2016
AOCD Spring Meeting
Program Review
-----
New York, NY
March 31-April 3, 2016
Program Attendance Summary

Program Evaluation Response
111 program evaluations returned, 115 speaker and content evaluations returned, 104 learning objective evaluations returned; 59 practice gap evaluations returned; 54 outcomes evaluations returned

Meeting Attendance
248 Total Registrations; 224 Total Attendance (AOCD Members – 198; Non-Members – 26)
Program Evaluation Summary

What was your reason for enrollment? (More than one selection could be made)

- 68% - Needed CME hours
- 50% - Location of the program
- 39% - Desire to broaden knowledge
- 14% - Program topics
- 6% - Other

Were you interested in a specific speaker?

55% - Yes (see chart below)
45% - No
What is the population of the city in which you practice?

- Over 100,000: 64%
- 50,000 - 100,000: 20%
- 30,000 - 50,000: 6%
- 10,000 - 30,000: 8%
- Under 10,000: 2%

What is your professional status?

- Practicing: 91%
- Retired: 2%
- Student: 4%
- Resident: 3%

Did the conference remain commercially unbiased?

- Yes: 97%
- No: 3%
Evaluation of Program Content

<table>
<thead>
<tr>
<th>Time for questions &amp; answers was sufficient</th>
<th>Seminar met your expectations</th>
<th>Presentation provided usable ideas and/or techniques</th>
<th>Program will improve professional effectiveness</th>
</tr>
</thead>
<tbody>
<tr>
<td>Average Rating: 3.77</td>
<td>3.76</td>
<td>3.82</td>
<td>3.79</td>
</tr>
</tbody>
</table>

General Program Evaluation

<table>
<thead>
<tr>
<th>Program content</th>
<th>Scheduling</th>
<th>Length of program</th>
<th>Facilities</th>
<th>Overall Rating</th>
</tr>
</thead>
<tbody>
<tr>
<td>Average Rating: 3.68</td>
<td>3.72</td>
<td>3.69</td>
<td>3.86</td>
<td>3.77</td>
</tr>
</tbody>
</table>
List the subjects you felt were most valuable to you:
- Contact dermatitis - 28
- Melanoma therapy update - 12
- Cosmetic dermatology - 9
- Psoriasis lectures - 9
- All topics were valuable - 8
- Dermatology rheumatology - 8
- Outpatient consultations in complex medical dermatology - 7
- Interesting cases - 6
- Use of PAs in dermatology practice - 6
- Atopic dermatitis - 5
- Patient compliance - 5
- Pediatric dermatology - 5
- Therapeutic update - 5
- Pitfalls and pearls of dermatology practice 2016 - 5

What topics would you like to see presented at future meetings?
- Live cosmetic workshops - 6
- Practice management - 6
- Lasers - 5
- Buying into/opening a practice - 4
- Dermoscopy - 4
- Hair loss - 4
- Holistic approach to skin conditions - 4
- Meaningful use/PQRS - 4
- New therapies & medications - 4
- Autoimmune disease - 3
- Cutaneous lymphoma - 3
- Pediatric dermatology - 3
- Retirement planning - 3
- Tax strategies and maximizing deductions - 3
- Bullous disease - 2
- Business management - 2
- Dermatopathology - 2
- Differential diagnosis lectures - 2
- Hidradenitis - 2
- Leukemia cutis - 2
- Management of difficult cases - 2
- Medical economics - 2
- OCC - 2
- Skin of color - 2
- Therapeutic pearls - 2
- Urticaria - 2
- Accounting for dermatology practices - 1
- Acne - 1
- Alternative topics - meditation, natural remedies - 1
- Anti-aging - 1
- Any registries for PQRS that are dermatology-specific - 1

- Surgical repair panel - 4
- Adherence to treatment - 3
- Patch testing review - 3
- Filler complications - 2
- Occupational and environmental dermatology - 2
- Psoriasis co-morbidities - 2
- Radiation update - 2
- Autoimmune disease - 1
- Dermatopathology - 1
- False claims - 1
- Malignant adnexal tumors - 1
- Malpractice - 1
- Morphea/sarcoid treatment pearls - 1

- Avoiding complications in cosmetic dermatology - 1
- Bioterrorism - 1
- Cases or topics geared toward students - 1
- Coding and tips on chart documentation with ICD-10 - 1
- Contract negotiations - 1
- Cosmeceuticals and peels - 1
- Cosmetics in male patients - 1
- Cutaneous disease related to internal disease and which labs to order and how to interpret them - 1
- Disorders of histiocytes - 1
- EMR - 1
- Good mix of topics - 1
- Hair disorders - 1
- Homemade topicals - 1
- Homeopathic therapies for skin disease - 1
- Identifying lesions - 1
- Immunodermatology - 1
- Inpatient dermatology - 1
- Interactive Q&A - 1
- Interesting cases - 1
- Laser comparison - 1
- Laser therapy for tattoo removal - 1
- Low cost medication - 1
- Management of overhead - 1
- Medical dermatology - 1
- Medical legal issues & how to avoid being sued and malpractice - 1
- Melanoma & nonmelanoma treatment - 1
- More info on false claims act-and more time allowed as it ran short on time - 1
• More updates on current medical directions that benefit our health care delivery in our practice - 1
• Pathology review - 1
• Pipeline medications - 1
• Practical pearls - 1
• Pruritus - 1
• Psoriasis - 1
• Psychodermatology - 1
• Rare syndromes - 1

Speaker Evaluation Summary
The Powerpoint and/or handout effectively support the presentation.

Surgical Repair Panel
- 80.00% Strongly Agree
- 20.00% Agree
- 0.00% Disagree
- 0.00% Strongly Disagree

American Contact Dermatitis Society Core Allergen Series, Pt. 1
- 81.82% Strongly Agree
- 17.27% Agree
- 0.91% Disagree
- 0.00% Strongly Disagree

Psoriasis Co-Morbidities
- 77.57% Strongly Agree
- 20.56% Agree
- 1.87% Disagree
- 0.00% Strongly Disagree

Problem Psoriasis
- 89.81% Strongly Agree
- 9.26% Agree
- 0.93% Disagree
- 0.00% Strongly Disagree

Benign Cutaneous Adnexal Tumors
- 77.00% Strongly Agree
- 23.00% Agree
- 0.00% Disagree
- 0.00% Strongly Disagree

American Contact Dermatitis Society Core Allergen Series, Pt. 2
- 85.05% Strongly Agree
- 14.02% Agree
- 0.93% Disagree
- 0.00% Strongly Disagree

