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

AUGUST 2017

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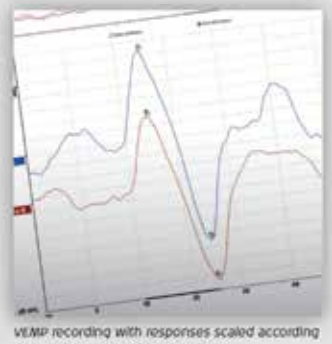
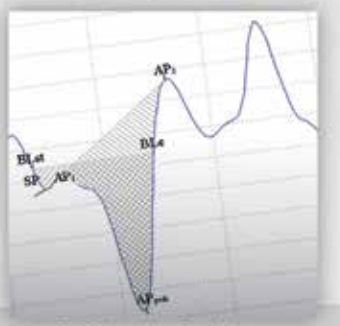


VEMP recording with responses scaled according to muscle tonus during recording



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ADVERTISER INDEX

inside this issue

features

departments

Following is a correction to the July 2017 issue of *The Bulletin*. We apologize for the error.

We incorrectly listed the name of a **Presidential Citation** winner. The correct name is D. Bradley Wellington, MD, PhD.

READ MORE ONLINE

Additional related articles:
- Business of medicine for residents and fellows
- Mayflower Medical Outreach and Nicaragua
- Trauma symposium addresses airway and facial burn trauma
- 2017 socioeconomic survey

Longer articles available:
- BOG Awards

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The recurrent laryngeal nerve and the Academy

As otolaryngologists, it is our daily surgical challenge to offer complex head and neck surgery dovetailed with cranial nerve preservation. Submandibular gland resection and ramus preservation. Skull base neuro-otological surgery with seventh and eighth nerve preservation. Neck dissection and spinal accessory nerve preservation. Thyroid cancer surgery and recurrent laryngeal nerve preservation. The art of our surgery is the extirpation of cancer with cranial nerve preservation. This is what we, as otolaryngologists, do.

To paraphrase the 1724 account of Dr. Fulvio Gherli: The accident of hemorrhage is a minor evil … [but] the cutting of the laryngeal nerves [results in] loss for the rest of his life of the most beautiful prerogative given to man by God, which is la favella (speech) … but this danger can easily be avoided by that surgeon who with the provision of anatomy knows the site of these nerves.

We now have many tools to help us accomplish this goal—knowledge of anatomy, meticulous surgical technique, and neural monitoring. As Frank Lahey in 1938 wrote, "I am convinced the best management of RLN injuries is of the preventative character."

As AAO-HNS/F president, I have initiated a new task force, Neural Monitoring for Head, Neck, and Thyroid Surgery. I have asked **Joseph Scharpf, MD**, to chair this important new task force, which will focus on the extra cranial seventh nerve/parotid surgery, vagus/recurrent laryngeal nerve preservation during the thyroid surgery as well as spinal accessory and hypoglossal nerve preservation during head and neck surgery.

This will synergize with the Academy's previous and highly productive Neural Monitoring Task Force, chaired by **Sonya Malekzadeh, MD**, focusing on seventh and eighth cranial nerves and neuro-otological surgery. Dr. Scharpf's task force will include **David L. Steward, MD**, the incoming chair of the AAO-HNS Endocrine Surgery Committee, **Catherine F. Sinclair, MBBS**, member of the Women in Otolaryngology Section, **Juliana Bonilla-Velez, MD**, member of the Section for Residents and Fellows-in-Training (SRF), Whitney E. Liddy, MD, fellowship-trained endocrine surgeon, **Jeffrey C. Liu, MD**, head and neck surgeon and chair of the Young Physicians Section, and **Michael C. Singer, MD**, American Head and Neck Society Endocrine Section representative, as well as **Lisa A. Orloff, MD**, internationally known endocrine surgeon. I will serve as board liaison.

The task force will develop an AAO-HNS monitoring position statement, an *Otolaryngology–Head and Neck Surgery* journal summary paper, and other Academy/Foundation education products.

While our Academy focuses this significant organization and education activity on one branch of the vagus nerve, its activities are burgeoning and can be best appreciated by attending our Annual Meeting.

AAO-HNSF 2017 Annual Meeting & OTO Experience
September 10-13, Chicago, IL

- All full-conference attendees will receive unrestricted access to the Annual Meeting's recordings as included in their registration. While not all sessions are eligible for *AMA PRA Category 1 Credit™, total number of credits a participant can earn is 26*.
- All full-conference nonmember attendees will receive three months of complimentary membership.
- **Pre-conference workshops** include: Endoscopic Ear Surgery: Friday, September 8
  Thyroid and Parathyroid Ultrasound Skills Workshop: Saturday, September 9
  Cutting-Edge Robotics in Laryngology and Otology Workshop: Saturday, September 9
- Participate in the give back to Chicago program, **Cradles to Crayons® Community Service**, 11:00 am – 3:00 pm, Saturday, September 9
- Contribute to the Academy's Foundation through the **5K Run**, 6:00 am – 7:00 am, Monday, September 11
- Start your day with the **Sunrise Yoga**, 6:00 am – 7:00 am, Sunday, September 10
- Network with your colleagues at the **Presidents Reception**, 6:00 pm – 7:30 pm, Sunday, September 10
- All international attendees are invited to the **International Reception**, 8:00 pm – 10:00 pm, Tuesday, September 12
- Learn about the future of medicine through Daniel Kraft, MD, Opening Ceremony keynoter
- Most importantly, *find your group!* That may be Women in Otolaryngology (contact **Ayesha N. Khalid, MD**, WIO chair), Section for Residents and Fellows-in-Training (contact **Peter M. Vila, MD, MSPH**, SRF chair), Young Physician Section (contact Jeffrey Liu, MD, YPS chair), or come to one of the many Global Caucuses, including Africa, Middle East, or Europe (contact **James E. Saunders, MD**, international coordinator).

See you in Chicago! ■

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

I hope you will join us in Chicago on September 10 as a part of the AAO-HNS/F family. Register now to receive the advance registration rates.

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Putting the pieces together

The seemingly ever-expanding cost of the American healthcare system, predicted to surpass 20 percent of the GDP by 2025, has caused increased scrutiny of many well-established institutions related to the medical profession and the healthcare industry in general. On the surface, the *"North Carolina State Board of Dental Examiners (NCSBDE) v. FTC"* decision by the U.S. Supreme Court, recent legislation in 17 states relating to Maintenance of Certification (MOC) along with follow-up discussion and House of Delegates activity at the AMA Annual Meeting in June, a recent op-ed in *The New York Times*, and an article on Forbes.com don't seem interrelated. However, each of these address various aspects of physician involvement in determining the practice of medicine both currently and going forward.

The public has traditionally relied on physicians to determine, disseminate, and police standards of best patient care through certifying professional boards, state licensure boards, and medical associations. The medical profession has taken this responsibility quite seriously for generations. Although specific missions may vary among the aforementioned groups, all have the common goal of delivering the best possible care to the patient population and protecting them from harmful deviation from accepted standards.

The Supreme Court decision of 2016 (*NCSBDE v. FTC*) in which the majority held, "If a controlling number of an agency's decision-makers are active market participants in the occupation the agency regulates, the agency can invoke state-action antitrust immunity only if it was subject to active supervision by the State." This ruling certainly has the potential to markedly alter the compositions of state licensing boards nationwide in a heterogeneous fashion. One can just imagine the concerns created by a state medical board dominated by representatives of the hospital associations, insurers, and allied health providers. Physician self-regulation could quickly become a historical curiosity.

During roughly the same time period, legislation has been introduced in 17 states to limit the use of MOC in hospital privileging, physician licensure, insurance credentialing, and network participation. However, in some of the states, determination of qualified certifying bodies and Continuing Medical Education (CME) has been ceded to the state medical boards. Given the uncertain future of the makeup of these boards, this strategy has significant risk that physician regulation may be controlled by those lacking understanding of the profession and driven by interests contrary to best patient care.

The Sherman Antitrust Act of 1890 has been a source of great frustration to many physicians who are subject to tightly restricted discussions concerning anything related to practice-based economics, while hospitals and insurers can plan and negotiate within their own groups with impudence and no consequences. To potentially have the ability to regulate our own profession snuffed out by the same act is a bitter pill to swallow.

Ironically, at a time when physician influence seems to be on the historically low side related to federal legislation, workplace requirements, payer relations, administrative burden, and recent pieces in prominent publications have espoused quite the opposite viewpoint.

An op-ed column in *The New York Times* written by a physician contains several interesting statements of questionable accuracy that do not correlate with my experience. Comments such as, "Instead, it [the healthcare market] is a colossal network of unaccountable profit centers, the pricing of which has been controlled by medical specialists since the mid-20th century."; "What people don't know is that specialists essentially determine the services that are covered by insurance, and the prices that may be charged for them."; and "Instead of letting specialists' lobbyists set costs, payment algorithms should be determined by doctors with no financial stake in the field, or even by non-physicians like economists."; totally disregard the "Relative Value System (RVS)."

The RVS was set up in the late 1980s and constantly undergoes revision designed to accurately measure time and resources involved with providing respective services. The majority of the individuals making these determinations have no direct involvement with the individual procedures being assessed. Ultimately, CMS thoroughly reviews each recommendation and has the final authority and responsibility to adjust values that it considers inappropriate. The author may be interested to know

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

> "The public has traditionally relied on physicians to determine, disseminate, and police standards of best patient care through certifying professional boards, state licensure boards, and medical associations."

that physician payment accounts for only 12 percent of the Medicare budget. Most specialists and specialty organizations would be "surprised" to learn that they can dictate coverage decisions and pricing to CMS and the private health insurance providers. Most communications from our members are concerned with quite the opposite scenario.

A recent article on Forbes.com by Tim Worstall, references *The New York Times* article and additionally paraphrases Milton Friedman's comments from decades ago when he says: "The AMA, and in this current analysis all of the smaller and more local specialty groupings, make healthcare more expensive in their exercise of their monopoly power." Shikha Dalmia states, "but the entities that will be most injurious to the nation's health are not so much in the evil-mongers' group, but the first group, including the American Medical Association—a doctors' cartel that has control of the medical labor market in the U.S. like its personal fiefdom for a century." Finally, economist Milton Friedman argued for "no licensure of physicians, because that would help to reduce and eliminate the monopoly power of the American Medical Association … And the control over that licensure procedure is what has enabled the AMA to exercise its monopoly power for these many decades."

While opening the practice of medicine to anyone who wanted to try their hand, do you think Friedman would have been comfortable looking up at an economist colleague poised to perform open heart surgery on him? Using a similar logic, pharmaceutical costs could be dramatically reduced if they did not have to show efficacy and safety as required by the FDA for approval. Examples of the danger of this strategy can be seen in the news on a regular basis, particularly related to production and consumption of illegal narcotic products and the thousands of deaths related to such each year.

When one starts to carefully look at these examples that seem to favor decreased involvement of the physician community in setting standards of care and the practice of medicine, one must wonder if that would truly be in the best interest of the many patients treated in the United States every year. At a time when there is consensus agreement that the public deserves high quality care and value, it would seem intuitive that defining and improving quality medical care, including reducing the well-documented excessive medical errors and enforcing the appropriate use of resources, requires some degree of professional self-regulation.

The challenge for organized medicine is to accomplish this in a fair, data-driven way that allows provision of appropriate, safe, quality care within an efficient, cost-effective paradigm. We oppose the outsourcing of physicians' autonomy to unpredictable state legislatures and medical boards. This would not serve the public well and additionally will only confuse the majority of patients. Physicians and other participants in the healthcare system in society are all telling us we need to do a better job, and do it soon. ■

Spencer C. Payne, MD

What strategies do you recommend to provide value to and engage the non-academic otolaryngologist in the BOG and the Academy in general?

As market forces have seemingly driven practitioner subspecialization, and changes in healthcare delivery have expanded the selections for practice models, ensuring that a focus remains on supporting the non-academic otolaryngologist must remain a core value for the Academy.

I believe a series of specific initiatives designed to understand, educate, and reward this extremely important constituency of our Academy membership is required. This will start with a directed exploration of how the evolution of medicine has differentially affected the diverse groups that comprise the "non-academic," as no one strategy can apply to all. Targeted discourse and measures designed to improve communication between leadership and key stakeholders will facilitate educational initiatives to better engage the physician. Further, greater strides must be made to provide for an innovative recognition and reward system to honor those who serve the Academy; premium cost of time continues to rise.

How would you promote increased local/national BOG society involvement and promote increased membership in the Academy?

