

# NEW JERSEY PHYSICIAN

PROVIDING CRITICAL INFORMATION TO THE STATE'S MEDICAL COMMUNITY

A portrait of Jared M. Wasserman, MD, a man with dark hair, wearing a white lab coat over a blue shirt and a patterned tie. He is smiling slightly and looking directly at the camera.

## Jared M. Wasserman, MD of ENT and Allergy Associates, LLP

*A Laryngology Sub-specialist in the Treatment  
of Voice and Swallowing Disorders*



### *Also in this Issue*

- **A discussion with John D. Fanburg, Esq. of Brach Eichler's Health Law Practice Group**
- **Saint Barnabas CEO to Retire at Year End**
- **Genetic Testing Subsidy Gets the Green Light from OIG**
- **CMS Rule Allows States to Stop Payments for Preventable Conditions**

### Dear Readers,

Welcome to New Jersey Physician magazine, the only publication providing the information you need to know for your practice. This month we have lots of news to share with you.

For those of you who haven't already heard, Ronald J. Del Mauro, Chief executive officer of the Saint Barnabas Health Care System since its inception in 1996 will retire at year's end. The Board of Trustees of Saint Barnabas has selected president and chief operating officer, Barry H. Ostrowsky to succeed Mr. Del Mauro. Under his leadership, Mr. Del Mauro guided the Saint Barnabas Health Care System to be the largest health provider in the state and one of the largest in the nation. Saint Barnabas is also one of the largest employers in New Jersey. We wish Mr. Del Mauro well in his retirement. Perhaps he will wish to submit some articles to our publication if he finds himself with some extra time.

A CMS rule was issued on June 1 providing states with the capacity to curtail Medicaid payments to doctors, hospitals and other providers for services that result from certain preventable health care acquired conditions. It uses Medicare's list of preventable conditions in inpatient hospital settings as a base (adjusted for the differences in the Medicare and Medicaid populations) and gives states the flexibility to identify additional preventable conditions and settings for Medicaid payment denial.

Many of our readers find it difficult "navigating the turbulent waters" complying with New Jersey's health care regulations. Some have turned to the Health Law Practice Group of Brach Eichler for support in these matters. In this issue we introduce you to this group and its chair, John D. Fanburg, who shares his views on just what doctors should now be considering to make the best out of the rapidly changing world of medicine.

The Voice and Swallowing Center of ENT and Allergy Associates is comprised of four subspecialized surgeons who are exclusively focused on diseases of the throat and voice. To learn more about this technologically geared practice, we were most pleased to spend some time with Dr. Jared Wasserman who shared his expertise in this relatively unknown subspecialty. The innovative procedures used by Dr. Wasserman include new developments that allow a physician to examine a patient's esophagus through transnasal esophagoscopy (TNE) which can be done while the patient is fully conscious, allowing the patient to immediately return to home or work. There is much more to learn about these new techniques so come inside and spend some time with us.

With warm regards,

*Iris and Michael Goldberg*

Co-Publishers  
New Jersey Physician Magazine

## NEW JERSEY PHYSICIAN

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# 4 Jared M. Wasserman, MD of ENT and Allergy Associates, LLP

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**COVER STORY**

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## CONTENTS

### 9 In the News

Saint Barnabas CEO to retire at year end

---

### 10 Health Law

A Discussion with John D. Fanburg, Esq. of Brach Eichler's Health Law Practice Group

---

### 12 Statehouse

Bollwage blasts out-of-state hospital ban in healthcare legislation

---

### 14 Finance

#### Let's Make a Deal

More physicians are forming joint ventures and seeking customized financial programs to meet their short- and long-term goals

---

### 16 Food for Thought

#### Fishing for Fluke

Five miles off the Jersey shore

---

### 18 Health Law Update

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# Jared M. Wasserman, MD of ENT and Allergy Associates, LLP

## *A Laryngology Sub-specialist in the Treatment of Voice and Swallowing Disorders*

By Iris Goldberg

In the healthcare arena of the 21st Century, one or even two-physician specialty practices are certainly in the minority. Within every field, physicians who have received subspecialty fellowship training join together to form practices that offer expertise in all aspects of their general specialty. There is no better example of this than ENT and Allergy Associates (ENTA), which is the largest and perhaps, the most comprehensive otolaryngology practice in the tri-state area. With more than 30 offices in New Jersey and New York, ENTA provides cutting edge diagnosis, care and treatment in specialized areas including: general adult and pediatric ENT, Allergy, Swallowing and Voice Disorders, Audiology, Sleep Medicine, Dizziness and Head and Neck Cancer.

