# OHNS Spotlight ©

HENRY FORD HEALTH

October 2023



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### Letter from the Chair

Colleagues,

As the new Chair of Otolaryngology – Head & Neck Surgery, I could not be more honored and excited to build upon the leadership of <u>Dr. Kathleen Yaremchuk</u>, who has elevated the clinical excellence of the department into one of the nation's premier Otolaryngology practices in the fifteen years she has led the department.

It is truly an invigorating and exciting time at Henry Ford Health as we embark on major investments to further improve health in the community by building a premier academic medical center and <u>destination</u> to facilitate our triple mission of clinical care, research and education. This triple mission drives how we care for our patients, how we interact with referring physicians, how we work to innovate healthcare and how we train future physicians.

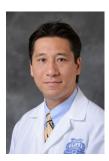
Our commitment to expanding research with our <u>Michigan State University Health Sciences</u> partnership includes building the critical space we need so the latest discoveries can be made locally and across the globe. The educational opportunities through this partnership involving rotating medical students, nursing students and others, provides an enormous research opportunity to build upon the major initiatives we are undertaking to deliver the signature patient experience.

These significant investments go a long way to facilitate our department vision to offer a world class academic Otolaryngology Head and Neck Surgery Department while ensuring our mission to improve the health of the community by setting standards of excellence in clinical care, research and education. The tactics to achieve this revolves around care pathways we are undertaking to map a patient's journey into the system, measure where patients are better served, whether it is in the main hospital or in the community/clinic setting and work with our MSU research partner to study health services and how patients should move from different settings of care.

I invite you to read about how clinical pathways are helping improve the patient experience with Dr. Ross Mayerhoff's article on initiatives the department has taken with the implementation of Interdisciplinary Voice Care Clinics at Henry Ford Health. This model, which is an important component of treatment excellence at major voice care centers throughout the country, has been associated with reduced no-show rates for voice therapy and better outcomes from voice therapy.

<u>Dr. Kristen Angster's</u> article on the Cochlear Implant Program at Henry Ford, which has grown exponentially in the past few years, benefits more patients than ever thanks to comprehensive audiometric and medical consultations to determine the best implant for hearing loss and improvement of electrode design. This has expanded the candidacy guidelines making it available for more patients at a lower level of hearing loss which improves access to this lifechanging technology.

These are just a couple of examples of how the Department of Otolaryngology at Henry Ford is leading the way in optimizing patient care by improving access and outcomes through an organized care process.



Steven Chang, M.D. Chair, Department of Otolaryngology Head and Neck Surgery Medical Director, Center for Patient Reported Outcomes Co-Director, Head and Neck Cancer Program Associate Professor, Michigan State University College of Human Medicine

### **Quick facts**

#### Henry Ford Otolaryngology

- Includes the Divisions of Audiology, Oral & Maxillofacial Surgery and a section of General Hospital Dentistry
- USNWR Top Hospital Ranking 3 years in a row
- Otolaryngology services provided at 5 Henry Ford Health hospitals
- 8 outpatient clinics
- More than 3,500 surgeries annually
- More than 68,000 outpatient visits
- 26 otolaryngologists in the department
- 2 oral & maxillofacial surgeons with recruitment efforts for an additional 2 surgeons
- 1 general hospital dentist with recruitment efforts for an additional dentist
- 23 audiologists, 4 audiology fellows
- 10 advanced practice providers
- 13 otolaryngology residents
- 1 head and neck cancer fellow
- More than \$36M in patient revenue
- Department produced 87 publications in 2020 and 2021
- Approved OMFS residency program to begin AY 2024-2025

#### **Head and Neck Cancer**

- In top 10 percentile for time of initiation of postoperative radiation therapy for head and neck cancer patients < 6 weeks.
- 900 surgeries
- Surgery services provided at all 5 Henry Ford Health hospitals
- More than 80 reconstructive cases annually
- 5,800 outpatient visits

# Development of Care Pathways and Quality Initiatives to Improve Laryngology Patient Experience

Voice disorders are more common than most people realize. It is estimated that about one out of 13 adults in the United States will experience a voice problem annually. Prevalence is higher in adults aged 60 years and older, with estimates ranging from 4.8% to 29.1% in populationbased studies.

