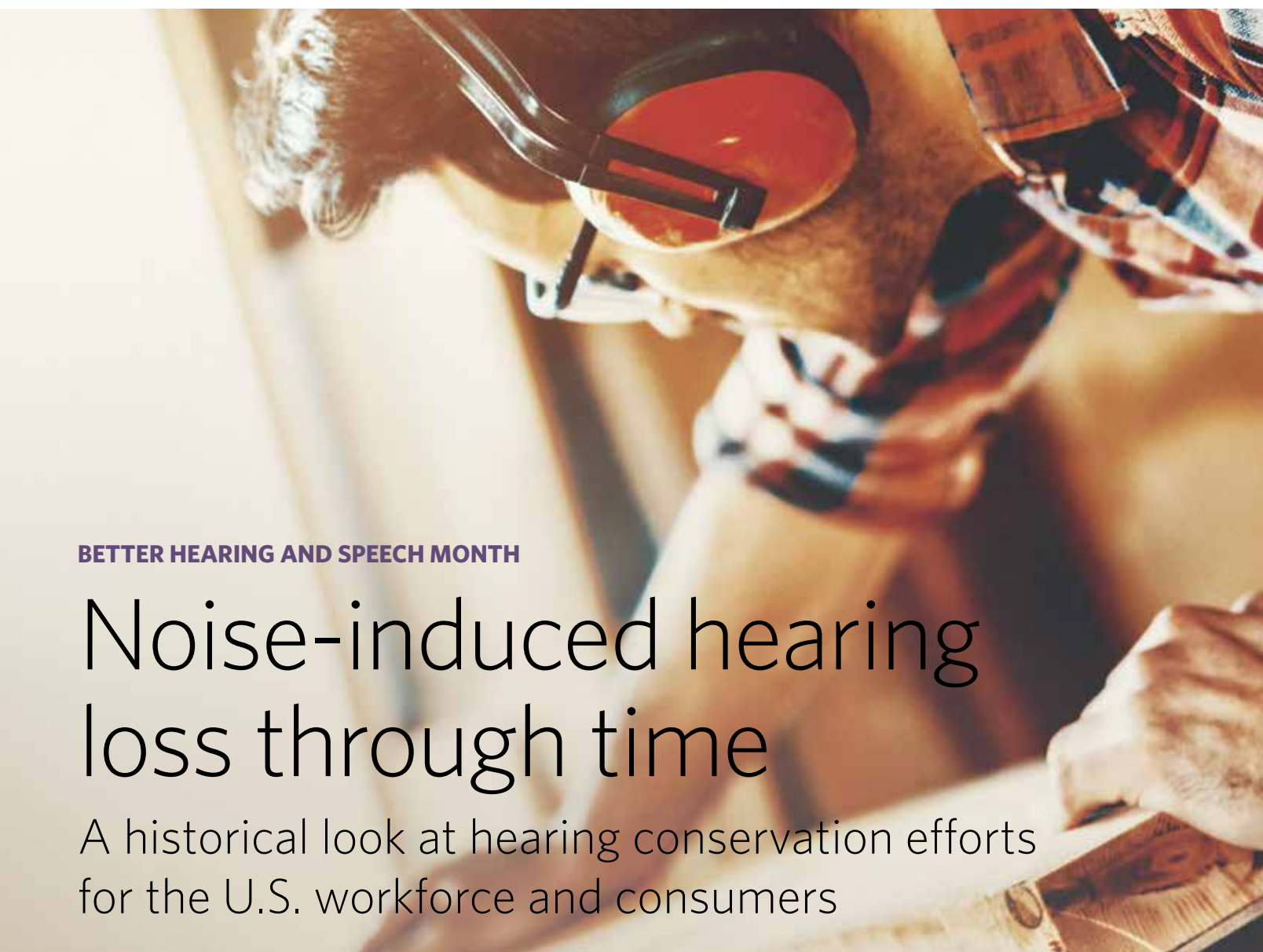
These services all exist in the form of HIPAA compliant message. However, as mentioned above, it truly depends on your institution's technology use agreement whether you can use such services. Check first before using any of the above apps. ■



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Texting is different from a conversation in the hallway because once created, it exists and could be discovered, found, or stolen by an unauthorized person.

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BETTER HEARING AND SPEECH MONTH

Noise-induced hearing loss through time

A historical look at hearing conservation efforts for the U.S. workforce and consumers

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

The celebration of Better Hearing and Speech Month gives us the opportunity to highlight a problem that deserves attention 12 months out of the year. Noise-induced hearing loss (NIHL) is perhaps the most preventable cause of hearing loss that otolaryngologists deal with both in the United States and across the globe. Last month's *Bulletin* focused on the rapidly changing landscape relating to sound amplification

devices including personal sound amplifying products (PSAPs) and hearing aids designed to help mitigate hearing loss in those who struggle to communicate. Wouldn't it be nice if we could have eliminated the CDC funded survey's estimated nearly 40 million adults between the ages of 20 and 69 with NIHL from the group needing such devices?

A great deal of attention has been paid to industrial or occupational exposure to high levels of noise and the resultant sensorineural hearing loss. Educational and regulatory interventions have dramatically reduced the severity and frequency of this problem.

However, the equally damaging noise exposure associated with personal activities seems to have accelerated with changes and availability in technology. This month's article on NIHL will feature historical initiatives launched on behalf of the workforce in the United States as well as educational efforts designed to alert the consumer to the dangers of excessive noise in the recreational setting.

Occupational NIHL

Even though loud noises have been recognized as detrimental to hearing for centuries, the breadth of the problem surfaced during the



Industrial Revolution as hordes of workers were exposed to the excessive noise attributed to the rapid mechanization of industry during that time. Despite the fact that exposure to occupational noise was recognized as the cause of hearing loss in many industries, little effort was made during the Industrial Revolution to protect workers from injury due to multiple causes, including noise exposure.

