2017
AOCD Fall Meeting
Program Review
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New Orleans, LA
October 25 - 28, 2017
Program Attendance Summary

Program Evaluation Response
108 program evaluations returned, 112 speaker and learning objective evaluations returned, 107 mission statement surveys returned, 39 outcomes evaluations returned

Meeting Attendance
254 Total Registrations (AOCD Members – 224; Non-Members – 30); 252 Total Attendance

Member Breakdown
- Attending Physicians: 184 (82%)
- Students/Interns: 29 (13%)
- Residents: 11 (5%)

Non-Member Breakdown
- MDs: 14 (47%)
- DOs: 4 (13%)
- Guests: 3 (10%)
- RN/NP: 2 (7%)
- PA-C: 1 (3%)
- Office Staff: 4 (13%)
- Other: 2 (7%)

Program Evaluation Response Summary
- 108 program evaluations returned
- 112 speaker and learning objective evaluations returned
- 107 mission statement surveys returned
- 39 outcomes evaluations returned

Meeting Attendance Summary
- 254 Total Registrations
  - AOCD Members: 224
  - Non-Members: 30
- 252 Total Attendance

Map of states showing attendance:
- East: 22.22%
- Southeast: 26.59%
- Midwest: 24.60%
- Southwest: 16.27%
- Northwest: 2.38%
- West: 7.94%
Program Evaluation Summary

What was your reason for enrollment? (More than one selection could be made)
- 79.63% - Needed CME hours
- 27.78% - Location of the program
- 40.74% - Desire to broaden knowledge
- 10.19% - Program topics
- 7.41% - Other

What is the population of the city in which you practice?
- Over 100,000 - 46%
- 50,000 - 100,000 - 25%
- 30,000 - 50,000 - 11%
- 10,000 - 30,000 - 14%
- Under 10,000 - 4%

What is your professional status?
- Practicing - 97%
- Resident - 2%
- Student/Intern - 1%

Did the activity remain commercially unbiased?
- Yes - 99%
- No - 1%
### Evaluation of Program Content

<table>
<thead>
<tr>
<th></th>
<th>Average Rating</th>
</tr>
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<tbody>
<tr>
<td>Time for questions &amp; answers was sufficient</td>
<td>3.82</td>
</tr>
<tr>
<td>Activity met your expectations</td>
<td>3.65</td>
</tr>
<tr>
<td>Presentations provided usable ideas and/or techniques</td>
<td>3.74</td>
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<tr>
<td>Activity will improve professional effectiveness</td>
<td>3.66</td>
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### General Program Evaluation

<table>
<thead>
<tr>
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<th>Average Rating</th>
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<tbody>
<tr>
<td>Activity content</td>
<td>3.6</td>
</tr>
<tr>
<td>Length of activity</td>
<td>3.58</td>
</tr>
<tr>
<td>Facilities</td>
<td>3.64</td>
</tr>
<tr>
<td>Overall rating</td>
<td>3.67</td>
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Please describe any poor ratings:
- Hotel is very expensive. Please include some cheaper surrounding hotels/alternate options.
- Room was too cold
- Three hours on Hansen’s isn’t necessary

List the subjects you felt were most valuable to you:
- Pediatric dermatology - 20
- Melanoma - 19
- Alopecia - 17
- Dermoscopy - 15
- Surgical pearls - 15
- MACRA/MIPS - 7
- Radiotherapy - 7
- Surgical dermatology - 7
- Burnout - 6
- Interesting/challenging case reports - 6
- Dermatopathology - 4
- Leprosy - 4
- OCC - 4
- Tulane cases - 4
- Melanoma panel - 3
- Psoriasis - 3
- Skin cancer - 3
- Acne - 2
- Building aesthetic practice - 2
- Clinical practice pearls - 2
- Coding - 2
- Dermatopathology (Dr. Rosen) - 2
- Dermatopathology (Dr. Stephenson) - 2
- Mohs - 2
- New treatment modalities - 2
- MEK discussion - 1
- Most - 1
- Osteopathic principles - 1
- Patient adherence - 1
- Pearls from practicing dermatologist - 1
- Practice management - 1
- Products - 1
- Updated melanoma guidelines/dysplastic nevi - 1

