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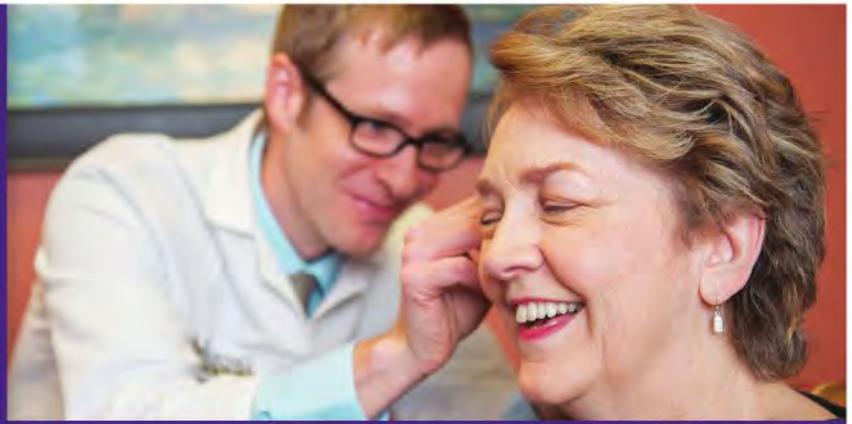


Celebrating the Opening of Our New Office

Inside This Issue:

Snoring & Sleep Apnea in Adults & Children
Electronic Health Records at Advanced ENT
Chronic Nasal Obstruction
Collaborating With Community Health Systems

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Welcome



As we embrace the Fall season, along with the cooler weather and changing colors of the leaves, Advanced ENT is delighted to share some exciting news! Our new office opened in Voorhees in June 2013, and we welcomed the addition of two physicians to our practice in September.

Our new state-of-the-art office is located at 200 Bowman Drive, Suite D285 in Voorhees at the Virtua Health and Wellness Center on the campus of the Virtua Voorhees Hospital complex. The new office reflects a warm, modern contemporary look and offers an increase in the number of exam rooms with more efficient patient flow. Our waiting room is featured as the cover image of this edition of the magazine. As always, we continue to offer flexible, convenient scheduling and exceptional comprehensive patient care for adults and children.

Advanced ENT is pleased to introduce two physicians who have joined our practice.



◀ **Dr. Mark E. Friedel, MD, MPH**, completed his residency in Otolaryngology – Head & Neck Surgery at UMDNJ – New Jersey Medical School in Newark, NJ and a Fellowship in Rhinology and Endoscopic Skull Base Surgery at Jefferson Medical College, Thomas Jefferson University, Philadelphia, PA. In addition to the practice of General Otolaryngology, his special interests include Endoscopic Skull Base Surgery, Advanced and Revision Sinus Surgery and Sinonasal Malignancy. Dr. Friedel is Board certified in Otolaryngology-Head and Neck Surgery.



◀ **Dr. Steven M. Leoniak, MD**, completed his residency in Otolaryngology – Head & Neck Surgery at Jefferson Medical College, Thomas Jefferson University Hospital, Philadelphia, PA. His special interests within General Otolaryngology are Thyroid/Parathyroid Surgery and Sleep Surgery.

As we settle into our new office and our new physician colleagues begin their practice with Advanced ENT, we look forward to scheduling a personal visit to meet as many of our referring physicians as possible. As always, we hope you will benefit and enjoy the clinical information that is contained in this edition of Advanced ENT magazine. We thank our ad sponsors for their assistance in the publication of this resource. It is our mission to provide the very best ENT care in Southern New Jersey.

Sincerely,

THE PHYSICIANS AND STAFF OF ADVANCED ENT

Snoring and Sleep Apnea

in Adults and Children

by Steven Leoniak, MD

SNORING IS A widespread problem, affecting about 20 million Americans and their bed partners. Many snorers are often forced into a difficult night's sleep on the couch, sometimes permanently. Primary snoring is commonly, although not always, caused by palatal flutter. Several treatments have been proposed for this annoying problem including oral devices worn throughout the night and surgical procedures to help stiffen the palate.



Primary snoring might be annoying, but it is relatively harmless. Sleep apnea on the other hand is a serious health problem affecting almost 1 in 5 Americans. Sleep apnea is characterized by repetitive pauses in breathing during sleep that can happen hundreds of times each night. Adult patients with sleep apnea often have symptoms of daytime sleepiness, morning headaches, or difficulty concentrating. In contrast to adults, children are hyperactive during the day with witnessed apneas and snoring at night. People with sleep apnea can develop lethal complications including stroke, pulmonary hypertension, high blood pressure, heart disease, and daytime sleepiness potentially causing car crashes and occupational accidents.

