North Carolina Dermatology Association

2018 SUMMER MEETING
FRIDAY PRESENTATIONS

July 13-15, 2018 | Omni Grove Park Inn Resort | Asheville, NC

This continuing medical education activity is jointly provided by the North Carolina Dermatology Association and Southern Regional Area Health Education Center.
Survive and Thrive
Practice Management in the Modern Age of Medicine

North Carolina Dermatology Association 2018 Summer Meeting | July 13, 2018
Course Objectives

Working together to identify areas of opportunity for a practice to **maintain** and **promote** good business health.

- Review the current landscape of healthcare
- Why we need to go to the “next level”
- What are the basics to get there
- What are the Key Areas of Focus
The Vision of Healthcare
THE COMPANY THAT PUTS US OUT OF BUSINESS… WILL NOT LOOK LIKE US!
WHY DO YOU LOVE UBER / LYFT?
You know the price  |  It is immediate  |  No need to carry cash
The technology allows you to track progress
YOSHI
Delivers gas, oil changes, car washes and anything else your car needs while it’s parked so you can keep moving
Wanting it NOW and paying for it
From coupon cutting and sale specials to premium pricing
Why should I care?
A STORM IS COMING.
We believe that this agreement further validates the important role that CVS Health's integrated and innovative pharmacy care model plays in today's health care system...

...We look forward to providing services to help ensure coordinated, holistic care for their PBM members...

...We truly are the front door of health care...our pharmacists and nurse practitioners are able to engage in face-to-face personalized counseling and clinically-effective interventions that will enable us to help improve health outcomes and lower overall health care costs for Anthem and its members.
YOUR PATIENTS WANT THIS
VIRTUAL PLATFORMS ARE HERE

MONTHLY MONITORING SERVICE
PhysiTrack is backed by Apple  |  Google, Microsoft, Samsung and Amazon are vying for positions in smart home monitoring platforms
TELEMEDICINE

Kaiser Foundation:
- 52% of visits are via smartphone, kiosks, video conferencing
- 110,000,000 visits

Cleveland Clinic 2017:
- 163% increase in Virtual Visits (25,502 visits)
- 32% increase in Express Care Visits (261,879 visits)

“What we are seeing is greater interaction with our members and the healthcare system. They are asking different questions, they are behaving more like consumers, and medical information now is becoming a critical part of how they are making life choices.” – Bernard J. Tyson, CEO, Kaiser Foundation
ARTIFICIAL INTELLIGENCE AND BOTS

• Automate Repetitive Tasks
  o Billing and Collections
  o Insurance Follow Up
  o Patient Engagement

• Staff can only do so many tasks; BOTS can check thousands of claims and open items

• Upstream staff to use their talents...exchange mundane/repetitive for knowledge, experience, and efficiency
HOW MANY OF YOUR ORGANIZATIONS ARE DEALING WITH PRACTICE/OFFICE RE-DESIGN?

- KIOSKS
- TELEMEDICINE
- TELEMONITORING

... STILL WORKING ON MIPS AND MACRA?
DETERMINE HOW TO RUN YOUR BUSINESS BETTER...
At all times...Fundamentals are Key
Blocking and Tackling

- Improve working capital-collections, expenses
- Employ stringent cost controls
- Drive fixed costs to become more variable
- Control labor costs (consider outsourcing)
- Leverage potential shared services
- Flatten the management structure (right people, right seats)
- Incentivize staff to achieve goals
- Improve Customer Service
- Improve access to appointments
Key Areas of Focus

Operational Excellence

• Quality management team – BUILD AND RETAIN ONE!
• Solid clinical reputation
• Strong brand – Are you regarded as one of the best, if not the best, practice in your area?
• Well run, integrated business operations – not “silos”
• Solid IT and data resources – not in silos and real time and populated to those who need to know - actionable
• Revenue Diversity
• Adaptable to changes in healthcare system – ACOs and other new models, integrated care/payments, new treatment modalities and technologies
Key Areas of Focus