Engagement of BOG member societies remains a continual challenge and mirrors the struggle of these societies to demonstrate value to their own members. This past year, we have worked hard to pool the wisdom of our BOG societies with the inaugural OTO Society Roundtable. This extremely successful meeting highlighted not only the challenges but also best practices to provide the critical knowledge that will be employed in crafting Academy-based resources. Moving forward, we would facilitate society organization, efficiency, and success through the continued refinement of resource toolkits that have been crafted during my tenure as chair of the Governance and Society Engagement Committee. Additionally, through the ensuring of bi-directional exchange of contact information, we will optimize the ability to bring non-overlapping memberships into both organizations. This must include engagement of the Section for Residents and Fellows-in-Training members to facilitate their transition to full Academy membership and introduce them to their future state societies. ■

Ken Yanagisawa, MD

What strategies do you recommend to provide value to and engage the non-academic otolaryngologist in the BOG and the Academy in general?

With governmental, insurance, and societal pressures in full force exerting extraordinary demands on our time, tolerance, and skill set acquisitions, physician ability to focus on providing excellent patient care has been unduly challenged. The BOG offers the shining light to help guide us through these turbulent times.

BOG and Academy membership permits us to identify, discuss, and resolve myriad issues we face to then fight and advocate on our behalf with a unified voice. The BOG represents the "grass-roots" physicians—in-person, telephone, and online discussions permit deliberation, and ultimately consensus. Family otolaryngology is comprised of both non-academic and academic providers and must respect and value each other's needs, and then engage together. I will ensure that the issues and challenges facing busy practitioners are heard and represented and to communicate the BOG's efforts and results in these meaningful projects and battles back to the providers.

How would you promote increased local/national BOG society involvement and promote increased membership in the Academy?

Success attracts success and promotes participation and engagement. In Connecticut, our State Society has consistently delivered member value and benefits, keeping all physicians abreast of legislative and socioeconomic concerns with a team that includes our dedicated physicians, executive director, Society counsel, and a corps of supportive defense attorneys. All officers of our Society are assigned as BOG officers and enthusiasts. Our young physician members are offered societal financial support to attend BOG national events and then to report back at our meetings. Early exposure fosters awareness and continued participation.

Academy involvement requires communication of the multitude of projects that our Academy is undertaking on our behalf and demonstrating the immense benefits of these activities. I would assure that the voice of grassroots members is heard and would work to bring all members into cohesive actions so that we can better enjoy our practices, our patients, and our lives. ■

The positions of Chair-Elect and Secretary will be elected by the voting members of the BOG (i.e., Governors or Alternate Governors) present at the BOG General Assembly from 5:00 pm – 7:00 pm on Monday, September 11, in Chicago, IL. BOG meeting participants are encouraged to exercise this opportunity, however, no proxy votes are permitted.

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Samantha Anne, MD

How would you work to make the BOG more successful in its core missions?

The core missions of the Board of Governors (BOG) are to serve as an advisory body to the Boards of Directors (BOD) and to serve as a liaison between state societies and membership. In addition, BOG's role is to engage our society membership on matters pertaining to our practice, such as economic or political concerns.

The key to achieving these missions is communication. As BOG secretary, my goal is to promote open communication and conversation between our Academy membership and BOG. ENTConnect serves an important conduit and connection between our members. I will work to ensure that membership will have the opportunity to voice any concerns and questions through this open forum by asking for input when appropriate and posing topics for discussion as needed.

In addition, each state and local society has contact information maintained through the BOG; this will serve as a means to communicate with these crucial governing bodies. Essentially, every member simply must have a voice within and accessibility to our Academy, and my goal is to use various social media avenues to engage the membership to allow for free communication and equal representation.

How would you organize the annual BOG Miniseminar, and what topics would you like to see presented?

With the current climate of medicine in flux, with ever-changing healthcare reimbursement and regulations, it is ever more important to be aware and educated about these nuances. The topics that I would like to see presented will focus on understanding these regulations and requirements. The panels will be structured to include experts on reimbursement from the Academy, such as members of 3P, legal experts, and legislators.

Another focus would be on how patient outcomes, quality metrics, and patient perceptions on social media play into our current practice. This Miniseminar would include web-based media experts and speakers from Reg-ent[SM], the Foundation's clinical data registry and patient safety and quality improvement committee.

My goal is to create a Miniseminar that presents highly engaging, educational, and pertinent topics relevant to the practice of otolaryngology, whether in private or academic setting. ■

Troy D. Woodard, MD

How would you work to make the BOG more successful in its core mission?

The BOG has a vital role within our AAO-HNS, and its success is dependent on the engagement of its members. The BOG is the liaison between the Board of Directors and the members of the AAO-HNS. It also provides an avenue to recommend programs and policies for the AAO-HNS. Unfortunately, many of our Academy's members are unaware of the BOG's purpose and responsibilities.

As a result, I will work to improve our education and outreach. We should require all BOG society reps to give semi-annual reports about the BOG's activities to their respective societies. The BOG should also have a forum to allow our members to electronically voice their concerns, provide suggestions, and volunteer for any initiatives. Once implemented, I believe that these changes will help our membership feel welcomed, keep them informed, and ensure that their voices are being heard.

How would you organize the annual BOG Miniseminar, and what topics would you like to see presented?

As BOG secretary, I would strive to develop a successful Miniseminar that is attractive to all members of the AAO-HNS and ensure that it includes information on topics that impact our society. Additionally, the Miniseminar should provide benefit and equip our audience with tools to implement a positive change in their practice. There are two topics that will benefit our membership.

One topic, "How to Prepare Your Practice for Healthcare Reform," would include a panel of academicians and private practitioners. Each panelist will present strategies to comprehend and adhere to healthcare reform requirements while focusing on improving quality and reducing costs. Presentations will be followed by a Q&A session. Secondly, many of our practices are venturing into the expanding role of office procedures. Proper coding for these procedures can be daunting and perplexing. An alternative topic would provide the ins and outs of sinus surgery and office-based procedure coding. ■

You don't have to bowl alone

By David R. Edelstein, MD
BOG Immediate Past Chair

My first national Academy meeting was in 1984 in Las Vegas, NV. It was exciting for a variety of reasons: hearing lectures by my surgical heroes, meeting with former mentors, seeing residency friends, and congregating with otolaryngologists from across the country.

In 1835, Alexis de Tocqueville in *Democracy in America* had remarked that: "Americans of all ages, all stations in life, and all types of disposition are forever forming associations." The Academy is such an association where otolaryngologists come to meet twice a year, not just to build intellectual capital, but to form "social capital."

The problem is that over the last three decades, paralleling my career in medicine, there has been a trend toward reduced civic involvement with people joining fewer organizations. A must-read book on this subject, *Bowling Alone*, was written by sociologist Robert D. Putnam in 2000. Putnam wrote: "We are still more civically engaged than citizens in many other countries, but compared with our own recent past, we are less connected … We kibitz, but we don't play … We maintain a façade of formal affiliation, but we rarely show up. We have invented new ways of expressing our demands that demand less of us … We are less generous with our money and with our time, and we are less likely to give strangers the benefits of the doubt. They, of course, return the favor."

Why does this matter? Social connectiveness is directly related to your well-being, health, and happiness—both social and economic. Communities do better with more functioning participants. (When did you last volunteer for an Academy committee?) Democracy does better with more voters. (Did you vote last November?) Families function better with more interaction. (When did you last have dinner with your whole family?) Our medical specialty does better when people show up to learn from each other. (What is your excuse for missing the Annual Meeting?)

Quick. Take this test.

1. What percent of national income was given to charity in 1964 versus 1998?

2. What was the relative change in the percentage of people serving on a committee for a local organization between 1974 and 1994?

3. Since the 1830s, what was the decade of the lowest formation of new associations in the United States?

[ANSWERS: 1. 2.26 percent in 1964 and 1.61 percent in 1998 (29 percent less) 2. Minus 39 percent 3. 1990s]

What is the solution? The Academy is definitely part of the solution. Where else but at the AAO-HNSF 2017 Annual Meeting & OTO Experience can you see 35 percent of all U.S. otolaryngologists once a year and participate in over 30 committees and groups. The Board of Governors (BOG) is also integral to the solution with its fall, spring, and frequent monthly phone meetings. It is the glue that holds the 104 local, state, and national societies together through its committees. The BOG links us with its annual surveys, its virtual society computer platform that allows your local society to link people who may live hundreds of miles apart, its state tracking program to follow every state's legislation, and PROJECT 535 that connects an otolaryngologist voter with every member of Congress. This is building true social capital, which we need to succeed in the new world of greater productivity, less free time, expanding governmental control, and greater economic stress. ■

General Assemblies in Chicago, IL

Be more engaged in your Academy! Mark your calendars to attend the following General Assemblies at the AAO-HNSF 2017 Annual Meeting & OTO Experience:

- Women in Otolaryngology (WIO) Section: 11:30 am – 1:30 pm CDT, Monday, September 11
- Young Physicians Section (YPS): 2:30 pm – 4:30 pm CDT, Monday, September 11
- Board of Governors (BOG): 5:00 pm – 7:00 pm CDT, Monday, September 11
- Section for Residents and Fellows-in-Training (SRF): 7:30 am – 9:30 am CDT, Tuesday, September 12

While each General Assembly will feature speakers and presentations targeted to the specific audience, all of the meetings are open to all Annual Meeting registered attendees. ■

MIPS Update

On June 20, 2017, the Centers for Medicare & Medicaid Services (CMS) released the 2018 proposed rule for the second year of the Quality Payment Program (QPP). The QPP has two tracks for participation: Merit-based Incentive Payment System (MIPS) and Alternative Payment Model (APM). In the 2018 proposed rule, CMS proposes several changes to key QPP components, including increasing the low-volume threshold, proposed performance categories reporting requirements, creating virtual groups for reporting, and APM participation requirements. The Academy has published a summary of the 2018 MIPS and APM reporting requirements for otolaryngologists, including details on proposed provisions directly affecting your practices at **http://www.entnet.org/content/physician-payment-reform**.

Participation

CMS proposes modifying the low-volume threshold, reducing the number of ECs required to participate in MIPS. Under the proposed rule, the threshold for exclusion was increased to ≤$90,000 in Part B allowed charges or ≤200 Part B beneficiaries, during a determination period. An EC must participate in MIPS if both low-volume thresholds are met or exceeded.

CMS also proposes adding virtual groups as a method for participation in MIPS. Individual ECs and groups of 10 or fewer ECs will be able to form virtual groups with at least one other EC, regardless of location or specialty, to report MIPS performance categories. Virtual groups with 15 or fewer members will have small group status, and virtual groups are eligible for rural and health professional shortage areas (HPSA) designations.

Reporting MIPS performance categories

For 2018, CMS proposes eliminating the "pick your pace" reporting option and implementing a calendar year performance period. The quality and cost performance categories will have 12-month performance periods, and the ACI and improvement activities (IA) performance categories must be reported for a minimum of 90 days for 2018.

ECs can report performance categories using claims, qualified clinical data registries (QCDR), a qualified registry, attestation, or an electronic health record (EHR), depending on the specific performance category. CMS also proposes allowing ECs and groups to submit data on measures and activities via multiple data submission mechanisms for a single performance category.

For 2018, CMS proposes providing ECs or groups defined as small practices with an additional 5 bonus points to the final MIPS score, as long as they submit data on at least one performance category. CMS proposes continuing to award small practices 3 points for measures in the quality performance category that do not meet data completeness requirements. CMS also proposes adding a new hardship exemption for clinicians in small practices under the advancing care information (ACI) performance category.

Performance categories

For 2018, CMS proposes keeping many of the same performance category requirements, including category weights and reporting requirements. Below are the 2017 category requirements compared to the 2018 proposed requirements. ■

	2017 REQUIREMENT	2018 PROPOSED RULE
Quality	60% of final MIPS score	60% of final MIPS score Improvement scoring available (up to 10 percentage points)
Cost	0% of final MIPS score	0% of final MIPS score CMS intends on developing new episode measures for 2019
Improvement Activities	15% of final MIPS score	15% of final MIPS score
Advancing Care Information (ACI)	25% of final score	25% of final score ECs and groups may use 2014 certified electronic health record technology (CEHRT), 2015 CEHRT, or a combination of CEHRT editions (bonus points available for using 2015 CEHRT exclusively)

CPT Assistant on new flexible laryngoscopy codes released

For the Current Procedural Terminology (CPT®) 2017 code set, six new codes were added for reporting open treatment of laryngeal stenosis, open vocal cord medialization, and open cricotracheal resection (CPT 31551-31554, 31591, 31592). In addition, CPT added three new codes to report ablation or destructions, therapeutic injections, and injection(s) for augmentation (31572-31574) and revised the existing laryngoscopy codes (31575-31579). Finally, CPT 31582 and 31588 were deleted.

To help ensure members understand these code changes and accurately report for these procedures, the Academy helped the American Medical Association (AMA) develop a CPT Assistant on the new and updated flexible laryngoscopy codes. The CPT Assistant includes full, updated code descriptors, details on revisions to the codes, helpful coding tips, clinical examples, and descriptions of all the procedures.

