

bulletin

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

APRIL 2019



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May 6, 2019

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President
Albert L. Merati, MD
Executive Vice President, CEO, and Editor of the Bulletin
James C. Denny III, MD
Managing Editor
Jeanne McIntyre, CAE
bulletin@entnet.org

INQUIRIES AND SUBMISSIONS
bulletin@entnet.org

MAILING INFORMATION

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Ascend Integrated Media, LLC
Suzee Dittberner
7171 W. 95th Street, Suite 300
Overland Park, KS 66212
Phone: 1-913-344-1420
Fax: 1-913-344-1492
sdittberner@ascendintegratedmedia.com

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Following is a correction to the March 2019 issue of *The Bulletin*. We apologize for the error.

"Medical mission: Gulu, Uganda," was written by Andrew J. Holcomb, MD. See <https://bulletin.entnet.org/article/medical-mission-gulu-uganda/> for the corrected photo and bylined report.

At the forefront

International Guests of Honor 2019: Simulation-based otolaryngology-head and neck surgery training in the UK: The "Boot Camp" ■ Advocacy in action: An overview of federal and state legislative priorities ■ One click to advocate ■ Participate in the New Passport Program: Advocacy ■ ASCENT: Just what the doctor ordered ■ ASCENT: What's in a name? Why creating a strong brand is essential for the ENT practice ■ International Steering Committee report: Your Academy around the World ■ What you need to know about MIPS Year Three ■ Physician safety is patient safety: Good surgical ergonomics to optimize patient care ■ Humanitarian Service: Facial reconstructive surgery in Belize ■ Women in Otolaryngology Day

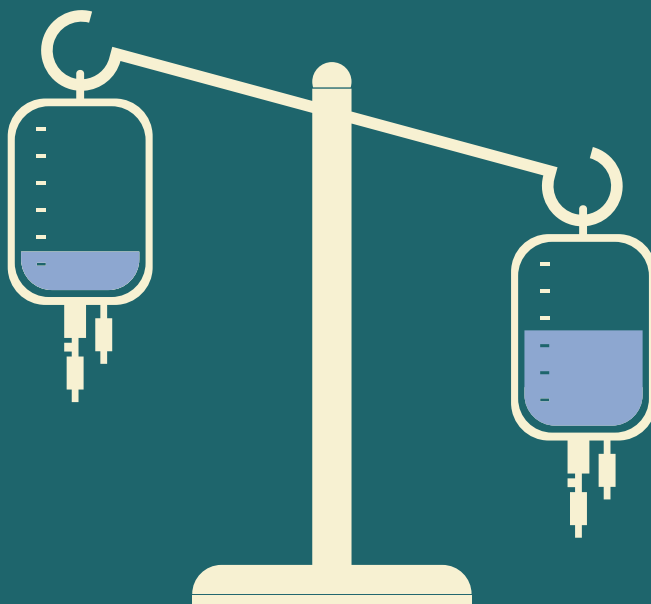
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Your vote, your future

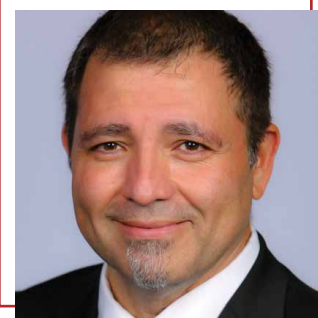
This month's edition of the *Bulletin* features statements from our candidates for AAO-HNS/F leadership positions. Please read and consider them as we approach our annual election, which opens in May. I would like to thank our AAO-HNS Nominating Committee for presenting all of us a superb slate of candidates.

Representation matters; these candidates are us. Read the statements and look for what you see and want in your AAO-HNS heading in to the future. I vote because I care greatly about this wonderful life and identity I have as an otolaryngologist. Like you, I want effective and responsive leadership to help shape and carry out our strategic mission heading into the next 100 years of otolaryngology. Who are we? What do we care about? How do we get there?

Your vote and your membership are key to being successful. Membership continues to do well—thanks to you all for joining

and renewing. Committee applications are up. Online activity is up for the new ENTHealth.org website. Membership value has never been better realized. In the face of significant challenges around us, the AAO-HNS/F has been able to grow and lead the way on many fronts: coding and billing preservation, regulatory wins, clinical practice guidelines, patient education, international outreach, and our major investment in an otolaryngology-driven, otolaryngology-owned clinical data registry in Reg-entSM.

Take this membership energy and forward momentum and look at our slate of candidates for this year. If you do NOT see yourself in this group of candidates—if your ribbon in the “WE ARE ONE” logo is not represented in the backgrounds and statements of our candidates for leadership, please share your thoughts with me at amerati@entnet.org. The next cycle for your Nominating Committee starts this summer and runs through the application deadline in December, and the call for a nomination of candidates



Albert L. Merati, MD
AAO-HNS/F President

will be announced in *OTO News* and the *Bulletin* soon. I am looking forward to presiding over this process as part of my duties over the next year. Help me send you another spectacular slate of candidates for the next cycle.

For now: get involved, ask questions, stay engaged ... and vote.

See you in New Orleans!



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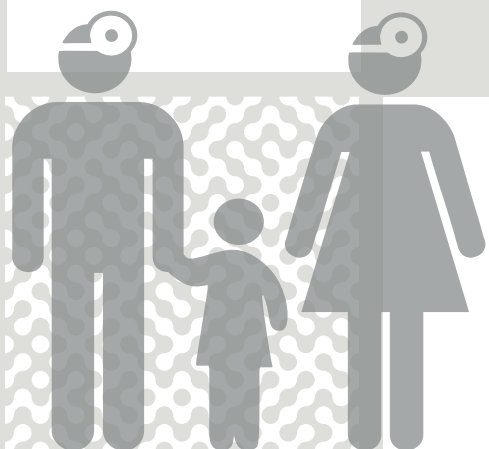


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Otolaryngologists can affect change by working together

Advocacy in the medical association world is a broad term that encompasses a wide range of activities across many fronts with the end goal of defining and delivering the best healthcare outcomes for our patients. Typically, areas that receive the highest attention and resources include federal and state legislation, regulatory agencies, and private payer issues. More recently, patient-centered areas, including underrepresented populations, have gained traction, as have “physician wellness” paradigms. All who regularly participate in the advocacy arena recognize that every one of these areas require ongoing diligence to fairly represent members and their patients in the rapidly changing system we live in. Success today does not guarantee success in the future in any of these areas.

A perfect example of this is detailed by **Robert K. Jackler, MD**, in his article, “What every otolaryngologist should know about electronic cigarettes, especially JUUL.” The physician community was late to get into the game as the dangers of cigarette, cigar, and pipe smoking became apparent. Safety warnings related to these products were several decades behind the evidence. As the smoking population has decreased in the United States, many, including myself, relaxed and thought things were under control. We all enjoy being able to go into public places and not be subjected to a cloud of smoke. I am embarrassed to say that in my naïveté of the current situation regarding e-cigarettes, I was virtually unaware of the propagation of new products with ever-accelerating levels of nicotine in them. These products have been heavily marketed to adolescents who are highly susceptible to current marketing strategies and addiction itself.

The AAO-HNS has regularly participated in the promotion of strict regulation of tobacco products by the FDA, including, most recently, exotic cigars and e-cigarettes, and routinely signed on to letters of support for regulation and legislation in these areas. Despite participating in these efforts, I was unaware of the rapid expansion that these products have enjoyed. It is incumbent on the medical profession, including otolaryngology, to advocate for adequate regulation, studies of the clinical consequences of the products, and protections for the patients in these areas before Congress and the FDA. In the past, we have promoted and participated in the “Great American Smoke-out,” “Through with Chew” and other campaigns

with public health benefit. We should be equally concerned about the e-cigarette issue and work with other organizations to “spread the word” of what is going on. We will be adding a feature on our new patient-centered website, ENThealth.org, under our “Be ENT Smart” section alerting the public to the dangers of this product.

We will continue to celebrate and promote public relation campaigns such as “World Voice Day” and “Better Speech and Hearing Month,” as well as promote HPV vaccination, pneumococcal vaccination, cytomegalovirus (CMV) testing in those with hearing loss, and vaccination against herpes zoster, but the e-cigarette issue warrants a more aggressive short- and medium-term strategy. I would like to thank Dr. Jackler for supplying this article in this issue highlighting the need for active engagement to combat this mushrooming problem.

When working together, otolaryngology as a specialty, even though small, can have significant influence in affecting policies and regulations contributing directly to our members’ ability to provide the best value-based care for their patients. Just in the last year, information received from our members has allowed the Academy to successfully promote concerns that were adversely affecting or had the potential to adversely affect the delivery of patient care. These included efforts with the American Academy of Otolaryngic Allergy (AAOA) to work with the United States Pharmacopeia (USP) and the Federal Drug Administration (FDA) to clarify sterilization requirements related to both allergy testing and immunotherapy; the timely, data-driven responses to the Medicare proposed rule involving the modifier 25, evaluation and management (E/M) collapse, and intellectual property related to specialty-specific reporting measures; conversations with the Joint Commission that resulted in their public pronouncement of policies affecting sterilization of office instruments and scopes as well as pediatric airway endoscopy equipment; and most recently, in our response to the American Board of Medical Specialties (ABMS) “Vision Initiative” draft recommendations that were influential in modifying several of the most concerning proposals as seen by our members. These recent successes confirm what we can do as a specialty when working together. ■



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

“When working together, otolaryngology as a specialty, even though small, can have significant influence in affecting policies and regulations contributing directly to our members’ ability to provide the best value-based care for their patients.”



REGISTRATION OPENS IN MAY

- Over 550 continuing education sessions on best practices and the specialty's most pressing issues led by leaders in the field
- The opportunity to connect and reconnect with colleagues to discuss research, patient care, and surgical techniques during high profile networking events, such as the President's Reception
- The latest advancements in medical products and services at the OTO Experience

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INTERNATIONAL GUEST OF HONOR SERIES, (I OF IV): THE UNITED KINGDOM

UK simulation-based otolaryngology-head and neck surgery “Boot Camp”

“ Each year during our meeting, four countries are chosen as Guests of Honor. As AAO-HNS/F President, it is my great honor and privilege to welcome the delegation from ENT UK to the AAO-HNSF 2019 Annual Meeting & OTO Experience in New Orleans, Louisiana, in September. We look forward to our societies working closely together to improve the care and quality outcomes for our patients worldwide through continued collaboration and outreach as our global message continues to resonate around the world. ”

— **Albert L. Merati, MD**
President, AAO-HNS/F

■ **R. Anmolsingh**, Department of Otolaryngology-Head and Neck Surgery, Wrightington, Wigan and Leigh NHS Foundation Trust, United Kingdom;

O. Mirza, Department of Otolaryngology-Head and Neck Surgery, Manchester NHS Foundation Trust;

B.N. Kumar, President-elect, ENT UK

Medical training has shifted over recent years to a focus on developing trainee competence and proficiency according to predetermined approved standards. A challenge has been to deliver this training paradigm within a time-restricted program, which has had a significant impact, especially on surgical specialities where developing expertise relies heavily on appropriate clinical exposure. As such, a greater need to maximize learning, develop acquired competences, and accelerate skills acquisition in order to meet the educational needs of otolaryngology trainees has been identified. Correspondingly, higher surgical training curricula have adapted to incorporate alternate educational modalities, such as simulation, in order to meet this need.

Simulation-based training, a form of experiential learning, is not a new concept. It provides realistic “clinical exposure equivalent” situations that allow deliberate practice in order to achieve expertise in a non-threatening, controlled environment. High-fidelity training platforms are used extensively within the aviation industry and have contributed greatly to advances in airline safety through helping to train pilots to manage specific flight conditions and potential scenarios. There are obvious parallels to the medical sphere, where there is a need to train future clinicians without jeopardizing patient care and maintaining safety. There are several established methods of surgical training that incorporate simulation, including verbal simulation (role play), anatomical models, and virtual/computer-based patients. Simulation has the ability to track trainee progress and allow objective assessment of performance while enhancing the learning process by incorporating feedback and reflection and reinforcing positive behaviors and identifying negative actions.