Interest in hearing conservation started in earnest during World War II. Since that time, multiple researchers and clinicians have contributed to the knowledge base essential for understanding and addressing the problem.

Critical questions that were answered during this time included: What is normal hearing, and how do you measure hearing and hearing loss accurately? How much noise is safe, and how long can one be exposed before damage occurs? How do you measure noise in industry? How do you measure hearing impairment and handicap?

Many consider Hallowell Davis, MD, as the “Father of the Modern Science of Hearing and Hearing Loss.” Aram Glorig, MD, an otolaryngologist, focused on hearing and hearing conservation through military research and participation in many committees, including the American Academy of Otolaryngology, known then as the American Academy of Ophthalmology and Otolaryngology, and was particularly active on the West Coast of the United States. Joseph Sataloff, MD, was a prominent leader in this field on the East Coast of the U.S.

As more information relating to the devastating effects of occupational noise exposure became known, there was an expanding interest by many societies including the American Medical Association and the American Academy of Otolaryngology—Head and Neck Surgery. The Hearing Conservation Committee of the AAO-HNS played a major role in developing hearing conservation programs and educational materials that helped establish standards related to the issue. In 1948, the United States Circuit Court of Appeals ruled that industrial personnel with occupational hearing loss were entitled to compensation even though there was no loss of time or earnings. This triggered expansion of Occupational Safety and Health (OSHA) Noise Regulations and has resulted in the compensable injury for NIHL. Floyd Van Atta, MD, oversaw the meetings of the OSHA Noise Committee during the time when the standards included in the final regulations were detailed. The 30-some years following the establishment of the standards have seen generalized compliance from most industries, but there still remains work to be done. Due to the work of many of the pioneers in our specialty, thousands of cases of NIHL have been prevented or lessened.

Recreational NIHL

It is an inherent obligation for our specialty

to try to duplicate the successful model and documented improvement demonstrated by the occupational hearing loss model when dealing with recreational NIHL. The Academy has been a leader in this area over time through its Hearing Committee, Board of Governors, Education committees, and combined efforts with multiple other stakeholders. As leaders of the Coalition for Hearing and Balance and America’s Hearing Healthcare Team Initiative, we participated in many public awareness and education campaigns over the years, including direct contact with industry. These discussions led to limitation warnings on electronic devices, including a variety of tablets, phones, and music players. Unfortunately, these can be bypassed by the consumer. NASCAR has promoted the use of hearing protection at its racing events as well.

We still have work to do on public education as to the equivalence in the danger of recreational and occupational sound and the need to recognize potential danger and protect oneself when faced with a variety of situations. The most common of these include road noise, sporting events, gunfire, live concerts, loud recorded music, and other audio programming. It is also important for the public to understand that single exposures can also create hearing loss and tinnitus. Most are familiar with the phenomenon of “temporary threshold shifts,” but must realize that there are times when these do not recover, and people should not rely on this phenomenon to protect their hearing.

The Academy will continue to educate members of the public regarding their safety on this and other issues within our field.

I would like to thank **Robert Thayer Sataloff, MD**, and his father **Joseph Sataloff, MD**, for their contributions to this article through personal discussion in their textbook *Occupational Hearing Loss*. ■

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Premiering tomorrow, today!

Registration is open for the AAO-HNSF 2017 Annual Meeting & OTO Experience

The AAO-HNSF Annual Meeting & OTO Experience is an invigorating, thought-provoking, and inspirational event that offers continuing education showcasing the latest advancements in the specialty.

Looking forward to medicine's future in a way that excites and stimulates is the centerpiece for this year's meeting. To help you see this future, President Gregory Randolph, MD, hosts Daniel Kraft, MD, a physician-scientist, inventor, and innovator during the Opening Ceremony. The faculty chair for the medicine and exponential medicine program at Singularity University, Dr. Kraft will present the keynote address, "The Future of Health and Medicine: Where Can Technology Take Us?," exploring the impact and potential of rapidly developing technologies as applied to health and medicine. Getting ready for the future, it is worth the time.

Ranked one of our most valuable

AAO-HNSF offerings, the Annual Meeting & OTO Experience is the premier global education event for the specialty, supplying you with groundbreaking research findings,

the pipeline. The education sessions have been crafted to help you build your own future based on your own individual needs.

Chicago, our host city, boasts worldwide recognition for its long history of innovative architecture and diverse cultural offerings. Its prime location and two international airports make Chicago unmatched when it comes to accessibility. Sports venues thrive in this exuberant town with the Chicago Bears football, the Chicago White Sox and Cubs baseball, and the Chicago Bulls basketball. And the food is so varied and exceptional that it's in a ranking of its own.

The Annual Meeting brings you the premier otolaryngology experience in robust education, networking, and most of all VALUE!

Every year, the program coordinator, committee members, Academy staff, and hundreds of strategic partners work together to develop a meeting that is educational, memorable, and a gathering you look forward to attending.



treatment options, and resources to help you deliver excellent patient care and effectively master the business of medicine.

Several features at the Annual Meeting will provide a unique opportunity for you to shape the future of the specialty. The OTO Experience, formerly OTO EXPOSM, will showcase a Practice of the Future Pavilion, bringing you face to face with technology and equipment in

Full conference registration now includes access to ALL Annual Meeting webcasts.
Register by July 7 to save.

Continuing Education Opportunities

Unparalleled education is what makes the Annual Meeting & OTO Experience the best of professional events. While the education program is extensive, we have learned that it is easier to navigate when it's categorized by specialty track.

This year, you can build your entire conference schedule, which includes the Miniseminars, Instruction Courses, Scientific Orals, and more, through the mobile app scheduler or website scheduler that are linked to the mobile app. We urge you to use the available technology to aid program navigation and keep track of your schedule.

Be sure to download the app to design your own personalized schedule. Instructions can be found online at www.entnet.org/annual_meeting.

