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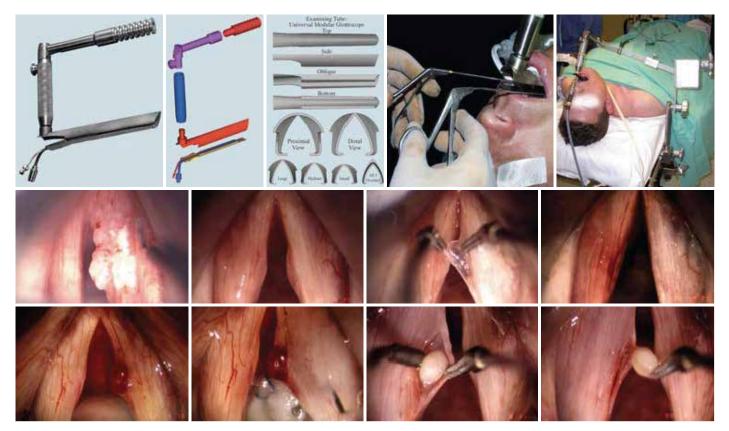
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the leading edge

Your membership and value expectations

o you value your membership in the American Academy of Otolaryngology— Head and Neck Surgery (AAO-HNS) as much as I do?

The clinical practice of medicine has become enormously complicated, and we live in an era of constant flux in the provision of healthcare—especially as it relates to regulatory requirements, socioeconomic and reimbursement challenges, and a plethora of other interjected patient care paradigm burdens. These burdens deleteriously impact provision of care and indeed the essence of the doctor-patient relationship every day.

The Academy is your **partner and advocate** in meeting these challenges head-on!

We recognize these challenges and are making adjustments to optimize the "Value 4U." Our commitment to you is not only to continuously challenge the status quo, but to respond appropriately in changing it!

I have been a proud Academy member since beginning residency approximately 25 years ago. AAO-HNS has always provided a strong sense of identity and pride and remains a forum for camaraderie, fellowship, and "belonging." In addition, it is my connection, and your connection, to the long and proud Academy legacy as one of the oldest surgical specialties in the United States.

I also see Academy **membership** as a defense against fragmentation in an era of subspecialization and practice consolidation. Specialty unity is critical going forward, and your Academy membership is the twine that helps to bind us so strongly together.

We all have come to expect **membership** value, especially with higher time demands and more choices for how and from whom we obtain information due to rapid advances in technology, competition, and social networking. As an organization, AAO-HNS strives to deliver a board of directors, Foundation, and committee structure with diverse representation that will continuously monitor, measure, and optimize activities for effective decision-making on your behalf, focusing on skillful, creative, and disciplined use of the Academy's resources to help achieve these objectives.

We will continue to zero-in on products and services that reflect the mission and strategic plan of the Academy so that we can deliver consistent and effective valued member services, including:

 Instruction Courses included in registration and free education session webcasts for full AAO-HNSF Annual Meeting & OTO Experience attendees.

- OTO Open, the AAO-HNSF's peer-reviewed gold open access journal.
- Physician Wellness and Future Task Forces—Leadership initiatives addressing physician well-being and preparing for future practice through personal health, education, and technology.
- Member+, a program offering access to more than 200 online education activities.
- Reg-entSM [CMS Qualified Clinical Data Registry (QCDR) and Qualified Registry QR Designations], supporting Quality Performance, Advancing Care Information (ACI), and Improvement Activities (IA) reporting categories of MIPS and developing maintenance of certification, research, and post-market surveillance capabilities.
- Access to legislative and grassroots advocacy.
- Countless other benefits.

I urge each of you to further enhance your membership value through engagement in the robust AAO-HNS committee structure.

The committees capture talent from the membership, focusing member expertise and advancing the mission and strategic plan of the Academy, while providing the Academy with a pool of future leaders as well. There are more than 70 committees with almost 1,500 members. There is no better way to advance one's career, network, and become involved in educational programs and activities that help shape and define specialty future research, education, and training.

Committee appointments are highly sought after, and applications must go through an extensive approval process before selections are made. Committee chairs review all applications and make recommendations to the president-elect. The president-elect, with the counsel of the chair of the Ethics Committee, makes preliminary appointments and submits these recommendations to the Executive Committee of the Board of Directors for final review and approval.

Members are appointed based on background and interest. Because committee membership is limited, some are very competitive, but the majority have openings. The broader your scope of committee interest, the more likely you will be placed on a **personally and professionally rewarding committee**. Download the *Committee Member Handbook* or contact committees@entnet.org for more information.

So, I call on you to renew your membership and join a committee as we collectively put our hearts and minds together for the success of our Academy and profession. ■



Gavin Setzen, MD AAO-HNS/F President

Our commitment to you is not only to continuously challenge the status quo, but to respond appropriately in changing it!

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The path to healthcare reform

ast month. I raised the premise that meaningful healthcare reform could not be accomplished without the participation and cooperation of all participants in the debate. In my mind, there are 11 major players: ancillary services, attorneys, Congress, consultants, hospital systems, the insurance industry, medical device and instrument companies, Pharma, physicians, the public, and regulators. These groups produce or utilize essential products and services to advance healthcare services, but unfortunately at a cost we cannot afford. The interrelation among the players is not always direct or visible, which makes meaningful evaluation and change difficult at times. It is clear that the "blame game" and targeting of individual groups has not been successful, and we need to identify strategies on how to move forward for everyone's benefit. This process needs to begin by realigning the expectations of the public toward preventive and necessary care.

Many would say that the U.S. population is the most over-medicated and over-treated in the world. The constant bombardment of promising solutions to every problem has created hopes of perfection that can't be achieved. This has triggered a frenzy of consumption that has been unjustified by results achieved. Unless there is a reorientation to the incremental value of additional services, we cannot provide basic services to all who need them.

It is time to define a goal of what we need to provide for the public and work backward to get there. Neither a single-payer system, nor a hybrid of the system we currently have can support the current cost structure, even when limited to essential benefits. The out-of-pocket expenses that currently exist are unmanageable for most of our population. All in the group of 11 contribute to this problem. Perfection has become the enemy of good and will preclude success moving forward.

The current tort system—not just malpractice, but also product liability—sets the tone for progressive and often unjustified regulatory add-ons that contribute little but cost to the system. The current system has not been shown to significantly modify behavior as claimed by its proponents. There have been some improvements at the state level relating to malpractice, but the even more costly product liability needs to be handled at the federal level.

As will be required by several existing conditions, Congress will need to overcome significant lobbies to benefit the whole. I think we are all tired of seeing the plethora of advertisements imploring those who have used some product to call that particular law firm to "get the compensation you deserve." Additionally, the direct-to-consumer pharmaceutical ads touting unconscionably expensive products with often marginal benefit over existing products create artificial demand from unwary consumers.

An army of consultants advises the healthcare industry, particularly hospital systems and medical device companies, on how to maximize profits, often circumventing well-intended policies. The added layers of "middlemen" and bureaucracy have inflated costs beyond belief. It should be no surprise that costs have escalated when we recognize that since 1990, the Bureau of Labor Statistics records a >3,000 percent increase in healthcare administrators compared to just over a 100 percent increase in physicians.

Rules affecting "non-profits" have served to accelerate the "arms race" we are seeing in hospital systems' building programs across the country. Do these palatial structures actually improve care and results?

Ancillary services are overpromoted, overpriced, and often not necessary in many circumstances. The health insurance industry seemed very happy to support these extravagant costs in an inconsistent fashion while adding their 20+ percent margin to the pot.

While the majority of physicians want the best for their patients, a meaningful minority have become distracted by opportunities primarily designed to increase revenue. Medicine is in the process of defining quality, "value," and best care, but we are still a considerable way from achieving that goal. In the meantime, we must do a better job of policing ourselves and promoting appropriate care.

Should these 11 groups fail to recognize the urgency of the overall situation and refuse to compromise on these basic issues, at best they risk an extreme regulatory environment and at worst, a crash of the system. One segment cannot be asked to bear the entire burden of change, and we already know that the alternating "band-aid" approach has failed at virtually every turn. How do we get a group such as this to convene, knowing that they will each need to make meaningful sacrifices to reach a successful conclusion? Prior to convening a definitive convention, the first step is an honest, introspective look at current resource utilization by each group and identification of systemic changes that can be combined with those of other groups toward the goal of overall cost reduction.



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

66 It is time to define a goal of what we need to provide for the public and work backward to

get there.

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at the forefront

Cecelia E. Schmalbach, MD, MSc, named BOD Coordinator-Elect for Research and Quality

he Board of Directors approved Cecelia E. Schmalbach, MD, MSc, as the Coordinator-Elect for Research and Quality. An active search was led by Cherie-Ann Nathan, MD, and a search committee for a final candidate. The Search Committee and Research and Quality staff participated in meetings via a



Cecelia E. Schmalbach, MD, MSc

conference call to discuss several qualified candidates. Interviews took place during the AAO-HNSF 2017 Annual Meeting & OTO Experience in Chicago, IL. Dr. Schmalbach will spend 12 months as coordinator-elect while **Lisa E. Ishii, MD, MHS**, completes her term.

A fellowship-trained head and neck microvascular surgeon recognized for her expertise in cutaneous cancers, Dr. Schmalbach is a



Advisory Council for Quality and Research. As deputy editor of *Otolaryngology–Head & Neck*

deputy editor of *Otolaryngology–Head & Neck Surgery*, she launched the first dedicated patient safety/quality improvement (PS/QI) platform for the specialty and developed the Peer Review Mentorship Program.

This position is responsible for coordinating the research and quality improvement efforts of the Foundation, with particular attention to oversight of research and evidence-based activities that improve care. This includes the maintenance and development of Reg-entSM performance measure development; treatment effectiveness and outcomes efficiency; patient safety; and activities that provide members with education and opportunities to improve performance in practice and translate research.