The Flexible Laryngoscopy CPT Assistant is published in the July 2017 issue of *CPT Assistant*. Academy members can access the article through the Academy's Coding Corner, a benefit for members providing access to the newest coding and reimbursement tools, at **http://www.entnet.org/content/coding-corner.**

Subscriptions to the AMA *CPT Assistant*, for access to all articles, can be purchased through the AMA's online store at **www.commerce.ama-assn.org.** ■

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Attend one of the Association of Otolaryngology Administrators' mini seminars at the AAO-HNSF Annual Meeting & OTO Experience to position your practice for the future.

Join Us
Sept. 11 & 12 in Chicago

MONDAY, SEPT. 11

7:30 A.M-8:30 A.M.

After Residency: Finding the Right Job in Private Practice

Todd Blum, MBA; Kevin Watson, MHA

In a recent survey from Medscape/WebMD, only a quarter of physicians said they would choose the same practice setting, compared with 50% one year ago. So what makes a successful private practice match? Join us while we cover key items to discuss, what questions you should ask, and how to figure out if the practice is a fit with you.

11:15 A.M.-12:15 P.M.

Innovative Uses of Advanced Practice Practitioners

Kandice Bowman, MS, PNP; G. Lee Bryant, Jr., MD; Charles W. Ford, MD; Kris McGriff, COPM, MHA

Many practices hire advanced practice practitioners (APPs), but most ENT practices aren't quite ready to optimize the skills and value of these clinicians. Integrated well, APPs can help your practice increase patient access, boost physician productivity, and generate new revenue. Join us as we discuss best practices and utilization of APPs.

TUESDAY, SEPT. 12

11:00 A.M.-12:00 P.M.

Effective Contract Negotiation: Beyond the Rate

Ron Howrigon, MS; Todd Blum, MBA; Kevin Watson, MHA

Medical practices can no longer afford to accept whatever the managed care companies offer. To remain successful, they must ensure that their contracts reflect the realities of doing business. Getting the right terms in your contract requires facts and skillful negotiation. We will explore the steps needed to successfully negotiate contracts that will benefit the patient and the physician office.

1:00 P.M.-2:00 P.M.

Otolaryngology 2020: Preparing for the Future

Ron Howrigon, MS; Kevin Watson, MHA; Charles W. Ford, MD
Moderator: Kris McGriff, COPM, MHA

Join this panel as they interact and discuss the impact of the new administration on healthcare. This session will provide a clear understanding of the 2017 changes in healthcare that will impact otolaryngology practices and what we can do to prepare for the next few years.

Need More Practice Management Education?

Send your administrator/manager to the AOA-35 Annual Educational Conference Sept. 18-20 in Las Vegas for three days of ENT-focused practice management sessions.

Learn more at AOAnow.org/AOA35.

Reg-ent℠ at AAO-HNSF Annual Meeting & OTO Experience

It's almost time for the AAO-HNSF 2017 Annual Meeting & OTO Experience in Chicago, IL. Whether you are a current Reg-ent participant, interested in becoming one, or just want to learn more about the registry and its future, we invite you to attend the Reg-ent Miniseminar and stop by the Reg-ent booth.

The Reg-ent Miniseminar, **The Evolution of Measurement**, is taking place on Sunday morning, September 10, immediately following the Opening Ceremony (in E450B, McCormick Place Convention Center — Lakeside). This Miniseminar will address quality measurement, how measures assist in defining quality, and why it's important for otolaryngology to define quality versus having it defined by outside forces. It will also provide insight for how to prepare your practice for engagement with quality measurement and research. A key goal of the session is for attendees to have a better understanding of how data registries support the increasing role of measurement in healthcare.

Four speakers will explain the evolution of measurement, Academy initiatives to address the concerns of Reg-ent participants, and the impact of registry participation for all practices from small private practices through large academic or hospital based systems. Time is also planned to answer questions from attendees.

James C. Denneny III, MD, AAO-HNS/F Executive Vice President and CEO will serve as the session moderator and will also provide an update on MIPS 2017. He is the chair of the Reg-ent Executive Committee, and the other speakers are also members of the committee.

Lisa E. Ishii, MD, MHS, AAO-HNSF Coordinator for Research and Quality will examine how measures are used to define patient experience of care. Patient-reported outcome measures (PROMS) are a new area of measurement for otolaryngologists as well as most healthcare professionals. PROMS will be used to help direct research and provide opportunities to improve care and outcomes.

Richard M. Rosenfeld, MD, MPH, will explain how measures are used to define quality. He is leading the Academy's Project Jumpstart, which is designed to be a rapid-cycle measurement development process based on AAO-HNSF clinical practice guidelines. Dr. Rosenfeld is also leading work on initiatives to address the concerns of Reg-ent participants regarding the need for more specialties within Otolaryngology.

William R. Blythe, MD, is a private practitioner and Reg-ent participant. He will address how measurement impacts a private practice and how he uses measures to engage in quality improvement and engage patients in their care.

Please visit the Reg-ent booth, located in Academy Central, Level 3, McCormick Place Convention Center—Lakeside. The Reg-ent team will be available to answer your questions regarding joining and participating in Reg-ent as well as current and future capabilities of the registry. At the booth, you can also view a demonstration of the Reg-ent dashboard and its functionality. For those interested in joining Reg-ent while in Chicago, we can walk you through the Reg-ent sign-up portal to execute your contract. The Reg-ent booth will be open Sunday, September 10, through Wednesday, September 13.

The Academy, recognizing that data is a critical component in today's ever-changing healthcare environment, developed the Reg-ent clinical data registry to be the first and only national repository of otolaryngology-specific data. Reg-ent harnesses the power of data to guide the best ENT care. Focused on quality improvement and patient outcomes, the registry is an essential tool that will advance outcomes in the specialty.

Reg-ent is a Qualified Clinical Data Registry (QCDR), as well as Qualified Registry (QR), CMS designations that allow Reg-ent to report all required MIPS 2017 categories, including Quality Measures, Advancing Care Information (ACI), and Improvement Activities (IA). All Reg-ent participants benefit from the non-reporting aspects of Reg-ent, which include research, measures development, MOC reporting, and more.

To learn more about Reg-ent's benefits and capabilities, current and future, make sure to attend the Reg-ent Miniseminar and visit the Reg-ent booth. If you would like to learn more about Reg-ent before the Annual Meeting, please visit **www.Reg-ent.org.** ■

Reg-ent℠ and MIPS 2017 reporting

Although not all Academy members and Reg-ent participants need a MIPS reporting solution, for those that do, Reg-ent provides a comprehensive solution. Reg-ent has the capability to report the three required categories of MIPS 2017: Quality Measures, ACI, and IA.

The contract execution deadline for MIPS 2017 reporting was July 15, 2017, for EHR integration for the Quality Performance reporting category.

If you missed the contract execution deadline or are a paper-based practice, Reg-ent still provides options for you to report. For 2017, Reg-ent has web upload capabilities, which allow practices with EHRs that did not execute a contract by July 15 as well as paper-based practices to report. Practices with certified EHRs can report all three MIPS categories while paper-based practices can report Quality Measures and IA (ACI requires the use of a certified EHR) utilizing Reg-ent. The contract execution deadline to use the web upload tool is October 3, 2017. Visit **www.Reg-ent.org** to learn more. ■

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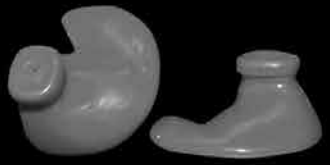

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2016 AAO-HNS election results

The AAO-HNS extends its greatest appreciation to the candidates of the 2017 election for their dedication and willingness to serve. The Nominating Committee presented the membership with an outstanding slate of candidates. The AAO-HNS thanks the committee for its meaningful deliberations.

Committee Members are: **Sujana S. Chandrasekhar, MD (Chair), Susan R. Cordes, MD, Earl H. Harley, MD, Stacey L. Ishman, MD, MPH, Bradley W. Kesser, MD, Catherine R. Lintzenich, MD, Brian J. McKinnon, MD, MBA, Cherie-Ann O. Nathan, MD, Spencer C. Payne, MD,** and **Joseph C. Sniezek, MD. Susan D. McCammon, MD,** and **James C. Denneny III, MD,** also contributed as *ex-officio* members of the committee without vote.

We also extend our greatest appreciation to all the candidates for their willingness to run for office and serve the AAO-HNS and its members. You are all dedicated members, and you are greatly appreciated.

Election results

President-Elect:
Albert L. Merati, MD

Secretary/Treasurer-Elect:
Kenneth W. Altman, MD, PhD

Director-at-Large (Academic):
Brent A. Senior, MD

Audit Committee:
Terance Tsue, MD

Director-at-Large (Private Practice):
Douglas D. Backous, MD

Nominating Committee (Academic):
Yuri Agrawal, MD, MPH
Troy D. Woodward, MD

Nominating Committee (Private Practice):
Jeffrey J. Kuhn, MD
Angela M. Powell, MD

Approval of two proposed AAO-HNS Bylaws amendments

The proposed amendments to the Bylaws include the approval of the following:

- Revising and adding language to Section 6.07 clarifying the role of the Financial & Investment Subcommittee (FISC) as a Standing Committee and to clearly define term limits on the FISC.
- Elimination of Article X Specialty Society Advisory Council and to sunset the council. ■

2017 WIO awards announced

Helen F. Krause, MD, Memorial Trailblazer Award
Amber U. Luong, MD, PhD, University of Texas Health Science Center at Houston

Exemplary Senior Trainee Award
Juliana Bonilla-Velez, MD, University of Arkansas ■

BOG Awards

Each year, the AAO-HNS Board of Governors (BOG) highlights outstanding individualized efforts of its State Societies and members. Below are the results of the 2017 BOG Awards. Congratulations to the winners!

BOG Model Society Award

The **Georgia Society of Otolaryngology/ Head & Neck Surgery (GSO/HNS)** is the recipient of the 2017 BOG Model Society Award. The GSO/HNS is well-represented on the |BOG by **Elizabeth A. Shaw, MD** (BOG Governor), **Jimmy J. Brown, DDS, MD** (BOG Legislative Representative), and **Anita Sethna, MD** (BOG Socioeconomic and Grassroots Representative).

BOG Practitioner Excellence Award

The 2017 BOG Practitioner Excellence Award is presented to **Wendy B. Stern, MD**. Dr. Stern has managed to build a thriving solo practice in an underserved area of Massachusetts while also raising a family and serving the specialty of otolaryngology in several capacities. ➔

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Longer article available

Congratulations to the 2016-2017 Committees of Excellence!

BOG Governance & Society Engagement Committee
Spencer C. Payne, MD, Chair

Otology & Neurotology Education Committee
Bradley W. Kesser, MD, Chair

Outcomes Research and Evidence-Based Medicine Committee
Jennifer J. Shin, MD, SM, Chair

Simulation Education Committee
Ellen S. Deutsch, MD, Chair ■

TED FELLOW

Eradicating disparities in global hearing health

Dr. Emmett screening hearing in Bangladesh.

Susan D. Emmett, MD, MPH, a member of the 2017 class of TED (the 1984 Technology, Entertainment, and Design conference that became the 18 minute, great idea, "TED Talks") Fellows, is one of 21 innovators from five continents selected to take the stage in August at TEDGlobal in Tanzania. She will present her research on addressing hearing health disparities on a global level. TED began in 1984 as a conference where Technology, Entertainment and Design converged, and today covers almost all topics — from science to business to global issues — in more than 100 languages.

"There are an estimated 1.1 billion people living with hearing loss worldwide, and over 80 percent of these individuals live in low- and middle-income countries," Dr. Emmett stated. "The World Health Organization estimates that at least half of hearing loss cases are preventable, highlighting the urgency to address these tremendous disparities in global hearing health."

Dr. Emmett is the first otolaryngologist selected as a TED Fellow. The program was founded in 2009[1] and now has 435 fellows from 94 countries, whose talks have collectively been viewed more than 155 million times.[2]

In its eight-year history, the TED Fellows program has created a powerful, far-reaching network—made up of scientists, doctors, activists, artists, photographers, filmmakers, entrepreneurs, inventors, journalists, and beyond—leading to many meaningful and unexpected collaborations.

"I'm humbled to be asked to be a TED Fellow. It is a tremendous honor to represent the field of otolaryngology-head and neck surgery and to be a voice for the importance of our specialty in global health," said Dr. Emmett, assistant professor of surgery and global health at Duke University.

Susan D. Emmett, MD, MPH

Dr. Emmett's journey in August to Tanzania is grounded in her career start in public policy, beginning with her bachelor's degree from Princeton University in Molecular Biology and the Woodrow Wilson School of Public and International Affairs. Prior to heading off to medical school, she worked in the Office of Science Policy at the National Institutes of Health and as a health legislative aide on Capitol Hill. This work gave her a foundation in policy that she continues to incorporate into her research.

She completed residency at Johns Hopkins, where she pursued the T32 research training program to gain experience in public health, including a Johns Hopkins Bloomberg School of Public Health Master of Public Health and a postdoctoral research fellowship at the school's Center for Human Nutrition.

