



Society of Physician Assistants in Otorhinolaryngology-Head & Neck Surgery

THE VANGUARD



President's Message

By Jeffrey Fichera, PA-C, DFAAPA

Hard to believe 2016 is going by so fast. We started the year continuing our preparation for our annual ENT for the PAC held in Orlando, Florida. I am proud to say because of you and our conference committee along with our board members it was an outstanding sold-out conference. For the first time in the history of SPAO-HNS, we were able to offer our members a surgical cadaver lab. We hope this is the start of an annual cadaver lab option for our members. Preparation for Chicago in 2017 is already underway and I look forward to seeing you all in Chi town.

We continue to work with AAO-HNS on the development of new educational options for our members. We will keep you informed as these

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

By Marie Gilbert, PA-C, DFAAPA



This is my final report, as my fourth term expires June 30th. AAPA has just announced Kristi Gidley, PA-C as the new Liaison to AAO-HNSF for the 2016-2018 term.

There have been several changes since my last report. As AAPA evolves and modernizes its model for PA practice and strives for "collaboration" rather than "supervision" in its language, AAO-HNSF continues its longstanding protection of the physician-directed team and its fight for truth in advertising in the medical profession. This has understandably led to miscommunications with SPAO-HNS in the middle. We are working to get back on track.

I attended the Spring AAO-HNSF Board of Governors meeting with the intention to improve communications with the Academy, and reinforce SPAO's long commitment to the physician-directed team of

Otolaryngology care. I also explained that SPAO-HNS has been reassured by AAPA that it is not encouraging state groups to seek independent PA practice. Although the Academy continues to fight actively against any changes such as the pending Rhode Island PA practice act update, it has pledged to continue its commitment to improved PA education in the specialty by developing the Advanced Practice Providers Education Task Force. Several Academy PAs and physicians have been named to the Task Force, which is slated to begin its work at the end of June.

Other plans, such as the dual membership proposal and SPAO-HNS as an Academy Section are no longer being considered. Our co-provider project of the ENT for the PA-C Annual Conference continues to provide mutual benefit, and plans are already underway for next year's meeting.

I thank AAPA, AAO-HNSF, and SPAO-HNS for the opportunity to serve in this challenging position. My hope is that the vast improvements the PA profession has achieved over the years in its relationship with this physician specialty continue, with the ultimate continued and common goal of providing excellent ENT team care to all our patients.



New AAPA Liaison Appointed to AAO-HNSF

SPAO-HNS is proud to announce that Kristi Gidley, PA-C has been appointed by AAPA to be the next Medical Liaison to AAO-HNSF. In that role, she is expected to be the lead contact between the academies, and attend AAO-HNSF meetings, representing and advocating for PAs in Otolaryngology.

Kristi has been a PA for nearly 17 years, in Otolaryngology for over 6 years, a SPAO-HNS member for 5, and serves as a Director at Large for SPAO - HNS members. She works with the faculty in the Department of Otolaryngology at UAB, including AAO-HNSF past president, Dr. Richard Waguespack. Kristi is the Executive administrator and Supervisor of Advanced Practice Providers for the department.

Kristi succeeds Liaison Marie Gilbert, PA-C when her term expires June 30th. You can message Kristi with any questions or concerns at kgidley@uabmc.edu.

Congratulations Kristi, and best wishes for every success!



AAO-HNSF Updated Clinical Practice Guideline: Otitis Media with Effusion

Experts Update Best Practices for Managing Ear Fluid in Children

Highlights:

- About 90% of children have otitis media with effusion (OME), or ear fluid, by 5 years of age. Ear fluid is especially prevalent in children with developmental difficulties. Approximately 2.2 million new cases of OME are diagnosed annually in the United States at a cost of \$4.0 billion.
- OME is the most common cause of hearing impairment in children in developed nations, and the leading indication for ear tube insertion.
- Despite the frequency of OME and the availability of clinical practice guidelines, surveillance data suggests that some clinicians treat OME inappropriately with antibiotics, which results in unnecessary adverse events and bacterial resistance.
- OME usually goes away on its own. Repeated cases or cases lasting longer than 3 months can be a problem. Follow up with a clinician is critical.

