

# bulletin

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

**JUNE 2017**

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Regulatory advocacy efforts  
under the new Administration

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# bulletin features

JUNE 2017

Volume 36, No. 5

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

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

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

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# Medice, cura te ipsum

**T**he good physician, the optimally functioning physician, must be well. We are strong people, not superwomen and men, and we need to be kind to ourselves. We must learn this ourselves. We must teach each other, train our residents, and lead our coworkers. We must articulate this to our patients. *Medice, cura te ipsum*<sup>1</sup>. Physician, heal thyself.

The Surgeon General called physician burnout a national crisis. Adam Hill, MD, a pediatric palliative care physician, describes his own depression and suicidal ideation in a poignant narrative, “Breaking the Stigma: A Physician’s Perspective on Self-Care and Recovery.”<sup>2</sup> Hill, as a recovering alcoholic, teaches us important self-learned lessons: the importance of hierarchy (human being first, husband second, father third and physician fourth); honesty about our and others’ vulnerability; personal self-care, ranging from exercise and deep breathing to support groups; building a support network as the bedrock of recognition and ultimate recovery; casting away stereotypes and stigmatization; and being humbled by one’s own challenges.

In the same publication, an even more chilling article is David Muller’s “Kathryn” about a fourth-year medical student’s suicide. The author’s central question is, “How can we eliminate the stigma of asking for help?”<sup>3</sup>

The issue of physician wellness is of great significance in otolaryngology: 99 percent of otolaryngology residents, 84 percent of otolaryngology chairs, and 70 percent of the Society of University Otolaryngologists (SUO) members noted high or moderate levels of burnout<sup>4,5,6</sup>. Aside from its personal negatives, physician burnout impairs patient care and increases the cost of patient care.

## Our wellness initiative

But there is hope. The National Academy of Medicine (NAM) and Association of American Medical Colleges (AAMC) met recently with representation from 50 healthcare organizations on clinical well-being and have pledged to generate an evidence-based solution at the individual and systemic level.<sup>7</sup> Burnout can be measured through the Maslach Burnout Inventory, validated by thousands over a range of occupations with norms for emotional exhaustion, depersonalization, and decreased personal accomplishment. With identification of causes and associations of burnout, we can prevent and treat it.

The American Academy of Otolaryngology—Head and Neck Surgery is out in front of these issues

and has formed a massive initiative encompassing both wellness and future practice realms, which are inextricably linked. I will lead this initiative with the taskforce chairs, **Duane J. Taylor, MD**, and **Gavin Setzen, MD**, AAO-HNS/F president-elect, with input from our Sections, Board of Governors, state societies, and our specialty societies.

Our deliverables will be: to acknowledge and recognize problems with data tracking and specialty outcome measures; to effectively communicate among stakeholders without negatively affecting physicians or patients; to mitigate causative factors, positively alter trigger factors, create an AAO-HNS member wellness toolbox/app; and to share broader medicine’s resources at an AAO-HNS wellness clearinghouse knowledge hub.

Dr. Taylor, Wellness Taskforce chair, notes, “It is vital that we maintain our physical and mental health so that we can soundly care for our patients, and I am elated that our Academy is committed to this endeavor.” Dr. Taylor’s taskforce will deliberate excessive workload, decreased time with patients exacerbated by productivity pressure; decreased income; increased EHR administrative burdens and regulatory burdens; suppression of humanistic dimension of medicine/MOC requirements; teaching and learning time protection with tuition and debt relief; work-life balance/family stressors; personal health issues of sleep deprivation, isolation, depression, suicide, addiction-alcoholism; workplace ergonomics and safety; destigmatized, confidential screening, counseling, and licensure issues.

Dr. Setzen, Future Practice Taskforce chair, said, “Our AAO-HNS wellness initiative has profound implications for us now and for future generations of otolaryngologists.”<sup>8</sup> But as the AAMC statement on physician workforce explains, “if there is one theme that emerges in workforce deliberations, it is complexity.” The AAMC projects a shortage of up to 160,000 physicians through 2025, even with 30 percent medical school enrollment expansion. Dr. Setzen’s taskforce will deal with changing practice patterns-physician employment, shiftwork, physician distribution, and retirement; the primary care physician’s role in otolaryngologic care; modifications to basic otolaryngologic training; patient care changes based on ACA and the aging population; and multifaceted scope of practice issues blended with PA, NP, audiology, and DO groups. ■

## —The AAO-HNS Wellness and Future Practice Initiative

*For all of our AAO-HNS members,  
now and in the future, to make us better.*



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

“  
We must learn this  
ourselves. We must  
teach each other,  
train our residents,  
and lead our coworkers.”

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# Trusted sources

**A**t a time when tweets, chats, and internet stories about everything under the sun are circulating like mosquitoes during summer in the South, the Academy receives requests to immediately sign on or comment on issues relevant to our specialty as well as general societal concerns. It begs the questions: What should we be involved in, and where can people go for reliable information?

These questions have no simple answer. The evolution of technology, specifically the internet and a host of social media offerings, has altered the communication and news industries to such a degree that it is becoming increasingly difficult to identify who is a “trusted source.”

The promulgation of non-professional and philosophically biased reporting, digital activism, program-based message dissemination, and blatantly false as well as mean-spirited information is creating a crisis as we endeavor to maintain First Amendment rights while establishing some consequence for abusive behavior. Even some traditional news sources have turned to reporting inflammatory and often incomplete versions of stories that will “play well” with their constituents.

We live in an era that seems to revel in providing an immediate response to political and social events as well as to the commentaries related to them. The internet has fostered an influx of “sources” that are often short on professionalism, thoroughness, and most importantly, accuracy. Often, those reporting news have no direct verification of accuracy, but are merely passing on the work product of others who also are using the same strategy. Another common practice is the propagation of selected aspects of an event without including the context that would allow an overall interpretation and understanding of the situation.

Worse yet, there are those who fabricate stories that are in turn circulated through social media and the internet. A significant percentage of these pieces are designed to promote specific beliefs and fan intolerance for opposing views. Subsequent communications attempting to refute previously transmitted misinformation seems to have no positive material effect, and in fact, further entrenches and perpetuates the original message.

As the Academy strives to update and modernize our communication pathways for the benefit of our

members and the public as well as advocacy messaging, it is critical that we establish and maintain the reputation as a “trusted source.” In the fast-moving world of social media and internet messaging, there is great temptation to participate in the rapid response cycle and comment on issues prior to full evaluation of the consequences.

In fact, there is often great pressure from within and outside of our organization to respond to events and statements that do not directly relate to our stated mission. The reality is, once you enter these forums, any remarks made are there forever.

In formulating our communication strategy, we have chosen to follow several principles:

- Accuracy is essential and valued more than rapidity.
- Comments are not always necessary.
- Is this beneficial to our members, patients, and/or the public?
- Will this have a positive effect on the situation?

We believe this still results in timely communications carrying meaningful messages on subjects important to our members, patients, and/or the public without diluting our influence through oversaturation.

The trend toward changing and expanding scope of practice for both physician and nonphysician providers, in addition to deregulation by previously protective agencies, subjects the public to an avalanche of self-serving, unsubstantiated, incomplete, and often misleading information that is difficult to sort through and identify accurate and appropriate recommendations.

As deregulation of the hearing aid industry progresses from discontinuation of the medical examination to over-the-counter sales of entry-level devices, there will be a great propensity for patients with treatable causes of hearing loss to fall through the cracks. The public will need a trusted source that has the expertise and guiding principle of “best patient care” to advocate for them and produce educational materials in a format that is both helpful and understandable to guide them through the system. We intend to be the “trusted source” for all areas of the specialty.

## And a shout out

I would like to send a shout out to **Robert H. Miller, MD**, for his dedication and service to the American Board of Otolaryngology, as he supervised his last examination this April. ■



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

“The internet and a host of social media offerings have altered the communication and news industries to such a degree that it is becoming increasingly difficult to identify who is and who is not a ‘trusted source.’”

A high-angle photograph of a diverse group of approximately 15 people of various ages and ethnicities sitting in a circle on a light-colored floor. They are all smiling and looking towards the camera, with their hands stacked together in the center of the circle, palms facing up. The text "■ at the forefront" is overlaid in the top left corner of the image.

■ at the forefront

# Accepting, understanding, and celebrating diversity

■ **Valerie A. Flanary, MD**, Diversity and Inclusion Committee chair; **Sujana S. Chandrasekhar, MD**, AAO-HNS immediate past president, with **Scott R. Chalet, MD, MBA**, and **Stacey L. Ishman, MD, MPH**

The word “diversity” can describe many groups. We observe and celebrate the diversity in the patients we treat, the staff we employ, and our professional colleagues. Our Academy is also committed to the diversity of our members. The expansion of the name of the AAO-HNS Diversity Committee to the AAO-HNS Diversity and Inclusion Committee denotes the extension of the Academy and Foundation’s mission to include representation of, and

attention to, members from all ethnic and religious groups, and members of different genders, gender identities, and sexual orientations. This action also highlights the importance of, and renewed commitment to, complete, compassionate, and culturally sensitive care for all patients.

People sometimes see the word diversity and roll their eyes. They think it’s just another “mandatory” module that they must complete. We believe diversity should be welcomed with open arms—different people with different backgrounds only serve to enrich a given experience.

The Diversity and Inclusion Committee

recently hosted an open dialogue to identify ways to better embrace members of the LGBTQ community as patients we treat and as members of AAO-HNS, who are all encouraged to participate in the committee as members, consultants, or guests/observers. As a result of the dialogue, several initiatives are underway to promote this important conversation and foster improved relationships.

As we have seen previously with female and under-represented minority members, some LGBTQ members of our Academy report a lack of open and obvious support from our Academy.



## BOARD OF GOVERNORS

## The problem is trust

■ **Lawrence M. Simon, MD,**

Vice Chair, BOG  
Socioeconomic  
and Grassroots  
Committee



Several commentaries have been written recently that incriminate our diagnostic and procedural coding systems. These pieces argue that the complexity of the codes allows them to be manipulated to inflate and/or hide expenditures, and then to blame the codes outright for the high cost of and lack of transparency in the United States health-care system. However, this accusation is unfounded. Neither the codes, nor their complexity, are the problem. Rather, these botherations are symptoms of a larger quandary: mistrust. Relationships among physicians, hospitals, and payers have changed from a culture of trust to a culture of mistrust. This must change.

A certain degree of mistrust is at the core of American political and economic systems. The Constitution works best if Congress, the Court, and the President don't entirely trust each other. The same is true in many capitalistic markets. Conversely, mistrust can be downright harmful in the healthcare sector. Unfortunately, the diminishing funds and increasing demands of recent times have moved this industry toward a damaging culture of mistrust. Instead of working together to solve problems, each stakeholder is constantly trying to police the others. The result of this mistrust is the expansion of auditing and utilization review programs and, more importantly, a lack of transparency in cost reporting. What keeps our industry from having an open and honest discussion about cost is everyone's desire to keep their true cards hidden. This discussion is vital.

