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

SEPTEMBER 2018

AAO-HNSF  
2018 Annual Meeting &

## OTO Experience

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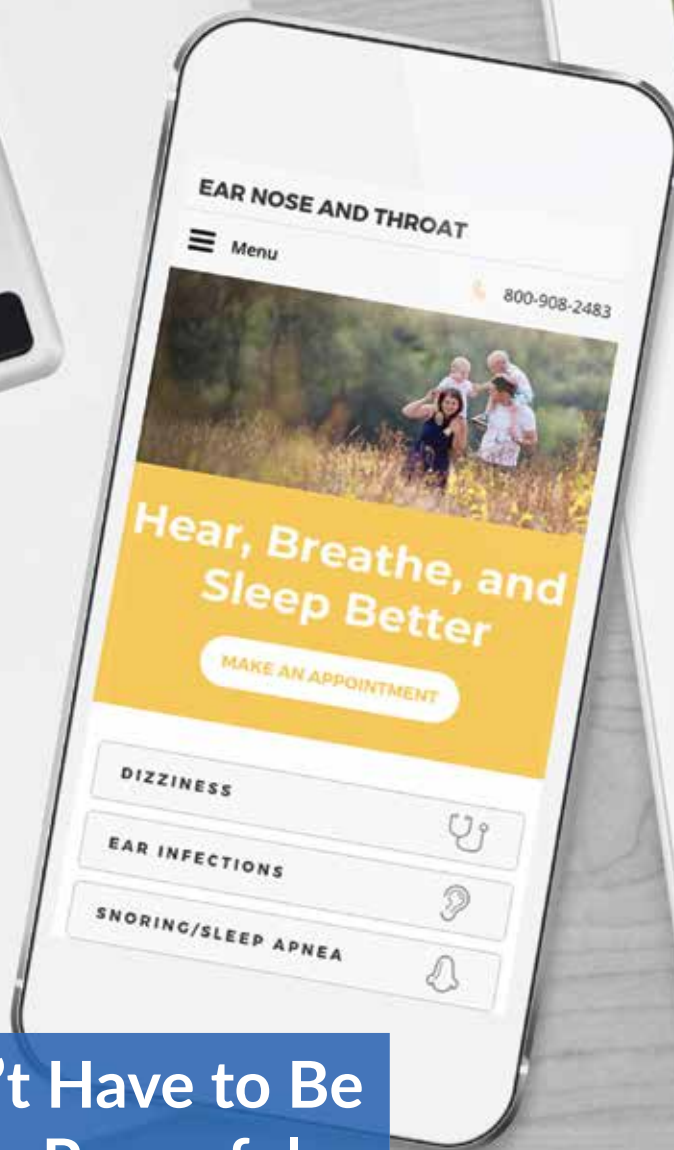
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# bulletin

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# The pinnacle of professionalism and education

**T**he AAO-HNSF 2018 Annual Meeting & OTO Experience is just weeks away. Clinicians and researchers from around the world will gather to share medical research and knowledge in otolaryngology-head and neck surgery from a global perspective.

The education program in Atlanta, Georgia, October 7-10, includes dynamic and exciting format changes like the Expert Series, Flash Talks, International Symposium, and Master of Surgery Video presentations.

In addition, there will be a **Panel Presentation** about the 2019 Medicare Physician Fee Schedule and rule changes proposed by CMS for 2019. It offers the opportunity to engage with a CMS representative regarding OUR specific concerns and recommendations pertaining to the proposed changes, before they become law ... **your chance to advocate.**

There are many challenges in healthcare today, and there will certainly be continued disruption and uncertainty moving forward. We are subject to burdensome regulations, challenges to our autonomy, and socioeconomic pressures, to name a few.

Despite all the chaos around us, we remain united in our unwavering pursuit to be the best otolaryngology professionals, research-scientists, educators, and healers possible. The inherent joy in “doctoring” and the sanctity of the doctor-patient relationship continues to sustain and challenge us as we aspire to achieve higher levels of quality and excellence in our field. The AAO-HNSF is committed to being the world leader in otolaryngology education and research for our global membership and will continue to deliver the best evidence-based medicine for evaluation and management of our patients. Clinical practice guidelines, AcademyU®, and Reg-ent<sup>SM</sup> are just some of the most effective tools providing value to our members in achieving these goals.

In order to further optimize professional education, we need to **mentor and support** young surgeon-scientists who combine their clinical experience and investigative skills to address critical issues in otolaryngology, especially as federal biomedical research funding continues to decline. Now there is an opportunity to explore the possible role of industry and the private sector in research funding and education, a consideration under review by the Academy Vendor Relations Task Force. Also integral to the future of otolaryngology education, training, and the workforce is concern regarding **work-life balance** issues,

particularly for dual-career households in an era of burgeoning higher education debt. We must continue to innovate to create value for both the consumers of healthcare, as well as those who pay for healthcare.

**Professionalism in medicine** remains fundamental to all that we do, no matter the extraneous influences in our practice environments, as we focus on cultural dexterity, inclusivity, globalization, and strategic thinking in healthcare. Humanitarianism and compassion are increasingly important in an era of digital communication, social media, and artificial intelligence. Major social changes are occurring that impact society, patients, physicians, healthcare, and medical education. As medical professionals, we are governed by codes of ethics and commitment to competence, integrity, morality, altruism, and pursuit of the public good. We must not lose sight of the social contract and the covenant of trust we have with our patients. The Academy will continue to support infrastructure to facilitate professional education and development.

The commitment and dedication of members and staff continues to yield milestone achievements worthy of recognition, including the recently announced 2017 *Otolaryngology–Head and Neck Surgery* journal’s Impact Factor (citation report) of 2.444, its highest ever. Also, based on excellence in graphic design, editorial content, and the ability to achieve overall communications excellence, the *OTO News* and electronic Annual Report received Awards of Excellence from APEX 2018—remarkable industry accomplishments.

This month also marks the start of the **Academy’s 2019 membership renewal** efforts. As President, I have seen firsthand the commitment and enthusiasm of both our membership and staff in providing impactful programs and services that help address the ongoing changes in healthcare. As a result of this dedication, the Academy retains over 90 percent of its members each year and is able to provide many opportunities for our members to ensure high standards of patient care and support for our ENT colleagues in the U.S. and globally. Your membership dues make up about 33 percent of the costs related to publishing cutting-edge, peer-reviewed research; hosting more than 5,500 otolaryngologists and medical professionals at our Annual Meeting; effectively advocating on critical issues; introducing clinical practice guidelines and quality measures; growing Reg-ent; maintaining our vibrant ENTConnect community; and much more. I encourage you to **renew early.** ■



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

“Humanitarianism and compassion are increasingly important in an era of digital communication, social media, and artificial intelligence.”

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# The future of our specialty

Our Annual Meeting & OTO Experience is fast approaching, and there are special opportunities you won't want to miss. Our redesigned Welcome Ceremony will feature the unveiling of two major initiatives that will bring significant benefits to our specialty and our patients. Immediately following is the President's Reception extravaganza at the world-renowned Georgia Aquarium, which will include our Past Presidents and the International Reception for the first time. I encourage you to attend the amazing **Simulation Experience**, which has grown each year and is on its way to becoming an education and assessment necessity for future practice. All the named lectures will be given by world-renowned speakers on critical topics to our specialty, including **Nikolas H. Blevins, MD**, as the H. Bryan Neel, III MD, PhD lecturer, addressing the role of simulation in our specialty. The opportunity to experience globally relevant education programs is doubled this year.

One of the ongoing concerns in otolaryngology is maintaining and expanding the talented, diverse applicant pool applying to our residency training programs. We have enjoyed an outstanding cohort of medical students who chose otolaryngology as their preferred field of practice. But the last several years have seen a decline in the number of applications. While there are many factors contributing to this trend, we feel that we can generate significant exposure and interest using a new program we will be rolling out through our Membership Business Unit in conjunction with the Board of Governors (BOG). This program will be based on personal interaction and observerships with practicing otolaryngologists across the country. We will begin at the high school level and extend this through college and medical school training. Our initial research into this type of program has shown significant interest, particularly at the high school level. I still vividly remember such an opportunity that I had while in high school in Oklahoma City with Jack Hough, MD, a world-renowned stapes surgeon. The BOG will help us identify otolaryngologists willing to participate in this program through their state and local societies. We hope to have this up and running this fall.

On a similar note, I had the opportunity at a recent American Society of Association Executives meeting to hear a fascinating presentation about Generation Z,

given by a 16-year-old entrepreneur. Some of the information presented was quite enlightening, and in my opinion, very encouraging as related to the future of medicine. Gen Z represents those born between 1996 and 2009. It is estimated that by 2020 they will represent 36 percent of the workforce. The speaker described four major characteristics that can guide future interaction with these individuals. They are very **competitive**. They do not value "participation trophies," they like instant gratification, and financial security is very important. They are a **connected** generation that values face-to-face authenticity and honesty paired with online engagement. They value Snapchat and Instagram more than emails and texting. They favor visual communication more than just words and, surprising to me, shop brick-and-mortar stores two-thirds of the time because they like to see the product. They are also **creative**, as seen by the multitude of YouTube productions. Sixty percent want to own their own business and 14 percent already do. Finally, they value the ability to coexist, favoring student memberships, real-world learning, and mentorship. They prefer to learn by doing, both online and in real-life experience, and they will pursue leadership opportunities. These characteristics should make a program such as the one detailed above very popular with Gen Z students.

This *Bulletin* features a separate article expressing my thoughts on the ongoing transition in quality and payment, specifically highlighting my view that private practice can not only survive, but thrive through this evolution and into the subsequent payment model. We also have an invited column solicited through the Large Group Forum by **Eugene G. Brown III, MD**, detailing his thoughts from the perspective of a successful private practice otolaryngologist.

As you are aware, CMS released its proposed rule for 2019 Medicare payments on July 12. The entire report is over 1,500 pages long, and we are in the process of analyzing those items that will affect otolaryngology and making comments on them. There are several policy and payment proposals that would significantly affect the day-to-day practice of otolaryngology. This was followed by the proposed Outpatient Prospective Payment System/ASC rule, which was only 761 pages. You can rest assured that we will represent the best interests of our patients and members to CMS in our response. ■



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

“We have enjoyed an outstanding cohort of medical students who chose otolaryngology as their preferred field of practice.”



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# On private practice

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

One of the primary goals of the Academy is to provide our members with the tools they need to provide the best patient care. That involves using our traditional areas of expertise—such as advocacy, analysis, education, and quality—to help create practice paradigms in which otolaryngologists can participate and thrive whether they are generalists or specialists in academic, employed, or private practice. Clearly, there are advantages to all the models previously mentioned, and optimal access to our specialty care lies in preserving the opportunity for all these archetypes, which bring significant value through their synergistic and symbiotic relationships.