ALEXANDRIA, VA— An updated clinical practice guideline from the American Academy of Otolaryngology – Head and Neck Surgery Foundation published today in *Otolaryngology–Head and Neck Surgery* identifies quality improvement opportunities and explicit actionable recommendations for managing otitis media with effusion (OME), often called ear fluid.

“OME affects kids very commonly. Go to a preschool environment on any given day and about 15-20% of the kids are going to have fluid in their ears. It’s ubiquitous,” said Richard M. Rosenfeld, MD, MPH, who chaired both the 2004 guideline and the 2016 update.

The updated guideline, already endorsed by the American Academy of Family Physicians (AAFP), replaces the 2004 guideline co-developed by the AAO-HNSF, the AAFP and the American Academy of Pediatrics (AAP). New evidence, systematic reviews, randomized control trials, and an evolved methodology that includes consumers necessitated an update.

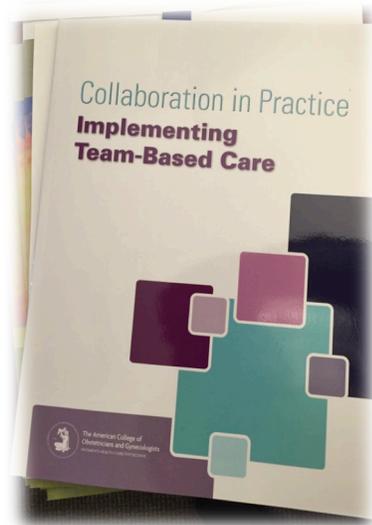
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ACOG Releases Report on the Role of Team-Based Care in Practice

Washington, DC – A team-based care model embraced by practices, payers, hospitals, and health care providers can lead to improved outcomes in support of achieving the Triple Aim while still decreasing costs, according to a new task force report from the American College of Obstetricians and Gynecologists (ACOG). The peer-reviewed report, "[Collaboration in Practice: Implementing Team-Based Care](#)," has been endorsed by nearly 20 organizations representing a wide variety of medical specialties and professions.

"Optimally implemented, the team-based approach provides integrated care over the course of a specific experience, as well as across a patient's lifespan and within a regionalized care system," the report states.

Specifically, the report suggests that a team-based model of care strives to meet patient needs and preferences by actively engaging patients as full participants in their care while encouraging all health care providers to function to the full extent of their education, certification, and experience. This includes engaging the patient in



shared decision-making, so that decisions throughout a patient's life are based on best available medical evidence as well as the patient's values, goals, and preferences.

Moreover, the report adds, team-based care across specialties and disciplines, coupled with traditional and nontraditional but evidence-based implementation tools such as telehealth and virtual teams, has a role to play in improving access to health care and mitigating health disparities.

"Evidence and experience have long showed that, across disciplines, collaboration in care leads to not just improved patient outcomes, but also enhanced patient satisfaction," said ACOG Past President John C. Jennings, MD. "By recommending that all members of the care team be included in team-based care,

and by emphasizing its value through the life of a patient, we are laying the groundwork for team-based care to become the standard across medical disciplines."

The task force report lays out six guiding principles for implementing team-based care that act as a blueprint to ensure seamless integration. Those principles are as follows:

- The patient and families are central to and actively engaged as members of the health care team.
- The team has a shared vision.
- Role clarity is essential to optimal team building and team functioning.
- All team members are accountable for their own practice and to the team.
- Effective communication is key to quality teams.
- Team leadership is situational and dynamic.