What topics would you like to see presented at future meetings?
- Cosmetic dermatology - 12
- Surgical dermatology - 9
- Practice management - 7
- Dermoscopy - 6
- Pediatric dermatology - 6
- Billing/coding - 5
- Clinical pearls - 5
- Managing difficult/complex cases - 5
- Surgical pearls - 4
- Autoimmune diseases - 3
- Fillers - 3
- Interesting cases - 3
- Mohs - 3
- Treatment/Medication updates - 3
- Business - 2
- Clinical dermatology - 2
- Facial anatomy - 2
- Lasers - 2
- Melanoma - 2
- Politics of dermatology - 2
- Practice pearls - 2
- Radiotherapy - 2
- Skin cancer - 2
- Surgical Repair/Closure - 2
- Systemic medications/therapy in dermatology - 2
- Vasculitis - 2
- 25 modifier - 1
- Acne - 1
- Adjuvant radiation, when to consider - 1
- Atopic dermatitis - 1
- Biologics - 1
- Burnout - 1
- Chronic idiopathic urticaria - 1
- Clinical pearls for using off-branded treatments, non-FDA approved, etc. - 1
- Combined panel with surgeon, radiation oncologist, general oncologist, etc. for case discussions - 1
- Connective tissue - 1
- Contact dermatitis - 1
- Cosmeceuticals - 1
- Cosmetic tips and tricks - 1
- Dermatological manifestations of systemic illnesses - 1
- Emerging science - 1
- Flaps - 1
- Genital dermatoses - 1
- Genodermatoses - 1
- Hands-on surgical sessions - 1
- Immunodermatology - 1
- Inpatient/Hospital dermatology cases - 1
- Insurance challenges (getting medications approved) - 1
- Lichenoid disease - 1
- Medical oncology - 1
- MIPS/MACRA updates - 1
- Multiple shorter speaker pearls - 1
- New cosmetics - 1
- NPs/PAs - How to use them efficiently - 1
- Oral pathology and diseases - 1
- Pearls lectures - 1
- Porphyrias - 1
- Practice management, specifically financial reports and how to use them to measure financial health - 1
- Professional development - 1
- Refractory pruritus and non-specific dermatitis - workup and approach - 1
- Review of latest dermatology literature - 1
- Rheumatology overlap - 1
- Rosacea - 1
- Same topics - 1
- Skin grafts - 1
- Symposium like "Melanoma Morning" would be great - 1
- Tropical medicine - 1
- Workshops - 1
- Wound care - 1
- Xolair study for chronic urticaria - 1
Speaker Evaluation & Learning Objectives Summary

The following are overall learning objectives for the Fall 2017 Current Concepts in Dermatology meeting:

- Encourage discussion on practical tips useful in dermatologic surgery.
- Discuss concepts and techniques that increase patient safety and comfort.
- Discuss concepts and techniques used to treat BAP-oma.
- Understand and identify the various causes and etiology of hair loss.
- Discuss the key histological features of common and uncommon skin conditions.
- Present methods of incorporating aesthetic procedures into your practice.
- Review traditional medical treatments for dermatological conditions and non-traditional treatments.
- Review the basic concepts of osteopathic philosophy and its application to dermatology.
- Participants will learn treatment protocols for uncomplicated leprosy, prevention of disability and management of the immunological reactions.
- Understand how to select patients for radiation therapy compared with other skin cancer treatment modalities.
- Recognize clinical patterns of cutaneous disease.
- Treat skin diseases while also coordinating care with appropriate specialists.
- Understand the impact of atopic dermatitis and ways to manage it.
- Learn about new treatments for pediatric dermatology issues.
- Describe ways to manage difficult to treat psoriasis.
- Understand the Quality Payment Program included in the MACRA legislations.
- Learn how to avoid MIPS penalties.
- Identify current threats to patient safety and the growth of dermatology.
- Review histologic subtypes of desmoplastic melanoma and treatment of primary disease.
- Recognize the key features to help diagnose seborrheic keratoses, angiomas and dermatofibromas with dermoscopy.
- Acknowledge the importance of entropy (distribution of colors and structures) in diagnosing skin cancer.
- Recognize and define the key dermoscopy features of malignancy.
- Update on different surgical approaches in the treatment of melanoma.
- Discuss changes to the new AJCC staging guidelines for Melanoma.
- Understand why burnout happens what it is, and how to prevent/manage it.
- Understand the mechanisms of action of the latest psoriasis therapies.

