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

JULY 2022

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The Magic You Possess

You can do magic

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Magic, and you know

You're the one who can put out the fire

~America

I vividly recall visiting each of my five children's kindergarten classes from the late 1990s to the early 2000s to perform a magic show. For one hour, the students would delight in the impossible and simply enjoy the moment. With each of the Yanagisawa kids, the magic show tradition was continued. There was glee and disbelief, surprise and joy. Even for the naysayers, a pessimistic attitude could be turned positive after a few tricks, and the magic became infectious. They became believers.

Fast forward to my attending years giving medical lectures. I often start a lecture by performing a quick trick to break the ice, give a moment of enjoyment, and stoke audience participation. This usually promotes an interactive lecture.

The beauty of magic is that many "new" tricks are actually based on older established concepts. I enjoy the refreshing updates and wrinkles as well as learning from the new and upcoming magicians who bring a fresh and novel approach to the field. I delight in listening to the audience explanations of the illusions that often surpass the reality of the magic. People's imaginations run free and the creative explanations are fascinating. At least for a moment, people can be liberated from a day's dread or turmoil. As Harry Houdini said, "There is nothing more contagious than exuberant enthusiasm."

Inherent to the art of magic is the power of misdirection. Look here while the manipulation is performed there, unseen and undetected. When used for positive purposes, misdirection is such a powerful and beneficial tool. Now you see it. Now you don't.

The good news is that every otolaryngologist possesses their own magic and their own magical toolkits. We offer hope and promise to our patients as well as to our mentees. The elements of our personalized magic include:

Magic of education. As scientists, we digest research studies. We are looked to by our patients, our staff, and our trainees as the messengers of truth and medical wisdom. Medical providers are trusted

sources. The public often relies on word of mouth, or worse, the unpredictable data and tales of social media and inaccurate websites. Just look at the still ever-changing information surrounding COVID-19, which has created uncertainty confounded by emotional and political overtones. Our duty as physicians and caregivers is to present and convey the most up-to-date, proven information to help guide our patients who are confused, scared, and even angry as they try to protect themselves and their loved ones.

Magic of Surgery and Healing. The miracles of otolaryngology include resurrecting "lost" senses like hearing, voice, and even at times anosmia, through various medical or surgical interventions. We can cure "deafness" through simple cerumen impaction removal. We aid our patients who carry angst and fear with the unknowns of their mass or tumor, and offer understanding and coping as diagnoses and treatment options are identified, explored, and explained. Bringing back hope to the hopeless is powerful medicine.

Magic of expression. What we say matters. How we say it matters. And when we say it matters. As medical professionals our words inherently carry validity and powerful persuasive elements. Our nonverbal communication is often as important as the spoken word. Our patients view us as reliable, trustworthy sources of information, and it is vital for us to deliver our thoughts and expressions carefully and accurately.

Medicine remains in a difficult place. We have a plethora of challenges with diminishing satisfaction and burnout, intermixed with social, national, and global turbulence, not to mention the ever-blossoming advocacy and regulatory concerns confronting physicians on a daily basis.

With so many abounding stressors, we must all identify an element of our lives that brings us personal happiness. For me, magic fits this bill—both prestidigitation as well as the gift of human interaction—as a way to bring happiness and a moment of levity to people's lives as well as my own.

I utilize "magic dust," aka "fairy dust," in many of my magic tricks but do admit to sneaking a pinch for myself for any of my daily hardships and extreme challenges, as well as to aid my family's health and life challenges. Share your magic with those around you. Abracadabra! ■



Ken Yanagisawa, MD
AAO-HNS/F President

“The good news is that every otolaryngologist possesses their own magic and their own magical toolkits. We offer hope and promise to our patients as well as to our mentees.”

”



Implicit Bias Video Education Series Receives Two EXCEL Awards

The EXCEL EXTRA! Award, the EXCEL version of “Best in Show”
Gold Prize for the Diversity and Inclusion Initiative “Other” Category

AAO-HNSF, through the collaborative effort of the Diversity and Inclusion Committee, created 10 interactive videos that explore common types of implicit bias.
Written BY practicing physicians FOR physicians with real-world scenarios.

About the EXCEL Awards

The EXCEL Awards, now in their 42nd year and held by the Software & Information Industry Association (SIIA), recognize excellence and leadership in association media, publishing, marketing, and communication.

We would like to acknowledge and thank our sponsors for their
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View the Implicit Bias Video Education Series:

www.entnet.org/implicitbias

View EXCEL Award Winners:

<https://sii.net/excel/2022-excel-winners/>

Exposed: The Underbelly of Our Current Healthcare System

Is it just me or is the current disruption to the practice of medicine different than we've experienced over the past 25 years? A recent presentation by Bruce P. Mehlman, JD, at the Alliance of Specialty Medicine's Virtual Advocacy Day about the macro situation we are currently experiencing as a society triggered me to reassess my view and try to link current macro trends to the existing environment we practice in and look for new solutions.

Mr. Mehlman described the "Age of Disruption" that is being driven by technology, geopolitics, and cultural and climate change. I believe most physicians would agree that each of these areas has its own effect on the overall status of today's events worldwide, particularly in medicine and patient care. The United States is experiencing a closely divided society on areas specific to these disruptors. Since 2020 the prevailing winds are headwinds as opposed to the tailwinds we experienced from 1989 to 2019. The public opinion of and trust in many U.S. institutions has declined to well below 50% over the past 40 years. These include the mass media, organized religion, the U.S. Supreme Court, the Presidency, banks, organized labor, public schools, big business, and at the lowest level of them all, Congress. One of the few areas that has seen success during this hyper-partisan period has been the military. Navigating these disruptions successfully can still leave the window open for desired changes in the healthcare delivery system that result in equitable care.

Technology has evolved from digitalization with innovation, which has resulted in increasing inequality to a full backlash today. The geopolitical world has moved from tearing down the Berlin Wall to globalization and now authoritarianism and extreme nationalism. Culture has transitioned from conformity to many new voices being heard in the news media from informational to affirmation, all of which resulted in hyper-activism across the spectrum of society. Finally, climate change and the responses to it, along with the COVID-19 pandemic, hyperinflation, and the invasion in Ukraine have created supply shortages not seen since the Great Depression and World War II in the 1930s and 1940s.

Successful advocacy often is more about timing and the pervading macro environment than the specifics of the ask. It is about the ability to incorporate major trends in contemporary social needs and concerns

and framing your needs as integral components to achieving the goals of those to whom you are advocating, particularly if you can move their goal forward without meaningful adjustments to the bottom-line principles formulating the policies you are requesting. As you might expect, periods of widespread disruption often create competing areas of emphasis with diametrically opposing outcomes, which are amplified in the mega pieces of federal legislation that we have seen introduced in the last several years. These bills often contain elements that most individual legislators would not support, but when taken together as a package to garner enough support to pass, they succeed despite negative consequences.

When you throw in the ongoing COVID-19 pandemic-related crisis with the previously mentioned disruptors, it is easy to identify areas in healthcare delivery that create goals that are at times mutually exclusive. There is general consensus about the desirability of both increased and equitable access to care for U.S. citizens. The underside of our current healthcare system has been fully exposed during the pandemic, including the disparity in access and the significantly inferior results for underrepresented communities and those facing an uphill battle based on social determinants of health. Concurrently, the ongoing pursuit of high quality and outcomes-based care continues albeit significantly limited by the lack of commitment to interoperability of our healthcare records. The pandemic created an instant need for even greater access, which was mitigated by broadening the scope of many advanced practice providers with no increase in education or experience creating a political battleground between the two ideals.

Equally frustrating for physicians has been the Medicare Physician Fee Schedule (PFS), which currently reimburses Part B services at a rate less than that paid in the late 1990s despite the fact that inflation alone would justify a 90% increase in reimbursement rates. This comes at a time when the current Administration has proposed spending over \$8 trillion during the last two years, none of which was related to increasing the Medicare PFS.

Success in these circumstances requires that you and your allies have your presentations ready for congressional supporters when the right situation presents itself. Join us! ■



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

“Successful advocacy often is more about timing and the pervading macro environment than the specifics of the ask.”

”

AAO-HNS Announces the Results of the 2022 Annual Election

The AAO-HNS extends its greatest appreciation to the candidates of the 2022 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. AAO-HNS/F Immediate Past President, **Carol R. Bradford, MD, MS**, and the Nominating Committee are pleased to announce the results of the 2022 AAO-HNS Annual Election:

President-Elect



Douglas D. Backous, MD

At-Large Director (Academic)



Yuri Agrawal, MD

At-Large Director (Private Practice)



Marc G. Dubin, MD

Nominating Committee (Academic—Seat One)



Rodney J. Taylor, MD, MSPH

Nominating Committee (Academic—Seat Two)



Michael J. Brenner, MD

Nominating Committee (Private Practice— Seat One)



D. Scott Fortune, MD

Nominating Committee (Private Practice— Seat Two)



Douglas D. Reh, MD

Audit Committee



Cecelia Damask, DO

Terms of those elected will begin October 1, 2022.

AAO-HNS Leaders Join Alliance of Specialty Medicine Virtual Advocacy Day

On Wednesday, June 8, Academy members and staff participated in the Alliance of Specialty Medicine Virtual Advocacy Day. This full-day advocacy event featured virtual conversations with 14 bipartisan members of the U.S. House of Representatives and U.S. Senate, including numerous physician legislators, providing advocates with a unique opportunity to speak directly with key policymakers focusing on health policy in the U.S. Congress.

Participants at Virtual Advocacy Day advocated on a number of healthcare legislative issues important to specialty physicians, including Medicare reimbursement rates for physicians, the need to reform the prior authorization process, patient access and utilization management, funding of Graduate Medical Education, and medical liability reform.

The Members of Congress who addressed Virtual Advocacy Day participants provided updates on the Alliance's legislative priorities and provided insights into the potential legislative calendar for the remainder of the 117th Congress. These members also stressed the importance of physicians advocating for themselves and the patients they treat.

The Alliance of Specialty Medicine, a nonpartisan coalition of national medical societies representing specialty physicians, engages with federal health policymakers and strengthens the voice of specialty physicians on Capitol Hill. As an advocacy-focused coalition, the Alliance promotes the development of sound health policy that fosters patient access to the highest quality specialty care.

The Academy thanks the otolaryngologist advocacy leaders who participated in this impactful event. The AAO-HNS will continue to partner with the Alliance and other coalitions to engage Congress on the federal legislative issues that matter most to the specialty. ■



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Recurrent Respiratory Papillomatosis
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For more patient information on ENT-related conditions and treatments as well as wellness and prevention articles, go to [ENThealth.org](https://www.enthealth.org). ■

AAO-HNSF Humanitarian Travel Grant: Medical Outreach Trip to Kigali, Rwanda, Gaelen Stanford-Moore, MD, MPhil

Gaelen B. Stanford-Moore, MD, MPhil, lived in Kigali, Rwanda, working on a prospective study to understand delays in care for craniomaxillofacial trauma (CMF) patients. The study enrolled all patients who arrived at the University Teaching Hospital of Kigali (CHUK) with a diagnosis of CMF trauma and followed their clinical course over the subsequent six months. The project had been in progress for over a year when Dr. Stanford-Moore arrived in Rwanda and proceeded to serve as clinical instructor organizing education modules for the Rwandan otolaryngology residents and assisting in clinical and research endeavors.

“Over the course of my time in Rwanda, I gave various didactic lectures and designed and implemented the following three laboratory practical sessions: basic surgical skills, head and neck ultrasound course, and airway foreign body retrieval. While these education sessions were borne out of learning objectives for the residents, much of my own learning came from understanding how to provide culturally competent care in a setting where

basic otolaryngology supplies are far and few between. I am grateful to my Rwandan colleagues, my mentor and academy member David A. Shaye, MD, and the AAO-HNSF for supporting these efforts as we attempt to increase access to safe otolaryngologic surgical care worldwide,” Dr. Stanford-Moore said.



Gaelen B. Stanford-Moore, MD, MPhil (left), University of California, San Francisco Department of Otolaryngology, Head and Neck Surgery.

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Now Accepting 2023 Humanitarian Travel Grant Applications

Humanitarian medical efforts can be immensely rewarding and serve as a reminder to the motivation for choosing medicine as a career path. Travel grants provide residents who are Academy members an opportunity to contribute professional service to people in countries with limited resources. AAO-HNSF is now accepting grant applications for missions taking place January 1 – June 30, 2023.

For more information visit, <https://www.entnet.org/get-involved/humanitarian-efforts/humanitarian-travel-grants/> or email humanitarian@entnet.org. ■

Apply Today: International Travel Grant to the 2022 Annual Meeting

Are you a non-U.S. junior faculty member who is currently studying or completing research in an otolaryngology department in the United States or Canada? If so, you may be eligible for one of five grants of up to \$1,000 each to attend the AAO-HNSF 2022 Annual Meeting & OTO Experience, September 10-14, in Philadelphia, Pennsylvania. These grants are not available to citizens of the United States or Canada or to foreign nationals studying outside the U.S. or Canada.

For more information and to apply now, visit <https://www.entnet.org/resource/travelgrant>. The deadline to apply is July 20. ■



International Advisory Board (IAB) Chair-elect Election

Following the AAO-HNS call for nominees for Chair-elect of the International Advisory Board (IAB), the IAB Executive Committee selected **Prof. Titus Sunday Ibekwe, MD**, Abuja, Nigeria, and **Prof. Piotr H. Skarzynski, MD, PhD**, Warsaw, Poland, as the candidates for Chair-elect.

The election will be held at the AAO-HNSF 2022 Annual Meeting & OTO Experience in Philadelphia, Pennsylvania, during the IAB General Assembly, Monday, September 12, 2:30–4:30 pm (ET).

Prof. Titus Sunday Ibekwe, MD

I am a professor and head, Department of Otorhinolaryngology, University of Abuja Nigeria and a leader of the Otorhinolaryngology Society of Nigeria. I was IAB Vice Chair (2018-2019), recipient of the AAO-HNSF



International Visiting Scholarship, and guest lecturer. I have consistently attended and presented at the AAO-HNSF Annual Meetings for over a

decade. The Academy has invested in me, and therefore I want to re-invest into our Academy if elected IAB Chair-elect.

Highlights of my roles and activities:

- Leadership of the African Caucus
- Member, AAO-HNS/F committees
- African Ambassador, Global Health
- Presidential panelist on COVID-19
- Editorial Board member of the *OTO Open* and reviewer for *Otolaryngology–Head and Neck Surgery*

My Vision Statement:

- To give maximum support to the current IAB leadership
- To form research groups to enhance mentor–mentee relationship across borders
- To build a strong IAB through stakeholder feedback and regular needs assessments
- To promote the tradition and maintain the aims and objectives of the AAO-HNS/F
- Give priority to education and capacity building
- Enhance AAO-HNSF collaboration with regional organizations to promote international membership
- Build capacities for efficient dissemination of information
- Foster strong advocacy for the AAO-HNSF global health through WHO, UN, UNICEF, and others with no conflicting interest
- Above all, promote principle-oriented leadership

Finally, IAB is truly international, hence, its top position travels around the globe (Africa-America-Europe-Asia-Middle East, and now it is time to come back to Africa once again). I am ready to serve!

