

bulletin

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

JULY 2018



Research & Quality: Guiding the way through the digital clinical data evolution 17

**PSQI Committee: Wrong
site surgery: A never event** 8

**#OTOMTG18
Presidential Citations** 11

**CORE grants awarded:
Partnering to advance
the specialty** 20

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Featured:

- ❑ A joint panel with the American Rhinologic Society **The Demise of the Sinus Surgeon** on monoclonal antibodies and their application for nasal polyposis.
- ❑ **The BJ Ferguson Memorial Keynote Lecture** by Sally Wenzel, MD, Director of the University of Pittsburgh Asthma Institute at UPMC focusing on Asthma, Airway Disease and the Intersection of Biology and Biologics.
- ❑ **Latest Research update** from the National Institute of Allergy and Infectious Diseases (NIAID) within the National Institutes of Health (NIH).
- ❑ Outside-the-classroom series: **Content Meets Culture—Conversations with Experts**, small groups led by AAOA faculty in an informal, topic-focused discussion while touring Philadelphia.
- ❑ **Government Regulations panel**, focusing on the impact of Stark laws on allergy practice, compounding/USP 797, and related government regulatory issues; Speakers include Gavin Setzen, MD and Jim Denny, MD.
- ❑ A day of **Business of Medicine** programming, focusing on the day-to-day issues that all Otolaryngologists face. Sessions are designed to help you solve challenges affecting your practice. Invited speakers include:
 - ◆ Nick Hernandez, MBA, FACHE, is the CEO and founder of ABISA, a consultancy specializing in healthcare strategic growth initiatives.
 - ◆ Karen Zupko and Cheyenne Brinson, internationally recognized speakers, who advise physicians and healthcare managers about the challenges and trends impacting the practice of medicine.
 - ◆ Teresa Thompson, BS, CPC, CMSCS, CCC. She is the owner of TM Consulting, a national medical consulting and management firm that specializes in coding, compliance, education with a wide range of consulting services.
 - ◆ Daniel F. Shay, JD, an attorney practicing health law and health care regulations focusing primarily on physician representation, fraud and abuse compliance, Medicare Part B reimbursement, Stark regulations, and HIPAA compliance.
- ❑ **ReCAP — Review of Core Allergy Principles**. Great overview of key allergy patient management concepts ideal for Physicians, PAs, NPs, nurses, office staff, residents as well as anyone interested in learning more about allergy diagnosis and immunotherapy.
- ❑ An exclusive **Reception at the Reading Terminal Market**, a private event just for Annual Meeting attendees, featuring iconic Philadelphia treats from local merchants.
- ❑ **Breakfast Research Symposium** highlighting AAOA-sponsored research and trends in Allergy & Rhinology.
- ❑ Sunday will round out with our **Cases, Conversations, and Collaboration, Rapid-Fire Learning, and Workshops** series. Designed as engaging sessions, discussion leaders will use cases to build conversations around the current state of care and nuances in approaching challenges in patient care.

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JULY 2018

Volume 37, No. 6

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

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

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

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BULLETIN ADVERTISING

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ADVERTISER INDEX

AAO-HNSF Annual Meeting	2
AAO-HNS Academy Advantage	4
AAO-HNSF Reg-ent SM	30
American Academy of Otolaryngic Allergy	Inside Front cover
ARBOR	Inside Back Cover, Back Cover

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features

Research & Quality: Guiding the way through the digital clinical data evolution

17

Activities of the OREBM Committee 18

Updates from the PSQI Committee 19

CORE grants awarded 20

Research & quality in demand 23

Measure development update 24

The mechanics of measurement 27

Reg-entSM moving forward 28



Wrong site surgery: A never event

8

From the AAO-HNSF PSQI Committee



ENT ADVOCACY NETWORK

Keep an ear to the ground

10

departments

The leading edge

The relentless pursuit of quality and excellence

3

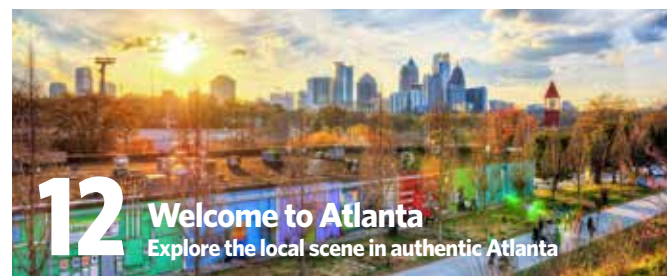
by Gavin Setzen, MD

Be part of the solution

5

by James C. Denny III, MD

AAO-HNSF 2018 ANNUAL MEETING & OTO EXPERIENCE



Meeting the global need in otolaryngologic patient care

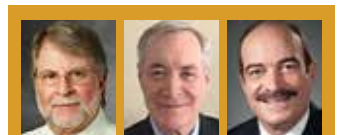
14

MedShare impact stories

15

International Guest of Honor 2018: Portugal

16



11 Presidential Citations

➔ READ MORE ONLINE

Longer article available:

Humanitarian service in Guayaquil

6

At the forefront

■ Board of Governors: The BOG is a lifeline ■ Call for applications: Vacancy announced: Director, National Institute on Deafness and Other Communication Disorders ■ Humanitarian service in Guayaquil ■ Trauma Symposium to be held at #OTOMTG18



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The relentless pursuit of quality and excellence

Collectively, as a **unified and diverse Academy**, we must continue to engage with all stakeholders, including our specialty societies, academic and private practice otolaryngologists, the ABOto, and others, to pursue our mutual goals of continuously improving research, quality, and safety in otolaryngology education and healthcare provision in the United States and around the world.

The AAO-HNS/F remains steadfast in its commitment to pursue meaningful, relevant, and impactful quality and research initiatives to ensure optimal patient outcomes well into the future. Research and quality initiatives from the Outcomes Research and Evidence-based Medicine (OREBM) and Patient Safety and Quality Improvement (PSQI) Committees and the Centralized Otolaryngology Research Efforts (CORE) grants program, among others, reflect the dedication and **commitment of our members and associated staff** in ensuring that we remain the trusted source in propelling otolaryngology to new heights.

In addition, otolaryngology-specific quality outcome measures continue to be developed rapidly, and **Reg-entSM**, the AAO-HNSF qualified clinical data registry (QCDR), will play a pivotal role in helping every otolaryngologist, in every clinical setting, to measure quality and participate in clinical research, quality improvement efforts, demonstration of clinical effectiveness, MOC and MOL, etc. Issues related to EHR vendor information-blocking are being vigorously challenged, and these barriers to participation are gradually being eliminated.

All of these activities are highly resource-intensive. Since membership dues cover under 40 percent of the cost of programs and services provided by the Academy, I would ask each of you to consider a tax-deductible contribution to the Annual Fund (development@entnet.org) to enable the organization to keep moving forward in accomplishing the goals and objectives of the newly formalized Strategic Plan.

I am confident that graduating residents and fellows entering into practice this summer will be well-equipped to provide the best ear, nose, and throat care available to their patients, utilizing these **quality and evidence-based approaches to care delivery**. I encourage you to pursue your passion, always providing patient-centered, empathetic, and humanistic care. Whether you choose independent private practice, an employed physician option, or academia, maintain your Academy membership and stay connected and

involved. Take full advantage of the robust opportunities available to both the budding surgeon-scientist and the rural solo general otolaryngologist alike.

Along these lines, I believe two other healthcare issues clearly have an impact on quality and safety—**mentoring of young physicians** and physician leaders and **ensuring physician resilience and wellness**.

Mentoring programs are an important part of physician education and development at all stages of one's career, in particular mentoring millennials, our future leadership, who, it is estimated, will compose the majority of the U.S. workforce by 2025. Physicians and mentoring are an essential and integral part of the quality paradigm. Sharing clinical expertise, work-life balance suggestions, business concepts, operations, strategy, organizational structure, and other functions between connectors offers an invaluable opportunity to **develop and nurture clinical and life skills** necessary for success in clinical practice and other spheres of life. A good mentor sees the potential in the mentee and facilitates his or her development, inspiring confidence, growth, and the pursuit of excellence.

Personally, my mentors and coaches along my career path have been invaluable, and I owe a debt of gratitude to each of them. Equally important, if not more so, is the guidance and support provided by one's significant other, family, and friends.

WE NEED YOU, our young physicians, to remain engaged. Physician engagement, along with patient engagement, employee engagement, and team engagement, are necessary to work more effectively and to ensure improved outcomes. Each of us can take practical steps to improve engagement through emotional connection, involvement (Academy, committees, advocacy, volunteerism), and commitment demonstrated in our behaviors that will lead to actions to improve healthcare quality. The "20-60-20 rule" suggests that 20 percent of a given group is already engaged and 20 percent is actively disengaged. The remaining 60 percent—the silent majority—is where engagement efforts are needed and are most likely to succeed, be it with colleagues, patients, coworkers, or at the organizational level. Strategic partnerships and adherence to our core purpose and mission will allow us to have a positive influence for a more productive and innovative culture of quality and excellence, here at 1650 Diagonal Road, Alexandria, VA, and in your clinic and operating room.

Wishing you and your families a relaxing and regenerative summer! ■



Gavin Setzen, MD
AAO-HNS/F President

“The AAO-HNS/F remains steadfast in its commitment to pursue meaningful, relevant, and impactful quality and research initiatives to ensure optimal patient outcomes well into the future.”



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Be part of the solution

The Academy and Foundation Boards of Directors made a commitment consistent with our mission to expand significant resources to upgrade our patient education and information programs through the creation of a dedicated website designed to help our patients access the best information possible about their medical conditions. We have contracted with Digital Pulp to construct a state-of-the-art website that will serve as a trusted site for patients suffering from medical problems treated by otolaryngologist-head and neck surgeons. This site will include “symptom checking,” “condition primers,” “treatment manager,” quizzes and surveys, and physician pop-up video, along with connections to our members. ENThealth.org is being constructed, and the contributing ENThealth.org Executive Committee and Consumer Health Development Groups have been selected in anticipation of rolling out this innovative resource at our AAO-HNSF 2018 Annual Meeting & OTO Experience in Atlanta, Georgia, this fall.

I was reminded recently of the complexity of providing patients who have diverse cultural needs and problems with the knowledge that they need, in a form they can understand, so they can successfully complete the journey from recognition to resolution of a health problem. A patient-centric resource such as ENThealth.org, no matter how well-constructed, is only an adjunct on the diagnosis and treatment pathway. I had the privilege of hearing Susan Sheridan, MIM, MBA, DHL, speak on “Improving Diagnosis in Medicine: The Patient’s Perspective” at the Council of Medical Specialty Societies spring meeting in Chicago, IL. Ms. Sheridan has held positions related to patient engagement with the Patient-Centered Outcomes Research Institute, the World Health Organization, and CMS, and is currently Director of Patient Engagement at the Society to Improve Diagnosis in Medicine. As someone whose family has suffered two tragic episodes of misdiagnosis, she highlighted the impact of diagnostic errors in the United States. I was surprised that, despite considerable effort to improve the situation, diagnostic errors still affect more than 12 million adults in the outpatient setting each year, and 40,000-80,000 Americans die each year from diagnostic failures in U.S. hospitals. According to the National Academy of Medicine, a “diagnostic error” is the failure to establish an accurate and timely explanation of the patient’s health problem or communicate that explanation to the patient. The ECRI Institute considers diagnostic errors the number one patient safety

concern for 2018. Unfortunately, diagnostic errors are often difficult to identify contemporaneously and are often recognized only after the fact.

The major focus of Ms. Sheridan’s presentation was the systematic involvement of the patient and/or their family throughout the “diagnostic journey,” beginning with the engagement of the system and continuing to the outcome, including any analysis of the progress. It is clear that both physicians and organized medicine need to take a more proactive approach if we are going to make a credible move toward eradicating the problem of misdiagnosis. She offered multiple recommendations that could be implemented by both physicians and medical societies that would improve the process of making and communicating an accurate diagnosis. These included some basic steps such as inviting patients and their families to participate in the diagnostic process; stressing the importance of an accurate and complete history and physical exam; discussing diagnostic options, including risks, benefits, and costs; using open notes; encouraging patients and family members to collect test results; and being willing to talk about uncertainty with patients.

Additionally, it is important to help patients identify concerning and potentially dangerous symptoms and how to report them to their physicians, to recognize the critical nature of a triage staff properly trained to identify symptoms requiring additional action by the provider, and to steer patients to credible educational sites. Ms. Sheridan believes that specialty societies have the additional roles of working with patients to improve the diagnostic system, creating usable patient information materials, and involving patients in the development of practice guidelines and meaningful measures that matter to them.

We will be incorporating a number of these suggestions into ENThealth.org, which will be designed to better equip patients to identify conditions and symptoms that warrant additional action on their part. We also plan to include interactive modules for patient-reported outcomes, the natural history of disease processes, and expected progress toward improvement that will assist patients in getting a complete picture of their problem. This will be accomplished as a collaborative effort that includes our specialty societies and patient representatives. I would encourage all of you to look at ways to be part of the solution to the misdiagnosis problem that is plaguing our healthcare delivery system. ■



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

“A patient-centric resource such as ENThealth.org, no matter how well-constructed, is only an adjunct on the diagnosis and treatment pathway.

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BOARD OF GOVERNORS

The BOG is a lifeline

■ Boris Chernobilsky, MD

Vice Chair, BOG Governance & Society Engagement Committee



Whenever we travel by airplane, the take-off safety instructions tell us to secure our own oxygen mask

first, then assist the child or other person next to us. I use this analogy whenever I am talking to patients who find themselves overwhelmed in the position of chief caregiver to their loved ones. But it also applies to our profession. How many of us actually stop and heed those words in our busy lives, as we try to balance direct patient care, documentation, administrative tasks, family, and our own needs?

