FINANCIAL DISCLOSURE

• I have no financial disclosures to make regarding the content of this lecture.
ISOTRETINOIN: THE iPLEDGE MAZE

• REMIND FEMALES: PRIMARY & SECONDARY CONTRACEPTIVES IN THE CORRECT ORDER

• FAILURE TO DO SO WILL DELAY THERAPY FOR 30 DAYS!

• ASK THEM TO CALL THE OFFICE IF THEY ARE CONFUSED ABOUT WHICH CONTRACEPTIVE FORM SHOULD BE LISTED FIRST

• GIVE THEM A PRINTED COPY OF THEIR iPLEDGE STATUS and PRESCRIPTION TO ARM THEM WITH VALUABLE EVIDENCE WHEN THEY WALK INTO THE PHARMACY
ISOTRETINOIN: ADDRESSING THE FEARS

• THIS DRUG IS VERY SIMILAR TO VITAMIN A
• MOM NEEDS PRECISE LEVELS OF VITAMINS A, C and E TO MAKE A HEALTHY BABY
• VITAMINS A, C and E ARE NECESSARY FOR SKIN COLLAGEN and BONE COLLAGEN FORMATION
• ISOTRETINOIN CAUSES A TEMPORARILY HIGH LEVEL OF VITAMIN A
• THIS IS THE CAUSE OF BIRTH DEFECTS, NOT SOME TOXIC DAMAGE TO UTERUS ETC.
• EMPHASIZE THAT PATIENT CAN HAVE AS MANY NORMAL HEALTHY BABIES AS SHE WANTS 60 DAYS AFTER HER LAST DOSE
ISOTRETINOIN: FACILITATE THE PROCESS

• ORDER LABWORK NON-FASTING
• WE’RE NOT REVIEWING TRIGLYCERIDES FOR CARDIAC PURPOSES
• MAKES IT EASIER FOR PATIENT TO DO LABS AT ANY TIME OF DAY
ISOTRETINOIN FOLLOW UPS

• ASK IF THEY ARE TAKING THE MEDICATION WITH A FATTY MEAL
• ASK IF THEY ARE TAKING VITAMIN E 400 IU BID
• PRESCRIBE MUPIROCIN OINTMENT IF THEY HAVE EXCORIATED OR RED RAW PIMPLES
ISOTRETINOIN FEARS

• START ALL PATIENTS AT ½ DOSE
• GIVES BODY 30 DAYS TO GET USED TO THE MEDICATION
• I ENCOURAGE 6 MONTHS TO REDUCE RECURRENCE
• HIGHER FEAR MEANS LOWER DOSE
• FOR PARENTS THAT ARE EXTREMELY FEARFUL I START AT 10mg PER DAY
• GIVES YOU TIME TO DEMONSTRATE THE SAFETY
ISOTRETINOIN SKIN CARE REGIMEN

MORNING
• CLN FACIAL CLEANSER
• ELTA MD DAILY SPF
• VITAMIN E 400 IU
• DR DAN’S CORTIBALM

EVENING
• CLN FACIAL CLEANSER
• DERMACEUTICS CALM & CORRECT SERUM
• VITAMIN E 400 IU
• DR DAN’s CORTIBALM
FACIAL AKS: FIELD EFFECT, CANCERIZATION

• ACETONE PREP, EYE PROTECTION, EYE WASH IRRIGATION CLOSE AT HAND

• TITRATE JESSNER’S THEN UP TO 70% GLYCOLIC ACID, UP TO 6 MINUTES THEN BICARB

• NEUTRALIZE WITH SODIUM BICARBONATE FOR GLYCOLIC ONLY

• THEN APPLY 4-5% 5-FU CREAM FOR POST-OP

FACIAL AKS: FIELD EFFECT, CANCERIZATION

- SMALL ELECTRIC FAN VERY USEFUL FOR PAIN CONTROL, PT CAN HOLD

- 80% CLEARANCE OF ACTINIC KERATOSES

- REPEAT EVERY 2 WEEKS

- MILD IRRITATION, WELL TOLERATED, NO SCARS, ONE CAN TELL THEY HAD THE PEEL DONE

- BETTER TOLERATED THAN EFUDEX, IMIQUIMOD, ETC

LIGHT NEEDLE CAUTERY FOR FACIAL TELANGIECTASIAS, SGH, DPN, SK ETC

• HAVE PATIENT SIGN WAIVER OF NON-COVERED SERVICES (COSMETIC)
• INFORMED CONSENT
• BLT PREP HELPS
• USE LOW SETTING OF 2 ON YOUR CAUTERY UNIT
• FOLLOW WITH SMALL BURSTS ALONG THE VESSEL, SGH, DPN, SK
• TELL THEM IT WILL BRING A TEAR TO THEIR EYE
• ALWAYS TELL THEM THEY CAN RECUR & MAY NEED RETREATMENT
TERBINAFINE FOR ONYCHOMYCOSIS