"The training and mentorship I received at Bloomberg has been invaluable preparation, providing the analytic tools and experience in large field trials that I need to tackle hearing health disparities on a global scale," Dr. Emmett said. Her leadership in the field of global hearing health has been recognized early in her career, with invitations to speak at over 20 national and international conferences before TEDGlobal.

Sharing her work in Tanzania as a 2017 TED Fellow is particularly significant because it brings her full circle to the country where her commitment to global health began. In 2008, as a medical student at Duke University, Dr. Emmett received the prestigious Howard Hughes Medical Institute Research Training Fellowship that supported a year of research in Tanzania.

"I can't imagine a more poignant place to speak about global hearing health disparities from the TED stage than in the country that has had an indelible impact on my life and career."

In her research, Dr. Emmett works with colleagues around the world to define the global burden of hearing loss and better understand its social, economic, and health implications.

> The adoption of scientific advancements into policy can be a slow process, which is why policy implications are always at the forefront of my mind in my research … I am constantly thinking about the disparities we want to reduce, where the knowledge gaps are, and how we are going to fill those gaps.

"Working with collaborators who live and serve in the countries and communities where our research is taking place is absolutely essential," Dr. Emmett said. "Each project truly represents a team effort and reflects commitment and involvement from individuals across many fields and backgrounds."

Dr. Emmett applies a public health approach to reducing hearing health disparities that spans prevention, early detection and diagnosis, and treatment.

"Fundamental to prevention is evaluating why hearing loss is so much more common in low resource settings and investigating risk factors that are potentially modifiable," Dr. Emmett said. Her preventive efforts have been focused on undernutrition, evaluating the contribution of early life malnutrition and micronutrient deficiencies to risk of hearing loss in Nepal.

"Micronutrient deficiencies such as vitamin A deficiency continue to be common across the Gangetic Plain of South Asia. One of the studies from our group that followed the cohort from a large community randomized trial of preschool vitamin A supplementation showed that in children who experienced recurrent otitis media, supplementation with a single high-dose vitamin A tablet every six months reduced their risk of young adult hearing loss by 42 percent. We need simple, low-cost solutions like this to stop hearing loss before it ever starts," said Dr. Emmett.

"The adoption of scientific advancements into policy can be a slow process, which is why policy implications are always at the forefront of my mind in my research … I am constantly thinking about the disparities we want to reduce, where the knowledge gaps are, and how we are going to fill those gaps," Dr. Emmett said.

A good example of this is Dr. Emmett's work on diagnosis of hearing loss in remote communities. "Scarcity of audiologists and otolaryngologists, the need for portable equipment and lack of screening programs to identify affected children can make diagnosis in remote communities very difficult, both in the U.S. and abroad."

The tremendous burden of childhood hearing loss in remote Alaska Native villages led Dr. Emmett to partner with colleagues at Norton Sound Health Corporation in Nome, AK. The team was awarded $1.5 million in funding from the Patient-Centered Outcomes Research Institute (PCORI) for a community randomized trial in 15 villages on the Bering Sea evaluating the ability of mobile health screening technology and telemedicine referral to identify previously undiagnosed hearing loss and efficiently connect Alaska Native children to care.[3]

"We have an incredible team of stakeholders who bring patient, parent, educator, and community perspectives to the project. The policy implications of the intervention are tremendous, both for the state of Alaska and globally. Alaska is leading the way in telemedicine and has the potential to greatly influence delivery of care in other remote environments."

In addition, Dr. Emmett's research on treatment of hearing loss has focused on expanding access to cochlear implantation. She has worked with collaborators in 14 countries to demonstrate that cochlear implantation can be a cost-effective treatment option in Sub-Saharan Africa and Latin America.

"As otolaryngologists, we see the impact that cochlear implants can have on a child's life: improved language skills, higher likelihood of succeeding in mainstream education, greater job opportunities, and more. Unfortunately, availability of cochlear implants is limited in many low- and middle-income countries. We hope to change this trend by demonstrating cost-effectiveness of this treatment option."

At TEDGlobal, Dr. Emmett is most looking forward to the people she will meet. "The TED Community brings changemakers together from across the globe. I am excited about the relationships and potential collaborations that will come from this experience," said Dr. Emmett.

TED Fellows are selected "based on remarkable achievement, their strength of character, and on their innovative approach to solving the world's tough problems. Fellows are invited to attend a TED conference, where they meet, exchange ideas, and connect with the larger TED community. They also give their own TED Talk—an unprecedented opportunity to disseminate their unique ideas to the world."[4]

"I congratulate the TED Fellows Program for recognizing the importance of hearing loss as a major source of disability burden in the world, as well as the immense potential of Dr. Emmett to be a transformative agent in reversing these unrelenting trends and their downstream consequences for families and communities," said Howard Francis, MD, MBA, chief of Duke's Division of Head and Neck Surgery and Communication Sciences. "We are proud of Dr. Emmett's achievement and are hopeful that it will elevate her cause of advancing global hearing health shared by many collaborators across Duke and within the Academy of Otolaryngology—Head and Neck Surgery."

To learn more about Dr. Emmett's effort to reduce disparities in global hearing health, go to **http://globalhearinghealth.org/**. For more information about the Alaska childhood ear and hearing study go to **https://hearingnortonsound.com/**. ■

References:

1 https://www.ted.com/about/programs-initiatives/ted-fellows-program/global-impact
2 https://www.ted.com/participate/ted-fellows-program/meet-the-ted-fellows
3 https://hearingnortonsound.com/
4 https://www.ted.com/about/programs-initiatives/ted-fellows-program

Early frenotomy may not solve breastfeeding challenges

Nikhila P. Raol, MD, MPH, with **Scott E. Brietzke, MD, MPH, Cuneyt M. Alper, Stacey L. Ishman, MD, MPH, Vikas Mehta, MD** and **Jennifer J. Shin, MD, SM**

In this *Bulletin* segment, our committee shares highlights from recent key research in otolaryngology-head and neck surgery. We offer concise summaries of significant findings that may alter current surgical practice.

Emond A, Ingram J, Johnson D, et al. Randomized controlled trial of early frenotomy in breastfed infants with mild–moderate tongue-tie. Arch Dis Child Fetal Neonatal Ed 2014;99:F189–F195.

This prospective, randomized pragmatic trial compared immediate frenotomy to standard care with lactation support in term infants less than two weeks of age with a mild or moderate degree of ankyloglossia and with mothers who were having difficulties breastfeeding. Prior to this study, the number of studies with quality evidence was limited, and RCTs between 2004 and 2012 demonstrated that frenotomy is an effective procedure in severe cases of ankyloglossia. However, a well-done, sufficiently powered prospective study was needed prior to making a case for or against frenotomy in infants with mild to moderate degrees of ankyloglossia.

Eligible patients were mothers with term babies with ankyloglossia who were experiencing difficulty with breastfeeding, including nipple soreness and trouble with latching. A lactation consultant observed a nursing session and used the Hazelbaker Assessment Tool for Lingual Frenulum Function (HATLFF) and the Latch, Audible swallowing, nipple Type, Comfort, Hold (LATCH) scale to assess feeding and determine eligibility. Babies with a HATLFF score of 6-12 (indicating mild to moderate ankyloglossia) and a LATCH score of ≤8 were deemed eligible.

Mothers and infants were then randomized either to an intervention arm (immediate frenotomy) or a control arm (standard postnatal lactation support). All participants were offered routine breastfeeding support and were seen for assessment five days later.

Mothers in the control arm who were still having difficulty with breastfeeding at that time were offered the frenotomy for their infants. A final assessment at eight weeks was completed by all participants. The primary outcome was the LATCH score at five days. Secondary outcomes were LATCH score at eight weeks, and Infant Breast Feeding Assessment Tool (IBFAT), Breastfeeding Self-Efficacy Score-Short Form (BSES-SF), and pain (using the Visual Analog Scale) at five days and eight weeks. Interviews were also conducted with 20 women for qualitative analysis.

A total of 107 infants were randomized into the study, with 55 in the immediate frenotomy group and 52 in the control group. 53/55 (96 percent) in the intervention group and 52/52 (100 percent) in the control group completed the study. There was no difference in the primary outcome of LATCH score at the five-day mark between the two groups (p=0.52). With regard to the secondary outcomes, there were no differences in the IBFAT score (p=0.36) and pain score (p=0.09) at five days. However, the intervention group had a significant improvement in BSES scores at five days (9 versus 1 point increase, p=0.002). At the time of these intention-to-treat analyses, 9/52 (17 percent) of those infants in the control group had undergone frenectomy at the parents' request.

At the eight-week mark, there were no differences in any of the eight-week outcomes or in infant weight. The increase in BSES score that was seen in the immediate frenotomy group at the five-day mark was also seen in the comparison group at the eight-week mark. At this follow-up time, 44/52 (85 percent) of the control group had requested the procedure, so only eight infants in the control group had not received a frenotomy. Thus, within the intention-to-treat study design and analysis, the control group ultimately consisted mainly of those who had undergone the procedure and only a small number of patients who did not receive the intervention.

The qualitative participant interviews demonstrated that most of the interviewees reported a noticeable difference in breastfeeding immediately after the frenotomy, with decreased pain and improved feeding over the following few days. Of the mothers randomized to the comparison group, they reported that they would likely not have been able to wait more than five days for the frenotomy.

The results of this randomized controlled trial demonstrated that early frenotomy in infants with mild to moderate ankyloglossia did not result in objective improvement in LATCH scores at five days or eight weeks. Mothers experienced better self-efficacy in the intervention group at five days, and those who were aware of ankyloglossia and its potential effects in the control group frequently sought frenectomy; it is unknown if the latter was simply due to parental perception or other factors. The investigators used intention-to-treat analyses, which are typically designed to prevent bias from elimination of cases from changing treatment paths. In this study, however, there was significant crossover from the control group, making the comparative results challenging to interpret.

Limitations inherent to these data include the lack of blinding of the mother to randomization and the lack of a large number of participants in the comparison group who did not undergo frenotomy during the study period. It is not possible to determine whether or not continued lactation support and time

Pre-Columbian otolaryngology in Mexico

"As president of the AAO-HNS/F, it is my great honor to welcome the Mexican delegation from the Mexican Federation of Otorhinolaryngology and Head and Neck Surgery (FESORMEX) and the Mexican Society of Otorhinolaryngology and Head and Neck Surgery (SMORLCCC) to our Annual Meeting in Chicago. We look forward to our societies working together for the care of patients worldwide through collaboration and friendship now in Chicago, and into the future."

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

Javier Dibildox, MD, professor, service of Otolaryngology on the faculty of Medicine at the Autonomus University of San Luis Potosí, and Hospital Central and **I. Morones Prieto, MD,** San Luis Potosí, México.

The conquest of Tenochtitlan in 1520 was the beginning of a rapid decline of the pre-Columbian civilizations. The destruction of the native codices, schools, and temples was an enormous historical loss. In an attempt to rectify, the Spanish recruited elderly Indians to produce new codices and to document a wide selection of historical, medical, and cultural subjects. (See Figure 1.)

Fr. Bernardino de Sahagún published the book *General History of the Things of New Spain* in 1580, in which he describes the diseases of the human body and the medicines against them. This is the first publication that organized the diseases of the head, eyes, ears, teeth, and nose, as well as the diseases and medicines for the neck and throat, in a similar manner as today´s ENT books.

The education of the Aztecs was important and mandatory. The small children were educated by their parents and girls by mothers. (See Figure 2.) Among the Aztecs, the physicians came from families dedicated to the science of healing, and it was a father's duty to share his knowledge of medicine with his sons. The knowledge of medicine of the Aztec and Maya was superior to any other civilization of their time. In Texcoco and in Tenochtitlan, to practice medicine, it was necessary to present an examination at the end of the training. After a successful examination, approval was required from one of the four heads of government.

Figure 1. Codix de la Cruz-Badiano

Figure 2. Mural of medical science in Tepantintla showing treatment of a lesion in the mouth.

The art of healing was exercised by the *Tlamatepa-Titícitl* that used ingested or topical medicines and by the *Texoxotla-Tícitl* that cured with surgery.

Because they believed that diseases were due to the influence of gods, stars, and planets, the doctors were also trained in religion and astronomy and accumulated a great collection of medical information and skills. They divided their practice into several specialties, such as general practice, surgery, orthopedics, dentistry, and otology. Motolinia said, "They have their own native skilled doctors who know how to use many herbs and medicines, which suffices for them. Some of them have so much experience that they were able to heal Spaniards, who had long suffered from chronic and serious diseases."

The physicians used complex surgical techniques in human sacrifices, cranial trepanations, deformations, femur factures, eye surgery, dental fillings, and in dentistry, the insertion of small round pieces of jade or pyrite. The tonsils ("sequillas") were extirpated with a knife, followed by the application of ground *picete, yietl* and salt, then when the flesh rots, a dry agave powder was applied in the lesion. When the fibrinoid exudate appeared in the tonsillar bed, a small amount of sun-dried agave was taken, then sprayed on the bed.

