

bulletin

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

AUGUST 2019



AACO-HNSF
ANNUAL MEETING
& OTO EXPERIENCE
SEPTEMBER 15-18
NEW ORLEANS, LA



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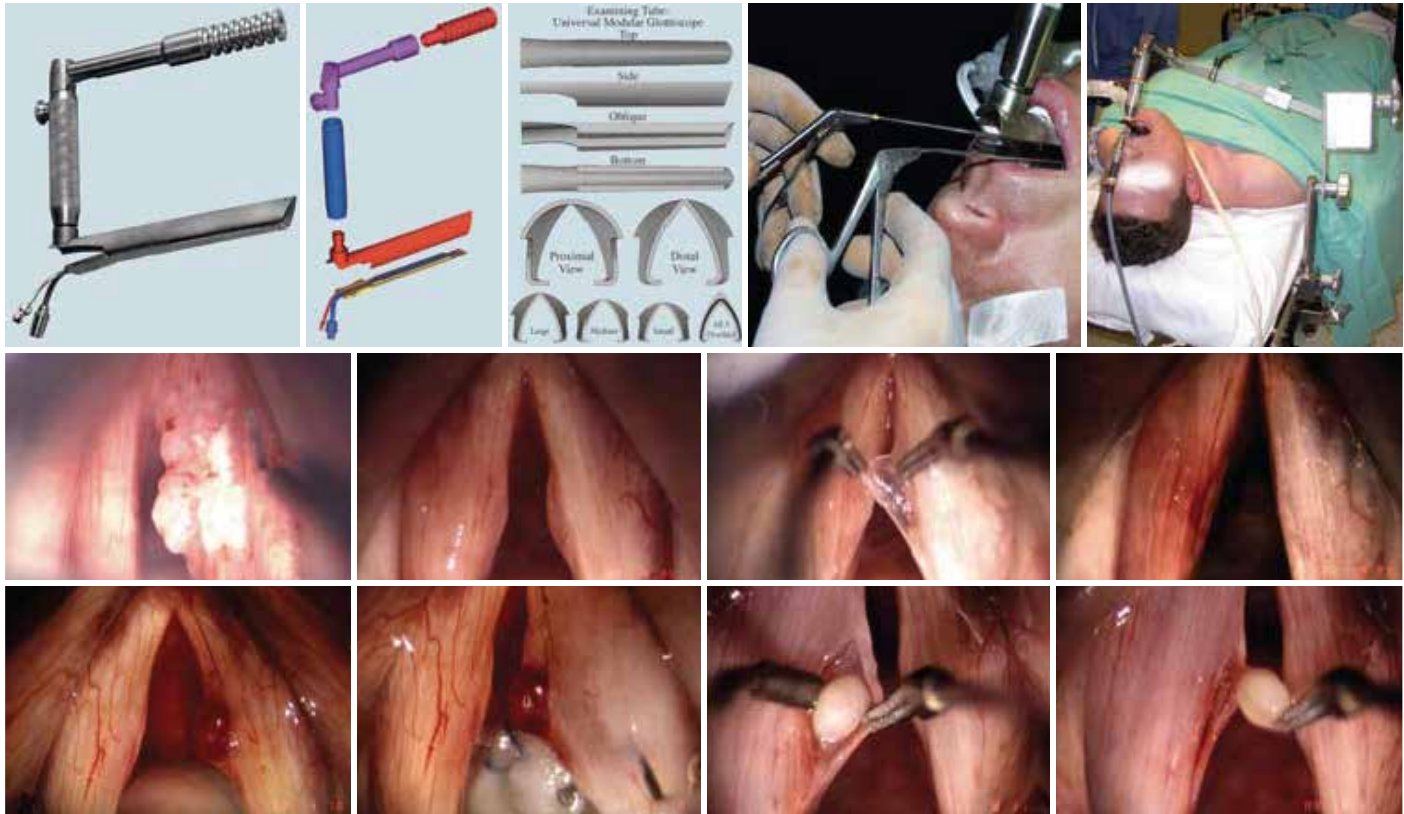
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Zeitels Universal Modular Glottiscope & Suspension System

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The universal bond of education

When I consider the incredible diversity of folks at our AAO-HNS/F meetings, I am reminded of a quote from Freya Stark. When reflecting upon the various people she had come across in her travels, she wrote, *“love of learning is a pleasant and universal bond, since it deals with what one is and not what one has.”* There is a remarkable and appealing meritocracy in our passion for teaching and learning.

How do Academy members learn? Is it really changing? Our AAO-HNSF is completing a major initiative to stay on top of (and ahead of) this very question; more on that soon!

While some of the vast array of AAO-HNSF education content is available throughout the calendar year, the highlight of every season in otolaryngology is our Annual Meeting & OTO Experience, “Where Science

and Experts Converge.” This year’s meeting will be September 15-18 in New Orleans, LA. We are all teachers and experts, regardless of the number and colors of badges and ribbons that we see at the Annual Meeting. We teach daily in patient rooms, on the phone with colleagues from other disciplines and specialties, in the supermarket when our neighbors and patients run into us, and very much so at our Annual Meeting. This zeal for teaching comes from many places; for some, we recognize that it is indeed how we ourselves improve. As Robert Heinlein famously said, *“When one teaches, two learn.”*

Meeting buzz is up. Registration is up. Committee engagement is up. We are set for a lively, practical, and world-class meeting worthy of your time and education budget. That is our commitment to you, and I look forward to seeing you there! ■



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



The AAO-HNSF Annual Meeting & OTO Experience education program offers otolaryngologists and other healthcare professionals a series of unique and dynamic education experiences designed to broaden and enrich their practice of otolaryngology-head and neck surgery and to provide a foundation for continued learning. Our ground-breaking education program formats have been enhanced for this year’s meeting. To learn more about the #OTOMTG19 education program, go to <https://www.entannualmeeting.org/education-program/>.

2019 AAO-HNS election results

The AAO-HNS extends its greatest appreciation to the candidates of the 2019 election for their dedication and willingness to run for office and serve the AAO-HNS and its members. The Nominating Committee presented the membership with an outstanding slate of candidates. The AAO-HNS thanks the Committee for its meaningful deliberation.

**Terms of those elected will begin October 2019.*

Bylaw Amendments Results

The 2019 election ballot included nine bylaw amendments, all of which were approved. Among the bylaws changes, Residents serving as voting members on all committees, International Members serving as voting members on all committees, a new member category for Practice Administrators, and the creation of a new succession plan for Directors and Officers. Learn more about these bylaws changes and read in their entirety. <https://www.entnet.org/content/2019-approved-bylaw-amendments> ■

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Director-at-Large (Private Practice)
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Nominating Committee (Academic)
Stella E. Lee, MD
Charles E. Moore, MD

Nominating Committee (Private Practice)
Soha Ghossaini, MD
Steven T. Kmucha, MD, JD

New life and 30-year members

"On behalf of all AAO-HNS members and the Board of Directors, I offer my congratulations to the following members who have earned lifetime status with the Academy and those celebrating 30 years of membership in 2019.

Your commitment to the Academy is a testament to the dedication you have to your colleagues, your patients, and the healthcare community at large. Your support continues to help us strive to be the global leader in optimizing quality ear, nose, and throat patient care through professional and public education, research, and health policy advocacy. - **Albert L. Merati, MD** AAO-HNS/F President, 2018-2019



Vinod K. Anand, MD	Brian T. Jenkins, MD
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Mark L. Beauchamp, MD	John C. Kirchner, MD
Howard J. Beck, MD	Pi-Tang Lin, MD
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Thomas H. Fairchild, MD	Robert H. Ossoff, DMD, MD
Jay B. Farrior, MD	Harold J. Pelzer, Jr., MD
Thomas M. Gillis, MD	Lucy Shih, MD
Andrew F. Inglis, Jr., MD	Edward L. Treyve, MD

The following are celebrating 30 years of membership in 2019. These particular groups would be prime candidates to participate in and benefit from the "transition from practice" program we are constructing as mentioned in Dr. Denny's column on the facing page.

Carolyn Agresti, MD	Eric W. Bridges, MD	R. Kent Dyer, Jr., MD	Robert G. Hunter, MD	Natasha Mirza, MD	David A. Sherris, MD
Peter E. Andersen, MD	Jimmy J. Brown, DDS, MD	John F. Eisenbeis, MD	Ian N. Jacobs, MD	John J. Moffitt, MD	Steven Shimoura, MD
Donald J. Annino, Jr., MD, DMD	Kenneth A. Brown, MD	Trina E. Espinola, MD	John A. Jeebles, MD	Walter P. Moore III, MD	Michael N. Shroyer, MD
Patrick J. Antonelli, MD	William J. Brundage, MD	Tom Eyen, MD	Michael D. Johnson, MD	Garrison V. Morin, MD	Michael J. Sillers, MD
William B. Armstrong, MD	Hana T. Bui, MD	Robert S. Feehs, MD	Nancy R. Juhlin, MD	Patrick G. Murphy, MD	Demetrios T. Skedros, MD
David C. Armstrong, MD	Jeffrey M. Bumpous, MD	Michael D. Franklin, MD	Glenn S. Kanamori, MD	George Murrell, MD	William H. Slattery III, MD
Michael P. Baker, MD	Frederick A. Bunge, MD	Rick A. Friedman, MD, PhD	Timothy J. Kelly, MD	Timothy P. O'Malley, MD	Denise S. Smart, MD
Scott A. Baker, MD	Beth C. Burghardt, MD	Michael J. Fucci, MD	Richard L. Kersch, MD	Richard L. Palesano, MD	Mark A. Soltany, MD
Edward L. Barns, MD	Luis E. Cabezas, MD	Robert P. Fulmer, MD	Jonathan D. King, MD	David K. Palmer, MD	Chris St. Charles, MD
Howard N. Barrow, MD	Scot C. Callahan, MD	Rafael I. Garcia, MD	Todd M. Kirchhoff, MD	Martin R. Papazian, MD	Thomas Stackhouse, MD
Gregory L. Barth, MD	Jeffrey P. Campbell, MD	Frederick Gass, MD	Jeffrey P. Kirsch, MD	Stephen S. Park, MD	Kerstin M. Stenson, MD
Evan S. Bates, MD	Allen H. Carlins, MD	Sheldon H. Genack, MD	Robert D. Klausner, MD	Michael L. Patete, MD	Richard E. Sterling, MD
Nancy M. Bauman, MD	Michael K. Case, MD	Ann M. Gillenwater, MD	Howard S. Kotler, MD	Jonathan A. Perkins, DO	David C. Teller, MD
Samir M. Bhatt, MD	Jasper V. Castillo III, MD	Donald R. Giovanetto, MD	Jeffery J. Kuhn, MD	Steven P. Peskind, MD	Jon V. Thomas, MD
Randall W. Black, MD	Steven W. Cheung, MD	Douglas A. Girod, MD	Jaesung Lee, MD	Lon J. Petchenik, MD	Sharon M. Tomaski, MD
Robert M. Block, MD	Laurence Chu, MD	Warren S. Goldstein, MD	Richard A. Levin, MD, DMD	Guy J. Petruzzelli, MD, MBA, PhD	Quang T. Tran, MD
Robert M. Boucher, MD, MPH	John V. Cichon, Jr., MD	Earl S. Golightly, MD	Brett A. Levine, MD	Kent L. Ramsey, MD	Scott J. Trimas, MD
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Carol R. Bradford, MD	Heidi L. Close, MD	Ron D. Gottlieb, MD	John C. Li, MD	Robert B. Redmon, MD	Eugenia M. Vining, MD
	Scott A. Cohen, MD	Verlia C. Gower, MD	Douglas A. Liening, MD, MSA	Charles A. Reese, MD, PhD	David V. Wagner, MD
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	Edward D. Donovan, MD	Hunter A. Hoover, MD	Alan G. Micco, MD	Imran Samad, MD	Jayne Zaikowaty, MD
	John L. Dornhoffer, MD	Jay B. Horowitz, MD	Henry A. Milczuk, MD	Maher Sesi, MD	George H. Zalzal, MD
	Charlotte M. Dugan, MD	Mark J. Hoy, MD	Mitchell B. Miller, MD	Lee M. Shangold, MD	Mark I. Zeme, MD
	Pavel Dulguerov, MD, PhD	May Y. Huang, MD	Joseph P. Mirante, MD	Peter Shapiro, MD	Gregg Zimmer, MD



Competency in otolaryngology

It's not too late to register for our Annual Meeting in New Orleans. The 20th anniversary of our last meeting in New Orleans promises to be a spectacular program in a renovated city known for its fine dining and good times for all. It will feature the President's Reception at Mardi Gras World and a globally and topically diverse program highlighted by superb lectures as well as the remarkable progress of Reg-ent, our clinical data registry. Early registration indicates this will be one of our highest attendances, and there is still time to join.

