

bulletin



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

JULY 2021

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CELEBRATING

125

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- ★ MONDAY, OCTOBER 4, AT CEDARS-SINAI
Worst Case Scenarios: Managing OTO Emergencies in Practice Simulation Workshop



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bulletin

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"ASCENT provides resources and networking for business managers that augments our operations and shapes our strategic direction."

-Dr. Brown



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Years ago, for me as a new administrator in ENT, the education materials provided, programs and learning opportunities and networking made me feel more comfortable with a new and very complicated specialty. ASCENT's resources are invaluable to new administrators and all physicians should require their Operations Manager or administrator to be a member to provide them resources for managing such a complicated specialty practice."



Craig Kilgore

Craig M. Kilgore, CMPE

Chief Executive Officer - ENT & Allergy Associates of Charleston, SC.



Dr. Gene Brown

"In today's competitive environment it is important to combine business management expertise with physician leadership. ASCENT provides resources and networking for business managers that augments our operations and shapes our strategic direction.

This collaboration allows us to leverage the collective experiences of peer groups from across the country. In this fast-paced and ever-changing environment, this resource is vital."

Eugene G. Brown, MD, RPh

Physician - ENT & Allergy Associates of Charleston, SC

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NETWORKING | EDUCATION | RESOURCES

Why Teamwork and Specialty Unity Matters

“We are stronger together than we are alone.”

- Walter Payton

We held our most recent Specialty Unity Summit virtually on June 5, 2021. Participating organizations included representatives from the AAOA, AAO-HNS, ABOHNS, ABEA, AHNS, ALA, ANS, AOS, ARS, ASGO, AADO, OPDO, SUO, AAOA, and TRIO. We discussed important topics such as the future of meetings, residency training in otolaryngology, the transition from undergraduate to graduate medical education, and specialty collaboration with payers. From my perspective, specialty unity has never been stronger or more important. As we emerge from the pandemic, we recognize that our world has changed in ways we never imagined. We must innovate and work together to prepare for and build our specialty’s future in the post-pandemic world. We need to better understand how the AAO-HNS/F and otolaryngology subspecialty meetings of the future will continue to meet the needs of all our present and future national and global meeting participants. How can we best deliver education content that both present and future stakeholders need as well as opportunities for networking? To this end, we will be launching a Future of Meetings Task Force this summer. This task force will follow up on the Future of Education Task Force that redesigned our education offerings with great success. The new task force will deploy member and attendee surveys to determine how we should position ourselves to meet the needs of all our constituents in the future.

Consistent with our “We Are One” philosophy, there will be a combined President’s Reception for the presidents and past presidents of all otolaryngology societies on Saturday evening, October 2. I am very confident that we will be able to hold our AAO-HNSF Annual Meeting in person, October 3-6, 2021. I cannot wait to see all of you in Los Angeles! It has been a long year and a half, and I really miss the community. The meeting will offer many new features, including ENTrepreneur Faceoff that will be presented by the Drugs and Medical Device Committee in a “Shark Tank” style. We will also have the “Great Debates” series during the meeting, and a personalized education track for all attendees.

We really need each other in order to succeed. Our members represent all demographics, all practice types, and our global community. We must learn from one another so that we can realize our core purpose: to engage our members and help them achieve excellence and provide high-quality, evidence-informed, and equitable ear, nose and throat care. We will lead the way in advocacy for legislative, regulatory, and payer issues for otolaryngologists. We will work to support and improve the efficiency and success of otolaryngology practice. We will continue to lead and collaborate with the global otolaryngology community to advance otolaryngology through education initiatives.

“Teamwork is the ability to work together toward a common vision. The ability to direct individual accomplishments toward organizational objectives. It is the fuel that allows common people to attain uncommon results.” - Andrew Carnegie

I am very confident that we will realize our core purpose, our ambition, by working together as a team. ■



Carol R. Bradford, MD, MS
AAO-HNS/F President

“We really need each other in order to succeed ... We must learn from one another so that we can realize our core purpose ...”

Specialty Unity Summer Participants | June 5, 2021 Virtual Meeting

- American Academy of Otolaryngic Allergy (AAOA)
- American Academy of Otolaryngology-Head and Neck Surgery (AAO-HNS)
- American Board of Otolaryngology – Head and Neck Surgery (ABOHNS)
- American Broncho-Esophagological Association (ABEA)
- American Head and Neck Society (AHNS)
- American Laryngological Association (ALA)
- American Neurotology Society (ANS)
- American Otolological Society (AOS)
- American Rhinologic Society (ARS)
- American Society of Geriatric Otolaryngology (ASGO)
- Association of Academic Departments of Otolaryngology – Head and Neck Surgery (AADO)
- Otolaryngology Program Directors Organization (OPDO)
- Society of University Otolaryngologists (SUO)
- Triological Society (TRIO)

The SUS also includes representation from the following who were unable to attend:

- American Academy of Facial Plastic and Reconstructive Surgery (AAFPRS)
- American Society of Pediatric Otolaryngology (ASPO)
- ASCENT | Administrator Support Community for ENT

SPECIAL ANNOUNCEMENT

Honoring Our Best in the AAO-HNS Hall of Distinction

James C. Denny III, MD

AAO-HNS/F Executive Vice President and CEO

The Executive Committee of the Board of Directors voted to approve the formation of the American Academy of Otolaryngology–Head and Neck Surgery “Hall of Distinction” at their June meeting. The first class of initiates will be presented at our 125th Annual Meeting & OTO Experience in Los Angeles, California, on Tuesday, October 5, followed by a reception. This concept was a culmination of an idea that started back in 2016 with the “Legends of Otolaryngology” lecture series at the Annual Meeting with the inaugural presentation by **M. Eugene Tardy, MD**.

For over a year, our staff has been researching the past 25 years as we prepare to update our *Century of Excellence* book with *Legacy of Excellence*, which will be released at the Annual Meeting this fall. This work has unearthed many inspiring stories that reflect the dedication and commitment of both leaders and grassroots members over the decades of our existence. The success of our organization over the past 125 years fell squarely on the shoulders of hundreds of volunteer physician leaders and practitioners as well as the staff who helped them carry out their plans. Most of these devoted members worked primarily for the good of their patients, the specialty, and organization, often going unnoticed. Finally, discussions unrelated to the others highlighted the indisputable value and energy created by special recognition, such as the “Hall of Distinction.”

The “Hall of Distinction” will recognize otolaryngologists who have made long-term exceptional contributions to the AAO-HNS and the specialty of otolaryngology. Academicians, private practitioners, and researchers who have advanced the practice of otolaryngology and care of patients by distinguishing themselves through advocacy, education, humanitarianism, innovation, leadership, or research from around the world are eligible for consideration. Meritorious service includes elected and appointed leadership, committee and section participation as well as innovative education and clinical work and inspirational ideas with measurable impact. The “rank and file” member who donates 25 years or more can be honored as well as the high profile.

Candidates will have spent a minimum of 25 years in otolaryngology. Additionally, there will be a “Pioneer” category that will include posthumous recognition of giants in field, leading contributors of the organization, and other unique situations. A class will be initiated each year at the Annual Meeting accompanied by a lecture. This will be an exclusive and inclusive group with initiates being capped at 12 yearly with no minimum.

Candidates will be selected by the Awards Task Force (soon to be the Awards and Honors Committee) and approved by the Executive Committee of the Board of Directors. Individual nominations can be submitted to the Awards Task Force for consideration with supporting rationale. We anticipate this process will create a great deal of excitement and interest broadly across our field. ■



Our Expanding Quality Program: Meeting the Needs of Our Diverse Specialty

In this our 125th anniversary year, it is appropriate that we celebrate our **Quality Programs** in this month's *Bulletin*. The quest for quality has certainly evolved over the decades and touched many areas related to improving patient care and outcomes. When Hal Foster, MD, sent out the invitations to what turned out to be our first meeting in 1896, he was calling together a group of physicians for the purpose of sharing their experiences and teaching each other how to provide the best care as they knew it at that time. The search to define quality begins with collecting information and putting it together with other like data to draw conclusions about a disease or treatment. In those days, information was collected and shared by word-of-mouth, written word, and images.

As we fast forward to the beginning of this century, the infrastructure was being developed by the Foundation under the leadership of **David R. Nielsen, MD**, in his role as Executive Vice President and CEO. The first decade produced a great deal of activity in the quality area and led to the development of our Guideline Task Force, which created a well-respected program for producing clinical practice guidelines (CPG) on critical patient care topics that have guided many physicians across many specialties in giving appropriate care to their patients. Guideline development led to performance measures that would become necessary for the PQRS quality reporting requirements instituted by CMS for Medicare.

The evolution of expectations related to quality healthcare advanced rapidly during the second decade, and it became apparent that quality would be an integral part of both governmental and private payer healthcare system models for the foreseeable future. To meet the challenge, the Foundation went through an extensive "due diligence" process for the purpose of establishing a clinical data registry (CDR). Subsequently, the Board of Directors authorized the use of reserve funding to create Reg-entSM, our clinical data registry. That registry, now entering its fifth year, has achieved both CDR and Qualified Clinical Data Registry (QCDR) status throughout its entire existence as designated by CMS.

During the course of expanding the registry to measure quality for the breadth of our diverse specialty and maintaining our QCDR status, there have been a number of advancements. The AAO-HNSF has

developed 22 specialty-specific quality measures over that time using several strategies to broaden our portfolio to ensure relevance across our specialty areas. We have pioneered innovative methodology to derive performance measures from existing CPGs and published the process in the *Otolaryngology-Head and Neck Surgery*. CMS has also attempted to improve the statutory MIPS quality program and hopes to debut their MIPS Value Pathways (MVP) in 2022 or 2023. When this program was announced, we created three novel examples that we have submitted for inclusion in the "pilot phase" and have recently met a second time to discuss this with CMS.

Like our Education and Meetings programs, our Quality and Research endeavors rely heavily on our dedicated member volunteers under the leadership of our Coordinator for Research and Quality and an extraordinary staff led by **Senior Director, Jean Brereton**. When you add the exceptional work of the Outcomes Research Evidence-Based Medicine (OREBM) and the Patient Safety and Quality Improvement (PSQI) Committees to the above-mentioned initiatives, our Quality programs remain on the cutting edge, serving our members' current and future needs. The loop is closed by our practicing physicians as they participate in these various opportunities and incorporate information produced through these programs into their practices to the benefit of their patients across the spectrum of otolaryngic care.

Additionally, I would like to salute our forward-thinking members and practices who have chosen to participate and remain with Reg-ent through its growth and development. Without them we would not have been able to move forward to Phase II and our partnership with OM1 that will allow us to define "best care" in otolaryngology and participate in clinical research and trials that further define our goals.

I hope that you have noticed our new website, which was launched on June 7, 2021. Well over a year of planning and implementation were involved in this major project designed to freshen our branding and install a robust search engine that will result in a dramatic improvement over our predecessor platform. Our entire staff deserves a great deal of credit for bringing this vision to fruition in addition to their regular activities. Please give it a try and let us know what you think. ■



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

“The evolution of expectations related to quality healthcare advanced rapidly during the second decade, and it became apparent that quality would be an integral part of both governmental and private payer healthcare system models for the foreseeable future.”



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Building a Pipeline of Leaders for the Future of the Specialty

Kathleen L. Yaremchuk, MD, MSA

Creating a strong pipeline of capable leaders is imperative for the Academy. We are fortunate to have individuals who are the best and the brightest in medicine and volunteer selflessly to the organization. To make the most of the energy and enthusiasm that they bring, it is our responsibility to provide leadership development and mentorship that will build the pipeline of leaders for the future of our specialty.

The funds raised through the Academy's **125 Strong Campaign**—Leadership Development and Mentorship—will be invested in concentrated trainings focusing on the different leadership skills needed at distinct phases of a career. The Leadership Development and Mentorship program addresses the progressive stages of leadership with three programs tailored to these diverse needs.

“How to Get in the Game” is meant for individuals finishing residency or fellowship. This leadership program provides a series of sessions that may be virtual or in person. Topics of discussion include team training, communications skills, and “managing up.” Case-based learning will be used for understanding the importance of interpersonal relationships, crucial conversations, and goal setting. The value of networking will be emphasized to develop relationships and opportunities for the future

that are long-standing and productive.

Applicants will be paired with established mentors and sponsors who fit their career goals and are able to give meaningful assistance and advice.

“How to Thrive and Prosper” is aimed at young otolaryngology faculty and those starting out in practice. Lessons are modular and participant-driven and will consist of monthly meetings with didactic content developed to address time management, team building, public speaking (scientific versus administrative presentations), conflict management/resolution, project development, and wellness, as well as development of a “side hustle” to keep energy and creativity front and center. The importance of leadership roles within medical staff and the opportunities to pair these roles with organized medicine will be discussed. Adequate time in each session will be left for discussion.

Course content will include live demonstrations of leadership styles and how they are appropriate for different situations. Participants will model and discuss their comfort levels and report their success in using the leadership styles in their professional lives. Additionally, participants will develop career goals that are reasonable and attainable, learning the ability to change course when progress seems slower than expected or changes occur. One of the key teaching modules involves strategies for keeping on track for promotion and avoiding career derailment.

“Career Transitions: What Next?” is intended for mid- or senior-career individuals

who are interested in transitioning to leadership positions—such as department chair, division chief, chief medical officer, chief of staff, or dean of a medical school—or a career path other than one that involves clinical medicine and research. Speakers will be otolaryngologists in the roles previously mentioned and will share techniques they used to achieve their goals. Sessions include discussing the benefit or need for an advanced degree, available education resources, garnering support for medical staff, and becoming an institutional team player.

Each group will have monthly one-hour didactic sessions with time allowed for Q&A. The goal is to have 20 participants in each group and to have regular “check-ins” to ensure topics and curriculum are appropriate and well received. Course correction will happen in real time, as necessary, to achieve each participant’s desired results. As our world changes, so do we and the opportunity to learn from others in our specialty is an opportunity to stay relevant and well informed.

If we look at a leader as someone who takes people where they want to go, the Academy will provide members with leadership development and mentorship that will allow them to achieve those goals and aspirations. The opportunities are varied—and the skill set necessary may well depend on the individual—but the Academy can be a resource to achieve these goals.

Donate to the **125 Strong Campaign** today to support the endeavors of the Leadership Development and Mentorship programs. Join your many colleagues and friends and help us *Shape Our Future Together.* ■

■ at the forefront

International Travel Grant to AAO-HNSF 2021 Annual Meeting & OTO Experience

Are you a non-U.S. junior faculty member now studying in the United States or Canada? You may be eligible for one of five grants of up to \$1,000 each to attend the AAO-HNSF 2021 Annual Meeting & OTO Experience, October 3-6, in Los Angeles, California.

Apply today. Submission deadline extended to September 1. To learn more, visit www.entnet.org/travelgrant. ■



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■ milestone moments

1921: The Research Fund was established, using \$27,000 endowed by Liberty Bonds purchased during WWI.

