



Society of Physician Assistants in Otorhinolaryngology-Head & Neck Surgery

THE VANGUARD



President's Message

Jennifer Brooks, PA-C

I would like to thank Jeffrey Fichera for his dedication to SPAO-HNS and its members. He has been working hard for the last 4 years to educate our colleagues, create CME opportunities and maintain our relationship with AAPA and AAO-HNSF. He has advanced our opportunities and careers as PAs. It has been an absolute pleasure to work with him and be a part of these new changes. Thank you.

SPAO-HNS Membership Meeting

**Saturday, April 28, 2018, 6:00 – 7:00 p.m.
The Scottsdale Plaza Resort, Scottsdale, AZ**

The SPAO-HNS Membership meeting will be held in the General Session room to discuss current business, the future of the organization, and vote on the pertinent issues.

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THE VANGUARD

6200 Lakeside Avenue
Richmond, VA 23228



Report from AAPA's and SPAO-HNS's Liaison to AAO-HNS

Kristi Gidley, PA-C

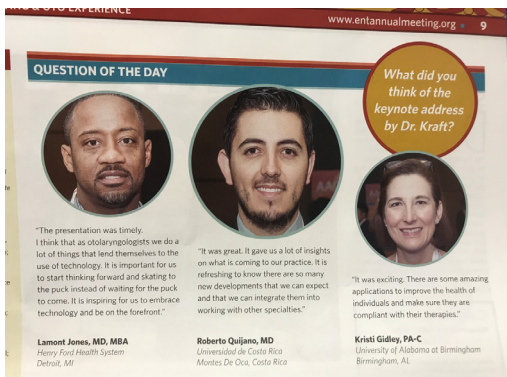
AAO-HNSF Annual Meeting Report: This was a very exciting meeting, as you will see, with some significant advancements for PAs within AAO-HNSF. I look forward to continuing these discussions and growing these partnerships over the coming year.

SATURDAY, 9/9/2017

- Set up SPAO Exhibitor Booth at AAO-HNSF.
- Attended part of BOG committee meetings before AAOA meeting/speaking engagements. I missed discussion regarding APPs, however, and talked with two physicians (Wendy Stern and Bill Blythe) about the content. It apparently revolved around New Mexico and independent practice but unsure if NP or PA related. Both of these physicians are pro-APP and were not concerned by the discussion points.
- Marie Gilbert and I presented a seminar and participated on a panel at the AAOA. These were part of a practice management track at the meeting. The seminar was Practice Management - Society of PAs in Otolaryngology Perspective and the panel discussed Staffing Conundrums & Techniques to Improve Efficiencies. These were both well received and we are hoping to be asked to speak at future meetings.

SUNDAY, 9/10/17

- Attended opening ceremony of the AAO and was actually interviewed on my way out. My picture and brief quote was included in the AAO-HNSF daily meeting newsletter the next day. Although it was not intentional, it was nice to see a PA highlighted!



- Mini-Seminar 10:00am – 12:00pm, Advance Practice Providers in ENT: Justify, Recruit, and On-Board for Success. I moderated this two-hour mini-seminar with panelists Marie Gilbert, Wendy Stern, MD and Scott Stringer, MD. This is the third year I have moderated a mini-seminar/panel discussion on this topic but this year we submitted on behalf of the APP Education Task Force. Great feedback and excellent traffic at the SPAO booth after the seminar.
- Briefly met with Dr. Greg Randolph, President of AAO-HNSF and introduced myself in person. He, two other physicians at his request and I submitted a presentation for consideration at the AAPA meeting in May. He asked me if I had heard and to keep him posted.

MONDAY, 9/11/17

- Attended another presentation on the utilization of APPs sponsored by the AOA (Association of Otolaryngology Administrators). While our mini-seminar was more in-depth, it was encouraging to see multiple presentations accepted for the annual meeting on the topic of APPs.
- Worked the SPAO Booth.