Operational Excellence

• Diverse revenue sources
  o Geographic expansion
  o Service (Mohs/laboratory)/products expansion
• Appropriate cost cutting
Key Areas of Focus

Regulatory Compliance

• Key areas
  o Coding and billing compliance
  o Referral source relationships
  o Marketing activities
  o HIPAA and data security
  o Licensure/accreditation
  o Product/equipment issues – FDA, labeling, off-label use

• Put in place/update a Compliance Plan and HIPAA and Data Security Plan
Key Areas of Focus

Strong Referral/Patient Relationships

• What is your track record regarding key referral source retention and attrition?
• Are there any potential losses of key referers/payer contracts/sales reps?
• What systems/ protections do you have in place to promote customer retention?
  o Capabilities to detect problems
  o Capabilities to assess reasons for problems
  o Audit functions to prevent concealment of relationship problems
Key Areas of Focus

Strong Referral/Patient Relationships

• Effective intra-company communications and planning to save the relationship
• Customer communications and other compliant value added relationship “tools”
• Game plan to assess and address third-party threats to key customers.
  o Referring physician group acquired by hospital
  o Group Mergers
  o ACO Positioning
Suzanne Olbricht, MD, FAAD
President, American Academy of Dermatology

The Wild Ride of 2018
Ride-hailing giant Uber is buying the e-bike startup JUMP Bikes, adding bikeshare to its transportation options. In a blog post Monday morning, Uber chief executive Dara Khosrowshahi (left) said the company had reached a deal to acquire JUMP, which operates dockless bikesharing services in the District of Columbia and San Francisco. The terms of the agreement were not disclosed, but TechCrunch reported last week that the sale could exceed $100 million.  

WASHINGTON POST
Perfect Storm

DEMAND FOR ACCESSIBLE HIGH QUALITY CARE

PA’s, NP’s, naturopaths, dental assistants, nonderm MDs, teledocs
RELEVANCE
DISRUPTION RELEVANCE

1. KEEP OUR EYE ON THE BALL
2. THINK FORWARD
3. BE ASPIRATIONAL
Guiding principles:

- To be PROACTIVE advancing our specialty
- To ACT promptly on members’ concerns and on the changes in the health care environment
- To KEEP the fact that we take care of patients central to our activity
Representing all of Dermatology

20,000 members

- Most comprehensive membership group -- represent all of dermatology with U.S. and Global reach
- Largest attended dermatology conference in all the world
- Advocate for all of dermatology on Capitol Hill
- Leadership on a Global Level
- Provide scientific guidelines and clinical research for all of dermatology
- Premier expert on dermatology for the specialty and for the public

Academic * Aesthetic* General * Surgical

American Academy of Dermatology
PROACTIVE

- EDUCATION
- DATA COLLECTION
- HOUSE OF MEDICINE
EDUCATION INNOVATION

Continuing Medical Education

- AAD offered more than 500 Continuing Medical Education credits in 2016—many were free to members
- AAD is expanding the number and type of learning formats
- Developing education resources to expand our reach

Annual Meeting

- Over 375 sessions offered; over 60 sessions approved for MOC Self Assessment credit (Part II)
- Innovative sessions include hands-on workshops, audience response sessions, communication skills labs, and a specialty track for residents
EDUCATIONAL RESOURCES

Continuing Medical Education

More than 500 Credits of CME in 2016

Evidence-Based Guidelines of Care on Dermatologic Conditions

Current: Melanoma, Atopic Dermatitis, Mohs AUC, Psoriasis, Acne

In Update or Development: Non-Melanoma Skin Cancer, Office-Based Surgery

Resident Education

Guideline-Based Practice Tools

CME Sessions + Printed Tools

Mobile Apps

PI CME Modules

Telemedicine
QUESTION OF THE WEEK

• Introduced in February, 2016
• Participants are awarded .25 CME and 1 MOC Part II credit for participating
• Approximately 2,700 individuals participate each week
• Members can subscribe by searching aad.org, emailing the Member Resource Center at mrc@aad.org or calling (866) 503-7546.
• JAAD: #1 Impact factor DERMATOLOGY 2017
• DW: Design and content awards
DATA COLLECTION