Pitfalls and Pearls of Dermatology Practice 2016
- 79.05% Strongly Agree
- 19.05% Agree
- 1.90% Disagree
- 0.00% Strongly Disagree

Physician Assistants: An Integral Part of the Physician-Led Healthcare Team
- 73.53% Strongly Agree
- 21.57% Agree
- 2.94% Disagree
- 1.96% Strongly Disagree

Melanoma: Fighting the Dark Side
- 90.57% Strongly Agree
- 8.49% Agree
- 0.94% Disagree
- 0.00% Strongly Disagree

Cutaneous Venous Hypertension
- 77.88% Strongly Agree
- 21.15% Agree
- 0.96% Disagree
- 0.00% Strongly Disagree

Occupational Dermatology
- 87.16% Strongly Agree
- 11.93% Agree
- 0.92% Disagree
- 0.00% Strongly Disagree

Interesting and Educational Dermatological Cases
- 88.99% Strongly Agree
- 11.01% Agree
- 0.00% Disagree
- 0.00% Strongly Disagree
Atopic Dermatitis Update 2016
- 82.18% Strongly Agree
- 17.82% Agree
- 0.00% Disagree
- 0.00% Strongly Disagree

Adherence! Improving Patient Compliance
- 87.13% Strongly Agree
- 12.87% Agree
- 0.00% Disagree
- 0.00% Strongly Disagree

Therapeutic Update
- 78.00% Strongly Agree
- 22.00% Agree
- 0.00% Disagree
- 0.00% Strongly Disagree

My Approach to Cosmetic Dermatology: Treating the Aging Face
- 63.73% Strongly Agree
- 30.39% Agree
- 2.94% Disagree
- 2.94% Strongly Disagree

Radiotherapy for Skin Cancer: Brief Review and Updates
- 78.00% Strongly Agree
- 20.00% Agree
- 2.00% Disagree
- 0.00% Strongly Disagree

The Origin and History of the False Claims Act
- 78.64% Strongly Agree
- 18.45% Agree
- 1.94% Disagree
- 0.97% Strongly Disagree

Surgical Repair Panel
- 77.14% Strongly Agree
- 20.95% Agree
- 1.90% Disagree
- 0.00% Strongly Disagree

American Contact Dermatitis Society Core Allergen Series, Pt. 1
- 83.64% Strongly Agree
- 14.55% Agree
- 0.91% Disagree
- 0.91% Strongly Disagree

Psoriasis Co-Morbidities
- 81.13% Strongly Agree
- 18.87% Agree
- 0.00% Disagree
- 0.00% Strongly Disagree

Problem Psoriasis
- 90.83% Strongly Agree
- 8.26% Agree
- 0.00% Disagree
- 0.92% Strongly Disagree

The content of the topic was presented in a clear and understandable manner.
<table>
<thead>
<tr>
<th>Session Title</th>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>Benign Cutaneous Adnexal Tumors</td>
<td>81.00%</td>
<td>19.00%</td>
<td>0.00%</td>
<td>0.00%</td>
</tr>
<tr>
<td>American Contact Dermatitis Society Core Allergen</td>
<td>85.05%</td>
<td>13.08%</td>
<td>0.93%</td>
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</tr>
<tr>
<td>Series, Pt. 2</td>
<td>81.73%</td>
<td>16.35%</td>
<td>1.92%</td>
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</tr>
<tr>
<td>Physician Assistants: An Integral Part of the</td>
<td>75.25%</td>
<td>21.78%</td>
<td>2.97%</td>
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</tr>
<tr>
<td>Physician-Led Healthcare Team</td>
<td>79.05%</td>
<td>19.05%</td>
<td>1.90%</td>
<td>0.00%</td>
</tr>
<tr>
<td>Pitfalls and Pearls of Dermatology Practice 2016</td>
<td>92.38%</td>
<td>7.62%</td>
<td>0.00%</td>
<td>0.00%</td>
</tr>
<tr>
<td>Melanoma: Fighting the Dark Side</td>
<td>79.05%</td>
<td>19.05%</td>
<td>1.90%</td>
<td>0.00%</td>
</tr>
<tr>
<td>Cutaneous Venous Hypertension</td>
<td>86.24%</td>
<td>13.76%</td>
<td>0.00%</td>
<td>0.00%</td>
</tr>
<tr>
<td>Occupational Dermatology</td>
<td>90.00%</td>
<td>10.00%</td>
<td>0.00%</td>
<td>0.00%</td>
</tr>
<tr>
<td>Interesting and Educational Dermatological Cases</td>
<td>84.00%</td>
<td>14.00%</td>
<td>2.00%</td>
<td>0.00%</td>
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<tr>
<td>Atopic Dermatitis Update</td>
<td>85.05%</td>
<td>13.08%</td>
<td>0.93%</td>
<td>0.93%</td>
</tr>
<tr>
<td>Adherence! Improving Patient Compliance</td>
<td>81.73%</td>
<td>16.35%</td>
<td>1.92%</td>
<td>0.00%</td>
</tr>
<tr>
<td>Therapeutic Update</td>
<td>92.38%</td>
<td>7.62%</td>
<td>0.00%</td>
<td>0.00%</td>
</tr>
<tr>
<td>My Approach to Cosmetic Dermatology: Treating the Aging Face</td>
<td>79.00%</td>
<td>21.00%</td>
<td>0.00%</td>
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</tr>
<tr>
<td>Radiotherapy for Skin Cancer: Brief Review and Updates</td>
<td>79.00%</td>
<td>19.00%</td>
<td>2.00%</td>
<td>0.00%</td>
</tr>
<tr>
<td>The Origin and History of the False Claims Act</td>
<td>78.64%</td>
<td>19.42%</td>
<td>1.94%</td>
<td>0.00%</td>
</tr>
<tr>
<td>Tough Day at the Office: Lupus, Sarcoidosis and Morphea – Tips for Effective Management</td>
<td>87.50%</td>
<td>12.50%</td>
<td>0.00%</td>
<td>0.00%</td>
</tr>
<tr>
<td>American Contact Dermatitis Society Core Allergen</td>
<td>86.11%</td>
<td>12.93%</td>
<td>0.00%</td>
<td>0.93%</td>
</tr>
<tr>
<td>Series, Pt. 3</td>
<td>86.05%</td>
<td>13.08%</td>
<td>0.93%</td>
<td>0.00%</td>
</tr>
</tbody>
</table>
### Pediatric Dermatology Update
- 80.00% Strongly Agree
- 19.00% Agree
- 1.00% Disagree
- 0.00% Strongly Disagree

### Malignant Adnexal Tumors
- 79.79% Strongly Agree
- 19.15% Agree
- 1.06% Disagree
- 0.00% Strongly Disagree

### Combination Approach to the Aging Face
- 80.00% Strongly Agree
- 15.79% Agree
- 4.21% Disagree
- 0.00% Strongly Disagree

### Outpatient Consultations in Complex Medical Dermatology Selected Aspects: 2016
- 85.26% Strongly Agree
- 14.74% Agree
- 0.00% Disagree
- 0.00% Strongly Disagree

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The session assisted me in my professional development.