While it is unclear what the exact structure of the evolving healthcare system will look like, there are a number of facts and trends that can't be ignored when identifying future needs. The overarching "elephant in the room" is the fact that, based on its trajectory, healthcare spending in the United States will reach close to 25 percent of the GDP by the year 2025. An economic downturn would only accelerate the situation and aggravate currently existing access problems. Even though there is no political consensus on how to solve this problem, there are trends developing within both the government and private-payer sectors, several of which are very similar. Out of necessity, all versions of a successor system are based on "value." The accepted definition of "value" is quality/cost, which places quality front and center as the crown jewel for all proposed systematic change. Quality will help balance overzealous reliance on cost going forward.

What is "quality" and who defines it? The answer to those questions will determine the acceptance of any successor system by both the healthcare community and the patients relying on this care for themselves and their

families. Initial measures of quality relied on measures that neither physicians nor patients were particularly looking for given the extra time and resources required to collect them, and they met with resistance. As our understanding of meaningful quality and outcomes measures that matter has evolved, adoption has increased. The Academy believes it is essential that otolaryngologists are the primary participants in defining quality care for diseases in which we are the experts. Patients are interested in ways to measure the parameters they are interested in. Can I breathe better? Can I hear better? Is my cancer better? Otolaryngology has responded by creating over 30 validated Patient-Reported Outcome Measures (PROMs).

Some key trends are moving forward without a master plan for the system as a whole, including an ongoing progression toward population health by both CMS and private payers, devaluation of diagnostics and procedures through the "investigational tag" and the Modifier 25 limitation, increasing difficulty navigating the CPT and RUC systems, "leveling the playing field" by reducing or eliminating facility fees, and other regulatory decisions. Private payers are looking for the best way to insert quality into their formula. The trend toward "employed physicians" may well reverse itself as facility fees go away and secondary contracts become less favorable. Finally, in otolaryngology as well as in other specialties, there is a significant trend toward the formation of large, single-specialty groups that can furnish full subspecialty care and have the volume to offer top-of-the-line administrative services as well as negotiate pricing more effectively.

These trends will heavily favor those who can demonstrate the quality of their work as well as control costs. An essential element to success will be the ability to demonstrate comparative quality and effectiveness in your practice. We have been working to establish a fully functional clinical data registry that will

allow all participants to do this. Reg-ent<sup>SM</sup>, our registry, is about to progress to Phase II of operations, which will allow all our participants to meet the criteria mentioned above to be successful in evolving payment models. We will be able to incorporate measures for each specialty within otolaryngology, including PROMs, clinical pathways that follow traditional physician patient care, hospital and laboratory data, ASC data, and cost data. That will allow participants the information they need to improve their practice as well as receive proper value for their services in the population health model, which will end up being a tournament model. We are on schedule for these capabilities to be available in time to be valued by participants both locally and nationally.

This will be particularly valuable to those in private practice who will have the information necessary to participate in larger payer systems without being purchased by larger systems and losing their autonomy. ■

## Congratulations to the 2017-2018 Committees of Excellence!

- Airway and Swallowing Committee; Michael J. Pitman, MD, Chair
- Patient Safety and Quality Improvement Committee; Emily F. Boss, MD, MPH, and C.W. David Chang, MD, Co-Chairs
- Practice Management Education Committee; Brendan C. Stack, Jr., MD, Chair
- Reg-ent Executive Committee; James C. Denny, III, MD, Chair

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\*Rhodus, N.L.: The Effectiveness of Artificial Salivas in Relieving Xerostomia as Assessed by Mucoprotective Relativity., J Dent Res 70:407, 1991. Abstract 1133.

# Private practice otolaryngology is not a dying concept

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

**I am a committed private practice otolaryngologist**, and one major theme for my year as AAO-HNS/F President has been to reinforce and reassure our membership that the premise of the “demise of private practice” is a false one.

The goal in healthcare provision today is demonstration of **value and quality**. Otolaryngologists aspire to provide care consistent with the goals of the Triple Aim: **improving the experience of care, improving the health of populations, and reducing per capita costs of healthcare**.

It has become more difficult for individual solo private practitioners and small physician groups (1-3) to compete in the current environment. There are many factors contributing to these differential pressures, including geographic location, local competition and stakeholder relationships, overregulation and reporting burdens, requiring sophisticated and costly IT platforms, and EHR. There are many other “business of medicine” factors requiring constant attention to remain competitive, including the ability to monitor and negotiate contracts, optimize revenue cycle management, and ensure operational efficiency to lower cost and optimize margin.

Private practice and **autonomy** and the ability to shape one’s medical philosophy and patient care paradigm are appealing for many. It’s no coincidence that the 2017 AAO-HNS/F Socioeconomic Survey data reflected that 57 percent of respondents were in private practice, a percentage that has been fairly stable since 2011.

Single Tax ID operations, Clinically Integrated Networks (CIN), and Joint Ventures, including hospital relationships, are all mechanisms for enhancing practice efficiency, while maintaining independence. Many variables will continue to challenge different practice settings, most notably future supply of otolaryngologists, the cost of higher education, the role of subspecialization, the role of advanced practice providers, and

unpredictable changes in healthcare reform.

The role of **data in healthcare** is paramount and the ability to control and meaningfully use that data is critical, as most stakeholders in healthcare today will look to that data to measure our quality and value. This also will be the basis for reimbursement.

Enter **Reg-ent<sup>SM</sup>**. It will help to transform value and sustainability in our field in every practice setting and will be equally beneficial to both private practice and employed/academic practices. There are many exciting developments regarding the AAO-HNS/F qualified clinical data registry (QCDR) that will have a profoundly positive impact on private practice for decades to come. We will demonstrate our value and quality through Reg-ent.

The healthcare provision’s complexity remains a hindrance. Economic pressures will persist, and the cost of doing business increases while reimbursement decreases. It’s reassuring to know that the **Academy continues to advocate for and protect members** in negotiating with health policymakers, payers, consultants, regulators, the public, pharma, medical device companies, hospital systems, and myriad other entities vying for dominance, control, and relevance in the rapidly changing healthcare arena.

I’m cautiously optimistic based on some potential changes from the **health policy arena and payers**, including recent comments from Seema Verma, CMS Administrator.

“One of the barriers around [promoting] value-based care is burdensome regulations, and that’s where Stark comes into it. We are going to do something on Stark—I’m very certain about that—and we hope to have something out by the end of the year,” Verma said.

**Stark law prohibitions** have been burdensome, and a change here will impact private practice otolaryngology as it relates to business opportunities, including ambulatory surgery centers, imaging facilities, other diagnostic and treatment centers, as well as other potential joint venture relationships with community stakeholders.

Verma and HHS Secretary Alex Azar were explicit regarding **value-based healthcare** in

the 21st century in their comments regarding the rollout of the Proposed CY 2019 Physician Fee Schedule and Quality Payment Program (QPP). There appears to be a recognition of the need to refocus efforts on patient care while modernizing payment policies in Medicare. There’s also a move to enhance the role and availability of telemedicine and the concept of price transparency in healthcare. Many initiatives are directed at primary care and population health management, not specifically to otolaryngology and surgical subspecialties. One thing is clear: There are fewer dollars available in healthcare.

CMS has proposed documentation changes for physicians performing E/M visits, giving providers different options for documentation, such as using medical decision-making or time.

In my opinion, there will be less purchasing of private practices by hospitals and other vertically integrated systems as CMS plans to continue site-neutral payment policies under Section 603 of the Bipartisan Budget Act. Under the 2019 proposed rule, off-campus facilities would be paid 40 percent of the Outpatient Prospective Payment System amounts. This augurs well for sustaining private practice, albeit in potentially larger private group practice settings.

In addition, Anthem recently changed its imaging coverage policy and requires that 80 percent of Advanced Medical Imaging, including CT imaging and MRI, be performed in a freestanding facility, not a hospital-based center. Other insurers will likely adopt similar policies in time. This presents an opportunity for private practice otolaryngologists performing point-of-service CT imaging in their offices. This is important since approximately two-thirds of otolaryngologists (63 percent) indicated performing CT imaging on-site per the 2017 AAO-HNS/F Socioeconomic Survey.

I’m confident that the future of private practice otolaryngology remains strong and that the challenges in healthcare management and reimbursement will continue, affecting the house of medicine overall. We’ll have to band together to take on head to head these challenges, knowing that the **AAO-HNS/F has our back!** ■



# Private practice otolaryngology 2018

■ **Eugene G. Brown III MD**, President  
**Craig Kilgore**, CMPE, CEO  
Charleston ENT & Allergy  
Charleston, SC

Much has been written by social media commentators and bloggers who harken the demise of private practice otolaryngology at a rapidly increasing rate. Make no mistake that real problems exist with recruitment into small rural practices as well as in large cities where competition abounds. It cannot be denied that fellowships are attracting more from the generalist's pool, and that hospitals have employed former colleagues. Contrary to what some think, though, private practice is alive and even thriving.

In this article we will provide a glimpse into the private practice environment. We will outline in detail why private practice remains strong, and how we are positioned for the challenges that tomorrow will inevitably bring.

## The Strength of Private Practice

As the business of medicine has become more challenging, private practices have remained nimble and adaptive. We have invested in people and systems to build infrastructure strong enough to allow us to be competitive. Consolidation of private practice groups has fortified smaller groups and grown larger practices while increasing efficiencies for both. Our staffers are savvy and experts in one field, and this allows for excellence in administration.

We have responded to the shrinking supply of generalists by incorporating subspecialists and mid-level providers into our groups. This has allowed us to grow revenues further as we provide more comprehensive care. Quality of care is prioritized, and our patients enjoy our accessible offices.

Perhaps our main advantage is autonomy. We hire, we fire, and we don't deal with bureaucratic oversight of even the smallest detail. If we want to make a change in policy, then we vote and it is done—no bureaucracy, no committee.

Being in a private practice rekindles entrepreneurial strengths and interests. We incorporate services like allergy, CT, and hearing aids, which are complementary to ENT without crossing departmental lines or getting approval from a huge legal department. Private practices offer same-day services that improve efficiency, reduce costs and lead to greater patient service and satisfaction. Every day we search for the most innovative way to deliver care with value in mind. In exchange for successfully meeting the challenge, private practices can offer considerable financial rewards and professional fulfillment.

## The Future

There is room for all in this specialty we love. While others may choose hospital employment or an academic role, we believe that private practice will remain the grassroots foundation of ENT.

Our predictions? Site-neutral payments will soon be enacted, and this will catalyze the movement of otolaryngologists from hospital-based employment and into private practices. Value-based incentives will buoy profitability for lower cost and non-hospital affiliated private practices. A playing field that has been challenging will become more level for private practice.