In addition to the guiding principles, the report recognizes that practices and health care providers may face challenges when transitioning to a team-based model of care, but offers a series of opportunities wherein practices, health care providers, payers, hospitals,

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AAPA HOD 2016 Summary of Action

By Deb Munsell, DHSc, PA-C,
2016 AAPA HOD SPAO-HNS Delegate

What was the mood at the 2016 HOD meeting in San Antonio? HOT, HOT, HOT. The delegates arrived with a variety of issues on the table for discussion. Four reference committees were tasked with the presentation and review of over 40 resolutions. These resolutions included debate on adoption of position papers regarding AAPA support of efforts to help US Military veterans in becoming PAs to the elephant in the room, the NCCPA proposed changes to certification. Seasoned house officers ably led the house and the debates were lively and insightful. The Reference Committees listened to both pro and con testimony, and presented their reports to a packed House.

A very brief list of the proceeding results is listed below. The entire 2016 Summary of HOD Action can be accessed on the AAPA Website.

2016-A-07 - Adopted as Amended

AAPA believes that sustaining public trust in the PA profession is the responsibility of PAs. THEREFORE, THE GOVERNING BODIES OF AAPA, PAEA, NCCPA, AND ARC-PA SHOULD BE COMPRISED OF A MAJORITY OF PAS. THESE organizations will continue to value the involvement of other stakeholders in medicine, healthcare, and the public through consultative and advisory relationships.

2016-A-12 - Adopted

AAPA encourages that "PA Surname" be established as the recommended address for PAs, unless a more suitable formal address is appropriate, such as military rank or academic role.



2016-B-01 - Adopted

AAPA supports assessing general medical knowledge for initial certification and licensing of PAs.

AAPA supports the use of evidence-based alternatives to testing for maintenance of certification.

AAPA opposes any requirement that PAs take a closed-book, proctored exam in a specialty area for maintenance of certification.

AAPA opposes any requirement that PAs take multiple examinations during a 10-year recertification cycle.

AAPA supports uncoupling maintenance of certification requirements from maintenance of license and prescribing privileges in state laws.

AAPA urges NCCPA and the NCCPA Foundation to undertake rigorous and replicable research to determine the relationship, if any, between taking the NCCPA recertification test and patient outcomes, safety and satisfaction.

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SPAO-HNS 2016 Student Scholarship Award Winners

By Ryan Marovich, MPAS, PA-C,
SPAO-HNS Scholarship Chairman

The Society of Physician Assistants in Otorhinolaryngology-Head and Neck Surgery offers one or more scholarships every year for a motivated PA student that is enrolled in a PA or post-graduate program that displays a strong interest in ENT.

It has been a wonderful sight to personally observe the growing number of exceptionally well qualified applicants each year.

For the 2016 calendar year, I would like to congratulate three well deserving recipients of the SPAO-HNS Student Scholarship Award.

The 2016 SPAO-HNS Scholarship winners are Kaitlyn Alibrando, Cassie Robinson, and Pegah Tizabgar. Their hard work and dedication to the field of otolaryngology is well recognized by both their professors, and preceptors.

These scholarship recipients will make a wonderful addition to the community of PAs who practice in otolaryngology if they decide to pursue this career path.

SPAO-HNS congratulates all of you on your accomplishments and wishes you the best of luck in your future endeavors!

AAPA HOD 2016 Summary of Action (Continued)

Amend by substitution policy HP-3500.2.3 as follows:

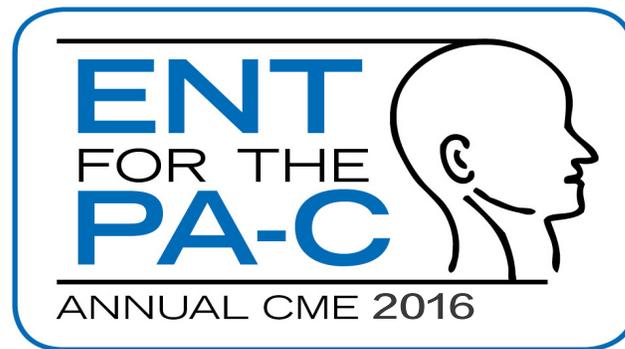
THE AAPA OPPOSES ANY MANDATORY PERIODIC RECERTIFYING EXAMINATIONS REQUIRED BY THE NCCPA OR ANY SUCCESSOR ORGANIZATION RECOGNIZED BY THE ACADEMY, OR BY ANY STATE OR FEDERAL REGULATORY AGENCIES FOR CERTIFIED PAS BEYOND THE ENTRY-LEVEL.