Why am I bringing this up in a *Bulletin* issue focused on patient safety? Because nothing is more central to good, safe patient care than a physician who is at the top of their game—engaged, knowledgeable, capable, and compassionate.

Unfortunately, physician well-being continues to be a major issue. In a recent, large Medscape survey¹, 42 percent of all physicians reported burnout. Otolaryngologists as a group reported the same percentage. Many felt that this led to errors and harm to their patients. Dissatisfaction with work also leads to high physician turnover, which then becomes an access issue for patients. Patients are often negatively impacted by the loss of their doctor, especially one who knows their conditions intimately and has stood by them through their worst experiences.

While there have been efforts to alleviate physician burnout, two major factors seem to

make the most impact: perception of leadership and activities outside of direct patient care. One particular study from Mayo Clinic demonstrated 50 percent variation in satisfaction among physicians based on their administrator's leadership scores. Another study showed significantly improved burnout

rates when physicians were provided private areas and time to congregate, collaborate, and otherwise interact on a daily basis.

The Board of Governors (BOG) helps Academy members avoid burnout in precisely the ways the literature bears out. First and foremost, the leadership of the BOG (and our Academy) has by and large been exemplary. These are busy otolaryngologists who volunteer their time and expertise with no motive other than to improve their and your professional lives. They work tirelessly to track legislation, fight for RVUs, support state and specialty societies, and maintain the flow of information between members and Academy leaders. They protect the interests of their members on guidelines, on task forces, at the state legislative level, and on Capitol Hill.

On the second point, the BOG provides Academy members with both time and a place to engage each other outside of clinical care. Formal events include the BOG General Assembly and committee meetings at the national AAO-HNSF Annual Meeting and AAO-HNS/F Leadership Forum & BOG Spring Meeting, the latter of which is entirely free to attend. (We even had free CME credit for attendees.) These events provide the perfect mixture of information about what is going on

“

While there have been efforts to alleviate physician burnout, two major factors seem to make the most impact: perception of leadership and activities outside of direct patient care.

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at the state and national levels; education about practice management, wellness, and diversity; and even a venue to socialize informally after the meeting. Mentorship opportunities abound, and everyone is happy to help.

The BOG also helps state and specialty societies coordinate and thrive, allowing otolaryngologists these same opportunities on a state and local level. These activities are critical to alleviating feelings of personal and professional isolation.

As one of our committee leaders stated at the Leadership Forum this year, “the BOG is a lifeline” to the greater world of otolaryngology outside of your practice. So, take time out for yourself, put your oxygen mask on first, and please come join us. Engage the leadership, be revitalized interacting with your colleagues, and empower yourself by becoming a leader in the BOG! ■

¹ <https://www.medscape.com/slideshow/2018-lifestyle-happiness-6009320>

CALL FOR APPLICATIONS

Vacancy announced: Director, National Institute on Deafness and Other Communication Disorders

Editor's Note: Following the retirement of James F. Battey, Jr., MD, the National Institutes of Health (NIH) convened a committee to begin the official search for the next Director of the National Institute on Deafness and Other Communication Disorders (NIDCD). The NIDCD's mission is to foster research in the areas of hearing, balance, smell, taste, voice, and speech. As a result, the next Director of the NIDCD will inevitably have an impact on the specialty.

The following excerpt comes from that search announcement:

Introduction and position information:

The National Institute on Deafness and Other Communication Disorders (NIDCD) is the federal government's lead agency for conducting and supporting biomedical research, behavioral research, and research training in normal and disordered processes of hearing, balance, taste, smell, voice, speech, and language. The National Institutes of Health

(NIH) is seeking a first-rate scientific leader for the position of NIDCD Director.

The NIDCD Director provides visionary leadership, executive management, and strategic direction to the Institute. The Director sets Institute goals, priorities, policies, and program objectives, and ensures the continuous evaluation and performance assessment of the Institute's efforts and functions. S/he supports research that leads to better understanding of human communication disorders, developing treatments, and improving patient outcomes.

The NIDCD Director is responsible for implementing a federal research program that provides funding to universities, hospitals, and other public and private sector organizations through research grants, center grants, cooperative agreements, training grants, and contracts to conduct, foster, and support basic and clinical research and training. The NIDCD Director oversees strategic direction for an extensive portfolio

of basic, clinical, and applied research grants and contracts made to scientific institutions and to individuals across the United States and the world in communication processes. In addition, NIDCD maintains intramural basic and clinical research laboratories and facilities on the NIH campus, supporting 15 principal investigators. The NIDCD Director assures rigorous review of intramural research program plans and operations are made so that Institute research activities are at the forefront of research in deafness and other communication disorders. To carry out its mission, the NIDCD has a staff of approximately 210 employees and an annual total budget of approximately \$460 million.

For qualifications and information on how to apply, visit <https://jobs.nih.gov/vacancies/executive/nidcd-director.htm>.

Applications will be reviewed beginning August 1, 2018. (Applications will be accepted until the position is filled.) ■

Humanitarian service in Guayaquil

As a recipient of an AAO-HNS humanitarian travel grant, **Alexander P. Marston, MD**, a Fellow at the Medical University of South Carolina, traveled to Guayaquil, Ecuador, with a Global Smile Foundation surgical outreach team. There, Dr. Marston was exposed to a large volume of primary and revision cleft lip and palate repairs and performed a variety of cleft surgical procedures. Bottom left:

Laura E. Hetzler, MD, Dr. Marston, and **Usama S. Hamdan, MD**, perform a cleft lip repair. Bottom right: Dr. Marston, Megan Gaffey, MD, Elie Ramly, MD, Dr. Hetzler, Fernando Almas, DDS, MD, Adam Johnson, MD, and Dr. Hamdan celebrate the patient care, hard work, and camaraderie of the Global Smile Foundation team.

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Longer article available



FROM THE AAO-HNSF PSQI COMMITTEE

Wrong site surgery: A never event

■ **Heather M. Weinreich, MD, MPH**, Department of Otolaryngology-Head and Neck Surgery, University of Illinois-Chicago, Chicago, IL; and **Emily F. Boss, MD, MPH**, Department of Otolaryngology-Head and Neck Surgery, Johns Hopkins University, Baltimore, MD

True event:

A 20-year-old was found to have a profound sensorineural hearing loss in her right ear and aidable sensorineural hearing loss in her left ear on audiogram. Based on testing, she was deemed a cochlear implant candidate in the right ear and was scheduled for surgery. CT imaging showed normal temporal bones. One month later, she went to the OR for cochlear implantation. The mastoid and facial recesses were drilled without issue. A round window approach was performed, and the electrode was passed with some resistance. Due to the resistance, the surgeon called for an intra-operative plain film to check placement. As the surgeon was explaining the situation to the radiology technician, the OR team realized that the LEFT ear had been implanted.

“Wrong site surgery” is any surgery performed on the wrong part or side of the body. The Centers for Medicare & Medicaid Services (CMS) considers it a sentinel or “never event.”¹ Wrong site surgery is one of the most common events reported to the Joint Commission, second only to falls and retained foreign bodies, with 95 cases reported in 2017.² Orthopedic procedures make up the greatest percentage of cases (36 percent) followed by gynecology and plastic surgery.³ Within otolaryngology, wrong site surgery has been estimated to be as high as 6.1 percent⁴

and accounts for 4.4 percent of otology legal claims.⁵ Between 9 percent and 21 percent of otolaryngologists will report experience with wrong site surgery during their career.⁵

A wrong site surgery in otolaryngology rarely results in permanent disability or death. However, significant consequences like operating on a hearing ear (e.g., cochlear implant) can lead to permanent loss that is detrimental to the patient. In a study of the United Kingdom’s National Health Service, wrong site surgery was cited as a basis for 11 successful litigation claims, with an average payout of £78 000 (~ US \$108,725).⁶ Many state medical boards have enacted significant penalties to surgeons in an effort to protect the public.

Wrong site surgery generally occurs due to systems-based issues and not solely due to error in clinician judgment. More commonly it is a consequence of the swiss cheese model of error, where multiple holes at various steps line up for the adverse event to occur.⁷ Not documenting the correct ear during the clinic visit, a failure to review the audiogram, a CT scan with incorrectly labeled laterality, or a pre-operative mark that rubs off during prep all can lead to operation on the wrong ear.

In analysis of United States claims data from 2010-2014, the following reasons for wrong site surgery were cited.³

- Incorrect body site selected
- Policy or protocol not followed
- Inconsistent documentation
- Failure to read medical record
- Misidentification of anatomical structure
- Inaccurate documentation
- Lack of policy
- Misinterpretation of diagnostic studies
- Information lost in transition

- Inadequate history and physical
- Distraction
- Multitasking or interruptions

Of reported cases to the Joint Commission over an eight-year period, leadership (culture, lack of procedures and policies, failure to follow procedures and policies), communication, and human error make up the top three etiologies for wrong site surgery.⁷ Within otolaryngology, Shah, et. al. reported that inverted imaging made up almost 50 percent of wrong site sinus surgeries.⁸

Given that wrong site surgery occurs due to multiple missteps, a multi-faceted approach is essential to prevent errors. Several organizations have mandated the use of protocols to prevent wrong site surgery. In 2004, the Joint Commission mandated the use of Universal Protocol, which includes:

- Following a pre-procedure verification process
- Marking the operative site
- Taking a time-out immediately before starting the procedure
- Adapting requirements for non-OR settings, including bedside procedures

However, data has been mixed on the effectiveness of the program.⁵

CMS has implemented a program for ambulatory surgery centers that encourages the use of a safe surgery checklist. Checklists have been shown to be effective^{9,10} and can be implemented at any point from the time the patient is examined in the clinic to the moment the scalpel touches skin.

Marking is a simple process and has become a standard procedure. What should be stressed is that the person performing the surgery performs the marking and, more

important, verbally confirms with the patient and reviews the side documented on the written consent. In addition, the mark should be visible after prepping and, as a time-out is performed, all in the room (nursing, anesthesia, scrub, surgical team) can verify its presence. However, in many otolaryngology procedures, marking isn't possible (e.g., oropharynx). In these circumstances, marking on paper diagrams in pre-op and attaching these to consent for verification during time-out can be utilized.

Time-outs are an effective tool. As an intern on an anesthesiology rotation, one author of this article personally witnessed the power of a time-out. In a scheduled thoracentesis, a resident, OR nurse, and scrub had prepped and draped the wrong side. During the time-out, the correct site was identified and confirmed with radiographic imaging. They watched as a shaken and humbled cardiothoracic attending sat down, whispering, "The time-out worked ... we almost operated on the wrong side."

At minimum, the patient's name and birth date, procedure, and side of procedure should be confirmed. In the OR, the surgeon should verify imaging and supporting tests

(e.g., audiogram) to confirm side. Additionally, during the time-out, no phone calls or pages should be taken. All individuals in the OR should be paying attention, and shift changes should not occur during this time. This time-out is one of the last checks before damage can happen. Staff education and creating a culture of safety does work to reduce error.¹¹

Despite the positive influence of checklists, marking, and time-outs, such protocols fail to address the upstream root causes of poor documentation, misinterpretation of diagnostic studies, inadequate history and physical examinations, and the mere fact that surgeons are forced to practice in environments where they are incentivized to see more patients in less time with less support. We should catch the issue before the patient is in pre-op or on the table. Although surgery is a team approach, we as the surgeons need to take the lead. We create the relationship, evaluate the patient in the clinic, and facilitate decisions on surgical treatment that we then perform. Therefore, it is the surgeon's responsibility to create and lead a culture of safety. All the while, as surgeons, we should maintain a healthy dose of skepticism. Is it the correct side? ■

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ENT ADVOCACY NETWORK

Keep an ear to the ground

As an otolaryngologist-head and neck surgeon, you are fully aware of the numerous challenges faced in the day-to-day practice of medicine. Increased liability premiums, decreasing reimbursements, and burdensome regulations continue to threaten the viability of your practice and hinder your ability to provide patients with the highest quality of care. So how do physicians change the policies and regain control of the practice of medicine? By getting involved in the legislative process!

Elected officials often look to physicians in their districts for expertise when trying to develop or change healthcare policies. The AAO-HNS provides numerous opportunities for members to influence federal and state

health policies, educate elected officials, and invest in the future of otolaryngology. By joining the ENT Advocacy Network, you can take an active role in changing bills and regulations affecting the practice of otolaryngology.

Members of the ENT Advocacy Network have access to:

- *The ENT Advocate*, a monthly e-newsletter providing up-to-the-minute legislative updates
- Briefing materials about the Academy's legislative priorities
- Assistance in organizing and hosting a member of Congress or state legislator at your practice
- Pre-written messages or talking points to use in contacting your members of Congress and state legislators



Successful legislative advocacy starts with YOU! Join the ENT Advocacy Network today and become an active participant in the political process. To sign up, visit www.entnet.org/content/ent-advocacy-network. Questions? Email govtaffairs@entnet.org. ■

Trauma Symposium to be held at #OTOMTG18

The AAO-HNS Trauma Committee and the Society of Military Otolaryngologists (SMO) will present a Trauma Symposium during the AAO-HNSF 2018 Annual Meeting & OTO Experience in Atlanta, Georgia. "Modern Management of H&N Trauma: Computer Aided Applications in Maxillofacial Reconstruction" will be held at 5:00 pm (ET), Saturday, October 6, with the location to be announced. The event is open to military and civilian attendees and includes a reception, dinner, awards, and displays. **Bradley Strong, MD**, Professor and Vice-Chairman at University of California, Davis, will speak on presurgical planning, navigation, and intra-operative imaging during maxillofacial reconstruction. David Powers, MD, DMD, Associate Professor and Director, Duke Cranio-maxillofacial Trauma Program, will speak on

intra-operative models, guides, and patient specific implants used in trauma reconstruction.