Otolaryngology-head and neck surgical emergencies encompass a wide spectrum of pathologies that can be time sensitive, and if not recognized early and managed appropriately, can be potentially life-threatening. The prospect of managing these patients may be daunting for junior trainees who may have limited prior emergency exposure and who are expecting to make the transition into higher specialty training and lead the management of these conditions in a more senior role. Ideally, trainees should be given the opportunity to learn about specific emergencies and practice common emergency procedural skills before encountering the real clinical situation. The term “boot camp” is derived from a military concept of intensive, focused training to prepare new recruits and has been applied to surgical training with a similar aim over recent years. The North American otolaryngology-head and

neck surgical boot camp has been established with great success since 2011. The UK ENT boot camp came into fruition in 2015, and similarly aims to provide a comprehensive and standardized level of training to all newly appointed higher specialty trainees entering otolaryngology, covering the whole spectrum of emergency clinical presentations and acute procedural skills.

The boot camp is a practical, simulation-based course held over a two-day period and comprising of several stations mapped to the otolaryngology curriculum through which candidates rotate. Each station incorporates either actor patients, mannequins, or cadaveric models and is manned by faculty comprising of consultant ENT surgeons and/or anaesthetists. Procedural skills stations cover flexible nasopharyngolaryngoscopy, rigid bronchoscopy/pharyngo-oesophagoscopy and foreign body retrieval, cortical mastoidectomy using a high-fidelity temporal bone simulator, and airway management using nonsurgical/surgical methods. Human factors training is incorporated into an immersive station mimicking a busy operating theatre environment, and a high-fidelity interactive mannequin is used to run an acute airway emergency scenario. A series of immersive, simulated “ward round” scenarios allow candidates to lead a junior team in the assessment and management of patients presenting with acute pathology. Candidates have the opportunity to reflect on performance at the end of each station and receive formative feedback.

Our experience of running a simulation-based ENT boot camp has been a positive one, and we believe there is a potential role within surgical training. As such, the course is now an annual fixture for new trainees. Trainee feedback has been encouraging, with increased levels of confidence and self-perceived skill reported. It is debatable how this translates into actual clinical practice, which will be an area of interest for future study. ■

ADVOCACY IN ACTION

An overview of federal and state legislative priorities

The American Academy of Otolaryngology–Head and Neck Surgery (AAO-HNS) is committed to the enactment of legislation that will strengthen the delivery of, and access to, quality healthcare. In 2019, the AAO-HNS anticipates action on the following issues at the federal and state levels:

Scope of practice/patient safety

The AAO-HNS believes a physician-led hearing healthcare team, with coordination of services, is the best approach for providing the highest quality care to patients. The AAO-HNS strongly opposes legislation that would inappropriately expand the scope of practice of nonphysician providers, particularly proposals that would permit non-physicians to “diagnose,” provide audiologists with unlimited “direct access” to Medicare patients without a physician referral, and/or inappropriately include audiologists in Medicare’s definition of “physician.”

Interstate licensure compacts

Interstate compacts are contractual agreements between two or more states often used to

standardize professional licensure among an increasingly mobile workforce. However, the AAO-HNS strongly objects to the use of such compacts to inappropriately expand a profession’s scope of practice and/or to extend the governing commission’s rule-making authority over existing laws and regulations.

Truth in advertising

Patients are often confused about the training and education of their healthcare providers when making healthcare decisions. Providers’ credentials, licenses, and training should be accurately portrayed in all advertisements and patient interactions. As part of a coalition effort, the AAO-HNS works with other physician organizations to advocate for increased transparency in the delivery of healthcare.

Hearing aid services

The coverage of, sale, and dispensing of hearing aids is an issue considered by many states in various forms each legislative year. The AAO-HNS, in collaboration with our physician state trackers, works to ensure the inclusion of otolaryngologists in the diagnosis/treatment of hearing loss and the dispensing of hearing aids.

Infant newborn screening for cytomegalovirus (CMV)

An estimated one in every 200 babies is born with CMV, a congenital viral infection that has been associated with sensorineural hearing loss. Early identification of CMV-related hearing loss is crucial to the

long-term developmental success of speech, cognitive, and psycho-social abilities in children. The AAO-HNS supports screening and prevention efforts to educate pregnant women and their families regarding this common, yet preventable, viral infection.

Maintenance of certification

Maintenance of certification (MOC) requirements for physicians are under increased scrutiny from policymakers and the medical community. The process required for recertification has become time consuming, expensive, and not directly relevant to patient care. The AAO-HNS believes professional self-regulation through continuous learning and assessment must fit within the normal flow of a physician’s practice, be available at a reasonable expense, improve patient care, and not undermine existing specialty-board authority. As such, the AAO-HNS is supportive of legislation that opposes the use of MOC requirements for the purposes of hospital privileging, licensing, and payer participation and reimbursement.

Tobacco control efforts

As part of the PARTNERS coalition’s public health campaign, the AAO-HNS advances legislation and regulations that will help reduce the use of tobacco products (including e-cigarettes) and exposure to secondhand smoke in order to promote healthy environments and lifestyles for the public. The AAO-HNS tracks legislation that seeks to strengthen or weaken smoking ban laws, limits access to tobacco products and other nicotine-delivery devices, particularly by youth, as well as proposals to mandate insurance coverage and/or benefits for tobacco cessation.



One click to advocate

Effective grassroots advocacy starts with you! AAO-HNS members can reinforce the Academy's legislative efforts on Capitol Hill by calling, emailing, and tweeting their members of Congress. This additional layer of constituent-based outreach amplifies the specialty's position when Congress debates major healthcare issues.

We appreciate the demands on your schedule, so the AAO-HNS is making it even easier to make your voice heard on the issues that matter most to the specialty. With our new grassroots advocacy software, it only takes one click to make an impact.

Past Congressional outreach by AAO-HNS members has truly made a difference. Last year, several Capitol Hill offices advised that their decision to not support or co-sponsor critical legislation opposed by the AAO-HNS was due to the direct messages from YOU—the otolaryngologists in their districts and states.

Interested? Visit the Academy's new grassroots advocacy website (<https://entadvocacy.org/>) to send your Members of Congress a pre-written email with just one click. Each call to action includes important background information on the legislation/issue and an email which pre-populates once the web form is completed.

You CAN make a difference with just one click! Questions? Contact the AAO-HNS Advocacy team at govtaffairs@entnet.org. ■



Medical liability reform

Each year, lawmakers consider various tort reform measures, including those related to affidavits of merit, alternative reforms, caps on non-economic damages, defensive medicine issues, expert witnesses, health courts, and/or pre-trial screening panels. The AAO-HNS strongly supports comprehensive medical liability reforms to stabilize and reduce professional liability premiums, ensure continued access to care by patients, and eliminate frivolous lawsuits.

For more information on the Academy's legislative priorities, contact the Advocacy team at govtaffairs@entnet.org. ■

ENGAGEMENT OPPORTUNITIES SERIES



Participate in the New Passport Program – Get Involved and Earn Academy Gear Become an Advocate for the Specialty

In today's regulatory and legislative climate, it's vital for U.S. otolaryngologists to use their clinical expertise to advocate on behalf of the specialty. The AAO-HNS provides numerous opportunities for members to influence federal and state healthcare policies, communicate with elected officials, and advocate for patients.

Here are some ways to get involved as an advocate for the specialty:

- **Join PROJECT 535.** Sign up to become a "key contact" for your federal legislators and amplify the Academy's efforts when major healthcare issues are debated in Congress
- **Become a State Tracker.** Join nearly 150 physician volunteers who collaborate with the AAO-HNS, their state OTO society, and their state medical society to review legislation and enact positive change.
- **Join the ENT Advocacy Network.** Members of the ENT Advocacy Network receive access to legislative "Calls to Action" and the monthly e-newsletter-The *ENT Advocate*-highlighting the Academy's advocacy efforts and engagement opportunities.

To sign up for the Academy's grassroots programs or to learn more, visit www.entnet.org/advocacy or email govtaffairs@entnet.org! To participate in the Passport Program, go to www.entnet.org/passport. ■

Just what the doctor ordered

The Administrator Support Community for ENT (ASCENT) is the only association dedicated to supporting the leaders in the unique specialty of otolaryngology practice management. Formerly known as the Association of Otolaryngology Administrators (AOA), ASCENT has a long history of providing resources, networking, and education to administrators, managers, supervisors, and coders in otolaryngology practices that helps the practice, physicians, and ultimately the patient.

Resources—when you need them

ASCENT has more than 3,000 policies and procedures, booklets, plans, and customizable forms available to members on its website, www.askASCENT.org. These include forms, job descriptions, policies, and procedures for any area of the ENT practice. Members also have access to the ASCENT Discussion Forums on our engagementENT platform to ask questions, share ideas, and respond to fellow professionals with your expertise and advice. engagementENT also houses discussion boards for coding questions that are monitored by a certified professional coder and discussion boards to talk to members by practice size or type. ASCENT offers other resources and manuals available at special discounted member pricing.

Expand your network

Do you need to find your same EMR system? Is your manager new to the industry and looking for advice from a seasoned professional? ASCENT offers networking opportunities galore! Peer to peer networking and engagementENT opportunities allow ASCENT members to enhance their understanding of practice trends and find solutions to their challenges while meeting others in the profession.



Timely information at your fingertips

ASCENT is always reaching out to inform members of what's happening in ENT and healthcare. Members receive the weekly ASCENT digital e-newsletter, packed with association and ENT news, as well as legislative alerts when announcements are made that affect otolaryngology. The monthly *ENT Voice* provides in-depth legislative and payer information in an easy-to-understand format. *Fast Practice* is a monthly newsletter that provides synopses of the leading business of medicine reviews that can be read or downloaded as a podcast to keep you updated. engagementENT LIVE is a weekly text survey where each question is sent directly to your smartphone to respond, and the results are then sent later in the week in a colorful graphic. The ASCENT Blog includes entries written on a variety of topics and posted to the website and social media a few times per week.

Continuing education opportunities

ASCENT educates thousands of ENT business professionals annually through continuing education opportunities, available at special member pricing:

- More than 30 live webinars yearly and a library of more than 100 webinar recordings
- ASCENT Annual Educational Conference, a live three-day conference filled with more than 18 hours of education offerings and networking opportunities

Tools for your office and staff

We know that finding time to educate staff is a difficult but important part of your business. ASCENT has several tools and resources at discounted pricing to make your job more efficient and effective at special member pricing:

- ASCENT University training modules on topics such as bloodborne pathogens, fraud and abuse compliance, and basic finance
- ENT-specific salary and benchmarking surveys to ensure your practice is on target
- ASCENT Resource Manual, a one-stop resource for all things practice management
- and many more

Industry-specific certification

The Certification in Otolaryngology Practice Management (COPM) is the only certification specific to ENT. The COPM exam is a knowledge-based test that examines six core areas related directly to otolaryngology practice management. Take the step to advance your career through our Pathway to Certification to demonstrate your commitment to the profession and lifelong learning. ASCENT members receive steep discounts on certification study tools and testing.

We have a lot to offer your practice. Stop by www.askASCENT.org and check out membership for your practice leaders today. ■

What's in a name?

Why creating a strong brand is essential for the ENT practice

■ Administration Support Community for ENT (ASCENT)

Your practice has a name, of course, and a logo to go along with it. But what exactly is your practice's brand? A well-designed logo might look appealing, but it's the emotion evoked, such as trust, comfort, and personalism, that makes it stick in a person's mind.

According to *Forbes* magazine, "your 'brand' is what your prospect thinks of when he or she hears your brand name." A brand should be the full package of a company: images, colors, mission, goals, and how you plan to accomplish those. Every piece of the branding puzzle comes into play when showcasing your practice to the public. A practice's brand starts with the visual of a logo and continues through to ease of making an appointment, interactions with staff, and level of care.

The former Association of Otolaryngology Administrators (AOA) recently embarked on a re-branding journey. Through the years, it became evident that the abbreviation "AOA" had gotten lost in the alphabet soup of related medical association names. How can the organization distinguish itself within otolaryngology and the healthcare industry as a whole? How can AOA expand its reach to educate those who don't know about us while maintaining a strong 37-year history?

After a yearlong effort, the AOA is now **ASCENT**—the Administrator Support Community for ENT. Research and an external branding expert allowed ASCENT to realize

that it had to steer away from the A- and O-heavy names to differentiate from so many others with similar acronyms. Transitioning from using the word "otolaryngology" to "ENT" opens the door to new possibilities, as it is a more commonly searched term. ASCENT is also respectful of its rich AOA roots, continuing with a strong A-focused logo and modernized green. For ASCENT, it is important to emphasize that we aren't changing what we do; we're simply adapting to stay current and keep up with the needs of our members.

