

# bulletin

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

**APRIL 2018**



## WE ARE ONE

OTOLARYNGOLOGY UNITED  
*for ENT Patient Care*

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AMERICAN ACADEMY OF  
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# bulletin

APRIL 2018

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#### CORRECTION

The February *Bulletin* article, "Clinical consensus statements vs. clinical practice guidelines," appearing both in print and online, should have included a byline for its author: Richard M. Rosenfeld, MD, MPH. The *Bulletin* regrets this error.

#### At the forefront

Board of Governors: "I wish somebody would have told me ... someday, these will be the good old days" ■ ABOto announces new executive director ■ Member resource: AAO-HNS releases two new Position Statements ■ Academy Advantage Premier Partner: The Doctors Company: Doctors examine injury risks with malpractice closed claims ■ Humanitarian service: Sustainable hearing screening pilot in Kenya ■ Call for action: Setting the pace for humanitarian efforts ■ Community service activity at the AAO-HNSF 2018 Annual Meeting & OTO Experience—Making global impacts a reality ■ Advocacy win: Anthem rescinds Modifier 25 policy

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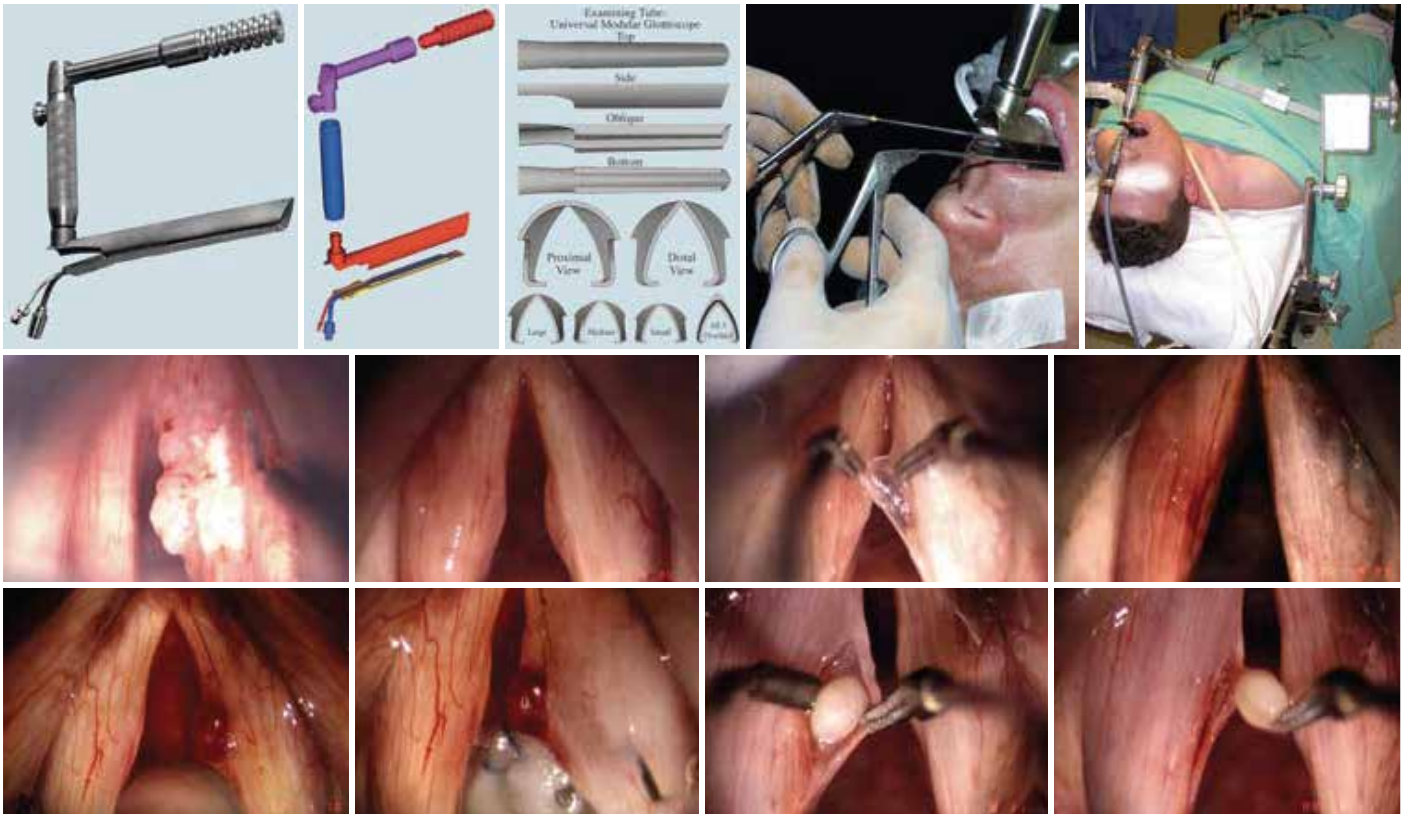
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# Leadership, mentorship, and resilience

**W**e are entering another election cycle at AAO-HNS, and it is gratifying and reassuring to reflect on the well-qualified slate of candidates for leadership positions in our Academy. The Nominating Committee, chaired by Immediate Past President **Gregory W. Randolph, MD**, concluded their work admirably. Rest assured, we have a talented pool of committed members here, dedicated to our mission, ready to serve and inspire confidence in moving our Academy forward!

It is imperative that this organization remains the **trusted source** in maintaining the vital knowledge and “know-how” that is required as part of our professional commitment to patient care, research, education, health policy, and advocacy. While these efforts are critically important at home, they are increasingly important beyond our borders as well. We have an enormous opportunity to continue to demonstrate leadership and improve educational opportunities, networking, **diverse collaboration, and care around the globe.**

I am fully confident that as we enact the newly developed Strategic Plan—replete with bold initiatives to improve otolaryngology practice, physician wellness and resilience, data collection, etc.—we will continue to strengthen overall value for members and **secure the future of private, integrated, and academic otolaryngology practice.**

As part of the Physician Wellness Task Force program, the AAO-HNS plans on developing a robust **“peer-to-peer” network** designed to offer personal contact with a fellow otolaryngologist during times of need when a friendly voice of support can make the difference. When paired with local resources, identified through the Academy, we feel this will offer a significant opportunity that will benefit all in need. We will work through our component societies (SRF, WIO, and YPS), the BOG, and the Association of Otolaryngology Administrators to create a network that will be available to the diverse constituency across our specialty. This network will act as an adjunct to already existing support networks such as those within the WIO.

Every otolaryngologist should be able to work less stressfully, more productively, and more profitably while preserving (and deepening) the inherent joy in caring for patients every day.

There are many opportunities and forums for participation and leadership development in our Academy ... education, committees, components (SRF, WIO, YPS), and Board of Governors to name a few. It is helpful and empowering to have a mentor

during this process; it is also very rewarding to be a coach and mentor for a colleague.

To thrive in this era—an era of healthcare disruption, changing business models and alignments in the healthcare marketplace, a rapidly evolving digital economy, and the so-called Fourth Industrial Revolution, the Internet of Things, in which we are immersed in machine learning, and artificial intelligence, where augmented and virtual reality, automation, and robotics are transforming not only healthcare, but every aspect of life as we know it—we must work together, as a **unified specialty**, with aligned goals, shared aspirations, and a clear vision of the future.

I was fortunate as President-Elect of AAO-HNS to attend the American Society of Association Executives intense “C-suite” leadership training program in 2016, followed by the Leadership Program for Health Policy and Management at the Heller School for Social Policy and Management at Brandeis University for a week in June 2017, with a scholarship jointly sponsored by AAO-HNS and the American College of Surgeons. These opportunities were invaluable in preparing me for my current role as President of our Academy. I learned how much I did not know, and through personal growth, saw my leadership path evolve, recognizing that “servant leadership” and the ability to manage change remain necessary to keep moving forward in organizational leadership, especially healthcare.

Abraham C. Verghese, MD, MACP, poignantly stated recently (JAMA, January 2, 2018), “In the care of the sick, there is a key function played by physicians, referred to by Tinsley Harrison as the ‘priestly function of the physician.’” He went on to state that human intelligence working with artificial intelligence—a well-informed, empathetic clinician armed with good predictive tools and unburdened from clerical drudgery—can bring physicians closer to fulfilling Peabody’s maxim that the secret of care is in **“caring for the patient.”**

We will continuously lead and work with our specialty societies, private practitioners, academic otolaryngologists, the ABOto, and other key stakeholders to pursue our mutual goals and realize every opportunity that exists moving forward.

We also have an important responsibility and opportunity to critically evaluate each candidate and to vote for those individuals who we can most easily identify with in helping to articulate our vision for the future of this Academy.

**“Great expectations create great capabilities!”**  
Ray Dalio, *Principles: Life and Work*, Simon & Schuster, 2017. ■



**Gavin Setzen, MD**  
AAO-HNS/F President

“There are many opportunities and forums for participation and leadership development in our Academy ... education, committees, components (SRF, WIO, YPS), and Board of Governors to name a few.”



red, vented



clear, vented



pink, non-vented



blue, non-vented

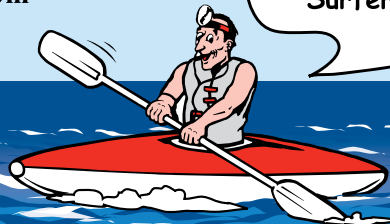


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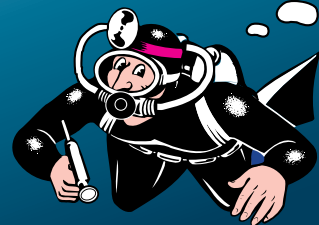
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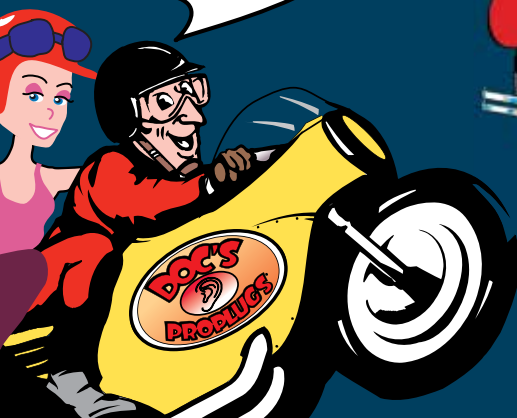
"I'm sure glad my instructor turned me on to vented DOC'S PROPLUGS."



"Proplugs or bust, cold water and wind gives me Surfer's Ear."



"Less high-frequency wind & engine, can hear girlfriend's voice."



"I can whack at my drums and still hear the singer."



# "We are one"

This year, the Academy has selected "We Are One" as our Annual Meeting & OTO Experience theme and new organizational brand. This is who we are and what we represent across all areas of our membership. The resultant message is compelling at many levels and essential to the maintenance and advancement of otolaryngology's ability to command a leadership role in patient care through the volatile times we face as the healthcare system evolves. We will continue to provide "Value 4U" and offer cutting-edge programs such as "Premiering Tomorrow, Today." But as the "big money" from non-traditional participants pours into all areas of healthcare, it will take a consolidated effort from all who care about patient welfare to ensure that it is the primary focus going forward.

Through our recently completed strategic planning process, the AAO-HNS self-identified an envisioned future worthy of marshaling our resources to accomplish. Key statements within the vivid description of our desired future included: **"The Academy is the home for all professionals specializing in ear, nose, and throat care," "We are recognized as an inviting, accepting, and inclusive professional community fostering diversity within the specialty and the organization," "We support professionals working in the specialty inclusive of all practice environments and subspecialties," "We foster synergistic partnerships with international colleagues, specialty societies, allied health providers, and strategic partners," and "In striving to be inclusive and responsive to our members' needs and concerns, we facilitate connections that will ensure the wellness and success of our members."** These strong and unequivocal statements give us both a robust foundation of existence and direction as to the only way we will be able to accomplish the majority of our goals.

It will take a concerted effort by all participants in the healthcare delivery system as well as the patients to create a focus on the high-quality care that this country's citizens deserve. A great strength of our organization is the diversity of thought, experience, and culture that provides a basis for an even better product that all our patients deserve. The "all-hands-on-deck" strategy accentuates the fact that we all need each other to succeed. The specialty has expanded and thrived because of superior results in areas that

were traditionally done by others. That requires not only this specialty's academic programs, but also this specialty's community practitioners who have spread the excellent care across all regions of the country. If either academic or private practice disappeared, our specialty would contract and eventually involute. All our members representing all demographics, all practice types from all areas of the country practicing all disciplines of the specialty, must join together in this endeavor. Otolaryngologists, valued based on the knowledge and skills they have acquired and the dedication they display in taking care of patients, are equipped to provide the leadership in a collaborative prototype that can serve as a model for interaction with fellow participants from all areas of the healthcare industry.

It will be critical to set aside differences among the provider community and work as a true "house of medicine" and "house of surgery," with primary care and specialists and nurse practitioner and physician assistant providers to lead the change through organizations such as the ACS, AMA, and CMSS, in which we are already active participants. The power of these groups can be wielded to improve the work environment and bring back the pleasure and satisfaction our profession should yield. AAO-HNS/F President **Gavin Setzen, MD**, has appointed an "Industry Relations Task Force" to evaluate and recommend optimal ways to work as partners to create new therapeutic options for our patients. We need to work closely with the hospitals, outpatient centers, surgery centers, allied health providers, and patients to create a simplified and caring environment to deliver and receive care.

Next month, you have the opportunity to choose those to lead us on the path as a united, diverse specialty. Our Nominating Committee has done a fabulous job of selecting a slate of candidates capable of doing just that. The last several years have seen a declining interest in our election process, ironically at the same time change in the healthcare system has accelerated. It is during these times that leadership makes the most difference. I encourage you to be an active participant in this election as well as in Academy activities. Additionally, please communicate your ideas, opinions, and needs to us to better inform our leaders as to the direction we should be going. ■



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

“A great strength of our organization is the diversity of thought, experience, and culture that provides a basis for an even better product that all our patients deserve.”