➤ Burden of Skin Disease

➤ DataDerm™

- Informs advocacy efforts
- Improves outcomes from registry feedback
- Provides opportunity for quality measures assessment
- Helps dermatologists with quality reporting requirements
- Validates guidelines

American Academy of Dermatology
COMPLIMENTARY
BURDEN OF SKIN
DISEASE BRIEFS

The Academy is creating briefs on the 24 skin disease categories examined in the 2016 Burden of Skin Disease.

The briefs will be posted in batches over the coming months.

The briefs are complimentary and available for informational purposes only.

ACCESS BSD BRIEFS

American Academy of Dermatology
Burden of Skin Disease Report

- 24 skin disease categories
- Rigorous and transparent scientific process
- 40 clinical advisors from AAD & sister societies
- Published in JAAD in March 2017

Did you know?
The report examined prevalence, economic burdens, and mortality for skin disease in the US using 2013 healthcare claims data drawn from insurance enrollment and claims databases and found that:

- 84.5 million Americans – one in four – were impacted by skin disease,
- which cost the US healthcare system $75 billion in medical, preventative, and prescription and non-prescription drug costs, and
- One in three Americans were seen by dermatologists, who collaborate with other physicians throughout the health care system in caring for these patients.
DATA COLLECTION: DataDerm™

- 60 EHR vendors
- Varying levels of automatic integration with DataDerm
- DataDerm specialists work directly with each practice individually for EHR integration
- Data is mapped and practices approve that the reports reflect their records
  - There is a manual (web portal) entry option for those on paper records
965 active practices

2,700 providers submitted data in the last 12 months

5 million unique patients

11.7 million patient visits
DataDerm: Reporting 3 Domains of MIPs

QUALITY
- Some data automation for EHR users
- Help to ensure data accuracy
- Options for paper–based practices
- Integrated dashboard

Advancing Care Information
- MIPS reporting module makes EHR attestation easy
- Attestations are completed electronically through the DataDerm dashboard

Practice Improvement Activities
- Attestations for all 92 Practice Improvement Activities will be available
- Organizes dermatology-specific and applicable activities for easier submission

QCDR
- If CMS-approved, DataDerm would allow for reporting AAD-developed non-MIPS measures

American Academy of Dermatology
RESPECT FOR THE SPECIALTY

GOAL
Raise awareness of the importance of dermatology among other physicians and policymakers

WE TAKE CARE OF SERIOUS DISEASE
RESPECT FOR THE SPECIALTY

www.SkinSerious.org

TREATING SERIOUS CONDITIONS

Dermatology is more than skin deep. Dermatologists are trained to detect, diagnose, and treat hundreds of conditions, and can provide a first alert for diseases such as cancer and diabetes.

WORKING AS PARTNERS

When dermatologists work with other physicians as part of the health care team, benefits can include improved patient outcomes and lowered health care costs.

INCREASING ACCESS

As with many specialties, timely access to care can be challenging. The American Academy of Dermatology is identifying and sharing innovative approaches to improve access to dermatology.
Skin Cancers Rise, Along With Questionable Treatments

By KATIE HAFNER and GRIFFIN PALMER

John Dalman had been in the waiting room at a Loxahatchee, Fla., dermatology clinic for less than 15 minutes when he turned to his wife and told her they needed to leave. Now.

“It was like a fight or flight impulse,” he said.