Obstructive sleep apnea (OSA) can be caused by the collapse of the tissues of the mouth and throat (oropharynx and hypopharynx), resulting in periods of cessation of breathing during sleep. It is diagnosed with a polysomnogram, or sleep study. Be-



cause of the potentially devastating complications, these patients should be referred to an otolaryngologist or sleep medicine specialist for work-up and treatment. In adults, the standard treatment is wearing a CPAP (continuous positive airway pressure) device throughout the night. For mild sleep apnea and primary snoring, treatments can sometimes include weight loss alone or in combination with an oral appliance.

For patients having difficulty with medical therapies, surgical procedures for the nose and throat can be beneficial alternatives. Furthermore, surgical therapy can be effective in improving tolerance and success of medical therapy. For example, increased nasal congestion is a leading cause of failure of CPAP. Medical treatment of allergies can be helpful to address this. In other patients, surgical relief of anatomic obstructions like a deviated nasal septum or enlarged nasal turbinates can be helpful. Either way, treatment of nasal obstruction allows for increased CPAP tolerance by decreasing pressures of the device. Some patients have narrowing or collapse of the back of the mouth and/or throat and there are procedures that can potentially address each of these issues separately or in combination. In children, removing the tonsils and adenoids in the operating room is often curative. Regardless, sleep apnea is a serious health condition that warrants evaluation by a specialist who can help determine which treatment is right for you. If surgery is the right option, then a specialist can customize your surgical plan to your unique anatomic considerations and patterns of collapse.

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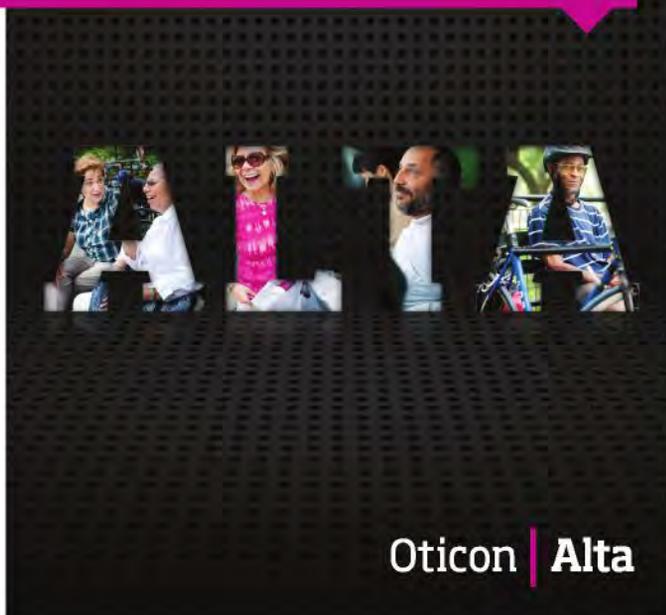
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Patrick J. Hall, MD
Steven M. Leoniak, MD
P. Todd Rowan, MD
David N. Schwartz, MD
Rasesh P. Shah, MD
Samir Shah, MD

Advanced ENT extends a warm welcome to our newest physician colleagues



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Robert B. Belafsky, M.D., F.A.C.S.

Dr. Robert B. Belafsky is certified by the American Board of Otolaryngology-Head and Neck Surgery. He received premedical training at the George Washington University in Washington, D.C., and earned his medical degree from the State University of New York at Downstate Medical College in Brooklyn, New York. Dr. Belafsky served his residencies at Lankenau Hospital and at Thomas Jefferson University Hospital, both in Philadelphia, Pennsylvania. He is a fellow of the American College of Surgeons and the Philadelphia College of Physicians. Dr. Belafsky is Chief of Otolaryngology at Lourdes Medical Center-Burlington County.



Howard J. Bresalier, D.O., F.A.O.C.O.

Dr. Howard J. Bresalier is certified by the American Board of Otolaryngology – Head and Neck Surgery. He received premedical training at Emory University in Atlanta, Georgia, and earned his medical degree from the University of Osteopathic Medicine and Health Sciences in Des Moines, Iowa. Dr. Bresalier served his residency at Botsford General Hospital in Detroit, Michigan. He is a member of The American Osteopathic Association, and is a fellow of the American Osteopathic College of Otolaryngology. Dr. Bresalier serves as Section Head of Otolaryngology at Kennedy Health System.



