

Lend Us Your Ears (Nose & Throat)

West Virginia
Academy of

OTOLARYNGOLOGY



PO Box 11306, Charleston, WV 25339

Summer 2016

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President's message

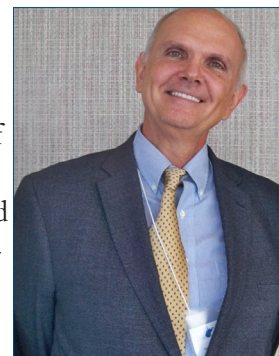
Summer is here, which means that our October meeting is right round the corner. We are looking forward to seeing everyone and catching up on the past year's activities. In an effort to increase our membership and presence in the state, consider inviting a colleague to our annual meeting; perhaps a nearby provider or someone you have not seen in several years. The more the

merrier, and the stronger our academy's voice. We like to keep up with all our members. If you are involved in a special project pertaining to Otolaryngology, such as working overseas or even something locally, let us know about it. We would like to recognize your efforts and bring awareness to what you are doing.

Thank to Diane for putting together another outstanding newsletter. Through her efforts,

By WVVAO President Garrison V. Morin, MD, MBA

we have increased the frequency of the newsletters and still maintained their high quality.



I wish you all an enjoyable and prosperous summer.
Best regards,
Garrison V. Morin, MD, FACS

CME is ready for you in 2016

Our 34th Annual CME Conference will be here before you know it...and **The Greenbrier will be ready for us.**

After conversations with hotel staff, the property is ready. The only change is to golf. We have secured two tee times on the Greenbrier course. If you

want to play golf, **please tell us NOW** so we can try to secure enough tee times for everyone. The Greenbrier course is the only one not destroyed by the June flood and times are limited.

We still need exhibitors to join us, so please ask your representatives to contact Diane Slaughter at the WVVAO office by calling 304.984.0308 or by emailing info@wvao-hns.org.

Registration is now open, so make plans to join us for three great days of CME, golf, social events and exhibitors.



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WVAO is looking forward to upcoming events

By WVAO Executive Director Diane Slaughter, CAE, APR, Fellow PRSA

2016 is
shaping up
to be a great
year,
and we're
looking
forward to it
continuing.

As this is written, we are looking at some major changes just around the corner.

2016 has been a good year for the West Virginia Academy of Otolaryngology - Head and Neck Surgery, Inc. (WVAO).

- Your investment in the association through dues income is 9% above this time last year, for which we thank you.
- Your investment in the profession through contributions to the WV ENT Foundation exceeded our goals by 6%.

Our August meeting is taking place in conjunction with the West Virginia State Medical Association (WVSMA) Health

care Summit. This year, in order to reserve a sleeping room in the WVSMA block at the discounted rate, you will have to be a confirmed/paid registrant of the 2016 WVSMA Healthcare Summit. This status will have to be verified with WVSMA before booking your room. The room deadline is July 18! To make a room reservation, contact The Greenbrier directly at (877) 394-4137. To verify your registration status, please contact WVSMA Director, Operations & Conference Services Karie Sharp at (304) 925-0342 ext. 12.

The WVAO luncheon meeting will take place from 11:30 to 1:00 p.m. in Draper's in the casino area. We do realize this conflicts with the WVSMA luncheon, but it's the only opening on the schedule.

For those attending the Healthcare Summit Program, Friday's activities include a plenary session on contracting. Afternoon sessions will focus on reducing the impact of cancer in West Virginia, a PEIA update on how the opioid program is working and policy updates and a Medicaid update. Evening activities include a legislative reception and gala inaugural celebration and gala dinner.

There will be a full day of presentations on Saturday, August 27, including an AMA update, presentations by state

gubernatorial candidates, a visiting state president's panel and a WV Congressional and Senate Panel.



We urge all members of the WVAO to make plans to attend our luncheon meeting. This is your opportunity to shape the future of YOUR association.

You continue to show you find value in WVAO, so please encourage an otolaryngologist to join you as a member or at the annual conference!

Diane Slaughter

Diane Slaughter

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What's new at WVU?

By Professor & Chairman Hassan H Ramadan, MD, MS, FACS, WVU Department of Otolaryngology



A lot is going on at WVU with residents leaving and new residents and faculty

members coming to campus.

Farewell to Residents

Kristin Honsinger will be moving on to complete a one-year pediatric otolaryngology fellowship at Nationwide Children's Hospital in Columbus, Ohio. This past year, Kristin wed Charles Honsinger, MD, a WVU pediatric anesthesiologist. They both will be working at Nationwide Children's hospital starting July, and we will miss them.

Herman Lam is looking forward to fellowship training within the American Academy of Facial Plastic and Reconstructive Surgery, under the direction of Harry Mittleman, MD. The fellowship is located in San Jose, California. After fellowship, Herman has his sights on returning to his hometown, New York City, to be closer to his family.