They used fish bones with clean human hair or sharp cactus thorns with fibers of the agave leaf as needles and thread to suture wounds. Cuts and wounds on the nose, lips, and face were treated by suturing with hair and applying interrupted stitches; afterward, the wound was covered with melted juice from the agave cactus or white honey and salt to prevent infections. If an unattractive scar remained, it was removed, the wound burned and sutured again with hair, and covered with liquid rubber. If the nose fell off or if the treatment was a failure, an artificial nose was applied.

References:

1 Sahagún Fr. Bernardino de. Historia general de las cosas de la Nueva España. 1999 México. ed. Porrúa.
2 Motolinía, Friar Toribio de. 1971 [1541] Memoriales o libro de las cosas de la Nueva España y de los naturales de ella, E. O'Gorman, ed. Mexico: UNAM.
3 Viesca T V. Medicina Prehispánic de México.Ed. Panorama, México,2002.

alone would have improved breastfeeding, and it is unclear whether or not knowledge alone of the intervention having occurred led to improved maternal self-efficacy.

The fact that most mothers in the comparison arm sought frenotomy highlights the misperception that immediate frenotomy is the best approach for breastfeeding difficulties, despite lack of evidence demonstrating benefit in neonates with mild to moderate ankyloglossia. Although the study is not able to answer all of the questions it set out to tackle, these data can provide otolaryngologists with important evidence when counseling families on the effectiveness of early frenotomy in mild to moderate ankyloglossia. ■

See the Future:

The OTO Experience

Whether you have already made plans to come to Chicago for the show this year or you are about to make those plans, you shouldn't miss the opportunity to explore the OTO Experience. This is where our valued exhibitors showcase the tools and services that help you shape our specialty and further improve the care that you provide. This year, we are putting an emphasis on what you will be using in the future as we have a variety of new products being launched by newcomer and veteran manufacturers in the field of otolaryngology.

The city of Chicago will be our host with the OTO Experience housed within Hall D of the Lakeside Center, in the McCormick Place Convention Center. This is where you will find more than 250 companies showcasing new technologies as well as the medical devices you have come to rely on in your hospital and in your practice. The new items being featured include **3D printers, virtual reality training simulators, digital larynx devices, hearing aids, laser systems, titanium instruments, ENT treatment cabinets, HD videoscope systems, otoscopes, goggles, and the latest in robotics**. You'll also be able to view a variety of surgical instruments, solutions for sleep apnea, electronic medical records software, devices for sinus therapy, and other equipment used by ENT surgeons and physicians.

Continuing the futuristic concept, we are introducing two new pavilions to better serve your needs. Premiering in the center of the exhibit hall at **Booth 1229** is our **Practice of the Future Pavilion**. Join us in embarking on a new concept to showcase the technology, equipment, tools, and services that can be used in an actual office setting. Come and see the latest innovations that can be found in the waiting room, examination room, and operating room. We will also have a room dedicated to Education and Training. This will be yet another interactive experience that is not to be missed.

Just down the hall will be the new **ENT OTC Pavilion** next to **Booth 129**. Here, you will find companies that provide over-the-counter care products, medications you can obtain without a prescription, as well as other ENT-related products that can be found in your local drugstore. Many are using OTC products to cope with ongoing diagnosis like allergies, colds, and sinus conditions. Visit with some of the leaders of the specialty and take note of what they have to offer you, and your patients.

For in-depth training and product demonstrations, you can visit the **Product Theater**, our **Hands-On Demonstration and Training Lab**, the **Simulation Zone**, and new for 2017, our **Mobile BioSkills Lab**. The Product Theater, located at **Booth 1246**, is designed to enhance your medical product awareness. Our corporate partners will conduct presentations to discuss their products in more detail, creating the opportunity to get your questions answered.

Within the hands-on training sessions in **Booth 1742**, you will have the opportunity to expand your surgical expertise by learning the proper applications of surgical technologies. After an overview of the tools and procedures, you will enter a lab where you can perform procedures on cadaveric specimens. In **Booth 2200**, you will enter the **Simulation Zone**. See the companies at the top of their field with offerings in simulation technology used for training purposes. In **Booth 129**, our new **Mobile Bioskills Lab** is a per-day, exclusive opportunity that offers a personalized surgical training experience for you to embark on with our corporate partners who will highlight their products and devices and provide you with an up-close and personal demonstration.

Our **ENTConnect Portrait Studio** is making its return in **Booth 1837**. This is where we will have access to our ENTConnect

portal, the official online community of AAO-HNSF, and where you can have a free headshot taken by professional photographers. For our residents and those of you looking to advance your careers, check out **ENT Careers LIVE!** at **Booth 135**. Our partners at HealtheCareers will once again provide FREE CV reviews by healthcare professionals, and you can view over 200 jobs in the industry!

When it's time for lunch, you could opt to experience a venue that was very successful last year. Register online for our **Lunch with the Experts** and be ready to connect with leading experts in our specialty and learn from them in a more intimate setting. Lunch with the Experts will be in the front of Hall D, and your registration fee includes a hot lunch. Be sure to visit our website or check the mobile app before you travel for the the most up-to-date schedule.

Our experts this time around will include:

12:00 pm – 1:00 pm
Sunday, September 10

- **Facial Plastic Surgery:** Patrick J. Byrne, MD
- **Head and Neck Cancer:** Daniel G. Deschler, MD
- **Otology:** David Kaylie, MD
- **Pediatric Otolaryngology:** Anna H. Messner, MD
- **Head and Neck Cancer:** Thomas J. Gal, MD, MPH
- **Recalcitrant CRS with Nasal Polyps:** Joseph K. Han, MD
- **Head and Neck Surgery:** Brian B. Burkey, MD
- **Resident and Faculty Development:** Eben L. Rosenthal, MD
- **Sleep Medicine:** B. Tucker Woodson, MD
- **Thyroid Surgery:** Brendan C. Stack, MD
- **Laryngology:** Clark A. Rosen, MD

12:15 pm – 1:15 pm
Monday, September 11

- **Head and Neck Surgery:** Terry A. Day, MD
- **Minimally Invasive Endoscopic Surgery:** Michael C. Singer, MD
- **Facial Plastic Surgery:** Russell W.H. Kridel, MD
- **Head and Neck Surgery:** Jeffrey N. Myers, MD, PhD
- **Head and Neck Cancer:** D. Gregory Farwell, MD
- **Facial Plastic:** Fred G. Fedok, MD
- **Head and Neck Cancer:** Jonas T. Johnson, MD
- **Otology:** Michael J. Ruckenstein, MD, MSC
- **Preventing Endocrine Complications:** Maisie L. Shindo, MD

12:00 pm – 1:00 pm
Tuesday, September 12

- **Facial Plastic Surgery – Facial Nerve:** Theresa A. Hadlock, MD
- **Otology and Neurotology – Infections:** D. Bradley Welling, MD, PhD
- **Laryngology:** Peak Woo, MD
- **Pediatric Otolaryngology:** Sukgi S. Choi, MD
- **Otology:** Sean O. McMenomey, MD
- **Rhinology:** Stacey T. Gray, MD
- **Laryngology:** Steven M. Zeitels, MD
- **Pediatric Otolaryngology:** Richard M. Rosenfeld, MD, MPH
- **Robotic Surgery:** Bert W. O'Malley, MD
- **Trauma:** Robert M. Kellman, MD

As quoted by your peers and colleagues, "This is the place to be" as it's "very important to see what clinicians are exposed to and what they are using." Plus, it's "an opportunity to see cutting-edge research and the latest trends." The exhibit hall "serves as a teaching facility" as you will be exposed to new innovations, techniques, and technology. So, get prepared to take a trip into the future by visiting the OTO Experience often.

Please remember that we open the doors at 9:30 am on Sunday, September 10, and will conclude the Experience promptly at 3:30 pm on Tuesday, September 12. We look forward to you catching the curtain call for this show! ■

A

A.R.C. Laser GmbH 2134
www.arclaser.de

AAO-HNS Bulletin 2339
www.ascendintegratedmedia.com

AAO-HNSF Hands-On Training and Demonstration Lab 1742
www.entannualmeeting.org

AAO-HNSF Product Theater 1246
www.entannualmeeting.org

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Advanced Endoscopy Devices 211
www.aed.md

Advanced Monitors Corp. 1342
www.admon.com

AIB Applied Neuroscience 335
www.dizzy.com

ALK 837
www.alk.net

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American Board of Otolaryngology 2211
www.ABOto.org

American Hearing Aid Associates 1439
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American Institute of Balance 336
www.dizzy.com

American Journal of Rhinology and Allergy 1739
www.AJRA.com

American Medical Endoscopy, Inc. 2216
www.straussurgical.com

Amplivox 609
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www.anthonyproducts.com

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ASSI-Accurate Surgical 2023
www.accuratesurgical.com

Association of Migraine Disorders 1048
www.migrainedisorders.org

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Becon Medical, Ltd. 707
www.earwells.com

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Bellin Health 2239
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Beutlich, LLC 821
www.beutlich.com

BFW, Inc. 1503
www.bfwinc.com

Bien-Air Surgery 2012
www.bienair.com

Black and Black Surgical 2032
www.blackandblacksurgical.com

Blue Tree Publishing, Inc. 1539
www.bluetreepublishing.com

Boston Medical Products 1516
www.bosmed.com

Boston Scientific 1933
www.BostonScientific.com

BR Surgical, LLC 329, 1229-ET, 1229-OR
www.brsurgical.com

Brazilian Association of ENT 621
www.aborlccf.org.br

Bryan Medical, Inc. 2016
www.bryanmedical.net

C

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www.capefearvalley.com

Carestream 507
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D

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Dr. Kim Company 304
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E

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Ear, Nose & Throat Journal 737
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www.ecleris.com

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www.ellman.com

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entconnect.entnet.org/home

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F

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H

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Hopewell Pharmacy 633
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I

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J

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www.jullsurgonline.com

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Myofunctional Research Co. 100
www.myoresearch.com

N

National Spasmodic Dysphonia Association 739
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Nova Innovations 1047
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O

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www.gnotometrics.com

Otonomy, Inc. 300, 303
www.otonomy.com

OtoSim, Inc. 2200
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www.ototronix.com

P

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www.panamorl.com.ar/Ingles/homeingles.htm

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www.parnellpharm.com

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R

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www.regenscientific.com

Reliance Medical Products/Haag-Streit 1707
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ReSound 333
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www.restech.com

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www.rgendo.com

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www.romet.us

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www.rosemicrosolutions.com

S

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www.sagepublishing.com

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www.maxairnosecones.com

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www.savemyscope.com

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www.vngtechnology.com

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www.seilermicro.com

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www.sensonics.com

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www.shippertmedical.com

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www.shoebox.md

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www.signonconnect.com

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www.skyebiologics.com

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www.sleepgps.com

SleepSource Alliance ENT 1509
www.sleepsource.us

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www.smith-nephew.com/ent

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www.smiths-medical.com

SMR 1406
www.globalsurgical.com/ENTHome.aspx

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www.snaponoptics.com

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www.surgitel.com

T

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The Osler Institute 424
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www.thyca.org

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www.tobiipro.com

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www.ultralightoptics.com

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www.zerogravityskin.com

Zi Enterprise, Inc. 2311
www.kinglioninc.com

Zumax Medical Company Ltd. 414
www.zumaxmedical.com

TIME CORRECTION:

John Conley, MD
Lecture on Medical Ethics
Tuesday, September 12
2:15 pm-3: 15 pm
Getting from Burnout to Wellness
Michael M. Johns III, MD

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:
www.entnet.org/Community/G-I-N_Scholars.cfm

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

AMERICAN ACADEMY OF OTOLARYNGOLOGY–HEAD AND NECK SURGERY FOUNDATION

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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Service and leadership awards presented at Annual Meeting

2017 Arnold P. Gold Foundation Award for Humanism in Medicine

The Gold Foundation Humanism in Medicine Award recognizes members committed to practicing otolaryngology with compassionate, patient-centered care.

This year's awardee is **Mark E. Zafereo Jr., MD.** Dr. Zafereo is an associate professor of Head and Neck Surgery at the University of Texas MD Anderson Cancer Center and an adjunct faculty member at the Baylor College of Medicine. He is also the section chief of Head and Neck Endocrine Surgery and associate medical director of the Endocrine Center at MD Anderson Cancer Center.

Dr. Zafereo's clinical interests include thyroid cancer, parathyroid, and other head and neck tumors. He has published more than 60 peer-reviewed journal articles, invited articles, and textbook chapters related to cancer and diseases of the head and neck. He speaks nationally and internationally on thyroid cancer and other head and neck cancers.