While it is not possible to adequately showcase all of the subspecialty programs housed within this impressive practice, we can provide an in depth look into one, in order to exemplify the standard of excellence that is upheld by each. The Voice and Swallowing Center is a division of ENTA that treats a broad range of conditions affecting the larynx:

- Chronic cough
- Frequent throat clearing
- Post nasal drip
- Hoarseness
- Acid reflux disease
- Shortness of breath
- Difficulty swallowing
- Choking
- Spasmodic dysphonia
- Singers' voice problems
- Vocal nodules, polyps & cysts
- Vocal fold paralysis
- Bowed vocal folds
- Voice misuse
- Care of the professional voice
- Laryngeal cancer

**Jared M. Wasserman, MD** is an Associate Director of the Voice and Swallowing Center and one of its four laryngology sub-specialists. Dr. Wasserman discusses the tremendous advantages of working with a team of experts based within one multi-focal ENT practice that has many sub-specialized branches. In terms of the ability to consult with one another on cases and to share the wealth of information that emerges, Dr. Wasserman appreciates the opportunity this situation provides to further the level of care and treatment that he and his colleagues deliver to their patients. Equally important to Dr. Wasserman is what can then be shared with the otolaryngology community at large.

### The Specialists of the Voice and Swallowing Center



**Dr. Jonathan Aviv** is the Clinical Director of the Voice and Swallowing Center™, a division of ENT and Allergy Associates, LLP (ENTA). He comes to the practice from Columbia University, where he served as Professor of Otolaryngology/Head and Neck Surgery, Director, Division of Laryngology and Medical Director, Voice and Swallowing Center at the College of Physicians and Surgeons. Among his many substantive credentials, he is the inventor and developer of the endoscopic air-pulse laryngeal sensory testing technology known as FEESST (Flexible Endoscopic Evaluation of Swallowing with Sensory Testing) and a pioneer in the use of unsedated upper endoscopy known as TransNasal Esophagoscopy (TNE). He is a graduate of the College of Physicians and Surgeons, Columbia University, and completed both internship in General Surgery and residency in Otolaryngology at the Mount Sinai School of Medicine, and then added a Fellowship at Mount Sinai in Microvascular Head and Neck Reconstruction.



**Dr. Farhad R. Chowdhury** attended the Honors program at Rutgers College, where he graduated with a Bachelors of Arts. He received his medical degree from University of Medicine & Dentistry of New Jersey. He completed his General Surgery internship and Otolaryngology-Head and Neck residency at Philadelphia College of Osteopathic Medicine in affiliation with Drexel University College of Medicine in Philadelphia, PA, where he was chief resident from 2008 to 2009. He then completed an internationally renowned fellowship in Laryngology and Care of the Professional Voice at the prestigious American Institute for Voice and Ear Research in Philadelphia, PA, in affiliation with Drexel University College of Medicine. Dr. Chowdhury is Board Certified by the American Board of Otolaryngology-Head and Neck Surgery.



**Dr. David Godin** is an Assistant Director of the Voice and Swallowing Center™, a division of ENT and Allergy Associates, LLP (ENTA). He graduated Cum Laude from State University of New York Health and Science Center at Syracuse College of Medicine. He then completed his General Surgery Internship and Otolaryngology residency at Tulane University School of Medicine in Louisiana. Dr. Godin is a member of the American Academy of Otolaryngology-Head and Neck Surgery and The American Medical Association.



**Dr. Jared M. Wasserman** is an Assistant Director of the Voice and Swallowing Center™, a division of ENT and Allergy Associates, LLP (ENTA). He graduated Magna Cum Laude from Brandeis University where he majored in biological sciences. After receiving his medical degree from the Mount Sinai School of Medicine, he completed an internship in General Surgery and a residency in Otolaryngology-Head and Neck Surgery at the SUNY Downstate Medical Center. Dr. Wasserman then obtained advanced specialized training as a fellow in Laryngology, Phonosurgery and Voice Disorders at the Massachusetts Eye and Ear Infirmary of Harvard Medical School.