A comment about the future would be less than complete without recognizing the impact of Reg-ent<sup>SM</sup>, the ENT clinical data registry. While a comprehensive discussion is far beyond the scope of this article, we do feel that Reg-ent

## The Essence

My small office sits in an unassuming building in the middle of town. Every patient is someone's uncle, cousin, co-worker, or friend. We sponsor the neighborhood swim team, the high school band, and the local scout troop. Most patients are greeted with a hug or a fist bump. We see a wide variety of patients and problems. We reassure and counsel a lot of anxious parents and spouses. There are daily laughs, jokes, and tears. Medical patients, surgical patients, allergy patients—diversity is the rule.

It is an honor and a privilege to serve the community in which you live. This is the essence of private practice.

will help sustain independent groups and have far-reaching and positive impacts on the entire specialty as we move forward.

## Conclusion

Private practice otolaryngology is alive and strong. Our practices are sophisticated, and we are prepared to respond quickly to the ever-changing market. Our call to action is to get out of our comfort zone and to engage more in specialty-specific issues. Private practice needs more seats at the table to add flavor and diversity to leadership and direction to initiatives. Collectively, otolaryngologists have fought hard to achieve gains in shared markets and in the face of increasing competition and workforce challenges; only our strength together will best position otolaryngology for future success. ■

## BOARD OF GOVERNORS

# ONE team working for your team

**■ Sanjay R. Parikh, MD**

Chair, Board of Governors

work in a hospital with nine other terrific otolaryngologists who dedicate themselves to their patients and their families.

I frequently see my partners make personal sacrifices to support

our patients and our entire team. It often occurs to me that this paradigm mirrors our specialty: a team of surgeons who give selflessly to their patients and to their profession.

For the past year, I have worked with a team of otolaryngologists in the Board of Governors (BOG) who have dedicated themselves to supporting your team.

The BOG was established 35 years ago to help create a bridge between the leadership of state and specialty societies and the leadership of the Academy so that we may all work in unity to advance our profession. This past year, as BOG Chair, I witnessed a talented group of leaders work collectively on your behalf to do just that.



Sanjay R. Parikh, MD

The BOG has three major committees populated by Academy members who are also leaders in their state or specialty society. Our three committees are:

- BOG Governance and Society Engagement Committee (Chair, **Spencer C. Payne, MD**; Vice-Chair, **Boris Chernobilsky, MD**)
- BOG Legislative Affairs Committee (Chair, **Susan R. Cordes, MD**; Vice-Chair, **Troy D. Woodard, MD**)
- BOG Socioeconomic and Grassroots Committee (Chair, **Lance A. Manning, MD**; Vice-Chair, **David S. Boisoneau, MD**)

These committees work tirelessly with our incredible Academy staff to:

- Ensure our state and federal legislative agenda matches the needs of our Academy members
- Support our Academy's ENT PAC, our political action committee
- Empower and strengthen our state and specialty societies' voices in the Academy
- Listen and bring forward Academy member issues with payers, coverage, and reimbursement
- Develop new tools for our membership to support payer relations
- Distribute new knowledge for coding and reimbursement

- Develop support for physicians who are feeling overwhelmed or burned-out
- Train and develop a diverse leadership talent pool for our specialty
- Collaborate with other sections within the Academy (Section for Residents and Fellows-in-Training, Women in Otolaryngology, Young Physicians' Section)

On top of these committees, **Daniel L. Wohl, MD**, BOG Member-at-Large, has worked to strengthen the BOG Regional Representative program linking state societies to the BOG, and **Samantha Anne, MD**, BOG Secretary, has worked with Academy staff to strengthen our social media presence.

Overall, I feel privileged to have collaborated with this extraordinary group of leaders who have worked unrelentingly for our profession. I was fortunate to follow in the footsteps of the Immediate Past BOG Chair, **Stacey L. Ishman, MD, MPH**, who was a role model to me. Although my term as BOG Chair ends soon, I'm not worried about the future state of the BOG or our profession. The next BOG Chair, **Ken Yanagisawa, MD**, is a star, and I know he will make sure that our team will continue to work for your team. ■

## Humanitarian service: A FACES mission to Lambayeque, Peru

Over the winter, **Sunthosh K. Sivam, MD**, traveled to Lambayeque, Peru, with the Foundation for the Advancement of Cleft Education and Services (FACES) on a medical mission. By the end of the mission, Dr. Sivam and the surgical team completed surgery on 49 patients who had disorders related to cleft lip and palate. Many of the patients represented continuity in care that reinforced the power of a well-established organization bringing consistent care to the region.

➔ **READ MORE ONLINE**  
Longer article available



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

### Brief Summary of Prescribing Information

#### 1 INDICATIONS AND USAGE

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

#### 2 DOSAGE AND ADMINISTRATION

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

The recommended dosage regimen is as follows:

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

#### 3 DOSAGE FORMS AND STRENGTHS

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

#### 4 CONTRAINDICATIONS

OTOVEL is contraindicated in:

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

#### 5 WARNINGS AND PRECAUTIONS

##### 5.1 Hypersensitivity Reactions

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

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

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

##### 5.3 Continued or Recurrent Otorrhea

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

#### 6 ADVERSE REACTIONS

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

##### 6.1 Clinical Trials Experience

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

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

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

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

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

#### 6.2 Postmarketing Experience

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

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

#### 8 USE IN SPECIFIC POPULATIONS

##### 8.1 Pregnancy

###### Risk Summary

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

##### 8.2 Lactation

###### Risk Summary

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

##### 8.4 Pediatric Use

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

##### 8.5 Geriatric Use

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

#### 10 OVERDOSAGE

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

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Atlanta, GA 30328

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OTOVEL is a registered trademark of Laboratorios SALVAT, S.A.

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

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

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





For the treatment of AOMT in pediatric patients due to *S. aureus*, *S. pneumoniae*, *H. influenzae*, *M. catarrhalis*, and *P. aeruginosa*.

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in the **delivery.**

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ciprofloxacin 0.3% and  
fluocinolone acetonide 0.025%

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- Manufactured using blow-fill-seal technology—each vial is formed, filled, and sealed in a continuous, automated, sterile operation<sup>2,3</sup>
- Technology minimizes human intervention in the fill/finish process<sup>3</sup>
- Single-use vials contain 1 premeasured dose each—dose BID/7 days<sup>4</sup>
- No drop counting. No mixing or shaking required<sup>4</sup>
- Demonstrated efficacy and safety in 2 clinical trials<sup>1,5</sup>

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AOMT=acute otitis media with tympanostomy tubes; BID=twice daily.

### INDICATIONS

OTOVEL<sup>®</sup> (ciprofloxacin and fluocinolone acetonide) is indicated for the treatment of acute otitis media with tympanostomy tubes (AOMT) in pediatric patients (aged 6 months and older) due to *S. aureus*, *S. pneumoniae*, *H. influenzae*, *M. catarrhalis*, and *P. aeruginosa*.

### 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 pruritis, tympanic membrane disorder, auricular swelling, and balance disorder.

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

**References:** 1. US Food and Drug Administration. Orange Book: Approved drug products with therapeutic equivalence evaluations. <https://www.accessdata.fda.gov/scripts/cder/ob/default.cfm>. Accessed July 15, 2016. 2. Data on file. Arbor Pharmaceuticals, LLC. 3. Food and Drug Administration. Guidance for industry: sterile drug products produced by aseptic processing—current good manufacturing practice. <https://www.fda.gov/downloads/Drugs/Guidances/ucm070342.pdf>. Accessed March 15, 2018. 4. Otovel [package insert]. Atlanta, GA: Arbor Pharmaceuticals, LLC; 2016. 5. Spektor Z, Pumarola P, Ismail K, et al. Efficacy and safety of ciprofloxacin plus fluocinolone in otitis media with tympanostomy tubes in pediatric patients: a randomized clinical trial. *JAMA Otolaryngol Head Neck Surg*. 2017;143(4):341-349.

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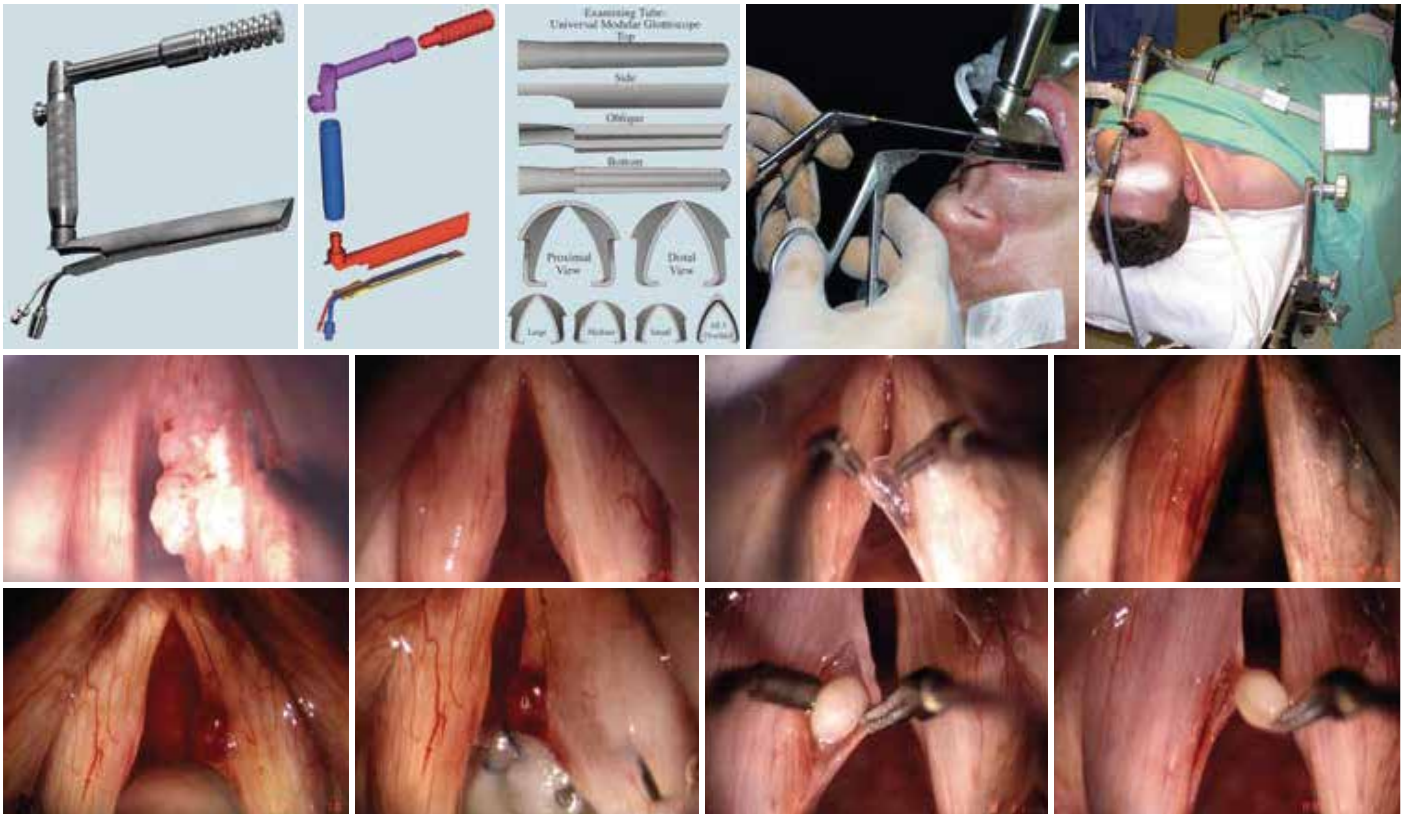
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# Zeitels Universal Modular Glottiscope & Suspension System

