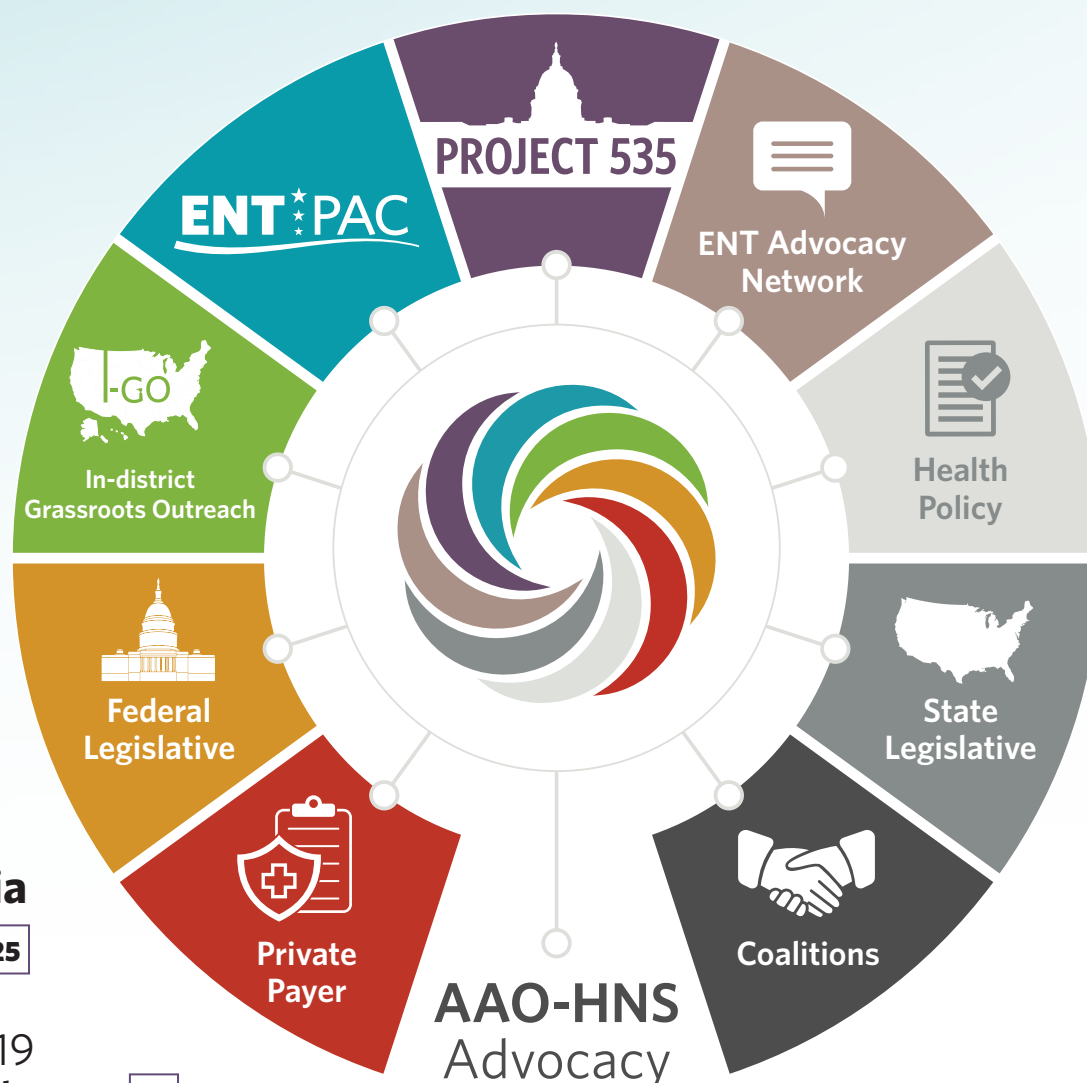


# bulletin

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

**JUNE 2019**



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in aging **25**

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## RepresENTing You!

**Advocacy:** Speaking  
with a collective voice

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# bulletin

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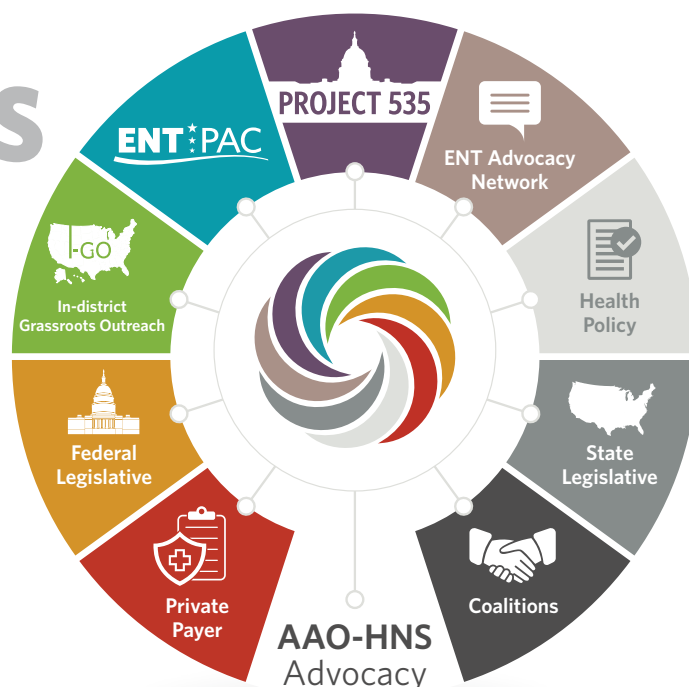
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# "I am an otolaryngologist"

On April 27, 2019, I had the great privilege of presiding over the annual Specialty Unity Summit convened by the American Academy of Otolaryngology–Head and Neck Surgery and comprised of all the major organizations in our field. Physician and administrative leaders from an otolaryngology alphabet soup were in attendance, including folks from the ABEA, ALA, ARS, TRIO, ANS, AOS, AHNS, ASGO, ASPO, ABOHNS, AAOA, AAFPRS, and SUO/OPDO/AADO.

While the conversation ranged broadly from training to workforce and how we might all collaborate on meetings, there was one decisive refrain that was heard around the table: **"I am an otolaryngologist."** No matter what subspecialty we represent or focus on, each of us is an otolaryngologist first. We are all tied together.

Words matter; attitudes matter. I try to demonstrate this as part of my role in training otolaryngologists. I speak respectfully about our colleagues in otolaryngology and in medicine more broadly. I have certainly failed my own standard in the past, and I would bet that most of us have at some point. Does it feel good in the moment? Sure. Does it help all of us stick together and stay strong? It does not. Authors Dave Logan, John King, and Halee Fischer-Wright talk about the impact of attitudes and culture in groups of individuals that bond and work together in their book, *Tribal Leadership, Leveraging Natural Groups to Build a Thriving Organization*. How often do we find ourselves in "Stage Three," exemplified by the mindset that "I am great (and you are not)" in our day-to-day professional lives? Ideally, I hope we can function at Stage Four in our greater otolaryngology community: "We're great." I know this sounds idealistic in the face of all the challenges around us, but I assure you that each of these challenges are best handled when we maintain specialty unity.

How do we best prepare our trainees for the lives they wish to lead for themselves in whatever practice model they prefer? How do we make sure our patients have access to otolaryngology care? I am hearing from some members that it is harder and harder to hire otolaryngologists in small and medium-sized towns. I don't know if this is related, but our trainees spend more and more of their time in training with super subspecialists. Is that

good? Is that bad? Did the imposition of duty-hour restrictions impact surgical skill acquisition? There were certainly positives from the duty-hour changes. Were there also negatives? One way or another, how we choose to train future generations of otolaryngologists will have an impact on our field.

Many of these discussions have been maturing over the years — a debate about the impact of subspecialization is nothing new. But to me it feels as though the passage of time has brought us to a crossroads. As we look forward to the next decades of life as otolaryngologists, we may ask ourselves who we are and what we believe in.

While the Academy has no direct influence on the RRC, we can certainly convene a conversation as to what we need to continue advancing otolaryngology in the future.

I challenge all of us to consider otolaryngology-head and neck surgery as a whole as we make our plans for our specialty areas, our communities, and our careers. We can all be stronger by keeping the AAO-HNS impactful and attuned to otolaryngologist needs. Membership is up again this year, committee applications and engagement are up, and early numbers for the AAO-HNSF 2019 Annual Meeting & OTO Experience in New Orleans point to a blockbuster meeting this fall. There has never been a more important time to stick together and start every meeting with the words: "I am an otolaryngologist." ■



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

“Words matter; attitudes matter. I try to demonstrate this as part of my role in training otolaryngologists.”

*From Tribal Leadership, Leveraging Natural Groups to Build a Thriving Organization, by Dave Logan, John King, and Halee Fischer-Wright <https://www.triballeadership.net/>*

**STAGE ONE:** These are tribes whose members are despairingly hostile. They may create scandals, steal from the company, or even threaten violence.

**STAGE TWO:** The dominant culture for 25 percent of workplace tribes, this stage includes members who are passively antagonistic, sarcastic, and resistant to new management initiatives.

**STAGE THREE:** Forty-nine percent of workplace tribes are in this stage, filled with knowledge hoarders who want to outwork and outthink their competitors

on an individual basis. Each employee is a lone warrior.

**STAGE FOUR:** The transition from "I'm great" to "we're great" comes in this stage, where the tribe members are excited to work together for the benefit of the entire company.

**STAGE FIVE:** Less than two percent of workplace tribal culture is in this stage, where members who have made substantial innovations seek to use their potential to make a global impact.





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Visit [www.entannualmeeting.org](http://www.entannualmeeting.org)  
to start planning your family trip to New Orleans.

# Healthcare's crushing storm

Meaningful healthcare reform at the federal level may be on the way. After treading water while the Affordable Care Act has been debated, public intolerance has forced both political parties to address a worsening situation. Unremittingly rising out-of-pocket expenses, “surprise” bills in excess of deductibles, the inexplicable complexity associated with our healthcare system, skyrocketing pharmaceutical and device costs, non-essential administrative burdens, and continued access problems in the face of unsustainable healthcare spending have intersected and created the impetus for action. The *de facto* rationing of care caused by these conditions is unacceptable to the American public.

Both comprehensive and issue-specific proposals have been made. The concept of “Medicare for All” has gained traction and promises of a systemwide reform following the 2020 election cycle has been set forth. Currently, the hot button issue relating to surprise or unexpected billing has risen to the top of legislative priorities for this Congress. There is bipartisan, bicameral support to address this issue. Multiple instances have been reported where five- and six-figure bills were submitted to patients who believed they were receiving in-network services at a participating institution and were cost-protected by their insurance plans. Many medical associations, including the Academy, have been actively lobbying for legislation to protect our patients from situations that they have no control over and that are too complex for most to understand and predict. It is essential that our patients do not get caught in the middle of systemic problems between providers and insurers.

Most of these interactions occur around both emergency and elective hospital services. Patients will engage a physician and hospital system listed as “participating providers” only to find out later that all providers treating them may not be “participating providers.” They subsequently receive multiple large bills they were not planning on. In my opinion, it is inherent upon the hospital system and health insurance companies to offer complete transparency to the patients. If an entity is listed as a “participating provider,” a patient

should be able to count on all services they receive from that institution to be covered and paid per contract as participating providers. The health insurance companies need to bear the responsibility for creating adequate networks and promote them in a transparent fashion so patients, who are already under a great deal of stress, can understand the process they will need to follow.

## Educational grants

**Lee D. Eisenberg, MD, MPH**, established Health Policy Educational Grants last year. This year, there were four grants awarded. Dr. Eisenberg has a long history of outstanding service and financial contributions to the Academy and Foundation spanning over 40 years. He has been a member of multiple committees, given many courses and lectures at the Annual Meeting, served as a Coordinator for Socioeconomic Affairs and Development, been a member of the CPT panel, received a Presidential Citation, led the ENT PAC Board of Advisors, and served on the 3P Committee for more than 10 years. As Dr. Eisenberg prepares for retirement, I want to offer my personal thanks, as well as that of the organization, for all he has done and the multiple contributions he has made to our organization.

## Specialty societies

The 2019 *Bulletin* will carry a series of articles submitted by our colleagues representing otolaryngology specialty societies as well as ASCENT (otolaryngology administrators) and SPAO (PAs in otolaryngology). These articles are designed to inform our members of important happenings in each area and provide related education. This month, the American Neurotology Society (ANS) provides us with a snapshot of recent significant happenings in neurotology. I would like to thank ANS for taking the time to inform us about these critical issues.

## Kudos

I would also like to congratulate **Sheng-Po Hao, MD**, and **Karl Hoermann, MD**, who were chosen as candidates for Chair-Elect of the International Advisory Board. ■



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

“It is essential that our patients do not get caught in the middle of systemic problems between providers and insurers.”

Don't forget to register early for the Annual Meeting in New Orleans.  
[www.entannualmeeting.org](http://www.entannualmeeting.org)



## ■ at the forefront

### BOARD OF GOVERNORS

# TEAM = Together Everyone Achieves More

■ **Troy D. Woodard, MD**  
BOG Member-at-Large



I am often asked why I love being a member of the Board of Governors (BOG). The BOG is a grassroots network within the Academy that is composed of local, state, regional, and specialty societies from around the United States.

I liken my experience in the BOG to my time as a collegiate athlete on the DePaul University track team. As a high-jumper and sprinter, I worked hard as an individual. I got up early to train and put in countless grueling hours of practice. I pushed myself physically and mentally seven days a week to improve for the competition. However, to achieve my goals, I could not rely solely on my own hard work, dedication, and discipline. I also had to rely on my teammates. We leaned on one another for encouragement and support during many challenging times. We found common ground, built trust in one another, and grew friendships. While we had a team full of talented individuals, winning as a team was only possible when all teammates contributed to the total score. Our team's success was determined only by the sum of individual results.

The same is true for the field of otolaryngology. Unless we collaborate and work as a team for a shared vision, our victories will be limited and have little effect on our Academy members and their medical practices. The BOG serves as an avenue of communication between our members and the Board of Directors. This forum allows all otolaryngologist-head and neck surgeons to unite and work as a team to advance our profession. Partnerships can help our organization advance a variety of shared goals, such as changing policy,

“

Unless we collaborate and work as a team for a shared vision, our victories will be limited and have little effect on our Academy members and their medical practices.