Specific areas of responsibility include:

- Informs the BOD of current research and quality/patient safety-related issues and activities and raises the level of awareness of all such activities of the Foundation to the BOD.
- Establishes, in concert with the Reg-ent Executive Committee and the chairs of CORE grants, OREBM, and PSQI Committees, and the Senior Director Research and Quality priorities for the Foundation. ■

Roger D. Cole, MD, MA, named Chair-Elect, Ethics Committee

he Board of Directors (BOD) appointed **Roger D. Cole, MD, MA**, to the position of Chair-Elect, Ethics Committee at the AAO-HNSF 2017 Annual Meeting & OTO Experience in Chicago, IL. To fill the role, a search committee, led by **Michael D. Seidman**, **MD**, was commissioned to find

a final candidate for the non-vot-

ing, *ex-officio* position. The Search Committee nominated Dr. Cole, and the nomination was approved by the BOD.

Dr. Cole is chief of Otolaryngology/Head and Neck Surgery and the Clinical Ethics Fellow for the W. G. (Bill) Hefner Veterans Affairs Medical Center in Salisbury, Charlotte, and Kernersville, NC. He has served on the Academy's Ethics



Roger D. Cole, MD, MA

Committee since 2011, and served as the North Carolina representative to the Board of Governors prior to that. Dr. Cole will serve as the chairelect from October 1, 2017, to September 30, 2018, then as chair of the Ethics Committee for a four-year term beginning on October 1, 2018, with the completion of the term of the current

chair, Susan D. McCammon, MD.

The Ethics Committee is charged with upholding the procedural guidelines for all AAO-HNS/F disciplinary proceedings and reviewing all Academy and Foundation activities from an ethical perspective, raising the sensitivity of Academy members to ethical issues, developing a mechanism to assess possible breaches of our Code of Ethics (including all its appendices), and making policy recommendations regarding ethical issues to the AAO-HNS/F BOD for its action.

Specific areas of responsibility include:

- Assist the president-elect in reviewing committee applicants for potential conflicts of interests for committee members and committee chairs.
- Review and raise any possible conflicts of interests during the AAO-HNS/F Boards of Directors meetings.
- Anticipate change and proactively establish committee direction and/or policies to address issues and meet the needs of Academy members, the profession, and the organization.
- Review the committee charge with members at the start of each meeting. Submit recommended changes to the appropriate BOD. ■

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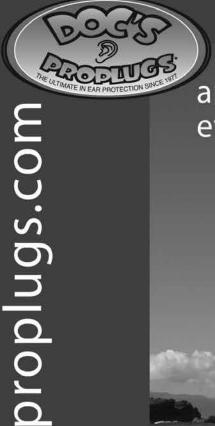
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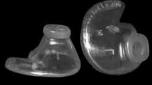
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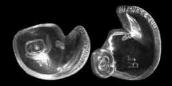


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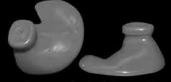


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BOARD OF GOVERNORS

If not you, then who? If not now, then when?

Spencer C. Payne, MD

Chair, BOG Governance & Society Engagement Committee

have to chuckle a little as I write this with my wife beside me, accusing me of having said "yes" to one more thing. "Why do you do this [to yourself]?" she asks. To an extent, she has a point. I, as well as most of my colleagues, have perhaps overextended myself, signing on for just one more thing. But when I look at all the things in which I am engaged, why would it be the most recent "yes" that catches the ire? More on that later.

When I think about the myriad decisions I currently make throughout the day, I wonder if most of them involve direct patient care. Perhaps, maybe on a good day. Anyone can turn to Doximity, KevinMD, or your blog of choice and find a statistic indicating that physician burnout is on the rise. Those in private practice must contemplate how to afford serving their patients while also employing the staff required to meet government regulations. Those in academics are finding the erosion of our "free" time, as decreasing reimbursements force us into more "room turns" and less time to pursue research endeavors. And then there is the continual threat of one health system buying another and what that means for the stability of whatever practice model currently best describes yours.

Regardless of the scenario, we have all felt a loss of autonomy—a sense that our



decisions are no longer our own—and that in many ways our common sense has been eschewed for a statistical analysis of the best available evidence. It is frustrating,

demoralizing, and it leads to a despair that for many begets a failure to do what we started out doing in the first place: providing the best ear, nose, and throat care that we can.

This month we acknowledge those who serve the Academy on any one of the 72 committees that fight to keep what I have just described from happening. So why am I writing this brief article? Why did I add one more thing to my list? Because what the more than 1,400 individuals who participate on these committees do is amazing, and they deserve our praise and our future partnership. Despite everything else that may be weighing on their minds and souls, they have committed extra time and energy to ensuring that our lives as ENT surgeons may be a little bit more in our control and to providing the resources that enable us to provide the best ear, nose, and throat care.

So, when my wife asks, "Why are you doing THIS?" my only response can be, "Because I have to." And, "If not me, then who, and if not now, then when." I'll give up something else, and I ask you to do the same when the committee applications open and you are wondering if you should apply!

2018 Committee Application Opened November 1

Ant to get more involved with your Academy? Apply to become a committee member! The 2018 application cycle will open on November 1, 2017, and close on January 1, 2018. All committee applicants should be in good standing with the Academy and must be a voting fellow, member, resident member, scientific fellow, international fellow, or international member of the Academy to be eligible to serve as a committee member. All current committee members and committee applicants must pay Academy dues for the 2018 year no later than January 15, 2018. Applicants who have not paid dues by the January 15 deadline will not be considered for a committee appointment. For more information and for the application, please visit our website at www.entnet.org/content/committees.



AAO-HNS/F 2018 LEADERSHIP FORUM & BOG SPRING MEETING

MARCH 9-12 ALEXANDRIA, VA

at the forefront

CMS listened!

AAO-HNS and IAC comments on IPP System's public display of accreditation status

he Centers for Medicare & Medicaid Services (CMS) decided not to finalize their proposal to require all Medicare advanced diagnostic imaging final accreditation survey reports as well as acceptable plans of correction (POC) in the Fiscal Year 2018 Medicare Hospital Inpatient Prospective Payment System and Long-Term Acute Care Hospital (IPPS)

Prospective Payment System Final Rule.

The Academy agreed with comments from the Intersocietal Accreditation Commission (IAC) that any additional transparency that would have been achieved by the proposal would not outweigh the administrative burden on advanced diagnostic imaging accrediting organizations. Further, it could have had adverse effects on the nature of private accreditation processes and resulted in the release of information that is difficult for consumers to access and understand. On September 7, the AAO-HNS sent a letter to CMS Administrator Seema Verma thanking the agency for taking our comments into consideration and for not implementing the proposal.

CALL FOR SCIENCE 2018 DEADLINES

AAO-HNSF OCTOBER ANNUAL MEETING 7-10

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NEW THIS YEAR! There will be ONE timeframe to submit Expert Series (previously known as Instruction Courses), International Symposium, Masters of Surgery
 Video Presentations, Panel Presentations (previously known as Miniseminars), and Scientific Oral/Poster Abstracts. The submission site will open Monday, November 20, 2017 and close Wednesday, January 17, 2018, 11:59 pm ET.

Contact programs@entnet.org for more information

at the forefront

2018 Quality Payment Program (QPP) proposed rule

n 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 August 2017 issue of the *Bulletin*, the Academy discussed CMS' proposed changes, including:

- Increasing the low-volume threshold to ≤\$90,000 in Part B allowed charges or ≤200 Part B beneficiaries, which will exempt more eligible clinicians (ECs) from participation.
- Implementation of a 12-month performance period for the quality and cost performance categories, and a minimum of 90 days for the ACI and improvement activities. The Academy raised concerns regarding the full

calendar year requirement replacing the "pick your pace" periods.

- The creation of virtual groups for reporting.
- APM participation requirements, including the Academy's concerns regarding surgical specialties' ability to meet the APM revenue threshold.

On August 21, the Academy submitted comments to CMS Administrator Seema Verma regarding the CY 2018 proposed rule, including changes in reporting requirements, classification of measures, and ACI performance category credit, among other topics. Additionally, the Academy published a summary of the 2018 MIPS and APM reporting requirements for otolaryngologists, including details on proposed provisions directly affecting your practices, available here: http://www.entnet.org/content/ physician-payment-reform. ■

Academy receives Best Mobile App award

e are pleased to share the great news that the Academy was awarded "Best Mobile App 2016" for the AAO-HNSF 2016 Annual Meeting & OTO Experience at the Trade Show Executive Gold 100 Awards & Summit presentation on September 28, 2017.

The value in this award is that it recognizes the concerted effort to provide attendees the tools to engage, navigate, and optimize their experience at the Annual Meeting & OTO EXPO. It also recognizes that our attendees take full advantage of the digital experience available via the app before, during, and after the meeting. This award for the 2016 app will continue to drive our focus on

the mobile app experience for the October 7 - 1

Annual Meeting in Atlanta, GA. Hope to see you all there, both on the app and in person.

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Academy, 3P Workgroup collaborate to review position statements

Position Statements are used to designate a statement, policy, or declaration of the American Academy of Otolaryngology—Head and Neck Surgery and Foundation (AAO-HNS/F) on a particular topic or set of topics. This year, at the September Board of Directors meeting, two Position Statements were revised and approved for use in state and federal regulatory or advocacy efforts, or to clarify the AAO-HNS/F approval or disapproval of certain practices in medicine.

The Sleep Disorders Committee and Rhinology and Paranasal Sinus Committee worked in conjunction with the Physician Payment Policy (3P) Workgroup to provide revisions and finalize the Position Statements. The following statements have been updated:

- Treatment of Obstructive Sleep Apnea (OSA)
- Nasal Surgery and Obstructive Sleep Apnea (OSA)

Additional Position Statements are expected to be in the coming months. If Academy members are interested in developing new Position Statements, submissions are considered on an ongoing basis and approved during spring or fall Board of Directors meetings. For guidance on creating a new Position Statement, visit

www.entnet.org/sites/default/files/ PositionStatementTemplateand DevelopmentProcess.pdf.