His face numbed for skin-cancer surgery, Mr. Dalman, 69, sat surrounded by a half-dozen other patients with bandages on their faces, scalps, necks, arms and legs. At a previous visit, a young physician assistant had taken 10 skin biopsies, which showed slow growing, nonlethal cancerous lesions. Expecting to have the lesions simply scraped off at the next visit, he had instead been told he needed surgery on many of them, as well as a full course of radiation lasting many weeks.

The once sleepy field of dermatology is bustling these days, as baby boomers, who spent their youth largely unaware of the sun’s risk, hit old age. The number of skin cancer diagnoses in people over 65, along with corresponding biopsies and treatment, is soaring. But some in the specialty, as well as other medical experts, are beginning to question the necessity of aggressive screening and treatment, especially in frail,
• NPC’s doing a lot of biopsies, some not appropriate?
• Mega-practices are not supervising NPC’s well and may be “factories”
• Unnecessary procedures or more complicated procedures than necessary are being done.
• Elderly patients may not need any therapy for their skin cancers
Letter to the Editor

New York Times
11.20.2017

Dear Editors,

“Skin Cancers Rise – Along With Questionable Treatments” depicts detrimental patient experiences when treated by physician assistants for suspected skin cancers – without direct supervision of a dermatologist. The American Academy of Dermatology recommends a board-certified physician dermatologist provide direct supervision of any non-physician (PA/ARNP) for optimum dermatologic care.

Board certified dermatologists have extensive specialized training in all skin conditions in addition to their medical training, which makes them uniquely qualified to diagnose and treat skin cancers. Patients should look for the letters ‘FAAD’ behind their dermatologist’s name to signify that he or she is board certified and a fellow of the American Academy of Dermatology.

Dermatologists take very seriously our obligation to provide the highest standard of care by using appropriate, cost-effective treatment. Decisions of how and when to treat all forms of skin cancer should rest with the patient in consultation with their dermatologist. More information is available at www.aad.org.

Henry W. Lim, MD, FAAD
President, American Academy of Dermatology
AAD SOCIAL MEDIA ACCOUNTS

@AADskin

**Primary audience**
Public

**Social media accounts**
Facebook: 113,265 page likes
Twitter: 17,821 followers
YouTube: 3,312 subscribers
Pinterest: 1,316 followers

@AADMMember

**Primary audiences**
Members
Young dermatologists
Residents
Meeting attendees
Legislators
Government health agencies
Patient advocate groups

**Social media accounts**
Facebook: 3,904 page likes
Twitter: 8,043 followers

@JAADjournals

**Primary audiences**
JAAD and JAAD Case Reports
readers and potential readers

**Social media accounts**
Facebook: 39,612 page likes
Twitter: 2,305 followers
Suzanne Olbricht
@SuzanneOlbricht

#aadmember

Please come to the legislative conference. I look forward to being with you. #aadmember

AADmember @AADmember
AADA Legislative Conference: Advocate #dermatology's top priorities with Congress on Capitol Hill --- no experience required: ow.ly/qRJW30jB0ww

We as dermatologists are in a small specialty. It's our job that we protect that specialty and our patients. One of the best ways to do that is by making sure our voices are heard in Washington.

The future is here. #AAD summit discussing new technology. Our patients need us as a profession to embrace our world of disruptive change and maintain our relevance to their care. We take care of serious disease. #skinserious #aadmember

SAC cmte / AAD working overtime in a basement room close to OHare airport on a Friday night to put together annual meeting 2019 in DC. Exciting new sessions. Join us in March!
The Academy’s first Facebook Live event was hosted with Dr. Anne Chapas during the 2017 Annual Meeting.

- 9,000+ views
- 600+ engagements from the live audience, including more than 450 reactions, 80 shares and 70 comments/questions
Interviews & Placement

How Do I Find the Best Dermatologist?

These skilled specialists do a lot more than look at moles and treat acne.

Before Summer, Here’s What to Know About Getting Your Skin Checked

Why you should always have your dermatologist do your mole check and other tips on keeping your skin healthy.