”

advocating jointly for specific legislation, raising public awareness, and educating the public and our members about specific otolaryngologic issues. Finding common ground, emphasizing cooperation and not competition, joining forces, and supporting one another are attributes that give us strength. Together, we can have a powerful

impact. As one voice, we can challenge the status quo and inspire a lasting change.

I am inspired by the acronym “TEAM = Together Everyone Achieves More!” Whether you practice in a private practice, an academic institution, the military, or are employed by a hospital, there is a place for you in the BOG. ■

## NIH names AAO-HNS Member, Debara L. Tucci, MD, MS, MBA, director of the NIDCD

**D**ebara L. Tucci, MD, MS, MBA, has been selected to lead the National Institute on Deafness and Other Communication Disorders (NIDCD) as its new director. Dr. Tucci is currently the professor of surgery and director of the cochlear implant program in the Division of Head and Neck Surgery & Communication Sciences at Duke University in Durham, NC. A long-time and active member



of the American Academy of Otolaryngology-Head and Neck Surgery (AAO-HNS), she is the recipient of the AAO-HNS Distinguished Service Award and Jerome C. Goldstein, MD Public Service Award. Dr. Tucci also served on the AAO-HNS Research Advisory Board, Board of Directors, Executive Committee, and numerous subcommittees. She is expected to join NIH on September 3, 2019. ■

<https://www.nih.gov/news-events/news-releases/nih-names-dr-debara-l-tucci-next-director-national-institute-deafness-other-communication-disorders>





## International Advisory Board (IAB) Chair-Elect election

The AAO-HNS call for nominees for Chair-Elect of the International Advisory Board (IAB) was highly successful and resulted in the submission of several highly qualified candidates for the position. The IAB Executive Committee selected **Sheng-Po Hao, MD**, Taipei, Taiwan, and **Karl Hoermann, MD**, Mannheim, Germany, as the candidates for Chair-Elect. The election will be held at the AAO-HNSF 2019 Annual Meeting & OTO Experience in New Orleans, Louisiana.

### Sheng-Po Hao, MD

I am Dr. Sheng-Po Hao, an otolaryngologist practicing in Taiwan with a special focus on head and neck and skull base surgery. Through the years, I made it my personal mission to strengthen head and neck cancer care in Asia and have committed myself to encouraging colleagues to contribute their knowledge and expertise to the field of otolaryngology.

Once again, I am given the opportunity to be of service. Involvement in the AAO-HNSF International Advisory Board will allow me to act as spokesperson for the international community so we can all move forward together and in synchrony. I will strive to look into the specific needs of each country and arrive at a consensus among the corresponding societies while taking into account the cultural and societal characteristics of each nation.

By standing on this global platform provided by the AAO-HNSF, I aspire to

uphold a culture of learning where we all strive to teach and learn from one another. My goals are to sustain a delightful

community where a mutual exchange of knowledge is always welcomed, to engage everyone to openly participate in sharing their experiences so we continue to gain insight into new and different perspectives in the field of otolaryngology, and to strengthen the involvement and commitment of members toward this collaborative effort. Through this move toward global otolaryngology, I envision a community where we can all participate in raising awareness and promoting excellence in our respective fields with the common goal of delivering the best standard of care to our patients. ■



### Karl Hoermann, MD, PhD

Since 2017, I have been Chief Medical Consultant of the International Patient Office (IPO) at the University Hospital in Mannheim, Germany. From 1993 to 2017, I served as head and chairman of the department of ORLHNS and sleep center at the same hospital.

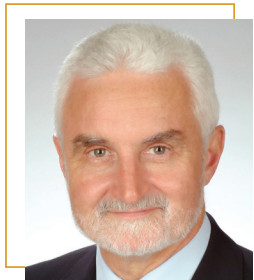
I have had the privilege of being a fellow of the American Head and Neck Society as well as an active member of many societies such as the American Academy of Otolaryngology–Head and Neck Surgery, an honorary member of national ORL societies throughout Europe, and the Japanese Broncho-Esophageal Society. It has also been my honor to be invited as the presenter of the Eugene N. Myers, MD International Lecture on Head and Neck Cancer at the AAO-HNSF Annual Meeting & OTO Experience in San Francisco and as the JLO Visiting Professor of the Royal Society of Medicine in London.

One of my special interests is in the surgical and non-surgical treatment of

sleep-related breathing disorders, where I have been fortunate enough to gain extensive experience in a wide variety of advanced sleep surgeries.

Two decades of serving as a member, fellow, and president in various national and international ORL and HNS societies have shown me how effective the exchange of experiences and mutual support can be in promoting the excellence of professional standards and of education and training as well as in ensuring a strong and unified voice for medical specialists.

With its outstanding reputation and unparalleled scope of influence, the AAO-HNS is the ideal institution to contribute decisively toward the consolidation and expansion of global relations. ■



AMERICAN NEUROTOLOGY SOCIETY REPORT

# ANS on the move

■ **Bradley W. Kesser, MD**  
ANS Secretary-Treasurer

**B**arry Hirsch, MD, President of the American Neurotology Society (ANS), **Craig A. Buchman, MD**, Education Director, and **Howard W. Francis, MD**, Education Director-Elect, along with the ANS Scientific Program Committee, assembled a lively, up-to-the-minute program at this year's Combined Otolaryngology Spring Meetings (COSM). As highlights of the meeting, **Nancy M. Young, MD**, delivered the William F. House Memorial Lecture: "Cortical Predictors of Language: A Top-down Exploration of Pediatric Cochlear Implantation," and **Bruce J. Gantz, MD**, explored the "Evolution of the Middle Fossa Access for Skull Base Disorders" as the William E. Hitselberger Memorial Lecturer. Panel discussions on Ménière's disease and disorders of intracranial pressure stimulated thinking and new ideas and added to an excellent slate of scientific presentations on cochlear implantation, vestibular schwannoma, facial nerve injury, and many others. The meeting was outstanding for otologists and neurotologists alike.

The ANS Diversity and Inclusion Committee, chaired by **Elizabeth H. Toh, MD**, is charged with ensuring that the education activities sponsored by the ANS provide equal opportunities for all practitioners to participate from the podium and that the leadership of the ANS is



## American Neurotology Society

representative of its membership. The chair of the committee sits on both the Education Committee and the Executive Council to ensure that the education and administrative activities have broad representation of all of our members. These include panel moderators or members, presenters of named lectures, inclusion in administrative and research committees, and leadership positions within the organization. Data collection is well underway with two surveys completed to track the success of the Society in promoting diversity and inclusion.

The ANS has also embarked on a partnership with DocMatter, an online platform where doctors can share information, discuss difficult cases, upload HIPAA-compliant patient information for discussion, and query each other on challenging patients. This instructive online resource is free to members, with the launch

to the general membership shortly after COSM. The "pilot" participants have found the website helpful, stimulating, and fun, with discussions ranging from management of skin irritation around bone-anchored hearing aid sites to cochlear implant array insertion for hearing preservation to options for hearing habilitation in congenital aural atresia. ANS members, look out for the introductory email in the weeks to come.

The ANS Fellowship Committee is exploring a centralized application for the neurotology fellowship match. Chair **Dan Lee, MD**, has been in discussion with the San Francisco Match to develop this application.

For a listing and program description and information about neurotology fellowships and anything neurotology, please check the updated and highly informative ANS website: [www.americanneurologysociety.com](http://www.americanneurologysociety.com). ■

# Proposed fiscal year 2020 (FY20) combined budget

■ **Kenneth W. Altman, MD, PhD**

AAO-HNS/F Secretary-Treasurer

The Executive Committees (ECs) of the AAO-HNS/F Boards of Directors (BODs) were presented with the Financial and Investment Subcommittee (FISC) proposed budget for the next fiscal year, July 1, 2019 – June 30, 2020 (FY20), and endorsed it for approval by the BODs. During their April meeting, the BODs reviewed and conditionally approved the FY20 budget that is presented here to the membership.

Budgeting for FY20 represents the collaborative work of both the staff leadership and the members of the FISC to match stable funding to the mission we aspire to accomplish. The proposed FY20 budget is structured to meet the strategic plan goals of the AAO-HNS/F and continue to provide member services in the most effective and efficient way possible.

In early spring, the FISC reviewed financial results for the first six months of the FY19 budget year. Based on this information, it is projected that the FY19 actual results will be within budget.

## Highlights of the FY20 budget

The FY20 balanced budget is proposed at \$19.4M, with \$17.7M funded from operating revenues and \$1.7M funded from Board-designated reserve funds. Approximately 80 percent of operating revenue comes from member dues (40 percent) and the Annual Meeting & OTO Experience (38 percent). No increase in member dues or Annual Meeting registration fees is proposed. The remaining 20 percent of operating revenue comes from

education product sales, royalties from publishers of *Otolaryngology–Head and Neck Surgery* and the *Bulletin*, royalties from our Academy Advantage partners, and donor contributions to the Foundation's Annual Fund and other donor contributions. Overall, operating revenues are budgeted approximately equal to the prior year budget.

The Board has designated reserves for use in the FY20 budget for two specific purposes. First, to invest in the continued development of technology for the specialty's clinical data registry, Reg-ent<sup>SM</sup>. While the Board has approved the use of reserves of up to \$1.4M for this purpose, revenue generated from registry-related ventures may substantially reduce this amount. Second, the Board has approved the use of reserves for a redesign and update of the Academy's main website, budgeted to be \$300K.

Operating expenses are also budgeted consistent with the prior year in total. Meeting facilities and banquet costs are budgeted 30 percent more than the prior year due to the addition of new workshops and pricing differences between Annual Meeting sites. Delivering the world's best otolaryngology education program continues to be a priority in the allocation of budget resources.

Contingencies are budgeted in the same amounts and for the same purposes as in FY19. That is, \$250K to buffer any Annual Meeting net revenue shortfall and \$200K for use at the discretion of the EVP/CEO. The complete budget is available to any Academy member who requests it in writing. Email requests to Carrie Hanlon, CPA, Senior Director, Finance and Administration, at [bulletin@entnet.org](mailto:bulletin@entnet.org). ■

## AAO-HNS/F combined budgets

	Approved Budget FY19	Proposed Budget FY20
<b>Revenue</b>		
Membership Dues	\$6,925,000	\$6,925,000
Annual Meeting Revenue	6,850,000	6,741,000
Education and Other Product Sales	1,714,000	1,858,000
Publication Revenue	1,260,000	1,208,000
Royalties – Academy Advantage and Others	457,000	548,000
Annual Fund	150,000	150,000
Other Revenue	44,000	45,000
Use of Donor Restricted Net Assets	188,000	258,000
<b>Operating Revenue</b>	<b>17,588,000</b>	<b>17,733,000</b>
Use of Board Designated Net Assets	440,000	1,700,000
<b>Total Revenue</b>	<b>\$18,028,000</b>	<b>\$19,433,000</b>
<b>Expenses</b>		
Salaries & Benefits	\$9,325,000	\$9,125,000
Consultants & Professional Fees	2,278,000	2,283,000
Other Operating Expenses	2,396,000	2,231,000
Meeting Facilities & Banquet Costs	1,662,000	2,161,000
Occupancy	1,060,000	1,003,000
Grants	417,000	480,000
Contingencies	450,000	450,000
<b>Subtotal</b>	<b>17,588,000</b>	<b>17,733,000</b>
Board Designated Reserve Expenses	450,000	450,000
<b>Total Expenses</b>	<b>\$18,028,000</b>	<b>\$19,433,000</b>

PRACTICE PROFILE

# Face-to-face with patients



P. Daniel Ward, MD

"I feel that a successful physician should possess empathy for the patient and the patient experience. It is something that was taught to me by my mother, who was a great community servant." This is the guiding principle by which **P. Daniel Ward, MD**, approaches his practice as a facial plastic surgeon in private practice in Salt Lake City, UT.

Prior to starting his private practice, Dr. Ward was a full-time faculty member at the University of Utah.

This was the starting point of his career after completing his fellowship and residency at the University of Michigan.

As a medical student, Dr. Ward gravitated toward plastic surgery, specifically of the face. His entrance to otolaryngology was guided at the direction of both the otolaryngologists and plastic surgeons he encountered during rotations in medical school. They indicated that if he really wanted to do facial plastic surgery, then he should pursue training in otolaryngology.

"I was fortunate to match for residency at the University of Michigan, which has a strong program in facial plastic surgery. While I was there, I received incredible training, and I am grateful every day for the faculty at the University of Michigan and their commitment to resident education, research, and excellence in clinical care," said Dr. Ward.

He serves as the Medical Director of a chain of medical spas that he founded. The medical spas and his practice, which operate with more than 60 employees, perform many treatments on the face, including IPL, cosmetic injectable treatments, micro-needling, facials, and other aesthetic treatments.

"My practice is nearly entirely cosmetic surgery, which is interesting, because I didn't start out with that intention. I love facial trauma, skin cancer reconstruction, and treatment of patients with facial nerve disorders. These were the types of patients and procedures that sparked my interest in facial plastic surgery. However, as time went

on, I became more and more interested in cosmetic procedures, and I am happy with the evolution of my career."

Dr. Ward shared that the opportunity to build businesses and brands has been an exciting part of his journey, allowing him to improve his skill set in management and leadership.

"This aspect of my practice is time consuming, but I appreciate the challenge of working with other providers and creating a high level of customer service for our patients."

His practice is about 40 percent rhinoplasty, 30 percent aging face surgery (facelift, brow lift, and blepharoplasty), 20 percent hair restoration, and 10 percent divided between injectables, skin cancer reconstruction, and treatment of facial





nerve disorders. He also started a skin care company, which offers medical grade skin care products that are used in the medical spas and sold online.

Dr. Ward's guiding principle for his practice and spas is centrally focused on the patient, which has helped these endeavors be successful in the medical spa and aesthetics arena.