TUESDAY, 9/12/17

- APP Education Task Force Meeting: Of note, there were several folks who joined the meeting who are not currently task force members. Dr. Karen Pitman welcomed the newcomers as long as they were AAO-HNSF members. This included an MD, PA and NP. Dr. Gavin Setzen, President-Elect of AAO-HNSF, addressed the group to get us started. He discussed the Academy's Wellness Initiative and the two task forces that comprise this initiative—a Wellness Task Force chaired by Dr. Duane Taylor and Futures Task Force chaired by Dr. Setzen. Dr. Randolph commissioned this group to address physician wellness and burnout. The APP Education Task Force will be absorbed under the Futures Task Force with Dr. Karen Pitman

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still participating. This is a very positive and highly encouraging move. Dr. Pitman shared that during the discussions and work on the wellness initiative, APPs were the #1 and #3 top priorities based on the vote/topic at the time. In my previous discussions with Dr. Setzen, he stated PAs are the future of Otolaryngology and this move to incorporate APPs into the Futures Task Force in which he leads, reiterates his thoughts and vision. As the President-Elect, this move ensures we have a direct and open line of communication with Academy leadership that is truly unprecedented. In this meeting he reiterated “the important and critical role APPs will play in the future of Otolaryngology”. After Dr. Setzen left, the task force began to work on strategic priorities and next steps. The AAO Comprehensive Curriculum for Otolaryngology is nearing completion. The plan is to have the curriculum available to members (for an additional fee) on OtoSource. We discussed the curriculum can be used by physicians to help train and on-board new APPs. The task force voted to leave the full curriculum intact without modifying it. Physicians and APPs can use the content as deemed appropriate for skill/knowledge level and practice needs. Wendy Stern and I volunteered to outline guidelines/considerations for hiring an APP for new employers to use as a road map to recruit and on-board successfully. The task force also discussed ways of increasing awareness of Otolaryngology as a specialty to PA students—encouraging members to give lectures at PA schools, become a preceptor location for elective rotations, leverage BOG members in states where SPAO and AAPA meetings are held to present and/or network. We also discussed reaching out to PA schools in states where the Academy meeting is held and sponsor a breakfast Q&A about Otolaryngology. The task force will continue to consider these novel ways of increasing engagement and awareness. Additionally, AAO-HNSF staff stated that they have a booth at AAPA every year. Marie Gilbert has since learned this is not the case and I have forwarded the exhibitor information to Linda Lee, AAO-HNSF staff. Again, having physician and/or SPAO representation at this meeting was encouraged. The task force was made aware that under Dr. Randolph’s direction, we have submitted a presentation for consideration at the AAPA 2018 Annual Meeting on Thyroid Cancer. Having the President of the Academy submitting a seminar for the AAPA and the APP

Education Task Force being rolled up under the Futures Task Force chaired by the President-Elect demonstrates to me a significant level of support and commitment. Our discussions also covered the cost of membership of AAO-HNSF for PAs may be prohibitive, especially given the planned rate increase and limited CME funds available to most.

- Following the APP Education Task Force, Dr. Randolph, Dr. Setzen and Dr. Denneny with a few other panelists, unveiled the Wellness Initiative and the role/goals of the two task forces. Dr. Setzen listed APPs as the top priority and used the SPAO work force survey data to demonstrate the impact we have on ENT practices. When the floor was opened to questions, one member noted that the increased role of APPs does not address her stress as they can’t perform an emergency trach and this increases her referrals/call burden. Dr. Setzen respectfully noted that her concerns were not APP related but rather related to Otolaryngologist work-force in her area. I was introduced to Dr. Denneny at the end of the presentation and he too commented that her issue is not an issue of APPs but that “she needs to hire a partner.” Given what I have heard of his stance on this topic, I was taken aback by the candor and absolute resolve of the panelists on the importance of APPs in Otolaryngology. We did not discuss OTP specifically as I saw no need to do so at this time. Dr. Denneny, Dr. Setzen and I have discussed the importance of open dialogue about scope of practice or legislative concerns that arise. The messaging is often misinterpreted or perceived goals mistaken.