Harry Cantrell, M.D., F.A.C.S.

Dr. Harry Cantrell is certified by the American Board of Otolaryngology-Head and Neck Surgery. He received premedical training at Drexel University in Philadelphia, Pennsylvania, and earned his medical degree from The Milton S. Hershey Medical Center of the Pennsylvania State University College of Medicine. Dr. Cantrell completed his internship at York Hospital in York, Pennsylvania, and his residency at the University of Maryland Hospital in Baltimore, Maryland. He is a fellow of the American College of Surgeons.



Roy D. Carlson, M.D.

Dr. Roy D. Carlson is certified by the American Board of Otolaryngology-Head and Neck Surgery. He received his premedical training at Yale University in New Haven, Connecticut, and then he attended Yale University School of Medicine to earn his medical degree. He completed his internship and residency at Yale University as well. Dr. Carlson is chief of Otolaryngology at Virtua Memorial.



Anthony Cultrara, M.D.

Dr. Anthony Cultrara is certified by the American Board of Otolaryngology-Head and Neck Surgery. He received premedical training at Montclair State University in New Jersey, and earned his medical degree from New Jersey Medical School at the University of Medicine and Dentistry in Newark. Dr. Cultrara served his internship and his residency at the State University of New York Science Health Center in Brooklyn, New York, and his fellowship at the New York Center for Voice and Swallowing Disorders at St. Luke's/Roosevelt Hospital Center in New York.



Mark E. Friedel, MD

Dr. Mark E. Friedel is Board Certified by the American Board of Otolaryngology – Head and Neck Surgery. He received a B.S. in Biology and Community Health from Tufts University, Boston, MA and achieved his medical degree from Jefferson Medical College, Philadelphia, PA. He earned a Master of Public Health from Columbia University and completed his Otolaryngology internship and residency at UMDNJ- NJ Medical School. He also received Fellowship training in Rhinology and Endoscopic Skull Base Surgery at Jefferson Medical College Thomas Jefferson University, Philadelphia, PA.



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Dr. Ashmit Gupta is certified by the American Board of Otolaryngology-Head and Neck Surgery. He received pre-medical training at the University of Pennsylvania, and earned his medical degree and Master of Public Health degree from George Washington University in Washington, D.C. Dr. Gupta completed his internship and residency at George Washington University as well.



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Dr. Patrick J. Hall is certified by the American Board of Otolaryngology-Head and Neck Surgery as well as the American Academy of Facial Plastic and Reconstructive Surgery. He received premedical training at the Philadelphia College of Pharmacy and Science, and earned his medical degree from the University of Medicine and Dentistry in Newark, New Jersey. Dr. Hall served his otolaryngology residency at the University of South Florida in Tampa, Florida. He completed fellowship training in Facial Plastic and Reconstructive Surgery with Dr. Richard Farrior in Tampa, Florida. He is a fellow of the American College of Surgeons and serves as Chief of Otolaryngology and Facial Plastic Surgery at Underwood Memorial Hospital.



Steven M. Leoniak, MD

Steven M. Leoniak, MD earned a BA, Biology from Johns Hopkins University, Baltimore, MD. He received his medical degree from New York Medical College and served his internship and Otolaryngology residency at Thomas Jefferson University Hospital, Philadelphia, PA. He is a member of the American Academy of Otolaryngology and the American Academy of Otolaryngic Allergy.



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Dr. P. Todd Rowan is certified by the American Board of Otolaryngology-Head and Neck Surgery and its subspecialty of Sleep Medicine. He received premedical training at the University of Pennsylvania, and earned his medical degree from New York University School of Medicine. Dr. Rowan served his residency at the Hospital of the University of Pennsylvania and Children's Hospital of Philadelphia, after which he underwent formal training as a fellow in otology with Dr. Herbert Silverstein in Sarasota, Florida. Dr. Rowan is a fellow of the American College of Surgeons. He serves as medical director of the Balance Center at Inspira Health Network and Kennedy Health System, and he is the medical director of the Sleep Center at Virtua Washington Township.



David N. Schwartz, M.D., F.A.C.S.