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### Design Features

- The distal lumen of the UM glottiscope is a triangular lancet-arch configuration that distracts the false vocal cords & conforms to the anterior glottal commissure.
- Unlike virtually all microscope-compatible tubular laryngoscopes, which widen the proximal aperture to facilitate angulation of hand instruments, the UM glottiscope has bilateral proximal slots that dramatically improve the tangential positioning of hand instrumentation.
- The UM glottiscope has a variety of speculae that accommodate to the spectrum of human anatomy, irrespective of gender, age, or disease, & that attach to a single universal handle.
- The universal, ergonomically designed titanium handle can be joined with a suspension gallows, as well as American & European chest-support holders.
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# The future is bright: Resident Reviewer Development Program exceeds expectations

In 2018, five out of 17 graduates of the Resident Reviewer Development Program (RRDP) will be awarded star reviewer status, a culmination of their hard work in the program and their outstanding independent reviewing for *Otolaryngology-Head and Neck Surgery*. The awardees' names will be published in the journal's AAO-HNSF Annual Meeting program issue, and each will receive a Star Journal Reviewer ribbon to wear at the AAO-HNSF 2018 Annual Meeting & OTO Experience.

The RRDP pairs qualified PGY 3 and higher residents with top-performing reviewers for *Otolaryngology-Head and Neck Surgery* to develop the next generation of otolaryngology peer reviewers. While the program was created before the launch of the new Academy logo and before the rallying cry of "We Are One," at its core it embodies the tenets of both with a total of 44 mentors and 45 resident mentees from across the globe representing all aspects of the specialty.

Journal Editor in Chief, **Jack Krouse, MD, PhD, MBA**, and Deputy Editor, **Cecelia E. Schmalbach, MD**, saw both the interest in peer review from residents and the



**Jack Krouse, MD, PhD, MBA**

ever-growing need for quality peer review as an opportunity. In October 2015, they convened the Resident Reviewer Development Working Group, composed of editors, board members, star reviewers, and staff liaisons, to develop the pilot program that launched the following summer.

"The RRDP stemmed as a direct response to the talented and motivated group of residents interested in serving as peer reviewers," said Dr. Schmalbach. "High-quality scientific

review remains a cornerstone for our otolaryngology literature, yet educational training in the field was lacking. We recognized the opportunity to fill this knowledge gap through a single mentored program. In doing so, we continue to uphold our fiduciary role to researchers and patients while also fulfilling the important commitment to resident education. The response from residents and mentors was overwhelmingly positive. It is exciting to know that these graduates are the future of *Otolaryngology-Head and Neck Surgery*."

**Sarah N. Bowe, MD**, editorial board member, star reviewer, and program mentor, elaborated on the intersection of residency education and the development of peer reviewers.

"Residency training is built upon educational principles and deliberate practice," she said. "The Resident Reviewer Development Program provides this exposure through one-on-one pairing between exceptional reviewers and interested residents. Through this relationship, residents get very specific and detailed feedback on strengths and areas for improvement. As a result, residents gain knowledge and skills not only for becoming strong peer reviewers, but also for improving their own research endeavors and publications."

**C. Scott Brown, MD, PGY-5**, Chief Resident at Duke University, and a graduate of the program, confirmed the usefulness of peer reviewing in residency education.

"Taking part in the Resident Reviewer Development Program helped me develop tremendously as both a reader of research studies as well as an author," he said. "To gain insight from one of the journal's star reviewers, Dr. Bowe, was invaluable early in residency. I'm able to critically assess journal articles with greater ease, and I also learn fascinating new topics of research in my field of interest. When drafting my own manuscripts, I am able to better convey research hypotheses and findings for both reviewers and readers."



**Cecelia E. Schmalbach, MD**



**Jennifer J. Shin, MD, SM**

The vision and mission of the program continues under the guidance and leadership of the Deputy Editor-Elect, **Jennifer J. Shin, MD, SM**.

"I am glad to be part of an educational program that supports our residents," said Dr. Shin. "I am impressed with the foundation work already done by Drs. Schmalbach and Krouse. It's a unique program and a good fit for our Academy's journal, as the AAO-HNS also has such a strong education mission."

The program's benefit to residents is evident in the experience relayed by Dr. Brown. Its benefit to the journal is quantifiable. As of this reporting, 17 graduates of the program have completed 108 independent reviews for *Otolaryngology-Head and Neck Surgery* with an average reviewer rating of 84.35 from the Editor in Chief—a rating that qualifies a review as "excellent."

"I'm thrilled to see that our resident reviewer initiative has been so successful," said Dr. Krouse. "When we first considered this program several years ago, it was apparent that our talented young residents would be an excellent pool of outstanding reviewers. We embarked on this project with the goal of enhancing the ability of these young physicians to successfully peer review submitted literature and provide guidance regarding disposition of papers. It's clear that the program's impact and success have surpassed our expectations."

For more information on the Resident Reviewer Development Program, please contact the AAO-HNSF Editorial Office at [otomanager@entnet.org](mailto:otomanager@entnet.org). ■





## ENT Associates of Greater Kansas City: Valuing collaboration and communication in patient care

Finding time to talk with Douglas H. Cowan, MD, a practicing otolaryngologist, humanitarian, husband, and father times two with a third on the way, provides a small glimpse into the busy lives of Academy members.

Dr. Cowan, like all members who wear multiple hats that span their personal and professional lives, carved time out of his schedule to talk with the *Bulletin* about the “unique honor” of being the managing partner of ENT Associates of Greater Kansas City.

“Being so busy is a result of me loving what I do,” Dr. Cowan said. “I’ve been fortunate to match my passion for helping others with a career that I love. I was determined to pursue otolaryngology after interacting with **Douglas A. Girod, MD**, on a medical mission to Guatemala. He is truly the epitome of a caring physician. Dr. Girod has distinguished himself not only as a great surgeon and academic leader, but also a great person and friend. I’ve been blessed with incredible mentors and colleagues along the way. I owe so much of where I am today to these mentors and the opportunities they have entrusted in me.”

Dr. Cowan started at ENT Associates of Greater Kansas City out of residency in 2012. Joining him during the *Bulletin* interview were two of his colleagues from the group: **Kelvin L. Walls, MD**, who has been with the practice for nearly 26 years, and **Jason A. Showmaker, MD**, who is new to the practice. Dr. Cowan encouraged Drs. Walls and Showmaker to sit in on the interview, which is reflective of the team-oriented and collaborative infrastructure implemented at ENT Associates of Greater Kansas City.

The practice has been serving Kansas City for over 50 years. It is the largest ENT private practice in the metropolitan area and one of the largest in the Midwest, currently contracting with five different health systems across 12 locations. The practice includes 16 otolaryngologists, 14 audiologists, and nearly 100 employees.

“We have an amazing culture where we encourage everyone to openly discuss concerns and ways to improve patient care. Our providers collaborate extensively both in person and on continuous, daily chat feeds. It’s common to have multiple providers review a challenging

case the same day the patient is seen. In addition, we encourage our physicians to ask for assistance on more intensive surgical cases. This collegial approach is one of the most important ways we improve patient care by learning from each other. We can always get better,” Dr. Cowan said.

Using technology to stay connected and to enhance collaboration, the group started using a communication platform three years ago to enable quick and constant consultation opportunities among their providers. Drs. Cowan, Walls, and Showmaker agree that this model of clinical integration and communication is essential to achieve best practices.

“By developing a model that better supports the physician, it allows the strengths of each provider to develop. Some providers may have a more entrepreneurial spirit, others enjoy finding creative solutions to challenging



Douglas H. Cowan, MD

**Top row:** Andrew S. Pavlovich, MD; Jay Dunfield, MD; Brandon Johnson, MD; John C. Ellis, MD; Kelvin L. Walls, MD; Douglas H. Cowan, MD

**Bottom row:** Blake L. Anderson, MD, PhD; Katherine I. Aberle, MD; Candra Manley, AG-ACNP; Colleen N. Johnson, MD; Daniel A. Sleve, MD

**Not pictured.** Jason A. Showmaker, MD; Stanley W. McClurg, MD; Nicholas Wirtz, MD; Erin Angotti, DNP

## at the forefront ■

problems, while others enjoy putting full focus on the daily work of clinic and OR. With the right infrastructure, you can bring out the best in all your physicians. And I can attest that ENT Associates of Greater Kansas City is doing just that—bringing out the best for patient care,” Dr. Showmaker said.

Dr. Walls expanded on that sentiment. “We also extend the model to fit the type of lifestyle our physicians are seeking in their pursuit of work-life balance. We are innovative, embrace new technologies, and provide flexibility so that our physicians and staff feel they are a part of the practice in a way that they define. We strongly believe our culture improves job satisfaction and helps prevent burn-out.”

“The practice of medicine is funny in some regards,” said Dr. Cowan. “Hopefully, you enter the field to give everything you have to help those in need and ultimately better people’s lives. We spend countless hours learning about different diseases, anatomy, surgical techniques, and medical treatments and continually evolve with best practices and new technology. Unfortunately, a successful private practice requires much more than countless hours spent on the clinical aspect of medicine. There is a real business component to a thriving private practice. It’s almost unheard of to learn the business of medicine in training. It almost feels wrong to think about anything but patient care. However, a good business model enables physicians. Providing the best care for patients becomes so much easier when you are part of a successful organization focused on empowering doctors to provide this care.”

### Patient Outcomes

When asked why he chose private practice and how he is able to balance that focus on patient care with the growing demands on the business of medicine, Dr. Cowan elaborated. “I wanted to help build an organization where it’s natural to continue to develop new ways to improve patient outcomes, lower overall healthcare costs, and create ways to allow providers to focus on patient care. Ultimately,

this mindset led me to private practice, which has certainly exceeded my expectations.”

ENT Associates of Greater Kansas City is a progressive practice, which has pushed the envelope. It performed many of its sinus procedures in the office, which is a common trend in otolaryngology. It has been performing office-based image-guided sinus surgery for five years. It also moved many typically hospital-based surgeries to outpatient surgery centers or to their office, which has greatly improved access and lowered costs for its patients.