In addition, Tanisha L. Hammill from the DoD Hearing Center of Excellence will present surgical research and the use of technology in medicine.

The SMO has a rich heritage of serving the military otolaryngology community since 1952. Members have advocated for excellence in patient care for service members injured during multiple wars and conflicts, as well as during peacetime. The AAO-HNS Trauma Committee mission is well-aligned with SMO to educate and update the otolaryngology community regarding the state-of-the-art evaluation, emergency management, and reconstruction of head and neck trauma. This annual event serves the otolaryngology community by educating guests on the latest wartime and

peacetime advances in head and neck trauma management. It also spearheads research evaluating head and neck trauma management and mass casualty protocols.

This activity has been planned and implemented in accordance with the accreditation requirements and policies of the Accreditation Council for Continuing Medical Education (ACCME) through the joint providership of the American Academy of Otolaryngology-Head and Neck Surgery Foundation (AAO-HNSF) and The Society of Military Otolaryngologists. The AAO-HNSF is accredited by the ACCME to provide continuing medical education for physicians. The AAO-HNSF designates this live activity for a maximum of 2.0 AMA PRA Category 1 Credit(s)TM. For registration: <https://www.miloto.org>. ■



Presidential Citations: 2018

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

Peter J. Koltai, MD



Dr. Koltai is Professor of Otolaryngology and Pediatrics in the Department of Surgery at Stanford University School of Medicine. Peter had a long and distinguished career at Albany Medical College, Albany, NY, where I had the honor and pleasure of experiencing his remarkable intellect, tutelage, mentorship and friendship, both as a resident and a junior attending venturing out into private practice.

Peter is the consummate professional who made his residents, staff, and colleagues feel respected and appreciated—part of an important caring team. He has the unique ability to recall the names of almost every patient and their family members. He taught me to communicate with patients and their families in a deeply personal way—a true connector able to allay patients' fears and concerns. These valuable traits were combined with his meticulous attention to detail and superlative surgical abilities.

Peter is highly innovative and creative in his approach to patient care and surgery. He is a prolific surgeon-scientist, widely published in the field. He is an accomplished medical illustrator, regularly self-illustrating his varied publications.

Peter has made invaluable contributions to the management of pediatric facial fractures, tracheostomy, refinements in laryngotracheal reconstruction, choanal atresia, and many other areas. His innovative approach brought powered instrumentation to the forefront of pediatric surgery.

He has been recognized by his peers and has served as President of both American Society of Pediatric Otolaryngology (ASPO) and American Broncho-Esophagological Association (ABEA). He is now a Senior Fellow in Stanford's Center for Innovation in Global Health and has helped develop a productive and respected pediatric otolaryngology program at the University of Zimbabwe.

Peter, your mentorship and generous academic spirit have made an indelible impression—thank you!

Steven M. Parnes, MD



Dr. Parnes is the quintessential academic role model, mentor, leader, and friend, and was a constant source of inspiration through my residency. He is Professor of Otolaryngology at Albany Medical College, the former Chairman for over 30 years. His single-minded determination models excellent care for all patients. He has been a trusted confidant to his faculty and colleagues and is always willing to assume complicated patient care. When asked, no matter the time of day, or week ... the answer is always "yes."

Steve's surgical technique is remarkable, matched by his diverse surgical repertoire and generous willingness to lead and teach in the operating room, whether resecting an acoustic neuroma, performing a complex tongue base carcinoma resection, or simply placing a tympanostomy tube. His supremely calm demeanor and steady hand, heart, and head make one always feel safe and confident. He is the supreme resident advocate, maintaining close friendships and professional relationships with many. He is humble, fair, and the "go to" person in his institution. I was struck by his ability to unify the academic and community physicians for the betterment of the resident experience and resident education.

Steve is an excellent motivator and collaborator, and I have thoroughly enjoyed working with him at the New York State Society of Otolaryngology (NYSSO), where he served as President and its Governor to the AAO-HNS Board of Governors. He's held many leadership positions at Albany Medical College/Center, AAO-HNS, ACS, Triological Society, AOS, SUO, AADO, ASGO, and many more. Steve's passion for global medicine is demonstrated in the delivery of humanitarian otolaryngology care to patients in Honduras, Nicaragua, West Bank, Syria, and North Korea.

Steve, I am grateful for your wisdom, energy, and all-embracing approach to research, education and patient care, and will always embrace our friendship and collegiality!

Michael Setzen, MD



Dr. Setzen is Clinical Assistant Professor of Otolaryngology at Weill Cornell Medical College. He is in a thriving private practice in Great Neck, NY, and is highly regarded as a "private practice academician." He developed a reputation second-to-none and is sought for his outstanding surgical skills combined with his caring and empathetic style of doctoring. Michael's gregarious nature and keen sense of humor endear him to all around him.

His strong interest in clinical research is manifest in the peer-reviewed publications, book chapters, and presentations he has delivered, which led to his lecturing nationally and internationally on rhinology, paranasal sinus pathology, and more. He is an expert on our specialty's coding and socioeconomic issues.

Mike is a Past Chair of the AAO-HNS Board of Governors (BOG), Past President of the American Rhinologic Society, and the recipient of the BOG Practitioner Excellence Award and the AAO-HNS Distinguished Service Award. A long-standing member of the Physician Payment Policy (3P) Workgroup, he also tirelessly advocates for relevant otolaryngology courses.

Personally, I am immensely proud of my big brother for all he has accomplished, not only in otolaryngology, but as a family man. In my childhood, my two older brothers were always studying medicine, and so it seemed natural for me to pursue medicine as well. I distinctly remember visiting Michael when I was a ninth grader and he was in residency at Barnes Hospital with Dr. Joseph O'Gura. I became keenly interested in otolaryngology after watching a head and neck cadaver dissection and, upon returning to South Africa, focused my career toward otolaryngology.

I am deeply grateful, Mike, for your close mentorship and support and for always looking out for me and helping me accomplish my goals and aspirations. I am honored that you are my brother and colleague in this wonderful field that we both cherish and love so much!



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Explore the local scene in authentic Atlanta

Atlanta isn't just another big city—it's an urban landscape made up of nearly 45 neighborhoods. Each locale brings a unique flavor to the community and adds personality to the city. Visitors can easily transition from one neighborhood to the next, all the while experiencing Atlanta's culture.

The heart of the city is Downtown. Home to a walkable convention and entertainment district with hotels, a multitude of dining options, and world-class attractions, it's the perfect starting point for first-time visitors. Centennial Olympic Park is surrounded by

the Georgia Aquarium, World of Coca-Cola, CNN global headquarters, the Children's Museum of Atlanta, the Center for Civil and Human Rights, and the College Football Hall of Fame and Chick-fil-A Fan Experience, all within steps of each other. Downtown is a gateway to any visit and is an ideal place to begin exploring the city.

Midtown is known as Atlanta's "heart of the arts" and sits along famed Peachtree Street. Midtown boasts the largest concentration of arts facilities and organizations in the Southeast. Visitors can work their way through Atlanta's cultural history,

beginning with the Margaret Mitchell House and Museum at the intersection of 10th and Peachtree streets, making a stop at the fabulous Fox Theatre, and ending at Woodruff Arts Center, home to the High Museum of Art, Alliance Theatre, and Atlanta Symphony Orchestra. For a breath of fresh air, visitors can head to Piedmont Park, one of the largest green spaces in the city.

North of Midtown is the ultra-chic neighborhood of Buckhead. Known as the "Beverly Hills of the East," Buckhead is a shopping haven for fashionistas across the south. Find the latest styles from high-end



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designers at The Shops Buckhead Atlanta, Lenox Square, and Phipps Plaza. However, Buckhead isn't just for fashionistas. There are award-winning dining options throughout the neighborhood, as well, from several chef Ford Fry outposts—King+Duke and St. Cecelia—to high-end classics like Restaurant Eugene and Chops Lobster Bar.

On the Westside, a blending of Georgia Tech's college campus culture with nearby loft communities creates a new district within old industrial spaces. The dining scene thrives at Westside Provisions District. Staple eateries including Little Star Provisions and JCT. Kitchen & Bar anchor the district, as new, lively concepts like Little Trouble and Cooks & Soldiers make their mark. Nearby, The Optimist, Miller Union, and Antico Pizza Napoletana create a collective of eateries catering to the city's sophisticated palate. Visitors wanting to eat, shop, and play should look no further than Atlantic Station. Centered on 17th Street, Atlantic Station has well-known retail brands mixed with casual dining to make a shopping day just a little different.

Neighborhoods on Atlanta's Eastside are connected by the Atlanta BeltLine Eastside Trail, a multi-use trail and green space that runs 2.25 miles from Piedmont Park to Irwin Street. Along the Eastside Trail are two of the neighborhood's newest developments, Ponce City Market and Krog Street Market. Locals and visitors alike will find chef-driven concepts alongside curated retail options.



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Bordering the Eastside's BeltLine are more than seven distinct neighborhoods. Locals stop for a pastry at Alon's in Virginia-Highland, one of the city's original streetcar suburbs. Inman Park combines small urban green spaces with winding boulevards lined with colorful Queen Anne and Victorian homes in the city's first planned suburb. The scene edges into a Bohemian style in Little Five Points, where vintage dress matches the creativity of tattoos. Spend an evening in East Atlanta Village, home to a few of the city's most talked-about live music venues, such as The EARL.

What's old is new again in Old Fourth Ward, a neighborhood that continues to redefine itself, transforming into a hotspot for nightlife along Edgewood Avenue. Grant

Park surrounds the city's fourth-largest park and is home to Historic Oakland Cemetery and Zoo Atlanta. Once an epicenter of African-American commerce, Sweet Auburn Historic District continues to flourish on the city's southeast side. Auburn Avenue, known in the 1950s as the nation's most affluent African-American street, houses the Sweet Auburn Curb Market, bakeries, and clubs near the Martin Luther King Jr. National Historic Site and Ebenezer Baptist Church.

Atlanta sits at the intersection of southern charm, creativity, and sophistication. It is easy to fall in love with this beautiful city—its world-class attractions, award-winning dining, and hidden wonders—and be inspired by the city's endless possibilities. ■



Meeting the global need in otolaryngologic patient care

"Anyone who has done volunteer medical work in underserved countries has witnessed treatment efforts that have been partially or fully compromised by lack of medical equipment. Service to humanity is our calling as physicians, and the Otolaryngology United for Global Patient Care initiative is one way to answer that call."

—Mark Zafereo, MD

The AAO-HNSF 2018 Annual Meeting & OTO Experience is the

launchpad to formalize the work of the Humanitarian Efforts Com-

mittee to connect donated medical supplies and instruments to medically underserved communities around the world. This initiative, working in collaboration with MedShare, Inc., encourages members to engage in this effort so that the much-needed demands of underserved communities around the world are being met.

Bulletin staff talked with **Mark Zafereo, MD**, Chair of the AAO-HNSF Humanitarian Efforts Committee, about this donation effort, open now through December 31, 2018.

"The vast majority of disease burden in otolaryngology-head and neck surgery is in underdeveloped countries. Donating disposable medical supplies and durable equipment is one way to make a tangible impact in expanding patient care, treatment, and quality of life for patients," said Dr. Zafereo.



Mark Zafereo, MD

Dr. Zafereo started participating in international medical volunteer efforts in college, continued through medical school and residency, and maintains this work today with a focus on education and collaboration with international colleagues as an Associate Professor of Head and Neck Surgery at MD Anderson Cancer Center in Houston, TX. He supplemented this commitment to the global otolaryngology community by volunteering on the AAO-HNSF Humanitarian Efforts Committee starting in his second year of residency. His own experience coupled with his involvement on the Committee demonstrated a clear need to connect the wealth of extra medical equipment in the United States with the needs in the developing world.

"For the last 10-12 years, the Committee has been working informally to match members with the global need. We have received inquiries from members who are retiring and have durable medical equipment to donate and some who just want a simple way to contribute medical supplies to the global community. As you can imagine, it has presented some challenges since the Academy does not have unlimited resources to manage a donation and distribution effort," said Dr. Zafereo.

This is where the idea for a collaboration with MedShare came to light. "The biggest hurdle for us was the distribution component. We had members who wanted to donate, but we needed to find them the means to get their donations in the hands of those who needed them. So, we started to look at this issue in a different way. Rather than try to do both, we realized that we could just focus on what



we know, what we do, and what we have. If we provide the donors, then we can simply partner with an entity that does the distribution, and that is really how this initiative got its legs," said Dr. Zafereo.

MedShare provides an ideal opportunity for cooperation since their headquarters are in Atlanta, GA, the home to the AAO-HNSF 2018 Annual Meeting & OTO Experience.

A call to action has been issued to Academy members as the AAO-HNSF Humanitarian Efforts Committee seeks participation in the Otolaryngology United in Global Patient Care initiative.

"We have the real opportunity to respond to a global need by eliminating waste and sharing our resources with our international colleagues abroad. This initiative provides a very easy and simple way to be leaders and influence access to care. Whether it is surplus supplies in our institutions or practices or durable equipment at the end of our careers, these donations make a difference overall on a global scale, as well as individually to the patients receiving the care," said Dr. Zafereo.