As one of the major voice care centers in the region, Henry Ford Health offers coordinated care for comprehensive diagnosis and treatment of all voice and related disorders.



#### Innovative voice care at Henry Ford

The advent of specialty voice centers started coming about in the 1990s. Henry Ford has always been at the forefront of voice care including long standing collaborative relationships with the Speech, Language, Pathology Division. For example, Henry Ford clinicians developed the Voice Handicap Index (VHI), measuring the patient's perception of the impact of his or her voice disorder. The system is also home to one of the longest running programs of its kind in the United States, The Henry Ford Center for the Performing Artist. The program offers a comprehensive, multidisciplinary health care program designed to meet the particular needs of performers.

#### Implementation of interdisciplinary voice care model

Henry Ford has provided multidisciplinary care for voice disorders for many years and in 2018, Henry Ford took that to the next level, implementing the Interdisciplinary Voice Care Clinic at several medical centers throughout the health system. Interdisciplinary Voice Care Clinics offer collaborative diagnosis and treatment initiation for voice, swallowing, and related upper airway conditions by speech language pathologists and laryngologists in a single visit. This model, which is an important component of treatment excellence at major voice care centers throughout the country, has been associated with improved outcomes, including reduced no-show rates for voice therapy and better outcomes from voice therapy. Concurrent evaluation by two voice experts with different backgrounds also has potential to identify subtle findings that can explain why a patient may still have symptoms despite prior treatment.

#### Who benefits from interdisciplinary voice care?

The interdisciplinary model is of particular benefit to patients with functional voice disorders (i.e., related to how voice is used), known or suspected neurological disease, or those for whom their job is affected by their voice impairment (e.g., teachers, salespeople, vocalists, etc.). Additionally, it optimizes convenience for those traveling a longer distance for their visit. While this model is advantageous for many, not all patients with hoarseness require it. Helping to optimize getting the right patient to the right clinic in the right amount of time is a common problem faced in today's health care environment.

The Care Pathways initiative at Henry Ford Health has been developed to improve this process and others to enhance the "signature experience" throughout a patient's interaction with the health system. Part of the goal of the voice care pathway at Henry Ford is to streamline the process for optimizing flow from the first thought that the patient could benefit from voice care to the treatment recommendations such as therapy, medications and surgery. One recent example of success that exemplifies the optimal patient experience using this model involved a patient recently seen in one of our clinics with a functional voice disorder. The patient's treatment related to how they were using their voice rather than a structural problem. With the opportunity to see a laryngologist and a speech pathologist together, this is

someone that walked out of the initial consultation with a significant improvement just by having access to the speech pathologist in the first consultation. The ability to collaborate in real time not only saves a person travel for visits, but also increases the ability to walk out of their initial appointment with an answer and a plan. This increases efficiency for both the patient and providers, which translates to improved access to care. While most voice problems are not solved that quickly, this does exemplify a patient experience to strive for in all situations.

#### Strategies to optimize the patient experience

Complex care involves multiple phases such as obtaining prior records from referring doctors, appointment scheduling and preparation, collecting patient reported outcome questionnaires, initial appointment itself, post-appointment testing, and treatment. These phases are all opportunities to optimize flow.

Recognizing these challenges, Henry Ford continues to implement strategies to improve the voice care pathway to determine how these patients can best be served, while also streamlining the process for reduce administrative work on the clinician side.

Developing a care pathway that is based on analysis of practice data to continually improve workflow not only allows us to provide the highest-level laryngology care, but also leads to a "signature experience" that we aspire to for all patients in the region.



Ross Mayerhoff, M.D. is the Division Chief of Laryngology at Henry Ford Health, specializing in voice, swallowing, and airway disorders. Referring physicians can learn more by visiting the Referring Physician Office at Henry Ford Health.

# The Number One Thing Patients Tell Us **About Cochlear Implants**

Is it estimated that 48 million Americans report some degree of hearing loss. Those figures are likely to skyrocket as the Baby Boomer generation reaches their golden years. While hearing aids can tide people over when their hearing is faltering, cochlear implants are an excellent option for people who are no longer able to get by with a hearing aid. Patients who feel that their hearing aids are no longer sufficient for their hearing loss, are no longer able to talk on the phone or find themselves withdrawing from social situations due to their hearing loss may be benefit greatly from a cochlear implant.