”





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## BOARD OF GOVERNORS

# "I wish somebody would have told me ... someday, these will be the good old days"

■ **Samantha Anne, MD**  
BOG Secretary



I might be the first Board of Governors (BOG) Executive Committee member to quote a rap artist in a *Bulletin* post, but these lyrics from the Macklemore/Kesha song capture my thoughts perfectly. The song is a nostalgic recollection of the artists' memories and a wish that someone could have reminded them to enjoy "the magic of the good old days" as it was happening. As the daily chaos of work continues, I sometimes catch myself stopping to reflect on what I am doing. Every day we are asked to give just a little more, whether it is serving on a task force, participating in a research project, or joining a committee. Adding one more thing to our schedules means there is less time for ourselves and the potential of missing the moment or the good old days.

I choose my work commitments and how I spend my time carefully. So why did I choose to serve on the BOG? Why do I serve on committees? Why did I attend the AAO-HNS/F 2018 Leadership Forum & BOG Spring Meeting? Why do I focus my career and research on pediatric hearing loss and speech delay? At the end of the day, the answer is simple: It matters to me.

Being on the BOG affords me the opportunity to learn, to influence the decisions that shape the Academy, and to benefit from a wealth of knowledge, experience, and mentorship of people around me. The BOG Spring Meeting serves the same purpose but with personal one-on-one interactions in a small meeting setting. I had the opportunity

to hear from the candidates for President-Elect and ask them their thoughts on the vision for the Academy. I was able to participate in committee meetings, and I learned about the latest legislative and regulatory issues. Lastly, I was able to reconnect with friends and colleagues from across the country.

As we look forward to May and the arrival of spring, I am very excited for May's Better Hearing and Speech Month. For me, here is another opportunity to do something meaningful and to make a difference in patients' lives. The month is dedicated to "rais(ing) awareness about communication disorders and available treatment options that

can improve the quality of life for those who experience problems speaking, understanding, or hearing." There are many ways to support efforts, including speaking to local media about noise protection, meeting local pediatricians and/or schools to raise awareness about detection of hearing and speech disorders, or simply posting brochures (available on the AAO-HNS website: [www.entnet.org/content/patient-health](http://www.entnet.org/content/patient-health)) in your clinic.

We all have choices regarding how we spend our time at work. I personally elect to spend my time participating in activities and advocating for issues that matter most to me. So when I look back, I know that I will have spent my time valuing what I do and cherishing these "good old days." ■

## ABOto announces new executive director

The Board of Directors of the American Board of Otolaryngology (ABOto) is pleased to announce that Brian Nussenbaum, MD, has assumed the role of Executive Director effective January 1, 2018.

### "Office Hours"

Your input is very important to the ABOto. The ABOto is pleased to offer an "Office Hours" with the Executive Director program, whereby appointments can be made to talk with Dr. Nussenbaum

directly. We hope this new program will offer you, our stakeholders, easy access to

Dr. Nussenbaum whenever needed.

To schedule an appointment, please contact Heather Burnett via email ([hib@aboto.org](mailto:hib@aboto.org)) or phone (713-850-0399). All efforts will be made to schedule the phone call at a time convenient to the individual requesting the call. ■





## PRACTICE PROFILE

# Raise your hand

**Kathleen L. Yaremchuk, MD, MSA**, is the Chair of the Henry Ford Hospital's Department of Otolaryngology-Head and Neck Surgery, a personal accomplishment for her. She talked with *Bulletin* staff regarding gender disparity in opportunities for leadership roles across the country and academic settings.

With 106 academic departments across the country, there are only five female chairs.

"I am the longest-serving female chair, but in the 10 years since I have been appointed, there has not been a change in the number of female chairs. Just as there were only five female chairs 10 years ago, there are still only five female chairs today, or 4.7 percent," Dr. Yaremchuk said.

She serves as Chair of the Gender Disparity Committee for the Society of University Otolaryngologists-Head and Neck Surgeons. In 2017, there were 17 open chair positions. In a typical year, there are only four to five positions that become open.

"Still, with that vast opportunity to recognize the qualifications of females with impressive CVs, only one female was offered a chair position," she said. "It is unclear why that is the case, but it is incumbent upon us to find the answer. It may be due to a 'glass ceiling.'"

Last year, the Association of American Medical Colleges announced that, for the first time ever, the enrollment of women in medical schools exceeded that of men. Currently, 34 percent of otolaryngology residents are female, and there has been a decrease in the number of women applying for residencies from 41.7 percent in 2013 to 27 percent in 2017.

### Awareness and Acknowledgment

Dr. Yaremchuk believes that if there is an awareness and acknowledgment of this disparity, a future strategy for action and change can occur. But it will take both men and women to participate in the process.

"The gender disparity in leadership is multifactorial and there needs to be different strategies to address the issues," she said. "It can't just be women trying to find a solution. Men must be involved in it as well. Having men as allies in this effort is essential for success in providing opportunity and advancement.

"We know the best and brightest are coming into the specialty of otolaryngology-head and neck surgery. So, if you want to recruit the best and the brightest, who happen to be women, then you need to have women in your department. It is often called the 'halo effect.' We all bring

unconscious bias to our decision-making, but as long as we are aware of it, we can work through it."



Kathleen L. Yaremchuk, MD, MSA

Many orchestras hold blind auditions, where the person auditioning for a place in the orchestra does so behind a screen so the judges can only judge them by their performance and not personal characteristics, such as being male or female, or on their age, which may reflect their experience. A recent article in *The Guardian*<sup>1</sup> describes the successes orchestras have had.

"It seems impractical to imagine evaluating someone but remaining ignorant of their sex. But the orchestras show us: It can be done," the article reports.

"This is a perfect example of awareness and acknowledgment to effect change," Dr. Yaremchuk said. "The awareness of gender bias in the selection of the symphony first chair, second chair, etc., especially as they looked at their lack of diversity in gender representation, led to an acknowledgment and action. There are good examples that we can implement in our own practice, our own

settings, and in our specialty to eliminate unconscious bias.”

## Raise Your Hand

Dr. Yaremchuk emphasized the importance to “raise your hand” to opportunities in leadership. It should be up to the search committees and/or hiring entities to decide if you are the right candidate. This sentiment is referenced in an article published in the *Wall Street Journal* titled, “Men Pitch in to Boost Women at Work.”<sup>2</sup>

“Often, contrary to their male counterparts, females can prejudice their qualifications and eliminate themselves from the pool of candidates without applying for the position and going through the interview process,” she said.

When she applied for the Chair position at Henry Ford 10 years ago, Dr. Yaremchuk took the opportunity to “raise her hand,” and she uses her personal experience as encouragement for others.

“Being chair was never really on my radar screen, but when the current chair stepped down, I decided that I would ‘raise my hand’ and apply for the position, not because I met every criterion of the job, but because I felt the search committee should decide who the best candidate was,” she said. “I had confidence in my performance, and I didn’t want Henry Ford to have anything less than that. It is my hope that this is the spirit in which all women within otolaryngology will approach leadership opportunities going forward.”

Dr. Yaremchuk relates “raising your hand” to all aspects of career opportunity and not just in the realm of academics.

“When you are at a meeting, are you sitting at the table or are you sitting on the outside? Are you contributing your ideas or are you letting others speak? Are you providing your perspective to the discussion or are you quietly missing these opportunities? Are you taking credit for your ideas and promoting your accomplishments or are you allowing others to advance on your successes?”

She explains that “raising your hand” is not only essential for your own growth but to set a precedent for the next generation to witness your participation, your leadership, and your ability to be part of the discussion.

“It is beneficial for female residents to have someone to discuss leadership aspirations with and see a woman that is chair, a program director, or professor. They are aware of gender

disparities in academic medicine, but they see hope for the future when their mentors and supporters are treated equally and are respected within their institutions and academies. It is important that men support women so that women achieve equal opportunity for leadership positions. A chair or professor of otolaryngology who is female will no longer be seen as an anomaly but rather the way we all work together to be as inclusive and successful as we can be as a surgical specialty.”

## Academy Acknowledgment and Action

Dr. Yaremchuk has been extremely involved with the Academy throughout her career, including many leadership roles on committees and task forces, such as Chair of the Sleep Disorders Committee, and most recently serving as the Chair of the Task Force working with the FDA on sleep devices.

“We should be proud of the leadership at the Academy in acknowledging areas of disparity both for female physicians and diverse populations,” she said.

Dr. Yaremchuk emphasizes the need for the awareness and action of the Academy to transcend into the professional areas of all otolaryngologists-head and neck surgeons.

“Don’t just mentor female physicians, support them. Submit their names for opportunities or select females for panel presentations. The pipeline of qualified, skilled, female physicians is there. We just need to cultivate that pipeline by giving them a chance to break through the ‘glass ceiling.’ ”

Just recently, Dr. Yaremchuk broke a glass ceiling by “raising her hand.” She ran and was selected as Chair of the Board of Governors for the Henry Ford Medical Group, a position that has not been held by a female since its founding in 1915.

“It is noteworthy, and it is an honor to have a woman in that position for other women and men to see,” she said. “It sets in motion actions that can ultimately change biases and perceptions.”

Dr. Yaremchuk issued a call to action for those, regardless of gender, who want to make a difference and work to eliminate gender disparity in the field of otolaryngology-head and neck surgery.

“First, accept there is gender disparity in our specialty and acknowledge that now is a time for change. Next, look introspectively

## MEMBER RESOURCE

# AAO-HNS releases two new Position Statements

Position Statements are used to designate a statement, policy, or declaration of the AAO-HNS/F on a particular topic or set of topics. Two new Position Statements recently were approved for use in state and federal advocacy efforts, or to clarify the AAO-HNS/F approval or disapproval of certain practices in medicine. Two Academy committees and one task force worked in conjunction with the Physician Payment Policy (3P) Workgroup to provide input on the new Position Statements. Below are the approved items and the AAO-HNS committees involved.

## New Approved Position Statements

- **Parathyroid Imaging**  
*Endocrine Committee and Imaging Committee*
- **Intraoperative Cranial Nerve Monitoring in Otolaryngology-Head and Neck Surgery**  
*Cranial Nerve Monitoring Task Force*

You can read these statements at:  
<http://www.entnet.org/content/position-statements>

If AAO-HNS members are interested in developing new Position Statements, submissions are considered on an ongoing basis. For guidance on proposing a new Position Statement, visit <http://www.entnet.org/sites/default/files/PositionStatementTemplateandDevelopmentProcess.pdf> ■

to determine what strategies you can employ and the ability you have to help change the outcome. It is our coming together to change perceptions that will ultimately eliminate these disparities.” ■

<sup>1</sup> <https://www.theguardian.com/women-in-leadership/2013/oct/14/blind-auditions-orchestras-gender-bias>

<sup>2</sup> <https://www.wsj.com/articles/men-pitch-in-to-boost-women-at-work-1426029982>



ACADEMY ADVANTAGE PREMIUM PARTNER: THE DOCTORS COMPANY

# Doctors examine injury risks with malpractice closed claims

■ **Robin Diamond, MSN, JD, RN**, former senior vice president of patient safety and risk management, The Doctors Company

Taking a close look at research into real-life malpractice claims and incorporating some of the findings into their practices is one way physicians are reducing risks of adverse events. The following are examples of doctors who learned from malpractice closed claims studies and, as a result, took patient safety in their practices and hospitals to the next level.

**Doctor spotlight:** Phillip Haeck, MD, a plastic surgeon at The Polyclinic in Seattle, Washington.

■ **Risk trend:** The Plastic Surgery Closed Claims Study [<https://www.thedoctors.com/articles/plastic-surgery-closed-claims-study>] notes that 10 percent of claims against plastic surgeons involve miscommunication between the patient or family members and the doctor.

■ **Solution:** Dr. Haeck presented the study to his six partners and 35 staff members and they reviewed communication practices. As a result, the practice administered changes to communication protocols. It now has clear guidelines to identify each communication, when it took place, and what resulted. All communication—including social media exchanges between patient and staff—are now

entered into the electronic health record (EHR) to alert the surgeon.

**Doctor spotlight:** Roneet Lev, MD, FACEP, chief of the emergency medicine department at Scripps Mercy Hospital in San Diego, California.

■ **Risk trend:** The Emergency Medicine Closed Claims Study [<https://www.thedoctors.com/articles/emergency-medicine-closed-claims-study/>] identifies the need for rapid recognition of stroke patients and treatment with tissue plasminogen activator (tPA).

■ **Solution:** The hospital system now initiates its emergency protocol for potential strokes when the call is placed to 911. The patient is taken straight to the CT scan without stopping at an emergency department bed. This expedites patient care as they activate the stroke team.

**Doctor spotlight:** John Nelson, MD, internal medicine hospitalist at Overlake Medical Center in Bellevue, Washington.

■ **Risk trend:** The Hospitalist Closed Claims Study [<https://www.thedoctors.com/articles/hospitalist-closed-claims-study/>] reveals that spinal epidural abscess—a disease relatively uncommon—is appearing in medical malpractice claims more frequently. A diagnosis-related error involving spinal

epidural abscess can lead to dire consequences, including paralysis.

■ **Solution:** “This study should serve as a strong reminder for hospitalists of the importance of maintaining a very high index of suspicion for spinal epidural abscess,” Dr. Nelson said. Symptoms of back pain, leukocytosis, and fever are red flags but alone do not equate with epidural abscess. It requires a great deal of judgment to decide which cases are appropriate for this diagnosis. “If you think a patient could have it, and it's worth pursuing, you should pursue it now rather than later. So, for example, get an MRI tonight rather than tomorrow.”

By leveraging technology, implementing new protocols, and being better equipped to address scenarios that could negatively impact patient safety, these practices and hospitals are taking steps in advancing patient care. Further insights from doctors who are learning from malpractice claims are available in The Doctors Company's Innovations in Patients video playlist [[https://www.youtube.com/playlist?list=PLs0-nKqwoxJ4DMqRgkTIYQBdhotxW\\_2Safety](https://www.youtube.com/playlist?list=PLs0-nKqwoxJ4DMqRgkTIYQBdhotxW_2Safety)].

