

OHNS Spotlight

February 2025

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In this issue:

Otolaryngology Embarks on Patient Reported Outcome Measures to Enhance Quality and Shared Decision-Making

Getting to know Glendon Gardner, M.D., dedicated expert in airway management.

Otolaryngology Embarks on Patient Reported Outcome Measures to Enhance Quality and Shared Decision-Making

With a background in coding and interests in technology and quality improvement, I enthusiastically embraced the task our Chair [Steven Chang, M.D.](#) asked me to take on in 2023 as Otolaryngology-Head and Neck Surgery (OHNS) Physician Lead for Patient Reported Outcome Measures (PROMs) at Henry Ford Health.



PROMs allow patients to report their own symptoms and severity at a particular point in time in the form of standardized questionnaires. Clinically, PROMs can be a vital component of the patient evaluation. They help providers assess patients' immediate health status, can help guide treatment interventions, and serve as reliable instruments to monitor patients' symptom levels over time. PROMs can also double as a tool for quality assessment. The emphasis on PROMs on a national level has evolved in recent years, with insurers increasingly focusing on PROMs as a performance metric with ties to reimbursements.

How we collect PROMs at Henry Ford Health

As part of its initiative to provide value-based care, Henry Ford Health has utilized PROMs in the past few years across several departments. Collected through questionnaires filled out before a patient visit through the Henry Ford [MyChart](#) account, and/or at the beginning of the visit(s) with the physician via a tablet, the data automatically populates into the medical record and from there we can automatically pull it into our note templates and see a rough baseline of the patient's concerns before walking in to see them. This serves as an important guide to our shared decision-making for the workup and management of what patients are coming in for. These measures give clinicians insight into how well and to what extent our treatment improves the health and quality of life for our patients.

The questionnaires we use in OHNS are psychometrically validated and allow us to compare patient scores from visit to visit quantitatively and reliably. Most PROMs in OHNS are disease-specific, designed for patients with that specific complaint or disease process. For example, if a patient enters our system with sinus issues, we use the Sinonasal Outcome Test (SNOT-22) to assess their quality of life as it relates to their sinusitis. For Laryngology patients, we use various voice, breathing, and swallow-related PROMs. For our cancer service line, we use general PROMs that are not disease-specific; rather, they gauge patient quality of life in domains of pain, physical function, fatigue, and depression, all of which factors significantly into how patients are doing and their response to treatment. We have thoughtfully selected PROMs for each of our subspecialties and major OHNS patient complaints.

Utilizing PROMs for research

We have found additional value in PROMs beyond clinical care, because PROMs also serve as a wellspring of data for various research endeavors. As an example, for our Head and Neck Cancer patients, we collect PROMIS-CAT questionnaires in the four aforementioned domains of pain interference, physical function, fatigue, and depression. [Dr. Steven Chang](#) and [Dr. Samantha Tam](#) led a case-control study of patients diagnosed with cancer, who had either survived or died within six months, matching the patients up by age, sex, cancer site, and their stage at diagnosis. The patients who passed away within six months had statistically significantly worse scores in all four PROMs. This tells us potentially if we closely monitor our cancer patients' PROM scores, we could look for trends of worsening scores, and potentially predict who might be nearing end of life. This would enable us to provide earlier supportive services.

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Continued progress in refining the PROMs process

While we have made great progress in implementing PROMs throughout our department and at a system level, barriers have included delivery of PROM questionnaires to patients, and collection of the data in a meaningful way for providers and the health system. At Henry Ford, we have refined our approach over the years to address these issues at a system level. We have been able to automate the assignment of PROMs questionnaires based on patients' reasons for referral and problem lists, and we have integrated our PROMs into our electronic medical record to create a seamless pathway for clinical care as well as a thorough database for PROMs-related quality assessment and research.

As we continue to improve the process for utilizing PROMs, Henry Ford offers the distinct advantage of being a leader in this initiative because of our capability of integrating key data, in a structured format, within our medical record system. The ability of our patients to take part in these powerful assessments as a part of their clinical evaluation, coupled with our automated tools allowing for convenient access to outcomes and quality assessment data, will continue to be an important aspect of Henry Ford that helps us provide the best quality care to our patients.



[Ravi R. Shah, M.D.](#), otolaryngologist at Henry Ford Health, has a clinical focus in the surgical management of snoring and sleep apnea. Dr. Shah also specializes in the diagnoses and treatment of general disorders of the ears, nose, and throat, such as hearing loss and sinus disorders.