American Academy of Dermatology
Skin Cancer Awareness Month

• 2018 campaign: Skin Cancer Heroes recognizes:
  – patients and survivors
  – friends and loved ones
  – dermatologists

• Educates on signs of skin cancer
Melanoma Monday®
Skin Cancer Awareness Month

- Media relations
- Social media and social influencers
- Web site
- Videos, infographics

American Academy of Dermatology
EXCELLENCE IN DERMATOLOGY

Guiding principles:

➢ To be PROACTIVE strengthening our specialty

➢ To ACT promptly on members’ concerns and on the changes in the health care environment

➢ To KEEP the fact that we take care of patients central to our activity
ACT PROMPTLY FOR MEMBER CONCERNS

- Practice management burden
- Scope of Practice / Truth in Advertising issues
- Modifier 25 payment reduction
- Drug shortage
These resources will simplify administrative burdens, enhance practice sustainability, physician satisfaction, and in turn allow members to focus on providing superior patient care.

TOOL BOX:

PRACTICAL

DERMATOLOGIST-VETTED
PRIOR AUTHORIZATIONS AND DENIALS

- Prior Auth Toolkit
- Clinically-specific denial letters for top drugs
Evaluating Practice Models: Joining a Practice

**Evaluating Practice Models**

- **Evaluating practice models:**
  - Why are you considering practice models?
  - Are you considering new practice models?

- **Joining a Practice:**
  - Are you thinking of joining a practice?
  - Are you interested in joining a new practice model?

- **Selling Your Practice:**
  - Are you ready to sell your practice?

**Quick Resources**

- **Joining a Practice:**
  - An overview of joining a practice
  - Key considerations

- **New Practice Models:**
  - Factors to consider when evaluating new practice models

- **Selling Your Practice:**
  - Planning and executing a sale
  - Post-sale considerations

**Small Group Practice**

Finding the right type of small dermatology group practice: From an expert

Name: Danette D. Bentley, MD

Dermatologist, Pure Dermatology and Aesthetics

**What made you choose to become a group practitioner vs. solo practitioner?**

I really did not have any interest in running my own practice. While I love practicing dermatology and seeing patients, I also have a family and enjoy my life outside of work. I felt like owning a practice would take away from those two things. Plus, I didn’t want the additional responsibilities that come from owning a business.

**How do you like working in a group setting?**

I love it. I work for another physician owner, and I really enjoy the camaraderie of working with another MD. We share cases and experiences. It’s nice to have someone to bounce things off of, and to share funny and crazy things (e.g., rare diagnoses, unusual situations, etc.) as well.

Imagine you had decided to go into solo practice right out of residency. Besides the stress of running a business, what
Evaluating Practice Models: Emerging Practice Models

Quick Resources
- Joining a practice
- New practice models
- Selling your practice

American Academy of Dermatology Association
Evaluating Practice Models: Selling a Practice

Quick Resources

Joining a practice
- Salary
- Fee
- Salaries
- Agreement

New practice models
- Acquiring an existing practice
- Building a new practice
- Opening a new branch

Selling your practice
- Selling to private equity
- Selling to management
- Selling to another practice
- Selling to a corporation

Will a private equity or venture capital firm want you practice?
- You own your dermatology practice for decades. You are committed to many patients. You love your work and your ability to help people.
- But retirement is just a few years away, and you may want to sell.

If your practice is not profitable, independent practice, you might be considering selling to a private equity or venture capital firm. These companies raise money from individual and corporate investors, which in turn is used to deploy highly-qualified management teams to permanently firm-selling practice and raise cash revenue. By purchasing the company privately, the people equity group or venture capital firm in turn allows you to be the company for a greater amount.

Experiences: 5 Questions to ask before selling your practice to a private equity backed company
- You could get a tenant from either type of company. Ask a private equity firm to meet them in private. Every firm is generally focused on bolstering established companies, while VC firms are drawn to startups.