"I think that the principles of compassion and commitment to patient arise from empathy. Looking back, some of the most poignant empathy lessons were learned in clinics that did not necessarily deal with plastic surgery issues or patients. For example, I learned a lot from observing my otology attending physicians consult with patients suffering from frustrating and incurable diseases, such as vertigo or tinnitus. Observing the compassionate care they provided in these challenging situations is just one example of how the importance of compassion was emphasized in my training, and why it is so important for me to incorporate it with every encounter with my patients."

Another area of vital importance to Dr. Ward is research. The field is inundated with new and exciting technologies that claim to improve results for patients. Without research, he said, the physician and patient have a difficult time making sense of all the marketing noise they encounter.

In assessing the field today and looking to the future, Dr. Ward shared what he believes to be some of the greatest opportunities and challenges that lie ahead for otolaryngology-head and neck surgery and facial plastic surgery.

"A huge challenge that facial plastic surgery and otolaryngology face is their relationship with each other. For many years, there has been contention between the specialties, which has been harmful to both groups. I think that working together more closely will help improve both specialties. Facial plastic surgeons need to be proud of their otolaryngology training and otolaryngologists need to be patient and understanding with their facial plastic surgery brothers and sisters who have different needs for their practices and patients."

## Top education activities in AcademyU® related to facial plastic and reconstructive surgery

- 3D Printing and Medical Modeling in Otolaryngology-Head and Neck Surgery
- AAO-HNSF Clinical Practice Guideline: Rhinoplasty
- Adult for Rhinoplasty Consultation Self-Assessment
- Adult with Cutaneous Nasal Malignancy Self-Assessment
- Adult with Lesion of External Ear Self-Assessment
- All Flaps Are Not Free: Overview of Alternatives for the Reconstructive Surgeon (CME)
- Cleft Lip and Palate: What Every ENT Should Know
- Coding for Functional Procedures in Facial Plastics 2018: Part I and II (CME)
- Current Trends in Computer-Aided Reconstruction
- Diagnosis and Surgical Management of Nasal Valve Compromise
- Facial Plastic Surgery Review Course: Part I and II
- Frequent Problems and Practical Solutions in Rhinoplasty
- Fundamental Principles and Pitfalls in Flap Management — 2018 Interview
- Multidisciplinary Management of Facial Synkinesis (CME)
- Practical Strategies for Evaluation and Management of Facial Nerve Injuries
- Radical Parotidectomy Reconstruction: Part I and II
- Reconstruction and Reanimation for the Spectrum of Parotidectomy Defects
- Reconstruction of Partial Auricular Defects 2018
- Reconstruction of Partial Nasal Defects 2018 (CME)
- Reconstruction of Partial Nasal Defects 2018 (CME)
- Reconstructive Showdown: 2018: Part I and II
- Soft Tissue Engineering

Visit <http://academyu.entnet.org/> for more information.

Dr. Ward shared some ways in which the Academy can continue to address this challenge as an opportunity for future growth.

"The Academy can help by encouraging facial plastic surgery to be included in the field of otolaryngology and by accommodating the quirks and demands of facial plastic surgery." He encouraged the Annual Meeting schedule to consider the facial plastics elements (e.g., committee meetings and educational courses) in coordination with the AAFPRS fall meeting.

He also suggested that providing additional resources for facial plastic surgeons for practice management would be helpful to both facial plastic surgeons and otolaryngologists.

"In many ways, the aesthetics industry

leads the medical industry in terms of practice management and marketing concerns. For example, social media is a huge part of most aesthetics marketing efforts and is now being more widely accepted and used by otolaryngologists.

"The Academy has done a great job of providing resources and educational materials for its members. I think that there are many facial plastic surgeons who are completely unaware of all the Academy has done to help promote facial plastic surgery. Efforts to help improve knowledge about the programs and resources that are available, combined with a close partnership with the AAFPRS, will help improve the impact of these resources further," said Dr. Ward. ■

# #OTOMTG19

## honorary guest lecturers

*Presented in order of appearance*

**Register by July 9  
for super savings!**  
 Take advantage now of the  
lowest price offered on  
registration. The Early Bird  
registration rate will  
expire on July 9. Visit  
[www.entannualmeeting.org](http://www.entannualmeeting.org)  
 for additional information  
and pricing.

### JOHN CONLEY, MD LECTURE ON MEDICAL ETHICS

Sunday, September 15, 2:15 pm

#### **Achieving parity in otolaryngology care: Our ethical obligation beyond care access**

Dana M. Thompson, MD, MS

Dana M. Thompson, MD, MS, is the Lauren D. Holinger Professor and Chair of Pediatric Otolaryngology at the Ann & Robert H. Lurie Children's Hospital of Chicago and Northwestern University Feinberg School of Medicine.



Dr. Thompson's perspective as a third-generation African American physician navigating a career in academic medicine has shaped a personal mission to educate others about the unintended consequences of bias in healthcare delivery. She has a hybrid of expertise in the surgical treatment and management of airway, voice, and swallowing disorders for infants, children, and adults. As a surgeon administrator, she serves as the Vice Chair for the Department of Surgery and the Executive Physician Director for Ambulatory Practice at Lurie Children's Hospital, where she is committed to the creation and operationalizing of care delivery models to optimize access for equitable and fiscally responsible care for children.

Dr. Thompson received undergraduate and medical degrees in the six-year BA/MD program at the University of Missouri-Kansas City. She is fellowship-trained in both laryngology and pediatric otolaryngology. Including a faculty position, residency, and a laryngology/dysphagia clinical outcomes research fellowship, she spent 18 years of her career at the Mayo Clinic and was the founding Chair of the Division of Pediatric Otolaryngology. A portion of her career was spent as a fellow at the University of Cincinnati College of Medicine and Cincinnati Children's Hospital, and she later served on the faculty as the Director of the Adult Airway Reconstruction Program and member of the Pediatric Aerodigestive & Esophageal Center.

Dr. Thompson has published more than 70 scientific articles and 20 book chapters. ■

### EUGENE N. MYERS, MD INTERNATIONAL LECTURE ON HEAD AND NECK CANCER

Monday, September 16, 10:00 am

#### **What have head and neck cancer clinical trials ever done for our patients anyway?**

Hisham Mehanna, PhD, MBChB, FRCS, FRCS (ORL-HNS)

Hisham M. Mehanna, PhD, MBChB, FRCS, FRCS (ORL-HNS), is the Chair of Head and Neck Surgery at the Institute of Cancer and Genomic Sciences and Director of the Institute



of Head and Neck Studies and Education at the School of Cancer Sciences, University of Birmingham, United Kingdom (UK). He is a head and neck and thyroid surgeon with clinical interests in recurrence head and neck cancer surgery, paraganglioma surgery, and thyroid and minimal access parathyroid surgery.

Dr. Mehanna also is Chief Investigator of several multicenter and multinational clinical trials, including the PET-NECK trial, (*New England Journal of Medicine*, 2016) and De-ESCALaTE (*The Lancet*, 2018). The main areas of Dr. Mehanna's research are human papillomavirus (HPV)-associated head and neck cancer and thyroid cancer. His research themes are biomarkers of treatment response and early and late phase clinical trials in head and neck cancer.

Dr. Mehanna is the current President of the British Association of Head & Neck Oncologists (BAHNO), the UK's multidisciplinary professional body, as well as the Secretary of the Head and Neck Cancer International Group, a collaboration of 20 national clinical trials groups. He is also the past Chair of the UK's National Cancer Research Institute Head & Neck Clinical Studies Group.

Dr. Mehanna did his senior clinical fellowship in 2004 in advanced head and neck and thyroid surgery at the Auckland City Hospital Head and Neck Unit in New Zealand. He received his PhD from the University of Erasmus, Rotterdam in 2010. ■



**H. BRYAN NEEL III, MD, PHD**  
**DISTINGUISHED RESEARCH LECTURE**  
**Monday, September 16, 2:30 pm**

**Digitization of a physiologic signal to facilitate oncologic surgery**

**Baran D. Sumer, MD**

**B**aran D. Sumer, MD, is a Professor of Otolaryngology, Head and Neck Surgery at UT Southwestern Medical Center in Dallas, TX, where he serves as the Chief of the Head and Neck Oncology Division in the Department of Otolaryngology. He also Chairs the Head and Neck Cancer Disease Oriented Team at the Simmons Comprehensive Cancer Center.



Dr. Sumer's primary research interest is in the development of nanoparticles and nano devices for surgical applications. In a recent collaboration with Jinming Gao, PhD, he established pH transistor nanoparticles (PTN) that have not only transformed tumor detection but also represent a new paradigm of digitizing an analog biologic signal with the exciting possibility of other applications in tumor imaging, delivery of therapeutics, and cellular targeting. Their work supported by the NCI and NIH has transitioned to whole body imaging of cancers using positron emission tomography.

Dr. Sumer received his BA in economics from Rutgers University in 1994 and obtained his MD from Case Western Reserve University School of Medicine in May 2001. He completed post-graduate residency training in general surgery at Washington University School of Medicine Department of Surgery in St. Louis, MO, in 2002, and residency training in otolaryngology at Washington University, Department of Otolaryngology, in 2006. Dr. Sumer then completed a fellowship in head and neck oncology, transoral laser surgery, and microvascular reconstruction at Washington University, Department of Otolaryngology, Division of Head and Neck Surgery in August 2007. ■

**COTTON-FITTON ENDOWED**  
**LECTURE IN PEDIATRIC**  
**OTOLARYNGOLOGY**

**Tuesday, September 17, 10:00 am**

**Physician leadership:**  
**A plea for engagement**

**Rahul K. Shah, MD, MBA**

**R**ahul K. Shah, MD, MBA, serves as Vice President, Chief Quality and Safety Officer and Vice President of Medical Affairs at Children's National Health System in Washington, DC. In this position, Dr. Shah is responsible for the leadership and oversight of patient safety, quality improvement, accreditation/licensure, and patient care policies.



Dr. Shah's research interests include resource utilization and outcomes, patient safety, and medical errors. He has authored more than 130 peer-reviewed articles and has given more than 250 national and international presentations. He has chaired and serves on myriad national committees related to patient safety and quality improvement. He was also the Executive Director of the Global Tracheostomy Collaborative, an international not-for-profit quality improvement initiative.

Dr. Shah obtained a combined BA/MD from Boston University School of Medicine in 2000, thereafter completing an otolaryngology residency at Tufts University and a pediatric otolaryngology fellowship at Children's Hospital Boston, Harvard University. He also earned an MBA in 2014 from the George Washington University Healthcare program.

In 2006, Dr. Shaw joined the faculty of Children's National Medical Center. He was the inaugural Associate Surgeon-in-Chief and the Medical Director of Perioperative Services from 2011-2014. Prior to his current positions with the Children's National Medical Center, Dr. Shah served as President of the Medical Staff from 2012-2014. Additionally, Dr. Shah also rose to the rank of Professor at George Washington University School of Medicine and Health Sciences in 2017. ■

**HOWARD P. HOUSE, MD**  
**MEMORIAL LECTURE**  
**FOR ADVANCES IN OTOTOLOGY**

**Tuesday, September 17, 2:30 pm**

**AAO: Autoimmune and**  
**autoinflammatory (disease) in otology**  
**Andrea Vambutas, MD**

**A**ndrea Vambutas, MD, is the Chair of Otolaryngology at Long Island Jewish Medical Center and North Shore University Medical Center and is an active clinician-scientist and Professor of Otolaryngology and Molecular Medicine at the Zucker School of Medicine at Hofstra/Northwell. She is also an Investigator in the Center for Autoimmune Disorders at Feinstein Institutes for Medical Research.



Dr. Vambutas' research interests are in the molecular mechanisms of immune-mediated hearing loss and identifying novel drug targets for hearing restoration in these patients. Timely treatment with corticosteroids results in hearing recovery in slightly more than half of clinical cases. Unfortunately, with repetitive treatment, that response is lost over time. For those patients that fail to respond to corticosteroids, there are no efficacious alternate treatments. Her research focuses on the restoration of natural hearing in these corticosteroid-resistant patients. Dr. Vambutas is grateful for the support she has received for these studies, which includes support from the National Institute on Deafness and Other Communication Disorders (NIDCD) and Merrill & Phoebe Goodman Otology Research Center.

Dr. Vambutas obtained her medical degree with a distinction in research from the Albert Einstein College of Medicine. Following her otolaryngology training at Long Island Jewish Medical Center and fellowship training in otology and neurotology in Minneapolis, MN, she returned to Long Island Jewish Medical Center as a NIDCD K08 recipient. ■

## ANNUAL MEETING PROGRAM SPOTLIGHT:

### How to thrive in otolaryngology practice

**Monday, September 16**

Learn about alternatives and opportunities to enhance your ability to participate in evolving payment models through advanced practice structure and networking, adopting state-of-the-art office-based diagnostic and therapeutic technology, and validating treatment outcomes. We will be presenting a three-part series addressing these issues on Monday morning.

We will begin with an in-depth look at the transition to more office-based care with a panel discussion on how you can equip your office and adapt to this trend. **John M. Moore, MD**, and **Gene G. Brown III, MD**, will then present innovative practice models that offer alternatives to many current options and demonstrate how they can be successful in the current and future market. Finally, we explore the power of our clinical data registry, Reg-ent<sup>SM</sup>, as we move into Phase II that allows us to define and value best care through conducting clinical research. ■



## Preconference Workshops

### AAO-HNS/F and LSU Sialendoscopy Hands-On Course

This one-day course addresses current advances in minimally invasive salivary gland surgery. The morning features didactic lectures by leaders in this cutting-edge field. Topics to be discussed include: the history of salivary endoscopy, imaging and ultrasound, instrumentation, the papilla and options for access, traditional parotid techniques for stones and stenosis, traditional submandibular techniques for stones and stenosis, inflammatory sialadenitis in relation to JRO, RAI and Sjögren's syndrome, treatment of large stones (hybrid and lithotripsy techniques), and complications.