Prof. Piotr H. Skarzynski, MD, PhD, MSc

I've worked as a professor of medicine and health science and a specialist of otorhinolaryngology, pediatric otorhinolaryngology, audiology and



phoniatics, and public health. I am a scientist, clinician, and surgeon involved in didactic works in the World Hearing Centre of Institute of Physiology and Pathology of Hearing, Medical

University of Warsaw, and Institute of Sensory Organs.

My involvement with the AAO-HNS/F and the IAB is extensive. I've participated in multiple Academy meetings, have served and continue to serve on Academy committees, and received an award for outstanding activity in 2019.

Additionally, I serve on the board for numerous global medical societies, and I regularly participate as a conference speaker and journal contributor.

If elected 2023 IAB Chair-elect, I will work to develop the Academy's international education profile, focusing on teaching students, early-career doctors, and support staff. Sharing knowledge at the international level is vital—it's imperative we share our experience and achievements with medical personnel from countries with less resources. I will make every effort to motivate my colleagues to become more involved with education activities, grants, scholarships, and meetings.

As Chair-elect, I would proudly promote the Academy's mission and strategic direction during prestigious conferences and events and will organize activities aimed at increasing Academy participation and brand identification. I will work closely with national and international partners to further strengthen the Academy's strategic partnerships.

I am willing and able to dedicate the necessary time and work to achieve these objectives in support of the Academy's global mission.

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DONOR SPOTLIGHT:

Jonathan Y. Ting, MD, MS, MBA – New Millennium Society Lifetime Donor

The AAO-HNS *foundation* is pleased to recognize **Jonathan Y. Ting, MD, MS, MBA**, who became a Millennium Society Lifetime Donor through his generous gift to the **125 Strong Campaign** in 2021.



“I became a Lifetime Donor in support of the great work that the AAO-HNS/F does to improve clinical care, education, and research that

supports our patients, residents, and colleagues. I received a resident research grant from the AAO-HNSF and have benefited from many of the offerings through the AAO-HNS/F,” said Dr. Ting who has been an active Academy member since 2004, serving on the CORE Grants Committee and the Equilibrium Committee.

“Through my donation, I hope to ensure we are developing leaders who can improve the quality of care we deliver, advocate

for our specialty, and offer education and mentorship to the next generation.”

The AAO-HNS/F thanks Dr. Ting for his commitment to the Academy and for his generous support in helping to shape the future of the specialty through his contribution to the **125 Strong Campaign**.

For more information about how you can support the AAO-HNS/F, go to <https://www.entnet.org/about-us/aaohns-foundation/> or contact development@entnet.org. ■



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pearls from your peers:

Practice Consolidation and Mergers

Marc G. Dubin, MD, is a private practice rhinologist and the President and CEO of the Centers for Advanced ENT Care (CAENT) in Maryland, Washington, DC, and Virginia, and is the Chair of the AAO-HNS Private Practice Study Group. He has gained significant experience in practice consolidation having helped manage the roll-up and merger of 17 otolaryngology practices ranging in size from one to 11 otolaryngologists totaling over 50 into a single group over the past five years. Lance A. Manning, MD, Chair of the AAO-HNSF Practice Management Education Committee, interviews Dr. Dubin on this topic.



INTERVIEWEE

Marc G. Dubin, MD

*President and CEO, Centers for Advanced ENT Care, Maryland, Washington, DC, and Virginia;
Chair, AAO-HNS Private Practice Study Group*

INTERVIEWER

Lance A. Manning, MD

*President and CEO, Ear, Nose and Throat Center of the Ozarks and Cofounder of Ozark Facial Plastic Surgery, Arkansas;
Chair, AAO-HNSF Practice Management Education Committee*

In your experience, what have been the most significant advantages and disadvantages of multiple practices merging?

The perfect practice size for a physician is rarely “big.” So, the primary advantage of all mergers in medicine is leverage. In the world of working harder and harder for less and less money, the leverage that “big” provides in negotiations with payers and suppliers is the goal. Fortunately, after consolidating, we were able to get a seat at the table to negotiate an increase that made the roll-up worthwhile.

This increase has (hopefully!) made the disadvantages worthwhile. The most significant disadvantage for most of us is the loss of control. From the solo providers to members of large groups, everyone had their voice diluted. We are one large organization, and we make decisions for the best interest of the entire organization, and sometimes, albeit infrequently, these decisions are not unanimous.

This brings us to the next disadvantage, which is change. Although our divisions (previous practices) have significant independence of the day-to-day management, our goal is increasing uniformity, and this means a substantial amount of change. While a consolidated large group practice is well-suited to achieve economies of scale and best practices among other benefits, getting there is uncomfortable.

What were the major hurdles or challenges in creating this union?

I was not at the table when the union initially started. **Dr. Michael Siegel** initiated it, and he deserves the credit. I know with my division, however, it was getting anyone to even consider consolidation. Every practice was asked to completely coalesce with others they saw as competition. Although the carrot of leverage was enticing, it was a hard sell for those who were bold enough to launch the

union due to previously entrenched notions of competitors.

How have these new large group practices created additional support for your patients, staff, and doctors?

Now that we are several years into consolidation, we are starting to realize the fruits of our labor. This was first evident during COVID, where we were able to offer the support necessary to keep our practices running. Now that we have hopefully survived the worst of the pandemic, we have resumed the consolidation of our divisions. Our doctors and patients benefit from sharing best practices throughout the region. Our joint human resources department has improved our practices while providing improved support to our staff. Most importantly, there is a sense of camaraderie among previous competitors who are now true partners. Not that it is all rainbows and unicorns, but we are getting there! ■

Transforming the Annual Meeting

Mark E.P. Prince, MD, and Kelly M. Malloy, MD

Annual Meeting Program Committee members

We propose that senior members of the AAO-HNS intentionally and purposefully use their positions to bring other members forward and provide them with opportunities to be heard and seen at the Annual Meeting and other events. This will require current leaders in the AAO-HNS to be intentional about relinquishing some of their opportunities and promoting others into the space created.

Mentorship is consistently recognized as playing a critical role in assisting individuals to achieve their career goals. Sponsorship is a less well-understood career development tactic, but is known to be just as critical to career success. It has also been shown to be instrumental to increasing diversity in leadership. Sponsorship requires a different set of skills and is conducted in a framework that is unique from mentorship.

Surprisingly, many individuals, both leaders and those who aspire to lead, are not aware that sponsorship is at least as important as mentorship to career advancement. It is vital that physicians, other healthcare providers, current leaders, and aspiring leaders understand the elements of successful sponsorship. Role models provide examples of success, mentors talk with you about ideas and goals, while a sponsor talks *about you*, their protégé.

Sponsorship is a vitally important activity for leaders to engage in and for protégés to seek out. Sponsorship allows protégés to gain visibility and leadership opportunities. Sponsorship also helps organizations create the next cohort of thought leaders and decision makers.

One of the important aspirations of the AAO-HNS is to develop the careers of members of the Academy. This requires that we intentionally employ sponsorship to achieve that goal. Sponsorship skills can be learned, and all members of the AAO-HNS, especially our leaders, should be dedicated students thereof.

How does sponsorship work?

The mechanism is quite simple. Those with the power to influence decisions use their power to advance others for positions and roles. A successful sponsor needs to identify opportunities for others and be willing to promote someone other than themselves into those opportunities. Protégés need to identify potential sponsors whose influence aligns with their career goals. Both the sponsor and the protégé need to know each other well enough to ensure there is alignment and that the sponsor has enough knowledge of their protégé to advocate effectively for them.

What does sponsorship in action look like?

At the AAO-HNSF Annual Meeting, a sponsor's goal would be to promote less well-known individuals and those not yet in leadership positions onto Panel Presentations, Expert Lectures, and committees. Members of the Academy come to the Annual Meeting to learn from experts, but the assumption that those who are heard from the most and are most visible are the only experts is not a correct one. There are many experts among our talented and knowledgeable membership, and sponsorship gives our senior experts the opportunity to promote other experts in the field. The audience needs to be assured by the sponsors that the individuals they are sponsoring are indeed experts and will bring valuable new ideas and unique perspectives to the conversation.



Mark E.P. Prince, MD



Kelly M. Malloy, MD

Are there risks and pitfalls to sponsorship?

Absolutely. There is always risk our biases may impact our choice of protégés, that we might unconsciously only sponsor individuals most like ourselves. Impactful sponsors leverage their connections and networks to benefit a diverse group of individuals. Similarly, protégés should identify a wide spectrum of sponsors and should be encouraged by their mentors to think broadly about potential sponsors.

What are the benefits?

Sponsorship allows those seeking leadership and increased visibility to achieve their goals, thereby growing next generation leaders and difference makers in otolaryngology. Effective sponsorship has the added benefit of being able to rapidly improve diversity and inclusion in the broadest sense.

Sponsorship is a vital tool to bring voices to the table that are otherwise absent and unheard. Ultimately, effective sponsorship creates the next cadre of sponsors who will be more diverse and be able to have even greater impact on the growth of our specialty. Finally, there are the benefits for the sponsor of enhanced influence, reputation, and, most importantly, joy when protégés succeed. Sponsors report great satisfaction and happiness in their professional lives because of their efforts to leverage their professional and social capital for others.



through Sponsorship

Sponsorship can be a positive disruptive force for change. The difficult truth is that for those of us in senior positions, we need to seriously consider how many presentations, Expert Lectures, Great Debates, and Panels we need to participate in at this point in our careers. We should be purposeful in promoting more diverse voices and be willing to step aside to allow the field to become more inclusive and impactful. Sponsors must be prepared to let the spotlight shine on others but reap an incredible sense of satisfaction and purpose in return. It is both a leader's responsibility and a great joy to sponsor others. ■

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Daniel C. Chelius, Jr., MD

Annual Meeting Program Coordinator

The first time I can remember learning about sponsorship was at the AAO-HNS/F Leadership Forum & BOG Spring Meeting in 2010. It was an eye-opening description of a powerful force at work throughout our professional lives. In the years since, I have more clearly identified and appreciated the impact of sponsors in each aspect of my work and career development, in both my local and Academy communities. I think of these individuals often and with both significant gratitude and an inherited sense of purpose as I consider my current opportunities and responsibilities.

When our Annual Meeting Program Committee discusses how to ensure that our meeting is as representative as possible of the diversity in our community and of those we serve while at the same time preserving the breadth, depth, and quality of our education offerings, the conversation frequently returns to sponsorship. In Philadelphia, we will be testing a modification to our Expert Series platform that will empower senior faculty on long-standing, successful courses to step back into a mentoring role and bring on junior colleagues from diverse backgrounds with early topical expertise. I am thankful to **Dana M. Thompson, MD, MS, Michael J. Rutter, MD, Diego Preciado, MD, PhD, and Gresham T. Richter, MD**, as the first Annual Meeting faculty to trial this project. We hope to expand this broadly for the 2023 meeting and to see other increasing opportunities to support, develop, and solidly establish our next generation of educators and thought leaders. But that can only happen with a strong commitment to sponsorship throughout our community. I am grateful to **Dr. Kelly Malloy** and **Dr. Mark Prince** for sharing their eloquent and inspiring thoughts on this topic.



#OTOMTG22 Simulation Scoop

The AAO-HNSF is continually enhancing the Annual Meeting experience. New this year is an expanded track of simulation education session and hands-on surgical skills training. With nearly 20 sessions to choose from, topics range from cochlear malformations in your hand, endoscopic surgery of the pediatric airway using 3D simulation models, advanced ultrasonography techniques, and more! When you arrive on-site in Philadelphia, the simulation track will have two rooms dedicated to enhancing surgical education and training over the entire meeting. No additional tickets are required, but seating is limited so make sure to arrive early!

Learn more about #OTOMTG22 simulation offerings at www.entnet.org/events/annual-meeting/program/simulation-events/.

Presidential Citations 2022



The Presidential Citations are given to individuals who have had a profound influence on the AAO-HNS/F President's life and otolaryngology career. President **Ken Yanagisawa, MD**, has selected these individuals for their outstanding contributions. Please join him during the Opening Ceremony, Sunday, September 11, at 8:00am (ET), as he recognizes the impact these individuals have had on him personally and professionally.

Debbie Osborn



Ms. Osborn is a true trailblazer who initiated and then spearheaded my avid interest in advocacy. As Executive Director of the Connecticut

ENT Society, Connecticut Society of Eye Physicians, Connecticut Dermatology and Dermatologic Surgery Society, and Connecticut Urology Society, she had the vision many years ago to bring a coalition of over 1,000 doctors in the state of Connecticut together to speak with one unified voice to our legislature and to our payers. She initially arranged for me to meet with many of our key state senate and house leaders during our annual legislative and Doctors Days, and then sharpened my abilities to draft, edit, and deliver testimony to our legislature. Our teamwork continues to yield many successes and advances.

Her fierce drive and dynamic energy backed by her unyielding perseverance to support and assist all physicians in our state has strengthened our voice and brought recognition and attention by Capitol legislators and private payers alike. She is the heartbeat of the Connecticut ENT Society—the force organizing medical, legal, and regulatory education; establishing and fostering relationships with key legislative contacts to enlighten them and garner their support for our issues and concerns; and advancing public relationship projects and campaigns.

Ms. Osborn has enriched my skills as a physician on many fronts well beyond my clinical skills, and I am delighted to recognize her with a 2022 AAO-HNS Presidential Citation.

Betty Sullivan



Ms. Sullivan is the most remarkable administrator who I have ever had the privilege to work with. She has served as the Practice Manager

for Southern New England Ear, Nose, Throat and Facial Plastic Surgery Group, LLP, for over 30 years and epitomizes the consummate manager who builds and maintains practice efficiency and success.

Her indefatigable work ethic, exceptional business acumen, and resolute loyalty have been invaluable in helping me to navigate our practice through the challenges of payer reimbursement issues, mounting human resource concerns, including the plethora of COVID-19 problems over the past few years, and managing our staff of 80 employees. The fact that we have over 20 employees who have worked for our company for over 30 years is directly attributable to her management style and communication skills. She provides leadership with utmost professionalism and kindness to all members of our organization incorporating fair-mindedness and foresight to foster harmony and unity. She is the proverbial “glue” of our practice.

As we embark on ever-evolving practice challenges, Ms. Sullivan and I will continue to work closely together to guide our organization forward, forging ahead with innovative solutions and implementations. It is an honor to recognize Ms. Sullivan with a 2022 AAO-HNS Presidential Citation.



Eiji Yanagisawa, MD



My father, **Dr. Eiji Yanagisawa**, Clinical Professor of Surgery at Yale University School of Medicine, has served as my role model and my inspirational

mentor from childhood to the present time. He founded our practice, Southern New England Ear, Nose, Throat and Facial Plastic Surgery Group, in the 1960s with Dr. Howard Smith, and the practice has grown and flourished for over 60 years.