For more information about this initiative and how you can help, visit www.entnet.org/globalENTcare or contact humanitarian@entnet.org. ■



MEDSHARE IMPACT STORIES

Thousands of patients treated in rural clinics in Agape, Guatemala

Healthcare workers of Agape in Action treat over 1,000 people each month in this rural area of Guatemala. Of those 1,000 patients, approximately 310 have conditions like hypertension and diabetes. These problems require regular screenings, which is difficult to do in rural areas. But thanks to the sphygmomanometer donated by MedShare, about 60 percent of patients are routinely evaluated and properly monitored to keep conditions in check. Javier Rodriguez, Director of Operations for Agape in Action, thanked MedShare for the ability to treat these underserved communities and provide them with supplies and equipment they would never normally have access to. ■



Gowns for Gazoby Maternity Hospital, Niamey, Niger

The Gazoby Maternity Hospital in Niamey, Niger, was in dire need of medical protective gear. Before MedShare's donation arrived, surgeons were wearing torn and tattered gowns during surgery. Much of the protective gear was held together by surgical tape.

"The receipt of this gift of gowns was more than words can even express," said a hospital representative. "By Wednesday of that week they had been cleaned and readied for our surgeons to wear in the OR. We are so thankful for your organization and your efforts to help us secure the supplies needed for this mission." ■

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International Guest of Honor 2018: Portugal



SPORL
SOCIEDADE PORTUGUESA
DE OTORRINOLARINGOLOGIA
E CIRURGIA CÉRVICO-FACIAL

“

As President of the AAO-HNS/F, it is my great honor and privilege to welcome the Portuguese delegation from The Portuguese Society of Otorhinolaryngology – Head and Neck Surgery (SPORL) to the AAO-HNSF 2018 Annual Meeting & OTO Experience in Atlanta, Georgia, in October. We look forward to the wonderful opportunity for continued friendship, camaraderie, and networking among friends and colleagues at the meeting. In addition, we anticipate and look forward to 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 continues to resonate around the world.

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

”

■ **Jose Ezequiel Pereira Barros, MD**, President,
SPORL

Portugal is the most western country of Europe, with a particular geographical morphology, referred by our most famous modern poet, Fernando Pessoa, as a staring face looking to the West (America) and to the future: “[Europe] stares with a fatal, sphinxian gaze to the West, the future of the Past. The staring face is Portugal.” Symbolically, these ideals define the Portuguese people: Portugal is one of the oldest countries of the world, founded on July 26, 1139, and the Portuguese were pioneer explorers setting out in daring sea voyages, reaching places as far as Africa, Asia, North America, and Brazil. More than 1.1 million United States citizens have Portuguese ancestry.

The Portuguese are known for technical and scientific advances. A Portuguese doctor

named Egas Moniz, MD, won the Nobel Prize in Medicine in 1949 for his research in psychosurgery and was the first to develop cerebral angiography.

The regulation of medical practice was implemented in Portugal in 1392. Candidates had to be assessed and approved by the physician of the King before starting to practice. The first medical schools and major hospitals in Portugal appeared in the 15th century. Portuguese contemporary textbooks contained detailed descriptions of dissections and have references to the sphenoid bone, ear anatomy, temporal bone and olfaction, among other otolaryngology topics. After 1835, with the creation of Portuguese medical journals, several otolaryngology topics were published, including a case report of a two-year-old child with diphtheria treated with success; a review of tracheostomy; and a description of a surgical technique for rhinoplasty, among other topics.

Presently, in all eight Portuguese medical schools, undergraduate otolaryngology education includes mandatory clinical rotations in otolaryngology. Residency programs last five years, are regulated by the national health authority, and include a strong exposure to all the fields of our specialty. Portugal has a favorable legislation for medical education because the use of cadavers and specimens for teaching is allowed. As a consequence, residents have the opportunity to develop surgical skills acquired during regular training and in national and international courses developed by several Portuguese academic institutions. Most Portuguese residents participate in clinical elective rotations in well-recognized departments of otolaryngology in other European or non-European countries (foreign residents also look frequently to Portuguese otolaryngology departments to complete their formal training). Basic and clinical research are also encouraged, and most Portuguese residents finish their residency programs with studies presented in international conferences and papers published in peer-reviewed periodical medical journals of the specialty.

The Portuguese Society of Otorhinolaryngology – Head and Neck Surgery (SPORL) (formerly Portuguese Society of Otorhinolaryngology and Broncho-Esophageology) was created in 1953. At the present, the society has 633 members in practice and 116 members-in-training.

The mission of the SPORL includes: a) the promotion and support of activities aimed at the scientific capacitation of its members; b) the defense of the professional interests of otolaryngologists in private practice, public hospitals, and other places where their activity is developed; and c) the cooperation with national and international entities.

To carry out its duties, SPORL:

- Organizes the Annual Congress for all its members, whose venue rotates through several regions of the country
- Supports scientific meetings promoted by its members
- Participates in congresses held by other scientific organizations whose purpose is the development of the specialty
- Has committees for the subspecialties and other subjects, such as Ethics, Education and Research, and International Relationships
- Edits publications, with relevance for the *Bulletin* and for the periodical medical journal of the society
- Promotes campaigns with the authorities and the public in general to a better understanding of the treatment and prevention of ENT diseases
- Cooperates with the Portuguese Medical Association and health authorities to promote training and education of its members
- Promotes all forms of collaboration with similar foreign societies.

Nowadays, Portugal is also one of the world's leading tourist destinations. We expect that SPORL and AAO-HNSF can work closely together to improve the care and quality outcomes for the patients of their countries and of the rest of the world. ■

Guiding the way through the digital clinical data evolution

Augmented intelligence, artificial intelligence, digital medicine, big data, data curation—this is some of the new terminology being encountered by the AAO-HNSF Research and Quality Business Unit on a daily basis. The convergence of the Reg-entSM clinical data registry and the “digitization” of health-care has put us on a path for which we have been preparing for a decade or more. There is no better way to show the advancement of the specialty and the quality care that our members provide than to have data that exemplifies this fact.

Throughout this issue, you will see references to enhancements we are applying to the work we do in Quality and Research to allow us to advance in this ever-evolving technology environment. Our Reg-ent registry partner, FIGmd, has recently begun piloting optical character recognition, the recognition of printed text characters by a computer. This functionality will be utilized

for reading pathology/clinical test reports for incorporation into Reg-ent. FIGmd is also assessing data quality within the registry using several approaches. One is a data yield model that looks at the occurrence of a particular element within documentation based on an expected occurrence relating to patient population and patient encounters. We are quickly adapting to such approaches in order to stay on the cutting edge for our members and provide them the opportunity to engage fully with meaningful data.

When we started down the path over a decade ago to develop and publish quality knowledge products (clinical practice guidelines, clinical consensus statements, quality

measures), we could not have imagined all the ways such work would contribute to successful navigation in a machine-learning environment.

In this issue you will read about recent Research and Quality initiatives, committee workplans of the Outcomes Research and Evidence-based Medicine (OREBM) and Patient Safety and Quality Improvement (PSQI) Committees, the latest research grants awarded through CORE, and ongoing product development that will keep our members at the forefront of this quality evolution. ■





Activities of the OREBM Committee

The AAO-HNSF Outcomes Research and Evidence Based Medicine (OREBM) Committee continues to be productive under the leadership of chair **Jennifer J. Shin, MD, SM**, and chair-elect

Vikas Mehta, MD, MPH. Activities in the past year include:

- Multiple database studies, including ongoing analyses focused on eustachian tube dysfunction, a national look at adherence to clinical practice guidelines in head and neck cancer care, and postoperative opioid prescribing patterns after common procedures in the adult, pediatric, and head and neck cancer populations
- Committee-sponsored Miniseminars at the AAO-HNSF 2017 Annual Meeting & OTO Experience in Chicago, IL:
 - “Controversies in Parotid Surgery: Is There Evidence?”
 - “Evidence-Based Management of Meniere’s Disease”
 - “Kids Today: Rapid Review of Guidelines and Consensus Statements”

- “Recent Publications That Could Change Your Practice”
- “Registries and Databases: How and Why?”
- “The Latest (and Greatest?) Devices in Ears, Nose, and Sleep”
- “Are You Up to Date? Key Otolaryngology Systematic Reviews”
- Six Panel Presentations accepted for the upcoming AAO-HNSF 2018 Annual Meeting & OTO Experience in Atlanta, Georgia:
 - “Demystifying Opioids in Otolaryngology: Facts, Gaps, Patterns, and Alternatives for Pain Control in Common Surgical Procedures”
 - “Apps in Otolaryngology: Evolving Regulation, Mobile Diagnostics, Patient Interfaces, and Clinic Efficiency”
 - “Kids Today: Rapid Review of Guidelines and Consensus Statements”
 - “Recent Publications That Could Change Your Practice: Pediatric and General Otolaryngology”
 - “Are You Up to Date? Key Otolaryngology Systematic Reviews—Flash Talk”
 - “Evidence-Based Management of Meniere’s

Disease and Vestibular Migraine”

- Publication of the recurring Research Spotlight feature in the *Bulletin*
 - Support research for outcome measures development
- In addition, several Committee members were awarded the 2017 Maureen Hannley Research Grant through the CORE Grants program: **Jennifer J. Shin, MD, SM**; **Debra G. Weinberger, MD**; **Melissa A. Pynnonen, MD**; **Alan W. Langman, MD**. Committee members also published three articles for the evidence-based medicine in otolaryngology educational journal series: One focused on patient-reported outcomes (**Thomas L. Carroll, MD**; **Stella E. Lee, MD**; **Robin W. Lindsay, MD**; **Drew Locandro, MD**; **Gregory W. Randolph, MD**; Jennifer J. Shin, MD, SM) and two focused on shared decision making (**Allison Kazumi Ikeda, BA**; **Paul Hong, MD, MSc**; **Stacey L. Ishman, MD, MPH**; **Stephanie A. Joe, MD**; Gregory W. Randolph, MD; Jennifer J. Shin, MD, SM). The next installments in this series are in preparation. ■

FROM THE AAO-HNSF PSQI COMMITTEE:

Updates from the PSQI Committee

■ Heather M. Weinreich, MD; Emily F. Boss, MD, MPH; and C.W. David Chang, MD

The Patient Safety Quality Improvement (PSQI) Committee, under the leadership of **Emily F. Boss, MD, MPH**, and **C.W. David Chang, MD**, has been involved in several key AAO-HNSF initiatives, and Committee members continue to participate at high levels with these projects.

For the AAO-HNSF 2018 Annual Meeting & OTO Experience in Atlanta, Georgia, the Committee submitted five Panel Presentation topics and co-sponsored four additional Panel Presentation topic submissions. As a result, the following will be presented in 2018:

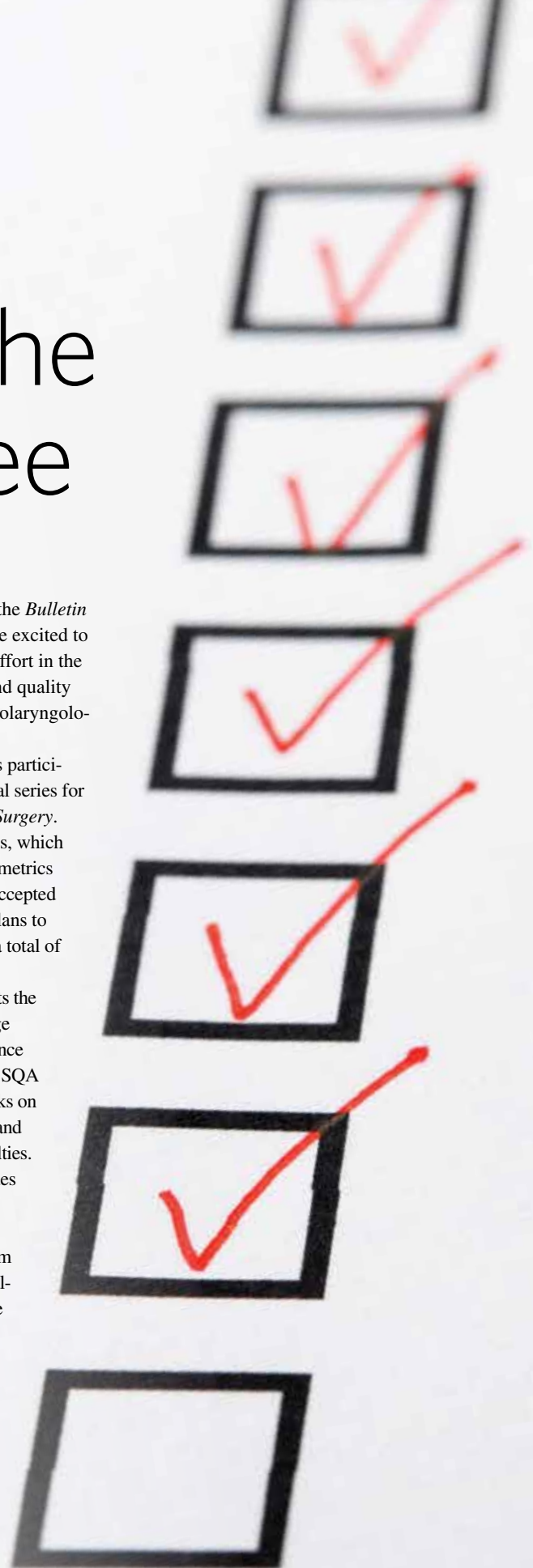
- Office Equipment Disinfection and Storage: Sound Evidence or Alternative Facts?
- Demystifying Opioids in Otolaryngology: Facts, Gaps, Patterns, and Alternatives for Pain Control in Common Surgical Procedures
- Improving Patient Safety with Systems-Based Simulations

The Committee has brought attention to several significant patient safety and Quality Improvement (QI) topics by writing bi-monthly articles for the *Bulletin*. Recently, Committee members have contributed articles on the Patient Safety Event Reporting Tool (March), Michael E. McCormick, MD and C.W. David Chang, MD; cognitive and implicit bias (May), Karthik Balakrishnan, MD, MPH, Emily F. Boss, MD, MPH, and C.W. David Chang, MD; and wrong site

surgery, which is in this issue of the *Bulletin* (page 8). Committee members are excited to broaden reader exposure to this effort in the *Bulletin* by highlighting safety and quality improvement topics impacting otolaryngologist-head and neck surgeons.