The Doctors Company offers Academy members expert guidance, resources, and coverage. That's malpractice insurance without the mal. Learn more at <http://www.entnet.org/content/academy-advantage>. ■

## HUMANITARIAN SERVICE:

# Sustainable hearing screening pilot in Kenya



■ **Asitha D. L. Jayawardena, MD, MPH, Charissa N. Kahue, MD, and James L. Netterville, MD**

Asitha D.L. Jayawardena, MD, MPH, and Charissa N. Kahue, MD, traveled to Malindi, Kenya, in October 2017, with James L. Netterville, MD, and his More than Medicine annual head and neck mission trip based out of the Tawfiq Muslim Hospital. The hearing screening team (left to right) of local RN Tina Nakapuyusi, Charissa Kahue, MD, volunteer Moses Gona, Asitha Jayawardena, MD, MPH, and Justine Kim, 4th year medical student, developed a streamlined hearing screening program to identify patients that needed surgical intervention or hearing aids.

➔ **READ MORE ONLINE**  
Longer article available

## CALL FOR ACTION

# Setting the pace for humanitarian efforts

It was the first time they met, but the room was filled with mutual admiration and respect as **Eugene N. Myers, MD**, and **Vlora Çitaku**, Ambassador of the Republic of Kosovo, sat down together to discuss Dr. Myers' efforts to supply medical equipment to the ENT Head and Neck Clinic at the University Clinical Center of Kosovo in Pristina, the capital city.

"This donation will help more than you could ever imagine," said Ambassador Çitaku. "Nineteen years ago, Kosovo came out of a terrible war. Everything in Kosovo turned into ashes and everything was destroyed. Once you are free and independent, you realize survival is not the only worry you have. There are roads to pave, schools and hospitals to build, doctors to educate—everything is a priority."

The endeavor to donate equipment started in 2016 when Dr. Myers visited a long-time friend and colleague at the clinic, Adem Limani, MD. As he is inclined to do during his travels to hospital and medical facilities around the globe, Dr. Myers inquired about any needs of the clinic. When the response was "everything," a list was created, and Dr. Myers got to work in fulfilling that need with assistance from the Brother's Foundation.<sup>1</sup>

A collection of instruments was secured, and then it was time to work with the Kosovo Embassy in Washington, DC, to ensure they got into the right hands, weren't held up in customs, and arrived at the ENT clinic to help Dr. Limani and other surgeons treat patients.

The donation, which has since been received by the ENT clinic in Pristina, included the following surgical instruments:

- Sinus surgery set
- Neck dissection and multiple soft tissue instruments



*Eugene N. Myers, MD, AAO-HNS/F Past President, and Vlora Çitaku, Ambassador of the Republic of Kosovo*

- Otolaryngology microsurgical instruments—mastoid surgery set
  - Tonsillectomy and adenoidectomy set
- Ambassador Çitaku expanded on the impact of donations like that of Dr. Myers.

"Resources are very limited, and Kosovars spend millions of dollars in trying to get care in countries of western Europe and elsewhere. The healthcare system in Kosovo still cannot provide the sufficient care that is needed. One of the most challenging sectors in Kosovo is the healthcare system. We still do not have a

proper health insurance platform in place, and we have a migration of skilled, trained doctors leaving for other opportunities. But help like this, and here and there, is so much appreciated. Those doctors who decide to stay in Kosovo, they are the real heroes because they decide to stay, help, and serve their people. We embrace whatever we can do to make that choice easier for them. Thank you for helping us and helping them."

Dr. Myers, Past President of the AAO-HNS/F and first AAO-HNSF International

## ■ at the forefront

Coordinator, has worked throughout his career to provide aid and assistance across the globe.

“Help is always needed in hospitals and clinics around the world, and we need to encourage ways to provide that assistance,” he said. “Not only do we have to get the word out that being generous and being a humanitarian feels good, but we have to inform members that there are mechanisms by which doctors can be generous and partake in these humanitarian efforts. The new device donation initiative through the AAO-HNSF is a good start. I admire what the Academy is doing.”

Ambassador Çitaku added, “It is wonderful to be on the receiving end of the generosity. I hope we can inspire other people, like Dr. Myers and his friends, to be helpful because the world is in need. It is unfortunate that people often forget the difference they can make in someone’s life.” ■

<sup>1</sup> <https://www.brothersbrother.org/>

## Community service activity at the AAO-HNSF 2018 Annual Meeting & OTO Experience—Making global impacts a reality

With an emphasis on improving the quality of life of people, communities, and healthcare facilities and hospitals in low-resource areas around the globe, the AAO-HNSF is proud to be partnering with MedShare, a 501c(3) humanitarian aid organization. MedShare’s deliveries of vital medical supplies and equipment bring health, healing, and the promise of better lives to 100 countries and countless patients.

Academy members, colleagues, and attendees at the AAO-HNSF 2018

Annual Meeting & OTO Experience in Atlanta, GA, are encouraged to donate surplus medical supplies and equipment to communities in need around the world. Donations of equipment and supplies will be accepted in advance or on-site at the Annual Meeting. A MedShare donation container will be in the OTO Experience Exhibit Hall, October 7-9.

Your tax-deductible gift will save lives by strengthening healthcare around the world. For more information, please contact Rebecca Dobbins, Director of Global Affairs at [humanitarian@entnet.org](mailto:humanitarian@entnet.org). ■

### ADVOCACY WIN

## Anthem rescinds Modifier 25 policy

In the fall of 2017, Anthem announced its plan to reimburse Evaluation and Management (E/M) services at a 50 percent rate when a significant, separately identifiable E/M service (appended with the 25 modifier) and surgery/diagnostic procedural service were performed on the same day. This policy originally was scheduled to be implemented by Anthem in 14 states as early as January 2018. However, in December 2017, Anthem postponed its implementation date until March 1, 2018, and reduced the 50 percent cut to 25 percent. While an improvement, the underlying policy remained unacceptable, and the AAO-HNS committed to work to eliminate the reduction completely.

On February 23, 2018, thanks to coordinated, sustained efforts by the AAO-HNS, our members, and others in the house of medicine, Anthem rescinded its policy across its entire network relating to the Modifier 25 reduction. Our collective efforts paid off. This advocacy win will help members save thousands of dollars each year in revenue, and the two-pronged approach used to “communicate” to Anthem—at the national and state levels—is a great example of how multiple stakeholders using complementary approaches can effect change.

The AAO-HNS has since sent a letter to Anthem expressing appreciation for its willingness to change this misguided policy and for listening to concerns raised

by our leadership, individual physicians, the house of medicine, and other organizations. In response, Anthem confirmed that the relationships developed with multiple individuals and groups over the past several months were key to their willingness to look at other opportunities to work collaboratively to improve the healthcare delivery system.

The AAO-HNS is hopeful that Anthem’s decision will be taken into account by others in the insurance industry as they consider this issue. The Academy will continue to advocate in those states affected by similar flawed policies.

To read more on the Modifier 25 advocacy efforts, visit: <http://www.entnet.org/modifier-25-advocacy> ■





**AAO-HNSF** **2018** **OCTOBER**  
**ANNUAL MEETING** **7-10**  
**& OTO EXPERIENCE** **ATLANTA, GA**



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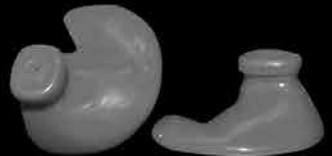


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## NEW LOGO



AMERICAN ACADEMY OF  
OTOLARYNGOLOGY-  
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## NEW THEME



# WE ARE ONE

## OTOLARYNGOLOGY UNITED

*for ENT Patient Care*

### ■ James C. Denny III, MD

As the Academy and Foundation move forward as contemporary organizations under the guidance of our updated Strategic Plan and vision for the future, it is only fitting that we update our theme and professional logo. Our vision states that the Academy/Foundation is the home for all professionals specializing in ear, nose, and throat care; that we are recognized as an inviting, accepting, and inclusive professional community fostering diversity within the specialty and the organization; and that we foster synergistic partnerships with international colleagues, specialty societies, allied health providers, and strategic partners.

As we embark on this exciting and challenging Strategic Plan, it is imperative that

we have a theme—"We Are One: Otolaryngology United for Patient Care"—and visual representation that embodies our vision and goals. We introduced our new logo and theme at the March Boards of Directors meetings and have started transitioning to our new design. We hope to complete the transition by the end of the fiscal year. We feel the logo is representative of our commitment to inclusivity at all levels needed to provide the best patient care in today's world.

The design takes the shape of the "O" that starts "otolaryngology," while the multi-colors suggest its multiple sub-specialties and their societies; the cultural and demographic diversity of our members and their patients; the global nature of our specialty; our many different practice settings, including both academic and private, rural and urban, domestic

and international; and the collaborative interactions we share with the entire healthcare community. The intertwining design accentuates these properties. The circular nature of the design represents our continuing bond with our patients, the global nature of our organization, and the equality of all members of the team and patients they serve.

You will begin seeing our new logo and theme on all our communications, products, and productions in the near future. We plan to have T-shirts available for sale at the Annual Meeting and online. I want to thank our Communications Business Unit led by Kathy Lewis and our graphics design team led by Ross Rollins for their outstanding work in producing our new logo that represents the organization we strive to be in a simple, clean, and contemporary style. ■





## The AAO-HNSF 2018 Annual Meeting & OTO Experience is coming!

Mark your calendars now for the preeminent global meeting devoted to sharing new advances in otolaryngology-head and neck surgery, October 7-10, 2018, in the Georgia World Congress Center in Atlanta, GA. Registration opens next month in May.

This year's Annual Meeting & OTO Experience plans to bring together thousands of delegates from more than 80 countries across multiple disciplines to Atlanta, the city with southern charm and world-class sophistication. The Annual Meeting provides a series of unique and dynamic education experiences, designed to broaden and enrich the understanding of otolaryngology-head and neck surgery and give a foundation for continued learning. Learn the latest advances in the specialty from an exciting mix of education offerings and over 300 clinical and basic science poster abstracts.

### Pre-conference workshops

The **Endoscopic Ear Surgery Workshop** is a hands-on endoscopic ear surgery course suitable for practicing otolaryngologists and senior otolaryngology trainees. While key surgical techniques are described and demonstrated by well-known international and U.S.

faculty, the main emphasis of the course provides hands-on dissection experience using fresh-frozen cadavers and state-of-the-art equipment.

The **Thyroid, Parathyroid, and Neck Ultrasound Workshop** is designed to introduce the practicing surgeon to office-based



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©2014, Gene Phillips, Courtesy of ACVB & AtlantaPhotos.com





## Education program format

- International Symposium
- Expert Series (*previously known as Instruction Courses*)
- Masters of Surgery Video Presentations
- Panel Presentations (*previously known as Miniseminars*)
- Scientific Oral/Poster Abstracts
- NEW! Flash Talks



ultrasound examination of the thyroid and parathyroid glands and related pathology. The distinction of normal from malignant lymphadenopathy is emphasized with a demonstration of the comprehensive examination of lymph node basins in cervical zones I-VI. The process of ultrasound-guided FNA of thyroid nodules and enlarged lymph nodes is demonstrated in didactic lecture format. In addition, skill sessions allow the surgeon to learn varied techniques of FNA of lesions in phantom models.

### NEW at the



The OTO Experience, your personal otolaryngology marketplace with innovative products and services, continues to evolve and is the place where over 250 exhibitors are present with offerings to help you improve the care you provide to your patients. For the first three days of the Annual Meeting & OTO Experience, you'll engage firsthand with the amazing tools available as well as receive unparalleled education from the interactive demonstrations on the show floor.

What's new this year? On a tools level, there are advancements in robotics, mobile x-ray imaging, and even regenerative medicine solutions. These can be found in various booth spaces in the exhibit hall, and more can be

found in our enhanced **Practice of the Future Pavilion** and our new **Physician Wellness Pavilion**. This new pavilion focuses on products and services that speak to the health and well-being of surgeons and physicians. We are providing solutions to help keep you at your best so you can continue to administer high-quality patient care.

On an educational level, we have enhanced some of our feature venues. With the success of **Lunch with the Experts**, we have increased capacity by adding additional experts, giving more opportunities to gain insightful knowledge from leaders in the industry. Our **Mobile BioSkills Lab** is also expanding, with the capability to invite more participants for actual hands-on training using the same tools you utilize on a daily basis. To get the most out of your OTO Experience, plan to visit multiple times throughout the Annual Meeting. Don't miss out on the added educational value waiting for you!

### Host an alumni reception

The Annual Meeting is the perfect place to reconnect with colleagues from your alma mater. This year's receptions take place Tuesday, September 9, from 6:30-8:00 pm (ET) in the Omni CNN Atrium. Don't miss the chance



to host your alumni reception in this unique venue featuring a 15-story glass-enclosed atrium with sweeping views of the world-famous CNN Center. Make sure your institution is represented by reserving your spot today. This year's event will feature:

- Co-branded selfie frames with your institution name and Annual Meeting graphics and hashtag
- Photo prop station including hats, wigs, selfie sticks, and more
- Professional photographer
- Centrally located bar
- 10 drink tickets included per reception zone



### Explore Atlanta

There is no time like the present to visit the South's largest city. In the middle of an urban resurgence, around every corner is a new attraction, restaurant, or shopping opportunity. If you haven't visited in a few years, you haven't really seen the new Atlanta.

With more than \$2.5 billion in development, Atlanta's skyline is changing as frequently as the seasons with new attractions, chef-driven restaurants, and high-end shopping throughout

town, giving the city a fresh new look and taste begging to be explored.

Atlanta is also one of the most accessible cities in the world and home to the world's busiest and most efficient airport, with more flights from more locations coming into Atlanta than any other airport in the world. Unrivaled airlift and more options make it convenient for attendees from any location.