Dr. David N. Schwartz is certified by the American Board of Otolaryngology-Head and Neck Surgery. He received premedical training at the College of William and Mary in Williamsburg, Virginia. He attended Boston University School of Dental Medicine earning a degree in dentistry followed by a medical degree from Boston University School of Medicine in Massachusetts. Dr. Schwartz completed his surgical and otolaryngology residencies at the State University of New York in Syracuse, New York. He is a fellow of the American College of Surgeons.



Rasesh P. Shah, M.D., F.A.C.S.

Dr. Rasesh P. Shah is certified by the American Board of Otolaryngology-Head and Neck Surgery. He completed an accelerated seven-year medical program, receiving premedical training at the New Jersey Institute of Technology, and earning his medical degree from New Jersey Medical School at the University of Medicine and Dentistry in Newark, New Jersey. Dr. Shah completed his internship and residency at UMDNJ in Newark, New Jersey as well. He is Program Director of Otolaryngology at Lourdes Specialty Hospital. He is a fellow of the American College of Surgeons.



Samir Shah, M.D., F.A.C.S.

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Collaborating With Community Health Systems to Improve Care

FACED WITH MANY challenges today, healthcare providers are adopting new models of care delivery to meet the goals of meaningful healthcare reform. Some of the major tenets of healthcare reform are to expand coverage, improve quality and coordination of care, reward effective and efficient care, promote innovation and control cost. For more and more patients suffering from acute and chronic disease, financial constraints and distance to reach providers present some of the most challenging barriers to achieving success in managing their optimal health. What can we expect in the coming years? As the American population ages, more patients will need substantial levels of medical care. As a natural progression of the aging process, impairments in vision, hearing, mobility, bone strength, dentition and cognition become more prevalent. Adverse lifestyles such as a poor diet, remaining sedentary, experiencing chronic stress, smoking and obesity all lead to chronic illnesses. Both of these facts will have a great impact and place greater demands on care delivery.

Transforming health care delivery to better meet the needs of patients requires commitment to change. Innovations designed to actively engage more patients in their care are necessary in order to help them make informed and evidence-based decisions about their treatment. Efforts to reduce hospital readmissions, improve the transition between acute and long-term care settings, promote increased safety and make preventive care more accessible must be implemented. In order to achieve these goals, collaboration is paramount across the entire care team - from local hospitals, clinics, long-term care facilities, community health centers to rehabilitation centers. Today, patients can be treated in a variety of settings, such as the traditional physician's office or community hospital, as well as freestanding surgery and imaging centers, clinics and even mobile care vans. Advanced ENT is taking a proactive approach to improve patient access, compliance and wellness in comprehensive ear, nose and throat care. The practice cultivates and enjoys positive relationships with community health systems in the area and supports their endeavors to embrace changing healthcare demands.

In June of this year, Advanced ENT celebrated the opening of a new office on the campus of Virtua Health located in Voorhees. According to **Barry Graf**, Vice-President Integrated Operations, Virtua Health, **"Virtua believes in Systems of Care which include Acute Care, Recovery and Rehabilitative Care and Community- Based Care. The Health**

and Wellness Center, a 310,000 sq. ft. facility, is a key component of community-based care. The Center provides, in one convenient location, community access to comprehensive care that includes diagnosis, treatment and health maintenance for a combination of services. Virtua's three Health and wellness Centers improve access to an array of services in one location including Virtua education and diagnostic services and a combination of Virtua, academic, and community based physicians. The Health and Wellness Centers increase access to ambulatory services and are designed around an improved customer experience with a non-hospital feel. Since ENT services are a significant component of community health, Virtua felt strongly that the Health and Wellness Center should include Otolaryngology care. Virtua has had a long-standing relationship with Advanced ENT, and their presence in their 6000 sq. ft. state of the art facility in the Wellness Center on the Voorhees campus is a strong positive. The fact that community members may receive total ENT care, including hearing rehabilitation, is a significant plus and a perfect fit for the vision of the Health and Wellness Center."