### Endoscopic Ear Surgery and Eustachian Tube Balloon Dilation Workshop

The Endoscopic Ear Surgery and Eustachian Tube Balloon Dilation Workshop is an advanced hands-on endoscopic dissection course using cadaveric specimens. The course is suitable for consultants and senior otolaryngology trainees and delivered by international and national experts. Live dissection demonstrations are undertaken by the faculty in all aspects of endoscopic ear surgery. There are a variety of lectures on specific aspects of the technique; however, the main emphasis of the course is to provide hands-on practical experience. The course includes both didactics and hands-on instruction for using transnasal endoscopic

### View the full Annual Meeting schedule on the #OTOMTG19 app

The most up-to-date, real-time Annual Meeting schedule is now available on the #OTOMTG19 mobile app. Search "AAO-HNSF Annual Meeting" in the Apple or Google Play stores to download the app and begin planning your Annual Meeting experience.



balloon dilation of the eustachian tube (ET) in the management of ET dilatory dysfunction.

### AAO-HNSF and ACS Thyroid, Parathyroid, and Neck Ultrasound Workshop

The objective of this course is to introduce the practicing surgeon to office-based ultrasound examination of the thyroid, parathyroid, and neck for commonly encountered diseases. The distinction of normal from malignant lymphadenopathy is emphasized with a demonstration of the comprehensive examination of lymph node basins in cervical levels I-VI. The technique of ultrasound-guided fine needle aspiration (FNA) of thyroid nodules and lymph nodes are addressed in didactic lecture format. In addition, hands-on skill sessions allow the surgeon to develop techniques to perform diagnostic neck ultrasound. The use of standardized patients allows supervised hands-on experience with transverse and longitudinal ultrasound methods. The techniques of FNA of lesions are performed using phantom models. Attendees are instructed in the practical detail and hurdles in developing office-based ultrasound.

**Pre-requisite:** Registrants must have completed Ultrasound for Surgeons: The Basic Course, Third Edition Online Course.

### Worst-Case Scenarios Managing OTO Emergencies in Practice Workshop

Hosted at Tulane Center for Advanced Medical Simulation Center, this is a 4.5-hour course geared toward practicing otolaryngologists to prepare them for low frequency, high stakes emergency situations that they may not encounter often in their daily routines. Attendees participate in a rotation of six simulated otolaryngology emergencies with a cohort of six peer attendees. Each simulated emergency is done as a duo with a partner from the group. Following each simulation, a debriefing is held with the group and a facilitator and includes discussion of best practices for these situations based on published guidelines and available literature. ■

## Trauma Symposium: On eve of Annual Meeting



The AAO-HNS Trauma Committee and the Society of Military Otolaryngologists' Trauma Symposium will present "Modern Management of H&N Trauma: Nonvascularized Grafts and Trauma Care in the Developing World" at 5:00 pm, Saturday, September 14, at the AAO-HNSF 2019 Annual Meeting & OTO Experience in New Orleans, LA. This event, open to military and civilian attendees, includes a reception, dinner, awards, and displays. Mark Stalder, MD, Assistant Professor of Clinical Surgery, Department of Surgery, Section of Craniofacial and Plastic Surgery, Louisiana State University School of Medicine in New Orleans, will lead a panel discussion on the complex

management of head and neck injuries using nonvascularized grafts. This panel will include a multidisciplinary team of military and civilian experts in head and neck reconstructive surgery.

**Travis T. Tollefson, MD, MPH**, from the University of California, Davis, and **David A. Shaye, MD, MPH**, from Massachusetts Eye and Ear will discuss improving treatment of facial injuries from trauma in low resource countries.

The Society of Military Otolaryngology (SMO) has served the military otolaryngology community since 1952. Members have advocated for excellence in patient care for service members injured during multiple wars and conflicts as well as during peacetime. The AAO-HNS Trauma Committee mission aligns with SMO to educate and update the otolaryngology community regarding state-of-the-art evaluation, emergency management, and reconstruction of head and neck trauma. The symposium spotlights the latest wartime and peacetime advances in head and neck trauma management. It also spearheads research evaluating head and neck trauma management and mass casualty protocols. ■

**Register at <https://www.eventbrite.com/e/2019-society-of-military-otolaryngologists-smo-trauma-symposium-registration-60274478588>.**

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



# 10 TIPS

for converging with the specialty's leading experts at #OTOMTG19

New Orleans serves as the intersection where there's no wrong turn, from groundbreaking education sessions to networking events with the global ENT community to the OTO Experience. While you're absorbing the latest science and new clinical approaches, take advantage of the many events available to expand your professional network and tap the minds of leaders.

The Annual Meeting officially kicks off on Sunday, September 15, with a schedule that offers fantastic opportunities to see colleagues and meet the global ENT community throughout the day. After a full lineup of cutting-edge sessions, the Welcome Ceremony and President's Reception tie the Annual Meeting's two largest events together, creating the perfect environment for high-profile networking.

While the Annual Meeting starts on Sunday, there are several ways to engage with otolaryngology's best and brightest throughout the entire conference.



- 1 Sign up for Lunch with the Experts.**  
 Engage in peer exchange and discussion with otolaryngology legends in an intimate atmosphere.
- 2 Sit in on a committee meeting.** Contribute as a guest at one (or more) of the over 60 committee meetings covering a wide range of different topics and subspecialty areas.
- 3 Meet colleagues at the Alumni Reception.** Connect with new and old friends from your alma mater and other academic institutions.
- 4 Attend a General Assembly Meeting.** Collaborate with current and rising leaders at the Board of Governors (BOG), Section for Residents and Fellows-in-Training (SRF), Young Physicians Section (YPS), Women in Otolaryngology (WIO) Section, or International Advisory Board (IAB) General Assemblies.
- 5 Register for a Preconference Workshop.** Start strong in New Orleans with an in-depth workshop led by top medical minds featuring topics such as sialendoscopy, endoscopic ear surgery and eustachian tube balloon dilation, thyroid and neck ultrasound, and OTO emergencies.
- 6 Practice physician wellness with your peers.** Get to know others while pumping up your endorphins during the OTOs on the Run 5K or Sunrise Yoga.
- 7 Introduce yourself to a speaker.** After an interesting session, spark a conversation with the speaker by exchanging business cards and posing your burning questions.
- 8 Unite with specialty societies.** The American Academy of Facial Plastic and Reconstructive Surgery (AAFPRS), American Head and Neck Society (AHNS), American Laryngological Association (ALA), and American Neurotology Society (ANS) will present tailored content during dedicated sessions as part of the Annual Meeting program.
- 9 Make your mark at the Career Fair.** Meet face-to-face with hiring representatives from all subspecialty areas.
- 10 Meet the Scientific Poster authors.** Ask questions and share experiences with the poster presenters in these truly interactive sessions all while earning CME. ■

## JOIN THE CONVERSATION

You don't have to wait until you're in New Orleans to start connecting with other OTO experts. Join the conversation now by using #OTOMTG19 and following @AAOHNS on Facebook, Twitter, and Instagram.



Register today and start planning your Annual Meeting experience at [www.entannualmeeting.org](http://www.entannualmeeting.org).

## Our town: The Big Easy



**Moises A. Arriaga, MD**

**What do you love most about New Orleans?**

New Orleans is a unique juxtaposition of cultures and traditions, which shows itself in the food, music, and joy in living.

**What is New Orleans' best-kept secret?**

- City Park: Music during Thursdays at Twilight; the Sculpture Garden; walking/ biking trails; New Orleans Museum of Art
- The lakefront for picture-perfect sunsets and great seafood restaurants

**What is your go-to New Orleans food?**

Shrimp po'boy—DRESSED!—on the correct French bread

**What tips do you have for first-timers in New Orleans?**

- Get beyond the French Quarter.
- Take a streetcar ride to see the neighborhoods.
- Try sno-balls and decide if you're a Plum Street or Hansen's person.
- See if you can tell the difference between a shotgun house and a camelback. ■



**Celeste C. Gary, MD**

**What do you love most about New Orleans?**

Festival season. There is always something going on outside in the city, and people really enjoy being out and about.

**What is New Orleans' best-kept secret?**

The music. There is live music all over the city every night of the week. You can see incredible talent for very little money in intimate settings.

**What is your go-to New Orleans food?**

All of it. But if I have to choose, it's boiled seafood (crawfish, crabs, and shrimp) or po'boys.

**What tips do you have for first-timers in New Orleans?**

Don't spend all of your time in the French Quarter. There are so many neighborhoods in New Orleans with beautiful parks and great restaurants; venture out and get a true flavor of NOLA. ■



**Paul L. Friedlander, MD**

**What do you love most about New Orleans?**

The beauty and grace of the city that is embedded in its architecture, residents, and restaurants. The experience is truly unique.

**What is New Orleans' best-kept secret?**

Snug Harbor. This is a wonderful place to listen to jazz.

**What is your go-to New Orleans food?**

My go-to New Orleans food is Oysters Bienville—a must if you haven't tried it before.

**What tips do you have for first-timers in New Orleans?**

Take one day and stray out of the French Quarter. I would recommend a Garden District Walking Tour where you can see our Antebellum mansions and hear about the history of the city. ■



**Vilija J. Vaitaitis, MD**

**What do you love most about New Orleans?**

I love that there is always something going on in New Orleans—from live music to a festival, parade, or race. You can always find something to do. And I love that the city is incredibly friendly! We love welcoming tourists and giving our advice on places to go.

**What is New Orleans' best-kept secret?**

New Orleans is actually quite the melting pot full of transplants from all over who have happily taken New Orleans on as their new home.

**What is your go-to New Orleans food?**

While in New Orleans you definitely need to try the local cuisine—po'boys, gumbo, shrimp and grits; no one should leave New Orleans hungry!

**What tips do you have for first-timers in New Orleans?**

Definitely take some time to explore outside of the French Quarter. Take the St. Charles streetcar down through the Garden District and Uptown to see some of the beautiful homes and local hangouts. We also have a great World War II museum worth checking out! ■

## Lunch with the Experts

Take advantage of the opportunity to interact with otolaryngology legends in an intimate setting ideal for peer-to-peer exchange and discussion about the many facets of patient care. See schedule at [www.entannualmeeting.org](http://www.entannualmeeting.org).





# Get to know New Orleans

Imagine meeting in a city where cultures collide in a brilliant explosion of flavors, emotions, and sounds.

New Orleans is the birthplace of jazz, home to Creole cuisine, and rich with history and culture. It is centrally located with a walkable downtown and world-class convention facilities.

A timeless city with a unique way of life and steeped in European traditions and Caribbean influences, the “Big Easy” calls to mind sweet sounds and savory aromas fueled by more than 300 years of history. New Orleans beckons the ears, allures the eyes, and enchants the hearts of all who wish to explore it. From streetcar rides to visiting parks and churches, there are a bounty of options for fun and frolicking in New Orleans. You can



spend the day in one of the many lovely parks, take in a round of golf, meander through a cemetery, and so much more.

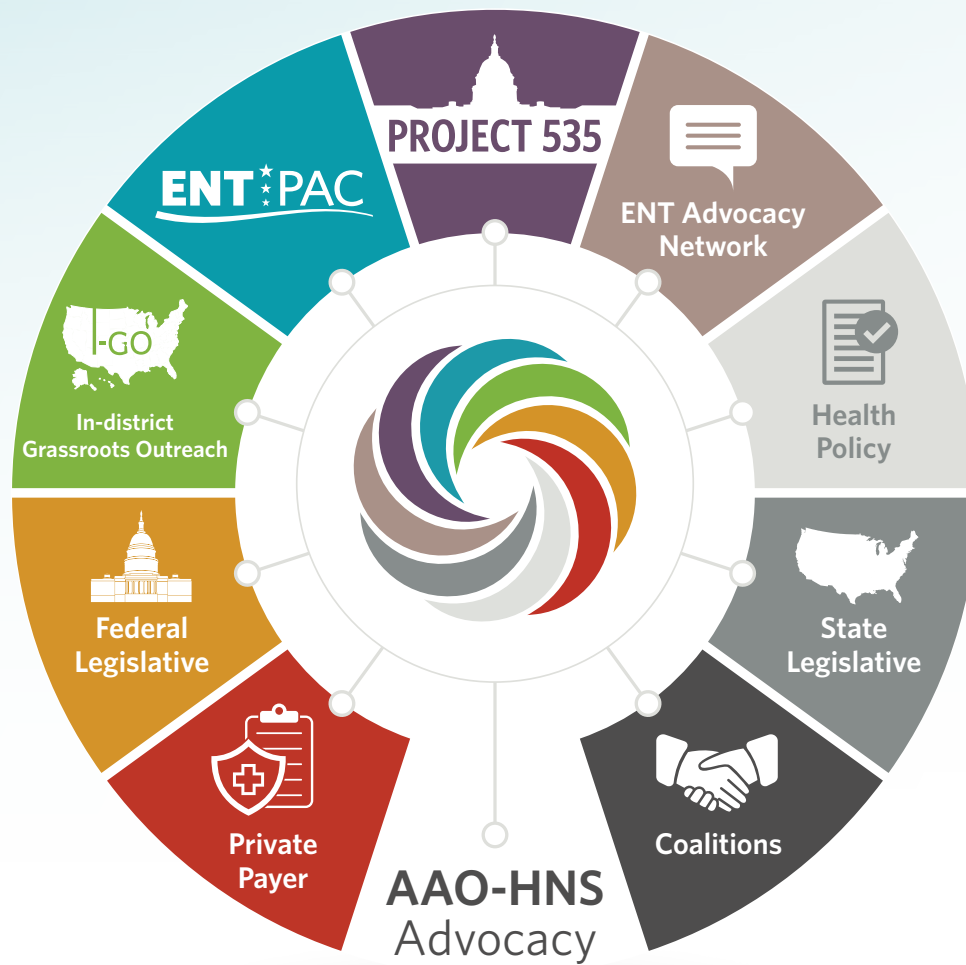
There is history to be found around every corner and fun to be had in a relaxing way at the delightful attractions offered throughout New Orleans. ■

## Attractions and excursions

- Airboat Rides
- Arts and Blooms: Longue Vue and Sculpture Garden
- Bayou Boat Tours
- “Big Easy” City Tour
- Food and History Tours
- French Quarter Tour with Behind the Scenes Antiquing
- Garden District Grandeur Walking Tours
- Ghost, Voodoo, and Vampire Tours
- Grace and Grandeur: Houmas House Plantation
- Life in the Old South: Oak Alley Plantation
- National World War II Museum
- Sacred and Mysterious Churches and Cemeteries Tours
- Steamboat Harbor Cruise
- Swamp Tours
- Taste of Vieux Carré

If you're looking for family-friendly fun in New Orleans, you'll find there's no shortage of kid-approved excitement. See [www.entannualmeeting.org](http://www.entannualmeeting.org) for suggested activities.