THE AAPA DOES NOT OPPOSE THE NCCPA OR ANY SUCCESSOR ORGANIZATION RECOGNIZED BY THE ACADEMY REQUIRING CERTIFIED PAS TO PERIODICALLY OBTAIN CATEGORY 1 CONTINUING MEDICAL EDUCATION (CME) THAT INCORPORATES PROFESSIONAL SELF-ASSESSMENT AND/OR PRACTICE-IMPROVEMENT ACTIVITIES TO MAINTAIN THEIR GENERALIST CORE OF MEDICAL KNOWLEDGE. THIS CME REQUIRED SHOULD NOT EXCEED THE CURRENT REQUIREMENTS ESTABLISHED BY THE NCCPA AS OF 2015.

THE AAPA DOES NOT BELIEVE CME OR MANDATORY RECERTIFYING EXAMINATIONS MEASURES A PA'S COMPETENCY. COMPETENCY IS DEFINED AS THE ABILITY FOR AN INDIVIDUAL TO PERFORM THEIR DUTIES. THE AAPA BELIEVES A PA'S COMPETENCY IS ASSESSED AT THE PRACTICE LEVEL BY THE EMPLOYING AGENT AND/OR PRIVILEGING AND CREDENTIALING ENTITIES WHERE THE PA PRACTICES.

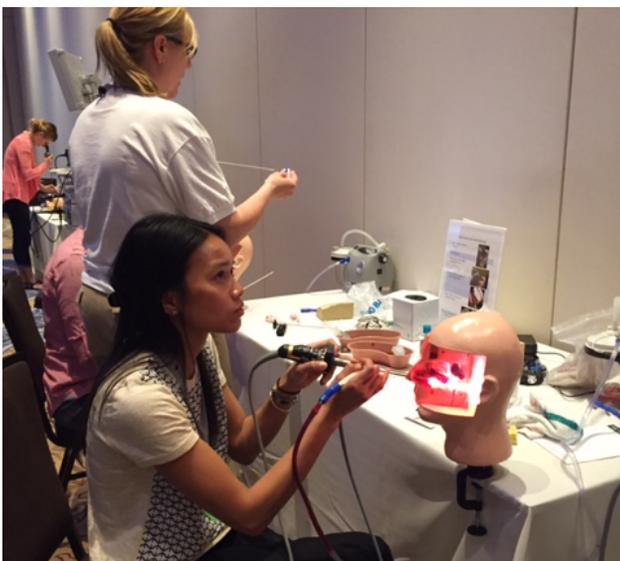
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Highlights from the



By Jose C. Mercado, PA-C, MMS, DFAAPA

This conference marks our 6th consecutive year of providing quality continuing medical education with hands on training. The meeting was held at The Wyndham Grand Resort Bonnet Creek in Orlando, Florida from March 30 – April 3, 2016. Orlando proved to be a great location as it attracted one of our largest turnouts, with over 300 attendees. The meeting is jointly sponsored by the American Academy of Otolaryngology – Head & Neck Surgery, (AAO-HNSF) and the Society of Physician Assistants in Otorhinolaryngology - Head & Neck Surgery (SPOA-HNS). This year, we were graciously hosted by *The Ear, Nose, Throat, and Plastic Surgery Associates* and *Winter Park Memorial Hospital*.



This continuing medical education activity is specifically designed for PAs, NPs, and medical professionals working in ENT, and for interested in learning more about otolaryngology in primary care, urgent care, pediatrics, and the emergency room setting. This conference was the ideal setting to meet, network and socialize with like-minded professionals from across the country.

