Message from the President

Dear Members,

Welcome to the first electronic edition of the DermLine. We will be doing a trial for the year to see if it works. Let’s hope so in this electronic age.

I would like to take a few moments to fill you all in. I have been quite busy representing all of the AOCD. After the fall meeting, we kicked into high gear with the first joint AAD and AOCD letter in response to the New York Times article. The Mohs society and Mohs college signed on as well. The ad hoc task force has been hard at work with the AAD, and between conference calls and the meeting in Denver, much was accomplished. We have friends in the AAD and are working towards a membership category change again. A blue paper will be published showing the similarities and differences between the osteopathic and allopathic programs.

Your Education Evaluation Committee has been hard at work as well. A subcommittee worked throughout the Dallas conference to update the basic standards for residencies. A side-by-side comparison of AOCD Basic Standards and ACGME Basic Standards for Dermatology Training was done by Marsha Wise, and the new changes will reflect the best of both worlds.

Your board of trustees and By-Laws Committee has also been hard at work. Updated By-Laws will soon be distributed to all of you. A general membership vote is needed for this change, so I hope to see many of you in Seattle. I know Dr. Rick Lin, your President-Elect, is setting up a fantastic program. That leads me to a great big thank you to Dr. Karthik Krishnamurthy for a superb Dallas meeting. What a showcase we had with great updates.

Lastly, the AOA/ACGME merger is on. The unified system is supposed to begin July 1, 2015. While there is much uncertainty, your AOCD officers, executive director and staff are working their hardest at maintaining the integrity of the osteopathic profession in dermatology. Each individual program will need to apply for pre-accreditation status starting July 2015 with the new ACGME system. Please refer to the AOA website for the most up-to-date notices and instructions.

Lastly, I remind you all the AOCD is your organization and requires your involvement and membership to stay alive in these trying times. Don’t be a stranger. Come on board and join us!

Keep in touch,

Suzanne Sirota Rozenberg, DO, FAOCD
President, AOCD
With the long-awaited spring just getting underway, you’re probably not thinking about fall. It’s not too soon to start thinking about the 2014 AOCD Annual Meeting to be held Oct. 25-29 in Seattle, in conjunction with OMED.

Speakers will address topics including surgical practice set-up, dermatopathology and pediatric dermatology, as well as provide pharmacology updates and the latest advances in psoriasis. In addition, an expert panel will review surgical repairs. A discussion session will focus on the latest changes to Medicare’s Meaningful Use incentive program for electronic health records and the Physician Quality Reporting System. Dr. Lloyd Cleaver will provide an update about Osteopathic Continuous Certification. Attendees can earn up to 17.5 dermatology specialty CME credits. Additional CME credits can be obtained by attending other OMED general sessions.

I encourage you to attend the general business meeting to vote for new officers to serve on the Board of Trustees. In addition, AOCD President Dr. Suzanne Rozenberg will provide the latest information about the AOA-ACGME merger and how it will impact AOCD members at the meeting.

Perhaps you can come a few days early or stay afterward to enjoy the pre- and post-conference sightseeing tours the AOA has arranged. The pre-conference tour explores some of the most famous wine tasting locations in Washington and Oregon. The post-conference tour combines some of the best sights, sounds and tastes that Washington State has to offer.

Don’t miss the opportunity to network with hundreds of colleagues and vendors from across the country. If you’ve never been there, this is a great opportunity to visit Seattle.

I look forward to seeing you there.

Rick Lin, D.O., FAOCD
2014 AOCD Fall Meeting Chair
Sunday, October 26, 2014  5.5 CME
8:00 a.m.-9:30 a.m.  AOA Opening Session
9:30 a.m.-10:00 a.m.  CLIA Exams
10:00 a.m.-11:00 a.m.  Surgical Practice Setup and Pearls  Thi Tran, DO
11:00 a.m.-12:00 p.m.  Lunch on your own, Visit AOA Exhibits
1:30 p.m.-2:30 p.m.  Surgical Repair Panel  Michael Whitworth, DO
2:30 p.m.-3:30 p.m.  Dermatology Update  James Del Rosso, DO
3:30 p.m.-3:45 p.m.  Break
3:45 p.m.-4:45 p.m.  Dermopath  Scott Wickless, DO
4:45 p.m.-5:45 p.m.  Meaningful Use  Michael Hohnadel, DO
7:00 p.m.
Monday, October 27, 2014  6.5 CME
7:00 a.m.-8:00 a.m.  Great Cases
8:00 a.m.-9:00 a.m.  Medical Dermatology  David Cleaver, DO
9:00 a.m.-10:00 a.m.  Ethics  Reagan Anderson, DO
10:00 a.m.-10:15 a.m.  Break
10:15 a.m.-12:15 p.m.  AOCD General Membership Business Meeting
Award Presentations/Officer Elections and Installations/Oath of Office
12:15 p.m.-1:45 p.m.  Lunch on your own.
1:45 p.m.-2:00 p.m.  Ulbrich Research Presentation  Cory Maughan, DO
2:00 p.m.-2:10 p.m.  Hydrophilic Polymer Embolization: An Emerging Cause for Livedo Reticularis  Kelli Danowski, DO
2:10 p.m.-2:20 p.m.  Frontal Fibrosing Alopecia: Expanding the Clinical Picture  Kate Messana, DO
2:20 p.m.-2:30 p.m.  The Effect of Minoxidil on Laser Hair Removal using Nd:Yag  Theresa Zaleski, DO
2:30 p.m.-2:40 p.m.  Infantile Hemangioma  Leisa Hodges, DO
2:40 p.m.-2:50 p.m.  The Skin Microbiome  Yoon Cohen, DO
2:50 p.m.-3:00 p.m.  Complication of Cosmetic Procedures: Atypical Mycobacterial Infection  Wai Ping Chan, DO
3:00 p.m.-3:15 p.m.  Break
3:30 p.m.-4:15 p.m.  Dangerous Drugs in Dermatology  Boris Ioffe, DO
4:15 p.m.-4:25 p.m.  Pemphigus Vegetans: A Case Report and Review  Nadine George, DO
4:25 p.m.-4:35 p.m.  Biosimilars: How Similar Are They?  AlissaLamoureux, DO
4:35 p.m.-4:45 p.m.  Cutaneous Involvement of Disseminated Histoplasmosis in an AIDS Patient  Michael Baze, DO
4:45 p.m.-4:55 p.m.  Actral Myxoinflammatory Fibroblastic Sarcoma  Yvette Tivoli, DO
4:55 p.m.-5:05 p.m.  Sickle Cell Ulcer: An Overlooked Diagnosis  Jessica Bernstein, DO
5:05 p.m.-5:15 p.m.  Topical Methimazole for the Treatment of Moderate to Severe Melasma  Cherise Khani, DO
5:15 p.m.-5:25 p.m.  A Rare Case of Acquired Epidermodysplasia Verruciformis  Steven Brooks, DO
5:25 p.m.-5:35 p.m.  Atypical Presentation of Piebaldism with Features of NF1  Marina Matatova, DO
5:55 p.m.-6:05 p.m.  Acral Myxoinflammatory Fibroblastic Sarcoma  Yvette Tivoli, DO
6:05 p.m.-6:15 p.m.  Photodynamic Therapy: A Brighter Alternative for the Treatment of Seborrheic Keratosis  Christopher Crock, DO
6:15 p.m.-6:25 p.m.  Sickle Cell Ulcer: An Overlooked Diagnosis  Jessica Bernstein, DO
6:45 p.m.-7:05 p.m.  The Association of Malignant Melanoma and Thyroid Cancer  Jennifer DePry, DO
7:05 p.m.-7:15 p.m.  Photodynamic Therapy: A Brighter Alternative for the Treatment of Seborrheic Keratosis  Christopher Crock, DO
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10:00 a.m.-10:15 a.m.  Break
10:15 a.m.-11:15 a.m.  Dermatopathology  Sean Stephenson, DO
11:15 a.m.-12:15 p.m.  Surgery  Anthony Dixon, MD
12:15 p.m.-1:00 p.m.  Lunch on your own, Visit AOA Exhibits
1:00 p.m.-5:00 p.m.  AOCD Conference Concludes  Members may stay and attend other sessions or begin their travel home.
Executive Director’s Report
by Marsha Wise, Executive Director

Hello Everyone!