BMP	Business of Medicine/Practice Management
ES	Endocrine Surgery
FPRS	Facial Plastic and Reconstructive Surgery
GO	General Otolaryngology
HNS	Head and Neck Surgery
LBE	Laryngology/Broncho-Esophagology
MOC	Maintenance of Certification
ON	Otology/Neurotology
PSQI	Patient Safety and Quality Improvement
PED	Pediatric Otolaryngology
RA	Rhinology/Allergy
SM	Sleep Medicine

AAO-HNSF designates this live activity for *AMA PRA Category 1 Credit™*. Types of education programming that qualify:

- Masters of Surgery Videos
- Miniseminars
- Guest Lectures
- Scientific Posters (up to four credits during designated times)
- Instruction Courses
- International Symposium
- Scientific Orals

While not all sessions are eligible for *AMA PRA Category 1 Credit™*, the total amount of credit a participant can earn is 26. Credit is awarded to physicians when documented by the submission of the conference evaluation. Nonphysicians can complete the evaluation for proof of participation.

The education opportunities don't end with the close of the conference on September 13. This year, your full conference registration includes access to the AcademyU® library of recorded 2017 sessions. You may now experience the Annual Meeting year-round in AcademyU®. ■

Important dates

- **May 1:** Registration and hotel reservations open.
- **July 7:** Last day to register at the early discounted rate.
- **August 11:** Last day to register at the advance discounted rate.
- **August 11:** Hotel reservation deadline.

Ways to register

Online: www.entannualmeeting.org

By phone:

■ **Domestic: 1-866-212-0683**

(toll-free Monday through Friday
8:00 am-6:30 pm. (CST))

■ **International: 1-972-349-5970**

International Guests of Honor (China, France, Mexico, and South Korea) and AAO-HNS Life and Retired Members receive \$100 off their registration.

AAO-HNS military members will be charged the Early Rate regardless of when they register. ■

Reasons to register

- Earn up to 26 AMA PRA Category 1 Credit™
- Access to the ENTIRE education program, Instruction Courses included
- Entry into the OTO Experience
- The opportunity to review the latest scientific research in the Poster Area
- Enjoy lunch in the OTO Experience with the exhibitors
- Admission to the Opening Ceremony, Guest Lectures, President's Reception, and Poster Presentations

The benefits above apply to full conference registrations only. Guests are only entitled access to the OTO Experience, Poster Area, and shuttle service. Meal tickets must be purchased separately for guests. ■

Pre-Conference Workshops

8:00 am-4:00 pm | Friday, September 8

The Endoscopic Ear Surgery

Workshop is an advanced hands-on endoscopic dissection course using fresh, frozen cadaveric specimens. The course is suitable for consultants and senior otolaryngology trainees and will be delivered by international and national experts. Live dissection demonstrations will be undertaken by the faculty in all aspects of endoscopic ear surgery. There will be a variety of lectures on specific aspects of the technique, however, the main emphasis of the course will be to provide hands-on practical experience.

8:00 am - 4:00 pm | Saturday, September 9

A Robotic Otolaryngology Workshop

with Hands-on Robotic Session is designed to give otolaryngologists, head and neck surgeons, radiation oncologists,

medical oncologists, oral maxillofacial surgeons, other head and neck physicians, and interested parties a focused education experience in transoral endoscopic techniques for resecting primary head and neck tumors and the associated state-of-the-art application of advanced adjuvant radiotherapy techniques. Both transoral laser and robotic surgery will be featured as well as flexible laser surgery in inpatient and outpatient environments.

The Ultrasound Course: Thyroid and Parathyroid Ultrasound Skills-Oriented Course

is designed to introduce the practicing surgeon to office-based ultrasound examination of the thyroid and parathyroid glands. The distinction of normal from malignant lymphadenopathy is emphasized with a demonstration of the comprehensive examination of lymph node basins in cervical zones I-VI. ■

Find it on the App

For up-to-the-minute meeting information 24/7, download the mobile app from: www.entannualmeeting.org.



This year's Annual Meeting & OTO Experience is not one to miss. Join in the excitement by registering and booking your hotel room today at www.entannualmeeting.org, and we'll see you September 10-13, in Chicago, IL.

REGISTRATION RATES	EARLY APRIL 17-JULY 7		ADVANCE JULY 8 – AUGUST 11		REGULAR AUGUST 12 – SEPTEMBER 13	
	FULL	DAILY	FULL	DAILY	FULL	DAILY
Member						
Physicians/Non-Physician Clinicians	\$750	\$365	\$1,085	\$415	\$1,200	\$455
Resident/Fellow-in-Training/Medical Student	\$310	\$130	\$435	\$140	\$470	\$155
Non-Member						
Physician/Non-Physician Clinician	\$1,085	\$550	\$1,585	\$615	\$1,750	\$680
Resident/Fellow-in-Training/Medical Student	\$530	\$245	\$755	\$275	\$835	\$305
Other						
Exhibitor Access Pass	\$865		\$1,365		\$1,530	
OTO EXPO Daily pass	\$100		\$125		\$150	
Guests	\$225		\$255		\$285	
Discounts: \$100 discount for guests of honors - China, France, Mexico, and South Korea Military members pay the early-rate at all times Life and Retired AAO-HNS receive \$100 discount						
Verification is required for all non-member residents/fellows-in-training/medical students						



Welcome to Chicago: Our Kind of Town

This is a city built on the shores of greatness. Chicago boasts some of the best cuisine, attractions, and entertainment in the United States, including several of the top 100 restaurants in the country, the tallest building in the U.S., and one of the best orchestras in the world with the Chicago Symphony Orchestra. From shopaholics and sports enthusiasts to thrill seekers and foodies, Chicago has something for everyone.



James A. Stankiewicz, MD

Loyola University Medical Center

"I love Chicago because I grew up in one of its many ethnic neighborhoods,

which was an outstanding experience that taught me the practical side of life, morals, and ethics. On the other hand, I love Chicago because it is a major center of culture and learning, which teaches us how to understand and enjoy life. Outside of New York, nowhere else in the U.S. can compare."

