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

JULY 2017

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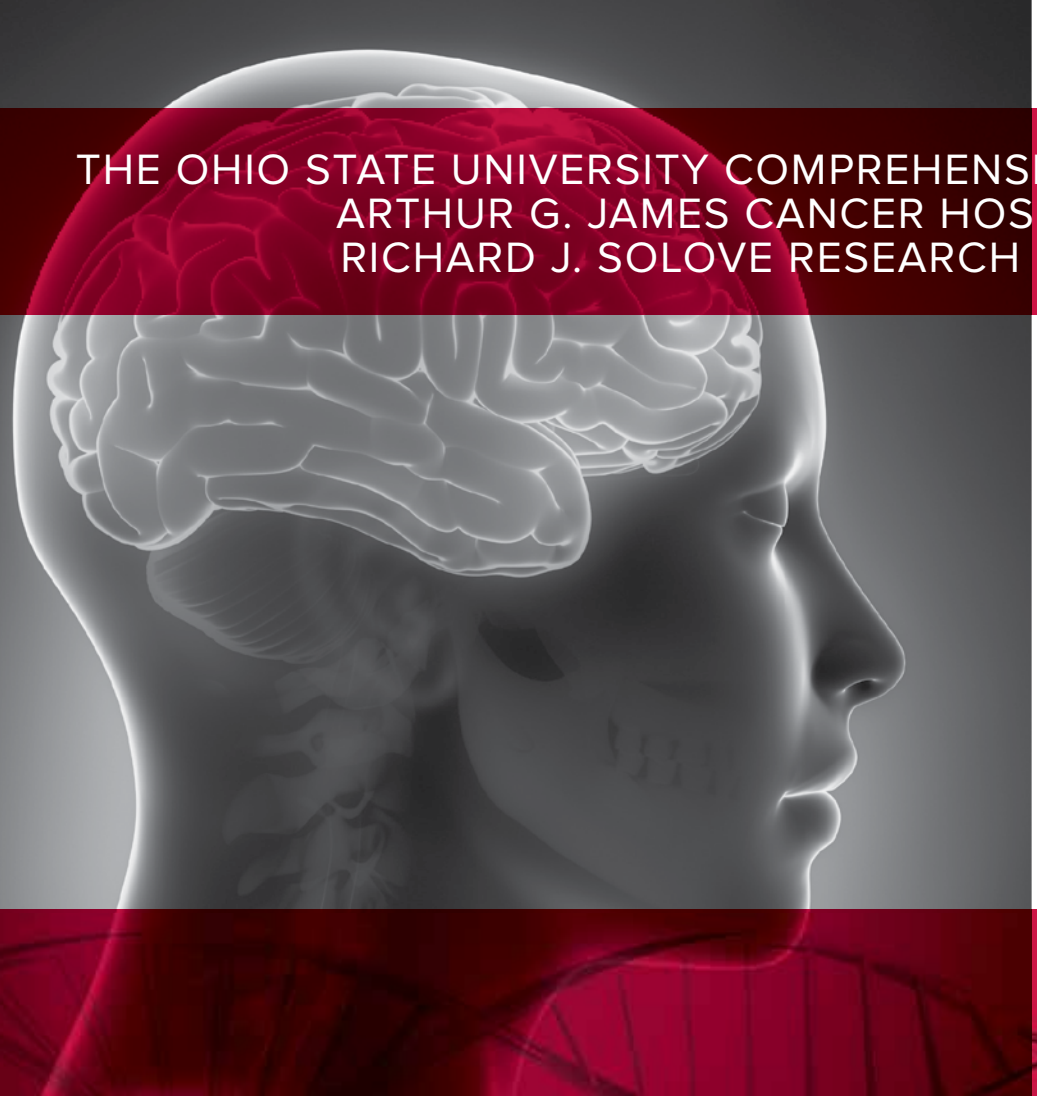

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The Academy family

Family is the core element in our lives. Family provides meaning to our work. Family provides strength. I would not be here without my family.

In my life, my mother Frances fostered hopeful strength and a desire to learn. My beautiful children, Greg Jr., a sensitive, artistic, and driven Emmy-award-winning videographer; Benjamin, a musician and strong, compassionate energy company executive; and Madeline, a PA student and global missions participant and organizer, have inspired me and made me proud. I could not love them more. My wife of 34 years, Lorraine, has provided a guiding light for our common values and path with her faith, hard work, and selfless devotion to others. Without Lorraine, none of this would've been worthwhile.

"A family is a place where minds come in contact with one another."—Buddha

The Academy is one organization that includes many minds. It supports focused organizational activity for many constituencies that share a common link, such as the **Board of Governors (BOG), military otolaryngologists, Section for Residents and Fellows-in-Training (SRF), Women in Otolaryngology (WIO), Young Physicians Section (YPS),** and, most recently, the **International Advisory Board,** as well as myriad task forces. Through diversity, strength, and common purpose, they form the family of our Academy. I invite you as an Academy member to join the family.

Our otolaryngology family extends beyond the Academy. The Academy represents a robust umbrella organization, which synergizes with the activities of multiple subspecialty societies. Representatives from these societies populate our Clinical Advisory Committees, and many are engaged in the AAO-HNSF clinical data registry, Reg-ent[SM], which was recently again certified as a Quality Registry (QR) and Qualified Clinical Data Registry (QCDR) with CMS for 2017. Their specialized input makes Reg-ent stronger and able to serve otolaryngologists of all specialty interests.

The American Academy—Otolaryngology Head and Neck Surgery is part of the global family network. The **International Federation of Otolaryngologic Societies (IFOS)** represents over 50,000 otolaryngologists with 120 member nations. Founded in 1965, the IFOS has had a profound effect on global hearing loss programs through partnership with the World Health Organization. IFOS General Secretary **Milan Profant, MD, PhD,** and President **Chong Sun Kim, MD,** are long-term Academy friends. I am proud to serve as an AAO-HNSF representative to the IFOS executive board with advisory board members **James C. Denneny III, MD,** and **Gayle E. Woodson, MD.**

The IFOS conducts a World Congress every four years. This year, the event was held in Paris. France has traditionally been a strong participant in the AAO-HNS/F and its Annual Meetings and will be one of our International Guests of Honor at the meeting, September 10-13, in Chicago, along with China, Mexico, and South Korea.

"Families are the compass that guide us. They are the inspiration to reach great heights, and our comfort when we occasionally falter."

—Brad Henry

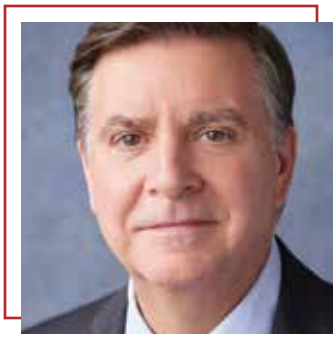
The AAO-HNSF 2017 Annual Meeting & OTO Experience allows us as a global family to reset our compass, open our minds, and support the excellence in each other. This year's theme, "Premiering Tomorrow, Today," underscores the singular value that the meeting offers attendees—a glimpse of how the specialty is moving to the future of quality care.

You'll experience new learning formats and topics, such as the internet of medical things, from Opening Ceremony keynote speaker, Daniel Kraft, MD, the physician-scientist, inventor, and entrepreneur.

The Practice of the Future Pavilion looks at your future work environment, debuting nascent technology and services: the future waiting room, examination room, operating room, and education/training room.

An impressive Honorary Guest Lecture line-up will offer topics ranging from otology/neurotology innovations to the frontiers of functional neck dissection, from reducing suffering as the organizing focus for care to pediatric advances, and to the cost of the changing professional environment on physician wellness—of particular concern within this family. Multitrack future-focused courses will feature applications for 3D technology, next-gen flexible robotic surgery, and innovative scanning systems.

Events such as the alumni functions, 5k run, and sunrise yoga will further strengthen our bond and sustain us. ■



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

"I hope you will join us in Chicago on September 10 as a part of the Academy family. Register now to receive the advance registration rates."

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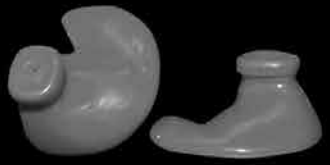

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Embracing future learning today

"In a time of change, learners inherit the earth; while the others find themselves equipped to deal with a world that no longer exists."—Eric Hoffer

A fast-moving technological landscape is changing how learning takes place. The rise of learning technology has spawned the evolution of acquiring knowledge and skills to a type of learning delivery that can be done anytime, anywhere, and is "learner-centric" rather than teacher-based. We are advancing from management and social sciences to neuroscience in the formulation of best learning practices. Amid this backdrop, we must provide, monitor, and regulate education materials that allow physicians to maintain professional competency.

The traditional model of providing educational content and Continuing Medical Education credits through meetings and conferences; print materials, such as the Home Study Course; eBooks; webinars; and clinical fundamentals is amenable to conversion to more contemporary, interactive formats, such as the format of "Patient Management Perspectives."

I recently attended a talk by Britt Andreatta, PhD, CEO, 7th Mind Inc., chief learning officer at **Lynda.com**, and an expert on education and organizations. Her presentation, "The Future of Learning," highlighted many of the following concepts.

The evolving learning technology ecosystems will consist of the creation and consumption of educational content that offers a varied learner experience in many types of environments, across many different platforms.

Modern learners engage in education in a variety of circumstances and locations. Elucidat, an elearning software company, says 52 percent of learners will engage at the point of need, 47 percent in the evenings and on weekends, 42 percent at their office desk, 30 percent were alerted to updates and 27 percent on the way to and from work. Satisfying these diverse needs will require multiple platforms.