### Surgical Repair Panel
- 67.62% Strongly Agree
- 25.71% Agree
- 5.71% Disagree
- 0.00% Strongly Disagree

### Pitfalls and Pearls of Dermatology Practice 2016
- 73.79% Strongly Agree
- 21.36% Agree
- 3.88% Disagree
- 0.97% Strongly Disagree

### American Contact Dermatitis Society Core Allergen Series, Pt. 1
- 82.73% Strongly Agree
- 16.36% Agree
- 0.91% Disagree
- 0.00% Strongly Disagree

### Physician Assistants: An Integral Part of the Physician-Led Healthcare Team
- 72.28% Strongly Agree
- 20.79% Agree
- 6.93% Disagree
- 0.00% Strongly Disagree

### Psoriasis Co-Morbidities
- 80.95% Strongly Agree
- 19.05% Agree
- 0.00% Disagree
- 0.00% Strongly Disagree

### Melanoma: Fighting the Dark Side
- 89.72% Strongly Agree
- 10.28% Agree
- 0.00% Disagree
- 0.00% Strongly Disagree

### Problem Psoriasis
- 89.81% Strongly Agree
- 10.19% Agree
- 0.00% Disagree
- 0.00% Strongly Disagree

### Cutaneous Venous Hypertension
- 78.10% Strongly Agree
- 19.05% Agree
- 2.86% Disagree
- 0.00% Strongly Disagree

### Benign Cutaneous Adnexal Tumors
- 81.00% Strongly Agree
- 18.00% Agree
- 1.00% Disagree
- 0.00% Strongly Disagree

### Occupational Dermatology
- 85.32% Strongly Agree
- 14.68% Agree
- 0.00% Disagree
- 0.00% Strongly Disagree

### American Contact Dermatitis Society Core Allergen Series, Pt. 2
- 85.05% Strongly Agree
- 14.02% Agree
- 0.93% Disagree
- 0.00% Strongly Disagree

### Interesting and Educational Dermatological Cases
- 90.00% Strongly Agree
- 10.00% Agree
- 0.00% Disagree
- 0.00% Strongly Disagree
Atopic Dermatitis Update 2016
- 83.17% Strongly Agree
- 15.84% Agree
- 0.99% Disagree
- 0.00% Strongly Disagree

Adherence! Improving Patient Compliance
- 88.12% Strongly Agree
- 10.89% Agree
- 0.99% Disagree
- 0.00% Strongly Disagree

Therapeutic Update
- 77.78% Strongly Agree
- 22.22% Agree
- 0.00% Disagree
- 0.00% Strongly Disagree

My Approach to Cosmetic Dermatology: Treating the Aging Face
- 61.00% Strongly Agree
- 29.00% Agree
- 8.00% Disagree
- 2.00% Strongly Disagree

Radiotherapy for Skin Cancer: Brief Review and Updates
- 78.00% Strongly Agree
- 20.00% Agree
- 2.00% Disagree
- 0.00% Strongly Disagree

The Origin and History of the False Claims Act
- 77.67% Strongly Agree
- 18.45% Agree
- 3.88% Disagree
- 0.00% Strongly Disagree

American Contact Dermatitis Society Core Allergen Series, Pt. 1
- 86.36% Strongly Agree
- 11.82% Agree
- 1.82% Disagree
- 0.00% Strongly Disagree

American Contact Dermatitis Society Core Allergen Series, Pt. 2
- 83.33% Strongly Agree
- 15.74% Agree
- 0.93% Disagree
- 0.00% Strongly Disagree

Surgical Repair Panel
- 69.52% Strongly Agree
- 21.90% Agree
- 6.67% Disagree
- 1.90% Strongly Disagree

Psoriasis Co-Morbidities
- 82.08% Strongly Agree
- 16.98% Agree
- 0.94% Disagree
- 0.00% Strongly Disagree

American Contact Dermatitis Society Core Allergen Series, Pt. 3
- 83.33% Strongly Agree
- 15.74% Agree
- 0.93% Disagree
- 0.00% Strongly Disagree

Pediatric Dermatology Update
- 87.00% Strongly Agree
- 20.00% Agree
- 3.00% Disagree
- 0.00% Strongly Disagree

Outpatient Consultations in Complex Medical Dermatology Selected Aspects: 2016
- 87.37% Strongly Agree
- 11.58% Agree
- 1.05% Disagree
- 0.00% Strongly Disagree

Malignant Adnexal Tumors
- 78.49% Strongly Agree
- 21.51% Agree
- 0.00% Disagree
- 0.00% Strongly Disagree

Combination Approach to the Aging Face
- 78.72% Strongly Agree
- 15.96% Agree
- 5.32% Disagree
- 0.00% Strongly Disagree

Malignant Adnexal Tumors
- 78.49% Strongly Agree
- 21.51% Agree
- 0.00% Disagree
- 0.00% Strongly Disagree

Psoriasis Co-Morbidities
- 82.08% Strongly Agree
- 16.98% Agree
- 0.94% Disagree
- 0.00% Strongly Disagree

Problem Psoriasis
- 90.83% Strongly Agree
- 9.17% Agree
- 0.00% Disagree
- 0.00% Strongly Disagree

Tough Day at the Office: Lupus, Sarcoidosis and Morphea – Tips for Effective Management
- 87.38% Strongly Agree
- 12.62% Agree
- 0.00% Disagree
- 0.00% Strongly Disagree

Psoriasis Co-Morbidities
- 82.08% Strongly Agree
- 16.98% Agree
- 0.94% Disagree
- 0.00% Strongly Disagree

Problem Psoriasis
- 90.83% Strongly Agree
- 9.17% Agree
- 0.00% Disagree
- 0.00% Strongly Disagree

The session provided specific ideas that I intend to use.
Benign Cutaneous Adnexal Tumors
- 78.00% Strongly Agree
- 19.00% Agree
- 3.00% Disagree
- 0.00% Strongly Disagree