Making Progress: Development of the 2017 AAO Neck Mass Guidelines

Jason Fowler, MPAS, PA-C, Past President of SPAO-HNS

On September 10, 2017, the American Academy of Otolaryngology-Head & Neck Surgery (AAO-HNSF) released a new Clinical Practice Guideline: “Evaluation of the Neck Mass in Adults.” (*See article on p. 6 of this issue.*) Many of you may have already had a chance to review the guideline either online or in the September issue of the “White Journal,” also known as Otolaryngology Head and Neck Surgery. These guidelines were developed with the goal of preventing delays in treatment for patients with head and neck squamous cell cancer (HNSCCa) who initially present with a neck mass. With the incidence of HPV-associated HNSCCa increasing at an alarming rate, this topic was made a priority by the American Academy of Otolaryngology. It is estimated that by 2020 the incidence of HPV-associated HNSCCa will surpass that of HPV-associated cervical cancer.

If you have not had the opportunity, I would strongly encourage you to take some time to review these new evidence-based guidelines. I would also encourage all of you to share with your primary care and emergency medicine colleagues, who coincidentally, are one of our largest target audiences as well as referral sources.

In late 2015 I was approached by the AAPA and asked to participate in the drafting of the new AAO-HNSF neck mass guidelines. I would be lying if I didn't tell you that my first reaction was “Oh no, how much time and energy is this going to take?” After the initial shock of potentially having to expend some energy, I became more and more intrigued by the entire guideline development process and happily agreed to participate.

One of the first things that impressed me was that the AAO-HNSF had gone out of its way to incorporate various entities outside of otolaryngology to ensure broad representation. In addition to ENT providers there were family medicine physicians, oral-maxillofacial surgeons and head and neck cancer survivors, to name a few. Everyone on the committee

was treated in a very equal and professional manner. As a PA I felt this spoke volumes to me in terms of how far we have come with recognition and collegial treatment. We still have a way to go, but this is a very remarkable achievement for us because we were asked to participate and to be heard. In other words, we were offered a “seat at the table.” Even though I was a recent past-president of SPAO, I was representing the interests of the AAPA and all physician assistants. I can honestly report that our input and concerns were very well received. We are making progress!

The process of guideline development was entirely new to most of us on the committee. Surprisingly, it was really interesting and thought-provoking. I even have to admit that I learned way more than I would have ever thought possible. The timeline for guideline development was spaced out over roughly 18 months and was broken down into strategic time frames, each with specific benchmarks. Initially there were two conference calls when some of the details were hashed out among the 22 committee members. In between conference calls, members were given specific tasks to complete. Tasks were often relegated to a specific area of expertise, but not always. My specific area of focus, as determined by the committee chair, pertained to fine needle aspiration. I worked closely with Chris Griffith, a head and neck pathologist from Emory University. Turns out that Chris and my wife trained at the same program at the University of Pittsburgh, proof it's a very small world indeed.

Following the two conference calls were 2 in-person meetings held at the AAO-HNS headquarters in Alexandria, VA. The session at AAO headquarters allowed the committee members to truly see and appreciate the methodology behind the guideline development process. The days were long but full of intelligent and passionate discussion that even became heated at times. All committee members were

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(Neck mass guidelines, continued from previous page)

encouraged to voice concerns that represented their respective constituency.

One of the main areas where I was quite vocal concerned the importance of gearing the guidelines towards a primary care audience. Let's face it, those of us who already work in ENT generally aren't the ones who need guidance in working up a neck mass unless they are new to the specialty. Initially it was a challenge to convince a room of head and neck surgeons and general ENT folks the importance of taking a primary care-oriented approach. Fortunately everyone came to a quick understanding and we were able to move along at a rapid pace.

Unfortunately the medical literature does not contain a vast number of double-blind controlled studies that pertain to evaluating a patient with a neck mass.