1985: The Centralized Otolaryngology Research Efforts (CORE) program was established.

2006: The development of quality knowledge products was led by the efforts of **David R. Nielsen, MD, EVP/CEO**, and **Richard M. Rosenfeld, MD, MPH, MBA**, *Otolaryngology-Head and Neck Surgery* Editor in Chief.

2006: The first set of measures on topics of Acute Otitis Externa and Otitis Media with Effusion was developed.

2006: Clinical Practice Guidelines: A Manual for Developing Evidence-Based Guidelines to Facilitate Performance Measurement and Quality Improvement was published.

2015: Clinical Consensus Statement (CCS) Development Manual was published. (The name change from CCSs to Expert Consensus Statements was approved in 2020.)

2015: The development of Reg-ent, a clinical data registry for otolaryngology-head and neck surgery, was approved.

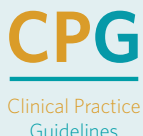
2016: Reg-ent pilot was tested and launched, approved as a Qualified Clinical Data Registry and Qualified Registry by CMS and reported PQRS for 2016.

2016: Qualified Clinical Data Registry Measures Development began (To date, AAO-HNSF has developed 22 specialty-specific measures).

2017: Reg-ent launched Merit-Based Incentive Payment System (MIPS) reporting for its practices across all three categories: Quality, Improvement Activities, and Promoting Interoperability.

2020: Reg-ent began Phase II to serve as the basis for otolaryngology clinical research, to address product surveillance, and to provide a platform for internal and external research endeavors.

2021: Reg-ent launched the first Patient Reported Survey in Age-Related Hearing Loss.



1985

2006

2015

2015

2016

Asia Pacific Regional Roundtable on HPV-Related Oropharyngeal Cancer

The AAO-HNSF Asia Pacific Regional Roundtable on HPV-Related Oropharyngeal Cancer: Current Status in Asia Pacific is scheduled for July 9, from 8:30 - 10:00 pm (ET). This interactive session includes panel presentations, followed by discussion and perspectives from the Asia-Pacific Rim region. Featured topics and panelists include:

Epidemiology and Pathogenesis

Bernard Michael Lyons, MBBS, FRACS
Clinical Associate Professor, Department of Surgery, University of Melbourne

Pathology and Molecular Testing

Chwee-Ming Lim, MBBS, MRCS Ed
Associate Professor, Department of Otorhinolaryngology-Head and Neck Surgery, and Director, Clinical Translational Research, Singapore General Hospital

Prevention, Screening, and Vaccination

Mohd Razif Mohamad Yunus, MD
Otorhinolaryngologist-Head and Neck Surgeon, Malaysia; President-Elect, Asian Society of Head and Neck Oncology; and President-Elect, Malaysia Society of Otorhinolaryngology

Treatment Guideline and Ongoing Trial (de-escalation):

F. Christopher Holsinger, MD
Professor and Chief of Head and Neck Surgery, Stanford University School of Medicine

If you miss the live event, watch for the recording to be posted on www.entnet.org. For more information and to register, please contact international@entnet.org. ■



Don't Miss the Latest Podcast From OTO Journal

To access the library of podcasts hosted by **John H. Krouse, MD, PhD, MBA**, Editor in Chief of *Otolaryngology-Head and Neck Surgery* and *OTO Open*, visit <http://sageotolaryngology.sagepublications.libsnp.com>. ■

2021 AAO-HNS Election Results

The AAO-HNS extends its greatest appreciation to the candidates of the 2021 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. **Duane J. Taylor, MD**, and the Nominating Committee are pleased to announce the results of the 2021 AAO-HNS Annual Election:

President-Elect

Kathleen L. Yaremchuk, MD, MSA

At-Large Director (Academic Two-Year Term)

Alexander G. Chiu, MD

At-Large Director (Academic Four-Year Term)

Cherie-Ann O. Nathan, MD

At-Large Director (Private Practice)

Angela M. Powell, MD

Nominating Committee (Academic)

Seat one: Samantha Anne, MD, MS
Seat two: Ken Kazahaya, MD, MBA

Nominating Committee (Private Practice)

Seat one: Andrew M. Coughlin, MD
Seat two: Angela K. Sturm, MD

Audit Committee

Art A. Ambrosio, MD, MBA

Terms of those elected will begin in October 2021.

HUMANITARIAN TRAVEL GRANT Surgical Mission in Peru

In January 2020, **Natalie Krane, MD**, traveled to Lambayeque, Peru, with the FACES Foundation and performed nearly 40 procedures, including cleft lip and palate repair and alveolar bone grafting, on patients from far-reaching areas of Peru.

Medical care in Peru is stripped to the bare necessities. The needs of the patient are at the forefront, which is a refreshing way to work in an age where physicians are constantly bombarded by electronic medical record clicks, messages, and numerous emails requiring their attention at all hours of the day. For the entire trip, the patients were the only priority.

Dr. Krane was struck by the gratitude of both those giving and receiving care, especially in the absence of a shared language. There was an unspoken sincerity between parties, a general understanding that the physicians were there to help and that the patients were



just as important to the physicians as their own children. On these types of trips, a common thread of humanity is realized: a desire to help others.

“What a privilege it is to be able to take your trade elsewhere, be a part of large team with a common goal, and, together, completely change the course of an individual’s life. Although this was my first surgical mission trip, it will certainly not be my last. I have the AAO-HNSF to thank for giving me the initial experience that will help to build a career filled with many more trips like this one,” said Dr. Krane. ■

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Spotlight: Humanitarian Efforts

Gayle E. Woodson, MD



Where do you currently practice, and what is your specialty area?

I am retired from surgical practice in the United States. I volunteer as an otolaryngology consultant at Space Coast Volunteers in Medicine in Melbourne, Florida.

What humanitarian efforts are you involved with?

My husband, Tom Robbins, and I have made regular visits to Kilimanjaro Christian Medical Centre (KCMC) in Moshi, Tanzania, since 2006. At that time there were only five otolaryngologists in Tanzania, a country of more than 50 million people. The ENT doctors at KCMC provided basic care and were due to retire soon, with no prospects for replacement. We had done medical outreach in other countries but felt a special calling to build a residency program through teaching and supplying equipment. Otolaryngologists from other countries joined in the effort. We suspended our visits during the pandemic but hope to soon return there to spend two months each year.

What got you started in committing your time and practice to humanitarian efforts?

My first experience in overseas volunteerism was participating in five trips to El Salvador with Austin Smiles, a cleft palate mission. My husband and I went to Guatemala to provide primary care through our church, and we have made several visits to Jordan.

How does your work impact the communities you serve and you as a person?

The first three residents who finished the training program in Tanzania are now the faculty, with subspecialty expertise in otology, head and neck surgery, and rhinology, and they train residents to serve other communities. Developing friendships with people in other cultures is tremendously rewarding. People all over the world have the same basic needs and hopes.

What would you say to encourage others to support humanitarian efforts around the world?

I have spoken to so many people who would love to do outreach but feel hesitant to take the plunge or are unsure of how to get involved. There is a great need around the world, and many organizations that can simplify the process of getting involved.

Any final comments or thoughts?

My own opinion is that any humanitarian mission should include a component of education in order to make a sustainable impact. Even if there is no medical or nursing school, patients can be taught healthy lifestyles and self-care, and people in the community can learn to promote public health. ■



Highlights from the BOG

Lance A. Manning, MD,
Chair, Board of Governors



The virtual AAO-HNS/F 2021 Spring Leadership

Forum & BOG Spring Meeting was a great success, featuring a wide breadth of advocacy issues, a futuristic view of healthcare economics, as well as best practices. The well-attended, day-long session featured multiple prominent, enlightening speakers. Innovation in the Business of Medicine was the focus of a thought-provoking interview with business leader and entrepreneur Mark Cuban. He discussed promising, interesting, and disruptive healthcare technologies, the financial condition of healthcare systems, and the growing trend in the consolidation of physician practices through mergers, hospital system acquisitions, and venture capital purchases.

There were two outstanding speakers on legislation and advocacy representing both ends of the political spectrum: Wendell Primus, PhD, senior policy advisor on budget and health to Speaker Nancy Pelosi (D-CA), and Representative Larry Buchson, MD, (R-IN) who is a cardiovascular surgeon. They discussed the rapidly changing healthcare political landscape in Washington, DC, and the current national healthcare legislative agenda. They engagingly addressed the erosion of the Medicare conversion factor, scope of practice issues with regard to mid-level providers, and the top healthcare priorities for the 117th Congress. Both speakers took questions about the divisive political climate and discussed opportunities for bipartisanship to effectuate needed change in our nation's healthcare system.

We heard from the current president of the American Medical Association, Susan R. Bailey, MD. As she continues to lead the house of medicine during one of the most

trying times in recent history—the COVID-19 pandemic—she shared her wisdom and vision regarding the lasting effects of COVID-19 on the practice of medicine.

The final guest speaker of the day was Gabrielle Felder, MPH, the director of research and consulting for the Just Communities organization. She gave an enlightening presentation on cultural competence and growing diversity among our patients. She shared her knowledge as a unique expert in human relations to help us learn how to consciously work with people from a diverse cross-section of society along the lines of age, disability, ethnicity, gender, gender identity, geographic location, primary language, race, religion, sexual orientation, and socioeconomic status.

The BOG Committees have been busy and productive, and during the meeting, they identified some of their achievements. A highlight among the excellent presentations by the BOG Committee leaders was the introduction of the Society Management Tool Kit by **Samantha Anne, MD**, and **Boris Chernobilsky, MD**. This new tool kit provides a detailed road map and compendium of comprehensive resources for local and regional otolaryngology societies to start or expand their respective efforts in society administration and engagement, legislative affairs and government relations, and education programming.

Following the AAO-HNS/F 2021 Spring Leadership Forum & BOG Spring Meeting, the work of the BOG continues. In addition to the other ongoing BOG Committee work, we are excited to have several continuing efforts that synergize with the recently announced update to AAO-HNS/F Strategic Plan initiatives. The AAO-HNS/F announced new goal statements with a specific area of focus in the business of medicine. The BOG continues to work toward developing a Business of Medicine Management Program

in Healthcare Operations and Leadership. We are endeavoring to partner with our colleagues at ASCENT and through AAO-HNSF Practice Management Education Committee members to assist in these efforts. Ideally this BOG program will be a comprehensive framework and stepwise overview of fundamental healthcare operations, leadership, and management topics.

Finally, the BOG is excited and energized by the many new and ongoing programs, as the Academy continues to provide the support to improve the efficiency and success of otolaryngology practice for members and their associated otolaryngology societies.

I look forward to seeing everyone in person ahead of the AAO-HNSF 2021 Annual Meeting & OTO Experience in Los Angeles, California, on October 2 for BOG events. ■

Society Management Tool Kit

The BOG is proud to introduce the new Society Management Tool Kit, which was developed by the BOG Governance and Society Engagement Committee with input from BOG leadership and AAO-HNS staff. Its intent is to serve as an invaluable resource for the establishment of new state societies or growth of existing societies. It is divided into three sections: Society Administration, Legislative Affairs, and Education/CME. Each section contains information on society management and links to relevant resources that allow users to easily find out about ongoing issues affecting our specialty at a state and national level. Learn how to effectively advocate on behalf of state or specialty BOG societies for the specialty and become a trusted resource for elected officials at the local, state, and national level. The tool kit can be accessed at <https://www.entnet.org/get-involved/board-of-governors/>.

pearls from your **peers:** Hearing Loss



INTERVIEWEE

Carrie Spangler, AuD, CCC-A

Educational Audiologist in Ohio, who is a member the deaf/hard-of-hearing community and who has bimodal hearing.

INTERVIEWER

Anita Jeyakumar, MD, MS

Associate Professor, Northeast Ohio Medical University, Mercy-Bon Secours

How has the pandemic affected the deaf/hard-of-hearing community?

COVID-19 has dramatically altered the healthcare landscape and disrupted global health and world economics in ways that are still being measured. Its impact on the medical community and our patients with chronic conditions, such as those who are deaf/hard-of-hearing, is evolving.

In its Disability-Inclusive Response to COVID-19 (May 2020), the United Nations made a pledge to leave no one behind, recognizing that people with disabilities are among the hardest hit by the social, economic, and health implications of the crisis. At the same time the World Federation of the Deaf (WFD) issued a statement about the greater vulnerability of deaf people, as a marginalized group, during times of crisis.

Communication perhaps has been one of the most obvious hurdles. For the deaf/hard of hearing—in hospitals, at work, and in their homes—the pandemic has exacerbated gaps in communication access, from a lack of reliable technology to an underutilization of limited resources when people need them most.

As a primary line of defense against coronavirus, face masks have become the new public norm. However, this barrier of protection has also added a barrier of communication for our patients. Masks are a challenge: It is impossible to lip-read when someone is wearing one. (Clear masks, with

their sound attenuation and fogging, have not necessarily been a complete success.) Signing is affected, too, since the language is not simply about the hand signals ... it also relies on facial movements and expressions.

Around the beginning of the pandemic, audiologists noticed an uptick in patients coming in with concerns about their hearing. People who already had hearing aids were having more difficulty understanding speech. People with mild hearing loss, who weren't previously using hearing aids, suddenly found that they couldn't understand speech without them.

In spring 2020, millions of children across the country went from seeing their peers and teachers each day in person, to largely interacting behind a computer screen. For many kids in the deaf and hard-of-hearing community, their families, and educators, the pandemic brought about a unique set of challenges, many centered around access.

Recent research has shown that minorities are suffering more from the effects of the pandemic because of their decreased access to services, education, and social infrastructure. Lack of access includes the lack of institutional sign language interpreting services, the difficulty of lipreading through face masks, and the complex language register of medical professionals. These can cause misunderstandings and problems of accessibility.

How can otolaryngologists support our community?

Most deaf/hard-of-hearing individuals, adult and pediatric, could benefit from comprehensive auditory rehabilitation services, which would include medical management, the management of hearing technology, individual and group support, communication therapy, telemedicine/teletherapy, and family counseling. When delivered consistently and supported inter-professionally, these services can foster better communication, greater self-confidence, and an improved quality of life and general wellbeing.

Our deaf/hard-of-hearing community has had to troubleshoot to better cope with the unique challenges in these times. As the physicians trained to treat members of the deaf/hard-of-hearing community, otolaryngologist-head and neck surgeons need to be cognizant of this patient population's increased challenges and continue to provide advocacy and support. Some existing resources include research by S. Atcherson, PhD, about the acoustic effects of face covering; blogs about masks/face shields, including *See Hear Communication Matters* by T. Childress, AuD, and *Hearing Spanglish*; and websites like www.hearingloss.org and www.agbell.org/COVID-19-Resources. We as otolaryngologists can share resources with our patients and their families to further support them. ■

Introducing the New **entnet.org**

New and Improved: Visit the Academy's Redesigned Website

The Academy is pleased to unveil our redesigned website. We invite you to check out our fresh new look at www.entnet.org. Created with you in mind, we have designed a sleek, intuitive, and relevant website so that you can effortlessly access key information for yourself, your practice, and your patients. As we celebrate the Academy's 125th anniversary, the new website will support the momentous events and initiatives we have planned to honor the specialty.