He graduated from Nihon University School of Medicine and came from Japan to Yale otolaryngology residency on a Fulbright Scholarship. He worked in private practice for his entire career. He profoundly influenced the training and development of over 100 Yale residents, encouraging their participation in clinical research as they spent countless hours working in his legendary basement video studio.

His numerous leadership roles included President of the American Broncho-Esophagological Association (ABEA) and Vice President of the Eastern Section of the Triological Society; he also received Presidential Citations from the American Academy of Otolaryngology-Head and Neck Surgery (AAO-HNS), American Otolological Society, American Laryngological Association (twice), and Triological Society; he also received the Chevalier Jackson Award from the ABEA and lifetime achievement awards from AAO-HNS and the Politzer Society. As he gained international recognition for his work in photographic and video documentation in otolaryngology, **Dr. Eugene Myers** affectionately called him the “photo-laryngologist!”

My father initiated my interest in otolaryngology and cultivated this interest throughout my training. His absolute dedication, expectation of attainable

perfection, and Herculean work ethic toward his patients and profession were admirable and contagious.

He taught me the secrets of optimal patient care, including a warm greeting, the power of careful empathetic listening, and treating all with honesty, compassion, and respect. He, along with my (deceased) mother, June, have been my steadfast champions. It is my greatest honor to present a 2022 AAO-HNS Presidential Citation to Dr. Eiji Yanagisawa.

Yanagisawa Family

My wife, Julia Shi, MD, is the singular reason I have attained the successes and achievements of my personal and professional career. Her unwavering support and understanding through college, medical school, residency, and throughout my 30 years of private practice have allowed me to challenge and develop my expanding horizons and directions. Her multiple roles include serving as the medical director for the CMU/APT Foundation, which treats substance abuse patients.

Julia’s common sense, calm and reassuring demeanor sprinkled with humor,

and consistent principles of fairness and honesty have always steered me in the right direction. Whenever challenging times arise, Julia always provides the understanding, balance, and thoughtfulness to fashion logical and effective options and resolutions.

Our most precious gift is our five children—Katie (and husband Ben and daughter Fallon), Michael, Mark (and fiancée Shauna), Jon, and Kevin. Throughout my career, I have always focused my priorities on family, nurturing their growth, successes, and blossoming careers. Without my children, I would never have pioneered and run our girls softball little league, coached so many sports and officiated so many swimming meets, sharpened my sports photography skills, or attended so many musical recitals. Thanks to them, I expanded my participatory and leadership roles in a wide variety of nonmedical venues.

The joys and bonding that all of these endeavors brought and all of my family’s accommodations and understanding when work obligations pulled me away are immensely cherished and appreciated. It is with great joy and adoration that I present a 2022 AAO-HNS Presidential Citation to the Yanagisawa Family. ■





Pitch Your Idea at the 2022 AAO-HNSF Annual Meeting & OTO Experience

The ENTrepreneur Faceoff, which debuted in 2021, allows industry entrepreneurs to go head-to-head with their latest innovations with a panel of judges and audience members viewing the top presentations and products within the industry. New this year, the ENTrepreneur Faceoff will take place in the OTO Experience.

If you are involved in digital health, medical device, diagnostic, or drug innovation, the Annual Meeting Organizing Committee invites you to submit your ideas, projects, or startups for presentation during the ENTrepreneur Faceoff. Teams may be looking for collaborators, advisors, feedback, or funding. The deadline to submit is July 29.

The top teams will be invited to present at the Annual Meeting on Tuesday, September 13, 6:00–8:00 pm (ET). Certificates will be awarded.

Submission Guidelines

The top teams will be invited to showcase their work at the reception with the top three submissions invited to pitch for an award judged by a panel of industry experts. This will be a non-confidential meeting. Presenters are reminded not to present or share confidential information without intellectual property protection in any forum, including this public event. The AAO-HNSF does not provide intellectual property protection for this event. Your submission will include the following information:

1. Presenters: Name and affiliations
2. Project title
3. Describe the problem you are attempting to solve. What is your unmet medical need?
4. Describe your proposed solution
5. Describe what current solutions are available to address this problem. What are their strengths / weaknesses? How do you fill the gap where the treatment options don't currently meet?

6. What's the market for your idea?
7. What stage is your concept? (e.g., Idea only, prototype, animal or human studies, FDA approved).
8. Why would you like to present at this event? (e.g., Looking for feedback, clinical advisors, funding etc.)
9. Have you already received funding for this project? If so, what is the source and how much have you received?
10. Is your IP protected and are you comfortable sharing information about this with the audience? The audience will not be signing an NDA.
11. Attestation: I attest this concept / product is not currently for sale and will not be for sale prior to January 2023.

To learn more about the ENTrepreneur Faceoff and to submit your idea, project, or start-up, please visit www.entnet.org/events/annual-meeting/special-events/entrepreneur-face-off/. ■





Mark Your Schedule:

Attend BOG, SRF, WIO,
and YPS General Assemblies
in Philadelphia

The Academy's Sections for Young Physicians (YPS), Residents and Fellows-in-Training (SRF), and Women in Otolaryngology (WIO) as well as the Board of Governors (BOG) invite you attend their respective General Assemblies during the AAO-HNSF 2022 Annual Meeting & OTO Experience in Philadelphia, Pennsylvania. Open to all who are registered for the Annual Meeting, join your colleagues for networking, information, and inspiration!

Sunday, September 11 3:15 pm (ET)

New in 2022! The SRF and YPS are cohosting a combined lecture on physician burnout and wellness featuring internationally recognized otolaryngologist **Julie L. Wei, MD**, founder of A Healthier Wei. Dr. Wei will discuss her personal and professional experience of extreme burnout to highlight and address system factors that erode physician well-being and career longevity. She has created immediate access to mental health support for trainees, physicians, and advanced practitioners in a health system, transformed healthcare culture to destigmatize mental health needs of physicians, and personally coached numerous physicians to achieve career development and life fulfillment.

Attendees participating in the short business meeting and lecture will be invited to a beer tasting and networking event.



Saturday, September 10 4:00 pm (ET)



Attend the BOG General Assembly to network with your colleagues from local, state, regional, and national otolaryngology-head and neck surgery societies from around the United States and Canada. Cast your vote for new BOG officers and congratulate your colleagues on their Model Society and Practitioner of Excellence Awards. Learn more about how to advocate at the grassroots level, including a mock session, and participate in a panel discussion on strategies to build bridges and grow collaboration and effectiveness at the national, state, and local levels. Immediately following the General Assembly, inspire the next generation of otolaryngologists by participating in a speed mentoring event with medical students.



Monday, September 12 11:45 am - 1:15 pm (ET)



Plan to have lunch with WIO, which is organizing an exciting lineup of activities and speakers during the upcoming General Assembly.

Keynote Naomi Rothman, PhD, will discuss the benefits of mixed emotions and the unexpected ways that people make higher quality decisions and influence others to do so through their use of emotions and power—specifically, how the experience and expression of complex emotions (e.g., emotional ambivalence) and complex states of power drive effective decision making.

Additional highlights include the presentation of the Helen F. Krause, MD, Trailblazer Award to a woman who has pioneered advances in the field; the Exemplary Senior Trainee Award, recognizing an outstanding female senior resident or fellow who demonstrates excellence in leadership, research, education, and mentoring; and the He for She Award, celebrating men in otolaryngology who emphasize the importance of teamwork, synergy, and building the profession together. The WIO General Assembly requires a ticket to the event, which you can add on during the registration process. ■



Our Town: Philadelphia, Part III

David M. Cognetti, MD

The Herbert Kean, MD Professor and Chair
Department of Otolaryngology - Head & Neck
Surgery, Sidney Kimmel Medical College,
Thomas Jefferson University

How does Philadelphia encompass this year's Forward Together theme?

Philadelphia has a rich history that meets the Forward Together theme. Nearly 250 years ago, delegates from the then British Colonies met here for the First and Second Continental Congresses, which resulted in the Colonies moving forward together to create our great nation. Since the 1700s, Philadelphia has been a global medical hub with one out of every six doctors in the United States doing part of their training in the Philadelphia region. The many great medical institutions in our city have helped move our field forward together. The other chairs and I look forward to welcoming everyone to Philadelphia!



Why are you excited to host #OTOMTG22 attendees in Philadelphia?

I am most excited to host #OTOMTG22 attendees as they experience this great city and to welcome back the many alumni of our region. Whether it is a first or return visit, there are many wonderful things to enjoy in Philadelphia, and September is an outstanding time to visit. The weather is

gorgeous in September so come early and stay past the meeting to have extra time to appreciate all that Philadelphia has to offer.

What do you love most about Philadelphia?

I love the people! People in Philadelphia are passionate and hardworking. Philadelphia is the City of Brotherly Love (literally, from the Greek *philos* and *adelphos*), and Philadelphians are good people who have deep pride in their city, which makes it an inspiring place to live. "Yo Adrian, I did it!"

What advice do you have for first- time attendees? Why is the Annual Meeting special to you?

The Annual Meeting has a robust educational offering coupled with outstanding networking opportunities. First-time attendees should be sure to take full advantage of both. The Annual Meeting is special to me for the way it has connected me to our great otolaryngology community and provided opportunities to advance my career.

How would you complete this sentence: Don't leave Philly before you have a chance to ...

Enjoy the food! The restaurant scene is one of the best in the country, and everybody loves Wawa hoagies. While you can't go wrong with a cheesesteak, you should not leave Philly without having a DiNic's Roast Pork Sandwich and some pignoli cookies from Termini Brothers Bakery (both in Reading Terminal Market). ■

Presidents' Reception: Network with Colleagues from Around the Globe

Saturday, September 10 | 6:30 pm (ET)

Make plans to arrive early in Philly to attend this year's can't-miss Presidents' Reception. It will be an unforgettable occasion affording attendees ample time to network and connect with colleagues from around the globe.

Opening Ceremony

Sunday, September 11 | 8:00 am (ET)

The 2022 Opening Ceremony brings back the John Conley, MD Lecture on Medical Ethics to kick-start the Annual Meeting. Guest lecturer **Andrew G. Shuman, MD, HEC-C**, who is the incoming Chair of the AAO-HNS Ethics Committee, will tackle the topic of Reflections on Our Profession in the Face of an Ongoing Pandemic. This jump-starting event also includes speeches from Academy leaders, recognition of the AAO-HNS/F 2022 Presidential Citations by President **Ken Yanagisawa, MD**, as well as new, inspirational videos showcasing and celebrating members and the specialty. ■

Coming Soon! Annual Meeting App

The 2022 Annual Meeting brings back the Annual Meeting App for attendees to organize and plan your day-to-day activities during this action-packed event! From committee meetings, education sessions, and networking events to lunches in the OTO Experience and cutting-edge Poster Presentations, and so much more, the app will serve as the attendee go-to planner and resource. Look for more information in the *Bulletin*, OTO News, and on the Academy's website for the release date of the app. ■



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COMMITTEE MEETINGS

Virtual Committee Meetings: Telehealth Committee; Hearing Committee; Airway and Swallowing Committee; and Implantable Hearing Devices Committee

	7:00 am	8:00 am	9:00 am	10:00 am	11:00 am	12:00 pm	1:00 pm	2:00 pm	3:00 pm	4:00 pm	5:00 pm	6:00 pm	7:00 pm	
September 10 SATURDAY	BOD Meetings & Lunch								Nominating Committee	Finance and Investment Subcommittee	Reg-ent SM Executive Committee		Presidents' Reception	
								BOG SEGR Andrew M. Coughlin, MD, Chair	BOG GOSE Eileen M. Raynor, MD, Chair	BOG LEG Yolanda L. Troublefield, MD, JD, Chair	BOG General Assembly	Student Forum		
								WIO Communication Reena Dhanda Patil, MD, Chair	WIO Research & Survey Deepa J. Galaiya, MD, Chair	WIO Program & Awards Ilaaf Darrat, MD, MBA, Chair	WIO Leadership & Mentorship Yelizaveta Shnayder, MD, Chair	Education Steering Committee Jeffrey P. Simons, MD, MMM, Coordinator for Education		
	7:00 - 8:00 am						12:00 - 1:00 pm						2:15 - 3:15 pm	
September 11 SUNDAY	BOG Executive Committee - Troy D. Woodard, MD, Chair						Editorial Board - John H. Krouse, MD, PhD, MBA, Editor in Chief							
	WIO Endowment - Kelly Michele Malloy, MD, Chair						Allergy, Asthma, and Immunology Committee - Cecilia Damask, DO, Chair							
	Humanitarian Efforts Committee - Bruce H. Campbell, MD, Chair						Imaging Committee - Russell B. Smith, MD, Chair							
	Geriatric Otolaryngology Committee - Cameron C. Wick, MD, Chair						Equilibrium Committee - Bruce L. Fetterman, MD, Chair							
	Media and Public Relations Committee - Erich P. Voigt, MD, Chair						Medical Informatics Committee - Gregory A. Ator, MD, Chair							
	Medical Devices and Drugs Committee - Peter Santa Maria, MBBS, Chair						OTO Cleft and Craniofacial Representatives- Travis T. Tollefson, MD, MPH, Chair							
	BOG Regional Representatives						Rhinology & Allergy Education Committee - Zara M. Patel, MD, Chair							
	Rhino and Paranasal Sinus Committee - Erin K. O'Brien, MD, Chair						Simulation Education Committee - Kelly Michele Malloy, MD, Chair, and Katherine Kavanagh, MD, Chair-elect							
	Joint Education Committee Meeting - Jeffrey P. Simons, MD, MMM, Coordinator for Education						Facial Plastics & Reconstructive Surgery Education Committee - P. Daniel Knott, MD, Chair							
	September 12 MONDAY	Credentials & Membership Committee - Susan D. McCammon, MD, Chair												
SRF Governing Council - Kevin Y. Zhan, MD, Chair														
Complementary and Integrative Medicine Committee - Nathan J. Gonik, MD, Chair														
History & Archives Committee - Anais Rameau, MD, MPhil, Chair														
Head and Neck Surgery Education Committee - Vikas Mehta, MD, MPH, Chair														
Head and Neck Surgery and Oncology Committee - Rodney J. Taylor, MD, MSPH, Chair														
Voice Committee - James J. Daniero, MD, Chair														
Ethics Committee - Roger D. Cole, MD, Chair														
Veterans Affairs Committee - Sonya Malekzadeh, MD, Chair														
Sleep Disorders Committee - Cristina Baldassari, MD, Chair														
Pediatric Otolaryngology Education Committee - Meredith Merz Lind, MD, MPH, Chair														
September 13 TUESDAY	YPS Governing Council - Yi-Chun Carol Liu, MD, Chair						Awards Committee - Al Merati, MD, Chair						Annual Meeting Program Committee Daniel C. Chelius, Jr., MD	
	WIO Governing Council - Priya Krishna, MD, Chair						Outcomes Research and Evidence-based Medicine Committee - Michael J. Brenner, MD, Chair							
	International Editorial Board - John H. Krouse, MD, PhD, MBA, Editor in Chief						Endocrine Committee - Joseph Scharpf, MD, Chair							
	Patient Safety and Quality Improvement Committee - Soham Roy, MD, Chair						Pan American Congress							
	Pediatric Otolaryngology Committee - Heather C. Herrington, MD, Chair						Diversity & Inclusion Committee - Erynne A. Faucett, MD, Chair							
	Infectious Disease Committee - Albert H. Park, MD, Chair						Microvascular Committee - Michael G. Moore, MD, Chair							
	Plastic and Reconstructive Committee - Jon Paul Pepper, MD, Chair						Salivary Gland Committee - Gordon J. Siegel, MD, Chair							
	Pan American Committee - Esther X. Vivas, MD, Chair						Skull Based Surgery Committee - Shirley Y. Su, MBBS, Chair							
	Practice Management Education Committee - Lance A. Manning, MD, Chair, and Betty Tsai Do, MD, Chair-elect						General Otolaryngology and Sleep Education Committee - Jeffrey J. Stanley, MD, Chair, and Cristina Cabrera-Muffly, MD, Chair-elect							
	Trauma Committee - Scott Bevans, MD, Chair						Otology & Neurotology Education Committee - Maura Cosetti, MD, Chair							
	Laryngology & Bronchoesophagology Education Committee - Paul C. Bryson, MD, Chair													

SUBJECT TO CHANGE. ALL MEMBERS ARE INVITED TO ATTEND COMMITTEE MEETINGS AS GUESTS.