## Tackling private payer denials

**T**he Academy diligently advocates for full and appropriate reimbursement for procedures performed by otolaryngologist-head and neck surgeons and the patients they treat. Since last June's annual Advocacy issue of the *Bulletin*, the Health Policy Advocacy Team tackled detrimental national policies and local payer denials and gaps in coverage. Following are some examples of payers that the Academy has been working with to improve coverage for services commonly performed by our members.

- United Healthcare
- BCBS of Alabama
- Blue Cross Blue Shield Association
- BCBS of Arizona

- Cigna
- Capital Blue
- Anthem
- BCBS of Rhode Island
- Emblem Health
- BCBS of Vermont
- Moda Health
- BCBS of Wyoming
- AmeriHealth
- Blue Shield of California
- BCBS Federal
- Independence

### The following coverage topics were addressed with these payers:

- Balloon Sinus Ostial Dilation
- Modifier 62 (in conjunction with CPT code 62165)

- Post-Op Sinus Endoscopy and/or Debridement Procedures
- Post-Op Nasal Debridement After Endoscopic Sinus Surgery
- Sinus Implantable Devices
- Modifier 25 (with E/M services)

In addressing these and other policies, the Academy relies on multiple avenues to identify coverage topics for prioritization. Aside from reaching out directly to the Health Policy Advocacy Team and sharing copies of policies via email or phone, members are encouraged to notify staff via the online inquiry tool: <https://www.entnet.org/content/practice-management-tool>. The AAO-HNS Health Policy Advocacy Team also reviews payers' monthly newsletters announcing changes in coverage

# ADVOCACY: RepresENTing You!

and monitors numerous online resources. In addition, staff collaborates with the Academy's physician leaders, as well as other medical societies to recognize detrimental policies.

Once a medical policy has been flagged, it undergoes a thorough review by members of the Health Policy Advocacy Team, the Academy's Health Policy Coordinator, **R. Peter Manes, MD**, and **James C. Denny III, MD, AAO-HNS EVP/CEO**. The next step is to determine the best medical literature, published resources, and clinical explanations to combat the policy. The Academy may engage physician member

experts and/or AAO-HNS committees for additional clinical input or consideration of the evidence cited in each comment letter. Advocating for the specialty and submitting communications to payers is a collaborative effort.

The Health Policy Advocacy Team will continue communicating coverage wins and announcements as notifications are received by the Academy. To read more about these and other advocacy efforts, visit <http://www.entnet.org/content/private-payer-advocacy>. If you have questions regarding national or local private payer challenges, contact [pmtadvocacy@entnet.org](mailto:pmtadvocacy@entnet.org). ■

## Increased payer coverage

Advocacy staff constantly monitors improvements and updates to private payer policy decisions. We are happy to announce the following increases in coverage:

**Effective August 8, 2018**, Aetna offers coverage for hypoglossal nerve neurostimulation for the treatment of moderate to severe obstructive sleep apnea (OSA). Under the policy, FDA-approved hypoglossal nerve neurostimulation devices [such as the Inspire II System and Inspire 3028 system for Upper Airway Stimulation (UAS) Therapy] are considered medically necessary to treat OSA when certain clinical criteria are met. Network-based HMO and/or PPO plans are offered in 40 states and Washington, DC.

**Effective February 18, 2019**, Highmark updated its commercial medical policies in Delaware, Pennsylvania, and

West Virginia to cover standalone balloon sinus ostial dilation (BSOD). Highmark now considers BSOD medically necessary in the sinus being considered for dilation (i.e., frontal, maxillary, or sphenoid) for the treatment of chronic sinusitis when certain clinical indications are present.

**Effective April 8, 2019**, Highmark Blue Shield now considers eustachian tube balloon dilation medically necessary in adult individuals (22 years and older) when certain clinical criteria are met. This revised coverage policy applies to Highmark BS of Pennsylvania.

To read more on each of these medical policies, visit <https://www.entnet.org/content/private-payer-advocacy>. ■

**ENT**  **PAC**

**ResidENT** 

ENT PAC launches  
"ResidenTen" program  
for resident physicians

**D**id you know that ENT PAC, the Academy's nonpartisan, issue-driven, political action committee, recently launched a new campaign for AAO-HNS physician residents? The "ResidenTen" initiative aims to underscore the importance of the Academy's political programs with the next generation of Academy members. To learn more about ResidenTen, visit the ENT PAC\* website at [www.ENTPac.org](http://www.ENTPac.org) (log in with your AAO-HNS member ID and password) or contact [entpac@entnet.org](mailto:entpac@entnet.org) for assistance. ■

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

# What I-GO is all about



## IN-DISTRICT GRASSROOTS OUTREACH

**A**s an otolaryngologist-head and neck surgeon, you know all too well the challenges faced in the day-to-day practice of medicine. Increased liability premiums, a challenging reimbursement environment, and burdensome government regulations continue to threaten the viability of your practice and can hinder your ability to provide patients with the highest quality care. So, how do otolaryngologist-head and neck surgeons change this environment and regain control of specialty? One answer is through grassroots advocacy.

The Academy provides numerous opportunities for its members to influence health policymaking at the state and federal level, educate elected officials, and invest in the future of otolaryngology. One of the best ways to make your voice heard on behalf of the specialty is by participating in the In-District Grassroots Outreach (I-GO) program.

AAO-HNS members have a valuable voice as both voters and constituents. The Academy's members are more than just physicians; they are also business owners, employers, voters, and constituents. The I-GO program works because direct contact with federal and state lawmakers amplifies the Academy's ongoing advocacy efforts when issues that impact the specialty are debated. Successful advocacy starts with a solid grassroots foundation.

### **That sounds great! How do I get involved? Meet at the district office**

Legislators routinely meet with constituents at their local, in-district, offices. Meeting with a lawmaker or their staff in the district offers a more personal and relaxed environment to discuss issues that affect the specialty.

### **I'm interested. Where do I begin? Contact the Advocacy Team to schedule a meeting with your lawmakers.**

To request a meeting with your state and/or federal representative, visit [www.entnet.org/content/district-grassroots-outreach-i-go](http://www.entnet.org/content/district-grassroots-outreach-i-go), or email the AAO-HNS Advocacy Team at [govtaffairs@entnet.org](mailto:govtaffairs@entnet.org) for assistance. Once the request is received, a member of the Advocacy Team will be in touch about scheduling your meeting.

### **What's next? Study your talking points.**

The AAO-HNS Advocacy Team will provide everything you need to have a successful, productive meeting. You can expect custom talking points and background materials, including information about the lawmaker and important information on the Academy's legislative priorities.

### **Smile for the camera.**

During your meeting, make sure to request a photo with the legislator or staff. Don't forget to send the pictures to the office and the AAO-HNS Advocacy Team.

### **Send a thank-you note.**

After the meeting, send a thank-you letter or email, reiterating the key points discussed in your conversation. Don't forget to follow up and send any additional information requested during the meeting. The Academy is happy to assist with the necessary follow-up materials.

### **Share your experience.**

Don't let your efforts go unnoticed! Share your experience with colleagues and encourage others to meet with their legislators.

### **Are there other ways to be an I-GO volunteer?**

**Yes! In addition to meeting with your legislators at their district offices, you can also ...**

### **Host a legislator at your practice.**

It is not uncommon to see elected officials visiting small or new businesses in their communities on "site visits." These visits provide an opportunity for the official to hear directly from constituents on certain legislation or regulations. Hosting a legislator at your practice allows you to talk about healthcare issues in your own environment.

### **Attend or host a fundraiser.**

Fundraisers will allow you the opportunity for face time with candidates and elected officials to discuss the Academy's key legislative issues. If you are currently an ENT PAC contributor and are interested in attending or hosting a fundraiser, email [entpac@entnet.org](mailto:entpac@entnet.org). Your contribution to attend a fundraising event could be covered. Likewise, it is also helpful to participate in your state society or medical association fundraiser.

Are you ready to become an all-star advocate?

Want to learn more about the Academy's advocacy efforts and other grassroots programs? Email [govtaffairs@entnet.org](mailto:govtaffairs@entnet.org). The AAO-HNS Advocacy Team stands ready to help you make a difference. ■

# Making connections through coalitions

One of the most effective ways the Academy advocates on behalf of the specialty is through ongoing participation in a number of coalitions. The collective advocacy from organizations on shared issues further strengthens the Academy's ability to advance federal and state legislative policy and regulatory priorities.

Read on to learn more about some of the coalitions the Academy partners with to advocate for the specialty.

### **Friends of the Congressional Hearing Health Caucus (CHHC)**

The CHHC is a bipartisan caucus of members from the U.S. House of Representatives committed to supporting the needs of people with hearing loss and other auditory disorders. The "Friends of the CHHC" sponsors educational briefings on Capitol Hill and an annual tour of the National Institute on Deafness and Other Communication Disorders at the National Institutes of Health.

### **Deaf and Hard of Hearing Alliance (DHHA)**

The DHHA is a coalition that seeks changes to federal public policy to help improve the quality of life for people who are deaf, hard of hearing, or have hearing loss.

### **Health Coalition on Liability and Access (HCLA)**

The HCLA is a national advocacy coalition working to advance medical liability reform at the state and federal level. The AAO-HNS strongly supports comprehensive medical liability reforms to stabilize and reduce professional liability premiums, ensure patients have continued access to care, and eliminate frivolous lawsuits.

### **PARTNERS**

The PARTNERS coalition is an alliance of organizations that works to advance legislation and regulation to 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 impacts smoking ban laws, limits access to tobacco products and other nicotine-delivery devices (particularly by youth), as well as proposals to mandate insurance coverage for tobacco cessation.

### **Physician Clinical Registry Coalition (PCRC)**

The PCRC is composed of 25 physician-centric organizations that work collaboratively to achieve a legal and public policy environment that recognizes and supports the positive role that clinical data registries (such as Reg-ent<sup>SM</sup>) play in collecting, analyzing, and sharing clinical information, identifying trends and best practices, and improving clinical outcomes and quality patient care.

### **Surgical Coalition**

The Surgical Coalition brings together several surgical specialty organizations to discuss collective issues unique to surgeons in the areas of federal and state legislation, regulatory policy, and reimbursement.

### **Truth in Advertising (TIA)**

The AAO-HNS works with the physician community to support state and federal efforts to implement TIA legislation that would require all healthcare providers to inform patients of their credentials and/or level of training in patient communications and marketing materials. TIA is an important component of providing patients with the best possible care. ■

For more information about the Academy's collaborative partnerships or advocacy related issues, contact the AAO-HNS Advocacy Team at [govtaffairs@entnet.org](mailto:govtaffairs@entnet.org).



AAO-HNS members followed their trip to the AAO-HNS/F 2019 Leadership Forum & BOG Spring Meeting with a trip to Capitol Hill to discuss topics like surprise billing, prior authorization, and more.



## Advocacy highlights from the AAO-HNS/F 2019 Leadership Forum & BOG Spring Meeting

Following the success of the third annual State OTO Society Roundtable, the AAO-HNS/F 2019 Leadership Forum & BOG Spring Meeting, held April 26-28 in Alexandria, VA, included several advocacy-related sessions in which attendees learned about the importance of making their voices heard at the state and federal levels.

First, the BOG Legislative Affairs Committee served as a platform for attendees to receive updates on the Academy's various advocacy, political, and grassroots-related programs, including an overview of 2019 state and federal legislative priorities and a demonstration of the Academy's new "action alert" software, which allows members to engage with federal lawmakers with just one click. Additionally, U.S. Representative Andy Harris, MD (R-MD), spoke to attendees about the current political landscape and reasons why physicians need to get involved and stay engaged in the political debate.

Many opportunities were available for members to further engage in the Academy's advocacy programs. Thanks to the generosity of our members, ENT PAC—the

Academy political action committee—raised nearly \$18,000. In addition, nine new attendees volunteered to join the Academy's State Tracker team, increasing the program to 156 volunteers, while 23 others signed up for PROJECT 535, leading to 62 percent coverage of Congress.

Following the weekend sessions, AAO-HNS physician leaders traveled to Capitol Hill on Monday, April 29, to discuss several "hot topics" in healthcare and issues important to the specialty, including:

- Comprehensive Tobacco Control Legislation
- Surprise billing
- Prior authorization
- Audiology "Direct Access" legislation

Members met with both Democratic and Republican lawmakers from the U.S. House of Representatives and U.S. Senate, including the office of Speaker of the House Nancy



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

Pelosi (D-CA) and Minority Leader Kevin McCarthy (R-CA). Additionally, AAO-HNS members had productive conversations with staff from the key House and Senate committees with jurisdiction over health-related issues: The House Ways and Means Committee, House Energy and Commerce Committee; Senate Committee Finance, and Senate Health, Education, Labor, and Pensions (HELP) Committee.

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

## Meet the 2019 Eisenberg Health Policy Grant recipients

The Academy is proud to announce the 2019 Eisenberg Health Policy Grants were awarded to four individuals who embody a commitment to advocacy. Established in 2018, the grants fund four residents to attend the AAO-HNS/F Leadership Forum & BOG Spring Meeting and meetings with legislators on Capitol Hill and local members of Congress.

“

These grants give residents the opportunity to meet Academy leaders and visit Congress to gain experience in how to present our thoughts on proposed legislation in a concise and positive way. Finally, and most important, is to develop a group of people who are enthusiastic and willing to continue to stay involved with the Academy and strive to become our future leaders.