The AOCD has been very busy since our meeting in Las Vegas! The Board of Trustees has been reviewing the By-Laws and Constitution for the AOCD and will be presenting changes to the general membership for a vote at our Seattle General Business Meeting. A mailing will go out this summer with complete information.

In January, the AOA conducted a site visit for the 2014 OMED meeting in Seattle. We toured the convention center facilities and had an opportunity to explore the area around the convention center.

I also attended the AOA’s CME Sponsors Conference held in Austin, TX in January. This is a required meeting for CME providers to attend in order to maintain accreditation with the AOA’s CME Division.

Our Dallas Midyear Meeting held February 20-23, 2014 was a huge success! Dr. Karthik Krishnamurthy put together a fabulous program for the attendees. A summary of the meeting can be found in this issue on page 11. We are compiling the evaluations and comments from this meeting and will post the report on our website once it is complete.

Dr. Sirota-Rozenberg and I attended the AOA’s 2014 Midyear Business Meeting February 25-28, 2014. It was during this meeting that the AOA announced the ACGME merger. The AOCO Board of Trustees continues to discuss what the single accreditation system will mean for the AOCD, and they are working on a strategy for the transition. Dr. Sirota-Rozenberg has appointed an ACGME transition team to assist in the transition planning beginning in 2014 and lasting until 2020. We will embrace the future and the coming changes. In keeping with the AOCD’s 57-year history, the AOCD will maintain a position of strength and positivity.

Members are encouraged to monitor the AOCD website (https://aocd.site-ym.com/?page=SingleGME) and the AOA website (http://www.osteopathic.org/inside-aoa/Pages/ACGME-single-accreditation-system.aspx) for information. As information becomes available it will be posted.

The AOA’s Annual Business Meeting and House of Delegates, to be held July 15-19, 2014, will provide everyone with up to the minute progress on this topic. AOA Leadership reminds everyone that this is still in the beginning stages of development. All specialty colleges, residency programs and residents should continue with “business as usual.” AOA and AOCD requirements are still in effect and should continue to be followed until otherwise notified.

On March 28, 2014, the AOA’s Council on Postdoctoral Training (COPT) met. The COPT is a representative body composed of members from AOA affiliate organizations created to assure that postdoctoral training programs are operating within approved standards, rules and regulations and are providing educational training satisfactory to the public interest. The AOCD presented our revisions to our Basic Standards in Dermatology Residency Training to the COPT. A side-by-side comparison of AOCD Basic Standards and ACGME Basic Standards for Dermatology Training was done to come up with our proposed revisions and the new changes will reflect the best of both worlds.

Our next meeting, taking place in Seattle, October 25th through 28th, is being chaired by Dr. Rick Lin, and we can surely expect another great event. Look for meeting information on our web site, www.aocd.org. We will also update everyone through the regular Thursday Bulletin. Please note that the first day of lectures will be Sunday, October 26th. This is a new meeting cycle that the AOA is implementing. Monitor the AOCD and AOBD websites
(www.aobd.org) for updates concerning the conference schedule, testing dates and locations.

Our 2015 spring meeting will take place from April 23rd through 26th at the Ritz Carlton in Charlotte, NC. The Program Chair is Dr. Daniel Ladd.

Since January 2013, the AOCD continues to partner with the AOA’s Division of State Government Affairs by co-signing several letters to various states regarding the use of banning facilities by minors. Copies of these letters can be found on our website at https://aocd.site-ym.com/?page=Advocacy.

The 2013 correspondence included, Delaware, Hawaii, Maryland, Massachusetts House, Massachusetts Senate, Nebraska, Nevada, North Carolina, Ohio, Pennsylvania, Texas House, Texas Senate and Washington. The 2014 correspondence includes, Colorado, Florida, Hawaii House, Hawaii Senate, Kansas, Maryland and Louisiana.

We have several avenues for our members to remain updated on all things AOCD. In addition to the JAOC, the DermLine publication provides valuable information. We have switched to an online-only DermLine. We will be monitoring member feedback to decide whether this change is permanent or if we will go back to a printed newsletter, so please make your opinion known.

AOCD Insights

AOCD Insights is a weekly newsletter full of recent articles related to dermatology. It arrives in your email each Friday.

The Thursday Bulletin is intended to keep members updated regarding AOCD news and events. Please let me know if you have information you think would be helpful to our membership, and we can include it in an upcoming Thursday Bulletin.

The AOCD Board of Trustees would like to remind members of the Dues Renewal Policy which states: “Members who do not pay dues for one full year will have a $150.00 administrative fee applied, in addition to the appropriate membership fees, when renewing membership status in the AOCD. A member whose dues remain unpaid for two or more years will have a $150.00 administrative fee applied in addition to the appropriate current membership fees including all past dues, when renewing membership status in the AOCD.”

Your membership dues are important to the AOCD. Please renew today for 2014 if you haven’t already! Log on to our website or call our office. We can take your information over the phone.

As always, if you have questions or concerns, please feel free to contact me (see “Contact Us” at aocd.org), and I will be happy to assist you.

On March 29, 2014, the AOA awarded the AOCD three-years accreditation as a Category 1 CME sponsor. The AOCD passed the document survey review with 100 points. Each CME meeting the AOCD conducts must be documented to support the following items on the AOA CME survey:

1. A description of the needs assessment process and procedure used in determining the content and topic of the program (include any supporting documents).
2. A copy of the CME program brochure or agenda distributed to participants at the CME program.
3. Copies of each program speaker’s (in chronological order) curriculum vitae or biosketch defining their qualifications for involvement in the CME program. Partial credit is awarded based on the percentage of CVs and biosketches provided during the document survey review. (E.g., 5 CVs provided from a total of 10 speakers yields 4 points) All fractions are rounded down. Less than 50% - 0 50% - 4 90% - 8.
4. A copy of each speaker’s signed Disclosure Declaration Statement in chronological order. Partial credit is awarded based on the percentage of the disclosure statements provided during the document survey. Less than 90% - 0 90% - 4.
5. A copy of the CME credits requested by the AOA-accredited sponsor for each participating physician in accordance with the attestation document.
6. A copy of the program administration evaluation document and the total number of evaluation documents returned by conference registrants. Provide two copies of the program evaluation documents that were returned by conference attendees or a completed electronic evaluation/summary.
7. A statement indicating the total number of registrants and the number of attestation forms returned by conference participants.
8. A statement reflecting the distribution of program evaluation documents (i.e.: The beginning of the program, random survey, etc.).
9. A policy statement on managing grievances relative to the returned program administration and evaluation document(s).
10. A copy of the program outcomes questionnaire and the total number of outcomes questionnaire documents returned by conference registrants. Provide two copies of the outcomes questionnaire documents that were returned by conference attendees or a completed electronic evaluation/summary. (within 30-90 days after the program ends).
11. a. Provide needs assessment per program topic. Partial credit is awarded.
   b. A statement relative to how topics and/or speakers were selected in direct response to needs assessment procedures.
12. If the program was commercially supported, the following additional items must be submitted:
   a. A copy of the formal written agreement between the AOA CME Sponsor and each Commercial Supporter reflecting that activity (program) is educational and not promotional. Partial credit is awarded.
   b. Proof that commercial support is appropriately acknowledged in any printed promotional materials.
   c. A brief statement regarding all funding arrangements, including how funds received from commercial supporters were expended, how speakers were paid, i.e., if speakers were directly funded by a third party agent (someone besides the AOA CME sponsor/provider), attach copy of
the funding arrangement between the CME sponsor and the third party agent. Partial credit is awarded.

d. A statement indicating how disclosure of potential conflict of interest regarding each speaker was given to the participants. Partial credit is awarded.

Accreditation:
- 100 points perfect score on the document survey, including an outcomes measurement data will be awarded Level Three Accreditation with Commendation.
- 95 points or better on the document survey is awarded three-year accreditation.
- 80 – 94 points on the document survey is awarded two-year accreditation.
- 70 – 79 points on the document survey is awarded one-year accreditation.
- 60 to 69 points on the document survey is awarded one-year accreditation with required attendance at the next CME sponsors conference.
- Less than 60 points on the document survey accreditation is withdrawn.

Category 1 CME Sponsors required that one program be measured for outcomes in the 2013-2015 CME Cycle.

For more information on AOA CME sponsor accreditation, visit the AOA’s website (http://www.osteopathic.org/inside-aoa/accreditation/Documents/cme-accreditation-requirements.pdf).