He is passionate about advancing the education of residents and young faculty in the field of otolaryngology-head and neck surgery in developing countries. Over the last decade, he has supported the University of Capetown Karl Storz Head and Neck Surgery fellows in educational endeavors as they return to academic centers in their home countries throughout Africa. He has also developed an international resident exchange program through AAO-HNS and has supported many residents, fellows, and young faculty in their participation in the Academy.

Dr. Zafereo received his medical degree from the University of Texas Medical School at Houston and completed his otolaryngology-head and neck surgery residency at Baylor College of Medicine, followed by a fellowship in head and neck surgical oncology at MD Anderson.

The Academy commends Dr. Zafereo for the compassion, empathy, and sensitivity he demonstrates in caring for his patients.

2017 Distinguished Award for Humanitarian Service

The Distinguished Award for Humanitarian Service is awarded to a member who is widely recognized for a consistent, stable character distinguished by honesty, zeal for truth, integrity, love, and devotion to humanity and a self-giving spirit.

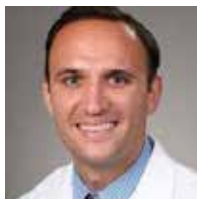
This year's awardee is **Bruce H. Campbell, MD**. Dr. Campbell is a professor at the Medical College of Wisconsin (MCW) in the Department of Otolaryngology and the college's Institute for Health and Equity.

Dr. Campbell's interest in global health began with a trip in 2008 to Tanzania. Since then, he has volunteered in El Salvador, Tanzania, and Kenya, working for the past few years with other AAO-HNSF members and local otolaryngologists at Moi Teaching and Referral Hospital in Eldoret, Kenya. He has served on the humanitarian committees for several societies, including AAO-HNSF Humanitarian Committee. He is director of the MCW Global Health Pathway and is active with MCW's Office of Global Health.

He earned a bachelor's degree in biology from Purdue University and a medical degree from Rush Medical College. Dr. Campbell completed his otolaryngology residency at the Medical College of Wisconsin and a head and neck surgery fellowship at MD Anderson Cancer Center.

Dr. Campbell is receiving this award for his devotion to helping and training medical students, residents, and surgeons in a variety of settings, in the United States and abroad. The Academy recognizes Dr. Campbell as a tremendous role model to others in the specialty.

Holt Leadership Award



The Holt Leadership Award is given to a resident or fellow who best exemplifies the attributes of a young leader—honesty, integrity, fairness, advocacy, and enthusiasm.

This year's awardee is **David S. Cohen, MD**. Dr. Cohen is an associate physician in the Department of Head and Neck Surgery at Kaiser Permanente —Southern California Permanente Medical Group.

Highly involved in the Academy's Section for Residents and Fellows-in-Training (SRF), Dr. Cohen served on the group's executive board, was instrumental in growing the participation of SRF members in the ENT PAC and on ENTConnect, and contributed to the launch of mENTorConnect. As a resident, he attended the AAO-HNSF Annual Meeting & OTO EXPO℠ as well as the AAO-HNS/F Leadership Forum & BOG Spring Meeting. Since completing his residency in 2016, he has taken on a leadership position in the Young Physicians Section and has become involved with the Board of Governors. Dr. Cohen is passionate about engaging residents, fellows, and young physicians in leadership roles and contributing to decisions that will shape the future of the specialty.

Dr. Cohen earned his medical degree at Keck School of Medicine at University of Southern California and completed a residency in otolaryngology at the School of Medicine at Wayne State University.

The Academy commends Dr. Cohen for his commitment to furthering our mission through his leadership activities and his enthusiasm for mentoring future residents, fellows, and young physicians.

Jerome C. Goldstein, MD Public Service Award

The Jerome C. Goldstein, MD Public Service Award is given annually to recognize an outstanding member for his or her commitment and achievement in service within the United States, either to the public or to other organizations, when such service promises to improve patient welfare.

This year's awardee is **Debara L. Tucci, MD, MBA**. Dr. Tucci is a professor of otolaryngology-head and neck surgery at Duke University Medical Center.

Dr. Tucci is co-principal investigator (PI) on an NIH-funded grant focused on establishing a national network of research sites to conduct clinical research in hearing and balance disorders and is PI of a grant to study healthcare policy related to hearing healthcare in adults. She recently served on the Committee on Accessible and Affordable Hearing Health Care for Adults convened by the National Academies of Sciences, Engineering, and Medicine. Beyond her work in the United States, Dr. Tucci has an interest in international hearing healthcare and has worked with international colleagues to improve infrastructure and services in developing countries.

She earned her medical degree from University of Virginia School of Medicine and completed her residency at University of Virginia Health System. She completed an MBA with a certificate in Health Sector Management from the Duke Fuqua School of Business in 2013.

Dr. Tucci is receiving this award in recognition of her dedication, passion, and many contributions to enhance translational research and educate the next generation of physician-scientists. The Academy commends her work with the CHEER network, the President's Council of Advisors on Science and Technology, federal regulatory boards, the World Health Organization, and her support of global hearing healthcare initiatives. ■

Boost the value of your Annual Meeting participation

Knowing how to make use of your social media presence at the AAO-HNSF 2017 Annual Meeting & OTO Experience, a.k.a. #OTOMTG17, can boost the value of your experience both during the meeting and well beyond the last Miniseminar or Instruction Course.

Share. Inspire. Engage.

Here are some quick highlights as to why you should engage with the @AAOHNS community and use #OTOMTG17 on Facebook, Twitter, and Instagram while attending the Annual Meeting. Social Media engagement:

- Keeps you connected to the chatter of what's happening at #OTOMTG17.
- Education opportunities you might want to attend
- Don't-miss exhibits in the OTO Experience
- Reminders of events you will want to get on your schedule
- Conversations inspired by presentations and innovations
- Impromptu and informal meet-ups on topics that interest you
- Reviews of sites and restaurants in Chicago from other attendees
- Expands your connections as you increase both who you follow and who follows you
- Reaches those at a distance, creating a global conversation, by allowing your followers to have a glimpse into the #OTOMTG17 experience
- Serves as another networking tool to meet colleagues from around the world

Top Tips.

The following are some tips on engaging in #OTOMTG17 social media:

- Always use the hashtag #OTOMTG17 so your comments/messages are tracking with the Annual Meeting dialogue
- Engage with others who are posting and tweeting by liking, sharing, or retweeting
- Share pictures, ask questions, provide commentary to what you see and hear from #OTOMTG17
- Provide attribution, which is key, when posting from a presentation. List the speaker's name and presentation title; refer to a social media handle, if known.

Download the annual meeting app:

To make your #OTOMTG17 engagement even more accessible, the Annual Meeting app puts social media at your fingertips. To follow the conversation on Facebook and Twitter, first download the Annual Meeting app at **http://www.entannualmeeting.org/17/mobile-app**. Once downloaded, go to the Social Media tile on the homepage of the app to access the @AAOHNS chatter on Facebook and Twitter.

@AAOHNS or online at **www.twitter.com/AAOHNS**

www.facebook.com/AAOHNS

@AAOHNS or online at **www.instagram.com/AAOHNS** ■

EMERGING TECHNIQUES in OTO:

Application 2 Reimbursement

In-office rhinology | Endoscopic ear surgery | Balloon dilation of the eustachian tube | Sialoendoscopy | Sleep apnea surgery | Minimally invasive thyroid surgery

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Lisa Shnayder, MD
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James Denneny, MD
M. Boyd Gillespie, MD
Peter Hwang, MD
Ronald Kuppersmith, MD
Richard Waguespack, MD
Rohan Walvekar, MD

Kansas City, MO • November 2-4, 2017

www.kumc.edu/entcourse

KU OTOLARYNGOLOGY HEAD & NECK SURGERY
The University of Kansas Medical Center

ARS 63rd Annual Meeting

September 8-9, 2017

Renaissance Chicago Downtown Hotel, Chicago, IL

Registration and Housing: http://www.american-rhinologic.org/annual_meeting

MEETING HIGHLIGHTS:

- 13th Annual David W. Kennedy Lecturer: Timothy Smith, MD "Outcomes in the Management of Chronic Rhinosinusitis: Past, Present, and Future"
- Women in Rhinology Luncheon
- Resident's & Fellows Luncheon
- Mentorship Program Luncheon
- President's Reception, welcoming our Guest Countries: India, Kenya, Tanzania and Uganda, Poster Presentations & DWK Lecturer
- Live International Web Streaming
- Fall Film Fesstival

LIVE WEBCAST/STREAMING to Guest Countries!

Plus now opened to ALL international countries!

Registration required.

Contact: *Wendi Perez, ARS Executive Administrator,* Tel: 973.545.2735 x6, Fax: 973.545.2736, wendi@amrhso.com
ARS, PO Box 269, Oak Ridge, NJ 07438

www.american-rhinologic.org

EMORY UNIVERSITY SCHOOL OF MEDICINE

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
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Temporal Bone Surgical Dissection Courses

5 Day Courses
November 13-17, 2017
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
or you may email us at:
emoryotolaryngology@emory.edu

Lone Star Rhinology&Rhinoplasty

Houston, Texas | November 3-6, 2017

UTHealth The University of Texas Health Science Center at Houston | McGovern Medical School

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Join us for an exciting 4-day educational event consisting of 2 consecutive CME courses

November 3-4 | Rhinology

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Guests of Honor
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Planning Committee
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Tang Ho, MD
Angela Sturm, MD

Guests of Honor
Ira Papel, MD
Jonathan Sykes, MD

www.LoneStarCME.org

University of California, San Francisco Department of Otolaryngology-Head and Neck Surgery Assistant/Associate/Full Professor Laryngologist Surgeon Position

The University of California, San Francisco is seeking an academic laryngologist to join a mature and renowned professional voice and speech and swallowing practice at UCSF. This academic practice is supported by a world class speech and language pathology partnership and is replete with highly sophisticated endoscopy and image storage equipment. The practice has a separate office site that is conducive to caring for patients who require discretion and privacy, therefore allowing the ability to pursue high end professional voice care within the practice parameters. The Laryngology Division has an established fellowship which has produced many academic faculty members. The Division also participates in oncologic care through the Helen Diller Family NCI designated Comprehensive Cancer Center and the brand new UCSF Bakar Cancer Hospital at Mission Bay.

Research collaboration is a hallmark of UCSF and as such basic science or clinical research can be supported in this position.

We seek a team member at the assistant, associate, or full professor level. The successful candidate is expected to obtain a California medical license.

Qualifications:

- MD degree or equivalent degree
- Completed accredited residency program in Otolaryngology-Head and Neck Surgery
- Completed Fellowship training in laryngology or at least 3 years surgical experience in laryngology
- Board Certified or eligible in the American Board of Otolaryngology – Head and Neck Surgery

UC San Francisco seeks candidates whose experience, teaching, research, or community service that has prepared them to contribute to our commitment to diversity and excellence.

The University of California is an Equal Opportunity/ Affirmative Action Employer. All qualified applicants will receive consideration for employment without regard to race, color, religion, sex, sexual orientation, gender identity, national origin, disability, age or protected veteran status.

Please apply online with your CV, cover letter, Statement of Research and two references at:
http://apptrkr.com/1023672

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.

Contact Information:

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

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 6th 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

or contact:

Kathy R. Layne, CMPM
Practice Manager
(912) 629-4535
klayne@entsavannah.com

Rush University Medical Center, Chicago
Director, South Loop Otolaryngology

The Department of Otorhinolaryngology Head & Neck Surgery at Rush University Medical Center located in downtown Chicago is seeking candidates for a full-time faculty member to join our Department as the Director of **South Loop Otolaryngology**. South Loop Otolaryngology will focus on general otolaryngology with a special emphasis on facial plastic surgery. The selected individual will have an opportunity to join a department of 13 full-time faculty spanning the entire spectrum of otorhinolaryngology subspecialties and have the opportunity to expand this highly ranked* program. Qualified candidates must have completed a fellowship in Facial Plastic and Reconstructive Surgery, as well as possess a strong commitment to patient care, resident education, and research. Consistent with Rush's mission, the University and Department place a premium on high quality teaching; therefore, it is expected that this candidate would also be devoted to participation in supervision and education of department residents and institutional trainees. Candidates should be eligible for faculty appointment at the Assistant or Associate Professor level.

Rush University Medical Group is a multidisciplinary group of about 1,500 providers, clinical staff and administrators who deliver state-of-the-art, patient-centric medical care to the communities we serve. RUMG's South Loop clinic, located on Michigan Avenue at 14th Street, will provide primary and specialty care services, and is expected to open in Fall 2018. The 55,000-square-foot facility will feature an innovative exam room and work space layout, full imaging capabilities and a demonstration kitchen, among other features designed to enhance the patient and provider experience.

RUMG providers complete more than 500,000 patient visits a year across more than 70 sites of care. RUMG continues to grow rapidly both on the hospital campus and in the community, with new outpatient facilities scheduled to come on line each year through 2020. These state-of-the-art facilities will allow us to deliver patient care across a wider region, improving access for our current patients and enabling us to bring academic medicine to more people in our new and existing communities.