"Although we are a private practice, we have a larger laryngology division than most academic centers and we're able to generate clinical care and research because of the vast number of patients we see," Dr. Wasserman states. This was evident to him again just recently, when he was chosen as one of two international experts to speak about advances in laryngology and voice at the annual international otolaryngology conference, held this year in Honduras.

Dr. Wasserman shared information about a variety of innovative procedures that he and his colleagues at ENTA are now performing, so that physicians in other countries where less current methods are still being utilized might be able to incorporate these newer technologies. In fact, he hopes to parlay this experience into a medical mission for himself and other ENT specialists to travel to disadvantaged areas where physicians do not yet have updated technology so that those in need can be treated. "It's incredible how the clinical volume that we see can translate into real research and numbers on a global level. It's a special, unique set-up that we have. We're very fortunate," he notes.

Even here in the United States, the laryngologists at ENTA are invited to share the information they have amassed through the large numbers of patients they treat. For example, last month in Boston, at the Massachusetts Eye and Ear Infirmary, Dr. Wasserman presented at a CME voice seminar to discuss the most current treatment modalities.



▲ In order to perform the delicate surgery, Dr. Wasserman looks through a microscope to better visualize the vocal cords



▲ Dr. Wasserman performs surgery to remove a benign nodule on the vocal cord. The patient, who is a teacher, uses her voice professionally

For patients right here in New Jersey with disorders that affect the larynx, having the sub-specialized experts and the technology available to them at various locations within the state is an ideal situation. Also, the physicians at ENT and Allergy Associates accept virtually all major health insurance plans. As a result, patients who depend on their health insurance in order to receive medical care and who require treatment from a physician who specializes in their particular ENT problem, don't get caught in an out-of-network situation by having to travel to a different state and/or consult with someone who does not participate in their insurance plan.

Dr. Wasserman highlights what a fellowship trained laryngologist can provide as opposed to someone whose training is more generalized. "A laryngologist is specially trained to care for the performing and professional voice," he explains. "We treat voice and swallowing or throat problems with the professional in mind because ultimately, everything that you do to a vocal cord or to the larynx has far-reaching effects on the voice, swallowing and function of the larynx. It's our thinking and training which puts that into perspective," Dr. Wasserman adds.

Therefore, as Dr. Wasserman emphasizes, it is important to treat any condition with preservation of the voice as the top priority. "You don't want to do an ablative operation on someone who needs their voice professionally or in a performing fashion," he strongly states. Besides professional singers, many people depend on their voices in order to perform their jobs. Most obviously - teachers, public speakers, newscasters, sales people and clergymen come to mind but Dr. Wasserman points out that anyone who uses his or her voice while working is a professional voice user and therefore, requires specialized care when a problem occurs.



It is for this reason that Dr. Wasserman spends a great deal of time speaking at various functions throughout the state and also communicating with primary care physicians in order to create awareness about the Voice and Swallowing Center at ENTA. "Laryngology is so sub-specialized that some people don't know that we exist, he relates. "We need to get out and educate the community."

Since a problem with the voice can be the first symptom for many diseases, Dr. Wasserman and his colleagues at the Voice and Swallowing Center see patients with a wide range of health problems. Chronic laryngitis, for example, could be the result of anything from a voice that is merely tired, to a more serious problem like benign polyps, nodules or cysts on the vocal cords. Infectious diseases such as bacterial, viral and fungal infections can present in the voice box as can neurologic and rheumatologic disorders. Of course, it is also possible that an extremely concerning diagnosis of laryngeal cancer might be made.

When laryngeal cancer is diagnosed while it is still in an early stage, Dr. Wasserman happily shares that patients seen by him or the other laryngologists at ENTA are often able to



▲ Transnasal Esophagoscopy (TNE) to examine the esophagus is done without sedation in the office. TNE involves passing an ultra-thin scope through the nose and down into the esophagus.

receive voice-preserving micro-laryngeal surgery, which is endoscopic surgery for vocal cord cancer that traditionally would have required removal of the entire voice box. "If you can catch people at early stage disease you can provide these ultra high-tech voice-preserving operations," he says, emphasizing the need for screening, especially, for those at high risk.