By-Laws Committee Report

by David L. Grice, D.O., FAOCD, By-Laws Committee Chair

The AOCD Board of Trustees (BOT) sent a list of items for the By-Laws committee to review. The committee members, Leslie Kramer, D.O., FAOCD; Jere Mammino, D.O., FAOCD; Don Tillman, D.O., FAOCD and committee chair David Grice, D.O., FAOCD, met in January 2014.

Many of the needed updates were due to a change in terminology, replacing the name of the “Midyear Meeting” to “Annual Meeting,” and the present “Annual Meeting” to “Fall Meeting.” This will allow our College to place more emphasis on the meeting in the spring, where more control of expenditures of this meeting can be negotiated and controlled by the AOCD.

The OMED meetings in the fall have been quite expensive for our College and the costs and location are negotiated only by the AOA. These changes will make the fall meeting shorter and allow for the expansion of the spring meeting, including moving the in-training exam, EEC and Program Director’s Committee meetings to the spring.

Another issue that the committee approved for the By-Laws is expanding the number of committee members that can be assigned by the President to the majority of AOCD committees. This will allow more of our members to get involved with the business of our College through participation in committees.

Another way to keep more members involved in the AOCD and to comply with AOA recommendations is to have term limits for existing committee Chairs, committee members and officers of our College. The By-Laws committee approved a nine year term limit with an additional one year transitional year to allow a smooth transition for an outgoing member to serve, while apprenticing their replacement.

Finally, other minor changes that were discussed and approved include the future use of electronic voting and the elimination of proxy votes during the BOT meeting.

These By-Laws changes were approved by the BOT and will be presented in Seattle at the annual AOCD Business Meeting for a vote by the membership. Approval requires a two-thirds majority vote of eligible members at the meeting.

JAOCD Call For Papers

We are now accepting manuscripts for publication in the upcoming issue of the JAOCD. Information for Authors is available on our website at www.aocd.org/jaocd. Any questions may be addressed to the editor at journalaocd@gmail.com. Member and resident member contributions are welcome. Keep in mind, the key to having a successful journal to represent our College is in the hands of each and every member and resident member of our College. Let’s make it great!

- Karthik Krishnamurthy, D.O., FAOCD, Editor
AOA/AACOM Unified Residency Accreditation System

For more than a year, the American Osteopathic Association (AOA) and the American Association of Colleges of Osteopathic Medicine (AACOM) have been engaged in negotiations with the Accreditation Council for Graduate Medical Education (ACGME) in an attempt to reach an agreement on a framework for creating a single unified system for the accreditation of Graduate Medical Education (GME) in the United States. The AOA/AACOM outlined five “non-negotiable items” that included:

1. The discussion is limited to GME and does not extend backward to undergraduate medical education or forward to licensing or certification,
2. The osteopathic medicine licensing examination, Comprehensive Osteopathic Medical Licensure Examination of the United States (COMLEX-USA) remains in place and viable,
3. Osteopathic board certification remains in place and viable,
4. Osteopathic physicians must be given an equal opportunity to participate in all training programs under any unified accreditation system, and
5. Any unified accreditation system must not adversely affect primary care programs in community-based settings.

At the 2013 AOA House of Delegates meeting, the AOA announced it had rejected a Memorandum of Understanding (MOU) stating that it failed to satisfactorily address several of the AOA’s non-negotiable items.

On February 26, 2014 the AOA announced that it had reached agreement with the ACGME on the terms of a MOU to create a single unified system for the accreditation of GME in the United States.

The AOA Board of Trustees unanimously approved a resolution which will go to the House of Delegates at the July 2014 meeting concerning the support for the Single Accreditation System.

The resolution states that the AOA will monitor and evaluate the transition process with respect to:
1. The ability of AOA-trained and certified physicians to serve as program directors in ACGME osteopathic residency programs;
2. The maintenance of smaller, rural and community-based training programs; and
3. Recognition of the importance of osteopathic board certification exams as a valid outcome measure of the quality of residency programs with osteopathic recognition.

The resolution also states that the AOA House of Delegates expresses its support for the AOA’s entry into a single accreditation system that perpetuates unique osteopathic graduate medical education programs. The AOA will continue to monitor the progress of the transition to a single GME accreditation system and the emergence of any unintended consequences of the implementation of the new system.

On May 4, 2014, the AOA will host a Progress Update Seminar in an ongoing effort to provide updated information and continued collaboration toward a single GME accreditation system. The Memorandum of Understanding will be available for on-site viewing.

Please monitor the AOA’s website for updates on this issue. http://www.osteopathic.org/inside-aoa/Pages/ACGME-single-accreditation-system.aspx
Make Sure You Are Using the Correct Medicare Claim Forms

As of April 1, 2014, Medicare only accepts professional and supplier paper claims on the revised CMS 1500 claim form (02/12). You may purchase the revised CMS 1500 paper claim form (02/12) from the United States Government Printing Office, as well as private printers. For information regarding private printers selling the revised CMS 1500 claim form (02/12), please contact the National Uniform Claim Committee.

May is Melanoma/Skin Cancer Detection and Prevention Month

Skin cancer is the most common type of cancer in the United States. Ultraviolet (UV) radiation from the sun is the main cause of skin cancer. UV radiation can also come from tanning booths or sunlamps. The most dangerous kind of skin cancer is called melanoma.
http://www.cancer.org/cancer/skin-cancer-melanoma/detailedguide/melanoma-skin-cancer-detection?gclid=CNN453Srz0CFeMF7Aod6b00AWQ

Still Using Windows XP? April 8, you will not be HIPAA Compliant

After April 8, 2014, Windows XP will no longer provide technical support or system security updates. To comply with the Health Insurance Portability and Accountability Act (HIPAA), any computer systems housing protected health information (PHI), must have regular security updates. Anti-virus software will not work. For additional information about your operating system, visit Microsoft. For complete rules and guidelines, please refer to the AOA HIPAA Security Manual at: http://www.osteopathic.org/inside-aoa/development/practice-mgt/hipaa/Pages/HIPAA-privacy-manual.aspx

Affordable Healthcare Act’s Important Deadlines

June 30, 2014: Deadline to prevent the 2% penalty for the e-Prescribing Incentive Program in 2015. Physicians who have not successfully e-prescribed 10 times will be penalized 2% in 2015.

July 1, 2014: Last day to begin the 90-day reporting period for first-year participants in the 2014 Medicare EHR Incentive Program. A 1% penalty begins Jan. 1, 2015 for physicians who are not meaningful users of certified EHRs.

Visit the AOA’s webpage on the Affordable Healthcare Act at: http://www.osteopathic.org/inside-aoa/advocacy/aca/Pages/default.aspx

Ad Hoc Task Force Meets in Denver

Ad Hoc Task Force on Doctors of Osteopathic Medicine (AHTF) of the American Academy of Dermatology and AAD Association met, Friday, March 21, 2014 in Denver. Dr. Oliver Wisco is the chair of this task force.

The Mission Statement of the AHTF is:

*With the current healthcare reform initiatives, AOA and ACGME residency trained dermatologists need to work together to ensure our patients receive the best care for diseases involving the skin. To facilitate this objective, the AHTF’s mission is to explore strategies for greater inclusion of Doctors of Osteopathic Medicine (DO) dermatologists in the AAD and recommend opportunities and mechanisms to increase engagement and alignment across all of dermatology. The AHTF will also stay abreast of GME and healthcare developments to help guide the AAD and the AOCD in their development of the U.S. dermatologic workforce.*

The following are the objectives of the AHTF

1. Eliminate misperceptions of the AOA dermatology residency training programs.
2. Remove any potential bias against accepting DO physicians into ACGME dermatology residencies/fellowships.
3. Address differences and commonalities in each of the dermatology residency training systems.
4. Improve perception of DO dermatologists in the AAD by MD dermatologists.
5. Establish AAD fellow status for AOBD certified dermatologists.
6. Facilitate close collaboration between the AAD and the AOCD on all healthcare reform issues with a focus on developing communication strategies.

A final paper will be prepared by the task force and presented to the Boards of the AAD and the AOCD with anticipation of presentation at the Summer AAD meeting. The paper will describe the work conducted by the taskforce with recommendations in regards to the stated objectives and mission statement.