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Defining Quality in Otolaryngology with New Measures

he American Academy of Otolaryngology—Head and Neck Surgery Foundation (AAO-HNSF) is dedicated to the development and implementation of clinically valid performance measures, which contribute to success in quality of care for otolaryngologist-head and neck surgeons.

With this goal in mind, the Foundation has been working around the clock to develop meaningful and relevant quality measures available to AAO-HNS members through Reg-entSM, the Academy's qualified clinical data registry. These measures in development will expand the number of overall measures available to all specialties within the Academy.

In July, the Foundation convened two, in-person measure development group (MDG) meetings to discuss quality measures. The first meeting entailed the development of de-novo measures on Age-related Hearing Loss (ARHL) Measures. The second meeting convened discussions of Jumpstart Measures, which are based on the clinical practice guidelines. The MDG's directive was to define new measures for quality improvement (QI) and for use in Reg-ent.

ARHL Measures were prioritized as an important public health issue by the Reg-ent Executive Committee (REC) and Clinical Advisory Committees (CAC) for measures development due to the paucity of data available from guidelines, randomized controlled trials, large epidemiological studies, or other research to explicitly support these measures.

The MDG, led by Richard K. Gurgel, MD (Chair), Selena E. Briggs, MD, MBA, PhD (Co-Chair), and Richard M. Rosenfeld, MD, MPH, (Methodologist) is comprised of cross-specialty, multidisciplinary representatives, including the following relevant stakeholder groups: AAO-HNSF Board of Governors (BOG), AAO-HNSF Section for Residents and Fellows (SRF), AAO-HNSF General and Sleep CAC, American Otological Society (AOS), American Society of Geriatric Otolaryngology (ASGO), American College of Physicians (ACP), American Geriatrics Society (AGS), Agency for Healthcare Research & Quality (AHRQ), American Neurological Society (ANS), American Speech-Language-Hearing Association (ASHA), and consumer

representatives from American Association of Retired Persons (AARP) and the National Center for Health Research (NCHR).

ARHL Measures represent the Foundation's first independent effort to lead the development of quality measures with a multidisciplinary MDG. The Foundation intends to incorporate four ARHL measures into Reg-entSM to be available for public reporting, gather data on gaps in care, to identify opportunities for improvement, and to assess measure feasibility and reliability. Future efforts in this area may focus on additional relevant conditions or outcomes for the practice of otolaryngology.

Project Jumpstart Measures prioritizes topics on Bell's palsy, otitis media with effusion, tympanostomy otorrhea, and dysphonia after thyroidectomy, which are based on the AAO-HNSF clinical practice guideline key action statements.

The MDG led by Dr. Rosenfeld (Chair/Sr. Advisor Guidelines and Measures, ex-officio

New measures in development 2017

REC) includes the following Academy members: Lauren S. Zaretsky, MD (Chair, General & Sleep CAC, REC member), Stacey L. Ishman, MD, MPH (then Chair, BOG), Lawrence (Larry) M. Simon, MD [Physician, Payment, Policy (3P) Advisor], and Peter M. Vila, MD, MSPH (then Chair, Section for Residents and Fellows in-Training).

The MDG developed five measures that focus on Bell's palsy, otitis media with effusion, tympanostomy otorrhea, and dysphonia after thyroidectomy topics, which are areas specific to the practice of otolaryngology-head neck surgeons. These measures will be utilized for quality improvement, used in the AAO-HNSF's qualified clinical data registry (QCDR) Reg-ent, and be considered for use in accountability programs, such as the Centers for Medicare & Medicaid Services (CMS) Quality Payment Program (QPP) under the Merit-based Incentive Payment System (MIPS).

Торіс	Measure Title	
Neurotology	Canalith repositioning procedure performed for patients with posterior canal BPPV	
Neurotology	Dix-Hallpike Maneuver performed for patients with benign paroxysmal positional vertigo (BPPV)	
Neurotology	Optimal BPPV care provided	
Neurotology	Quality of life for patients with neurotology disorders	
Neurotology	Vestibular rehabilitation for unilateral vestibular hypofunction	
Age-related Hearing Loss	Advanced diagnosis imaging of bilateral prebycusis or symmetric sensorneural hearing lossavoidance of inappropriate use	
Age-related Hearing Loss	Audiometric evaluation for older aults with hearing loss (paired with Measure 1)	
Age-related Hearing Loss	Screening for hearing loss in older adults (paired with Measure 2)	
Age-related Hearing Loss	Shared decision-making for treatment options for bilateral presbycusis or symmetric sensorneural hearing loss	
Allergic Rhinitis	Percentage of patients with allergic rhinitis who are offered intranasal corticosteroids or oral antihistamines	
Allergic Rhinitis	Percentage of patients with allergic rhinitis who do not receive IgG-based immunoglobulin testing	
Allergic Rhinitis	Percentage of patients with allergic rhinitis who do not receive leukotriene inhibitors	
Allergic Rhinitis	Percentage of patients with allergic rhinitis who do not receive sinonasal imaging for allergic rhinitis	
Cerumen Impaction	Percentage of patients with cerumen impaction and a suggestive history of a non-intact tympanic membrane who receive just manual removal	
Cerumen Impaction	Percentage of patients with cerumen impaction who receive treatment with at least one appropriate intervention	
Cerumen Impaction	Percentage of visits with patients with hearing aids where otoscopy is routinely per- formed	
Bell's Palsy	Inappropriate use of antiviral monotherapy for Bell's palsy (inverse measure)	
Bell's Palsy	Inappropriate use of magnetic resonance imaging or computed tomography scan for Bell's palsy (inverse measure)	
Dysphonia	Postoperative laryngeal examination for dysphonia	
OME	Audiometry for chronic otitis media with effusion in children	
Tympanostomy Tubes	Topical ear drop monotherapy for children with acute tympanostomy tube otorrhea	

at the forefront

The Jumpstart Measures represent a new stage in AAO-HNSF's efforts to develop evidence-based quality measures that actively seek to improve patient care and outcomes. Future efforts in this area may focus on additional relevant conditions or outcomes for the practice of otolaryngology-head neck surgeons.

The Foundation invited Academy members and relevant stakeholders to review the ARHL and Jumpstart measures in development and to provide comments. The purpose of the comment period was to seek feedback before the measurement set is finalized. It is an opportunity to make any necessary refinements during the measurement development process. Public comment period for these measures concluded October 1.

In collaboration with other institutes and specialty societies, the Foundation is working to

develop additional measures. They include topics such as allergic rhinitis, cerumen impaction, neurotology, and rhinoplasty.

The Foundation is currently partnering with the ECRI institute on GEM-Cutting and e-specification of quality measures derived from the Allergic Rhinitis and Cerumen Impaction Clinical Practice Guidelines. These measures have undergone review by our physician experts and are being prepared for public comment.

In collaboration with the American Association of Neurology (AAN) on the development of **Neurotology** quality measures, the Foundation has nominated three representatives to this panel: **Erica A. Woodson, MD, Habib M. Rizk, MD, MSc**, and **Marc L. Bennett, MD**. Stewardship of these measures will be handled jointly by both organizations. These measures are soon to start undergoing public commenting and testing for use in both the AAN's and AAO-HNSF's registries.

Convening this fall, the Foundation will be collaborating with the American Society of Plastic Surgery (ASPS) and the American Academy of Facial Plastics Reconstructive Surgery (AAFPRS) on the development of **Rhinoplasty** measures. The Foundation nominated four representatives to participate in this measures development partnership with the ASPS and AAFPRS: Lisa E. Ishii, MD, MHS, Travis T. Tollefson, MD, MPH, Benjamin C. Marcus, MD, and Oren Friedman, MD.

AAO-HNSF measures in development are an ongoing process. New measures pertinent to otolaryngologists will continually be evaluated and incorporated into Reg-entSM. If you have additional questions on measures in development, please email qualityimprovement@entnet.org.

Clinical Consensus Statement: BDS update

Spencer C. Payne, MD

Assistant Chair, CCS Development Panel

n keeping with the AAO-HNSF's longstanding tradition of evidence-based reviews to aid physicians in providing safe and efficacious care for their patients, a Clinical Consensus Statement: Balloon Dilation of the Sinuses (BDS) was previewed at our recent Annual Meeting in Chicago, IL.

An expert panel, representing stakeholders from within the organization and relevant specialty societies, reviewed available published evidence using a standard protocol. Consensus was achieved on the included statements through three Delphi survey rounds and robust discussion among group members. The Consensus Statement and accompanying companion article will act as a touchstone for physicians but are not intended as a standard of care or in any way to limit the ability of a physician to provide the most appropriate care for their patient.

The statements were generated along three thematic lines: patient criteria, perioperative considerations, and outcomes. The following is a summary of the major statements from each of these three categories that will be published along with detailed discussions of each in the near future.

Patient criteria

The panel met consensus on several statements regarding the appropriateness of BDS in the absence of guideline-defined sinusitis. Specifically, BDS is not appropriate for headache or sleep apnea in the absence of criteria for chronic rhinosinusitis (CRS) or recurrent acute rhinosinusitis (RARS). Further, while guidelines allow for the use of endoscopic findings in the diagnosis of CRS, consensus was made on two different statements that balloon dilation for CRS is not appropriate in the absence of CT findings. This distinction was also applied to RARS where the panel did agree that there is a role for BDS when ostial occlusion and mucosal thickening are noted on CT scan. These statements acknowledge the wide differential of sinonasal symptoms that may have alternate causes other than sinusitis when in the setting of a negative CT scan.

Perioperative considerations

A major advantage of BDS is the ability to move sinus care out of the OR and into the

office. The advantages for patient and the healthcare economy are obvious. The panel reinforced the appropriateness of this with two different statements, specifically that BDS can be performed under local anesthesia and can be performed in any setting as long as proper precautions are taken, and appropriate monitoring is performed.