#### How cochlear implants have evolved over the years

The FDA first approved cochlear implants in the mid-1980s to treat hearing loss in adults. Since 2000, cochlear implants have been FDA-approved for use in eligible children beginning at 12 months of age. In 2018 the FDA approved cochlear implants for patients with single sided deafness.

While the implants have been around for decades, the technology and surgical techniques have improved dramatically since they were first introduced.

Improvement of electrode design has expanded the candidacy guidelines so that this technology is available for more patients at a lower level of hearing loss which improves access to this life changing technology.

Battery life is also better than ever. Patients are able to get an implant sooner and the outcomes now exceed anything that was ever expected with most patients expressing they are able to communicate with their loved ones, on the phone, and enjoy their life without the isolation of significant hearing loss.

Continued intraoperative monitoring and feedback during insertion of the electrode will likely continue to improve hearing preservation outcomes during surgery.

Patients can look forward to improved connectivity through Bluetooth, remote programming and health care for their implant, and continued progress in communication ability and enjoyment after surgery.

#### The cochlear implant program at **Henry Ford**

The cochlear implant program at Henry Ford has had exponential growth over the last 5 years. We are partnering with our primary care teams and community to help spread the word of this life-changing technology.

Patients should seek the care of experts that have the knowledge to care for even the most complex patients and a commitment to continued learning to provide cutting edge care as technology advances.

At Henry Ford we have a dedicated team of surgeons and audiologists who take an interdisciplinary approach to cochlear implant evaluations. Each case is reviewed by our cochlear implant team to ensure that patient care is optimized for successful implantation and follow up care.

Patients have comprehensive audiometric and medical consultations to determine the best implant for their hearing loss and to counsel them on expectations and the course of recovery following surgery. When indicated we also consult our medical psychologist who can do additional cognitive testing to ensure we are setting our patients up for a successful outcome.

We use the latest intraoperative technology to guide cochlear implant research and innovation as well as providing the most advanced real-time feedback for exceptional patient care.

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Similarly, our audiology team uses the most current programming techniques to help patients achieve the best hearing possible. This includes using objective information collected intraoperatively to guide postoperative care which improves patient performance and efficiency. The devices now have the capability to be programmed remotely, providing convenience without a trip into the office. Nearly all patients will have significant improvement in their speech understanding in quiet and in noise with their cochlear implant relative to how they heard with hearing aids before surgery.

As for the teaser in the title I would recommend that patients should not wait to seek cochlear implant hearing health care. The number one thing our patients tell us is that they wish they would have gotten their cochlear implant sooner!

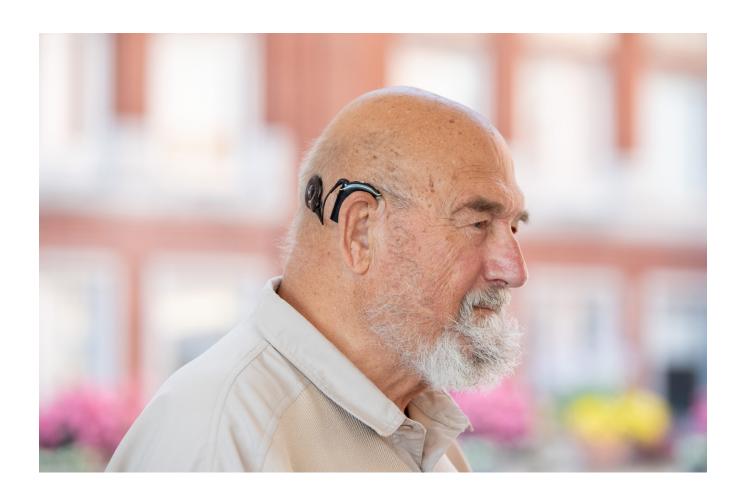


Kristen Angster, M.D. is a neurotologist who subspecializes in ear and lateral skullbase surgery. She has been performing cochlear implants at Henry Ford Health for 5 years.

#### Other important considerations

For eligible patients, implants are typically covered by insurance. Primary care physicians can refer patients for a hearing test. The audiologist can help determine eligibility for a cochlear implant.

For further information visit Cochlear Implants at Henry Ford. Referring physicians can learn more by visiting the Referring Physician Office at Henry Ford Health.