American Contact Dermatitis Society Core Allergen Series, Pt. 2
- 86.92% Strongly Agree
- 12.15% Agree
- 0.93% Disagree
- 0.00% Strongly Disagree

Pitfalls and Pearls of Dermatology Practice 2016
- 72.82% Strongly Agree
- 22.33% Agree
- 3.88% Disagree
- 0.97% Strongly Disagree

Physician Assistants: An Integral Part of the Physician-Led Healthcare Team
- 74.26% Strongly Agree
- 18.81% Agree
- 4.95% Disagree
- 1.98% Strongly Disagree

Melanoma: Fighting the Dark Side
- 87.85% Strongly Agree
- 10.28% Agree
- 1.87% Disagree
- 0.97% Strongly Disagree

Cutaneous Venous Hypertension
- 78.85% Strongly Agree
- 17.31% Agree
- 2.88% Disagree
- 0.96% Strongly Disagree

Occupational Dermatology
- 83.64% Strongly Agree
- 16.36% Agree
- 0.00% Disagree
- 0.00% Strongly Disagree

Interesting and Educational Dermatological Cases
- 89.09% Strongly Agree
- 10.00% Agree
- 0.91% Disagree
- 0.00% Strongly Disagree

Adhesive Dermatitis Update 2016
- 84.00% Strongly Agree
- 16.00% Agree
- 0.00% Disagree
- 0.00% Strongly Disagree

Adherence! Improving Patient Compliance
- 89.11% Strongly Agree
- 9.90% Agree
- 0.99% Disagree
- 0.00% Strongly Disagree

Therapeutic Update
- 79.80% Strongly Agree
- 19.19% Agree
- 1.01% Disagree
- 0.00% Strongly Disagree

My Approach to Cosmetic Dermatology: Treating the Aging Face
- 63.37% Strongly Agree
- 26.73% Agree
- 6.93% Disagree
- 2.97% Strongly Disagree

Radiotherapy for Skin Cancer: Brief Review and Updates
- 74.00% Strongly Agree
- 25.00% Agree
- 1.00% Disagree
- 0.00% Strongly Disagree

The Origin and History of the False Claims Act
- 79.41% Strongly Agree
- 15.69% Agree
- 4.90% Disagree
- 0.00% Strongly Disagree

Tough Day at the Office: Lupus, Sarcoidosis and Morphea – Tips for Effective Management
- 89.32% Strongly Agree
- 10.68% Agree
- 0.00% Disagree
- 0.00% Strongly Disagree

American Contact Dermatitis Society Core Allergen Series, Pt. 3
- 87.04% Strongly Agree
- 12.04% Agree
- 0.93% Disagree
- 0.00% Strongly Disagree
The presenters were knowledgeable, organized and effective in their presentations.
Atopic Dermatitis Update 2016
- 83.67% Strongly Agree
- 16.33% Agree
- 0.00% Disagree
- 0.00% Strongly Disagree

Adherence! Improving Patient Compliance
- 88.78% Strongly Agree
- 11.22% Agree
- 0.00% Disagree
- 0.00% Strongly Disagree

Therapeutic Update
- 80.61% Strongly Agree
- 19.39% Agree
- 0.00% Disagree
- 0.00% Strongly Disagree

My Approach to Cosmetic Dermatology: Treating the Aging Face
- 64.95% Strongly Agree
- 28.87% Agree
- 5.15% Disagree
- 0.03% Strongly Disagree

Radiotherapy for Skin Cancer: Brief Review and Updates
- 80.61% Strongly Agree
- 18.37% Agree
- 1.02% Disagree
- 0.00% Strongly Disagree

The Origin and History of the False Claims Act
- 82.35% Strongly Agree
- 14.71% Agree
- 2.94% Disagree
- 0.00% Strongly Disagree

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

Surgical Repair Panel
- 99.03% Yes
- 0.97% No

American Contact Dermatitis Society Core Allergen Series, Pt. 1
- 99.07% Yes
- 0.93% No

Psoriasis Co-Morbidities
- 100% Yes
- 0.00% No

Problem Psoriasis
- 100% Yes
- 0.00% No

Benign Cutaneous Adnexal Tumors
- 100% Yes
- 0.00% No

American Contact Dermatitis Society Core Allergen Series, Pt. 2
- 100% Yes
- 0.00% No
Pitfalls and Pearls of Dermatology Practice 2016
- 100% Yes
- 0.00% No

Physician Assistants: An Integral Part of the Physician-Led Healthcare Team
- 97.98% Yes
- 2.02% No

Melanoma: Fighting the Dark Side
- 99.02% Yes
- 0.98% No

Cutaneous Venous Hypertension
- 99.01% Yes
- 0.99% No

Occupational Dermatology
- 99.04% Yes
- 0.96% No

Interesting and Educational Dermatological Cases
- 100% Yes
- 0.00% No

Atopic Dermatitis Update 2016
- 100% Yes
- 0.00% No

Adherence! Improving Patient Compliance
- 100% Yes
- 0.00% No

Therapeutic Update
- 100% Yes
- 0.00% No

My Approach to Cosmetic Dermatology: Treating the Aging Face
- 100% Yes
- 0.00% No

Radiotherapy for Skin Cancer: Brief Review and Updates
- 99.00% Yes
- 1.00% No

The Origin and History of the False Claims Act
- 98.99% Yes
- 1.01% No

Tough Day at the Office: Lupus, Sarcoidosis and Morphea – Tips for Effective Management
- 98.99% Yes
- 1.01% No

American Contact Dermatitis Society Core Allergen Series, Pt. 3
- 98.06% Yes
- 1.94% No

Pediatric Dermatology Update
- 97.94% Yes
- 2.06% No

Combination Approach to the Aging Face
- 97.85% Yes
- 2.15% No

Malignant Adnexal Tumors
- 98.94% Yes
- 1.06% No

Outpatient Consultations in Complex Medical Dermatology Selected Aspects: 2016
- 98.95% Yes
- 1.05% No

Learning Objectives Evaluation
Do you feel the lecture’s specified learning objectives have been met?

Surgical Repair Panel
- 98.00% Agree
- 0.00% Disagree
- 2.00% N/A

Psoriasis Co-Morbidities
- 100% Agree
- 0.00% Disagree
- 0.00% N/A

American Contact Dermatitis Society Core Allergen Series, Pt. 1
- 99.01% Agree
- 0.00% Disagree
- 0.99% N/A

Problem Psoriasis
- 99.00% Agree
- 0.86% Disagree
- 0.00% N/A
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<tr>
<th>Topic</th>
<th>Agree (%)</th>
<th>Disagree (%)</th>
<th>N/A (%)</th>
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<td>Therapeutic Update</td>
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How will you utilize stated learning objectives within your practice?