Outcomes

In terms of the evidence regarding outcomes after BDS, the panel held much deliberation. It was agreed that BDS can improve short term quality of life in limited CRS without polyps including frontal sinusitis. However, only near consensus could be reached on its efficacy in the maxillary. Further, the panel struggled with definitions of limited, mild, moderate, or severe disease and how to apply these across the disease spectrum. Future consensus on a number of statements would be bolstered by more focused research.

Conclusion

In summary, BDS is a useful tool for the management of CRS and RARS. The panel reached consensus on a number of statements that will foster safe and efficacious use of this technology for our patients.

THANK YOU FOR INVESTING IN



A special thanks to all of our AAO-HNS members who have invested in the Reg-ent registry.

Each of you have contributed to the growth of data in Reg-ent. With over 400 practices on board, we expect more than 1,000 clinicians to report MIPS in 2017. We greatly appreciate your investment of time and resources in Reg-ent and the future of otolaryngology—head and neck surgery.

We are excited about 2018 as we develop enhanced capabilities such as private payer incentive programs, device surveillance, and address MOC requirements for Reg-ent participants. We look forward to continuing this journey with you and appreciate the ever-growing participation in Reg-ent to support the specialty in this important initiative which will define quality otolaryngology care.

To learn more about the Reg-ent registry, please visit www.reg-ent.org.



CY 2018 MEDICARE PHYSICIAN FEE SCHEDULE (MPFS):

What does it mean for you?

n July 13, 2017, the Centers for Medicare & Medicaid Services (CMS) posted the proposed rule for payments in the Medicare Physician Fee Schedule (MPFS) for calendar year (CY) 2018. The Academy submitted comments to CMS on the proposed rule on September 1, 2017. Some key provisions members should be aware of from the proposed rule include:

Conversion factor

CMS estimates a CY 2018 conversion factor of \$35.9903, which reflects the 0.5 percent update specified by the Medicare Access and CHIP Reauthorization Act (MACRA), a budget neutrality adjustment, and a target recapture amount mandated by the Protecting Access to Medicare Act of 2014 (PAMA). Overall, this is a slight increase from the 2017 conversion factor of \$35.8887.

Valuation of specific codes

The ABLE Act specifies that for services that are not new or revised codes, if the total RVUs for a service for a year would otherwise be decreased by an estimated 20 percent or more as compared to the total RVUs for the previous year, the applicable adjustments in work, PE, and MP RVUs shall be phased-in over a twoyear period. Otolaryngology had three services on this list for CY 2018: • Muscle Flaps (CPT codes 15732, 15736, 15738, 157X1, and 157X2): CPT codes 15732 and 15736 were identified via a screen of high level E/M visits included in their global periods. This screen identified that a CPT code 99214 office visit was included for CPT codes 15732 and 15736 but not included in the other codes in this family. During the review process for this family of codes, CPT code 15732 was deleted and replaced with two new codes, CPT codes 157X1 and 157X2, to better differentiate and describe the work of large muscle flaps performed on patients with head and neck cancer depending on the site where the service was performed.

For CY 2018, CMS proposes the RUC-recommended work RVUs for CPT codes 15734 (a work RVU of 23.00), 15736 (a work RVU of 17.04), 15738 (a work RVU of 19.04), 157X1 (a work RVU of 13.50), and 157X2 (a work RVU of 15.68).

 Resection Inferior Turbinate (CPT code 30140): CPT code 30140 was identified as potentially misvalued on a screen of Harvard-valued codes with utilization over 30,000 in CY 2014. During the review process, the RUC resurveyed the code as a 0-day global period, based on the presence of a negative

Valuation of Specific Codes

HCPCS	Descriptor	RVW without phase in	RVW with phase in (value for 2018)
31081	Removal of frontal sinus	14.93	18.31
31085	Removal of frontal sinus	15.55	18.97
31600	Incision of windpipe	2.33	2.75

intensity value in the initial survey and highly variable postoperative office visits. For CY 2018, CMS proposes the RUC-recommended work RVU of 3.00 for CPT code 30140 as a 0-day global code.

CMS also proposes to create equipment codes for three new equipment items based on invoices submitted with the RUC recommendations for CPT code 30140: the 2mm reusable shaver blade (EQ383) at a price of \$790, the microdebrider handpiece (EQ384) at a price of \$4,760, and the microdebrider console (EQ385) at a price of \$9,034.

- Control Nasal Hemorrhage (CPT codes 30901, 30903, 30905, and 30906): For CY 2018, CMS proposes the RUC-recommended work RVUs for CPT codes 30901 (a work RVU of 1.10), 30903 (a work RVU of 1.54), 30905 (a work RVU of 1.97), and 30906 (a work RVU of 2.45). It also proposes to use the RUC-recommended direct PE inputs for CPT codes 30901, 30903, 30905, and 30906, with standard refinements to the equipment times to account for patient monitoring times.
- Nasal Sinus Endoscopy (CPT codes 31254, 31255, 31256, 31267, 31276, 31287, 31288, 31295, 31296, 31297, 31XX1, 31XX2, 31XX3, 31XX4, and 31XX5): In October 2016, the CPT Editorial Panel created five new codes (CPT codes 31XX1, 31XX2, 31XX3, 31XX4 and 31XX5) and revised CPT codes 31238, 31254, 31255, 31276, 31287, 31288, 31296, and 31297. CPT codes 31XX2 31XX5 are newly bundled services representing services that

New bundled sinus codes don't account for additional resources

n September 6, the AAO-HNS submitted comments on the CY 2018 Medicare Program: Hospital Outpatient Prospective Payment (OPPS) and Ambulatory Surgical Center (ASC) Payment Systems and Quality Reporting Programs proposed rule. The main issue that could impact AAO-HNS members is the proposed payment for new bundled sinus codes in the ASC.

The Academy noted concerns regarding the Centers for Medicare & Medicaid Services (CMS) proposal to pay the same amount for a single endoscopy code as the new endoscopy sinus surgery bundled codes. The Academy does not believe it makes sense to pay the new bundled codes at the same rate as the individual sinus codes. CMS is not capturing the additional resources or time that an ASC will need to pay for additional anesthesia, non-physician clinical staff, and supply costs involved (e.g., additional costs for drugs and IV fluids). Based on the data, CMS proposes to pay for the new bundled procedures that involve two services but pay zero dollars for the additional procedure. This results in a proposed 38 percent reimbursement reduction, or a reduction of \$1,635 for a bilateral procedure (from \$4,270 in CY 2017 to \$2,562 in CY 2018). We are concerned that the lack of appropriate payment for ASCs may result in moving the more complex cases to the OPPS setting instead of the lower cost ASC setting, thereby adding cost into the healthcare system.

Our response recommended that CMS determine some other payment for these new bundled codes that more accurately reflects the ASC costs and resources. We offered to help CMS develop the new payment methodology. Also, since CMS does not yet have data with combined code claims, we strongly urged CMS to collect the claims under the current system and then revisit to determine what the claims show.

Other comments addressed the following issues: 1) CY 2018 Comprehensive Ambulatory Payment Classifications (C-APCs); 2) Imaging APCs; and 3) Changes for Computed Tomography (CT) under the Protecting Access to Medicare Act of 2014 (PAMA).

are frequently reported together, and CPT code 31XX1 represents a new service. The RUC reviewed this family of codes at their January 2017 meeting. The ESS and BSD codes were selected for review when they triggered CMS screening parameters, based on the performance of certain combinations of these codes more than 75 percent of the time. The significance of the revaluation of these commonly performed procedures led the Academy to partner with the American Rhinologic Society (ARS) and the American Academy of Otolaryngic Allergy (AAOA) to convene a panel of experts to submit recommendations and solicit physician survey participants. This task force worked for more than a year to create the combined codes and prepare for the RUC valuation process, and its consensus recommendations were critical to the presentation of these codes at the RUC meeting. The survey results demonstrated a significant decrease in reported intraservice for respondents to complete each procedure. This was particularly significant in the ESS codes, which had not been previously surveyed since the early 1990s. These drops in intraservice time resulted in decreased values for the ESS codes, ranging from -7.9 percent to -23.6 percent. The BSD codes, which had been surveyed in 2011, were more consistent with the previous values. For CY 2018, CMS proposes the RUC-recommended work RVUs for all 15 CPT codes in this family, specifically existing and newly-developed Endoscopic Sinus Surgery (ESS) and balloon sinus dilation (BSD) codes.

Tracheostomy (CPT codes 31600, 31601, 31603, 31605, and 31610): CPT code 31600 was identified as part of a screen of high expenditure services with Medicareallowed charges of \$10 million or more that had not been recently reviewed. CPT codes 31601, 31603, 31605, and 31610 were added and reviewed as part of the code family. CMS is proposing the RUC-recommended work RVUs for all five codes in this family.

Percutaneous Allergy Skin Tests (CPT code 95004): In the CY 2016 PFS proposed rule (80 FR 41706), CPT code 95004 was identified through the high expenditures screen as potentially misvalued. The RUC and CMS previously determined that there is physician work involved in providing this service since the physician must interpret the test and prepare a report. For CY 2018, CMS is proposing the RUC-recommended work RVU of 0.01 for CPT code 95004. Regarding direct PE inputs, CMS is proposing to refine

at the forefront

the equipment times for exam table (EF023) and mayo stand (EF015) to 79 minutes each to account for clinical 1:4 patient monitoring time. CMS received invoices with new pricing information for two supplies: SH101 "negative control, allergy test" (\$5.17) and SH102 "positive control, allergy test" (\$26.12). Using this information, CMS is proposing a price of \$0.03 per test for supply item SH101 and a price of \$0.13 per test for supply item SH102.

Appropriate Use Criteria (AUC) for advanced diagnostic imaging

In the CY 2018 proposed rule, CMS proposes that ordering professionals must consult specified applicable Appropriate Use Criteria (AUC) through qualified clinical decision support mechanisms (CDSMs) for applicable imaging services furnished in an applicable setting, paid for under an applicable payment system, and ordered on or after January 1, 2019. This comes after CMS identified the circumstances specific to ordering professionals under which consulting and reporting requirements are not required. Additionally, in the CY 2017 fee schedule final rule, CMS published the first list of clinical areas to guide identification for outlier ordering professionals. CMS did not identify mechanisms for consultation by April 1, 2016, and therefore did not require ordering professionals to consult CDSMs or furnishing professionals to report information on the consultation by the January 1, 2017, date.