Increasing scrutiny of the competency of physicians at all stages of their careers affects potential training paradigms as well as end-of-career decisions. Several factors, such as surveys showing that a significant percentage of residents finishing training feel unprepared to start practice, have stimulated discussions related to training strategies. Recent pushback on the value and validity of "maintenance of certification" has called into question the most effective way to maintain the knowledge and skills that enable a physician to practice high-quality medicine throughout their career. Finally, there has been increasing attention given to the aging physician/surgeon and how we determine when a surgeon's skills and competency have deteriorated to the point that they should limit or discontinue practice altogether.

Ideally, we would be able to track competency to practice longitudinally throughout a career and intervene to remediate negative trends as they are recognized. Before we can think about how best to implement such a system, the elusive definition of competency and how to measure it must be agreed upon. The ABMS boards have recognized the complexity of this task and to date have not certified competence. Will the availability of more data points over time lead to an appropriate definition of competency and an understanding of the factors that allow one to achieve it? What combination of intelligence, knowledge, personality, physical skills, and intangibles allow one to achieve and maintain competence? Should we rely on outcomes as the primary determinant? While that sounds appealing to some, current methodologies have failed to identify most reliable combinations of outcomes applicable to this task. Cognitive and skills testing is currently available, but the full implications of these

tests are yet to be determined, particularly how much deterioration is significant. It is concerning that some institutions are using this type of data to limit ability to practice, given the paucity of evidence. Additionally, without serial testing, is it unclear if lower scores are baseline or an actual deterioration?

The house of medicine should accumulate the data necessary to answer these questions lest we find ourselves in the same position as several well-known groups, including pilots, FBI agents, and park rangers who have had mandatory retirement based on age alone imposed on them through existing legislative framework.

On my travels visiting local and state societies, as well as academic departments, it is apparent that we have some educational opportunities that would benefit members who are in training as well as aging otolaryngologists. We are currently working on assembling a series of video presentations covering the spectrum of socioeconomic and business topics; it is designed for younger physicians but will benefit all in the field. We will begin working on materials to assist those in the later stages of their transition to their next stage of life, whether it be to a different stage or type of practice or retirement. We will cover practice transition; alternative options to remain in medically related fields, including healthcare economics administration; mentoring opportunities; financial considerations; and current practice. It is important to begin planning well in advance, starting with the employment and partnership agreements. For those interested in remaining in a medical field, there are a plethora of options. Most mature, experienced physicians underestimate their value in the market in a variety of roles, both in the clinical world and in the health services community. On the opposite page, you can see the list of new Life Members; I congratulate them on their retirement.

I recently had the pleasure of attending the Board of Directors meeting of the Administrator Support Community for ENT (ASCENT). The volume of work that this group produces to enable our physician members to provide the best care through innovative practice management strategies and collaborative knowledge is amazing. On behalf of our members, I would like to thank and congratulate ASCENT for all they do. ■



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

“Most mature, experienced physicians underestimate their value in the market in a variety of roles, both in the clinical world and in the health services community.”

”

In memoriam: Jerome C. Goldstein, MD

AAO-HNS/F Executive Vice President 1984-1994



A native of upstate New York, Jerome C. Goldstein, MD, led a distinguished career within the house of medicine as a surgical specialist focused on patient care, a trailblazer in the education of physicians, and an administrative leader, setting the course for the future of the otolaryngology-head and neck specialty.

“Jerry Goldstein epitomized a successful marriage between exceptional clinical and sensitive, fair-minded management,” said Charles W. Cummings, MD, AAO-HNS/F Past President. “His efforts were the glue that allowed a diminutive surgical specialty to become impactful in medicine as a whole. In addition, he was a great person.”

In defining the key leadership of the newly merged organization of the former American Academy of Otolaryngology and the American Council of Otolaryngology, Dr. Goldstein was selected to serve for one year as Executive Vice President-designate under Harry W. McCurdy, MD, then assumed the role as Executive Vice President (EVP) in 1984. He served the AAO-HNS/F in this position through 1994, leading the Academy through a period of organizational growth and monumental change in the medical practice environment. His efforts helped build the Academy into a society with a sphere of influence for quality patient care.

The physical growth of the Academy during Dr. Goldstein’s 11-year tenure as EVP

resulted in the Academy moving into its own headquarters building, total assets more than quadrupling, and staff expanding from less than 20 to more than 50 employees. Programs and services experienced a commensurate growth, and by 1995, the Academy was providing services to more than 10,000 members.

“Although Jerry Goldstein’s name is indelibly linked with the AAO-HNS, his leadership had a much broader base. One example is the American Society for Head and Neck Surgery. During his term as Secretary, he provided the leadership to markedly expand the Society. This ran parallel with the evolution of the otolaryngologist as a head and neck surgeon,” said Eugene N. Myers, MD, AAO-HNS/F Past President.

Dr. Goldstein worked to increase specialty unity and to promote the Academy as the voice for otolaryngology. His participation in several major medical societies ensured the involvement of otolaryngologists in key activities. He was Secretary of the American Society for Head and Neck Surgery (ASHNS) for six years and President in 1983. In addition, he was President of the Centurions of the Deafness Research Foundation in 1988; Director of the American Board of Otolaryngology, now known as American Board of Otolaryngology - Head and Neck Surgery (ABOHNS); member of the American College of Surgeons Board of Governors; delegate in otolaryngology to the American Medical Association; the 1996 President of the Council of Medical Specialty Societies; and involved in the Triological Society.

“We are saddened to hear that our colleague Jerry Goldstein has passed away. Elected to membership in the Triological Society in 1982, Jerry exemplified the ideals and core values of our Society,” said Myles L. Pensak, MD, EVP, The Triological Society. “His warm and gracious personality welcomed residents and young colleagues. His responsiveness to professional challenges engendered a spirit of collegial interaction that fomented a collaborative and congenial

environment. It is our hope that his memory will always serve as a guide for future actions within our specialty.”

In 1994, Dr. Goldstein received the Academy’s first Public Service Award, which was established by an anonymous donor. This award was subsequently renamed the AAO-HNSF Jerome C. Goldstein, MD Public Service Award in honor of his lifelong commitment to improve patient welfare. He was deeply touched by this acknowledgment of his achievements and expressed his gratitude in the October 1994 *Bulletin* saying, “This Academy has truly become the love of my life.”

Among countless contributions to the Academy, he was a lead author in the publication of *A Century of Excellence, A 100th Anniversary History of the American Academy of Otolaryngology-Head and Neck Surgery and its Predecessor Organizations*.

Prior to assuming the EVP role of the Academy in 1984, Dr. Goldstein was Professor of Surgery and head of the Division of Otolaryngology at Albany Medical College (1974-83). He was in private practice with Stanley Edmunds, MD, in Glens Falls, NY, after three years fulfilling clinical duties and serving as Assistant Professor at Northwestern University School of Medicine. Dr. Goldstein completed his residency at the Upstate Medical Center, now SUNY Upstate Medical University, in Syracuse, NY. He attended medical school in Syracuse after earning a history major from the University of Rochester.

Dr. Goldstein was known not only for his hard work and commitment to his patients and his specialty but also for his boundless energy, razor sharp wit, and astute observations. His lifelong efforts are credited with building a strong foundation for the trusted reputation of the Academy, cultivating respect as the collective and collaborative voice for otolaryngology. He passed away on July 13, 2019.

<https://www.bethisraelchapel.com/obits/jerome-jerry-c-goldstein/> ■

BOG Awards

BOG Model Society Award

Receiving the 2019 Board of Governors' (BOG) Model Society Award is the **Virginia Society of Otolaryngology (VSO)**.

Member engagement, education, and networking are driven by its annual conference. The annual Lobby Day allows members to take VSO's message to legislators in Richmond, VA. Connecting with members, VSO provides a website, electronic and print communications, social media outlets, and in-person updates with the BOG Report at the AAO-HNSF Annual Meeting & OTO Experience. Committed to public awareness and outreach, VSO hosted its eighth free head and neck cancer screening for high-risk demographics in September 2018, drawing 80 patients, with 17 requiring follow-up.

VSO partners with allied societies and works with policymakers and regulators ensuring patients receive the highest quality otolaryngologic care. VSO aggressively lobbies for its members to maintain reimbursement rates and ensure that a growing patient population is not diluted by other professionals expanding their scopes of practice.

VSO's efforts are paying off, demonstrating value in VSO membership and increasing membership numbers in 2018. ■

2019 Candidates

Candidates for BOG Chair-Elect



David S. Boisoeneau, MD



Lance A. Manning, MD

Candidates for BOG Secretary



Shannon P. Pryor, MD



Karen A. Rizzo, MD

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STATEMENTS ONLINE

BOG Practitioner of Excellence Award

Receiving the 2019 BOG Practitioner Excellence Award is **Mark S. Persky, MD**, Professor, Department of Otolaryngology-Head and Neck Surgery (HNS) and Co-Director, Head and Neck Institute, at NYU Langone Health in Manhattan, NY.

Dr. Persky's nomination highlighted his exceptional patient care, earning trust by showing respect. He has contributed to many modern advances in treating head and neck cancer through his work at NYU Langone's Perlmutter Cancer Center, with more personalized therapy and improved overall cure rates and functional outcomes following surgery.

Integrated in Dr. Persky's work is his commitment to teaching at the NYU School of Medicine. Students are important to his professional legacy, representing optimism and potential for the future of otolaryngology and the subspecialty.

Dr. Persky is a respected mentor to residents and attending physicians alike. He uses humor and critical self-evaluation to support the next generation of physicians. Helping people and giving back to the community extends beyond the hospital, serving as President of The Triological Society (2017 -2018), and ongoing supervision of residents at Bellevue Hospital in New York City. ■

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WOMEN IN OTOLARYNGOLOGY SECTION

Get involved to support women in the specialty

Ellen M. Friedman, MD, to keynote the 2019 WIO General Assembly

■ **Lauren S. Buck, MD**, Resident,
University of Mississippi Medical Center

This past Memorial Day weekend, the other members of our department at the University of Mississippi Medical Center in Jackson, MS, attended the Gulf States Region Otolaryngology Conference in Pointe Clear, AL. Near the end of the first day, one of my attendings turned to me and said, “There are so many women speakers here. This is great!” And she was right—half of the conference speakers were women, including the keynote speaker, **Stacey T. Gray, MD**.

Having attended a medical school with a program featuring the rare female chair in otolaryngology, I early on benefited from strong female mentors. Not realizing just how lucky I was to have this experience (with less than five percent of chairs being female), I now am part of a residency program where the number of women residents and faculty is about equal to men. I am thankful for the diversity within the programs I have been a part of and now understand how important representation is in our field. Although more women than men are now enrolling in medical schools, only one-third of applicants applying to otolaryngology are women, and further disparity is present

regarding academic positions. While we have come a long way in our specialty, we need to continue supporting initiatives aimed at inclusivity and expanding diversity in the future.

Help us celebrate the 10-year anniversary of the WIO Section of the American Academy of Otolaryngology–Head and Neck Surgery. Now is the time to get involved, as WIO is working on many projects to assist women in our specialty. Mark your calendar to attend the WIO General Assembly, September 16, at 11:30 am on Monday, where **Ellen M. Friedman, MD**, will be the keynote speaker.

WIO members should also consider engaging with Sections and making a difference on important initiatives to help women in the specialty. Consider running for a leadership position or, like I did, apply for one of the committees when the cycle opens in November. Introduce yourself to the WIO leaders and ask how you can help during the AAO-HNSF 2019 Annual Meeting & OTO Experience. More ways to get engaged can be found by visiting www.entnet.org/WIO.

It has been a great experience serving on the Communications Committee for the WIO Section as a resident, and I encourage others to get involved early. Email WIO@entnet.org or contact your local WIO member. ■

HUMANITARIAN SERVICE GRANT: NAIROBI, KENYA

Otology in Kenya

Michael Ross Kaufman, MD, traveled to Kenya with **Matthew L. Bush, MD, PhD**, of the University of Kentucky, as well as other residents to teach and perform surgeries at the University of Nairobi. Part of each day was dedicated to lectures, while another was set aside for surgery for patients with chronic middle ear disease. The group performed nearly 20 operations on chronic middle ear disease patients, providing the locals with the only access to otologic care they will have all year.

Not only does the trip allow for residents of rural Kenya to receive access to medical care that they wouldn't otherwise have, but U.S. residents and physicians are able to meet and exchange best practices with their Kenyan counterparts.

“There is much to be learned from cross-cultural collaboration in medicine,” said Dr. Kaufman, “and I am optimistic that I have become a more well-rounded physician through this international endeavor.” ■



➔ **READ MORE ONLINE**
Longer article available

Five questions to ask your administrator

You have established your practice's leadership team—physician and administrator. The administrator has the knowledge and skillset to manage the business side of things so that you can focus on what you do best: treating patients. The Administrator Support Community for ENT (ASCENT) outlines five things you should be asking your administrator/manager on a regular basis to stay in the loop on the business side of your practice without sacrificing time with your patients.

1. What is our no-show rate? No-show rates can range anywhere from five to 30 percent. If you have 400 patient appointments in a month and 100 are no shows, that is a 25 percent no-show rate. Using a reimbursement rate of \$200 per visit, this results in lost revenue of at least \$20,000 per month. Multiply that over a year, and you have lost more than \$240,000 in potential revenue.