Rush University Medical Center is an academic medical center that encompasses a 669-bed hospital serving adults and children. In January 2012, Rush opened a new 376-bed hospital building, known as the Tower, which is part of the Medical Center's major renovation of its campus. Rush University is home to one of the first medical colleges in the Midwest and one of the nation's top-ranked nursing colleges, as well as graduate programs in allied health, health systems management and biomedical research. The Medical Center also offers more than 70 highly selective residency and fellowship programs in medical and surgical specialties and subspecialties. Rush is consistently ranked as one of the nation's top hospitals by U.S. News & World Report. Rush is ranked in 9 of 16 categories in U.S. News & World Report's 2015-2016 "America's Best Hospital's" issue, and is one of the two top-ranked hospitals in Illinois overall. ***Rush was ranked 25th in the nation in Ear, Nose and Throat and the highest for the specialty in Illinois.** Rush was one of four hospitals in the country that the American Hospital Association honored for equity of care in June of 2015.Rush was the first hospital in Illinois serving adults and children to receive Magnet status – the highest honor in nursing – and the first in Illinois to earn a fourth four-year designation. Rush has been ranked among the country's top 100 hospitals — and 15 major teaching hospitals — three times by Truven Health Analytics, a leading provider of health care data and analytics. The Human Rights Campaign, a civil rights group that advocates for gay, lesbian, bisexual and transgender equality, has named Rush a Leader in LGBT Health Equality for eight consecutive years.

Interested candidates should submit a cover letter and CV to **Rose Sprinkle**, Manager, Faculty Recruitment at rose_sprinkle@rush.edu.

Rush is an Equal Opportunity Employer

RUSH

SANFORD HEALTH

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
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  - 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
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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

UF | UNIVERSITY of FLORIDA

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.

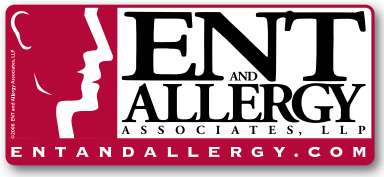
To Apply, please go to explore.jobs.ufl.edu, search using "Otolaryngology, Gainesville". After applying, please send your CV and cover letter to the appropriate person below:

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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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**.

We have current openings in Midtown NYC, **Bronx**, **White Plains**, **New Rochelle**, **Wayne**, **Somerset**, **Hauppauge**, **Port Jefferson**, **Southampton**, **Patchogue**, **Middletown** and **Rockville Center**.

We offer new associates:

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- A starting salary of $300,000
- A well-traveled road to partnership without buy-ins and buy-outs
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For more information, contact our President, **Robert Green, MD** (Rgreen@entandallergy.com) or our Chief Executive Officer, **Robert Glazer** (Rglazer@entandallergy.com or call 914-490-8880).

General Otolaryngologist
Clinical Instructor or Assistant Professor
Anticipated Start Date: Summer-Fall 2018

Department of Otolaryngology-Head & Neck Surgery, University of Michigan, Ann Arbor, Michigan

The Division of Laryngology and General Otolaryngology (LarGO) at the University of Michigan is seeking BC/BE general otolaryngologists to join the faculty of the Department of Otolaryngology-Head and Neck Surgery. Clinical responsibilities will be focused upon developing and growing a general otolaryngology practice. Individuals with or without fellowship training are encouraged to apply. In addition to outstanding clinical skills and drive, the successful applicant will have demonstrated potential to contribute to all missions of one of the largest and most outstanding clinical, teaching and research departments of otolaryngology in the country.

Interested applicants should submit a letter of interest, curriculum vitae and references to:

Traci L. Fletcher (email traclyn@med.umich.edu)
Staff Specialist
Department of Otolaryngology—Head and Neck Surgery
1500 East Medical Center Drive
1904 Taubman Center
Ann Arbor, MI 48109-5312

Icahn School of Medicine at Mount Sinai • Department of Otolaryngology – Head and Neck Surgery

The **Mount Sinai Health System Department of Otolaryngology – Head and Neck Surgery** is seeking applications for full-time otolaryngologists to join the academic staff at the Icahn School of Medicine at Mount Sinai.

The Department offers candidates an outstanding opportunity to join our team of highly specialized otolaryngologists who practice in modern state-of-the-art facilities within the Mount Sinai Health System and in our satellite practices. The physician will provide the highest level of quality patient-centered healthcare and will embrace the teaching of medical students and residents, as well as participate in clinical research.

The candidate is required to have a medical degree, be board certified or board eligible and must be able to obtain a New York State medical license.

The Department is seeking qualified otolaryngologists in all specialty areas.

Please send inquiries and curriculum vitae to:

Eric M. Genden, MD
Professor and Chairman,
Icahn School of Medicine at Mount Sinai
Department of Otolaryngology –
Head and Neck Surgery
One Gustave L. Levy Place
Box 1189
New York, NY 10029

Email:
kerry.feeney@mountsinai.org

Mount Sinai

CLINICAL FELLOWSHIP IN LARYNGEAL SURGERY AND VOICE DISORDERS
Massachusetts General Hospital

The Division of Laryngeal Surgery is seeking applicants for clinical fellowship positions. The fellowship training covers all aspects of laryngeal surgery, voice disorders, and management of the professional voice. The curriculum will provide a wide range of experiences, including phonomicrosurgery (cold instruments and lasers), laryngeal framework surgery, novel operating-room and office-based laser (Pulsed-KTP, Thulium) treatment, complex laryngeal stenosis with aortic homograft transplantation, and the use of botulinum toxin injections for spasmodic dysphonia.

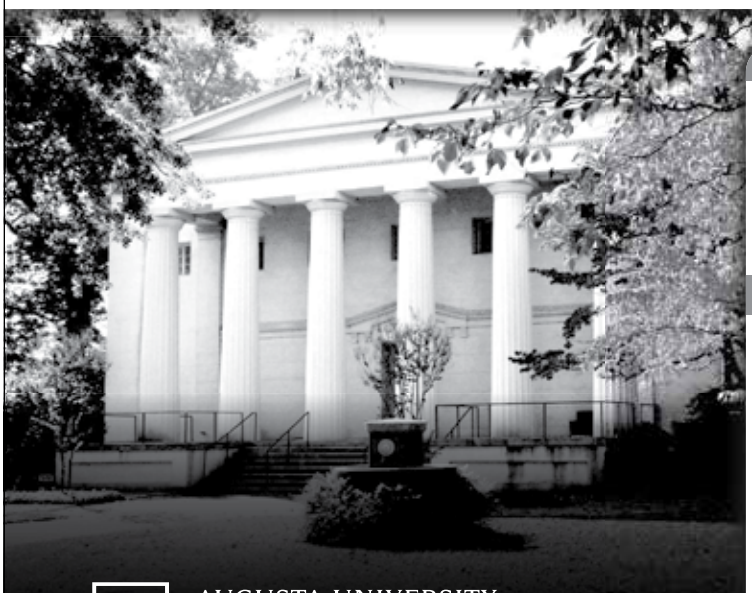
The fellow will participate in the management of voice disorders and clinical research as a member of a multidisciplinary team (voice scientists and speech pathologists) that has access to state-of-the-art voice clinic and surgical engineering laboratory facilities. The research fellowship provides numerous opportunities to focus on grant-funded (NIG and private foundations) clinical and basic science research projects in collaboration with interdisciplinary teams of scientists and clinicians at the Massachusetts Institute of Technology and the Wellman Laboratories of Photomedicine at the Massachusetts General Hospital. The option to collaborate with local music conservatories is also available.

Qualified minority and female candidates are encouraged to apply. Send curriculum vitae and three letters of recommendation. The Massachusetts General Hospital is a teaching affiliate of Harvard Medical School.

Direct inquiries to:

Steven M. Zeitels, MD, FACS
Eugene B. Casey Professor of Laryngeal Surgery, Harvard Medical School
Director: Center for Laryngeal Surgery & Voice Rehabilitation
Massachusetts General Hospital
One Bowdoin Square, 11th Floor
Boston, MA 02114
Telephone: (617) 726-0210 Fax: (617) 726-0222
zeitels.steven@mgh.harvard.edu

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

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

HEALTH
UNIVERSITY OF UTAH

The University of Utah, Department of Surgery, Division of Otolaryngology seeks a BC/BE Neurotologist at the Assistant Professor level for a full-time faculty position. Fellowship training is required.

Applicants must apply at:
http://utah.peopleadmin.com/postings/65281
and send a list of three references to:

Clough Shelton, MD, FACS, Professor and Chief

University of Utah School of Medicine
50 North Medical Drive 3C120
Salt Lake City, Utah 84132
(801) 585-3186
susan.harrison@hsc.utah.edu

The University of Utah Health (U of U Health) is a patient focused center distinguished by collaboration, excellence, leadership, and respect. The U of U Health values candidates who are committed to fostering and furthering the culture of compassion, collaboration, innovation, accountability, diversity, integrity, quality, and trust that is integral to our mission.

Equal Employment Opportunity

University of Utah is an Affirmative Action/Equal Opportunity employer and does not discriminate based upon race, national origin, color, religion, sex, age, sexual orientation, gender identity/expression, disability, status as a Protected Veteran. Upon request, reasonable accommodations in the application process will be provided to individuals with disabilities. Inquire about the University's nondiscrimination policy or request disability accommodation, please contact: Director, Office of Equal Opportunity and Affirmative Action, 201 Presidents Circle, 135, (801)581-8365.

Join a growing team of clinical providers with the resources of one of the leading academic medical centers in the nation

PennState Health
Milton S. Hershey Medical Center

Penn State Health Milton S. Hershey Medical Center is seeking candidates for our Division of Otolaryngology - Head and Neck Surgery within the Department of Surgery:

Laryngologist: We are seeking a full-time BC/BE Laryngologist. Appointment will be at the Assistant/Associate Professor level. Qualified candidates must have completed an approved residency program and be fellowship-trained to provide clinic and hospital-based laryngology care for patients. This will include treatment of the professional voice, endoscopic surgical procedures, voice restoration, and airway reconstruction.

Pediatric Otolaryngologist: We are seeking a full-time BC/BE Pediatric Otolaryngologist. Appointment will be at the Assistant/Associate Professor level. Qualified candidates must have completed an approved residency program and be fellowship-trained to provide clinical and hospital-based pediatric otolaryngology care to patients.

General Otolaryngologist: We are seeking a full-time BC/BE General Otolaryngologist. Appointment will be at the Assistant/Associate Professor level. Qualified candidates must have completed an approved residency program; extra subspecialization is encouraged, but not required.

Apply online at https://jobs.pennstatehershey.net

Penn State Health Milton S. Hershey Medical Center is a tertiary care facility that serves central Pennsylvania and northern Maryland. We are a part of a non-profit health organization that provides high-level patient services. Our campus includes a state-of-the-art, 551-bed medical center, a Children's Hospital, Cancer Center, research facilities, and outpatient office facilities. Penn State Hershey is the only Level I Trauma Center in Pennsylvania accredited for adult and pediatric patients.

Apply online at https://jobs.pennstatehershey.net or submit your current curriculum vitae to David Goldenberg, MD, FACS, Chief, Division of Otolaryngology - Head and Neck Surgery via email to *jburchill@pennstatehealth.psu.edu.*

Equal Opportunity Employer. Minorities/Women/Veterans/Disabled.

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

Ohio ENT & Allergy Physicians
PEDIATRIC AND ADULT

ohioentandallergy.com

Frisbie Memorial Hospital

It's about People. Technology. Trust.

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

PEDIATRIC OTOLARYNGOLOGIST

A position is available in the Department of Otolaryngology Head and Neck Surgery at The University of Oklahoma Health Sciences Center for a fellowship trained Pediatric Otolaryngologist. This individual will have the leadership role of Pediatric Otolaryngology Service Chief and Medical Director of our outpatient Childrens ENT Clinic. This position is ideally suited for an individual who has been in practice for five years or more with some leadership experience, a strong commitment to Academic Medicine and is at or eligible for promotion to the rank of Associate Professor or Professor.

Minimum requirements include: Doctoral degree (M.D. or equivalent), Board certification/eligibility, a demonstrable commitment to teaching and an interest in collaborative research. Individuals with disabilities and covered veterans are encouraged to apply.

Letters of interest with accompanying CV should be directed to: Greg A. Krempl, MD, FACS, c/o Nancy Geiger, Department of Otolaryngology Head and Neck Surgery, P.O. Box 26901, Room AAT 1400, Oklahoma City, OK 73126-0901 or via e-mail nancy-geiger@ouhsc.edu. The University of Oklahoma is an Affirmative Action and Equal Opportunity Employer.

LSU Health SHREVEPORT

Louisiana State University Health Sciences Center in Shreveport is seeking a Head & Neck Cancer Surgeon and a General Otolaryngologist interested in joining a thriving academic practice within the Department of Otolaryngology/ Head & Neck Surgery. Applicants must be BE/ BC. Responsibilities include teaching of residents, medical students and direct patient care. Clinical/ basic research opportunities are available.