“We feel it is paramount to be leaders in improving patient access and decreasing the overall cost of care,” said Dr. Cowan.

For patients visiting the website of ENT Associates of Greater Kansas City, they will see the tagline, “Experience. Compassion. Trust.” Drs. Cowan, Walls, and Showmaker concurred that these values, in conjunction with collaboration and communication, are intrinsic in their daily interactions not only with their patients but also with physicians and staff.

“It boils down to communication on so many levels. We strongly encourage our providers to personally contact patients after procedures. A prompt response or acknowledgment goes so far. We do everything we can to build communication in our culture because timely responsiveness naturally drives a phenomenal experience for our patients, our physicians, and our staff,” said Dr. Cowan.

The website is an important tool and an essential component of the overall patient care strategy provided by ENT Associates of Greater Kansas City, and another way for the practice to commit to and demonstrate their core values to their patients.

“Patients only recall, on average, about 20 percent of what is said in an appointment, and we need there to be ways for them to come back online and reinform/re-educate themselves about what happened in clinic. Accessibility is a key component to meeting the needs of our patients to improve satisfaction and reduce any anxiety surrounding their

care. When our voices and words are on the website, we are ‘accessible’ 24 hours a day,” said Dr. Showmaker.

### In Atlanta

All three will be attending the AAO-HNSF 2018 Annual Meeting & OTO Experience in Atlanta, Georgia, to further enhance their commitment to excellence in patient care via education opportunities and networking with colleagues from around the globe. Beyond the Annual Meeting, they shared that the value of being members of the Academy allows them to focus on the patient sitting right in front of them.

“We are on the front lines, looking right at the tree. It is good to know that the Academy has our interest at heart and is looking at the 30,000-foot view of the ENT forest. It is important that physicians are involved in the membership. We can trust that what is happening on the political level is being taken care of by the Academy and will be channeled into our practice,” said Dr. Walls.

In addition to the political and advocacy wins spearheaded by the Academy, Dr. Showmaker noted the value of staying abreast of the discussions on ENTConnect as an opportunity to collaborate with experts from across the country. “It’s extremely important to be at the table when decisions are made,” he said.

The challenges faced by medicine today are often the topic of discussion on ENTConnect, and many of those discussions focus on the future vitality of private practice.

“ENT Associates of Greater Kansas City has created a sustainable and successful model that allows our physicians and staff to thrive both professionally and personally. Our growth is anchored by our never-ending commitment to patient satisfaction. As a truly physician-led organization, we easily evolve with the changing medical landscape to provide the best care for our patients. We’re extremely excited about the future of medicine, as we believe physician-led organizations will be poised to improve accessibility, affordability, transparency, and quality,” said Dr. Cowan. ■



## OTO Experience:

# Your marketplace for products, services, and education

Located inside the impressive Georgia World Congress Center in Atlanta, Georgia, the site for this year's OTO Experience will be in halls B2 - B4. You have an open invitation to visit the exhibit hall from Sunday - Tuesday, October 7 - 9, of the Annual Meeting to absorb all the innovation from the presentation of tools, equipment, and services created exclusively for the otolaryngology community. This is not only your marketplace, but a source of education because you'll be able to learn firsthand ways to improve the care you provide your patients.

It all starts Sunday, October 7, with a return of the ribbon-cutting ceremony. Gather at the top of the escalators on Level 2 of

Building B before 9:30 am (ET) to witness Gavin Setzen, MD, AAO-HNS/F President, cut the ribbon with oversized scissors to kick things off. As you walk in the OTO Experience, prepare to visit over 250 exhibitors to see what's new in robotics, surgical tools and procedures, aesthetics, imaging and video, scopes, scanners, and even diagnostic technology. All products and services have a familiar theme of quality and efficiency to help you improve patient care.

For a hands-on experience, make your way over to the **Mobile BioSkills Lab**, located at booth 1033. You can't miss the large trailer that can accommodate eager learners and surgical procedures on cadavers, including implant training. On Monday afternoon look to the **Hands-On Demonstration and Training Lab** at booth 1140 for a session on eustachian tube balloon dilation. Next to that is the return of our **ENT OTC Pavilion**, established to highlight companies that offer over-the-counter solutions without a prescription. Here you can find offerings to care for nasal irritations and congestion, tinnitus, sleep apnea, and earwax impaction. One of our exhibitors has natural herbal solutions for common complications in the ear, nose, and throat.

The new and improved **AAO-HNSF Practice of the Future Pavilion** can't be missed. Located at booth 2423, this pavilion will show you what's new in the waiting room,

examination room, and operating room, and what's being used to train residents and physicians. New to the pavilion is our very own AAO-HNS/F store. Here you can purchase Academy-branded t-shirts, sweaters, sweater vests, and coffee mugs, complete with our new logo! Visit [www.entannualmeeting.org/academy-products/](http://www.entannualmeeting.org/academy-products/) to learn more.

Also returning is the popular **Portrait Studio** located at booth 2845. We have expanded this area to better accommodate you as you come for your professional headshot photos. This is a free service to AAO-HNS members, complete with makeup artists to help you look your very best. To the right of this area is our **Product Theater** at booth 3149. Come learn about maxillo-mandibular fixation techniques, therapy for balance and dizziness, and other hearing and ear issues that affect a large segment of your patients.

When it's time to eat, you can return to the OTO Experience where lunch will be available in Hall B4. Concession carts will be located in the back of Hall B3 and will include JD's BBQ, Nathan's, Cappuccino Express, and King of Pops, set up to provide you with some tasty alternatives. If you prefer a hot lunch with a side of education, register for a **Lunch with the Experts** session. This is located just to the left of the Hall B2 entrance. Enjoy a hot lunch while you learn from an industry expert on various topics in our specialty.







Right up front in the exhibit hall will be an area dedicated for exhibitors and physicians to bring equipment and tools they wish to donate to **MedShare**. The AAO-HNSF is proud to be partnering with MedShare, a 501(c)(3) humanitarian aid organization that emphasizes improving the quality of life of people, communities, and

healthcare facilities and hospitals in low-resource areas around the globe. MedShare delivers vital medical supplies and equipment to more than 100 deserving countries to better the lives of patients.

On Sunday, October 7, the OTO Experience will host a live broadcast of the **ENT Doctor's Show**. Sirius Radio will be returning

for another session, bringing insights to the show and conducting interviews.

The OTO Experience will be open Sunday, Monday, and Tuesday, so be sure to plan your schedule to allow for multiple visits over the course of the Annual Meeting. We can't wait for you to see the latest and greatest our vendors have to offer. ■



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# Visit the advocacy booth at the Annual Meeting

**W**ith the AAO-HNSF 2018 Annual Meeting & OTO Experience approaching, now is the time to learn more about advocacy-related programming

available at the upcoming meeting in Atlanta, Georgia. The Advocacy booth will provide attendees with greater access to information regarding the Academy's legislative, political, health policy, and grassroots programs. A satellite booth will be easily accessible near the Boards of Directors and Board of Governors events on Saturday, October 6, only. For the remainder of the meeting, the Advocacy booth will be located at the Georgia World Congress Center, Building B.

Stop by the Advocacy booth to learn more about our various programs and:

- Receive updates on legislation and regulations impacting your practice and your patients.
- Join the ENT Advocacy Network for timely updates on political and legislative issues and a free subscription to the monthly e-newsletter *The ENT Advocate*.
- Sign up for the Academy's grassroots programs by becoming a State Tracker, or volunteer for PROJECT 535. Learn how to schedule local meetings with your legislators via the Academy's I-GO program.
- Learn more about and make your 2018 contribution to ENT PAC\* and grab a snack!
- Receive updates on the CY 2019 Medicare Physician Fee Schedule & Quality Payment Program proposed rule. A new panel presentation is being added to the 2018 Annual Meeting program to support the specialty in understanding new CMS policies and



payment proposals affecting the day-to-day practice of otolaryngology. This session will be held on Monday, October 8, from 1:15 - 2:15 pm (ET).

- Learn about the various private payment advocacy efforts achieved in the last year.

Also, in recognition of our 2018 PAC investors and advocacy leaders, the ENT PAC Board of Advisors will host the Annual Advocacy Leadership Luncheon. This invite-only event is a unique opportunity to learn about the Academy's political strategy and decision-making process, network with fellow colleagues, and hear remarks from a guest speaker. This year's luncheon will be held

on Monday, October 8, from 11:30 am - 1:00 pm (ET).

For more information regarding these advocacy-related events, contact [govtaffairs@entnet.org](mailto:govtaffairs@entnet.org).

\*Contributions to ENT PAC are not deductible as charitable contributions for federal income tax purposes. Contributions are voluntary, and all members of the American Academy of Otolaryngology-Head and Neck Surgery have the right to refuse to contribute without reprisal. Federal law prohibits ENT PAC from accepting contributions from foreign nationals. By law, if your contributions are made using a personal check or credit card, ENT PAC may use your contribution only to support candidates in federal elections. All corporate contributions to ENT PAC will be used for educational and administrative fees of ENT PAC, and other activities permissible under federal law. Federal law requires ENT PAC to use its best efforts to collect and report the name, mailing address, occupation, and the name of the employer of individuals whose contributions exceed \$200 in a calendar year.



# Reg-ent<sup>SM</sup> at the AAO-HNSF 2018 Annual Meeting & OTO Experience

The AAO-HNSF 2018 Annual Meeting & OTO Experience in Atlanta, Georgia, is fast approaching. Whether you are a current Reg-ent participant, interested in becoming one, or just want to learn more about the registry and its future capabilities, we invite you to attend the following events in Atlanta.



## Reg-ent Panel Presentation.

Don't miss the opportunity to be the first to learn about late-breaking updates on the next phases of Reg-ent growth—make sure to attend the Reg-ent Panel Presentation, Reg-ent: Quality and Outcomes, Your Ticket for Success in New Payment Models, Sunday, October 7, 8:30 - 9:30 am (ET), in the Thomas B. Murphy Ballroom 1, Building B, in the Georgia World Congress Center (GWCC). During this session, **James C. Denny III, MD**, AAO-HNS/F EVP/CEO, will lead a panel discussion informing attendees on how the AAO-HNS has been working aggressively over the last two years to create a clinical data registry that will help provide its members from all practice settings the tools they need to participate in successor payment and practice models, plus attendees will learn how Reg-ent is launching into its next phase of growth with more capabilities and opportunities.



## Reg-ent, Research & Quality Booth.

Make sure to stop by the Reg-ent, Research & Quality booth, conveniently located in Academy Central in the GWCC Main Lobby from Saturday, October 6 to Wednesday, October 10. The Reg-ent team will be available to answer all your questions regarding Reg-ent participation, current and future registry capabilities, MIPS reporting, registry quality measures and data, and more. The Measures team will be available to address measure-specific questions as well as discuss the measure development process. Representatives from Reg-ent's technology partner, FIGmd, will be providing demonstrations of the Reg-ent dashboard and its enhanced features and functionality.