Moreover, complex codes have some redeeming value. They give physicians and hospitals a mechanism to more accurately report what they do, which is not an inherently bad thing. Physicians and hospitals are the ones who actually bear the cost of providing care. More granular codes can facilitate more accurate reporting of the diseases treated and the services rendered. With luck, this will lead to more appropriate reimbursement.

Complex codes also allow for more precise reporting of diagnosis and treatment, and this increased precision leads to better data. This is one reason more specific ICD-10 codes can lead to higher Medicare DRG payments. Medicare is willing to pay more for better data, which will lead to better research and outcomes.

In conclusion, the U.S. healthcare system is plagued by an underlying quagmire of mistrust among its stakeholders, leading to a lack of transparency that stifles any attempt to understand and/or contain cost. As such, any reform must begin with re-establishing a culture of trust.

Open discourse is a critical element to achieving such a change, and this is why the work of the Board of Governors (BOG) is so important. The BOG endeavors to work with the AAO-HNS health policy experts to establish lines of communication with payers—both at the national and local level. These relationships allow us to offer our input and expertise from real-world experience.

Any otolaryngologist can be a part of this undertaking by joining their BOG society. Over time, our hope is we can nurture some level of trust, and begin to effect the needed cultural shift. ■



It is time for this to change. Diversity is not coming, it's here. It's not something to be feared, but accepted and celebrated as well as understood.

Physicians who understand differences can see similarities and can deliver culturally sensitive care to their patients. And fostering diversity in our professional organization can provide our members the tools to treat all patients.

All people seek inclusivity and understanding. To get there, we must establish where we are and what we are hoping to become. Please join us for the Diversity and Inclusion Committee Meeting at the 2017 AAO-HNSF Annual Meeting & OTO Experience, September 10-13, in Chicago, IL. Look for the time, date, and location on the mobile app.

I welcome your ideas or questions at [vflanary@mcw.edu](mailto:vflanary@mcw.edu). If you would like to make a formal presentation to the committee, please send me the details so that it can be incorporated into the agenda. ■

# AcademyU<sup>®</sup>

## HOW-TOs

AcademyU<sup>®</sup>, the Foundation's professional development program, is designed to improve healthcare provider competence and practice through lifelong learning.

Here are a few FAQs to help you navigate

**AcademyU.org.**

### How do I search for education activities?

The best way to locate activities in AcademyU is to go to the AU Catalog page, which can be accessed by clicking the AU Catalog tab in the toolbar. You can search for activities by format, credit, specialty, stage-of-career, and activity series by clicking on your search preferences on the left side of the page. This will narrow your search to help you zero in on what you need. Second, you can search for activities by title or keywords by using the search bar located on the main dashboard and on the AU Catalog page.



### What do the "element" icons mean?

Once in AcademyU, you will notice that this site uses a variety of icons that resemble elements on the periodic table. These are meant to visually delineate different types and formats of activities on the site. As a first-time user, you may not be accustomed to these elements quite yet. However, the FAQs located at [academyu.org](http://academyu.org) will give you a quick overview of each one to help you find the activities that are right for you.

### How do I claim CME credit for an activity?

To receive credit for any education activity that is designated for CME credit, you must first view the activity and complete a post-test assessment with a passing score. Instructions are provided at the beginning of each CME-accredited activity on how to access the post-test. After achieving a passing score,

credit is automatically awarded and immediately accessible on the My Transcript tab.

### How does My Transcript work?

Your My Transcript page contains an up-to-date listing of all activities you have started on AcademyU (In Progress tab) and you have completed (Complete tab). On the Complete tab, you can also save and print a PDF version (Download My Transcript) of CME credit you have earned on the site.

### What do I do when I need help on the site?

There are several ways to help you navigate the AcademyU site.

First, the "How To" tutorial provides a great overview of how to navigate the site, including what each section is about and how you can maximize your use of the site. Click the tutorial box on your AcademyU homepage.

There is an FAQ link located in the toolbar at the top of each page. That link will take you to an AcademyU question-and-answer section.

A Help link can be found in the footer on each page. This allows you to send an email directly to AcademyU that will be answered by a knowledgeable staff person. The email address is [academyu@entnet.org](mailto:academyu@entnet.org). ■

## Update your member profile

If you are visiting AcademyU for the first time, we encourage you to update your member profile information by clicking My Account in the top right corner, then click Edit My Profile under the My Info tab. This feature will allow you to view and edit your AAO-HNS profile. For the best learning experience on AcademyU, we encourage you to update your primary specialty, secondary specialty, and certification date under the tab.



# Proposed fiscal year 2018 combined budget

■ **Scott P. Stringer, MD,**  
AAO-HNS/F Secretary-Treasurer

The Executive Committees (ECs) of the Boards of Directors (BODs) were presented with the Finance and Investment Subcommittee (FISC) proposed budget for the next fiscal year, July 1, 2017-June 30, 2018 (FY18). They endorsed it for approval by the BODs. During their May meeting, the BODs reviewed and conditionally approved the FY18 budget, which is presented here to membership.

Budgeting for FY18 represents the collaborative work of both the staff leadership and the members of the FISC to develop a balanced combined AAO-HNS/F budget. The debt covenants of AAO-HNS/F require a balanced budget whereby total revenue is sufficient to meet all operating expenses plus the next year's debt service principal payment. The proposed FY18 budget is structured to meet these compliance requirements, and the strategic plan goals of the AAO-HNS/F continue to provide member services in the most effective and efficient way possible.

In early spring, the FISC reviewed financial results for the first six months of the FY17 budget year. Based on this information, it is projected that the FY17 actual results will be within budget.

## Highlights of the FY18 budget

The FY18 balanced budget is proposed at \$19.13M, approximately equal to the FY17 budget of \$19.15M. Nearly 75 percent of FY18 revenue, \$13.8M, is budgeted to come from two major areas: membership dues and Annual Meeting revenue. Annual Meeting registration is budgeted based on the actual number of attendees at the prior year's meeting in San Diego, which were fewer than

had been budgeted. Making up most of the remaining 25 percent of the revenue budget is income from education product sales and royalties, mainly from publications. Increased educational offerings available for purchase through AcademyU® and price bundling of AcademyU access and recorded Annual Meeting sessions account for the increase in product and program sales revenue.

Development of Reg-ent<sup>SM</sup>, the ENT clinical data registry, continues to be a strategic priority. Now in its third year of development, participant fees will begin as scheduled to offset costs such that the FY18 budgeted investment from reserves is \$273K, or half as much as in FY17. The BODs previously approved up to \$3M of reserves for Reg-ent start-up costs of which approximately half has been or will be used by the end of FY17.

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

Direct Operating Expenses include costs directly related to carrying out the priorities of the strategic plan and ongoing mission-related programs. These are within 10 percent of the prior year budget, the biggest difference being the reduced cost for data registry support.

Allocated Costs relate to staffing and benefits as well as the operating costs that are incurred for the good of the whole organization, such as occupancy and building-related expense, and organizational-wide HR, Financial Services, and IT costs. In total, these costs are budgeted approximately four percent higher than the prior year with no significant changes in operations or staffing.

The complete budget is available to any Academy member who requests it in writing. Email requests to Carrie Hanlon, CPA, senior director, Financial Operations to [bulletin@entnet.org](mailto:bulletin@entnet.org). ■

## AAO-HNS/F Combined Budgets

	Approved Budget FY17	Proposed Budget FY18
<b>Revenue</b>		
Membership Dues	\$6,850,000	\$7,000,000
Meetings	6,960,000	6,771,000
Product and Program Sales	1,693,000	1,989,000
Royalties	1,560,000	1,540,000
Corporate and Individual Support	825,000	917,000
Miscellaneous	128,000	60,000
Funds Released From Restrictions	581,500	584,000
Funds Designated for Data Registry	553,500	273,000
<b>Total Revenue</b>	<b>\$19,151,000</b>	<b>\$19,134,000</b>
<b>Direct Operating Expenses</b>		
Meeting Facilities and Banquet Costs	\$2,104,000	\$2,201,000
Postage, Printing and Production	485,000	430,000
Travel	516,800	526,000
Connectivity and Software Maintenance	381,600	323,000
Office Expenses	336,000	388,000
Grants	503,500	464,000
Consultants and Professional Fees	2,706,900	2,528,000
Data Registry Support	553,500	273,000
<b>Total Direct Operating Expenses</b>	<b>\$7,587,300</b>	<b>\$7,133,000</b>
<b>Allocated Costs</b>		
Salaries and Benefits	\$8,612,600	\$9,124,000
Occupancy	1,555,000	1,492,000
Shared Support	1,396,100	1,385,000
<b>Total Allocated Costs</b>	<b>\$11,563,700</b>	<b>\$12,001,000</b>
<b>Total Expenses</b>	<b>\$19,151,000</b>	<b>\$19,134,000</b>

# Thank you, PROJECT 535

**P**ROJECT 535 is a Board of Governors-sponsored initiative that strengthens the Academy's overall advocacy efforts by working to establish one-to-one relationships with federal elected officials.

Successful legislative advocacy starts with a solid grassroots foundation, and this additional layer of constituent-based outreach helps reinforce the Academy's message when Con-

gress debates issues affecting the specialty.

Since its launch in 2015, PROJECT 535's physician volunteers have made their voices heard, assisting with advocacy efforts related to repeal of the Independent Payment Advisory Board (IPAB), reauthorization of the Early Hearing Detection & Intervention (EHDI) program, in-office physician compounding, and global surgical payments. PROJECT 535 volunteers also serve as

healthcare experts and resources to their assigned Member of Congress—proof of the lasting impact otolaryngologists can have in their communities. The Academy needs your help to make its collective voice even stronger—contact [legfederal@entnet.org](mailto:legfederal@entnet.org) with questions or to sign up.

Thank you to the PROJECT 535 volunteers working to amplify the Academy's efforts in the 115th Congress. ■

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## AAO-HNSF seeks Coordinator for Research and Quality

A search is underway for the coordinator for Research and Quality. This position coordinates the research and quality improvement efforts of the Foundation with particular attention to oversight of research and evidence-based activities that improve care. This includes the development and maintenance of Reg-ent<sup>SM</sup>, the clinical data registry for the specialty, as well as performance measure development; treatment effectiveness and outcomes efficiency; patient safety; and activities that provide members with education and opportunities to improve performance in practice and translate research. The coordinator will serve on the Reg-ent Executive Committee (REC).

Specific duties of the coordinator include facilitating Foundation research and quality/patient safety efforts through input from the Reg-ent Executive Committee and the relevant content committees: Patient Safety Quality Improvement (PSQI), Outcomes Research and Evidence-Based Medicine (OREBM), Guidelines Task Force (GTF), and CORE grants. Activities of these committees include oversight of the Reg-ent clinical data registry; clinical practice guideline and performance measures development; surveys and data registry projects; clinical and outcomes research; and the CORE grants program. For more information, visit [http://www.entnet.org/sites/default/files/uploads/AboutUs/\\_files/coordinator\\_research\\_and\\_quality\\_2017.pdf](http://www.entnet.org/sites/default/files/uploads/AboutUs/_files/coordinator_research_and_quality_2017.pdf). Interested candidates should submit a CV and cover letter to **Jean Brereton** at [jbrereton@entnet.org](mailto:jbrereton@entnet.org) by July 1, 2017. ■



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The American Academy of Otolaryngology—Head and Neck Surgery (AAO-HNS) has partnered with The Doctors Company, an Academy Advantage Premier Partner, to provide Academy members with an exclusive insurance program since 2003.