Quick facts



Henry Ford Hospital has been recognized as a Best Hospital for 2024-25 in the Ear, Nose & Throat specialty by U.S. News & World Report, which features the top 50 of America's "Best Hospitals" in 15 specialties.

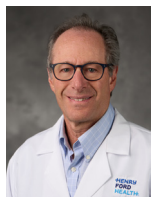
Henry Ford Otolaryngology

- Includes the Divisions of Audiology, Oral & Maxillofacial Surgery and a section of General Hospital Dentistry
- USNWR Top Hospital Ranking 3 years in a row (2017-2019)
- Awarded the PROTEUS Consortium and Pfizer Global Medical Grants & Partnerships (GMGP): "Understanding Value of PROMs in Phases of Care to Investigate Interventions to Improve Equity" in 2024
- 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
- 3 oral & maxillofacial surgeons
- 2 general hospital dentists
- 27 audiologists, 4 audiology fellows
- 11 advanced practice providers
- 14 otolaryngology residents
- 1 head and neck cancer fellow
- More than \$36M in patient revenue
- Department produced in 2024:
 - peer reviewed publications = 69
 - abstracts = 31
 - oral/poster presentations = 27

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

Getting to know



Glendon M. Gardner, M.D.

Otolaryngology, Head and Neck Surgery-Henry Ford Health

In this Spotlight profile we feature a Q and A with Dr. Gardner, a dedicated expert in airway management, who shares his extensive training and experience in treating obstructed airways.

Please provide some background on your interest, training and experience in fixing patient airways and what brought you to Henry Ford Health.

My passion in otolaryngology began during medical school at Wayne State University School of Medicine where I became captivated by the complexity of head and neck anatomy. Afterward, I did my residency at Albany Medical College, NY and served as assistant professor for one year before completing a fellowship in Laryngology and Care of the Professional Voice at Vanderbilt in Nashville, in 1994. I was only the second fellowship trained laryngologist in the United States. This was the onset of the fellowship era for laryngology in the U.S. A big part of the fellowship was surgery for obstructed airways, although it was mostly endoscopic surgery.

I came to Henry Ford because it was a tertiary care center, allowing me to perform the most complex surgeries, teach residents and do research. The chairman of our department at the time, Mike Benninger, was also a laryngologist and had already established Henry Ford as the premier medical facility for voice and airway care in Michigan. And, this was my hometown, so I was returning to my family and my wife's family.

Since my return to Detroit, I have taken care of most of the obstructed airways for the entire system, doing many tracheal resections and rib graft reconstructions of the airway over the years. Currently, tracheal resections and major airway reconstructions are done by me, [Dr. Ross Mayerhoff](#) and [Dr. Haley Sibley](#), who are also laryngologists.



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What are some common conditions you see in your office that require surgical intervention for airway management?

The two most common airway conditions I treat are posterior glottic stenosis and subglottic/tracheal stenosis.

Many of the cases I treat are caused by prolonged endotracheal intubation in very sick patients. The tube (which is necessary to connect to the ventilator) causes damage to the posterior part of the larynx that can affect the joints that move the vocal folds. If they are scarred badly, the vocal folds will not open for breathing, causing shortness of breath and inspiratory stridor (high pitched sound when inhaling). Many of them come to me with tracheostomy tubes in place. Improving the airway often requires cutting a vocal fold, which improves breathing but may worsen the voice.

Subglottic or tracheal stenosis can be caused by prolonged intubation as well. The solution is often to do a resection of the stenotic segment and reanastomosis of the patent parts. This is a big surgery with much risk. The trachea is located in the neck and chest, surrounded by critical structures, including the nerves that innervate the vocal folds, the carotid arteries and major vessels in the chest, and the esophagus. All of these structures can be damaged during the surgery, although that is a very rare occurrence in my experience. It is, however, a lengthy surgery under general anesthesia, which carries additional risk.

Another group of patients with subglottic/tracheal stenosis are women between 18 and 60 who spontaneously develop stenosis, for no apparent reason. We treat patients with idiopathic subglottic stenosis with incision and dilation done in the OR and steroid injections done in the office. There are other surgeries available to them, but this is the mainstay of treatment. Unfortunately, the condition recurs, so they need repeated surgeries.

What is the biggest challenge in successfully treating and fixing a patient's airway and why does experience matter?

The biggest challenge is striking a balance between improving the airway while minimizing damage to the voice. Through training and experience, I've been able to do most of these surgeries without doing a tracheostomy on the patient, which is a huge patient satisfier.