Another serious voice condition that can dramatically impede the quality of life is vocal cord paralysis, which prevents speaking above a whisper. Dr. Wasserman sees patients with diseases that cause vocal cord paralysis who are referred by other specialists such as pulmonologists and rheumatologists. Vocal cord paralysis is not merely a speech and voice problem but as Dr. Wasserman explains, it is more of a breathing or swallowing problem because ultimately, the vocal cords are not solely for voice but primarily to protect the lungs when we swallow. "It's a simple valve and these patients have a leaky valve," states Dr. Wasserman, in order to most easily describe the situation.

Although patients with vocal cord paralysis have a severe voice limitation,

the more concerning problem is that the malfunctioning vocal cords might cause patients to aspirate into the lungs and develop aspiration pneumonia. When these patients are referred to the Voice and Swallowing Center, Dr. Wasserman and the other laryngologists are able to perform a reconstructive procedure on the vocal cords. "We give patients their voice back and protect their lungs," Dr. Wasserman is pleased to report.

Besides caring for the voice, the laryngologists at ENTA diagnose and treat problems in the throat, such as difficulty swallowing and also conditions of the esophagus, such as acid reflux disease and esophageal cancer. Dr. Wasserman, like many physicians, especially those in ENT, gastroenterology and oncology, is quite concerned about the dramatic rise in the cases of esophageal cancer in recent decades.

Often, by the time esophageal cancer is detected, it has progressed too far to treat successfully and is fatal in most cases. The best way to prevent this from occurring is for patients to be screened routinely much like they are for colon cancer, cervical



▲ The nodule on the right vocal cord can be seen, also a callous which formed on the left vocal cord is also visible.



▲ After surgery has been completed, the nodule is no longer present.

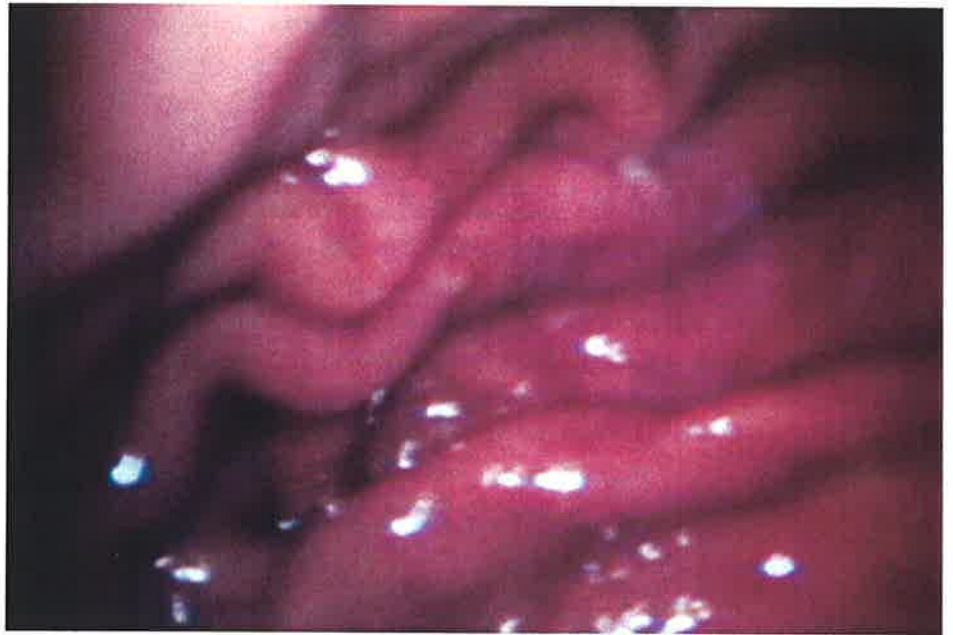
cancer and other preventable cancers. For high risk patients, especially those with reflux, this is most critical in terms of reversing the alarming trend we are currently experiencing.

It is the hope of the physicians at ENT and Allergy Associates that the public will become educated about the importance of screening for esophageal cancer much like it was about colon cancer with the help of newscaster Katie Couric, more than a decade ago, after her husband was diagnosed with that disease. Dr. Wasserman and the other laryngologists at ENTA would also like patients and referring physicians to know that with the technology utilized at the Voice and Swallowing Center to examine the esophagus, for most patients the procedure is not much more difficult to tolerate than one performed during a dental visit.