As the nation's largest physician-owned medical malpractice insurer—insuring more than 1,000 otolaryngologists nationwide—The Doctors Company has unparalleled insight into the broad range of claims in otolaryngology. And backed by the financial strength of more than \$4 billion in assets and a membership of 78,000 physicians, The Doctors Company offers AAO-HNS

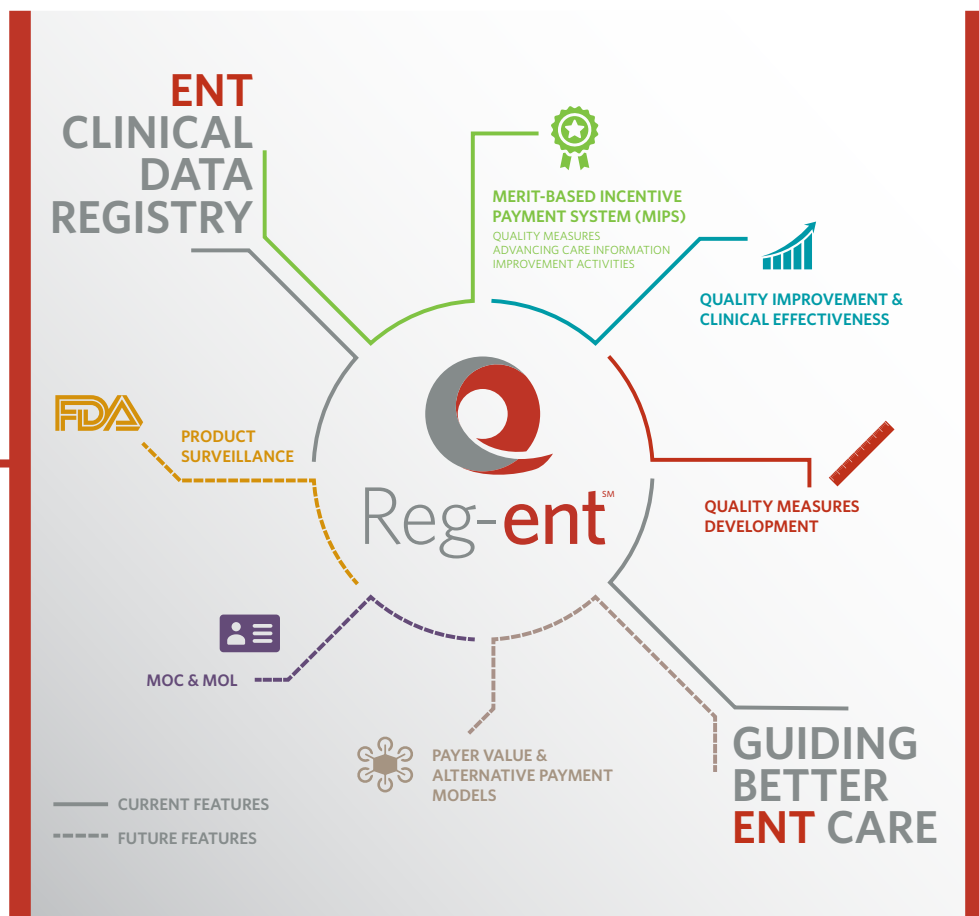
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# HARNESS THE POWER OF DATA



## SIGN A CONTRACT BY **JULY 15, 2017** TO PARTNER WITH REG-ENT FOR MIPS REPORTING

The sooner you sign up, the more time you will have to review your performance data, integrate your EHR system, and make adjustments as needed in order to maximize your participation.

To learn more, visit [www.entnet.org/Reg-ent](http://www.entnet.org/Reg-ent) or email [reg-ent@entnet.org](mailto:reg-ent@entnet.org) with any questions.



## PRACTICE PROFILE

# Eastern Virginia Medical School Department of Otolaryngology

**N**o matter what area of practice someone chooses—academic or private—**Barry Strasnick, MD**, offers this advice: “My message to our residents is always the same. Follow your instinct in

which setting best fits you personally, and regardless of where that takes you, your commitment to your patients and their medical care must always come first.

“The value of academic practice,” said Dr. Strasnick, longtime Academy member



**Barry Strasnick, MD**

“

The value of academic practice is the ability to bring multiple experts, fellowship-trained faculty, and more subspecialty care in at the initial patient evaluation, allowing for quicker and more direct collaboration in quality care.

—Barry Strasnick, MD

”

and chair of the Eastern Virginia Medical School (EVMS) Department of Otolaryngology for the past 16 years, “is the ability to bring multiple experts, fellowship-trained faculty, and more subspecialty care in at the

initial patient evaluation, allowing for quicker and more direct collaboration in quality care.”

The EVMS Department of Otolaryngology vision, “to provide superior quality and personal and compassionate care for our

patients,” is led by Dr. Strasnick, who was selected in 2001 by his own faculty to serve, and was one of the youngest chairs of an academic program at the time.

Geographically, EVMS serves eastern Virginia with patients coming from the Tidewater region (Virginia Beach, Norfolk, Chesapeake, and Newport News), West Virginia, and North Carolina—a population coverage area of 2.5 million. The average yearly patient population served through the EVMS otolaryngology department is 28,000 individuals, including both children and adults. The EVMS Center for Pediatric Otolaryngology, based at the Children’s Hospital of The King’s Daughters, located in Norfolk, VA, is home to the only freestanding children’s hospital in the Commonwealth of Virginia, and is the regional pediatric referral center for coastal Virginia and northeastern North Carolina.

The expansion of EVMS patient care during the past 16 years is demonstrated in the growth in number of personnel, residencies, and research grants. Under Dr. Strasnick’s leadership, the department has grown from a staff of three in one practice location to 14 full-time staff and 16 community faculty in seven practice locations. The residency program has increased from one position per year to three, and research grants within the department have quadrupled. Dr. Strasnick credits the growth to the hard work of the faculty. “It is not really about what you do as a department chair. When you get the right faculty with the right commitment and passion for their work, you simply get out of their way. It has been their hard work that has gotten us to where we are today and where we will go tomorrow in patient-focused care.”

When asked about the greatest opportunities and challenges that lie ahead for the specialty, Dr. Strasnick did not hesitate to note that “our greatest challenge” is no different from other medical disciplines. “We must shift our vocabulary and change our relationships to focus on the delivery of comprehensive quality care instead of volume of care. The success of this will be reliant on our ability to know the total treatment plan cost, the quality of the service provided, and

## Academy empowers on many levels

All otolaryngologists, regardless of the type of practice, want the best for their patients. The collaborative interaction and sharing of knowledge and experience between academicians and private practitioners allows fulfillment of the Academy’s vision: “Empowering otolaryngology-head and neck surgeons to deliver the best patient care.” The forum available through the Academy also serves to identify future needs of members and their patients.

Dr. Strasnick recognizes that future patient care delivery models are changing with the Merit-based Incentive Payment System (MIPS), and he sees that the Academy has a role, especially now, in supporting the specialty, members, and all types of practices in navigating this changing landscape.

The Medicare Access & CHIP Reauthorization Act of 2015 (MACRA) replaced the Sustainable Growth Rate (SGR) and created MIPS. As of January 1, eligible clinicians (ECs) started reporting under MIPS. All physicians, physician assistants, nurse practitioners, clinical nurse specialists, or certified registered nurse anesthetists who bill Medicare are considered ECs and must participate in MIPS, unless they qualify for an exemption, do not meet the minimum reporting threshold, or are part of an Advanced Alternative Payment Model.

“The new payment system will require us to do a better job of understanding the total cost of care per illness in a way that impacts the efficiency and quality of our delivery of that care. Information that was not previously shared, such as hospital costs, must now be disclosed so that we can all fly within the new system,” Dr. Strasnick said.

“If we are treating someone with head and neck cancer, then we need to understand not only what our costs will be to this patient’s care plan, but what the sum costs, from ancillary to therapy and everything in between, will

be,” said Dr. Strasnick. “This will enable us to get a better handle on costs per disease, identify any areas of inefficiencies, and redefine comprehensive care in an inclusive way that is better for our healthcare delivery system.”

Dr. Strasnick recognizes the great value the Academy provides to members, their practices, and the specialty, as a whole. “One of the major resources provided by the Academy is to consolidate data through an affiliation with Reg-ent<sup>SM</sup>.”

Reg-ent is an otolaryngology-specific clinical data registry that is preparing for MIPS in 2017 by enhancing its technology platform to accommodate all reporting categories required, including Quality Performance, Advancing Care Information, and Improvement Activities.

According to Dr. Strasnick, “This registry will provide tremendous benefit to practitioners in accessing collated information defining best practices and care policies essential to quality improvements in care.” Academic institutions, in particular, are struggling with their EMR providers to facilitate the release of the necessary data to make clinical registries effective. The Academy along with many other specialties are focusing on ways to make this happen.

Advocacy and education are two other areas in which Dr. Strasnick feels the Academy provides incredible value to members in the quest for the delivery of the best patient care. “It is important that our specialty is being represented both on Capitol Hill and on the state level. Day to day, we are busy in our practice. We need to have someone who knows what we are going through and advocating on our behalf and on behalf of our patients. Through the Academy’s advocacy program, we are a part of the process. The Academy also reflects the specialty’s commitment to ongoing education by providing training, education, and the opportunities for exchange of information at the Annual Meeting and online.” ■

the overall value to the patient,” he said.

“We have an opportunity before us in which we can deliver quality care in a way that reduces costs. This is important to you, me, and our children going forward. We

shouldn’t shrink from the reality that we face, but embrace it by taking the reins and being the ones providing the data related to our specialty rather than letting someone else provide it for us.” ■



## Premiering tomorrow, today: 2017 Honorary Guest Lectures

*Presented in order of appearance, September 10-13 in Chicago, IL*

### HOWARD P. HOUSE, MD MEMORIAL LECTURE FOR ADVANCES IN OTOLGY

Sunday, September 10, 2017 • 2:15 pm- 3:15 pm

#### Otology/Neurotology Innovations: Despite Skeptics Herbert Silverstein, MD

Prior to founding the Silverstein Institute in 1973 and the Ear Research Foundation in 1979,

**Herbert Silverstein, MD**, served on the teaching staffs of the Perelman School of Medicine at the University of Pennsylvania, the University of South Florida, Harvard University Medical School, and the Massachusetts Eye and Ear Infirmary. He has also served as director of the Walker Biochemistry Research Laboratory, and as associate professor and director of the Otolological Research Laboratory at the University of Pennsylvania.

Dr. Silverstein is internationally regarded as a leading authority on Ménière's disease, having received the Prosper Ménière Society's prestigious Gold Medal Honor Award in 1996 for his contributions to understanding the biochemistry of Ménière's disease and his surgical developments to treat the disease.