It’s already difficult for many R and VC companies have entered the health care space. And these buyers, in a very aggressive buying environment.
**ADDITIONAL TOOLS**

- **MACRA Resource Center**
  - Explanation of MIPS & APMs
  - MACRA Readiness Checklist
  - MIPS Financial Assessment Tool

- **TELEDERMATOLOGY**
  - Regulations by state
  - Specific considerations and models

- **HOTLINE FOR MEMBERS**
<table>
<thead>
<tr>
<th>AMA SOPP</th>
<th>Non-physician</th>
<th>Medical Spas</th>
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<tbody>
<tr>
<td>• Steering Committee Member</td>
<td>• Nurses</td>
<td>• Model legislation</td>
</tr>
<tr>
<td>• $1.2 million grants awarded</td>
<td>• Optometrists</td>
<td>• AAD Position Statement on Medical Spa Standards of Practice</td>
</tr>
<tr>
<td></td>
<td>• Physician assistants</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Aestheticians</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Naturopaths</td>
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## SCOPE OF PRACTICE / TRUTH IN ADVERTISING

| Model TIA Legislation | • Enacted in 20 states  
|                        | • Introduced in 36 states |
| Board-Certification   | • Legislation restricts claims of “board-certification”  
|                        | • Partnership with ASDA, AMA and other specialties |
| AADA TIA Toolkit      | • Data, resolutions, model legislation  
|                        | • Comment letters, media outreach template |
SOP-TIA TRIAGE TEAM

Henry W. Lim, MD
Kelley Redbord, MD
Brian Berman, MD, PhD
Carrie Davis, MD
Suzanne Olbricht, MD
Terry Cronin, MD
Ted Rosen, MD
Larry Green, MD
Barbara Mathes, MD
Murad Alam, MD
Marta Van Beek, MD, MPH
Bruce Brod, MD
Sabra S. Sullivan, MD, PhD
Mary Maloney, MD

• Triage Team specific e-mail and intake form
• Completed review and plans of action of more than 170 cases of potential SOP/TIA violations
• Working with state derm societies
• New infographics:
  – “Why See a Dermatologist”
  – “What is a Board-Certified Dermatologist?”
Why see a board-certified dermatologist?

A dermatologist is a doctor who specializes in treating:

- Skin
- Hair
- Nails
- Mucous Membranes

Dermatologists diagnose and treat more than 3,000 different diseases and conditions. Some of the most common are:

- Acne
- Age spots
- Eczema
- Hair loss
- Melanoma
- Psoriasis
- Rash
- Rosacea
- Skin cancer
- Vitiligo
- Wrinkles

How do I know if my dermatologist is board-certified?

Look for FAAD after your dermatologist’s name.

* FAAD stands for Fellow of the American Academy of Dermatology.

Check your dermatologist's website to verify that he or she has been certified by the American Board of Medical Specialties, the American Osteopathic Board of Dermatology, or the Royal College of Physicians and Surgeons of Canada.

Be wary of certifications from other organizations.
**Do Your Homework. Know Your Provider.**

While many health care providers offer dermatologic care and cosmetic procedures, the results depend on the provider’s skill and experience. The American Academy of Dermatology recommends that you do your homework, know the qualifications of the provider you are considering.

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**American Academy of Dermatology**

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<table>
<thead>
<tr>
<th></th>
<th>Board-Certified Dermatologist</th>
<th>Nurse Practitioner</th>
<th>Physician Assistant</th>
</tr>
</thead>
<tbody>
<tr>
<td>College</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Schooling after College</td>
<td>4 years Required</td>
<td>2-4 years</td>
<td>2-3 years</td>
</tr>
<tr>
<td>Internship</td>
<td>1 year</td>
<td></td>
<td></td>
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<tr>
<td>Accreditation Council for Graduate Medical Education-accredited dermatology residency</td>
<td>3 years (minimum)</td>
<td>Master’s Degree</td>
<td></td>
</tr>
<tr>
<td>Patient care hours</td>
<td>12,000-16,000 hours required</td>
<td>500-720 hours</td>
<td>2,000 hours required</td>
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</table>