What are some of the treatment options you specialize in that have greatly helped patients?

Some successful treatment options include: Tracheal resection, rib graft laryngotracheoplasty, microlaryngoscopy with incision of scar and partial cordectomy. A newer procedure for idiopathic subglottic stenosis involving steroid injections in the office has also helped many patients and prevented them from needing surgery as often.

What would you like the community and colleagues to know about the otolaryngology program at Henry Ford Health?

At Henry Ford Health, we deeply understand that breathing comfortably is one of the most fundamental and vital aspects of life. My colleagues Dr. Mayerhoff, Dr. Sibley, and I specialize in managing all forms of airway stenosis, including complex reconstructive surgeries. What truly sets our program apart is our multidisciplinary approach, which we believe is essential to achieving the best patient outcomes. Many laryngologists in the state refer their most challenging airway cases to me.

We work very closely with our Speech-Language Pathology Department who provide comprehensive diagnostic testing and swallowing, voice and breathing therapy. Many patients who have sought voice therapy at other institutions find that after undergoing therapy with us, they experience significantly better results.

We also collaborate with thoracic surgeons and the Interventional Pulmonology Division, which is one of the busiest groups in the country and one of the first to do stenting of the airway.

Restoring someone's airway so they can breathe better, or have their tracheostomy tube removed, is truly one of the most rewarding aspects of my work.

Some Highlighted 2024 Manuscripts from our Team:

Chen AY, and **Singer MC**. Thyroid and Parathyroid Surgery: No Longer "Horrid Butchery". *Otolaryngol Clin North Am* 2023; 57(1):xvii-xviii.

Donaldson L, Okifo F, and Garcia-Rodriguez L. Preparing for Facial Feminization Surgery. *Facial Plast Surg Clin North Am* 2023; 31(3):349-354.

Donaldson LB, Deeb RH, Momin S, Eide JG, and **Craig JR**. Cadaveric and Computed Tomography Analysis of the Anterior Ethmoidal Artery Flap. *Laryngoscope* 2023

Saibene AM, Allevi F, Calvo-Henriquez C, Maniaci A, Mayo-Yañez M, Paderno A, Vaira LA, Felisati G, and **Craig JR**. Reliability of large language models in managing odontogenic sinusitis clinical scenarios: a preliminary multidisciplinary evaluation. *Eur Arch Otorhinolaryngol* 2024; 281(4):1835-1841.

Tam S, Neslund-Dudas C, Barrett AM, Barrow LCJ, Fridman I, Kinlaw AC, Puvindran P, Royce TJ, Smith AB, Stein JN, Wood WA, and Lafata JE. The Perceived Usability of Virtual Visits Among Black Adults' Receiving Oncology Care: A Qualitative Analysis. *Oncologist* 2023; 29(2):e237-e247.

Hanna GJ, **Chang SS, Siddiqui F**, Bain PA, Takiar V, Ward MC, Shukla ME, Hu KS, Robbins J, Witek ME, Bakst R, Chandra RA, Galloway T, and Margalit DN. Imaging and Biomarker Surveillance for Head and Neck Squamous Cell Carcinoma: A Systematic Review and American Radium Society Appropriate Use Criteria Statement. *Int J Radiat Oncol Biol Phys* 2024; 119(3):786-802. PMID: 38168554

Craig JR, and Saibene AM. Odontogenic Sinusitis: The Next Step. *Otolaryngol Clin North Am* 2024; Epub ahead of print. PMID: 39138074

Tam S, Al-Antary N, Adjei Boakye E, Springer K, Poisson LM, Su WT, **Grewal J**, Zatirka T, Ryan M, Movsas B, and **Chang SS**. Differences in Patient-Reported Outcome Measures in Patients With Cancer Six Months Before Death. *JCO Oncol Pract* 2024; Epub ahead of print. PMID: 39250724

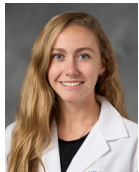
Craig JR, and Hopkins C. Sinus Pathophysiology of Odontogenic Sinusitis. *Otolaryngol Clin North Am* 2024; 57(6):1007-1018. PMID: 39428205

Mell LK, Torres-Saavedra PA, Wong SJ, Kish JA, **Chang SS**, Jordan RC, Liu T, Truong MT, Winkquist EW, Takiar V, Wise-Draper T, Robbins JR, Rodriguez CP, Awan MJ, Beadle BM, Henson C, Narayan S, Spencer SA, Powell S, Dunlap N, Sacco AG, Hu KS, Park HS, Bauman JE, Harris J, Yom SS, and Le QT. Radiotherapy with cetuximab or durvalumab for locoregionally advanced head and neck cancer in patients with a contraindication to cisplatin (NRG-HN004): an open-label, multicentre, parallel-group, randomised, phase 2/3 trial. *Lancet Oncol* 2024; Epub ahead of print. PMID: 39551064

Henry Ford Health Otolaryngology Providers

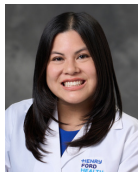
To request a consult or referral to a Henry Ford Health physician, call (877) 434-7470 or [refer a patient online](#).