Successful teachers in this new era will employ various strategies to engage learners in their preferred learning environments. Flexibility and adaptability within program options will be key to serving a range of clients with a multiplicity of needs. Our audience will include students; residents; practicing physicians, both within otolaryngology and related specialties; allied health providers; and the growing number of patients seeking health information.

Several innovative processes have increased engagement in learning efficiency and allowed accurate tracking of educational activities from multiple sources. As utilization increases and experience allows objective analysis of each of these tools, it will become clearer which will be the best candidates to incorporate into our learning portfolio. Evidence shows that "engaged learners" who enjoy the format they are using, have significantly higher retention rates. Current learning management systems will be augmented or replaced by a number of exciting, innovative learning models in the near future.

Collaborative learning communities have great potential to use shared resources and "group think" approaches to teach team-building dynamics in the team-based care models that are becoming the fifth expected model of care delivery in our evolving healthcare system. While gamification has not extensively penetrated medical education yet, early ventures have shown increased engagement, retention, and persistence in those who have participated in learning activities using this approach (See the June issue of *Otolaryngology–Head and Neck Surgery.*)

Video learning platforms could open the door for a number of applications, including practice learning methods with frequent repetition, peer-driven assessment and feedback, and coaching and mentoring of the learner. This technique allows several preferred related methodologies to be used together in an on-demand model. Interactive and immersive simulation models are teaching complex interpersonal and procedural skills by engaging cognitive and emotional processes that turn new skills into daily routines. This method uses artificial and human intelligence and can be adapted for individual and group learning exercises. Perhaps the most exciting of these is "in body virtual reality," which can teach hard and soft procedural skills in a safe environment. This particular technology has potential to incorporate distance learning from experts worldwide with on-demand functionality.

The Foundation has been systematically upgrading our systems and increasing options to access our content through our Annual Meeting format changes and in AcademyU®. Our current interactive products have been well received by learners. We will continually assess the above-mentioned technologies, and others as they come on the scene, for applicability into AcademyU. The future for medical education is exciting and bright. ■

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

"The evolving learning technology ecosystems will consist of the creation and consumption of educational content that offers a varied learner experience in many types of environments, across many different platforms."

Presidential Citations

Bradley D. Welling, MD, PhD

Dr. Welling is the quintessential academic role model and leader. He came to Massachusetts Eye and Ear Infirmary and Harvard three years ago as chair. To take over from Joe Nadol is no small feat, but he has really moved us forward. His core value, which he declares, not only through his words, but also through his actions, is striving toward always higher levels of excellence in all areas. This resonates tremendously with me. This extends most importantly to patient care and surgery and to research, striving toward cures for otolaryngologic disease but also to administrative leadership through collaborative bridges inside and outside of otolaryngology. In all of these activities, there is one constant element—fairness. He blends with this a humbleness and strong dynamic toward the importance of family life and religion. He is the optimal chairman and leader of our department and has been for me a personal inspiration.

He faces challenges straight on that on their face seem insurmountable, and through dedication, intelligence, and hard work addresses these problems one by one. In all of his successes, he humbly denotes the work of others and de-emphasizes his own personal role, though he is typically the backbone of these initiatives.

He has mentored and provided support for my thyroid clinical and research program and for my career. As a neuro-otologist, he has taken time to move beyond his clinical area of expertise to develop a textured understanding of the issues—both successes and challenges—that relate to the emerging field of neck endocrine surgery with the great generosity of spirit. The time and effort he has taken to acknowledge this and to move into this space and learn it so thoroughly has impressed me deeply. I am grateful for his tutelage, guidance, and friendship. ■

David J. Terris, MD

David has an impressive background initially at Stanford and then chair at Augusta University. During this time, he has been in the forefront of the development of neck endocrine surgery, and now holds the highest position within this field in otolaryngology as the chair of the Endocrine Section of the American Head and Neck Society. I have been fortunate to have worked with him closely in research, academics, and educational programming, as well as administration. In all of these, I have never had a better partner than David. He is intelligent, hard-working, selfless, and always at the cutting-edge of innovations in terms of robotic surgery, cosmetic aspects of surgery, and technical aspects of endocrine surgery, like no one else in the field. He has authored numerous important research papers, which have changed the face of our field, and numerous textbooks, which have done the same. I have been honored to work with him in these initiatives. In our administrative work, David has always impressed me with his wisdom and, most importantly, his fairness. He is balanced, collaborative, hard-working, and fair. In our discussions with others in some of these administrative matters, David always represents a strong moral presence and anchoring to the discussions. I look to him for his advice in the past and will in the future. On a personal note, I enjoy spending time with David and have been fortunate to do so in many meetings in the U.S. and around the world. When I look at my career, it is relationships such as this one with David that really are what our work is all about. The honor of working with someone of his caliber and talent is a tremendous gift and one of the highlights of my career. For his intelligent pioneering spirit, for his moral presence, for his kind friendship, and for his graciousness, I can think of no better recipient of the Presidential Citation than David Terris. ■

The Presidential Citations are given to individuals who have had a profound influence on the AAO-HNS/F president's life and otolaryngology. President Gregory W. Randolph, MD, has selected the following individuals for their outstanding contributions and dedication to the Academy and Foundation.

KJ Lee, MD

KJ Lee epitomizes many things. As a single individual, he really represents all that is good in otolaryngology, and he does that as an ambassador to the entire world. Through his book *Essential Otolaryngology,* he has basically taught this specialty to generations of otolaryngologists. In addition, he founded, and for many years led, one of the largest premier otolaryngology groups in the country at New Haven. As an educator through his book and other venues, he is known throughout the world. I have been fortunate to travel with KJ to many congresses in the U.S. and abroad. He is approached by many and always takes time with all, especially young otolaryngologists, who wish to come up and shake his hand and thank him for his role in their education and career.

KJ is ever-energetic, ever-thinking, always moving, always striving, always expansive in his thoughts. He in this way is an inspiration to me and has been for many years. He has been a mentor to me in my Academy career and academic career. It was KJ Lee who gave me my first AAO-HNS job, a spot on the then Subcommittee of Endocrine Surgery. I can think of no one individual person who has meant more to me as a mentor than KJ. He is thoughtful, kind, and always eager to help out in any way possible. Also, he answers his phone. He answers his phone when he is at home, he answers his phone when he is at the office, he answers his phone at midnight, he answers his phone when he is in Beijing, Singapore, or Hong Kong—I can always speak with KJ.

KJ and I have been especially close when it relates to global otolaryngologic outreach, and in this, he has no equal. All members of the Academy owe KJ a great debt of gratitude because of his energetic and expansive global initiatives. He has carried the Academy on his back around the world, and our current very robust global program is in large part due to his energetic activity and wonderful positive personality and wisdom. ■

Lorraine M. Randolph

There are few people that I have known longer than my wife of 34 years, Lorraine. I met her initially very soon after high school through high school friends (on a handball court in Queens), fell in love at first sight, and have been in love with her ever since. We have had a long journey in our life and some challenges that I would not have been able to face if she were not by my side—that is clear. I have never met a stronger and more intelligent person than Lorraine. Her morality has been a beacon for me through the years. When I am unsure of something, regardless of what area it is in, I ask Lorraine. This has been a long road—the children, family, work, and in all this, I could not have asked for a better partner. None of this would have been worthwhile if it were not for Lorraine. In fact, when there is some challenge or disappointment, she is the first one I call, and also, when there is some success, she is the first one that I call. I think that says it all.

She is kind, intelligent, and always puts the good of others before herself. She is a woman of deep religious convictions, blended with an unbreakable commitment to her children and family. Also, she has her head screwed on straight and has a common sense backbone that is incredibly unique. She has shaped who I am and without her I would not be standing before you. This citation is a small token of all that I owe to Lorraine. ■

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AAO-HNSF gives back

The AAO-HNSF is proud to be partnering with Cradles to Crayons in Chicago during this year's Annual Meeting to give back to those in our host city. Cradles to Crayons focuses on children ages 12 and under, who are homeless or living in low-income homes and need a helping hand.

Providing these children with essential items gives them the opportunity to thrive—at home, at school, and at play. Cradles to Crayons supplies these items free of charge by engaging and connecting those communities that have more to give with those communities that are in need.

In Illinois, one in four children under the age of five lives in poverty, and more than 197,000 of those children call Chicago home. Each deserves the chance to wear a warm coat in the winter and carry a backpack stocked with supplies on the first day of school.

This is your opportunity to give back. Join your AAO-HNSF colleagues on Saturday, September 9, for a worthwhile event at the Cradles to Crayons facility. Participants will receive a tee-shirt, lunch, and transportation to the amazing facility where you will help assemble care packages for the young children in need who live in our host city. All net proceeds will be donated to Cradles to Crayons.

Saturday, September 9, 2017
11 am – 3 pm
Fee $40. Net proceeds will be donated to Cradles to Crayons ■

Cradles to Crayons

AAO-HNS Career Fair provides opportunity for face-to-face networking

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The AAO-HNS Career Fair, hosted by ENT Careers and Health eCareers, will take place at **6:00 pm, Monday, September 11,** at the **Sheraton Grand Chicago Hotel** during the AAO-HNSF 2017 Annual Meeting & OTO Experience. The AAO-HNS Career Fair provides the opportunity for candidates in all otolaryngology subspecialties and levels of training to speak face-to-face with representatives from hiring companies. Job seekers: To get the most out of this event, we strongly encourage you to register and upload your résumé prior to the career fair. Visit **https://resources.healthecareers.com/2017-aao-hns-career-fair-registration** to register and upload your résumé. Employers can take full advantage of the emerging talent by visiting: **https://resources.healthecareers.com/2017-aao-hns-career-fair** ■

Annual Meeting preview

AAO-HNSF 2017 Annual Meeting & OTO Experience is right around the corner, and registration is open! Don't forget to register by August 11 for your last chance to receive discounted registration. And for your first look at this year's Annual Meeting in Chicago, IL, check your inbox/mailbox for the preview edition of the Meeting Daily, coming this month. ■

Get the App!