Favorite Restaurant: Chicago is fantastic for its ethnic restaurants. Italian: Spiaggia; Greek: Greek Islands; Mexican: Frontera Grill; Spanish: Emilio's Tapas; Pizza: Lou Malnati's or Giordano's.

Most Memorable Museum: Museum Row in south Grant Park has three museums within a block of each other: The Adler Planetarium, Field Museum, and the Shedd Aquarium.

City's Best Kept Secret: Chicago's best kept secret was the Cubs. The second best secret is the name "Windy City" does not stand for wind velocity but for the "windy" politicians we have here.

Cubs or Sox? Growing up on the south side of Chicago, I am a lifelong White Sox fan. However, when I was a kid, one TV channel showed both the Sox and the Cubs games along with the Blackhawks hockey team. So, I grew up watching both and was happy to see the Cubs finally win a World Series.



Robert C. Kern, MD

Northwestern University, Feinberg School of Medicine

"Chicago is so very 'livable.' It has all the

cultural and gastronomic attractions of a world class city, yet it retains a friendly, neighborhood feel. When I moved here 20 years ago from the Northeast, I was struck by this. I think people here probably take it for granted."

Favorite Restaurant: Joe's Stone Crab (although Gibsons, Chicago Cut, and Carmine's are great too).

Most Memorable Museum: Museum of Science and Industry.

City's Best Kept Secret: Tango Sur-great BYOB South American Restaurant.

Cubs or Sox? Cubs



Dana M. Thompson, MD

Ann & Robert H. Lurie Children's Hospital of Chicago

Favorite Restaurant: Pelago - Wonderful

northern Italian food in a beautiful, quiet European style hotel in the heart of Streeterville, just blocks away from Michigan Avenue shopping and the Museum of Modern Art. It's way off the "restaurant/foodie" scene, which makes the experience extra special. Cap off the night by going to the Hancock Signature room for a cocktail and an amazing view of Lake Michigan and the city.

Most Memorable Museum: I LOVE the Shedd Aquarium. It's an amazing escape from the hustle and bustle of the busy city center. Where else can you see amazing animals from around the world and exotic fish in replicated natural habitat?

City's Best Kept Secret: Lake Michigan city shore line and beaches. The extent of the lakefront is perfect for a long run, bike ride, or rollerblading. Beautiful landscape, art, and structures along with people-watching make for a great day. The diversity of the beaches reflects the diversity of the city. No beach is the same.

Cubs or Sox? LOL, neither. Blackhawks!

Activities and networking



Community Service Activity

With a greater emphasis on giving back to our host city, the AAO-HNSF is proud to be partnering with Cradles to Crayons® in Chicago. Cradles to Crayons provides children from birth through age 12, living in homeless or low-income situations, with the essential items they need to thrive at home, at school, and at play. They supply these items free of charge by engaging and connecting communities that have surplus resources with communities that need access to these resources. In Illinois, one in four children under the age of five lives in poverty. More than 197,000 of those children call Chicago home, and each deserves a warm coat for winter and a backpack for the first day of school. Give back. Join your AAO-HNSF colleagues on Saturday, September 9, for a worthwhile event at the Cradles to Crayons facility. For a fee of \$40, you will receive a T-shirt, lunch, and transportation to this amazing facility where you will help assemble care packages for children in need. We will also be collecting winter items for the children, so you may bring hats, gloves, socks, etc., to the meeting to be provided to Cradles to Crayons.

Lunch with the Experts

Held during lunch each day in the OTO Experience, Lunch with the Experts will provide an opportunity for conference attendees to interact with otolaryngology legends. Held in a dedicated area of the OTO Experience, an intimate atmosphere will be created for peer exchange and discussion.

- Facial Plastic Surgery: Russell W. H. Kridel, MD, Facial Plastic Surgery Associates (FPSA), Houston, TX
- Facial Plastic Surgery—Facial Nerve: Patrick J. Byrne, MD, Johns Hopkins University, Baltimore, MD
- Facial Plastic Surgery – Facial Nerve: Theresa A. Hadlock, MD, Massachusetts Eye and Ear Infirmary, Boston, MA
- Head and Neck Cancer: Terry A. Day, MD, Medical University of South Carolina, Charleston, SC
- Head and Neck Cancer: Daniel G. Deschler, MD, Massachusetts Eye and Ear Infirmary, Boston, MA
- Head and Neck Cancer: D. Gregory Farwell, MD, University of California-Davis, Sacramento, CA
- Head and Neck Cancer: Thomas J. Gal, MD, MPH, University of Kentucky, Nicholasville, KY
- Head and Neck Cancer: Jonas T. Johnson, MD, University of Pittsburgh Eye & Ear Institute, Pittsburgh, PA
- Head and Neck Surgery: Brian B. Burkey, MD, The Cleveland Clinic, Cleveland, OH
- Head and Neck Surgery: Jeffrey N. Myers, MD, PhD, MD Anderson Cancer Center, Houston, TX
- Laryngology: Clark A. Rosen, MD, University of Pittsburgh Voice Center, Pittsburgh, PA
- Laryngology: Peak M. Woo, MD, New York, NY
- Laryngology: Steven M. Zeitels, MD, Harvard Medical School-Massachusetts General Hospital, Boston, MA
- Minimally Invasive Endoscopic Surgery: Michael C. Singer, MD, Henry Ford Hospital, Huntington Woods, MI
- Otolaryngology: Sean O. McMenomey, MD, NYU Medical Center, New York, NY
- Otolaryngology: Michael J. Ruckenstein, MD, MSC, University of Pennsylvania, Philadelphia, PA
- Pediatric Otolaryngology: Sukgi S. Choi, MD, Chevy Chase, MD, Sleep Medicine: B. Tucker Woodson, MD, Medical College of Wisconsin, Milwaukee, WI
- Pediatric Otolaryngology: Anna H. Messner, MD, Stanford University, Palo Alto, CA
- Pediatric Otolaryngology: Richard M. Rosenfeld, MD, MPH, SUNY Downstate Medical Center, Brooklyn, NY
- Preventing Endocrine Complications: Maisie L. Shindo, MD, Oregon Health & Science University, Portland, OR
- Resident and Faculty Development: Eben L. Rosenthal, MD, Stanford University, Palo Alto, CA
- Robotic Surgery: Bert W. O'Malley, MD, University of Pennsylvania Health System, Philadelphia, PA
- Sleep Medicine: B. Tucker Woodson, MD, Medical College of Wisconsin, Milwaukee, WI
- Thyroid Surgery: Brendan C. Stack, MD, University of Arkansas for Medical Sciences, Little Rock, AR
- Trauma: Robert M. Kellman, MD, SUNY Upstate Medical University, Syracuse, NY