Board certification through the American Board of Dermatology, the American Osteopathic Board of Dermatology, or the Royal College of Physicians and Surgeons of Canada.
INTERACTIVE MAP OF SOP LAWS AND REGULATIONS: What services are NPC allowed to perform?
Pulse of the Profession

MOC Poll

Poll Results: Released Oct 2017
Do you support a process that evaluates ongoing professional competence to maintain your dermatology board certification?

72% of those who have to participate in MOC support a process that evaluates professional competence to maintain board certification.

<table>
<thead>
<tr>
<th>Q2. Do you support a process that evaluates ongoing professional competence to maintain your derm board certification?</th>
<th>All Respondents</th>
<th>MOC required</th>
<th>MOC not required</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>N</td>
<td>%</td>
<td>n</td>
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<tr>
<td>Yes</td>
<td>1684</td>
<td>63.3%</td>
<td>1305</td>
</tr>
<tr>
<td>No</td>
<td>957</td>
<td>36.0%</td>
<td>501</td>
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<tr>
<td>NR</td>
<td>21</td>
<td>0.8%</td>
<td>6</td>
</tr>
<tr>
<td>Total</td>
<td>2662</td>
<td>100.0%</td>
<td>1812</td>
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</table>
The ABD/ABMS board certification should be...

Half of respondents who are required to participate in MOC said certification should be time-limited with CME only. Those not required to participate in MOC favored once in a lifetime milestone, followed by CME:
• Results have been shared with ABD and American Board of Medical Specialties (ABMS)

• ABMS has recently announced the formation of a Commission to critically examine the re-certification process

• AAD nominated a candidate as a member of this Commission
In general, would you support a sub-certification category for Mohs Micrographic Surgery and Dermatologic Oncology if it were offered by the American Board of Dermatology?

- Yes: 51.2% (1,299)
- No: 48.1% (1,221)
- (0.7% no response)

American Academy of Dermatology MSDO Survey, May 2017
Sub-specialty Representation

Who answered the survey?

Not a member of ACMS nor ASMS: 51%

ACMS: 28%

ASMS: 19%

Both: 2%

Neither: 2%

American Academy of Dermatology MSDO Survey, May 2017
ACTING PROMPTLY

Modifier 25 Reduction

• Oct 2017: Anthem announced that E&M service billed with modifier 25 will be reimbursed at 50%
• To be effective by Jan 1, 2018
• To affect 4000 AADA members
ACTING PROMPTLY

- Oct 17: AADA web-cast to coordinate push-back effort
- Oct 24: Conference call with state societies led by Howard Rogers, to disseminate information and to seek input. (Contact person: David Brewster at DBrewster@aad.org)
- Nov 1: Information posted on AAD Website, and published in Dermatology World Weekly
- Nov: AAD delegates/DSC led the AMA House of Delegates (HOD) to adopt resolution to address insurers’ attempts to reduce reimbursement for modifier 25.
ACTING PROMPTLY

• RESOLUTION: the AMA aggressively and immediately advocates through any legal means to force insurers to comply with accepted CPT coding and reimbursement guidelines.
• Dec: AADA representatives joined AMA representatives to meet with Anthem senior leadership
• Dec 22: Anthem announced that E&M service billed with modifier 25 will be reimbursed at 75% rather than 50%, effective March 1, 2018.
• AADA and AMA/other specialties continued to challenge reduction.
• February 23: Letter from Anthem, they will not proceed with reduction!
Dermatologic Drug Shortages

- Dermatologists and patients affected
- AADA actively engaged
  - FDA
  - Congress
  - Manufacturers

Letter to download for patients to send to lawmakers
GET IN TOUCH!