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New Frontiers for the Rhinologist | Moderator: Scott Powell, MD |
David Kennedy, MD, Corinna Levine, MD, Peter Catalano, MD,
Matt Brokaw, Arein Medical, Jeff Hopkins, Acclarent,
Vince Racano, Medtronic

**Neuromodulation and Other Cutting Edge Technologies in Obstructive
Sleep Apnea** | Moderator: Ari Wirtschafter, MD | Tapan Padhya, MD,
Stanley Liu, MD, DDS, Carlos Torre, MD, Matthew Schmitt, MD,
Tim Herbert, Inspire Medical, Olivier Taelman, Nyxoah

**Cutting Edge of Testing Techniques, Immunotherapy Options, and
Biologics in Otolaryngic Allergy** | Moderator: Camysha Wright, MD |
Sarah Wise, MD, Christine Franzese, MD, Elina Toskala, MD,
William Reisacher, MD, Pamela Baines, MD, Michael Benninger, MD

Minimally Invasive and New Trends in Otology | Moderator:
Mark Widick, MD | Dennis Poe, MD, Chris Danner, MD, Adrien Eshragi, MD,
Paul Boyev, MD, William Facticeau, Earlens

**Current Thinking and Approaches to the Supporting Structures of the
Nose** | Moderator: Mark Tabor, MD | Ira Papel, MD, Rick Davis, MD,
Spencer Payne, MD, Dean Toriumi, MD, Marc Dean, MD, Peter Catalano, MD

**From Piezo to Microneedle Radiofrequency – State of the Art
Techniques in Rhinology and Rhinoplasty Surgery** | Moderator:
Melyssa Hancock, MD | Jeffrey Johnson, MD, Dennis Poe, MD,
Peter Catalano, MD, Dean Toriumi, MD, Rick Davis, MD, Corinna Levine, MD

Challenging Cases in Rhinology | Moderator: Lee Mandel, MD |
Richard Harvey, MD, David Kennedy, MD, Oseranoma Olomu, MD,
Corinna Levine, MD, Peter Catalano, MD, Jeb Justice, MD

**Advances in the Understanding of Sinonasal Polyposis and Resulting
Change in Treatment Paradigms** | Moderator: Camysha Wright, MD |
Joseph Han, MD, Christine Franzese, MD, Sarah Wise, MD,
Spencer Payne, MD, Mark Tabor, MD, Scott Powell, MD

Voice, GERD and SLN Block | Moderator: John Lanza, MD |
Clark Rosen, MD, Yael Bensoussan, MD, Dan Vincent, MD

Minimally Invasive Advances in the Treatment of the Aging Face |
Moderator: Jackie Klimcyk, MD | Ed Farrior, MD, Ira Papel, MD,
Anurag Agarwal, MD, Paul Nassif, MD, David Holcomb, MD

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The Effective Use of Social Media and Branding in a Facial Plastic Surgery Practice | Moderator: Ross Clevens, MD | Leslie Kim, MD, Paul Nassif, MD, Melynda Barnes, MD, Michael Efron, M SPA

Keeping in Front of the Curve with Internet Marketing and IT Integration Into Your Practice | Moderator: Jackie Klimcyk, MD | Paul Nassif, MD, Ross Clevens, MD, Dean Toriumi, MD, Sean Kifer, Yellow Telescope, Ed Syring, Yellow Telescope

Legends of Our Time | Moderators: Camysha Wright, MD, John Lanza, MD, Nathan Nachlas, MD | David Kennedy, MD, Dean Toriumi, MD, Paul Nassif, MD, Clark Rosen, MD, Dennis Poe, MD, Elna Toskala, MD, Michael Benninger, MD, Boyd Gillespie, MD

Reconstructive Challenges Following Extirpation of Head and Neck Cancer | Moderator: Timothy Wong, MD | Michael Aronsohn, MD, Jason Leibowitz, MD, Peter Dziegielewski, MD, Julia Toman, MD, Matthew Mifsud, MD

Care of the Professional Voice | Moderator: Yael Bensoussan, MD | Clark Rosen, MD, Michael Benninger, MD, Amy Rutt, DO, Neil Chheda, MD, David Rosow, MD

Surgical Management for Hearing Loss | Moderator: Mark Widick, MD | Adrien Eshraghi, MD, Paul Boyev, MD, Chris Danner, MD, Dennis Poe, MD, Patrick Antonelli, MD

Advances in Rhinoplasty | Moderator: Julia Toman, MD | Jeffery Johnson, MD, Rick Davis, MD, Ira Papet, MD, Stephen Park, MD, Ed Farrior, MD, Paul Nassif, MD, Dean Toriumi, MD, Cameron McIntosh, MD

Identifying and Managing High Risk Skin & Parotid Cancers | Moderator: Matthew Mifsud, MD | Peter Dziegielewski, MD, Jason Leibowitz, MD, Tapan Padhya, MD, Boyd Gillespie, MD, Christopher Nickel, MD

HPV and Oropharyngeal Cancer Tumor Board | Moderator: Matthew Mifsud, MD | Jason Leibowitz, MD, Peter Dziegielewski, MD, Christopher Nickel, MD, Scott Magnuson, MD, Tim Wong, MD

How Has Our Understanding of OSA Matured and Where is the Field Heading? | Moderator: Faisal Merchant, MD | Boyd Gillespie, MD, Stanley Liu, MD, DDS, Tapan Padhya, MD, Carlos Torre, MD, Maria Suurna, MD

Emerging Challenges in Facial Plastic and Reconstructive Surgery | Moderator: Anurag Agarwal, MD | Liliana Ein, MD, Julia Toman, MD, Leslie Kim, MD

Don't Miss the Special Sessions & Networking Opportunities!

Laryngology Keynote by Clark Rosen, MD

Botched: Season 8 Highlights by Paul Nassif, MD

Business of Medicine by AAO-HNS President, Kathleen Yaremchuk, MD

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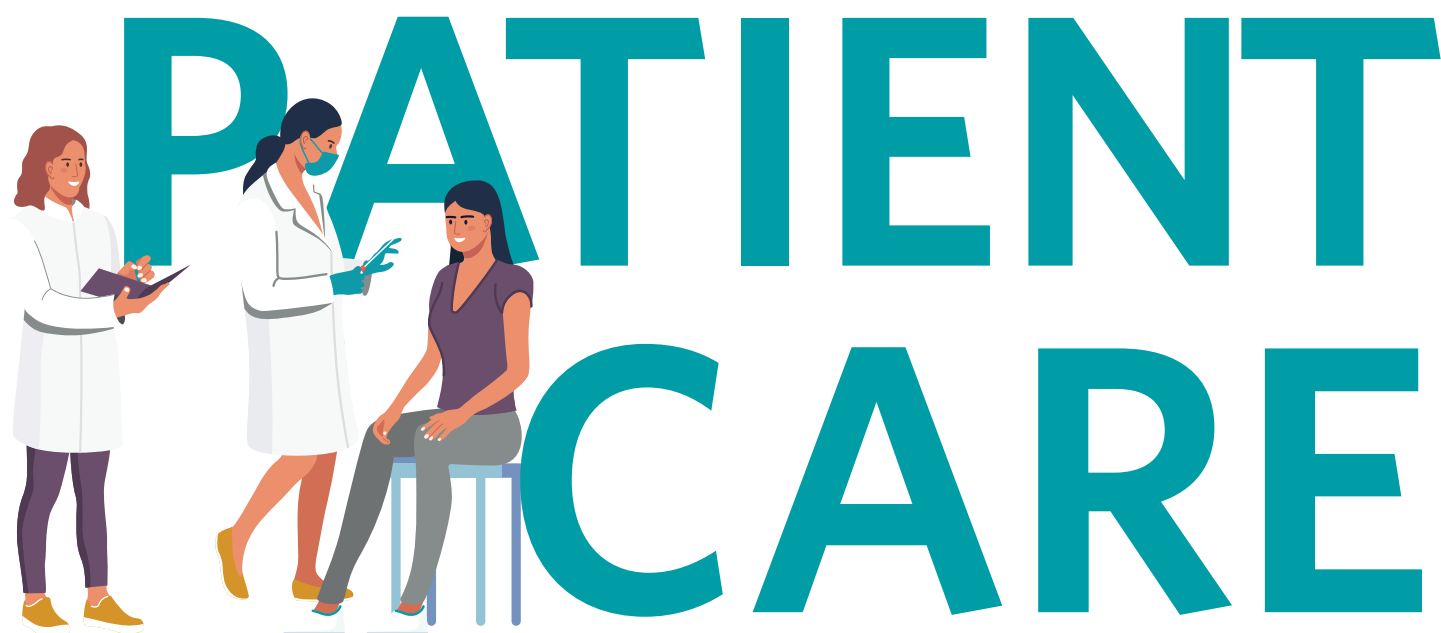
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Patient Care at the Center of Research and Quality

Vikas Mehta, MD, MPH

Research and Quality Coordinator

Outlined on the following pages are the major projects undertaken by the Research and Quality (RQ) business unit over the past year. Overall, our major accomplishments and focus this year have been:

- Maintaining and developing new evidence-based recommendations (clinical practice guidelines and consensus statements)
- Continuing to increase our Reg-entSM partnerships with academic medical centers
- Growing the Reg-ent database to include clinical notes and ancillary data to improve its utility in research
- Developing an otolaryngology-specific MIPS Value Pathway in response to the new model developed by the Centers for Medicare & Medicaid Services (CMS).

In addition to these four accomplishments, the RQ team stays abreast of the latest regulatory environment for maintaining Reg-ent's status as a CMS-designated Qualified Clinical Data Registry (QCDR). The constantly changing and evolving regulations regarding QCDRs and quality measures require staff to be engaged with multiple partners including, but not limited to, CMS, the Physician Clinical Data Registry Coalition, the Surgical Quality Alliance, and quality and registry teams from other medical/surgical specialties. The AAO-HNSF RQ staff has done such an exemplary job of engaging with these entities and maintaining Reg-ent's certification status that Reg-ent was recently honored for its best practice for academic medical center partnering, contracting, and data sharing at a medical registry organizational meeting.

We are working collectively with our technical vendor partner, FIGmd, and our data analytics partner, OM1, to continue to build out a comprehensive data repository in order to best serve the specialty for years to come. This multiyear effort involves electronic health record and practice management data capture, data mapping to ensure quality measures are appropriately utilized, data curation to ensure overall quality of the data set, and building out patient-reported outcome tools. These efforts will be essential as value-based care initiatives continue to expand and evolve and as we further turn to Reg-ent for research and regulatory purposes.

The articles that follow offer a comprehensive picture of each of the projects in more detail. ■

Centralized Otolaryngology Research Efforts (CORE) Update

The Centralized Otolaryngology Research Efforts (CORE) grants program aids in advancing the field of otolaryngology by supporting research projects, research training, and career development. CORE strives to:

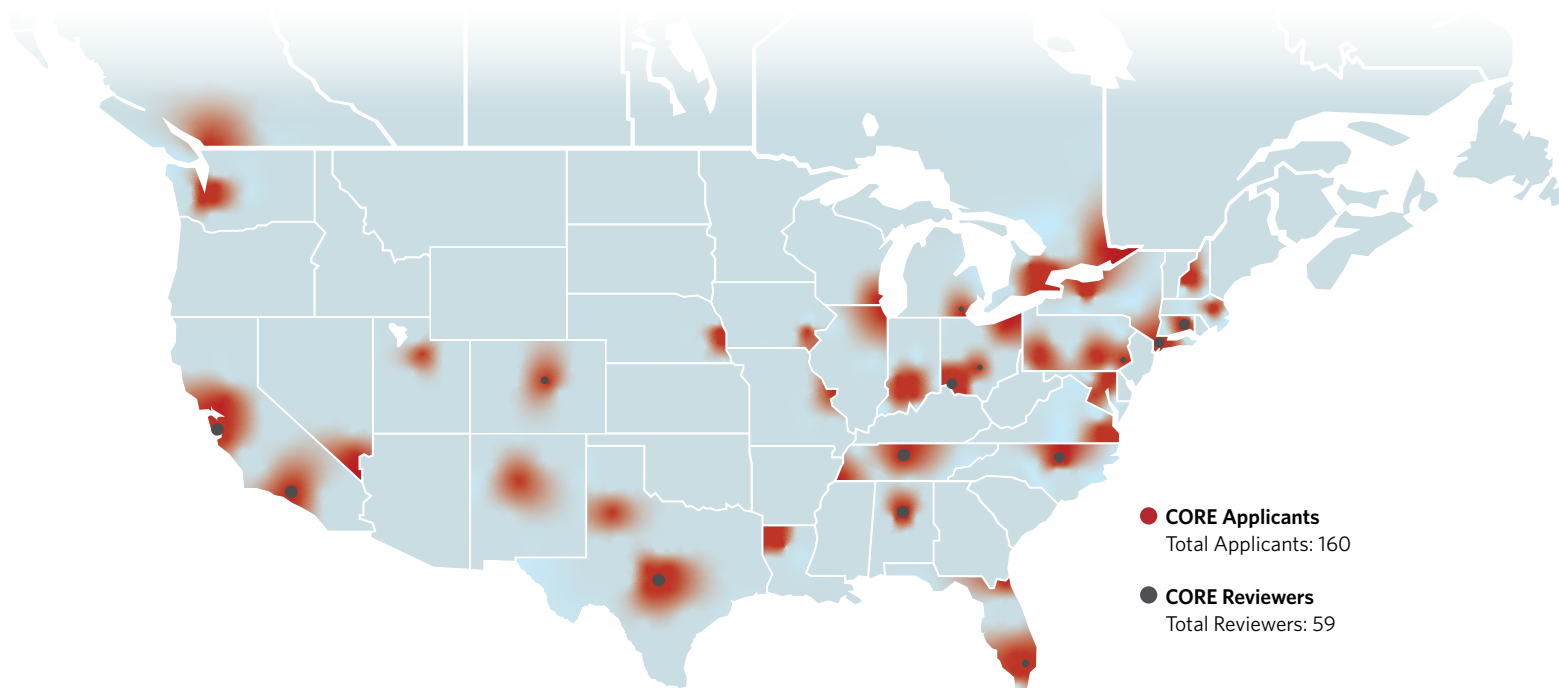
- Promote young investigators to seek research in otolaryngology
- Deliver uniformity to the research application and review process for the field of otolaryngology-head and neck surgery
- Serve as an interim step that may ultimately channel efforts for National Institutes of Health funding opportunities

The CORE grant program societies, foundations, sponsors, and partners have awarded over \$13 million since the program's inception in 1985. In 2022, the American Academy of Otolaryngology–Head and Neck Surgery Foundation (AAO-HNSF) offered a total of \$315,000. The AAO-HNSF, American Head & Neck Society (AHNS), Association of Migraine Disorders (AMD), American Neurotology Society (ANS), American Rhinologic Society (ARS), and American Society of Pediatric Otolaryngology (ASPO) were involved in funding grants ranging from \$10,000 to \$80,000. With the collaboration of each partner society, foundation, and industry

supporter, leadership selects meritorious grant proposals that will receive funding each year based on the scores received during the review process.