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

BOARD OF GOVERNORS

Heath literacy and patient safety: assuring quality communication

Phyllis B. Bouvier, MD,
Vice Chair, BOG
Governance & Society
Engagement Committee

Me: *"Honey, what did the oral surgeon say about swimming now?"*

Husband: *"I don't know; maybe you could come next time?"*

My husband is the smartest person I know, able to develop complex medical programs from mere ones and zeros. What, then, is the issue?

Ensuring clear, effective communication in the clinician-patient encounter is pivotal to quality of care, patient satisfaction, and patient safety.

Health literacy is an individual's ability to obtain, process, and understand basic health information and services needed to make appropriate health decisions and to accurately follow treatment recommendations. When health literacy is limited, studies show there are more medication errors, inpatient admissions, emergency room visits, and higher medical costs. Preventive services are less likely to be accessed and negative outcomes are higher.

As the complexity of the information supplied increases, health literacy may become more limited such that the plan of care would be less likely to be acted upon correctly or completely. It is even more challenging in times of stress or in critical situations. Fluency in the dominant language is also a key factor in the ability to

navigate the healthcare organizational structure. Those who are linguistically isolated, such as some of our hard-of-hearing patients, face even more challenges in obtaining quality healthcare. English language materials contain jargon that cannot be translated into American Sign Language (ASL), and words may have a different meaning.

Although limited health literacy may be seen at a higher rate in some racial/ethnic groups or in older populations, it is seen in all socioeconomic groups. It is difficult to recognize when someone has limited health literacy based on appearance or level of education. Therefore, providers should assume all patients and/or caregivers will have difficulty understanding information given during the exam and should communicate in terms anyone can understand. Medical educational materials should be created at a sixth-grade reading level. To be effective, the provider or healthcare organization should develop diverse, individualized strategies in the patient's preferred language, using social media and technology other than written information to help the patient navigate health information and services.

The Joint Commission recommends the use of Health Literacy Universal Precautions developed by the Agency for Healthcare Research and Quality (AHRQ), which involves:

1. Simplifying written, verbal, and numerical communications for the patient or caregiver in any language.
2. Verifying comprehension by having a staff member review the after-visit summary as an additional reinforcement for compliance of the care plan.
3. Creating an office environment that is easier to navigate. A warm hand-off may be necessary when transitioning care to another provider.
4. Encouraging and supporting the patient's involvement in his or her own health. This may be the most complicated of the recommendations as it is influenced by numerous factors, such as the physician's/patient's/caregiver's culture, social determinants of health, family dynamics, geography, or physical ability.

Interested in practice-based tips similar to this? Your Board of Governors (BOG) is here for you. Get more involved with the BOG by attending committee meetings held during the AAO-HNSF 2017 Annual Meeting & OTO Experience, beginning on Saturday, September 9, in Chicago, IL. ■

State Trackers: above and beyond volunteerism

The AAO-HNS State Tracker program connects advocacy-minded physicians with specialty-impacting legislation in their state. By monitoring daily legislative reports, State Trackers can quickly alert the Academy if assistance is needed on potentially harmful legislation. In addition, these physician leaders serve as an important point of contact between the Academy, state medical societies, and state otolaryngology societies. To aid in their efforts, State Trackers have access to an Academy-hosted monthly conference call to help monitor legislative trends, participate in a dedicated ENTConnect community, and receive a monthly legislative summary, "The State-mENT."

With the end of the 2017 state legislative sessions drawing near, the AAO-HNS would like to recognize our volunteer State Trackers for the time they have invested in protecting the specialty from concerning legislative initiatives across the nation. Thank you for lending your expertise to bolster the Academy's state advocacy efforts on a variety of issues, including inappropriate scope-of-practice expansions by non-physicians, taxes on cosmetic procedures, access to hearing aids, and medical liability reforms.

Would you like to serve as an AAO-HNS State Tracker? We are actively recruiting State Trackers for **Alaska, Idaho, Mississippi, Nevada, North Dakota, South Dakota,** and **Utah**. Please contact legstate@entnet.org with any questions or to volunteer! ■

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OUT OF COMMITTEE

The future of vocal fold injectables

Edward Damrose, MD
Medical Devices and Drugs Committee

As the healthcare field continues to be shaped by the pressures of cost containment, efficiency, quality, and safety, otolaryngologists should expect to be influenced by the same factors. A key point where these forces intersect is in the management of vocal fold paralysis, particularly in the outpatient setting. In the distant past, the management algorithm was relatively simple: Wait a year, and, if symptoms persist, proceed to Teflon injection. Now, a vastly more sophisticated therapeutic armamentarium is available to the physician—ranging from vocal fold injection, to reinnervation, to laryngeal framework surgery—with almost innumerable permutations in technique, timing, materials, and setting. As the skill set of the treating physicians and the expectations of a patient population with greater access to communication on current practices and possibilities expands, so have the pressures to treat patients within their health networks, and the expectation (either real or perceived) that imperfect outcomes will be subject to legal remediation.

Vocal fold injection is a safe, cost-effective, and minimally invasive option in the treatment of vocal fold paralysis. A variety of materials have been described to treat this disorder, including fat, acellular human dermis, collagen, hyaluronic acid, calcium hydroxyapatite, and silicone, each with its own proponents and adherents.[1]

The ideal injectable would be biocompatible, easily injectable percutaneously or transorally, restore the normal viscoelastic properties of the vocal fold, nonreactive in host tissues, easy to adjust or remove in the event of inappropriate placement, "tunable" to the duration of effect needed, safe, and cheap. Unfortunately, the ideal injectable has yet to be created, and therefore, there continues to be ongoing research into new injectable materials. Advances in plastic surgery drive the majority of research and innovation in this field, as the most successful fillers, which are successful in the cosmetic arena, are often secondarily adapted for use in the laryngologic market. For the near future, it is likely that laryngology will continue to benefit from the economic incentives that drive innovation in the field of cosmetic surgery.

Paralysis and patient care settings

Surgery accounts for approximately 37 percent of patients with acute vocal fold paralysis and now surpasses extralaryngeal malignancy as the single leading cause of this disorder.[2] Therefore, it is probable that otolaryngologists will become increasingly more likely to encounter this problem in acutely hospitalized patients over time. Vocal fold injection for acute paralysis, however, can safely and effectively restore glottic competence to this group of patients.[3] Restoring glottic closure improves cough and pulmonary toilet, decreases aspiration, improves voice, and results in improved patient and

“While our field awaits the arrival of a new gold standard—perhaps the complete reversal of paralysis through neural regeneration or implantation of servomotors or pacers[15]—the need for improved vocal fold injectables will continue, as will the economic incentives for those who develop and employ them.”

referring provider satisfaction.[3,4] The ability to transition a patient from tube feeding to oral feeding, shorten hospitalization, and decrease the need for adjunctive procedures and therapies, such as bronchoscopy, tracheostomy, or gastrostomy, can represent substantial cost savings for hospitals and patients' insurers.

Vocal fold injection with materials such as calcium hydroxyapatite may afford similar voice outcomes to methods such as type one thyroplasty, in which a non-absorbable material is implanted adjacent to the paralyzed vocal fold to medialize it.[5] Vocal fold injection is generally considered a temporary procedure, while thyroplasty is generally considered permanent. In its simplest and least expensive iteration, vocal fold injection can be done in the office or at the bedside and requires a flexible rhinolaryngoscope and monitor, the injectable, and topical anesthesia; injection under direct visualization using general anesthesia increases the cost. With thyroplasty, the procedure is more elaborate, requiring a complete sterile surgical set-up, intravenous sedation with monitored anesthesia care, and one or more hours of operative time.

Looking ahead

The last several years have seen the introduction of several new types of injectables as surgeons search for the ideal balance of durability, ease of injection, and concordance with normal vocal fold viscoelastic properties. Auricular cartilage and autologous platelet-poor plasma gel are host-derived and readily biocompatible.[6-8] Hyaluronic acid, with or without cross-linked porcine collagen, is pre-mixed and has viscoelastic properties very similar to the normal superficial lamina propria.[9,10] In step with biomaterial development, additional studies have continued to demonstrate the safety and efficacy of injection in the outpatient setting under simple topical or local anesthetic.[11] Open surgical medialization has not seen as much development in this time period, perhaps as a consequence of these advancements. The introduction of preformed titanium implants, which afford simple and effective permanent vocal fold medialization, as well as novel devices that allow for easier arytenoid adduction, will likely join the open surgical options in the future.[12,13]

For patients who may require repeat injections over time, thyroplasty may prove to be a more economical long-term solution. Interestingly, however, up to two-thirds of patients who undergo early injection for acute vocal fold paralysis may avoid the need for later open correction, possibly because injection may assist the vocal fold in attaining a more functional final position in those patients who fail to recover complete mobility.[14] These interesting findings generate new possibilities: perhaps injection may indeed be a cost-effective long-term solution to the problem of vocal fold paralysis. A timely push in the right direction may be what just what the doctor ordered for that troublesome hoarseness. While our field awaits the arrival of a new gold standard—perhaps the complete reversal of paralysis through neural regeneration or implantation of servomotors or pacers[15]—the need for improved vocal fold injectables will continue.

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Global surgery data reporting requirements begin July 1

Starting July 1, select practitioners are required to report on post-operative visits finished during the global period for 293 specified procedures. Under the Medicare Access and CHIP Reauthorization Act of 2015, the Centers for Medicare & Medicaid Services (CMS) was required to implement data collection requirements for services furnished during the global period, including the definition of global periods, sampling approach, mechanisms for data collection, and definition of services furnished within the global period.