Networking

Besides being a gathering for education, the Annual Meeting offers endless opportunities for networking: the First-Time Attendee Orientation, Sunday night's President's Reception, and the Alumni Receptions on Tuesday evening, and much more. Find all events on the app or at www.entannualmeeting.org.

Career building

The AAO-HNS Career Fair, Monday evening, provides the opportunity for candidates in all subspecialties and levels of training to speak face to face with hiring representatives from healthcare facilities around the country. Health eCareers is the only true single source for all of your healthcare recruitment needs, providing unmatched access to job seekers across all disciplines and specialties. Employers can leverage this opportunity to personally engage with numerous qualified job seekers at one time.

Committee meetings

Open to all AAO-HNS members, please refer to the online schedule at www.entannualmeeting.org or the mobile app for the latest committee meetings listing. ■

Schedule of events

TIME	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	TIME
5:00 AM					5:00 AM
5:15 AM					5:15 AM
5:30 AM					5:30 AM
5:45 AM					5:45 AM
6:00 AM			Corporate Satellite Symposium	Corporate Satellite Symposium	6:00 AM
6:15 AM					6:15 AM
6:30 AM	Sunrise Yoga	OTOs on the Run SK			6:30 AM
6:45 AM					6:45 AM
7:00 AM					7:00 AM
7:15 AM					7:15 AM
7:30 AM	First Time Attendee Orientation				7:30 AM
7:45 AM		Education Sessions		Education Sessions	7:45 AM
8:00 AM			Education Sessions		8:00 AM
8:15 AM					8:15 AM
8:30 AM	Opening Ceremony	Education Sessions		Education Sessions	8:30 AM
8:45 AM					8:45 AM
9:00 AM					9:00 AM
9:15 AM					9:15 AM
9:30 AM					9:30 AM
9:45 AM					9:45 AM
10:00 AM					10:00 AM
10:15 AM		Eugene N. Myers, MD International Lecture on Head and Neck Cancer	Cotton-Fittin Endowed Lecture in Pediatric Otolaryngology		10:15 AM
10:30 AM	Education Sessions	Committee Meetings	Committee Meetings		10:30 AM
10:45 AM					10:45 AM
11:00 AM					11:00 AM
11:15 AM					11:15 AM
11:30 AM					11:30 AM
11:45 AM					11:45 AM
12:00 PM					12:00 PM
12:15 PM					12:15 PM
12:30 PM	Lunch in the OTO Experience and Lunch with the Experts	Women in Otolaryngology (WIO) General Assembly	Lunch in the OTO Experience and Lunch with the Experts		12:30 PM
12:45 PM					12:45 PM
1:00 PM	Education Sessions		Education Sessions		1:00 PM
1:15 PM					1:15 PM
1:30 PM					1:30 PM
1:45 PM					1:45 PM
2:00 PM					2:00 PM
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6:30 PM	President's Reception				6:30 PM
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9:00 PM	Corporate Satellite Symposium				9:00 PM
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Call for History and Archives Committee Abstracts

The History and Archives Committee is now accepting abstracts for presentation at this year's Annual Meeting. The Otolaryngology Historical Forum, in conjunction with the Annual Meeting, is accepting applications through June 2. For more information visit: <http://www.entnet.org/content/call-history-and-archives-committee-abstracts>.

QA

The future of medicine



Daniel Kraft, MD, is a Stanford- and Harvard-trained physician-scientist, inventor, and entrepreneur who founded and chairs Exponential Medicine. He will present the keynote address at the AAO-HNSF

2017 Annual Meeting & OTO Experience Opening Ceremony. Learn more about his perspective on the future of medicine.



Q What inspired you to explore the future of medicine?

A I'm trained in internal medicine, pediatrics, hematology-oncology, and bone marrow transplantation. I've always had an interest in many fields and technologies. Going through medical training, fellowships, and serving as both research and clinical faculty, you see what is broken in healthcare, but you also see the arrival of many exciting technologies—from wearables to robotics to artificial intelligence. As Chair of Medicine at Singularity University, we look at how different faced-paced fields are converging and how by leveraging emerging technologies we can address the pain points and grand challenges across healthcare. The future of medicine is going to be a combination of getting people out of their silos and rethinking new and current tools, information, and incentives.

Q What do you hope attendees will learn from your keynote presentation?

A I hope attendees come away with a new mindset and appreciation for the speed and pace of technologies, ranging from connected and mobile digital health and beyond. Technology is moving quickly, often exponentially. With the emergence of technologies like artificial intelligence, the internet of medical things, 3D printing, and consumer genomics, we're going to see a great deal of change.

I hope we can think about how physicians can be the disrupters and not the disruptees. It's important that all of us help catalyze the change and leverage the technology of today to enable a smarter, better future of health and medicine.

Q How can otolaryngologists help shape the future of healthcare?

A Otolaryngologists are at a terrific crossroads of medicine. They see patients across the spectrum—kids to adults and everything from cancer to reconstructive surgery.

This is a field where physicians can use many existing technologies to address all elements of otolaryngology practice, from smart prevention; to better ways to personalize, plan for, and execute interventions, to improving ways to follow up and engage patients and caregivers.