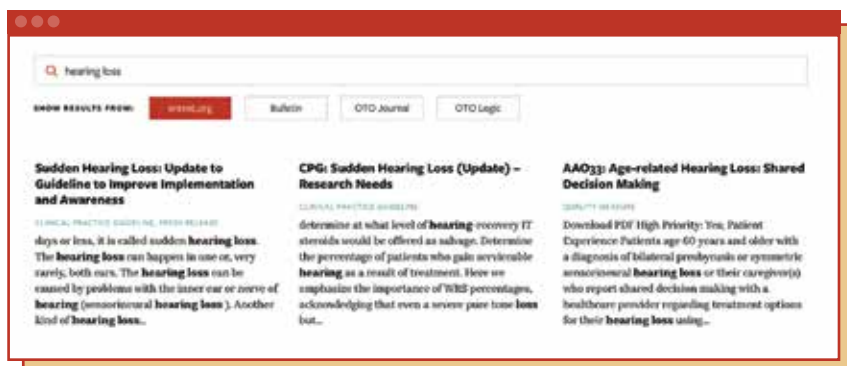
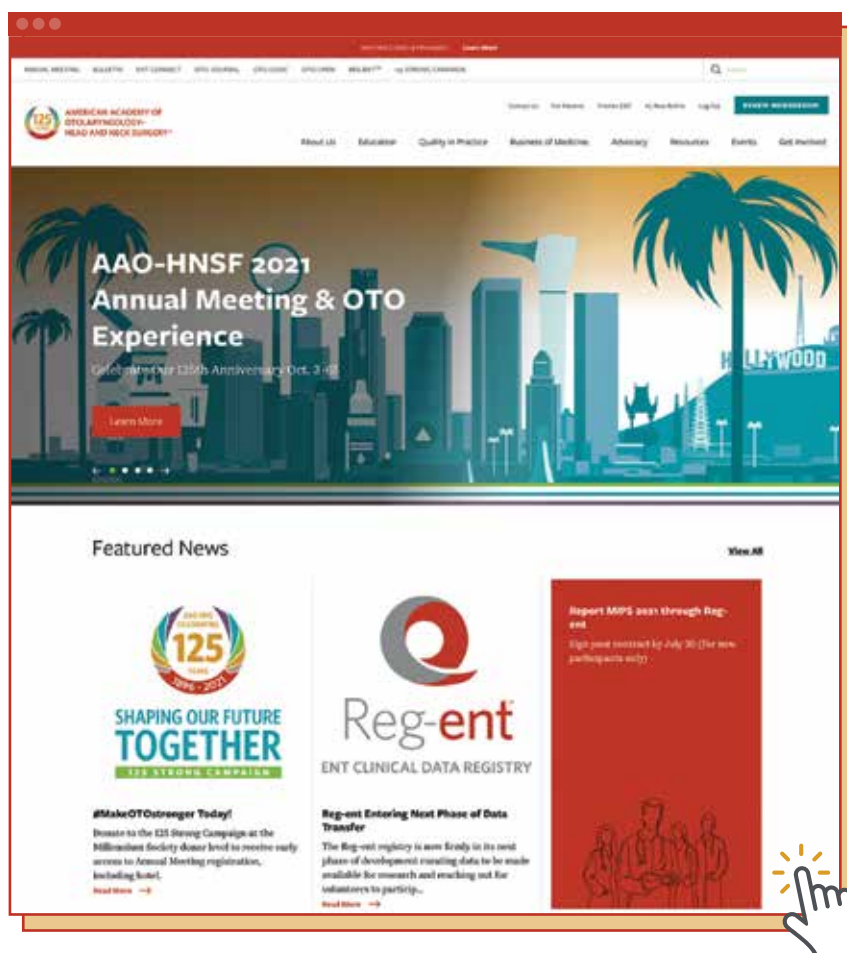
Easy to Use Navigation

The new site features a redesigned main menu highlighting the following content areas:

- About Us
- Education
- Quality in Practice
- Business of Medicine
- Advocacy
- Resources Search Page
- Events
- Get Involved

Enhanced Features

- When you visit entnet.org, you will view the most up-to-date information available as new content is dynamically embedded on key webpages, keeping you current on the latest trends, research, and announcements.
- The search functionality on the new site is robust and allows for simultaneous exploration of entnet.org, the *Bulletin*, the *OTO Journal*, and OTO Logic® websites, making it the hub of all Academy resources. For example, users who search “hearing loss” see the results to the right and can toggle the four websites listed for ease.
- The [Annual Meeting website](http://AnnualMeetingwebsite) and OTOexperience.org (our site for exhibitors, sponsors, and advertisers) are now part of entnet.org rather than being standalone sites. This integrates content and creates a streamlined experience for Annual Meeting attendees.
- Many PDF forms and applications were converted to electronic web form versions, which saves you time and expedites application processes. ■





Education: How FLEX Has Reshaped Otolaryngology Education



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



Jeffrey P. Simons, MD, MMM
AAO-HNSF Coordinator for Education

Inaugural Year

The Foundation's "Flexible Lifelong Education Xperience" (FLEX) program—that replaced the Home Study Course—produced eight sections this inaugural year and was nothing short of exceptional. Planning for the launch of this new flagship product was in motion more than a year before the pandemic hit last spring.

Great emphasis was placed on ensuring the curriculum design reflected creative and contemporary learning modalities. Our organizational efforts to modernize our content development process and digital transformation efforts facilitated successful implementation of this new education platform, which represented the greatest change in Academy education for several decades. While it is no small feat to sunset the Home Study Course, an education program that was a mainstay for 40 years, we believe that we have delivered on the goal to provide the educational materials that members want, when they want it, how they want it, and where they want it.

There were almost 3,500 subscribers to the FLEX program this inaugural year, including more than 1,000 resident users. FLEX modules are interactive, engaging, easy to access, and immediately relevant to clinical otolaryngology practice. Their faster production timelines support the ability to cover emerging trends in the field and

include the most up-to-date clinical and practice management information.

Serious Games: Future of Learning

We are especially proud of the latest education innovation offered in the *Complex Airway Management Simulation* serious game created to enhance learning in the FLEX April section on Tracheostomy Management. The objective of this serious game is to challenge the physician's ability to identify the critical steps to obtain and secure a difficult airway in the setting of a large supraglottic mass that is bleeding. Learners can repeat the course as often as needed to support surgical training and prepare for a similar emergent scenario that may arise while on call or in the hospital setting.

What's Next for FLEX

We are excited about the upcoming year for the FLEX program. We will be incorporating much of the feedback that we received from members who have participated in the first year to continue to improve the learning experience.

The AAO-HNS Board has approved the appointment of **Stacey T. Gray, MD**, to a new position of FLEX Curriculum Chair. This past year, she launched the first section of FLEX as Chair of the Rhinology & Allergy Education Committee (RAEC) and provided expertise in the creation of the FLEX Faculty Curriculum Development Guidelines. Dr. Gray has demonstrated a clear commitment and passion for Foundation education and the Academy will benefit greatly from her expertise in this extended leadership role on the ESC as she wraps up her final year as Chair, RAEC.

Registration is now open. For more information, please visit www.entnet.org/education/flex. ■



Stacey T. Gray, MD

We gratefully acknowledge the Education Steering Committee (ESC) and more than 130 Foundation experts who have contributed to the successes of this inaugural year.

Education Steering Committee
Jeffrey P. Simons, MD, MMM,
Chair, Coordinator for Education

Facial Plastic & Reconstructive Surgery Education Committee
Scott B. Rooft, MD, Chair

General Otolaryngology & Sleep Medicine Education Committee
Jeffrey J. Stanley, MD, Chair

Head & Neck Surgery Education Committee
David M. Coggnetti, MD, Chair

Laryngology & Bronchoesophagology Education Committee
Paul C. Bryson, MD, Chair

Otology & Neurotology Education Committee
Marc L. Bennett, MD, Chair

Pediatric Otolaryngology Education Committee
Meredith Merz Lind, MD, Chair

Practice Management Education Committee
Lance A. Manning, MD, Chair

Rhinology & Allergy Education Committee
Stacey T. Gray, MD, Chair

To view the list of faculty, visit www.entnet.org/education/flex.



Presidential Citations 2021

The Presidential Citations are given to individuals who have had a profound influence on the AAO-HNS/F President's life and otolaryngology.

President **Carol R. Bradford, MD, MS**, has selected these individuals for their outstanding contributions.

Gregory T. Wolf, MD

Gregory T. Wolf, MD, serves as professor emeritus in the Department of Otolaryngology-Head and Neck Surgery at the

University of Michigan Medical School. A dedicated academician, he has served the tripartite mission throughout his career. He served as chair of the Department of Otolaryngology-Head and Neck Surgery at the University of Michigan from 1992 until January 1, 2009, when I had the privilege and honor of succeeding him as chair.

I have always felt that I stand on the shoulders of the giants who led before me, and Greg was definitely the embodiment of this. Greg served as chair of the department from my first day as a faculty member until I took over as chair 17 years later. I have fond memories of the annual departmental Fourth of July picnics held at his home where we welcomed new faculty and residents. It is a tradition that I continued when I became chair.

Greg was deeply committed to my success and served as an inspiration as well as a mentor for my career as a surgeon-scientist. When the going got tough regarding garnering extramural funding, Greg continued to support me and my research. Shortly thereafter I received my R01 grant and was fortunate to benefit from grant funding throughout my time at Michigan. Greg built a legacy of caring deeply for patients, families, learners, and colleagues. Always a gentleman and a scholar, I would not be standing before you today as President of the AAO-HNS/F were it not for the support, sponsorship, and mentorship of Dr. Greg Wolf. ■



James C. Denny III, MD

James C. Denny III, MD, serves as the Executive Vice President and CEO of the AAO-HNS/F, a role he has held since December 2014. In addition, he

served as the President of the AAO-HNS/F for the 2007-2008 term. Jim's work ethic and commitment to the Academy is unmatched.

As we begin to emerge from the COVID-19 pandemic, I felt it was critically important for me, on behalf of all our members, to show our gratitude for Jim's ongoing efforts to bring the global otolaryngology community together. The role that the Academy has played during these turbulent times is truly remarkable and demonstrates the fortitude of our specialty.

Jim led the way in providing timely guidance on safety of our workforce, offering practices information on how to apply for payroll protection program loans, articulating vaccine prioritization for otolaryngologists to state legislatures, endorsing the importance of inclusive diversity, equity and wellness for our entire society, planning a celebration of our 125th anniversary and honoring our rich history, and leading the renewed strategic plan.

He did all of this while also engaging the AAO-HNS/F in the virtual meeting space so that the crucial work continued, including our first-ever AAO-HNSF Virtual Annual Meeting in 2020. Not only were the programs and services maintained under his leadership, but they thrived with innovation and collaboration, a standard in the way Jim has approached his role as EVP/CEO throughout his tenure.

We are so lucky to have a leader who has our backs and works tirelessly to secure our future as a specialty society. ■



David Bradford

Dave and I have been married since June 12, 1982, which was just before I entered medical school. I would not be standing



before you as your President were it not for the amazing support of my husband of 39 years. We met my freshman year of college at the University of Michigan. Dave is an engineer who worked for an Ann Arbor-based heating and cooling company.

We are blessed to be the parents of two amazing children: Taylor (28), a computer science engineer who worked in Information Technology for Boyne Resorts and lives with his wife, Katy, in Big Sky, Montana; and Morgan (25), a second-year medical student at the University of Michigan.

Dave held down the fort during years of long hours in medical school, residency, faculty, and my many leadership roles. His unwavering support and encouragement for me and our family in this way has allowed all of us to shine, propel, and achieve our personal aspirations.

Dave shares much of what the late Ruth Bader Ginsburg shared of her late husband, “I have had the great good fortune to share life with a partner truly extraordinary for his generation, a man who believed at age 18 when we met, and who believes today, that a woman’s work, whether at home or on the job, is as important as a man’s.”

Thank you, Dave, for your calm leadership and somehow figuring out how to make our household a home. ■

125 Strong Campaign Leadership Team

During my tenure as President, we launched the 125 Strong Campaign. This campaign will raise the funds needed to complement and expand important programs in four key areas: diversity, equity, and inclusion; education; leadership development and mentorship; and wellness.

We selected two of our Past Presidents to lead this campaign: **Sujana S. Chandrasekhar, MD**, and **Albert L. Merati, MD**. We then selected four committed leaders in our organization to create working groups to identify important programs in each of these key areas that would have immediate impact.

We asked **Angela M. Powell, MD**, to lead the effort in diversity, equity, and inclusion; **Richard V. Smith, MD**, our past Coordinator for Education, to lead the education working group; **Kathleen L. Yaremchuk, MD, MSA**, who was just elected as President-Elect, to lead the leadership development and mentorship group; and **Dana M. Thompson, MD, MS**, to lead the group defining wellness education programs for our members.

These six amazing leaders stepped up when asked, without hesitation, and delivered what I consider to be remarkable and innovative programs that will allow us to build our collective future together. Thank you, Sujana, Al, Angela, Richard, Kathy, and Dana for answering the call to serve our Academy and make a meaningful impact for our collective future. ■



Sujana S. Chandrasekhar, MD



Albert L. Merati, MD



Angela M. Powell, MD



Richard V. Smith, MD



Kathleen L. Yaremchuk, MD, MSA



Dana M. Thompson, MD, MS



The Annual Meeting: A Time of Renewal and Refreshed Perspective

Daniel C. Chelius, Jr., MD

AAO-HNSF Annual Meeting Program Coordinator

As I write this morning, my younger daughter



is at Texas Children's Hospital giving assent to be part of the first wave of 5-12-year-olds in a phase 2/3 COVID-19 vaccine trial. She's staring down a nasopharyngeal swab, a blood draw, and a 33% chance of receiving placebo, and her sharp little mind understands exactly the pain and risks of each of these. But her response has been courage, joy, and hope.

All around us, there are similar, small changes in the ways we see our world and this pandemic with encouraging shifts in domestic epidemiologic data, formal relaxations in social distancing policies, and improving economic reports in our health systems. Although parts of our world continue to battle strong COVID-19 surges, many signs in the United States point to brighter days soon and to an epic reunion for our otolaryngology community at the **125th AAO-HNSF Annual Meeting & OTO Experience** in Los Angeles, California, October 3-6, 2021.

Projections thus far from authorities in California have strongly indicated that our Academy's meeting will have the green light to be one of the first large-scale medical



meetings this fall. While we anticipate final guidance in early July, the city of Los Angeles has committed to facilitating a safe experience for all our attendees, including special assistance in screening procedures and travel. Aside from these formal assessments of meeting feasibility, there have been many other encouraging indicators of how much we're hoping to be together in Southern California.