Branding is important now, more than ever, to differentiate from your peers and to stay competitive in an ever-changing healthcare landscape. Below are a few tips to consider when improving your practice's brand and solidifying your identity within ENT:

What emotions do you wish to evoke when someone is exposed to your brand? Things to take into consideration are color, word choice, and tone. If you work in a pediatric setting, use family-friendly words and fun colors. Those who work with a geriatric population might want to opt for soothing colors and a caring tone.

Create a name and image that reflect your practice's values while also educating the public about what you do. Do you provide ancillaries? If so, are these reflected in your name or logo mark? Strong visual elements will help create an emotional tie to your practice, and this will help with future recognition.

Does your practice name have the phrase "ENT" or "otolaryngology" in it?

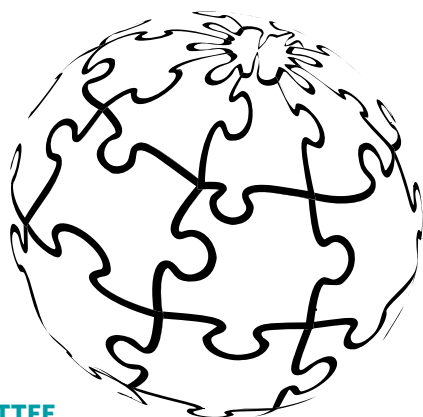
The public might not be educated enough on the formal "otolaryngology" to understand that it is the practice of ear, nose, and throat when attempting to find a physician. Do research about what search terms your patients are using to find the services you offer. Knowing your audience will help shape the direction of your brand, making you more easily searchable in an age where people turn to the internet for guidance.

Strong mission and vision statements tie into your overall branding strategy. Your mission statement should define your practice's WHO, HOW, and WHY you exist. These are your practice's goals and objectives. A mission statement should complement the vision, outlining WHERE you want to be in the future—a pathway, of sorts, for where you want your practice to grow.

While a lot of healthcare marketing is digital-focused, don't stop there!

Ensure every piece of collateral in your office is branded with your name, logo, and color scheme. From reminder postcards and waiting room signage to paper forms and informational brochures—even logoed scrubs and professional wear—emblazon everything for continued recognition. Include your vision statement or a tagline on items where possible to reinforce your purpose and goals. ■

ASCENT, formerly AOA, is a support community and resource network for ENT practice management leaders. The community consists of invaluable resources, education, and people to enhance the quality and sustainability of the ENT practice. Representing more than 1,000 professionals across the country, ASCENT enables ENT leaders to advance their practices in the business of medicine. Learn more about our new look at www.askASCENT.org/OurStory.



**INTERNATIONAL
STEERING COMMITTEE
REPORT**

Your Academy around the world

■ J. Pablo Stolzovitzky, MD

AAO-HNSF Coordinator for International Affairs

Since its inception, the AAO-HNSF has cultivated ties to national otolaryngology societies and similar organizations around the world. AAO-HNSF assigns great importance to these relationships, which collectively advance the otolaryngology specialty in ways no one society can achieve alone.

Past Coordinator for International Affairs, Eugene N. Myers, MD, developed a unique program of International Corresponding Societies (ICS) that affiliate with the Academy on a peer-to-peer level. ICS leaders meet informally with AAO-HNSF leaders for discussions on issues of mutual interest and form the delegative body of the International Advisory Board's (IAB) General Assembly. (<https://bulletin.entnet.org/article/international-advisory-board-strengthening-the-global-otolaryngology-community/>)

Starting with the Spanish Society of Otorhinolaryngology–Head and Neck Surgery in 1997, the ICS-affiliated network has grown to 71 societies worldwide. We are pleased to welcome ENT UK, the Society of Polish Otorhinolaryngologists, Phoniatrists and Audiologists, and the Balkan Society of Otorhinolaryngology that joined the ICS network in 2018.

The following 2019-2020 Joint Meetings schedule lists conferences or meetings jointly organized or endorsed by AAO-HNSF and in partnership with our ICS affiliates. For more information about the meetings and to apply to serve as volunteer faculty, contact International@entnet.org. ■

2019 Joint Meetings

16th Middle East Otolaryngology Conference and Exhibition

April 25 - 27, Dubai, United Arab Emirates

10th Singapore Allergy & Rhinology Conference

April 25 - 28, Singapore

International Congress of ORL-HNS 2019

April 25 - 28, Seoul, South Korea

LXIX Congreso Nacional de la Sociedad Mexicana de ORL CCC

April 30 - May 5, Mazatlán, Mexico

10th International Surgical Sleep Society Meeting

May 10 - 11, New York, New York

Caribbean Association & the ENT in the Caribbean, Past, Present, & Future Conference

May 11 -16, Kingston, Jamaica

X Venezuelan Triological Otolaryngology Conference

May 23 - 25, Caracas, Venezuela

3rd African Head and Neck Society Annual Conference

May 24 - 27, Harare, Zimbabwe

German Society of Oto-Rhino-Laryngology, Head & Neck Surgery

May 29 - June 1, Berlin, Germany

18th Latin American Congress of Rhinology and Facial Plastic Surgery

June 20 - 22, Quito, Ecuador

V Pan-American Otolaryngology Course and Conference

August 14 - 16, Asunción, Paraguay

18th ASEAN ORL-HNS Congress

August 23-25, Singapore

18th Congresso da Fundação Otorrinolaringologia

August 29-31, São Paulo, Brazil

5th International Salivary Gland Congress

October 25-26, Philadelphia, Pennsylvania

2020 Joint Meetings

International Congress of ORL-HNS 2020

April 17 - 19, Seoul, South Korea

British Academic Conference in Otolaryngology (BACO) 2020

July 8 - 10, Birmingham, United Kingdom

50th Brazilian Meeting of Otorhinolaryngology

November 19 - 22, São Paulo, Brazil

What you need to know about MIPS Year Three (Y3)

The Centers for Medicare & Medicaid Services (CMS) implemented extensive updates for Y3 of the Merit-based Incentive Payment System (MIPS). Key programmatic changes for 2019 address eligible clinicians, technology requirements, performance categories, scoring methodology, measures, and objectives, as well as thresholds and bonus points. The items below highlight some of the major changes for Y3 that AAO-HNS members need to know:

1. More MIPS eligible clinicians – Eligible clinicians (ECs) represent the same five provider groups from year two but now also include additional practitioners such as qualified audiologists, clinical physical therapists, occupational therapists, qualified speech-language pathologists, and registered dietitians or nutrition professionals.

2. 2015 Certified Electronic Health Records Technology (CEHRT) required – Submission of data in each of the following performance categories now requires 2015 CEHRT: Quality, Improvement Activities, and Promoting Interoperability.

3. Modified performance category weights – The weighting of the Quality category decreased from 50 percent to 45 percent of the final MIPS score, while the Cost category increased to 15 percent. Promoting Interoperability and Improvement Activities categories remain the same (25 percent and 15 percent, respectively).

4. Restructured Promoting Interoperability performance category – This performance category includes the following new elements:

- Base, performance, and bonus scores were eliminated and replaced with a new scoring methodology (100 total category points);
- Two new e-prescribing objectives are available; and
- ECs must meet four objectives: e-prescribing, health information exchange, provider to patient exchange, and public health and clinical data exchange, unless an exclusion is granted. ECs are also required to report certain measures associated with the objectives.

5. New quality measures – CMS added eight new quality measures for 2019 and removed 26 measures that were duplicative or “topped out.”

6. Increased thresholds to avoid penalties and obtain bonus points – ECs and groups must earn at least 30 points (an increase from the 15 points required in 2018) to ensure a neutral payment adjustment. ECs and groups seeking a performance bonus must also earn at least 75 MIPS points (an increase from 70 points in 2018).

7. Modified small practice point system – Small practices (fewer than 15) will still receive a small practice bonus, but, for



The Reg-entSM registry offers 22 specialty-specific measures. To sign up and use Reg-ent for MIPS 2019 reporting, visit www.reg-ent.org

2019, the bonus is now reflected in the Quality performance category score instead of as a standalone bonus. If ECs submit data on at least one Quality measure, the bonus points will be increased to six points (as compared to five points in 2018).

8. MIPS Opt-In policy – ECs or groups may opt-in to MIPS if they meet or exceed at least one, but not all three, of the low-volume threshold criteria.

To learn more about 2019 MIPS requirements and access fact sheets and user guides, visit <https://qpp.cms.gov/participation-lookup/about> ■

Physician safety is patient safety:

Good surgical ergonomics to optimize patient care

■ Daniel L. Wohl, MD and Theresa Hubbard, DPT
for the PSQI Committee

Physicians selflessly provide care to their patients over the course of a 30 to 40-year career. Ideally, we stay healthy and rarely get sick or suffer a serious injury. However, we are not immune from physical infirmity and—like a professional athlete—simply often choose to “play through the pain.” We function in a stressful environment and need to be mindful of how the physical demands of our stressful profession impact our ability to provide optimal care for our patients. Establishing and maintaining consistent proper physical



Figure 1. Left: Bad posture lateral view: Line shows forward head and leaning posture throughout spine. Neck is flexed more than 45 degrees. Right: Good posture lateral view. Line shows more neutral spine curves and good elbow joint angle (90-120 degrees). Symmetrical stance with one foot placed on foot stool.

ergonomic movements and body positioning is required to avoid developing career-limiting physical ailments. The practice of otolaryngology-head and neck surgery requires us to repetitively position our bodies to obtain optimal visual and physical access when examining and operating upon patients. This translates to numerous instances where we might lean and strain the lower back, overly hang our heads on flexed necks, or twist something just a bit more, and wind up struggling and sore.^{1, 2, 3, 4, 5}

During a long surgical case, it is easy to display poor posture, commonly with forward head and shoulders with excessive leaning and hunched back (Figure 1). Postural impairments like these often lead to musculoskeletal complaints. Good posture involves maintaining the natural curvatures of the spine: an inward curve in the low back and neck joined by an outward curve in the thoracic spine. Adjusting table height is one way to avoid poor posture and maintain these natural curves. The table should be at a height where the top of the patient is at waist level to the surgical team. We are all different shapes and sizes, so individuals should sit, stand, or stand on a platform in order to achieve correct positioning next to the table. If using video monitors, eyes should be in line with the top edge of the monitor, allowing 15-20 degrees of flexion when looking at the center of the screen.⁶

With consideration to the lower body, weight should be evenly distributed through both legs (Figure 2). Prolonged shifting of weight to one leg leads to an asymmetrical stance and increases strain on the pelvis and lumbar spine. Instead, rest one foot on a small

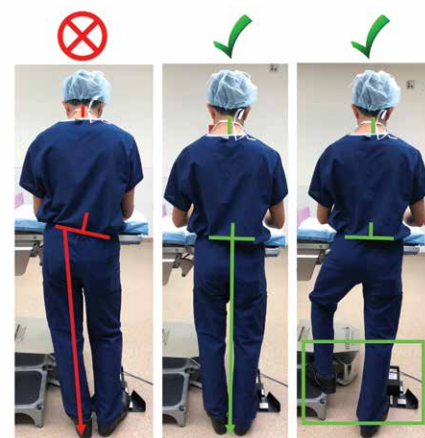


Figure 2. Left: Bad posture posterior view: asymmetrical weight bearing is evident by tilted pelvic line and non-vertical alignment of lumbar spine. Middle: Good posture without step stool. Lines demonstrate neutral lumbar and pelvic alignment. Right: Good posture with step stool.

step stool to decrease pressure and fatigue in the back and legs without assuming an asymmetrical position. Foot pedal position can lead to an asymmetrical stance if not considered carefully. Foot pedals should be placed near the foot and aligned in the same direction as instruments and toward the target quadrant of the patient. If standing on a platform, the foot pedal should also be on the platform. Foot pedals with built-in foot rests are more ergonomic because the foot isn't moving back and forth as frequently or being actively held above the pedal when it is not in use. Varying which foot uses the pedal throughout cases will help decrease muscle imbalances that occur with repetitive movements.