- I have a better understanding concerning pathophysiology, epidemiology, etiology and treatment for multiple conditions/diseases in dermatology. I feel more confident in diagnosing and treating my patients.
- Allergic contact dermatitis lectures really helped me understand the topic better.
- Apply and integrate knowledge from course for better patient outcomes
- Apply new knowledge in evaluation and treatment of my pts
- Broadens my knowledge base
- Change some of prescribing habits.
- Compliance, dermpath, contact dermatitis
- Consider results and findings while treating patients.
- Contact hand dermatitis
- Daily during evaluations/physical findings, HPI, and management. The objectives will be especially helpful to me in diagnosis of contact dermatitis, treatment of psoriasis and complex cases.
- Directly effecting patient treatments.
- Expand therapeutic options; Gained increased knowledge on application and reading of patch testing.
- Expanded understanding will lead to improved care of my patients.
- From the pearls I learned.
- Good to excellent information to bring back to private practice. Great venue!
- Have patients undergo repatch testing if still having reactions with prior negative patch test (reader dependent)
- Helps with patient care
- I do no cosmetics. Major repairs I send to Mohs.
- I plan on using some of the new ideas and treatment options to help improve patient care.
- I really learned a lot about areas that will be helpful. Allergic contact dermatitis series gave me a lot of tools.
- I took in a lot of pearls from each lecture and will utilize them in my practice.
- I will be better equipped to diagnose contact dermatitis co-sensitizers and warn patients of cross reactants. I can change my treatment protocol for atopic dermatitis & molluscum. I will try injecting venous ulcer & scleroderma.
- I will change my practice to better serve my patients.
- I will definitely incorporate what I have learned.
- I will implement dr. Feldman’s concepts of compliance
- I will in the way I evaluate and counsel psoriasis patients regarding risks immunizations. It's already made me think of being more aggressive in treating psoriasis. Steve Feldman on the way I give directions. James Del Rosso on the way I discuss accutane.
- I will incorporate them into my practice and share with colleagues.
- I will pick and choose specific practice pearls from each lecture for my specific needs in my practice.
- I will use some of the new therapeutic treatments I learned this weekend. I will embrace "change" like Dr. Grekin advises. I will see more patients. I will try to keep up on PQRS and meaningful use. Adapting a more cosmetic practice so I can keep practicing dermatology.
- I will utilize the Pearls if each lecturer into my own practice as the need arises
- I will utilize what I learned, specifically, in the treatment of patients in my practice.
- Implement patch testing. Screen for autoimmune disease. Treat sarcoid aggressively with plaquenil, dapsone
- Incorporate latest updates on patient management.
- Incorporate new findings into diagnosing and treating complicated cases.
- Many ways but mostly clinically.
- Modify and incorporate practice pearls and treatment recommendations to patient care.
- More accurate patch tests.
- More aware of possible contact allergens. Work up and management of lupus patients.
- More cautious of filler
- N/A
- New treatment modalities
- Novel treatments for melanoma for my metastatic patients.
- Obviously incorporate into practice where they apply.
• Plan to incorporate pearls into medical and cosmetic aspects of my practice.
• Proceed with caution while injecting fillers. Know that anatomy varies
• Resident - application of general knowledge and patient care
• Review slides on app
• Satisfaction
• There were many components to the meeting that I will utilize in my practice, but I particularly will utilize the allergens lectures in communicating with both staff and patients on administration of various testing i.e. Patch testing, but also on patient education.
• To improve and enhance. Thank you for a great meeting and many thanks to the lecturers.
• To improve outcome of patient care.
• Use as adjunct to my current practice and guidelines
• Review slides on application of general knowledge and patient care
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Professional Practice Gap Survey

What problems/issues in your practice would you like our continuing medical education program to try and help you with?

• Billing - 7
• Coding - 5
• Government/federal regulations - 5
• Practice management/administration - 5
• Meaningful use specifics - 4
• Cosmetic lectures/workshops - 3
• Electronic health records and the best use of these in dermatology - 3
• Emerging and new therapies - 3
• Future of dermatology - 3
• ICD-10 - 3
• None - 3
• PQRS specifics - 3
• Access to care or medications - 2
• Address difficult to treat conditions - 2
• Autoimmune disease - 2
• Cost effectiveness in running a practice - 2
• Improve patient compliance - 2
• OCC Specifics - 2
• Retirement planning - 2
• Skin of color lectures - 2
• Staying on top of PQRS and quality measures - 2
• Tax strategies (including maximizing deductions, saving for college, retirement, etc.) - 2
• Accounting structure of tracking your expenses - 1
• Concrete plans to cope with meaningful use - 1
• Concrete ways to deal with practice management issues - 1
• Convincing tanners to stop - 1
• Current and pipeline biologics (including psoriasis orals and injectables, melanoma, etc.) - 1
• Current theories in treating atypical nevi, especially atypical (spitzoid) - 1
• Decreasing bureaucratic burden - 1
• Dermoscopy - 1
• Education about melanoma - 1
• Employment - 1
• Hair loss in women - 1
• Implementing meaningful use, PQRS & OCC in private practice - 1
• Innovative ways of charting and tracking patients on EMRs - 1
• Laser medicine - 1
• Laser therapies for PIH, vitiligo, psoriasis - 1
• MIPS - 1
• Negotiating practice partnership and what to ask for when buying in - 1
• Negotiation contracts vs. opening a practice - 1
• New cosmetic procedures - 1
• Pediatric dermatology - 1
• Practical issues for general dermatology - 1
• Reimbursement issues - 1
• Retraining staff - 1
• Sclerotherapy - 1
• Starting a practice - 1
• Update on new medications - 1
• Updates and pitfalls in dermatology - 1
What questions in practice are you having that you are not getting answers to?
- None - 11
- Billing - 4
- Navigating pharmaceuticals and cost to a patient - 4
- Practice management issues - 4
- EMR - 3
- Government issues/regulations - 3
- Access to care or medications - 2
- Coding - 2
- ICD-10 changes - 2
- PQRS - 2
- Accounting structure of tracking your expenses - 1
- Advanced cosmetics - evaluation of the face from a plastic surgeon/oral surgeon perspective (e.g. Rebecca Fitzgerald, MD) - 1
- Anything that will help me survive in my specialty - 1
- Decreasing bureaucratic burden - 1
- Dermatopathology - 1
- Improvements about electronic medicine - 1
- Laser therapies for PIH, vitiligo, psoriasis - 1
- Meaningful Use - 1
- Meaningful use - registries and security risk analysis - 1
- Medication updates - 1
- MIPS - 1
- OCC requirements - 1
- Patients are asking about alternative medicine. I would like to see a lecture on the scientifically proven benefits of meditation. - 1
- Psychodermatology - 1
- Retraining staff - 1
- Sclerotherapy - 1
- Tax tips - 1
- Treating skin of color - 1