In addition, the Committee has participated in developing a PSQI tutorial series for *Otolaryngology–Head and Neck Surgery*. The first of the PSQI tutorial series, which is on the topic of national quality metrics and performance measures, was accepted for publication. The Committee plans to contribute to the development of a total of 12 PSQI tutorials.

The PSQI Committee represents the AAO-HNS at the American College of Surgeons Surgical Quality Alliance (SQA) and attends the semiannual SQA meetings with staff. The SQA works on quality issues including measures and reporting across all surgical specialties. Staff and physicians also track issues being addressed across the quality landscape, including work being done by the National Quality Forum and Physician Consortium for Quality Improvement, which impact the specialty. Through all these work products, the PSQI Committee is continuing to lead the charge in raising awareness within the Academy of patient safety and quality improvement issues and is contributing greatly to the advancement of quality and safety within the specialty. ■





CORE grants awarded

Partnering to advance the specialty

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

CORE grants program societies, foundations, sponsors, and partners have awarded over \$10 million since the program's inception in 1985. The American Academy of Otolaryngology–Head and Neck Surgery Foundation

(AAO-HNSF), American Academy of Otolaryngic Allergy (AAOA), American Head & Neck Society (AHNS), Association for Migraine Disorders (AMD), American Neurotology Society (ANS), American Rhinologic Society (ARS), American Society of Pediatric Otolaryngology (ASPO), the Education and Research Foundation for the American Academy of Facial Plastics and Reconstructive Surgery (AAFPRS), and Xoran Technologies, LLC, are involved in funding one- to two-year non-renewable grants ranging from \$5,000 to \$80,000. The leadership of each participating specialty society is ultimately responsible for determining who is selected to receive funding each year. The scores and critiques provided by the CORE Study Section are simply

recommendations to help in the decision process. The recipients of the grants sponsored by Xoran Technologies, LLC, are determined by the AAO-HNSF leadership.

The 2018 CORE Study Section subcommittees included: Head and Neck Surgery, chaired by **Cherie-Ann O. Nathan, MD**; Otolaryngology, chaired by **Oliver F. Adunka, MD**; and General Otolaryngology, chaired by **Michael J. Brenner, MD**.

This year the CORE Study Section reviewed 159 applications requesting \$2.5 million in research funding.

The 2018 CORE leadership (including the boards and councils of all participating societies) approved a portfolio of 31 grants totaling \$499,902. ■

Congratulations to the 2018 CORE grantees

AMERICAN ACADEMY OF OTOLARYNGOLOGY—HEAD AND NECK SURGERY FOUNDATION (AAO-HNSF)		
AAO-HNSF Research Grant sponsored by Xoran Technologies, LLC		
PI	INSTITUTION	PROJECT
William Griffin Morrel IV, MD	Vanderbilt University Medical Center (VUMC), Nashville, TN	Optimization of CI Electrode Array Insertion Using Micro-CT-Based Models
AAO-HNSF Resident Research Grants		
PI	INSTITUTION	PROJECT
Andrew B. Baker, MD	Oregon Health & Science University, Portland, OR	Cochlear Implant Electrode Insertion: Effect on Stria Vascularis Blood Flow
Yew Song Cheng, BM, BCh	New York University School of Medicine, New York, NY	The Neural Basis of Cortical Adaptions in Cochlear Implant Use
Jenna Devare, MD	University of Michigan, Ann Arbor, MI	Mechanisms of Cochlear Implant Function in Chronically Implanted Mice
Pawina Jiramongkolchai, MD	Washington University School of Medicine, St. Louis, MO	Olfactory Training and Functional Connectivity in Post-Viral Olfactory
Adam Kaufman, MD, PhD	University of Pennsylvania Health System, Philadelphia, PA	The Role of Bitter Taste Receptors in Middle Ear Innate Immunity
Leila J. Mady, MD, MPH, PhD	University of Pittsburgh, Pittsburgh, PA	Biodegradable Stents: Novel Treatment Approach for Laryngotracheal Stenosis
Patrick F. Morgan, MD	Medical University of South Carolina, Charleston, SC	Candidate Genes of the Oncogenic Phenotype in High-risk p53 Mutations
Rula Mualla, MD	Oregon Health & Science University, Portland, OR	Validating Sleep Questionnaires in Children with Down Syndrome
Zhen J. Qian, MD	Stanford University School of Medicine, Stanford, CA	Cognitive Decline in Mouse Models of Age-Related Hearing Loss
Jesse R. Qualliotine, MD	University of California, San Diego, CA	Nanorobotics in HPV-associated Head and Neck Squamous Cell Carcinoma
Jared A. Shenson, MD	Stanford University School of Medicine, Stanford, CA	Multispectral Digital 3D Operative Imaging in Otolaryngology
Matthew A. Shew, MD	University of Kansas Medical Center, Kansas City, KS	Meniere's: Evaluation of MicroRNA Profiles of Human Inner Ear Perilymph
Carla V. Valenzuela, MD	Washington University, St. Louis, MO	Quantifying Cochlear Synapses in the Early Stages of Endolymphatic Hydrops
AAO-HNSF Bobby R. Alford Endowed Research Grant		
PI	INSTITUTION	PROJECT
<i>No meritorious applications received.</i>		
AAO-HNSF Maureen Hannley Research Grant		
PI	INSTITUTION	PROJECT
Amy Anne D. Lassig, MD	Minneapolis Medical Research Foundation, Minneapolis, MN	The Effect of Vitamin C on Wound Healing after Mandibular Fracture
AAO-HNSF Health Services Research Grant		
PI	INSTITUTION	PROJECT
Mark A. Ellis, MD	Medical University of South Carolina, Charleston, SC	Creation and Validation of a Head and Neck Cancer Body Image Disturbance Scale
AAO-HNSF Rande H. Lazar Health Services Research Grant		
<i>No meritorious applications received.</i>		
AMERICAN HEAD AND NECK SOCIETY (AHNS)		
AHNS Pilot Grant		
PI	INSTITUTION	PROJECT
Shethal Bearely, MD	University of Arizona Health Sciences Center, Tucson, AZ	The Role of Oral Tactile Sensation in Dysphagia
AHNS Alando J. Ballantyne Resident Research Pilot Grant		
PI	INSTITUTION	PROJECT
Andrey Finegersh, MD, PhD	University of California, San Diego, CA	Epigenetic Reprogramming of HPV Related Head and Neck Squamous Cell Carcinoma
AHNS Eddie Mendez Memorial Resident Research Pilot Grant		
PI	INSTITUTION	PROJECT
Hannan A. Qureshi, MD	University of Washington, Seattle, WA	Functional Analysis of the Immune Microenvironment in Head and Neck Cancer
AHNS/AAO-HNSF Young Investigator Combined Award		
<i>No meritorious applications received.</i>		
AHNS/AAO-HNSF Translational Innovator Combined Award		
PI	INSTITUTION	PROJECT
Travis P. Schrank, MD, PhD	University of North Carolina at Chapel Hill, Chapel Hill, NC	NRF2 Mediated Radiation Resistance in HNSCC

AMERICAN NEUROTOLOGY SOCIETY (ANS)

ANS/AAO-HNSF Herbert Silverstein Otology and Neurotology Research Award

PI	INSTITUTION	PROJECT
Elliot D. Kozin, MD	Massachusetts Eye and Ear Infirmary/Harvard Medical School, Boston, MA	Otopathologic Changes Following Head Injury

AMERICAN RHINOLOGIC SOCIETY (ARS)

ARS New Investigator Award

PI	INSTITUTION	PROJECT
Charles Tong, MD	University of Pennsylvania, Philadelphia, PA	Pathogenesis of Inverted Papilloma: Viral Influence And Somatic Mutations

ARS Friends in Research Young Investigator Award

PI	INSTITUTION	PROJECT
Adam J. Kimple, MD, PhD	The University of North Carolina at Chapel Hill, Chapel Hill, NC	Targeting Regulator of G-Protein Signaling 22 to Enhance Mucociliary Clearance

ARS Resident Research Grant

PI	INSTITUTION	PROJECT
Pawina Jiramongkolchai, MD	Washington University School of Medicine, St. Louis, MO	Efficacy of Mometasone furoate nasal irrigation for chronic rhinosinusitis
Justin Morse, MD	Vanderbilt University Medical Center (VUMC), Nashville, TN	Inflammatory and Microbial Derivation of CRS Endotypes

AMERICAN SOCIETY OF PEDIATRIC OTOLARYNGOLOGY (ASPO)

ASPO Research Career Development Award

PI	INSTITUTION	PROJECT
Nikhila P. Raol, MD, MPH	Emory University, Atlanta, GA	Screening for Vocal Fold Motion Impairment in Infants after Heart Surgery

ASPO Research Grant

PI	INSTITUTION	PROJECT
Ksenia A. Aaron, MD	Stanford University, Stanford, CA	Inner Ear Gene Therapy for Genetic Hearing Loss
David F. Smith, MD, PhD	Cincinnati Children's Hospital Medical Center - Research Foundation, Cincinnati, OH	Development of a Non-invasive Genomic Test to Identify Pediatric OSA

ASPO Dustin Micah Harper Recurrent Respiratory Papillomatosis (RRP) Research Grant

No meritorious applications received.

ASSOCIATION OF MIGRAINE DISORDERS (AMD)

AMD Resident Research Grant

No meritorious applications received.

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

AAFPRS Leslie Bernstein Grant

No meritorious applications received.

AAFPRS Leslie Bernstein Resident Research Grant

PI	INSTITUTION	PROJECT
Vivek Kanumuri, MD	Massachusetts Eye and Ear Infirmary, Harvard Medical School, Boston, MA	Optogenetic Stimulation of the Facial Nerve
Syed Ali, MD	University of Michigan, Ann Arbor, MI	Inhibition of Facial Nerve Regeneration in the Thy1-GFP Rat
Suresh Mohan, MD	Massachusetts Eye and Ear Infirmary, Harvard Medical School, Boston, MA	Enhancement of Axonal Penetration through Cross-Facial Nerve Grafts

AAFPRS Leslie Bernstein Investigator Development Grant

No meritorious applications received.

AAFPRS Research Scholar Award

No meritorious applications received.



Research & quality in demand

AAO-HNSF guidelines highly cited,
well received

The multidisciplinary AAO-HNSF clinical practice guidelines (CPGs) have been endorsed by many medical and surgical societies, have received national attention in the media, and are highly rated by the National Guideline Clearinghouse. Citations for CPGs and clinical consensus statements (CCSs) now exceed 6,100, and all the 2017 top 10 most accessed articles from *Otolaryngology–Head and Neck Surgery* were guideline products, totaling over 198,900 downloads. Moreover, the CPGs provide the foundation for quality measure development for AAO-HNSF and other physician societies.

In the past year, the following CPGs and CCSs were completed or initiated:

Five-year updates

- CPG: Hoarseness (Dysphonia) (March 2018)
- CPG: Tonsillectomy in Children (in progress)
- CPG: Sudden Hearing Loss (in progress)

New products

- CPG: Evaluation of the Neck Mass in Adults (September 2017)
- CCS: Balloon Dilation of the Sinuses (February 2018)
- CCS: Balloon Dilation of the Eustachian Tube (in progress)
- CPG: Nosebleed (Epistaxis) (in progress)
- CPG: Meniere's Disease (in progress)

Our senior CPG Methodologists, **Richard M. Rosenfeld, MD, MPH**, and **Seth R. Schwartz, MD, MPH**, have trained additional members to become guideline methodologists and continue to provide feedback to new “graduates” as they take the lead on new and updated guidelines. Our current methodologists in training include: **Stacey L. Ishman, MD, MPH**; **David E. Tunkel, MD**; **Lisa E. Ishii, MD, MHS**; and **Sujana S. Chandrasekhar, MD**.

The Guideline Task Force, composed of representatives from every subspecialty society,

continues to meet in both the spring and fall for training, updates, and to review new CPG and CCS topics. In addition to the new products in progress as outlined above, the current queue includes five-year updates for the Clinical Practice Guideline Development Manual and a CPG on tympanostomy tubes. A new guideline is scheduled to begin later this year for the surgical management of rhinosinusitis.

Topics for CPGs and CCSs can be submitted June - August and November - March. Submission forms are available at www.entnet.org/content/guideline-task-force-gtf. ■

To help educate members about the clinical practice guidelines, 25 CME activities and 67 ABOto Self-Assessment Modules/Performance Improvement Modules have been linked to the pertinent guideline webpages www.entnet.org/content/clinical-practice-guidelines.