Members of this taskforce include: Oliver J. Wisco, DO, FAAD, Chair; Lloyd J. Cleaver, DO; Henry W. Clever, MD, FAAD; Kevin D. Cooper, MD, FAAD; Lynn Anne Cornelius, MD, FAAD; Robert T. Gilson, MD, FAAD; Bradley P. Glick, DO, MPH; David L. Grice, DO; Karthik Krishnamurthy, DO; Ann Ammond Lafond, MD, FAAD; Jennifer R. Lloyd, DO, FAAD; Clifford W. Lober, MD, JD, FAAD; Barbara M. Mathes, MD, FAAD; Stephen M. Purcell, DO, FAAD; Michael J. Scott, DO, MD, MPH, FAAD; Tor A. Shwayder, MD, FAAD; Daniel M. Siegel, MD, FAAD; Susanne J. Sirota Rozenberg, DO; Paul A. Storrs, MD, FAAD; Nathan S. Uebelhoer, DO, FAAD; and Edward H. Yob, DO.
Kenalog® Spray (triamcinolone acetonide topical aerosol, USP) is indicated for relief of the inflammatory and pruritic manifestations of corticosteroid-responsive dermatoses.

**Important Safety Information:**
Systemic absorption of topical corticosteroids has produced reversible hypothalamic-pituitary-adrenal (HPA) axis suppression, manifestations of Cushing's syndrome, hyperglycemia, and glucosuria in some patients.

Conditions which augment systemic absorption include the application of the more potent steroids, use over large surface areas, prolonged use, and the addition of occlusive dressings.

Children may absorb proportionally larger amounts of topical corticosteroids and thus be more susceptible to systemic toxicity (see PRECAUTIONS, Pediatric Use).

You are encouraged to report negative side effects of prescription drugs to the FDA at 1-800-FDA-1088 or www.fda.gov/medwatch **For topical use only. Please see adjacent page for full prescribing information.**

For more information, visit www.kenalogspray.com

Reference:

* After spraying, the nonvolatile vehicle remaining on the skin contains approximately 0.2% triamcinolone acetonide. Each gram of spray provides 0.147 mg triamcinolone acetonide in a vehicle of isopropyl palmitate, dehydrated alcohol (10.3%), and isobutane propellant.

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KS 1212
Meet Meaningful Use Risk Assessment Requirements with AOA and HHS Tools

Incomplete security risk assessments are the primary reason for failed Meaningful Use Audits. A failure to complete security risk assessments can also mean that you are not HIPAA complaint. Pages 69-81 of the AOA’s HIPAA Manual provide tools and checklists to help you conduct and document a risk assessment. Also note that the Department of Health and Human Services recently posted its Security Risk Assessment tool.


Increased Penalties for HIPAA Noncompliance

Penalties for HIPAA violations can be anywhere from $100 to $50,000 per violation; the annual limit is $1.5 million. It’s more important than ever to take proactive steps to make sure your practice is complying with HIPAA requirements.

Contact AOA Staff for help

Yolanda Doss
ydoss@osteopathic.org
(312) 202-8187

or

Kavin Williams
kwilliams@osteopathic.org
(312) 202-8194

For more information on HIPAA visit: http://www.osteopathic.org/inside-aoa/development/practice-mgt/hipaa/Pages/default.aspx

D.O. Residents Win Trivia Competition at South Beach Symposium

A team which included residents from the NSUCOM/Larkin Community Hospital and Wellington Regional Medical Center, under the directorship of Stanley Skopit, D.O., FAOCD and Bradley Glick, D.O., FAOCD, respectively, took home top prize at the Dermatology Jeopardy competition at the 2014 South Beach Symposium held in Miami, FL on February 15.

Each team consisted of two residents, an attending physician and a pharmaceutical representative. The winning team included Jordan Fabrikant, D.O., third-year resident at NSUCOM/Larkin Community Hospital and Suzanne Micciantuono, D.O., third-year resident at Wellington Regional Medical Center.

“This was a huge victory, since the majority of attendees were M.D.s, similar to the AAD attendance,” Dr. Skopit said.

Osteopathic Continuing Certification Update

by Lloyd Cleaver, D.O., FAOCD

What is OCC? OCC stands for Osteopathic Continuing Certification. In 2013, the Bureau of Specialist of the American Osteopathic Association mandated that Osteopathic physicians that hold time-dated board certificates be required to re-certify their board certification in ten years. This assesses knowledge and opportunities to evaluate and improve the knowledge base. Those wishing to recertify must participate in OCC and must participate in all of its components. Components include an unrestricted license, lifelong learning/CME, cognitive assessment (recertification exam) practice performance assessment and improvement and continuous membership in the AOA/AOCD.

• As a board certified dermatologist, you are already participating in four of the five components with the only new requirement being the practice performance assessment and improvement requirement. This component requires the dermatologist to register with AOA O-CAT and participate in the modules at least once every 5 years in the cycle or 2 times in 10 years. There is a cost of $295 for three year subscription associated with registering with O-CAT at www.osteopathic-cat.com.

• The board certified dermatologist must hold a valid, unrestricted license to practice medicine in one of the 50 state or territories and in addition must adhere to the AOA’s Code of Ethics once in every three year CME cycle.

• The lifelong learning requirement or CME requirement is that each dermatologist must fulfill a minimum of 120 hours of CME credit during
The speakers at our AOCD Midyear Meeting in Dallas, TX, February 20-23, 2014, presented various topics to our attendees. The following is a brief summary of each topic, the stated objectives of the lecture and some take-aways. To view presentations provided by the speaker, log onto our website (https://aocd.site-ym.com/?page=2014MidyearMeeting) and click to open the Program Syllabus.

**2014 Dermatology Coding & Regulatory Updates: ICD-10 CM Coding Education**

Faith McNicholas, RHIT, CPC, CPCD, PCS, CDC

Summary: This session focused on dermatology-specific diagnosis coding and crosswalk from ICD-9-CM to ICD-10-CM. Emphasis was placed on understanding related coding guidelines, concepts and regulatory updates pertaining to dermatology to allow the participant for an in-depth understanding of the new ICD-10-CM coding system and appropriate code application to avoid claim issues resulting in reimbursement delays as well as denials.

Objectives:
- Understand new and revised regulatory and coding updates pertaining to Dermatology in 2014
- Easily identify correct and appropriate use of dermatology specific ICD-10-CM using easy step-by-step code crosswalk leading to accurate ICD-10-CM code selection and application

Informative websites to visit are:

- NCHS Classification of Diseases, ICD-9 & ICD-10-CM
  http://www.cdc.gov/nchs/icd.htm

- Centers for Medicare and Medicaid Services, ICD-10-CM
  https://www.cms.gov/ICD10/

- American Academy of Professional Coders
  https://www.aapc.com/ICD10

- American Academy of Dermatology
  http://www.aad.org/ICD10/

President Obama recently signed legislation HR 4302 to delay scheduled cuts to Medicare physician reimbursement rates. The bill also pushes back the ICD-10 compliance date until at least October 2015, which will delay the switch from ICD-9 to ICD-10.

**2013 NCCN Melanoma Guidelines—Are You Following the Standard of Care?**

John Coppola, D.O., FAOCD

Summary: The staging, treatment and follow-up care of melanoma has changed dramatically in the past 12 months. The National Comprehensive Cancer Network (NCCN) guidelines of 2013 were reviewed.

Objectives:
- Familiarize colleagues & residents with the updated 2013 NCCN Clinical practice guidelines for melanoma
- Discuss the application of the guidelines in the community setting
Discuss the role of both the dermatologist & the oncologist in the treatment of various melanoma stages

Reconstruction of the Upper Lip
Aaron Bruce, D.O., FAOCD

Summary: The upper lip is a challenging location for cosmetically acceptable reconstruction. The options and potential complications were reviewed.

Objectives:
• Review anatomy
• Review common defects and repair options
• Review complications

Thoughts That Make Dermatology Practice (and Life) Easier
Stuart Brown, M.D.

Summary: Dr. Brown shared unusual and new (or old and forgotten) approaches to diagnosis and treatment of problem conditions: “what shall I do when the textbook doesn’t work?” Evidence-based diagnostic tests and treatments are preferred, but it is sometimes necessary to look beyond, to the anecdotal.

Objectives:
• List innovative ways to manage patients via new or old therapies
• Make diagnoses easier with new (or old) information
• Recognize and use available medications for “off label” usage

The Future of Dermatology Practice
Steve Grekin, D.O., FAOCD

Summary: Dr. Grekin reviewed changes in healthcare policy, including pay for performance, and provided suggestions on how practices can accommodate these changes.