Q How can technology reshape medicine?

A With many of the new tools that are in our pockets and on our wrists today, we can move from an intermittent and reactive mode of 'Sick Care' to a more continuous, proactive, and precise approach. Integrating emerging tools and technologies into clinical care can create ongoing information to engage the patient, inform the clinician, and make medicine more evidence-based and less reactive. Technology allows us to connect the dots between the patient, big data, medical literature, and decision-making, from diagnostics to therapy.

Q How can otolaryngologists leverage these emerging trends to empower patients?

A Patients are becoming more empowered to own their own healthcare. Mobile apps and wearable devices can be used to develop smarter ways to engage patients in their care. Technology is not one-size-fits-all. User interfaces need to meet the patient's education, language, and culture.

Today, we can move beyond the printed handout to much more tuned platforms that can give digital touchpoints, and even digital empathy, to help patients and their caregivers improve their healthcare journeys.

Q Physicians today are facing regulatory issues and a growing amount of paperwork. How can technology help alleviate some of these challenges?

A Clinicians often spend far more time charting than face-time with our

patients. Technology can often be overwhelming and does not always improve the clinical experience. Fewer clicks on the computer will lead to more seamless care. We need to effectively integrate technology and synthesized actionable information into clinician workflow using design thinking.

Q Reg-entSM is AAO-HNSF's otolaryngology-specific clinical data registry. It serves as the foundation for quality reporting, measures development, quality improvement, clinical and product research, and support for maintenance of certification and licensure. Why are data registries important in today's ever-changing healthcare field?

A Data is becoming the lifeblood of health and medicine. We need to do a much better job of opening the data silos, which will enable data to flow in less restricted ways, while retaining privacy issues.

Having data registries, like Reg-ent, is critical. Registries help share information quickly so that both data and discoveries can lead to smart and improved point of care and general clinical practice. As we move to an era of participatory healthcare, we should be encouraging everyone to become data donors, not just users of data.

Q Is there anything else you would like to add?

A It's an exciting time with the acceleration of technology. It's up to all of us in healthcare to look for ways to integrate technology across the spectrum, from wellness, to diagnostics, to therapy, to clinical trials, while also maintaining our need for scientific rigor and proof of value.

Otolaryngologists touch so many elements of clinical care and can be great contributors and catalysts to the future of health and medicine. ■



OTO Experience 2.0

Prepare for the Future

We haven't reached the age of the Jetsons, but we're gearing up for it. The future of medicine is upon us, and in working with the theme, Premiering Tomorrow, Today! we are preparing for the future by showcasing new technology on the OTO Experience show floor.

The industry is ready to wow you with advancements in all segments of otolaryngologic healthcare and treatment showing the latest in examination equipment, electronic medical records, robotic surgery, medical devices, and surgical tools.

Featuring over 250 exhibiting companies, the OTO Experience also includes themed pavilions that each focus on a specific type of technology, service, or product.

Zone-in

As soon as you walk through the doors of the **OTO Experience**, you'll be dazzled with the vast array of otolaryngology devices, technology, and products displayed in the 300,000 square feet of exhibit space. The **Simulation Zone** features companies that offer solutions in simulation technology and training. **Lunch with the Experts**, a huge success last year, provides an opportunity for you to share lunch with leading physician experts.

The newest venue, the **ENT OTC pavilion**, showcases companies that specialize in over-the-counter medications and treatments. **The OTO Practice of the Future Pavilion** will premiere the future in technology and equipment. You'll be able to walk through the mock office of your imagination including four rooms: waiting room, examination room,

operating room, and education/training room. The **Product Theater** allows companies to share in-depth presentations of what devices, products, and best practices they have to offer in the field. The **Hands-On Demonstration and Training Lab** provides a platform for you to learn first-hand surgical procedures on cadavers, using the tools and equipment provided by the sponsoring company.

The OTO Experience features the most comprehensive display of the latest products and technology available for advancing ear, nose, and throat care. Be sure to plan ample time to step into the future. Combining products, services, networking, and supplemental education all in one place, you won't want to miss the OTO Experience. No, we won't have any hovercrafts, but we will have items you can use in your practice or hospital.■

Cutting-edge 'future' sessions

Premiering Tomorrow, Today. The Annual Meeting theme is woven throughout the entire conference. We invite you to experience the future for yourself by attending some of these innovative sessions.

Instruction Courses

- Evidenced-Based Approach to Oropharynx Cancer, 2017: Neil D. Gross, MD; F. Christopher Holsinger, MD
- Advanced Ultrasonography Techniques for the ORL Office: Urban W. Geithoff, MD; Jens E. Meyer, MD, PhD; Lisa A. Orloff, MD; Hans Welkoborsky, MD, PhD, DDS
- Innovations in Laryngeal Surgery: Steven M. Zeitels, MD
- Interactive Otologic Surgical Anatomy: 3D: Nikolas Blevins, MD; Sumit K. Agrawal, MD; Peter Santa Maria, PhD, MBBS
- Lasers in Laryngology: C. Gaelyn Garrett, MD; Lou Reinisch, PhD
- Otosclerosis: From Standard to Challenging Cases: Daniele Bernardeschi, MD, PhD; Olivier Sterkers, MD, PhD
- Sinus and Skull Base Anatomy: An Interactive 3D Workshop: Peter J. Wormald, MD, PhD, MBBS; Alkis J. Psaltis, PhD, MBBS
- Treatment of Juvenile Respiratory Papillomatosis 2017: Seth M. Pransky, MD
- Virtual Care and the Otolaryngologist: Lamont R. Jones, MD, MBA; Ilaaf Darrat, MD