CMS also states that payment may only be made if the order includes (1) which qualified CDSM was consulted by the ordering professional; (2) whether the service ordered would adhere to specified applicable AUC, would not adhere to specified applicable AUC, or whether specified applicable AUC were not applicable to the service ordered; and (3) the NPI of the ordering professional (if different from the furnishing professional). This standard would apply across all applicable payment systems and across claim types. To implement this requirement, CMS proposes establishing a series of G-codes to describe the specific CDSM that was used by the ordering professional. CMS intends for there to be one G-code for every qualified CDSM with the code description including the name of the CDSM.

For 2018, CMS proposes keeping the following AUC program significant hardship exceptions identified in the 2017 final rule: Insufficient Internet Connectivity; Extreme and Uncontrollable Circumstances; Lack of Control over the Availability of CEHRT; and Lack of Face-to-Face Patient Interaction. For CY 2018, CMS also proposes an exemption for ordering professionals who are granted reweighting of the advancing care information (ACI) performance category to zero percent of the final MIPS score for the year. Lastly, CMS proposes to give Merit-based Incentive Program (MIPS) credit to ordering professionals for consulting AUC using a qualified CDSM as a high-weight improvement activity for the performance period beginning January 1, 2018.

PQRS and CQMs

Under the proposed rule, CMS proposes to modify the criteria for data already submitted for the CY 2016 reporting period to determine whether an individual eligible professional (EP) or group practice has satisfactorily reported for purposes of avoiding the 2018 PQRS payment adjustment. CMS proposes to revise the previously finalized satisfactory reporting criteria for the CY 2016 reporting period to lower the requirement from nine measures across three NQS domains, where applicable, to only six measures with no domain or cross-cutting measure requirement.

Value-based payment modifier and physician feedback program

Due to the changes in reporting, for the CY 2018 adjustment period, CMS proposes reducing the automatic downward adjustment for groups with 10 or more EPs and at least one physician to -2 percent, and -1 percent for groups with between two to nine EPs, physician solo practitioners, and for groups and solo practitioners that consist only of non-physician EPs. CMS also proposes to hold all groups and solo practitioners that avoid a PQRS payment adjustment harmless and reduce the maximum upward adjustment under the quality-tiering methodology to two times an adjustment factor (+2.0x) for groups with 10 or more EPs. ■

To read more on the fee schedule or review the detailed member summary, you may visit the Academy's Regulatory Advocacy page at: http://www.entnet.org/content/ regulatory-advocacy.

Overall Impact on Total Allowed Charges for ENT Services

Below are the estimated impacts under the MPFS in 2018.

Specialty	(B) Allowed Charges (mil)	(C) Impact of Work RVU Changes	(D) Impact of PE RVU Changes	(E) Impact of MP RVU Changes	(F) Combined Impact**
TOTAL	\$92,628	0%	0%	0%	0%
ALLERGY/IMMUNOLOGY	\$245	0%	0%	0%	-3%
AUDIOLOGIST	\$66	0%	0%	-1%	-1%
ORAL/MAXILLOFACIAL SURGERY	\$57	0%	0%	0%	-2%
OTOLARNGOLOGY	\$1,232	0%	0%	0%	-2%
PLASTIC SURGERY	\$379	0%	0%	0%	0%



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- Subscriptions to the peer-reviewed scientific journal, Otolaryngology–Head and Neck Surgery and the highly-rated Bulletin magazine
- Participation in Reg-entsM, the ENT Clincial Data Registry (additional fees apply)
- Savings on Annual Meeting & OTO Experience Registration
- OTO News, your personalized weekly eNewsletter
- Listing in Find an ENT
- Access to the AcademyU[®] learning platform, which offers over 200 member-discounted education opportunities
- Access to ENTConnect, the members-only online community



AMERICAN ACADEMY OF OTOLARYNGOLOGY-HEAD AND NECK SURGERY



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The American Academy of Otolaryngology–Head and Neck Surgery (AAO-HNS) is the world's largest organization representing specialists who treat the ear, nose, throat and related structures of the head and neck.

Annual Meeting highlights

he AAO-HNSF 2017 Annual Meeting & OTO Experience offered an array of new and well-regarded opportunities to join colleagues in the premier education and specialty event of the year. It delivered new options for attendees to access more sessions with more program variety.

When asked about the take-away value from this year's meeting, participant Velling Tsai, MD, JD, from Alhambra, CA, said, "Listening to how other clinicians do things in other areas of the country and in different ways."

Mark your calendar now to attend next year's meeting, October 7-10, 2018, in Atlanta, GA.





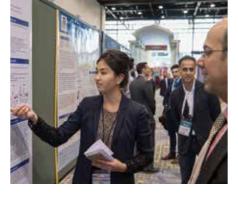




ANNUAL MEETING & OTO EXPERIENCE













NETWORKING

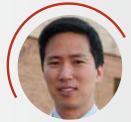
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CINNECT

CLINICAL DISCUSSIONS

Crowdsourced problem-solving, a real member benefit

ENTConnect, the Academy's member-only social networking site, provides you the opportunity to join other physicians worldwide, collaborate with colleagues, and stay up-to-date with what's new and exciting in the Academy, and within the specialty. Here are a few reasons why our members log on to ENTConnect:



PRACTICE

COMMUNITIES

"ENTConnect allowed me to "pretend" that I belonged to a large ENT group practice even though I have been the only ENT

for most of my career in the small community where I live and work. Participating in ENT-Connect was invaluable in allowing me the opportunity to glean not only useful clinical pearls from colleagues all over the world, but also share questions that puzzled me during my clinical practice in order to gain wisdom from the masses."

- Christopher Y. Chang, MD



"ENTConnect is our space. It's where private practice and academic physicians all have a voice and experi-

ence to share. We learn every time we see each other's responses to challenges with regulatory burden or with insurers. These interactions give us modern, on-demand support for these constantly moving targets."

— Erika A. Woodson, MD



"ENTConnect has been a wonderful tool for me. I took several years off from work to stay home with my kids, and as I

am re-entering the workforce, I have loved having an online network to get advice from. Our field is a small, scattered group, and this brings everyone together."

— Mary T. Bowden, MD



"I find that ENTConnect is becoming a go to source for practical information that relates to everyday care of my patients.

I cannot find this type of information in any other typical setting such as journals or conferences.

It's great to draw on perspectives from across North America and the world, and I often learn new techniques that may improve on our local practices. In addition, the online discussion format makes me comfortable posing questions that I wouldn't necessarily ask in rounds or in the hallway during busy clinic days."

- Michael E. Gousseau, MD



"Although there are many advantages to being in solo practice, one of the main disadvantages I have found is not

having a colleague with whom to discuss that complicated patient or vent about the changes in healthcare. ENTConnect has been an excellent resource for doing those things."

- Julie A. Redmon, MD



"I enjoy ENTConnect for crowdsourced problem-solving. As a physician in a busy private practice, I can easily go to

ENTConnect to read responses to old queries and post a new query about issues as they arise. I benefit from the collective intelligence of a bunch of really smart people."

- Christina M. Gillespie, MD

Call for 2018 AAO-HNS candidates

he Nominating Committee of the Academy is calling for recommendations of individuals to be considered for an AAO-HNS elective office. Academy member(s) must be in good standing and recommend having held membership the last three consecutive years, have proven leadership qualities, be active in the Academy, be familiar with the strategic direction of the Academy, and be able to dedicate the necessary time to serve.

Please complete the application packe of materials and submit to any member of the Nominating Committee requesting he/she support your nomination for elected office. For more information and the application packet, visit http://www. entnet.org/content/annual-election.

Application deadline is December 4 2017 (No extensions permitted). ■

Value 4U

AO-HNS offers value-added benefits and enhanced resources that help you achieve excellence and provide the best ear, nose, and throat care to your patients. While you have been busy caring for your patients, we have been busy caring for you. Together, we have accomplished a lot, including:

- Two new and three updated Clinical Practice Guidelines.
- Reg-ent^{5M} CMS Qualified Clinical Data Registry and Qualified Registry Designations for both 2016 and 2017. Reg-ent will support Quality Performance, Advancing Care Information (ACI), and Improvement Activities (IA) reporting categories of MIPS beginning in 2017.
- Instruction Courses included in registration for the second year and free education session webcasts for full conference attendees at the AAO-HNSF Annual Meeting & OTO Experience.
- OTO Open launch, the AAO-HNSF's peer-reviewed gold open access journal.

As healthcare evolves in these turbulent times, we are continuing our efforts to provide our members with meaningful programs and services. Continued advocacy efforts at both the federal and state levels are a priority. We are excited about the following new initiatives underway:

- Member+, a program offering Academy members access to over 200 online education activities.
- Growth and expansion of Reg-ent beyond public reporting including maintenance of certification, research, and post market surveillance capabilities.
- Quality measures development projects including neurotology, age-related hearing loss, measures directly from CPG Key Action Statements, and rhinoplasty.

We are proud of our collective accomplishments, value you as members, and look forward to serving you and the specialty for years to come. If you have additional inquiries, please email **memberservices@entnet.org.**

Committee rosters

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2018 Save the Date



COSM 2018

April 19-20, 2018 Gaylord National Resort & Convention Center National Harbor, Maryland

Abstract Submission Deadline: 12/1/2017 Manuscript Deadline: 3/2/2018 http://www.american-rhinologic.org/spring_meeting

ARS 7th Summer Sinus Symposium July 12-14, 2018 Seattle Westin, Seattle, Washington

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Atlanta, Georgia

Abstract Submission Deadline: 6/1/2018 Manuscript Submission Deadline: 9/1/2018 http://www.american-rhinologic.org/annual_meeting

Find membership & meeting details online at: american-rhinologic.org

classifieds _ employment

The ENT Institute, Department of Otolaryngology-Head and Neck Surgery at University Hospitals in Cleveland OH is seeking applicants who wish to pursue an academic career in General Otolaryngology, Sleep Surgery, and/or Laryngology. Applicants would be welcomed at the rank of assistant, associate or full professor. The Department has 40 full-time faculty members and 20 residents. The candidate should possess a strong commitment to both clinical practice, as well as research and resident education. Applicants should be board certified/eligible and eligible for Ohio licensure. Significant clinical experience or fellowship training in the chosen specialty is desired. Salary is commensurate with years of experience and training.