As a leader in otology/neurotology, Dr. Silverstein has developed surgical and diagnostic procedures and invented several medical instruments, including a new procedure for otosclerosis called the Laser STAMP (laser stapedotomy minus prosthesis), which does not require a prosthesis to restore the patient's hearing.

He has also developed many minimally invasive surgical techniques, including the Silverstein MicroWick™ for treating inner ear disease through the ear canal. He has been honored with the Howard P. House Award for Excellence in Ear Surgery and was awarded a presidential citation from the American Academy of Otolaryngology—Head and Neck Surgery.

Dr. Silverstein earned a bachelor's degree from Dickinson College and a master's degree and medical degree from the Lewis Katz School of Medicine at Temple University.

He is also a jazz pianist and has composed songs, produced CDs, and written a book on the subject of jazz, with all proceeds donated to the Ear Research Foundation.



### EUGENE N. MYERS, MD INTERNATIONAL LECTURE ON HEAD AND NECK CANCER

Monday, September 11, 2017 • 10 am-11 am

#### Functional Neck Dissection: The Great Unknown Javier Gavilán, MD

**Javier Gavilán, MD**, is chair of the department of otolaryngology at La Paz University Hospital in Madrid, Spain, a position he has held since 1997.

Dr. Gavilán's primary areas of research include head and neck cancer, specifically laryngeal cancer, surgical treatment of neck nodes, and thyroid surgery; otology; and skull-based surgery, with a particular interest in surgical approaches to the cerebellopontine angle. Recently, he has focused on implantable devices for hearing restoration.

Previously, Dr. Gavilán was a professor of otolaryngology at Autonomous University in Madrid and a visiting professor at Memorial Sloan Kettering Cancer Center, the University of Toronto, and the University of Pittsburgh.

He has published eight books as author or co-author, has had 250 papers published in scientific journals, and has written nearly 100 book chapters. He is frequently invited to present at scientific meetings and has been awarded more than 50 honors and grants.

Dr. Gavilán earned his medical degree at Autonomous University and completed his residency at La Paz University Hospital.



### H. BRYAN NEEL III, MD, PHD DISTINGUISHED RESEARCH LECTURE

Monday, September 11, 2017 • 2:30 pm - 3:30 pm

#### The Reduction of Suffering as the Organizing Focus for Care Thomas H. Lee, MD, MSc

**Thomas H. Lee, MD, MSc**, is the chief medical officer at Press Ganey Associates, a provider of patient experience measurement, performance

analytics, and strategic performance improvement solutions, currently serving more than 33,000 healthcare facilities. Additionally, Dr. Lee, an internist and cardiologist, practices primary care at Brigham and Women's Hospital in Boston. He is also a



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professor (part-time) at Harvard Medical School and the Harvard School of Public Health.

Previously, Dr. Lee served as network president for Partners Healthcare System and CEO for Partners Community HealthCare, Inc., the integrated delivery system founded by Brigham and Women's Hospital and Massachusetts General Hospital.

Dr. Lee is chair of the Board at Geisinger Health Plan; a member of the board of directors at Geisinger Health System; Health Leads; the Board of Overseers of Weill Cornell Medical College; the Special Medical Advisory Group of the Veterans Administration; and the Panel of Health Advisors of the Congressional Budget Office. He also serves as a member of the editorial board of *The New England Journal of Medicine*.

He played a leadership role in the healthcare reform in Massachusetts, and was a member of the Massachusetts Health Care Quality and Cost Council. He has held national leadership roles in defining and measuring quality of care, including serving on the Board of Overseers of the Malcolm Baldrige National Quality Award from 2008 to 2010 and the Committee on Performance Management of the National Committee for Quality Assurance.

Dr. Lee holds a bachelor's degree in history and science from Harvard College, a master's degree in epidemiology from the Harvard School of Public Health, and a medical degree from Cornell University Medical College.

Dr. Lee frequently lectures on the patient experience and strategies for improving the value of healthcare and has authored more than 260 academic articles and three books.

#### **COTTON-FITTON ENDOWED LECTURE IN PEDIATRIC OTOLARYNGOLOGY**

**Tuesday, September 12, 2017 • 9:30 am - 10:30 am**

#### **Pediatric Advances: Shaping Daily Practice for the Subspecialist and General Otolaryngologist** **Jennifer J. Shin, MD, SM**

**Jennifer J. Shin, MD, SM**, currently practices in the Harvard Department of Otolaryngology, where she serves as a vice chair of Academic Affairs. She chairs the Outcomes Research and Evidence-Based Medicine Leadership Group and Committee of the American Academy of Otolaryngology—Head and Neck Surgery. She also served as co-chair of the panel that developed the “Clinical Consensus Statement on Pediatric Chronic Rhinosinusitis” and as



assistant chair of the Clinical Practice Guideline on Otitis Media with Effusion. She is the associate editor for *Clinical Epidemiology and Outcomes Research for Otolaryngology—Head and Neck Surgery* and is a member of the AAO-HNSF Reg-ent<sup>SM</sup> Executive Committee. She also leads the Pediatric Clinical Advisory Committee, which jointly represents the American Academy of Otolaryngology—Head and Neck Surgery, American Society of Pediatric Otolaryngology, and American Board of Otolaryngology. Her first book, *Evidence-Based Otolaryngology* (2008), is among the publisher's most accessed works and has had over 42,000 accessions.

Dr. Shin is a graduate of Harvard College and Harvard Medical School. She completed her residency and fellowship in the Harvard program and was a fellow of the National Institutes of Health and the Howard Hughes Medical Institute. She holds a degree in epidemiology from the Harvard School of Public Health.

#### **JOHN CONLEY, MD LECTURE ON MEDICAL ETHICS**

**Tuesday, September 12, 2017 • 1:15 pm - 3:15 pm**

#### **Getting from Burnout to Wellness**

**Michael M. Johns III, MD**



**Michael M. Johns III, MD**, is the director of the USC Voice Center at the University of Southern California. Also at USC, he is the laryngology division director, director of Medical Student Education, and professor in the Caruso Department of Otolaryngology—Head and Neck Surgery. In addition to teaching and clinical care, he conducts research in the areas of laryngeal dystonia, the aging voice, and physician burnout.

Prior to his current positions at USC, Dr. Johns was the director of the Emory Voice Center of Emory Healthcare and chief of otolaryngology at Emory University Midtown Hospital. He has held academic positions at Emory University School of Medicine and Vanderbilt University Medical Center. Dr. Johns holds two U.S. patents related to laryngeal surgical simulation and surgery.

Dr. Johns is a graduate of the Johns Hopkins School of Medicine. He completed his residency in otolaryngology at the University of Michigan and trained as a research fellow through its National Institutes of Health T32 program. He then pursued

## Second feature in the Annual Meeting Guests of Honor Series Chinese Society of Otolaryngology-

“

As president of the AAO-HNS/F, it is my great honor to welcome the Chinese delegation of the Chinese Otolaryngology-Head and Neck Surgery Society to our Annual Meeting in Chicago. We look to the future of our two societies working together for the care of patients worldwide through collaboration and friendship.

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

”

■ Luo Zhang, MD, PhD, Professor  
President, Chinese Society of Allergy  
Director, Beijing Institute of Otolaryngology  
Vice President, Beijing TongRen Hospital

The Chinese Society of Otolaryngology-Head and Neck Surgery was founded during the First National Otolaryngology Academic Congress in 1952. With nearly 65 years of development, it now has seven divisions: otology, rhinology, laryngology, head and neck surgery, audiology, pediatric otolaryngol-



Members of the Chinese Society of Otolaryngology-Head and Neck Surgery and AAO-HNSF, 2017.

ogy, and voice medicine; 23 standing leaders; and 67 board members, representing approximately 28,000 otolaryngologist-head and neck surgeons who diagnose and treat disorders of the head and neck. It is a non-profit, non-political, scientific, and educational organization. The objectives of the society are improving the public benefit of education, training, and research in the fields of otolaryngology-head and neck surgery, and relief of patient suffering from ear, nose, and throat, and related diseases.

After decades of rapid development, the levels of clinical practice and various types of specialty research have improved greatly and played a more important role in the world. According to the ranking list, the top

otolaryngology-head and neck departments in China are Beijing TongRen Hospital, Eye and ENT Hospital of Fudan University, Chinese PLA General Hospital, Peking Union Medical College Hospital, the First Affiliated Hospital of Sun Yat-sen University, Wuhan Union Hospital, Xinhua Hospital Affiliated to Shanghai Jiao Tong University School of Medicine, Shandong Provincial Hospital, West China Hospital, and Xiangya Hospital Central South University. These famous ENT-head and neck surgery departments made remarkable contributions to the improvement of education, research, and treatment in China.

The Chinese Society of Otolaryngology-Head and Neck Surgery has developed a closer relationship with other countries recently.



# -Head and Neck Surgery



The First National Otolaryngology Academic Congress in 1952, which established the Chinese Society of Otolaryngology-Head and Neck Surgery.

Frequent exchanges between countries played a positive role in improving the specialty development. During March 3 to 7, 2017, **Gregory W. Randolph, MD**, president of American Academy of Otolaryngology—Head and Neck Surgery, and **James C. Denny III, MD**, executive vice president and CEO, visited China and built a great friendship and started the cooperation with the Chinese society.

During the visit, leaders of the two societies had a successful conversation, which further strengthens the current collaborations and mutually benefits the two societies.

As the Guest of Honor in the upcoming AAO-HNSF 2017 Annual Meeting & OTO Experience, our society will bring the best Chinese otolaryngologist-head and neck surgeons to attend the meeting and share our new research findings, developments, and



latest technologies in basic and clinical otolaryngology with the professionals from the world. ■



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# Navigating Change

Regulatory advocacy efforts  
under the new Administration



**U**nder the new Secretary of the Department of Health and Human Services, Tom Price, MD, the Academy has been actively working to address many issues currently confronting practicing otolaryngologist-head and neck surgeons, including prior authorization, reducing the regulatory burden on physicians, 2017 and 2018

MIPS reporting, and Alternative Payment Model (APM) development. In the first few months of the Administration, the Academy, the American College of Surgeons (ACS), the American Medical Association (AMA), and other medical associations and stakeholders have taken the following actions to help address some of the issues currently confronting our members.

### **Joint sign-on letter—prior authorization issue for Medicare Advantage (March 2017)**

The Academy signed on to a joint letter with the American Academy of Ophthalmology, ACS, American College of Radiology, and American Urological Association urging Centers for Medicare & Medicaid Services (CMS) to make two changes related to Medicare Advantage (MA) plans' use of prior authorization (PA) that would reduce burdens for physicians. The letter requests that CMS standardize the PA form across all payers; standardize the time the payer has to make a determination; standardize the time the payer has to inform the provider of the decision related to PA, as well as the amount of time to appeal such decisions; and preclude MA plans from denying coverage for items and services that have been pre-authorized. These five associations totaled more than 160,000 physicians, a strong showing on this important issue.

“

...the Academy has been actively working to address many issues...including prior authorization, reducing the regulatory burden on physicians, 2017 and 2018 reporting, and Alternative Payment Model (APM) development.