## Henry Ford Health otolaryngology providers

To request a consult or referral to a Henry Ford Health physician, call (877) 434-7470 or refer a patient online.

#### Comprehensive otolaryngology



<u>Vasudev</u> Garlapaty, M.D.



Alvin Ko, M.D.



Christie Morgan, M.D.



**Pavan** Reddy, M.D.



Joshua Romero, M.D.



Ravi Shah, M.D.



Jonathon Vargo, M.D.

#### Pediatric Otolaryngology



<u>llaaf</u> Darrat, M.D. Division Head

#### **Endocrine Surgery**



Michael Singer, M.D. Division Head

#### Facial Plastics / Reconstruction



Robert Deeb, M.D. Division Head



Lamont Jones, M.D. Department Executive Vice-Chair

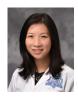


Garcia-Rodriguez, M.D.

#### **Head and Neck Cancer Surgery**



Steven Chang, M.D. Department Chair



Samantha Tam, M.D. Division Head



**Shivangi** Lohia, M.D.



**Vivian** Wu, M.D.

#### Head And Neck Cancer Surgery / Microvascular Reconstruction



Syed Ali, M.D.



**Suhael** Momin, M.D.

#### Laryngology and Professional Voice



Ross Mayerhoff, M.D. Division Head



Glendon Gardner, M.D.



Haley Sibley, M.D.

#### Oral and Maxillofacial Surgery



Jerrold Armstrong, D.D.S. Division Head



<u>Benjamin</u> Barbetta, D.M.D., <u>M.D.</u>



Jaroslaw Buda, C.N.P.

#### **Hospital Dentistry**



Angela Douglas, D.D.S.



Tanaya Porter, D.D.S.

#### **Otology and Neurotology**



Kristen Angster, M.D. Division Head



Laura Brainard, M.D.



Enright, M.D., Ph.D.

#### Rhinology and Anterior Skull Base



<u>John</u> Craig, M.D. Division Head



Jacob Eide, M.D.



**Amrita** Ray, D.O.

#### Sleep Medicine



Kathleen Yaremchuk, M.D. Division Head



Andrea Plawecki, M.D.

#### **Otolaryngology Residents**



<u>Abdurrahman</u> Abdurrb, M.D.



Lane Donaldson, M.D.



Raven Dunn, M.D.



Madeline Goosmann, M.D



<u>Jeewanjot</u> Grewal, M.D.



<u>Japnam</u> Jassal, M.D.



**Katherine** Larrabee, M.D.



**Kyle** Leonard, M.D.



William Mason, M.D.



**Phillip** Nulty, M.D.



<u>Oghenefejiro</u> Okifo, M.D.



**Kimberly** Oslin, M.D.

#### **Advanced Practice Practitioners**



Rachel Bollman, M.S.P.A.S, P.A.-C. Lead APP



**Kathleen** Ackerman, P.A.-C.



Scott Boyd, P.A.-C



<u>Wei</u> Gao, M.S.M., P.A.-C.



Michelle Mardegian, P.A.-C.



Loren Perlberg, A.G.A.C.N.P., BC



Reema Rahal. P.N.C., CNP, A.G.N.P.-C.





**Elizabeth** Steiner, P.A.-C.



<u>Ghenoi</u> Yasin, M.S.B.S., P.A.-C.



Riley Robinson, P.A.-C.

#### **Audiologists**



**Brad** Stach, Ph.D. Division Head of Audiology



**Patty** Aldridge, Au.D.



<u>Erika</u> Allan, Au.D.



<u>Erica</u> Bennett, Au.D., Ph.D.



<u>Ken</u> Bouchard, Ph.D.



**Ashley** Coners, Au.D.



Samantha Conn, Au.D.



<u>Chelsea</u> Conrad, Au.D.



<u>Ashley</u> Deeb, Au.D.



Melissa Henry, Au.D.



Kellie Kornmiller, Au.D.



<u>Jeanne</u> Livernois, Au.D.



**Katie** Makowiec, Au.D.



Wendy Rizzo, Au.D.



Nicole Satkowiak, Au.D.



<u>Jordan</u> Simmons, Au.D.



**Karrie** Slominski, Au.D.



**Kaylee** Smith, Au.D.



<u>Jessica</u> Strabbing, Au.D.



<u>Nicole</u> Velander, Au.D.