Have the overall specified learning objectives been met?

Yes (100.00%)

No 0.00%

How will you utilize stated learning objectives within your practice?

- Able to identify amelanotic melanoma better
- Always strive to be current
- Apply information learned at meeting to patient care
- Avoid MIPS penalties; Treatment of hair loss; Treatment of notalgia paresthetica.
- Better care of pediatric dermatology
• Better evaluate hair loss; Better pediatric dermatology knowledge; Better biologic comprehension
• Better identify different causes for hair loss; Utilize new or difference treatments for pediatric dermatology; Better understand MACRA and MIPS and avoid penalties; Improve dermoscopy; Better identify types of melanoma
• Change a few procedures to ensure there is no MIPS violation
• Clinical pearls given from each lectures
• Concepts utilized for specific patient care requirements as well as professional enrichment
• Continue using evidence-based medicine
• CTAs on surgical trays; HPV vaccine for recalcitrant verruca; Candida for verruca
• Daily in practice
• Dermoscopy and surgical pearls will be immediately used
• Different treatment approaches will be offered
• Enhanced my differential diagnosis of clinical conditions and expanded treatment options for inflammatory and infectious conditions
• Expand my knowledge and creativity in regards to medicine
• For patient education
• Good surgical/pediatric pearls
• Help build the cosmetic aspect of my practice in acne, rosacea type patients. Use new skills of dermoscopy to diagnose early melanomas. Trying other therapies (off-label) for hair loss.
• How to avoid MIPS penalties and increase use of dermoscopy
• I do general derm and cosmetics, so those areas are most relevant for me to stay current with. So topics like dermoscopy and updates on treatment strategies are easily incorporated. As far as MIPS/MACRA updates, I thankfully have a large staff that takes care of all of that, and we have been compliant since the beginning.
• I plan on using some of Dr. Yob’s tricks in my office setting. Get help in my practice. Leprosy lectures was informative.
• I really enjoyed the pearls lecture, as well as hair loss and several others.
• I will apply them everyday to assist in patient care.
• I will make every effort to implement them.
• I’m retired but would use several points learning if I do volunteer work in the future.
• Implement MIPS/MACRA; Melanoma; Inpatient AJCC
• In regards to MACRA & MIPS, I know how to focus my attention to reduce penalties in my future practice. I also developed a better understanding in psoriasis, melanoma and dermoscopy that will serve me in patient care. I am also inclined to attend the American Dermoscopy meeting next summer.
• Include additional therapies
• Incorporate them
• Incorporate updated melanoma guidelines into management of my patients. Also learned dermoscopy techniques. Great practical tips to utilize in surgical repairs.
• Knowledge of managing difficult psoriasis patients; Will further investigate MIPS/MACRA
• Learned a lot of pearls, especially the OMM lecture
• Leprosy contacts and resources
• Many of the lectures provided useful information on differential diagnosis considerations and treatment options that will now be a part of my practice, especially the lectures regarding interesting case.
• MIPS; Leprosy
• MIPS. Coding for 2018 - Anthem Bundling 25; Avoid burnout
• Modify treatment/approach to psoriasis and atopic dermatitis; Continue to coordinate care with other specialists; Continue to utilize dermoscopy in my daily practice
• More aware
• Practice management and derm and derm surg
• Reaffirms some of my current practices
• Really enjoyed the MACRA/MIPS and burnout. Will apply what was learned.
• Really enjoyed the melanoma lectures - will use new treatment guidelines in my practice.
• Reduce burnout through delegating and personal time. Take more pictures for lesion surveillance.
• Review melanoma diagnoses, dermoscopy and our plans for evaluation and treatment with all providers in my practice.
• Review of clinical issues both old and new helps to rejuvenate and improve my patient care.
• Slowly
• They will be incorporated
• This type of meeting never fails to increase my ability to provide better care and treatment for my patients.
• To make some simple practical changes to avoid burnout
• Updating therapeutic treatment options
• Utilize new concepts and knowledge
• Will incorporate information obtained in clinical setting

The Powerpoints and/or handouts effectively supported the presentation.

- Strongly Agree (76%)
- Agree (23%)
- Disagree (1%)
- Strongly Disagree (0%)

The content of the topics were presented in a clear and understandable manner.