Why do patients no-show for appointments? The four major reasons are:

- They forgot about their appointment.
- They couldn't connect with the office via phone or computer to change or cancel their appointment.
- They had a conflict with their work obligations.
- They didn't have the money for the appointment.

So how do you decrease no-shows? Having an appointment reminder system is important and will save you money in the long run. Ensure patient calls are answered and that the



office is accessible. If the phone is ringing, any available staff should answer it and be knowledgeable enough to assist the caller or know where to direct the call. Increase staff awareness by making this a weekly report to the staff. This will help everyone work toward the goal of decreasing no-show rates. Finally, some practices are recouping no-shows by getting innovative with telehealth: Physicians can use an empty time slot to see patients virtually who have symptoms that are appropriate to diagnose remotely.

2. How much does a patient visit bring to the practice in terms of average gross revenue? To find the average gross revenue for each patient visit, calculate the total office reimbursement over a particular time period and divide it by the number of patient encounters. If that number decreased over time, then pay attention to the payer mix.

3. How much do we lose on average by having an open appointment slot? This amount is more than the amount of reimbursement. You must figure in how many patients are seen in an hour and then divide all costs involved in that patient encounter. Costs include all salaries of the people involved in patient care. One idea to bring in additional revenue and avoid lost time is to implement a software solution that allows

you to open a slot where patients can book a last-minute appointment.

4. What is the most recent office date that we have charges entered for all practitioners? This is important. This question could signify that providers are not completing their encounters in a timely fashion. It could also indicate a lag in the billing office. If you are not within a timeframe of zero to three days for charge entry, the administrator needs to be able to identify the issues involved in this lag time. Not getting the charges in to the insurance company in a timely manner could result in lag time with cash flow or accounts receivable.

5. What is the ratio of new to established patients? If the ratio is one new patient to every five returning patients, it is showing a considerably better influx of new patients than if the ratio is one new patient for every 25 return patients. That ratio might be telling you that you are relying too heavily on your return clientele and not enough on bringing in new patients. If this is the case, it might be wise to increase marketing efforts or evaluate scheduling templates and open additional visit slots for new patient appointments.

Look for our future articles on questions to ask your practice administrator/manager. If they are not members of ASCENT, check us out and join today at www.askASCENT.org. You, your practice, and your administrator will be glad you did. ■

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

AMERICAN RHINOLOGICAL SOCIETY REPORT

Rhinology recap

■ James N. Palmer, MD, ARS President

Greetings from the American Rhinologic Society. We just completed the RhinoWorld Chicago 2019 meeting during the first week of June, and it was a great success—five days of the best of rhinology and related fields. This meeting brought the world of rhinology to the United States, as the cohosts were the American Rhinologic Society (ARS), the International Rhinologic Society (IRS), and the International Society on Infection and Allergy of the Nose (ISIAN). **Brent A. Senior, MD**, President-Elect of the IRS, and **Robert C. Kern, MD**, President-Elect of ARS and ISIAN, partnered with many other rhinologists to put together a meeting that served as a milestone in rhinologic teaching and research. The ARS also took the opportunity to welcome its new Executive Vice President, **Mickey Stewart, MD, MPH**, who began his new term at the beginning of the meeting.

The meeting kicked off with the ARS Summer Sinus Symposium, organized by **Greg E. Davis, MD, MPH**, **Doug D. Reh,**

MD, and **Marc G. Dubin, MD**, which covered state-of-the-art clinical rhinology, including dissection sessions for international and national attendees that were proctored by an impressive array of faculty. **Sarah C. Wise, MD**, **Christine B. Franzese, MD**, and **Kevin McMains, MD**, crafted a new Allergy and Immunology program that ran for two days and will serve as a springboard for new research ideas and implementation. **J. Regan Thomas, MD**, graciously organized a comprehensive set of rhinoplasty teaching sessions. **David A. Gudis, MD**, **Hassan H. Ramadan, MD, MSc**, and **Aaron N. Pearlman, MD**, put together the Pediatric Rhinology program that filled in many of the growing areas of discussion in that field. **Jivianne Lee, MD**, and the Women in Rhinology Section of the ARS helped raise money for the meeting, cosponsoring a breakfast and a cocktail reception as well as sponsoring an open session titled, “Life Hacks for Success.” The Program Committee



RHINOWORLD
CHICAGO 2019
ISIAN • IRS • ARS

for the entire meeting, including **David B. Conley, MD**, and **Rick K. Chandra, MD**, who will be serving again for our fall AAO-HNS program, masterfully coordinated all of the above initiatives and also arranged for the presentation of over 200 research abstracts. Winners of the research awards included **Zhipeng Li, MD**, **Victoria Lee, MD**, **Daniel Beswick, MD**, and **Peter Papagiannopoulos, MD**.

We would like to thank the many ARS members and international faculty who volunteered their time and effort to serve as faculty and share their knowledge and advanced clinical care. **Wendi Perez**, **Susan Arias**, and **Tammy Lorimer** from the ARS and **Polly Rossi** and her staff from “Meeting Achievements” worked tirelessly before, during, and after the meeting to provide a program that ran like clockwork. Highlights from the social program included a faculty dinner from the top of the Willis Tower, 100 stories above Chicago, IL, and a Gala Dinner at the Field Museum, featuring a Blues Brothers cover band. All of the participating societies want to especially thank the MVP and General Secretary of the entire meeting, **Kevin C. Welch, MD**, whose organizational skills are unparalleled. We would also like to thank our industry partners, without whose support meetings such as this would be impossible. We look forward to reviewing the advancements that will come forward from RhinoWorld Chicago and look forward to meeting you in New Orleans, LA! ■



SOCIETY OF PHYSICIAN ASSISTANTS IN OTORHINOLARYNGOLOGY/HEAD & NECK SURGERY (SPA0) REPORT

We are better together



■ **Kristi Gidley, PA-C, MSHA,**
Liaison AAPA to AAO-HNSF

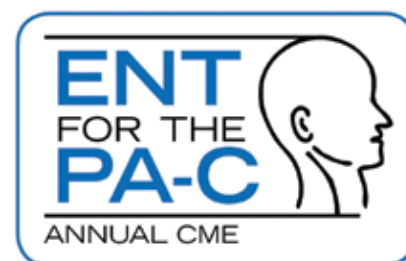
In 2018, AAO-HNS/F debuted the “We are One” campaign and brand. According to James C. Denny III, MD, AAO-HNS/F EVP/CEO, “It will take a concerted effort by all participants in the healthcare delivery system as well as the patients to create a focus on the high-quality care that this country’s citizens deserve. A great strength of our organization is the diversity of thought, experience, and culture that provides a basis for an even better product that all our patients deserve. The ‘all-hands-on-deck’ strategy accentuates the fact that we all need each other to succeed.”

Physician Assistants (PAs) represent many of the hands on deck and we agree; we are better together. The Society of Physician Assistants in Otorhinolaryngology/Head and Neck Surgery (SPA0) is the official specialty organization for PAs in ENT. Founded in 1991, SPA0 is a nonprofit constituent organization of the American Academy of Physician Assistants (AAPA). It operates exclusively for the educational and scientific benefit of its members. Various membership categories are available for AAPA Fellow PAs, nonfellow PAs, NPs, physicians, and

students. More information can be found at <https://entpa.org/membership>.

One of the many ways SPA0 advocates for the field is by identifying a pipeline of talented and motivated PAs. SPA0 is proud to provide scholarships to PA students interested in pursuing otolaryngology as a career.

The principal event for SPA0 is the ENT for the PA-C meeting that occurs in the spring annually. Highlights of this meeting are the high-quality, hands-on workshops, such as basic and advanced scoping, tracheostomy care, basic and advanced otology, ENT procedures, and ENT coding. Simulation labs offer an introduction to first assisting on open and robotic head and neck surgeries. The education sessions are organized by Core and Advanced tracks to ensure participants, regardless of experience level, will find valuable and relevant learning opportunities. The next meeting will be held April 3-5, 2020, at the Hilton Union Square in San Francisco, CA. Further validating team-based care, SPA0 and AAO-HNSF are planning an Otolaryngology Practice Symposium as part of the annual ENT for the PA-C meeting, where physician-APP teams share best practices, challenges, and solutions to ensure we are providing high-quality otolaryngology care. We hope to see you there. ■



The SPA0 Board of Directors seeks to advocate for the physician assistant profession in otolaryngology through education offerings and collaboration with AAPA and AAO-HNS/F leadership, with the goal of promoting the growth and development of all members. The 2019-2021 Board members are outlined below and can be contacted directly by visiting <https://entpa.org/board>.

- **President** *Jose Mercado*
- **President Elect** *Kristi Gidley*
- **Past President** *Jennifer Brooks*
- **Treasurer** *Kevin Prater*
- **Secretary** *Howard Ritz*
- **Directors at Large**
 - Laura Kirk*
 - Brigitte Shaw*
 - Kimberly Lakhan*
 - Trina Sheedy*
- **AAPA House of Delegate Representative** *Susan Kepes*
- **Liaison AAPA to AAO-HNSF** *Kristi Gidley*
- **CME Committee Chair** *Marie Gilbert*
- **Scholarship Committee Chair** *Ryan Marovich*
- **Membership Committee Chair** *Nabilah Ali*
- **Newsletter Committee Chair** *Brittany Gunville* ■

AAO-HNSF Joint Meeting in the Middle East



Ahmed M.S. Soliman, MD

The first Joint Meeting of the American Academy of Otolaryngology–Head and Neck Surgery Foundation and the Middle East Academy of Otolaryngology–Head and Neck Surgery Foundation took

place April 26-28, 2019 at the Conrad Hotel in Dubai, United Arab Emirates. The chair was Hani Marzouk, MD, from King Abdulaziz University, Jeddah, Saudi Arabia; Conference Activity Directors included **Robert Lorenz, MD, MBA**, and **Michael S. Benninger, MD**, from the Cleveland Clinic, which provided CME accreditation. **Ahmed M.S. Soliman, MD**, Professor of Otolaryngology–Head and Neck Surgery at the Lewis Katz School of Medicine at Temple University and co-Regional Advisor to the AAO-HNSF for the Middle East, led the U.S. delegation and read a letter from AAO-HNSF President **Albert L. Merati, MD**, and Executive Vice President and CEO **James C. Denny III, MD**. ■

AAO-HNS members assume leadership positions in AMA House of Delegates and Board of Trustees

Academy member, **Bruce A. Scott, MD**, was elected as the new Speaker of the AMA House of Delegates in June 2019. Previously, he served as Vice Speaker of the House of Delegates and member of the AMA Board of Trustees. In addition, there are two Academy members currently serving on the AMA Board of Trustees, **Russell W.H. Kridel, MD**, as Chair-Elect and **S. Bobby Mukkamala, MD**, as Secretary. ■

Advocacy report: State of the states

Following the historic 2018 elections, this year's state legislative climate promised to be eventful. With a record number of bills introduced, it has proven to be exactly that. Here is a snapshot of the state legislative activity during the first half of 2019:

- All 50 states were in session.
- Midterm elections created more diversity; women now hold a record 2,112 seats. There is also a historic consolidation of party control among state legislative chambers (Republicans control 31 legislatures, Democrats control 18, and only Minnesota is split).
- By the end of the year, approximately 166,770 measures will have been introduced nationwide.
- To date, the AAO-HNS is tracking 2,110 bills in 14 key issue areas.

Successful advocacy

The AAO-HNS Advocacy Team and our State Trackers actively review legislation in 14 distinct categories. The issue of hearing services has been predominant, with an influx of bills requiring health insurance coverage for hearing aids.

Much of the legislation covers only the services of audiologists for hearing assessments and hearing aids.

Otolaryngologists are not being included in these bills, and in some measures, the legislation would grant audiologists inappropriate scope expansions. We are working to educate the sponsors of these bills about the serious medical ramifications of omitting otolaryngologists. Access to a physician medical specialist and an appropriate medical diagnosis are essential for patient care and effective programs.

The Academy, in conjunction with the State Trackers, the leadership of the state otolaryngology societies, and the state medical associations, has advocated for amendments to include physician specialists in these bills. These joint advocacy efforts have been successful in Nebraska with the enactment of the Children of NE Hearing Aid Act (LB15), which was amended to include otolaryngologists for diagnosis and medical clearance, and in Missouri (SB 101), where physicians were added to the bill as providers for patient assessments and distribution of hearing aids in a new statewide hearing program. In Florida, a similar bill for hearing aid coverage was halted to be appropriately rewritten and reintroduced next year. In South Carolina, HB 3284 will carry over to the 2020 legislative session, and advocacy efforts to amend the bill are already underway. A recently

introduced hearing aid bill in Ohio, HB 243, is being considered for advocacy action.

On another priority front, AAO-HNS member advocates passed HB 2026, a bill requiring the Virginia Board of Health to screen for CMV in newborns that fail the initial hearing screening tests. New CMV bills have recently been introduced in Michigan and Pennsylvania.