Over the past month, we have received a record number of late-breaking scientific abstracts—almost double that of previous years—and have added one hour of late-breaking oral presentations for basic/translational science and another hour for late-breaking clinical/systems-based science as well as nearly 30 late-breaking scientific poster presentations. We've had an excellent response to the call for submissions for both the annual **"SIM Tank"** education simulator competition and the inaugural

"ENTrepreneur Faceoff" innovation competition. After presentation notifications went out to the Call for Science submitters in early June, I was encouraged to hear both excitement from accepted courses and disappointment from those deferred this year as both sentiments equally revealed enthusiasm for the 125th Annual Meeting.

As has been the case for the past 125 years, this year's scientific and education program will offer attendees the chance to continue to explore the breadth and depth of our field. The outstanding presentations selected through a highly competitive process draw special attention to the cutting-edge care we provide and to the discoveries we advance. In concert with the critical aims of the **125 Strong Campaign**, the education program will also focus on the concepts and tools of individual and communal wellness that we must pursue to continue our callings and to provide truly equitable healthcare for

► REGISTER NOW!

Register and Book your Hotel Today!

<https://www.entnet.org/events/annual-meeting/>

all. Please see the adjacent pages for a brief preview of a small portion of the offerings on **Diversity, Equity, and Inclusion and Wellness**.

While I am ecstatic to learn of colleagues making travel plans for Los Angeles, I also know that many will be unable to attend due to institutional policies, financial realities, and the burden of an ever-increasing volume of care responsibilities as society returns to life and the burden of otolaryngic disease increases. For these colleagues, we have planned a robust virtual component to the meeting with a new platform that will offer both livestreamed and prerecorded versions of education content. However, in addition to the discussions on wellness presented in the Panel Presentations and Expert Lectures in Los Angeles, I believe the Annual Meeting

itself is a critical component of wellness for many attendees. Certainly, there is a chance to practice wellness with colleagues during our 5K OTOs on the Run, morning yoga sessions sponsored by WIO, and countless impromptu reunions. But more so, it is a time of renewal and refreshed perspective away from our busy practices. It is a time to be inspired by conversations with thought leaders from around the world. It is a time to reconnect with classmates, mentors, and friends, and in doing so, to reconnect with our common past and our core purpose. At a time when many forces attempt to define our identity in terms of our value in a business model or a health system or as a practical commodity, this meeting is a chance to reenergize our passion for who we define ourselves to be.

I believe I actually yelped during a recent faculty meeting upon reading the news that my institution will begin supporting professional travel again on October 1, 2021, several days before the opening of our meeting. Much to my colleagues' brief confusion, I began playing the song "California" by Phantom Planet in the background of our Zoom call. It's a great song, full of longing, reminiscing, and hope to return to California. I am grateful that my local leadership has recognized the importance of professional connection to my and my colleagues' personal wellness and has decided to support our return to participation in medical meetings. I sincerely hope that leaders across the county will recognize the same and move to empower all care providers. With hope, see you in L.A. ■



Selected Wellness Presentations at the 2021 Annual Meeting:

- Burnout to Wellbeing and Work-life Integration
- Physician, Health Thyself: Eating for Health, Wellness, and Longevity
- Implementing a Wellness Curriculum in Your Institution
- Caring for the Caregiver: Physician Safety and Body Mechanics

Selected Healthcare Equity Presentations at the 2021 AAO-HNSF Annual Meeting

- Defining and Achieving Professional Equity in Different Financial Models
- Walking a Tightrope: The Path to Effective Leadership for Women
- Implicit Bias Affects Us All: Simulation and Panel Discussion
- Why Diversity, Inclusion, and Racism Matter for Otolaryngologists in 2021
- Social Determinants of Health in Otolaryngology: A Call to Action



Providing Guidance and Expanding Research Capabilities

Cecelia E. Schmalbach, MD, MSc

Coordinator, Research & Quality

Research and Quality continues to support our volunteers in the development of guidance and expanding research capabilities as Reg-entSM moves into Phase II.



All clinical practice guideline development, measures development, Reg-ent operations and data-curation initiatives, and CORE activities continued seamlessly thanks to our dedicated staff and membership who utilized virtual methods throughout

2020 and 2021. During this time period, we also supported the incorporation of guidance and research focused on COVID-19. The Patient Safety and Quality Improvement and Outcomes Research and Evidence-Based Medicine Committees each have contributed greatly to these efforts.

Reg-ent is now well into Phase II of registry development with the recent incorporation of patient-reported outcomes and intense data curation taking place by OM1 for creating de-identified data sets. These milestones are preparation for research studies, including clinical trials participation by Reg-ent members. Reg-ent research policies and procedures, including clinical trials participation through Reg-ent, have

been drafted and will be finalized soon.

Measures staff responded in a proactive fashion to regulatory changes by the Centers for Medicare & Medicaid Services as outlined in the 2021 Medicare Physician Fee Schedule final rule. Public reporting will be transitioning from “traditional Merit-based Incentive Payment System (MIPS)” to MIPS Value Pathways (MVP). Our development efforts in this regard have positioned the membership well to be ahead of these changes, which are anticipated to begin as early as the 2022 reporting year.

More detail on research and quality initiatives is contained in the following articles highlighting important activities over the past year. ■

Research and Quality Supported through Committee Work

Outcomes Research and Evidence-Based Medicine

Research and Quality staff support the work of the Outcomes Research and Evidence-Based Medicine (OREBM) and the Patient Safety Quality Improvement (PSQI) Committees, which continue to add to their highly productive work history of contributing research, publications, and Annual Meeting panel presentations designed to assist members in all areas of practice.

The OREBM Committee, under the leadership of Chair **Michael J. Brenner, MD**, continues to provide expertise in the areas of health services research and evidence-based medicine, including outcomes and comparative-effectiveness research generally and specifically in otolaryngology-head and neck surgery. OREBM has furthered its charge relating to improving the evidence base in 2020-2021 by spearheading several innovative collaborative endeavors spanning across committees and Academy goals. These efforts have addressed the core mission of the AAO-HNS/F by providing tools, conducting outcomes research, and enhancing the evidence-based medicine capabilities of the Academy.

Most notably, the OREBM Committee continues to contribute to 2021 activities, which include publication spotlights for inclusion in the AAO-HNS *Bulletin*. Article reviews include topics on steroid-eluting sinus stents and growing the evidence base for healthcare disparities and social determinants of health research. These articles highlight current publications with significant findings for clinical or surgical practice in otolaryngology-head and neck surgery. The OREBM Committee actively submitted 22 abstracts and proposals in preparation for the AAO-HNSF 2021 Annual Meeting & OTO Experience in Los Angeles, California.

The OREBM committee has drawn on reserves of energy and talent among its members to advance the art, science, and ethical practice of otolaryngology-head and neck surgery through education, research, and lifelong learning.

Patient Safety and Quality Improvement

The Patient Safety and Quality Improvement (PSQI) Committee, under the leadership of the Co-Chairs **C.W. David Chang, MD**, and **Emily F. Boss, MD, MPH**, and Chair-Elect **Soham Roy, MD**, continues to raise awareness within the Academy of patient safety and quality improvement issues. The committee educates members about evidence-based guidelines, practice standards, and other systems that enhance quality of care. In addition, the committee identifies products, tools, services, and processes that lead to safer care of otolaryngology-head and neck surgery patients and assists the Academy in making them known and available to its membership. PSQI actively coordinates with other committees of the Academy and the Foundation and with members of other relevant specialty societies on issues pertaining to patient safety and quality improvement. The committee provides input to prioritize the development of guidelines and performance measures used to assess and improve the quality of care for otolaryngology-head and neck surgery patients. The committee is also responsible for the review, validation, and approval of requests to survey the AAO-HNS membership on topics related to patient safety and quality improvement, as assigned.

To highlight this past year for the PSQI Committee and in response to the rapid need for COVID-19 information, the AAO-HNS created a COVID-19 podcast series, with the first episode titled "Patient Safety." Quickly, symptoms of olfactory and gustatory dysfunction (OGD) were noted to be common findings suspicious of COVID-19 diagnosis. As charged by **James C. Denny III, MD**, AAO-HNS/F Executive Vice President and CEO, a pre-existing AAO-HNS patient-safety reporting tool was restructured to crowd source OGD symptoms in relationship to timing and risk factors of COVID-19 as self-reported by physicians and patients from around the world. Such research contributed to the addition of anosmia as a potential cardinal symptom of COVID-19 by the Centers for Disease

Control and Prevention. In preparation for the AAO-HNSF 2021 Annual Meeting & OTO Experience in Los Angeles, California, the PSQI Committee also submitted 19 abstract proposals.

The direction of both committees was significantly influenced by the emergence of the COVID-19 pandemic, which required unprecedented levels of cooperation across the committee structure of the Academy to author several COVID-related manuscripts on safety recommendations after tracheostomy, tracheostomy protocols, safe airway management, difficult airway management and aerosol-generating procedures, and healthcare disparities in head and neck cancer, as well as other high priority areas for the specialty. The AAO-HNS *Statement on Treatment of Idiopathic Facial Paralysis (Bell's Palsy) During the COVID-19 Pandemic* was created in collaboration with multiple committee stakeholders (PSQI, OREBM, Infectious Disease, Otolaryngology and Neurotology Education, Plastic and Reconstructive Surgery, Facial Plastic and Reconstructive Education) and in consultation with infectious disease physicians. Continued strong relations between the PSQI and OREBM Committees have produced publications coauthored by members from both committees. In addition to the above, other articles include evaluating intraoperative sentinel events, oral intubation attempts in patients with laryngectomy, and foreign body aspiration in children. With members of the Pediatric Otolaryngology Education Committee, a literature review was conducted and guidance on pediatric tracheostomy care was published.

These efforts contribute to the success of the AAO-HNS/F mission by helping members to achieve excellence and provide the best possible care to patients. The COVID-19 pandemic underscored the importance of the committee structure in meeting significant needs for patient and provider guidance pertaining to otolaryngology. ■

See the online version of this article for a complete list of references used.

A *Virtual* Meeting about *Real* Guidelines

David E. Tunkel, MD, Chair, Guideline Task Force

After the first virtual meeting of the Guideline Task



Force (GTF) in November 2020, it is an opportune time to look back over 15 years of guideline development. While the pandemic made in-person interactions impossible, the Zoom platform and the resourceful efforts of Nui Dhepyasuwan, Director for Quality and Performance Measurement, and Taskin Monjur, Senior Manager for Quality Product Dissemination, allowed for an extremely efficient and productive meeting. The highlight was the live presentation of “What Is New in Guideline Development and Dissemination,” by Holger Schünemann, MD, MSc, PhD, of McMaster University, who leads the GRADE working group as well as co-chairs Cochrane Canada. We also evaluated a record number of abstract submissions (10!) for guideline and consensus statement development, representing a wide range of topics in otolaryngology.

The charge of the GTF is to (1) guide the Academy’s initiatives in the development of otolaryngology-specific guidelines, (2) assist the Foundation in prioritizing the topics for guideline development, (3) review guidelines from other organizations for potential endorsement by the Foundation Board, (4) serve as liaisons between the Academy and subspecialty societies regarding quality in otolaryngology, and (5) assist with appropriate society representation on guideline development panels. The quality products that are produced are Clinical

Practice Guidelines (CPG), supported by high-quality evidence and often produced by multidisciplinary panels, and Expert Consensus Statements (ECS), formerly Clinical Consensus Statements, created from a defined method of assessing consensus from a group of experts where evidence may not be as strong.

The GTF has grown in size, with representatives selected by the leaders of otolaryngology societies and committees.

The GTF now has representatives from the following groups:

- Administrator Support Community for ENT (ASCENT)
- American Academy of Facial Plastic and Reconstructive Surgery (AAFPRS)
- American Academy of Otolaryngic Allergy (AAOA)
- American Board of Otolaryngology-Head and Neck Surgery (ABOHNS)
- American Broncho-Esophagological Association (ABEA)
- American Head and Neck Society (AHNS)
- American Laryngological Association (ALA)
- American Neurotology Society (ANS)
- American Otolological Society (AOS)
- American Rhinologic Society (ARS)
- American Society of Geriatric Otolaryngology (ASGO)
- American Society of Pediatric Otolaryngology (ASPO)
- Society of Otorhinolaryngology and Head-Neck Nurses (SOHN)
- Triological Society (TRIO)

The GTF meetings are also attended by:

- AAO-HNSF Coordinator for Research and Quality
- AAO-HNSF Coordinator for Education
- AAO-HNS Board of Governors (BOG) representative

- Section for Residents and Fellows-in-Training (SRF) representative
- Editor in Chief, *Otolaryngology–Head and Neck Surgery* and *OTO Open*
- Guideline leadership and methodologists, including the Past Chairs of the GTF, **Richard M. Rosenfeld, MD, MPH, MBA**, and **Seth R. Schwartz, MD, MPH**
- AAO-HNSF staff and leaders, including the executive vice president and CEO, senior directors, directors, and managers for Research and Quality, Communications, and Education.

The following quality products have been completed and published in the last 24 months:



Expert Consensus Statements*

- Pediatric Drug-Induced Sleep Endoscopy (January 2021)
- Ankyloglossia in Children (April 2020)
- Balloon Dilation of the Eustachian Tube (June 2019)



Clinical Practice Guidelines

- Opioid Prescribing for Analgesia after Common Otolaryngology Operations (April 2021)

- Ménière's Disease (April 2020)
- Nosebleed (Epistaxis) (January 2020)
- Sudden Hearing Loss-Update (August 2019)

*In fall 2020, the GTF voted to change the name of Clinical Consensus Statements to Expert Consensus Statements and the AAO-HNSF Executive Committee approved this name change. The change applies to all upcoming documents planned for publication, while all published CCSs will retain their names.

An update to CPG: Tympanostomy Tubes in Children, originally published in 2013, is drafted and entering the review process. In addition two ECSs are in progress—ECS: Dysphagia in Head and Neck Cancer and ECS: Persistent OSA After Adenotonsillectomy.

The utility and impact of the guideline products are perhaps best measured by the number of downloads and citations as seen in the table to the right.