- Strongly Agree (83%)
- Agree (17%)
- Disagree (0%)
- Strongly Disagree (0%)
The sessions assisted me in my professional development.

Strongly Agree (72%)
Agree (28%)

Strongly Disagree (0%)
Disagree (0%)

The sessions provided me with specific ideas that I intend to use.

Strongly Agree (69%)
Agree (31%)

Disagree (0%)
Strongly Disagree (0%)

The presenters were knowledgeable, organized and effective in their presentations.

Strongly Agree (82%)
Agree (18%)

Disagree (0%)
Strongly Disagree (0%)
The conference remained commercially unbiased.

- Strongly Agree (81%)
- Agree (19%)
- Disagree (0%)
- Strongly Disagree (0%)

Were disclosures made or conflicts of interest identified prior to the CME program?

- Yes (99%)
- No (1%)
The overall mission of each AOCD CME Activity is to:
1. Inform the physician of advances in medical knowledge and technology.
2. Inform the physician of advances in diagnosis and treatments for better patient care and outcomes.
3. Inform the physician of advances in Practice-Based Learning and System-Based Practices.

AOCD CME activities are intended to enhance the knowledge and competence of its attendees, with the intended goal being improving patient care and their health outcomes. The impact of our educational meetings will provide a diversified CME program focusing on the art and science of Dermatology.

The AOCD has met its mission for this conference:

- Yes (100%)
- No (0%)

If you answered “no,” please describe how we did not meet the mission:

- N/A
Comments

- A three hour time slot dedicated to Hansen's and a two hour time slot dedicated to osteopathic medicine = five hours of time that could be better spent addressing more relevant everyday practice topics. I spoke to many people who were disappointed in these.
- All topics were covered nicely.
- Best useful series yet at any derm conference I have attended.
- By providing excellent lectures, I feel this meeting will have a positive impact on the way I practice dermatology. Thank you - great meeting!
- Consider starting the meeting on a Friday to a Monday to miss less time at work.
- Continue present schedule of topics.
- Don't have same lecturers/same materials over and over (i.e. radiation).
- Enjoyed the Jeopardy format and the interactive Tulane speakers.
- Enjoyed the meeting.
- Everything quite good
- Excellent (3)
- Excellent lectures in dermoscopy and hair loss.
- Excellent meeting (4)
- First lecture was extremely early.
- Good conference
- Good job on getting worthwhile speakers.
- Good lectures will help in my office setting. Leprosy is rare in Michigan but really enjoyed the presentation. Learned a lot, met with colleagues, great meals, enjoyed the stay. Good reviews. Great leprosy lecture - slides were great - red squirrel, rodent carriers. Great lecture - radiation therapy. Dr. Feldman - great lecture. Burnout - great lecture.
- Good meeting, good location, good to see old friends
- Good range of topics
- Great conference
- Great conference with amazing panel of speakers
- Great conference, great venue!
- Great event!! Thank you!!
- Great group of speakers that showed their expertise on the subjects presented.
- Great location, like ending on Saturday
- Great meeting as always! I enjoy seeing the AOCD crew.
- Great meeting as always. Always treated like family.
- Great meeting great city.
- Great meeting. Too cold!
- Great meeting! Impressed with caliber of speakers. Nice range of topics.
- Great meeting (2)
- Great meeting. Good diversity of topics and presentation formats. Speakers well prepared, very practical info for the practicing dermatologist.
- Handouts would be helpful or DVD of meeting.
- I enjoyed the lectures and the topics that were covered.
- I especially enjoyed the lectures on Hansen’s disease and melanoma. Both lectures really showed the multidisciplinary approach that is needed to treat these diseases and also treat the patient and allow them to continue to be effective members of society.
- I learn best through face-to-face in-person meetings such as this AOCD conference. These meetings are important to me and for me and my practice as an osteopathic dermatologist.
- I like the mix of pediatrics and Mohs in the lectures.
- I thought the lecture quality was above average and that I learned several clinically applicable items that will be useful in my practice.
- In order for new AOCD to be successful, it needs to provide CME in a more dynamic format that other courses. Include self-improvement, shorter bits of info. Learning best occurs in an upbeat environment. Go to an "Aesthetic Blueprint Conference" to see how this is pulled off. Discussing controversies...we have some
brilliant members whose brains could be picked. I liked the panel discussions because that is how we think during the day.