Switching to a seated position and readjusting the table height also alleviates fatigue from standing. While seated, hips and knees should both be flexed to 90 degrees. Feet should be placed on the floor or a platform to



Figure 3. Top: Microscope height placed too low and with downward angled eyepieces, requires the surgeon to flex the neck. Bottom: Eyepieces oriented with only slight declination allows the surgeon to operate with the head in a more upright neutral neck position.

prevent legs from dangling unsupported. Use of an adjustable chair with articulated arm supports decreases neck strain and shoulder torque when performing laryngeal surgery. Arm rests help resist the tendency of upward shoulder migration. Arm rest height should be adjusted to allow for a 90-120-degree elbow joint angle when shoulders are relaxed. Proper microscope positioning is required to preserve cervical spine ergonomics (Figure 3).

Prolonged excessive downward neck flexion with arms forward develops long and weak stabilizing musculature in the cervical spine and scapular region. This weakness correlates with overuse of pectorals, upper trapezius, and levator scapulae. Exercises that emphasize posterior tilt and retraction of the scapulae with retraction of the cervical spine will help strengthen and retrain weak muscles to overcome overused muscles. Training will help counteract and correct muscle imbalances,

leading to less risk of injury. “Microbreak” exercises can also be performed throughout the day to counteract prolonged positioning.⁸

The successful professional athlete knows that bad habits are hard to unlearn. The key is to develop good habits early. It is the same with surgeons. Our success is reliant on skilled physical movements, maintenance of focus, and the ability to make necessary adjustments as the situation requires. Good ergonomics takes practice and experience. We are no less vulnerable to physical and mental fatigue, over any one game, over a long season, and especially over a long productive career. Popular culture says that it takes 10,000 times to get really good at something. Over the course of your career, you will perform at least one procedure 10,000 times. You might as well do it with good physical ergonomics. ■

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HUMANITARIAN SERVICE

Facial reconstructive surgery in Belize

Sidney J. Starkman, MD, traveled to Corozal Town, Belize, on a reconstructive surgery mission trip spearheaded by Devinder S. Mangat, MD, with Horizon Community Church and Partners for Belize. The region has only one plastic surgeon, so many patients with congenital and acquired defects had gone untreated prior to the conception of this mission trip. Dr. Starkman's team was able to perform 54 surgeries.

➔ READ MORE ONLINE
Longer article available



Women in Otolaryngology Day

■ Hayley L. Born, MD

This year, on March 3, many in the otolaryngology community celebrated the Women in Otolaryngology (WIO) section and its members. This day, which we hope will occur every year on the Sunday after the Otolaryngology Training Examination/In-Service exam, bolstered an already growing community within our specialty. Around the country, local WIO groups met for social, educational, and supportive events. Our group at the University of Cincinnati, made up of six residents, three fellows, seven faculty, and a smattering of other local female otolaryngologists, planned an event to create mentoring relationships and have some fun! We had a thriving group throughout my time in Cincinnati, OH. It provided me with an environment where I can discuss life in and out of the hospital with my female faculty and welcome our new female residents.

In addition to encouraging local participation, the WIO has some exciting plans for the time leading up to the 10-year anniversary of

our WIO section of the American Academy of Otolaryngology–Head and Neck Surgery in 2020. Look forward to a series of articles examining the history of women in medicine and focusing on those who pioneered the field of otolaryngology. We'll highlight those intrepid females who played a part in the beginning years of the specialty moving into the modern era. We hope to fully explore the beginnings of the WIO section from the yearly luncheons to the committee formation all the way up to the creation of the WIO and those women who forged the way. Other articles are planned to highlight the leaders in our field who inaugurated women in the roles of chair, dean, and society and Academy presidents. We'll look at leaders in the subspecialties of otolaryngology in the United States and globally. Finally, we'll explore the future of women in otolaryngology and how we can contribute to the specialty, medical community, and women in leadership globally.



Drs. Christine Heubi; Catherine Har; and Amy Manning for Women in Otolaryngology Day

Don't forget to reach out to participate in our video archive project that will start during the AAO-HNS/F 2019 Leadership Forum & BOG Spring Meeting and will continue at the AAO-HNSF 2019 Annual Meeting & OTO Experience. We, as a group, hope to archive our journey into the world of otolaryngology via interviews with living legends and leaders. WIO will have a kiosk at the Academy's Annual Meeting in New Orleans, LA, highlighting our upcoming initiatives, and we hope you will stop by and participate. It has been an honor to serve on the Communications Committee for the WIO section as a resident, and I hope I have inspired you all to get involved as well! Send any ideas our way! Email WIO@entnet.org or contact your local WIO member. ■



Participate in the VIDEO ARCHIVE PROJECT

Help us archive our journey into the world of otolaryngology via interviews with living legends and leaders. This project will begin during the AAO-HNS/F 2019 Leadership Forum & BOG Spring meeting and will continue through the AAO-HNSF 2019 Annual Meeting & OTO Experience.

Send submissions to WIO@entnet.org or contact your local WIO member.



CAST YOUR VOTE

Election opens May 6, 2019

Previewing the proposed bylaw changes

There are several important bylaws amendments that will be on the ballot as part of the upcoming election opening May 6. Take time to review these proposed changes before casting your vote. See the proposed changes here:

[https://www.entnet.org/
content/2019-proposed-
bylaws-changes](https://www.entnet.org/content/2019-proposed-bylaws-changes)

How to cast your vote

AAO-HNS has partnered with Election America to administer the 2019 election of candidates for leadership positions. To ensure your election-specific broadcast email arrives safely in your inbox on May 6, simply add the following email address as an approved sender: **help+AAOHNS@election-america.com**. Those who have not provided an individual email address to the Academy will receive a personalized letter from Election America with information on how to access the ballot. For technical support, please call 1-866-384-9978 or email **help+AAOHNS@election-america.com**. For ballot-related questions, call Membership at 1-877-722-6467 or email Lisa Holman at **lholman@entnet.org**.

Q ■ What are the strengths of the Academy that will lead us forward in our specialty and how will you capitalize on those strengths? What do you think is the most important item in the Academy's strategic plan?



Carol R. Bradford, MD, MS

It has been an honor and a privilege to be an active member of the American Academy of Otolaryngology–Head and Neck Surgery for my entire career. It has been a true joy to participate actively in the activities of this organization, most recently as an elected member of the Board of Directors. If elected, my primary objective will be to serve the Academy's stakeholders. Our stakeholders include our members, learners (students, residents, fellows), patients and families, and local, regional, national, and global communities.

The strength of the Academy of Otolaryngology–Head and Neck Surgery is our engaged members and dedicated leaders. We have a clear vision for the future: to be the global leader in optimizing quality ear, nose, and throat patient care. As President-elect, I would ensure that the Academy leverages its robust efforts in quality, patient education, and future workforce to become the trusted source of educational content for ear, nose, and throat care. We need to ensure that we enable team-based otolaryngology care and that all members of the future global workforce find value in being a part of the Academy. We seek to continue to exceed expectations with our robust educational portfolio, including the ongoing transformation of our Annual Meeting. I truly enjoy the networking and educational activities of our Annual Meeting, in which I have actively participated for over 25 years. Recently, I have provided seminars on leadership

lessons, crisis management, managing conflict, and unconscious bias. As the Chief Academic Officer of Michigan Medicine, I oversee both educational and global activities. It would be an honor to facilitate extending the impact of educational and global initiatives for our members. Furthermore, I would ensure that we fully leverage Reg-entSM, the Academy's ENT Clinical Data Registry, to improve the quality and value of the care we provide.

It is vital that we make meaningful progress toward realizing all of the Academy's strategic goals, including the new initiatives of understanding the future needs of otolaryngology education and practice, ensuring wellness for our members, assessing current and future workforce needs, enabling global activities, and creating robust patient educational platforms.

With that said, I am passionate about ensuring the wellness of our workforce. At my home institution, I chaired a year-long Civility and Wellness Task Force, and we are now launching a Wellness Office. There are many facets in a journey to achieve and sustain wellness. Limiting the administrative burden of the EHR is significant, as is finding meaning, purpose, and joy in work. Like the all too familiar saying, "Put on your own oxygen mask before helping others," we need to take care of ourselves first. If elected President, I would enhance Annual Meeting programs and activities that address wellbeing with the goal of enabling all of our members to thrive. ■

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The strength of the Academy of Otolaryngology–Head and Neck Surgery is our engaged members and dedicated leaders. We have a clear vision for the future: to be the global leader in optimizing quality ear, nose and throat patient care.

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Michael D. Seidman, MD

The Academy's strength, simply put, is YOU! The dedication to your patients, practices, education, research, advocacy, and humanitarian efforts is palpable. YOU are our core asset, and to capitalize on this strength I will foster engagement, commitment, and unity.

ADVOCACY. This action enables everything we do. We chose medicine to provide the best care for our patients, yet the challenges that loom before us appear antithetical to that goal. Having had practice experience in diverse settings provides a unique perspective, allowing me to affect meaningful change through advocacy involving private payer issues, scope of practice containment, quality, MOC, etc. Success in these areas will enhance quality care, facilitate our own wellness, and return joy and meaning to the practice of medicine.

I have been active in the Academy and Foundation since 1986, starting as a resident, then Chair of the BOG and the BOD (2013-2017). I was elected to the executive board twice and have served on over 25 committees, often as chair, led searches for distinguished positions in the Academy, and served on multiple task forces. I am proud to have presented at every Academy meeting over the past 30 years, missing only one because of Hurricane Irma, and to have testified before Congress and the DOD. These research, educational, advocacy, and patient-directed activities were recognized by my receiving the Distinguished Service Award twice (50 points x 2) and the Clinical Practitioner Excellence Award.

My commitment spans decades as a grassroots advocate at the local, state, and national level, working with and informing our elected representatives in Congress and Senate, using email, phone, and personal visits on behalf of our patients and Academy. I serve as a State tracker (535 program and "I-Go"), have been a lifelong ENT PAC contributor, and am a founding member of the Hal Foster Endowment.

As president of our state society I helped create the first Audiology Board after promulgating an acceptable scope of practice bill that was fair for physicians, audiologists, HADs and our patients. Our governor appointed me to lead the board for eight years. I have also served the ANS, AOS, and the TRIO society in leadership positions and remain actively involved. This service demonstrates my ability to lead our Academy to benefit you and our patients through collaboration with the entire "house of otolaryngology" while celebrating everyone's uniqueness. "We Are One" truly represents our charge!

I am a consensus builder and facilitate inclusiveness and unity. While we may not always agree on details, it is critical to encourage a voice for all stakeholders and encourage the opinions of others. Separately we are weaker; together, we are stronger and can accomplish anything. One of my students wrote, "The profession of medicine is the marriage of science with compassion, but the ultimate reward lies in a physician's ability to empower others." Advocacy is critical to our future success and empowerment. I would be humbled if chosen to serve as your next president, and promise to do so with integrity, commitment, and respect. ■

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My commitment spans decades as a grassroots advocate at the local, state, and national level, working with and informing our elected representatives in Congress and Senate, and using email, phone, and personal visits on behalf of our patients and Academy.

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Q: What do you see as the essential task of the Directors and in what ways are you well suited to the role?
What do you think is the most important item in the Academy's strategic plan?



Brian J. McKinnon, MD, MBA, MPH

Thank you for the opportunity to present my thoughts on these important questions.

The essential task of a director is oversight as the Academy pursues its strategic plan and meets its member, governance, and regulatory obligations. A director should have a good working knowledge of the Academy's functions, responsibilities, mission, culture, history,

and resources. This knowledge only derives from active involvement across the Academy's undertakings. My participation in the Annual Meeting and Leadership Forum as attendee and presenter; my service on the Annual Meeting Program Committee, Physician Payment Policy Work Group, Nominating Committee, and ENThealth.org Executive Committee; and as BOG Representative for American Otological Society have all provided me an intimate understanding and appreciation of our Academy's operations, resources, efforts, and future challenges. My participation as an otolaryngologist in the military, in the VA, in private practice, and in academic practice, all while engaged in educating residents and fellows, has given me the experience to knowingly represent the ENT community. My graduate education in business and public health rounds out the necessary foundation essential

for service as a director. Such "from the keel to the masthead" understanding and experience is critical to fulfill the oversight role of a director serving otolaryngologists and their patients.