All CPGs and ECSs are available for download on www.entnet.org. CPGs are published as full articles, executive summaries that concisely display the action statement recommendations, and plain-language summaries, which are helpful for patient education and shared decision making. Academy members can become involved in the guideline development process by submitting topics for future products, participating in development panels through committee or society membership, or reviewing drafts of the manuscripts during peer review or public comment. We encourage you to read the guidelines, incorporate the recommendations into your practice, disseminate the recommendations to colleagues and patients, and, of course, evaluate these quality products as we modify and update them. ■

Article Title (list starts with most recently published)	Downloads Dec 2016-Apr 2021	Citations*
Clinical Practice Guideline: Opioid Prescribing for Analgesia After Common Otolaryngology Operations	2,464	2
Clinical Practice Guideline: Ménière's Disease	3,4815	37
Clinical Practice Guideline: Nosebleed (Epistaxis)	33,763	33
Clinical Practice Guideline: Sudden Hearing Loss (Update)	49,847	153
Clinical Practice Guideline: Tonsillectomy in Children (Update)	80,120	274
Clinical Practice Guideline: Hoarseness (Dysphonia) (Update)	38,555	128
Clinical Practice Guideline: Evaluation of the Neck Mass in Adults	51,224	83
Clinical Practice Guideline: Benign Paroxysmal Positional Vertigo (Update)	109,163	368
Clinical Practice Guideline: Improving Nasal Form and Function after Rhinoplasty	15,981	90
Clinical Practice Guideline (Update): Earwax (Cerumen Impaction)	108,426	85
Clinical Practice Guideline: Otitis Media with Effusion (Update)	88,244	375
Clinical Practice Guideline (Update): Adult Sinusitis	139,933	814
Clinical Practice Guideline: Allergic Rhinitis	106,305	583
Clinical Practice Guideline: Tinnitus	46,110	490
Clinical Practice Guideline: Acute Otitis Externa	78,778	167
Clinical Practice Guideline: Bell's Palsy	57,264	855
Clinical Practice Guideline: Tympanostomy Tubes in Children	47,985	482
Clinical Practice Guideline: Improving Voice Outcomes after Thyroid Surgery	16,263	336

*Citations data as of June 9, 2021.

Shaping Meaningful Measures

A Patient-Centric Approach

The AAO-HNSF continues to move the needle for measures toward a patient-centric approach that spans the continuum of care. This aligns with the Centers for Medicare & Medicaid Services (CMS) Meaningful Measures goals and provides a framework to identify and close gaps of important areas of measures, align measures across the continuum of care and across payers, and spur innovation in new types of measures, such as patient-reported outcome measures and electronic measures.

Patient-Reported Outcomes Measures

CMS programs need to highly prioritize patient-reported outcome measures (PROMs) and measures using patient-generated data that represent critical information for shared decision-making and determining healthcare value. AAO-HNSF has continued to focus initiatives toward the Meaningful Measures framework during the past year, including progress toward refinements to the age-related hearing loss (ARHL) PROs survey in Reg-entSM with continued piloting with several Reg-ent practices. In addition, programming within Reg-ent of the next PROM Sino-Nasal Outcome Test (SNOT-22), has begun.

MIPS Value Pathways

As CMS continues to design, evaluate, and implement the MVP program, it requested to hear from stakeholders and receive their feedback on policies under consideration for future implementation. CMS has identified its transition from traditional Merit-based Incentive Payment System (MIPS) to MVP as an additional way to reduce burden to physicians, e.g., transitioning from reporting on multiple measures, which may or may not be reflective of practice, to one set of disease-specific measurements and quality improvement efforts, which can demonstrate the high-quality care that is provided to patients.

In January, the AAO-HNS submitted a comment letter supportive of the concept of MVPs, as it is likely the only pathway allowing most specialty physicians, such as otolaryngologists, to be able to participate in Advanced Payment Models (APMs). In our comments, we urged CMS to consider comments regarding the MVP program's purpose, design, implementation, and scores.

The AAO-HNS stands ready to work with CMS to ensure that the new pathway, if implemented, improves value, reduces burden, and better informs patient choice. In anticipation of the CMS transition from the current MIPS model toward MVP, AAO-HNS submitted three MVP candidates—on Hearing Loss, Early Oral Cavity Cancer, and Allergic Rhinitis—to CMS for comments in February. AAO-HNS had also submitted input to CMS on episode-based cost measure development. In addition, the AAO-HNS is integrating a more rigorous measure testing process for Qualified Clinical Data Registry (QCDR) measures in Reg-ent and will begin working on this to ensure face validity and to eventually incorporate full measure testing for Reg-ent measures. QCDR measures must be fully tested at the clinician level in order to be considered for inclusion in MVPs.

Quality Measures Publications

For 2021, three publications in *Otolaryngology–Head and Neck Surgery* highlight the continued efforts of the AAO-HNSF to develop quality measures that are relevant to otolaryngologists.

Executive Summary: “Evidence-Based Performance Measures for Rhinoplasty: A Multidisciplinary Performance Measure Set”

was published in February. This article provides an overview of the Rhinoplasty Performance Measurement Workgroup, a multidisciplinary collaboration of the AAO-HNSF with the American Society of Plastic Surgeons, and the American Academy of Facial Plastic and Reconstructive Surgery. The workgroup developed the rhinoplasty quality measure set within the framework

of the 2018 AAO-HNSF *Clinical Practice Guideline: Improving Nasal Form and Function after Rhinoplasty* and ultimately identified one outcome measure and three process measures.

“Quality Improvement in Otolaryngology–Head and Neck Surgery: Age-Related Hearing Loss Measures,”

published in March, discusses the process by which the expert-comprised Measure Development Group reached consensus on four de novo measures listed below. These measures were created for the diagnosis and treatment of ARHL disorders, including bilateral presbycusis and symmetric sensorineural hearing loss, and they are intended to assist providers in enhancing quality of care.

- Screening for Hearing Loss in Older Adults
- Audiometric Evaluation for Older Adults with Hearing Loss
- Advanced Diagnostic Imaging for ARHL—Avoidance of Inappropriate Use
- Shared Decision-Making for Treatment Options for ARHL

“Quality Improvement in Otolaryngology–Head and Neck Surgery: Developing Registry-Enabled Quality Measures from Guidelines for Cerumen Impaction and Allergic Rhinitis Using a Transparent and Systematic Process,”

which published in May 2021, provides an overview of the process to support systematic translation of clinical practice guidelines (CPGs) into electronic quality measures using a transparent and reproducible pathway by ECRI (formerly the Emergency Care Research Institute). This process was piloted with the AAO-HNSF to create electronic quality measures based on two AAO-HNSF CPGs.

Several of the quality measures developed from these processes were approved by CMS for use in the Reg-ent registry. These measures publications can be accessed at <https://www.entnet.org/quality-practice/quality-measurement/aaohnsf-measure-publications/>. ■

AAO-HNSF



WHY QUALITY MEASURES ARE IMPORTANT

Quality measures are used to monitor patient care, connect clinical outcomes with healthcare processes, and meet third-party payer requirements. AAO-HNSF is committed to providing quality measures that meet our members' requirements for public reporting to both the Centers for Medicare & Medicaid Services (CMS) and private payers and to track patient care over time.

Reg-entSM offers 22 specialty-specific AAO-HNSF-developed QCDR measures.

AAO-HNSF Qualified Clinical Data Registry (QCDR) measures are developed internally and only available to Reg-ent participants. These are specialty-specific measures that have been approved by CMS for reporting in the Merit-based Incentive Payment System (MIPS).

AAO-HNSF QCDR MEASURES

AGE-RELATED HEARING LOSS

AAO16 Age-related Hearing Loss: Audiometric Evaluation+

ALLERGIC RHINITIS

AAO23 Allergic Rhinitis: Intranasal Corticosteroids or Oral Antihistamines

AAO24 Allergic Rhinitis: Avoidance of Leukotriene Inhibitors+

BELL'S PALSY

AAO13 Bell's Palsy: Inappropriate Use of Magnetic Resonance Imaging or Computed Tomography Scan (Inverse Measure)+

DYSPHONIA

AAO34 Dysphonia: Postoperative Laryngeal Examination

OTITIS MEDIA WITH EFFUSION

AAO21 Otitis Media with Effusion: Hearing Test for Chronic OME > 3 months

AAO31 Otitis Media with Effusion: Avoidance of Inappropriate Use of Medications+

TYMPANOSTOMY TUBES

AAO12 Tympanostomy Tubes: Topical Ear Drop Monotherapy Acute Otorrhea+

AAO20 Tympanostomy Tubes: Hearing Test+

AAO36 Tympanostomy Tubes: Resolution of Otitis Media with Effusion in Adults and Children*+

NEUROTOLOGY

AAO29 Quality of Life for Patients with Neurotology Disorders*+

AAO32 Standard BPPV Management+

AAO35 Benign Positional Paroxysmal Vertigo (BPPV): Dix-Hallpike and Canalith Repositioning

RHINOPLASTY

ASPS16 Airway Assessment for Patients Undergoing Rhinoplasty+

ASPS17 Patient Satisfaction with Rhinoplasty Procedure*+

ASPS18 Shared-decision Making for Post-operative Management of Discomfort Following Rhinoplasty+

NEW

RECONSTRUCTION AFTER SKIN CANCER RESECTION

ASPS22 Coordination of Care for Anticoagulated Patients Undergoing Reconstruction After Skin Cancer Resection+

ASPS24 Visits to the ER or Urgent Care Following Reconstruction After Skin Cancer Resection+

ASPS26 Patient Satisfaction with Information Prior to Facial Reconstruction After Skin Cancer Resection Procedures+

ASPS27 Avoidance of Post-operative Systemic Antibiotics for Office-based Closures and Reconstruction After Skin Cancer Procedures+

ASPS28 Continuation of Anticoagulation Therapy in the Office-based Setting for Closure and Reconstruction After Skin Cancer Resection Procedures+

ASPS29 Avoidance of Opioid Prescriptions for Closure and Reconstruction After Skin Cancer Resection+

+Denotes high priority measure *Denotes outcome measure

Reg-entSM offers 35 public QPP measures applicable to otolaryngology-head and neck surgery.

Quality Payment Program (QPP) measures are available publicly to any clinician reporting to MIPS and several were developed by AAO-HNSF. These QPP measures are also available in the Reg-ent registry. Reg-ent participants who are using the web tool for MIPS reporting do not have access to the QCDR measures but are able to use QPP measures.

QPP MEASURES FOR ENT

ACUTE OTITIS EXTERNA

QPP 093 Acute Otitis Externa: Systemic Antimicrobial Therapy - Avoidance of Inappropriate Use+

ADULT SINUSITIS

QPP 331 Adult Sinusitis: Antibiotic Prescribed for Acute Viral Sinusitis (Overuse)+

QPP 332 Adult Sinusitis: Appropriate Choice of Antibiotic: Amoxicillin With or Without Clavulanate Prescribed for Patients with Acute Bacterial Sinusitis (Appropriate Use)+

ASTHMA

QPP 398 Optimal Asthma Control*+

QPP 444 Medication Management for People with Asthma+

FALLS

QPP 154 Falls: Risk Assessment+

QPP 155 Falls: Plan of Care+

OTITIS MEDIA WITH EFFUSION

QPP 464 Otitis Media with Effusion: Systemic Antimicrobials - Avoidance of Inappropriate Use+

SLEEP APNEA

QPP 277 Sleep Apnea: Severity Assessment at Initial Diagnosis

QPP 279 Sleep Apnea: Assessment of Adherence to Positive Airway Pressure Therapy

GENERAL QPP MEASURES

MEDICATION

QPP 130 Documentation of Current Medications in the Medical Record*+

QPP 238 Use of High-Risk Medications in the Older Adults*+

OPIOID THERAPY

QPP 468 Continuity of Pharmacotherapy for Opioid Use Disorder (OUD)+

PERIOPERATIVE CARE

QPP 021 Perioperative Care: Selection of Prophylactic Antibiotic - First OR Second Generation Cephalosporin+

QPP 023 Perioperative Care: Venous Thromboembolism (VTE) Prophylaxis (When Indicated in ALL Patients)+

PREVENTIVE CARE & SCREENING

QPP 110 Preventive Care and Screening: Influenza Immunization^

QPP 111 Pneumococcal Vaccination Status for Older Adults^

QPP 128 Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up Plan^

QPP 226 Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention^

QPP 317 Preventive Care and Screening: Screening for High Blood Pressure and Follow-Up Documented^

QPP 402 Tobacco Use and Help with Quitting Among Adolescents

QPP 431 Preventive Care and Screening: Unhealthy Alcohol Use: Screening & Brief Counseling

RESPIRATORY DISEASES

QPP 065 Appropriate Treatment for Upper Respiratory Infection (URI)*+

QPP 066 Appropriate Testing for Pharyngitis*+

QPP 116 Avoidance of Antibiotic Treatment for Acute Bronchitis/ Bronchiolitis+

SKIN CANCER

QPP440 Skin Cancer: Biopsy Reporting Time - Pathologist to Clinician+

SURGERY

QPP 355 Unplanned Reoperation within the 30 Day Postoperative Period*+

QPP 356 Unplanned Hospital Readmission within 30 Days of Principal Procedure*+

QPP 357 Surgical Site Infection (SSI)*+

QPP 358 Patient-Centered Surgical Risk Assessment and Communication+

OTHER

QPP 047 Advance Care Plan+

QPP 261 Referral for Otologic Evaluation for Patients with Acute or Chronic Dizziness+

QPP 265 Biopsy Follow-Up+

QPP 374 Closing the Referral Loop: Receipt of Specialist Report*+

QPP 404 Anesthesiology Smoking Abstinence+

+Denotes high priority measure *Denotes outcome measure ^Denotes eCQM

Visit www.entnet.org/Reg-ent_2021_Quality_Measures to learn more.

Reg-ent Future—Obtaining Optimal Data from Your Electronic Health Record Software

James C. Denny III, MD

AAO-HNS/F Executive Vice President and CEO

As Reg-ent transitions to a broader and more complete use of the data that we and our participants have worked so hard to accumulate, it is critical that we maintain optimal dataflow from the individual

Electronic Health Records (EHR) maintained by each participant and their practice. Initially the majority of Reg-ent users reported quality measures to the MIPS program through the QCDR function and a data dictionary based on specific measures chosen to submit to the Centers for Medicare & Medicaid Services (CMS). The portfolio of data needs is now expanding to include the new CMS program, MIPS Value Pathways (MVPs), as well as for clinical research projects and clinical trials with long-term surveillance requirements.

These additional projects will require more complete data transfer than simple MIPS reporting. We will need to access structured and unstructured data; ancillary data such as laboratory, imaging, and audiological results; and patient-reported outcomes. The transfer of these various data from FIGmd to OM1 has proven to be more complex than initially anticipated, and while progressing steadily, it has taken longer and required more work from both the participants' and our staff's perspective. This is made considerably more difficult because of the large variety of EHRs utilized by our members. Providing adequate interfaces for the multitude of systems has been challenging, particularly given the varying level of technological capabilities from rudimentary to state-of-the-art. However, an even greater obstacle has turned out to be the unwillingness of some of these vendors to cooperate and, even worse, the increasing tendency for many of these vendors to add unjustified fees to our participants.

As healthcare reform moves forward, it is unclear the exact direction things are heading as far as payment models are concerned. We



already know that governmental systems such as Medicare and Medicaid have built-in statutory quality requirements into all their programs. Increasingly the private payers are also utilizing incomplete data to set network participation and payment parameters based on their own "value formula." There can be no question that the ability to provide one's own data and quality profile will have great value to you no matter what system prevails. At least initially, it is likely that there will be more than one strategy employed. The ability for individual physicians and practices to collect and analyze their own data will be invaluable and necessary for participation in payment systems and clinical trials, and most importantly, for maximizing patient results.