”

## **R. Peter Manes, MD, named coordinator for Health Policy**

**T**he Board of Directors approved combining the roles of the current coordinator for Socioeconomic Affairs, **Jane T. Dillon, MD, MBA**, and the coordinator for Practice Affairs, **Robert Lorenz, MD, MBA**, into one position—coordinator for Health Policy (CHP). An active search was led by **Gavin Setzen, MD**, and a search committee for a final candidate for the newly formed position. The position was marketed widely via the *OTO News*, HP Update, home page of the website, Facebook and Twitter, and *Bulletin*. The Search Committee and health policy staff participated in several conference calls to discuss several qualified candidates. Interviews took place for the CHP during the Leadership Meeting on March 11, 2017. The Search Committee nominated **R. Peter Manes, MD**, and his nomination was approved by the Board of Directors. He will spend six months training while Dr. Dillon and Dr. Lorenz complete their terms.

Dr. Manes is associate residency program

director, Yale School of Medicine, and has served as the Academy Relative Value Update Committee (RUC) advisor over the last several years and is a member of the Physician Payment Policy Workgroup (3P). He will serve as coordinator-elect through September 13, 2017, and then assume the coordinator role through 2021. During his time as CHP, he will also serve as the chair of 3P.

The health policy coordinator develops and maintains programs that provide socioeconomic and practice management advice related to health policy issues and will assist members with the socioeconomics of medicine. The coordinator will spearhead collaborative efforts with other specialty societies on priority health policy issues. ■



**R. Peter Manes, MD**

### **Specific areas of responsibility include:**

- Private sector advocacy in third-party reimbursement, including coordinating feedback to payers on policies related to otolaryngology-head and neck surgery.
- Coordinating the Academy's efforts to participate in the CPT coding and RVS systems through work with the Academy's members and advisors on the AMA's CPT Editorial Panel, the RUC, and the RUC's Practice Expense Review Committee (PERC).
- Providing input on related educational programs for the Annual Meeting and other business of medicine issues HP staff identifies.

### **AMA sign-on letter—additional exemptions for penalties under MU, PQRS, VM (March 2017)**

The Academy signed on to an AMA letter urging the Administration to take a series of steps to relieve the regulatory burden in the Meaningful Use (MU), Physician Quality Reporting System (PQRS), and value-based payment modifier (VM) programs prior to their replacement by the MIPS and APM programs and minimize the penalties assessed for physicians who tried to participate in these programs. The letter urges CMS to make new exemptions for the 2016 performance year to avoid payment adjustments in 2018.

### **Joint sign-on letter—regulatory relief for penalties for 2018 CMS programs, including zeroing out VM (March 2017)**

The Academy joined 13 medical specialty societies and signed on to an additional

letter requesting regulatory relief, led by the American Academy of Ophthalmology. This letter requested that CMS zero out the VM and eliminate currently scheduled penalties for 2018. The Academy believes continued collaboration with other specialty societies is important, especially when the specialty leading the effort has similar issues to the Academy, such as subspecialists incurring penalties based on inappropriate risk methodology.

### **AMA Alternative Payment Model Workshop (March 20, 2017)**

James C. Denny III, MD, CEO and EVP, and Academy staff attended an AMA-sponsored APM workshop in Washington, DC, on March 20, allowing participants to discuss possible solutions to several of the key challenges facing physicians who are developing and implementing APMs. During

this meeting, Frank G. Opelka, MD, medical director for Quality and Health Policy, ACS, and representatives from the Brandeis team reviewed the methodology behind the ACS APM model, which the Academy has participated in by providing input on three otolaryngology groupers: functional endoscopic sinus surgery (FESS), thyroid, and parathyroid. The goal of the ACS model is to make measures applicable to all surgeons. Patrick H. Conway, MD, deputy administrator for Innovation and Quality and CMS Chief Medical Officer, was also in attendance and acknowledged the gap of specialty-specific APMs. He noted specialty specific APMs would be a good area for small pilot programs in the future.

The Academy will continue to work on behalf of our members on these and other issues to reduce the regulatory burden facing physicians today and to ensure members can continue caring for their patients. ■



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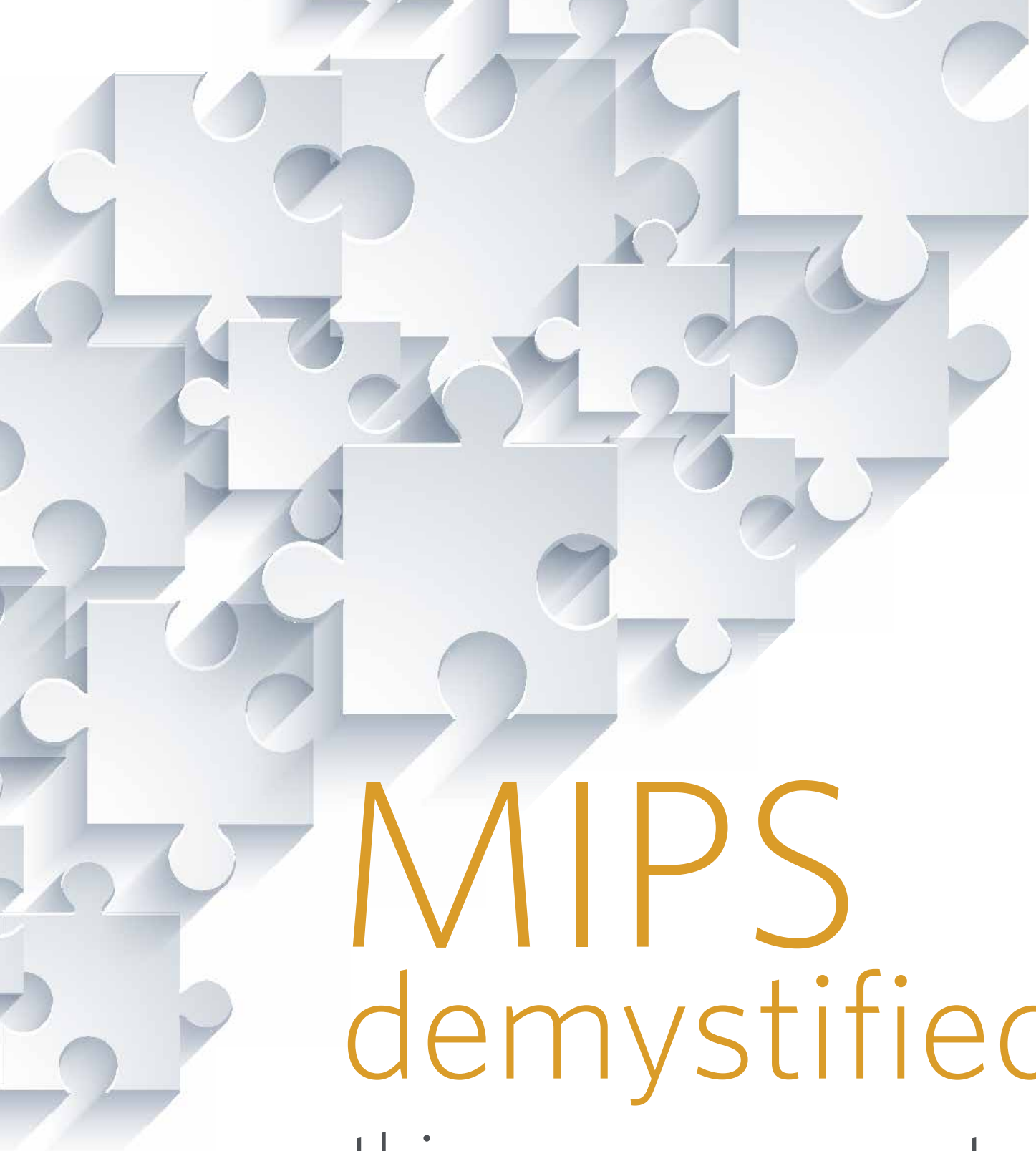
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# MIPS

## demystified

things you may not  
know about **MIPS**



The Medicare Access and CHIP Reauthorization Act of 2015 (MACRA) will affect nearly every physician in the United States, requiring them to collect and report data on quality of care, practice activities, and technology. With all of the changes taking place, and despite the final rule being released in October 2016, some misconceptions have arisen. To avoid further confusion and to better assist AAO-HNS members, here are answers to questions membership has raised over the last few weeks.

**Q Does MIPS eliminate the Physician Quality Reporting System (PQRS), Meaningful Use (MU), and Value-Based Modifier (VBM) programs?**

**A** While the MIPS program sunsets PQRS, MU, and VBM programs for 2017, physicians will still receive payment adjustments under all three programs in 2017 and 2018, based on 2015 and 2016 reporting, respectively. Additionally, MIPS consolidates and “rebrands” these three programs into four categories: quality, advancing care information (ACI), improvement activities (IA), and cost. Quality replaces PQRS and includes many of the same required metrics; ACI replaces MU, also borrowing measures from its legacy program; IA is a new component addressing care coordination and patient engagement and safety; and cost replaces the VBM program (in 2018).

**Q I participate in an Accountable Care Organization (ACO), do I need to be concerned about MIPS?**

**A** Yes. As long as you meet the minimum reporting threshold under MIPS or do not participate under and meet the Advanced APM thresholds for a CMS designated Advanced Alternative Payment Model (APM), you will be scored under MIPS in 2017. However, many ACOs count as a “MIPS APM,” and participants in MIPS APMs receive special MIPS scoring under the “APM scoring standard.” Under the APM scoring standard, groups will not need to report MIPS quality measures, and CMS will assign scores to MIPS eligible clinicians (ECs) in the improvement activity performance category.

**Q Do I need a Certified Electronic Health Record (EHR) to report under MIPS?**

**A** In 2017, you do not need to use an EHR to report under MIPS to avoid a penalty. Under the test pace, ECs can report on one quality measure or one improvement activity via claims, a registry, such as Reg-ent<sup>SM</sup> (see page 25), web interface, attestation, and other means. In order to potentially qualify for a bonus payment, use of EHR is required for the ACI category. However, in 2018, ECs will need to report the Advancing Care Information performance category, which requires the use of a Certified EHR.

**Q I am currently using 2014 Certified EHR for MIPS, do I need a 2015 Certified EHR?**

**A** For 2017 reporting, ECs and groups can use 2014 Certified EHR technology (CEHRT) to report under MIPS. However, CMS has indicated in future years, 2015 CEHRT will be required to successfully report under MIPS. Physicians face administrative challenges when transitioning and implementing new EHR systems. We recommend preparing earlier rather than later to learn a new system that will ensure you meet the MIPS requirements.

**Q If the Affordable Care Act (ACA or Obamacare) gets repealed, will MIPS end?**

**A** No. The Affordable Care Act and the MIPS program were passed under different legislation. The MIPS and Advanced APM programs were passed as part of MACRA, which replaced the flawed Sustainable Growth Rate (SGR) for Medicare payment. Even if the ACA is repealed, the AAO-HNS expects the MIPS and Advanced APM programs to continue. ■

## What Can I Submit for Each Category in 2017?

This resource provides a non-exhaustive sample of measures for quality, advancing care information, and improvement activities that may apply to otolaryngologist—head and neck surgeons reporting under the partial or full reporting period. For more information on reporting period options, visit [www.entnet.org/mips-reporting](http://www.entnet.org/mips-reporting). Make sure to consider your reporting method, practice size, patient mix, and performance period to choose the reporting period and measures that best suit you. You can access a full list of the measures at [www.qpp.cms.gov](http://www.qpp.cms.gov).