## Reg-ent Users Group.

The first Reg-ent Users Group Conference is on Sunday, October 7, 10:00 am – 12:30 pm (ET) in GWCC, Building B, Room 409. Open to all current Reg-ent participants (AAO-HNS members and their practice administrators), the Reg-ent Users Group Conference is a wonderful opportunity to meet and interact with other Reg-ent practice sites, learn more about new approaches to measures mapping, and explore new Reg-ent technology. Reg-ent's technology partner, FIGmd, will demonstrate the new Reg-ent dashboard, share details on how to be successful in securing your data, and provide EHR-specific updates. The Reg-ent Users Group Conference is free but does require registration. If you are a Reg-ent participant and would like to attend but did not RSVP by the August 31 deadline, please contact the Reg-ent team at [reg-ent@entnet.org](mailto:reg-ent@entnet.org). ■

# TELEMEDICINE in otolaryngology

■ Manan Shah, MD, and John F. Kokesh, MD

Recently, many journals have been publishing articles promoting telemedicine. It has been hailed as a way to decrease healthcare costs, increase access to care, and improve patient experiences. For fields like psychiatry, diabetes counseling, and primary care, the integration of telemedicine is fairly easy to conceive. However, because of the procedural nature of our specialty, it can be difficult to imagine how to incorporate telemedicine safely into the practice of otolaryngology. Importantly, over the past 20 years, a number of otolaryngologist researchers have found ways to safely employ telemedicine and effectively help their patients.

One of the first subspecialties in otolaryngology to truly adopt telemedicine was otology, due to advances in otologic imaging. In Alaska, because of a lack of specialists in rural areas, **John F. Kokesh, MD**, and his colleagues established one of the first U.S. tele-otolaryngology clinics. They worked with audiologists and mid-level providers in remote villages to obtain patient histories, images of the tympanic membrane, and audiograms. This data was then transmitted to Anchorage for review and diagnosis by otolaryngologists. The telemedical otology visits provided by Dr. Kokesh and colleagues resulted in similar clinical outcomes, decreased wait times for specialty consults, and significant savings due to reduced travel costs.

These telemedicine visits resulted in improved productivity at the hospital level as well.<sup>1,2,3</sup> Ultimately, facilities began using digital imaging for post-surgical follow-up of tympanostomy tubes and even used tele-consults for pre-operative planning for major ear surgery. With trained providers, tele-otoscopy images were shown to have

similar diagnostic value to in-person pneumatic otoscopy.<sup>4,5,6</sup> This model was further validated after Hurricane Katrina devastated Louisiana, when **Moises A. Arriaga, MD, MBA**, and colleagues used a similar system to provide remote neurotology care to patients in Baton Rouge, LA, from Pittsburgh, PA.<sup>7,8</sup>

Due to the large catchment areas for certain Veteran's Health Administration hospitals, telemedicine encounters by head and neck specialists, in conjunction with a local physician, have demonstrated savings for travel costs for surgical planning, counseling, and even head and neck cancer follow-up care.<sup>9</sup> Other studies have supported telehealth's role in head and neck cancer e-consults and post-op wound checks, laryngology consults, and even in providing ancillary services like speech therapy.<sup>10,11,12,13</sup>

Initially, it might seem that telemedicine can only be used in academic centers or rural areas. However, a number of private practitioners are currently incorporating telemedicine into their practices as well. Some are employing the use of telemedicine for post-op wound checks for patients with a long commute; others are using the technology to add visual information for patient questions (e.g., "Is this nosebleed bad enough that I should go to the ER?") or for medication management or counseling. Depending on the service used, patients can connect with their physicians via their laptop or their phone.

Telemedicine reimbursement is still at its nascent stages with most payers. As a result of reimbursement challenges, many physicians currently offer telemedicine as a cash-only service. Additionally, while most malpractice insurers cover telemedicine, providers should confirm that their respective insurer covers them in the states where the patients are served. Practitioners should also check their state medical board regulations before beginning to offer telemedicine services.

Currently, telemedicine has been shown to be effective and reliable for specific case types in otolaryngology. For large health systems, it can create cost savings, and for patients, it can offer easier access or convenience. While a virtual visit will never replace a hands-on physical exam, as patients become increasingly comfortable with telemedicine, there will likely be increased adoption by otolaryngologists. ■

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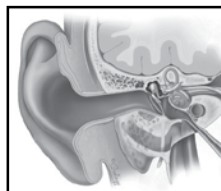
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The Division of Laryngeal Surgery is seeking applicants for clinical fellowship positions. The fellowship training covers all aspects of laryngeal surgery, voice disorders, and management of the professional voice. The curriculum will provide a wide range of experiences, including phonosurgery (cold instruments and lasers), laryngeal framework surgery, novel operating-room and office-based laser (Pulsed-KTP, Thulium) treatment, complex laryngeal stenosis with aortic homograft transplantation, and the use of botulinum toxin injections for spasmodic dysphonia. The fellow will participate in the management of voice disorders and clinical research as a member of a multidisciplinary team (voice scientists and speech pathologists) that has access to state-of-the-art voice clinic and surgical engineering laboratory facilities. The research fellowship provides numerous opportunities to focus on grant-funded (NIH and private foundations) clinical and basic science research projects in collaboration with interdisciplinary teams of scientists and clinicians at the Massachusetts Institute of Technology and the Wellman Laboratories of Photomedicine at the Massachusetts General Hospital. The option to collaborate with local music conservatories is also available. Qualified minority and female candidates are encouraged to apply. Send curriculum vitae and three letters of recommendation. The Massachusetts General Hospital is a teaching affiliate of Harvard Medical School.

#### Direct inquiries to:

**Steven M. Zeitels, MD, FACS**  
**Eugene B. Casey Professor of Laryngeal Surgery, Harvard Medical School**

**Director: Center for Laryngeal Surgery & Voice Rehabilitation**  
**Massachusetts General Hospital**  
**One Bowdoin Square, 11th Floor**  
**Boston, MA 02114**

**Telephone: (617) 726-0210 Fax: (617) 726-0222**  
**zeitels.steven@mgh.harvard.edu**



### 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



### UNIVERSITY OF ILLINOIS Hospital & Health Sciences System Otolaryngology

The Department of Otolaryngology-Head & Neck Surgery of the University of Illinois at Chicago and the University of Illinois Hospital and Health Sciences System is seeking applicants specializing in Sinus, Rhinology and Skull Base Surgery:

#### OTOLARYNGOLOGIST-SKULLBASE-RHINOLOGY SURGEON

This is a full-time faculty position with Assistant or Associate Professor rank and tenure to be determined commensurate with experience and interest. We are seeking faculty to join our dynamic and growing clinical academic practice as part of a team-centered approach to patient care. As part of the largest medical school in the US, those interested in pursuing clinical or translational research will find a supportive infrastructure and diverse patient population.

Duties and interest to include providing direct patient care, supervising residents and medical students, and pursuing clinical or translational research. Applicants consideration, application must be received by Oct. 15, 2018. Applications will be reviewed on a rolling basis. Interested applicants should send their curriculum vitae to:

**Barry Wenig, MD, MPH, FACS**  
**Francis L. Lederer Professor and Head**  
**Department of Otolaryngology-Head & Neck Surgery (M/C 648)**  
**University of Illinois at Chicago**  
**1855 West Taylor Street, Room 2.42**  
**Chicago, IL 60612**  
**Phone: (312) 996-6582, Fax: (312) 996-1282**  
**Email: ENTNR@uic.edu**  
**www.otol.uic.edu**

The University of Illinois at Chicago is a major clinical and research university offering the cultural, business and entertainment opportunities you can only find in a world-class city. For more information, please visit [www.uic.edu](http://www.uic.edu) or <http://research.uic.edu>

The University of Illinois at Chicago is an affirmative action, equal opportunity employer. All qualified applicants will receive consideration for employment without regard to race, color, religion, sex, national origin, protected veteran status or status as an individual with a disability.

The University of Illinois conducts background checks on all job candidates upon acceptance of contingent offer of employment. Background checks will be performed in compliance with the Fair Credit Reporting Act.



**The Department of Otolaryngology** and Communicative Disorders is committed to the delivery of quality care for all patients and delivers coverage of the full spectrum of medical and surgical problems of the head and neck. We are seeking **BE/BC candidates on Long Island** for the following areas:

- Pediatric Otolaryngology
- Otolaryngology, Subspecialty in Laryngology
- Otolaryngology, Subspecialty in Rhinology/Skull Base

**Northwell Health**, comprised of 23 area hospitals and over 550 ambulatory practices, has a service area that includes Long Island, Manhattan, Queens, Staten Island, and Westchester. With more than 3,500 full-time physicians, the health system's medical group represents one of the nation's largest. Our Pediatric Hospital, **The Steven and Alexandra Cohen Children's Medical Center** is the largest pediatric teaching hospital in the New York metropolitan region, with more than 13,000 admissions per year. It is the tertiary pediatric medical center of Northwell Health and it is the only Level-1 Pediatric Trauma Center and ECMO Center on Long Island. We are proud to have been selected as one of "America's Best Children's Hospitals" by US News & World Report.

**Northwell Health** has Graduate Medical Education which supports over 1500 medical residents and fellows across 120 training programs. The Feinstein Institute for Medical Research maintains a staff of 1,500 scientists, investigators and other employees. The health system is also the major strategic partner of the Cold Spring Harbor Laboratory, a preeminent NCI designated molecular biology and genetics research institution and home to 8 past Nobel laureates. The Zucker School of Medicine at Hofstra/Northwell has received numerous accolades for its innovative and fully integrated curriculum that enables students to apply medical science to the care of patients from the beginning of their medical education. Northwell Health is also home to nation's largest patient simulation center – the Patient Safety Institute<sup>SM</sup>, and "corporate university" – the Center for Learning and Innovation<sup>SM</sup>, in the healthcare industry.

All candidates will receive **competitive salaries**, a comprehensive **benefits package**, and **eligibility for tuition reimbursement**. Physicians will be employed as members of Northwell Physician Partners, the fifth largest medical group in the country. Academic Appointment to The Zucker School of Medicine at Hofstra/Northwell is commensurate with credentials and experience.

For Further details and opportunities, please contact: Office of Physician Recruitment, Northwell Health, [OPR@northwell.edu](mailto:OPR@northwell.edu).