Visit [www.entannualmeeting.org](http://www.entannualmeeting.org) for the latest conference information. ■



### Annual Meeting International Guests of Honor Series

## Ear, Nose and Throat Society of South Africa



**As President of the AAO-HNS/F, it is my great honor and privilege to welcome the delegation from the Ear, Nose and Throat, Head and Neck Society of South Africa to the AAO-HNSF 2018 Annual Meeting & OTO Experience in Atlanta, GA, in October. We look forward to another wonderful opportunity for continued friendship, camaraderie, and networking among friends and colleagues at the meeting. In addition, we anticipate and foresee our societies working closely together to improve the care and quality outcomes for our patients worldwide through this continued collaboration and outreach as our global message resonates around the world.**

**This meeting will be particularly meaningful for me as I was born, raised, and educated (through medical school) in South Africa, and I share a definite sense of nostalgia and pride in welcoming the South African delegation to Atlanta.**

**— Gavin Setzen, MD  
AAO-HNS/F President**

Prior to 1966, the ENT surgeons in South Africa had a governing body looking after their interest that fell under the Medical Association of South Africa. The majority of ENT surgeons practiced in three of the four provinces. The leaders in those provinces decided to form an independent ENT society. This came into being in 1966 and was called "The Society of Otorhinolaryngology." This Society was tasked to govern and look after the interest of ENTs in both private practice and academic units. In 2006, the name was changed to the Ear, Nose and Throat, Head and Neck Society of South Africa with the adoption of a new constitution.

There are 209 current members in private practice and 69 members in training units in the now 11 provinces. The Society rotates congresses organized between these academic units with the venue rotating between Johannesburg and the main coastal regions. The format consists of two international guests of stature invited and

sponsored with other guests invited and attending with sponsorship from their own entities or certain companies.

The business side is managed by the ENT Manco Society, to which all members belong. This division looks after coding and practice management queries. Most of the Society members are in private practice with their fees being used to run the Society but also to plough money back into the academic departments that are struggling for funding from the South African government's Department of Health.

The Society also runs a continual education program with the organization of journal clubs, which are held monthly in the different regions. These meetings are sponsored by the pharmaceutical companies, and the journals are accessed via the "Journal Room" on the Society website. This "Journal Room" became a necessity due to the lack of access to journals by the members working in rural areas, and it is a great success. ■



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# Cast your vote

Election opens May 7, 2018

■ James C. Denny III, MD

This month's *Bulletin* highlights the exceptional work of the Nominating Committee, chaired by **Gregory W. Randolph, MD**, in selecting the group of outstanding candidates for office that you will see in the subsequent pages. The Boards of Directors have

just approved a new Strategic Plan that will guide us over the next three to five years, as well as the new theme and logo seen on our cover this month. It is imperative that as members, you take the next step and vote for your preferred candidates who will help guide us through the treacherous waters of "healthcare reform" and accomplish our goals described in the plan.

You can read each candidate's vision for the future and how they would contribute to Academy/Foundation success prior to making your decision. I invite you to take advantage of the opportunity to ask additional questions of the candidates through ENTConnect at <http://entconnect.entnet.org/home>. Questions will be accepted through April 27. Please submit them to [elections@entnet.org](mailto:elections@entnet.org).

Unfortunately, we have seen a decline in voter participation during our annual election process over the last several years, as seen in the chart at left. Given the critical need of leadership during the time of transition to a new system, this is the perfect time to reverse that trend and make your opinion known. The voting process is simple, and it will take less than two minutes to complete the ballot. You might notice that there is only one candidate for President-Elect this year. One of the original candidates withdrew from the election due to personal and family considerations. ■

## Voter participation

2014

**15.3%** OF MEMBERS VOTED

2015

**15.71%** OF MEMBERS VOTED

2016

**11.35%** OF MEMBERS VOTED

2017

**12.29%** OF MEMBERS VOTED

## How to cast your vote

AAO-HNS has partnered with Election America to administer the 2018 election of candidates for leadership positions. To ensure your election-specific broadcast email arrives safely in your inbox on May 7, simply add the following email address as an approved sender: **help+AAOHNS@election-america.com**. Those who have not provided an individual email address to the Academy will receive a personalized letter from Election America with information on how to access the ballot. For technical support, please call 1-866-384-9978 or email **help+AAOHNS@election-america.com**. For ballot-related questions, call Membership at 1-877-722-6467 or email Lisa Holman at [lhorman@entnet.org](mailto:lhorman@entnet.org).



## Duane J. Taylor, MD

“

In the broadest sense, our goals should be supportive of our membership and our needs and committed to the concept of delivering the best care to our patients.

”

Colleagues, it is truly an honor to be considered for this position. Our Academy plays a vital role in the progress of our specialty, and if elected, I will certainly support the goals outlined in our Strategic Plan.

The goals I propose are not novel or complex and have been recognized by our Academy. What is essential is that they remain relevant as our healthcare environment changes (practice models, population, healthcare teams). It is also essential that the pursuit of these goals continues to involve our diverse membership.

The continued presence of a strong advocacy component that listens, informs, mobilizes, and responds to our members remains an important part of our organization. Our strength to effect change is not just in our numbers but in our ability to speak as one and to collaborate.

The goal of maintaining the highest quality of care within our specialty and taking control of it is essential to our members and our patients. The implementation of Reg-ent<sup>SM</sup> has set the stage for our membership to keep pace with the current demands on clinical outcomes and the required metrics.

We must continue to strengthen the efforts for diversity and inclusion in our leadership, committees, and membership. The value of having voices represented from all aspects of our membership (SRF, WIO, YPS, Diversity Committee, etc.) continues to be relevant in strengthening our Academy for the future.

Finally, a goal of “Wellness” for those that practice in our specialty has become a priority

thanks to our Academy. All of us deserve to be healthy and have satisfaction with what we do as we care for our patients. A goal meant to not just sustain us but fulfill us and allow us to flourish.

In the broadest sense, our goals should be supportive of our membership and our needs and committed to the concept of delivering the best care to our patients. Implementation of these objectives will be transformative as we move into the future.

The involvement of members in private practice in our Academy continues to become even more critical, and improved engagement can be achieved in a variety of ways. The first is through outreach efforts of our BOG; there is nothing like this as an introduction and entrance to involvement in our Academy. The registry, Reg-ent, which is up and running now, and the health and wellness efforts of our Academy (when in full swing) will be attractive and encourage involvement.

Finally, we must continue to be innovative in our communication strategies to the private practice physicians. The outcomes measures developed from participation, surveys, and outreach opportunities at the Annual Meeting will serve as valuable feedback. As the pendulum continues to shift with practice models, I believe there will be greater opportunities to retrieve this type of information.

The future of our specialty remains bright as long as we continue to strive to deliver the highest quality of care to our patients and keep our membership unified, inclusive, informed, and engaged. ■

- Q** ■ What do you think the Academy should do to support wellness for our members? How has your previous involvement in the Academy prepared you for the role of Director-at-Large of the AAO-HNS/F?



## Louise Davies, MD, MS

I am honored to be a candidate to serve our Academy. Focusing on wellness can help increase the quality of care and decrease errors as it simultaneously helps us thrive as individuals. The Academy does a wonderful job of this by promoting a supportive community, for example, through electronic tools for group problem solving, such as ENTConnect, and I would welcome the chance to create more such opportunities. One way for us to do this is by inviting our members to define and execute on shared purposes and goals that we identify together. I seek to serve our organization by fostering this welcoming

atmosphere, eliciting energy, ideas, and innovative approaches from our membership.

Through my research in cancer epidemiology and the science of healthcare improvement, and experience in administrative leadership roles in the VA, I have become comfortable bringing disparate groups together to create consensus and finished products of which participants can feel proud. I will bring these experiences to the organization that is the standard setter for our specialty. By listening to others and adding value from my various experiences, I hope most of all to be of service to our membership. ■



## Valerie A. Flanary, MD

for proper reimbursement, and decreasing the burdens of RVU production and paperwork. The Academy can provide resources for physicians in distress, including creating a wellness repository of information, working with state societies to provide anonymous mental healthcare, and potentially forming a network of mentors who can provide support. Establishing a culture of support and wellness starting at the medical student level and then showcasing these initiatives at national meetings and other educational activities would demonstrate commitment to this support. Collaboration with other organizations would allow concentration of manpower and resources, achieving these goals more quickly.

By definition, the Director-at-Large should provide the Boards with perspectives that represent the varying interests and concerns of

the membership. As a founding member of the Women in Otolaryngology Section, I worked to level the playing field and provide opportunities for women in leadership, recognition, and participation in the organization. As Chair of the Diversity Committee, I lead initiatives to promote diversity through education, provide cultural competency, and increase opportunities to non-majority members of the Academy. As a member of the Physician Wellness Task Force, I became more aware of the stressors affecting our community. As an *ex officio* member of the Board, I have been able to work closely with leadership to identify current needs of the membership. These roles have led to mindful interactions and conversations with members across all of our specialty. These experiences have positioned me well to be a voice and advocate for the membership. ■

**P**hysician burnout is at crisis level and wellness is a priority. The Academy can support wellness by addressing some of the outside stressors on the physician. These include working with industry to improve EMR, advocating with legislators





## William R. Blythe, MD

Alabama. I have participated in the Physician Wellness Program since 2001, and it is one of the most meaningful and fulfilling aspects of my life.

I believe it is important for the Academy to assimilate a list of resources available on the national, state, regional, and local level. Instead of providing these resources ourselves, I believe it is more effective and pragmatic to provide a list of available resources and to leave it to the experts. We should provide venues for 12-step meetings and burnout discussion groups at all national and regional meetings. We should create a hotline for members to call for help and a list of volunteer members willing to work with those in need.

I am a member of a small group practice in rural Alabama. As such, I have focused my

service work on my local hospital, community, county, and state organizations. I have held every leadership position at our medical center, where I currently serve as Past Chief of Staff and Chairman of Credentials Committee. I served as President of our State Society for several years.

My involvement with the Academy has matured later in my career. I served on the CPT/RVU Committee and Annual Meeting Program Committee, where I learned extensively about those processes. My strongest contribution has been as foundational member of the Reg-ent<sup>SM</sup> Executive Committee, where I currently serve as Chairman of the Sinus and Allergy CAC. That position has allowed me to work extensively with the Academy leadership and staff, as well as many of the leading experts in our specialty. ■

have been a member of the Alabama Physician Health Committee for 12 years. This committee is appointed by the Board of Medical Examiners to support the physical, mental, emotional, and spiritual well-being of the physicians of



## Elizabeth H. Toh, MD, MBA

What is needed is a fundamental culture change in medicine. One that honors our limits, recognizes the importance of physician well-being, destigmatizes interventions to address stress and burnout, and prioritizes programs to develop personal resiliency and professional fulfillment.

The Academy can lead this effort on many fronts. Through ENTConnect, we can develop a support network that provides a safe forum for peer support and mutual learning. The Academy can also develop educational programs directed at stress management, wellness strategies, work-life balance, and work redesign. Lastly, the Academy can support efforts to reduce the bureaucratic burdens associated with professional maintenance of certification for our specialty.

As a recent graduate of MIT's business school, Vice Chairman of our Department, and in various leadership roles in my own organization, I have had the opportunity to develop programs

that are essential to continuing successful clinical practices, develop diverse cross-functional teams, drive operational change, and build patient-centric clinical programs.

Having served on multiple AAO-HNS/F committees, including the International Otolaryngology, Facial Nerve Disorders, Implantable Hearing Devices, Otology, and Neurotology Education Committees, I understand the value of education, research, and professional collaboration in strengthening and advancing our specialty.

In my role as Regional Advisor to the Asia Pacific-Rim for the Academy, I have had the unique opportunity to engage and partner with our international colleagues to develop collaborative educational and training initiatives which leverage both the expertise of our members and the resources of our Academy, extending the impact of our Academy far beyond our borders. ■

Physicians are held to some of the highest professional and performance standards. This in conjunction with the demands of EMR and efforts to boost patient satisfaction while meeting regulatory and productivity demands threaten our personal health and well-being. Our current national physician burnout rate is extraordinarily high at 46 percent.

## ■ candidate statements ■ **nominating committee: academic**

**Q:** What attributes will you seek in our future Academy leaders? What experience do you have that will aid in selecting leaders that will advance the mission of the Academy?

**VOTE  
FOR TWO  
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TYPE OF  
FOUR**



Gregory A. Grillone, MD

**T**he importance of selecting strong, capable leaders to serve the AAO-HNS cannot be overstated. The healthcare environment is changing rapidly. Payment reform, performance metrics, billing regulations, accountable care models, and physician burnout are just a few examples of the changing healthcare landscape that require visionary, inspirational, and knowledgeable leaders of the highest integrity who can navigate our specialty through this challenging period in healthcare. I will seek leaders with these attributes to ensure that the AAO-HNS membership is well-informed and well-represented so that we can continue to provide the highest quality and safest care for our patients.

I am fortunate to have had the opportunity to serve in many leadership roles in my career, including 10 years as a representative to the Board of Governors of AAO-HNS, President of the American Broncho-Esophagological Association and the New England Otolaryngological Society, Associate Chief Medical Officer and President of the Medical Staff at my home institution, and currently as Chair of the Secretaries Liaison Committee for COSM. I believe that these experiences have given me a deep understanding of the organizational structure, mission, and needs of the AAO-HNS as well as the knowledge and insight to recognize high-caliber leaders. ■



Amber U. Luong, MD, PhD

**A**s a petite Vietnamese refugee, I personally understand that sometimes when we look in the mirror or at others, we may not see the image of the typical leader. On the Nominating Committee, I envision opportunities to identify otolaryngologists of all backgrounds and expertise to empower them to make a difference for our society and profession. I will seek leaders who have diverse perspectives and leaders with passion. Overall, my goal will be to identify future Academy leaders that can inspire.

I have had the opportunity to collaborate with many different types of leaders through my numerous activities within several professional societies. I am a founding member of the Women in Rhinology within the ARS. In addition, I am active in several committees within the Academy, including the Rhinology & Allergy Education Committee; the Allergy, Asthma and Immunology Committee; the Rhinology & Paranasal Sinus Committee; and the WIO Communications Committee. I serve on the AAOA Foundation. In addition, I have organized several regional rhinology and general ENT courses with invited national speakers. Moreover, I have been an invited faculty to several national and international ENT meetings. This extensive network will serve well to identify ideal future Academy leaders with diverse backgrounds. ■



David J. Terris, MD

**W**e are fortunate to have a tremendous pool of talented and willing members who are anxious to advance the mission of our great society. I will be especially interested in identifying a diverse group of enlightened, forward-thinking individuals who will put the needs and priorities of the Academy ahead of their own. Important attributes will also include collegial/collaborative, bright/thoughtful, and inclusive.