Eric Bailey is looking into options to practice general Otolaryngology. After being away from his wife, Kim, who completed a general surgery resi-

dency and was serving military obligations in Sicily, the two will be joined again. They are both considering academic careers at WVU.

Welcome New Residents

We would like to welcome our incoming PGY1 residents:

Phillip Ryan Purnell received his BS in Cell and Developmental Biology at the University of California, Santa Cruz, CA, in 2004. He received his MS in Molecular and Cellular Biology at California State University in Sacramento, CA in 2007. He received his PhD in Pharmacology and Experimental Neuroscience at the University of Nebraska Medical Center in 2014. He completed his MD at the Nebraska College of Medicine in 2016.

Levi Daniel Stevenson, native of Beckley, WV, received his BS at Concord University in Athens, WV, in 2012. He received his MD at West Virginia University School of Medicine-Martinsburg in 2016.

Welcome New Faculty

Brian Kellermeyer, MD, has joined the WVU Medicine Department of Otolaryngology. Dr. Kellermeyer earned his medical degree from the West Virginia University School of Medicine, where he also completed his residency in Otolaryngology. He will be a featured speaker at the WVAO meeting.

Resident and staff changes highlight WVU news.

Dr. Kellermeyer is a general otolaryngologist treating all conditions and disorders of the head and neck. His clinical interests are salivary gland disorders including infections, stones or masses, diseases of the thyroid and parathyroid glands including nodules, adenomas or cancer, and chronic ear infections and tympanic membrane perforations.

Rusha Patel, MD has joined the WVU Medicine Department of Otolaryngology. Dr. Patel received her medical degree from the University of Michigan Medical School. She completed her residency in otolaryngology at the University of Utah Hospital in Salt Lake City. She completed a fellowship in head and neck/microvascular surgery at the Medical University of South Carolina.

WVU update

Continued on page 8

Flood relief efforts haven't stopped

From various news reports; photos by Tammy Stuck or Nick Scott

Please remember the individuals and communities impacted by the June flood. It will take months for them to recover.

We are grateful that all of our members are alive. Nearly all have undamaged homes and businesses. However, there is generally only one degree of separation between someone you know and someone who was hurt by the devastating floods last month... someone's mother, friend, neighbor lost everything.

Our churches, friends, members and strangers are helping, but it will take many months for these individuals and communities to recover.

Financially, for some of the local areas hit so hard, you can contribute through national charities such as the American Red Cross, or you can contribute

to these local charities:

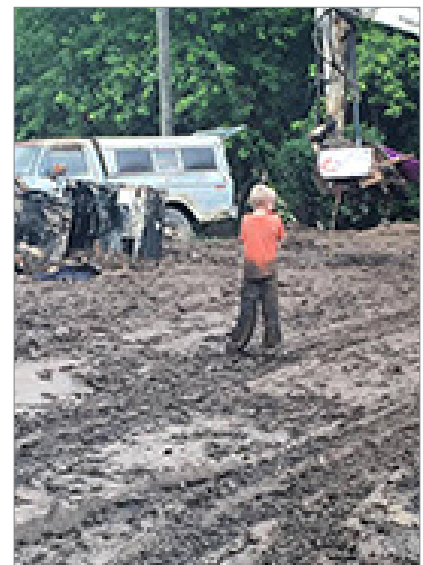
- "Neighbors Loving Neighbors" program sponsored by The Greenbrier - www.greenbrier.com/neighbors
- Nicholas County Community Foundation - <http://nccfwv.com/wordpress/donate-now/>



Volunteer your time. We know you don't have much of it to spare, but there are still work crews on the ground in various parts of the state. If you plan to volunteer, you should take with you leather gloves, sturdy thick solid shoes, work clothes (long pants) and a limited number of tools. Please be sure your Tetanus shot is still considered current.

From those with "boots on the ground," we're hearing these are the immediate needs at donation centers:

- Donations of delivered hot meals or even cold sandwiches.
- Paper products: paper plates, cups, utensils, paper towels, toilet tissue, flushable wipes, Kleenex
- Water: bottled drinking water and gallons of water for cleaning
- Non-perishable foods: poptarts, cereal, spam, baby food, peanut butter, crackers...the options are endless
- Toiletries: toothpaste, toothbrushes, deodorant, feminine hygiene products, diapers
- Clothing: new underwear, good clean wearable clothing
- Animals: dog food, cat food, cat litter



West Virginia BoP considers physician ranking

By Eric Eyres, Charleston Gazette-Mail

A new way to curb the proliferation of prescription painkillers in West Virginia is in the works: “Prescriber report cards.”