In 2016, CMS initially proposed all practitioners report on all 10- and 90-day global services with a series of G-codes starting January 1, 2017. However, through the regulatory advocacy work of the Academy and other medical specialty societies, CMS altered this proposal.

Practitioners in practices of 10 or more in Florida, Kentucky, Louisiana, Nevada, New Jersey, North Dakota, Ohio, Oregon, and Rhode Island will be required to report on claims data on post-operative visits furnished during the global period of a specified procedure using CPT code 99024 for procedures furnished on or after July 1, 2017. The specified procedures are those furnished by more than 100 practitioners and are either nationally furnished more than 10,000 times annually or have more than $10 million in annual allowed charges. A full list of the 293 specified procedures can be found at **https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/PhysicianFeeSched/Downloads/Codes-for-Required-Global-Surgery-Reporting-CY-2017.zip.**

In addition to collecting data from 99024, CMS conducted interviews of physicians and shadowed surgeries to further their understanding of post-operative visits during the global period. Academy members **Douglas A. Girod, MD,** and **Steven M. Gold, MD,** participated in interviews while representatives shadowed the practice of **William R. Blythe, MD,** for two days. CMS indicated the entirety of this data will be used to better inform future values for the global surgical package.

The Academy recently signed onto a letter with many other medical specialties and organizations, advocating for CMS to postpone data collection until there is sufficient education for clinicians required to report 99024 and multiple implementation issues are clarified. While the Academy waits for RAND, the contractor working with CMS on the data collection, to issue findings from the interviews and observation, we will continue to advocate for our members to ensure data collection processes do not impose an undue regulatory burden on practices.

The Academy will review and comment on all proposals in the upcoming proposed FY 2018 Medicare Physician Fee Schedule (MPFS) and will continue to meet with government officials and work with other medical specialty societies to minimize the burden on your practice as well as work to ensure the global surgical package is properly valued. You can find more information on CMS global surgical data collection at **www.entnet.org/global.** ■


SCIENCE
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RESEARCH AND QUALITY

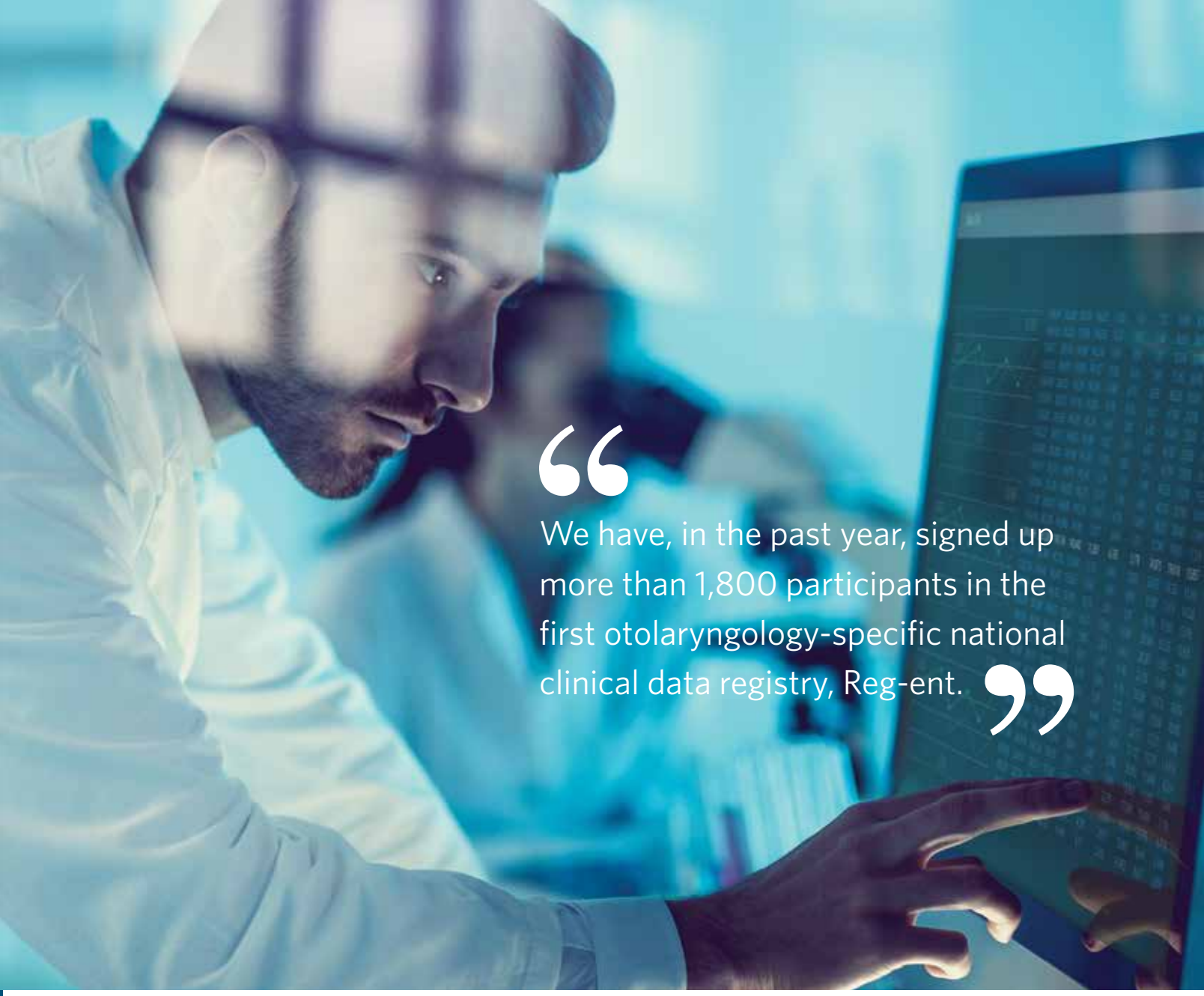
Creating the tools you need

Lisa E. Ishii, MD, MHS
Coordinator for Research and Quality

The AAO-HNSF Research and Quality Business Unit comprises the following key Foundation initiatives: the Reg-ent℠ Clinical Data Registry; Quality Measures Development; the Guidelines Task Force (Clinical Practices Guideline and Clinical Consensus Statement development, implementation, and dissemination); and the Centralized Otolaryngology Research Efforts (CORE) grants program. In addition, the work of the Outcomes Research and Evidence-Based Medicine (OREBM) and Patient Safety Quality Improvement (PSQI) committees are supported by the Research and Quality staff.

The Research and Quality Business Unit staff, in conjunction with our dedicated member volunteers, has been diligently focused on developing products and tools to help members navigate the ever-changing landscape of research, quality, and performance measurement. It is our goal to have the tools and information and processes in place that our members need to successfully practice and participate with these endeavors.

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).



Reg-ent℠ registry

To that end, we have, in the past year, signed up more than 1,800 participants in the first otolaryngology-specific national clinical data registry, Reg-ent. We are approaching the conclusion of the first year of participation for the majority of members who joined the registry in the third quarter of 2016. A subset of those members reported through Reg-ent to CMS for the final year of the PQRS program and the expectation is that many more will be reporting to the Merit-based Incentive Payment System (MIPS) for 2017. Many of the practices representing these physicians are working closely with Reg-ent and our registry partner, FIGmd, to ensure data are captured and mapped appropriately from their EHR for submission to Reg-ent.

Reg-ent has multiple benefits beyond serving as a reporting tool. As we grow the registry with increasing numbers of patients and patient visits, we are creating a national clinical data repository for our specialty. Through Reg-ent, we will be able to perform comparative effectiveness research using prospectively collected clinical data. Reg-ent will also provide a forum for pre- and post-market device monitoring, prepare and assist members with meeting requirements for government and private payer quality initiatives, and assist members with submitting required data to the American Board of Otolaryngology for Maintenance of Certification (MOC) Part IV. We look forward to having all otolaryngologist-head and neck surgeons participate in Reg-ent.

A key part of the registry development is creation of meaningful quality measures for Reg-ent. Last year, the Reg-ent Executive Committee convened seven Clinical Advisory Committees (CACs) to represent all of the subspecialties within otolaryngology. In the coming pages, you will see the work that has taken place in the last 12 months with the development of meaningful measures for our specialty. Many of the measures initiatives have benefited greatly from the fact that we have a robust clinical practice guideline process and have volunteers who have dedicated significant time and effort to the continued development of guidelines on topics across the specialty. This year, as in past years, we have developed several new guidelines and updated several existing guidelines. In addition, several new consensus statements are currently under development.

Basic Quality Improvement Tools

If you are looking for quality improvement tools to implement in your practice, the following are useful places to start.

- **Agency for Healthcare Research and Quality (AHRQ):** Offers ready-to-use tools to measure and improve the quality of the healthcare you provide.
- **AHRQ's Patient Safety Network:** Read about current patient safety news.
- **American Medical Association:** For safety, advocacy, measurement and education information and tools.
- **The Institute for Healthcare Improvement (IHI):** Provides resources, improvement stories, and downloadable tools to use in your practice.
- **National Academies Press:** This site offers the Institute of Medicine (IOM) reports on patient safety both for sale and to read free on-line.
- **National Center for Patient Safety (NCPS):** Part of the Veterans Affairs (VA) health system. NCPS provides miscellaneous patient safety resources.
- **ECRI Medical Device Safety Alerts:** A nonprofit health services research agency that provides free access to reports on medical devices that have failed to operate properly or are misused in ways that have caused injuries and deaths.
- **Healthcare Improvement Skills Center (HISC):** Supports healthcare professionals attempting to make systematic improvements in the quality of the healthcare they provide to their patients.