As a former department Chair and Vice President for Clinical Affairs at my institution, making recruitment and hiring decisions was a fundamental part of my responsibilities. I have also been fortunate to serve in a leadership role for many of our societies (including the Triological Society, ACS, AHNS, ATA, AACE, SUO, and others), which has given me an up-close look at outstanding leaders in our field. Finally, I have had the opportunity to serve on the nominating committee for numerous organizations, and have been successful in selecting high-performing candidates for leadership positions. ■



Mark E. Zafereo, Jr., MD

**T**he Academy should continue to expect leaders with commitment to service within and beyond the specialty: diverse servant leaders of varying age, gender, ethnicity, practice setting, subspecialty, and geography who embody common qualities of both servant and leader—integrity, humility, vision, grace, and strength of character.

I have been given opportunities to serve in numerous leadership, task force, and committee roles spanning a wide breadth of the AAO-HNS, benefiting greatly from the wisdom and example of past and current Academy leaders who have advanced the specialty in patient care, public education, and health policy advocacy.

The strength of the Academy is its membership, both the talent of its individual members and the broad representation of the specialty. Some have particular gifts to understand the economics of health policy and payment reform; others to mobilize grassroots efforts to influence legislation; some to push the frontiers of research; others to improve evidence-based clinical care guidelines. While any one person cannot possess all, effective servant leaders of the Academy will harness and inspire the wealth of gifts and diversity within Academy membership, so that the Academy will continue to be true to its mission: to empower otolaryngologists to deliver the best patient care. ■

## nominating committee: private practice ■ candidate statements ■

**Q** ■ What attributes will you seek in our future Academy leaders? What experience do you have that will aid in selecting leaders that will advance the mission of the Academy?



Sunshine M. Dwojak, MD, MPH

**E**xcellent leaders have a vision, listen to and motivate others, and set a clear direction for the organization. In this rapidly changing world, we need leaders who understand change and openly promote it. We need leaders who are socially intelligent and able to listen to those around them. We need leaders who understand the interconnection between health-care, industry, government, and the International community. We also need leaders who reflect the growing diversity of our country.

Having served on admission committees, institutional review boards, and minority health organizations throughout medical school and residency, I bring to the table a varied set of leadership experiences. I currently serve on several Academy Committees as well as lead the head and neck cancer quality effort for Northwest Permanente. These experiences have shown me the importance of collaboration in leadership, of seeking out diverse viewpoints, and truly listening to the people you work with. If elected to the nominating committee, I would seek to promote diverse, collaborative candidates who are passionate about the future of our field and committed to the task of improving the quality of otolaryngology care and education for everyone. ■



Soha N. Ghossaini, MD

**G**iven the ongoing changing demands of healthcare regulation and economics, we must seek leaders who can recognize such challenges and who are capable of directing the change in a way that would benefit the specialty as a whole. Our future leaders should be able to cater to our diverse membership, listen to their concerns, and motivate them to be more involved.

I have been fortunate to be involved at the Academy at an early stage of my career as a member of various committees, Board of Governors, a few task force groups, Women in Otolaryngology Section, and International Steering Committee. Such experience helped me better understand the structure of the Academy and its role. During my 1-year leadership training at the AAO-HNS Leadership Institute Endowed Scholars program, I had the chance to interact and shadow a few of our Academy leaders. This experience provided me with an insight into their role and the challenges they learn to overcome, which I believe would help me in better selecting our future leaders. ■



Lisa C. Perry-Gilkes, MD

**T**he Academy's vision statement is "Empowering otolaryngologist-head and neck surgeons to deliver the best patient care."

To achieve this vision, qualities of our Academy leaders have been and remain dedication, being well informed of changes in healthcare legislation, academic advancement, and parity for our members with a true love for our profession. Because of the wealth of extraordinary and diverse candidates available to choose from, they will need to be discerning, measured, and fair. These individuals understand that their decisions impact our members who they are beholden to. Through their actions, they ultimately impact on patient care.

My experience is varied within the Academy as well as held leadership positions in the California Medical Association, Medical Association of Georgia, National Medical Association, American Medical Association, and the Harry Barnes Society.

I had the pleasure of being a member of the Diversity Committee since its inception and was the second Chair. This allowed me to sit on the Board of Directors and participate in the Board Meeting & Standard Review Task Force of 2016. As a member of the Board of Governors for 11 years I have been on the BOG Nominating Committee. In closing I have passion for our Academy! ■



Karen A. Rizzo, MD

**F**uture Academy leaders should be well-rounded, insightful, open-minded individuals who are progressive in their thoughts and mindful of all perspectives. They should be team players who are willing to learn from others and share experiences that optimize the well-being and performance of otolaryngologists and the healthcare team. They should support political, practice, and patient advocacy to enhance the best outcomes possible for otolaryngology.

I feel as Past President of the Pennsylvania Medical Society, with its 16,000 members and sizeable influence in the legislature and media, I will be able to identify leaders that enhance and improve the AAO-HNS's functionality to optimize outcomes for our specialty and patients. Because of having led a successful private practice for 27 years, being a Hall of Fame women's basketball player for Villanova University, as well as Past President of the Pennsylvania Academy of Otolaryngology, winning two state model awards, I feel I am uniquely qualified to identify leaders who can strengthen the working relationship between state and national societies to improve communications, share important legislative and socioeconomic issues, and build a team approach to enhancing otolaryngology care in all practice settings. ■

**Q ■** What is your particular experience or interest that would make you an effective member of the Audit Committee of the Academy?



## William R. Bond, Jr., MD, MBA

**A**s a long-term member of the Academy, I am honored to be nominated for the position on the Audit Committee. This is a time of great change in healthcare. There are mergers of physician groups and hospitals, consolidations of insurance companies, and the development of new financial models. We are privileged to have an Academy with foresight to lead us into this new millennium of healthcare. To continue that leadership role, we must continue to manage our resources effectively. Therefore, having a well-run Audit Committee is important to the viability of our Academy.

I am a member of the BOG, a State Tracker, Millennial Society member, and

ENT PAC contributor. During the Chicago Annual Meeting, I was a panel participant discussing national healthcare issues.

I have held leadership roles in my local hospital and in a large medical organization, while also obtaining an MBA to improve my skill set to navigate large organizations.

In prior years as a U.S. Naval Reserves Captain, I had the financial responsibility of managing five reserve units and supported a Marine Corps battalion during the Gulf War.

My academic affiliations are: Associate Professor at Howard and Georgetown Universities.

Currently, I am in private practice in Washington, D.C. ■



## Selena E. Briggs, MD, MBA, PhD

**I** have a sustained commitment to and sincere fervor for the American Academy of Otolaryngology—Head and Neck Surgery, which stems the past decade of my career and continually grows. Having experience in business administration, I have a unique skill set to share as an aspiring member of the Audit Committee where as a team we will work to ensure that the Academy's mission and vision are maintained in a fiscally responsible manner. Business is my passion and financial analysis/accounting are among my strengths. It is my desire and commitment to utilize my skills and business aptitude to the best

of my ability for the furtherance of the Academy and the insurance of its vibrant future. Since completing a Masters of Business Administration with honors over 10 years ago, I have had the opportunity to utilize my business acumen in various personal and professional arenas, including the founding and development of various clinical programs, directorship at a major academic institution, and as a consultant in clinical practice audits, clinical practice solvency analyses, and healthcare revenue cycle management. I have benefitted greatly from the AAO-HNS/F and aspire to continue to serve the Academy in turn. ■



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# Cochlear implantation: Who is a candidate in 2018?

■ Submitted on behalf of the **Hearing Committee**,  
**Richard K. Gurgel, MD, Chair**, **Marc L. Bennett,**  
**MD**, and **Samantha Anne, MD**

**T**he World Health Organization identified hearing loss as one of the most common causes of disability and the third leading cause of years lived with disability, affecting nearly 30 million Americans. Current estimates predict around one percent of children and 63 percent of individuals over the age of 70 are impacted by hearing loss (Barnett, 2016). While hearing aids provide important benefits for the majority of people with hearing loss, those with more severe hearing loss may benefit from cochlear implantation. However, it is estimated that fewer than six percent of Americans who could benefit from a cochlear implant (CI) have one. There are many factors affecting access to CI; overall, underutilization is most likely related to:

- 1) Lack of awareness of implant technology and criteria, including candidacy requirements
- 2) Financial implications with reimbursement
- 3) Political awareness of the deaf community

Awareness of cochlear implantation and its benefits in treating severe to profound hearing loss is lacking among the general population and even among healthcare professionals.

Estimates note that less than 15 percent of primary care physicians perform any hearing screening, highlighting the vast under-appreciation for the disease. Despite strong evidence that untreated hearing loss has been associated with higher rates of dementia, less than 10 percent of primary care physicians fully understand CIs (Lin, 2012). Unlike many other health issues such as heart disease, there are not any major campaigns about CIs, let alone hearing loss. As such, hearing loss is viewed as an inconvenience more than a disease.

Finances directly influence access to cochlear implantation. Unlike hearing aids, which are typically not covered by health insurance, cochlear implantation is covered for appropriate candidates by most private health insurance plans, Medicare, and Medicaid. While studies have shown the cost-effectiveness of CI programs (McKinnon, 2014), declining reimbursement to hospitals and surgeons strains any efforts. It is not atypical that insurance does not cover the full extent of the cost of a device, leaving the hospital to struggle to make up the difference.

While general awareness and financial considerations hamper cochlear implantation, referral patterns are further complicated by the strong emergence of the deaf community in the United States. While the deaf community promotes early use of sign language for all

children, there is a large percentage of this group still wary of embracing CIs for infants for hearing loss.

Knowing candidacy requirements in patients and knowing when to refer for CI evaluation is one way we can improve accessibility and awareness of this technology to the vast number of patients who may benefit from CI but have not yet considered it. Currently, in adults, CI criteria revolve around if the individual will receive more hearing benefit from a CI than from a hearing aid or, alternatively, from no hearing prosthesis at all. Current guidelines in adult criteria consist of a severe to profound loss with open-set sentence recognition scores of approximately 50 percent to 60 percent words correct.



Pediatric cochlear implantation received FDA approval in 1989, and since that time, criteria for implantation in children have remained fairly static. According to current FDA criteria, the indications for cochlear implantation are bilateral profound sensorineural hearing loss for children ages 12-24 months and severe to profound hearing loss for 2-17 years, along with limited benefit from amplification, including minimal or no progress on age-appropriate auditory skills development with appropriately fit and verified hearing aids.

Many pediatric centers will now recommend implantation for children younger than 12 months of age as well as children with asymmetric or residual hearing. Even if children may not exactly meet strict audiologic criteria, if there is limited progress despite adequate use of hearing aids and speech and language therapy, the child should be referred for a CI evaluation. Studies have shown that children outside of traditional criteria are benefiting from the technology with appropriate

support and therapy (Carlson, 2015).

Consideration of a CI in a child is much more than just meeting audiologic criteria. Most pediatric CI centers have a multidisciplinary approach to evaluation and management of a child with hearing loss. Along with a medical and surgical evaluation, imaging and balance testing may be done to evaluate the patient prior to implantation. Consultation with genetics, pediatric ophthalmology, and a speech-language therapist may be offered. Initial assessment by a speech therapist and then monitoring of speech and language development before and after implantation is necessary. A thorough discussion with the family regarding expectations and goals is crucial prior to implantation.

Cochlear implantation has been shown to have significant improvements on the quality of life in children and adults (Efrat, 2009 and Mo, 2005). An understanding of evolving technology and expanding candidacy indications is crucial for increasing availability and awareness for patients who would benefit from

this technology. Despite the shortcomings associated with accessibility, cochlear implantation is becoming increasingly popular, and leading indicators predict increasing surgeries in upcoming years. ■

#### References:

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## Legislative highlights from the AAO-HNS/F 2018 Leadership Forum & BOG Spring Meeting

This year's agenda for the Leadership Forum & BOG Spring Meeting (March 9-12) featured many advocacy-related speakers and topics. A highlight of the weekend included a "Point/Counter-Point" session with congressional staff from the offices of U.S. House Minority Leader Nancy Pelosi (D-CA) and U.S. Senator Bill Cassidy, MD (R-LA). Via a "friendly" Q&A format, perspectives from both political parties were presented on key issues being considered by lawmakers. In addition, the meeting's two keynote addresses had a legislative focus. Julius W. Hobson, Jr., provided an overview of the political landscape while U.S. Representative Ami Bera, MD (D-CA) offered an insider's

look at Capitol Hill and the importance of physician advocacy.

AAO-HNS advocacy staff were on hand to brief attendees on the Academy's latest legislative "wins," including repeal of the Independent Payment Advisory Board and preservation of Medicare physician payments. In addition, attendees were briefed on the Academy's current "talking points" to be used in discussions with policymakers. These legislative priorities were highlighted by AAO-HNS physician leadership during Capitol Hill meetings with the offices of the U.S. Speaker of the House, U.S. House Majority Leader, U.S. House Minority Leader, and U.S. Senate Minority Leader, as well as key

healthcare committees in the U.S. House and Senate.

Many opportunities were available for members to further engage in the Academy's advocacy programs. Thanks to the generosity of our members, ENT PAC—the AAO-HNS political action committee—raised over \$17,000 during the weekend event. In addition, 15 attendees volunteered to join the Academy's State Tracker team, while many others signed up for the AAO-HNS Advocacy Network and PROJECT 535.