In an effort to expand services, Advanced ENT recently welcomed a new physician colleague, Dr. Mark Friedel, who is Fellowship trained in Advanced and Revision Sinus surgery, and Endoscopic Skull Base procedures. Dr. Friedel offers expertise in minimally invasive approaches to diseases of the sinuses, nasal cavity and base-of-skull in conjunction with a multidisciplinary team that includes neurosurgeons from the Kennedy Health Systems. These techniques take advantage of advanced surgical technologies including High-Definition video, computer-assisted stereotactic surgical navigation systems and the latest in tissue-sparing instrumentation. Patients with disease processes, such as benign or malignant tumors that involve the pituitary gland, central or anterior skull base, frontal sinus or difficult to access areas of the facial skeleton may be amenable to treatment using advanced endoscopic techniques through the nasal cavities. Patients who may traditionally have required more extensive procedures such as an open craniotomy or surgery requiring facial incisions and the potential for cosmetic deformity may now be candidates for a more minimally invasive surgical approach for their treatment. Dr. Friedel also offers advanced training in sinus surgery including management of patients with frontal sinus disease, nasal polyps, allergic or fungal disease, cerebrospinal fluid leaks, nose bleeds, and those who require revision surgery after a previous proce-

ture. **"We're pleased to work with Advanced ENT to bring high-level, skull ENT procedures performed by Dr. Mark Friedel to the Kennedy Neuroscience Center of Southern New Jersey, based in Washington Township,"** said **Richard Koss**, Senior Vice-President for Ambulatory and Product Line Services, Kennedy Health Systems. **"Dr. Friedel, who will perform endoscopic skull base ENT surgery in the Bi-Plane room at Kennedy's Interventional Neurosurgery Suite, will assist in Kennedy's mission of providing advanced surgical procedures – including skull-base ENT surgery – to South Jersey, enabling patients to get the advanced care they need without having to 'cross the bridge.'"**

To augment services in Burlington County, another physician, Steven M. Leoniak, MD, joined the specialists of Advanced ENT. Dr. Leoniak will practice in the Willingboro, Medford and Mount Laurel offices in addition to Voorhees. **"As a result of feedback from patients and our referring physicians in the Burlington County area, it was apparent that enhanced services and more convenient appointment sessions were needed to address patient needs. We extend a warm welcome to Dr. Leoniak who is a great asset to our group,"** said **Dr. Stephen Gadowski**. Patients in the Burlington County region will now be able to limit travel to other locations while scheduling an appointment in a more timely manner. In addition to the practice of General Otolaryngology, Dr. Leoniak has special interest in Thyroid/Parathyroid Surgery and Sleep Surgery.

In April of this year, the former Underwood Memorial Hospital in Woodbury and South Jersey Healthcare with facilities in Vineland, Bridgeton and Elmer, merged to form a new health network called INSPIRA. The Inspira Health Network brings together expert physicians from three medical centers and more than 60 physician offices and surgical centers. **"The Inspira Health network gives us the opportunity to define who we are for the entire community,"** said **Eileen Cardile**, President and CEO of the network's Woodbury Medical Center and Executive Vice-President of Inspira. **"We believe that by coming together, we can deliver care that inspires the region to wellness."** At Inspira Medical Center Woodbury, the physicians of Advanced ENT are valued, long-standing members of the medical staff who fully collaborate with administration to support the hospital's commitment to quality improvement, innovative technology and patient safety initiatives.

Advanced ENT continues to support changes in health care delivery which will have a positive impact on patient and community health. Collaboration with all area health systems holds the promise of greater quality and improved efficiency in delivering care. Hospitals and physicians are likely to develop many more approaches in the future that will significantly promote success in this worthwhile endeavor.