Objectives:
• Discuss recent and anticipated changes made to healthcare policy
• Discuss the effects that these changes may have on the dermatology practice
• Discuss methods for which these changes can be accommodated in the dermatology practice

Dr. Grekin’s take-aways include:
• Word-of-mouth is the most important method for referrals
• Accept consults at a hospital
• Stay in contact with your referring physicians
• Offer free services, such as skin cancer screenings
• Do not ignore the business aspect of medicine
• Constantly measure for constant improvement
• Cut wasteful spending
• See more patients
• Communicate to increase efficiency and reduce errors
• Continue improving patient satisfaction
• Utilize all staff and mid-level providers

Melanocytic Conundrums
Ronald Rapini, M.D.

Summary: Dr. Rapini reviewed common and uncommon melanocytic neoplasms and discussed diagnosis and management.

Objectives:
• Learn to manage dysplastic nevi
• Understand new melanocytic neoplasm terminology
• Understand the problem of borderline “grey zone” melanocytic neoplasms

Nanotechnology for the Prevention, Diagnosis, and Treatment of Skin Disease
Adam Friedman, M.D.

Summary: Nanotechnology is a rapidly growing discipline with numerous applications for consumers, patients, medicine and dermatology. In the last few years, there has been an explosion in research and development for products and devices related to nanotechnology.

Objectives:
• Describe the role of nanotechnology in dermatology
• Discuss the important areas of research in nanotechnology for the diagnosis and treatment of skin disease
• Recognize the risks and benefits of nanotechnology for consumers and patients

Dermatology Q&A
James Q. Del Rosso, D.O., FAOCD

Summary: Dr. Del Rosso discussed commonly encountered challenges in practice, pitfalls to avoid in clinical evaluation and treatment and methods to develop practical checklists to provide consistent comprehensive follow up.

Objectives:
• List potentially significant drug interactions that are likely to be encountered in dermatology practice
• Develop follow up and monitoring approaches that are helpful in managing patients treated with frequently used systemic therapies in dermatology practice such as antibiotics and antifungal agents
• Explain pathophysiologic mechanisms associated with epidermal barrier dysfunction, acne, rosacea and atopic dermatitis with clinical correlations to therapies used

Cosmetic Dermatology: It’s a Marathon, Not a Sprint
Michelle Foley, D.O., FAOCD

Summary: Dr. Foley discussed the ethical issues that arise with aesthetics in a medical practice. She presented data for the growth of cosmetics over the last 5-10 years. Dr. Foley discussed how this can be navigated within a medical practice and result with both a
happy patient and physician. She also discussed some new and novel treatments.

Objectives:

• Discuss the ethical implications of cosmetics in dermatology
• Discuss how the growth of cosmetic demands will affect dermatology practices now and in the future
• Discuss new and novel cosmetic treatments, maintaining patient satisfaction and physician fulfillment

Dr. Foley discussed an Osteopathic Cosmetic Approach in treating patients.

• Look at the entire patient
• Spend time on the consult
• Photos
• Educate your patients
• Explain what you are doing and why you do it
• Set boundaries

What's Under the Ulcer
David Fivenson, M.D.

Summary: Dr. Fivenson presented a series of cases starting with wounds, mostly leg ulcers, that illustrate an “A-Z” walk through medical dermatoses. Dr. Fivenson discussed a comprehensive list of dermatoses presenting as ulceration(s) and encouraged attendees to approach ulcers as a clinical challenge.

Objectives:

• Recognize typical vs atypical skin ulcers
• Identify autoimmune diseases that present as skin ulcers
• Appreciate that ulcers of skin can be key to many diverse skin disorders

Dermatopathology Update
Amy Spizuoco, D.O., FAOCD

Summary: Dr. Spizuoco presented a dermatopathology clinical correlation refresher.

Objectives:

• Direct immunofluorescence and when, where and how to biopsy
• Immunohistochemistry
• Inflammatory lesions
• Special stains: What are they and How to interpret
• Better communication with your pathologist

The Spectrum of Comorbidities in Psoriasis with Special Reference to Cardiovascular Issues
Alan Menter, M.D.

Summary: Psoriasis is a Systemic Disease with multiple co-morbidities. Dr. Menter described them and discussed the cardiovascular issues associated with psoriasis and the effect of therapies thereon.

Objectives:

• Understanding of psoriasis comorbidities
• Systemic inflammation, psoriasis & cardiovascular disease
• Psoriatic arthritis for the dermatologist

Osteopathic Continuous Certification Update
Lloyd J. Cleaver, D.O., FAOCD

Summary: Dr. Cleaver discussed the Osteopathic Continuous Certification program. For further information, log on to the AOBD website at www.aobd.org.

Objectives:

• Describe the requirement for individuals with time limited certificate
• Describe the requirement for maintenance of license
• Understand the needs to be qualified to be successful for Osteopathic Continuous Certification

Legal Dilemmas in Dermatology
Cliff Lober, M.D., J.D.

Summary: Dr. Lober presented multiple medical/legal dilemmas that occur in practice to provide understanding of the implications and consequences of various treatments and/or decisions.

Objectives:

• Analyze legal dilemmas to facilitate appropriate patient care
• Recognize legal implications of treatment alternatives
• Understand legal consequences of alternative treatment options

Safety and Continuous Improvement in Dermatology
Kelly Nelson, M.D.

Summary: Dr. Nelson reviewed of the development of a standardized specimen handling protocol, along with concepts of team development, accountability-continual professional development.

Objectives:

• Understand the differences between latent and active errors
• Consider the concept of operating “above the line” when involved in patient safety events

The key take-aways:

• Why? Don’t assume you know the answer to questions you haven’t asked
• How? Above the line: See it, own it, solve it, do it
• Insult or opportunity
• Every process improvement needs a leader
• Get your team, break it down into steps
• Bring new procedures to your peers; refine; repeat
• What? Define your measurements
• Post-event debriefs are essential to continuous improvement

Update on Cutaneous Lymphomas
Scott Wickless, D.O., FAOCD

Summary: Dr. Wickless presented a comprehensive review of cutaneous lymphomas—both b-cell and t-cell with an emphasis on clinical pathologic features including treatment options and emerging therapies.

Objectives:

• Review the EORTC-WLTO classification of cutaneous lymphomas
**Update on the Appropriate Use Criteria for Mohs Micrographic Surgery**
Rene Bermudez, D.O., FAOCD

Summary: Dr. Bermudez presented a review and update of the appropriate use criteria for Mohs Micrographic Surgery. He discussed the indications for Mohs Surgery. Dr. Bermudez discussed the areas of biopsy. He discussed patient characteristics, tumor characteristics and other considerations of selecting the appropriate patient for Mohs.

Objectives:
- Update and review the appropriate use criteria for Mohs Micrographic Surgery
- Review indications for Mohs Micrographic Surgery

Why Mohs Surgery?
- Ability to extirpate continuous tumors and tissue sparing capabilities
- Gold standard if it meets the indication due to the high cure rates
- High recurrence rate with other treatment modalities
- Superior at preserving cosmesis and function
- Tumor must be detectable under frozen section
- Precise histologic margin control
- Outpatient surgery under local anesthesia

**Managing Psoriasis across the Life Course**
Jennifer Cather, M.D.

Summary: Dr. Cather reviewed the complications from not treating psoriasis, including impact on quality of life in regard to physical functioning and psychosocial impact. She discussed the economic impact with time lost from work, reduced productivity at work, not promoted/in leadership roles.

Objectives:
- Help patients control their disease
- Educate patient AND family
- Identify social problems and compliance issues
- Understand school/work challenges
- Psychosocial counseling and support groups as needed
- Family/parents must be included in treatment plan
- Chronic disease that lasts a lifetime
- Treatment is individualized – not one size fits all
- Resources to help patients cope may be needed, especially for younger patients
- Discuss family planning with your female patients
- Promote overall health and well-being

**Pitfalls in Personal Finance and Investing**
James Dahle, M.D., FACEP

Summary: Dr. Dahle covered both basic and advanced concepts in personal and practice finances and investing including insurance, retirement planning, student loan management and portfolio design.