This past March, the CORE Study Section reviewed 160 applications, requesting over \$2.1 million in funding. The 2022 CORE Study Section subcommittees included Head and Neck Surgery, chaired by **Maie St. John, MD, PhD**; Otology, chaired by **Rick Nelson, MD, PhD**; and General Otolaryngology, chaired by **Michael J. Brenner, MD**.

The 2022 CORE leadership, including the boards and councils of all participating societies, has approved 24 grants totaling \$425,000. ■



CORE Spotlights

Raj C. Dedhia, MD, MSCR

Associate Professor of
Otorhinolaryngology and Medicine,
University of Pennsylvania

With the support of the faculty at the University of Pittsburgh, I applied to be a CORE reviewer in 2012 as a PGY-3 resident. I vividly recall being awestruck during my first grant review session, listening to the intellectual giants in our field discuss each grant application. Quickly I appreciated the necessary elements of a quality proposal as well as the nuances of a well-constructed approach section. This training environment is simply invaluable for any aspiring otolaryngologist-scientist. Undoubtedly, my service on CORE over the past nine years has steepened my research trajectory. I received the Rande H. Lazard CORE Research Award in 2014, Triological Society Career Development Award in 2017, and, most recently, a National Institutes of Health R01 Award in 2020. ■



Daniel L. Faden, MD

Mass Eye and Ear
Assistant Professor, Department
of Otolaryngology-Head and Neck
Surgery, Harvard Medical School
Associate Member, Broad Institute of
MIT and Harvard

The CORE grant program has been a critical aspect of my development as a head and neck cancer surgeon-scientist and is interwoven into my success obtaining funding early in my career. I have been lucky enough to be the recipient of three CORE grants, the first as a PGY-3 resident, a second when I was a head and neck fellow, and a third during my first year as an attending, each progressively larger. These grants taught me how to organize my thoughts into a competitive application and were instrumental in helping me build a track record of funding. The year after my first CORE grant, I began as a resident reviewer and have continued this through present day. Serving as a reviewer was also a critical component of learning how to construct a good grant and write grants from the perspective of a reviewer. The skill sets I obtained writing my CORE grants and reviewing CORE grants not only were instrumental in influencing me to pursue a career as a surgeon-scientist but also translated into success in National Institutes of Health grant applications, first obtaining a KL2, then K23, then R03, etc. Lastly, through the CORE Study Section, I have met like-minded colleagues who have become friends, and I have cultivated a network of individuals with similar goals and experiences. I would encourage all residents to apply for CORE grants and for those interested in exploring a career as a surgeon-scientist, to apply for a position as a resident reviewer. ■



Aaron K. Remenschneider, MD, MPH

Division Director of Otolaryngology
Associate Professor of Otolaryngology
UMass Memorial Medical Center,
UMass Chan Medical School

Participating in the AAO-HNSF CORE grant review program has been instrumental to my career development as a surgeon-scientist. An invitation to join CORE Study Section review as a resident provided a unique pathway to sharpen my critical writing and reviewing skill at an early stage. I have no doubt that exposure to the process of grant review strengthened my early proposals and led to a successful National Institute on Deafness and Other Communication Disorders K08 award as junior faculty. My ongoing participation on the CORE Study Section ensures I can give back to our Academy through thoughtful, constructive reviews for applicants. In addition, the network of colleagues within the review community has provided a wonderful source of collaboration, education, and friendship. ■



2023 CORE Funding Opportunity Announcements Coming Soon!

For more information about the CORE grants program visit <https://www.entnet.org/quality-practice/research/core-grants-program/>

Questions?

Contact the CORE Grants Team at
COREGrants@entnet.org



Congratulations to the 2022 CORE Grantees!

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

AAO-HNSF Resident Research Grants

Ilana Fischer, MD
THE REGENTS OF THE UNIVERSITY OF MICHIGAN
The Role of the Trigeminal Nerve in the Development of Facial Nerve Synkinesis

Nicholas Fung, MD
UNIVERSITY OF PITTSBURGH MEDICAL CENTER
TIL Density and Mutation Burden on ICI Response in Head & Neck Mucosal Melanoma

Jordan Antonio Garcia, MD
JOHNS HOPKINS UNIVERSITY SCHOOL OF MEDICINE
The Role of Regulatory T Cells in A Mouse Model of Facial Nerve Injury

Jeffrey Hyzer, MD
OREGON HEALTH & SCIENCE UNIVERSITY
Effects of Cochlear Implantation & Steroids on the Aging Cochlea

Benjamin Morris Laitman, MD, PhD
ICAHN SCHOOL OF MEDICINE AT MOUNT SINAI
Epithelialization Kinetics and Immunophenotype of the Human Tracheal Transplant

Rolvix Harlan Patterson III, MD, MPH
DUKE UNIVERSITY SCHOOL OF MEDICINE
Environmental Risk Factors for Ear Infections in Alaska Native Children

Sarek Alexander Shen, MD
JOHNS HOPKINS UNIVERSITY SCHOOL OF MEDICINE
Magnetic Nanoparticle-Mediated Drug Delivery Across Human Round Window Membranes

Tian Yue Song, MD
UNIVERSITY OF ROCHESTER MEDICAL CENTER
Salivary Calcium Flux Functional Assay for Radioprotective Drug Screening

Michael Pei-hong Wu, MD
MASSACHUSETTS EYE AND EAR INFIRMARY
Development of Patient Reported Outcomes After Total Laryngectomy

Michelle Yu, MD, MS
COLUMBIA UNIVERSITY MEDICAL CENTER
Intracochlear Microneedle Injection of siRNA Targeting the NOX3 Pathway

Victoria Yu, MD
THE TRUSTEES OF COLUMBIA UNIVERSITY IN THE CITY OF NEW YORK
Impact and Regulation of Partial Epithelial-Mesenchymal Transition in HNSCC

Peiran Zhou, MD, PhD
FRED HUTCHINSON CANCER CENTER
Pre-Clinical Test of HNSCC Targeted Gene Therapy Via Cell Renewal Inhibition

AAO-HNSF Bobby R. Alford Endowed Research Grant

Andrea Park, MD
UNIVERSITY OF CALIFORNIA, SAN FRANCISCO
Characterizing Microbiome Alterations During Head and Neck Cancer Treatment

AAO-HNSF Health Services Research Grant

Allison Kazumi Ikeda, MD
UNIVERSITY OF WASHINGTON
Validation of Proxy Measure for CPAP Use Among Patients with Sleep Apnea

AAO-HNSF Maureen Hannley Research Grant

Lisa Caulley, MD, MPH
OTTAWA HOSPITAL RESEARCH INSTITUTE
Supplementation of Vitamin D for Termination of Recurrent bPPV (STOP Vertigo)

AMERICAN HEAD AND NECK SOCIETY (AHNS)

AHNS Pilot Grant

Luana Guimaraes de Sousa, MD
UNIVERSITY OF TEXAS MD ANDERSON CANCER CENTER
Oral Cavity Carcinoma Immune Microenvironment and its Impact on Clinical Outcome

Brennan Olson, PhD
OREGON HEALTH & SCIENCE UNIVERSITY
Elucidating Catabolic Mechanisms of LCN2 in Head and Neck Cancer Cachexia

Robert Saddawi-Konefka, MD, PhD
UNIVERSITY OF CALIFORNIA SAN DIEGO HEALTH SCIENCES
Interaction-Dependent Identification Of TSA-T Cells for Adoptive Therapy in HNC

Danielle Trakimas, MD
JOHNS HOPKINS UNIVERSITY SCHOOL OF MEDICINE
Open-Label Trial of Conditioning Therapy in Head & Neck Cancer Patients

AHNS Alando J. Ballantyne Resident Research Pilot Grant

Emily Miller, MD
UNIVERSITY OF ALABAMA AT BIRMINGHAM
Gut Microbiome: A Biomarker of Readiness for Major Head and Neck Cancer Surgery

Laith Mukdad, MD
DAVID GEFEN SCHOOL OF MEDICINE AT UCLA
Intraoperative DOCI-Guided Detection of Oral and Head and Neck Cancer

AHNS Presidential Award: Understanding Long-Term and Late Toxicities of Treatment in Head and Neck Cancer

Jacqueline Tucker, BS
THE PENNSYLVANIA STATE UNIVERSITY COLLEGE OF MEDICINE
Dysgeusia and Anosmia in Head and Neck Cancer Patients: Long Term Outcomes

AHNS Presidential Award: Understanding Treatment Resistance in Head and Neck Cancer

Joshua Smith, MD
THE REGENTS OF THE UNIVERSITY OF MICHIGAN
Exosomes Mediate Resistance To PD-1/PD-L1 Inhibition in Head and Neck Cancer

AHNS Presidential Award: Head and Neck Cancer in Underserved Populations

David J. Hernandez, MD
BAYLOR COLLEGE OF MEDICINE
Tumor Immune Microenvironment in an Underserved Hispanic HN Cancer Population

AMERICAN HEAD AND NECK SOCIETY (AHNS)/AMERICAN ACADEMY OF OTOLARYNGOLOGY—HEAD AND NECK SURGERY FOUNDATION (AAO-HNSF)

AHNS/AAO-HNSF Young Investigator Combined Award

Richard Alexander Harbison, MD
JOHNS HOPKINS UNIVERSITY SCHOOL OF MEDICINE
Polyamine Transport and Anti-Tumor Immunity in Head and Neck Cancer

ASSOCIATION OF MIGRAINE DISORDERS (AMD)

AMD Resident Research Grant

Omid Moshtaghi, MD
UNIVERSITY OF CALIFORNIA, SAN DIEGO - HEALTH SCIENCES
Migraine in Patients with Vestibular Schwannoma and the Impact of Treatment

AMERICAN NEUROLOGY SOCIETY (ANS)/ AMERICAN ACADEMY OF OTOLARYNGOLOGY—HEAD AND NECK SURGERY FOUNDATION (AAO-HNSF)

ANS/AAO-HNSF Herbert Silverstein Otolaryngology and Neurology Research Award

Lindsay Scott Moore, MD
STANFORD UNIVERSITY SCHOOL OF MEDICINE
Panitumumab-IRDye800 to Fluorescently Detect Cholesteatoma in Surgical Resection

AMERICAN RHINOLOGIC SOCIETY (ARS)

ARS New Investigator Award

Nyssa Farrell, MD
WASHINGTON UNIVERSITY IN ST. LOUIS
Safety of Simvastatin Nasal Rinse for COVID-Mediated Olfactory Dysfunction

ARS Resident Research Grant

Neil Patel, MD
THE REGENTS OF THE UNIVERSITY OF CALIFORNIA, SAN FRANCISCO
Role Of Chemosensory Tuft Cells in the Pathogenesis of CRSwNP

Neel Sangal, MD
UNIVERSITY OF PENNSYLVANIA HEALTH SYSTEM
NLRP3 Inflammasome Activating Mutations on Bone Erosion in AFRS

AMERICAN SOCIETY OF PEDIATRIC OTOLARYNGOLOGY (ASPO)

ASPO Research Grant

Jacqueline Harris, MD
UNIVERSITY OF CALIFORNIA, SAN FRANCISCO
Improving Genetic Testing in Underrepresented Minority Children with SNHL

David Lee, MD
WASHINGTON UNIVERSITY IN ST. LOUIS
Cellular Mechanisms of Cisplatin Ototoxicity in The Zebrafish Lateral Line

ASPO Research Career Development Award

Prasanth Pattisapu, MD, MPH
THE RESEARCH INSTITUTE AT NATIONWIDE CHILDREN'S HOSPITAL
Pediatric Aspiration: Foundational Research for Decision Analyses

ASPO Dustin Micah Harper Recurrent Respiratory Papillomatosis-Airway Research Grant

Alexandra McMillan, MD, PhD
THE UNIVERSITY OF IOWA
Chondrogenic Differentiation of 3D Bioprinted Stem Cell Constructs for LTR



CPG

Clinical Practice
Guidelines

ECS

Expert Consensus
Statements

Clinical Practice Guidelines and Expert Consensus Statements

With the goal of improving quality of care in otolaryngology, the AAO-HNSF continues to develop guidance documents, in the form of clinical practice guidelines (CPGs) and expert consensus statements (ECSs), on a range of topics prioritized by the Guideline Task Force (GTF). The GTF held its third virtual meeting on May 10, 2022, via Zoom. Highlights of the meeting included updates from **Vikas Mehta, MD, MPH**, AAO-HSNF Coordinator for Research and Quality, and **John H. Krouse, MD, PhD, MBA**, Editor in Chief of *Otolaryngology–Head and Neck Surgery* (OTO Journal) and *OTO Open*.

The progress of the current CPGs and ECSs were also discussed. The ECS on Management of Pediatric Persistent Obstructive Sleep Apnea after Adenotonsillectomy has been completed and submitted to OTO Journal. This ECS will be presented at the AAO-HNSF 2022 Annual Meeting & OTO Experience, in Philadelphia,

Pennsylvania, on Wednesday, September 14, 2022, at 9:15 am (ET). The ECS on the Prevention and Management of Dysphagia in Head and Neck Cancer Patients is currently being developed and will be presented on Sunday, September 11, 2022, at 9:15 am (ET). We look forward to seeing you at these presentations.

CPG

Update!