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Chronic Nasal Obstruction

by Mark Friedel, MD

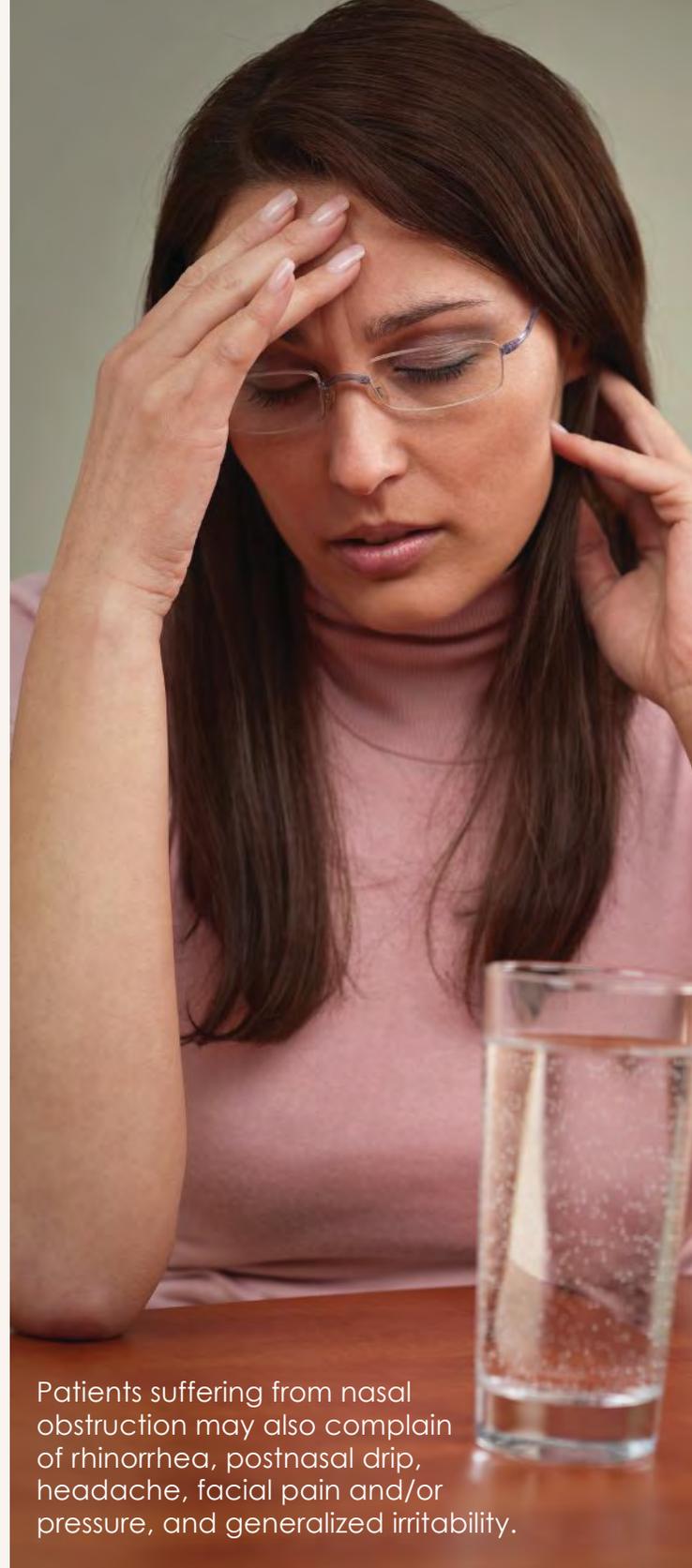
CHRONIC NASAL OBSTRUCTION is one of the most common complaints presented to an otolaryngologist and can be a challenging problem. Patients suffering from nasal obstruction may also complain of rhinorrhea, postnasal drip, headache, facial pain and/or pressure, and generalized irritability. Many patients have tried over-the-counter medications, some have been given prescription drugs, and some may even have had surgery—yet, they are still unhappy with their nasal status. Most cases are caused by such problems as rhinitis or upper respiratory infections. However, a small percentage of patients experience nasal obstruction as an early symptom of more serious conditions.

There are three important components in the diagnosis and management of chronic nasal obstruction: (1) history; (2) physical examination with nasal endoscopy; and (3) computed tomography (CT). The physician needs to first determine what a patient means by the complaint of “congestion.” Is it the reduction or airflow through the nose, or is it an unpleasant sense of fullness in the nose and mid-facial region? Second, the physician should ascertain the character of obstruction: unilateral versus bilateral, fixed versus alternating, continuous versus intermittent. It is also important to determine duration of symptoms, severity, along with alleviating and worsening factors.

Information should also be obtained regarding current medications being used and any other medical problems the patient is experiencing, as well as any previous medical or surgical treatments. Home and work environment should also be considered. Seasonality of symptoms should be assessed. A complete head and neck exam with detailed nasal examination should be performed and may include nasal endoscopy.

It is helpful to examine the nose before and after the application of nasal decongestants and anesthetic. That will help determine whether the obstruction is static (due to deviated nasal septum) or turbinate hypertrophy or dynamic (due to mucosal edema, which may respond to medical therapy). Nasal endoscopy can help visualize polyps or pus in the area of the middle meatus, which may not be seen on routine anterior nasal exam. A full set of coronal images through the sinuses will further help delineate the underlying pathology and possible anatomic obstruction and landmarks.