Outcomes Research and Evidence-Based Medicine

The Outcomes Research and Evidence-Based Medicine (OREBM) Committee continues to be productive under the leadership of chair **Jennifer J. Shin, MD, SM.** Committee members have been in involved in multiple projects utilizing the MarketScan database, including an analysis of single-level versus multilevel sleep surgery, which was accepted by *Otolaryngology–Head and Neck Surgery.* OREBM members have been working on an evaluation of head and neck cancer outcomes and developing a study of eustachian tubes patients. The committee has also been assessing practice patterns in otitis media with effusion, which the Outcome Measures team may use as a springboard for potential performance measure development.

OREBM also continues to undertake systematic reviews and is currently evaluating vocal outcomes after cardiac surgery in pediatric patients and validated instruments for outcome measures. In addition, OREBM members had six Miniseminars accepted to the AAO-HNSF 2017 Annual Meeting & OTO Experience (Controversies in Parotid Surgery: Is There Evidence?; Evidence-Based Management of Ménière's Disease; Kids Today: Rapid Review of Guidelines and Consensus; Recent Publications that Could Change Your Practice; Registries and Databases: How and Why?; and The Latest (and Greatest?) Devices in Ears, Nose, and Sleep). The committee also sponsors a recurring feature in the *Bulletin*, which highlights notable data in a spotlight feature. The group contributes to the "Evidence-Based Medicine in Otolaryngology" educational journal series with ongoing work. In addition, OREBM members have volunteered their time to prepare for the planned update of the tonsillectomy guideline. The committee has engaged in joint projects with other Academy groups, including the Medical Devices and Drugs Committee, the Rhinology and Paranasal Sinuses Committee, the Equilibrium Committee, the Guidelines Task Force, and Reg-ent. All in all, OREBM remains highly active in advancing the mission of the committee and our Academy.

Patient Safety Quality Improvement

The Patient Safety Quality Improvement Committee, under the leadership of **Julie C. Goldman, MD,** and **Michael J. Brenner, MD,** has been involved in several key Foundation initiatives, and committee members continue to participate at high levels with these projects. This past year, the committee developed and submitted five Miniseminar topics for the 2017 Annual Meeting in Chicago (Management of the Difficult Airway; Promoting a Culture of Constant Improvement at Your Institution; QI to Develop Your Career; Medical Instrumentation and Sterilization in the Office; and Management of Cognitive Bias). QI to Develop Your Career was accepted for presentation.

Also, 36 new applicants applied to be on the PSQI Committee, which speaks to the interest and commitment of our members to quality and patient safety within the specialty. The committee is represented on the panel to update the clinical practice guideline on tonsillectomy. In addition, four committee members reviewed and provided feedback on a perioperative antibiotic survey submitted by the department of otolaryngology at Vanderbilt University.

Members and staff continue to monitor the national quality landscape organizations and participate in the American College of Surgeons Surgical Quality Alliance (SQA). Dr. Brenner attended the National Patient Safety Summit last August and brought back valuable information to the committee. This year, the committee is working on a white paper covering the issue of in-office sterilization and is considering cosponsoring a guideline submission on VTE prophylaxis. Just recently, several PSQI members volunteered to participated in a PSQI Assessment for Residence project. The PSQI continues to contribute greatly to the advancement of quality and safety within the specialty.

This issue of the *Bulletin* outlines our 2017 Centralized Otolaryngology Research Efforts (CORE) awardees on page 24. Please take time to review the list of those receiving awards and the list of grants which were conferred. We congratulate all recipients. ■

AAO-HNSF spearheads measures development

As otolaryngologists, we must take the lead in defining the meaning of "quality care" for the specialty. The development of evidence-based products by otolaryngologists for otolaryngologists is needed to meet the demands of government and private payers, accrediting bodies, and in partnership with the American Board of Otolaryngology (ABOto), to meet the requirements for maintenance of certification. As a specialty, it is crucial to engage in the creation and implementation of clinically valid performance measures rather than having them imposed on us by external entities. The Academy's goal is to develop quality measures that can apply to every practicing head and neck surgeon as quickly and efficiently as possible.

With this goal in mind, the Reg-ent[SM] Executive Committee established seven Clinical Advisory Committees (CACs) to work with staff to prioritize important topics for measures development within our specialty. The Reg-ent clinical data registry offers numerous quality measures for internal quality monitoring and 2017 MIPS reporting, including both process (documentation on key processes and procedures during the patient's care) and outcome (documentation on the outcomes of the patient's care) measures. Quality measures offered in Reg-ent include measures developed and stewarded by both AAO-HNSF and external sources applicable to the field of otolaryngology. In 2017, Reg-ent participants will be able to monitor and report on measures assessing care in the following clinical areas:

- Acute otitis externa
- Adult sinusitis
- Asthma
- Falls
- Opioid therapy
- Perioperative care and screening
- Preventive care and screening
- Sleep apnea
- Surgery

For a complete list of Reg-ent measures, please visit **www.entnet.org/content/reg-ent-measures.** The top Reg-ent measures reported for 2016 PQRS reporting are listed in the accompanying Reg-ent article on page 29.

As Reg-ent continues to evolve, there is a growing sense of urgency regarding the need for pragmatic, meaningful, and relevant quality measures to not only assist AAO-HNS members with payers' demands, but to allow Academy members to utilize Reg-ent for research, quality improvement, and maintenance of certification purposes. Consequently, the Foundation is currently engaged in several quality measures development efforts, including de-novo and clinical practice guideline-based measure development, development of cerumen impaction and allergic rhinitis measures through partnerships with the ECRI Institute, development of neurotology measures in partnership with the American Academy of Neurology, and through alternative pathways directly utilizing Reg-ent data. AAO-HNSF measures development efforts are ongoing, and new external measures that are relevant to otolaryngology will be evaluated and incorporated into Reg-ent on a continual basis. Any updates to the list of available Reg-ent measures may be found online at **www.entnet.org/content/reg-ent-measures.** ■

CORE update

CORE grants advance research, career development

The Centralized Otolaryngology Research Efforts (CORE) grants program plays a critical role in advancing the field of otolaryngology by providing support to research projects, research training, and career development. CORE aims to 1) unify the research application and review process for the specialty; 2) encourage young investigators to pursue research in otolaryngology; and 3) serve as an interim step that may ultimately channel efforts for important National Institutes of Health (NIH) funding opportunities.

The CORE grant program societies, foundations, sponsors, and partners have awarded more than $10 million since the program's inception in 1985. In conjunction with the American Academy of Otolaryngology—Head and Neck Surgery Foundation (AAO-HNSF), societies, foundations, and sponsors are involved in funding one- to two-year nonrenewable grants ranging from $5,000 to $80,000.

The leadership of each participating subspecialty society is ultimately responsible for determining the recipients each year. The scores and critiques provided by the CORE Study Section are simply recommendations to help in the decision process. The recipients of the grants sponsored by the Xoran Technologies LLC and Cook Medical are determined by the AAO-HNSF leadership.

This year, the CORE Study Section reviewed 161 applications requesting $2.7 million in research funding.

The 2017 CORE Study Section subcommittees included: Head and Neck Surgery, chaired by **Cherie-Ann O. Nathan, MD;** Otology, chaired by **Oliver F. Adunka, MD;** and General Otolaryngology, chaired by **Rodney J. Schlosser, MD.** and **Michael J. Brenner, MD** (chair-elect).

The 2017 CORE leadership (including the boards and councils of all participating societies) has approved a portfolio of 31 grants totaling $495,096. ■

Congratulations to the 2017 CORE grantees

AMERICAN ACADEMY OF OTOLARYNGOLOGY—HEAD AND NECK SURGERY FOUNDATION (AAO-HNSF)

AAO-HNSF Research Grant sponsored by Cook Medical

PI	INSTITUTION	PROJECT
Vandra C. Harris, MD	Johns Hopkins University School of Medicine, Baltimore, MD	Ethnic and socioeconomic influence in pediatric sleep disordered breathing treatment

AAO-HNSF Research Grant sponsored by Xoran Technologies, LLC

No applications received.

AAO-HNSF Resident Research Grants

PI	INSTITUTION	PROJECT
Wee Tin R. Kao, MD	Washington University, St. Louis, MO	Transcriptome analysis of the persister state of Pseudomonas aeruginosa
Grace Kim, MD	Stanford University, Stanford, CA	Structure and function of the regenerating mammalian vestibular system
Hossein Mahboubi, MD, MPH	University of California, Irvine, CA	Primary auditory neural degeneration in traumatic brain injury
Vanessa C. Stubbs, MD	University of Pennsylvania Health System, Philadelphia, PA	Alteration in the microbiome and innate immunity receptors in isolated sinusitis
Andrew B. Davis, MD	University of Iowa, Iowa City, IA	SOD mimics enhace chemoradiation responses of HNSCC via oxidative stress
Molly Heft-Neal, MD	University of Michigan, Ann Arbor, MI	In vitro screening of novel PI3-kinase pathway inhibitors for chordoma
Stefania Goncalves, MD	Miller School of Medicine of the University of Miami, Miami, FL	Modeling neuronal differentiation from olfactory basal stem cells in vitro
James M. Hamilton, MD	Thomas Jefferson University, Philadelphia, PA	Effects of synthetic triterpenoids on immune and tumor cells in human SCC
Nyssa F. Farrell, MD	University of Colorado Denver, AMC and DC, Aurora, CO	Bilateral bone conduction and binaural cues in intracochlear pressures
Conor W. McLaughlin, MD	University of California, San Francisco, CA	Unfolded protein response effectors mitigate noise-induced hearing loss
Michael Topf, MD	Thomas Jefferson University, Philadelphia, PA	Defining the role of CD169 macrophages in lymph node metastasis
Jenny X. Chen, MD	Massachusetts Eye and Ear Infirmary, Boston, MD	Smartphone technology to improve intraoperative feedback
Farshad N. Chowdhury, MD	University of Colorado Denver, AMC and DC, Aurora, CO	Cancer stem cells at the surgical margin: location and immune interaction

AAO-HNSF Bobby R. Alford Endowed Research Grant

PI	INSTITUTION	PROJECT
Ameya A. Asarkar, MD	LSU Health Sciences Center, Shreveport, LA	Comparing radiosensitizers in HPV positive PIK3CA mutant HNSCC

AAO-HNSF Maureen Hannley Research Grant

PI	INSTITUTION	PROJECT
Jennifer J. Shin, MD, SM	Brigham and Women's Hospital, Boston, MA	Should we be AVID about patient-reported outcomes? A CHEER Network study

AAO-HNSF Percy Memorial Research Award

No meritorious applications received.