Tympanostomy Tubes
in Children

In addition, this year's guideline update, **CPG Update on Tympanostomy Tubes**, which published in February 2022, includes new action statements and was the first virtually created CPG update. The CPG and supplemental materials including physician and patient resources are available at www.entnet.org/CPGtymptubes-update. ■

Below is a list of upcoming CPG and ECS topics in queue:

- ECS: Prevention and Management of Dysphagia in Head and Neck Cancer Patients*
- ECS: Management of Pediatric Persistent Obstructive Sleep Apnea after Adenotonsillectomy*
- CPG: The Surgical Management of Rhinosinusitis (Single Specialty)
- CPG: Immunotherapy for Inhalant Allergy
- CPG: Age-Related Hearing Loss
- UPDATE CPG: Tinnitus (10/2014)
- CPG: Pediatric Hearing Loss
- CPG: Snoring
- UPDATE CPG: Management of Allergic Rhinitis (02/2015)
- CPG: Surgical Antibiotic Prophylaxis in Otolaryngology
- UPDATE CPG: Adult Sinusitis (4/2015)
- UPDATE Otitis Media with Effusion (2/2016)
- UPDATE Improving Nasal Form and Function after Rhinoplasty (02/2017)
- UPDATE Benign Paroxysmal Positional Vertigo (BPPV) Proposed Aspect of Care for Measurement (3/2017)
- UPDATE Evaluation of the Neck Mass in Adults (9/2017)
- CPG: Adult Tracheostomy
- CPG: Unilateral Vocal Fold Paralysis in Adults

*Currently in development

Reg-ent Growth



Now in its sixth year, the Reg-ent registry has soundly endured as the only national otolaryngology-specific data repository, one that is solely focused on the specialty of otolaryngology-head and neck surgery, its physicians, and its patients. Through the foundation created by the successful first phase of its development (CMS quality reporting), Reg-ent has now moved on to its second phase—research and data analytics. With seven million unique patients and 29 million total patient encounters collected to date (contributed by 1,400+ clinicians over 170+ practices), Reg-ent is gearing up to support research in the specialty. The data in Reg-ent will continue an upward trajectory and grow exponentially as more practices participate and contribute data—growth that has been accelerated by recent positive electronic health record (EHR) vendor developments that have opened the doors to more providers, including those from the academic medical community.

Reg-ent participants engage with their data and are actively involved in

EHR Progress:

Over the past few years, Reg-ent and FIGmd have worked closely with EHR vendors to achieve positive results after facing some challenges in sharing data with Reg-ent previously. With the successful data integration and sharing with FIGmd, Reg-ent has opened doors to several academic medical centers for participation. Reg-ent is excited to be bringing the academic medical centers on board, along with others who joined Reg-ent to experience securing and contributing data on their quality performance dashboard.

mapping refinement and data validation of Reg-ent quality measures, which include 11 otolaryngology-specific measures designed by and for AAO-HNS members and available only in Reg-ent. Reg-ent participants are also committed to the success of the registry, which is evident by the increase in renewal rates in Reg-ent with many renewing practices adding more clinicians to the registry. This commitment to the registry—and to the future of the specialty—is shown by the continued participation of existing practices and the growth in Reg-ent as it adds new private practices and new academic medical centers.

Research

Building on these significant achievements, Reg-ent has now entered its next phase of development, data analytics, and research. Reg-ent has partnered with OM1 for data curation and analytics. OM1 is ingesting data from Reg-ent, which will ultimately lead to research capabilities as well as clinical trial opportunities through OM1. Once the data are curated to research grade, OM1 will be able to create deidentified data sets that will be accessible through an online research platform. Research-focused policies and procedures will be utilized by the Reg-ent Research Advisory Group (RRAG), chaired by **Vikas Mehta, MD, MPH**, Coordinator for Research and Quality, to guide potential investigators and to prioritize research data requests. Future growth for the Reg-ent registry will focus on optimizing the value of the Reg-ent registry.

The AAO-HNSF has invested in the infrastructure for data curation, advanced data analytics, and research. The power of the registry is in the data—the greater number of participants, the more data we collect, and the more we can optimize the power of the data for research, advocacy, and defining quality care. We encourage all members to

invest in Reg-ent, the most significant quality improvement initiative of the AAO-HNSF. Participants in similar specialty-based registries have realized financial benefits from their participation as the aggregate data has been used to value treatment options and allow for clinical trial participation, as well as to provide data to support advocacy efforts.

Assessing and Forecasting the Financial Impact of MIPS

As Reg-ent continues to expand in its capabilities into research and data analytics, benefiting all members regardless of practice setting, it also continues to recognize the value of CMS quality reporting to many of our members and their practices. Over the past two years amid the pandemic, participating sites have maintained engagement with Reg-ent and their data, with approximately 1,250 clinicians using Reg-ent to report some or all three categories of the Merit-based Incentive Payment System (MIPS) for the 2021 performance year.

Since the inception of the MIPS program, the threshold to achieve a positive payment adjustment has increased each year. In the 2017 performance year, the payment adjustment was 4% with minimal requirements and 3-point performance threshold to avoid a negative impact. Earning a positive payment adjustment is increasingly difficult, as indicated in the table on page 28.

For the 2022 performance year, the payment adjustment rose to 9% with a 75-point performance threshold. In addition to the increased performance threshold, CMS eliminated bonus points for end-to-end reporting or submitting of additional outcome or high-priority measures.

High performers within MIPS continue to be underwhelmed by low payment adjustments for exceptional scores. The maximum positive adjustment for

exceptional scores was 1.87% in the 2022 payment year. Under the 2015 MACRA legislation, MIPS is required to be “budget neutral”—the projected negative adjustments must be balanced by the projected positive adjustments. With so many clinicians successfully participating, the distribution of positive adjustments is spread thinner. Another factor perhaps affecting the distribution of positive payments is the COVID-19 pandemic and CMS’s Extreme and Uncontrollable Circumstances (EUC) exception for COVID-19. During the 2020 and 2021 performance years and subsequent 2022 payment year adjustment, individually eligible MIPS clinicians who did not submit any data received a neutral payment adjustment instead of the maximum negative adjustment that would have applied in 2019 and earlier. With the new threshold requirements and perceived retirement of previous automatic COVID-19 EUCs, it will be harder to earn positive or exceptional performances. With presumably fewer clinicians on the positive side of the

budget-neutral ring, there may be greater financial reward than in previous years.

With the increased performance threshold, many clinicians may need to rethink their approach to meet MIPS standards for quality, improvement activities, Promoting Interoperability, and cost. The latest publication of the Quality Payment Program (QPP) Experience data set provides performance scores and associated payment adjustments for the 2018 performance year (threshold of 15 points). If included clinicians earned the same scores in performance year 2022, approximately **one in six clinicians** who received a positive adjustment for the 2018 performance year will move to a negative adjustment for 2022. Specialty-wise, this trend extends to **one in seven allergists/immunologists** and **one in eight otolaryngologists** stating the **2019 QPP Experience Report was not available at the time**.

Reg-ent is deploying strategies to optimize MIPS scores by (1) assisting Reg-ent participants to select measures with maximum scoring potential, (2) reducing mapping burden, (3) collaborating with EHRs to expand

available measures, and (4) encouraging specialty quality measure reporting to create benchmarks that raise point ceilings. Reg-ent will continue to engage practices to prepare for other MIPS performance categories, improvement activities and Promoting Interoperability, to deploy initiatives that will improve final scores. AAO-HNSF continues to request greater transparency from CMS for the cost performance category.

Through participation in Reg-ent and contribution of data to the registry, members are individually and collectively impacting the future of the specialty in a positive and invaluable way. We continue to bring aboard new members and their practices and look forward to the continued growth, development, and diversification of the Reg-ent registry. ■

Join Reg-ent today!



Financial Impact of MIPS

Performance Year	Performance Threshold	Maximum Payment Adjustment	Actual Maximum Adjustment Applied (applied 2 years later)
2017	3 points	+/- 4%	1.88%
2018	15 points	+/- 5%	1.68%
2019	30 points	+/- 7%	1.79%
2020	45 points	+/- 9%	1.87%
2021	60 points	+/- 9%	TBD
2022	75 points	+/- 9%	TBD

TBD: To Be Determined

Traditional MIPS to MVP: What Does This Mean for You?



What is an MVP?

Under traditional MIPS, clinicians have the choice of reporting on over 200+ MIPS quality measures (with additional QCDR measures for Reg-ent participants). MIPS Value Pathways (MVPs), as currently proposed by CMS, will decrease the number of quality measures and improvement activities to a pool of 8-12 quality measures with complementary improvement activities and cost measures. Promoting Interoperability is a statutorily required component but found in the foundational layer. The foundational layer is composed of Promoting Interoperability as well as population health administrative claims measures that are standard (if applicable) across all MVP participants.

Who will MVPs impact?

Any MIPS eligible clinician, group, virtual group, or opt-in participant will be impacted by the transition.

When are MVPs being implemented?

Over the next few years, CMS intends to sunset traditional MIPS with the final year being 2027. The first MVPs will be available for MIPS submission for the 2023 performance year.

When should my practice make the transition from traditional MIPS to MVPs?

As traditional MIPS is phased out, practices should look at the quality measures included in an applicable MVP and begin mapping and refining the MVP measures while traditional MIPS is still available. Being prepared for the limited subset of measures will allow time to implement quality initiatives or clinical workflows prior to being scored on the metric.

Why is CMS sunsetting traditional MIPS and moving toward MVPs?

CMS's intent is to provide a more cohesive participation experience, reduce burden and complexity, and include measures that are meaningful and applicable to each specialty. Their hope in limiting the choice of measures will result in scoring of similar data sets across the specialty. In addition, their goal is to standardize the measures within MVPs to produce data that can better assist patients in comparing clinician performance and selecting clinicians from which to seek care.

How is AAO-HNSF supporting and implementing MVPs?

Since CMS announced their plans for the transition in December 2020, AAO-HNSF was among the initial small groups of specialties to submit an MVP candidate. In response to our initial meetings with CMS, we reconstructed the MVP to create one MVP covering the majority of the subspecialties within otolaryngology-head and neck surgery based on the existing quality measures available. There is a delicate balance to include measures that are inclusive of all our specialists but also include specific quality measures that are meaningful. In March, AAO-HNSF submitted a revised MVP based on CMS's initial feedback with additional considerations to subsequent policy outlined in the latest Final Rule. Since our latest MVP candidate submission, AAO-HNSF was pleased to receive positive feedback on the recent MVP candidate submission and has plans to meet in the near future with the CMS MVP team to discuss any additional revisions and considerations. CMS does not provide confirmation on acceptance of MVPs into the program until publication of the proposed rule.

In 2026, multispecialty groups will be required to form subgroups in order to report MVPs. This will not allow for otolaryngology specialties to submit under the large broader group (i.e., family medicine).

How is Reg-ent supporting and implementing MVPs?

Within this transition phase, Reg-ent's goal is to make the conversion as seamless as possible by offering both options, traditional MIPS and MVPs, so our participants can choose the best option for their practice. The Reg-ent registry anticipates a slow conversion over to MVP, but Reg-ent is dedicated to staying at the forefront of MVP implementation to allow Reg-ent members a smooth transition. The Reg-ent registry team is actively collaborating with its technical vendor, FIGmd, to determine the next iteration of the Reg-ent dashboard to support both the traditional MIPS structure and the new MVP option. Reg-ent aims to provide a scoring estimates for each reporting option to aid in the decision-making process.

We will continue to offer a broad range of quality measures that span the otolaryngology specialty outside of the quality measures included in each MVP. These additional metrics are essential for quality improvement initiatives to drive quality care and improve patient outcomes, while remaining mindful of cost. ■

ANATOMY OF A MEASURE

Quality measures are developed to include the accompanying technical specifications that are the instructions for building and calculating a measure. The AAO-HNSF quality measures are categorized as proportion measures where performance is derived by dividing the number of cases that meet a criterion for quality (the numerator) by the number of eligible cases within a given time frame (the denominator).

MEASUREMENT PERIOD:

For AAO-HNSF quality measures, data are collected during a 12-month performance period (January 1 - December 31).

INITIAL POPULATION

Refers to the target patient group to be evaluated by a specific quality measure. The initial population often includes criteria related to an age group, diagnosis, procedure, and the defined measurement period.

DENOMINATOR

Statement that describes the specific patient group that is the focus of the measure.

NUMERATOR

Statement that describes the clinical action or outcome that satisfies the intent of the quality measure.

DENOMINATOR EXCLUSIONS/EXCEPTIONS

Measure developers distinguish between measure exceptions and measure exclusions. Not all measures will have exclusions and/or exceptions, making the denominator the same as the initial population.

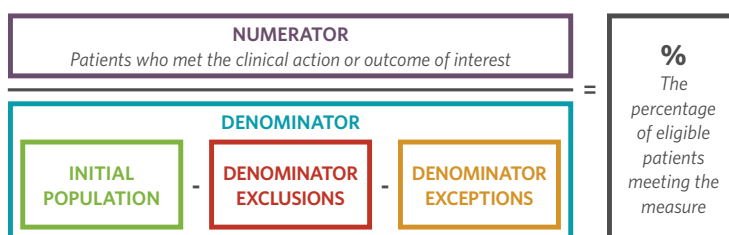
DENOMINATOR EXCLUSIONS

Denominator exclusions describe a circumstance where patients who were included in the initial patient population are removed from the denominator. Although they meet some measure criteria, these patients do not meet the criteria specific to the clinical action/intervention required by the numerator. Exclusions are absolute and apply uniformly to this group of patients for whom the numerator action is not appropriate at all. (CMS, 2022)

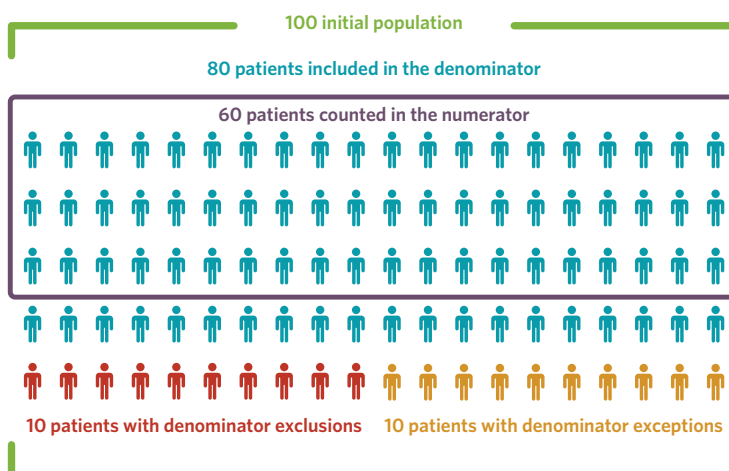
DENOMINATOR EXCEPTIONS

Denominator exceptions are used to remove patients who fall into the denominator, but the patient is not subject to the numerator action (e.g., a specific therapy or service). There are three types of denominator exceptions: medical, patient or system reasons. A denominator exception removes a patient from the performance denominator only if the numerator criteria are not met as defined by the exception. This allows for the exercise of clinical judgment. (CMS, 2022)

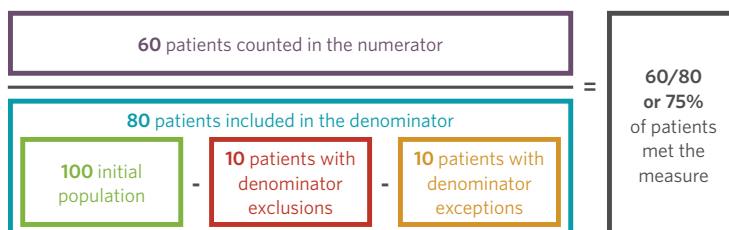
MEASURE ELEMENTS

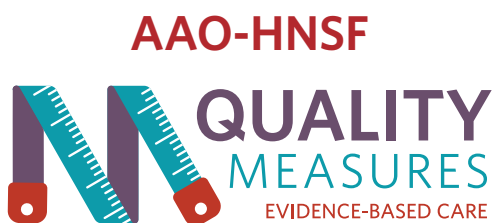


SAMPLE PATIENT POPULATION



SAMPLE CALCULATION





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 11 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 \geq 3 Months

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+

NEUROLOGY

AAO32 Standard BPPV Management+

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

Reg-entSM offers 27 public QPP measures applicable to otolaryngology-head and neck surgery.