Electronic Health Records that Work Well with Reg-ent

**Denotes Server-Based EHR Solutions*

- eClinicalWorks*
- eMDs
- Epic*
- GE Centricity
- Greenway -Intergy*
- Greenway -Primesuite*
- Medinformatix
- Medent
- Medisoft Clinical
- Meditech

- Modernizing Medicine
- NexTech
- NextGen*
- Prognosis
- SRS Soft

If you or your practice are considering upgrading your EHR, I would strongly urge you to consider a vendor that is easy to work with and understands the importance of collaborative-data sharing to improve patient care. This is particularly important because it may well be a requirement to participate in evolving payment platforms. Vendors that are unwilling to work with your partners or who charge excessive and unnecessary fees to do so should be avoided. It has become so frustrating for our participants, staff, FIGmd, and OM1 that we have chosen to highlight and identify the vendors that have been most cooperative and easy to work with by helping their customers rather than blocking their progress or adding costs that were not previously met. This recommendation applies to current Reg-ent participants and those who may have interest in participating in Reg-ent or some other registry-like analytic platform. Those who have uncooperative EHRs will be unable to participate in the revenue-generating clinical trials we will be starting soon. Please feel free to contact our staff about our recommended list as seen in this article and in the following pages. ■

Reg-ent Moves to Phase II

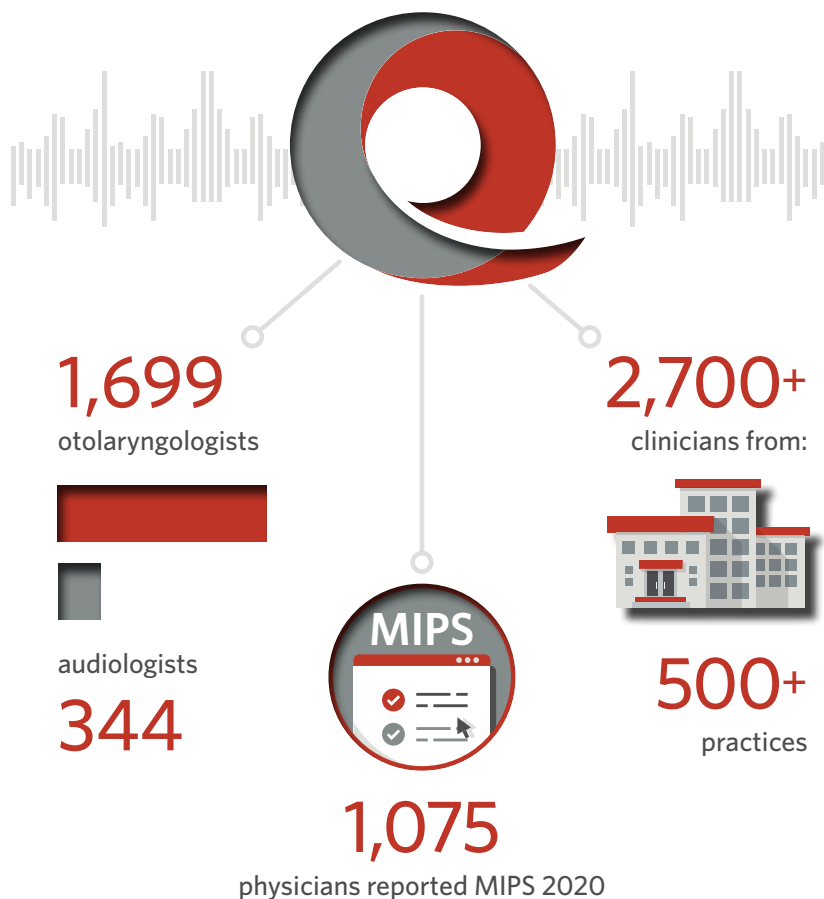
Research—Clinical Trials—Patient-Reported Outcomes

The Reg-ent registry will soon be announcing opportunities for Reg-ent members and their practices to participate in research and clinical trial opportunities. These opportunities, announced in an October 2020 letter to all current Reg-ent participants, will be invaluable in giving us the tools to define “best care” more fully for the broad specialty and allow many members to participate in clinical trials research that results in income directly to their practices. Specifically, Reg-ent will be reaching out for volunteers to participate in programs in the following areas: outcome and safety studies for chronic rhinosinusitis and nasal polyp treatments, including both surgical and medical; treatments for patients with specific devices for middle ear effusions; and hearing loss and hearing aids. We will be reaching out as this work gets underway, but if you are a Reg-ent participant and would like your practice to be considered for these studies, you can also email your interest to reg-ent@entnet.org.

Reg-ent has been building its national otolaryngology-specific data repository for over six years. Available data covers the spectrum of disease states and procedures performed by otolaryngologist-head and neck surgeons and includes patient demographics, healthcare encounters, current and historical clinical problems, medications past and present, procedures performed, details on procedures performed, labs and imaging, lab orders, and patient notes. Reg-ent will soon include ancillary data like radiology orders and results, pathology, and audiogram data.

The clinical data in Reg-ent paints an interesting picture of larger trends from patient demographics to participating clinicians and primary diagnoses to locations. Hearing loss and allergic rhinitis are the top two diagnoses in Reg-ent.

Reg-ent’s patients are between the ages of 45 and 64, followed closely by the ages of 19 to 44 and with an almost equal female/male split.



The three states with the highest number of participating clinicians are (in order) New York, Texas, and North Carolina. The states with the highest number of practices are (in order) Texas, California, and New York. Reg-ent includes both general otolaryngologists, as well as specialists in facial plastics, head and neck surgery, pediatrics, otology and neurotology, otolaryngic allergy and general allergy, and immunology. Care team members—including nurse practitioners, physician assistants, audiologists, and speech pathologists—round out the remainder of clinicians included in Reg-ent.

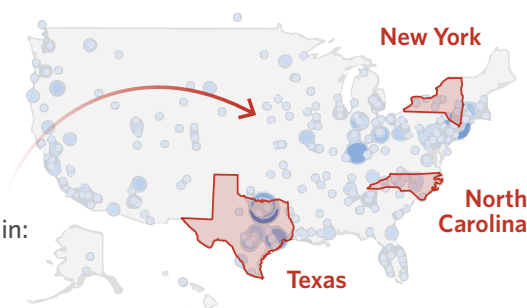
Driving Quality and Performance
Measuring Patient-Reported Outcomes
 We are excited to present the *first* Reg-ent

Patient-Reported Outcomes Module (PROM). Registry participants may utilize the **survey instrument focused on shared decision-making in the treatment of age-related hearing loss** in the Reg-ent dashboard, with the SNOT-22 survey next in line.

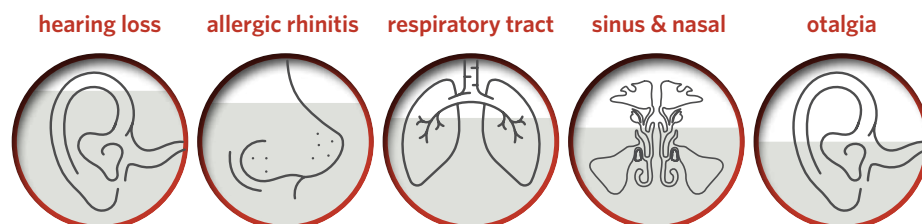
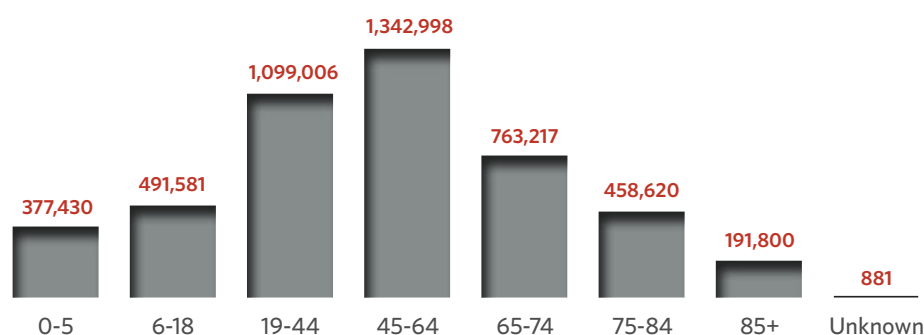
Reg-ent continues to support our members and their practices with **22 specialty-specific Qualified Clinical Data Registry (QCDR) measures** (see pages 25-26) developed by, and for, AAO-HNS members for Merit-based Incentive Payment System (MIPS) reporting and quality improvement. Available in the Reg-ent dashboard, we ask everyone to assess these quality measures (labeled as AAO and as ASPS), **review the measure specifications and workflows**, and then select the measures

Reg-ent Practices in the United States

The highest concentration of participating providers are located in:



Total Patient Population (Age)



Top 5 Patient Problems Reported

that are most applicable to your providers and patients. **QCDR measures are not limited to MIPS reporting but are to be utilized by all Reg-ent participants, regardless of practice setting and/or MIPS reporting requirements, for quality improvement purposes.**

By including QCDR measures in your measures selection for 2021, and working on the mapping and validation processes, you will be providing otolaryngology-focused data to Reg-ent that will be used for measure refinement, new measure development, and will provide a foundation for research and practice improvement activities and initiatives. Submitting these measures for MIPS reporting also contributes to the

creation of benchmarks for these measures and results in higher scores for these measures in future years of MIPS reporting.

EHR Solutions

A practice's electronic health record (EHR) is a critical factor for successful participation in Reg-ent. Both the EHR vendor and hosting structure (on a local server in the practice or on a server in the cloud) impact the process for transferring data to Reg-ent as well as data completeness for the registry overall. While all EHRs may ultimately work with Reg-ent, data quality and financial commitment issues do come into play depending on the solution in place.

If your EHR solution is on a local server

inside your practice, there generally are not fees associated with transferring your data. The data will typically be of higher fidelity as well, which helps build higher quality data in the registry. Cloud-based EHRs push data to Reg-ent, and several vendors with cloud-based solutions will charge the practice for such data transfer. Smaller, less well-known EHRs will sometimes lack resources and make practices bear the burden of data transfer.

EHRs that do not charge for data transfer and work well with Reg-ent include:

- Epic
- NextGen
- Medent
- Modernizing Medicine

The Reg-ent registry also works with:

- Waiting Room Solutions
- Greenway (locally hosted)
- Allmeds
- Aprima
- Nextech
- Medinformatix
- Medisoft Clinical
- Meditech
- Compulink
- eMDs
- Dr. Chrono
- PrognoCIS
- SRS Soft

The following cloud-based EHR vendors charge fees to practices that wish to push data to Reg-ent:

- Allmeds
- Allscripts
- eClinicalWorks
- CureMD
- Compulink

If you don't see your EHR solution listed, please reach out to reg-ent@entnet.org.

Many practices assume that it is the Reg-ent registry that is problematic when, in fact, it is either the EHR solution or vendor that is problematic. Regardless, both Reg-ent and its vendor partner FIGmd continue to work with each EHR vendor to assure as seamless a process as is possible. ■

Centralized Otolaryngology Research Efforts (CORE) Update

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

The CORE grants program societies,

foundations, sponsors, and partners have awarded over \$12 million since the program's inception in 1985. In 2021, the American Academy of Otolaryngology–Head and Neck Surgery Foundation, American Head and Neck Society, Association for Migraine Disorders, American Rhinologic Society, and American Society of Pediatric Otolaryngology were involved in funding grants ranging from \$5,000 to \$150,000. The leadership of each participating subspecialty society is ultimately responsible for determining who is selected to receive

funding each year.

This year the CORE Study Section reviewed 175 applications for \$3.2M in requested funding. The 2021 CORE Study Section subcommittees included Head and Neck Surgery, chaired by **Maie St. John, MD, PhD**; Otolaryngology, chaired by **Rick Nelson, MD, PhD**; and General Otolaryngology, chaired by **Michael J. Brenner, MD**.

The 2021 CORE leadership, including the boards and councils of all participating societies, has approved a portfolio of 25 grants totaling \$559,240. ■

CORE GRANTS PROGRAM SPOTLIGHTS

Thomas J. Ow, MD, MS

Associate Professor, Department of Otorhinolaryngology–Head and Neck Surgery and Department of Pathology, Montefiore Medical Center/Albert Einstein College of Medicine

The CORE grants program has been instrumental in my career development. I received the AHNS/AAO-HNSF Young Investigator Combined Award when I was studying as a NIH-T32 research trainee during my fellowship. I am also not ashamed to say that I have had several unsuccessful grant submissions to the CORE program! The process of preparing grants for CORE and receiving substantive feedback from the CORE Study Section is a tremendous learning opportunity. I have also had the honor of serving on the CORE Study Section as a reviewer, which has been one of the most fulfilling activities in my career. The review process provides incredible insight into the high level of science and innovation being carried out in our field, and it has also helped me understand how my own grant submissions are evaluated. Equally important, the CORE Study Section has helped me develop a network of like-minded physician–scientists who have been an invaluable source of advice, mentorship, and scientific collaboration. These experiences have been critical for my development as a surgeon–scientist. ■



Carrie L. Nieman, MD, MPH

Assistant Professor, Department of Otolaryngology–Head and Neck Surgery, Johns Hopkins University School of Medicine; Core Faculty, Cochlear Center for Hearing & Public Health, Johns Hopkins Bloomberg School of Public Health

As a T32 resident, my mentors emphasized the importance of obtaining independent funding as a principal investigator. I may not have fully appreciated the value of their advice at the time, but it is advice I am still grateful for today. My application for an AAO-HNSF resident CORE grant was one of the first grants I wrote and was very fortunate to receive. That award directly funded a pilot study I completed as a resident and provided the foundation for a successful R21/R33 grant application I now lead as faculty. The experience of writing a grant and serving as a CORE grant reviewer, beginning as a resident, was essential to my ability to apply for a National Institute of Aging–funded K23 as I finished residency. The community of scholarship and support within the CORE Study Section is incredible, and I urge trainees and junior faculty alike to get involved—why not? You will never know where it could lead you. ■



Corinna G. Levine, MD, MPH, FARS

Assistant Professor, Rhinology and Anterior Skull Base Surgery, Department of Otolaryngology, University of Miami Miller School of Medicine

AAO-HNSF CORE grants are an essential part of what made me want to pursue a surgeon–scientist career. I still remember how excited I was to receive my first research grant from CORE during residency. That early grant instilled a great love of clinical research and helped me lay the foundation for a physician–scientist career, teaching me many skills I still use today. I was invited to serve as a general section CORE grant reviewer, which gave me insight into the grant review process. What I learned by participating in CORE grant reviews was essential to my own early-career grant successes. I was the recipient of an institutional Pilot Grant award and a Triologic Career Development award. I am currently primarily funded through a KL-2 award from the University of Miami. My research in chronic rhinosinusitis focuses on defining and addressing existing health disparities in the diverse South Florida population and using a multidisciplinary research approach to improving treatment outcomes. ■





CENTRALIZED OTOLARYNGOLOGY
RESEARCH EFFORTS

**AMERICAN ACADEMY OF
OTOLARYNGOLOGY—HEAD
AND NECK SURGERY FOUNDATION
(AAO-HNSF)**

AAO-HNSF Resident Research Grants

Joshua Smith, MD

THE REGENTS OF THE UNIVERSITY OF MICHIGAN

FGF Signaling Promotes PD-L1 Expression in Head & Neck Cancer

Nithin Peddireddy, MD

THE REGENTS OF THE UNIVERSITY OF MICHIGAN

Exploration of Netrin-1 during Facial Nerve Regeneration

Roy Xiao, MD

MASSACHUSETTS EYE AND EAR INFIRMARY

Visualizing the Mechanism of End-to-Side Motor Neurotaphy

Allison Ikeda, MD

UNIVERSITY OF WASHINGTON

Decision Making Among Adults Considering Sleep Surgery

Maxwell Bergman, MD

THE OHIO STATE UNIVERSITY

The Impact of Chondrocyte Viability on Tissue Engineered Tracheal Grafts

Dorothy Pan, MD, PhD

UNIVERSITY OF SOUTHERN CALIFORNIA

Nanoparticle transport from middle to inner ear through round window membrane

Amit Walia, MD

WASHINGTON UNIVERSITY SCHOOL OF MEDICINE

Characterization of Alzheimer's disease-related pathology in the human inner ear

Sarah Nyirjesy, MD

THE OHIO STATE UNIVERSITY

Listening Effort in Cochlear Implant Users – Benefits from Bimodal Listening

**AAO-HNSF Bobby R. Alford
Endowed Research Grant**

Myriam Loyo, MD

OREGON HEALTH & SCIENCE UNIVERSITY

Measurements of Unilateral Peak Nasal Inspiratory Flow in Nasal Obstruction

AAO-HNSF Health Services Research Grant

Antoine Eskander, MD, ScM, FRCSC

SUNNYBROOK RESEARCH INSTITUTE, TORONTO, ONTARIO

Gaps in Management of System-Wide Depression Screening in Patients with HNC

Congratulations to the 2021 CORE Grantees!