AAO-HNSF Health Services Research Grant

PI	INSTITUTION	PROJECT
Vasu Divi, MD	Stanford University, Stanford, CA	Evaluation of the CMS oncology care model for head and neck cancer

AMERICAN HEAD AND NECK SOCIETY (AHNS)

AHNS Pilot Grant

PI	INSTITUTION	PROJECT
Daniel L. Faden, MD	University of Pittsburgh, Pittsburgh, PA	NK cell mediated immune evasion in head and neck squamous cell carcinoma

AHNS Alando J. Ballantyne Resident Research Pilot Grant

PI	INSTITUTION	PROJECT
Zain H. Rizvi, MD	University of California, Los Angeles, CA	HPV regulation of microRNA in head and neck squamous cell carcinoma

AHNS/AAO-HNSF Young Investigator Combined Award

PI	INSTITUTION	PROJECT
Marcus M. Monroe, MD	University of Utah, Salt Lake City, UT	Late effects in head and neck survivors: a population-based analysis
Andrew G. Shuman MD	University of Michigan, Ann Arbor, MI	Patient and provider perspectives on personalized head and neck cancer care

AHNS/AAO-HNSF Translational Innovator Combined Award

No meritorious applications received.

AMERICAN RHINOLOGIC SOCIETY (ARS)

ARS New Investigator Award

PI	INSTITUTION	PROJECT
Do-Yeon Cho, MD, MS	The University of Alabama at Birmingham, Birmingham, AL	Controlled ciprofloxacin and ivacaftor delivery via sinus stent
Adam DeConde, MD	University of California, San Diego, CA	Group 2 innate lymphocytes in aspirin exacerbated chronic rhinosinusitis (awarded retroactively from 2016)

ARS Resident Research Grant

PI	INSTITUTION	PROJECT
Ashton E. Lehmann, MD	Massachusetts Eye and Ear Infirmary, Boston, MA	Periostin as a biomarker for chronic rhinosinusitis
Robert J. Taylor, MD	Medical University of South Carolina, Charleston, SC	Steroid-resistance in chronic sinusitis peripheral blood mononuclear cells

AMERICAN SOCIETY OF PEDIATRIC OTOLARYNGOLOGY (ASPO)

ASPO Research Career Development Award

PI	INSTITUTION	PROJECT
David A. Zopf, MD, MS	University of Michigan, Ann Arbor, MI	Patient-specific 3D printed scaffolds for pediatric ear tissue engineering

ASPO Research Grant

PI	INSTITUTION	PROJECT
David R. Lee, MD	Cincinnati Children's Hospital Medical Center-Research Foundation, Cincinnati, OH	Genetic susceptibility of RRP to adjuvant therapy
Taha A. Jan, MD	Stanford University, Stanford, CA	Single cell RNA-sequence analysis of inner ear progenitor cells

ASSOCIATION OF MIGRAINE DISORDERS (AMD)

AMD Resident Research Award

PI	INSTITUTION	PROJECT
Hossein Mahboubi, MD, MPH	University of California, Irvine, CA	Randomized clinical trial of nortriptyline in treatment of vestibular migraine

THE EDUCATIONAL AND RESEARCH FOUNDATION FOR THE AMERICAN ACADEMY OF FACIAL PLASTIC AND RECONSTRUCTIVE SURGERY (AAFPRS)

AAFPRS Leslie Bernstein Grant

No meritorious applications received.

AAFPRS Leslie Bernstein Resident Research Grant

PI	INSTITUTION	PROJECT
Chelsea A. Troiano, MD	Boston Medical Center, Boston, MA	Effects of electronic cigarette vaping on random flap viability in rats
Joanna Kam, MD	Henry Ford Health System, Detroit, MI	Effects of keloid derived exosomes on normal fibroblast function

AAFPRS Leslie Bernstein Investigator Development Grant

No applications received.

AAFPRS Research Scholar Award

No meritorious applications received.

Guideline Task Force releases updates and new products

The AAO-HNSF Clinical Practice Guideline (CPG) and Clinical Consensus Statement (CCS) program continues to thrive. We've completed multiple five-year CPG updates, created several new products, released the much-anticipated CCS manual, and welcomed new methodologists into our fold.

Five-year updates

- CPG: Cerumen Impaction (January)
- CPG: Benign Paroxysmal Positional Vertigo (March)
- CPG: Hoarseness (Dysphonia) (submitted to *Otolaryngology–Head and Neck Surgery*.)
- CPG: Tonsillectomy in Children (in process)

New products

- CPG: Rhinoplasty (February)
- CPG: Evaluation of the Neck Mass in Adults (submitted to *Otolaryngology–Head and Neck Surgery*)
- CCS: Sinus Ostial Dilation (in process)

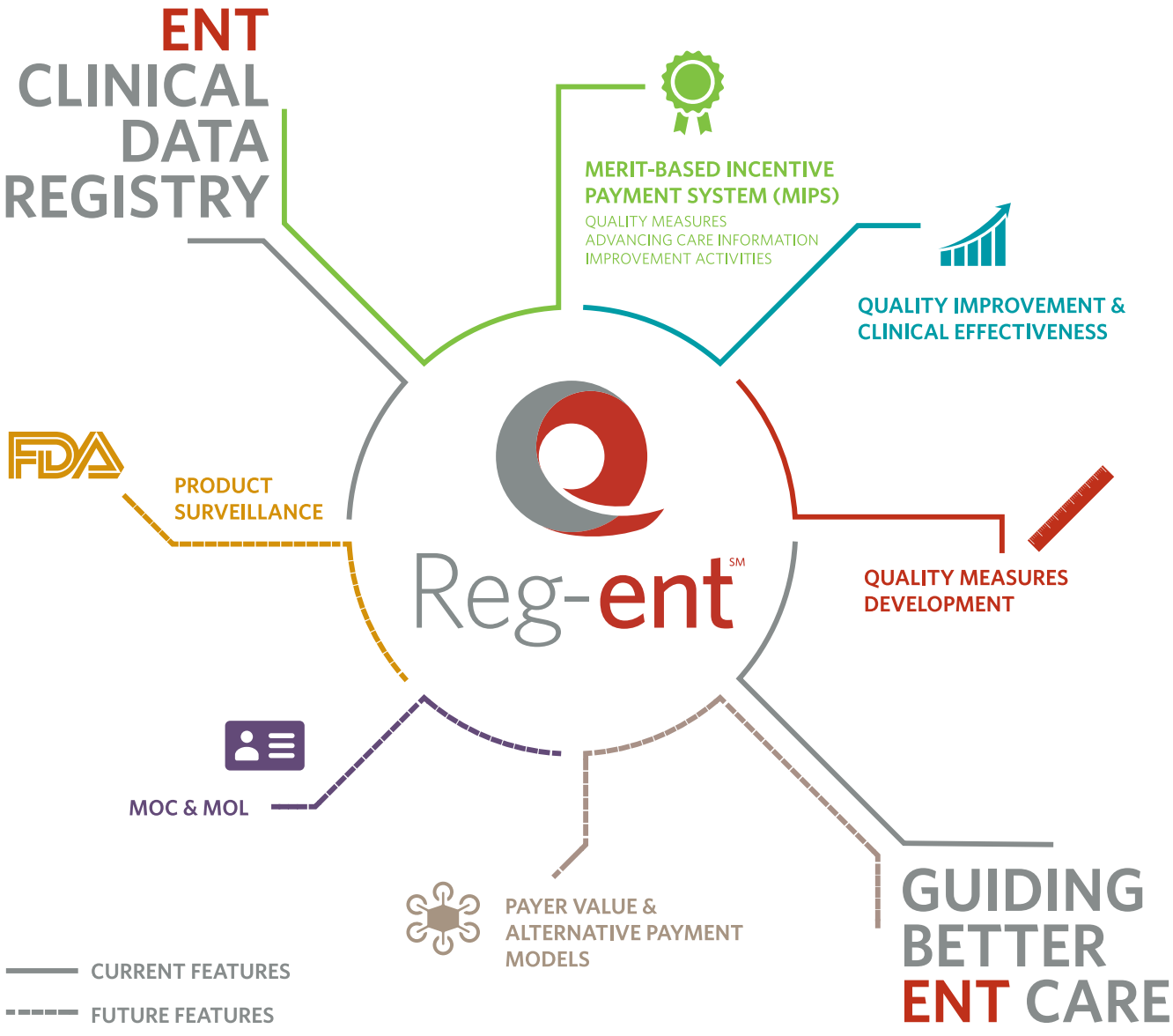
We are pleased to see a continued, high level of interest in the guidelines. Citations for the CPG products now exceed 4,559, and all of the 2016 top 10 most-accessed articles for *Otolaryngology–Head and Neck Surgery* were guideline products (totaling more than 160,000 downloads).