The most important items of our Academy's strategic plan are the core guiding principles (succinctly, prioritize and deliver high-quality programs, continuously improve performance, leverage internal and external relationships, match stable funding to the mission, promote diversity). How the principles are applied to help all otolaryngologists as medicine changes is a director's immediate and long-term responsibility. Our Academy has to be nimble in redirecting its resources and programs as medicine changes, as there are new challenges every year, and our Academy is one of the few organizations which understands our needs, frustrations, and goals. ■



Robert T. Sataloff, MD, DMA

I am Professor and Chair of the Department of Otolaryngology–Head and Neck Surgery and Senior Associate Dean at Drexel University College of Medicine. While I am employed for academic and leadership activities, my clinical practice has remained independent. I understand the freedoms and challenges of a privately-owned clinical

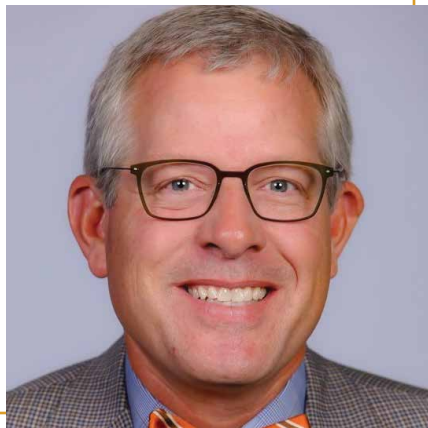
practice as well as those of an academic medical center. While writing more than 1,000 publications, including 65 books, I also have advocated for otolaryngology practice interests locally and nationally, and I provide interdisciplinary fellowship training not only for physicians but also for allied health professionals. I am the Academy's representative to the AMA for issues of impairment (AMA Guides), spent more than 20 years on the Voice Committee (six as Chair), served as a member and chair of the Geriatric Committee, have served on the Board of Governors for 13 years, and have taught Academy courses and presented papers and seminars for more than three decades. I have served in numerous other leadership capacities for the Academy and the specialty, including President of the ALA, the American Society of Geriatric Otolaryngol-

ogy (ASGO), and the Pennsylvania Academy of Otolaryngology–Head and Neck Surgery (PAO-HNS), among others. In addition, I proposed the annual leadership meeting of state society presidents and executive directors and helped bring the first meeting to fruition in Alexandria, VA.

I believe that the primary task of a director is to identify and fulfill the current needs of our specialty while expanding recognition of the Academy's relevance and engaging otolaryngologists (academic and private) who remain estranged from our national organization.

While I support all of the objectives in the Academy's strategic plan, the most important is "quality." Developing and promulgating excellence is the foundation upon which all the other strategic objectives must be built. ■

Q: What do you see as the essential task of the Directors and in what ways are you well suited to the role?
What do you think is the most important item in the Academy's strategic plan?



Eugene G. Brown III, MD, RPh

I am honored to be a candidate for Director At-Large Private Practice. I am a private practice otolaryngologist in Charleston, SC, and I have been very involved in the management of our group. Our frustration mounted with the demands for increasingly stringent

reporting standards and seemingly meaningless data collection. We were frustrated with watching colleagues become employees, so we took action and launched OASIS (Otolaryngology and Allergy Specialists—Integrated Solutions), a grassroots organization whose mission is to promote collaboration among otolaryngologists in our region. We have been successful, and this achievement has created opportunities along the way to better share a simple message: Together we are stronger.

I was identified as a stakeholder and participated in the creation of the new strategic plan. From my perspective, the most important items involve future practice needs and workforce challenges. Predicting what our specialty will be and what we will need in the future is difficult but paramount in positioning

otolaryngology for long-term success. Including advanced practice providers in otolaryngology is complicated, and we must be sensitive to the needs of providers and patients as we build new practice paradigms. Also, the mix of generalists and sub-specialists in our workforce is a particularly challenging topic for me. We must continually analyze and be willing to adapt if we are to best meet future needs.

The essential task of the directors is to conduct the business and affairs of the Academy. Leadership must be balanced and committed to our membership so that we may continually provide quality care for our patients. My experiences in both private practice and in leadership have prepared me to do well in this role. My passion to represent private practice and my willingness to take action to create positive change for the future distinguish my candidacy. ■



LaKeisha R. Henry, MD

The essential task of the directors is to maintain the perspectives and expectations of Academy members. This is key to ensure diverse, responsive, and dedicated representation of member concerns and interests. Throughout my various leadership roles in different environments locally and abroad, I employed transformational and ser-

vant-leadership. This has successfully shaped my ability to bring diversity, foresight, teamwork, accountability, dedication, and compassion to my practice, patients, and our community. These qualities fuel my commitment to excellence, lifelong learning, and our Academy's vision. For these reasons, I am well suited for this role. I will listen, care, serve, and help ensure broad representations of your interests and concerns are conveyed to Academy leadership.

The most important item in the Academy's strategic plan is its vision. The vision guides the enduring principles which frame the continued relevance of our Academy. I believe it provides a purpose that we hopefully believe in and is the most concise representation of the entire strategic plan. We should all strive for excellence in what we do every day

and to always provide the best patient care possible. Though our goals and objectives may change and the particular wording of the vision may evolve, the tenants of the vision embody why our Academy exists and why we should be members. The vision allows the strategic plan to be sustainable, realistic, and obtainable. It represents what we should expect of ourselves as surgeons and members. It is a focal statement of adaptation, growth, innovation, and improvement that continuously represents the expectations of our members, patients, and our specialty community. We must strive for, achieve, sustain, and improve ourselves and the care we provide, truly pursuing excellence. I believe the vision guides our leadership and members to ensure that our Academy is timeless, current, and accountable. ■

Q: How will you select candidates for Academy leadership that best represent our diverse membership? What experience do you have that will aid in selecting leaders that will advance the mission of the Academy?



Agnes Czibulka, MD

Our diverse membership should be represented to reflect both academic and private practice, urban and rural locations, and employed and self-employed practice models. The goal is that all members feel represented at the Academy level in some format.

I would apply my experience I have gathered over the years serving on the board of Yale New Haven Hospital and serving as the executive board member of the Community Medical Group (1,000 private physician member in CT).

As a member and later president of New Haven County Medical Association, I made successful events to facilitate the communication and interactions among physicians, which is crucial in our fast changing medical and political environment.

I believe in shaping our future by selecting and helping leaders who are devoted to support our members to fulfill their calling and also support the physician's well-being. ■



Soha Ghossaini, MD

Our diverse membership contributes significantly to the success and strength of our Academy. To that end, it is essential and natural to have a diverse leadership that can represent the interest of our members. If selected I will make every effort to reach out to other members, committee and section leaders to help identify highly qualified and diverse candidates. Such a slate of candidates will ensure that our leaders are selected from the broadest possible group of qualified candidates.

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



Paul M. Imber, DO

The Academy is a homogeneous organization comprised of a diverse membership. We all strive to a single purpose—providing the best ENT care to the American public. At the same time, we bring our individual biases to this mission based on our own experiences, be they racial, gender, religious, age, geographic, workplace, cultural, sexual orientation, or any of the myriad of components that make us individuals. It is important that the Academy leadership represent this diversity with a broad spectrum of candidates from whom the members can choose. However, it is imperative that leadership candidates are cognizant and sensitive to these disparities and bring a unifying voice to their constituency.

I have been fortunate to be involved in the Academy in several venues, including chairing several committees of the BOG, being vice chair of the ENTPAC and sitting on the 3P taskforce representing the BOG. I have also been president of the Delaware state society and president of the American Osteopathic College of Otolaryngology. I have come to know many fine future leaders and can recognize those who have the mettle to continue the great progress the Academy now enjoys. ■



Steven T. Kmucha, MD, JD

Despite a rapidly changing profession, I remain driven to assure that otolaryngology is represented and well-heard, that our non-otolaryngology colleagues are aware of the rapidly changing otolaryngology training and of the many rapidly improving clinical and technological advances in our specialty. In our increasingly diverse profession and specialty, it is critical to maintain contact with medical students, residents, and fellows to assure that trainees are exposed to otolaryngology and to assure that their experiences with otolaryngology are as positive as possible.

My medical management and legal education allows me to better understand the vicissitudes of direct patient care and to also understand how otolaryngology interfaces with the many policy, regulatory, and legal entities to achieve the training of excellent otolaryngologists who will hopefully continue to avail themselves of the robust opportunities provided by the Academy throughout their careers and how to optimize the interface with our professional colleagues and with hospital staff and administration to allow the diverse breadth and scope of otolaryngologists to provide the highest quality of care with the least amount of administrative and policy/procedural burdens.

I believe that these skills will allow me to identify those individuals who can best lead our specialty and our organization. ■

Q ■ How will you select candidates for Academy leadership that best represent our diverse membership? What experience do you have that will aid in selecting leaders that will advance the mission of the Academy?



C.W. David Chang, MD

Leadership selection for such a large eclectic organization should be focused on seeking those with visionary outlook, the ability to bridge and connect amongst our diverse membership, and who advocate equitably, ethically on behalf of providers and patients. Embracing diversity means valuing the multiplicity of perspectives in our membership. However, professional identities are too often simplified into labels of gender, race, sexual orientation, ethnicity, social economic status, education/training pedigree, geography, subspecialty, and practice organization. While it remains important to appreciate shared experiences in such groups, compartmentalization can also lead to assumptions that downplay the complexity of influences.

As a residency program director, the resident selection mirrors the task of the Nominating Committee. I believe that quantifying characteristics into neat boxes and algorithms fails to faithfully and holistically evaluate candidates. I strive to keep this in mind in all leadership roles I served, ranging from president of my state society to co-chairmanship of the PSQI Committee. Through my associations with the Academy—BOG Region 7 Representative, member of committees, and associate editor for the Academy's journal—I continue to meet differently talented individuals in our society, reminding me that our unity does not require uniformity. ■



Umamaheswar Duvvuri, MD, PhD

It is my honor to have the opportunity to serve on the AAO-HNS Nominating Committee, which has the critical responsibility to select our Academy's leaders. I have served on the Program Committee for the Academy and on the Board of Directors for the Society of Robotic Surgery. My breadth of experience in service to the Academy, AHNS, and various search committees at my own institution has helped me to understand the characteristics of great leaders.

An effective leader is an approachable team player, is forward-thinking, and has integrity. Many of our Academy members embody these attributes, and I look forward to recruiting such members to serve our Academy in leadership. The best leaders build teams and encourage these teams to challenge the status quo, thereby mobilizing others to be ahead of the changes in healthcare policies. Great leaders accomplish this goal with integrity and by encouraging inclusiveness. They encourage diverse views and cherish different perspectives. These are the attributes that I would value in our future leaders. If chosen to be on the Nominating Committee, I will work to select individuals who will lead boldly with integrity and inclusiveness. I thank you for considering me for this opportunity. ■



Stella E. Lee, MD

My vision for the leadership role in the Nominating Committee is to provide new perspectives in the selection and consideration of the future AAO-HNS leadership with careful thought, commitment to excellence, and motivated by the desire to elevate the organization to a new level.

The expectation continues for the leadership of the Academy to be comprised of an ethical, diverse, and forward-thinking community. We need leaders versed in a diversity of areas including health care policy, reform, negotiation with managed care, research, international outreach, the development of evidence-based guidelines, and ultimately with the ability to provide a cohesive vision to provide the best care for our patients.

I have had the opportunity to serve the AAO-HNS spanning workgroups to committees and guideline review and understand the insight and dedication required of the Academy leadership. Serving on a variety of task forces and program committees for the American Rhinologic Society, American Academy of Otolaryngic Allergy, and the American Board of Otolaryngology, I have had the opportunity to work as a team to accomplish important educational, research, and policy goals. My goal will be to facilitate the development of a dynamic team to lead our organization with integrity, vision, agility, and wisdom. ■



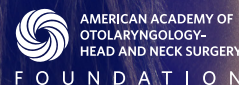
Charles E. Moore, MD

This Committee is charged with selecting candidates for critical positions who have both knowledge and experience in all aspects of otolaryngology. Candidates from diverse backgrounds offer a range of experiences, skills, and talents that, when working together, can lead innovation. To select candidates that best represent our membership, it is critical to ensure each search has a diverse candidate pool. If it is not diverse then it is imperative to reach out to diverse candidates for participation. As a result, we will continue to position the specialty to be at the forefront of patient care, provider wellness, and technological advancement.