Other legislative priorities

Information on other measures can be found in the State-mENT newsletter (<https://www.entnet.org/content/statement>) and on ENTConnect under the State Trackers community. Information on all 2,110 tracked bills can be found on our interactive map on the Academy website at <https://www.entnet.org/content/state-legislative-advocacy>.

Advocacy continues

Twenty-five states carry over legislation from 2019 to 2020. As a result, advocates in some states could see legislation that stalled in 2019 come back to life again. In these states, now is the time to initiate meetings with bill sponsors and have those frank discussions. In states that start anew in 2020, be on the lookout for prefiled legislation. Working together, we can succeed! ■

Navigating the payment system as a private practitioner

■ John M. Moore, MD

After completing my residency in 1988, I moved to the Dallas metroplex to begin a solo private practice. As residents, we were not given any real training in how to begin and succeed in a private practice. Setting up an office, contracting, billing, scheduling, and collecting were all things we had to learn to do.

This was the heyday of Independent Practice Associations (IPAs), managed care and Management Service Organizations (MSO's) in our region. It became evident that it was important to join the IPAs in my region to garner a reasonable fee schedule. At that time, many colleagues joined MSOs in order to reduce stress of office management. During this process, billing and collections was often commissioned out. This seemingly simple process turned out to be an unforeseen sacrifice of control, not only of the actual financial health of the office, but of the doctor/patient relationship as well. As it turned out, patients don't mind getting calls from their doctor for payment, but they do not like getting calls or responding to a billing agency. We made the decision that would never happen in our group as this kept the doctor/patient relationship intact.

In 1995, after eight years of watching the progressive slide of ENT fee schedules due to lack of negotiating power as a small minority in the IPAs, eight of us decided to

form a single specialty group. We wanted to be able to do our own contracting and keep our accounts receivable in our own offices. We had minimal resources and at the time could not afford to all convert to single practice management software.

Our goal was to grow by asking the best ENTs in the community to join us. Our mission was to make sure that our group was at the table for any decisions affecting our specialty in the metroplex. This model was surprisingly successful. We maintained good relationships with the payers and kept the best fee schedules in our specialty. We also began getting significant discounts on malpractice insurance due to our favorable claims ratio. This structure allowed most of our doctors to stay in small groups under the umbrella of the larger organization.

As time went on, we grew to over 90 ENTs in the metroplex and even added occupiplastics to our group. At that point, the next move was to expand to the rest of the state. We were successful and grew to over 200 doctors statewide. Sadly, this expansion did not increase our leverage in any negotiations with payers. This was a hard lesson for me as the group's president. We had to find a way to succeed in a world with decreasing fee schedules.

This was when I realized that we had to band together as independents in order to not only be relevant but to win financially. We initially formed an Accountable Care Organization (ACO) in North Texas that

actually included primary care and specialists. We were physician-owned and physician-run. As most of you know, ACOs had not been routinely successful. They were burdened with an expensive infrastructure built around the primary care intensive model of pushing referrals to our independent specialists. What made us successful was that we as the specialists controlled the majority of healthcare dollars. This realization triggered our evolution to our current model, a Clinically Integrated Network (CIN), consisting of purely independent specialists (not limited to ENTs). This version of a CIN has attracted the interest and participation across the spectrum of payers. Our access to real-time claims data allows us to make immediate decisions that affect the overall spending on care in multiple populations. This subsequently produces value-added contracting that is in addition to fee for service payments. This model has created significant payer interest and holds great promise as a component in the evolving healthcare payment system that will allow independent practitioners to be successful. ■

Editor's Note from James C. Denny III, MD, EVP/CEO AAO-HNS/F

I encourage you to take advantage of hearing Dr. Moore present his experience with CINs along with other innovative practice systems on a panel I will moderate at 11:15 am, Monday, September 16, at our Annual Meeting in New Orleans.



Where Experts and Science Converge: The OTO Experience

The OTO Experience features nearly 1.5 acres of a comprehensive display of products and services from device manufacturers, pharmaceutical companies, surgical instrument suppliers, electronic medical record (EMR) systems, waiting room solutions, financial management firms, and more. All products and services are designed to help you improve patient care.

This is not only a marketplace dedicated solely to the otolaryngology community, but also a source of education where you can learn how to enhance the care you provide your patients.

Follow these six tips to take advantage of both the experts and science available in this year's OTO Experience.

1. Meet with vendors and suppliers.

In every booth, you'll find leading experts on the latest technology and services related to ENT care. These exhibitors are eager to answer your questions and share the latest trends in otolaryngology-head and neck surgery.

2. Sign up for Lunch with the Experts.

Enjoy a hot lunch and engage in peer exchange and discussion with otolaryngology legends in an intimate atmosphere. Act fast; space is filling up quickly.

3. Visit the Mobile Bioskills Lab and the Product Theater.

For a hands-on experience, make your way over to the Mobile Bioskills Lab, a large trailer that can accommodate eager learners for surgical procedures on cadavers, including implant training. The Product Theater features education about the use of surgical nerve stimulators, therapy for balance and dizziness, treatment of metastatic cutaneous squamous cell carcinoma (CSCC) and other ear, nose, and throat issues that affect a large segment of your patients.

4. Get a free headshot.

Polish your personal brand and establish your online presence as an expert in the field by visiting the portrait studio in the OTO Experience. This is a free service, complete with makeup artists, to help you look your best. Use your new professional headshot on your Find an ENT profile on ENThealth, ENTConnect, your website, and social media platforms.

5. Stop by the ENT Careers Live! booth.

Don't miss the opportunity to recruit talent in the specialty or showcase your expertise as a job seeker. All #OTOMTG19 attendees are encouraged to take advantage of this trusted otolaryngology employment resource.

6. Become an OTC and Emerging Technology Expert.

Within the OTO Experience, you'll also find the ENT OTC Pavilion and the Emerging Technologies Pavilion. The ENT OTC Pavilion provides a space for otolaryngologists to gain a deeper understanding of over-the-counter products and resources on these products you can share with your patients. On the west end of the exhibit hall, explore the latest innovations and technology to be used in the office and hospital of the future in the Emerging Technologies Pavilion.

Medical minds from around the globe and all subspecialties will connect in one location for cutting-edge education at #OTOMTG19. Register today and start planning your Annual Meeting experience at www.entannualmeeting.org. ■

AS OF JULY 15, 2019

OTO Experience Exhibitor List

Academy Advantage Premier Partners are noted in Annual Meeting Branding gold highlight.

Academy Advantage Partners are noted in Annual Meeting branding green highlight.

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1st-Dragon 2023
www.1st-dragon.com

A

A.R.C. Laser GmbH 618
www.arclaser.de

Acclarent, Inc. 1543
www.jnj.com

Acumed Instruments Corp. 1513
www.e-acumed.com

Advanced Bionics 524
www.advancedbionics.com

Advanced Endoscopy Devices 1522
www.aed.md

Aerin Medical, Inc. 619
www.aerinmedical.com

AiBiomed/Neurovision Medical 748
www.aibiomed.com

AI Care, LLC 2413
www.alaynausa.com

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ALK- Abello, Inc. 518
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AllMeds Specialty Practice Services 633
www.allmeds.com

Ambu Inc 1121
www.ambuusa.com

American Academy of Otolaryngic Allergy 2414
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American Board of Otolaryngology 1615
www.aboto.org

American Institute of Balance 2534
www.dizzy.com

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www.amplivox.us

Anthony Products/Gio Pelle 713
www.anthonypproducts.com

Apdyne Medical Co. 850
www.apdyne.com

Arbor Pharmaceuticals, LLC 1413
www.arborpharma.com

Association of Migraine Disorders 2217
www.migrainedisorders.org

Atlantic Medical Group 649
www.atlantichealth.org

ATMOS, Inc. 538
www.atmosmed.com

Audigy Medical 1943
www.audigy.com

AventaMed 432-ET
www.aventamed.com

B

Baylor Scott & White Health 550
www.bswhealth.com

Beauty and Beyond 645
www.Truffoire.com

Beijing Fanxing Guangdian Medical Treatment Equipment Co., Ltd. 1924
www.en.bjfxgd.com.cn

Beutlich Pharmaceuticals 1516
www.beutlich.com

BFW, Inc. 1318
www.bfwinc.com

Bien-Air Surgery 1651
www.bienair.com

BiLumix (formerly Dr. Kim) 1912
www.bilumix.com

Black & Black Surgical, Inc. 2132
www.blackandblacksurgical.com

Boston Medical Products 1433
www.bosmed.com

BR Surgical- Optomic 1249
www.brsurgical.com

Brazilian Association of ENT 1623
www.aborlccf.org.br/

Bryan Medical, Inc. 1521
www.bryanmedical.net

BSZ Surgico, LLC 2532
www.bszsurgico.com

Bulletin Magazine 2340
www.bulletin.entnet.org

C

Carestream 1722
www.carestream.com

Carnegie Surgical LLC 1449
www.carnegiesurgical.com

Checkpoint Surgical, Inc. 1220
www.checkpointsurgical.com

Chengdu Mechan Electronic Technology Co., Ltd. 2018
www.mechan.com.cn

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www.clarius.com

Cobalt Medical Supply, Inc. 1225
www.cobaltmed.com

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www.cochlear.com/us/home

Compulink Healthcare Solutions 1919
www.compulinkadvantage.com

Cook Medical 1243
www.cookmedical.com

D

Designs for Vision, Inc. 1317
www.designsforvision.com

Depuy CMF 1543
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Doc's Proplugs, Inc. 1720
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The Doctors Company 1620
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Doctus Equipamentos Medicos 1613
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E

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Eclipse Loupes and Products 2432
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Elite Hearing Network 526
www.elitehearingnetwork.com

Ellman, A Cynosure Company 1416
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Elmed Incorporated 1850
www.elmed.com

Elsevier, Inc. 1417
www.elsevier.com

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www.entuk.com

ENT-Cloud 1622
www.ENT-Cloud.com

Ethicon LINX 1543
www.linxforld.com

EZC Pak 2325-OTC
www.ezcpak.com

F

Fiagon NA 1649
www.fiagon.com

Fiebert Endotech, Inc. 1915
www.fiebertendotech.net

Firefly Global 1721
www.fireflyglobal.com

ForTec Medical 1048
www.fortecmedical.com

Fuel Medical Group 1723
www.fuelmedical.com

FYZICAL Balance & Dizziness Centers 718
www.fyzical.com

G

Genus Lifesciences, Inc. 2435
www.genuslifesciences.com

GESCO Healthcare Private Limited 1712
www.gesconaturals.com

Global Medical Endoscopy 1922
www.globalmedicalendoscopy.com

Global Surgical Corp. 513, 613
www.globalsurgical.com

GM Instruments, Ltd 1415
www.gm-instruments.com

Grace Medical, Inc. 923
www.gracemedical.com

GSI 1420
www.grason-stadler.com

H

Hackensack Meridian Health 514
www.hackensackmeridianhealth.org

Health eCareers/ENT Careers Live! 2439
www.healthcareers.com

HealthChannels/ ScribeAmerica 949
www.healthchannels.com

Healthworld International, Inc. 1819
www.healthworld-international.com

Hearing Health USA 2142
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Hemostasis 539
www.hemostasisllc.com

Hemostatix Medical Technologies 1021
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HIDOW 2416

Hood Laboratories, Inc. 1412
www.hoodlabs.com

Hopewell Pharmacy 1717
www.hopewellrx.com

I

IAC (Intersocietal Accreditation Commission) 419
www.intersocietal.org

InHealth Technologies 1421
www.inhealth.com

Inspire Medical Systems, Inc. 639
www.inspiresleep.com

Instrumentarium 1122
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Integra LifeSciences 1822
www.integralife.com

Intelligent Hearing Systems 1616
www.ihsys.com

Interacoustics 2125
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Interpace Diagnostics 544
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Intersect ENT 912
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Intuitive Surgical, Inc. 1843
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Invotec International, Inc. 1813
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Isen Tech & Trading Co. Ltd. 1614
www.isen.com.cn

J

J. Morita USA, Inc. 1812
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JEDMED 1013, 1019
www.jedmed.com

Jeunesse Innovations 421
www.elevareskin.com

Jiangsu Bonss Medical Technology Co., Ltd. 1751
www.bonss.com.cn

JULLSURG 1748
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K

Kaiser Permanente 2627
physiciancareers-ncal.kp.org

KARL STORZ Endoscopy America, Inc. 1833
www.karlstorz.com

KARL STORZ Endoscopy-Latino America 2043
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Kirwan Surgical Products, Inc. 1520
www.ksp.com

KLS Martin 1439
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Kurz Medical, Inc. 1349
www.kurzmed.de

L

Labomed Microscopes 2141
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Lacrimedics, Inc 2312
www.lacrimedics.com

Laser Engineering 2025
www.laserengineering.com

Leica Microsystems 533
www.leica-microsystems.com

Lumenis 1219
www.lumenis.com

M

Maico Diagnostics 1125
www.maico-diagnostics.com

Marina Medical Instruments 1918
www.marinamedical.com

McKeon Products, Inc. 1321
www.macksearplugs.com

MED-EL Corporation 942
www.medel.com

Medical Digital Developers 1512
www.dscopecsystems.com

Medical Resources Group Limited 2014
www.mrgona.com

Medifix, Inc. 2316
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Medioplast AB 847
www.medioplast.com

Medpro 418
www.medproequipment.com

MedRx, Inc 2434
www.medrx-usa.com

MedTech International Group 2313
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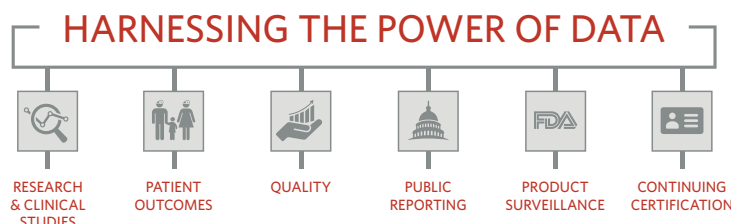
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Don't miss these opportunities to learn more about the Reg-ent registry at the New Orleans Ernest N. Morial Convention Center.