Although endoscopy to detect esophageal cancer or a pre-cancerous condition known as Barrett's esophagus has traditionally been done under intravenous sedation by gastroenterologists who pass the endoscope down through the mouth, Dr. Wasserman and his colleagues at the Voice and Swallowing Center are amongst only a small number of physicians in the tri-state area who use **Transnasal Esophagoscopy (TNE)** to examine the esophagus. Done without sedation, in the office setting, TNE involves passing an ultra-thin scope through the nose and down into the esophagus.

Dr. Wasserman discusses the significant benefits of TNE as opposed to traditional endoscopy. "With the traditional procedure, you go to sleep, you miss a day of work and you need to have an anesthesiologist present. The vast majority of complications with this procedure are associated with the sedation," Dr. Wasserman remarks.

In contrast, TNE is done with the use of a topical anesthetic, while the patient sits in a chair and is totally awake. Going through the nose avoids contact with the back of the tongue, thereby decreasing the gag reflex. The entire procedure takes five or ten minutes



▲ As in a traditional endoscopy, the scope makes it possible to visualize the stomach

and the patient is free to leave immediately after. "With our technology because it's the same camera, only thinner, with the same computerized chip in it, the visualization is the same. The costs are reduced and the biopsy technique that we use is the same as that used by the gastroenterologists," Dr. Wasserman further explains.

"We get the same data, the same information, it's all accomplished here in the office and the patient can then go right back to work," he adds. The rationale regarding the advantages of TNE, not only for the patient but for the physician, health insurance companies and therefore, for our healthcare system, is compelling.

**Jonathan Aviv, MD** is the Clinical Director of the Voice and Swallowing Center. Dr. Aviv pioneered the use of transnasal esophagoscopy, back in 1996 and has since been traveling world-wide to teach other physicians how to perform TNE, which he explains, is part of a suite of procedures performed at ENTA that are designed to enhance patient safety.

"Dr. Wasserman, along with Dr. Godin and Dr. Chowdhury – what we're all able to do and this is one of the things I am most proud of at the Voice and Swallowing Center, is not only look at the esophagus without putting

patients to sleep or even giving them any intravenous sedation but also, for instance, do a biopsy of the vocal cord with the patient wide awake and sitting upright in a chair," informs Dr. Aviv. "That allows us to make a diagnosis of cancer of the head and neck without administering anesthesia or sedation. Often, this will avoid a patient having to undergo a tracheostomy," he offers.

In terms of patient safety, especially for those with serious medical conditions but really for all patients who undertake a risk, even one that is statistically small, when undergoing anesthesia, the advantage of TNE over traditional endoscopy is obvious. From a cost perspective TNE is preferable as well. By eliminating a facility fee and one for anesthesia, TNE saves money for insurance companies, which ultimately benefits the healthcare system at large. Both Dr. Wasserman and Dr. Aviv emphasize that if TNE became the rule rather than the exception, the savings in reduced healthcare costs would be astronomical.