The positions I have held have provided me with experience in selecting leaders. I am a professor at Emory University, Otolaryngology Chief of Service at Grady Hospital and Director of the Urban Health Initiative. I have been a member of the Academy Slide Lecture Committee, Otolaryngology Resource Committee, and Board of Governors as a Barnes Society Legislative Representative. I am also Founder/President of HEALing Community Centers (FQHCs). Through these roles, I have actively participated in selecting leaders within the Academy, university, hospital, and community settings. If given the opportunity, I would be honored to serve on this committee. ■

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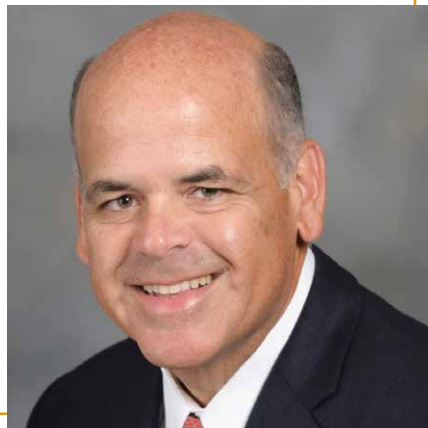
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Q: What is your particular experience or interest that would make you an affective member of the Audit Committee of the Academy?



Eduardo M. Diaz Jr., MD

The Academy serves a critical role in supporting the education and development of otolaryngologists. A strong fiscal foundation is central to the success of the AAO-HNS as it allocates resources for our growth, advocates for our interests, and provides a network through which we provide the best quality care.

Audit provides the tools we need as an organization to make sure we use our resources wisely and plan for future programs. The Audit Committee serves an important role in that it reviews our finances and then provides meaningful insights for leadership into our financial condition.

I feel I am uniquely suited to serve as a member of that committee due to my experience in numerous capacities within the Academy and my role as a Vice President of Development in my home institution, wherein I was required to regularly review financial records and audits as we developed programs, partnered with outside intuitions, and allocated funds within our own institution. My education and experience has provided me with the financial tools needed to understand and interpret financial reports and make meaningful conclusions based on reliable data. It would be my honor to provide this important role to our Academy and its members. ■



L. Frederick Lassen, MD

A successful financial auditor has to dig into all aspects of the business and understand the larger environment in which the business operates. As a member of the Audit Committee of the Academy, I can offer expertise in having worked in a variety of roles in private group practice, group employed practice, and government service. I was a senior member of the Finance Committee for a multi-specialty private group practice from

2005 to 2013. Before that, I managed a large and varied budget during my military government service. I believe my know-how in IT and data mining over these many years has provided me the analytical/critical thinking skills to analyze financial data and offer strategic input. In addition, my experiences in a variety of leadership positions have developed communication skills and an ability to tactfully correspond findings to the very top of the organization as well as stakeholders. ■



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Pricing is a flat rate for the practice and is structured based on the number of physicians in the practice. This pricing structure is offered to AAO-HNS members only. Nonmembers may email licensing@entnet.org for pricing information.

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What every otolaryngologist should know about electronic cigarettes, especially JUUL

■ Robert K. Jackler, MD

The epidemic of electronic cigarettes use among youth

Electronic cigarettes (e-cigarettes) have become increasingly popular in the United States. While it is welcome news that traditional cigarette use is decreasing, there has been a disturbing upsurge in use of e-cigarettes among youth. E-cigarettes have become a gateway for nicotine addiction among youth, with many graduating to use other, more dangerous tobacco products. In February 2019, the Center for Disease Control and Prevention reported that current e-cigarette use among American high school students had reached 20.8 percent (3.05 million users), while tobacco use among middle school students 4.9 percent (570,000 users).¹ High school use of e-cigarettes increased by a disturbing 77.8 percent between 2017 and 2018.

Both the U.S. Surgeon General and the Commissioner of the Food and Drug Administration (FDA) have characterized the precipitous rise of e-cigarette use among youth as an “epidemic.” Nicotine addiction, the principal driver of tobacco use, is a most difficult habit to break. The vast majority of nicotine addiction commences during adolescent years. The most effective way to reduce the population of adult smokers is to prevent teens from starting in the first place. Unless the surge of adolescents becoming nicotine addicted via e-cigarettes is reversed, the public health gains from declining tobacco use of recent decades may well be reversed.

The Principal Driver of the Youth Epidemic is JUUL

JUUL is an electronic vaping device that resembles a USB memory stick. The appeal of JUUL to teenagers includes its stealthiness (that parents

and teachers may not recognize it for what it is), its appealing flavors (e.g., mango, crème brûlée, mint, fruit medley), and its positioning as the latest technology.² JUUL’s advertising has been youth-targeted and has heavily exploited social media channels frequented by youth.^{3,4} After only three and a half years on the market, JUUL has had a spectacular rise in sales. In January 2019, JUUL represented 73.8 percent of the U.S. e-cigarette market. JUUL has been the principal driver of the meteoric rise of e-cigarette among American youth. In 2019, JUUL has become an intense fad among American school-aged youth driven by countless thousands of viral peer to peer social media postings.

The public health community was deeply concerned in December 2018, when the maker of Marlboro cigarettes (Altria Group, Inc., Richmond, VA) announced a \$12.8 billion investment to acquire a 35 percent equity interest in JUUL. This gave the three-and-a-half-year-old company a remarkable valuation of \$38 billion—the fastest growing startup in history to surpass \$10 billion in valuation (supplanting Facebook). The combining of Altria’s flagship brand, Marlboro, with JUUL brings together the leading cigarette and e-cigarette starter brands among American high school students. Concern that the two brands have a strong potential for marketing synergies led then FDA Commissioner Scott Gottlieb to express concern that the alignment of the brands will undermine efforts to reduce youth initiation to nicotine addiction.

The Nicotine Arms Race

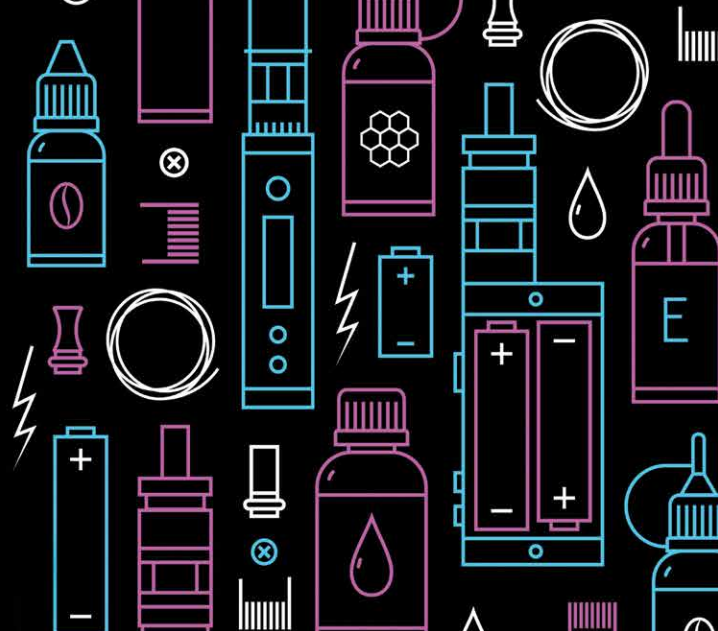
Until recently, most e-cigarette liquids carried one to two percent nicotine, with a few considered “super high” at three percent, intended for the two-pack-a-day smoker.⁵ In 2015, JUUL

introduced a five percent nicotine (59mg/ml) vaping device with a novel nicotine chemistry—nicotine salts, which improved palatability, enabling higher concentrations of nicotine without undue bitterness. JUUL’s exceptionally high nicotine concentration makes it highly addictive for nicotine naïve individuals. Following JUUL’s phenomenal success, numerous knockoff devices were introduced that emulated or even exceeded JUUL’s high nicotine level.

More than 70 e-liquid brands sell high-nicotine products, meaning those with nicotine concentrations of five percent or higher, by volume in bulk—30 milliliters or more—which is equivalent to more than 40 cigarette packs. All of these products come in multiple, youth-appealing sweet and fruity flavors, often in colorful bottles with a picture of cookies, candy, or other dessert treats. Concentrated nicotine is highly toxic, and these large-volume nicotine bottles are a poisoning risk for children. The lethal dose for a toddler, if ingested, is a bit over one milliliter of e-liquid with a five percent nicotine content. The typical 30 milliliter bottle, which almost never comes with a child-resistant cap, contains six teaspoons of concentrated nicotine liquid. A single teaspoon is toxic enough to kill five toddlers—the full bottle an entire class of 25 preschoolers.

Health effects of nicotine vapor

E-cigarettes deliver nicotine in vapor form. Although they avoid some of the known carcinogens produced by the burning leaf in smoking tobacco, it is not natural to repeatedly inhale aerosols of propylene glycol and glycerin together with flavor chemical into one’s lungs on a daily basis. E-cigarette vapor contains formaldehyde, heavy metals, and other toxic compounds. Flavor chemicals (e.g., chocolate,



gummy bear, cotton candy), which are safe for ingestion, may have toxicity when inhaled. For example, the diacetyl compound that flavors butter microwave popcorn has caused bronchiolitis obliterans when inhaled among factory workers. Hence, while they may well be safer than traditional cigarettes, e-cigarettes are not safe. Keep in mind that it takes two to three decades before a smoker of conventional cigarettes gets emphysema or lung cancer. We will not know the long-term effect of e-cigarette vapor on health for many years to come.

Recommendations for teenagers and their parents

Almost all nicotine addictions commence during adolescence. Many adolescents do not understand that e-cigarettes deliver nicotine and do not understand how addictive they are. Physicians who care for adolescents should be prepared to provide them education on the dangers of smoking, e-cigarette use, and their vulnerability to addiction. Importantly, becoming nicotine-addicted via e-cigarettes during teen years greatly increases the likelihood that they will graduate to traditional, combustible cigarettes. Teenage nicotine addiction correlates with greater risk of subsequent addictions, such as opioids and cocaine. For most users of illicit drugs, their initial addiction was to nicotine.

Because many teens are not receptive to concerns about their health, the clinician should point out that all tobacco companies (including JUUL) make more money when you get hooked and buy their products over and over for years to come. Once you are hooked, it costs so much you won't have money to do other things you enjoy. Another approach is to explain to the teenager that the high school senior you see smoking or vaping is not cool; instead, they are a chump who is helping tobacco companies profit at the expense of their own health.

Recommendations for patients who smoke

The body of data regarding the possible role of e-cigarettes in quitting traditional cigarettes is accumulating. While results across studies have been variable, a recent prospective study published in the *New England Journal of Medicine* reported 18 percent success in quitting combustible cigarettes with e-cigarettes, as opposed to 9.9 percent with other forms of nicotine replacement therapy such as patches and gums together with ongoing medical and behavioral support. Others have warned that smokers who use e-cigarettes to satisfy their nicotine urges in places where smoking is banned have deepened

their nicotine addiction. For at least some dual users (both cigarettes and e-cigarettes), adding e-cigarettes makes quitting less likely.

Whether or not high-percent nicotine devices, such as JUUL, are more effective in transitioning cigarette smokers has yet to be established by independent research, but anecdotal evidence suggests that they may be more effective than lower-nicotine e-cigarettes. The rapid rise in nicotine blood levels following a puff from JUUL more closely emulates that achieved by a regular cigarette than lower nicotine e-cigarette products. This also helps to explain why it so readily leads to addiction among nonsmokers.

If a physician chooses to recommend e-cigarettes to their patients, they should caution against dual use of conventional tobacco and e-cigarettes as a way of sustaining their nicotine dosage in places where smoking is prohibited. Dual use can deepen nicotine addiction, making quitting less likely.

Policy considerations

When balancing protecting youth from nicotine addiction versus helping adult smokers to transition, policy should first and foremost emphasize protection of our young. The FDA is considering a number of impactful regulatory actions. (See update that follows.) In 2009, Congress banned flavors from cigarettes with the exception of tobacco and menthol. The FDA is also considering banning menthol from all tobacco products as its minty taste and anesthetic qualities (which lessen the harshness of smoke) make it a favorite among first-time teen starter smokers. Many public health advocates argue that nicotine containing e-cigarettes should be marketed only with unsweetened tobacco flavor acceptable to adult smokers but not of appeal to youth. One way of reserving high nicotine e-cigarette products for adult smokers would be by making them available by prescription only.

Strong measures are under consideration to deter underage sales of e-cigarettes. Banning online sales, or at least requiring universal adoption of effective age gates, is one option. Limiting retail sales to only vape shops and not at convenience stores, gas stations, pharmacies, etc. is another the FDA has proposed. A halt of tobacco promotion via social media channels frequented by youth (e.g., Instagram) would also be a valuable measure. Because of the risk of poisoning, nicotine containing e-liquids should be required to be limited to small volumes, have child resistant packaging, and not have youth-attracting dessert imagery (e.g., cookies, candy) on the packaging.