General Otolaryngology

The ENT Institute offers broad exposure to 18 system hospitals, with more than 10 ENT locations of practice. The current opportunity allows an applicant to join an already thriving general otolaryngology practice supported by strong tertiary care sub-specialties at University Hospitals Cleveland. Highlights: •Join busy academic based office practices

Academic appointment to Case Western Reserve University School of Medicine, enjoying a blend of academics and clinical practice.

•Attractive guaranteed base salary based on fellowship and experience.

Position Responsibilities:

•Full spectrum of Otolaryngology practice with operative procedures performed at affiliated ambulatory Surgery Centers, UH Regional Hospitals, and UH Cleveland Medical Center.

•Teaching and research opportunities as desired.

•Shared on call responsibilities with large faculty, average call 2-3 days/month

Sleep Surgery

Strong growth in our sleep surgery division has resulted in a need for additional faculty in sleep surgery with interest and experience in management of all surgical aspects of sleep apnea, including INSPIRE, palate and tongue based approaches to the treatment of sleep apnea. Treatment is multi-disciplinary and coordinated with sleep medicine. Several practice sites as well as surgery at Regional Hospitals and UH Cleveland Medical Center are available. Completion of a Sleep/Surgery Medicine Fellowship is preferred but not required. Highlights:

·Academic appointment to Case Western Reserve University School of Medicine

•Attractive guaranteed base salary based on fellowship and experience.

•Option for responsibility of Director of Sleep Surgery, with protected research time is available based on clinical experience and interest

Position Responsibilities:

•Full spectrum of Otolaryngology practice with operative procedures performed at affiliated ambulatory Surgery Centers, UH Regional Hospitals, and UH Cleveland Medical Center.

•Teaching and research opportunities paired collaboratively with the department of Sleep Medicine.

•Shared on call responsibilities with large faculty, average call 2-3 days/month

Laryngology and Voice Disorders

The UH Voice and Swallowing Center offers a multi-disciplinary approach to the diagnosis and management of voice, airway and swallowing disorders. Current treatments include the full array of endoscopic microsurgery, office based approaches to the vocal cords and esophagus, laryngeal framework surgery, surgical treatment of complex airway diseases, diagnosis and treatment of neurologic voice disorders. The center is growing particularly in office based procedures and requires the addition of an additional academic faculty member. Both clinical and research opportunities are available. Highlights:

•Academic appointment to Case Western Reserve University School of Medicine •Attractive guaranteed base salary based on fellowship and experience.

Position Responsibilities:

•Join an established, flourishing, full spectrum laryngology practice with operative and in-office procedures performed at affiliated ambulatory Surgery Centers, UH Regional Hospitals, and UH Cleveland Medical Center.

•Teaching and research opportunities available

· Option for Directorship of the Voice and Swallowing Center based on clinical experience and interest

•Shared on call responsibilities with large faculty, average call 1-2 days/month

Cleveland is a vibrant, thriving city with excellent mix of exposure to large city amenities such as technology, the arts, nationally recognized sports and gastronomy. The strong focus on ease of living, family friendly ambiance and lifestyle make Cleveland attractive for families.

http://www.youtube.com/watch?v=kkNoTdJ6mJg

We look forward to speaking with you about these opportunities!

To apply, please send CV and cover letter to:

Nicole Maronian, MD Nicole.Maronian@uhhospitals.org Associate Professor Vice Chair for Quality and Education Director, Voice and Swallowing Center University Hospitals, Ear Nose and Throat Institute 11100 Euclid Ave, LKS 5045 Cleveland OH 44106

> Phone: 216-844-3174 FAX: 216-201-5157

University Hospitals Health System and Case Western Reserve University are equal opportunity institutions dedicated to building a broadly diverse and inclusive faculty and staff.

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Atlanta, GA, USA

Department of Otolaryngology - Head and Neck Surgery

Course Director: Esther X. Vivas, MD

Course Faculty:

Esther X. Vivas, MD Kavita Dedhia, MD

C. Arturo Solares, MD Douglas E. Mattox, MD Malcolm D. Graham, MD N. Wendell Todd, MD, MPH

Temporal Bone Surgical Dissection Courses

5 Day Courses March 26-30, 2018 October 1-5, 2018 March 25-29, 2019 October 28-Nov 1, 2019

Fee: \$1800 Physicians in Practice \$1500 Residents (with letter from chief) CME: 45 Category 1 Credits

For more information, please visit our website at: www.otolaryngology.emory.edu or you may email us at: emoryotolaryngology@emory.edu

Otologist/Neurotologist FULL-TIME BC/BE FACULTY

The Department of Otolaryngology at UTMB Health in Galveston, Texas is actively recruiting enthusiastic candidates for a full-time position. This job entails opportunities to participate in all aspects of clinical practice, as well as resident and medical student teaching. UTMB Health is undergoing rapid growth as exemplified by the building of two cutting-edge surgical hospitals and the acquisition of a third. With a light call schedule and generous benefits, this is an outstanding opportunity in one of the fastest growing geographic regions in the country. Clinical research is encouraged but not mandatory.

Please direct your Letter of Interest and CV to: Vicente Resto, MD, PhD, FACS Chair, Department of Otolaryngology The University of Texas Medical Branch, 301 University Boulevard, Galveston, TX 77555-0521 Email: varesto@utmb.edu Phone: 409-772-2701 Fax: 409-772-1715





e action institution which Candidates of all backgrounds are encouraged to apply





UF 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.



Neurotology Fellowship

The Neurotology Division at MUSC is seeking applicants for a two-year clinical fellowship position in Neurotology. Fellowship training includes all aspects of Neurotological and Otological surgery. The fellowship provides a wide variety of clinical and surgical opportunities including lateral skullbase surgery for removal of acoustic neuromas and other skullbase tumors, CSF leak repair, SCCD management, surgeries for malignancies involving the temporal bone, and other Neurotological procedures. In addition, we perform over 125 cochlear implants yearly. The fellow should be proficient with tympanoplasty, OCR and stapedectomy, and mastoidectomy and have a good working knowledge of cochlear implantation. The fellow is expected to assist in the supervision of some resident training in otologic procedures. In addition, the fellow covers attending Neurotology clinics. There is one fellow at a time for each two-year period. To date, we have graduated three fellows.

Four clinical faculty make up the Neurotology Division, Dr. Paul R. Lambert, Dr. Ted R. McRackan, Dr. Ted A. Meyer, and Dr. Habib G. Rizk. Dr. Rizk, our second fellow, directs the Vestibular program.

In addition, the division also boasts a tremendous research team under the direction of Dr. Judy R. Dubno. Numerous clinical and basic science research opportunities exist including the possibility of an additional year of research with T32 funding.

We have applied for ACGME accreditation for the Neurotology Fellowship. If ACGME approval is obtained next year, the 2018-2020 fellow would sit for the Neurotology Board.

Direct inquiries to:

Ted A. Meyer, M.D., Ph.D. Associate Professor **Otolaryngology Residency Program Director** Neurotology Fellowship Program Director Director - Cochlear Implant Program

Medical University of South Carolina Department of Otolaryngology - Head & Neck Surgery 135 Rutledge Avenue, MSC 550 Charleston, SC 29425-0550 843-876-0112



* Stony Brook University

Clinical Assistant/ Associate Professor

The Division of Otolaryngology-Head and Neck Surgery, Department of Surgery at Stony Brook University is seeking an academic

- General Otolaryngologist
- Rhinologist/Sinus Surgeon
- Neuro-otologist

Successful applicants will be appointed at the rank of Assistant Professor, Associate Professor, or Professor, commensurate with years of experience and accomplishments.

Applicants must be Board-Eligible or Board-Certified in Otolaryngology, Head and Neck Surgery. He or she must be eligible for licensure in the State of New York and eligible to work in the United States. This is a full-time academic appointment for an individual interested in a busy clinical practice. We have a very large and varied patient base. In addition to a strong clinical background in otolaryngology and the area of their fellowship training, the candidates should have a demonstrable interest in pursuing research and teaching in an academic division which supports an active residency training program. These are full-time, 12-month, salaried positions with attending staff privileges at the Stony Brook Medical Center.

Protected time, space and support are available for research. Our being part of one of New York State's preeminent Universities with connections to local research centers, including Brookhaven National Laboratories and the new Stony Brook Cancer Center, as well as full time staff in all specialties, offer unlimited opportunities for collegial interaction. Our working environment and interested senior staff affords many opportunities for mentorship and support for our junior faculty both in the clinical realm, as well as research.

The University is especially interested in candidates who can contribute to the diversity and excellence of the academic community through their research, teaching, and/or service. Applicants are requested to include their cover letter information about how they will further this goal.

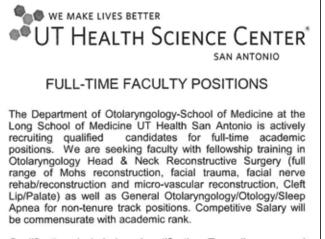
Applications will be accepted until the position is filled.

To apply for any one of these positions, please mail/fax letter of interest and CV to:

David Schessel, PhD, MD Chief, Division of Otolaryngology Department of Surgery, SUNY Stony Brook, HSC T19-068 Stony Brook, NY 11794 Phone: 631-444-8410/Fax: 631-444-7635

For a full position description, or application procedures visit: www.stonybrook.edu/jobs (Req. # F-9817-17-09)

Stony Brook University is an Affirmative Action/Equal Opportunity Employer. Applications from women, veterans, individuals with disabilities and people of diverse racial, ethnic and cultural backgrounds are encouraged.