The state Board of Pharmacy (BoP) is developing a system that will rank doctors by specialty based on the number of prescriptions they write for pain medications.

“We’re going to categorize prescribers, and then send notifications of how they rank among their peers with their prescribing practices,” said Michael Goff, a pharmacy board administrator.

It would be unfair to compare all doctors based on their prescription numbers, Goff said. For instance, an orthopaedic surgeon who fixes broken bones and torn tendons would presumably write many more prescriptions for pain than, say, a pediatrician who cares for children.

“We can come up with a list of who writes the most prescriptions, but that doesn’t really mean anything,” Goff said. “This is an educational component. It’s not for disciplinary reasons.”

One drawback: The report cards won’t be made public. State law requires such information to be kept confidential. Doctors would only see their own numerical ranking, not a complete list of rankings by spe-

cialty. The pharmacy board also hopes to alert doctors about the overall strength of their patients’ prescription opioids. The drug-monitoring program would analyze a person’s medications and calculate a “morphine milligram equivalent.” Doctors would see the score when they examined a patient’s prescription history.

“They take all the drugs they’re on and equate them to morphine,” Goff said. “Doctors will have some idea, with all the drugs they’re on, here’s the level they’re at.”

Three states — Maine, Washington and Massachusetts — have laws that set a cap on the daily strength of opioid medications that doctors can prescribe. Such laws exempt certain patients. The U.S. Centers for Disease Control and Prevention recommends that opioids be restricted to 90 morphine milligram equivalents per day. Lawmakers have not discussed a cap on prescription painkillers.

“It is a very well-conceived plan and could benefit West Virginia,” said Delegate Don Perdue, D-Wayne. “However, one needs to be very careful when considering terminal and intractable pain patient requirements.”

Goff said the board also is exploring setting up a system that notifies doctors about “high-risk” patients who could

This is an educational program and results won’t be made public.

be an overdose risk and secure pain-pill prescriptions from multiple doctors. Tennessee identifies such patients with “red” and “yellow” alerts.

In the coming months, state doctors will be able to check a patient’s prescription history in about 20 additional states. The physicians already can access patient prescription information from all neighboring states except Pennsylvania.

“It’s a hard stop at the pharmacy level,” Goff said. “A lot of times, they may be suspicious, but they don’t want to take the time to log into the system. This way, they have to acknowledge they looked at the patient’s prescription history.”

The pharmacy board also is looking at ways to link its controlled substances database to patient electronic medical records.

Reach Eric Eyre at ericeyre@wvgazette-mail.com, 304-348-4869 or follow @ericeyre.

Questions for providers

Water intrusion occurs with all types of earplugs, but soft silicone may work best.

Which of the following is false concerning earplugs and water intrusion?

- A. All earplugs can be expected to have some water intrusion
- B. Vertical head submersion resulted in more water intrusion than horizontal head submersion
- C. Cylindrical moldable sponge plugs appear to have the least water intrusion when compared to moldable silicone and multiflanged plugs

Answer:

- C. Cylindrical moldable sponge plugs appear to have the least water intrusion when compared to moldable silicone and multiflanged plugs

Explanation:

It actually appears that moldable silicone and/or multiflanged plugs do best. (*Efficacy of Commercial Earplugs in Preventing Water Intrusion During Swimming. Mabboubi H, Lee A, et al: Otolaryngol Head Neck Surg; 2013;148 (March): 415.*)

Background:

We recommend earplugs after myringotomy, but there is no clear evidence-based medicine to support the hypothesis that external ear barriers decrease post-tympanostomy tube otorrhea (PTTO). A recent survey showed that >50% of otolaryngologists recommended earplug use. Another question many of our patients ask is, “Which ear plug should we use?” However, the answer to that question is even more unclear.

Objective:

To compare the different types of commercially available earplugs.

Methods:

Ten healthy volunteers between 12 and 19 years of age (8 males, 2 females) were included. Nine different types of earplugs were evaluated (multiflanged, cylindrical moldable sponge, and moldable silicone). A wetness indicator that changed from yellow to blue with even the slightest amount of water was attached to the inner surface of the plugs for all subjects. The

participants underwent different forms of head submersion including surface swimming, horizontal submersion and vertical submersion. The indicators were used to determine the effectiveness of each earplug type to prevent water penetration.

Results:

The soft silicone type of plug had the best water shielding capability. The lowest rate of water penetration was found in the moldable silicone plug called Pillow Soft and the flanged type called Aquaseal. Vertical submersion had the worst water penetration for all types of earplugs, since it required tilting of the head left and right at 90° angles. For this type of submersion, there was nearly 100% penetration for most type of plugs except for Aquaseal and Pillow Soft, the two brands that had the best results for all types of submersion. Statistically, these two brands were better in the horizontal type of submersion as well.