In the absence of a preponderance of evidence, recommendations were made by group consensus using the quality of evidence available and the balance of benefit and harm. The ultimate goal of the guidelines are to reduce the incidence of inappropriate care, to reduce delays in appropriate care, to maximize health outcomes and to minimize harm.

I am 100% confident that opportunities for PAs to participate in more AAO-HNSF guideline committees lie just over the horizon. In addition to this the AAO encourages us to get involved with other Academy committees. There is ample opportunity to be a voice for our profession and our specialty. I strongly encourage any SPAO member with interest to get involved!

AAO-HNSF Annual Expo

SPAO-HNS would like to thank all the volunteers who joined us to represent our organization and PAs in Otorhinolaryngology during the AAO-HNSF Annual Expo! This year's Expo was full of wonderful vendors enjoying the windy city. We look forward to seeing everyone during the 2018 AAO-HNSF Expo in Atlanta, Georgia!

PHOTO: Marie Gilbert, PA-C (left) and Suzanne Lee, PA-C (right) in front of the SPAO booth backdrop.



Clinical Practice Guideline: Evaluation of the Neck Mass in Adults

from the September 2017 issue of *Otolaryngology—Head and Neck Surgery*

“Neck masses are common in adults, but often the underlying etiology is not easily identifiable. Timely diagnosis of a neck mass due to metastatic squamous cell carcinoma or HNSCC, is paramount because delayed diagnosis directly impacts tumor stage and worsens prognosis. The incidence of HNSCC of the oropharynx in particular is on the rise – in part as a consequence of infection with the human papilloma virus (HPV). Expediting the diagnosis of HNSCC is the principal quality improvement opportunity for this guideline,” explains Melissa A. Pynnonen, MD, one of the guideline authors and chair of the committee.



The new guidelines pertain to patients 18 years or older with a neck mass. The guidelines are to be utilized by any clinician who is the first to encounter a neck mass. This includes primary care and emergency medicine clinicians, dentists, and pathologists and radiologists who play a role in diagnosing neck masses.

HIGHLIGHTS:

- Clinicians should not routinely prescribe antibiotics for patients with a neck mass unless there are signs or symptoms of a bacterial infection
- Clinicians should identify patients who are at increased risk for malignancy with a neck mass
 - lack of history of infectious etiology and a mass that has been present for two weeks or greater or uncertain duration
 - based on one or more of the following physical examination characteristics: fixation, firm consistency, size greater than 1.5cm, and/or ulceration of overlying skin
- Clinicians should order a computed tomography (or magnetic resonance imaging) of the neck with contrast for patients with a neck mass with concern for malignancy

- Clinicians should perform fine needle aspiration (FNA) instead of open biopsy when the diagnosis of the neck mass remains uncertain for patients with neck mass deemed at increased risk for malignancy
- Clinicians should continue evaluation of patients with a cystic neck mass, as determined by FNA or imaging, until a diagnosis is obtained and should not assume the mass is benign
 - Clinicians should obtain additional ancillary tests based on a patient’s history and physical examination when a patient with a neck mass is at increased risk for malignancy and/or does not have a diagnosis after FNA and imaging.
 - Clinicians should recommend examination of the upper aerodigestive tract under anesthesia, before open biopsy, for patients with a neck mass who are at increased risk for malignancy without a diagnosis or primary site identified, with FNA, imaging, and/or ancillary tests.

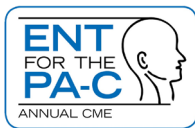
The guideline authors are: Melissa A. Pynnonen, MD, MSc, M. Boyd Gillespie, MD, MSc, Benjamin Roman, MD, MSHP, Richard M. Rosenfeld, MD, MPH, David E. Tunkel, MD, Laura Bontempo, MD, Med, Itzhak Brook, MD, MSc, Davoren Ann Chick MD, Maria Colandrea, DNP, Sandra A. Finestone, PsyD, Jason C. Fowler, PA-C, Christopher C. Griffith, MD, PhD, Zeb Henson, MD, Corinna Levine, MD, MPH, Vikas Mehta, MD, MPH, Andrew Salama, DDS, MD, Joseph Scharpf, MD, Deborah R. Shatzke, MD, Wendy B. Stern, MD, Jay S. Youngerman, MD, and Maureen D. Corrigan.