Unable to attend the spring meeting, but interested in being an advocate for the specialty? Contact [govtaffairs@entnet.org](mailto:govtaffairs@entnet.org) for more details. The time commitment is minimal, but the impact is immense! ■

# Bobby R. Alford, MD

■ Lawrence M. Simon, MD

Few physicians have had a larger impact on our specialty than **Bobby R. Alford, MD**, who recently passed after a legendary 56-year career. For me, he will always be “my Chairman,” and it is with honor that I attempt to capture what he meant to countless otolaryngologists. Herein, I do not intend to recite Dr. Alford’s curriculum vitae. Rather, I would like to focus on three themes that defined his life: excellence, leadership, and humility.

The philosopher Will Durant wrote, “Excellence, then, is not an act, but a habit.” Dr. Alford embodied this quote. As put by **Ronald B. Koppersmith, MD, MBA**, Past President of the AAO-HNS, “He set the standard at excellence that he personally surpassed, and everyone who had the good fortune to be around him benefited from his example.” Dr. Alford drilled excellence into all of us at his legendary Morning Meetings, where one of the quickest routes to a reprimand was to use the phrase, “The enemy of good is better.” For over 50 years he reminded all around him that we can always do better and that only our very best is acceptable. Moreover, he lived what he

“

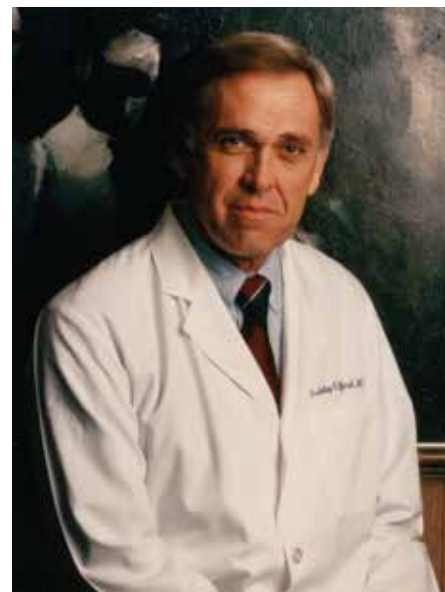
He aggressively worked to expand our scope of practice to dominate head and neck surgery, and he oversaw the unification of the American Academy and Council of Otolaryngology into the society that we know today as the AAO-HNS.

”

taught by nearly always being more critical of himself than he was of others. As **Randal S. Weber, MD**, former Chair of Head and Neck Surgery at M.D. Anderson, remembers, “He imbued in me the unwavering goal ... to always strive for personal best. He set high expectations for himself and his residents to always strive for excellence. ... He expected nothing less of himself and those he trained.”

As a direct consequence of his commitment to excellence, Dr. Alford rapidly became a national figure. He aggressively worked to expand our scope of practice to dominate head and neck surgery, and he oversaw the unification of the American Academy and Council of Otolaryngology into the society that we know today as the AAO-HNS. He was also Chair of the Department of Otolaryngology-Head and Neck Surgery at Baylor College of Medicine for over 40 years. During his tenure, he imbued generations of physicians with a deep commitment to leadership and public service. As a result, Dr. Alford’s trainees have produced more than 18 department chairs, three AAO/HNS presidents, four ABOto presidents, and two ABOto executive directors, not to mention the myriad civic leaders, state medical society presidents, renowned researchers, and founders of some of the nation’s most successful practices. As **Angela K. Sturm-O’Brien, MD**, put it, “It (only) takes a quick stroll along the wall with the photos of every graduating class to understand the breadth and depth of Dr. Alford’s legacy, and only a short chat with one of us to see how his influence is still very present in our lives.”

Dr. Alford’s legacy of leadership also extends beyond otolaryngology. Dr. Alford was a founder of the National Space Biomedical Research Institute, an achievement that earned him the NASA Distinguished Public Service Medal and has extended his influence to the most prominent minds in spaceflight medicine. Lastly, Dr. Alford served as Executive Vice-President and Dean of Medicine at



Bobby R. Alford, MD

Baylor for nearly 20 years. Through this role, he oversaw the growth and expansion of nearly all Baylor’s residency programs. As a result, there are few physicians from any specialty who trained at Baylor in the past 25 years that Dr. Alford did not influence.

Yet even in light of all these accomplishments, Dr. Alford’s most enduring quality remained his humility. Dr. Koppersmith recalls informing Dr. Alford about the establishment of the endowment that now bears his name: “When I approached him about setting up the research grant, he didn’t want me to do it and told me he had not accomplished very much in his career.” Given that Dr. Alford accomplished as much as 10 people in his lifetime, this story still leaves me speechless. Dr. Alford was the consummate gentleman, and his humility remains an inspiration.

In conclusion, Dr. Alford led a life devoted to the service of others and the advancement of medicine. He forever shaped the doctor that I am, and I still think of how I would present a patient to him. I will leave you with one last quote from **Donald T. Donovan, MD**, who succeeded Dr. Alford as chairman: “He inspired me to want to be a better physician than I ever thought possible. He was a role model of professionalism not only as a physician but as a living example of a life of service to enduring educational institutions and to society at large.” May he rest in peace. ■



18th Annual  
**Charleston Magnolia Conference**  
June 1 - 2, 2018

- Guest Speakers -

**John L. Dornhoffer, M.D.**  
Professor and Chair  
Department of Otolaryngology - Head & Neck Surgery  
University of Arkansas for Medical Sciences

**C. Gaelyn Garrett, M.D.**  
Professor and Vice Chair of Otolaryngology  
Department of Otolaryngology - Head & Neck Surgery  
Vanderbilt University School of Medicine

**Andrew H. Murr, M.D.**  
Professor and Chair  
Department of Otolaryngology-Head & Neck Surgery  
University of California San Francisco Medical Center

- Topics -

Chronic Rhinosinusitis • Hearing Loss • Chronic Ear Disease  
Cochlear Implants • Vestibular Disorders  
Pediatric ENT • Voice & Swallowing Disorders  
Head & Neck Cancer • Facial Plastic Surgery • Facial Trauma  
Sialadenitis • Office Laryngology

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Fellowship Program Director  
**Dennis I. Bojrab, MD**  
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*Professor and Chief, Division of Head and Neck Surgery and Communication Sciences, Duke University Medical Center*

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



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**Course Directors:**  
Greg Davis, MD, FARS;  
Marc Dubin, MD, FARS;  
Douglas Reh, MD, FARS

## MEETING HIGHLIGHTS:

• **Keynote Speaker:** *Albert Merati, President Elect AAO*

• **Signature Social Event –**  
**Chihuly Glass Museum**

- Cadaver Prosections
- Primary frontal sinus surgery: To do, or not to do?
- Second chances: Finding success in revision sinus surgery
- Would you do this in your office?
- Nasal polyps, our nemesis
- Complications of endoscopic sinus surgery: Managing the worst-case scenario

- Surgical failures after a textbook surgery: The chronically infected sinus
- Coding controversies. How would I code this? A case based panel
- Cough, throat clearing, and postnasal drip; tips for treatment of these challenging symptoms
- I don't have migraines, Doc, I have sinus headaches
- Balloon Dilation: From sinuses to eustachian tubes
- Topical therapies for chronic rhinosinusitis
- Prednisone: Friend and foe
- Epistaxis, hemostasis and HHT
- Epiphora – I'm really not crying

- Technical tips for successful orbital decompression
- Defining Appropriate Medical Therapy for CRS
- Understanding the International Consensus on Allergy and Rhinology Statements...and the most recent Allergic Rhinitis installment
- Controversies in allergy testing and immunotherapy: Challenging traditional practice
- The functional nose: When to do more than septoplasty and turbinate reduction
- Contemporary approaches to the turbinates, nasal septum, and nasal obstruction

- Endotypes matter in CRS management
- Asthma update: What every ENT should know about state of the art asthma treatment
- Runny noses: A comprehensive approach to the medical and surgical treatment of pediatric sinusitis
- Management of CSF Rhinorrhea
- Frontal drill out: When, why and how
- Complex inflammatory sinusitis cases: Case presentations
- Pituitary surgery: Pearls and Pitfalls
- Skull base cases: Case presentations

## ANCILLARY NON-CME & Social Events

### THURSDAY, 7/12/18

**5:15 - 6:15 pm**  
**Acclarent Evening Symposium**  
Leveraging New Advancements in 3D ENT Navigation

### FRIDAY, 7/13/18

**7:30 - 8:30 am**  
**Intersect ENT Breakfast Symposium**  
Advancing Care for Recalcitrant Polypoid Patients with Evidence-based Innovation

**12:00 - 1:00 pm**  
**Arrinex Lunch Symposium**  
Chronic Rhinitis: Neurophysiology and New Treatment Paradigms

**12:00 - 1:00 pm**  
**Cook Medical Lunch Symposium**  
Nasoseptal Flap Donor Site Repair Using Biologic Grafts

**12:00 - 1:00 pm**  
**Entellus Medical Lunch Symposium**  
Office Based Sinus Surgery for Chronic Sinusitis, Eustachian Tube Dysfunction and Nasal Airway Obstruction

**1:00 - 5:00 pm**  
**Entellus Medical Cadaver Lab**  
Approaches to Office-Based Sinus Surgery: A Hands-On Lab

**1:00 - 3:00 pm & 4:00 - 6:00 pm**  
**Medtronic Cadaver Lab**  
Navigating In-Office Sinus Surgery

**1:00 - 5:00 pm**  
**Olympus Cadaveric Lab**  
Enhanced Visualization in Advanced Surgery Techniques for Practicing Rhinologists

**12:00 - 1:00 pm**  
**Stryker Lecture and Mobile Lab**  
Frontal Sinus Masterclass Using Building Blocks® Anatomy Planning and Target Guided Surgery Dissection

**6:30 - 8:00 pm**  
**Women in Rhinology Networking Event**

### SATURDAY, 7/14/18

**7:30 - 8:30 am**  
**OptiNose Breakfast Symposium**

**Details at <http://www.american-rhinologic.org/sss>**

Contact: Wendi Perez, Executive Administrator, ARS, PO Box 269, Oak Ridge, NJ 07438 | Tel: 973-545-2735 | Fax: 973-545-2736 | [wendi@amrhnso.com](mailto:wendi@amrhnso.com)

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**Course Director:**

Esther X. Vivas, MD

**Course Faculty:**

Esther X. Vivas, MD

C. Arturo Solares, MD

Kavita Dedhia, MD

Douglas E. Mattox, MD

Malcolm D. Graham, MD

N.Wendell Todd, MD, MPH

**Temporal Bone Surgical Dissection Courses**

5 Day Courses

October 1-5, 2018

March 25-29, 2019

October 28-Nov 1, 2019

Fee: \$1800 Physicians in Practice  
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CME: 45 Category 1 Credits

For more information, please visit our website at:  
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or you may email us at:  
[emoryotolaryngology@emory.edu](mailto:emoryotolaryngology@emory.edu)

Pittsburgh Ear Research Foundation  
Division of Otolaryngology Research and Neurotology  
Allegheny General Hospital, Pittsburgh, Pennsylvania

**Presents**

**Temporal Bone and Microanatomy  
Hands-on Dissection Workshop**

**May 4, 2018 & 5, 2018**

**October 26 & 27, 2018**

This workshop is intended for otolaryngologists interested in the most recent development in temporal bone surgical techniques.

**Registration fee:** \$475

**Location:** Allegheny General Hospital, Pittsburgh, Pennsylvania

**Course Co-Directors:** Douglas A. Chen, MD, FACS

Todd A. Hillman, MD

For additional information, please contact Allegheny General Hospital, Continuing Medical Education by e-mail to [bernice.sulkowski@ahn.org](mailto:bernice.sulkowski@ahn.org), by phone at 412-359-4952, or by fax at 412-359-8218. To download a brochure or to register online, please visit our Web site at [www.ahcme.org](http://www.ahcme.org). Select Conference Schedule on the left, then scroll until you find the appropriate Temporal Bone Course.

Allegheny Health Network



**Allegheny General  
Hospital**

## **Rush University Medical Center, Chicago** **Director, Oak Brook Otolaryngology**

The Department of Otorhinolaryngology Head & Neck Surgery at Rush University Medical Center is seeking a full-time faculty member to join our Department as the **Director of Oak Brook Otolaryngology**, a position which will focus on comprehensive otolaryngology. The selected individual will have an opportunity to join a department of 12 full-time and 2 part-time faculty spanning the entire spectrum of otorhinolaryngology subspecialties and have the opportunity to expand this highly ranked\* program. The Director will be the full-time anchor for the Department with a complement of subspecialists staffing the Oak Brook Otorhinolaryngology practice. Qualified candidates must possess a strong commitment to patient care, resident education, and research. Candidates should be BE/BC and eligible for faculty appointment at the Assistant or Associate Professor level.

Rush University Medical Group is a multidisciplinary group of about 1,500 providers, clinical staff and administrators who deliver state-of-the-art, patient-centric medical care to the communities we serve. The Rush Oak Brook Outpatient Center will feature a multispecialty, state-of-the-art **outpatient surgery center** at which the Director will have operating privileges; 65 exam rooms for patients; physical and occupational therapy; a laboratory; and full imaging services, including MRI, X-ray and CT imaging as well as a comprehensive breast imaging program with ultrasound and bone densitometry. The 100,000-square-foot facility is a joint venture with Midwest Orthopedics at Rush. Rush is ranked in 8 of 16 categories in U.S. News & World Report's 2016-2017 "America's Best Hospital's" issue, and is one of the two top-ranked hospitals in Illinois overall. \*Rush was also ranked 33rd in the nation in Ear, Nose and Throat and the highest for the specialty in Illinois. To learn more about Rush University Medical Center, please visit [www.JoinRush.org](http://www.JoinRush.org).

Interested candidates should address cover letters to **Pete S. Batra, MD**, Chairperson, Department of Otorhinolaryngology and submit with a CV to Rose Sprinkle, Manager, Faculty Recruitment at [Rose\\_Sprinkle@rush.edu](mailto:Rose_Sprinkle@rush.edu)

*Rush is an Equal Opportunity Employer*





**MICHIGAN EAR INSTITUTE  
TEMPORAL BONE  
SURGICAL DISSECTION COURSE**

Intensive five day course emphasizes temporal bone dissection with didactic lectures covering the breadth of otologic surgery. All dissection equipment provided. Laser instruction provided.