- Inconvenient to have it scheduled at the same time as Halloween weekend in New Orleans. Everything was more expensive and crowded.
- Is it possible to incorporate "opioid training" as Pennsylvania requires three hours for license renewal. It would be great if we could get these hours here.
- It would be great to have a list of who is registered so we can reach out to colleagues from around the country. Maybe a "social" on Friday night to meet up with colleagues - just drinks, no food necessary.
- It would be great to have breakfast from 6:00 a.m. - 8:00 a.m., not 6:00 a.m. - 7:00 a.m.; Psoriasis review was super, Dr. Glick - excellent!
- Keep up the good work
- Lectures were on schedule, which is very much appreciated. Medical panels (especially melanoma) were amazing discussions.
- Loved it.
- Mark Kaufmann’s talk on MACRA/MIPS very helpful.
- Maybe have a session on billing/coding. Have less of the same old speakers.
- More lecture on billing/code/practice management for new physicians
- Move 1 - 2 lectures from day 3 and 4 to day 1 and 2 so days are more evenly distributed.
- Overall, I felt the quality of the lectures has improved significantly over previous years. The last AOCD conference I attended was in 2015.
- Pearls lectures have lots of practical value. More powerstrips at tables would be nice.
- Please add a session on coding/billing.
- Possible to condense into 3 days?
- Should video the lectures so that others could have access too.
- Thank you for a great conference!
- Thank you for putting together a wonderful meeting. Enjoyed and learned a lot from the lectures. New Orleans was a fun city to be in, especially for Halloween; Burnout - Great lecture - entertaining, heartfelt and great information!
- Thanks for a great meeting!
- The room was too cold. I didn't like the meeting going Wednesday to Saturday. I would prefer Thursday to Sunday so that I don't miss so much work.
- The Saturday session was disrupted by checkout.
- This was a great meeting with a diversity of subject material related to the field of dermatology.
- Very happy
- Very happy with venue and lectures.
- Was great.
- Well balanced meeting. Varied pertinent topics were covered.
- Well done!
- Well organized, thanks to the great AOCD staff!!
- Wonderful meeting!!
- Would be helpful to have a broader range of lecture types, i.e. case studies are always helpful. Good, diverse array of speakers.
- Would like to see more high-yield topics that will help me stay current in medical practice. Include latest and greatest. A 3 hours lecture dedicated to Hansen's disease and 2 hour session about osteopathic medicine are not advancing my medical knowledge.
- Would like to see more on dermoscopy

2017 Fall Meeting Program Review – New Orleans, LA
2017 Fall Meeting Outcomes Evaluation Results
39 Responses Received

What changes in performance and/or patient outcomes do you anticipate to occur as a result of participating in this conference?

- A number of different treatment options
- Adding OMT and Osteopathic approach to patients and melanoma updates
- Advised to use information and pearls gained from meeting in daily clinical practice
- Better clearance of AKs
- Better information on melanoma
- Better outcomes after some good clinical pearls
- Better patient care & outcomes (4)
- Better patient education regarding certain scenarios
- Better surgical outcomes (2)
- Better treatment of hair disorders, frontal fibrosing alopecia
- Better treatment of squamous cell carcinoma
- Closer follow ups
- Different perspective on SRT
- Different treatments
- I am considering adding radiation therapy to my practice
- I anticipate incorporating more XRT in treatment of NMSCs
- I felt that I am incorporating more diligent follow ups with my biologic patients. I am more confident in prescribing them as well.
- I learned some great surgical pearls as well as how to prevent burnout. I think Dr. Swanson is a gem!
- Increase patient compliance using some of the suggested techniques at the meeting (2)
- More awareness of treatment options for skin disease
- More options for treating pediatric warts
- More surgery
- More treatment options in regards to alopecia
- Most definitely institute dermoscopy using TADA algorithm on a daily basis. Obtain advanced training in dermoscopy.
- New dermoscopy techniques
- None (2)
- Not much, just sharing with patients options available to them even if I can’t provide
- Ordering bloodwork less for patients when treating with medications such as isotretinoin and terbinafine
- Pediatric dermatology cares including psoriasis, atopic dermatitis
- Pediatric medications
- Reduced discomfort with PDT resulting in higher rate of completion of therapy
- Updated info on pediatrics will help me better deal with my atopic dermatitis patients
- Updates on classification and treatment of dermatological disorders

How will your treatment options change after attending this conference?