Reg-ent Partnership

Attend the Monday morning Reg-ent panel presentation, which will highlight the latest outcome of discussions for expanding Reg-ent's capabilities through a partnership which provides financial support and resources for revenue and nonrevenue projects, including academic research, publishing, accelerating trials, and FDA projects. Additionally, highlights from a proof of concept research study from the Reg-ent registry will be presented.

Reg-ent Booth

Visit the Reg-ent Research & Quality booth, conveniently located in Academy Central. The Reg-ent team will be available to answer your questions regarding Reg-ent participation, current and future registry capabilities, MIPS reporting, and more. At the booth, you may view a demonstration of the Reg-ent dashboard and its enhanced features and functionality. We're also planning to have a few special guests at the booth to speak about their experiences with Reg-ent and address attendees' questions about registry participation. Keep an eye out for on-site mobile notifications on the Annual Meeting app.

Reg-ent Users Group

The Reg-ent team is thrilled to be holding the second annual Reg-ent Users Group Conference during this year's Annual Meeting. Open to all current Reg-ent participants (AAO-HNS members and their practice administrators and nonphysician clinical staff) attending the Annual Meeting, the Reg-ent Users Group Conference is a wonderful opportunity to meet and interact with individuals from other Reg-ent practice sites, learn more about new approaches to measures mapping, and explore new Reg-ent technology. The Reg-ent Users Group Conference is free but does require registration. If you missed the August 16 deadline or the registration email, please contact the Reg-ent team at reg-ent@entnet.org. ■

Your participation matters. Visit us at the Reg-ent, Research & Quality Booth located in Academy Central to learn more. Before then, visit us at www.reg-ent.org or email reg-ent@entnet.org.

DONOR SPOTLIGHT:

Eric P. Wilkinson, MD *New Millennium Society Lifetime Donor*



The AAO-HNS *foundation* is pleased to recognize Eric P. Wilkinson, MD, who recently became a Millennium Society Lifetime

Donor through his generous donation to the Annual Fund. Dr. Wilkinson first became a Millennium Society Donor in 2011 as a young physician. When asked what inspired him to become a Lifetime Donor now, he said, "when examining what would be my total support to the AAO-HNSF over my lifetime, it made sense

to become a Lifetime Donor now to provide immediate support to the Foundation on the 'front end.' Financial support is necessary for any foundation to thrive and giving back to the AAO-HNSF will assist with programs. Additionally, I want to provide an example to younger physicians about supporting the AAO-HNSF, as was demonstrated to me by faculty and mentors since the beginning of my career."

After entering practice, Dr. Wilkinson became involved in committees and instruction course presentations, as well as humanitarian work. Through the Pan American Committee, he said, "I met many lifetime friends and colleagues. My participation in the Humanitarian Committee and subsequent

annual participation in a sustainable otology humanitarian project in Quito, Ecuador, with my Ecuadorian otolaryngologist colleagues, has become one of the anchoring, enriching aspects of my life." Dr. Wilkinson said that after entering practice, when it came time to make decisions about charitable giving, the AAO-HNSF was at the top of the list. We thank Dr. Wilkinson for his generous support and commitment to the AAO-HNS *foundation* and the specialty. ■

Join your colleagues and become a Millennium Society Donor today. Visit the Millennium Society Donor Appreciation Lounge.

New Orleans Ernest N. Morial Convention Center, Level 2, Room 260-262

www.entnet.org/donate Millennium Society Donors giving back to their specialty for the next generation of otolaryngologists today and tomorrow.

Service and leadership awards



2019 Arnold P. Gold Foundation Award for Humanism in Medicine

The Gold Foundation Humanism in

Medicine Award recognizes members committed to practicing otolaryngology with compassionate, patient-centered care.

This year's awardee is **David A. Shaye, MD, MPH**. Dr. Shaye is an otolaryngologist and facial plastic and reconstructive surgeon with a career focus in global surgery. For nearly half the year, Dr. Shaye teaches and performs surgery in Africa and Asia, focusing on surgical care delivery in low-resource settings. In the United States, Dr. Shaye practices facial plastic and reconstructive surgery at Massachusetts Eye and Ear in Boston, MA. He holds dual faculty appointments in the Department of Otolaryngology at Harvard Medical School and at Rwanda's Central University Teaching Hospital in Kigali.

Dr. Shaye has a longstanding relationship with the Rwandan Ministry of Health, resulting in improvement in Rwandan surgical trainee education, development of facial trauma training tracks, teaching head and neck dissection courses, and mentorship on research projects. In northern Nigeria, Dr. Shaye partners with Doctors Without Borders to perform pediatric facial reconstruction for children with noma, a destructive disease of the face that afflicts the malnourished poor. At the Nepal Cleft and Burn Center, Dr. Shaye collaborates with Nepalese surgeons to enact a Mobile Surgical Scout program, where lay people are taught to identify cleft patients living in the Himalayas and recruit them for surgery in mobile camps. This program was featured on CNN's Vital Signs with Sanjay Gupta.

In partnership with the AO Foundation, Dr. Shaye codeveloped a facial trauma

curriculum tailored to low-resource settings. He has a longstanding track record delivering cleft lip and palate care in Zimbabwe and works closely with Bhutan's Ministry of Health in providing surgical education in remote settings.

Dr. Shaye, his wife Jessica, and their three daughters enjoy splitting their time between Rwanda and Boston each year. ■



2019 Distinguished Award for Humanitarian Service

The Distinguished Award for

Humanitarian Service is awarded to a member who is widely recognized for a consistent, stable character distinguished by honesty, zeal for truth, integrity, love, devotion to humanity, and a self-giving spirit.

This year's awardee is **Glenn C. Isaacson, MD**. Dr. Isaacson is Professor of Otolaryngology-Head and Neck Surgery and Pediatrics at the Lewis Katz School of Medicine at Temple University. As Ethiopian Medical Director for Healing the Children (HTC) for the greater Philadelphia chapter, Dr. Isaacson has organized 20 semi-annual surgical and educational missions to Addis Ababa, the capitol of Ethiopia. Working closely with Addis Ababa University's young ENT residency, HTC has helped train and equip a new generation of otolaryngologists—increasing the number of trained surgeons fivefold and helping to expand the breadth of their skills.

During its 10 years in Africa, HTC changed its focus from direct delivery of healthcare to collaboration with existing training programs. During each of its semi-annual visits, the team transferred knowledge to Ethiopian trainees through lectures, simulation training (including soft tissue and temporal bone labs), and hands-on training

in the clinic and in the operating room. HTC sought other otolaryngology groups that had been visiting Ethiopia and worked to coordinate their collective educational efforts into a curriculum.

Dr. Isaacson shares three lessons learned in a decade of global medicine: 1) No number of medical missions is sufficient to change the population health status in a large, resource-challenged country. 2) Long-term positive change comes from supporting and reinforcing a nation's educational system and healthcare resources, not from imposing our own systems. 3) The things we want to give a developing country may not be the things they need.

Dr. Isaacson began work in Ethiopia in 2009 after stepping down as the Chair of Otolaryngology-Head and Neck Surgery at Temple University School of Medicine. ■



2019 Holt Leadership Award

The Holt Leadership Award is awarded annually to the Resident or Fellow-

in-Training who best exemplifies the attributes of a young leader: honesty, integrity, fairness, advocacy, and enthusiasm. The Award recognizes exemplary efforts on behalf of the Section for Residents and Fellows-in-Training (SRF) of the AAO-HNS/F for the promotion of the missions and goals of the association.

The AAO-HNS is pleased to award the 2019 Holt Award to **Claire M. Lawlor, MD**. Since her first year in residency, Dr. Lawlor has been involved in the SRF. She has held numerous leadership positions on the SRF's Governing Council, including BOG Socioeconomic & Grassroots Committee Representative, BOG Governor, Vice Chair, Chair, and most recently, Immediate Past Chair. Dr. Lawlor has provided guidance to the current SRF Governing Council members

presented at Annual Meeting

as they transitioned into their new roles and has been involved in many important projects benefiting residents. Beyond the scope of the SRF, Dr. Lawlor is an active member in the Women in Otolaryngology Section and in the Foundation's Guideline Task Force. She is a strong advocate for early involvement in the Academy and multiple residents have become involved because of her mentorship. To her peers, Dr. Lawlor fully embodies all the leadership attributes required of the Holt Award recipient.

Dr. Lawlor is a pediatric otolaryngologist at Children's National in Washington, D.C. She has a special interest in caring for children with sleep disorders, airway lesions, difficulty swallowing, difficulty breathing, and head and neck masses. Dr. Lawlor completed her fellowship in pediatric otolaryngology in 2018 at Boston Children's Hospital after her residency in otolaryngology in 2017 at Tulane University and an internship in otolaryngology in 2013. She completed medical school in 2012 at Tufts University School of Medicine in Massachusetts. ■



2019 Nikhil J. Bhatt, MD
International Humanitarian Award

The International Humanitarian Award

honors a non-U.S. otolaryngologist-head and neck surgeon who has selflessly treated people for whom access to care would have been financially or physically prohibitive.

This year's awardee is **José Manuel Colmenarez Mendoza, MD.**

Dr. Mendoza was born in El Tocuyo, a western Venezuela town founded by the Spanish in 1545. It is one of the oldest cities in the country. His parents, Raul and Bolivia, were born there, as were all of their ancestors and Dr. Mendoza's five siblings. He spent his

childhood in El Tocuyo, but because the town did not have university studies, he moved to the state capital, Barquisimeto. There, he carried out his dream of studying medicine in the Lisandro Alvarado University.

During his internal doctor training, Dr. Mendoza liked to go to the otolaryngology department, where his love for the otolaryngology specialty was born. He held an ENT residency for four years in two different hospitals. When he finished, he wanted to learn more, so he decided to go to Caracas, where he completed an otology fellowship at the Venezuelan Foundation of Otolaryngology.

Throughout his training and career, Dr. Mendoza always felt compelled to help the people of his hometown, El Tocuyo. In 1995, he began providing free consultations to underprivileged patients. For the past 23 years, the program he started with free consultations for two patients has become the medical mission of El Tocuyo, which is the largest in the country and helps thousands.

Dr. Mendoza is currently the Medical Director of the Ear, Nose, and Throat Clinic in Barquisimeto, the Director of the Cochlear Implant Program, and the President of the Stapedium Foundation of Venezuela. Together with his family and his team, he aims to continue helping the people of Venezuela who have no access to medical attention. ■



2019 Nikhil J. Bhatt, MD
International Public Service Award

The International Public Service Award

honors a non-U.S. otolaryngologist-head and neck surgeon whose achievements have advanced the specialty.

This year's awardee is **Johan J. Fagan, MD.** Dr. Fagan has devoted much of his career to advancing ENT in Africa and developing countries around the world by creating awareness of global inequality of training opportunities and access to care. His department hosts the only fellowships in Sub-Saharan Africa in head and neck surgery, rhinology, and pediatric otolaryngology. He has trained 13 African head and neck surgeons and founded the African Head and Neck Society (AfHNS).

Dr. Fagan has used his executive positions in the American Academy of Otolaryngology-Head and Neck Surgery Foundation, International Federation of ORL Societies (IFOS), and American Head and Neck Society to advance international collaboration and education opportunities for developing countries. He maintains an educational website for Developing World ENT and self-publishes *The Open Access Atlas of Otolaryngology, Head & Neck Operative Surgery*, and the *Open Access Guide to Audiology and Hearing Aids*, chapters of which have been downloaded more than 2.3 million times (<http://www.entdev.uct.ac.za/>).

Dr. Fagan received the Open Education Consortium (OEC) 2017 Award for Open Education Excellence in recognition of the Atlas and received a gold medal from IFOS for his contributions to otolaryngology in 2017. He currently spearheads the promulgation of the AfHNS Clinical Practice Guidelines for Head & Neck Cancers in Developing Countries and Limited Resource Settings.