– **Lee D. Eisenberg, MD, MPH**

*The grants are funded by Dr. Eisenberg.*

”

### **Ghedak Ansari, MD, MPH, MEd**

*Resident, Kaiser Permanente, Otolaryngology Head & Neck Surgery at Oakland, CA*

Ghedak Ansari, MD, MPH, MEd, was a child of the 1991 Iraq Gulf War, a refugee, teacher, congressional intern with former Senator John Kerry of Massachusetts and Senator Mark Warner of Virginia, public health student at Johns Hopkins University, and now an otolaryngology resident. She remembers back to her childhood that “my ear infections would start when we were forced to run down to the basement, and I was trapped without a physician or medication, holding my ears in pain until the skies turned blue again.” Dr. Ansari said the Eisenberg grant will help her continue to advocate for access to affordable healthcare and prescription drug coverage.

### **Hilary Caitlyn McCrary, MD, MPH**

*Resident, University of Utah School of Medicine, Otolaryngology Head and Neck Surgery*

Hilary Caitlyn McCrary, MD, MPH, earned her Master’s in Public Health prior to starting residency. Dr. McCrary describes her current research that implements extended use of non-opioid medications (including Celebrex) for patients with head and neck cancer undergoing resection and reconstruction, as “important work to create nationwide opioid policies that reduce morbidity and mortality related to their use.” As an Eisenberg Grant recipient, “I will take what I learned to join the ENT Advocacy Network and refine my skills to advocate in areas I believe in, such as expanding access to healthcare in rural communities and stemming the opioid crisis.”



### **Daniel C. O’Brien, MD**

*Resident, West Virginia University School of Medicine, Otolaryngology Head & Neck Surgery*

Daniel C. O’Brien, MD, has participated in advocacy programs both in the California legislature and in Washington, DC, for events on Capitol Hill.

“Living in West Virginia, I have seen patients coming from five hours away to receive care.” He said he believes that access to affordable care, leveraging technology as the new frontier, and the ability to acquire and maintain comprehensive health coverage are among today’s most important issues.

“The cost of healthcare is often shifted to those without insurance, and usually to those least able to pay. As such, we need to bend the cost curve so that it impacts our patients less.”



### **Kevin J. Contrera, MD, MPH**

*Resident, Cleveland Clinic Head & Neck Institute*

“If you practice medicine, you practice policy.” These words were introduced to Kevin J. Contrera, MD, MPH, as a first-year

medical student and have become his anthem. “Starting as the AMA National Student Chair for Advocacy, we used this message to develop the largest student campaign in recent history to avert cuts to graduate medical education. More recently, my time on the AAO-HNS Legislative Affairs Committee was focused on activating membership through Project 535. He said the grant will allow him “to continue to champion this message and work to forge meaningful connections with leaders in the field, many of whom I aspire to emulate.” ■





# Dysphagia in aging

■ Submitted by the **AAO-HNS Airway and Swallowing Committee**

**D**ysphagia is the symptom of difficulty swallowing and presents along a spectrum from mild to life-threatening manifestations. Swallowing dysfunction is commonly a consequence of co-existing medical conditions or physical alterations. It is important to remember that healthy aging does not portend dysphagia, but rather as individuals acquire more illness or injury as they enter later decades of life, swallowing dysfunction is more prevalent among the elderly.<sup>1</sup> It's estimated that up to 20 percent of individuals over 50 years and nearly all individuals reaching 85 years will experience some degree of swallowing alteration.<sup>2</sup> Among nursing home residents, the prevalence is highest with over 59 percent

of long-term inhabitants understood to have dysphagia.<sup>3</sup> In fact, effects from swallowing impairment are the leading cause of death in conditions such as stroke, dementia, and Parkinson's disease.<sup>4,5</sup> The clinical and societal impact of swallowing impairment in the elderly will continue to grow as the U.S. population over 65 years is expected to double by 2050.<sup>6</sup> Unsurprisingly, during our lifetimes, we will all be affected personally by dysphagia related to aging.

The evaluation and management of dysphagia in the elderly is a multidisciplinary responsibility. The team includes primary care physicians, speech language pathologists (SLP), otolaryngologists, nurses, dietitians, and caregivers. Older adults may attribute their swallowing symptoms to a product of aging when in fact dysfunction may be related to an underlying condition. This misunderstanding might result in delay in accurate assessment and appropriate management. Among aging individuals,

goals of dysphagia care include timely recognition of swallowing impairment, accurate assessment with diet allocation, and prevention of illness or malnutrition.

Accurately identifying swallowing impairment is critical to tailoring management and preventing harmful health consequences. Common indicators of swallowing dysfunction include choking with meals, altered voice quality, coughing, pneumonia, and unintentional weight loss. Some elderly individuals may lack the capacity to communicate such symptoms and therefore, screening for dysphagia in this high-risk population is important. Furthermore, patients with certain conditions known to be associated with swallowing impairment should likewise be screened, including those with stroke, traumatic brain injury, dementia, neurodegenerative disease, COPD, and head and neck cancer, among others. Such assessments begin with clinical "bedside" evaluations, which survey level of cognition, ability to self-feed, fine motor skills, anatomic structures, and oral bolus preparation.

Frequently, evaluation proceeds to instrumental assessments, most commonly videofluoroscopic swallow study (VFSS) or flexible endoscopic evaluation of swallowing (FEES). Both instruments are widely used and have shown to be reliable tools for assessing structural, temporal, motor, sensory, and safety aspects of swallowing in the elderly.<sup>7</sup> Available literature suggests that many characteristics of swallowing evolve with healthy aging. Examples include prolonged pharyngeal and esophageal swallowing phases, decreased laryngeal motion, and increased presence of cervical osteophytes and cricopharyngeal bars.<sup>8, 9, 10, 11</sup> Recent data suggest that despite such changes in otherwise healthy elderly individuals, swallowing efficiency is typically maintained. However, there continues to be conflicting evidence regarding



- **What Causes Dysphagia?**
- **What Are the Treatment Options?**
- **What Questions Should I Ask My Doctor?**

Find these answers and more on [ENThealth.org](https://www.enthealth.org), the site that offers a roadmap for consumers seeking health-related information about the ear, nose, throat, and head and neck conditions like dysphagia. All articles, videos, and content are developed in concert with ENT physician experts, including teams of clinician experts.

Share this resource with your patients <https://www.enthealth.org/conditions/dysphagia/>



the preservation of swallowing safety through healthy aging, as measured by the penetration aspiration scale.<sup>1</sup> Nevertheless, elderly people who are deconditioned, frail, medically complex, or otherwise particularly susceptible to swallowing impairment should be carefully assessed with instrumental evaluations to identify abnormalities and deficits that surpass features of healthy aging and threaten their well-being.

Effective management of swallowing impairment in the elderly relies on accurate diagnosis and the participation of an interdisciplinary team.<sup>12</sup> It begins with appropriate diet allocation. Among aging individuals, it's critical to make recommendations while considering their ability to masticate, gain or maintain weight, tolerate secretions, and protect their airway.<sup>13</sup> Recent studies suggest that thickened liquids are likely not appropriate for many elderly adults and such recommendations may result in poor adherence, dehydration, and deleterious pulmonary consequences.<sup>14</sup> Furthermore, feeding tube recommendations in the elderly must be thoughtfully considered in the context of impairment severity and overall health as restriction from all oral intake carries significant detriment to quality of life.<sup>15</sup> Additionally, because it is common for elderly individuals to take multiple medications, difficulty swallowing oral medications should be addressed with pill modifications, alternate formulations, or assistive devices including specialized cups or straws.

When cognitive function allows, SLPs may instruct elderly patients on swallowing maneuvers to mitigate impairments of timing, airway protection, and efficient bolus transit. Importantly, SLPs engage elderly patients in dysphagia therapy, leveraging adjustments to pharyngeal contractility, swallow coordination, and cough strength in order to improve swallowing efficiency and maintain health.<sup>16,17</sup> Among older individuals, both Lee Silverman Voice Therapy (LSVT) and Expiratory Muscle Strength Training (EMST) have been used in dysphagia therapy and may confer benefits to cough efficiency and swallowing safety.<sup>18</sup> In elderly patients

## Effective management of swallowing impairment in the elderly relies on accurate diagnosis and the participation of an interdisciplinary team.

who remain appropriate surgical candidates, procedural approaches may be indicated for certain conditions more commonly encountered in later adulthood, such as cricopharyngeal muscle dysfunction, Zenker diverticulum, hiatal hernia, achalasia, or intractable aspiration.

An expanding and aging elderly population demands awareness of their increased risk for swallowing abnormalities. Though healthy aging does not foretell swallowing dysfunction, the elderly are particularly vulnerable to impairment owing to co-existing medical conditions and deconditioning. Consequently, they demonstrate extreme susceptibility to malnutrition and negative pulmonary sequelae as a result of swallowing dysfunction. Moreover, social isolation and shared stress are commonly experienced by older adults as well as their loved ones and significantly impact quality of life.<sup>19</sup> Therefore, routine dysphagia screening of elderly individuals followed by comprehensive diagnostic assessment and appropriate, individualized therapy should be undertaken by an engaged interdisciplinary team. ■

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FROM THE AAO-HNS PATIENT SAFETY AND QUALITY IMPROVEMENT COMMITTEE

# Resident education in patient safety and quality improvement: What's new?

■ Sarah N. Bowe, MD, Nausheen Jamal, MD,  
Stephen C. Maturo, MD

**B**eyond education and institution requirements, there is a clear need for our trainees to learn useful patient safety and quality improvement (PS/QI) skills in order to provide better patient care in practice. Teaching residents about safety and quality requires a dedicated curriculum. Numerous specialties have published their experiences incorporating PS/QI into graduate medical education.<sup>1,2</sup> The first basic outline for an otolaryngology education program in PS/QI was proposed in 2015.<sup>3</sup> This framework suggested the following pertinent topics: quality improvement, clinical and patient safety, effective communication, systems approach to medical error, and metrics and measurement. In order

to introduce these concepts, a wide array of teaching methods was presented, including didactics, self-study/learning modules, group discussion, case-based learning, experiential learning, and QI projects. Over the past four years, we have seen these suggestions transformed into reality as otolaryngology programs have incorporated many of these ideas into unique learning experiences.<sup>4,5</sup> In addition to what is available in the literature, national meetings can be a great source of inspiration, offering new and innovative options for resident education, including those already being used in other otolaryngology training programs.

When selecting curricular resources for PS/QI education, residency programs should first assess the broader organizational environment to determine whether institutional requirements or resources are already in place. Some hospital systems

have sought to align the safety and quality experiences of all trainees by implementing a core curriculum for all programs. This was the case for the Virginia Commonwealth University Health System (VCUHS). In 2016, the institution set organizational priorities to include quality improvement and adopted the Institute for Healthcare Improvement (IHI) Plan-Do-Study-Act (PDSA) Model for Improvement. In order to have a shared mental model for this improvement work, faculty and residents were required to complete a subset of the IHI Open School modules.<sup>6</sup> When organizational mandates exist, it is critically important to incorporate this into the training program's education strategies. The VCUHS residents completed the required modules over a two-year time period. Since starting this initiative, they have utilized the IHI Model for two team-based projects, one of which focused on

developing an automated electronic hand-off tool. Compared to their previous handwritten tool, residents saved 10 minutes and 80 clicks, while simultaneously achieving better readability and accuracy. Furthermore, they are continuing to engage in PDSA cycles as they test the implementation of their electronic hand-off tool in practice.

An alternative approach arises when the teaching institution has not standardized any core PS/QI education requirements. In this case, training programs have more flexibility to customize their own curricula. In April 2015, the University of Kentucky (UK) Department of Otolaryngology performed a comprehensive overhaul of its Morbidity and Mortality conference. They transitioned to a Quality Improvement/Patient Safety (QIPS) conference with the goal to provide a monthly one-hour conference that was focused on systems improvement, as well as teaching/board review enhancement. Three targeted high-yield cases are picked by the program director each month. The primary resident provides a brief case summary and didactic lecture/review, which is followed by a QIPS-focused discussion. Since transitioning, the program has noted improved comfort and confidence with previously “difficult to discuss” topics, as well as increased in-training exam scores.

The UK program has also participated in an exciting ACGME-approved study examining root-cause analysis (RCA) training. Interns and program directors were given instruction in the “SWARM” process, which is a rapid response to gain collective intelligence (think bees) and consists of five steps: 1) explanation of the process, 2) participant introductions, 3) review of the facts, 4) discussion including investigation of the underlying systems factors, and 5) identification of focus areas for action and assignment of task leaders with specific deliverables and completion dates.<sup>7</sup> The SWARM provides a standard approach to investigate the “how” and “why” of adverse or undesirable events but directs efforts at the unit/department level to enact quicker, meaningful changes. The UK team is early in the process of determining the frequency and sustainability of this work but has received positive feedback from residents and faculty

that this process takes some of the “mystery” out of RCA and provides “real world” changes for their patients.

Overall, one of the broader goals for all these education frameworks is to provide trainees with the requisite knowledge to be able to engage in meaningful PS/QI projects. In a recent study, 86 percent of responding otolaryngology program directors noted that a resident-driven QI project was necessary to satisfy graduation requirements.<sup>8</sup> Unfortunately, momentum for individual trainee-driven projects can be lost when the resident moves on to different rotations or graduates and sustained interest in the topic by other trainees or faculty is not present.<sup>4</sup> This was noted to be the case at the University of Pittsburgh. In their program, there was a yearly resident QI project requirement that was frequently not met. If residents did engage, it was often on a small project that they worked through on their own. In response, the department decided to mix things up and “flip” the classroom. Background didactics on PS/QI principles is provided for review prior to scheduled team-based workshops. Resident teams, arranged by PGY class, choose their own QI project based on previously identified systems problems. They recruit their own group of experts, including faculty mentors and interdisciplinary collaborators. Working together, they develop a timeline for ongoing-PDSA cycles with specific task assignments that are completed prior to the next meeting. This “blended” approach of combining didactics with experiential learning is a proven effective adult learning model.<sup>2-4</sup> Furthermore, buy-in from multiple stakeholders helps sustain momentum in the project encouraging true longitudinal work with examination of results over time. Recent projects have included efforts to decrease radiation exposure in the emergency department for peritonsillar abscess and deep neck space infection imaging, as well as to improve methods for preoperative counseling for head and neck surgery patients.