Head & Neck Cancer Surgeon

A unique opportunity for a head & neck surgeon to join a robust established practice treating individuals suffering from head and neck cancer. Our Feist- Weiller Cancer Center team brings state-of-the-art clinical trials, cutting edge research and multidisciplinary expertise to the entire Ark-La-Tex region. Candidate must be fellowship trained in microvascular reconstruction and robotic surgery.

General Otolaryngologist

An excellent opportunity exist for a general otolaryngologist with interest in sleep surgery to join our faculty and participate in all areas of a busy ENT practice.

Please contact or send CV to:
Cherie-Ann Nathan, M.D., FACS
Professor and Chairman
1501 Kings Highway
Shreveport, LA 71103
cnatha@lsuhsc.edu
318-675-6262

LSUHSC is an AA/EO employer.

Otolaryngology

Call This "Top 10" Community Home

McFarland Clinic is seeking a BE/BC Otolaryngologist to join our extraordinary team and provide exceptional care within Iowa's largest multidisciplinary clinic. Consistently ranked in the top 10 "Best Places to live" by Money Magazine and CNNMoney.com, this thriving town has been ranked in the top 3 cities in the country for job growth.

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- 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

Ames, Iowa is a family friendly town that offers top quality education with the best school district in the state. This Big 12 city has been voted the "Best College Town" by Livability.com. Our proud community boasts the cultural, recreational and entertainment amenities of a big city while maintaining the charm that you would expect from small-town living. Welcome to Ames, a place that will quickly become your hometown.

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Contact Doug Kenner
866.670.0334 or dkenner@mountainmed.net

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LSUHSC – Department of Otolaryngology – Head and Neck Surgery

Assistant Professor or Associate Professor (non-tenure, full-time clinical track)

The Department of Otolaryngology-Head and Neck Surgery of LSU Health Sciences Center is actively seeking a fellowship trained, BC/BE Facial Plastics/ Reconstruction surgeon for a full-time faculty position at the rank of Assistant Professor or Associate Professor (non-tenure, clinical track). This position is based in Baton Rouge, LA.

This is an excellent opportunity to join our growing practice. Responsibilities include patient care, resident and medical student education, and the pursuit of clinical research. Extensive collaborative research opportunities are available. Our faculty team members enjoy liberal cross-coverage for weekend and holiday on-call responsibilities and share the benefit of subspecialty support in otology, laryngology, head and neck oncology, pediatric otolaryngology, and plastic/reconstructive surgery.

Salary and rank will be commensurate with the knowledge, education and experience of the individual.

Candidates interested in working within a dynamic and stimulating setting combined with a generous package of related benefits are encouraged to provide a cover letter and current Curriculum Vitae online: https://lsuh.sc/jobs/?id=1516

The LSUHSC School of Medicine in New Orleans encourages women and minority candidates to submit applications for this position. The School of Medicine does not participate in sponsoring faculty candidates for the Department of Health and Hospitals' Conrad 30 Program.

LSU Health-NO is an Equal Opportunity Employer for females, minorities, individuals with disabilities and protected veterans.

ST JOHN PROVIDENCE | Ascension

Looking for a well-rounded individual who enjoys the Great Lakes and four-seasons of Michigan to join E.N.T. Surgical Associates, a partner of **Ascension**. A well-established practice of 50 years located in Southeast Michigan seeks to add a full-time Otolaryngologist to a team of two ENT physicians, two nurse practitioners, and two certified audiologists. We provide a full range of ENT services including: allergy, audiology, sleep apnea, plastic surgery, balloon sinuplasty and head/neck disorders.

- This is a full-time position, initially employed with Ascension Medical Group with a potential for a partnership.
- The practice sees approximately 300 outpatient visits and 30 surgeries per week.
- We offer a competitive salary with **sign on bonus**, benefit package including malpractice insurance and **relocation assistance**, paid vacation, and CME reimbursement.

Qualifications for Candidates are:
- Board Certified or Board Eligible (BC preferred)
- Graduate of an accredited residency program

St. John Providence is part of Ascension Health - the nation's largest Catholic not-for-profit health care system. To learn more, please visit us at www.stjohnprovidence.org and www.ascensionhealth.org.

Inquire For Further Details
Email: physicianrecruitment@ascension.org
Phone Number: 248-680-8014

A well-established highly respected ENT private practice in Fayetteville,

North Carolina

is seeking a full time BC/BE General Otolaryngologist, Otologist or Facial Plastic Surgeon. Will also consider part time. We offer a full spectrum of ENT services including complete Audiology and Vestibular Services, Laryngology, Otology, Head and Neck Surgery, CT scanning, Hearing Aid Sales, Allergy, Balloon Sinuplasty, Eustachian Tuboplasty and LATERA implants.

The Fayetteville Sandhills region enjoys easy access to mountains and coastal beaches. We offer a competitive compensation package with potential buy in opportunity after 2 years of joining our practice.

For confidential consideration please email your CV to:

Dr. Steven Pantelakos at stpent@nc.rr.com
or
Gwendolyn Parks at gparksfayent@ncrrbiz.com

You may also visit us at www.fayent.com

LSU Health – Department of Otolaryngology – Head and Neck Surgery

Assistant Professor or Associate Professor (non-tenure, full-time clinical track)

The Department of Otolaryngology-Head and Neck Surgery of LSU Health Sciences Center is actively seeking a fellowship trained, BC/BE Rhinologist for a full-time faculty position at the rank of Assistant Professor or Associate Professor (non-tenure track). This position is based in Baton Rouge, LA.

This is an excellent opportunity to join our growing practice. Responsibilities include patient care, resident and medical student education, and the pursuit of clinical research. Extensive collaborative research opportunities are available. Our faculty team members enjoy liberal cross-coverage for weekend and holiday on-call responsibilities and share the benefit of subspecialty support in otology, laryngology, head and neck oncology, pediatric otolaryngology, and plastic/reconstructive surgery.

Salary and rank will be commensurate with the knowledge, education and experience of the individual.

Candidates interested in working within a dynamic and stimulating setting combined with a generous package of related benefits are encouraged to provide a cover letter and current Curriculum Vitae online: https://lsuh.sc/jobs/?id=1435

The LSUHSC School of Medicine in New Orleans encourages women and minority candidates to submit applications for this position. The School of Medicine does not participate in sponsoring faculty candidates for the Department of Health and Hospitals' Conrad 30 Program.

LSU Health-NO is an Equal Opportunity Employer for females, minorities, individuals with disabilities and protected veterans.

UTHealth® The University of Texas Health Science Center at Houston | McGovern Medical School

Otology & Neurotology Faculty Position

The Department of Otorhinolaryngology-Head & Neck Surgery is recruiting an otologist/neurologist to join its expanding department. This is a unique opportunity to build a subspecialty academic practice at the country's largest medical center in an urban setting. The ideal candidate will have a focus on clinical practice. The position entails direct contact with both residents and medical students. Clinical research interests are encouraged.

Academic appointment commensurate with experience. Fellowship training in otology/neurotology required. Excellent salary and benefits. Outstanding opportunities for teaching and research.

Please submit your CV and application here: **www.ent4.me/recruit**

Interest and questions may be directed to:

Martin J. Citardi, MD (chair)
McGovern Medical School
The University of Texas Health Science Center at Houston
Department of Otorhinolaryngology-Head & Neck Surgery
Fax: 713-383-1410 Email: martin.j.citardi@uth.tmc.edu

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Otolaryngology – Head & Neck Surgery Faculty

The Department of Otolaryngology – Head and Neck Surgery at Rutgers Robert Wood Johnson Medical School, one of the nation's leading comprehensive medical schools, is currently recruiting surgeons to join our growing academic faculty. We seek candidates who can contribute to our clinical, education and research missions.

Robert Wood Johnson Medical School and its principal teaching affiliate, Robert Wood Johnson University Hospital (RWJUH) comprise New Jersey's premier academic medical center. RWJUH is a 965-bed, Level I Trauma Center, with New Jersey's only Level II Pediatric Trauma Center, as well as the NCI-designated Comprehensive Cancer Center (Rutgers Cancer Institute of New Jersey) and The Bristol-Myers Squibb Children's Center at RWJUH.

Head and Neck Surgical Oncologists (2)
Pediatric Otolaryngologist
Rhinologist

Qualified candidates must be BE/BC by the American Board of Otolaryngology. Salary and benefits are competitive and commensurate with experience.

Please send a letter of interest and a curriculum vitae to:
P. Ashley Wackym, MD, Professor and Chair
Department of Otolaryngology – Head and Neck Surgery
Rutgers Robert Wood Johnson Medical School,
10 Plum Street, 8th Floor
New Brunswick, NJ 08901-2066;
email ashley.wackym@rutgers.edu

Rutgers, The State University of New Jersey, is an Affirmative Action/Equal Opportunity Employer, M/F/D/V

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. These positions are affiliated with MU Health Care which include the University of Missouri Hospital and the MU Women and Children's Hospital.

- Competitive production incentive
- Established research program focusing on voice and swallow disorders
- Well established and expanding hospital system
- Ranked by *Money and Forbes* magazines for career growth and best places to live.

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

To apply for a position, please visit the MU web site at
hrs.missouri.edu/find-a-job/academic/
The University of Missouri is an Equal Opportunity/Access/Affirmative Action/Pro Disabled & Veteran Employer.

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EMPLOYED ENT OPPORTUNITIES – ATLANTA, GA

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

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

We offer a competitive salary, generous retirement package, shared call, paid time off, along with health, dental, vision and life insurance, short and long-term disability, relocation allowance, and more.
Atlanta is a thriving southern city and offers something for everyone. Learn about Atlanta life by visiting www.atlanta.com. We are proud to be an EEO/AA employer M/F/D/V. We maintain a drug and nicotine free workplace and perform pre-employment substance abuse and nicotine testing.

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

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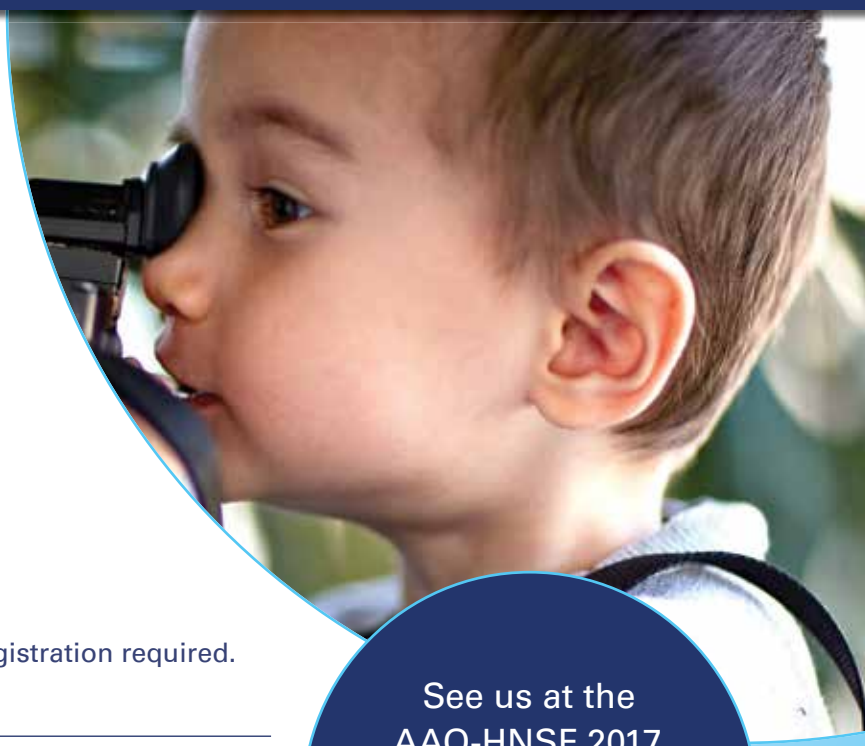
Treatment of Acute Otitis Media With Tympanostomy Tubes: Simplified



Monday, September 11

12:00 PM – 1:00 PM

A complimentary lunch will be served.

Please arrive early as space is limited. No pre-registration required.

The purpose of this session is to provide otolaryngologists with the most current information on management and treatment of AOMT, which commonly occurs in children. Otolaryngologists play a critical role in helping to calm fears and ensuring that children with AOMT receive effective and affordable treatment. Key issues related to the pathology and treatment of AOMT will be presented.

See us at the AAO-HNSF 2017 Annual Meeting & OTO Experience

Booth #625

Value transfers to licensed health care professionals by pharmaceutical companies need to be reported according to certain state laws, as well as Federal Sunshine Act provisions.

The Foundation's selection of Annual Meeting speakers does not indicate its endorsement of products they may discuss. AAO-HNS Foundation policy requires annual meeting speakers to disclose fully all significant financial relationships with commercial corporations.

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