AAO-HNSF Maureen Hannley Research Grant

Derek Lam, MD, MPH

OREGON HEALTH & SCIENCE UNIVERSITY

Outcomes of Surgery for Persistent Pediatric Obstructive Sleep Apnea

**AMERICAN HEAD AND NECK SOCIETY
(AHNS)**

**AHNS/AAO-HNSF Young
Investigator Combined Award**

Theresa Guo, MD

THE REGENTS OF THE UNIVERSITY OF CALIFORNIA, SAN DIEGO

Establishing immunogenicity of splice variant derived neoantigens in HNSCC

AHNS Pilot Grant

Ryan Carey, MD

THE TRUSTEES OF THE UNIVERSITY OF PENNSYLVANIA

Targeting T2Rs to activate apoptosis in oropharyngeal squamous cell carcinoma

**AHNS Alando J. Ballantyne
Resident Research Pilot Grant**

Sarah Dermody, MD

THE REGENTS OF THE UNIVERSITY OF MICHIGAN

Circulating Tumor DNA (ctDNA) Urine Kinetics in HPV-related Head and Neck Cancer

**AHNS Alando J. Ballantyne Resident Research
Pilot Grant sponsored by AHNS Endocrine
Section and Eisai Pharmaceuticals**

Tom Barrett, MD

WASHINGTON UNIVERSITY IN ST. LOUIS

Spatial Architecture of Immune Evasion in Head and Neck Squamous Cell Carcinoma

**AHNS Alando J. Ballantyne Resident Research
Pilot Grant sponsored by AHNS Presidential
Request for Application Pilot Award on Basic
and Translational Research**

Rebecca Gao, MD

THE REGENTS OF THE UNIVERSITY OF MICHIGAN

Nanopore Sequencing for the Real-Time Detection of Melanoma-Involved Lymph Nodes

**AHNS Presidential Request for
Application Pilot Award on Mucosal
Head and Neck Cancer Research**

Albert Han, MD, PhD

THE REGENTS OF THE UNIVERSITY OF CALIFORNIA, LOS ANGELES

The microbiome of oral tongue squamous cell carcinoma in young patients

AMERICAN RHINOLOGIC SOCIETY (ARS)

ARS Resident Research Grant

Eve Champaloux, MD

UNIVERSITY OF WASHINGTON

Olfactory Stimulation of Dopaminergic Reward Pathways in the Rat Brain

Jackson Vuncannon, MD

EMORY UNIVERSITY

Impact of Corticosteroids on Sinonasal Wound Healing

ARS Consortium Award

Jose Mattos, MD, MPH

THE RECTOR AND VISITORS OF THE UNIVERSITY OF VIRGINIA

Cloud-based Patient Outcome Platform (CPOP) for Chronic Rhinosinusitis

**ARS Women in Rhinology Research Grant
sponsored by Xoran Technologies, LLC**

Amber Luong, MD, PhD

THE UNIVERSITY OF TEXAS HEALTH SCIENCE CENTER AT HOUSTON

Predicting Sinonasal Inverted Papilloma Attachment Using Artificial Intelligence

ARS New Investigator Award

Carol Yan, MD

THE REGENTS OF THE UNIVERSITY OF CALIFORNIA, SAN DIEGO

Olfactory Stem Cells in Post-viral Olfactory Dysfunction

**AMERICAN SOCIETY OF PEDIATRIC
OTOLARYNGOLOGY (ASPO)**

ASPO Research Grant

Osama Tarabichi, MD

THE UNIVERSITY OF IOWA

Development of Novel Viral vectors for Inner Ear Gene Therapy

Amber Shaffer, MD

UPMC CHILDREN'S HOSPITAL OF PITTSBURGH

Breast milk feeding and the middle ear microbiome of children with cleft palate

ASPO Research Career Development Award

Christian Hochstim, MD, PhD

CHILDREN'S HOSPITAL LOS ANGELES

The role of mTORC1 in the development of acquired airway stenosis

HPV Vaccine for Prevention of HPV-Associated Head and Neck Cancer

Brent A. Chang, MD, and **Ameya A. Asarkar, MD**, members, Head and Neck Surgery and Oncology Committee, and **Cherie-Ann O. Nathan, MD**, Chair

New Indication

The Food and Drug Administration (FDA) recently approved Gardasil 9, the human papilloma virus (HPV) vaccine for the prevention of oropharyngeal squamous cell cancers (OPSCC) and certain other head and neck cancers caused by HPV subtypes 16, 18, 31, 33, 45, 52, and 58. Gardasil 9 is approved for use in females and males between the ages of nine and 45 years. This accelerated approval is based on the effectiveness of HPV vaccine in preventing anogenital disease. Prior to this recent approval for head and neck cancer, Gardasil 9 was also FDA approved for the prevention of cervical, vulvar, vaginal, and anal cancers. Trials are underway to provide confirmatory data for this use in head and neck cancer prevention.

Why Is This Important?

A recent publication by the U.S. Centers for Disease Control and Prevention (CDC) reported that HPV-associated OPSCC has surpassed cervical cancer as the most prevalent HPV-associated cancer in the United States. The CDC estimates that about 15,500 men and 3,500 women are diagnosed annually with OPSCC. Unlike cervical cancer, standard recommended screening tests are not available for OPSCC, and thus awareness and vaccination are paramount in preventing these cancers. The reduction in prevalence of cervical cancer is largely attributable to the success of HPV vaccination in at-risk populations.

While HPV vaccination rates have been improving, overall vaccination rates still are not comprehensive. The 2019 National Immunization Survey–Teen from the

CDC estimated that 54.2% of adolescents in the U.S. were considered up-to-date with the HPV vaccination series. The reason for nonoptimal vaccination rates is multifactorial, but prominent barriers include parental attitudes/concerns around the sexually-transmitted nature of HPV transmission, provider reluctance to discuss issues, and a lack of knowledge of the link between HPV and cancer. The COVID-19 pandemic may also contribute to reduced HPV vaccination rates.

What Are the Implications?

As a specialty, we have been collectively aware of the importance of HPV vaccination on prevention of OPSCC for some time. However, the recent additional FDA indication specifically for OPSCC and head and neck cancer has flown under the radar for many of us. The implications of this should not be minimized. One of the important benefits is the ammunition this gives us as providers for counseling patients. Being able to tell patients that the vaccine has a specific FDA indication for prevention of head and neck cancer has the potential to improve knowledge of and motivation for considering the vaccine. Even though the vaccine has already been FDA approved for cervical, vulvar, vaginal, and anal cancers, we can now promote a reason for vaccination within the realm of our specific specialty practice. Such an intervention may have a strong impact on patients.

How to Promote Vaccine Awareness **What Can I Do as an Individual Provider/Educator?**

As healthcare providers, even as specialists, we have the potential to play a significant role in determining patient perspectives on HPV vaccination. Our opinion and advice on such topics can influence patients

and their decision to vaccinate, making us well-positioned to battle cancer in a prophylactic manner. One of the crucial pillars in this opportunity is to simply educate our patients on the link between HPV and OPSCC whenever the opportunity arises. Many patients are unaware of this association. This does not simply have to be targeted toward younger vaccine-age patients. The dissemination of this knowledge to all patients is helpful. For example, posttreatment HPV-associated OPSCC patients have a strong role in the community in sharing their individual stories. From a prevention standpoint, such stories are impactful to family members, friends, and other community people.

There are many settings in which we do not often think to bring up the prophylactic role of HPV vaccination for cancer.

Kimberly Luu, MD, assistant professor and pediatric otolaryngologist at the University of California, San Francisco, explains, “In a pediatric otolaryngology setting, we don’t often think to specifically discuss the importance of HPV vaccination. It is easy to assume this discussion and responsibility will fall to our primary care colleagues. The new indication for prevention of head and neck cancer gives us a great opportunity to stress the importance of vaccination in a way that is directly relevant to us as specialists. I have tried to make it a point to discuss HPV vaccination with any vaccine-eligible-age patients who present with a problem involving the oropharynx. While this is obviously not comprehensive, it is a good prompt for myself as a provider to remember to discuss these issues with patients when I can. This discussion also transitions well for other relevant patient populations, such as those with recurrent respiratory papillomatosis.”



As educators, we can also have a significant impact. One way is to take an active role in educating nurses, allied health professionals, and anyone else with a vested interest in patient care on the recent FDA indication for the HPV vaccine. Another way is to try and create more formal education opportunities, such as lectures and seminars given to primary care physicians. Education of primary care physicians has shown to be important in promoting vaccine success rates.

What Can We Do as a Medical Society?

The FDA indication gives a unique and timely opportunity as a society and community to promote vaccine awareness and improve cancer prevention as a result. **Michael G. Moore, MD**, professor and head and neck surgeon at Indiana University and chair of the Cancer Prevention Service for the American Head and Neck Society, emphasizes the difference we can make as a group. We asked for his thoughts on what we can do as a society, and he stated, “The promotion of HPV vaccination from a society-level vantage is of critical importance. The importance of the recent FDA-approved indication of the vaccine for prevention of head and neck cancer should not be overlooked. We strongly encourage different societies to find ways to highlight and promote awareness in this regard. Some potential examples would include facilitating newsletters, presentations at society meetings, and participation in public awareness campaigns. We can also promote

the dissemination of materials for providers and patients (e.g., educational handouts). With the recent FDA approval news, we have a unique and timely opportunity to capitalize on a safe and effective method of cancer prevention on a large scale, and it would be a shame to waste it.”

From a society—and individual—standpoint, we can also support the development of patient advocacy. In terms of prevention and vaccine awareness, publicizing and supporting patients who have had firsthand experience with HPV-associated OPSCC and are willing to share their stories have clear potential to change public perceptions and attitudes as well as motivate. Jason Mendelsohn, also known as SupermanHPV, is a patient advocate and HPV awareness champion who is regularly involved in speaking engagements and has worked with several societies to promote disease awareness and prevention. He told us, “Working with professional societies has helped me impart my message and the importance of the HPV vaccine as a preventative measure. These collaborations and support have certainly helped me reach many individuals with this message. It is critical that we all work together on disseminating this important knowledge. The FDA approval of the vaccine for head and neck cancer is wonderful news that should be publicized and is a clear step forward in our collective battle against HPV and cancer.”

As AAO-HNS members, many of us serve on committees and play leadership roles within the Academy and in other

organizations. Promotion, support, and ideas for projects that can promote vaccine awareness within these societies are an excellent start. Doing this in a timely manner will allow us to maximize the potential benefits of this new FDA indication for the HPV vaccine. ■

See the online version of this article for a complete list of references used.

ADVOCACY IN ACTION

AAO-HNS Supports PREVENT HPV Cancers Act

The AAO-HNS offered its strong endorsement of H.R. 1550, the “Promoting Resources to Expand Vaccination, Education, and New Treatments for HPV Cancers Act,” or the PREVENT HPV Cancers Act, new legislation introduced in the 117th Congress by U.S. Representatives Kathy Castor (D-FL) and Kim Schrier, MD, (D-WA). The PREVENT HPV Cancers Act seeks to create a CDC-run national public awareness campaign to increase HPV vaccination rates, increase funding at the National Cancer Institute to conduct research on HPV-associated cancers, and give states additional resources to improve their immunization information systems. To access the language of the bill, go to https://castor.house.gov/uploadedfiles/hpv_bill.pdf.



Tips on Starting and Building upon an Endocrine Surgery Practice

Vaninder K. Dhillon, MD

Starting an endocrine surgical practice is not a daunting task, but it requires prudent consideration of certain key elements with your referring physicians. Before we discuss the tips on building a practice, it is important to establish yourself among your cohorts. This may require doing some early research on the referring network before you start practice and reaching out within the network to introduce yourself. Having business cards with cell phone and email contact information is key. I have found that this is the best way to create genuine and long-lasting referrals because it makes

you accessible. So, give that 10-digit number freely—it goes a long way to ask a question and/or discuss a patient. Other important places to market for referrals are social media platforms, online, and through your hospital system. An Instagram or Facebook profile is the most contemporary way patients find doctors. It is important to consider a profile in the social media world, and at minimum, update your profile page on Doximity, which is a well-established (and free) online network of physicians open for patient reference.

Once you have knowledge of your referring network, consider the elements of a strong endocrine surgical practice. Key elements include in-office ultrasonography, fine-needle aspiration (FNA) capability,

laryngoscopy, and patient counseling and preoperative planning education.

According to the 2015 American Thyroid Association (ATA) Guidelines, thyroid sonography is important in assessment of a thyroid nodule—parenchyma, size, location, and characteristics, including the presence/absence of any suspicious lymph nodes in the central and lateral compartments. In-office ultrasound is an asset for any endocrine surgeon for assessment of thyroid nodules, as well as anatomical assessment of a nodule (i.e., whether it is located posteriorly or adherent to the tracheal wall). In the assessment of parathyroid disease, in-office ultrasound can allow a surgeon to localize potential

adenoma candidates in patients with outside nonlocalizing scans. Furthermore, in-office ultrasound allows for potential capability for FNA. According to the ATA, FNA is the procedure of choice in the evaluation of thyroid nodules when clinically indicated. This is a strong recommendation. Common obstacles in establishing FNA in office is the setup, including having cytologic preparatory materials as well as a cytopathologist to evaluate the needle aspirate for yield prior to submission. Additionally, there is added time to clinic visits, training, equipment to be purchased, and documentation requirements to obtain adequate reimbursement. FNA may be the procedural part of your clinic that you focus on as a long-term growth goal rather than an upfront cost.