The course is now being offered in our new state of the art surgical dissection laboratory in Novi, Michigan. Housing accommodation (Staybridge Suites Hotel) is on site.

**Course Directors:**

Seilesh Babu, M.D.      Dennis Bojrab, M.D.      Robert Hong, M.D.

**Faculty:**

Seilesh C. Babu, M.D.  
John J. Zappia, M.D.  
Eleanor Y. Chan, M.D.  
Ilka C. Naumann, M.D.

Eric W. Sargent, M.D.  
Robert S Hong, M.D., Ph.D.  
Candice Colby, M.D.

**Course Dates:**

March 4-8, 2019	October 1-5, 2018	November 5-9, 2018
March 2-6, 2020	October 7-11, 2019	November 4-8, 2019
	October 5-9, 2020	November 2-6, 2020

**Co-Sponsors:** Michigan Ear Institute, Providence Hospital

**Credits:** 42.5 hours Category I CME by Providence Hospital

**Tuition:** \$1,600 Physicians In Practice / \$1,400 Residents

**For Further Details Please Contact**  
**Michigan Ear Institute**  
30055 Northwestern Hwy., #101  
Farmington Hills, MI 48334  
(248) 865-4444 \* Fax: (248) 865-6161  
[www.michiganear.com](http://www.michiganear.com)



WellStar Medical Group is seeking Full-Time Board-Certified Otolaryngologists to work with well-established groups in Atlanta, GA.

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- Patient mix of adult and children

WellStar offers a comprehensive benefits pack in addition to Sign-On bonus, Relocation, 403(b) retirement plans, malpractice coverage and pension plan.

Interested candidates may contact Stacy Lind at [stacy.lind@wellstar.org](mailto:stacy.lind@wellstar.org) or call 470-644-0039.

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Otolaryngology



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

**The Department of Otolaryngology at UTMB Health in Galveston, Texas is actively recruiting enthusiastic candidates for two full-time positions.**

**Otologist/Neurotologist**

FULL-TIME BC/BE FELLOWSHIP TRAINED FACULTY

This position entails opportunities to participate in all aspects of clinical practice, as well as resident and medical student teaching. The department operates state of the art audiologic suites and a state of the art clinical vestibular laboratory established in collaboration with NASA to support our otologic/neurologic experience. Clinical research is encouraged but not mandatory.

**Head and Neck Surgical Oncologist/  
Microvascular Reconstructive Surgeon**

FULL-TIME BC/BE FELLOWSHIP TRAINED FACULTY

This position entails opportunities to participate in all aspects of clinical practice, as well as resident and medical student teaching. Clinical research is encouraged but not mandatory.

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.

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

Vicente Resto, MD, PhD, FACS  
Physician Executive for Growth

Assoc. Chief Physician Executive for Faculty Group Practice  
Chair, Department of Otolaryngology UTMB Health  
301 University Boulevard, Galveston, TX 77555-0521

**Email:** varesto@utmb.edu  
**Phone:** 409-772-2701



### Otolaryngology Residency Program Director

St. Luke's University Health Network and Specialty Physician Associates are seeking an Otolaryngology Residency Program Director to start a new Otolaryngology Residency Program, based out of St. Luke's Anderson Campus. The Founding Program Director will be responsible for leading, administering, and supervising all aspects of the Otolaryngology Residency Program in accordance with the ACGME Program Requirements and Institutional Goals and Objectives.

The Program Director will have dedicated time for administrative, educational, strategic, and research initiatives and provide oversight and development of the Otolaryngology Residency Program and participate in our academic mission through our Temple/St. Luke's School of Medicine partnership. In addition, the Program Director will be expected to develop a clinical practice with allocated time to develop and lead the residency program.

**In joining St. Luke's University Health Network and Specialty Physician Associates, you will enjoy:**

- Team-based care with well-educated, dedicated support staff
- Teaching, research, quality improvement and strategic development opportunities
- A culture in which innovation is highly valued
- Exceptional compensation package
- Rich benefits package, including malpractice health and dental insurance, CME allowance
- Support from colleagues with fellowship training in rhinology, facial plastics, laryngology, allergy, otology, and head and neck

#### Qualifications

Candidates must be board-certified in Otolaryngology and have demonstrated clinical, administrative and/or educational leadership accomplishments. Excellent leadership, management, and communication skills are necessary.

In addition, candidates must have:

- Prior experience as a Program Director or Assistant Program Director, or
- Three years as a teacher in an ACGME-accredited otolaryngology residency program
- Must be willing to combine administrative/teaching responsibilities with clinical practice (25/75)
- PA and NJ State medical licenses (at the time of employment)

#### About St. Luke's Anderson Campus

Opened in 2011, Anderson Campus consists of a four-story, 108 bed acute care hospital, state-of-the-art cancer center, a 75,000-square foot ambulatory surgical center, and medical office building. Private patient rooms are state-of-the-art with the latest technology and amenities. Consisting of over 500 acres, Anderson Campus also includes auxiliary gardens, a two-mile walking path, and a pond with a fountain and sitting area to promote wellness.

#### About St. Luke's University Health Network

We are the region's largest, most established health system with nine hospitals spanning nine counties. In partnership with Temple University, St. Luke's created the region's first Medical School. Repeatedly, including 2017, St. Luke's has earned Truven's 100 Top Major Teaching Hospital. St. Luke's is a member of the AAMC Council of Teaching Hospitals and a Regional Branch Campus and major affiliate of Temple University School of Medicine. To learn more about St. Luke's, please visit us at [www.SLUHN.org](http://www.SLUHN.org)

#### About Specialty Physician Associates

We are an 11-physician group looking for a colleague to help us provide quality ear, nose and throat care in addition to founding a residency program. There is support from 8 advanced practitioners, 7 audiologists and 2 speech therapists, and we are always growing. Within the group there are physicians fellowship trained in rhinology, facial plastics, laryngology, allergy, otology and head and neck, and our practice allows for sub-specialization as desired. We have 4 full-time offices and 5 satellite offices to serve our community.

#### About the Lehigh Valley

Number 9 on America's 50 Best Cities to Live!

<http://www.discoverlehighvalley.com/>

<http://247wallst.com/special-report/2015/11/05/americas-50-best-cities-to-live-2-2/10/>

The Lehigh Valley is a place to live, work, and play! Rich with history, fantastic recreational activities, eclectic restaurants and midway between Philadelphia and New York City, the Lehigh Valley offers excellent school systems and affordable housing that can be found with easy access to the hospital.

**If you are interested in learning more about this position, please contact Drea Rosko, Physician Recruiter, St. Luke's University Health Network, [Drea.Rosko@sluhn.org](mailto:Drea.Rosko@sluhn.org), 484-526-4132 or David M. Yen, M.D., Specialty Physician Associates, [yen\\_dm@yahoo.com](mailto:yen_dm@yahoo.com), 610-737-7428.**





### General Otolaryngology

The Department of Otolaryngology at Massachusetts Eye and Ear/Harvard Medical School seeks a qualified candidate for a full-time position at its North Suburban Center in Stoneham, MA. It is a practice with 3 physicians and 1 physician assistant at one office location. The successful candidate would have the opportunity for a broad clinical practice in General Otolaryngology. In addition, there are opportunities to participate in basic and clinical research and/or teaching within Mass. Eye and Ear and Harvard Medical School. The successful candidate must be Board-certified or Board-eligible in Otolaryngology. Qualified female and minority applicants are encouraged to apply.

Please send a letter of interest and curriculum vitae to:

**Michael B. Rho, MD, FACS**  
Medical Director  
**Massachusetts Eye and Ear, Stoneham**  
41 Montvale Ave, Suite 200  
Stoneham, MA 02180  
[Michael\\_Rho@meei.harvard.edu](mailto:Michael_Rho@meei.harvard.edu)

Massachusetts Eye and Ear and Harvard Medical School are  
Equal Opportunity/Affirmative Action Employers.

### University of Missouri

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

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

- **Laryngologist or General Otolaryngologist with an interest/experience in Laryngology**
- **Pediatric Otolaryngologist**
- **General Otolaryngologist**
- **Head and Neck Microvascular Surgeon**

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](mailto:zitschr@health.missouri.edu)

To apply for a position, please visit the MU web site at  
[hrs.missouri.edu/find-a-job/academic/](http://hrs.missouri.edu/find-a-job/academic/)

The University of Missouri is an Equal Opportunity/Access/Affirmative Action/Pro Disabled & Veteran Employer.



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

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

## ENT Opportunity Bend, Oregon

Cascade ENT, a sole-practitioner practice, in Bend, Oregon, is seeking a dedicated Otolaryngologist to join our practice serving 2 area locations.

This is an opportunity to work with an experienced, highly skilled ENT/Facial Plastic Surgeon, in a well-established practice with a fantastic group of support personnel. The position is a full-time opportunity with partnership potential.

The position requires:

- MD/DO degree
- Board certification, board eligibility or fellowship-trained
- Licensed in Oregon or eligible for Oregon Licensure

Cascade ENT is expanding due to community growth. Bend, Oregon has a population of 92,122 in a county of 175,268. Bend is best known for its recreational opportunities such as water and snow skiing, hiking, biking, camping, fishing and hunting, and various youth sports, to name just a few area offerings. Bend is home to a community college and a university, a well-known ski resort, excellent golf courses, museums, as well as many fine restaurants and cultural activities. Bend is routinely on publishers' "Best lists" and is committed to maintaining a high quality of life for residents and visitors alike as it continues to experience significant growth.



For more information about our community visit [www.visitbend.com](http://www.visitbend.com)

Please email your resume and letter in interest to [manager@cascadeent.com](mailto:manager@cascadeent.com)

THE  
University of Vermont  
HEALTH NETWORK  
Champlain Valley Physicians Hospital

## SURGEON OTOLARYNGOLOGY PLATTSBURGH, NY

The Department of Surgery at the University of Vermont College of Medicine is seeking a Clinical Practice Physician in the Division of Otolaryngology to join the Champlain Valley Physicians Hospital (CVPH) in Plattsburgh, New York. CVPH is a progressive medical center with nine state-of-the-art OR's and Ambulatory Surgery Center. The position entails providing Otolaryngology services to the patient population served by CVPH, a community medical center which is a regional referral hospital partnered with the University of Vermont Medical Center. This position offers the unique opportunity to work in a community setting while having an active affiliation with Vermont's only Academic Medical Center; the only ACS verified Level 1 trauma center in the state providing tertiary care to patients from Vermont and Northern NY.

Applicants must be board certified or board eligible and eligible for medical licensure in the state of New York. This is a full-time, 12 month, salaried position.

Plattsburgh is located on the shores of Lake Champlain, near the Adirondack Mountains, Olympic-Lake Placid region, Montreal and Burlington, VT.

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 in their cover letter information about how they will further this goal. The University of Vermont 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. Applications will be accepted until the position is filled.

Interested individuals should apply via: <https://www.uvmjobs.com/postings/22472> and may direct any inquiries to Division Chief, William Brundage, MD c/o Kathryn Raymond at [Kathryn.Raymond@uvmhealth.org](mailto:Kathryn.Raymond@uvmhealth.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 [www.sfenta.com](http://www.sfenta.com).

### Contact Information:

Contact name: Stacey Citrin, CEO

Phone: (305) 558-3724 • Cellular: (954) 803-9511

E-mail: [scitrin@southfloridaent.com](mailto:scitrin@southfloridaent.com)

## Academic Otolaryngologist Worcester, MA

UMass Memorial Medical Center, the clinical partner of the University of Massachusetts Medical School in Worcester, MA, is seeking a BC/BE **General Academic Otolaryngologist**.

Come join an established group of eight physicians in a busy tertiary care referral center. We are looking for ideal candidates with the energy, desire, and drive to jump-start their careers and help expand our scope and presence. Opportunities exist for clinical and basic science investigation and research. An academic appointment commensurate with education and training is offered. Responsibilities to include clinical care as well as student and resident education. Please visit the department website: <https://www.umassmed.edu/otolaryngology/> to learn more!

UMass Memorial Health Care is the largest healthcare system in Central Massachusetts. As the clinical partner of UMass Medical School, you will have access to the latest technology, research and clinical trials. In addition to the fully equipped medical centers, our system also includes behavioral health programs and community-based physician practices.

Centrally located Worcester is just miles from Boston, Providence, and Cape Cod with a short ride to the scenic Berkshire and Wachusett Mountains. The diverse city of Worcester has nine colleges and universities including the University of Massachusetts Medical School, that overlooks the beautiful panoramic views of Lake Quinsigamond. As the second largest city in New England, it has powered a rise of booming technology, research, manufacturing and healthcare industries. Worcester is also home to the Hanover Theatre for Performing Arts, Worcester Art Museum and the family-friendly Ecotarium.

**Come join the Best Place to Give Care, the Best Place to Get Care, and the best place for YOU!**

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

**Daniel Kim, MD, FACS**  
Chairman and Professor

Department of Otolaryngology - Head and Neck Surgery  
UMass Memorial Medical Center

c/o Adriana Dietlin, In-House Physician Recruiter  
Department of Human Resources

Email: [Adriana.Dietlin@umassmemorial.org](mailto:Adriana.Dietlin@umassmemorial.org)

## South Florida General Otolaryngologist

Single specialty, independent practice. Currently, 2 physicians, one PA, one Doctor of Audiology. 2 offices. Ancillary services include audiology and hearing aid sales. In addition, strong allergy practice with immunotherapy including SLIT. Excellent support staff with very low turnover including two RN's and a business manager who has been with the practice for over 10 years. Large referral base. I am looking for an entrepreneurial MD/DO who is motivated to join a thriving, independent practice.