The course was organized to provide attendees with an excellent and practical educational opportunity. There were basic and advanced tracks in many relevant ENT topics. Attendees rated the overall conference as outstanding stating, "*Excellent course! High yield info.*"

[Continued on next page . . .](#)

Highlights from the 6th Annual ENT for the PA-C (Continued)



There were 31 lectures in the basic and advanced ENT tracts covering topics like pediatric ENT for the generalist to the post-operative management of head & neck cancer complications. Hands-on workshops included our first-ever cadaver labs and videostroboscopy training held at the Nicholson Center. Workshops are designed to maximize hands-on learning with concise content and small group settings. We filled 425 of the possible 445 workshop registrations! Many workshop attendees appreciated and took advantage of the supplemental reading material provided on-line prior to the workshops.

Attendees were able to earn up to 20 hours of Category I AAPA CME credits in lectures, 8 in simulation labs, and 10 in workshops. New this year were two lectures approved by AAPA for Self-Assessment credit. We hope to fine tune our use of the Audience Response System for our next meeting in Chicago 2017.

Twenty lectures were recorded for Academy U® offerings to PAs, NPs and

medical students – check website for link and additional information.

This was an especially significant annual conference for me as it was my last conference as workshop director. After almost ten years of organizing, writing and leading the workshops, I am stepping down as Workshop Director.

I wanted to recognize Marie Gilbert, Conference Co-Director, Jeff Fichera, SPAO-HNS President and our entire SPAO-HNS Board of Directors for their tireless support in the planning and execution of this amazing conference.

Our administrative staff, April Rodgers and Trace Carson of Catapult, Inc., worked diligently to provide seamless registration and helped deal with the many details so we could focus on our educational endeavors.

Many thanks to Dr. Karen Pitman and Conference Co-Director, Dr. Stacey Ishman of Cincinnati Children's Hospital. The attendees that keep coming back year after year, following us all over the country with their energy and appreciation, have made this an amazing conference.



Co-Director Stacey L. Ishman, MD, Chair-Elect, Board of Governors, AAO-HNS/F Board of Directors



Karen T. Pitman, MD, Director at Large, AAO-HNS/F Board of Directors

2016 ENT for the PA-C by the Numbers

The Orlando 2016 meeting went very well. This year’s conference delivered 31 lectures and 444 workshops to 304 attendees. At the Nicholson Center simulation labs, 31 persons attended 4 sessions for our first-ever cadaver labs and videostroboscopy training. Twenty lectures were recorded for Academy U® offerings to PAs, NPs and medical students.

So who attended?

188 SPAO members
 27 AAO-HNSF members
 83 non-members

221 PAs
 75 NPs
 2 MDs
 2 RNs
 4 students

Years of ENT experience:

0 to 5 years	58%
6 to 10 years	17%
11 to 15 years	13%
16+ years	12%

The curriculum, speakers and facility earned high praise from attendees in our post-conference surveys. Our administrative staff, April Rodgers and Trace Carson of Catapult, Inc., worked long hours and delivered excellent service, keeping us organized and handling the details so we could get on with our educational endeavors.

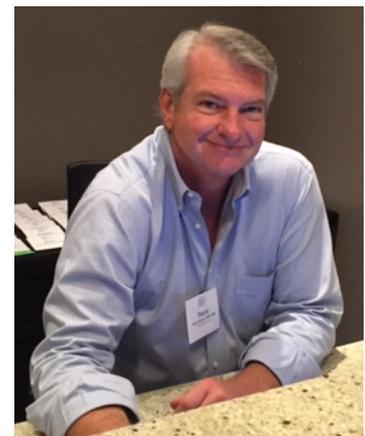
Many thanks to all of the wonderful workshop proctors, SPAO-HNS members and Board who volunteered to help, as well as to the Wyndham Grand Resort staff.



Last, but certainly not least, we are most grateful to Co-Director Dr. Stacey Ishman of Cincinnati Children’s Hospital and AAO-HNS. Her leadership, input and lectures helped to make this year’s conference the most successful to date.