Conclusions:

Water intrusion occurs with all types of earplugs, especially with horizontal or vertical head submersion. The soft silicone type of earplug appears to be the most effective in preventing water intrusion during surface swimming.

AMA approves new policy to oppose MOC

By Meg Edison, MD

Shhh. I think this is supposed to be a secret, but at the super-elite June AMA House of Delegates meeting in Chicago, where only the mostly highly connected and AMA devoted doctors get to attend, they actually stood up for us. It is now AMA policy that the AMA opposes mandatory ABMS recertification exams.

Crazy, right? News of this random act of fortitude trickled out to us on Twitter by the small handful of delegates who very helpfully tweet updates for those of us on the outside. But other than those little tweets, no word from the AMA on this incredibly good news. This is HUGE, folks! The AMA opposes ABMS recertification exams! It's time for celebration, and press releases and emails asking us to rejoin the AMA. And yet, no word from the AMA.

It's not listed in the "Top 10 Stories from the AMA 2016 Meeting." It's not mentioned in the coverage of the MOC resolutions that passed. By looking at the AMA website and news coverage, the only MOC resolutions that passed were the typical mushy kind.

Whoa, Nelly. And the AMA wonders why they're bleeding membership. Nearly every doctor in the real world is saying "STOP MOC." And the AMA flitters about asking for more

studies and playing footsie with the ABMS.

So what about that resolution opposing ABMS testing? Well, if you go to the AMA website and create a secure login and scroll through the hundreds of pages of amended resolutions from the nine reference committees, you'll find.... Resolution 309 presented by Florida, California, Georgia, Pennsylvania, Washington, New York and Virginia hidden in Reference Committee C. The language was strong.

Awesome, right? Well, as soon as the committee got hold of it, they butchered it. Funny how that works. The resolution was dead. Guttled.

But between testimony in Reference Committee C on Sunday, and final voting on Wednesday, the Pennsylvania Medical Society melted the meeting down with a blistering two hour exposé on the abuses of the ABIM and the boards in general. It was standing room only, with Dr. Wesby Fisher and Charles Kroll presenting their financial data, Dr. Bonnie Weiner discussing NBPAS, and Dr. Scott Shapiro announcing the PA Medical Society's vote of "no confidence" in the ABIM and plans to pursue legal action against the boards.

With a much needed boost in morale and the data to sup-

AMA policy now opposes MOC exams, but the information isn't being shared widely.

port strong action, the full house convened on Wednesday and the delegates soundly rejected the Committee's butchering of the resolution, extracted it to a full vote on

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WVU update

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Dr. Patel specializes in head and neck cancer surgery and microvascular reconstruction. Clinical interests include functional outcomes of reconstructive surgery and streamlining postoperative care. She is also working with researchers looking at molecular markers of head and neck cancers and therapeutic targets.

Academic Pursuits

The otolaryngology department had good showing at the recent Combined Otolaryngology Spring Meeting (COSM) in Chicago, May 18-21, 2016. The following is a list of posters that were accepted for presentation:

- Nodular Lymphocyte Predominant Hodgkin Lymphoma in a Patient with Progressive Transformation of Germinal Centers
C. Eric Bailey, Benjamin Addicks, Brian Kellermeyer
- Congenital Epulis: Unusual Etiology of Airway Obstruction and Feeding Failure in a Newborn
Shilpa Vishwanath, Aaron Mason
- Hairy Polyp of the Soft Palate: A Case Report and Review of the Literature
Benjamin Addicks, Herman Lam, Michael Hurst
- Eosinophilic Angiocentric Fibrosis of the Nasal Sep-

tum: Surgical Management Using External Rhinoplasty Approach

Herman Lam, Alex Montague, Mark Armeni

- Pleomorphic Adenoma of the Hard palate in 12 year old Female: Surgical management and MRI review
Phillip A Montague, Hassan Ramadan
- CT Scan in Pediatric Chronic Rhinosinusitis: How Often is it Being Used?
Benjamin Addicks, Chadi Makary, Brian Kellermeyer, Hassan Ramadan
- Efficacy of Midline posterior Glossectomy and Lingual Tonsillectomy in Children with OSA
Kristen Honsinger, Hassan Ramadan, Steve Coutras
- Removal of Parapharyngeal Space Foreign Body with endoscopy and image guidance
Kristen Honsinger, Stephen Wetmore, Rusha Patel
- A Multicenter, Cross-Sectional Assessment of Otolaryngology Knowledge in Primary Care Trainees”
Daniel O’Brien
- Panel: Who’s the Boss of Airway in Surgery-Otolaryngology or Anesthesiology?
Hassan Ramadan
- Practice Patterns in Pediatric Chronic Rhinosinusitis: A Survey of The American Rhinology Society
Hassan Ramadan