Qualifications include board certification, Texas licensure and a commitment to pursue resident education, patient care and research. Research experience and/or fellowship training are highly desirable.

> Interested applicants should apply online at http://uthscsa.edu/hr/employment.asp

Applications will be accepted until the position is filled. The University of Texas Health Science Center at San Antonio is an Equal Employment Opportunity/Affirmative Action Employer including protected veterans and persons with disabilities. All faculty appointments are designated as security sensitive positions. The Chahfe Center in Utica NY is seeking 2 full time office based general ENT physicians as well as a Facial Plastic surgeon for a successful well established Otolaryngology Head and Neck and Skull Base surgery practice in beautiful Central New York. The Chahfe Center treats patients for all aspects of diseases of the Head and Neck including head and neck cancer, general ENT conditions, sinus conditions, thyroid conditions, sleep apnea, ear and hearing conditions and head and neck reconstruction. The practice is very diversified and treats pediatric patients as well as adults.

The Chahfe Center is in an excellent location with easy access to St. Elizabeth Medical Center and Faxton St. Luke's Healthcare Centers. The Chahfe Center serves 5-9 counties with a population of approximately 600,000 people and is within 1 hour of the beautiful Adirondack Mountains. This region offers an outstanding quality of life including excellent schools, restaurants and cultural activities. This diverse growing Otolaryngology practice includes a state of the art Audiology Department including hearing aid dispensing, FEESST/Stroboscopy, Balloon Sinuplasty, Soredex CT imaging and da Vinci robotic surgery.

The Chahfe Center offers an exceptional opportunity for highly motivated individuals. We offer an excellent open comprehensive salary and benefit package leading toward partnership.

We look forward to hearing from you and answering any questions you may have. Dr. Chahfe can be reached on his cell phone at 315-794-1409 or at the email address below.

Please direct email inquiries to the practice manager: Lynn Washicosky at lwashicosky@chahfe.com



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

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

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:

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

Our continued growth, coupled with upcoming physician retirements, means opportunity for you!

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).

Academically Oriented General Otolaryngologist - Philadelphia

Join an academic department with a unique private practice component. Anticipate starting as Instructor or Assistant Professor (Assistant Professor requires board certification), or at a higher academic rank as appropriate.

Master's Degree, area of subspecialty interest or fellowship preferred but not essential. Subspecialty interest in Rhinology, Allergy, and/or Sleep Medicine and other areas (including endocrine and/or head and neck surgery) would be welcome, but not required. Clinical excellence, collegiality, dedication, and commitment to teaching are essential. Writing and research (clinical or basic) are encouraged, and mentorship is available within the department.

Clinically, the position involves all areas of General Otolaryngology, although most Otology and Laryngology are done by subspecialists within the department. There is a good opportunity for endocrine and head and neck cancer activity, but neither is essential.

In addition to clinical practice and shared coverage (evenings and weekends), participation within the university community through committee memberships and other activities is encouraged; and regional and national activity also is encouraged.

Interested applicants may contact Robert T. Sataloff, MD, DMA, FACS, Professor and Chairman, Department of Otolaryngology-Head & Neck Surgery, Senior Associate Dean for Clinical Academic Specialties, Drexel University College of Medicine, 219 N. Broad Street, 10th Floor, Philadelphia, PA 19107, rtsataloff@phillyent.com.

A highly respected well established ENT private practice in Fayetteville, North Carolina

Is seeking a Full Time BC/BE Otolaryngologist. Willing to consider part time. The practice is a busy physician owned and operated otolaryngology practice. It is a full service general otolaryngology clinic including a robust allergy department, two audiologists with a great hearing aids sales, and one physician assistant. Surgical cases include general head and neck surgeries, balloon sinuplasty, thyroid surgery, general otology and pediatrics.

Fayetteville is proud of its rich role in our nation's history and holds fast to the friendly feel of a true hometown, while providing the cultural and entertainment amenities of bigger cities. It has restaurants, museums, unique shopping, musical and sporting events, kid-friendly fun, elegant and quirky art galleries, gardens, trails and parks, not to mention nearby Fort Bragg that solidifies the city's deep roots in all things military. Greater Fayetteville is uniquely located to access all areas of North Carolina. It is a little over an hour from Research Triangle Park (RTP), Durham, Raleigh, and Chapel Hill, two hours from the beach, and three hours from the mountains.

A very competitive compensation package along with relocation assistance are offered. An opportunity after two years to buy in to the practice. Excellent interpersonal skills and motivation to help maintain a busy practice is a must.

Please submit a CV and cover letter to Eric Mansfield MD, MPH at ericmansfieldnc@gmail.com or Ysmelser@capefearoto.com

Visit us at capefearoto.com

SANFORD 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
 - o Established microvascular reconstruction program
 - Established TORS program
 - Multiple active head and neck cancer clinical trials including several investigator initiated clinical trials with strong institutional support for research and potential for protected research time depending on interest
 - Head and neck cancer nurse navigation with experienced head and neck cancer focused Nurse Practitioners and Physician's Assistants in the clinic and operating room.
- · Join a team of well-trained ENT physicians, audiologists, APPs & support staff within the department
- 545-bed, Level II Trauma Center
- Large, State-of-the-Art Surgical Suites
- · Competitive compensation and comprehensive benefit package
- Excellent retention incentive & relocation allowance

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

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

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The Division of Head and Neck surgery in the Department of Otolaryngology - Head & Neck Surgery at Emory University School of Medicine, Atlanta, GA seeks to add a fellowship-trained Head and Neck ablative and microvascular reconstructive surgeon at the rank of Assistant or Associate Professor. Duties will include resident and fellow teaching and a clinical practice primarily involving mucosal tumors of the upper aerodigestive tract and microvascular reconstruction.

Our current practice features four full-time, fellowship-trained Head and Neck Surgeons and a new, state-of-the-art Head and Neck Clinic on the campus of Emory University Hospital Midtown. Multidisciplinary care in conjunction with Winship Cancer Center includes exceptional Medical and Radiation Oncology as well as the full complement of ancillary services. Applicants must be Board Certified or Board Eligible.

Compensation will be commensurate with experience.

Interested applicants should forward letters of inquiry and curriculum vitae to:

Mark W. El-Deiry, MD, FACS Associate Professor and Chief of Head and Neck Surgery Department of Otolaryngology - Head & Neck Surgery 550 Peachtree Street, Medical Office Tower, Suite 1135 Atlanta, Georgia 30308 Fax: 404-778-2109 •Email: meldeir@emory.edu

An Equal Opportunity / Affirmative Action Employer. Qualified minority and female applicants are encouraged to apply.

EOP # 34944BG

WELLSTAR. Medical Group

WellStar Medical Group is seeking Full-Time Board Certified Otolaryngologists and ENTs to work with well-established groups located both north and south of Atlanta, GA.

- Current procedures are head and neck, sinus, and all general ENT
- Sees 20-25 patients daily
- Onsite Audiology
- Large internal and external referral base
- Will see a mix of adults and children

WellStar offers a very generous compensation package that includes;

- An Aggressive Salary with Achievable Quality and RVU Production Incentives
- Sign On Bonus / Relocation Reimbursements
- 403(b) Retirement Plan, Malpractice Coverage, Renewal fees for medical license and DEA License.
- Pension Plan
- One week CME/\$3,000

Atlanta, GA offers beautiful residential areas, a four-season climate, five-star restaurants, and major league sporting attractions. Come see the new Atlanta Braves stadium and the New Atlanta Falcons Mercedes Benz stadium! We are truly an attractive place to live, work and play!

Interested candidates may contact Stacy Lind at stacy.lind@wellstar.org.

Along with nationally recognized partners at Froedtert Hospital and Children's Hospital of Wisconsin, the Department of Otolaryngology and Communication Sciences at the Medical College of Wisconsin seeks outstanding academic faculty at the Assistant Professor rank to join our team.





Children's Specialty Group

Full-time academic faculty positions are available that provide competitive compensation and benefits, educational opportunities, and protected research time with dedicated resources. Applicants must be fellowship trained in the sub-specialty, certified or eligible for certification by the American Board of Otolaryngology, and eligible for a Wisconsin license. Current positions are available in:

- Head and Neck Surgical Oncology and Reconstruction
- Pediatric Otolaryngology

Email letter of interest and CV to: John S. Rhee, MD, MPH John C. Koss Professor and Chairman Department of Otolaryngology and Communication Sciences Medical College of Wisconsin Milwaukee, Wisconsin jrhee@mcw.edu

The Medical College of Wisconsin is an Equal Opportunity/Affirmative Action Employer.

The University of Texas Health Science Center at Houston Medical School Otology & Neurotology Faculty Position

#UTHealth | McGovern

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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Otolaryngologist

Expanding Practice in York, PA

A well established, busy four physician group in York, Pennsylvania is looking to add a fifth, full time Board Eligible/Board Certified Otolaryngologist. Our services include Allergy, Audiology and Hearing Aid Sales. Our office has been running on an EMR system since 2006. On-Call rotation is 1:5. Initial employment includes an excellent salary and productivity bonus. Partnership offered after 1 to 2 years of employment.

York is a fast growing community with excellent schools and a very comfortable cost of living. It is convenient to Baltimore, Washington and Philadelphia.

Local inpatient hospital is well run and state-of-the-art. Surgical Center is well equipped, and partnership in the Surgical Center is available.

We are looking for a dynamic, motivated individual for partnership track. Income potential in the 90th percentile.



Alaska Center for Ear, Nose and Throat

Job Location: Anchorage, Alaska

Job Type: Permanent

Discipline: Physician-Otolaryngology, ENT, Facial Plastics and Reconstruction

Job Description

The Alaska Center for Ear, Nose and Throat is searching for a board-certified otolaryngologist to join our private practice. Our well-respected and established team consists of four otolaryngologists and two nurse practitioners. In addition to a busy, well-rounded practice, we provide cosmetic, sinonasal, laryngological, and neuro-otologic needs for the community. An additional physician is desired to serve a consistently growing service area and increasing patient volumes.