Quality Payment Program (QPP) measures are available to any clinician reporting to MIPS and several were developed by AAO-HNSF. These QPP measures are also available in the Reg-ent registry.

QPP MEASURES FOR ENT

ACUTE OTITIS EXTERNA

QPP 093 Acute Otitis Externa (AOE): 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*+

FALLS

QPP 155 Falls: Plan of Care+

QPP 318 Screening for Future Fall Risk*+

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

+Denotes high priority measure *Denotes outcome measure

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⁺

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 066 Appropriate Testing for Pharyngitis⁺

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)⁺

OTHER

QPP 047 Advance Care Plan⁺

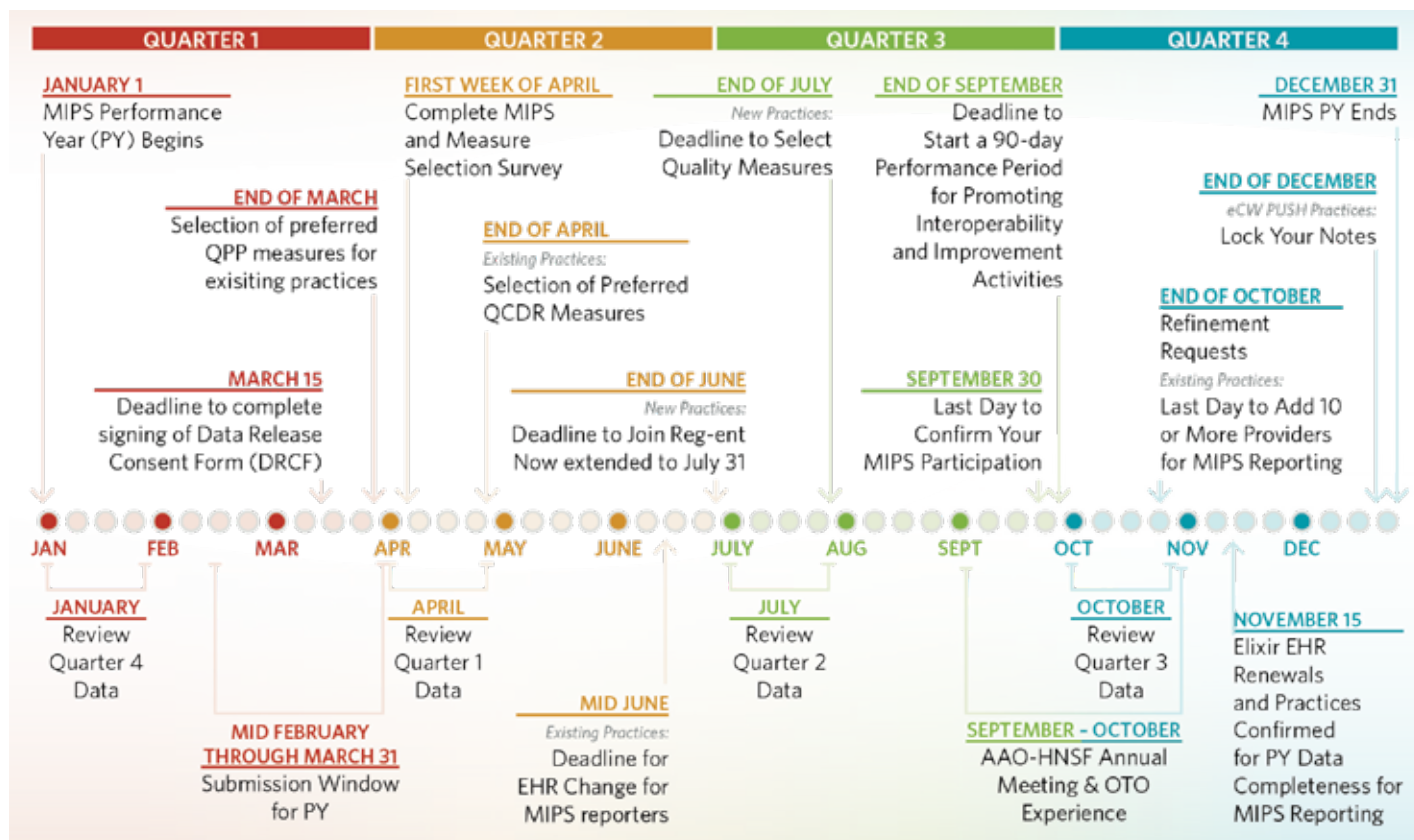
QPP 261 Referral for Otolgic Evaluation for Patients with Acute or Chronic Dizziness⁺

QPP 265 Biopsy Follow-Up⁺

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

⁺Denotes high priority measure [^]Denotes outcome measure [^]Denotes eCQM

Below is a timeline developed for Reg-ent participants to illustrate the important Academy and CMS MIPS milestones.



Visit lead.me/Reg-ent_2022_Quality_Measures to learn more.

Committee Work Supported through Research and Quality

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 their highly productive work contributing research, publications, and Annual Meeting Panel Presentations designed to assist members in all areas of practice. Both OREBM and PSQI are 2022 recipients of Committee of Excellence Award.

OREBM

The **OREBM Committee** continues to excel in its charge to cultivate a repository of expertise on health services research, evidence-based medicine, and outcomes/effectiveness research in otolaryngology-head and neck surgery. During the 2021-2022 year, the committee has been prolific in generating Annual Meeting Panel Presentations and Expert Lectures, Academy articles, and published contributions to *Otolaryngology-Head Neck Surgery*. The OREBM Committee maintains and expands a prioritized list of ongoing and future project areas for high-impact research and state-of-the-art reviews. The committee curates the best evidence on outcomes and clinical effectiveness and also advises and supports other Academy and Foundation committees. OREBM liaisons with the PSQI Committee on clinical practice guidelines, welcomes collaboration with RegentSM, and also develops education materials.

Building on these core efforts, OREBM launched three strategic priorities during the past year:

1. **To grow diverse future leaders in OREBM** through purposeful inclusion and engagement of women and individuals from underrepresented communities in otolaryngology, enhancing the diversity of authors of all scholarly works.
2. **To enhance cross-pollination between AAO-HNS/F committees** through

intentional outreach and collaboration, beginning with the Diversity and Inclusion Committee, PSQI Committee, Medical Devices and Drugs Committee, and CORE.

3. **To catalyze productivity of early career, aspiring NIH-funded investigators in otolaryngology** by building a learning community across the career continuum to scaffold research efforts.

Amid the successive waves of the COVID-19 pandemic, the OREBM Committee forged new collaborations and reinforced existing ones. The strategic priorities above underscore the value of AAO-HNS members as our most precious asset. The OREBM Committee orchestrates projects that not only generate evidence but also enhance our specialty's human capital and capabilities. The committee places a premium on nurturing potential and celebrates the intangible value of growing strong and deepening relationships—both within the committee and by partnering with other committees in 2021-2022 and beyond. Committees are the lifeblood of the AAO-HNS/F, and OREBM Committee members have drawn on deep reserves of energy and talent to advance the art, science, and ethical practice of otolaryngology.

PSQI

The **PSQI Committee** remains an active and engaged committee with members focusing on assisting and directing their fellow members on myriad patient safety and quality issues, which are then applied as best practices within the AAO-HNS/F and throughout both member and nonmember institutions. Each year there are dozens of members applying to be new members of this highly sought-after committee.

The PSQI Committee had a prolific response to the Call for Science with 19 submissions and seven joint submissions, with 21 accepted for presentation. The committee has made it a goal to work together with other

committees and has always sought to engage younger physicians in presentations at each Annual Meeting, and, this year specifically, focused on increasing alliances with a diverse group of practitioners in gender and race and partnered with the Diversity and Inclusion Committee on improving patient access to underserved patient populations.

Each PSQI meeting throughout the year began with discussion of an institutional best practice or safety/quality story. The topics were the role of an Associate Chief Patient Experience Officer at MD Anderson Cancer Center, which oversees patient advocacy, and the launch of a TeamSTEPPS educational initiative across an institution's Surgical Care Line Team in coordination with the Department of Quality and Safety.

The committee has continued to provide *Bulletin* articles on timely topics of interest and did so throughout 2021 with the following articles:

- Improving Safety by Studying Why Things Go Terribly Right
- Equitable Head and Neck Cancer Care
- Fostering Wellness through Intentionality and Community.

Multiple journal articles were published on safest and highest quality care for tracheostomy delivery in the COVID-19 pandemic, including publishing in *Otolaryngology-Head and Neck Surgery*, *Lancet Respiratory*, and *Head and Neck* journals. The committee submitted the COVID-19 Anosmia Reporting Tool: Subsequent Findings, an article summarizing final results of the anosmia survey to add the test status of the subject in April 2020 and to provide edited wording of questions and instructions to encourage patient self-reporting.

The PSQI Committee continues to be at the forefront of committee work for the AAO-HNS/F, with a highly engaged membership pursuing quality and safety goals to guide the future direction. ■

Targeted Therapy for Advanced Thyroid Cancer

Kevin J. Contrera, MD, MPh, Michael J. Brenner, MD (OREBM Committee Chair), Vikas Mehta, MD, Joseph Scharpf, MD, and Mark E. Zafereo, MD

The advent of targeted thyroid therapies represents one of the most significant advances in head and neck cancer in the past decade. Patients who were previously considered untreatable now have an opportunity for lifesaving interventions due to the development of several classes of new drugs targeting molecular mutations in thyroid malignancies. These drugs include multikinase inhibitors and tyrosine kinase inhibitors specific to mutations for fusions in *BRAF*, *RET*, *TRK*, and *ALK*. This brief review highlights novel therapeutics that have changed the landscape of advanced thyroid cancer treatment.

Papillary and Follicular Thyroid Cancer

Surgery and radioactive iodine remain the standard of care for differentiated thyroid cancer, achieving cure in the vast majority of patients. However, some differentiated thyroid cancers demonstrate resistance to radioactive iodine. Lenvatinib and sorafenib

are FDA-approved multikinase inhibitors for radioactive iodine-resistant differentiated thyroid cancer. Progression-free survivals were 18.3 and 10.8 months in lenvatinib (SELECT) and sorafenib (DECISION) phase III clinical trials, respectively.^{1,2} Based on these successes, targeted systemic therapy is now standard of care for radioactive iodine-resistant disease. These multikinase inhibitors and cabozantinib, recently approved as second-line therapy, have numerous targets, including *VEGF*, *KIT*, *RET*, and *PDGFR*.

Some differentiated thyroid cancers have somatic mutations such as *BRAF* or *ALK*, or gene fusions involving *NTRK* or *RET* that can be targeted by tyrosine kinase inhibitors, achieving durable locoregional and distant responses in select patients. *BRAF* V600E mutations are found in approximately half of papillary thyroid cancers. Dabrafenib and vemurafenib specifically target *BRAF* and may provide an alternative to multikinase inhibitors with fewer side effects. The median progression-free survival with vemurafenib was 18 months, comparable to lenvatinib, but the response rate of 39% is significantly less than 64% with lenvatinib.^{1,3} Somatic mutational and fusion testing for *RET*, *NTRK*, and *ALK* is recommended for advanced

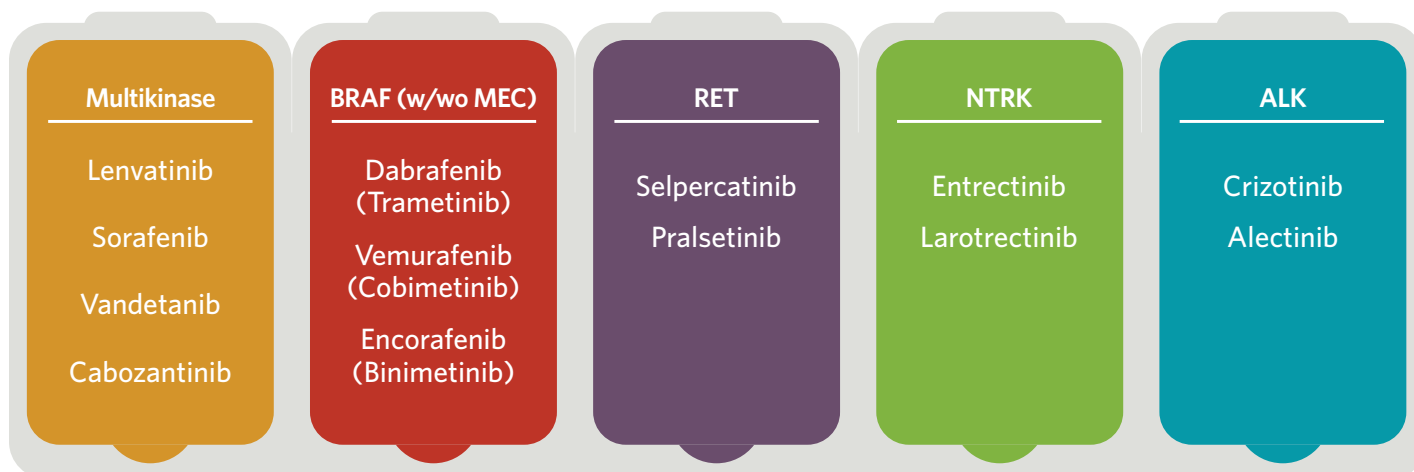
differentiated thyroid cancer that is negative for *BRAF*.⁴ Larotrectinib and entrectinib are FDA-approved for cancers with *NTRK* fusions, while *RET*-specific inhibitors are FDA-approved for differentiated thyroid cancers with *RET* fusions.