EOE M/F/D/V





### Multiple Positions Available

The University of Florida Department of Otolaryngology is seeking applicants who wish to pursue an academic career in Pediatric Otolaryngology, Otolaryngology/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](http://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](mailto:william.collins@ent.ufl.edu)

#### Otolaryngology/Neurotology

Attn: Neil Chheda, MD  
email: [neil.chheda@ent.ufl.edu](mailto:neil.chheda@ent.ufl.edu)

#### Head & Neck Oncologist

Attn: Peter Dziegielewski, MD  
email: [peter.dziegielewski@ent.ufl.edu](mailto:peter.dziegielewski@ent.ufl.edu)

#### General Otolaryngology

Attn: Brian Lobo, MD  
email: [brian.loblo@ent.ufl.edu](mailto: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.



# 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





*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



**Laryngologist**  
Birmingham, Alabama

The Department of Otolaryngology - Head and Neck Surgery at The University of Alabama at Birmingham (UAB) School of Medicine is actively recruiting a fellowship-trained Laryngologist to join its nationally ranked department.

Qualified individuals must be Board Certified or Board Eligible and should possess a strong commitment to clinical practice, resident training and research. Academic rank, salary support and start up package will be based on experience. Tenure is negotiable for qualified and interested applicants.

**Interested applicants should send letters of inquiry and CV to:**

William R. Carroll, MD

Professor and John S. Odess Endowed Chair

UAB Department of Otolaryngology - Head and Neck Surgery

Phone: 205-934-9766

Email: wcarroll@uabmc.edu

Visit us at [www.uab.edu/medicine/otolaryngology](http://www.uab.edu/medicine/otolaryngology)

UAB is an Equal Opportunity/Affirmative Action Employer committed to fostering a diverse, equitable and family-friendly environment in which all faculty and staff can excel and achieve work/life balance irrespective of race, national origin, age, genetic or family medical history, gender, faith, identity and expression as well as sexual orientation. UAB also encourages applicants from individuals with disabilities and veterans.



**Pediatric Otolaryngology-Academic Faculty Position**

The Indiana University School of Medicine Department of Otolaryngology-Head & Neck Surgery is seeking a full time faculty physician to join its growing Pediatric Otolaryngology practice at Riley Hospital for Children at Indiana University Health. Rank will be commensurate with experience and training. The primary practice location will be at Riley Hospital for Children, a 400 bed tertiary care children's hospital located in downtown Indianapolis. Our practice is currently staffed by two fellowship trained Pediatric Otolaryngologists and covers the spectrum of Pediatric Otolaryngology including an aerodigestive program/complex airway, sleep surgery, head and neck masses/congenital malformations, otology, a well-established cochlear implant program, rhinology, craniofacial center, laryngology, speech, and a vascular anomalies program.

Responsibilities include participation in an active pediatric otolaryngology practice, teaching residents and medical students, and participating in scholarly activities. Candidates must be BE/BC and fellowship-trained in Pediatric Otolaryngology.

To apply for this opportunity, visit <http://indiana.peopleadmin.com/postings/4364>. Please include (1) a curriculum vitae, (2) letter of interest, and (3) the names and addresses of three professional references.

Indiana University is an EEO/AA Employer, M/F/D/V.

For more information, please contact:

**Marion Everett Couch, MD PhD MBA FACS**

Richard T. Miyamoto Professor and Chair

Department of Otolaryngology – Head & Neck Surgery

Indiana University School of Medicine

1130 W. Michigan Street, Suite 400

Indianapolis, IN 46202

Email address: [smaxwell@iupui.edu](mailto:smaxwell@iupui.edu)



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

Applicants should send updated CV and a list of three references to:

**Clough Shelton, MD, FACS, Professor and Chief**

University of Utah School of Medicine

50 North Medical Drive 3C120

Salt Lake City, Utah 84132

(801) 585-3186

[susan.harrison@hsc.utah.edu](mailto:susan.harrison@hsc.utah.edu)

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

**Equal Employment Opportunity**

University of Utah is an Affirmative Action/Equal Opportunity employer and does not discriminate based upon race, national origin, color, religion, sex, age, sexual orientation, gender identity/expression, status as a person with a disability, genetic information, or Protected Veteran status. Individuals from historically underrepresented groups, such as minorities, women, qualified persons with disabilities and protected veterans are encouraged to apply. Veterans' preference is extended to qualified applicants, upon request and consistent with University policy and Utah state law. Upon request, reasonable accommodations in the application process will be provided to individuals with disabilities. To inquire about the University's nondiscrimination or affirmative action policies or to request disability accommodation, please contact: Director, Office of Equal Opportunity and Affirmative Action, 201 Presidents Circle, 135, (801)581-8365.

The University of Utah values candidates who have experience working in settings with students from diverse backgrounds, and possess a strong commitment to improving access to higher education for historically underrepresented students.





**FACULTY POSITION:  
HEAD AND NECK SURGICAL ONCOLOGY and  
ADVANCED HEAD AND NECK RECONSTRUCTION**

The Division of Surgery at Baptist MD Anderson Cancer Center is seeking a fellowship-trained, patient-focused, academically-oriented, head and neck cancer surgeon with microvascular flap reconstruction skills to join the distinguished and rapidly-growing team comprising our head and neck surgical oncology program.

Baptist MD Anderson brings an unprecedented level of oncology care to Northeast Florida and provides physicians an appealing blend of community focused patient care and the benefit of an academic-oriented model. Baptist Health is proud to be the regions' most preferred healthcare provider, one of only seven health systems in the United States chosen to replicate MD Anderson Cancer Center's multidisciplinary and proven model of care, and the Southeast patient care hub for MD Anderson Cancer Network®, a program of MD Anderson.

The Baptist MD Anderson Head and Neck Cancer Program features a uniquely specialized, multidisciplinary team centered on a collaborative approach that brings together the expertise of surgery, radiology, medical and radiation oncology, pathology, dentistry, speech pathology, psychology and dedicated patient care navigators. Our program also features rehabilitation, genetic testing and counseling and survivorship programs and support. Baptist MD Anderson will soon open a brand-new, 330,000 square foot, patient centered, state-of-the art facility dedicated to the full spectrum of oncology care.

The ideal candidate will be board-certified or board-eligible, demonstrate a commitment to multidisciplinary oncology care, have a record of clinical and academic accomplishment, possess the skills and experience necessary to establish and maintain an active clinical practice and develop areas of productive scholarship sufficient to warrant appointment as an Adjunct Assistant Professor, Associate Professor, or Professor of Surgery at the University of Texas MD Anderson Cancer Center in Houston. Review of applications will continue until the position is filled.

Northeast Florida offers world-renowned quality of life and is thriving with miles of beaches and waterways, professional sports teams, a strong economy, championship golf courses, exceptionally diverse cultural experiences and wildly abundant natural resources. The area serves as home to top-ranked schools and some of the best cost of living and recreation that the Sunshine State has to offer. Immediately within reach are world famous destinations, attractions, theme parks and entertainment for families of all ages. Recently ranked by Forbes Magazine as one of the top two most desirable cities for relocation in the United States, Jacksonville offers the ideal setting to call home.

Baptist MD Anderson is an equal opportunity employer who recognizes the value which evolves from a diverse faculty.

Interested candidates should submit their CV and a letter describing their clinical and academic interests to:

Christopher M. Pezzi, MD, FACS  
Head, Division of Surgery, and Surgeon-in-Chief  
Email: bmdacc.md@bmcjax.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. 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 care, CT imaging, and audiology services including hearing aid fitting.

Outpatient surgery is performed in a 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](mailto:HR@centamedical.com)

**Associates in Otolaryngology of Northern Virginia is seeking a Board Certified/Board Eligible physician. Our offices are located in Alexandria and Springfield. Services we offer our patients include: in office balloon sinuplasty, TNE, laryngeal stroboscopy, audiology services, allergy testing and treatment. We enjoy a great referral base and are looking for a motivated individual to join our team of physicians and PAs. Salary will be commensurate with qualifications and experience, partnership options are available.**

**CONTACT INFORMATION:**

**Michael Nathan, MD**  
703 980-5301  
[mnate919@aol.com](mailto:mnate919@aol.com)

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

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

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

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

***Rush is an Equal Opportunity Employer***





## 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

## 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 three Faculty opportunities at all academic ranks (Assistant/Associate Professor or Professor) available:

- 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.

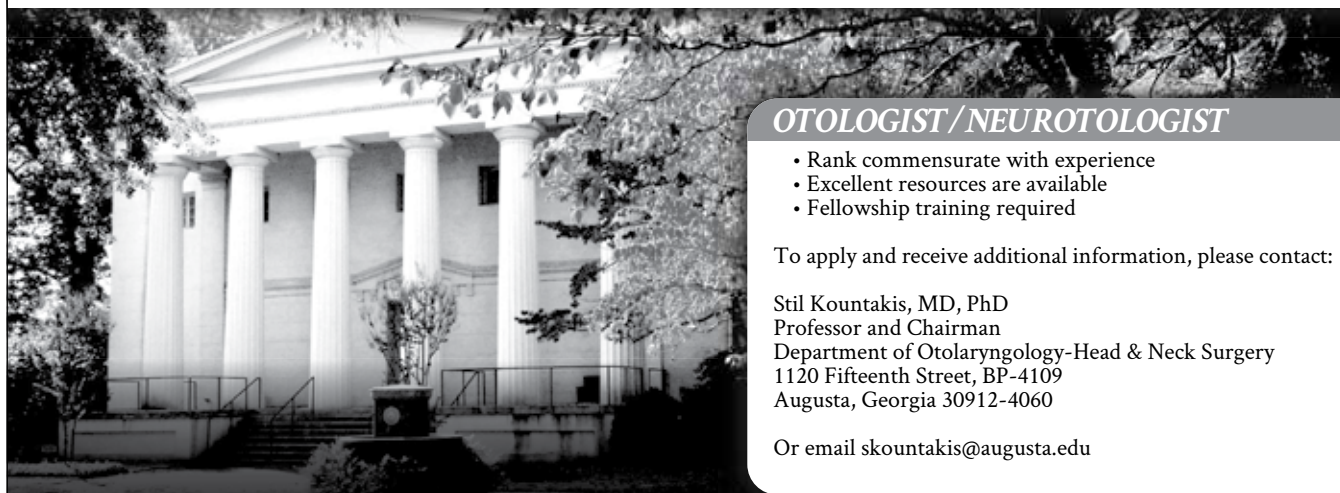
For additional information about the positions, please contact:  
Robert P. Zitsch III, M.D.

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/ind-a-jobs/academic/

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

## A position is available at the Assistant or Associate Professor level in the Department of Otolaryngology/Head & Neck Surgery



### OTOLOGIST/NEUROTOLOGIST

- 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  
**MEDICAL COLLEGE  
OF GEORGIA**

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



**UNIVERSITY OF WISCONSIN - MADISON  
ASSISTANT/ASSOCIATE PROFESSOR (CHS)  
PEDIATRIC OTOLARYNGOLOGIST**

The Department of Surgery at the UW School of Medicine and Public Health is seeking an exceptional board certified/board eligible otolaryngology-head and neck surgeon with fellowship training in pediatric otolaryngology. You will join a thriving clinical practice and participate in the education of medical students, residents and advanced practice providers.