Our patients enjoy an onsite audiology department, CT scanner, a medical spa as well as other ancillary services. In addition to our main office, the practice offers satellite services in Homer, Alaska. We offer an excellent salary/bonus with partnership opportunity, health insurance, malpractice insurance, paid vacation, CME reimbursement and numerous other benefits.

Set amid the coastal Chugach Mountains, Anchorage defies stereotypical Alaskan visions of polar ice caps and frozen tundra. We have long, warm summers with world-class hiking, kayaking, fishing, and hunting opportunities. The winters are active with plentiful skiing, skating, and various outdoor activities. With roughly 300,000 full-time residents, Anchorage is Alaska's most populous city and has one of the lowest overall individual tax burdens in the United States. Anchorage also provides tertiary medical care for the entire state population of 750,000. Come take advantage of this chance to live and work with an experienced team in an exciting, beautiful city.

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Extraordinary Care, Every Day

Pediatric Otolaryngologist – Fellowship Trained-Academic Practice Opportunity near Chicago – Loyola University Medical Center

The Department of Otolaryngology at Loyola University Health System and Loyola University Chicago Stritch School of Medicine is currently inviting applications for a Fellowship-Trained Pediatric Otolaryngologist.

The ideal candidate will have an interest in academic otolaryngology, a commitment to resident and medical student education and clinical research, and a desire to build a busy academic practice in all facets of Pediatric Otolaryngology. This physician will enjoy working near one of the finest cities in the United States for a large academic group with a strong reputation for clinical care, education, and research.

The Department of Otolaryngology – Head & Neck Surgery at Loyola University Health System is among the top Ear, Nose and Throat (ENT) programs in Illinois and in the country, according to U.S. News & World Report. This Department is consistently identifying ways to improve its clinical, training, and research programs.

Candidates should be board-certified or board-eligible by the American Board of Otolaryngology and must be licensed or eligible to practice in Illinois. Interested candidates should address a cover letter and CV to Dr. Sam Marzo, Chair of Otolaryngology, and email to Michelle Pencyla, Director, Physician Recruitment, at mpencyla@lumc.edu.

Loyola is an equal opportunity and affirmative action employer/educator with a strong commitment to diversifying its faculty.

Current opportunities for a Head and Neck Physician, Laryngologist, and an Otolaryngologist, Head and Neck Surgeon with Allegheny Health Network.

The Allegheny Health Network and Allegheny Clinic is located in Pittsburgh, PA. The new physicians will join a team of busy and successful ENT and Trauma Physicians and will be working within our City and Community hospitals. Applicants must be board certified or board-eligible.

The physician will be employed by the Allegheny Clinic of the Allegheny Health Network. Total compensation package will be commensurate with experience. Benefits include: medical, dental and vision insurance; life insurance; short term disability; long-term disability; flexible spending account; cash balance retirement plan; 401k retirement savings plan; 457(b) deferred compensation plan; paid vacation and CME allowance; paid sick days; paid holidays; possible relocation assistance, work-life balance program; day care center; fitness club; credit union; and paid bereavement days.

The Allegheny Clinic, a part of Allegheny Health Network (AHN) is an integrated network of primary and specialty care providers committed to achieving the highest level of patient satisfaction and clinical performance. Based in Pittsburgh, the organization includes over 900 physicians who practice in communities throughout Western Pennsylvania. Our physicians – along with a group of dedicated, compassionate nurses and support staff – provide a wide range of diagnostic, clinical and preventive services to patients of all ages.

Allegheny Health Network (AHN) – a subsidiary of Highmark Health, the third largest integrated health care delivery and financing system in the nation, – is an integrated delivery network focused on preserving health care choice and providing affordable, high-quality care to the people in our communities. With more than 14,000 employees including 7,400 health care professionals, and nearly 200 primary care and specialty care practices, Allegheny Health Network includes seven hospitals in Pennsylvania with nearly 2,400 licensed beds.

Pittsburgh is a vibrant and exciting city, offering a diversity of culture, world-class arts and music, state of the art health care systems, prestigious colleges and universities, a nationally praised culinary scene, home to major sports teams, making it one of the 'most livable cities' in the United States, as recognized by Forbes and The Economist. Pittsburgh's beautiful landscape, rivers and bridges, proximity to state and local recreational parks and affordable cost of living make it an attractive option for both individuals and families.

Interested candidates please contact Ashley Fusco, Physician Recruiter, at Ashley.Fusco@AHN.org

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





Carlisle Ear, Nose & Throat Associates is seeking a Board Certified/ Board Eligible Otolaryngologist to join an established and rapidly growing solo-practice in Carlisle, Pennsylvania.

This is a dynamic one physician practice with new, well-equipped office space, including room for in-office procedures ranging from sinus to minor head and neck procedures. Dr. Richard Ferraro is general practice with a concentration in rhinology and allergy. The practice offers complete audiological care, hearing aid dispensing as well as immunotherapy.

Seeking general otolaryngologist, sub specialty interests will be considered, especially in head and neck or Otology.

Central Pennsylvania has been recognized nationally as one of the best areas to live in the country and enjoys some of the largest growth rates in Pennsylvania with the lowest unemployment.

Carlisle Ear, Nose and Throat Associates is an independent practice with no direct affiliation with any hospital system. Call coverage is minimized by covering only one local hospital, usually under 100 patients. Carlisle Regional Medical Center has recently joined Pinnacle Health, part of the larger University of Pittsburgh Health System.

Interests please contact:

Stacey Rogers		Richard E. Ferraro, MD
srogers@carlisleENT.com		rferraro@carlisleENT.com
Ph: 717-243-0616		Ph: 717-243-0616
9 Brookwood Ave	Carliele PA 17015	Ph: 717-243-0616



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/ind=kjb/academic/ The University of Missouri is ar Equal Opportunity/Access/Affirmative Action/Pro Disabled & Veteran Employer.

THE UNIVERSITY of TENNESSEE UP HEALTH SCIENCE CENTER

Laryngologist (PIN 23075)

The Department of Otolaryngology-Head and Neck Surgery, College of Medicine, University of Tennessee Health Science Center is seeking a candidate for an openrank faculty position at the Assistant/Associate Professor level to join a growing and dynamic department. Rank is commensurate with education, credentials, and experience. Qualified individual must be Board Eligible/ Certified and fellowship trained in Laryngology. Tenure status is negotiable. The department seeks individuals who are interested in becoming leaders in clinical and programmatic growth, education and research.

Letters of inquiry and CV should be sent to: M. Boyd Gillespie, MD, MSc., Department of Otolaryngology-HNS, U.T. Health Science Center, 910 Madison Avenue, Suite 408, Memphis, TN 38163 or email to: jkeys@uthsc. edu The University of Tennessee is an EEO/AA/Title VI/Title IX/Section 504/ADA/ADEA/V institution in the provision of its education and employment programs and services.

Chester County Otolaryngology & Allergy Associates

SCENIC PHILADELPHIA SUBURBS

- Flourishing four physician Otolaryngology practice seeking an additional BC/BE physician.
- Located in beautiful Chester County, Pennsylvania's fastest growing county, with easy access to Philadelphia, New York City, Washington DC, mountains, and shoreline.
- Current services include audiology with hearing aid dispensing and balance testing, sinus surgery and allergy testing/immunotherapy, endocrine surgery, head and neck oncologic surgery, reconstruction of malignant cutaneous defects, and general pediatric and adult otolaryngology.
- Competitive salary, early partnership, health/dental insurance, 401k/Profit Sharing, paid CME and vacation.

Interested candidates please forward letter of interest and curriculum vitae to Jackie via email at jclemens@ccoaa.com



Pediatric Otolaryngologist – Kansas City

Children's Mercy Kansas City is seeking a fellowship-trained pediatric otolaryngologist to join our professional staff at the assistant or associate professor level. We are specifically looking for an individual with a desire to dedicate their career to otology. This position will entail clinical care, research and education of medical students, pediatric and otolaryngology residents, and a pediatric otolaryngology fellow. The Section of Pediatric Otolaryngology at Children's Mercy operates in affiliation with the Department of Otolaryngology at the University of Kansas.

We currently have seven full-time and three part-time pediatric otolaryngologists on staff. We also have four parttime neurotologists on staff (who comprise approximately one full-time equivalent position). This new position offers an opportunity to take a leading role in the Children's Mercy Cochlear Implant Program.

> Please send CV to physicianjobs@cmh.edu Attention: Robert A. Weatherly, MD Division Director www.childrensmercy.org

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 <u>www.sfenta.com.</u>

Contact Information:

Contact name: Stacey Citrin, CEO Phone: (305) 558-3724 • Cellular: (954) 803-9511 E-mail: scitrin@southfloridaent.com THE SURGEON'S TRULY PORTABLE CT FOR THE OR



XORAN IS YOUR WINGMAN IN THE OR

As a surgeon, you must often operate in the dark. You have a limited view of the anatomy, and can typically not see what lies hidden inside.

Quality images taken in radiology prior to the surgery are valuable to an extent but, as soon as your procedure begins, the positions of your surgical target and risky areas that you must avoid, continuously change.

Xoran's xCAT truly portable CT scanner is built on feedback from surgeons about your specific needs. xCAT is designed to act as your "wingman" in the OR to guide you toward precise and successful surgical interventions. And, like a wingman, xCAT has your back when you may have missed something, no questions asked.

Xoran makes the complex simple.

orantech.com

Looking to avoid risk? WE CAN SHOW YOU THE WAY.

We're taking the mal out of malpractice insurance.

Thanks to our national scope, regional experts, and data-driven insights, we're uniquely positioned to spot trends early. We shine a light on risks that others can't see, letting you focus on caring for patients instead of defending your practice. It's a stronger vision that creates malpractice insurance without the mal. Join us at **thedoctors.com**