www.AAD.org

Member resource center:
866-503-7546
mrc@aad.org
EXCELLENCE IN DERMATOLOGY

Guiding principles:

➢ To be PROACTIVE strengthening our specialty

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WE TAKE CARE OF PATIENTS

ACCESS TO DRUGS, COMPOUNDING COST TRANSPARENCY

American Academy of Dermatology
AAD Summer Meeting

Mark your calendar!
Registration for the AAD's Summer Meeting opens Wednesday, May 2 for select categories.
THANK YOU!
BURNOUT: THE NEW EPIDEMIC

Suzanne Olbricht, MD FAAD
Chief, Dept of Dermatology,
Beth Israel Deaconess Medical Center
Assoc Prof, Harvard Medical School
DISCLOSURES

- No financial conflicts 7/1/18
- No “off-label” drugs
PHYSICIAN BURNOUT

- Emotional fatigue
- Depersonalization: Development of a negative, callous and cynical attitude toward patients and their concerns
- Reduced Sense of Personal Accomplishment
BURNOUT RATES BY SPECIALTY

Source: Mayo Clinic Proceedings—Dec. 2015
NCDA MEMBERS?

Burnout?

Yes

No
FACTORS

- Reduced income for same or more effort
- EMR
- Difficulty to get meds for patients
- MOC
- Worry about lawsuits
- ICD10
- More hours at work
- Difficulty with insurance companies
- Less time to go to conferences, talk with colleagues
- No control of schedule
- Helplessness in ability to shape practice or role
- Fulfilling regulatory requirements
- Uncertainty concerning new payment models
NCDA MEMBERS

Number 1 factor:
NCDA MEMBERS

Check all:
STRESSED SUBSETS

1. Midcareer women in academic settings with family at home
2. Medical students in the first year of clinical rotations
3. Interns with varying work schedules (shifts)

PHYSICIAN BURNOUT

AFFECTS

- Quality of care (and error rate)
- Retention
- Migration
- Retirement
- Suicide
AN INTERN’S LIFE

- 2x needle sticks at night than day
- Car crashes:
  every shift >24hr increased risk 9.1%
  increased risk home from work crash 16.2%

Blum: Nat Sci Sleep 2011; 3:47
MEMO PROJECT

- 420 general practice physicians
- 61% stressful work
- 27% burnout symptoms
- 31% will likely leave job in 2 yrs
MEMO PROJECT

“Likelihood of making errors is associated with organizational climate and office environment.”

1. Obtain good information systems
2. Promote culture of quality
3. Improve hectic environments

MEMO PROJECT

- 372 physicians/92 clinics NYC
- Stress and burnout rose with increasing EMR requirements.
- Time pressure most severely felt among physicians high EMR functions, most correlated with burnout, intent to leave practice

Babbot et al: J Am Med Inform Assoc. 2014 Feb;
"physician resilience ... the ability to invest personal resources in a way that initiates positive resources spirals in spite of stressful working conditions."

NCDA MEMBERS

Action plans:
COPING
COPING

- Cognitive or behavioral efforts employed to manage, reduce, or control stress


Questionnaire ranking stress, depression, and coping styles
DISENGAGEMENT STRATEGIES

- Wishful-thinking
- Problem-avoidance
- Self-criticism
- Social Withdrawal
ENGAGEMENT STRATEGIES

- Problem-Solving
- Social Support
- Express-Emotion
- Cognitive-Restructuring
IN PRACTICAL TERMS....

POSITIVE CORRELATION WITH # EPISODES FEELING EMOTIONALLY EXHAUSTED:

✓ keeping stress to oneself
✓ concentrating on what to do next
✓ acting as if nothing happened

NEGATIVE CORRELATION WITH # EPISODES FEELING EMOTIONALLY EXHAUSTED:

✓ taking time off
✓ out of work relationships and activities

Lamaire and Wallace: BMC Health Serv Res 2010; 10:208-215