Objectives:
- Assist dermatologists in managing their personal and practice finances in a manner that promotes good patient care and career longevity
- Assist dermatologists in developing, implementing and maintaining a sensible investing plan for retirement
- Assist dermatologists in interactions with financial professionals

Dr. Dahle presented 8 pearls for good financial planning:
1. You have a second job
2. Four ways to eliminate student loans
3. Get good advice at a fair price
4. Buy the right insurance
5. No one has a crystal ball
6. Your biggest tax break
7. The safe withdrawal rate
8. The good news of physician retirement

Be sure to join us in Seattle, October 26-28, 2014, for the 2014 Fall OMED meeting. Topics to be presented include, Surgical Practice Setup and Pearls, Pediatric Dermatology, Surgical Repair Panel, Dermatology Update, Meaningful Use, Great Cases, Medical Dermatology, Ethics, Dangerous Drugs in Dermatology, Psoriasis, OCC, Dermatopathology, Dermatologic Surgery and more.
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As winter comes to a close, I hope this spring finds you well. Our Midyear Meeting in Dallas, Texas was a success and I will try to update you on our current state of affairs.

As most of you have heard by now, after months of discussion, the AOA, along with the Accreditation Council for Graduate Medical Education (ACGME) and the American Association of Colleges of Osteopathic Medicine (AACOM), have agreed to a single accreditation system for GME programs in the United States. The idea behind a single GME accreditation system is to provide accountability for the competency of physician residents consistently across all GME programs. Moreover, the move was to provide a greater access of osteopathic residents and students into ACGME residencies and fellowships. There are still a lot of questions to be answered, but I will highlight some of the known facts: 1) under this agreement, from July 1, 2015 to June 30, 2020, AOA-accredited training programs will transition to ACGME recognition and accreditation, 2) there will continue to be osteopathic-focused training programs under the ACGME accreditation system, 3) DO’s and MD’s would have access to all training programs and 4) AOA and AACOM will become ACGME member organizations, and each will have representation on ACGME’s board of directors. For more information, please access www.osteopathic.org to review the most up to date information for students, interns, residents and program directors.

Senior residents, be sure to start compiling your application package for submission to the AOBD. You can download the package requirements and materials here: www.aobd.org. This must be completed by August 1st. In addition, don’t forget to submit your annual application prior to leaving your program, as well as your AOCD Annual Report within 30 days of leaving your program.

For subspecialty certification, you can also find all the important information here: www.aobd.org. Included subspecialties are Dermatopathology, Mohs surgery and Pediatric dermatology.

First and second year residents, the same applies to you in regards to submitting your annual publication and report to the AOCD. Be sure to keep your patient logs in order to make submitting your Annual Report as efficient as possible. From this year forward the Annual Report will strictly be electronic. I strongly encourage you to make a copy of your report prior to sending it to the AOCD. Remember that at least once in your residency you must submit an abstract to the Gross and Microscopic Symposium held by the American Academy of Dermatology (AAD). This cannot be anything that was previously published or submitted for publication. The AAD will email a call for abstracts so be on the lookout. Upcoming second year residents also need to submit an electronic pdf poster for the AOCD Annual Meeting to be held October 25-29, 2014 in Seattle, Washington. This can be from a previously published or submitted work, including the AAD symposium. I will send more details with deadlines this summer.

Newly matched residents, congratulations and please be sure to respond promptly to all requests from the AOCD, and we look forward to seeing you in July.

I look forward to seeing everyone at the Annual Meeting in Seattle.

Larkin Community Hospital/NSUCOM Dermpath Fellowship to Commence in July

July 1, 2014, will mark the first day of training at the Larkin Community Hospital/Nova Southeastern University College of Osteopathic Medicine Dermatopathology Fellowship.

Carlos Ricotti, MD; László Kárai, MD, PhD and Evangelos Poulos, MD will serve as program directors under the auspices of the Larkin Community Hospital/NSUCOM Dermatology Residency Training program with Stanley Skopit, DO, MSE, FAOCD serving as the overall program director.

The program offers a one-year fellowship in dermatopathology. This is a well-balanced program with emphasis on diagnostic dermatopathology, as well as clinical pathological correlation in dermatology.

Areas of exposure include, but are not limited to, inflammatory cutaneous conditions, cutaneous lymphoproliferative diseases and cutaneous oncology.

The program consists of nine full time board-certified dermatopathologists and approximately 350,000 cases diagnosed per year. Fellows will be trained and mentored under the skilled and experienced team of dermatopathology faculty. All fellows interact closely with residents, fellows and staff of the Larkin Community Hospital/NSUCOM Dermatology Residency Training Program.

In addition to the current standard cases, the lab receives cases from the Larkin Multispecialty Dermatology Clinic, outside consultative cases and direct immunofluorescence specimens. The fellow is encouraged to participate in ongoing investigative projects in the area of dermatopathology and dermatology.

Requirements
Applicants must be either board-certified or eligible in either dermatology or pathology from an AOA-approved residency training program.

Stipends
Support is commensurate with the candidate’s level of training.

The fellowship training dates for the first year are July 1, 2014-June 30, 2015.
Help your patients with facial erythema of rosacea experience...

Rapid and sustained erythema reduction brought to you by Mirvaso® (brimonidine) topical gel, 0.33%†

- The first and only FDA-approved topical treatment specifically developed and indicated for the facial erythema of rosacea
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- The most commonly reported adverse events in controlled clinical studies included erythema (4%), flushing (2%), skin-burning sensation (2%), and contact dermatitis (1%)²

Important Safety Information
Indication: Mirvaso® (brimonidine) topical gel, 0.33% is an alpha-2 adrenergic agonist indicated for the topical treatment of persistent (nontransient) facial erythema of rosacea in adults 18 years of age or older.

Adverse Events: In clinical trials, the most common adverse reactions (≥1%) included erythema, flushing, skin-burning sensation, and contact dermatitis. Warnings/Precautions: Mirvaso Gel should be used with caution in patients with depression, cerebral or coronary insufficiency, Raynaud’s phenomenon, orthostatic hypotension, thromboangiitis obliterans, scleroderma, or Sjögren’s syndrome. Alpha-2 adrenergic agents can lower blood pressure. Mirvaso Gel should be used with caution in patients with severe or unstable or uncontrolled cardiovascular disease. Serious adverse reactions following accidental ingestion of Mirvaso Gel by children have been reported. Keep Mirvaso Gel out of the reach of children. Not for oral, ophthalmic, or intravaginal use.

You are encouraged to report negative side effects of prescription drugs to the FDA. Visit www.fda.gov/medwatch or call 1-800-FDA-1088.

Please see brief summary of full Prescribing Information on the following page.

*Phase 3 clinical studies of 553 subjects 18 and older. Subjects were randomized 1:1 to either Mirvaso Gel or vehicle for 29 days. Subjects and clinicians were asked to grade the improvement they saw at 30 minutes and hours 3, 6, 9, and 12 following application.

†Each gram of gel contains 5 mg of brimonidine tartrate equivalent to 3.3 mg of brimonidine free base.

IMPORTANT INFORMATION ABOUT
Mirvaso®
(Brimonidine) Topical Gel, 0.33%*

*Each gram of gel contains 5 mg of brimonidine tartrate, equivalent to 3.3 mg of brimonidine free base

BRIEF SUMMARY
This summary contains important information about MIRVASO (Mer-VAY-Soe) Gel. It is not meant to take the place of the full Prescribing Information. Read this information carefully before you prescribe MIRVASO Gel. For full Prescribing Information and Patient Information please see package insert.

WHAT IS MIRVASO GEL?
MIRVASO (brimonidine) Topical Gel, 0.33% is a prescription medicine that is used on the skin (topical) to treat facial redness due to rosacea that does not go away (persistent).

WHO IS MIRVASO GEL FOR?
MIRVASO Gel is for use in adults ages 18 years and older.

WHAT WARNINGS AND PRECAUTIONS SHOULD I BE AWARE OF?
MIRVASO Gel should be used with caution in patients that:
• have depression
• have heart or blood vessel problems
• have dizziness or blood pressure problems
• have problems with blood circulation or have had a stroke
• have dry mouth or Sjögren's Syndrome
• have skin tightening or Scleroderma
• have Raynaud's phenomenon
• have irritated skin or open sores
• are pregnant or plan to become pregnant. It is not known if MIRVASO Gel will harm an unborn baby.
• are breastfeeding. It is not known if MIRVASO Gel passes into breast milk. You and your female patient should decide if she will use MIRVASO Gel or breastfeed. She should not do both.