Behavioral Health Psychologist

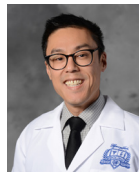


[Elise Pearl, Ph.D.](#)

Comprehensive Otolaryngology



[Linh Dang, M.D.](#)



[Alvin Ko, M.D.](#)



[Christie Morgan, M.D.](#)



[Pavan Reddy, M.D.](#)



[Joshua Romero, M.D.](#)



[Ravi Shah, M.D.](#)

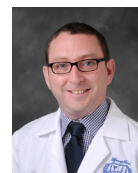


[Jonathon Vargo, M.D.](#)

Pediatric Otolaryngology

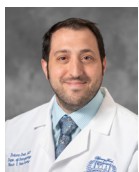


[Ilaaf Darrat, M.D.](#)
Division Head



[Michael Singer, M.D.](#)
Division Head

Facial Plastics / Reconstruction



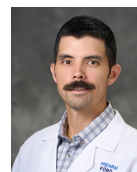
[Robert Deeb, M.D.](#)
Division Head



[Lamont Jones, M.D.](#)

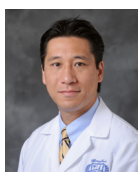


[Laura Garcia-Rodriguez, M.D.](#)

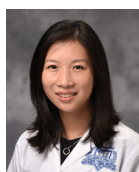


[Tate Naylor, M.D.](#)

Head and Neck Cancer Surgery



[Steven Chang, M.D.](#)
Department Chair



[Samantha Tam, M.D.](#)
Division Head
Vice-Chair



[Shivangi Lohia, M.D.](#)

Head And Neck Cancer Surgery / Microvascular Reconstruction



Syed Ali, M.D.

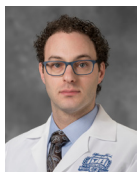


Rushil Dang, D.M.D., M.S.

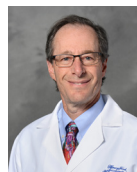


Suhael Momin, M.D.

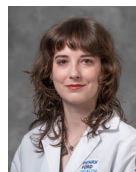
Laryngology and Professional Voice



Ross Mayerhoff, M.D.
Division Head



Glendon Gardner, M.D.

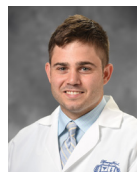


Haley Sibley, M.D.

Oral and Maxillofacial Surgery



Jerrold Armstrong, D.D.S.
Division Head

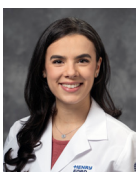


Benjamin Barbetta, D.M.D., M.D.



Jaroslaw Buda, C.N.P.

Hospital Dentistry

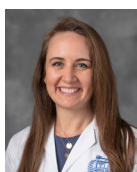


Angela Douglas, D.D.S.

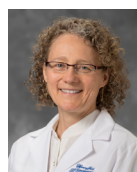


Tanaya Porter, D.D.S.

Otology and Neurotology

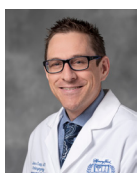


Kristen Angster, M.D.
Division Head
Vice-Chair



Laura Brainard, M.D.

Rhinology and Anterior Skull Base

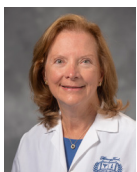


John Craig, M.D.
Division Head

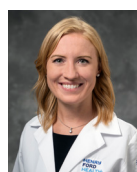


Amrita Ray, D.O.

Sleep Medicine



Kathleen Yaremchuk, M.D.
Chair Emeritus



Andrea Plawecki, M.D.