All patients undergoing endocrine surgical evaluation should be counseled on the risks, benefits, and alternatives to surgery. Thyroid and parathyroid surgical pathology requires intervention that puts major structures in the neck at risk: the parathyroid glands and the recurrent laryngeal nerves that are responsible for mobility of the vocal folds. The risks for hypocalcemia and vocal fold immobility are real and nonnegligible. It is important that patients undergoing thyroid surgery be counseled on the risks for voice and swallow concerns postoperatively and, very rarely, airway concerns requiring tracheostomy if there is a bilateral vocal fold paralysis. Laryngoscopy or direct visualization of the larynx is the primary means to evaluate laryngeal function prior to and after surgery. This practice is advocated by the ATA, the American Head and Neck Society (AHNS), and the American Academy of Otolaryngology–Head and Neck Surgery. Patients may consider seeing a laryngologist and/or speech-language pathologist who may perform a videostroboscopy if there is

“
The key building blocks to getting there include familiarizing oneself with in-office based procedures, implementing them into practice, and working with a supportive referral network.
”

any subjective voice or swallow concerns pre- and postoperatively, as this allows for further evaluation of laryngeal dysfunction. Recently the AHNS published a consensus statement on the role of these examinations when determining immediate and partial laryngeal dysfunction after thyroid and parathyroid surgery.

Lastly, patient education in the form of informed consent and information on thyroid and parathyroid disease, indications for surgery, and pre- and postoperative instructions are essential in establishing you as the expert. Being able to educate the patient on disease pathology, thyroid cancer staging, and various treatment options also helps to identify you as the expert. This information and the newer technologies and techniques are not always straightforward, so it is important to give the patient access to information they can review after the visit.

A strong tactic in establishing surgical expertise is provision of resources for patients in the form of illustrated pamphlets, media, and postoperative education. These help to set expectations,

cut down on unnecessary phone calls, and offer a cohesive set of guidelines for nursing and medical assistant staff to follow. One strategy may be to provide, during the initial visit, a handout with a list of trustworthy websites, including ATA and American Joint Committee on Cancer, with its explanation of thyroid cancer staging. Then, on a second preoperative visit, information about surgery and postoperative instructions may reinforce the surgical plan with patients. With electronic medical record availability, providing these handouts through templates makes them fast and feasible, requiring little time and effort to allow for improved patient education and satisfaction in your practice.

By no means are the tips described here exhaustive of how to establish an endocrine surgical practice. Overall, it takes time to establish a successful endocrine surgical practice. It also takes persistence and patience. The key building blocks to getting there include familiarizing oneself with in-office based procedures, implementing them into practice, and working with a supportive referral network. Ultimately, provision of up-to-date surgical care for thyroid and parathyroid disease requires quality surgical care and investing the time in patient education and outcomes. ■

Resources

American Academy of Otolaryngology–Head and Neck Surgery
<https://www.entnet.org/>

American Head and Neck Society–Endocrine Surgery Section
<https://www.ahns.info/endocrine/>

American Thyroid Association
<https://www.thyroid.org/>

Sentinel Lymph Node Biopsy for Oral Cavity Cancer

Looking Out for What's Best for Our Patients

Vikas Mehta, MD, MPH, Chair-Elect, Head and Neck Surgery Education Committee

A 2015 randomized controlled trial (RCT) demonstrated significant overall and disease-free survival advantages (37% and 66%, respectively) with elective neck dissection (END) versus observation for early-stage oral cavity carcinoma. The advantage was conferred both from removal of occult metastatic disease, thereby improving regional control, as well as better identification of high-risk patients who would benefit from adjuvant therapy. The study helped settle the debate regarding the need for electively managing the regional nodes in early-stage oral cavity carcinoma. However, the results also demonstrated that the majority of patients (70%) may be overtreated with negative nodes on final pathology. Despite the relative low morbidity of a selective neck dissection (SND), the operation creates scarring, removes the submandibular gland, and includes risks of cranial nerve damage, chyle leak, infection, and hematoma. Additionally, a study looking at END in low-risk oral cavity cancer showed that patients who were pathologically node negative had an isolated regional recurrence rate of 14%, suggesting that the oncologic outcomes of neck dissection (ND) could be improved.

Sentinel lymph node biopsy (SLNB) has been employed in other cancers as an alternative to elective nodal dissection with excellent success. In breast cancer, multiple large, randomized trials have shown equivalent outcomes with significantly decreased morbidity and improved quality of life (QOL) compared with axillary nodal dissection, thus cementing the status of SLNB as the standard of care for breast surgery.

While electively addressing the nodal basins in melanoma has not been shown to impact survival, identifying nodal metastases is greatly important for prognostication and deciding on the use of adjuvant therapy. SLNB offers a less morbid modality with demonstrated non-inferiority for assessing nodal metastasis when compared with elective nodal dissection in melanoma.

The evidence base for utilizing SND in early-stage oral cavity carcinoma continues to grow. A 2010 multi-institutional, prospective Phase II study by Civantos et al. in 106 patients resulted in a negative predictive value (NPV) of 96%, with the authors concluding that “it is reasonable to initiate clinical trials involving SLNB, with completion ND only for patients with positive sentinel nodes, as a lower morbidity approach for selected patients with T1 and T2 oral cancers.” This was followed by a similar multicenter, single-arm study utilizing a novel radiotracer in 101 patients with a NPV of 97.8% and an overall accuracy of 98.8%. Head-to-head trials of SLNB versus END followed with one reported in France with operable T1-T2N0 oral and oropharyngeal carcinoma patients. The results demonstrated a five-year neck-relapse-free survival of 89.4% in the SLNB group versus 89.6% for END with reduced morbidity and a reduction in hospital stay. Most recently, a Japanese multicenter RCT study of 271 T1-T2N0 oral cavity carcinoma patients demonstrated non-inferiority for the SLNB group when compared with END (three-year disease-free survival [DFS] rate 78.7% versus 81.3%, respectively) with statistically significant improved scores on neck and shoulder functionality, constriction, pain numbness, and appearance beyond 12 months postoperatively.

All these data have culminated in a U.S. randomized Phase II-III trial of SLNB versus END for early-stage oral cavity carcinoma (NRG-HN006) with the primary hypothesis that “SLN biopsy will achieve non-inferior disease-free survival (DFS) compared to END, and will have superior patient-reported neck and shoulder function and quality of life (QOL), as measured by the NDII [Neck Dissection Impairment Index], for early-stage (clinical T1-T2N0) oral cavity squamous cell carcinoma (OCSCC).” The study, which is open to accrual, has an accrual goal of over 600 patients. Participating surgeons must undergo a rigorous credentialing process to ensure that they are adequately trained in the procedure, as previous data have suggested a learning curve with regard to outcomes.

SLNB does confer some potential disadvantages when compared with END. These include the additional expense and inconvenience of the nuclear medicine study, timing of the nuclear medicine injection and scan to the operation, and potential increased operative times (or need for a second operation) for completion neck dissection if the SLNB reveals nodal positivity. Additionally, there is a learning curve, as mentioned above, and potential decreased reimbursement with SLNB. These logistical challenges may impede adoption.

As seen in other disease sites and with the accumulating prospective data, the equivalent outcomes and reduced morbidity of SLNB are worthy of additional study. The aforementioned clinical trial (NRG-HN006) holds promise to establish SLNB as the preferred option for nodal assessment in appropriately selected early-stage oral cavity carcinoma patients. ■

See the online version of this article for a complete list of references used.



Hearing Testing Course (for staff)

CPOP - Certificate Program for Otolaryngology Personnel Courses

October 15-17, 2021

The CPOP program is a training program to teach hearing testing to office staff.



For Information, contact:

Alison Devine
Phone: 248-865-4135
eMail: adevine@michiganear.com

Fee: \$1750 (includes course materials and 2 1/2 day workshop). Travel, lodging and text book not included. Tuition checks payable to: Hearing Resources of Michigan

This course trains otolaryngology office staff to perform comprehensive audiometry and tympanometry under the supervision of an otolaryngologist.

The 3 phases of training are: 1) self study; 2) hands-on workshop; 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.

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Email: kimr@entsalem.com
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Chair, Division of Otolaryngology-Head and Neck Surgery Professor or Associate Professor

Degree and area of specialization: MD, DO or equivalent is required.

License/certification: Specialization must include current certification by the American Board of Otolaryngology-Head and Neck Surgery (ABOHS) or by the American Osteopathic Boards of Ophthalmology and Otorhinolaryngology Head and Neck Surgery (AOBOHNS).

Candidate is required to have, or be eligible for, a Wisconsin Medical License and must be eligible for enrollment as a billing provider and for all necessary hospital privileges within the UW Health network.

Minimum number of years and type of relevant work experience:

Applicants should have a history of successful clinical program development and a demonstrated track record of scholarship. Candidates must possess clinical and academic credentials sufficient for appointment at the Tenure Track rank of Associate Professor or Professor. Appointment as associate professor or full professor will require that candidate's credentials meet criteria for rank established by the School of Medicine and Public Health and UW-Madison guidelines.

Position Summary: The Department of Surgery at the University of Wisconsin School of Medicine and Public Health seeks a dynamic and innovative otolaryngologist-head and neck surgeon to lead the Division of Otolaryngology-Head and Neck Surgery. The Division Chair will lead and direct successful clinical, research and education programs that span the breadth of a wide-ranging field. A faculty of 30 provides clinical expertise in head and neck oncologic and reconstructive surgery, pediatric otolaryngology, otology-neurotology, general otolaryngology, laryngology, rhinology-skull base curriculum, an ACGME-accredited residency program of 15 residents and fellowships in Laryngology and Head and Neck Oncologic and Reconstructive Surgery. Active research programs in six faculty investigator labs include 23 NIH-funded extramural grants. The Division provides full-spectrum otolaryngology care for adults and children in six clinical practice sites in the Madison area and six outreach sites across Wisconsin and Illinois. The chairperson provides direction, vision, oversight, development and accountability across the full range of the academic mission, and partners with colleagues across the School of Medicine and Public Health, UW Health, and the broader health system.

Position Summary: The selected Division Chair will be an accomplished otolaryngology-head and neck surgeon with success in scholarly pursuits. The Division Chair will be responsible for developing effective relationships with system and local clinical and administrative leaders to accomplish the goals and objectives of the Division of Otolaryngology-Head and Neck Surgery, Department of Surgery, and School of Medicine and Public Health. Duty allocations are approximate and include: Management and Leadership, Clinical, Research, and Education Activity and Clinical Program and Faculty Development.

To Apply visit: <https://jobs.hr.wisc.edu/en-us/job/508867/chair-division-of-otolaryngologyhead-and-neck-surgery>

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

Direct inquiries to:

Steven M. Zeitels, MD, FACS

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

**Director: Center for Laryngeal Surgery & Voice Rehabilitation
Massachusetts General Hospital
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**Telephone: (617) 726-0210 Fax: (617) 726-0222
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WEXNER MEDICAL CENTER

The Ohio State University
Department of Otolaryngology – Head and Neck Surgery

BC/BE General Otolaryngologist

The Ohio State Medical Center is expanding its ambulatory clinical sites. As a result, the Department is seeking board certified/board eligible General Otolaryngologists to join the top-ranked Department of Otolaryngology – Head and Neck Surgery at The Ohio State University. Currently, our general division consists of two general otolaryngologists and two nurse practitioners. Applicants must demonstrate excellence in patient care, research, teaching, and leadership. Experience/interest in sleep surgery is preferred as we continue to grow as one of the leading sleep surgery sites in the nation. This is an outstanding opportunity to build a diverse practice and work with an exceptional team.

Located in the heart of Ohio, Columbus is the fastest growing city in the Midwest and offers a population of over 1.5 million people. Voted as one of the most livable cities in the USA, Columbus has excellent cultural, sporting, and family activities.

To build a diverse and inclusive workforce, all qualified applicants will receive consideration for employment without regard to race, color, religion, sex, sexual orientation, gender identity, national origin, disability status or protected veteran status. The Ohio State University Wexner Medical Center is an Equal Opportunity/Affirmative Action employer.

Send letter of interest and CV to:

James Rocco, MD, PhD, Professor and Chair
The Ohio State University Department of Otolaryngology
915 Olentangy River Rd. Suite 4000
Columbus, Ohio 43212

Contact the Department Administrator via

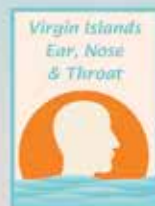
Email: mark.inman@osumc.edu

Fax: 614-293-7292 or

Phone: 614-293-3470

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Send Cover letter and CV to:

Adam M. Shapiro, M.D., M.A.S., F.A.C.S.
Virgin Islands Ear, Nose & Throat
Paragon Medical Building
9149 Estate Thomas, Suite #308
St. Thomas, United States Virgin Islands 00802
www.entvi.com www.sleepvi.com
Fax: 340-774-1569
ashapiro@entvi.com

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To apply and receive additional information, please contact:
 Stil Kountakis, MD, PhD, Professor and Chairman - skountakis@augusta.edu

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 Augusta, Georgia 30912-4060

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



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RUTGERS

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 Medical School

The Department of Otolaryngology – Head and Neck Surgery at Rutgers Robert Wood Johnson Medical School, one of the nation's leading comprehensive medical schools, is currently recruiting surgeons to join our growing academic faculty. We seek candidates who can contribute to our clinical, education and research missions.

Robert Wood Johnson Medical School and its principal teaching affiliate, Robert Wood Johnson University Hospital (RWJUH), comprise New Jersey's premier academic medical center. RWJUH, an RWJBarnabas Health facility, is a 965-bed, Level I Trauma Center, with New Jersey's only Level II Pediatric Trauma Center, as well as the NCI-designated Comprehensive Cancer Center (Rutgers Cancer Institute of New Jersey) and The Bristol-Myers Squibb Children's Hospital at RWJUH.

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Qualified candidates must be BE/BC by the American Board of Otolaryngology. Salary and benefits are competitive and commensurate with experience.

Applicants should apply online at <https://jobs.rutgers.edu/> and send a letter of interest and a curriculum vitae to:

**P. Ashley Wackym, MD, Professor and Chair
 Department of Otolaryngology – Head and Neck Surgery
 Rutgers Robert Wood Johnson Medical School
 email ashley.wackym@rutgers.edu**

Rutgers, The State University of New Jersey, is an Affirmative Action/Equal Opportunity Employer, M/F/D/V

**Department of Otolaryngology – Head and Neck Surgery
 Rutgers Robert Wood Johnson Medical School
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