After completing fellowships at the University of Pittsburgh in head and neck/cranial base surgery and in otology, Dr. Fagan was appointed the Leon Goldman Chair of Otolaryngology at the University of Cape Town in 2002. He has authored more than 200 peer-reviewed articles and chapters and has lectured in more than 30 countries. ■

INTERNATIONAL GUEST OF HONOR 2019: PHILIPPINES

The Philippine Society of Otolaryngology - Head and Neck Surgery: T- plus 63 years and counting...

“

As President of the AAO-HNS/F, it is my great honor to welcome the delegation from the Philippine Society of Otolaryngology - Head and Neck Surgery to our Annual Meeting. We look forward to our societies working together for the care of patients worldwide through collaboration and friendship now in New Orleans and into the future.

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

”

■ **Ramon Carmelo V. Alcira, MD, FPSO-HNS**

The Philippine Society of Otolaryngology-Head and Neck Surgery (PSO-HNS) has had its share of adversity before attaining the stature it now enjoys. In its early years, it existed under the shadow of the Philippine Ophthalmological and Otolaryngological Society (POOS). However, it became increasingly evident that in order to flourish, separation of the two specialties was an inevitable necessity.

Led by Thierry F. Garcia, MD, a group of U.S.-trained otolaryngologists began lobbying

for the separation and eventual creation of an independent ear, nose, and throat organization in the country. Now known in the annals of PSO-HNS history as the “Heroic Nine,” these iconic visionaries formed the Philippine Society of Otolaryngology and Bronchoesophagology (PSOB) on February 17, 1956. Acceptance of this separation was painstakingly slow.

In 1981, the PSOB was rechristened with the now familiar name of PSO-HNS, coupled with the creation of its certifying arm, the Philippine Board of Otolaryngology-Head and Neck Surgery (PBO-HNS).

From its modest beginning 63 years ago, the society’s ranks have swelled to 800 board-certified fellows. While many specialists choose to practice in the National Capital Region, the society continues to encourage ENT practice at the grassroots level in a low-resource country. The society has eight provincial chapters scattered around key cities of the archipelago, actively promoting ENT practice par excellence. To further entice new members to set up shop in underserved locales, PSO-HNS has in place its “Entering New Territories” program. Making the welfare of its constituents its top priority, the society has ongoing platforms that offer health insurance and legal aid to all its active members, as well as financial assistance to those who fall victims to catastrophic events.

Today, the society assumes a multifaceted role. Not only does it regulate ENT-HNS practice in the country, it also serves as an educator, trainer, and social advocate. It holds regular midyear and annual conventions. At times, it is given the distinct honor of hosting international fora as well. Inter-hospital Grand Rounds provide a venue for the exchange of opinions regarding problematic cases. It also

works closely with the PBO-HNS in ensuring the highest quality of training among its 34 accredited institutions. Recently, a joint



PSO-HNS/PBO-HNS initiative was formed to develop an Outcomes Based Education (OBE)-compliant Residency Training Manual. Having implemented this, the specialty is now prepared

for the demands of ASEAN integration. Under the umbrella of the mother society are 10 subspecialty study groups, each providing the definitive standards, the clinical practice guidelines, that govern the science and art of their respective subspecialties. Fellows desirous of further studies may avail of society funded scholarships. Research continues to be one of its important thrusts. To serve as incentive, financial grants are offered to deserving fellows conducting worthwhile projects and studies. To showcase the excellent work of its brilliant minds, PSO-HNS sponsors research paper contests twice annually, namely the Interesting Case Report, Descriptive/Analytical Paper, and Surgical/Instrument Innovation Contests. Finally, to immortalize the best works in research, there is the internationally recognized Philippine Journal of Otolaryngology Head and Neck Surgery (PJOHNS), the society’s official publication.

There are a number of advocacies that the society spearheads and implementation of these are cascaded to all its chapter organizations. These advocacies, both locally and globally recognized, serve to uplift the awareness and delivery of community-based healthcare needs to the nation’s citizenry.

Indeed, the PSO-HNS has come a long way since its inception. Leaps and bounds characterize its achievements, an embodiment of the indefatigable spirit of its members in their continuing quest for excellence. ■

Why are you attending #OTOMTG19?

Kranti Bhavana,
MBBS, DNB
(Patna, India)

"It's indeed a pleasure to attend this event. I think this is the best conglomeration of experts in our field in the whole world! One of the most well-planned and well-curated scientific programs. I would like to keep coming again and again!" ■



Titus S. Ibekwe,
MBBS, FWACS
(Abuja, Nigeria)

"I attend the AAO-HNSF Annual Meetings because it is a complete congregation—highly educative, creative, interactive, and entertaining with the best of linkages. The leadership of the AAO-HNS/F is very accommodating, considerate, and mindful of the inequalities across the globe in its decision-making, and this makes the Academy truly global." ■



Minka L. Schofield,
MD (Ohio, United States)

"I am attending the Annual Meeting because it gives me a great opportunity to network with people that I would otherwise not meet at my home institution. I have many meetings that I attend because I am very involved in the organization, and it is a great way to put together ideas and collaborate with other people. And lastly, I really do enjoy much of the content, which keeps me abreast of current-day practices and helps shape my practice." ■



Annual Meeting wellness activities for happiness and health



Sunrise yoga

Get your body moving and jump-start your New Orleans experience with a sunrise yoga session on Sunday, September 15.



Wellness education

As part of the AAO-HNS/F commitment to physician wellness, the education program includes several sessions focused your personal care. Some sessions you'll want to attend include:

- From Burnout to Wellness: A Description of Burnout and How to Maintain Wellness
- From Burnout to Well-Being: Optimizing Self-Care and Model for Trainees/Others
- Mind-Body Medicine: Tools to Reduce Stress and Foster Resilience and Well-Being



Stay hydrated

We all know water helps you perform better. Remember to enjoy the water stations in the back of each session room and scattered throughout the exhibit hall.



"Get Moving" breaks

Conference fatigue is a common problem for attendees who sit for a long time throughout the day in meetings and sessions. To help elevate this fatigue, we invite you enjoy a "Get Moving" break session each morning of the conference—upper body stretches, lower body in motion, and yoga poses.



OTOs on the Run 5K

Dash to the finish line in New Orleans at the OTOs on the Run 5K! All participants will receive a shirt, a runner's bib, and post-race nourishment.



"Morning Meeting" a 12-Step Recovery resource

The Morning Meeting is a daily 12-Step Recovery Meeting based on the Alcoholics Anonymous 12-Step Recovery Program. Led by an otolaryngologist, the meeting welcomes any and all 12-Step fellowships and embraces, supports, and provides resources for all.



Check the conference schedule for dates and times of these healthy activities at www.entannualmeeting.org. ■

CLINICAL PRACTICE GUIDELINE

Sudden Hearing Loss (Update)

Adapted from the August 2019 Supplement to *Otolaryngology-Head and Neck Surgery*. Read the guideline at otojournal.org.

"Sudden hearing loss is a frightening symptom for patients that can dramatically decrease their quality of life. Prompt recognition and management of sudden sensorineural hearing loss may improve hearing recovery and quality of life. That is the overarching objective and purpose of this guideline update," said **Seth R. Schwartz, MD, MPH**, who served as the methodologist for both the 2012 guideline and the 2019 guideline update.

This multidisciplinary guideline update aims to provide clinicians with evidence-based recommendations to evaluate patients with sudden hearing loss (SHL) and sudden sensorineural hearing loss (SSNHL), with particular emphasis on managing idiopathic sudden sensorineural hearing loss (ISSNHL).

"Data show that, while it has been over five years since publication of the original guideline, many clinicians still are not following all of the recommendations. While some of that is from incomplete dissemination, particularly among

nonotolaryngologists, some Key Action Statements may be challenging to implement and others may have challenged long-held practices. Although the original guideline was a big step, this update provides an opportunity to improve implementability of the recommendations, use new data to support recommendations that challenge old conventions, and improve awareness of best practices," said Dr. Schwartz.

Among otolaryngologists, there is high adherence to the recommendations to rule out conductive hearing loss (CHL), avoid routine head computerized tomography (CT) scan, and to perform a retrocochlear workup. There is moderate adherence to the recommendations to avoid routine laboratory assessment and avoid other treatments (nonsteroid/nonHBOT). In this specialty group, however, there is low adherence to the recommendations for patient education regarding the natural history of SSNHL and for counseling regarding hearing rehabilitation. As for the original CPG's statements regarding systemic steroid

therapy as an option for primary treatment and intratympanic (IT) steroid therapy as a recommendation for salvage treatment, otolaryngologists in this study opted to prescribe both interventions—initial oral steroid therapy and salvage IT steroid therapy.

Nonotolaryngologists more commonly ordered routine head CT and performed routine, nontargeted (often called "shotgun") laboratory assessments despite recommendations against these actions. They did not pursue retrocochlear workup or provide patient education as recommended.

The guideline update group recognized that patients enter the healthcare system with SHL as a non-specific primary complaint. Therefore, the initial recommendations of this guideline

update address distinguishing SSNHL from CHL at the time of presentation with hearing loss. They also clarify the need to identify rare, nonidiopathic SSNHL to help separate the patients from those with ISSNHL, who are the target population for the therapeutic interventions that make up the bulk of the guideline update. By focusing on opportunities for quality improvement this guideline should improve diagnostic accuracy, facilitate prompt intervention, decrease variations in management, reduce unnecessary tests and imaging procedures, and improve hearing and rehabilitative outcomes for impacted patients.

Differences from the 2012 guideline include the following:

- Incorporation of new evidence profiles to include quality improvement opportunities, confidence in the evidence, and differences of opinion
- Includes 10 clinical practice guidelines, 29 new systematic reviews, and 36 new randomized controlled trials
- Highlights the urgency of evaluation and initiation of treatment, if treatment is offered, by emphasizing the time from symptom occurrence
- Removal of serial audiometry as a means of assessing for retrocochlear pathology
- Clarification of terminology by changing potentially unclear statements. Use of the term SSNHL to mean idiopathic SSNHL to emphasize that over 90 percent of SSNHL is idiopathic SSNHL and to avoid confusion in nomenclature
- Changes to Key Action Statements (KASs) from the original guideline
- Addition of an algorithm outlining how the KASs integrate into patient care
- Enhanced emphasis on education and shared decision-making with tools provided to assist patients and caregivers

CPG

Update! Sudden Hearing Loss

Accompanying Resources:

- Slide deck
- Podcasts
- Patient handouts (in both English and Spanish)
- Plain language summary
- Official quick-reference pocket guide and app
- Executive summary

Access all these resources and more at www.entnet.org/SHLCPG

Guideline Key Action Statements (KASs)

KAS1: Exclusion of Conductive Hearing Loss (CHL) – *Strong recommendation*

Clinicians should distinguish sensorineural hearing loss (SNHL) from CHL when a patient first presents with SHL.

KAS2: Modifying Factors – *Recommendation*

Clinicians should assess patients with presumptive SSNHL through history and physical examination for bilateral SHL, recurrent episodes of SHL, and/or focal neurologic findings.

KAS3: Computed Tomography – *Strong recommendation against*

Clinicians should **not** order routine computed tomography (CT) of the head in the initial evaluation of a patient with presumptive SSNHL.

KAS4: Audiometric Confirmation of SSNHL – *Recommendation*

In patients with SHL, clinicians should obtain, or refer to a clinician who can obtain, audiometry as soon as possible (within 14 days of symptom onset) to confirm the diagnosis of SSNHL.

KAS5: Laboratory Testing – *Strong recommendation against*

Clinicians should **not** obtain routine laboratory tests in patients with SSNHL.

KAS6: Retrocochlear Pathology – *Recommendation*

Clinicians should evaluate patients with SSNHL for retrocochlear pathology by obtaining an MRI or Auditory Brainstem Response (ABR).

KAS7: Patient Education – *Strong recommendation*

Clinicians should educate patients with SSNHL about the natural history of the condition, the benefits and risks of medical interventions, and the limitations of existing evidence regarding efficacy.

KAS8: Initial Corticosteroids – *Option*

Clinicians may offer corticosteroids as initial therapy to patients with SSNHL within two weeks of symptom onset.

KAS9a: Initial Therapy with Hyperbaric Oxygen Therapy – *Option*

Clinicians may offer, or refer to a clinician who can offer, hyperbaric oxygen therapy (HBOT) combined with steroid therapy within two weeks of onset of SSNHL.

KAS9b: Salvage Therapy with Hyperbaric Oxygen Therapy – *Option*

Clinicians may offer, or refer to a clinician who can offer, hyperbaric oxygen therapy (HBOT) combined with steroid therapy as salvage within one month of onset of SSNHL.

KAS10: Intratympanic (IT) Steroids for Salvage Therapy – *Recommendation*

Clinicians should offer, or refer to a clinician who can offer, IT steroid therapy when patients have incomplete recovery from SSNHL two to six weeks after onset of symptoms.

KAS11: Other Pharmacologic Therapy – *Strong recommendation against*

Clinicians should **not** routinely prescribe antivirals, thrombolytics, vasodilators, or vasoactive substances to patients with SSNHL.