Ask your patient about all the medicines they take, including prescription and over-the-counter medicines, skin products, vitamins and herbal supplements. Using MIRVASO Gel with certain other medicines may affect each other and can cause serious side effects.

Keep MIRVASO Gel out of the reach of children.
If anyone, especially a child, accidentally swallows MIRVASO Gel, they may have serious side effects and need to be treated in a hospital. Get medical help right away if you, your patient, a child, or anyone else swallows MIRVASO Gel and has any of these symptoms:
• Lack of energy, trouble breathing or stops breathing, a slow heart beat, confusion, sweating, restlessness, muscle spasms or twitching.

WHAT ARE THE POSSIBLE SIDE EFFECTS OF MIRVASO GEL?
The most common side effects of using MIRVASO Gel include:
• redness, flushing, burning sensation of the skin, skin irritation

Skin redness and flushing may happen about 3 to 4 hours after applying MIRVASO Gel. Ask your patients to tell you if they get skin redness and flushing that is uncomfortable.

MIRVASO Gel can lower blood pressure in people with certain heart or blood vessel problems. See “What warnings and precautions should I be aware of?”

These are not all of the possible side effects of MIRVASO Gel. Remind your patients to call you for medical advice about side effects. You are also encouraged to report negative side effects of prescription drugs to the FDA. Visit www.fda.gov/medwatch or call 1-800-FDA-1088.

HOW SHOULD MIRVASO GEL BE APPLIED?
• Remind your patients to use MIRVASO Gel exactly as you instruct them. They should not use more MIRVASO Gel than prescribed.
• Patients should not apply MIRVASO Gel to irritated skin or open wounds.
• Important: MIRVASO Gel is for use on the face only. Patients should not use MIRVASO Gel in their eyes, mouth, or vagina. They should also avoid contact with the lips and eyes.
• Instruct your patients to see the detailed Instructions for Use that come with MIRVASO Gel for information about how to apply MIRVASO Gel correctly.

GENERAL INFORMATION ABOUT THE SAFE AND EFFECTIVE USE OF MIRVASO GEL
Remind your patients not to use MIRVASO Gel for a condition for which it was not prescribed and to not give MIRVASO Gel to other people, even if they have the same symptoms. It may harm them.

WHAT ARE THE INGREDIENTS IN MIRVASO GEL?
Active Ingredient: brimonidine tartrate
Inactive Ingredients: carbomer homopolymer type B, glycerin, methylparaben, phenoxethanol, propylene glycol, purified water, sodium hydroxide, titanium dioxide.

WHERE SHOULD I GO FOR MORE INFORMATION ABOUT MIRVASO GEL?
• Go to www.mirvaso.com or call 1-866-735-4137

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Hello everyone,

It seemed like the winter would never end here in the Midwest, along with the rest of the country, but it appears to have subsided. We enjoyed a quick reprieve from the weather as we traveled to the Midyear Meeting in Dallas. We have received great feedback. It was nice seeing you all again, and I hope you enjoyed your experience at the meeting. Thanks to Dr. Krishnamurthy for putting together an outstanding program!

Annual Reports
It will soon be time for Annual Reports to be submitted. All forms can be downloaded from our website at http://www.aocd.org/?page=ResidentReports.

On March 28, 2014, the AOA COPT approved revisions to our Resident’s Annual Report and Program Director’s Annual Report forms. The forms have been edited to be more concise, and nearly all redundant form fields have been removed. We have attempted to consolidate components of the reporting forms where we could. The Resident’s Annual Paper Documentation Report has been rolled into the Resident’s Annual Report Form (page 2). The Program Director’s Annual Report and the AOA Core Competency Report have been combined into a single report.

We hope the new forms will save time for everyone involved with handling these reports, from the resident to the EEC. The forms are fillable PDF files, which can be saved in progress.

It is important for everyone to be aware that handwritten reports and older versions of the report forms will no longer be accepted. If old versions of the reports or handwritten reports are received, they will be returned to the resident to resubmit in the approved format.

Revised versions of the first, second and third year packets, complete with the new report forms, have been distributed to all current and incoming residents. Please be sure to return a signed copy of the verification of receipt that accompanied the report packet.

The Resident’s Annual Report is due to the AOCD office 30 days after the end of each training year. Residents are encouraged to keep a copy of the report for their records.

One original copy of the report should be sent. The signature page must be signed by the Resident, Program Director and Director of Medical Education (DME). It is an affirmation of complete and accurate reports. Once the reports are received by the AOCD, we will upload them to FileWorks, which is our online storage system. The Education Evaluating Committee (EEC) members will then be able to view each report as they are uploaded at their convenience, allowing them more time for review. Incomplete reports will not be uploaded. Please do not fax your reports, as these will not be accepted.

All reports submitted late are subject to a late fee penalty and will not be reviewed by the EEC until the fee is paid. The late fee schedule is as follows:
- $100 for all reports submitted 30 to 365 days past deadline
- $250 for all reports submitted 365 to 730 days past deadline
- $500 for all reports submitted 731 days past deadline

Late documents will delay the approval of each year of training by the EEC and the AOA’s Postdoctoral Training Review Committee. Board eligibility is granted only upon approval by both committees.

Please do not staple the forms, bind them or use colored paper. Please print single-sided only. Review your report before submitting it to ensure that it is complete.

Finally, report packets should be sent to the locations specified below.

If using the US Post Office, please continue to send your reports to:

American Osteopathic College of Dermatology
P.O. Box 7525
Kirksville, MO 63501

If using any other parcel service, such as FedEx or UPS, please use the following address:

American Osteopathic College of Dermatology
2902 N. Baltimore Street
Kirksville, MO 63501

Charge for In-Training Exam/Date and Time
To help offset the rising costs of conducting the annual in-training exam, the AOCD Board of Trustees voted to take the following action:

Each residency program will be charged $150.00 per resident per year to take the AOCD In-Training Exam. An invoice will be sent to each program, and the DME will be copied. Any program failing to pay the fee will result in that resident not being allowed to take the exam, thereby causing the program to fail to meet the requirement in the basic standards.

To clarify, this fee is the responsibility of the program and should not be paid by the resident. As stated above, programs will be invoiced. The fee is due September 1, 2014.

The AOA has implemented a new schedule, which has caused us to change the scheduling of some of our events. One of the events affected by the changes is the In-Training Exam. This year, the In-Training Exam has been scheduled for the last day of the meeting. The exam will be held from 1:00 p.m. - 5:00 p.m. on Tuesday, October 28, 2014. The location of the exam has not yet been determined. Additional details will be sent to you as they become available.

Resident Lectures and In-Training Exam at 2014 Fall Meeting
All of the resident lecture spots for the 2014 AOCD Meeting in Seattle have been claimed. Lectures are scheduled for Sunday, October 26 - Tuesday, October 28.

Please note the required lecture length has been reduced from 20 minutes to 10 minutes. The required time has been reduced to
accommodate the growth in number of residency programs and residents. The due dates for speaker materials are as follows:

Copies of your Powerpoint Presentation, Disclosure Statement and Program Director’s Statement are due six weeks prior to the meeting, **September 14, 2014**.

The deadline for final presentation modifications is two weeks prior to the meeting, **October 12, 2014**.

Residents who did not receive a lecture slot for the 2014 meeting in Seattle will be placed on the schedule for the 2015 meeting in Charlotte, NC.

Congratulations to the following residents who were selected as Koprince Award recipients for their lectures presented at the 2014 Midyear Meeting:

- Christina Feser, D.O., Oakwood Southshore Medical Center
- Jesse Jensen, D.O., Botsford Hospital/McLaren-Oakland
- Panagiotis Mitropoulos, D.O., NSUCOM/Broward General Medical Center

**James Bernard Leadership Award**

With a July 1 deadline, it’s a great time to begin thinking about nominations for the James Bernard, D.O., FAOCD, AOCD Residency Leadership Award.

The award offers third-year residents a future position on an AOCD committee. Among those committees with availability are the following: Editorial, Internet, In-Training Examination, Historical and Continuing Medical Education.

Third-year residents must be nominated by their program directors. Nomination criteria are as follows:

- **Integrity**—Maintains the highest personal standards of honesty, fairness, consistency, and trust.
- **Respect**—Displays a professional persona and is open-minded and courteous to others.
- **Empowerment**—Provides knowledge, skills, authority and encouragement to fellow physicians and staff.
- **Initiative**—Takes prompt action to avoid or resolve problems and conflicts.