- Salary: Base salary plus incentive
- Full time/permanent position
- 4 day work week Monday through Thursday
- On-call not required
- Surgical/office or entirely office practice
- Health and dental insurance covered 100%
- Life insurance
- Malpractice insurance
- PTO 5 weeks.
- CME Reimbursement
- Relocation Allowance
- 401K program



Community description: Naples, Bonita Springs and Estero—on the Gulf of Mexico. Thriving, growing community. Good schools including FGCU the fastest growing Florida University. Cultural activities abound. The best weather in the US with mild, nonexistent winters. This allows you to enjoy the outdoors 12 months of the year. Gallup-Hathaway rated Naples Number one as the happiest, healthiest city in the U.S. for the last two years in a row!

Please contact or send CV to:  
Mark Montgomery MD  
9240 Bonita Beach Rd  
Suite 1106  
Bonita Springs, Florida 34135  
drmarkmontgomery.com  
239-495-6200



**HEALTH**  
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## 24th ANNUAL UTAH OTOLARYNGOLOGY UPDATE

June 22-23, 2018, Salt Lake City, UT

Guest Speakers:

Ken Kazahaya, MD, MBA, FACS  
Steven Gray Memorial Lecturer  
University of Pennsylvania

Bradley W. Kesser, MD  
James Parkin Lecturer  
University of Virginia School of Medicine

J. Regan Thomas, MD, FACS  
David Dolowitz Memorial Lecturer  
Northwestern University

For more information, visit:

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

# Join Our Team

**Growth. Advancement. Opportunity.**

General Otolaryngologist:

Cleveland Clinic is seeking a full-time general otolaryngologist to manage both adult and pediatric ear, nose and throat problems in a tertiary care academic center. The physician will practice at community locations and the main academic campus. The otolaryngology program is part of the Cleveland Clinic's Head & Neck Institute, a comprehensive, multi-disciplinary team that includes dentistry, oral surgery, speech and audiology. Cleveland Clinic's otolaryngology program is nationally ranked by *U.S. News & World Report*.

Join our team of 12 general otolaryngologists and 15 subspecialists. Outstanding benefits provided including tail coverage and no restrictive covenant. Robust resources offered for professional development including leadership, education, and management tracks as well as a formal mentorship program available for faculty.

To apply online, visit [jobs.clevelandclinic.org/physicians](http://jobs.clevelandclinic.org/physicians)



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## Otology, Neurotology, and Skull Base Surgery

**USC Caruso Department of Otolaryngology -  
Head and Neck Surgery, Los Angeles, California**



### Seeking an Assistant, Associate, or Full Professor

We are seeking a board-certified Neurotologist to join the Division of Otology, Neurotology, and Skull Base Surgery. Faculty rank will be determined by the qualifications and experience of the candidate.

We have a busy practice with a large surgical volume and we need another neurotologist to join our group. Candidates with a wide range of career goals will be entertained. These may include, for example, a junior physician eager to build a busy practice, a clinician-scientist with a solid history of research experience and grant funding, or a senior physician interested in a Division Chief role. An important criterion is proficiency in vestibular schwannoma, lateral skull base surgery, and cochlear implantation. Our Department and Medical School offers tremendous research and educational opportunities and all faculty are expected to pursue scholarly activities as part of their career.

The University of Southern California (USC), founded in 1880, is the largest private employer in the City of Los Angeles. As an employee of USC, you will be a part of a world-class research university and a member of the "Trojan Family," which is comprised of the faculty, students and staff that make the university what it is.

The University of Southern California strongly values diversity and is committed to equal opportunity in employment. Women and men, and members of all racial and ethnic groups, people with disabilities, and veterans are encouraged to apply.

John S. Oghalai, MD  
Tiber Alpert Professor and Chair  
USC Caruso Department of  
Otolaryngology-Head and Neck Surgery  
1540 Alcazar, Suite 204  
Los Angeles, CA 90033  
Ph: (323) 442-2312  
john.oghalai@med.usc.edu



## General Otolaryngology

The Department of Otolaryngology at Massachusetts Eye and Ear seeks a qualified candidate for a full-time position with principal location at its Concord Center for Otolaryngology—Head and Neck Surgery. The successful candidate would have the opportunity for a broad clinical practice in General Otolaryngology. In addition, there are opportunities to participate in basic and clinical research and/or teaching within Mass. Eye and Ear and Harvard Medical School. The successful candidate must be Board-certified or Board-eligible in Otolaryngology.

Qualified female and minority applicants are encouraged to apply.

Please send a letter of interest and curriculum vitae to:

**Paul Konowitz, MD**  
Medical Director

**Massachusetts Eye and Ear Associates**  
290 Baker Ave., Concord, MA 01742  
978-369-8780

*Paul\_Konowitz@meei.harvard.edu*

Massachusetts Eye and Ear and Harvard Medical School are  
Equal Opportunity/Affirmative Action Employers.



## Otolaryngology

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

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

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



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

EEO/AA Employer/Protected Vet/Disabled

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



**McFarland Clinic PC**

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MEDICINE

## FELLOWSHIP IN HEAD AND NECK ENDOCRINE SURGERY

A one-year fellowship specializing in Endocrine Surgery is available for 2020 in the Department of Otolaryngology – Head and Neck Surgery at the Johns Hopkins School of Medicine starting July 1, 2019.

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## OTOVEL® (ciprofloxacin and fluocinolone acetonide) otic solution

### Brief Summary of Prescribing Information

#### 1 INDICATIONS AND USAGE

OTOVEL is indicated for the treatment of acute otitis media with tympanostomy tubes (AOMT) in pediatric patients (aged 6 months and older) due to *Staphylococcus aureus*, *Streptococcus pneumoniae*, *Haemophilus influenzae*, *Moraxella catarrhalis*, and *Pseudomonas aeruginosa*.

#### 2 DOSAGE AND ADMINISTRATION

- OTOVEL is for otic use only. It is not for ophthalmic use, or for injection.

The recommended dosage regimen is as follows:

- Instill the contents of one single-dose vial 0.25 mL into the affected ear canal twice daily (approximately every 12 hours) for 7 days. Use this dosing for patients aged 6 months of age and older.
- Warm the solution by holding the vial in the hand for 1 to 2 minutes. This is to avoid dizziness, which may result from the instillation of a cold solution into the ear canal.
- The patient should lie with the affected ear upward, and then instill the medication.
- Pump the tragus 4 times by pushing inward to facilitate penetration of the medication into the middle ear.
- Maintain this position for 1 minute. Repeat, if necessary, for the opposite ear [see *Instructions for Use*].

#### 3 DOSAGE FORMS AND STRENGTHS

Otic Solution: Each single-dose vial of OTOVEL (ciprofloxacin 0.3 % and fluocinolone acetonide 0.025 %) delivers 0.25 mL of solution equivalent to ciprofloxacin 0.75 mg and fluocinolone acetonide 0.0625 mg.

#### 4 CONTRAINDICATIONS

OTOVEL is contraindicated in:

- Patients with known hypersensitivity to fluocinolone acetonide or other corticosteroids, ciprofloxacin or other quinolones, or to any other components of OTOVEL.
- Viral infections of the external ear canal, including varicella and herpes simplex infections and fungal otic infections.

#### 5 WARNINGS AND PRECAUTIONS

##### 5.1 Hypersensitivity Reactions

OTOVEL should be discontinued at the first appearance of a skin rash or any other sign of hypersensitivity. Serious and occasionally fatal hypersensitivity (anaphylactic) reactions, some following the first dose, have been reported in patients receiving systemic quinolones. Some reactions were accompanied by cardiovascular collapse, loss of consciousness, angioedema (including laryngeal, pharyngeal or facial edema), airway obstruction, dyspnea, urticaria and itching. Serious acute hypersensitivity reactions may require immediate emergency treatment.

##### 5.2 Potential for Microbial Overgrowth with Prolonged Use

Prolonged use of OTOVEL may result in overgrowth of non-susceptible bacteria and fungi. If the infection is not improved after one week of treatment, cultures should be obtained to guide further treatment. If such infections occur, discontinue use and institute alternative therapy.

##### 5.3 Continued or Recurrent Otorrhea

If otorrhea persists after a full course of therapy, or if two or more episodes of otorrhea occur within 6 months, further evaluation is recommended to exclude an underlying condition such as cholesteatoma, foreign body, or a tumor.

#### 6 ADVERSE REACTIONS

The following serious adverse reactions are described elsewhere in the labeling: Hypersensitivity Reactions [see *Warnings and Precautions* (5.1)]

##### 6.1 Clinical Trials Experience

Because clinical trials are conducted under widely varying conditions, adverse reaction rates observed in the clinical trials of a drug cannot be directly compared to rates in the clinical trials of another drug and may not reflect the rates observed in practice.

In clinical trials, 224 patients with AOMT were treated with OTOVEL for a median duration of 7 days. All the patients received at least one dose of OTOVEL. There were 220 patients who received at least one dose of ciprofloxacin (CIPRO) and 213 patients received at least one dose of fluocinolone acetonide (FLUO). The most common adverse reactions that occurred in 1 or more patients are as follows:

**Table 1: Selected Adverse Reactions that Occurred in 1 or more Patients in the OTOVEL Group**

Adverse Reactions <sup>1</sup>	Number (%) of Patients		
	OTOVEL N=224	CIPRO N=220	FLUO N=213
Otorrhea	12 (5.4%)	9 (4.1%)	12 (5.6%)
Excessive granulation tissue	3 (1.3%)	0 (0.0%)	2 (0.9%)
Ear infection	2 (0.9%)	3 (1.4%)	1 (0.5%)
Ear pruritus	2 (0.9%)	1 (0.5%)	1 (0.5%)
Tympanic membrane disorder	2 (0.9%)	0 (0.0%)	0 (0.0%)
Auricular swelling	1 (0.4%)	1 (0.5%)	0 (0.0%)
Balance disorder	1 (0.4%)	0 (0.0%)	0 (0.0%)

<sup>1</sup> Selected adverse reactions that occurred in ≥ 1 patient in the OTOVEL group derived from all reported adverse events that could be related to the study drug or the drug class.

#### 6.2 Postmarketing Experience

The following adverse reactions have been identified during postapproval use of ciprofloxacin and fluocinolone acetonide otic solution, 0.3% / 0.025% outside the US. Because these reactions are reported voluntarily from a population of uncertain size, it is not always possible to reliably estimate their frequency or establish a causal relationship to drug exposure.

- Immune system disorders: allergic reaction.
- Infections and infestations: candidiasis.
- Nervous system disorders: dysgeusia, paresthesia (tingling in ears), dizziness, headache.
- Ear and labyrinth disorders: ear discomfort, hypoacusis, tinnitus, ear congestion.
- Vascular disorders: flushing.
- Skin and subcutaneous tissue disorders: skin exfoliation.
- Injury, poisoning and procedural complications: device occlusion (tympanostomy tube obstruction).

#### 8 USE IN SPECIFIC POPULATIONS

##### 8.1 Pregnancy

###### Risk Summary

OTOVEL is negligibly absorbed following otic administration and maternal use is not expected to result in fetal exposure to ciprofloxacin and fluocinolone acetonide (12.3)].

##### 8.2 Lactation

###### Risk Summary

OTOVEL is negligibly absorbed by the mother following otic administration and breastfeeding is not expected to result in exposure of the infant to ciprofloxacin and fluocinolone acetonide.

##### 8.4 Pediatric Use

OTOVEL has been studied in patients as young as 6 months in adequate and well-controlled clinical trials. No major differences in safety and effectiveness have been observed between adult and pediatric patients.

##### 8.5 Geriatric Use

Clinical studies of OTOVEL did not include sufficient numbers of subjects aged 65 years and over to determine whether they respond differently from younger subjects. Other reported clinical experience has not identified differences in responses between the elderly and younger patients.

#### 10 OVERDOSAGE

Due to the characteristics of this preparation, no toxic effects are to be expected with an otic overdose of OTOVEL.

Distributed by:

Arbor Pharmaceuticals, LLC  
Atlanta, GA 30328

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U.S. Patent No: 8,932,610

You are encouraged to report negative side effects of prescription drugs to the FDA. Visit [www.fda.gov/medwatch](http://www.fda.gov/medwatch), or call 1-800-FDA-1088.

For more detailed information, see the full prescribing information for Otovel at [www.otovel.com](http://www.otovel.com) or contact Arbor Pharmaceuticals, LLC at 1-866-516-4950.

## ***The first and only combination ear drop for AOMT in single-use vials<sup>1</sup>***

For treatment of acute otitis media in children with tympanostomy tubes (6 months and older) due to *S. aureus*, *S. pneumoniae*, *H. influenzae*, *M. catarrhalis*, and *P. aeruginosa*.



**OTOVEL<sup>®</sup>**  
ciprofloxacin 0.3% and  
fluocinolone acetonide 0.025%

# Single. Sterile. Simple.

- **14 single-use vials contain 1 premeasured dose** each—dose BID/7 days<sup>2</sup>
- **Every dose is sterile**, precise, and preservative free<sup>2</sup>
- **No drop counting.** No mixing or shaking required<sup>2</sup>

Drop into **[www.otovel.com](http://www.otovel.com)** to learn more about this AOMT treatment.

### **IMPORTANT SAFETY INFORMATION**

#### **Contraindications**

OTOVEL is contraindicated in:

- Patients with known hypersensitivity to fluocinolone acetonide or other corticosteroids, ciprofloxacin or other quinolones, or to any other component of OTOVEL.
- Viral infections of the external ear canal, including varicella and herpes simplex infections and fungal otic infections.

The following Warnings and Precautions have been associated with OTOVEL: Hypersensitivity reactions, potential for microbial overgrowth with prolonged use, and continued or recurrent otorrhea.

The most common adverse reactions are otorrhea, excessive granulation tissue, ear infection, ear pruritus, tympanic membrane disorder, auricular swelling, and balance disorder.

**For additional Important Safety Information, please see Brief Summary of Prescribing Information on adjacent page and full Prescribing Information available at [www.otovel.com](http://www.otovel.com).**

**References:** 1. US Food and Drug Administration. Orange Book: Approved drug products with therapeutic equivalence evaluations. <https://www.accessdata.fda.gov/scripts/cder/ob/>. Accessed February 1, 2017. 2. Otovel [package insert]. Atlanta, GA: Arbor Pharmaceuticals, LLC.

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