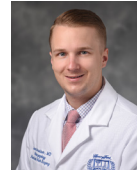
Otolaryngology Residents



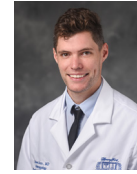
[Abdurrahman
Abdurrob, M.D.](#)



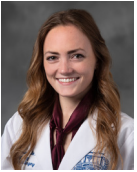
[Tala
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[Lane
Donaldson, M.D.](#)



[Raven
Dunn, M.D.](#)



[Madeline
Goosmann, M.D.](#)



[Jeewanjot
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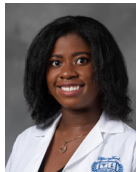
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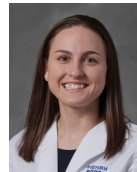
[Kyle
Leonard, M.D.](#)



[William
Mason, M.D.](#)



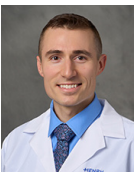
[Oghenefejiro
Okifo, M.D.](#)



[Kimberly
Oslin, M.D.](#)



[Zara Sragi, M.D.](#)



[Benjamin
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OMFS Resident



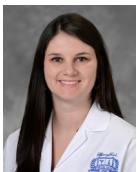
Cameron
Szelesi

Head and Neck Fellow



Jake Sims

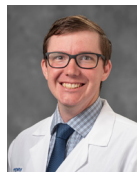
Advanced Practice Practitioners



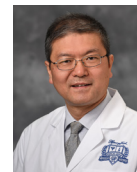
[Rachel
Bollman, M.S.P.A.S.,
P.A.-C.](#)
Lead APP



[Kathleen
Ackerman, P.A.-C.](#)



[Scott
Boyd, P.A.-C.](#)



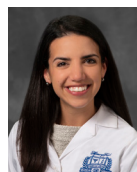
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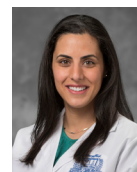
[Alexis
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[Michelle
Mardegian, P.A.-C.](#)



[Loren
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A.G.A.C.N.P., BC](#)



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[Riley
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[Elizabeth
Steiner, P.A.-C.](#)



[Ghenoi
Yasin, M.S.B.S.,
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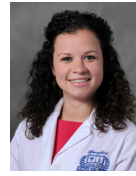
Audiologists



[Brad Stach, Ph.D.](#)
Division Head of
Audiology



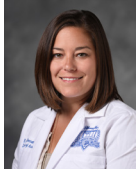
[Patty Aldridge, AuD](#)



[Erika Allan, AuD](#)



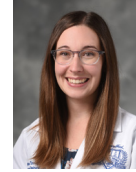
[Taylor Arbogast, AuD](#)



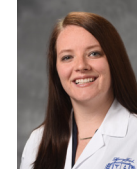
[Erica Bennett, AuD, Ph.D.](#)



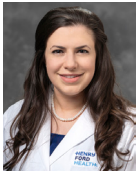
[Ashley Bruce, AuD](#)



[Samantha Conn, AuD](#)



[Chelsea Conrad, AuD](#)



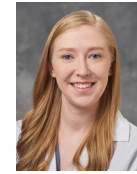
[Lauren G Dadisho, AuD](#)



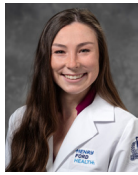
[Ashley Deeb, AuD](#)



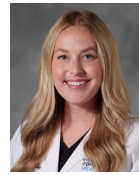
[Garrett Findlater, AuD](#)



[Kassandra Fitzgerald, AuD](#)



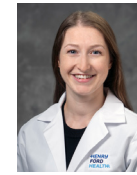
[Emma I Garber, AuD](#)



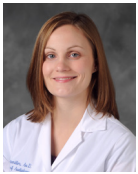
[Haley Garr, AuD](#)



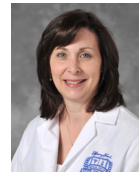
[Mary J Kassa, AuD](#)



[Rachel Kirby, AuD](#)



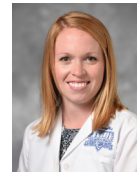
[Kellie Kornmiller, AuD](#)



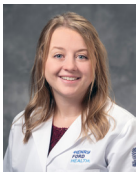
[Jeanne Livernois, AuD](#)



[Brian C Lloyd, AuD](#)



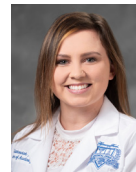
[Katie Makowiec, AuD](#)



[Ashley M Pudelek, AuD](#)



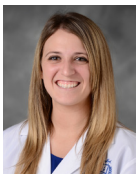
[Wendy Rizzo, AuD](#)



[Nicole Satkowiak, AuD](#)



[Karrie Slominski, AuD](#)



[Kaylee Smith, AuD](#)



[Jessica Strabbing, AuD](#)



[Nicole Velander, AuD](#)