(UPDATE) On March 13, the FDA advanced new policies aimed at preventing youth access to, and appeal of, flavored tobacco products, including e-cigarettes and cigars. Read more <https://www.fda.gov/NewsEvents/Newsroom/PressAnnouncements/ucm633291.htm>

Community outreach and advocacy

As physicians, we have important roles as educators in our communities and advocates for community health. Participation in youth education concerning the adverse health consequences of tobacco and e-cigarette use, as well as working with parents and teachers to encourage them to advocate for healthy lifestyle choices, is encouraged. The AAO-HNS could provide slide sets and white papers to help our members serve in this role. Many municipalities around the U.S. are taking helpful local measures, such as banning the sale of flavored tobacco products or limiting tobacco sales to those over age 21. Otolaryngologists could support these measures by volunteering to provide guidance to legislative and regulatory bodies.

Finally, the AAO-HNS should encourage research into the health effects of e-cigarettes. Potential topics including oral and laryngeal inflammation, burns due to battery explosions, and the role for switching patients to e-cigarettes from more harmful forms of tobacco (including chew) in reducing the incidence of head and neck cancer.

Take home message

While e-cigarettes are a promising “off ramp” for adult smokers, they have become a heavily travelled “on ramp” to nicotine addiction for millions of nonsmoking teenagers. Because they have become a major public health concern, it is important that otolaryngologist be knowledgeable about these emerging electronic nicotine delivery technologies and their health effects. ■

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Significant changes to ABOHNS in 2019

■ **Brian Nussenbaum, MD, MHCM**, ABOHNS
Executive Director

The past year, the American Board of Otolaryngology - Head and Neck Surgery (ABOHNS) has been very busy with many important changes. The most noteworthy was the approval of our organization's name change by the Board of Directors of the American Board of Medical Specialties (ABMS) on June 21, 2018. This change was a result of tireless, perseverant work over a period of decades by many prior and current directors. We owe a great debt of gratitude to all of them and offer a special thanks to those who posted comments during the public comment period while this change was under consideration by ABMS. These overwhelmingly supportive comments from diplomates and leaders in our specialty definitely helped with the success of this effort.

After the name change was approved, we began the work of redesigning the organization's logo and certificates. An updated certification logo will be available in the coming months for diplomate use. We also created lapel pins that more than 300 diplomates picked up from our booth at the AAO-HNSF 2018 Annual Meeting & OTO Experience in Atlanta, GA. These pins are free and will be available again at the upcoming AAO-HNSF 2019 Annual Meeting & OTO Experience in New Orleans, LA. For those that will not be in attendance, you can contact our office at 713-850-0399 to request one.

Another significant change that occurred during the past year relates to our continuing certification, formerly known as the MOC program. Based on feedback from diplomates dating back to 2017, we proactively started making changes to offer an alternative to the traditional MOC exam—one in which the assessment can be done at the diplomate's convenience on his/her computer using an online platform. In addition to the convenience, this new assessment (named CertLink™)

is formative, meaning that one learns as the assessment is being done. What does this learning process look like? The diplomate receives immediate feedback on whether his/her answer choice was correct, what the correct answer is, the key learning point of the question, a brief explanation about all answer choices being correct or incorrect, and links to appropriate references. For questions answered incorrectly, the diplomate receives a similar question, called a clone, later that year. If answered correctly the second time—demonstrating learning—full credit is given for answering the initial question correctly. Given that this activity incorporates a significant self-assessment component, Part 2 Self-Assessment credit is additionally obtained.

The ABOHNS began its two-year CertLink pilot in December 2018. Our continuing certification program has always been practice-focused with eight possible practice areas to choose from. For the first year of the pilot, we were able to roll out three practice areas and plan to have all eight available at the beginning of the second year of the pilot. Prior to starting the pilot, we conducted a three-month “soft launch” with 111 volunteers. Surveys at the end of the soft launch revealed that the program content was appropriate to practicing otolaryngologist-head and neck surgeons, facilitated learning, and was at the appropriate difficulty level. Additionally, we learned from these diplomates that the platform was user-friendly, easy to learn, and functionality exceeded expectations. The ABOHNS now has 1,145 diplomates registered for the pilot, and there will be another opportunity for those that want to join beginning with year two in the fall of 2019.

Further changes to our continuing certification program for the self-assessment activity portion of Part 2 were made as well. Based on listening to feedback from diplomates and others, the ABOHNS recognized that (1) a broad depth and breadth of self-assessment continuing medical education (CME) activities are now available that have been developed by external

organizations, and (2) a wider range of activities, many that are already being done by our diplomates, should count for ABOHNS Continuing Certification Part 2 Self-Assessment credit rather than only the Self-Assessment Modules (SAMS).

In response, the ABOHNS formed a collaboration with the Accreditation Council for Continuing Medical Education (ACCME) with the purpose to expand opportunities and streamline the process for receiving Part 2 continuing certification credit. Accredited CME providers that offer activities that include a self-assessment component can now register their activities for ABOHNS Continuing Certification credit. Registered CME activities will then count toward the Part 2 CME and Self-Assessment requirements. This eliminates the need to complete a separate Self-Assessment Module (SAM) on the ABOHNS website. CME providers report participant data to the ACCME and these data are transmitted directly to the ABOHNS so that the diplomate does not need to separately report the activity completion to the Board.

We anticipate that many CME providers who create activities for otolaryngologist-head and neck surgeons will register their activities for continuing certification credit. Currently available activities can be found at <http://www.cmefinder.org/>. You will see that this online search tool already includes many CME activities from specialty societies such as the American Academy of Otolaryngology–Head and Neck Surgery Foundation (AAO-HNSF) and conferences such as the 2019 Annual Meeting of the American Head and Neck Society (AHNS). If your hospital or department is interested in registering CME activities for Continuing Certification credit such as Grand Rounds, M&M Conference, or Tumor Board, then please ask the CME Office to consider this opportunity. The ACCME is happy to provide resources and support to facilitate this process.

Given these new activities that are recognized for Part 2 Self-Assessment Credit, the



ABOHNS decided to not support the SAMS program after June 30, 2019. We are working with the AAO-HNSF to transfer the content of the SAMS after this date for incorporation into the education activities available through AcademyU®. We anticipate that, if completed through AcademyU, then this will remain as an option for part 2 credit. If you plan to complete a SAM for your 2019 self-assessment credit and want to do this through your ABOHNS web portal, then please login and do this prior to June 30, 2019.

I am sure that many reading this update have heard by now about Continuing Board Certification: Vision for the Future (“The Commission”). The broad task of The Commission was to review the purpose and framework of continuing certification and to envision a framework moving forward that would establish a meaningful program that brings value to a physician’s practice and demonstrate the profession’s commitment to professional self-regulation. This group was composed of 27 individuals that largely functioned independent of ABMS and represented a broad cross-section of physicians from a wide variety of specialties, practice settings and stakeholder communities. An ABOHNS diplomate, **Paul E. Johnson, MD**, from Wyoming, was a member of The Commission.

After considering more than 21 hours of oral testimony, written testimony, existing data, survey data, and peer reviewed literature, the Commission issued its final report on February 12, 2019, following a public comment period on its original draft. The final report included 14 recommendations for consideration by the ABMS Board of Directors. The ABOHNS was pleased to see that many of the Commission’s

recommendations were aligned with our program changes already in progress, including use of formative assessment as an alternative to the traditional MOC exam, timely feedback to diplomates that assists with identifying knowledge gaps, and moving toward seamless transfer of activity completion data. Administering practice-relevant assessments was also included in The Commission’s recommendations, which has been a characteristic of the ABOHNS program going back to inception. The traditional MOC exam has always been offered in eight different practice areas, and we plan to continue doing this for our CertLink program. With the changes occurring, we are proud that we have been successful in controlling our fees. In fact, the last fee change occurred in 2012, and resulted in a 10 percent reduction at that time.

Another recommendation from The Commission Report focused on the Boards collaborating with specialty societies to guide and support diplomate engagement in continuing certification. The ABOHNS is committed to working with all stakeholders to improve the process. The ABOHNS and the AAO-HNS already initiated discussions several months ago about increasing collaborations between our organizations to better serve the specialty of otolaryngology-head and neck surgery. I would like to specifically mention **Jim Denny**, **Richard Smith**, **Jeff Simons**, and **Tirza Lofgreen** and thank them for their leadership in this regard. The ABOHNS looks forward to continuing and strengthening these collaborations.

Reflecting on 2018, perhaps one of the most gratifying aspects was having the very special opportunity to meet so many

otolaryngologist-head and neck surgeons from so many backgrounds throughout the country. Our conversations were rich and gave the Board many ideas to consider. Constructive feedback is always such a valuable commodity, and I encourage current and future diplomates who want to talk to reach out directly through the “Office Hours with the Executive Director” program (<https://www.aboto.org/>). I hope this update has been informative, and I look forward to hearing from you. ■

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The AAO-HNS Foundation sincerely thanks all our donors for generously giving back to their specialty in support of today’s programs and in ensuring the future of the specialty for the next generation.

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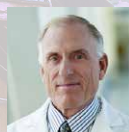
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September 13-14, 2019

Hilton New Orleans Riverside
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14th Annual David W. Kennedy Lectureship
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- The ARS conference and housing is at the AAO-HNS Headquarter Hotel, *Hilton New Orleans Riverside*
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- 15th Annual David W. Kennedy Lectureship
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- Resident's & Fellows Section
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- Ancillary Lunch Symposiums
- Mentorship Program Section

The ARS welcomes
the AAO-HNS'
Guest Countries
(FREE Registration):
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UK & Peru

Questions?

Wendi Perez, ARS Executive Administrator
Tel: 973-545-2735 (Option #6)
Email: wendi@american-rhinologic.org

Deadlines:

Abstract Opens: 4/1/2019
Abstract Deadline: 6/17/2019
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Pittsburgh Ear Research Foundation
Division of Otolaryngology Research and Neurotology
Allegheny General Hospital, Pittsburgh, Pennsylvania

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**April 12 & 13, 2019
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This workshop is intended for otolaryngologists interested in the most recent development in temporal bone surgical techniques.

Registration fee: \$475

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Course Co-Directors: Douglas A. Chen, MD, FACS
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For additional information, please contact Allegheny General Hospital, Continuing Medical Education by e-mail to bernice.sulkowski@ahn.org, by phone at 412-359-4952, or by fax at 412-359-8218. To download a brochure or to register online, please visit our Web site at www.aghcme.org. Select Conference Schedule on the left, then scroll until you find the appropriate Temporal Bone Course.



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Department of Otolaryngology – Head & Neck Surgery

The 19th Annual Charleston Magnolia Conference

May 31 - June 1, 2019 | Hyatt House Historic District | Charleston, SC

GUEST SPEAKERS

Patrick J. Antonelli, M.D.

Professor and Department Chair, Otolaryngology - Head & Neck Surgery
University of Florida, Gainesville, FL

Gregory W. Randolph, M.D., FACS, FACE

Professor, Otolaryngology - Head & Neck Surgery
Claire and John Bertucci Endowed Chair
Director General and Thyroid/Parathyroid Endocrine Surgical Divisions,
Massachusetts Eye and Ear Infirmary, Boston, MA

David Chi, M.D.

Associate Professor, Otolaryngology - Head & Neck Surgery
Chief, Division of Pediatric Otolaryngology
Director, Hearing Center,
University of Pittsburgh School of Medicine, Pittsburgh, PA

TOPICS

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Educational Purpose:

A one-year Fellowship in otologic/neurotologic/skull base surgery in a rich environment with 10 faculty including Otologic/Neurotologic surgery (2), Neurosurgery (4) Neuro-oncology (1) Neuroradiology (2), Radiation oncology (1). Many graduating residents have sensed the need to enhance their otologic/neurotologic skills. This fellowship offers one of the busier practices in the nation in all areas of Otologic/Neurotologic surgery. The diversity of pathology is immense and includes high volumes of chronic ear disease, otosclerosis, cochlear implants, implantable hearing devices (BAHA, Sophono, Bone Bridge and the Envoy Esteem). Our team/manages approximately 75 skull base tumor patients each year, including Vestibular Schwannoma, Meningioma, Chordoma, Glomus tumors, and more. There is a weekly multi-disciplinary skull base tumor conference, research and teaching opportunities and expectations. The fellowship is led by Dr. Michael Seidman, a professor of Oto-HNS at UCF/USF and all the faculty have proven teaching abilities providing a highly rewarding and busy otologic/neurotologic/skull base training experience. The goal of this Fellowship opportunity is to advance the fellows knowledge base and level of clinical and surgical abilities.