April Rodgers, Catapult Inc.



Trace Carson, Catapult Inc.

Thank You to Our 2016 Conference Sponsors



The Ear, Nose, Throat & Plastic Surgery Associates

And Don't Forget to Join Us for the 2017 ENT for the PA-C in Chicago!

Jose Mercado awarded the SPAO Plaque of Appreciation

Jose C. Mercado was passionate about ENT even before he was accepted to physician assistant school. His first job after serving in the U.S. Army as a medical specialist and flight medic for eight years was as a medical assistant for a busy otorhinolaryngologist. He went on to complete the Physician Assistant Program at Miami-Dade College's Medical Center (MDC) and earned a Master of Medical Science degree from Nova Southeastern University (NSU). While still a student at Miami-Dade College in 1999, he petitioned Deb Munsell, SPAO-HNS President, to become its first student member.

Immediately after joining SPAO, he became an active member of the Board of Directors serving in various positions to include Student Representative, Minority Affairs Liaison, Director at Large, CME Committee, and President. As Webmaster, he designed and maintains the SPAO website (www.entpa.org) since 1999. He also encouraged other students to join SPAO-HNS and helped establish the SPAO-HNS Student Scholarship.

As a member of the CME Committee, Jose has been involved with our annual CME meeting since the *Premier Allergy, Asthma, ENT Conference* held at the Sheraton Wild Horse Pass in Phoenix, Arizona 2005. It was immediately evident that there were no commercially available simulators or training aids to meet the unique needs of ENT procedures. He had to create several custom mannequins and training aids to satisfy this unmet need. He has served as

mentor and coach to several of our current members. He has worked tirelessly to provide realistic and meaningful simulation training for physician assistants in ENT.

Jose continues to practice otorhinolaryngology in a medically underserved community in South Florida with Dr. Scott H. Goldberg and South Florida ENT Associates.



The Board of Directors presented Jose Mercado with a plaque and handsome watch to mark his many years of service to SPAO-HNS as Workshop Director.

Clinical Practice Guidelines: OME (Continued)

Differences between the 2004 guideline and the 2016 update include:

- Additional information on pneumatic otoscopy and tympanometry to improve diagnostic certainty;
- Expanded information on speech and language assessment for children with OME;
- New recommendations for managing OME in children who fail a newborn hearing screen and for evaluating at-risk children;
- A new recommendation against using topical intranasal steroids;
- A new recommendation against adenoidectomy for a primary indication of OME in children under 4 years of age;
- A new recommendation for assessing OME outcomes.

This evidence-based clinical guideline for OME was updated by a multi-disciplinary panel of experts representing the disciplines of otolaryngology–head and neck surgery, pediatric otolaryngology, otology, pediatrics, allergy and immunology, family medicine, audiology, speech-language pathology, advanced practice nursing, and consumer advocacy.

The guideline authors are: Richard M. Rosenfeld, MD, MPH; Jennifer J. Shin, MD, SM; Seth R. Schwartz, MD, MPH; Robyn Coggins, MFA; Lisa Gagnon, MSN, CPNP; Jesse M. Hackell, MD; David Hoelting, MD; Lisa L. Hunter, PhD; Ann W. Kummer, PhD, CCC-SLP; Spencer C. Payne, MD; Dennis S. Poe, MD, PhD; Maria Veling, MD; Peter M. Vila, MD, MSPH; Sandra A. Walsh and Maureen D. Corrigan.

Role of Team-Based Care in Practice (Continued)

policy makers, and professional health care associations can effect change.

The interprofessional *Task Force on Collaborative Practice* was convened in summer 2014 as part of Dr. Jennings's presidential initiative. The task force included representatives from ACOG, American Academy of Pediatrics, American College of Physicians, American Academy of Physician Assistants, American Association of Nurse Practitioners, American College of Clinical Pharmacy, American College of Nurse-Midwives, Institute for Patient- and Family-Centered Care, National Association of Nurse Practitioners in Women's Health, and National Partnership for Women and Families.