KAS12: Outcomes Assessment – *Recommendation*

Clinicians should obtain follow-up audiometric evaluation for patients with SSNHL at the conclusion of treatment and within six months of completion of treatment.

KAS13: Rehabilitation – *Strong recommendation*

Clinicians should counsel patients with SSNHL who have residual hearing loss and/or tinnitus about the possible benefits of audiological rehabilitation and other supportive measures.

This guideline update is intended for all clinicians who diagnose or manage adult patients (aged 18 years or older) who present with SHL.

The methods outlined in the AAO-HNSF Clinical Practice Guideline Development Manual, Third Edition, were followed in developing this update. (http://oto.sagepub.com/content/148/1_suppl/S1.long)

The full guideline, as well as other resources, are available at www.entnet.org/SHLCPG and in Otolaryngology–Head and Neck Surgery as published at otojournal.org. Additionally, ENThealth.org includes patient-focused information on the topic of SHL that incorporates the key action statements of the update to this guideline. ■

Guideline authors:

Sujana S. Chandrasekhar, MD (Chair); Betty S. Tsai Do, MD (Assistant Chair); Seth R. Schwartz, MD, MPH (Methodologist); Laura J. Bontempo, MD, MEd; Erynne A. Faucett, MD; Sandra A. Finestone, PsyD; Deena B. Hollingsworth, MSN, FNP-BC, CORLN; David M. Kelley, MD; Steven T. Kmucha, MD, JD; Gul Moonis, MD; Gayla L. Poling, PhD, CCC-A; J. Kirk Roberts, MD; Robert J. Stachler, MD; Daniel M. Zeitler, MD; Maureen D. Corrigan; Lorraine C. Nnacheta, MPH, DrPH; Lisa Satterfield, MS, MPH

Endorsements:

The guideline is endorsed to date by American College of Radiology (ACR), Society of Otorhinolaryngology and Head-Neck Nurses (SOHN), American Academy of Neurology (AAN), American Otological Society (AOS), American Neurotology Society (ANS), The Triological Society, American Speech-Language-Hearing Association (ASHA), and American College of Emergency Physicians (ACEP).

Disclaimer

This CPG is not intended as the sole source of guidance in managing patients with SHL. Rather, it is designed to assist clinicians by providing an evidence-based framework for decision-making strategies. The guideline is not intended to replace clinical judgment or establish a protocol for all individuals with this condition and may not provide the only appropriate approach to managing this problem. As medical knowledge expands, and technology advances, clinical indicators and guidelines are promoted as conditional and provisional proposals of what is recommended under specific conditions but are not absolute. Guidelines are not mandates. These do not and should not purport to be a legal standard of care. The responsible physician, in light of all circumstances presented by the individual patient, must determine the appropriate treatment. Adherence to these guidelines will not ensure successful patient outcomes in every situation. The AAO-HNSF emphasizes that these clinical guidelines should not be deemed to include all proper treatment decisions or methods of care, or to exclude other treatment decisions or methods of care reasonably directed to obtaining the same results.



Disaster preparedness for your medical practice

■ **Julie Brightwell, JD, RN**, Director, Healthcare System Patient Safety, The Doctors Company

Recent fires, hurricanes, and floods nationwide have highlighted the importance of planning for disasters. A checklist can provide the framework for a comprehensive disaster plan. The checklist should include:

- A full-circle call tree
- Instructions for setting up instant messaging technology that enables staff to communicate without a wireless network or cellular data connection
- Instructions for securing records of patients undergoing diagnostic testing and a list of outstanding diagnostic studies
- Guidelines for maintaining Health Insurance Portability and Accountability Act (HIPAA) compliance
- A Certificate of Insurance for your medical malpractice coverage, or instructions for contacting your agent or insurer directly to obtain proof of coverage. This document will be necessary if you are forced to temporarily relocate your practice or procedures
- Verification that home health agencies

caring for your patients have plans in place to provide adequate services in a disaster

- Steps to follow upon returning from evacuation

Planning today makes accomplishing the following tasks more feasible during a disaster:

Communication

- Contact staff immediately to determine realistic return-to-work time frames
- Notify external vendors and business associates of your practice interruption and targeted resumption of operation
- Implement staff briefings at the beginning and end of each day
- Create temporary phone, fax, and answering services
- Establish patient telephone triage
- Implement temporary controls to ensure HIPAA compliance

Computers and systems

- Contact computer service vendors to ensure integrity and recovery
- Verify insurance coverage for repair or replacement costs and losses
- Evaluate applicable warranties and consider an information technology restoration service contract

- Inventory and document hardware and software
- Document the type and extent of both lost electronic and paper data
- Ensure data back up and periodically test compliance
- Reestablish filing systems and internal programs

Medical records

- Determine the extent of damage to, or loss of, patient records and filing systems
- Attempt to restore all damaged charts and document inventory findings
- Notify the state medical board for specific guidance pertaining to lost or damaged records
- Document all efforts to restore and protect existing records
- Reconstruct lost charts at the next patient encounter
- Contact your insurance carrier for restorative services and/or claim procedures
- Reestablish a filing system and temporary storage if necessary
- Obtain legal guidance for patient notification during recovery efforts
- Contemporaneously date and initial all late entries and duplicate information in context of recovery efforts. ■

The guidelines suggested here are not rules, do not constitute legal advice, and do not ensure a successful outcome. The ultimate decision regarding the appropriateness of any treatment must be made by each healthcare provider considering the circumstances of the individual situation and in accordance with the laws of the jurisdiction in which the care is rendered. Reprinted with permission. ©2019 The Doctors Company (www.thedoctors.com).



ARS American Rhinologic Society

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ARS 65th Annual Meeting

September 13-14, 2019
Hilton New Orleans Riverside, New Orleans, LA



Meeting Highlights: 15th Annual David W. Kennedy Lectureship - *"Mechanisms of Pathogenesis of Chronic Rhinosinusitis"*
Guest Speaker: Robert Schleimer, PhD
 Chief, Allergy and Immunology
 Northwestern University Feinberg School of Medicine

AAO Panel: Ask the Experts - "An Endoscopic Potpourri", followed by cocktail social

Moderator:
 David W. Kennedy, MD

Women in Rhinology, ARS Resident & Fellows Section, and ARS Mentorship Section present:
Coaching Resiliency in Residents and Preventing Physician Burnout
with Maisie Shindo, MD
 Professor of Otolaryngology - Head and Neck Surgery
 Surgical Director of the Thyroid and Parathyroid Center, Oregon Health and Science University

HIGHLIGHTS

- 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
- Awards Ceremony
- Odontogenic Panel

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?"

Moderator: David W. Kennedy, MD

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

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

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Registration Open | Conference Registration: <http://www.cvent.com/d/gbqf51>

Deadlines:

Abstract Opens: 4/1/2019


Manuscript Deadline: 8/9/2019

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CPOP Course Oct 11 - 13

Certificate Program for Otolaryngology Personnel

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

For Information, contact:

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

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

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

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

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

The 3 phases of training are: 1) self study (September-October); 2) hands-on workshop (October 11-13); and, 3) 6 month period of supervised patient testing. Participants who submit a testing log signed by the supervising otolaryngologist at the end of the 6-month period will be issued a Certificate of Completion by the AAO-HNS.

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

Location: Providence Park Hospital, Novi Michigan
Co-directors: Eric Sargent, MD (Michigan Ear Institute) & Jeffrey Weingarten, MD (Ear, Nose & Throat Consultants)





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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

For full consideration, applications must be received by December 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/>)

Pittsburgh Ear Research Foundation
Division of Otolaryngology Research and Neurotology
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Todd A. Hillman, MD

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

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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

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

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

Requirements:

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

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

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

Please contact or send CV to:

Kim Robbins, HR Director

Email: kimr@entsalem.com

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



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Amy Gonzales, Practice Administrator
amgwent@aol.com



Harvard Department of Otolaryngology/ Massachusetts Eye and Ear

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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.

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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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Otolologist/Neurotologist

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

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Candidates must be fellowship trained and BC/BE by the
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Direct Contact Information:

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

Cherie-Ann Nathan, MD, FACS
Professor and Vice-Chairman,
Director of Head and Neck Surgical Oncology
1501 Kings Highway, 9-203
Shreveport, LA 71103-33932
Telephone: 318-675-6262
Fax: 318-675-6260

E-mail: cnatha@lsuhsc.edu

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Pediatric Otolaryngology-Academic Faculty Position

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

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

To apply for this opportunity, visit <http://indiana.peopleadmin.com/postings/7749>. Please include (1) a curriculum vitae, (2) letter of interest, and (3) the names and addresses of three professional references.

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

For more information, please contact:
Jonathan Ting, MD MS MBA FARS FAC
Interim Chair, Associate Professor of
Otolaryngology & Neurological Surgery
Department of Otolaryngology - Head & Neck Surgery
Indiana University School of Medicine
Email address: smaxwell@iupui.edu

Emory University

Emory University's Department of Otolaryngology - Head & Neck Surgery seeks a full-time Otolaryngologist at the rank of Assistant or Associate Professor to join a robust team who will have primary duties at the Atlanta Veterans Administration Hospital. An appointment at the level of Assistant Professor or Associate Professor is anticipated, depending upon the candidate's qualifications. The highly motivated team has long been actively involved in academic, research, and professional endeavors at the national and international levels. Opportunities to teach medical students, residents and fellows, and participate in scholarly activities. Duties will include patient care, resident and fellow teaching, and academic productivity. Special skills in Head and Neck Oncology and/or Laryngology are especially sought. Applicants must be Board Certified or Board Eligible and will have a University appointment.

The position comprises a clinical appointment in the Department of Otolaryngology at a level commensurate with credentials and experience, as well as an academic appointment in the Emory University School of Medicine. The job provides a competitive 12-month salary with excellent benefits.

Minimum Qualifications:

- Board Certified/Board Eligible in Otolaryngology
- Strong research and publication history, experience in clinical and research mentorship, a national reputation among colleagues within the otolaryngology community.
- Eligibility for a valid, unrestricted medical license to practice medicine in the state of Georgia
- A controlled Substance Registration Drug Enforcement Administration Certificate.

Positioned in northeastern Georgia at the foothills of the Appalachian Mountains, Atlanta is a vibrant, tree-canopied city consisting of many neighborhoods, each displaying its own unique characteristic. This capital city boasts permanent, professional, resident companies in all major performing arts disciplines, four major team sports franchises, over 300 parks and nature preserves, a temperate climate, a world-class restaurant scene, and more than 30 colleges and universities. Atlanta is one of the fastest growing U.S. cities, with a greater metropolitan population of over 6 million, and the world's busiest airport located a short ride away.

Contacts: Amaya Fields: Amaya.fields@emory.edu and Dr. Douglas Mattox: dmattox@emory.edu



McGovern
Medical School

General Otorhinolaryngology Faculty Positions

The Department of Otorhinolaryngology-Head & Neck Surgery is recruiting up to 3 general otorhinolaryngologists to join its expanding suburban practices. This is a unique opportunity to join a growing academic department in a large metro area. Interest in sleep and/or allergy is desirable, but not required. These positions also involve a 20% commitment to the Department's teaching sites. Academic appointment commensurate with experience.

Please submit your CV and application here: www.ent4.me/recruit

Interest and questions may be directed to:

Martin J. Citardi, MD

Professor & Chair

The University of Texas Health Science Center at Houston

Department of Otorhinolaryngology-Head & Neck Surgery

Fax: 713-383-1410 Email: Martin.J.Citardi@uth.tmc.edu

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**Division of Otolaryngology
Yale University, School of Medicine**

The Division of Otolaryngology at the Yale School of Medicine is rapidly expanding across subspecialties and across the Yale-New Haven Health Systems. They are currently seeking Board Certified or Board Eligible Otolaryngologists to join our comprehensive and growing team. Applications are invited for the following full-time faculty positions:

- Pediatric Otolaryngologist
- Head and Neck Surgeon
- Otologist/Neurotologist
- Residency Program Director

Clinical responsibilities include providing patient care at Yale-New Haven Hospital in addition to outpatient clinics. In addition to clinical duties, our faculty members provide educational training to medical students and residents, and actively contribute to our research goals. Applicants should expect to work in a friendly environment with collegial and supportive administration.

We are seeking candidates with an outstanding academic record in research, clinical care and education. Candidates will have exceptional leadership talent and interpersonal skills and the commitment to make important contributions to the field of Otolaryngology. In addition to program planning and development, candidates should also have a strong background in quality assurance, educational and operational issues.

New Haven is conveniently located between Boston and New York. It is a great place to live, work, do business and enjoy life. There are ample opportunities to live within 20 minutes on the coast or in surrounding villages with small town charm. The greater New Haven area offers some of the top public and private schools in the country.

All application materials and questions should be submitted to:

Deb Kieslich, MBA

Division Administrator, Yale Otolaryngology

Phone: 203-737-1578

debra.kieslich@yale.edu

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

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.



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 would provide them further data on our growing practice.