Developing an effective PS/QI curriculum can be a daunting task. Fortunately, a lot of groundwork has been laid, yielding many options for training programs to consider when adapting or expanding their current education offerings. ■

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**REGISTER  
NOW!**

# ARS 65th Annual Meeting

**September 13-14, 2019**

**Hilton New Orleans Riverside, New Orleans, LA**



## Meeting Highlights:

**14th Annual David W. Kennedy Lectureship**

**Guest Speaker: Robert Schleimer, PhD**

Chief, Allergy and Immunology

Northwestern University Feinberg School of Medicine

- The ARS conference and housing is at the AAO-HNS Headquarter Hotel, *Hilton New Orleans Riverside*
- Welcome Reception
- 15th Annual David W. Kennedy Lectureship
- Resident's Cadaver and Didactic Workshop
- Resident's & Fellows Section
- Patient Advocacy & Coding Panel
- Women in Rhinology Section
- Poster Presentations
- Exhibit Hall
- Ancillary Lunch Symposiums
- Mentorship Program Section

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

## ARS/AAOA Panel:

**"What is 'Appropriate' in CRS diagnosis and treatment?"**

This panel will address:

- Appropriate use of CT scans in the diagnosis of CRS
- Appropriate medical therapy prior to ESS and how this differs across CRS endotypes
- Appropriate use of cultures and bacterial/fungal sequencing in the clinical treatment of CRS patients
- Appropriate use of allergy testing/treatment in CRS patients

## Questions?

Wendi Perez, ARS Executive Administrator

Tel: 973-545-2735 (Option #6)

Email: [wendi@american-rhinologic.org](mailto:wendi@american-rhinologic.org)

## Deadlines:

**Abstract Opens: 4/1/2019**

**Abstract Deadline: 6/17/2019**

**Manuscript Deadline: 8/1/2019**

**Housing: Open Now! Housing Deadline: 8/12/2019**

Housing Registration Link: <https://book.passkey.com/e/49819122>


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Kavita Dedhia, MD	Douglas E. Mattox, MD
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The Medical University of South Carolina  
Department of Otolaryngology – Head & Neck Surgery

**The Charleston Course at the beach!**  
9th Annual Otolaryngology Literature Update  
July 12 & 13, 2019 | Kiawah Island Golf Resort, SC

**How does a busy clinician stay current in our rapidly expanding specialty?**

Our 9th Annual Literature Update Course is designed to help!

- Expert critical assessments of over 100 of the past year's most relevant, current evidence-based publications
- Lectures and discussions that will evaluate best practices and strategies for how to translate the evidence into practice

Our faculty members will cover the specialty in 15 lectures over two half days with emphasis on the “pearls” important to your practice. We hope you will join us in a beautiful location along the South Carolina coast this July!

*Paul R. Lambert, MD.*  
Paul R. Lambert, M.D., Professor & Chair

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Hosted by the Department of Otorhinolaryngology Head and Neck Surgery


# RUSH UPDATE in OTOLARYNGOLOGY 2019


**THE MID-AMERICA CLUB**  
**OCTOBER 25-26 | CHICAGO, IL**  
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This comprehensive 2-day program offers a forum to share and validate current practice standards and to incorporate new strategies in the management of the patient with ear, nose, and throat disorders.

### **Fellowship Otolitic/Neurotologic Surgery**

A one-year Fellowship in otologic/neurotologic/skull base surgery in a rich environment with 10 faculty including Otolitic/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 Otolitic/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



### **Otolitologist/Neurotologist**

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

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

Candidates must be fellowship trained and BC/BE by the  
American Board of Otolaryngology

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

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

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



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### **PEDIATRIC OTOLARYNGOLOGIST**

- Excellent opportunity at our Children's Hospital of Georgia
- Rank commensurate with experience
- Excellent resources are available
- Fellowship training required

### **OTOLOGIST/NEUROTOLOGIST**

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

To apply and receive additional information, please contact:

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

Or email skountakis@augusta.edu

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## Fellowship in Laryngology/ Care of the Professional Voice

Dates: July 1, 2021 – June 30, 2022

**American Institute for Voice and Ear Research  
Drexel University College of Medicine  
Hahnemann University Hospital  
Philadelphia, Pennsylvania**

Our fellowship has a special focus on care of the professional voice, but we provide comprehensive training in all areas of laryngology, including neurolaryngology, dysphagia, and airway disorders.

Dr. Robert Sataloff, Fellowship Director and Chairman of the Department of Otolaryngology – Head & Neck Surgery at Drexel University College of Medicine, will conduct preliminary interviews at this year's Annual Meeting of the American Academy of Otolaryngology – Head and Neck Surgery in New Orleans. For applicants not attending the Academy meeting, other arrangements can be made.

If you would like to schedule an interview, please contact Debbie Westergon, Executive Assistant, at (215) 762-5165 or [office@phillyent.com](mailto:office@phillyent.com).

## Willamette ENT® Ear • Nose • Throat

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](https://www.youtube.com/watch?v=GHTWUBLT-tQ).

For more information about our clinic, please visit [ENTSalem.com](http://ENTSalem.com).

Please contact or send CV to:

**Kim Robbins, HR Director**

Email: [kimr@entsalem.com](mailto:kimr@entsalem.com)

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

# UF | UNIVERSITY of FLORIDA

The Department of Otolaryngology at the University of Florida is seeking applicants who wish to pursue a career in Pediatric Otolaryngology. We are excited to announce 2 faculty positions: A Pediatric Otolaryngologist for our main campus in Gainesville, and either a Pediatric Otolaryngologist, or a General Otolaryngologist - with strong interest in Pediatric Otolaryngology - in Pensacola, Florida.

**Gainesville:** The division currently consists of 2 fellowship-trained Pediatric Otolaryngologists, within our growing department of 14 full-time University of Florida Faculty members.

The Division of Pediatric Otolaryngology is growing, and current practice locations include UF Health Shands Children's Hospital and the UF Health Children's Surgical Center. In addition, work has begun on the construction of a new, free-standing Otolaryngology clinic facility. The UF Health Shands Children's Hospital-recently ranked in 9 pediatric subspecialties in the 2018-2019 US News and World Report rankings-consists of 200+ inpatient beds, including a 24-bed PICU, 23-bed Pediatric Cardiac ICU, 68-bed NICU, and a Level I pediatric trauma center and Emergency Department.

A fellowship in Pediatric Otolaryngology is strongly encouraged. Applicants should also be board certified or board eligible and licensed (or eligible) to practice in Florida. Additionally, active involvement in both Otolaryngology resident and medical student education is expected.

Gainesville is a charming city and home to the University of Florida. The area is known for its natural beauty, with many springs, lakes and rivers. The mild climate encourages outdoor activities and residents enjoy swimming, boating, fishing, bicycling and camping. Culturally, the city is enriched by the influence of the university. The population of Gainesville is approximately 111,000 with a surrounding population of 250,000. We have a diverse culture, excellent public schools, low cost of living and no state income tax. For the past 8 years Gainesville has been voted among the Top 12 "Most Livable Cities in the Nation" by Money Magazine.

**Pensacola:** We are excited to announce an expanded partnership with The Studer Family Children's Hospital at Sacred Heart in Pensacola. We are seeking either a fellowship-trained Pediatric Otolaryngologist, or a General Otolaryngologist with an interest in Pediatric Otolaryngology for Northwest Florida's only children's hospital.

Located in the Florida Panhandle-amidst the world's whitest sand beaches-Pensacola has been named in CNN/Money Magazine's "Best Cities to Live" and has been named "Boomtown" by Inc. Magazine. Pensacola offers beautiful homes to suit any budget, offers a cost of living that is well below the national average, along with excellent schools, no state income tax, and numerous outdoor activities. Here you can live and practice where others only dream of living!

Candidates should have completed a fellowship in Pediatric Otolaryngology, or a General Otolaryngology residency from an ACGME accredited program, be board certified or board eligible, and licensed (or eligible) to practice in Florida.

Please apply online at <https://facultyjobs.hr.ufl.edu> and search for "Otolaryngology" for either position. After applying, please send a letter of interest and CV to:

William O. Collins, M.D., FACS, FAAP  
Associate Professor  
Chief, Division of Pediatric Otolaryngology  
[William.collins@ent.ufl.edu](mailto:William.collins@ent.ufl.edu)

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



Capital Otolaryngology, a three physician private practice, is seeking a BC/BE otolaryngologist to join our team in amazing Austin Texas. You will be joining a successful, well established practice to replace a retiring physician.

We offer a broad range of ENT services including adult and pediatric ear, nose, and throat care. We specialize in nasal, sinus, and sleep apnea. The clinic has an accredited sleep lab and operating room, a CT scan, as well as full allergy and audiology services.

We offer an excellent salary/bonus, health insurance, paid vacation time, malpractice insurance, CME reimbursement, and 401K participation with employer matching.

Applicant will be busy from week one and is expected to make production bonuses immediately.

Austin Texas was recently voted as a top city to live in.

Capital Otolaryngology was recently voted the Best Otolaryngology clinic in Austin

Interested candidates please submit your current CV and letter of interest to: James Lopez, Practice Administrator (jlopez@capoto.com)

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

## Otolaryngologist

### Expanding Practice in York, PA

A well established, busy five physician group in York, Pennsylvania is looking to add a sixth, full time Board Eligible/Board Certified Otolaryngologist. Our services include Audiology and Hearing Aid Sales. Our office has been running on an EMR system since 2006. On-Call rotation is 1:6. Initial employment includes an excellent salary and productivity bonus. Partnership offered after 1 to 2 years of employment.

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

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

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



Contact: Renee Gohn

Office: 717-843-9089

Email: [yorkent@comcast.net](mailto:yorkent@comcast.net)



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

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- A starting salary of \$300,000
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- A governance structure that gives you a voice from Day 1, and colleagues who understand there is more to life than just practicing medicine

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

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





## Otolaryngology

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

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**Contact Doug Kenner**

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



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## Otologist/Neurotologist Department of Otolaryngology- Head and Neck Surgery Washington University School of Medicine

The Department of Otolaryngology-Head and Neck Surgery at Washington University School of Medicine in St. Louis, MO is seeking an otologist/neurotologist with experience and interest in vestibular disorders to assume a thriving academic balance practice and direct the Dizziness and Balance testing center. Applicants may apply for an assistant, associate or full professor appointment based on prior experience and training. Practice could include surgical management of otologic and neurotologic disorders in addition to running the department's balance clinic and testing facility. The department has vast opportunity to provide cutting edge patient care in addition to basic, translational and clinical research experience. Collaboration with existing departmental clinical and basic investigators is encouraged. Salary is negotiable and commensurate with rank, training and experience.

Interested candidates should apply at  
<https://facultyopportunities.wustl.edu>.



## Rutland Regional Medical Center

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Rutland, Vermont

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

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

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



Rebecca Banco, CMSR, DASPR

Inhouse Physician Recruiter, Rutland Regional Medical Ctr, [bbanco@rrmc.org](mailto:bbanco@rrmc.org)

## SOUTH FLORIDA ENT ASSOCIATES



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

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

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

This position will include both office and hospital settings.

### Requirements:

Board Certified or Eligible preferred  
MD/DO from approved medical/osteopathy school and graduation from accredited residency program in ENT

Current Florida license

Bilingual (English/Spanish) preferred  
Excellent communication and interpersonal skills

F/T - M-F plus call

For more information about us, please visit [www.sfenta.com](http://www.sfenta.com).

### Contact Information:

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

## University of Missouri

Department of Otolaryngology—  
Head and Neck Surgery



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:

- **Pediatric Otolaryngology**
- **Otolaryngic Allergy**

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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- Established research program focusing on voice and swallow disorders
- Well established and expanding hospital system
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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](mailto:zitschr@health.missouri.edu)

To apply for a position, please visit the MU website at [hrs.missouri.edu/find-a-job/academic/](http://hrs.missouri.edu/find-a-job/academic/)  
The University of Missouri is an Equal Opportunity/Access/Affirmative Action/Pro Disabled & Veteran Employer.



## Yale School of Medicine Faculty Position in Otolaryngology

The Division of Otolaryngology at the Yale School of Medicine is currently seeking a board eligible/board certified or equivalent **Laryngologist** to join our comprehensive and growing team. Applications are invited for the position of Assistant or Associate Professor of Surgery at the Yale School of Medicine.

Primary responsibilities will include providing patient care at a clinic space in Greenwich, CT with surgical procedures performed at Greenwich Hospital, a unit of Yale-New Haven Health System. A physician skilled in Laryngology and comprehensive Otolaryngology is needed in the Greenwich community. Time will also be spent at our New Haven campus, including educational activities with medical students and residents.

This position is an opportunity to join a growing faculty and develop a robust clinical practice along with a state-of-the-art Laryngology Center in a thriving community in southwestern Connecticut. Greenwich is a beautiful community on Long Island Sound, just a short distance from Manhattan.

All aspects of Laryngology and General Otolaryngology will be practiced, in a fully outfitted office. We are seeking candidates with an academic orientation in clinical care and/or education. Candidates will have exceptional interpersonal skills and a commitment to make contributions to the field of Otolaryngology. In addition to program planning and development, candidates should also have a background in quality assurance, educational and operational issues.

New Haven and Greenwich are located between Boston and New York. There are ample opportunities to live on the coast or in surrounding areas with small town charm. The greater area offers some of the top public and private schools in the country.

**All application materials should be submitted electronically to: <https://apply.interfolio.com/62131> Review of applications will begin immediately and will continue until the position is filled.**

Should you have any questions, please reach out to:

*Benjamin L. Judson, MD*  
Chief (Interim), Yale Otolaryngology  
Phone: 203-785-4862  
[benjamin.judson@yale.edu](mailto:benjamin.judson@yale.edu)  
Technical Difficulties: [Debra.Kieslich@yale.edu](mailto:Debra.Kieslich@yale.edu)

Yale University is an Affirmative Action/Equal Opportunity employer. Yale values diversity among its students, staff, and faculty and strongly welcomes applications from women, persons with disabilities, protected veterans, and underrepresented minorities.



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

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

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

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

Contact information:

Please send resumes to HR@centamedical.com

### Private Practice Opportunity General Otolaryngologist

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.

- Top 10 Micropolitan communities in the U.S.
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- Competitive salary with benefits.
- Partnership track with options for buy in.