• USING FDA DOSING CURE RATE IS LOW, FRUSTRATING TO PATIENTS
• HIGH RECURRENCE RATE = 80%
• COMPLETE USUAL 90 DAYS OF 250mg QD
• THEN LOWER TO ONCE A WEEK OR M-W-F x 3 MONTHS
• 250mg PER MONTH THEREAFTER TO PREVENT RECURRENCE
• ALTERNATIVELY JUBLIA/KERYDINE TO PREVENT RECURRENCE
• LET PTS KNOW 80% RECURRENCE RATE = CHRONIC CONDITION
GRANULOMA ANNULARE

• CRYOSURGERY
NEURONTIN FOR POST HERPETIC NEURALGIA PROPHYLAXIS

- GABAPENTIN 300mg QD x 7 DAYS THEN 300mg TID x 7 DAYS
- 600mg QD x 7 DAYS THEN 600mg TID x 7 DAYS THEN 600mg QD x 7 DAYS
- 300mg TID x 7 DAYS THEN 300mg QD x 7 days
- ALSO HELPS TO CONTROL NEUROPATHIC PAIN DURING SHINGLES OUTBREAK!!!!
- REDUCES RISK OF POST HERPETIC NEURALGIA
STASIS DERMATITIS

- Topical TAC 0.1% if just itchy but no edema or induration
- EXPLAIN THAT THIS IS A PLUMBING PROBLEM (CIRCULATION)
- PENTOXIPHYLLINE (TRENTAL) 400 ER TID for LEG CIRCULATION
- EXPLAIN THAT THIS JUST MAKES RBCs MORE FLEXIBLE SO THEY CAN GET THROUGH TIGHT SPACES
- EXPLAIN ZERO IMPROVEMENT FOR 4 MONTHS, THEN IT BEGINS
- DOESN’T CURE BUT IMPROVES INDURATION, SEVERITY
SUNSCREEN RECOMMENDED IN ONLY 1.6% OF DERM OFFICE VISITS


ACNE/ROSACEA: ELTA MD CLEAR SPF-46 WITH NIACINAMIDE
ELTA MD SUNSCREENS

SUNSCREEN RECOMMENDED IN ONLY 1.6% OF DERM OFFICE VISITS


ACCUTANE, DRY: ELTA MD DAILY SPF-40 WITH HYALURONIC
ELTA MD SUNSCREENS

SUNSCREEN RECOMMENDED IN ONLY 1.6% OF DERM OFFICE VISITS


OUTDOOR/SPORTS/VACATIONS: ELTA MD SPORT SPF-50 OR ELTA MD AERO SPF-45 SPRAY
ELTA MD SUNSCREENS

SUNSCREEN RECOMMENDED IN ONLY 1.6% OF DERM OFFICE VISITS


TINTED FOR WOMEN UNDER MAKEUP: ELTA MD UV PHYSICAL
<table>
<thead>
<tr>
<th>CLN BODY WASH</th>
<th>CLN FACIAL CLEANSER</th>
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<tr>
<td>• FOLLICULITIS</td>
<td>• MILD CLEANSER WITH “BLEACH BATH”</td>
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<tr>
<td>• ECZEMA</td>
<td>• PSEUDOFOLLICULTIS BARBAE</td>
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<td>• ACNE</td>
<td>• ACNE ON ACCUTANE</td>
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<td>• PSORIASIS</td>
<td>• PERIORAL DERMATITIS</td>
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<td>• RADIATION DERMATITIS</td>
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<td>• ANY PRURITIC DERMATOSIS</td>
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TELL PATIENTS WHEN YOU CAN’T CURE