Our senior guideline methodologists, **Richard M. Rosenfeld, MD, MPH,** and **Seth R. Schwartz, MD, MPH,** have been busy training additional members to become guideline methodologists, as well as shadowing recent graduates as they take the lead as methodologists on new and update guidelines. Our current methodologists in training include **Stacey L. Ishman, MD, MPH; David E. Tunkel, MD; Lisa E. Ishii, MD, MHS;** and **Sujana S. Chandrasekhar, MD.**

The Guideline Task Force continues to meet in the spring and fall to explore educational topics and to review new guideline and CCS topics. The current queue includes five-year updates for "Sudden Hearing Loss" and "Polysomnography for Sleep Disordered Breathing Prior to Tonsillectomy in Children." The future schedule for guidelines includes those regarding epistaxis and Ménière's disease. ■

To help educate members about the Clinical Practice Guidelines, 70 CME activities and more than 60 ABOto Self-Assessment Modules/Performance Improvement Modules have been linked to the pertinent guideline webpages.

Continuing adv



www.Reg-ent.org

ancement

Reg-ent[SM] registry completes first year and looks ahead with refinements and new benefits

A special thank you to our members and their practices for your commitment to Reg-ent in 2016, our inaugural year for the registry. After an initial pilot group of 22 practices committed to Reg-ent in the first half of the year, Reg-ent opened to all members in July, with the majority of members joining Reg-ent during September. Since then, there has been no looking back! Reg-ent now has more than 1,800 participating providers from over 300 practices. Reg-ent includes participation from academic medical centers, health systems, large private practices and networks, as well as small- to mid-size private practices—all representing the depth and breadth of otolaryngology care across the United States.

We continue to bring aboard new members and their practices and look forward to having the majority of AAO-HNS members participating in Reg-ent by contributing data in furtherance of the practice of high quality otolaryngology care.

One hundred twenty physicians from 19 practices had PQRS 2016 reporting successfully done through Reg-ent in 2016. Reg-ent once again secured both Qualified Registry (QR) and Qualified Clinical Data Registry (QCDR) status with CMS for 2017.

Measures reporting

The top two measures reported by practices for PQRS in 2016 were:

- PQRS 130 Documentation of Current Medications in the Medical Record
- PQRS 226 Preventive Care and Screening: Tobacco Use: Screening and Cessation Interventions

The most reported AAO-HSNF-stewarded measures for PQRS 2016 were:

- PQRS 334 Adult Sinusitis: More Than One Computerized Tomography (CT) Scan Within 90 Days for Chronic Sinusitis (Overuse)
- PQRS 333 Adult Sinusitis: Computerized Tomography (CT) for Acute Sinusitis (Overuse)
- PQRS 331 Adult Sinusitis: Antibiotic Prescribed for Acute Sinusitis (Overuse).

As we have grown the registry and onboarded new physicians and their practices, we have had the opportunity to work with more than 54 different EHR vendors. Reg-ent successfully integrated with most EHR vendors utilized by Reg-ent practices and is able to take most practices through the complete mapping process to full integration. However, some of the EHR vendors upon which the registry must rely for pushing practice data from the cloud have proved problematic for both Reg-ent and the associated practices. Increased wait times for additional work on the part of the practices to upload data or finalize contractual obligations to secure their data, which may include the following: submission of application materials, payment of fees for connectivity or data reports, and managing multiple uploads of data have been experienced. The Reg-ent team has worked with FIGmd to develop a solution for practices that are unable to secure their performance data from their EHR vendor. (See box at end of article.)

MIPS 2017 reporting

The Reg-ent registry is now gearing up to meet the needs of practices and physicians for MIPS 2017 reporting. Reg-ent will accommodate all required 2017 MIPS reporting categories including Quality Performance, Advancing Care Information (ACI), and Improvement Activities (IA). Quality Performance measures web upload forms

The 10 most reported measures by Reg-ent practices in PQRS 2016

Measure	Number of physicians reporting	Number of practices
Documentation of Current Medications in the Medical Record	59	17
Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention	58	17
Adult Sinusitis: More than One Computerized Tomography (CT) Scan within 90 Days for Chronic Sinusitis (Overuse)	43	14
Adult Sinusitis: Computerized Tomography (CT) for Acute Sinusitis (Overuse)	40	13
Adult Sinusitis: Antibiotic Prescribed for Acute Sinusitis (Overuse)	39	11
Acute Otitis Externa (AOE): Systemic Antimicrobial Therapy — Avoidance of Inappropriate Use	37	12
Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up Plan	37	11
Acute Otitis Externa (AOE): Topical Therapy	33	11
Adult Sinusitis: Appropriate Choice of Antibiotic: Amoxicillin with or without Clavulanate Prescribed for Patients with Acute Bacterial Sinusitis	33	13
Preventive Care and Screening: Influenza Immunization	30	5

will be available for practices utilizing EHRs unable or unwilling to integrate data into the Reg-ent registry or for those practices still using paper charts.

The new Reg-ent MIPS dashboard features enhancements for 2017 MIPS reporting:

- ACI and IA modules in addition to the Quality modules:
  - ACI and IA modules are completed via web entry and attestation.
  - Quality performance is calculated through the direct integration of the data or via web upload forms.
- Web entry forms available for paper-based practices for the Quality Performance and IA categories
- Manual submission forms for Advanced Care Information (ACI) and Improvement Activities (IA) reporting
- Multiple mapping refinements and complete review before CMS submission
- Ability to track and revise practice participants, monitor AAO-HNS membership, and renew contracts
- Scoring engines for each reporting category

More benefits to come

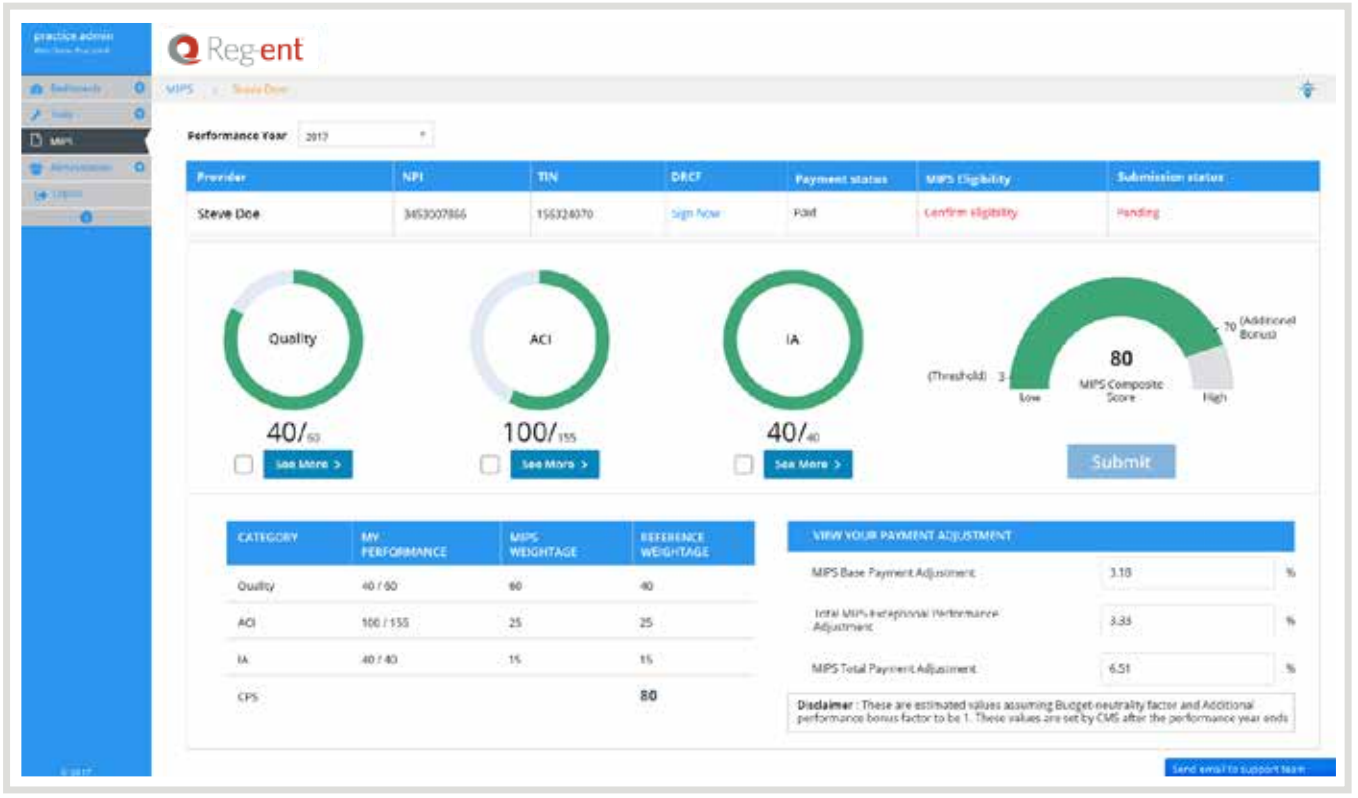
Reg-ent continues to move forward with development of benefits beyond CMS reporting. Reg-ent will provide the ability for data capture on specific procedures and disease processes within the specialty. The first procedures data initiative will focus on allergy immunotherapy injections to aid in discussions with US Pharmacopeia (USP). Work is also progressing with the American Board of Otolaryngology for developing Maintenance of Certification Part IV (MOC Part IV) capabilities within Reg-ent. [We want to emphasize that we are in the very early stages (the first year) of the registry, and although it will take time, the vision for Reg-ent is to become the central repository of otolaryngology-specific data.]

We look forward to welcoming new participants and to renewing contracts with our current participating providers. Thank you for your continued support of the Reg-ent registry.

For more information on Reg-ent and help with either joining or renewing, please email **reg-ent@entnet.org** or visit **www.reg-ent.org.** ■

Help for securing performance data and reporting to CMS

For practices with EHRs that have hindered the ability to utilize the technology offered through Reg-ent for reporting to CMS, Reg-ent will be making available web upload forms so that these practices may still submit performance measures data for the Quality Performance category for the 2017 Merit-based Incentive Payment System (MIPS) along with the Advancing Care Information (ACI) and Improvement Activities (IA) via the Reg-ent registry.