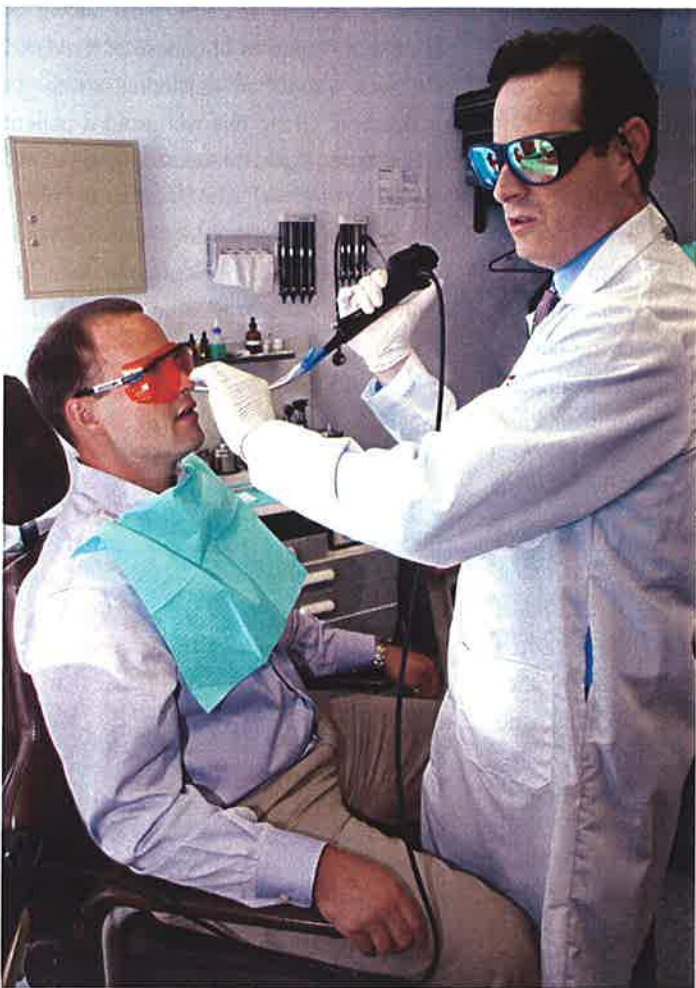
Dr. Aviv describes the benefits of TNE from various perspectives: "You could use the term '*medical perfect storm*' because number one - it's good for patients for the reasons we've discussed. Number two - it's good for the physician because it increases practice efficiency and number three- it's also good



for the insurance companies. It's rare that those three things come together," he points out.

The advent of office-based procedures such as screening for esophageal cancer that are offered by the laryngology division of ENTA because of the technology and equipment it has acquired set it apart from other practices, as Dr. Wasserman elaborates. "I try not to go to the operating room, whenever possible," he states. He offers a vast number of procedures that traditionally would be done in an OR setting, under anesthesia, that he and his colleagues perform in the office while the patient is awake and sitting in a chair. He reiterates how beneficial this is, especially for patients with co-morbidities. "I get all the information I need within five or ten minutes and the patient does not have to wait for medical clearance," Dr. Wasserman relates.

For example, vocal cord biopsies can be done through TNE with topical anesthesia only. Additionally, biopsies of the throat and trachea can be done in this fashion as well. Dr. Wasserman reports that the TNE scope allows him, within a period of ten minutes, to look at the throat, larynx, trachea and the esophagus at the same time. This is crucial to determine if throat cancer, for example, is present in multiple locations, which is sometimes the case. "Again, the patient does not have to wait for clearance for anesthesia. The diagnosis is



▲ The laser is targeted and selective for vascular lesions such as polyps, cysts, nodules and pre-cancer of the vocal cord. It allows biopsy and treatment while preserving voice-producing tissue.



▲ Shown here, is the post cricoid region of the larynx with edema.

made and treatment is not delayed for a few weeks or a month. This is huge!" Dr. Wasserman emphasizes.

For vocal cord paralysis, patients can receive in-office vocal cord injections of certain materials to bulk up the vocal cord. In the past, this procedure was only done in the OR. Now, with a local anesthetic spray, Dr. Wasserman can administer these injections in the office. "We bulk up the vocal cords and the patient walks out of the office with a voice," he is happy to share.

Another procedure that is performed through the nose by the laryngologists at ENTA within the office for certain patients and also at times in the operating room is laser surgery for disorders of the larynx. "The laser in laryngology is an incredible and amazing gift that we have because it is so targeted and selective for vascular lesions such as polyps, cysts, nodules, and pre-cancer of the vocal cord. It allows us to biopsy and treat while preserving voice-producing tissue," explains Dr. Wasserman.

Many professional singers, especially, who are more prone to developing lesions and rely on voice preserving treatment, come to the Voice and Swallowing Center to have laser surgery. Also, as a fellowship-trained specialist in laryngology, Dr. Wasserman knows how to advise professional singers regarding when it is safe to continue to perform and when the voice must be rested for a period of time.

"Although sometimes we see people with life-threatening cancers, the vast majority of our patients have benign problems which affect the quality of their lives. Restoring quality of life is a huge part of what we do," Dr. Wasserman shares. "For some, their voice is their life," he knowingly says.

To reach Dr. Wasserman or the other physicians at the Voice and Swallowing Center or for more information visit [voiceandswallowing.com](http://voiceandswallowing.com). For information about ENT and Allergy Associates visit [entandallergy.com](http://entandallergy.com).