- ATOPIC DERM, NUMMULAR ECZEMA
- SEB DERM
- PERIORAL DERMATITIS (TAKES LONGER THAN THEY LIKE)
- PSORIASIS
- HIDRADENITIS
- LICHEN PLANUS
- PATIENTS TEND TO ASSUME YOU CAN CURE IT IN A WEEK IF YOU DON’T TELL THEM OTHERWISE
TELL PATIENTS WHEN THEY CAN EXPECT IMPROVEMENT

• ACNE & BE FRANK ABOUT SCARRING
• ATOPIC DERMATITIS & EMPHASIZE BATHING CHANGES
• INFECTIONS: ie USE PURPLE MARKER TO EDGES OF ERYTHEMA FOR CELLULITIS
• PSORIASIS
• ROSACEA TOPICALS ONLY 30% IMPROVEMENT, IPL FOR HIGHER SATISFACTION
• TINEA VERSICOLOR: PIGMENT, NOT YEAST
• SCAR HEALING: KEEPS IMPROVING FOR A YEAR, SILICONE SCAR PADS HELP
TELL PATIENTS SIDE EFFECTS & SOLUTIONS

• PREDNISONE: FOR INSOMNIA, USE DIPHENHYDRAMINE OR PHENERGAN
TELL PATIENTS SIDE EFFECTS & SOLUTIONS

• ACCUTANE DRYNESS: PRODUCTS & VITAMIN E
PSORIASIS JOINT PAIN

• DON'T JUST ASK "DO YOU HAVE ANY JOINT PAIN?"
• MOST WILL ANSWER NO, ASSUMING IT'S JUST "OLD AGE"
• REMEMBER THEY ARE USED TO THEIR ACHES & PAINS
• ASK ABOUT STIFFNESS IN AM, IMPROVING WITH MOTION
• ASK ABOUT 1 JOINT, HANDS, BACK, KNEES, SHOULDERS ETC
PSORIASIS & SEB DERM OF SCALP

• KERALYTE 5 SHAMPOO
• SUMMERS LABS
PLAQUE PSORIASIS

- IL KENALOG, UP TO 10MG/CC OFFERS 3-6 MONTHS OF NOTICEABLE IMPROVEMENT
SURGICAL PEARLS

• MAKE SURE PATIENTS HAVE EATEN BEFORE SURGERY
SURGICAL PEARLS

• ASK PTS IF THEY HAVE EVER PASSED OUT WHEN GETTING INJECTIONS OR HAVING BLOOD DRAWN. ANXIOLYTICS HELP, DISTRACTION HELPS.

• VASOVAGAL: TRENDELENBERG, FANNING WITH MAGAZINE, REASSURANCE, WATER, OJ

• IF YOU Rx ANXIOLYTIC LORAZEPAM 2mg or DIAZEPAM 10mg

• MAKE SURE THEY HAVE A RIDE HOME & AVOID ETOH
SURGICAL PEARLS

• LIDOCAINE 1% WITH EPI
• ADD SODIUM BICARB 1:10 RATIO
• INJECT SLOWLY
• DISTRACTION TECHNIQUE (TAPPING, iPod)
POST-OP

• FOR PROCEDURES AROUND EYES TELL THEM IT IS NORMAL IF THEY WAKE UP TOMORROW WITH A BLACK EYE SWOLLEN SHUT.
• IBUPROFEN 800MG EVERY 8 HOURS X 3 DOSES BEFORE THE PAIN COMES
• SLEEPING IN A RECLINER REDUCES PAIN AFTER EAR PROCEDURES
• KEEPING THE HEAD ELEVATED FOR PROCEDURES ON THE HEAD
• MAY APPLY PRESSURE & ICE PACKS TO OOZING AREAS
THE FINANCIAL RELATIONSHIP

- WE’RE SEEING MORE HIGH DEDUCTIBLE PLANS
- MOST PATIENTS DON’T UNDERSTAND THEIR INSURANCE
- BEST TO KEEP THEM AWARE OF CHARGES IN ADVANCE
THE FINANCIAL RELATIONSHIP

• SCENARIO #1: WHAT YOU SEE
• YOU FIND 2 SKIN LESIONS SUSPICIOUS FOR CANCER AND BIOPSY RIGHT HELIX AND LEFT CHEST
• NO DISCUSSION OF FINANCIAL OBLIGATIONS
• YOU AND THE PATIENT REALLY HIT IT OFF: GET ALONG GREAT!
THE FINANCIAL RELATIONSHIP