Interested candidates please submit CV and letter of interest to:

Amy Gonzales, Practice Administrator  
amgwent@aol.com



### CLEVELAND CLINIC HEAD & 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

- General ENT
- Oral & Maxillofacial Surgeon
- Rhinologist
- Neurotologist
- Laryngologist, Cleveland Clinic Florida
- 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.

**Explore:** Comprehensive professional benefits offered by Cleveland Clinic, the foremost physician-led health care organization in the nation. We offer a collegial work environment, balanced work schedule, and a competitive salary. These are enhanced by an attractive benefits package including generous CME, medical malpractice coverage and no restrictive covenant.

**Grow Professionally:** Advance your career interests through collaborative patient treatment with robust resources for professional development including leadership, education, and management tracks. We also offer a formal mentorship and coaching program that only the Cleveland Clinic can provide.

**Submit:** Current CV and personal statement online at:  
jobs.clevelandclinic.org/physicians  
All applications held in the strictest confidence.  
Cleveland Clinic Physician Recruiter: Sandy Fedor, sfedor@ccf.org

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





## 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

This position will include clinical efforts in our Otolaryngology specific Emergency Room, the provider's own comprehensive otolaryngology clinic, time staffing inpatient consults with residents at the adjacent Massachusetts General Hospital and dedicated operating room time. There will be regular interactions with otolaryngology trainees and medical students, particularly while working in the Emergency Room. The ideal candidate will have had strong training in general otolaryngology, interest in teaching and mentoring otolaryngology residents and seek a career in Comprehensive Otolaryngology in an academic setting. Research opportunities are available including collaboration across a wide variety of disciplines, although the primary institutional goal for this position is the delivery of clinical care and resident 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

243 Charles Street, Boston, MA 02114

***Brad\_Welling@meei.harvard.edu***

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

A well-established, premier and highly respected ENT private practice in Fayetteville, North Carolina is seeking a full time BC/BE General Otolaryngologist or Otolologist. We offer a full spectrum of ENT services including complete audiology, hearing aids sales, vestibular services, laryngology, otology, head and neck surgery, in-office CT, allergy, Tru Di navigation balloon sinuplasty, eustachian tuboplasty, LATERA implants.

The Fayetteville Sandhills region enjoys easy access to mountains and coastal beaches. We offer a competitive compensation package with potential buy in opportunity after 2 years of joining our practice.

For confidential consideration please email your CV to Dr. Steven Pantelakos at [stpent@nc.rr.com](mailto:stpent@nc.rr.com) or Gwendolyn Parks at [gwenp@fayent.com](mailto:gwenp@fayent.com).

You may visit us at [www.fayent.com](http://www.fayent.com).

## UF | UNIVERSITY of FLORIDA

The University of Florida Department of Otolaryngology is seeking applicants who wish to pursue an academic career in General Otolaryngology at the rank of Assistant, Associate, or Full Professor. Track and rank will be commensurate with experience. The department has 14 full-time faculty members and 15 residents. The desired candidate should possess a strong commitment to both clinical practice as well as resident teaching. Applicants should be board certified or board eligible and licensed (or eligible) to practice in Florida. Significant relevant clinical experience and/or fellowship training in the chosen field is desired. Salary is negotiable and will be commensurate with experience and training.

**To Apply, please go to <https://jobs.ufl.edu>, select "Faculty/Postoc" search using "Otolaryngology, Gainesville". After applying, please send your CV and cover letter to:**

### General Otolaryngology

Department of Otolaryngology

Attn: **Brian Lobo, MD**

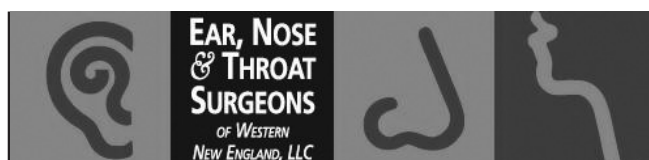
University of Florida

PO Box 100264

Gainesville FL 32610-0264

Email: [brian.lobo@ent.ufl.edu](mailto:brian.lobo@ent.ufl.edu)

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



**Ear, Nose & Throat Surgeons of Western New England is seeking a Board Certified or Board Eligible Otolaryngologist to join our busy practice.**

Ear, Nose & Throat Surgeons of Western New England is seeking a Board Certified or Board Eligible otolaryngologist to join our busy practice. A strong generalist, a pediatric subspecialist or someone with virtually any type of subspecialized interest would do very well in this thriving environment. The current breadth of our robust practice includes advanced endoscopic sinus surgery, head and neck cancer, laryngology, endocrine surgery, otology/neurotology, pediatric otolaryngology, and allergy testing and treatment. Our office provides video stroboscopy, CT scans, VNG testing, ABR testing, and on-demand audiology.

Currently, our practice employs seven Physicians and five Physician Assistants, with offices in Springfield, Northampton and Ware. With a 50-year history of providing comprehensive Otolaryngologic care for residents of the Pioneer Valley, our practice is the primary source for otolaryngology care at Baystate Medical Center, our 716-bed Level 1 trauma center and tertiary care teaching hospital, as well as at three community hospitals, Baystate Mary Lane Hospital, Mercy Medical Center and Cooley Dickinson Hospital. We perform surgery at the hospitals and at our physician-owned surgery center, Pioneer Valley Surgicenter. We are committed to providing comprehensive university-level care with the benefits of private practice.

This new position will allow us to expand our growing practice office locations. We are looking for an energetic, self-confident individual who can work both independently and in a group environment. Our physicians are here to serve as supportive team members for a confident generalist or someone with subspecialty interests who is ready to start their career.

Our location in western Massachusetts offers a community lifestyle with the benefits of easy access to Boston (1 1/2 hours), New York City (2 1/2 hours) and Vermont skiing (1 hour). Northampton is a well-recognized center of art, theater, music and quality restaurants. Favorable cost of living with competitive salary, productivity bonus, and a full benefits package possibly leading to partnership and excellent long-term income potential make this an opportunity that should not be overlooked.

If you are interested Please Click Apply! Or if you know a recent graduate or senior resident who may be looking for an opportunity such as ours in western Massachusetts, please forward them our information as well as the contact information below. Also a visit to our website at [www.entsurgeons.us](http://www.entsurgeons.us) would provide them further data on our growing practice.

Direct Contact Information:  
Barry Jacobs, MD, FACS  
[brjacobs@entsurgeons.us](mailto:brjacobs@entsurgeons.us)  
Phone: 413-732-7426  
Fax: 413-732-0650

Jerry Schreiberstein, MD, FACS  
[jschreiberstein@entsurgeons.us](mailto:jschreiberstein@entsurgeons.us)  
Phone: 413-732-7426  
Fax: 413-732-0650



#### UNIVERSITY OF CALIFORNIA – DAVIS

**PEDIATRIC OTOLARYNGOLOGIST** - The Department of Otolaryngology at the University of California, Davis, School of Medicine, located at the UC Davis Medical Center in Sacramento, California, is seeking an academic full-time Pediatric Otolaryngologist at the Assistant, Associate or Full Professor level in the clinical series to participate in clinical, teaching and research programs. Candidate is required to have an MD degree, be fellowship trained in pediatric otolaryngology, board certified or board eligible in Otolaryngology, and be eligible for a California medical license.

In addition to clinical responsibilities, candidate will be expected to fully participate in departmental programs, including teaching of medical students and residents; and must be able to work cooperatively and collegially within a diverse environment. Leadership opportunities exist within the pediatric division.

Qualified applicants should apply online at UC Recruit: <https://recruit.ucdavis.edu/JPF02726> by uploading current curriculum vitae with bibliography, letter of interest, statement of contributions to diversity, and the names and contact information of at least three professional references.

For more information, please contact Dr. Maggie Kuhn at: [makuhn@ucdavis.edu](mailto:makuhn@ucdavis.edu)

For full consideration, applications must be received by September 30, 2019; however, the position will remain open until filled.

UC Davis commits to inclusion excellence by advancing equity, diversity and inclusion in all that we do. We are an Affirmative Action/Equal Opportunity employer, and particularly encourage applications from members of historically under-represented racial/ethnic groups, women, individuals with disabilities, veterans, LGBTQ community members, and others who demonstrate the ability to help us achieve our vision of a diverse and inclusive community. For the complete University of California nondiscrimination and affirmative action policy see: <http://policy.ucop.edu/doc/4000376/NondiscrimAffirmAct>. UC Davis Health welcomes applications from women and under-represented minorities. The University has a strong institutional commitment to the achievement of diversity among its faculty and staff.

Under Federal law, the University of California may employ only individuals who are legally able to work in the United States as established by providing documents as specified in the Immigration Reform and Control Act of 1986. Certain positions funded by federal contracts or sub-contracts require the selected candidate to pass an E-Verify check. More information is available at: <http://www.uscis.gov/e-verify>.

UC Davis is a smoke and tobacco-free campus (<http://breathefree.ucdavis.edu/>)



### 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  
243 Charles Street, Boston, MA 02114  
**Brad\_Welling@meei.harvard.edu**

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



### Department of Surgery, Section of Otolaryngology Yale University, School of Medicine

The Department of Surgery, Division of Otolaryngology at the Yale School of Medicine is currently seeking a fellowship trained, academically oriented Pediatric Otolaryngologist to join our comprehensive and growing team. Applications are invited for the position of Assistant or Associate Professor of Surgery at the Yale School of Medicine and Yale-New Haven Children's Hospital. Clinical responsibilities include providing patient care at Yale-New Haven Children's Hospital in addition to outpatient clinics and our Pediatric Specialty Center. In addition to clinical duties, our faculty members provide educational training to medical students and residents, and actively contribute to our research goals. This is a unique opportunity to help start an academic section which will eventually support a fellowship. Applicants should expect to work in a friendly environment with collegial and supportive administration.

**All application materials should be submitted electronically to:**  
**<http://apply.interfolio.com/49584>**

**Review of applications will begin immediately and will continue until the position is filled.**

*Should you have any questions, please reach out to:*

*Erik Waldman, MD*  
Assistant Professor  
Chief, Section of Pediatric Otolaryngology  
Phone: 203-785-5430  
*Erik.Waldman@yale.edu*  
Technical Difficulties: *Debra.Kieslich@yale.edu*

Yale University is an Affirmative Action/Equal Opportunity employer. Yale values diversity among its students, staff, and faculty and strongly welcomes applications from women, persons with disabilities, protected veterans, and underrepresented minorities.

### THE University of Vermont HEALTH NETWORK

#### Champlain Valley Physicians Hospital Plattsburgh, NY

### Surgeon Otolaryngology

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

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

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

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

The University of Vermont is an Equal Opportunity/Affirmative Action Employer. All qualified applicants will receive consideration for employment without regard to race, color, religion, sex, sexual orientation, gender identity, national origin, disability, protected veteran status, or any other category legally protected by federal or state law. The University encourages applications from all individuals who will contribute to the diversity and excellence of the institution.

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





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

FULL-TIME BE/BC  
FELLOWSHIP TRAINED FACULTY

**Laryngologist**

FULL-TIME BE/BC  
FELLOWSHIP TRAINED FACULTY

**Facial Plastic/  
Reconstructive Surgeon**

FULL-TIME BE/BC  
FELLOWSHIP TRAINED FACULTY

*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.

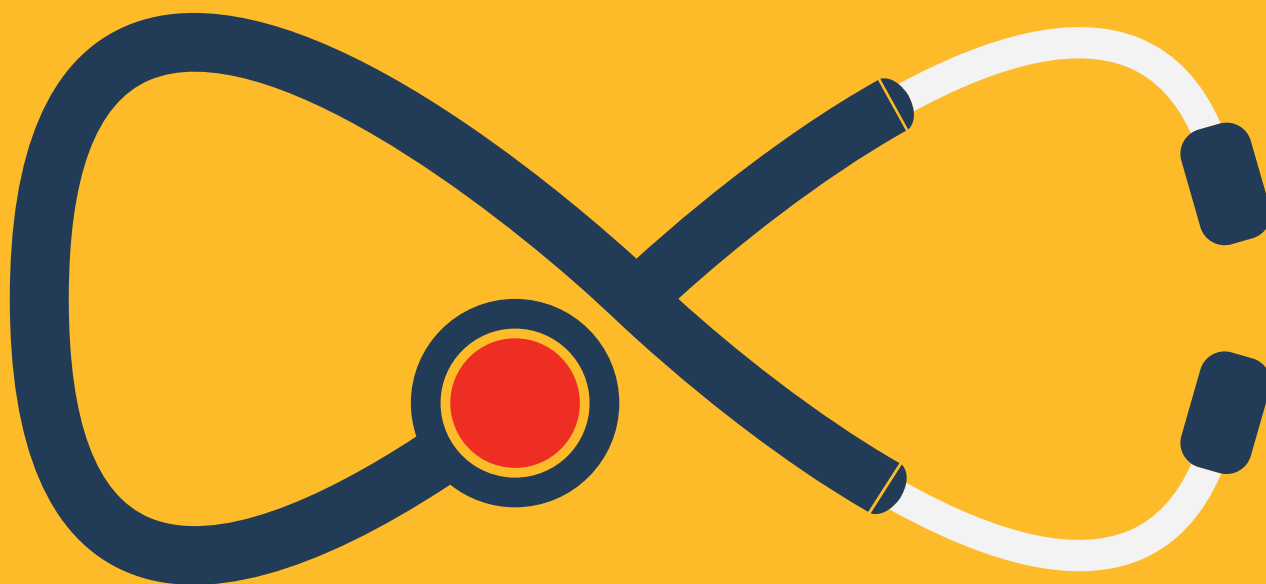
*Please direct your Letter of Interest and CV to:*

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

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

Advancing the practice of good medicine.

**NOW AND FOREVER.**



**ANNOUNCING THE 2019 DIVIDEND FOR AAO-HNS MEMBERS**

The Doctors Company has returned more than \$425 million to our members through our dividend program—and that includes 10% to qualified AAO-HNS members. We've always been guided by the belief that the practice of good medicine should be advanced, protected, and rewarded. So when our insured physicians keep patients safe and claims low, we all win. That's malpractice without the mal.