Measure development update

One of the goals of AAO-HNSF is to promote quality through the development of meaningful measures that enhance the care and practice of medicine for ear, nose, throat, and related structures of the head and neck. With that goal in mind, seven Clinical Advisory Committees (CACs) were established by the Reg-entSM Executive Committee (REC) in the fall of 2016 to prioritize the topics for measure development and to identify current best evidence across the breadth of the specialty, which includes facial plastics, general ENT and sleep, head and neck, hearing and balance, voice and swallowing, pediatrics, and sinus and allergy.

To advance the established prioritization of topics, AAO-HNSF initiated five projects for measures development between June 2017 and November 2017, as outlined below:

1. **Age-Related Hearing Loss (ARHL).** These measures were prioritized as an important public health issue by the REC and CACs for measures development. A cross-specialty, multidisciplinary panel convened in June 2017 for the development of *de novo* measures for this prioritized topic.
2. **Project Jumpstart Measures.** These measures were developed utilizing key action statements from existing AAO-HNSF clinical practice guidelines (CPGs).

With CPGs on otitis media with effusion, Bell's palsy, voice outcomes after thyroid surgery, and tympanostomy tubes, the CACs and the REC approved a process to prioritize the key action statements of our CPGs as measures concepts for the specialty. An otolaryngology-specific panel convened in June 2017 for the development of CPG measures.

3. **ECRI Pilot Measures.** AAO-HNSF entered into a pilot with the ECRI Institute for development of measures utilizing ECRI's GEM-cutting software, which develops e-specified measures from guideline action statements. Measures were developed for the AAO-HNSF allergic rhinitis and cerumen impaction CPGs through this process.
4. **AAO-HNSF/AAN.** Using the AAO-HNSF 2017 CPG: Benign Paroxysmal Positional Vertigo, AAO-HNSF and the American Academy of Neurology partnered for the development of neurotology measures.
5. **AAO-HNSF/ASPS/AAFPRS.** AAO-HNSF is currently partnering with the American Society of Plastic Surgeons and the American Academy of Facial Plastic and Reconstructive Surgery to develop

rhinoplasty measures based on the AAO-HNSF 2017 CPG: Improving Nasal Form and Function after Rhinoplasty.

The measures for otitis media with effusion, cerumen impaction, age-related hearing loss, allergic rhinitis, Bell's palsy, postoperative laryngeal examination for dysphonia, and tympanostomy tubes were submitted with our Reg-ent Qualified Clinical Data Registry to the Centers for Medicare & Medicaid Services (CMS) on November 1, 2017, for use in Reg-ent in 2018.

For the 2018 measurement period, 19 out of 24 AAO-HNSF-developed measures were provisionally approved by CMS for utilization by our members in Merit-based Incentive Payment System reporting.

In October, CAC members will convene at the AAO-HNSF 2018 Annual Meeting & OTO Experience in Atlanta, Georgia, to continue ongoing discussion of measure development priorities and the importance of developing meaningful quality measures for each otolaryngology specialty. For a full list of available 2018 Reg-ent measures, see p. 25 - 26 or visit: www.entnet.org/2018-measures. For questions regarding measures development, contact: measures@entnet.org. ■

Reg-entSM QCDR Measures

AGE-RELATED HEARING LOSS

- AAO 16** Audiometric Evaluation for Older Adults with Hearing Loss
- AAO 17** Advanced Diagnostic Imaging of Bilateral Presbycusis or Symmetric Sensorineural Hearing Loss – Avoidance of Inappropriate Use

CERUMEN IMPACTION

- AAO 15** Percentage of Patients with Cerumen Impaction and a Suggested History of Non-intact Tympanic Membrane Who Receive Just Manual Removal
- AAO 18** Percentage of Visits with Patients with Hearing Aids where Otoscopy is Routinely Performed

ALLERGIC RHINITIS

- AAO 22** Percentage of Patients with Allergic Rhinitis who do NOT Receive Sinonasal Imaging for Allergic Rhinitis
- AAO 23** Percentage of Patients with Allergic Rhinitis who are Offered Intranasal Corticosteroids or Oral Antihistamines
- AAO 24** Percentage of Patients with Allergic Rhinitis who do NOT Receive Leukotriene Inhibitors
- AAO 25** Percentage of Patients with Allergic Rhinitis who do NOT Receive IgG-based Immunoglobulin Testing

BELL'S PALSY

- AAO 13** Inappropriate Use of Magnetic Resonance Imaging or Computed Tomography Scan for Bell's Palsy
- AAO 14** Inappropriate Use of Antiviral Monotherapy for Bell's Palsy

OTITIS MEDIA WITH EFFUSION

- AAO 8** Otitis Media with Effusion: Antihistamines or Decongestants – Avoidance of Inappropriate Use
- AAO 11** Otitis Media with Effusion: Avoidance of Topical Intranasal Corticosteroids
- AAO 26** Otitis Media with Effusion: Diagnosis Evaluation – Assessment of Tympanic Membrane Mobility
- AAO 20** Otitis Media with Effusion: Hearing Test
- AAO 21** Audiometry for Chronic Otitis Media with Effusion in Children
- AAO 27** Otitis Media with Effusion: Resolution of Otitis Media with Effusion in Children*
- AAO 28** Otitis Media with Effusion: Resolution of Otitis Media with Effusion in Adults*
- AAO 12** Topical Ear Drop Monotherapy for Children with Acute Tympanostomy Tube Otorrhea

QCDR MEASURES UNDER TESTING

Screening for Hearing Loss for Older Adults
 Shared Decision Making for Treatment Options for Bilateral Presbycusis or Symmetric Sensorineural Hearing Loss
 Otitis Media with Effusion: Systemic Corticosteroids – Avoidance of Inappropriate Use
 Percentage of Patients with Cerumen Impaction Who Receive With At Least One Appropriate Intervention
 Postoperative Laryngeal Examination for Dysphonia
 Tonsillectomy: Primary Post-Tonsillectomy Hemorrhage in Children
 Tonsillectomy: Primary Post-Tonsillectomy Hemorrhage in Adults
 Tonsillectomy: Secondary Post-Tonsillectomy Hemorrhage in Children
 Tonsillectomy: Secondary Post-Tonsillectomy Hemorrhage in Adults

QPP Measures in Reg-entSM

QPP 21	Perioperative Care: Selection of Prophylactic Antibiotic – First OR Second-Generation Cephalosporin
QPP 23	Perioperative Care: Venous Thromboembolism (VTE) Prophylaxis (When Indicated in ALL Patients)+
QPP 46	Medication Reconciliation Post-Discharge+
QPP 47	Care Plan+
QPP 65	Appropriate Treatment for Children with Upper Respiratory Infection (URI)
QPP 66	Appropriate Testing for Children with Pharyngitis
QPP 91	Acute Otitis Externa: Topical Therapy
QPP 93	Acute Otitis Externa: Systemic Antimicrobial Therapy
QPP 110	Preventive Care and Screening: Influenza Immunization
QPP 111	Pneumococcal Vaccination Status for Older Adults
QPP 116	Avoidance of Antibiotic Treatment in Adults with Acute Bronchitis
QPP 128	Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up Plan
QPP 130	Documentation of Current Medications in the Medical Record+
QPP 131	Pain Assessment and Follow-Up+
QPP 154	Falls: Risk Assessment+
QPP 155	Falls: Plan of Care+
QPP 226	Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention
QPP 238	Use of High-Risk Medications in the Elderly+
QPP 261	Referral for Otologic Evaluation for Patients with Acute or Chronic Dizziness+
QPP 265	Biopsy Follow-Up+
QPP 276	Sleep Apnea: Assessment of Sleep Symptoms
QPP 277	Sleep Apnea: Severity Assessment at Initial Diagnosis
QPP 278	Sleep Apnea: Positive Airway Pressure Therapy Prescribed
QPP 279	Sleep Apnea: Assessment of Adherence to Positive Airway Pressure Therapy
QPP 317	Preventive Care and Screening: Screening for High Blood Pressure and Follow-Up Documented
QPP 331	Adult Sinusitis: Antibiotic Prescribed for Acute Viral Sinusitis (Overuse)
QPP 332	Adult Sinusitis: Appropriate Choice of Antibiotic: Amoxicillin With or Without Clavulanate Prescribed for Acute Bacterial Sinusitis (Appropriate Use)
QPP 333	Adult Sinusitis: Computerized Tomography (CT) for Acute Sinusitis (Overuse)
QPP 334	Adult Sinusitis: More than One Computerized Tomography (CT) Scan Within 90 Days for Chronic Sinusitis (Overuse)
QPP 355	Unplanned Reoperation within the 30-Day Postoperative Period*+
QPP 356	Unplanned Hospital Readmission within 30 Days of Principal Procedure*+
QPP 357	Surgical Site Infection (SSI)*+
QPP 358	Patient-Centered Surgical Risk Assessment and Communication+
QPP 374	Closing the Referral Loop: Receipt of Specialist Report+
QPP 398	Optimal Asthma Control*+
QPP 402	Tobacco Use and Help with Quitting Among Adolescents
QPP 404	Anesthesiology Smoking Abstinence+
QPP 408	Opioid Therapy Follow-up Evaluation
QPP 412	Documentation of Signed Opioid Treatment Agreement
QPP 414	Evaluation or Interview for Risk of Opioid Misuse
QPP 431	Preventive Care and Screening: Unhealthy Alcohol Use: Screening & Brief Counseling
QPP 435	Quality of Life Assessment for Patients with Primary Headache Disorders*+
QPP 444	Medication Management for People with Asthma+
QPP 464	Otitis Media with Effusion: Systemic Antimicrobials+

To learn more about Reg-ent and the MIPS 2018 quality measures, visit www.reg-ent.org or email reg-ent@entnet.org.
If you have any quality or measure specific questions, please contact us at measures@entnet.org.

Meaningful measures

Last fall the Centers for Medicare & Medicaid Services (CMS) announced the “Meaningful Measure” initiative intended to prioritize and streamline quality measurement. CMS has defined 19 measure areas that relate one of six quality priorities:

- Promote effective communication and coordination of care
- Promote effective prevention and treatment of chronic disease

- Work with communities to promote best practices of healthy living
- Make care affordable
- Make care safer by reducing harm caused in the delivery of care
- Strengthen person and family engagement as partners in their care

What does this mean for AAO-HNSF?

Measures developed by AAO-HNSF are

used for multiple reasons, not solely for CMS reporting. By the end of 2018, AAO-HNSF will have developed over 30 otolaryngology-head and neck surgery-specific measures that include patient-centered care, best practice, and safe and efficient care. Moving forward, we will continue to blend the needs of the profession, the desires of the patients, and the requests from payers into meaningful measures for you and your patients.

The mechanics of measurement

AAO-HNSF is at the forefront of quality measure development. In 2017, the AAO-HNSF measures staff worked with our physician volunteers to develop specialty-specific measures that covered many areas of the specialty. However, additional meaningful measures are still needed. The structure provided by the Clinical Advisory Committees (CACs) will ensure AAO-HNSF measures are member-driven, reflect gaps in care, and are grounded in best practice.

The easiest and most efficient way to collect data for a measure is to capture it from structured data fields within the EHR. Natural Language Processing (NLP) is available to pull keywords from the unstructured data in the history of present illness; however, this technology is not yet completely perfected. The AAO-HNSF’s measures staff work with our physicians and with our technology partner FIGmd to determine the best way to capture appropriate data for measures development.

The initial patient population defines the basic demographics and the specific characteristic(s). For example, “patients age two and over diagnosed with chronic otitis media (COM)” tells the Reg-entSM registry which data to first pull for the measure; in this case, the age and diagnosis code data fields. The initial patient population may or may not be the denominator for the measure calculation. The denominator includes all of those patients that have the characteristics where an action

or outcome is expected. Exceptions and exclusions are needed to remove patients that qualified in the initial patient population but for whom the numerator may not apply. Using otitis media as an example, if the measure requires a hearing test for COM but the patient refuses testing, those patients are removed from the denominator so that the physician is not penalized in the calculation. Finally, a defined numerator is needed to capture the process, condition, event, or outcome that is expected for the denominator patients, such as receiving a hearing test.

After the specifications are developed, codes and keywords need to be assigned for data mining. Current Procedural Terminology (CPT) and International Classification of Diseases, 10th revision (ICD-10) codes, Logical Observation Identifiers Names and Codes (LOINC), international SNOMED codes, and RxNorm codes (if prescriptions are used in the measure) are all reviewed for inclusion. Hundreds of codes are considered for each measure and recorded in the Reg-ent Data Dictionary (DD). The DD and the specification logic are reviewed by members of the CACs and staff and ultimately help provide the directions for pulling the data from the EHR. All these data must be mapped from the EHR systems, and each system poses its own unique challenges.

The completion of the DD and mapping do not end the measure development. Data reports are generated and analyzed by measures staff for potential DD or mapping errors. An



analysis includes looking at the measure scores to determine if rates are in harmony with expectations. Measures that capture what should have occurred result in higher scores unless the actions or outcomes are not being recorded or found in the data fields. Likewise, inverse measures capture data for patients who received inappropriate care. Therefore, scores for inverse measures that approach zero percent reflect the preferred standard of care.

This past year, AAO-HNSF staff worked vigorously alongside our physician volunteers to take on several projects simultaneously, which helped outline the most effective and efficient methods for measure development. An important component in our measures development process is incorporating key action statements from our clinical practice guidelines (CPGs). These evidence-based CPGs will play a tremendous role in the continuation of our measures development initiatives. AAO-HNSF measure development will also continue to benefit from the time and expertise of the CACs and member volunteers serving on our measure development work groups.