For more information, please visit:
www.acog.org/More-Info/CollaborativePractice.

Just a reminder . . .

Sometimes members forget the email address that they joined under, and instead clicking on the “forgot password” link, they just use a new one. This creates a second profile, and sometimes the information will not match the first. As a reminder if you are renewing your membership and cannot remember your password, please click “forgot password.” or email our executive administrator at admin@entpa.org.

Thank you!

AAPA HOD 2016 Summary of Action (Continued)

And Further Resolved

THE HOUSE OF DELEGATES RECOMMENDS THE AAPA BOARD OF DIRECTORS WORK WITH THE NCCPA TO ADDRESS THEIR CURRENT POLICIES REGARDING THE PA NATIONAL RECERTIFICATION PROCESS TO ASSURE THAT A PA'S CERTIFICATION: IS NOT TIME-LIMITED; DOES NOT REQUIRE A MANDATORY EXAMINATION AT THE END OF THE PA'S 10 YEAR RECERTIFICATION CYCLE; MAINTAINS A PA'S GENERALIST CERTIFICATION; AFFORDS THOSE PAS PRACTICING IN A SUBSPECIALTY TO TAKE A PORTION OF THEIR REQUIRED CME FOCUS ON THAT SUBSPECIALTY.

2016-B-04 – Adopted as Amended

The AAPA endorses the Federation of State Medical Board's (FSMB) *Maintenance of Licensure (MOL) Guiding Principles*:

- Maintenance of licensure should support PA's commitment to lifelong learning and facilitate improvement in PA practice.
- Maintenance of licensure systems should be administratively feasible and should be developed in collaboration with other stakeholders.
- Maintenance of licensure should not compromise patient care or create barriers to PA practice.
- The infrastructure to support PA compliance with MOL requirements must be flexible and offer a choice of options for meeting requirements.
- Maintenance of licensure processes should balance transparency with privacy protections.

And Further Resolved

The AAPA believes:

- The authority for establishing MOL requirements is strictly within the purview of state **LEGISLATIVE OR** PA regulatory authorities.
- **Testing** should not be part of the MOL process.
- **AAPA STRONGLY ENCOURAGES ALL STATE CONSTITUENT ORGANIZATIONS TO ADVOCATE FOR LEGISLATION TO ADOPT MOL PROCESSES CONSISTENT WITH THE FSMB GUIDING PRINCIPLES AND ACADEMY POLICY.**

2016-B-05 – Adopted as Amended

AAPA believes the NCCPA should maintain its current national recertification examination process until representatives from the AAPA and NCCPA can agree on one that both demonstrates competency and comprehensively represents the needs of PAs in all practice settings.

2016-B-08 – Adopted

AAPA believes that the terms "Board Certified," "Board Exams," and "the Boards" "when used in reference to PA certification are inaccurate and misleading and therefore discourages the use of these terms to refer to NCCPA certification and related examinations.

2016-C-14 – Adopted on Consent Agenda

AAPA supports increased access to opioid treatment programs for patients with opioid use disorder, and therefore recommends identification and removal of obstacles to full PA utilization in such programs.

2016-D-12 – Adopted

The AAPA opposes actions that limit or restrict patient access to care-based on personal or religious beliefs.

President's Message (Continued)

options unfold in the near future.

I have to take a moment to acknowledge Jose Mercado PA-C. Jose has dedicated many years to the development of our conference clinical labs. This required a tremendous amount of work on his part. For this we cannot thank him enough. The result of his dedication and selflessness is we have been able to contribute to the education of many Physician Assistants in Otolaryngology. Jose has stepped down from this position to enjoy his family. Good Luck my friend.

Behind the scenes our board members are busy with the day-to-day operations of our organization and will continue to do so to ensure our members have a voice in advancement of Physician Assistants in Otolaryngology.

We are strong as an organization and will continue to strive forward to make you all proud SPAO members. Thank you all for your membership.



THE VANGUARD

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