In addition, the resident must be a member in good standing of both the AOCD and AOA.

Applications will be reviewed by the Awards Committee, which will forward its recommendations to the national office. Applicants will be notified by certified letter. All correspondence concerning the program and/or awarded grants should be directed to the Awards Committee.

Winners of the award will be announced at the 2014 Fall Meeting.

**Incoming Residents for 2014-2015**

I would like to introduce the new residents joining our programs for the 2014-2015 year. The AOCD will welcome 48 new residents on July 1. The incoming residents (listed with their programs) are as follows:

- **Advanced Desert Dermatology**
  - Jennifer Peterson, D.O.
  - Kevin Svancara, D.O.

- **Affiliated Dermatology**
  - Stephanie Blackburn, D.O.

- **Botsford Hospital/McLaren-Oakland**
  - Megan Furniss, D.O.
  - Summer Moon, D.O.

- **Colorado Dermatology Institute**
  - Jon Bielfield, D.O.

- **LECOM/Alta Dermatology**
  - Panyamol Kittipongdaja, D.O.

- **Lehigh Valley Health Network**
  - Elise Grgrurich, D.O.
  - Huyenlan Nguyen, D.O.

- **LewisGale Hospital-Montgomery/VCOM**
  - Gina Caputo, D.O.
  - Jacqueline Fisher, D.O.

- **MSUCOM/Lakeland Regional Medical Center**
  - Shannon Sharpe, D.O.

- **Northeast Regional Medical Center**
  - Emily Kollmann, D.O.
  - Nicole Tillman, D.O.

- **NSUCOM/Broward General Medical Center**
  - Jennifer Moscoso, D.O.
  - S. Brandon Nickle, D.O.
  - Brittany Smirnov, D.O.

- **NSUCOM/Largo Medical Center**
  - Joseph Dyer, D.O.
  - Natalie Edgar, D.O.
  - Dawnielle Endly, D.O.

- **NSUCOM/Larkin Community Hospital**
  - Jennifer David, D.O.
  - Samuel Ecker, D.O.
  - Yuri Kim, D.O.

- **O’Bleness Memorial Hospital**
  - Jessica Vincent, D.O.

- **Oakwood Southshore Medical Center**
  - Matthew Laffer, D.O.
  - Dustin Portela, D.O.

- **OPTI-West/Aspen Dermatology**
  - Chelsea Lee, D.O.

- **OPTI-West/College Medical Center**
  - Mayha Patel, D.O.

- **Palisades Medical Center**
  - Lauren Keller, D.O.
  - Tanasha Sylvester, D.O.
  - Tyler Vukmer, D.O.

- **PCOM MedNet/North Fulton Hospital Medical Campus**
  - Irina Milman, D.O.

- **South Texas Osteopathic Dermatology**
  - Dylan Alston, D.O.

- **St. Barnabas Hospital**
  - Lacey Elwyn, D.O.

- **St. John’s Episcopal Hospital, South Shore**
  - Stephanie Lasky, D.O.
  - Anna Slobodskya, D.O.

- **St. Joseph Mercy Health System**
  - Adam Allan, D.O.
  - Benjamin Bashline, D.O.
  - Paul Graham, D.O.
  - Monica Van Acker, D.O.
  - Jennifer Vermeesch, D.O.

- **Summa Western Reserve Hospital**
  - Maren Gaul, D.O.

- **University Hospitals**
  - Rosanne Paul, D.O.
  - Madeline Tarrillion, D.O.

- **UNTHSC/TCOM**
  - Bridget McIlwee, D.O.

- **West Palm Hospital**
  - Christina Steinmetz, D.O.

- **WUHS/Silver Falls Dermatology**
  - Bryce Desmond, D.O.
  - Benjamin Perry, D.O.
Incoming Resident Documentation
New residents beginning training in July 2014 should submit all of their application materials to the national office. Dues should be paid at this time, if payment has not been made this year. Those who have already paid student dues for the current year will owe a balance of $25. If you are uncertain if you have paid this year, please feel free to contact me. All resident dues must be current before becoming eligible to sit for the In-Training Examination in Seattle this October.

All residents are asked to provide the following documents:
- A copy of your medical school diploma (and exact date of graduation)
- A copy of your internship diploma (exact dates of attendance and name and address of school)
- A copy of your State license
- A current CV

I hope you all have a great summer, and as always, if there is anything I can do to assist you, don’t hesitate to contact me.

Corporate Spotlight By Shelley Wood, MA, Administrative Grants Coordinator

Corporate Sponsors Support Midyear Meeting

I appreciate having had the opportunity to thank several of our corporate sponsors and to welcome new exhibitors at the 2014 Midyear Meeting for their support of the College. All the exhibitors where happy with the layout of the room and the time spent with the attendees. The AOCD is very fortunate to have corporate sponsors who join us as partners with a commitment to medical excellence. In the midst of economic uncertainty, our corporate sponsors remain committed to the College and continuing medical education (CME). It goes without saying that our corporate sponsors are critical to helping us accomplish our mission.

Returning corporate sponsors are as follows:
- Galderma, Medicis, Ranbaxy Laboratories, Inc. (Diamond Level)
- Merz Pharmaceuticals, LLC, (Gold Level)
- AbbVie, Fallene, Ltd. (Silver Level)
- DLCS, Ferndale Healthcare (Bronze Level)
- Warner Chilcott (Pearl Level)

In addition to Medicis being a diamond-level sponsor, the company specifically supports our College through various unrestricted grants. Its most recent sponsorship was for the 2014 Midyear Meeting Welcome Reception and sponsored a Resident Education Grant. Medicis has been a long-time supporter of the AOCD. We appreciate all that Medicis does for our College and CME.

Ranbaxy Laboratories, Inc. has had a long relationship with the College and continues to support us through generous sponsorships. Ranbaxy’s most recent sponsorship was for the Opening Day Luncheon with the exhibitors. This luncheon gave exhibitors and physicians the opportunity to meet in an informal setting. We appreciate everything Steve Hecklein and Ranbaxy Laboratories, Inc., is doing for the College and CME.

The AOCD also appreciates the following companies for providing lunch symposiums, Paradigm and Galderma. Also, Spire Learning for providing a dinner symposium.

The College thanks DLCS for its support for the 2014 Midyear Meeting by sponsoring the meeting tote bags and meeting t-shirts, Aqua Pharmaceuticals for sponsoring a beverage break and Leo Pharma for sponsoring the meeting flash drives and a beverage break.

Exhibitors for the 2014 Midyear Meeting were as follows: Aerolase, Amgen, Aqua Pharmaceuticals, Aurora Diagnostics, Bayer Healthcare, Betacaine Topical Anesthetic, Cole Diagnostics, Comcast, Dermpath Diagnostics, DLCS, USA Pharmaceuticals, EltaMD Skincare, Ferndale Healthcare, Galderma, Janssen Biotech Inc., Leo Pharma, Medicis, a division of Valeant Pharmaceuticals, Medimix Specialty Pharmacy, Merz North America, Miraca Life Sciences, Onset Dermatologics, Person & Covey, PharmaDerm, Photomedex, Ranbaxy Laboratories, Inc., SC/MWM Books, Tiemann-Bernsco Surgical and Total Life Care Rx Pharmacy. The 2015 Annual Meeting will be held in Charlotte, North Carolina at the Ritz-Carlton, April 23 – 26, 2015.

Thank you to past and new exhibitors for your support of the AOCD and continuing medical education. Your participation during this meeting is appreciated. I enjoyed talking with each of you and learning a little something about your companies. I look forward to working with you all in the future.

We hope that many of you had an opportunity to express your appreciation to our sponsors while you were in Dallas. The fact that they continue to support the College, many of them doing so for several years, speaks volumes about the value of their commitment to our organization.

Sponsor Spotlight: Bayer Healthcare
In today’s complex healthcare environment, integrity, corporate ethics and accountability are more relevant than ever before. At Bayer they conduct all of their business activities, including the funding of unrestricted educational grants, in a professional ethical and compliant manner.

For the past 12 years, Bayer Healthcare (formerly Intendis) has sponsored the Bayer Healthcare Writing Grant. This grant provides recognition for osteopathic dermatology residents’ papers which are judged as the best in this competition. The papers are judged for their originality, degree of scientific contribution and the thoughtfulness of the presentation.