Miniseminars

- 3D Printing in Otolaryngology: Robert J. Morrison, MD; Lee P. Smith, MD; Ayishwariya P. Menon, MSc; David A. Zopf, MD, MSc; Glenn E. Green, MD
- Vestibular PT: Evidence for Efficacy and New Technologies: Edward I. Cho, MD; Yuri Agrawal, MD, MPH; Simon W. Eisenberg, MD, MBBCh; Kim R. Gottshall, PhD; Habib Rizk, MD; Jeffrey D. Sharon, MD; Janet O. Helminski, PhD

International Symposium

- Pearls in Management of the Tongue in Snoring/OSA: Kenny Peter Pang, MD; Peter Michael Baptista, MD, PhD; Claudio Vicini, MD; Filippo Montecvecchi, MD
- Robotic Surgery in Otolaryngology: The Asian Perspective: Sheng-Po Hao, MD; Yoon-Woo Koh, MD, PhD; Se-Heon Kim, MD, PhD; Chen-Chi Wang, MD; Chwee-Ming Lim, MD

Masters of Surgery Video Presentations

- Clinical Use of a Next-Generation Flexible Robot: Jason Chan, MBBS; Chris Holsinger, MD; Raymond K. Tsang, MS; Eddy Wong, MBBS
- Flex Robotic-Assisted Branchial Cleft Excision: Meghan T. Turner, MD; Umamaheswar Duvvuri, MD, PhD
- Transoral Flex Robotic Supraglottic Laryngectomy: Michael Persky, MD; Umamaheswar Duvvuri, MD, PhD ■

Coming in future issues

Honorary Guest Lectures

See the June *Bulletin* to read about these anticipated presentations:

- Cotton-Fitton Endowed Lecture in Pediatric Otolaryngology
Jennifer J. Shin, MD
- Eugene N. Myers, MD International Lecture on Head and Neck Cancer
Javier Gavilán, MD
- H. Bryan Neel III, MD, PhD Distinguished Research Lecture
Thomas H. Lee, MD, MSc.
- Howard P. House, MD Memorial Lecture for Advances in Otolaryngology
Herbert Silverstein, MD
- John Conley, MD Lecture on Medical Ethics
Michael M. Johns III, MD

Presidential Citation Winners

See the July *Bulletin* to read about these honorees:

- D. Bradley Welling, MD, PhD
- David J. Terris, MD
- KJ Lee, MD
- Lorraine Randolph ■

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Need a venue? Complete a Meeting Space Application today at www.entannualmeeting.org. Benefits of holding a meeting through AAO-HNSF:

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 - Convenience: Ease of being able to meet near the conference activities.
 - Professional assistance: Experienced staff work with you on your meetings/events.
- If you have any questions, please email alsa@entnet.org. ■

Giving back has benefits, especially during Annual Meeting

Members of the Millennium Society, the *foundation's* donor recognition club, have early access to registration, housing, and the choice of presentations. It is not too late to experience the Millennium Society's exclusive benefits and recognition. A donation of at least \$1,000 to the Annual Fund automatically enrolls you. Do it now and don't miss the perks of dining and networking in the Millennium Society Appreciation Lounge in Chicago.



Annual Fund donations are used to support the *foundation's* current programs and initiatives in the year received. A charitable gift to the Annual Fund supports research opportunities, humanitarian and international programs, and improving quality and patient care outcomes that would not otherwise be possible. ■



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MAY 8 - JUNE 8

www.entnet.org/annual-election

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6TH Annual

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July 14-16, 2017

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New Venue!*

Omni Shoreham Hotel, Washington, DC

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Contact: Wendi Perez, ARS Executive Administrator, Tel: 845.973.2737, Fax: 973.545.2736, wendi@amrhso.com

American Rhinologic Society, PO Box 269 Oak Ridge, NJ 07438 | www.american-rhinologic.org

UPMC Updates in Otolaryngology Webinar Series



The UPMC Department of Otolaryngology invites you to participate in a free webinar series that highlights the latest in otolaryngology updates and treatments from renowned experts.

Update on Sino-Nasal Malignancy

April 4, 2017 8 pm, EST

Presented by: Eric Wang, MD
Associate Professor, Department of Otolaryngology

Advances and Novel Therapeutics in the Treatment of Chronic Rhinosinusitis

May 9, 2017, 8 pm, EST

Presented by: Stella Lee, MD
Assistant Professor, Department of Otolaryngology

Advances in Management of Oropharynx Cancer: HPV, Robotic Surgery & Immunotherapy

June 6, 2017 8 pm EST

Presented by: Robert Ferris, MD, PhD
Professor, Department of Otolaryngology

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— GUEST SPEAKERS —

Richard Harvey, M.D.
 Program Head and Professor
 Rhinology and Skull Base
 Applied Medical Research Centre
 UNSW(Conjoint) and Macquarie University (Clinical)
 Sydney, New South Wales, Australia

Lisa E. Ishii, M.D., MHS
 Associate Professor
 Department of Otolaryngology - Head & Neck Surgery
 Johns Hopkins Medicine, Baltimore, MD

Steven A. Telian, M.D.
 John L. Kemink Professor of Neurotology
 Department of Otolaryngology - Head & Neck Surgery
 University of Michigan, Ann Arbor, MI

— TOPICS —

Chronic Rhinosinusitis • Hearing Loss • Chronic Ear Disease
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UTMB is an equal opportunity, affirmative action institution which proudly values diversity. Candidates of all backgrounds are encouraged to apply.

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Email: varesto@utmb.edu

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23rd ANNUAL

UTAH OTOLARYNGOLOGY UPDATE

June 23-24, 2017, Salt Lake City, UT

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Ted Mau, MD, PhD
Steven Gray Memorial Lecturer
University of Texas Southwestern

Craig A. Buchman, MD
James Parkin Lecturer
Washington University School of Medicine

M. Boyd Gillespie, MD
David Dolowitz Memorial Lecturer
The University of Tennessee-Memphis

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Paul R. Lambert, M.D.