The list of differential diagnoses of a stuffy nose is considerable. Common conditions include infection, allergy, nasoseptal deformity, rhinitis medicamentosa, and adenoid hypertrophy. Less common conditions are chronic sinusitis, nasal polyposis, systemic disorders, and neoplasms. The physician with special interest in



Patients suffering from nasal obstruction may also complain of rhinorrhea, postnasal drip, headache, facial pain and/or pressure, and generalized irritability.

nasal disorders will offer treatments based on the specific causes. Most conditions initially can be treated medically.

Viral infections can cause a sense of nasal congestion accompanied by mid-facial pain and watery drainage. This is usually a self-limited disease, and vigorous treatment should be avoided. The supportive use of oral and/or nasal decongestants with mucolytic agents and nasal irrigation may improve breathing and reduce nasal secretions.

With bacterial infections (often a secondary complication of viral rhinitis), treatment with antibiotics is recommended in addition to decongestants. Often, cultures can be helpful in unremitting disease. One should also consider the possibility of fungal or granulomatous process if purulent drainage persists despite antibiotic therapy.

In allergic rhinitis, the drainage is watery and turbinates appear pale gray or blue. Initial treatment will consist of antihistamines, nasal steroid sprays, and decongestants. Specific allergen testing can help elucidate the cause and desensitization and avoidance can be instituted. In some patients with chronic allergic rhinitis, the inferior turbinate mucosa can become permanently swollen and obstructive. These patients often require partial inferior turbinectomy to restore nasal airway patency. The above-mentioned conditions, especially if left untreated, can predispose patients to developing chronic sinusitis. The disease is characterized by nasal congestion and suppuration that persists for more than six weeks. Nasal obstruction is often associated with nasal discharge and postnasal drip. Patients may also complain of decreased sense of smell, facial pressure, cough, and bad breath. Initial management should include long-term antibiotics guided by sinus cultures and decongestants. If the patient does not respond to medical therapy, surgical intervention may be indicated. Surgery will help eliminate the infection, alleviate anatomic obstruction, and restore the ability of the sinuses to drain.

Nasal polyposis can contribute to nasal obstruction and to chronic sinusitis. Patients often complain of long-standing nasal obstruction associated with allergic symptoms, hyposmia, and cough. Polyps are often associated with asthma, allergy, and aspirin sensitivity.

Combined medical and surgical approaches are often required in the long-term management of the disease. Initial treatment will include nasal steroids for mild cases. However, after a trial of one to three months of topical treatment without reduction in size of the polyps, oral steroids are indicated. A prolonged course of antibiotic therapy may be also indicated. When severe obstruction and anosmia are present and are unresponsive to medical therapy, functional endoscopic

sinus surgery and nasal polypectomy should be performed.

A "deviated septum" occurs when the septum is severely shifted away from the midline. The most common symptom from a badly deviated or crooked septum is difficulty breathing through the nose. The symptoms are usually worse on one side, and sometimes actually occur on the side opposite the bend. Estimates are that 80 percent of all nasal septums are off-center, a condition that is generally not noticed. In some cases, the crooked septum can interfere with the drainage of the sinuses, resulting in repeated sinus infections. Septoplasty is the preferred surgical treatment to correct a deviated septum.

Numerous tumors originating in the nose, paranasal sinuses, or nasopharynx can produce nasal obstruction. Primary tumors in the nasal cavity are relatively rare and may include inverted papilloma, squamous cell carcinoma, melanoma, esthesioneuroblastoma and metastatic disease. Usually symptoms are unilateral. For that reason, all unilateral sinus masses should be removed for histologic examination.

A primary care physician often is the first to evaluate and manage nasal obstruction. If symptoms are refractory to initial medical management, consultation with an otolaryngologist can be beneficial in determining if endoscopy, biopsy, and surgical intervention may be needed.

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Electronic Health Records at Advanced ENT

by Roy D. Carlson, MD

COMPUTERS AND, in particular, the electronic record (EHR) has become the standard in medical care and documentation in the past few years. We at Advanced ENT are proud to have been involved in EHR use for over a decade. In November 2010, we moved to our current software, PrimeSuite from Greenway Medical Technologies, Inc.

The advantages of an electronic record have been touted for many years and have become part of our national policy on health care. The gains are very evident: an electronic health record creates a clear, legible, and comprehensive record; it helps facilitate transfer of information among health professionals and to patients; it allows for better review of records to learn which treatments are most effective. These are part of the national goals of improving the quality of healthcare developed through the Department of Health and Human Services. If you would like to investigate this further, a good website is www.healthit.gov/providers-professionals/faqs/what-are-advantages-electronic-health-records.