What patient problems or patient challenges do you feel that you’re not able to address appropriately or to your satisfaction?
- None - 8
- Coverage of medications - 5
- Insurance issues - 5
- Access to prescriptions I want to prescribe - 2
- Alopecia - 2
- Cost of medications - 2
- Managing difficult patients - 2
- Prior authorization process for medications (insurance prescription issues) - 2
- Understanding the affordable care act - 2
- Billing - 1
- Chronic CTCL management - 1
- Delusions of parasitosis - 1
- Deterrents to my success - 1
- EMR - 1
- Extensive skin disease with multiple medical problems and medications - 1
- Follow-up care - 1
- Hidradenitis is a challenging condition to treat - 1
- High risk patients - 1
- In addition to an office copay, some BCBS plans have a copay for each procedure (i.e. cryo for actinic keratosis) - 1
- Insurance cost - 1
- Legal issues - 1
- Lengthy office visits and the concern of falling behind - 1
- Morgellons disease - 1
- Patients are asking about meditation to help with stress levels (and acne, psoriasis, eczema improvement) - 1
- Pyoderma gangrenosum - 1
- Reimbursement - 1
- Rising copays - 1
- Sclerotherapy - 1
- Toenail/Fingernail fungus - 1

What patient problems are your patients communicating to you needs more attention or more follow-up?
- Coverage of medications - 8
- Insurance coverage - 5
- None - 5
- Access to care - 3
- Contact dermatitis - 3
- Cost of medications, including generics - 3
- Costs - 3
- High deductibles - 3
- Acne - 2
- Hair loss - 2
- Prior authorization - 2
- Psoriasis - 2
- Time with the provider - 2
- Access to affordable medications - 2
- Actinic keratosis - 1
- Benign nevi - 1
- Chronic hand dermatitis - 1
- Compliance - 1
- Cosmetic procedures - 1
- EMR - 1
- Incorporating alternative medicine - 1
- Logistics of care - 1
- Long wait times - 1
- Office issues - 1
- Out of pocket costs for Mohs - 1
- Perioral dermatitis - 1
- Photoaging - 1
- Pruritis - 1
- Resistance to using appropriate treatment options for eczema and psoriasis - 1

What are the most common cases seen in your area?
- Skin cancer - 28
- Acne - 27
- Psoriasis - 20
- Eczema - 10
- Actinic keratosis - 9
- Atopic dermatitis - 7
- BCC - 7
- SCC - 7
- Warts - 7
- Contact dermatitis - 5
- Hair loss - 5
- Melanoma - 5
- Non-melanoma skin cancer - 5
- Cosmetic procedures - 4
- Atypical nevi - 3
- Dermatitis - 3
- Seborrheic dermatitis - 3
- Molluscum contagiosum - 2

What are the most prevalent and serious medical problems for your state? (Please provide state)

What are the most common cases seen in your area?
- Skin cancer - 28
- Acne - 27
- Psoriasis - 20
- Eczema - 10
- Actinic keratosis - 9
- Atopic dermatitis - 7
- BCC - 7
- SCC - 7
- Warts - 7
- Contact dermatitis - 5
- Hair loss - 5
- Melanoma - 5
- Non-melanoma skin cancer - 5
- Cosmetic procedures - 4
- Atypical nevi - 3
- Dermatitis - 3
- Seborrheic dermatitis - 3
- Molluscum contagiosum - 2

What are the most prevalent and serious medical problems for your state? (Please provide state)

Massachusetts - 1
- Skin cancer - 1

Michigan - 6
- Melanoma - 2
- Cost of prescriptions - 1
- Diabetes - 1
- EMR - 1
- Heroin addiction - 1
- High deductibles - 1
- Insurance/medication coverage - 1
- Metabolic syndrome - 1
- Psoriasis/Arthritis - 1
- Tanning - 1

Missouri - 1
- Melanoma - 1
- Psoriatic arthritis - 1

New Jersey - 2
- Coverage of medications - 1
- Excessive medication cost - 1
- Excessive regulations - 1

New York - 6
- Psoriasis - 4
- Atopic dermatitis - 2
- Reimbursement issues - 2
What Kinds of clinical situations do you find difficult to manage or resolve?

- Acne - 1
- Coronary artery disease - 1
- Diabetes Mellitus - 1
- Hypertension - 1
- Levamisole vasculitis - 1
- Lupus - 1
- Melanoma - 1
- Perforating collagenosis - 1
- Psoriatic arthritis - 1
- Reasonably priced access to care - 1
- Regulation causing physician consolidation into large groups - 1
- Pennsylvania - 5
- Skin cancer - 2
- Changes in referral patterns for skin cancer - 1
- Drug abuse (methamphetamine and heroin) causing skin infection - 1
- Family practice working as dermatologists - 1
- Hospitals acquiring practices (family practices) and (plastics) - 1
- Lyme disease - 1
- Neurotic excoriation - 1
- Obesity - 1
- Psoriasis - 1
- Rhode Island - 1
- Tanning bed use - 1
- Saudi Eastern Province
  - DRESS - 1
  - Drug eruptions - 1
  - Resistant psoriasis - 1
  - Stevens Johnson Syndrome - 1
- South Carolina - 1
  - High co-pay/deductibles - 1
  - Medicare coverage - 1
  - Rising melanoma incidence - 1
  - Tanning bed use - 1
- Texas - 1
  - Drug eruptions - 1
  - Moderate-to-severe psoriasis - 1
  - Widespread atopic dermatitis - 1

What are the key issues or obstacles to patient care you or your colleagues encounter?

- Prescription medication coverage - 11
- Insurance issues - 7
- Cost of medication - 5
- High deductibles - 5
- Insurance coverage - 4
- Prior authorization - 4
- Access to care - 3
- Cost of healthcare - 3
- Electronic medical records - 2
- Finances - 2
- Managed care/Government regulations - 2
- Communication and proper intervention with other field physicians may cause a lag in optimum care - 1
- Education - 1
- Getting appointments at tertiary care centers for difficult cases - 1
- Long wait to appointment - 1
- None - 1
- Patient compliance - 1
- Poor reimbursement from insurance companies - 1
- Quality of care in setting of using EMR where it is more difficult to make a concise, accurate, meaningful note - 1
- Socio-economic level - 1
- Time constraints and patient pressures to be seen on time, yet demanding lengthy visits - 1

What Kinds of clinical situations do you find difficult to manage or resolve?