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

Jerry Schreibstein, MD, FACS
jschreibstein@entsurgeons.us
Phone: 413-732-7426
Fax: 413-732-0650

T32 Instructor/Postdoctoral Research Fellowship in the Department of Otolaryngology-Head and Neck Surgery, Stanford University School of Medicine

The Department of Otolaryngology-Head and Neck Surgery at **Stanford University School of Medicine** seeks a post-residency fellow to join the department to pursue a NIH/NIDCD funded research fellowship. This is a two-year position with 75% dedicated research time and 25% clinical time. The standard National Match process guidelines will be followed. This research training can also be combined with clinical fellowship training in Otolaryngology subspecialties, creating a three-year combined training experience.

We expect the successful candidate to pursue a career as a clinician-scientist and this fellowship offers both the protected, mentored research training and some independent, clinical duties to help prepare for such a career. The candidate will carry out research in areas aligned with the NIDCD mission, join a research-intensive faculty, and be an active teacher of medical students and residents, while developing a robust research program.

Stanford University is an equal opportunity employer and is committed to increasing the diversity of its trainees. It welcomes nominations of and applications from women, members of minority groups, protected veterans and individuals with disabilities, as well as from others who would bring additional dimensions to the university's research, teaching and clinical missions. Per NIH eligibility requirements, the applicant must be a citizen, non-citizen national and permanent resident of the United States.

We are accepting submissions until the position is filled. Please submit curriculum vitae, 1-page statement of purpose discussing long-term goals as a clinician-scientist, 1-page statement regarding Stanford research laboratories applicant are interested in and why, PDFs of research papers applicant has published and the names and contact information of three references to:

Amy Dao
amydao@stanford.edu 650-721-2880 (phone) 650-721-2163 (fax)
Department of Otolaryngology-Head and Neck Surgery
801 Welch Road, 2nd Floor, Stanford, CA 94305



EXCITING OPPORTUNITY

Atlanta Center for ENT has an opportunity for a full time Board Certified Otolaryngologist in the Buckhead area of Atlanta, Georgia.

Atlanta Center for ENT has a unique opportunity for a talented Board Certified ENT surgeon who is a self starter and a practice builder in the Buckhead area of Atlanta, Georgia.

The practice includes a strong support staff and an Certified Ambulatory Surgical Center on site which yields a superior compensation opportunity via participation in ASC facilities reimbursement, with a potential opportunity for ownership. All aspects of ENT are practiced with a special interest in endoscopic sinus surgery

Contact information:

Donald Dennis, MD, FACS
3193 Howell Mill Rd.
Suite 215
Atlanta, GA. 30327
404-355-1312
ddennis@sinussurgery.com

General Otolaryngology

Excellent opportunity to purchase an established Otolaryngology Practice in northeast Metro Atlanta.

The adult and pediatric ENT practice of 34 years including on-site Audiology and Hearing Aid Services.

Family Friendly location with highly rated public school systems and universities.

Contact: ent.4985@gmail.com



CLINICAL FELLOWSHIP IN LARYNGEAL SURGERY AND VOICE DISORDERS Massachusetts General Hospital

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

Direct inquiries to:

Steven M. Zeitels, MD, FACS

Eugene B. Casey Professor of Laryngeal Surgery, Harvard Medical School

Director: Center for Laryngeal Surgery & Voice Rehabilitation

Massachusetts General Hospital

One Bowdoin Square, 11th Floor

Boston, MA 02114

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



THE
University of Vermont
HEALTH NETWORK

Champlain Valley Physicians Hospital

**Surgeon
Otolaryngology
Plattsburgh, NY**

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

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

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

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

The University of Vermont is an 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.

**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
Lankenau Medical Center
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. We provide extraordinary academic training and research opportunities. All fellows have published numerous articles and several have co-authored books during fellowship.

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.



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



**Division of Otolaryngology
Yale University, School of Medicine**

The Department of Surgery, Division of Otolaryngology at the Yale School of Medicine is now accepting applications for Head and Neck Fellowship to start in July 2020. This fellowship is in its 7th year and will provide advanced training in head and neck surgical oncology with high volume cancer extirpation and reconstruction including minimally invasive approaches (transoral robotic/laser surgery and sialendoscopy), as well as regional and free tissue transfer. Yale Cancer Center is one of 47 NCI-designated Comprehensive Cancer Centers in the nation and the head and neck cancer team includes a robust weekly multi-disciplinary tumor conference, the latest in clinical trials, and opportunities for clinical and basic science research.

By July 2020, qualified candidates should have completed a residency in Otolaryngology and be board eligible or certified. Clinical Fellowships are one year in duration.

Applicants should submit a CV, personal statement, and references with three letters of recommendation, one of which should be from the Chair of the Department in which residency was completed. Interviews will be conducted on a rolling basis and offers made soon after.

Application materials should be submitted by August 31, 2019 and sent to:

Christy Tucker
Yale Otolaryngology
47 College Street, Suite 216
New Haven, CT 06519-1369
Phone 203-785-4862
christy.tucker@yale.edu

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/Postdoc" 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

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



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.

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

EVMS

Academic Pediatric Otolaryngologist-HNS Norfolk, Virginia

The Department of Otolaryngology-Head and Neck Surgery at Eastern Virginia Medical School is recruiting an energetic fifth fellowship-trained Pediatric Otolaryngologist with advanced airway skills at the Assistant or Associate Professor level to join a very busy Children's Hospital-based practice as part of a 17-member full-time academic Otolaryngology Department. Free-standing Children's Hospital with busy PICU and NICU, two suburban ambulatory surgery centers with satellite offices to complement tertiary care hospital practice. Fully-accredited Otolaryngology residency with opportunity to also teach medical students, Pediatric and FP residents. Protected research time and graduated administrative departmental responsibilities. Benefits are outstanding with very competitive compensation that is commensurate with experience.

EVMS is an equal opportunity/affirmative action employer of minorities, females, individuals with disabilities and protected veterans and is a drug and tobacco free workplace.

Interested candidates must apply online at www.evms.com/careers

Contact:

Craig Derkay, MD, FACS, FAAP
Department of Otolaryngology-HNS
Eastern Virginia Medical School
Children's Hospital of the King's Daughters
601 Children's Lane, 2nd Floor, ENT suite
Norfolk, VA 23507
(757) 668-9853
craig.derkay@chkd.org

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 neurologic 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>.



Cleveland Clinic Head and Neck Institute

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

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

- General ENT
- Oral & Maxillofacial Surgeon
- 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 Physician Recruitment Portal

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.



Cooper Medical School
of Rowan University



Cooper
University Hospital

Rhinologist, Laryngologist, Neurotologist, General Otolaryngologist

Cooper University Hospital Division of Otolaryngology-Head & Neck Surgery located in South Jersey, across the river from Philadelphia, is seeking the following surgeons to join our busy academic practice:

1. Fellowship trained Rhinologist / Anterior Skull Base Surgeon
2. Fellowship trained Laryngologist
3. Fellowship trained Neurotologist
4. General Otolaryngologist.

You will join a team of energetic and collegial surgeons and become a core faculty member of our new ACGME-accredited Otolaryngology residency training program that started in July 2019. You will have the opportunity to teach and mentor medical students and residents, and will also receive inpatient and outpatient practice support by our experienced and high level team of dedicated Advanced Practice Nurses and Physician Assistant. You will receive an academic teaching appointment through the Cooper Medical School at Rowan University at a level commensurate with your experience. Clinical, basic science and translational research opportunities exist and there is a robust regenerative medicine laboratory on the campus. The faculty are active in scholarly pursuits with the help of residents and medical students. Compensation and benefits are highly competitive and our team enjoys a healthy work / life balance. We pride ourselves on the scope and quality of practice provided at Cooper University Hospital and are seeking like minded individuals to join our close knit and busy practice.

Interested candidates should send their CV and a cover letter to:
Nadir Ahmad, MD, FACS, Division Head, at ahmad-nadir@Cooperhealth.edu



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. Admitting privileges and pay for call at Cape Fear Valley Hospital.

For confidential consideration please email your CV to Dr. Steven Pantelakos at stpent@nc.rr.com or Gwendolyn Parks at gwenp@fayent.com.

You may visit us at www.fayent.com.

SOUTH FLORIDA ENT ASSOCIATES



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

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

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

This position will include both office and hospital settings.

Requirements:

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

Bilingual (English/Spanish) preferred
Excellent communication and interpersonal skills
F/T - M-F plus call

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

Contact Information:

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

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.

- Competitive production incentive
- Established research program focusing on voice and swallow disorders
- Well established and expanding hospital system
- Ranked by *Money* and *Forbes* magazines for career growth and best places to live

For additional information about the position, please contact:
Robert P. Zitsch III, M.D.
William E. Davis Professor and Chair
Department of Otolaryngology—Head and Neck Surgery
University of Missouri—School of Medicine
One Hospital Dr MA314 DC027.00
Columbia, MO 65212
zitschr@health.missouri.edu

To apply for a position, please visit the MU website at www.missouri.edu/find-a-publicacademic/
The University of Missouri is an Equal Opportunity/Affirmative Action/Pro Disabled & Veteran Employer.

\$400,000+ Academic Pediatric ENT

Our Children's Hospital is 1 of 5 hospitals in an academic health system that has access to over 30 Pediatric specialties with support from Intensivists and Neonatologists in a 58-bed NICU and 13-bed PICU.

- Clinic 2 days/ OR 2 days/ Academic 1 day
- 1:9 Call with residents taking 1st call
- 8% Retirement match
- Comprehensive University benefits package

Top 3 Best College Town

Ideal sized Midwest college town offering Division I sports and a thriving small business climate. With our beautiful lakes, gently rolling hills and towering bluffs, we also offer something for every outdoor enthusiast.

- Local medical school and law school
- Most National Merit Scholars in the state
- Bike friendly campus and community
- 600+ restaurants; 32 museums & art galleries

For more information, call or text Shandy Williams at 214.382.9245 or shandy.williams@themedicusfirm.com
Reference PDO 8090



At Children's Minnesota, we don't simply care for kids. We care for the most amazing people on Earth. With pediatric hospitals in Minneapolis and St. Paul, 12 clinics and more than 60 specialties, we have the largest and broadest team of pediatric experts in the region.

We are seeking a medical director for our pediatric otolaryngology and facial plastic surgery clinical and academic program.

The medical director will lead an established team of physicians, advanced practice providers, nurses, audiologists, fellows, residents, medical students and clinic staff to continue to grow and develop our comprehensive and nationally recognized clinical service line.

Children's ENT and Facial Plastic Surgery is the busiest pediatric otolaryngology program in our five-state region with more than 21,000 clinic visits and 4,600 surgeries in 2018. We are the premier regional referral center for complex pediatric otolaryngology.

Our program provides care to the entire Children's Minnesota system, the University of Minnesota Masonic Children's Hospital and Hennepin Health. This expansive footprint allows for strong and diverse clinical volumes, fellowship and residency education, and academic collaboration with the University of Minnesota.

Our program has some of the most experienced and talented pediatric otolaryngologists in the country. We provide the full range of pediatric otolaryngology and facial plastic and reconstructive surgery services, including advanced head and neck and anterior skull base surgery, endoscopic and open airway surgery, cleft and craniofacial anomalies, prenatal care for cleft and congenital anomalies, cochlear implantation and complex otology, facial trauma, thyroid and parathyroid surgery, facial reanimation, microtia and vascular anomalies. We are supported by excellent and collegial services including pediatric anesthesia, advanced diagnostic imaging, interventional radiology, critical care and the full range of pediatric medical and surgical specialists. We also spearhead and participate in many interdisciplinary teams.

QUALIFICATIONS

- Minimum of five years of experience as a practicing pediatric otolaryngologist with experience in tertiary care and some exposure to pediatric facial plastic surgery
- Board Certified in Otolaryngology and completion of accredited Pediatric Otolaryngology Fellowship
- Ability to obtain and hold a State of Minnesota Medical License and DEA Certificate
- Leadership experience and familiarity with quality improvement work, safety initiatives, systems-based practice, patient-centered care

EXPECTATIONS

- Full-time employment (1.0 FTE)
 - 0.4 FTE administrative duties
 - 0.6 FTE clinical activity, divided equally between the most active centers of clinical activity
- Initial five-year commitment
- Promote, support and help develop the academic and clinical interests of all members of the department
- Provide input and approve clinical and personnel policies that impact services at our clinical sites
- Provide support and oversight to our internal directors:
 - Director of the Pediatric ENT Fellowship
 - Medical director of Audiology
 - Director of Research
 - Director of the Cleft and Craniofacial clinics, currently responsible for managing the Cleft, Comprehensive Craniofacial, Plagiocephaly, Velocardiofacial, Oculoauriculovertebral, and Microtia clinics
 - Director of the aerodigestive program
- Provide support for other interdisciplinary programs, including Vascular Anomalies Clinic, Thyroid and Parathyroid, Head and Neck Tumor Board, University of Minnesota Cleft Team, and Fetal Medicine (Children's, U of M, Hennepin Health)



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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

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

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