For questions regarding measures or measure development, email Measures@entnet.org. ■



Reg-entSM moving forward

Reg-ent continues its growth trend and looks ahead to new value propositions.

Another year and another thank you to our members and their practices for their commitment to Reg-ent. Reg-ent continues to grow and now includes over 2,500 clinicians from over 460 practices representing academic medical centers, health systems, large private practices and networks, and small-to-mid-size private practices. To date, the Reg-ent data repository contains over five and a half million unique patients and 11 million patient visits.

We continue to onboard new members and their practices and look forward to the continued growth, development, and diversification of the Reg-ent registry in the coming years. CMS quality reporting [PQRS in 2016 and then Merit-based Incentive Payment System (MIPS) starting in 2017] was Phase One of the Reg-ent registry. As Reg-ent continues its migration to research and analytics, private payer quality programs, contribution

to maintenance of certification, and further quality measures development, the benefits of registry participation will be enhanced.

MIPS 2017 results

As a CMS-designated Qualified Clinical Data Registry (QCDR) and Qualified Registry (QR) for 2017, Reg-ent was able to support the full 2017 reporting needs of our members. Through Reg-ent, participants were able to report on all three of the required MIPS performance categories: Quality, Advancing Care Information (ACI), now changed to Promoting Interoperability (PI), and Improvement Activities (IA). More than 700 clinicians reported MIPS 2017 via the Reg-ent registry, a six-fold increase from the 121 clinicians who reported PQRS through Reg-ent in 2016.

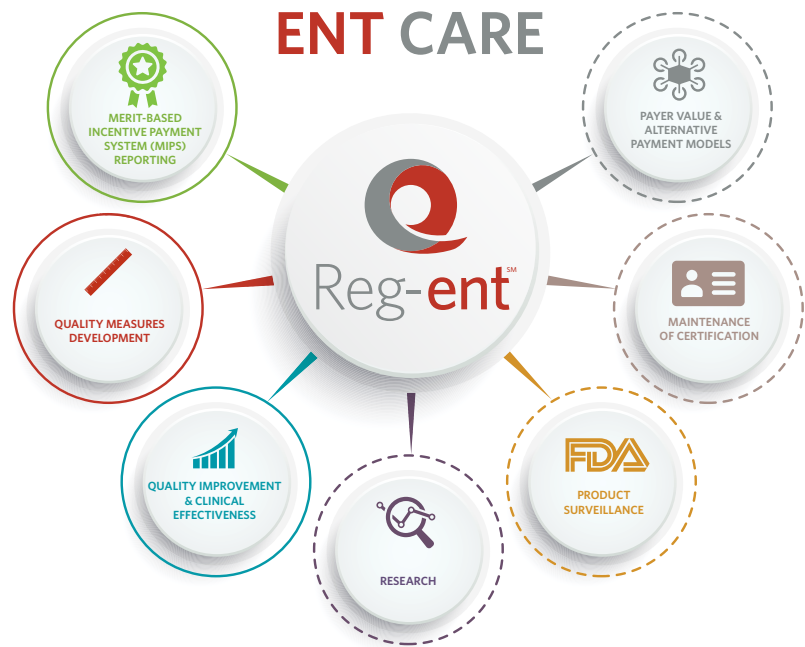
Looking ahead to MIPS 2018, the Reg-ent registry is offering 18 QCDR specialty-specific measures for MIPS reporting. These specialty measures will be available only

within the Reg-ent registry—once again designated by CMS as a QCDR and QR for 2018. For more information on Reg-ent's QCDR measures, visit: www.entnet.org/2018-measures. Please also read the article titled "The mechanics of measurement" on page 27 in this issue to learn more about AAO-HNSF measures development. These measures are critically important to reporting otolaryngologists, as the measures contained in Reg-ent best represent otolaryngology-head and neck surgery patient care and outcomes.

Progress made

The biggest challenge facing Reg-ent, and all specialty-based registries, is information-blocking by a number of EHR vendors. Reg-ent is addressing these challenges. It met the MIPS 2017 reporting needs for impacted practices by offering a Reg-ent web entry tool for the Quality Performance category, as well as access to the Reg-ent dashboard for both

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the ACI reporting and attestation and the IA attestation.

Reg-ent is working with a subset of Epic sites on alternative pathways to move data from Epic to the Reg-ent registry. As such, Reg-ent is seeing successes with Epic in both the academic and private practice settings, where data is being pushed to the Reg-ent registry. In addition, FIGmd is actively working within Epic's App Orchard to deliver another technical solution for providing Epic data to all FIGmd-supported registries, including Reg-ent. FIGmd projects that data will be pushed to Reg-ent in this method starting in the third quarter of 2018.

FIGmd is also working with eClinicalWorks to create a process by which to push practice data to all registries by the third quarter of 2018. Reg-ent and FIGmd continue to work closely with other EHR vendors and have successfully done so with more than 100 EHRs, including Medent, NextGen, SRS Health, CareCloud, and Waiting Room Solutions, among others. Data is flowing smoothly from these vendors into the registry, which allows for our members to fully participate in the registry and, in turn, contribute data to the data repository.

To the right is a table of the top 10 EHRs represented within the Reg-ent practice community. This table provides details on each vendor solution as it pertains to accessing data from the EHR and providing it to Reg-ent. For a complete listing of EHRs that Reg-ent works with, please see www.entnet.org/content/regent-compatible-emrs-and-practice-management-systems.

2018 optimizing Reg-ent

Going forward, Reg-ent will be investing in the infrastructure for advanced data analytics and research. The registry needs you to invest with your participation. The power of the registry is in the data—the more participants, the more data, and the more we can optimize the power of the data for research, advocacy, and defining quality care. We encourage all members to invest in Reg-ent. Participants in similar specialty-based registries **have realized financial benefit from their participation, as**

EHR	DATA LOCATION	DATA
Greenway Primesuite	Cloud Local Server	Gaps present in data receiving. Successfully extracting data.
eClinicalWorks	Cloud Local Server	New service for pushing data. Fees will be charged by eClinicalWorks. Successfully extracting data.
Allmeds	Local Server	Successfully extracting data. <i>Note: Some practices still have gaps in data. This will be addressed prior to MIPS 2018 reporting.</i>
Allscripts	Cloud Local Server	Blocking data. Successfully extracting data.
EPIC	Institution and Practice	FIG solution is anticipated for third quarter 2018. Some select sites have been able to utilize alternative pathways for sharing data with Reg-ent.
Medent	Cloud	Successfully receiving data.
NextGen	Server	Successfully receiving data.
Practice Fusion	Cloud	Acquired by Allscripts. Not sending data.
Athena	Cloud Local Server	Gaps present in data receiving. Successfully extracting data.
eMDs PLUS	Server	Successfully extracting data.

the aggregate data has been used to value treatment options as well as to provide data to support advocacy efforts.

Reg-ent is looking forward to launching a private payer pilot in late 2018 and to offering

the capacity to support research in 2019. We urge you to participate in the most significant quality improvement initiative of the AAO-HNSF. Join today at <https://regent.entnet.org/Signup/registry.aspx>. ■

MAKE YOUR INVESTMENT IN THE FUTURE OF THE SPECIALTY

Reg-entSM

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**ACT
NOW!**

JOIN REG-ENT TODAY!

To complete your MIPS 2018 reporting through Reg-ent,
sign your contract by **July 16, 2018.**

www.reg-ent.org

Contact us at reg-ent@entnet.org



ARS 64th ANNUAL MEETING

October 5-6, 2018

Westin Peachtree Plaza Hotel
Atlanta, GA

MEETING HIGHLIGHTS:

The 14th Annual Kennedy Lecture:

Guest Speaker: *Noam Cohen, MD, FARS*

- **Film FESStival**
A contest for the most interesting video case of sinus or skull base surgery
- **Women in Rhinology, Mentorship Program and Resident's & Fellows Combined Educational Session**
- **Resident's Cadaveric Lab (Limited Space)**
- **Poster Hall**
- **Exhibit Hall**
- **Welcome, Poster and DWK Lecturer Cocktail Reception**
- **Guest Countries: Colombia, Japan, Portugal, South Africa, Turkey**

Details at http://www.american-rhinologic.org/annual_meeting

Contact: Wendi Perez, Executive Administrator, ARS, PO Box 269, Oak Ridge, NJ 07438 | Tel: 973-545-2735 | Fax: 973-545-2736 | wendi@amrhso.com

www.american-rhinologic.org





Atlanta, GA, USA

Department of Otolaryngology – Head and Neck Surgery

Course Director:

Esther X. Vivas, MD

Course Faculty:

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

Temporal Bone Surgical Dissection Courses

5 Day Courses

October 1-5, 2018

March 25-29, 2019

October 28-Nov 1, 2019

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

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



Academic Otolaryngologist

School of Medicine

The Department of Otolaryngology is currently seeking to hire an Academic Otolaryngologist with training and/or interest in rhinology and skull base surgery.

The ideal candidate must have strong interest in academic career, a commitment to resident education and basic/clinical research as well as a desire to build a busy clinical practice. Academic appointment and compensation commensurate with training and experience. Candidates must be BC/BE in Otolaryngology.

Qualified and interested candidates should apply through WSU Online Hiring System at <https://jobs.wayne.edu> for

Posting # 043552

Please also send letter of interest and CV to:
Ho-Sheng Lin, M.D., Professor and Chairman
Department of Otolaryngology
4201 St. Antoine, 5E-UHC, Detroit, MI 48201
hlin@med.wayne.edu

Wayne State University is a premier, public, urban research university located in the heart of Detroit where students from all backgrounds are offered a rich, high quality education. Our deep rooted commitment to excellence, collaboration, integrity, diversity and inclusion creates exceptional educational opportunities preparing students for success in a diverse, global society. WSU encourages applications from women, people of color, and other under-represented people. WSU is an Equal Opportunity/Affirmative Action 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
- The prestige of an academic institution, without the bureaucracy
- Clinical faculty appointments at renowned tertiary centers including Mount Sinai, Northwell and Montefiore
- A starting salary of \$300,000
- A well-traveled road to partnership without buy-ins and buy-outs
- A governance structure that gives you a voice from Day 1, and colleagues who understand there is more to life than just practicing medicine

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

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

utmb Health
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 three full-time positions.

Pediatric Otolaryngologist

FULL-TIME BE/BC FELLOWSHIP TRAINED FACULTY

Otologist/Neurotologist

FULL-TIME BE/BC FELLOWSHIP TRAINED FACULTY

Head and Neck Surgical Oncologist/ Microvascular Reconstructive Surgeon

FULL-TIME BE/BC FELLOWSHIP TRAINED FACULTY

These positions entail opportunities to participate in all aspects of clinical practice, as well as resident and medical student education. Candidates interested in pursuing clinical research are of particular interest.

In response to the rapid growth in our communities, the department has grown to now include 15 practitioners delivering care through all subspecialty areas of otolaryngology, a division of audiology, and a division of speech language pathology.

Organizationally, UTMB Health has similarly grown 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

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

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

To apply for a position, please visit the MU web site at
hrs.missouri.edu/find-a-job/academic/

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



THE UNIVERSITY OF ARIZONA
COLLEGE OF MEDICINE TUCSON

Otolaryngology - Head & Neck Surgery

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

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

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

Steven Wang, M.D.
Professor and Chair
Department of Otolaryngology-
Head and Neck Surgery
sjwang@oto.arizona.edu

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



Cleveland Clinic is pleased to be an equal employment/affirmative action employer: Women/Minorities/Veterans/Individuals with Disabilities. Smoke-free/ drug-free environment.

 **Cleveland Clinic**
Every life deserves world class care.



Washington University in St. Louis

SCHOOL OF MEDICINE

Academic Faculty Position, Pediatric Otolaryngology

The Department of Otolaryngology-Head and Neck Surgery at Washington University School of Medicine invites applications for a full-time faculty position at the Assistant or Associate Professor level in the Division of Pediatric Otolaryngology. Fellowship training in Pediatric Otolaryngology is required. We encourage candidates with a commitment to education and research to apply. This position will include patient care responsibilities at St. Louis Children's Hospital and the Children's Specialty Care Center. Candidates must be able to obtain a Missouri State license and must be board certified or eligible for certification. Interested applicants are invited to submit their CV on the WUSM website at:

<https://facultyopportunities.wustl.edu>

Keiko Hirose, MD
Division Chief, Pediatric Otolaryngology
Department of Otolaryngology-Head & Neck Surgery
Washington University School of Medicine

Washington University in St. Louis is committed to the principles and practices of equal employment opportunity and affirmative action. It is the university's policy to recruit, hire, train, and promote persons in all job titles without regard to race, color, age, religion, gender, sexual orientation, gender identity or expression, national origin, veteran status, disability, or genetic





Capital Region Otolaryngology Head and Neck Group, LLP

Otolaryngologist Albany, New York

Capital Region Otolaryngology Head and Neck Group, LLP, an independent, physician owned private practice, has an excellent opportunity for a Board Certified/ Board Eligible Otolaryngologist to join the team. Otolaryngologists at this busy multi-location practice specialize in all disorders affecting the ears, nose, throat, head and neck. The practice has been providing the finest of treatment in the New York Capital District area for more than 50 years with a team of 6 experienced physicians, 7 full-time and part-time audiologists and a physician assistant. Our Comprehensive Compensation package includes:

- Competitive salary
- Negotiable advancement time to Partnership
- Performance based quarterly productivity bonus for partners
- Generous paid time off
- Excellent health care insurance plans
- Reimbursement for 5 days of CME per year
- 1:5 Shared Call Schedule
- Well established primary care referral base

Life in Upstate New York

The Capital District area of New York State includes the cities of Albany, Saratoga, Schenectady and Troy, plus many suburbs. With some of the finest options for higher education, culture and recreational activities, the Capital Region makes our communities attractive to live in, work in, and learn in. Our physicians are credentialed and privileged at the top notch health care hospital facilities in the area, Albany Medical Center, St. Peter's Hospital and Partners, and Saratoga Hospital.