This outstanding opportunity encourages applicants who are American Board eligible/ certified Otolaryngologist or foreign graduates with an H-1B visa.

The AdventHealth system houses the Nicholson center, one of the largest training centers in the world and includes a yearly skull base course and robotic surgery opportunities. We are also a part of a multi-institutional simulation study and have a sophisticated virtual Temporal Bone dissection simulator available for use.

The Fellowship is in Central Florida, right next to Disney World.

Send Curriculum Vitae to:

Michael D. Seidman, MD

410 Celebration Place, Suite #305 Celebration, FL 34747

Call or email Sarah Pete 407-303-4134

Sarah.pete@adventhealth.com



CPOP Course May 17 - 19

Certificate Program for Otolaryngology Personnel

The CPOP program is a three-phase training program to teach basic hearing testing

For Information, contact:

Alison Devine
Michigan Ear Institute
Phone: 248-865-4135
eMail: adevine@michiganear.com
Registration Deadline: April 26th

Fee: \$1750 (includes course materials and 2 1/2 day workshop). Travel, lodging and text book not included.

<http://www.michiganear.com/conferences-and-courses.html>

This 3-phase program is designed to be a cost-effective way to increase office efficiency and provide basic audiology services. OTOTechs allow audiologists to provide advanced hearing and balance services.

Each CPOP registrant must be sponsored by an otolaryngologist who will provide guidance and oversight. The otolaryngologist is responsible for monitoring the OTOTech's progress and specifying the role of the tech in the office.

The 3 phases of training are: 1) self study (April - May); 2) hands-on workshop (May 17 - 19); and, 3) 6-month period of supervised patient testing. Participants who submit a testing log signed by the supervising otolaryngologist at the end of the 6-month period will be issued a Certificate of Completion by the AAO-HNS

Important Note: In June 2010, CMS clarified the Medicare policy on billing for audiology services. Not all services learned in this course are eligible for Medicare reimbursement. Many commercial insurances do reimburse for services provided by OTOTech staff.

May 17 - 19: Providence Park Hospital, Novi Michigan

Co-directors: Eric Sargent, MD (Michigan Ear Institute) & Jeffrey Weingarten, MD (Ear, Nose & Throat Consultants)





The Penn State Hershey College of Medicine and Penn State Medical Group are seeking applications for a founding Chair for a new Department of Otolaryngology- Head and Neck Surgery.

The founding Chair will be responsible for establishing a Department dedicated to excellence in Penn State's missions of clinical care, education, and research. The position requires experience in academic and clinical strategic planning, development, and resource management. The Chair will develop and execute, along with the Dean, a strategic plan to lead robust growth of clinical, education, and research programs in efforts to expand their national presence.

The Chair will continue to develop and enhance the existing Otolaryngology-Head and Neck Surgery residency and Head and Neck Endocrine fellowship and support the development of additional fellowships in the sub-specialty fields.

In partnership with Penn State Health and the Milton S. Hershey Medical Center leadership, the Chair will identify business development opportunities for clinical services across Penn State Health's region while remaining dedicated to the education and research missions. This is an opportunity for a collaborative and dynamic academic leader to directly shape the long-term vision and growth for a new department with an established proud and distinguished culture of providing high-quality, patient-centered care.

EDUCATION

- MD or equivalent degree or MD/PhD from an accredited institution
- American Board of Otolaryngology-Head and Neck Surgery certification
- Eligibility for permanent, unrestricted licensure in Pennsylvania
- The candidate must qualify for an academic appointment at the Professor level at Penn State College of Medicine



Penn State Health is multi-hospital health system serving patients and communities across Central Pennsylvania. The system includes Penn State St. Joseph Medical Center in Reading, PA, Penn State Health Milton S. Hershey Medical Center, Penn State Children's Hospital, Penn State Cancer Institute, and Penn State Health Rehabilitation Hospital (jointly owned with Select Medical), based in Hershey, PA, as well as more than 1,300 physicians and direct care providers at 78 medical office locations. The system also has jointly owned health care providers, including Hershey Outpatient Surgery Center, Hershey Endoscopy Center, Horizon Home Healthcare and the Pennsylvania Psychiatric Institute. Penn State Health shares an integrated strategic plan and operations with Penn State College of Medicine, the University's medical school.



PennState Health
Milton S. Hershey Medical Center

FOR ADDITIONAL INFORMATION, PLEASE CONTACT:

Ashley Nippert, Physician Recruiter
anippert@pennstatehealth.psu.edu or (717) 531-0003 x320184
Penn State Health - PO Box 855, MC CA230 Hershey, PA 17033

The Penn State Health Milton S. Hershey Medical Center is committed to affirmative action, equal opportunity and the diversity of its workforce. EOE-AA-M/F/D/V.
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Wooster Ear, Nose, and Throat is seeking a BC/BE fulltime otolaryngologist to join a successful, well established private practice to replace a retiring physician in Wooster, Ohio. We provide a full range of ENT services including General ENT, Allergy, Audiology and Hearing Aid Sales.

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amgwent@aol.com



Harvard Department of Otolaryngology/ Massachusetts Eye and Ear

The Massachusetts Eye and Ear Department of Otolaryngology, Head and Neck Surgery is actively recruiting a qualified candidate in General (Comprehensive) Otolaryngology at our suburban location in Concord, Massachusetts.

Comprehensive Otolaryngology, Concord

This position includes general otolaryngology clinic and surgery with an academic connection to our main campus in Boston for tertiary clinical care, research and teaching.

At the Massachusetts Eye and Ear, our goal is to deliver the very best health care in a safe, compassionate environment and we continually strive to create a diverse, inclusive faculty and staff. Minority candidates and individuals with disabilities are encouraged to apply.

Please send a letter of interest and curriculum vitae to:

D. Bradley Welling, MD, PhD, FACS

Chief of Otolaryngology

Massachusetts Eye and Ear

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Brad_Welling@meei.harvard.edu

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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*.

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

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- Rank commensurate with experience
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- 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

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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.

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Bilingual (English/Spanish) preferred

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Contact Information:

Contact name: Stacey Citrin, CEO

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

E-mail: scitrin@southfloridaent.com

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Willamette ENT, a six physician premier ENT practice located in Salem, Oregon, is seeking a dedicated general otolaryngologist (sub-specialty interests will be considered) to join our practice serving the beautiful Willamette Valley.

This is an opportunity to be part of an established single-specialty clinic on a physician owned campus with a large clinic and ambulatory surgical center (ASC). The clinic provides comprehensive and collaborative full-service ENT including allergy, CT services, home sleep studies and audiology services with six audiologists and excellent support staff. Facial plastic procedures and complete office rhinology procedures can be performed in the clinic procedure room including BSP and ESS.

Our onsite ASC has three surgical suites with image guidance and nerve monitoring equipment. We currently have one position available as we expand to seven ENT physicians to meet the growing demand of the community.

We offer an excellent compensation package with partnership potential, generous 401k with employer match and profit sharing, health, dental, vision, disability, life, PTO and malpractice with tail coverage options.

Requirements:

- M.D./D.O. degree, board certification or board eligible
- Licensed in Oregon or eligible for Oregon licensure

Located in the Pacific Northwest, the Willamette Valley is in close proximity to Portland, the coast, the high desert and the Cascade Range, and is home to more than 500 wineries. The area offers abundant outdoor recreation opportunities including beautiful lakes and rivers, endless hiking trails and beautiful golf courses. Salem offers outstanding schools, excellent restaurants, theater and symphony with a lower cost of living. For a glimpse of Salem, go to www.youtube.com/watch?v=GHTWUBLT-tQ.

For more information about our clinic, please visit ENTSalem.com.

Please contact or send CV to:

Kim Robbins, HR Director

Email: kimr@entsalem.com

Phone: 503-485-2574 Fax: 503-584-7991

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Department of Otolaryngology—
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Seeks a clinician, teacher, and researcher who is personable, energetic and innovative to join a rapidly growing and collaborative group of physicians, most of whom have subspecialty interests and training. There is a Faculty opportunity at all academic ranks (Assistant/Associate Professor or Professor) available in:

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Title, track, and salary are commensurate with experience. This position is affiliated with MU Health Care which includes the University of Missouri Hospital and MU Women's and Children's Hospital.

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For additional information about the position, 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 website at
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General Otolaryngologist

The Division of Otolaryngology-Head & Neck Surgery at Cooper University Hospital, located in southern New Jersey and across the river from Philadelphia, is seeking a full-time General Otolaryngologist to join our busy academic/clinical practice. Candidates with capability in laryngology, otology, sleep apnea surgery, and other aspects of general otolaryngology, are desired.

This is an exciting and great opportunity to join a group of energetic and collegial surgeons, and serve as an important faculty member for our new ACGME-accredited Otolaryngology residency training program that is starting in July 2019. You will have the opportunity to teach and mentor medical students and residents, as well as receiving strong practice support from our team of Advanced Practice Providers (NPs / PAs). Compensation and benefits are very competitive. In addition to a busy clinical practice from the outset, you will be eligible to receive an academic teaching appointment through the Cooper Medical School at Rowan University. Research opportunities exist and are strongly encouraged through the Department of Surgery. Our team enjoys a healthy work /personal life balance, and pride themselves on the scope and quality of practice provided at Cooper University Hospital. We are seeking a like-minded individual to join our close knit and busy practice.

Interested candidates should send their CV and cover letter to:

Nadir Ahmad, MD, FACS
Division Head, Otolaryngology-Head & Neck Surgery
Cooper University Hospital
Email: ahmad-nadir@Cooperhealth.edu
Phone: 856-342-2019

Visit us at <https://www.cooperhealth.org/services/otolaryngology>



Harvard Department of Otolaryngology/ Massachusetts Eye and Ear

The Massachusetts Eye and Ear Department of Otolaryngology, Head and Neck Surgery is actively recruiting a qualified candidate in General (Comprehensive) Otolaryngology at our main campus at 243 Charles Street, Boston, Massachusetts.

Comprehensive Otolaryngology/ER, Main Campus

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At the Massachusetts Eye and Ear, our goal is to deliver the very best health care in a safe, compassionate environment and we continually strive to create a diverse, inclusive faculty and staff. Minority candidates and individuals with disabilities are encouraged to apply.

Please send a letter of interest and curriculum vitae to:

D. Bradley Welling, MD, PhD, FACS

Chief of Otolaryngology

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Otolologist/Neurotologist

Ochsner LSU Health Shreveport
Department of Otolaryngology-Head and Neck Surgery

Position for an Otolologist/Neurotologist at the
Assistant/Associate/Full Professor Level

Candidates must be fellowship trained and BC/BE by the
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This is a unique opportunity to further cultivate and develop a robust practice in chronic ear, skull base, cochlea implants and implantation devices in a tertiary care center that draws patients from the entire Arkla-Tex area. Responsibilities include building a clinical practice, resident teaching, temporal bone laboratory and research. Excellent skull base referral source already established with Neurosurgery. The neurosciences center allows for an excellent opportunity to also build a research program.

Direct Contact Information:

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

Cherie-Ann Nathan, MD, FACS
Professor and Vice-Chairman,
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

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Cleveland Clinic Head and Neck Institute

Strong growth has led to opportunities for both newly trained and mid-career physicians to practice as part of the Head & Neck Institute. Our caregiver team consists of over 100 Clinical Providers, including Otolaryngologists, Audiologists, Dentists/Oral Surgeons, Speech-Language Pathologists, and Advanced Practice Providers; with additional Supporting Caregivers.

Opportunities at Cleveland Clinic Main Campus, Regional Hospitals and Family Health & Surgery Centers

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- Rhinologist
- Neurotologist
- Sleep Apnea Surgery, Cleveland Clinic Florida

Lifestyle: Located in Cleveland OH, where you can live within a variety of geographic, scenic areas and commute in a hassle-free short distance to your work site. Cleveland is affordable, with a variety of activities, outstanding school systems, and a great place to raise a family.

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All applications held in the strictest confidence.
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or our Chief Executive Officer, **Robert Glazer** (Rglazer@entandallergy.com or call 914-490-8880).



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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.

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

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