GET INVOLVED WITH AAO-HNSF CLINICAL PRACTICE GUIDELINES

AAO-HNSF GUIDELINES INTERNATIONAL NETWORK (G-I-N) SCHOLARS PROGRAM

Apply to be a 2018 G-I-N Scholar

Application Deadline:
Apply by November 1, 2017

To learn more about how to apply, visit:
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Questions?
Contact Lorraine Nnacheta, MPH
lnnacheta@entnet.org or 703-535-3751

AMERICAN ACADEMY OF OTOLARYNGOLOGY–HEAD AND NECK SURGERY FOUNDATION

Through the G-I-N Scholars program, the AAO-HNSF will offer up to $3,200 for **three AAO-HNS members** to attend the 2018 Guidelines International Network (G-I-N) Conference in Manchester, UK, providing an opportunity for eligible physicians to enrich their understanding of guideline development, dissemination, and implementation.

Receiving a G-I-N Scholar award entails a commitment to collaborate with the AAO-HNSF by serving as either a panel member or assistant chair (depending on experience level) on an upcoming guideline panel, enabling recipients to obtain hands-on guideline development experience. G-I-N Scholars also agree to submit a commentary to *Otolaryngology—Head and Neck Surgery* pertaining to clinical practice guidelines (e.g. development, dissemination, adaptation, implementation, etc.).*

** Residents are not eligible to apply. Previous G-I-N Scholar or Cochrane Scholar recipients may not apply within three years of receiving a Scholar award.*

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

Three travel grants of up to $3,200 will be offered for the 2018 Colloquium in Edinburgh, Scotland, September 15-18, 2018. The Colloquium features a full scientific program and nearly 60 training and discussion workshops related to systematic review. In return for a travel grant to attend the meeting, grant recipients must agree to initiate and submit a systematic review to *Otolaryngology—Head and Neck Surgery* for publication consideration within 12 months (by September 19, 2019).

Attendees will be introduced to the Cochrane Collaboration, the world leader in evidence summaries of healthcare interventions, and will learn state-of-the-art techniques for producing systematic reviews and meta-analyses.*

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

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Otolaryngology – Head & Neck Surgery

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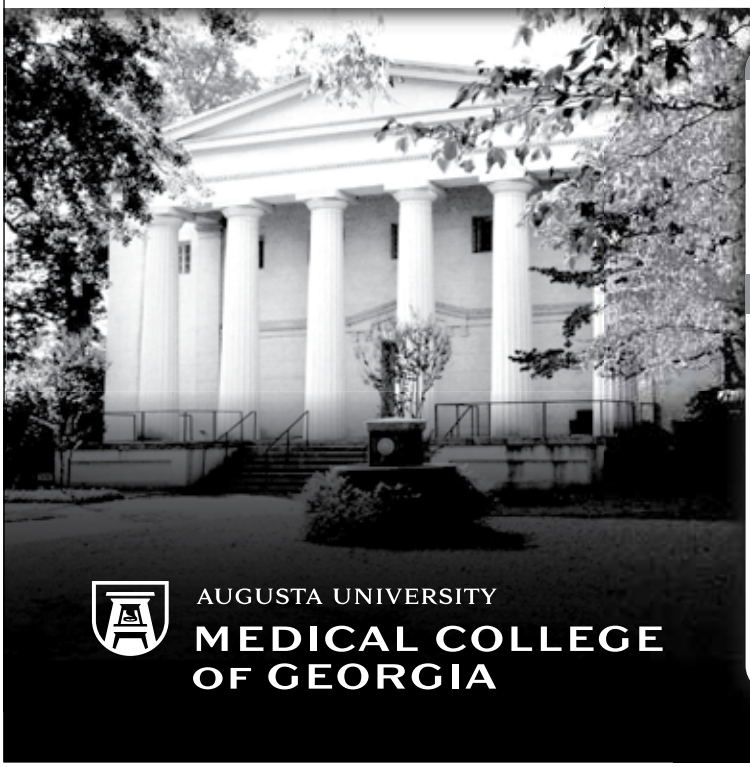

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Applicants are invited to direct a letter of interest and curriculum vitae to:

Samir Bhatt, MD
Medical Director
Massachusetts Eye and Ear Newton
2000 Washington Street, #668, Newton, MA 02462
Samir_Bhatt@meei.harvard.edu

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Rodney J. Taylor, MD, MSPH, FACS
Director of Division of General Otolaryngology – Head & Neck Surgery
Department of Otorhinolaryngology – Head & Neck Surgery
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Bassett Medical Center

Otolaryngologist

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

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

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

EEO Employer

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

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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.

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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
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  - 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
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- 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.

For More Information Contact:
Deb Salava, Sanford Physician Recruitment
(605) 328-6993 or (866) 312-3907 or email:
debra.salava@sanfordhealth.org

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.

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

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Multiple Positions Available

The University of Florida Department of Otolaryngology is seeking applicants who wish to pursue an academic career in Pediatric Otolaryngology, Otology/Neurotology or General Otolaryngology at the rank of Assistant, Associate, or Full Professor. Track and rank will be commensurate with experience. The department has 11 full-time faculty members and 15 residents. The desired candidate should possess a strong commitment to both clinical practice as well as resident teaching. Applicants should be board certified or board eligible and licensed (or eligible) to practice in Florida. Significant relevant clinical experience and/or fellowship training in the chosen field is desired. Salary is negotiable and will be commensurate with experience and training.

To Apply, please go to explore.jobs.ufl.edu, search using "Otolaryngology, Gainesville". After applying, please send your CV and cover letter to the appropriate person below:

Pediatric Otolaryngology
Department of Otolaryngology
Attn: **William Collins, MD**
University of Florida
PO Box 100264
Gainesville, FL 32610-0264
Email: william.collins@ent.ufl.edu

Otology/Neurotology
Department of Otolaryngology
Attn: **Neil Chheda, MD**
University of Florida
PO Box 100264
Gainesville, FL 32610-0264
Email: neil.chheda@ent.ufl.edu

General Otolaryngology
Department of Otolaryngology
Attn: **John D. Harwick, MD, FAAOA**
University of Florida
PO Box 100264
Gainesville, FL 32610-0264
Email:john.harwick@ent.ufl.edu

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

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For more information contact Carlos Lopez at 516.220.6448 or carlos.lopez@nyents.com

****On-site interviews will be available at the AAO-HNSF Annual Meeting & OTO EXPO℠ in Chicago, IL, September 10 – 13, 2017.****

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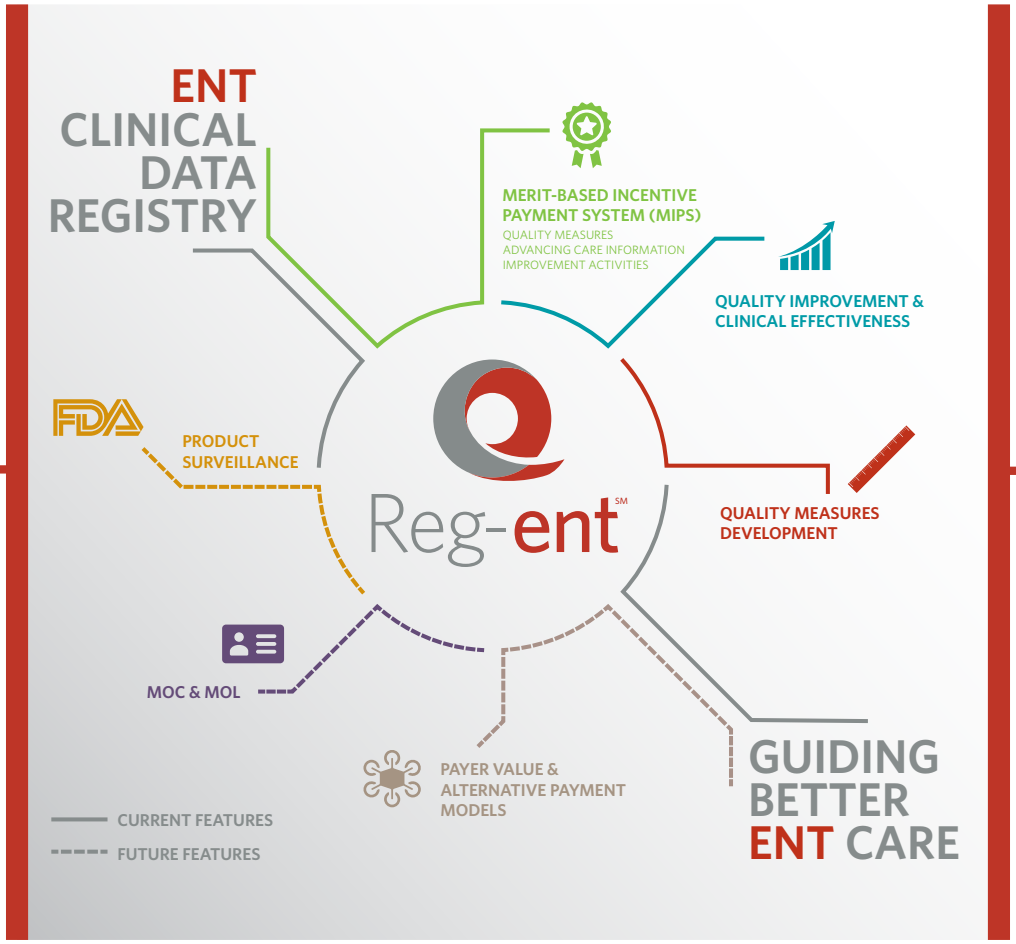

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