### QUALITY PERFORMANCE: 60% OF SCORE



To satisfy the Test reporting option for 2017, Eligible Clinicians (ECs) can choose to report one quality measure.

To satisfy the Partial and Full reporting options, ECs are required to select up to six (6) measures, including one (1) outcome measure (or high priority measure if outcome measure not available).

The Academy has identified 40 measures that may be applicable to Otolaryngologists for MIPS reporting.

#### These measures assess care in the following clinical areas:

Acute Otitis Externa	#91, 93
Adult Sinusitis	#331, 332, 333, 334
Sleep Apnea	#276, 277, 278, 279
Asthma	#398, 444
Surgery	#355, 356, 357, 358
Falls	#154, 155
Opioid Therapy	#408, 412, 414
Perioperative Care and Screening	#21, 23
Preventive Care and Screening	#110, 111, 128, 226, 317, 431
Other	#46, 47, 65, 66, 130, 131, 238, 265, 402, 404, 435

The Reg-ent<sup>SM</sup> Clinical Data Registry offers additional otolaryngology-specific measures for MIPS reporting via Qualified Clinical Data Registry (QCDR). For additional details on available Reg-ent<sup>SM</sup> measures, visit: [www.entnet.org/reg-ent-measures](http://www.entnet.org/reg-ent-measures).

### ADVANCING CARE INFORMATION: 25% OF SCORE



The Advancing Care Information (ACI) score is the combined total of the following three scores: the required Base score (50%); the Performance score (up to 90%); and a bonus score (up to 15%). Clinicians must report the base score to get any credit for the ACI category.

#### In 2017, there are two measure set options for reporting:

2014 OR 2015 EDITION TECHNOLOGY	2015 EDITION TECHNOLOGY
2017 Advancing Care Information Transition Objectives and Measures	Advancing Care Information Objectives and Measures

#### Required base score measures include:

Security Risk Analysis	All Editions
e-Prescribing	All Editions
Provide Patient Access	All Editions
Send a Summary of Care	2015 Edition Only
Request/Accept Summary of Care	2015 Edition Only
Health Information Exchange	2014 Edition Only

ECs using 2015 edition technology may choose up to 9 additional performance score measures while ECs using 2014 or 2015 edition technology may choose up to 7 additional performance score measures. Additional details for the performance score measures are available at <https://qpp.cms.gov/measures/aci>.

Bonus points are available for ECs reporting to one or more designated public health and clinical data registry and reporting certain improvement activities using Certified Electronic Health Record Technology (CEHRT).

### IMPROVEMENT ACTIVITIES: 15% OF SCORE



In 2017, ECs are required to attest to completing up to four improvement activities adding up to a total score of 40 points. High weighted activities are worth 20 points while medium weighted activities are worth 10 points. ECs can choose from 92 different activities in eight (8) different subcategories.

**Improvement activity subcategories include:** A full list of improvement activities and details may be found at <https://qpp.cms.gov/measures/ia>.

Achieving Health Equity	Care Coordination	Patient Safety & Practice Assessment
Behavioral and Mental Health	Emergency Response & Preparedness	Population Management
Beneficiary Engagement	Expanded Practice Access	



The Academy's Reg-ent<sup>SM</sup> Clinical Data Registry provides participating members the capabilities to report on the three required categories of MIPS 2017: quality, ACI, and improvement activities. Please visit [www.reg-ent.org](http://www.reg-ent.org) to learn

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# FAQs

## Reg-ent<sup>SM</sup> MIPS reporting

### How will the Reg-ent registry help my practice with the Merit-based Incentive Payment System (MIPS) 2017 reporting?

Reg-ent's enhanced technology platform will accommodate all required 2017 MIPS reporting categories, including Quality Performance, Advancing Care Information (ACI), and Improvement Activities (IA).

### By what date must I join Reg-ent to report MIPS 2017?

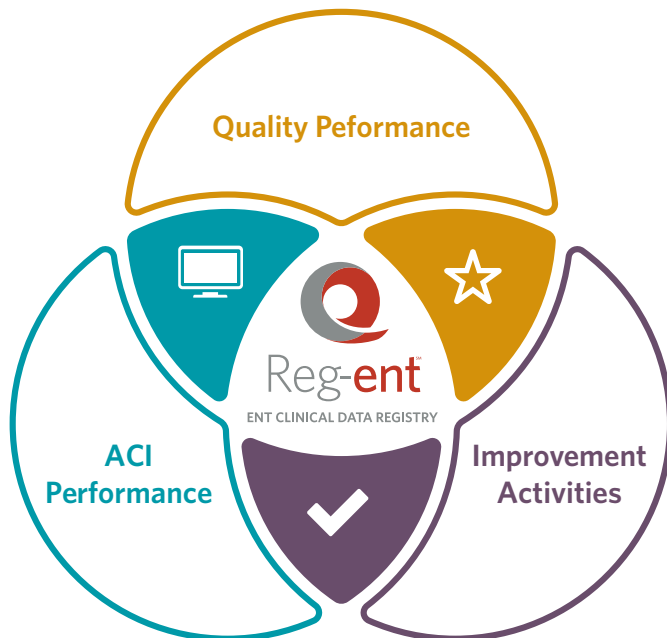
All practices must have contracts executed by July 15, 2017, to report MIPS 2017 via the Reg-ent registry.

### When will Reg-ent submit data to CMS?

Submission of data to CMS will begin upon conclusion of the 2017 performance year from January 1, 2018, through March 31, 2018.

### Will I be able to track my performance, scores, and potential payment adjustments?

Yes. Reg-ent participants will be able to view and track their scores in each reporting category within the Reg-ent MIPS dashboard and use a payment adjustment estimator to determine potential payment adjustments. All final payment adjustments are determined by the Centers for Medicare & Medicaid Services (CMS) and will be applied in 2019 for the 2017 reporting year. ■



## 2017 MIPS reporting with Reg-ent<sup>SM</sup>

Reg-ent will accommodate all required 2017 MIPS reporting categories including Quality Performance, Advancing Care Information (ACI), and Improvement Activities (IA). Sign your contract by **July 15, 2017**, to make Reg-ent your MIPS reporting partner. The sooner you sign your contract, the more time you will have to review your data and make adjustments as needed to maximize your participation. [www.entnet.org/Reg-ent](http://www.entnet.org/Reg-ent)

### New in 2017

- Scoring engines for each reporting category.
- Web entry forms available for paper-based practices for the Quality Performance category.
- Web entry forms for ACI and IA categories reporting.
- Payment adjustment estimator.
- Multiple mapping refinements and complete review before CMS submission.
- Ability to track and revise practice participants, monitor AAO-HNS membership, and renew contracts all from your Reg-ent dashboard.

Sign your contract by July 15:  
[www.entnet.org/reg-ent](http://www.entnet.org/reg-ent)

# Collaboration proves key to successful policy

Last October, the Blue Cross Blue Shield Association (BCBSA) reached out to the Academy requesting clinical input on their draft Injectable Bulking Agents for Vocal Cord Insufficiency medical policy. The draft policy was expected to be a new national reference policy, which local BCBS plans could decide whether or not to adopt, and identified injection augmentation (injection laryngoplasty) for the treatment of vocal fold insufficiency, including but not limited to paralysis, paresis, atrophy, or scar, as investigational.

During the review, the Health Policy Team worked with the Airway & Swallowing Committee, Voice Committee, Endocrine Committee, Physician Payment Policy (3P) Workgroup, and other physician experts (Clark Rosen, MD; Gaelyn Garrett, MD;



Mark Courey MD; and Michael Johns, MD) to provide input on medical evidence and medical literature on the coverage criteria for the treatment of vocal fold insufficiency.

Academy physician leaders were concerned with the limitations of the policy and arranged a conference call with BCBSA to justify the appropriate use of injection laryngoplasty for the relevant disease processes and indications. Following the meeting, the

Academy also submitted a follow-up letter to BCBSA detailing relevant medical evidence, patient scenarios, improvements to qualify of life and an overall demonstration of why reliance on randomized controls trials for surgical procedures went against the established standard of care. Due to the extensive feedback from the Academy, this past March, BCBSA determined the procedure to be the standard of care and decided against releasing a medical policy limiting coverage for the procedure.

Thanks to the hard work of Academy committee members and our physician leaders, the extensive review of the policy beforehand prevented future limitations to coverage of physicians and their patients. For more updates like this private payer advocacy win, please visit <http://www.entnet.org/content/private-payer-advocacy>.



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## PATIENT HEALTH INFORMATION

# Swimmer's ear

Affecting the outer ear, swimmer's ear (also called acute otitis externa) is a painful condition resulting from inflammation, irritation, or infection. These symptoms often occur after water gets trapped in your ear, with subsequent spread of bacteria or fungal organisms. Because this condition commonly affects swimmers, it is known as swimmer's ear. Swimmer's ear often affects children and teenagers, but can also affect those with eczema (a condition that causes the skin to itch), or excess earwax. Your doctor will prescribe treatment to reduce your pain and to treat the infection.

### What causes swimmer's ear?

A common source of the infection is increased moisture trapped in the ear canal, from baths, showers, swimming, or moist environments. When water is trapped in the ear canal, bacteria that normally inhabit the skin and ear canal multiply, causing infection of the ear canal. Swimmer's ear needs to be treated to reduce pain and eliminate any effect it may have on your hearing, as well as to prevent the spread of infection. Other factors that may contribute include:

- Contact with certain chemicals such as hair spray or hair dye (Avoid this by placing cotton balls in your ears when using these products.)

- Damage to the skin of the ear canal following water irrigation to remove wax
- A cut in the skin of the ear canal
- Other skin conditions affecting the ear canal, such as eczema or seborrhea
- Contact with excessive bacteria that may be present in hot tubs or polluted water
- Excessive cleaning of the ear canal with cotton swabs or anything else

### What are the signs and symptoms?

The most common symptoms are itching inside the ear and pain that gets worse when you tug on the auricle (outer ear). Other signs and symptoms may include any of the following:





- Sensation that the ear is blocked or full
- Drainage
- Fever
- Decreased hearing
- Intense pain that may spread to the neck, face, or side of the head
- Swollen lymph nodes around the ear or in the upper neck. Redness and swelling of the skin around the ear

**If left untreated, complications resulting from swimmer's ear may include:**

- Hearing loss. When the infection clears up, hearing usually returns to normal.
- Recurring ear infections (chronic otitis externa). Without treatment, infection can continue.

- Bone and cartilage damage (malignant otitis externa). Ear infections when not treated can spread to the base of your skull, brain, or cranial nerves. Diabetics and older adults are at higher risk for such dangerous complications.

To evaluate you for swimmer's ear, your doctor will look for redness and swelling in your ear canal. Your doctor also may take a sample of any abnormal fluid or discharge in your ear to test for the presence of bacteria or fungus (ear culture) if you have recurrent or severe infections.