Don't miss this wonderful opportunity to join UW Otolaryngology at our state of the art American Family Children's Hospital. American Family Children's Hospital is a Top 50 Children's Hospital per US News and World Report, with four existing pediatric otolaryngology faculty in a comprehensive tertiary/quaternary care outpatient and inpatient practice. This is an excellent opportunity for a pediatric otolaryngologist who seeks a comfortable standard of living combined with an academic practice that affords a wide range of research, teaching, and clinical opportunities.

Rank and faculty track will depend on candidate's interests and academic background. Candidates must be eligible for licensure in Wisconsin.

Interested candidates should go to <https://jobs.wisc.edu/PVL#95155>

UW-Madison is an equal opportunity/affirmative action employer. Women and minorities are encouraged to apply. Unless confidentiality is requested in writing, information regarding applicants must be released upon request. Finalists cannot be guaranteed confidentiality. Wisconsin open records and caregiver laws apply. A background check will be conducted prior to offer of employment.



**Harvard Department of Otolaryngology/Massachusetts Eye and Ear  
Regional and Specialty Growth Opportunities over the next 1-3 Years**

- General Otolaryngology • Laryngology • Neurotology
- Pediatric Otolaryngologist

We are expanding to New Hampshire, northern Massachusetts, and Rhode Island and have immediate and longer term openings. Positions are available on our main campus at 243 Charles Street in Boston and our many Boston suburban locations.

The Department of Otolaryngology at Massachusetts Eye and Ear seeks qualified candidates for full-time general otolaryngology positions, as well as two pediatric otolaryngologists, an academic laryngologist with an interest in dysphagia, and a neurotologist with a focus on vestibular disorders. We have available full-time clinician opportunities as well as academic and leadership positions, including regional network director positions.

As a full-time member of the Mass. Eye and Ear staff, there are opportunities to participate in basic and clinical research and/or teaching within Mass. Eye and Ear and Harvard Medical School with academic rank commensurate with experience. The successful candidate must be Board certified or Board eligible in Otolaryngology.

*We are an equal opportunity employer and all qualified applicants will receive consideration for employment without regard to race, color, religion, sex, sexual orientation, gender identity, national origin, disability status, protected veteran status, or any other characteristic protected by law.*

Please send a letter of interest and curriculum vitae to:

**D. Bradley Welling, MD, PhD, FACS**

Professor and Chair, Department of Otolaryngology  
[brad\\_welling@meei.harvard.edu](mailto:brad_welling@meei.harvard.edu)



**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 the **Hudson Valley, Metro NYC, Long Island and Central / Northern New Jersey.**

**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](mailto:Rgreen@entandallergy.com)) or our Chief Executive Officer, **Robert Glazer** ([Rglazer@entandallergy.com](mailto:Rglazer@entandallergy.com) or call 914-490-8880).



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](mailto:Alisons@aocphysicians.com)

For more information about our practice, please visit [www.AOCPhysicians.com](http://www.AOCPhysicians.com)

**ACGME Approved  
Otology Neurotology and  
Skull Base Surgery Fellowship**

**Michigan Ear Institute**  
Providence Hospital

An ACGME approved Neurotology Fellowship is offered by the Michigan Ear Institute in conjunction with Providence Hospital, Southfield, Michigan and Wayne State University. Two positions are available commencing July 1, 2020 for a period of two years

A strong otology residency training experience is required. The candidate must be board eligible or certified and be able to obtain a license to practice medicine in the State Of Michigan.

Contact:

**Michael J. LaRouere, MD**  
**Fellowship Program Director**  
**Dennis I. Bojrab, MD**

**Associate Fellowship Program Director**  
**Michigan Ear Institute**  
**30055 Northwestern Hwy., #101**  
**Farmington Hills, MI 48334**  
**Phone (248) 865-4444**  
**Fax (248) 865-6161**

**WE WANT YOU!**

UNCPN is seeking an Otolaryngologist to join an established group in Rocky Mount, NC

**Summary & Responsibilities**

- Board certified or board eligible candidate
- Practice includes PA support and medical assistants with scribe capability
- New office with full service audiology, in-office allergy and CO<sup>2</sup> laser
- Procedure room equipped for minor surgery and sinuplasty

**Benefits**

- Competitive MGMA salary
- Signing bonus, paid CME days & fund reimbursement and paid annual leave
- Matching 401(k) and malpractice insurance



Please contact Amber Williams at [amber.williams1@unchealth.unc.edu](mailto:amber.williams1@unchealth.unc.edu) to learn more.

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



**PennState Health**  
Milton S. Hershey  
Medical Center

The Division of Otolaryngology – Head & Neck Surgery at Penn State Health Milton S. Hershey Medical Center, Penn State Children's Hospital and Penn State College of Medicine is seeking an additional full-time Pediatric Otolaryngologist.

Appointment will be at the Assistant/Associate/Professor level. Qualified candidates must have completed an approved Otolaryngology – Head & Neck Surgery residency program, be board certified or board eligible, and be fellowship trained to provide clinical and hospital-based Pediatric Otolaryngological care for our patients.

The Children's Hospital building was opened in 2013 and is already undergoing expansion due to exponential growth. It sits on the campus of the Hershey Medical Center, a 548-bed Level I regional trauma center. As central Pennsylvania's only academic medical center and home to the College of Medicine, we are sought out as a resource for the most complex adult and pediatric cases. We were recognized as one of U.S. News & World Report's Best Hospitals for Ear, Nose and Throat Care in 2016. The Children's Hospital has been recognized for eight consecutive years among the best children's hospitals in multiple specialties. Additionally, it is one of only eight hospitals in the nation to be named a Level 1 Children's Surgery Center by the American College of Surgeons Children's Surgery Verification Program.

The successful applicant will join a growing team of collaborative, clinical providers with the resources of one of the leading academic medical centers in the nation. Competitive salary and benefits.

**Apply online at: [tinyurl.com/hkmrwlc](http://tinyurl.com/hkmrwlc)**

The Milton S. Hershey Medical Center, Children's Hospital and College of Medicine are committed to enhancing the quality of life through improved health, the professional preparation of those who will serve the health needs of others, and the discovery of knowledge that will benefit all.

*Penn State Health Milton S. Hershey Medical Center is committed to affirmative action, equal opportunity and the diversity of its workforce. Equal Opportunity Employer - Minorities/Women/Protected Veterans/Disabled.*

# Join Our Team

**Growth. Advancement. Opportunity.**

General Otolaryngologist:

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

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

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



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



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**Every life deserves world class care.**



## SOUTH FLORIDA ENT ASSOCIATES



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

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

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

This position will include both office and hospital settings.

### Requirements:

Board Certified or Eligible preferred  
MD/DO from approved medical/osteopathy school and graduation from accredited residency program in ENT  
Current Florida license  
Bilingual (English/Spanish) preferred  
Excellent communication and interpersonal skills  
F/T - M-F plus call  
*For more information about us, please visit [www.sfenta.com](http://www.sfenta.com).*

### Contact Information:

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

## LSU Health SHREVEPORT

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](mailto:cnatha@lsuhsc.edu)

LSUHSC – Shreveport is an equal opportunity employer and all qualified applicants will receive consideration for employment without regard to race, color, religion, sex, national origin, disability status, protected veteran status, or any other characteristic protected by law.

## Otolaryngology

Call This "Top 10" Community Home



McFarland Clinic is seeking a BE/BC Otolaryngologist to join our extraordinary team and provide exceptional care within Iowa's largest multidisciplinary clinic.

Consistently ranked in the top 10 "Best Places to Live by Money Magazine and CNNMoney.com, this thriving town has been ranked in the top 3 cities in the country for job growth.

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



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

EEO/AA Employer/Protected Vet/Disabled

**Contact Doug Kenner**

**866.670.0334 or [dkenner@mountainmed.net](mailto:dkenner@mountainmed.net)**



**McFarland Clinic**

**Extraordinary Care, Every Day**

## 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](mailto:stanley.h.chia@medstar.net)



# we call it home.

## SO CAN YOU.

The Department of Otolaryngology at Carilion Clinic in Roanoke, Va., is seeking candidates to join a growing team in a thriving tertiary health care system led by people who take care of patients.

Positions available:

### **Otologist/Neurotologist**

*Full-Time BC/BE Fellowship-Trained Faculty*

Treat a diverse patient population with a wide range of opportunities, strong audiology support, an active cochlear implant program and an academic neurosurgery program motivated to create partnerships.

### **H&N Oncologist/Reconstructive Surgeon**

*Full-Time BC/BE Fellowship-Trained Faculty*

Join an established head and neck cancer practice with multidisciplinary care to treat patients with all stages of neoplastic disease as well as a broad endocrine population. Microvascular experience strongly preferred. Robotic technology and team available.

### **General Otolaryngologist**

*Full-Time BC/BE Faculty*

Build a diverse practice caring for patients of all ages in all areas of otolaryngology. Opportunity for concentration in areas of specific interest. Ambulatory surgical center available.

### **System Highlights**

- » Only Virginia hospital, and one of only 48 nationwide, named "High Performing" in all nine adult procedures and conditions rated by U.S. News & World Report (Roanoke)
- » Five-star rating for patient experience by Press Ganey (CTCH)

Direct inquiries to Chief of Otolaryngology, Dr. Benjamin Cable, at [bbcable@carilionclinic.org](mailto:bbcable@carilionclinic.org)



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Annual Meeting and OTO Experience  
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The Department of Otolaryngology – Head and Neck Surgery at The Mount Sinai Hospital and the Mount Sinai Health System is a world leader in the treatment of HPV-associated oropharyngeal cancer treatment, endoscopic ear and skull base surgery, and virtual reality for education and surgical planning. Our surgeons have forged groundbreaking diagnostics, treatments and technological advances in this exciting field. Our experts in the following areas are also faculty members of the Icahn School of Medicine at Mount Sinai, ranked #18 among the nation's top medical schools by *U.S. News & World Report* and ranked #6 for Otolaryngology Residency Training by Doximity:

- Head and Neck Institute/Head and Neck Oncology
- Ear Institute/Otology
- Facial Plastic and Reconstructive Surgery
- Thyroid and Parathyroid Diseases
- Grabscheid Voice and Swallowing Center/Laryngology
- Oral and Maxillofacial Surgery
- Rhinology and Skull Base Surgery
- Sleep Surgery
- Vascular Malformations and Birthmarks



To transfer a patient or make a physician referral, visit [mountsinai.org/access](https://mountsinai.org/access) or call 800-T0-SINAI (800-867-4624).  
For more information, visit [mountsinai.org/ent](https://mountsinai.org/ent).