The full guideline is available at: www.entnet.org/content/clinical-practice-guideline-evaluation-neck-mass-adults and in the *Otolaryngology-Head and Neck Surgery* as published at www.otojournal.org.



8TH ANNUAL ENT FOR THE PA-C

April 25 - 29, 2018 - The Scottsdale Plaza Resort



Provided by AAO-HNSF and SPAO-HNS, the ENT for the PA-C Conference provides unparalleled CME opportunities for PAs and other medical professionals

interested in or specializing in otolaryngology. Our workshops maximize hands-on learning, with concise content and small group sessions. This conference is also the ideal setting to network with ENT professionals from across the country. This year we are hosted by Mayo Clinic, and will offer extraordinary new speakers and special surgical workshops!



1-800-863-1207
www.entpa.org

Job Postings

PA - CALIFORNIA

Daneshrad Clinic
Contact: Payam Daneshrad
1301 20th Street #470
Santa Monica, CA 90404
P: 310-709-5496

See general ENT patients and manage care. Very light call requirement. Mostly rhinology and facial plastics practice.

PA - CALIFORNIA

Mark E Reader, DO
390 Pearson
Porterville, CA 93257
P: 559-791-1779
F: 559-791-9353

Otology and sinus practice - solo practice.

PA - CALIFORNIA

Tower ENT
Contact Marty@towerent.com
8631 W. Third Street
Suite 440E
Los Angeles, CA 90048
P: 310-657-7704
Part time/Full time

PA - FLORIDA

John Li, MD
Contact: John Li, MD
210 Jupiter Lakes Blvd #5105
Jupiter, FL 33469
P: 561-596-4206
F: 561-743-2011
Looking for caring PA to do Otology/Neurotology and general Otolaryngology.

PA - FLORIDA

Watson Clinic LLP
Contact: Jeffrey A. Paffrath, MD
1755 N. Florida Ave
Lakeland, FL 33805
P: 863-680-7486

PA - MARYLAND

Cumberland Valley ENT
Contact: Judy Kline
11110 Medical Campus Dr.
Hagerstown, MD 21742
P: 301-714-4379
F: 301-714-4379
Full time. Will train.

PA - MISSOURI

University of Missouri School of Medicine – Dept. of Otolaryngology – Head & Neck Surgery
Contact: Will Kiehl
MA 314, One Hospital Dr.
Columbia, MO 65212
P: 573-882-8174

PA - NEW YORK

L.I. Center for ENT
Contact: Rajesh S Kakani, MD
877 Stewart Ave #2
Garden City, NY 11530
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Brooklyn Eye & Ear Medical
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40 West Brighton Ave
Brooklyn, NY 11224
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F: 718-996-2260
Private practice Otolaryngology PA or NP.

PA - NORTH CAROLINA

Blue Ridge ENT, Inc.
Contact: Charles W. Ford, MD
Practice Manager: Barry Hubert
870 State Farm Rd
Boone, NC 28607
P: 828-263-5680
F: 828-264-4544
General Otolaryngology and allergy practice in the Blue Ridge Mountains of NC. University town, four seasons.

PA - NORTH CAROLINA

Mann ENT Clinic
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Cary, North Carolina 27518
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F: 919-859-5834
ENT PA. Any level of experience. (Already has two PAs)

PA - WASHINGTON

Swedish Otolaryngology
Contact: DJ Barker
600 Broadway #200
Seattle, WA 98122
P: 425-525-5856
F: 206-215-1771

PA - WISCONSIN

ENT Family Clinic of Wisconsin
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PA with ENT experience in Milwaukee and Kenosha, WI.