**How is swimmer's ear treated?**

Treatment for the early stages of swimmer's ear includes careful cleaning of the ear canal and use of eardrops that inhibit bacterial or fungal growth and reduce inflammation. Mildly acidic solutions containing boric or acetic acid are effective for early infections.

**How should ear drops be applied?**

Drops are more easily administered if done by someone other than the patient.

The patient should lie down with the affected ear facing upwards. Drops should be placed in the ear until the ear is full.

After drops are administered, the patient should remain lying down for a few minutes so the drops can be absorbed.

If you do not have a perforated eardrum (an eardrum with a hole in it) or a tympanostomy tube in your eardrum, you can make your own eardrops using rubbing alcohol or a mixture of half alcohol and half vinegar. These eardrops will evaporate excess water and keep your ears dry.

Before using any drops in the ear, it is important to be sure you do not have a perforated eardrum. Check with your otolaryngologist if you have ever had a perforated, punctured, or injured eardrum, or if you have had ear surgery.

For more severe infections, your doctor may prescribe antibiotics to be applied directly to the ear. If the ear canal is swollen shut, a sponge or wick may be placed in the canal so the antibiotic drops will enter the swollen canal more effectively. Pain medication may also be prescribed. If you have tubes in your eardrum, a non oto-toxic (do not affect your hearing) topical treatment

should be used. Topical antibiotics are effective for infection limited to the ear canal. Oral antibiotics may also be prescribed if the infection goes beyond the skin of the ear canal.

Follow-up appointments are very important to monitor improvement or worsening, to clean the ear again, and to replace the ear wick as needed. Your otolaryngologist has specialized equipment and expertise to effectively clean the ear canal and treat swimmer's ear. With proper treatment, most infections should clear up in 7-10 days.

**Why do ears itch?**

An itchy ear may be caused by a fungus or allergy, but more often from chronic dermatitis (skin inflammation) of the ear canal. Otolaryngologists also treat allergies, and they can often prescribe an eardrop, cream, or ointment to treat the problem. ■



**Tips for prevention**

- A dry ear is unlikely to become infected, so it is important to keep the ears free of moisture during swimming or bathing.
- Use ear plugs when swimming
- Use a dry towel or hair dryer to dry your ears
- Have your ears cleaned periodically by an otolaryngologist if you have itchy, flaky or scaly ears, or extensive earwax
- Don't use cotton swabs to remove ear wax. They may pack ear wax and dirt deeper into the ear canal, remove the layer of earwax that protects your ear, and irritate the thin skin of the ear canal. This creates an ideal environment for infection.

## Free Registration for Attendees of Our Guest Society - ERS European Rhinologic Society



*Family Friendly City!  
So much to see!*



6<sup>TH</sup> Annual

# Summer Sinus Symposium

*The Best Sinus Course in the World:  
Improving Rhinology from Office to OR*

The ARS has structured this meeting to inform and educate every OTOLARYNGOLOGIST treating nasal and sinus disease.

*New City!  
New Venue!*

**July 14-16, 2017**

**Omni Shoreham Hotel, Washington, DC**

<https://www.omnihotels.com/hotels/washington-dc-shoreham>



**KEYNOTE SPEAKER**

**U.S. Congressman Phil Roe, MD**  
*"Healthcare Reform in Congress:  
Where We've Been and Where  
We're Going"*

- Representative of Tennessee
- Chairman VA Committee
- Co-Chair House GOP Doctors Caucus

**FREE REGISTRATION for Attendees of Our Guest Society -  
European Rhinologic Society**

Program, Registration & Housing link: <http://www.american-rhinologic.org/ss>

## SO MUCH TO SEE IN WASHINGTON D.C.



To help ensure a very special visit for ARS members and their families, we have an agreement with Context Travel to provide small group and tailored tours to our members at a 10% discount. The link below provides information on Context Travel and some tours you can book through their website.

**ALL TOURS:** General Link for Context Travel: <https://www.contexttravel.com/cities/washington?ref=amrhso>

Contact: Wendi Perez, ARS Executive Administrator, Tel: 973.545.2735, Fax: 973.545.2736, [wendi@amrhso.com](mailto:wendi@amrhso.com)

ARS, PO Box 269, Oak Ridge, NJ 07438 | [www.american-rhinologic.org](http://www.american-rhinologic.org)



Atlanta, GA, USA

**Department of Otolaryngology – Head and Neck Surgery**

**Course Director:**

Esther X. Vivas, MD

**Course Faculty:**

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

**Temporal Bone Surgical Dissection Courses**

**5 Day Courses**

March 26-30, 2018

October 1-5, 2018

March 25-29, 2019

October 28-Nov 1, 2019

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

**CME:** 45 Category 1 Credits

For more information, please visit our website at:

**[www.otolaryngology.emory.edu](http://www.otolaryngology.emory.edu)**

or you may email us at:

**[emoryotolaryngology@emory.edu](mailto:emoryotolaryngology@emory.edu)**

**23rd ANNUAL**

**UTAH OTOLARYNGOLOGY UPDATE**

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

**Guest Speakers:**

**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

For more information visit:

<http://medicine.utah.edu/surgery/otolaryngology/conferences>



**Lone Star**  
**Rhinology & Rhinoplasty**

Houston, Texas | November 3-6, 2017



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**Join us for an exciting  
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**November 3-4 | Rhinology**

**Course Directors**

Martin J. Citardi, MD  
Amber Luong, MD, PhD  
William Yao, MD

**Planning Committee**

Ashleigh Halderman, MD  
Bradley Marple, MD  
Matthew Ryan, MD

**Guests of Honor**

Pete S. Batra, MD  
Ralph Metson, MD

**November 5-6 | Rhinoplasty**

**Course Director**

Russell Kridel, MD

**Planning Committee**

Christian Conderman, MD  
Tang Ho, MD  
Angela Sturm, MD

**Guests of Honor**

Ira Papel, MD  
Jonathan Sykes, MD

**[www.LoneStarCME.org](http://www.LoneStarCME.org)**





## Otolaryngology

**Call This "Top 10" Community Home**

Seeking a BE/BC Otolaryngologist to join our collegial, collaborative team. Practice medicine in a vibrant, Big-12 university city and enjoy a family friendly, Midwestern lifestyle where your patients are your friends and neighbors.



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

Featured 8th in Money Magazine's "Best Places to Live," Ames, Iowa is recognized as an active, friendly community with plenty to do. 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.

EEO/AA Employer/Protected Vet/Disabled

**Contact Doug Kenner**  
**866.670.0334 or dkenner@mountainmed.net**

  
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## The Charleston Course *At the Beach!*

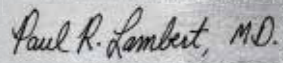
**7<sup>th</sup> Annual Otolaryngology Literature Update**  
 Medical University of South Carolina  
 July 14-16, 2017 | Kiawah Island Golf Resort, SC


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

*Our 7th Annual Literature Update Course is designed to help!*


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

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

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



Otolaryngology – Head & Neck Surgery  
 Contact: 843-876-0943 • Email: [tayloju@musc.edu](mailto:tayloju@musc.edu)  
 Website: [ENT.musc.edu](http://ENT.musc.edu)



## CPOP

### Certificate Program for Otolaryngology Personnel

**The CPOP program is a three-phase training program to teach basic hearing evaluation.**

**For Information, contact:**

**Alison Devine**  
 Michigan Ear Institute  
 248-865-4135 • [earmei@aol.com](mailto:earmei@aol.com)

**Registration Deadline:** September 1, 2017

**Fee:** \$1750 (includes course materials and a 2-1/2 day workshop). Book, travel & lodging not included.

<http://www.michiganear.com/conferences-and-courses.html>

**Co-coordinators:**  
 Eric Sargent, MD (Michigan Ear Institute) &  
 Jeffrey Weingarten, MD (Ear, Nose & Throat Consultants)

*Licensed program of the American Academy of Otolaryngology - Head and Neck Surgery.*

This three-phase program is designed to be a cost-effective way to increase office efficiency and provide basic audiology services. OTOtechs allow audiologists to provide advanced hearing and balance services.

Each CPOP registrant must be sponsored by an otolaryngologist who will provide guidance and oversight. The otolaryngologist is responsible for monitoring the OTOtech's progress and specifying the role of the tech in the office.

The three phases of training are: 1) self study; 2) hands-on workshop; and 3) six-month period of supervised patient testing. A Certificate of Completion will be issued after satisfying requirements.

**Important Note:** In June 2010, CMS clarified the Medicare policy on billing for audiology services. Not all services learned in this course are eligible for Medicare reimbursement in most states. Most commercial insurances do reimburse for services provided by OTOtech staff.

**October 13-15, 2017: VanElslander  
 Surgical Innovation Center Providence Park Hospital  
 Novi, Michigan**

**SOUTH FLORIDA ENT ASSOCIATES**

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

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

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

This position will include both office and hospital settings.

**Requirements:**

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

For more information about us, please visit [www.sfenta.com](http://www.sfenta.com).

**Contact Information:**

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



Plymouth Ears Nose & Throat has an immediate opening for a full-time Otolaryngologist. Plymouth ENT is a large, private practice with multiple locations in Plymouth, Bourne, Hyannis and Weymouth.

We provide full service ENT including Audiology, Hearing Aid Sales, Allergy, Facial Plastics, Vestibular testing, pH/Manometry, Ultrasound, FEEST and Strobe testing, as well as Sleep Lab testing.

We offer an excellent salary/bonus incentive, health and dental insurance, paid vacation, malpractice insurance and CME reimbursement. Attractive revenue opportunities beyond professional income includes sleep diagnostics, real estate, and ancillary testing.

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

Plymouth is a seaside community conveniently located 30 minutes south of Boston and 30 minutes north of Cape Cod.

**REQUIREMENTS:**

Board Certified or Board Eligible  
Graduate from accredited residency program in Otolaryngology  
Excellent communication and interpersonal skills

For additional information, please visit [plymouthent.com](http://plymouthent.com)  
**\$100,000 - Sign on Bonus**

**Contact Information:**

Barbara McIver, #508-746-8979, [mciverbarbara.plymouthent@yahoo.com](mailto:mciverbarbara.plymouthent@yahoo.com)



## HEAD AND NECK SURGERY OPPORTUNITY AVAILABLE AT SANFORD CLINIC – SIOUX FALLS, SD

Seeking a Head and Neck Surgeon to join an established head and neck cancer practice with multidisciplinary care. Walk into a full Head and Neck cancer practice with all the amenities of a large university with a very attractive salary and the ability to do research if interested!

**Practice Details:**

- Call schedule is 1:5 with no mandatory trauma call
- Join an exciting, innovative Head and Neck program
  - Established microvascular reconstruction program
  - Established TORS program
  - Multiple active head and neck cancer clinical trials including several investigator initiated clinical trials with strong institutional support for research and potential for protected research time depending on interest
  - Head and neck cancer nurse navigation with experienced head and neck cancer focused Nurse Practitioners and Physician's Assistants in the clinic and operating room.
- Join a team of well-trained ENT physicians, audiologists, APPs & support staff within the department
- 545-bed, Level II Trauma Center
- Large, State-of-the-Art Surgical Suites
- Competitive compensation and comprehensive benefit package
- Excellent retention incentive & relocation allowance

Sioux Falls, SD is one of the fastest growing areas in the Midwest and balances an excellent quality of life, strong economy, affordable living, safe and clean community, superb schools, fine dining, shopping, arts, sports, nightlife and the ability to experience the beauty of all four seasons. The cost of living is competitive with other leading cities in the region and South Dakota has no state income tax. Check us out at [practice.sanfordhealth.org](http://practice.sanfordhealth.org).