Follicular and Hurthle cell cancers are commonly associated with dysregulation of the *RAS/RAF/MAPK* and *PI3K/AKT/mTOR* pathways, although very rarely do they have mutations or fusions such as *BRAF*, *RET*, *NTRK*, or *ALK*, which are targetable with current specific inhibitors. Hurthle cell cancers may be associated with mTOR mutations, such that mTOR inhibitors (e.g., everolimus) may be effective. About 50% of follicular thyroid cancers harbor a *RAS* mutation, which is not specifically targetable with current inhibitors. Follicular and Hurthle cell cancers are therefore most commonly treated with multikinase inhibitors.

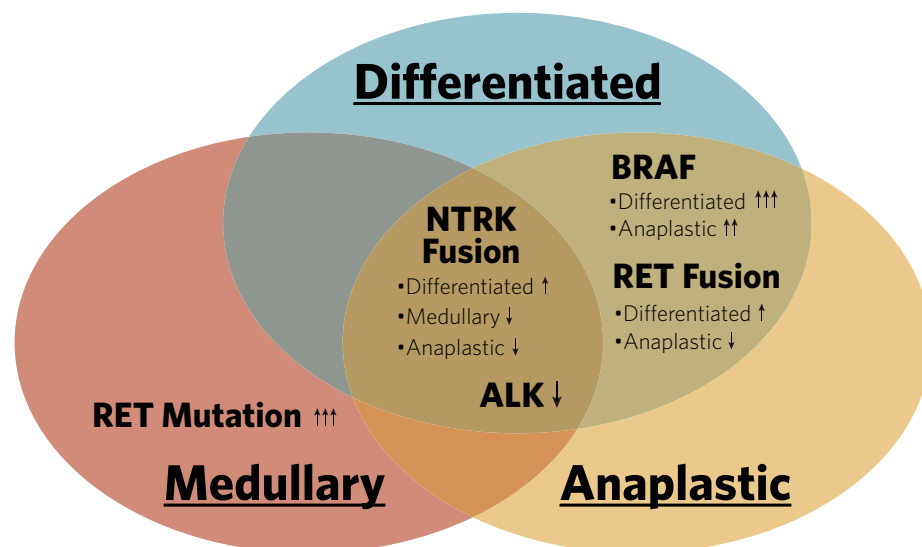
Medullary Thyroid Cancer

RET mutations are found in greater than 50% of sporadic medullary thyroid cancers and nearly all patients with hereditary disease. It is recommended that all patients with medullary thyroid cancer and their first-degree relatives be

Targeted Thyroid Therapy



Frequency of Targetable Mutations/Fusions



tested for germline *RET* (a simple blood test) to evaluate for *MEN* syndrome.⁴ For patients with advanced disease and *RET*-negative germline testing, somatic tumor testing is recommended to assess candidacy for upfront systemic therapy. *RET* can be targeted with *RET*-specific inhibitors, two of which have recently received FDA approval for the treatment of *RET*-altered thyroid cancers. Selpercatinib and pralsetinib have overall response rates of 73% and 71% for treatment-naïve patients, respectively.^{5,6} Surgery following *RET*-specific inhibitors is being studied in a clinical trial (NCT04759911). Cabozantinib and vandetanib are FDA-approved multikinase inhibitors for patients with or without *RET* mutations.

Anaplastic Thyroid Cancer

Approximately one-third of anaplastic thyroid cancers have a *BRAF V600E* mutation. Rapid *BRAF* testing is recommended for all patients diagnosed with anaplastic thyroid cancer, as inhibition of *BRAF* (and *MEK*, a resistance mechanism) has been associated with dramatic improvements in survival in these patients.^{4,7} Treatment with dabrafenib and trametinib achieved an overall response rate of 69% in a patient cohort with *BRAF-V600*-mutant locally advanced or metastatic anaplastic thyroid cancer.⁸ Surgery can be considered for resectable disease after treatment response

(NCT04675710). Less commonly, anaplastic thyroid cancers can have targetable *RET* or *NTRK* fusions as well as *ALK* mutations. Mutations of *p53*, *RAS*, and *TERT* are frequent, but no therapeutic agents are currently available. Multikinase inhibitors (e.g., lenvatinib) have modest efficacy in patients with anaplastic thyroid cancer, and combining immunotherapy with targeted therapy can be considered for patients with PD-L1 positive tumors.

What Is to Come?

As our understanding of resistance mechanisms evolves, so too will the tools available for treating advanced thyroid cancers. While targeted therapies for thyroid cancers have dramatically improved treatment options, there remain many common mutations such as *RAS*, *p53*, and *TERT*, which are not specifically drug targetable. Combination therapies, including immunotherapy, are being investigated for their potential to delay or overcome resistance. Studies are ongoing looking into second-generation targeted medications (e.g., second-generation *BRAF*, *RET*, and *NTRK* inhibitors) and alternating between therapies. Numerous options are becoming available to mitigate side effects, which can include hypertension, proteinuria, and QT prolongation. The optimal timing of targeted treatment and the integration of standard modalities such as

surgery and radioactive iodine continues to be studied. Clinical trials are evaluating the efficacy of targeted therapies in a neoadjuvant setting (e.g., NCT04759911).

Conclusion

Targeted therapies have redefined the therapeutic approach to advanced thyroid malignancies. Many questions are yet to be answered, but the advent of molecular therapies has revolutionized the field. Future advances will not only determine optimal regimens for targeted therapy but will also delineate the role of such approaches across the continuum of multidisciplinary therapy for thyroid malignancies.

The content of this article was developed in partnership with the American Academy of Otolaryngology–Head and Neck Surgery (AAO-HNS) Outcomes Research and Evidence-Based Medicine Committee. The content is provided by authors and does not reflect the official viewpoints of the AAO-HNS. ■

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Capturing and Measuring Patient Voice with PRO-PMs

Patient and family engagement is increasingly recognized as an essential component of high-quality clinical care. Patients as partners in care has long been a priority for national healthcare and physician organizations and plays an important role in assessing the quality of care, including patient experience and clinical outcomes.

Clinicians and organizations use different approaches to assess the quality of care from a patient's perspective including:

- Patient-reported outcomes
- Patient-reported outcome measures
- Patient-reported outcome-based performance measures

A **patient-reported outcome (PRO)** is “any report of the status of a patient’s health condition that comes directly from the patient without interpretation of the patient’s response by a clinician or anyone else. (FDA 2009) PROs may include reports of symptoms, functional status, or quality of care.

Patient-reported outcome-based measures (PROMs) are instruments—usually self-reported questionnaires—that are used to measure PROs.

A **patient-reported outcome-based performance measure (PRO-PM)** is a performance measure that is based on aggregated PROM data collected directly from patients.

Incorporating PROs within quality measures are important focuses of both the Centers for Medicare & Medicaid Services (CMS) and the Academy. In a 2022 report, CMS prioritized PRO-PM in its Meaningful Measures 2.0 framework. The design and implementation of PROs, PROMs, and subsequent PRO-PMs present unique challenges. The Academy is assessing approaches to develop meaningful, otolaryngology-specific tools to measure patient voice in the Reg-entSM registry.

The Academy’s inaugural PROM centered on shared decision making for age-related hearing loss. Our current review

focuses on postsurgical outcomes in patients with chronic sinusitis, via the Sino-Nasal Outcome Test (SNOT-22). The Academy looks forward to sharing updates on this progress. You may also visit the Reg-ent Registry Patient-Reported Outcomes web page at <https://www.entnet.org/quality-practice/reg-ent-clinical-data-registry/reg-ent-registry-patient-reported-outcomes/>. ■

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In addition to clinical activities, the Department serves as the primary training site for otolaryngology residents from Tulane University as well as medical students from all Louisiana institutions and the Ochsner Clinical School of the University of Queensland (Australia). There is an active research section focusing on clinical and outcomes research, including clinical trials. Ochsner Otorhinolaryngology enjoys a strong regional reputation and rising national reputation, reflected in our frequent inclusion in the US News and World Report Top 50 rankings.

The Department of Otorhinolaryngology and Communication Sciences has expanded dramatically over the past 7 years, nearly tripling in size and scale. There has been particular growth on the subspecialty academic side, with development of teams in head and neck surgery, laryngology, rhinology and skull base surgery, otology/neurotology, and pediatric otolaryngology. As a system department, we deliver comprehensive ENT care across the region, with complex, referral-based care occurring at Ochsner Medical Center. To manage this growth, the departmental structure accounts for regional leadership, as well as existing Vice-Chairs for Academic Affairs and Operations, in a dyad relationship with administrative partners.

The successful candidate will have a national reputation for excellence and academic accomplishment within otolaryngology – head and neck surgery, along with at least 3 years of leadership at the Section or Department level. Strategic planning, execution of a clear vision, familiarity with service line structure, experience in quality improvement and safety, financial acumen, and a collaborative approach are essential requirements to succeed in our group practice.

Ochsner Otorhinolaryngology is a historically strong and innovative department that is on a path to be a national leader in our field - we are looking through a diverse applicant pool to find the leader that will continue our exciting journey and take us to new heights.

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McGovern Medical School

Faculty Position

The Department of Otorhinolaryngology-Head & Neck Surgery at McGovern Medical School (part of The University of Texas Health Science Center at Houston) is recruiting Pediatric ENT faculty. This is a unique opportunity to build a comprehensive Pediatric ENT practice in a large, diverse, and growing metropolitan area. The ideal candidate should be comfortable in providing full-spectrum Pediatric ENT services primarily at our academic medical center location, which includes a clinic and Children's Memorial Herman Hospital.

This position is primarily focused on clinical care and resident education, although opportunities for scholarship are encouraged. Fellowship training in Pediatric ENT is required, and the successful candidate must have certification in complex pediatric otolaryngology or be planning to obtain certification. All applicants should be board-certified or board-eligible in otolaryngology.

Academic appointment commensurate with experience. Excellent salary and benefits. Outstanding opportunities for teaching and research.

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

Interest and questions may be directed to:

Zi Yang Jiang, MD (Pediatric ENT Chief)
Department of Otorhinolaryngology-Head & Neck Surgery
McGovern Medical School
The University of Texas Health Science Center at Houston
Phone: 713-500-5414 Fax: 713-383-1410
Email: zi.yang.jiang@uth.tmc.edu

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CONTACT INFORMATION:
Judy (Office Manager) (661) 406-6505
Email: otorhinman@gmail.com



Penn State Health is seeking Otolaryngologists to join our growing team in either academic or community-based settings. Penn State is a multi-hospital health system serving patients and communities across 29 counties in central Pennsylvania. It employs more than 16,500 people system-wide.

WE'RE HIRING FOR:

- Pediatric Otolaryngologist
- General Otolaryngologists
- Otolologist/Neurotologist
- Otolaryngology subspecialists

Penn State Health is fundamentally committed to the diversity of our faculty and staff. We believe diversity is unapologetically expressing itself through every person's perspectives and lived experiences. We are an equal opportunity and affirmative action employer. All qualified applicants will receive consideration for employment without regard to age, color, disability, gender identity or expression, marital status, national or ethnic origin, political affiliation, race, religion, sex (including pregnancy), sexual orientation, veteran status, and family medical or genetic information.

**FOR MORE INFORMATION,
PLEASE CONTACT:**

Ashley Nippert, Physician Recruiter
anippert@pennstatehealth.psu.edu



PennState Health



Weill Cornell Medicine

NewYork-Presbyterian

Sleep Surgery in the Department of Otolaryngology – HNS Weill Cornell Medicine/NewYork-Presbyterian Hospital

The Department of Otolaryngology – Head and Neck Surgery is seeking a Sleep Board-certified Otolaryngologist to lead our Sleep Surgery program, which is already established and active. We were the first program in the region to implant the hypoglossal nerve stimulator device, and we have a strong collaboration with the Adult and Pediatric Sleep Centers at Weill Cornell/NewYork-Presbyterian. We are seeking a candidate to maintain and enhance our clinical and academic programs, and train our residents.

You will be joining a strong and growing Department, with multiple practice sites across New York City. We have many other subspecialty clinical programs, and a highly selective residency program.

We offer a competitive salary and benefits package. You will be employed by Weill Cornell Medical College as a full-time faculty member.

If interested, please contact Victoria General at vig2014@med.cornell.edu

"Diversity is one of Weill Cornell Medicine's core values and is essential to achieving excellence in patient care, research, and education. We welcome applications from candidates who share our commitment to fostering a culture of fairness, equity, and belonging. Weill Cornell Medicine is an Equal Employment Opportunity Employer, providing equal employment opportunities to all qualified applicants without regard to race, sex, sexual orientation, gender identity, national origin, color, age, religion, protected veteran or disability status, or genetic information."

LSU Health Shreveport

Department of Otolaryngology-Head and Neck Surgery

ACADEMIC OPPORTUNITIES

The Department of Otolaryngology/HNS at LSU Health Shreveport is experiencing growth and seeking BC/BE applicants to join a vibrant department with a good work/life balance. Candidates must demonstrate excellence in patient care, teaching medical students and residents, and research. The department has 15 residents and two fellows. Ochsner LSU-Health is a tertiary care center and level 1 trauma center. It is the only Academic Center in Northwest LA and draws patients from the Tristate area of Louisiana, East Texas, and South Arkansas (Ark-La-Tex region). Research options both clinical and translational are available if desired. Current openings are:

Otologist/Neuro-otologist: Seeking a fellowship trained candidate who is interested in growing a robust practice and pursuing leadership opportunities. There is a team of well-trained audiologists & support staff in the dept. This is a full-time, academic positions at the rank of Assistant, Associate, or Professor that offer a competitive and desirable compensation/benefits package commensurate with training, experience, and market demand.

To apply for this position please click the link below:

<https://www.lsuhs.edu/shv/CareerOpportunities/Home/Detail/3889>

Comprehensive ENT with interest in sleep (preferable): Ochsner-LSU Health has expanded their primary care referrals with significant expansion of ambulatory clinic locations and a growing need for a Comprehensive Otolaryngologist. This is a full-time, academic positions at the rank of Assistant, Associate, or Professor that offer a competitive and desirable compensation/benefits package commensurate with training, experience, and market demand.

To apply for this position please click the link below:

<https://www.lsuhs.edu/shv/CareerOpportunities/Home/Detail/3890>

Pediatric Otolaryngology: Candidate must be fellowship trained in Complex Pediatric Otolaryngology. A unique opportunity to join a robust established practice treating children with all aspects of pediatric ENT pathology. We are particularly interested in individuals with expertise in complex airway management. This is a full-time, academic positions at the rank of Assistant, Associate, or Professor that offer a competitive and desirable compensation/benefits package commensurate with training, experience, and market demand.

To apply for this position please click the link below:

<https://www.lsuhs.edu/shv/CareerOpportunities/Home/Detail/3891>

Once you have applied, please complete the following:

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

Cherie-Ann Nathan, MD, FACS

Professor and Chair of Oto/HNS,


Director of Head and Neck Surgical Oncology

1501 Kings Highway, 9-203

Shreveport, LA 71103-33932

Telephone: 318-675-6262 Fax: 318-675-6260 E-mail: cherieann.nathan@lsuhs.edu

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



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