• SCENARIO #1: WHAT HAPPENS AT THE FRONT DESK
• PATIENT HAS $3000 DEDUCTIBLE PLUS $50 CO-PAY
• OUT OF POCKET TODAY IS $356.00
• PATIENT IS SHOCKED AND DISMAYED
• PATIENT INFORMS YOUR STAFF “SUBMIT IT TO MY INSURANCE FIRST TO SEE WHAT THEY COVER” AND JOYFULLY WALKS OUT
THE FINANCIAL RELATIONSHIP

• SCENARIO #1: WHAT HAPPENS DOWN THE ROAD
• 1 MONTH LATER PATIENT GETS BILL IN THE MAIL FOR $365.00
• BLOWS IT OFF FOR A FEW MONTHS, “I’LL SEE IF INSURANCE PAYS FIRST”
• RECEIVES DEMAND LETTERS X 2 THEN DEBT COLLECTION SERVICE THREATENS TO DAMAGE CREDIT REPORT IF NOT PAID ASAP
• FURIOUS, THE PT PAYS THE $365.00
• YOU RECEIVE 30% OF THAT, ABOUT $120
• PATIENT IS NEVER COMING BACK (COST TO YOUR PRACTICE???)
THE FINANCIAL RELATIONSHIP

• SCENARIO #2: WHAT YOU SEE
• YOU FIND 2 SKIN LESIONS SUSPICIOUS FOR CANCER
• YOU KNOW IN ADVANCE THE PT HAS A $3000 DEDUCTIBLE
• YOU EXPLAIN THAT HUMANA PLAN DEDUCTIBLE MEANS THEY OWE $356 IF YOU DO BIOPSIES TODAY.
• PATIENT ASKS IF THIS IS NECESSARY
• YOU EXPLAIN BIOPSIES ARE DONE TO DETECT CANCER
• PATIENT AGREES TO THE ARRANGEMENT
THE FINANCIAL RELATIONSHIP

• SCENARIO #2: WHAT HAPPENS AT THE FRONT DESK
• PATIENT HAS $3000 DEDUCTIBLE PLUS $50 CO-PAY
• OUT OF POCKET TODAY IS $356.00
• PATIENT IS PREPARED FOR THIS AND PULLS OUT CREDIT CARD WITH NO OBJECTIONS
• PATIENT JOYFULLY WALKS OUT, AWAITING BIOPSY RESULTS
THE FINANCIAL RELATIONSHIP

• YOU RECEIVE 100% OF PAYMENT FOR THE WORK YOU DID

• PATIENT WAS IMPRESSED THAT YOU TOOK THE TIME TO EXPLAIN THEIR OUT OF POCKET COSTS BEFORE YOU DID THE PROCEDURE

• THEY TELL THEIR FRIENDS WHAT A GREAT DOC YOU ARE

• YOUR COLLECTIONS ARE AT AN ALL TIME HIGH AND PATIENT SATISFACTION IS OFF THE CHARTS
THE FINANCIAL RELATIONSHIP

• IN 2015 THIS RELATIONSHIP IS PART OF THE DOCTOR PATIENT RELATIONSHIP, FOR BETTER OR FOR WORSE
• THIS IS NOTHING YOU LEARN IN MEDICAL SCHOOL
• PATIENTS APPRECIATE HONESTY
• GIVEN THE FACTS, PTS CAN PLAN THEIR FINANCES ACCORDINGLY
• SOMETIMES THEY ELECT TO DO BIOPSIES AT A FUTURE APPOINTMENT---THAT’S OK. THEY ACTUALLY DO COME BACK
• IF THINGS GO BAD WITH THE FINANCIAL RELATIONSHIP, PTS OFTEN SEEK CARE SOMEWHERE ELSE.
ONLINE REPUTATION

• PROSPECTIVE PATIENTS REALLY DO PUT STOCK IN THESE REVIEWS
• IF YOU IGNORE THIS, SOMETIMES ONE BAD REVIEW OCCURS FOLLOWED BY A “PILE ON” EFFECT
• GOOGLE YOURSELF
• eMerit
• iPad QUICK SURVEY, ASK PTS TO FILL OUT, TAKES THEM 2 MINUTES
• REVIEWS SENT OUT TO MULTIPLE MEDICAL REVIEW SITES
• IMPROVES YOUR ONLINE REVIEWS & INCREASES YOUR SEO
• THE END