**For More Information Contact:**

Deb Salava, Sanford Physician Recruitment  
(605) 328-6993 or (866) 312-3907 or email:  
[debra.salava@sanfordhealth.org](mailto:debra.salava@sanfordhealth.org)



**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](http://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](mailto:kim.g.lanzillotti@kp.org).

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

**CANDIDATE MUST BE:**

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

For more information on our practice, please visit:

**[www.entsavannah.com](http://www.entsavannah.com)**

or contact:

**Kathy R. Layne, CMPM**

Practice Manager

(912) 629-4535

**[klayne@entsavannah.com](mailto:klayne@entsavannah.com)**

The Department of Otolaryngology at UTMB Health in Galveston, Texas is actively recruiting candidates for the full-time position of

**Vice-Chair of Clinical Affairs**

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



This position entails opportunities to participate in all aspects of clinical practice, as well as resident and medical student teaching. Additionally, this position will work closely with the Chair to provide leadership and oversight to a highly productive Department that services three campuses. Significant opportunities exist to engage in leadership positions in the University at large. Candidates with a demonstrated interest and track record in clinical leadership preferred.

UTMB Health is undergoing rapid growth as exemplified by the building of two-cutting edge surgical hospitals, and the acquisition of a third. With a light call schedule and generous benefits, this is an outstanding opportunity in one of the fastest growing geographic regions in the country.



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

**Please direct your Letter of Interest and CV to:**

Vicente Resto, MD, PhD, FACS

Chief Physician for Growth, UTMB Health

Associate Chief Physician Executive for Faculty Group Practice

Professor and Chair, Department of Otolaryngology

301 University Boulevard, Galveston, TX 77555-0521

Email: [varesto@utmb.edu](mailto:varesto@utmb.edu)

Phone: 409-772-2701





Seacoast New Hampshire

Less than an hour from the mountains, lakes and Boston

We are committed to developing an innovative, best-in-class ENT services and are seeking candidates who share that passion to join our group. With that in mind, successful candidates must have strong clinical skills and be fully committed to providing exceptional and compassionate care.

- Competitive salary and benefits
- No sales or state income tax
- Rural or suburban living
- Excellent choices for school systems
- Dining, theatre, museums and other cultural activities all within 30 minutes
- 4 seasons of activities: hiking, biking, fishing, skiing
- Driving distance to universities if you are passionate about teaching

We value the quality of life and family here on the Seacoast area, so we encourage all our providers to maintain a good balance between their personal and professional lives.

The Seacoast area is within close proximity to Boston and Logan International Airport, while maintaining a rural lifestyle. It truly is the best of both rural and urban worlds.

Our medical staff includes more than 250 physicians and other healthcare providers representing 39 specialties. Our services include, but are not limited to, Primary Care, Urgent Care, Emergency Medicine, ENT, Intensive and Critical Care Units, OB, Pediatrics, Vascular and Wound Care, Cardiology and Interventional Radiology. We have 24-hour anesthesia and on call OR staff.

Direct Contact Information: Contact Michele at 603-321-6247 or email: [frisbiehospital@comcast.net](mailto:frisbiehospital@comcast.net)



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](mailto:debra.ferrari@bassett.org)  
or visit our web-site at [www.bassettopportunities.org](http://www.bassettopportunities.org)

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



AUGUSTA UNIVERSITY  
**MEDICAL COLLEGE  
OF GEORGIA**

### HEAD AND NECK SURGEON

- 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](mailto:skountakis@augusta.edu)

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

## PEDIATRIC OTOLARYNGOLOGY POSITION

Sound Health Services, the largest private ENT group in the Midwest with 25 otolaryngologists



in metropolitan St. Louis, is expanding its busy PEDIATRIC OTOLARYNGOLOGY DIVISION located 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](mailto:crowland@soundhealthservices.com). You may also visit our website at [soundhealthservices.com](http://soundhealthservices.com).



Join a Leading Children's Hospital in South Florida



### PEDIATRIC OTOLARYNGOLOGY - PALM BEACH, FL

The Division of Pediatric Otolaryngology - Head & Neck Surgery at Joe DiMaggio Children's Hospital is looking to add a fourth experienced surgeon to its team. The ideal candidate will have at least five years of experience in practice and will be highly proficient in tertiary-level pediatric otolaryngology procedures and possess exemplary teaching, research and program development skills.

With plans to open in mid-2018, the 30,000-square-foot newly constructed Joe DiMaggio Children's Hospital Pediatric Specialty Clinic - Wellington will be home to offices for a variety of pediatric specialists offering services to local patients in need of additional specialists. Services offered will include, but are not limited to, orthopaedics (sports medicine and surgery), neurology, otolaryngology, general surgery, endocrinology and pulmonology. Physicians will be part of the hospital-employed Memorial Physician Group at Joe DiMaggio Children's Hospital.

#### About Joe DiMaggio Children's Hospital

Joe DiMaggio Children's Hospital opened in 1992 and has grown to be the leading children's hospital in Broward and Palm Beach Counties with 226 beds, an 84-bed Level II and III NICU, 30-bed PICU and 12-bed intermediate care unit.

[visit memorialphysician.com](http://visit.memorialphysician.com)



## Full time Specialty and Sub-Specialty Positions Available At the Preeminent Otolaryngology Partnership in the Nation

Here's your opportunity to become a member of ENT and Allergy Associates, LLP (ENTA) and serve patients in state-of-the-art clinical offices in **New York**, the **Hudson Valley**, **Long Island** and **New Jersey**.

ENTA is a wholly patient-centered practice, requiring the highest level of quality care from our physicians. We offer new associates:

- The collegial expertise and guidance of nationally and internationally recognized specialists and subspecialists
- The prestige of an academic institution, without the bureaucracy
- Clinical faculty appointments at renowned tertiary centers including **Mount Sinai**, **Northwell** and **Montefiore**
- A starting salary of \$300,000
- A well-traveled road to partnership without buy-ins and buy-outs
- A governance structure that gives you a voice from Day 1, and colleagues who understand there is more to life than just practicing medicine

Opportunities are currently available at a number of our offices across New York and New Jersey.

For more information, contact our President, **Robert Green, MD** ([Rgreen@entandallergy.com](mailto:Rgreen@entandallergy.com)) or our Chief Executive Officer, **Robert Glazer** ([Rglazer@entandallergy.com](mailto:Rglazer@entandallergy.com) or call 914-490-8880).

## OTOLARYNGOLOGY OPPORTUNITY

*Columbus, Ohio*

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

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

### Requirements:

Board Certified or Eligible

Excellent communication and interpersonal skills

Graduate from an accredited residency program in ENT

If interested, please contact

Jeff Brubaker, CEO

Ohio ENT & Allergy Physicians

614-233-2356 or [Brubakerj@ohpin.com](mailto:Brubakerj@ohpin.com)



## Otolaryngologist Opportunity in Beautiful Eastern North Carolina

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

### **Full range of services including:**

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

### **Other Specifics:**

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

Contact: Amber Canzater at  
[PhysicianRecruitment@unchealth.unc.edu](mailto:PhysicianRecruitment@unchealth.unc.edu) or by phone at 919-923-0242  
 No Agencies, please.





We are a well-established, highly respected ENT private practice in Columbia, SC in search of additional otolaryngologists with subspecialty training in Otology/lateral skull base, Pediatrics, or Head and Neck surgery. Positions are open to both new graduates and experienced physicians.

Our practice strives for ideal patient care in a friendly, pleasant work environment. We serve the greater Columbia area through two office locations where we provide comprehensive ENT and allergy services, audiology services including hearing aids, and CT scanning.

Outpatient surgery is performed in our physician owned ambulatory surgery center with potential buy in opportunity for physicians joining our practice. We offer a competitive compensation package.

The Columbia area is a great place to live with year round outdoor activities, family friendly community, and easy access to mountains and coastal beaches. The cost of living here is relatively low. Theater, symphony, excellent dining, white water kayaking, fly fishing, NCAA Division I athletics, and a host of other opportunities for recreation and community involvement are readily available.

**Contact Information:**

Please send resumes to ENTcompletecare@gmail.com.



THE UNIVERSITY OF ARIZONA  
COLLEGE OF MEDICINE TUCSON

## Otolaryngology - Head & Neck Surgery

The Department of Otolaryngology – Head and Neck Surgery, at the University of Arizona (UA) College of Medicine (COM) in Tucson, Arizona is seeking a fellowship-trained neurotologist at the Assistant/Associate Professor level. Expertise in the treatment of diseases of the hearing and balance system is required, including surgery for chronic ear disease, middle ear surgery, implantable hearing devices, skull base tumors, and lateral skull base surgery. In addition to clinical services, responsibilities will include teaching medical students and residents, and opportunities are available for clinical/basic research. This opening is a superb opportunity for an otologist/neurotologist seeking opportunities for academic growth and an excellent clinical experience.

The Department of Otolaryngology – Head and Neck Surgery has rapidly grown to offer the full breadth of clinical and research programs. Currently, the department consists of 9 clinical faculty and 3 basic science faculty. We have been continuously funded by the NIH and have steadily expanded our residency and fellowship programs. We offer a comprehensive ear and hearing health program for patients of the southwestern United States. There are excellent neurosurgical and hearing rehabilitation programs within the institution, and productive collaboration with partners in neurosurgery and audiology is possible for both clinical and research pursuits. The position provides full academic appointment at the University of Arizona with compensation commensurate with experience and accomplishments. Potential leadership roles within the department are available for qualified candidates.

The College of Medicine recognizes the value of diversity of people, thought, perspective and experience. As the sole allopathic medical college in the state of Arizona, the UA COM's mission includes the provision of its services and resources to all Arizona residents. To enhance diversity of thought, background, ethnicity and perspective, the College seeks to attract a diverse faculty to serve its diverse populations. We encourage minorities, women, veterans, and individuals with disabilities to apply. Interested candidates are asked to send an email of interest and CV to:

Steven Wang, M.D.

Professor and Chair

Department of Otolaryngology-  
Head and Neck Surgery  
sjwang@oto.arizona.edu

## University of Missouri Department of Otolaryngology— Head and Neck Surgery

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

- **Laryngologist or General Otolaryngologist with an interest/experience in Laryngology**
- **Pediatric Otolaryngologist**

Title, track, and salary are commensurate with experience.

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

For additional information about the position, please contact:

Robert P. Zitsch III, M.D.

William E. Davis Professor and Chair

Department of Otolaryngology—Head and Neck Surgery

University of Missouri—School of Medicine

One Hospital Dr MA314 DC027.00

Columbia, MO 65212

zitschr@health.missouri.edu

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