At Advanced ENT, you will see computers everywhere. They are at the registration desk serving as the tool to schedule, collect basic information, and access referral information and available patient records. They are used by the medical assistants who initiate the entry of medical information into the record, and they are found as the laptops of the physicians whom you see and permit to enter the medical history, describe details of the examination, record recommendations and institute the next steps in the plan of care. Increasingly, such steps are carried out electronically. Doing so creates a clear record of the ordered tests, studies, and interventions, and helps keep track of what needs to be done. It is already possible for patients to interact with the office electronically through



our patient portal via our website, www.advancedent.com. Doing so allows patients to facilitate scheduling, to learn about test results, and allow for financial transactions related to medical care.

We believe the EHR does make care better. The perfect software has yet to be developed, but we are pleased with PrimeSuite, our current program. Their software

engineers are constantly working to improve their product, and our physicians and staff work diligently to make permissible modifications so that we can optimize efficiency and make it work the best it can for us. Whether you are a patient of our practice or a care provider, if you think there are ways we can make our electronic system work better for you, please let us know.

What do we envision for the future? The most difficult issue for EHR systems relates to interconnectivity. Various medical practices use different software products, and

most do not communicate well with one another. Our goal is to coordinate the care of our patients among all of their healthcare providers, but that seems still too distant a goal, as different software does not always allow for easy sharing of information. We want to make our patients able to communicate readily with us: nothing can replace face to face contact, but often busy schedules make simple questions and answers sufficient. We want to make it easy to do so, while stringently preserving the privacy patients need and deserve. We welcome questions about our software and any suggestions for improvement.



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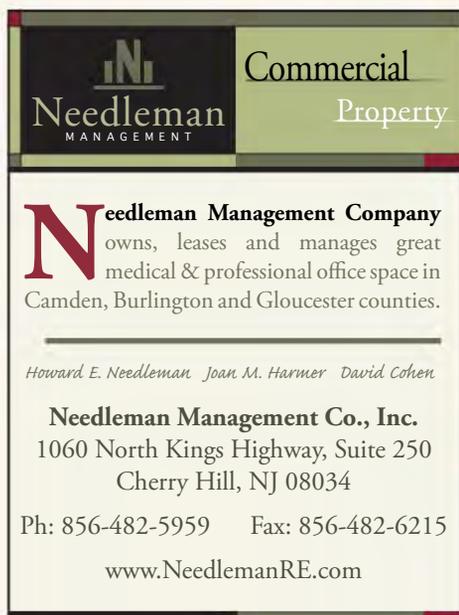


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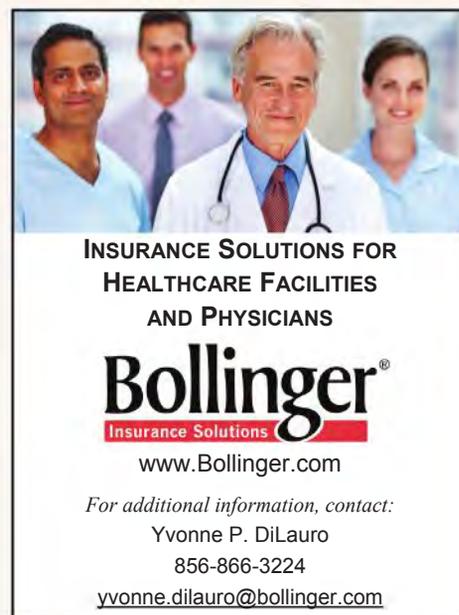
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VISION STATEMENT

Advanced ENT constantly strives to provide services that are relevant and appropriate to the needs of our community in this changing environment of health care delivery.

MISSION STATEMENT

The mission of Advanced ENT is to provide effective, compassionate and responsible medical and surgical care to disorders involving the ears, nose, throat, head and neck.

Advanced ENT will provide this care through a comprehensive approach that encompasses our specialty services:

- Adult Ear, Nose & Throat Care*
- Allergy*
- Audiology (Hearing Services)*
- Balance Disorders*
- Facial Plastic & Reconstructive Surgery*
- Head & Neck Cancer*
- Thyroid & Parathyroid Disorders*
- Pediatric Ear, Nose & Throat Care*
- Sinus Surgery*
- Endoscopic Skull Base Surgery*
- Skin Cancer Treatment & Reconstruction*
- Skin Care*
- Sleep Medicine*
- Voice & Swallowing Disorders*



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