- Non-compliant patients - 5
- Urticaria - 4
- Angry/Difficult patients - 2
- Chronic dermatoses - 2
- Coverage and cost of prescriptions - 2
- Hair loss - 2
- Inability to properly prescribe desired medications (brands) prohibited by insurance companies - 2
- Multiple skin cancers - 2
- None - 2
- Trying to coordinate co-management of serious skin conditions with primary care providers - 2
- Allergic contact dermatitis - 1
- Autoimmune disease - 1
- Billing issues - 1
- Chronic itch - 1
- Complex dermatology - 1
- Cutaneous lupus - 1
- Dermatitis - 1
- Diet control in atopic dermatitis and rosacea - 1
- Emergencies - 1
- Eruptive keratoacanthoma - 1
- Female hair loss - 1
- Hand/foot psoriasis - 1
- Insurance issues - 1
- Metastatic cancers - 1
- Moderate psoriasis: not too severe to treat with biologics, but too severe for topicals to work - 1
- Morgellons - 1
- Neurodermatoses - 1
- Occupational dermatitis - 1
- Parasitosis - 1
- Patients do not want to go to university or other facility for treatment - 1
- Patients who want “natural” or homeopathic treatment - 1
- Patients with numerous clinically atypical nevi or numerous dysplastic nevi - 1
- PRP - 1
- Pruritus - Generalized and localized - 1
- Pruritus without rash - 1
- Psoriasis - 1
- Psoriasis patients with multiple comorbidities and history of malignancy - 1
- Psoriatic arthritis when biologics are denied coverage - 1
- Radiation - 1
- Rosacea - 1
- Scarring and non-scarring alopecia - 1
- Severe erythrodermic psoriasis - 1
- Skin cancers in transplant patients or previous PUVA treatments - 1
- TEN - 1
- Vasculitis - 1
- Widespread atopic dermatitis - 1

The following items are very important in helping you provide optimal care to your patients:

**Articles in peer-reviewed journals**
- 91.84% Agree
- 8.16% Neutral
- 0.00% Disagree

**Opinions of nationally recognized experts**
- 85.71% Agree
- 14.29% Neutral
- 0.00% Disagree

**Continuing medical education courses**
- 97.96% Agree
- 2.04% Neutral
- 0.00% Disagree

**Clinical practice guidelines**
- 83.33% Agree
- 14.58% Neutral
- 2.08% Disagree

**Pharmaceutical company sales representatives**
- 28.00% Agree
- 54.00% Neutral
- 18.00% Disagree

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### 2016 Spring Meeting Outcomes Evaluation Results

54 Responses Received

As a result of participating in the AOCD 2016 Spring Current Concepts in Dermatology Seminar, overall how do you intend to use the information obtained to make changes in performance and/or patient outcomes within your practice?

- Alternative treatments for skin problems to be used
- Always try to make patient outcomes better
- Applying learned knowledge to patient care
- Better care with more knowledge
- Change evaluation and treatment algorithms for patients
- Change prescribing habits
- Complete more patch testing
- Daily
- Enhance performance
- Good update on new therapies for rosacea and new contact allergens. This knowledge will be useful in my daily practice.
- Help with better treatment of patients
- Helped to solidified my current practice
- Helps in making informed treatment decisions
- I am able to use the documentation and PQRS tips given on a daily basis now.
- I am planning to improve patient care through shared experiences
- I hope to optimize treatment outcomes by utilizing newer therapeutic approaches.
- I will be better prepared to deal with more complex dermatologic cases.
- I will use the information to determine treatment plans and to better diagnose skin conditions.
• Implementing new treatment strategies for patients
• Improve my clinical knowledge
• Improve patient care and efficiency of the office
• Incorporate adjunctive and new concepts with the goal of refining and improving performance and enhancing successful outcomes
• Incorporate some new treatments
• Incorporate updated treatments
• Incorporating it, customizing it for each patient
• Incorporating the clinical pearls into practice
• Incorporation of the various clinical pearls that I picked up at the seminar.
• It has been useful with my Mohs surgery closure. Also the way I address patients with ACD is improved with the knowledge from the lectures
• Make my psoriasis treatments easier to increase compliance. I will order more appropriate labs for my lupus patients.
• Not much but it helped reinforce what we're already doing.
• On a daily basis with testing and treatment options as well as further being able to evaluate dermatological specialist to refer to.
• Plan to modify existing treatment regimens
• Possibly more candida antigen
• Psoriasis management (2)
• Review EMR templates for treatment and tweak a few of the stamped items.
• Sharing with staff and ota
• Some ideas about pediatric dermatology
• Take the added information I learned to be a better doctor
• Teaching my residents and employing pearls in my practice
• The contact dermatitis lectures were great. They will help me in my own practice.
• Updated clinical knowledge will help me to provide the best possible care I can for my patients
• Use updated information and new techniques to improve patient care.
• Will improve a few things
• Will use the new knowledge to offer new treatment modalities
• With XRT and lupus and PA’s
• Enhance comprehensive care
• Some "pearls" were given for private practice not found in texts
• Speakers were great. Lots of helpful info about patient management

How useful were the speaker presentations and how will this affect your practice/care of patients?

- Very Useful/Effective 33 (61.11%)
- Useful/Effective 20 (37.04%)
- Neutral 1 (1.85%)
- Not Useful/Effective 0.00%
Speakers were knowledgeable
The allergic contact dermatitis lectures were outstanding

The contact dermatitis talks were extremely practical and informative
The speakers introduced new research which will add different methods to my care.

Was the activity successful in meeting the stated objectives?

- Yes 53 (98.15%)
- No 1 (1.85%)

Please explain:

- Concise presentations with practical info
- Cosmetic session should be projected
- Educational and helpful tips
- Every objective listed was met. Great meeting!
- Everyone stayed on topic. The only gray area was one of the cosmetic lectures only focusing on one product and not others.
- Excellent speakers. Talks were educational and practical.
- Good range of topics
- Great program, speakers presented clear useful information that will help in my daily practice. A very worthwhile meeting.
- Great variety
- I have no complaints. The talks were excellent and worth going to.
- I learned (or re-learned) many things that I will incorporate into my practice.
- Informative lectures on relevant topics
- It followed the program and all the speakers were there
- Lecturers provided content as described
- Other is answer "stated objectives" are not in survey so I can't answer
- Perfect, no changes.
- Providing various dermatology topics to enhance learning
- Successfully provided new information and reviewed others
- Useful lectures, good speakers
- Valuable info presented
- Well-presented lectures...pertinent information....non biased....good length of lectures
- Yes, current concepts in dermatology were learned.
- Yes, overall very well-organized and educational
Based on what you have learned, will you make a change in your current practice?