- Add Zyrtec to PDT regimen to reduce post-therapy discomfort
- Broadened my scope and comfort with various medicines
- Certain things I might use a different dosage or try a new combination of treatments
- Consider SLN biopsy in patients with high risk squamous cell carcinoma
- Have a better repertoire of surgical pearls
- I anticipate incorporating more XRT in treatment of NMSCs (2)
- I will be more prepared to treat something like leprosy and now know the resources available
- I will use radiation therapy more frequently (2)
- Improve
- Improved differential diagnosis
- Incorporate new or additional treatment options into daily practice
- Melanoma and dermatoscopic skills
- Modifying SRT treatments as they progress
- More confident in prescribing biologics treatments (2)
• More option to care for atopic dermatitis and pediatric psoriasis
• More to discuss with patients
• N/A (2)
• New outlook on evaluation and management of melanoma (2)
• Not much
• Oral treatments for Alopecia areata.
• Pediatric dosing
• Prescribing wart peel
• Treatment options are expanded (5)

• Treatment options more specific to the patient’s disease state.
• Use doxycycline for FFA
• Use of Eucrisa and Dupixent for atopic dermatitis.
• Using different biologic agents as first line
• Will institute sXRT as a treatment option
• Will offer more OTC creams like vanicream in my office
• Will try other things

What is one new thing you learned from this conference?

• Abridged dermoscopy algorithm
• BAPoma
• Billing changes from insurance companies
• Biologic options for pediatrics
• Can use buttons for skin grafts and different types of surgical pearls
• Changes to CME requirements for AOA certified physicians.
• Different uses of biologic agents
• Duxipent
• Entire pediatric dermatology lecture
• Hair loss treatment options.
• How to avoid burnout (2)
• How to easily do MIPS this year (2)
• I learned that I’m not the only one who experiences feelings of physician burnout, despite only being in practice for a short time!
• I took the most from the physician burnout lecture and how to stay positive, motivated and continue to have the spirit for why I entered medicine in the first place
• Indications for SLN biopsy in cutaneous squamous cell carcinoma
• It’s okay to reduce field size of SRT during treatment
• Mirvaso and Rhofade can cause bradycardia if ingested by children
• MOC regulations and changes to the modifier 25.
• New melanoma AJCC guidelines (2)
• New melanoma treatments /combinations
• Noczema for atopic pruritus
• Organized vs disorganized melanocytic lesions
• Patient compliance is worse than I thought
• Pediatric dermatology - multiple things - olive oil makes atopic dermatitis worse, toilet seat dermatitis new 2018 codes for PDT PD-1 inhibitor new standard treatment for metastatic melanoma
• Psoriasis treatments
• Radiation therapy
• Radiation therapy can be used in all forms of skin cancer even without clear margins
• Realized that a lot of doctors are feeling overwhelmed these days
• Surgical pearls
• The safety profile of biologics. Also, taking moments throughout the day to recharge.
• Updates on melanoma
• Use of immune modulating drugs in hair loss
• Use of JAK inhibitors for alopecia (2)
• XRT is a great option in selected NMSC patients

Who will you share this information with?

• All my eczema patients
• Colleagues (24)
• Managers
• Mid lever providers (2)
• My practice
• No one. I’m a solo practitioner.
• Office manager
• PAs
• Patients (4)
• Residents (3)

What information do you still need regarding the topics presented?

• Any new updates
• Atopica dermatitis, Practice management
• Better guidelines for imaging and follow up
• Complex rashes, Emergency dermatology
• I love learning some about pediatric dermatology and wonder if special focus could be paid to nevi in children, as well as management of connective tissue disorders in children. Thanks.
• It would be nice to have a lecture entirely on coding
• Just more clinical experience

• Staff (7)
• Staff members

• More info on diagnosis of leprosy
• N/A, None (18)
• Pediatric dermatology (2)
• Political
• Review of these topics is always useful and is anticipated at upcoming meetings
• Techniques to actually get patients to be more compliant. The presentation pointed out well the proof that patients are not compliant but not how to feasibly get them to be more compliant.