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



Otolaryngology – Head & Neck Surgery
Contact: 843-876-0943 • Email: tayloju@musc.edu
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Department of Otolaryngology—
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- Graduate from an accredited residency program in ENT

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Jeff Brubaker, CEO

Ohio ENT & Allergy Physicians

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Full-Time BC/BE Fellowship Trained Faculty
Associate or Full Professor Level



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Associate Chief Physician Executive for Faculty Group Practice
Professor and Chair, Department of Otolaryngology
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If these types of benefits make sense, we are eager to hear from you. Please reach out, with any comments or questions, directly to:



Robert P. Green, MD, FACS

President, ENT and Allergy Associates
rgreen@entandallergy.com

Robert A. Glazer

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

NOTE: Bob Glazer will be at this year's AAO-HNS Annual Meeting in 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



Otolaryngologist Opportunity in Beautiful Eastern North Carolina

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

Full range of services including:

- Audiology/Hearing aids
- Allergy/Immunotherapy
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Other Specifics:

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

Contact: Amber Canzater at
Physician Recruitment@unchealth.unc.edu or by phone at 919-923-0242
No Agencies, please.

Positions are available at the Assistant or Associate Professor level in the Department of Otolaryngology/Head & Neck Surgery



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- VA Otolaryngology Division Chief
- Part-time appointment at Medical College of Georgia at Augusta University
- Rank commensurate with experience
- Excellent resources are available
- Fellowship training required
- Interest in reconstruction preferred

NEUROTOLOGIST/OTOLOGIST

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

To apply and receive additional information, please contact:

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

Or email skountakis@augusta.edu

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Otolaryngology

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- One of the least litigious states in the country



Featured 8th in Money Magazine's "Best Places to Live," Ames, Iowa is recognized as an active, friendly community with plenty to do. 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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South Florida ENT Associates, a fifty-five physician group practice operating in Miami-Dade, Broward and Palm Beach Counties, has immediate openings for full-time ENT Physicians. South Florida ENT Associates is the second largest ENT group in the country and the largest in the state of Florida. We provide full service ENT including Audiology, Hearing Aid Sales, Allergy, Facial Plastics, Robotics and CT services.

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

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

This position will include both office and hospital settings.


Requirements:

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

For more information about us, please visit www.sfenta.com.

Contact Information:

Contact name: Stacey Citrin, CEO
 Phone: (305) 558-3724 • Cellular: (954) 803-9511
 E-mail: scitrin@southfloridaent.com



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.



Bassett Healthcare Network
Bassett Medical Center

Otolaryngologist

Bassett Healthcare Network, a progressive health care network in central New York and major teaching affiliate of Columbia University, is seeking a hospital-employed, full-time BC/BE Otolaryngologist to join a busy expanding OHNS practice. The Division of Otolaryngology-Head & Neck Surgery offers a full range of services including otology, laryngology, facial plastic surgery, sinus surgery, head and neck surgery, research and teaching opportunities. Training in surgical oncology is encouraged but not a requirement.

Bassett Healthcare Network is an integrated health care system that provides care and services to people living in an eight county region covering 5,600 square miles in upstate New York. The organization includes six corporately affiliated hospitals, as well as skilled nursing facilities, community and school-based health centers, and health partners in related fields.

Nestled in the foothills of the Adirondack and Catskill Mountains, Bassett Medical Center is located in Cooperstown, New York, a beautiful resort village on Otsego Lake. Home to the National Baseball Hall of Fame and Museum, the Glimmerglass Opera Company, and the Fenimore Art Museum, the area also boasts many cultural and four season recreational advantages including theater, music, museums, golf, sailing, hiking, and skiing.

EEO Employer

For confidential consideration, please contact:

Debra Ferrari, Manager, Medical Staff Recruitment
Bassett Medical Center, One Atwell Road, Cooperstown, NY, 13326
phone: 607-547-6982; fax: 607-547-3651; email: debra.ferrari@bassett.org
or visit our web-site at www.bassettopportunities.org

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in metropolitan St. Louis, is expanding its busy
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at Mercy Children's Hospital St. Louis.

We are receiving applications from surgeons who have
completed pediatric otolaryngology fellowships.

We offer an excellent salary/bonus with partnership
track, health insurance, paid vacation time, professional
liability insurance, and CME reimbursement, plus other
benefits. Candidate must have strong clinical knowledge,
excellent communication skills, be highly motivated and
hard working.

For more information about this position, please contact
Cyndi Rowland at crowland@soundhealthservices.com
You may also visit our website at soundhealthservices.com.



KAISER PERMANENTE

EMPLOYED ENT OPPORTUNITIES - ATLANTA, GA

The Southeast Permanente Medical Group (TSPMG) is seeking two otolaryngologists to join our busy multispecialty practice in metropolitan Atlanta. Applicants should be interested in practicing general otolaryngology and should be board certified or eligible. One of the positions includes a substantial practice in otology (over 50%) for those candidates with this background and interest. Our current group consists of eight otolaryngologists delivering care for a broad spectrum of otolaryngologic diagnoses. Our practice focuses on the patient and the delivery of exceptional quality and service. Our physicians value collaboration in care delivery and understand the importance of work-life balance.

TSPMG is a physician-owned and managed multispecialty group consisting of over 500 physicians working together in a unique integrated care delivery model. Our 300,000+ patient members are insured by Kaiser Permanente. Our medical offices feature state-of-the-art equipment, lab, imaging services and pharmacy. Our contracted hospitals and surgery centers are among the best in the metropolitan Atlanta area.

We offer a competitive salary, generous retirement package, shared call, paid time off, along with health, dental, vision and life insurance, short and long-term disability, relocation allowance, and more.

Atlanta is a thriving southern city and offers something for everyone. Learn about Atlanta life by visiting www.atlanta.com. We are proud to be an EEO/AA employer M/F/D/V. We maintain a drug and nicotine free workplace and perform pre-employment substance abuse and nicotine testing.

**For more information please contact Kim Lanzillotti, Senior Recruiter,
at kim.g.lanzillotti@kp.org.**

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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
Physician Recruiter
deanna.stocker@promedica.org
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