For confidential consideration, please send your CV to:

Angela N. Motler
Practice Administrator
amotler@capitaloto.com
518-482-9111

SOUTH FLORIDA ENT ASSOCIATES



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

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

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

This position will include both office and hospital settings.

Requirements:

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

For more information about us, please visit www.sfenta.com.

Contact Information:

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



Complete Care. Trusted Doctors.

Ear | Nose | Throat | Allergy

We are a well-established, highly respected ENT private practice in Columbia, SC in search of an additional general otolaryngologist with subspecialty training in Otolaryngology/lateral skull base. Position is open to both new graduates and experienced physicians.

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

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

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

Contact information:

Please send resumes to HR@centamedical.com



**MedStar Washington
Hospital Center**

The Department of Otolaryngology-Head and Neck surgery at MedStar Washington Hospital Center is seeking a BC/BE physician for a full time position. The candidate should have an interest in practicing general otolaryngology in a community-based setting.

This practice is in a satellite office in Southern Maryland located in St. Mary's County, the fastest growing county in Maryland. The candidate will be joining a well-established practice in a thriving community with limited competition and access to an ambulatory surgery center. Salary will be extremely competitive, and there is potential for **no on-call Emergency Department duties**. The practice is easily accessible to three city centers- Richmond, VA, Washington, DC and Annapolis, MD. This area of 120,000+ residents is an ideal choice for medical professionals seeking work-life balance in a picturesque setting, adjacent to nearly 400 miles of shoreline and waterfront living. St. Mary's County boasts top-notch schools, and proximity to three international airports.

This is a perfect opportunity to join a community based practice under the umbrella of a large health care system. MedStar Washington Hospital Center is the largest not-for-profit teaching hospital in metropolitan Washington, DC. The Hospital is part of MedStar Health, a \$2.7 billion not-for-profit healthcare organization, with a community-based network of ten hospitals, and comprehensive healthcare services in the Baltimore-Washington region. This network is the largest health system and one of the largest employers in the Baltimore/Washington area.

Interested applicants should forward an updated CV to:

Stanley Chia, M.D., F.A.C.S.
Chairman
Department of Otolaryngology-Head and Neck Surgery
MedStar Washington Hospital Center
110 Irving Street NW, GA-4
Washington, DC 20010
202-877-6219
email: stanley.h.chia@medstar.net

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.

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

Rush is an Equal Opportunity Employer



Rutland Regional Medical Center
An Affiliate of Rutland Regional Health Services

Otorhinolaryngologist **Rutland, Vermont**

We are looking for an Otolaryngologist, for to join our well established, hospital owned practice. \$25k signing bonus. ER call 1:4. Join 2 other surgeons in this practice, with three Physician Assistants. Clinical faculty appointment possible. Teaching opportunity with med students and Advanced Practitioner students if desired. Board Certified or Board Eligibility with intent to become board certified.

Generous benefits of Malpractice, Health, Dental, and Disability insurances, 403b with hospital match, Defined Contribution retirement account, and tax-deferred earnings program. \$6000 annual CME allowance. Up to \$10k in relocation assistance.

There are two office locations. Each location has a fully developed Audiology program.

Well established EMR with hospital and home digital x-ray viewing capability.

100 bed community hospital with ER volume of 36,000 patient visits per year. ER physicians are residency trained. ICU with 24-hour intensivist coverage. Hospital based Community Cancer Center with COC certification. Service area 85,000 and new ENT Medical Office Building plans.

Great family oriented community with vast array of outdoor activities at your doorstep including 2 ski resorts within 20 minutes of hospital. Located in the Heart of the Green Mountains, near the base of Killington Ski Resort, our location offers wonderful recreational fun, good schools in safe communities, and easy access to Boston, Montreal, and NYC. This is a chance to practice and live in a location most desire for vacation.

RRMC was recognized by U.S. News and World Report as one of 42 Best Hospitals for Common Care conditions and procedures. We received an "A" rating from The Leapfrog Group" for hospital safety and 2015 Healthgrades Patient Safety Excellence Award. RRMC scored in the top 5% of hospitals in national standardized Press-Ganey Physician Survey for "Teamwork between providers and nurses", "Expertise of nursing staff", and "Performance of Administration". We are also a recognized Nursing Magnet Hospital.



Rebecca Banco, CMSR, DASPR

Inhouse Physician Recruiter, Rutland Regional Medical Ctr, bbanco@rrmc.org



Bassett Healthcare Network
Bassett Medical Center

Otolaryngologist Join A Great Team!

Bassett Healthcare Network, a progressive health care network in central New York and major teaching affiliate of Columbia University, is seeking an Otolaryngologists to join our staff.

Pertinent Highlights Include:

- **3 Otolaryngologist and 4 Advanced Practice Clinicians (APC)**
- **180 Bed Primary Hospital with Level II Trauma Center**
- **Instant Referral Base provided by over 300 Primary Care Clinicians**
- **Full support staff with dedicated clinic space**
- **Otolaryngology Services include otology, laryngology, facial plastic surgery, sinus surgery, head and neck surgery**

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

Enjoy an outstanding quality of life in this lakeside resort town located south of the Adirondack Mountains and north of the Catskills. The combination of a modern practice within a growing academic and research oriented healthcare system, coupled with excellent schools and multiple outdoor recreational, cultural and artistic activities, makes this a unique opportunity.

For confidential consideration, please contact:

Debra Ferrari, Medical Staff Recruitment
Phone: 607-547-6982; email: debra.ferrari@bassett.org or visit our web-site at www.experiencebassett.org

Bassett Medical Center provides equal employment opportunities (EEO) to all employees and applicants for employment without regard to race, color, religion, creed, sex (including pregnancy, childbirth, or related condition), age, national origin or ancestry, citizenship, disability, marital status, sexual orientation, gender identity or expression (including transgender status), genetic predisposition or carrier status, military or veteran status, familial status, status a victim of domestic violence, or any other status protected by law.



HEAD & NECK
SURGEONS

Private Practice Opportunity - General Otolaryngologist

Arizona Otolaryngology Consultants is one of the largest single specialty, physician-owned practices in the Valley, providing high quality medical care since 1997. Our group consists of multiple subspecialties, emphasizing all aspects of Otolaryngology/ Head & Neck Surgery, including head & neck oncology, pediatric otolaryngology, laryngology, neurotology, hearing aid sales and CAT scanning. We offer patients ease of access at any of our 5 office locations and many surgery options as a result of over a dozen surgical affiliations.

Due to continued growth, we are looking to add a BC/BE General Otolaryngologist to our team of providers who offer a unique and collaborative approach to patient care.

Employment opportunities with AOC include:

- Excellent salary with partnership track
- Competitive health benefits
- Paid time off
- Malpractice insurance
- CME reimbursement

Interested candidates please submit your current CV and letter of interest to:

Alison Scott, Practice Administrator – Alisons@aocphysicians.com

For more information about our practice, please visit www.AOCPhysicians.com



BC/BE Otolaryngologist to join busy practice in Western New England

Our robust practice with a well-established patient base is searching for a strong generalist or a Pediatric subspecialist. The largest ENT group in the region, Ear, Nose & Throat Surgeons of Western New England is a private practice with 7 physicians and 4 advanced practice providers, three office locations, and an associated surgery center. We are the primary ENT service for two community hospitals and for the region's only Level 1 Trauma and major academic center. We have served the community for more than 51 years with advanced endoscopic sinus surgery, head and neck cancer, laryngology, endocrine surgery, otology/ neurotology, pediatric otolaryngology, and allergy testing and treatment.

- Compensation comprised of salary plus productivity bonus
- Anticipated starting volume of 30 patients per day
- Low practice call: 1:6, consisting of two weekends every 3 months
- State of the art offices with video stroboscopy, CT scans, VNG testing, ABR testing, and on-demand audiology
- Excellent earning potential with opportunity for partnership available

With offices in Springfield, Northampton and Ware, Massachusetts, the practice offers a community lifestyle in western Massachusetts with the benefits of easy access to Boston (1 1/2 hours), New York City (2 1/2 hours) and Vermont skiing (1 hour). As a family-friendly area, it is a well-recognized center of art, theater, music and quality restaurants. Excellent educational opportunities make this area perfect in every way. Please contact Barry Jacobs, MD FACS at brjacobs@entsurgeons.us or Jerry Schreibstein, MD FACS at jschreibstein@entsurgeons.us for additional information or to forward your CV.

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



AUGUSTA UNIVERSITY
**MEDICAL COLLEGE
OF GEORGIA**

HEAD AND NECK SURGEON

- Part-time appointment at the Charlie Norwood VAMC
- Part-time appointment at the Medical College of Georgia at Augusta University
- Rank commensurate with experience
- Excellent resources are available
- Fellowship training preferred

NEUROTOLOGIST/OTOLOGIST

- Rank commensurate with experience
- Excellent resources are available
- Fellowship training required

To apply and receive additional information, please contact:

Stil Kountakis, MD, PhD
Professor and Chairman
Department of Otolaryngology-Head & Neck Surgery
1120 Fifteenth Street, BP-4109
Augusta, Georgia 30912-4060

Or email skountakis@augusta.edu

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



Multiple Positions Available

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

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

Pediatric Otolaryngology

Attn: William Collins, MD
email: william.collins@ent.ufl.edu

Head & Neck Oncologist

Attn: Peter Dziegielewski, MD
email: peter.dziegielewski@ent.ufl.edu

Otology/Neurotology

Attn: Neil Chheda, MD
email: neil.chheda@ent.ufl.edu

General Otolaryngology

Attn: Brian Lobo, MD
email: brian.loblo@ent.ufl.edu

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



Louisiana State University Health, Shreveport
Department of Otolaryngology-Head and Neck Surgery
ACADEMIC OPPORTUNITY

Position for a Full time academic Rhinology/Skull Base surgeon at the Assistant/Associate/Professor Level
Candidates must be fellowship trained and BC/BE by the American Board of Otolaryngology

Rhinology/Skull Base

This is a unique opportunity to further cultivate and develop a robust practice in rhinology/skull base in a tertiary care center that draws patients from the northern region of Louisiana as well as east Texas and south Arkansas. Responsibilities include building a clinical practice, resident teaching in a state of the art simulation lab and research. Excellent skull base referral source already established with Neurosurgery. The neurosciences center allows for a unique opportunity to also build a research program. The department has a strong clinical research program with infrastructure to include a CRA. Competitive salaries and benefits offered in a rapidly growing dept.

Louisiana State University Health in Shreveport is a 436 bed hospital, research and teaching facility. Shreveport-Bossier is a metropolitan area of approximately 450,000 people located in northwest Louisiana about 3 hours from Dallas, Texas and Jackson, Mississippi and just 5 hours from New Orleans.

CONTACT:

Please send curriculum vitae, a statement of current interests, and names of three references to:

Cherie-Ann Nathan, MD, FACS
Professor and Chairman, Department of Otolaryngology
Director of Head and Neck Surgical Oncology
1501 Kings Highway, 9-203
Shreveport, LA 71103-33932
Telephone: 318-675-6262
Fax: 318-675-6260
E-mail: cnatha@lsuhsc.edu

LSUHSC-S is an Equal Opportunity/Affirmative Action Employer



MedStar Washington
Hospital Center

The Department of Otolaryngology-Head and Neck surgery at MedStar Washington Hospital Center seeks a BC/BE physician for a full time position. The candidate should have an interest in practicing general otolaryngology in a community-based setting.

This practice opportunity is located in satellite offices in Brandywine and Waldorf, MD. The candidate will join three other physicians in a busy otolaryngology practice with access to a new, on-site ambulatory surgery center. Brandywine and Waldorf are thriving communities located within 20-30 minutes commuting distance of Washington, DC and Alexandria, VA. This is an excellent opportunity to join the premier medical system in the Nation's Capital region.

MedStar Washington Hospital Center is the largest not-for-profit teaching hospital in metropolitan Washington, DC. It is a tertiary referral center, and the Otolaryngology Department offers the full range of services for treating ear, nose, and throat conditions. The Hospital is part of MedStar Health, a \$2.7 billion not-for-profit healthcare organization and a community-based network of ten hospitals and other healthcare services in the Baltimore-Washington region. This network is the largest health system and one of the largest employers in the Baltimore/Washington area.

Interested applicants should forward an updated CV to:

Stanley Chia, M.D., F.A.C.S.
Chairman
Department of Otolaryngology-Head and Neck Surgery
MedStar Washington Hospital Center
110 Irving Street NW, GA-4
Washington, DC 20010
202-877-6219
email: stanley.h.chia@medstar.net



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

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

Practice Details:

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

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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 ¹	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%)

¹ 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, or call 1-800-FDA-1088.

For more detailed information, see the full prescribing information for Otovel at 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 vials¹

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[®]
ciprofloxacin 0.3% and
fluocinolone acetonide 0.025%

Single. Sterile. Simple.

- **14 single-use vials contain 1 premeasured dose** each—dose BID/7 days²
- **Every dose is sterile**, precise, and preservative free²
- **No drop counting.** No mixing or shaking required²

Drop into **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.

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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