Yes 52 (96.30%)
No 2 (3.70%)

Please explain:

- Aggressively treat psoriasis to prevent joint inflammation and mutilation and help control the comorbidities.
- Alter my treatment regimens for psoriasis. Spend more time explaining my treatment rational to my patients. I will enroll them in 'owning' the plan for treatment. I will change the way I approach complex dermatoses.
- Apply info presented
- Be aware of new treatment options
- Compliance
- Consider allergic dermatitis to a topical steroid when eczema or psoriasis not improving with therapy.
- Consider new possible antigens for contact dermatitis
- Different dilution for Asclera.
- Different surgery techniques. Different management of patients
- Enhance efficiency
- For one example, use new techniques learned to help improve patient compliance.
- Helped with MOHs repairs
- I am more comfortable using the newer biologics in the treatment of psoriasis.
- I will be more comfortable diagnosing and treating allergic contact dermatitis.
- I will be better at what I do.
- Let metastatic melanoma patients know they have much more likely chance of long term survival
- Lower threshold for starting biologics for psoriasis. Use candida antigen more frequently for warts.
- Modify treatment of venous disease
- Modify treatment regimens
- More comfort with the use of biologics
- More efficient
- N/A
- PQRS measures
- Psoriasis management
- Psoriasis management
- Treat psoriasis more aggressively in order to provide patients with an improved quality of life
- Will incorporate new treatment ideas
- Will no longer use imiquimod to treat molluscum contagiosum
- will take home several tips regarding patient care and implement
- Will try newer products for the treatment of rosacea and start offering patch testing to patients
Comments

- A large metropolitan area, such as NYC, lent itself to numerous activities and good restaurants during free time; Transportations modes were accessible
- All meetings should offer the max credit so we don't have to attend more than one meeting to get specialty credit within a cycle.
- Best AOCD meeting I've ever been to. Fantastic lectures! If you plan on having a live demonstration for cosmetics, PLEASE have a video feed. It was near impossible to see everything. Also, I found it disrespectful how late the cosmetic injection lecture ran. If you do this again, you should do it at the end of the day.
- Cover groups in lectures (i.e. papulosquamous disorders, interface dermatitis, spongiotic disease). We learned it that way and that structure helps group.
- Did not feel the lawyer lectures for 1.5 hours were helpful. Would have preferred course on coding.
- Dr. Saitta is an incredible speaker.
- Excellent meeting
- Excellent meeting, good speakers, timing was perfect
- Excellent speakers and subject; Ritz is great, but location less convenient for night life. Could you have venue near theater district?
- Fantastic all around! Well organized.
- Good variety of topics; AOCD excellent staff: Shelley is awesome! Kristin is a great new addition; John a great help; Marsha does a superb job!
- Great and very informative meeting
- Great hotel and location! Needed a larger room for exhibitors. Dr. Minni put together an excellent group of speakers and subjects.
- Great location and hotel
- Great location! Love it!
- Great meeting
- Great meeting
- Great meeting, thank you!
- Great meeting!
- Great topics and speakers, very relevant to clinical practice; Hands on procedures need to be projected so it could be more educational
- Great venue! Good lectures.
- I enjoy the lectures about the changes in healthcare - how it affects practice. It's nice to have these things finally explained and also nice to hear how/what we can do.
- I feel that this was one of the best meetings I have gone to in years. The guest speakers and the way Dr. John Minni ran the meeting was quite impressive.
- I like the improvement in the lectures both by information and quality of speakers. Also appreciate the locations and venues.
- I like your Ritz-Carlton venues and hope you continue to do that.
- I would like the meetings to offer the full CME necessary for AOA 1-A requirements. Having 5 more CME credits would make this much friendlier to us as traveling, taking off work costs a lot. Hard to leave family for multiple meetings as well.
- Love the Ritz
- Loved the contact dermatitis lectures, Peter Saitta, DO was great! Loved all the lectures.
- Marsha mentioned AOCD meetings are applying for AMA as well as AOA credit. How do we petition AAD to provide AOA Category 1A credit? This would be the most helpful thing the AOCD can do for me.
- Need more specifics on what criteria I should be meeting for PQRS & MU going forward for that year and how other people are implementing that into their practice. No more veiled plugs for joining large derm companies.
- Need to have handouts for all lectures. Please ask Dr. Saitta to add a handout even after the meeting please.
- No more on what MU & PQRS is...Give specifics. For example, what is required in 2016 to avoid penalties, how to apply for hardship, etc.; Put cosmetic demos on camera, so everyone can see it on the big screen.
- Obstacles and pitfalls of dermatology practice
- Overall excellent meeting, good speakers and content of lectures
- Peter Saitta - excellent speaker! He kept it interesting.
- Please have coffee available in back of room; Room was cold
- Role of PA lecture was unnecessary and not useful. Most dermatologists recognize the roles of midlevel providers.
- Room was cold
- Shelley, John, Marsha, John & Brandon were exceptional, always helpful to me. Representing the AOCD they are an exceptional group and I feel privileged to know them all.
- SRT/radiation lecture should have been one hour; Medicare fraud lecture was too long - not beneficial
- The hotel and accommodations were excellent; the people were very kind and considerate. Thank you.
- This was an excellent variety of topics and speakers. Really great meeting!
- Too expensive venue. If these continue to be in premier areas, I will stop coming. Whose idea was it to have us fill out five different forms? Ridiculous additional paperwork. Just confuses an increasingly confusing certification process. Going the wrong way ladies and gentlemen. Your elected jobs should be decreasing confusion and simplifying these processes. I have to stop as my pen is running out of ink.
- Use video camera to focus on live patient so the entire audience can watch instead of crowding around patient
- Very expensive meeting: 4 nights $345/night, flight $600, AOCD $495, meals $600-700 - easily $4000-5000 for CME. Very expensive! I understand this is the new direction of our times. Work more, paid less, cost more.
- Very good meeting, good variety of topics. Format was good, facility was very good.
- Very thorough set of topics were presented
- Well-organized & informative updates, cozy and friendly environment; 7-8 am too early for lectures