2017
AOCD Spring Meeting
Program Review
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Atlanta, GA
March 29 - April 1, 2017
Program Attendance Summary

Program Evaluation Response
47 program evaluations returned, 74 speaker and learning objective evaluations returned, 51 outcomes evaluations returned

Meeting Attendance
388 Total Registrations; 341 Total Attendance (AOCD Members – 320; Non-Members – 21)

Member Breakdown
- Attending Physicians 148 (46%)
- Residents 142 (44%)
- Students/Interns 30 (10%)

Non-Member Breakdown
- MDs 11 (52%)
- DOs 4 (19%)
- Guests 2 (9%)
- Students 1 (5%)
- Ph.Ds 1 (5%)
- PharmDs 1 (5%)
- Other 1 (5%)

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Program Evaluation Summary

What was your reason for enrollment?
- 34.78% - Needed CME hours
- 8.70% - Location of the program
- 32.61% - Desire to broaden knowledge
- 8.70% - Program topics
- 15.22% - Other

What is the population of the city in which you practice?
- Over 100,000 53%
- 50,000 - 100,000 22%
- 30,000 - 50,000 11%
- 10,000 - 30,000 7%
- Under 10,000 7%

What is your professional status?
- Practicing 68%
- Resident 26%
- Student/Intern 4%
- Retired 2%

Did the activity remain commercially unbiased?
- Yes 100%
- No 0%
Evaluation of Program Content

Average Rating

<table>
<thead>
<tr>
<th>Activity</th>
<th>Average Rating</th>
</tr>
</thead>
<tbody>
<tr>
<td>Time for questions &amp; answers was sufficient</td>
<td>3.62</td>
</tr>
<tr>
<td>Activity met your expectations</td>
<td>3.57</td>
</tr>
<tr>
<td>Presentations provided usable ideas and/or techniques</td>
<td>3.77</td>
</tr>
<tr>
<td>Activity will improve professional effectiveness</td>
<td>3.64</td>
</tr>
</tbody>
</table>

General Program Evaluation

Average Rating

<table>
<thead>
<tr>
<th>Activity</th>
<th>Average Rating</th>
</tr>
</thead>
<tbody>
<tr>
<td>Activity content</td>
<td>3.64</td>
</tr>
<tr>
<td>Length of activity</td>
<td>3.49</td>
</tr>
<tr>
<td>Facilities</td>
<td>3.64</td>
</tr>
<tr>
<td>Overall rating</td>
<td>3.62</td>
</tr>
</tbody>
</table>
Please describe any poor ratings:
- Did not like the residents being forced to the resident lectures. Did not like any of the lecture topics. Length of conference too long. Topics of resident lectures too broad and not beneficial.
- The downtown venue just like Charlotte was not good for spouses or for safety after dark. Buckhead would have been much better.

List the subjects you felt were most valuable to you:
- Pediatric dermatology - 10
- Coding - 4
- A Decade of Lessons Learned the Hard Way: Practical Knowledge for the Medical and Cosmetic Dermatologist and Practice Owner - 3
- Contact dermatitis - 3
- Dermatopathology - 3
- Urticaria: Diagnosis and Treatment Considerations - 3
- 20 Tricks to Finishing Your Office Day On Time - 2
- Business/Practice management - 2
- Melanoma/Skin cancer - 2
- Oncodermatology - 2
- Pediatric Dermatology Update - 2
- Photodermatoses - 2
- Acne - 1
- All - 1
- Dermatopathology review with Dr. Barron - 1
- Great Cases from Osteopathic Institutions - 1
- HIV in Dermatology - 1
- Immunobullous - 1
- Microbiome - 1
- Nothing - 1
- Online reputation - 1
- Practice pearl lectures - 1
- Pruritus - 1
- Psoriasis - 1
- Updates - 1
- Various - 1

What topics would you like to see presented at future meetings?
- Cosmetic - 3
- Lasers - 3
- Coding - 2
- Live cosmetic demos - 2
- Psoriasis - 2
- Skin cancer - 2
- Vasculitis - 2
- Acne - 1
- Adult onset eczema - 1
- Aesthetics update - 1
- Asset protection private equity - 1
- Business/Management - 1
- Cosmetic adverse side effects to avoid - 1
- Delusions of parasitosis - 1
- Diagnosing and managing complex dermatological problems - 1
- Drug reactions - 1
- Dysplastic nevus - 1
- Full day dermatopathology course - 1
- Infectious disease - 1
- Melanoma trials and treatment update - 1
- More information regarding the upcoming changes in the DO derm world, certification, OCC 4 competency etc. - 1
- Neurodermatitis - 1
- Office treatment pearls - 1
- Overview of important articles coming out of the JAAD and/or New England Journal of Medicine - 1
- Pediatric dermatology - 1
- Pruritus - 1
- Q & A session with dermatology residents - 1
- Skin of color - 1
- Surgical tips - 1
- What's new in connective tissue disease - 1
Speaker Evaluation & Learning Objectives Summary

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

- Attendees will learn new treatment options for pediatric dermatology issues.
- Attendees will be able to recognize clues to determining the cause of localized contact dermatitis.
- Attendees will learn the cutaneous manifestations of HIV infection.
- Attendees will be able to identify what an ethical dilemma is and how it can be analyzed.
- Attendees will gain more knowledge about conflicts of interest and how they apply to in-office dermatopathology laboratories.
- Attendees will gain an understanding of the appropriate coding guidelines and concepts using easy to understand methodologies of code selection and application.
- Attendees will learn how to identify appropriate dermatology codes and correct use/application of such codes for services procedures performed in your practice to ensure accurate claim submission as well as proper code identification.
- Attendees will gain an understanding of the quality of life impact of hyperhidrosis.
- Attendees will be able to correlate clinical manifestations of disease with rational treatment selection and progress monitoring.
- Attendees will gain an awareness of the current state of acne, rosacea, eczema, psoriasis in patients and correlate with management plan.

Have the overall specified learning objectives been met?

- Yes (100.00%)
- No 0.00%

How will you utilize stated learning objectives within your practice?

- Always fine tuning treatment habits looking at new options
- Be honest and transparent regarding in office pathology lab use. Have integrity & maintain it!
- Better diagnostic recognition and treatment selection
- Better patient care management
- Better understand management
- Better understanding of patient care, especially in area of hyperhidrosis
- Broaden my differential diagnosis for my patients
- By implementing new treatment strategies into care
- By incorporating concepts not currently utilized
- Change billing habits
- Change my approach to warts, molluscum and vascular lesions
- Considered new ideas to ponder
- Diagnosis and management
- Each lecture had a point of interest which has a practical application
- Ethical issues within dermatology
- Expanded differential for medical cases
- Going to incorporate putting size data into my clinical notes on biopsies, so the pathologist will get that info
- Have a higher index of suspicion for HIV when certain cutaneous eruption pattern present
- I found the practice management talk by Dr. Coppola informative. Many of those strategies are already in place in my group practice.
• I have already begun to slowly implement changes based on information gained at AOCD Spring Meeting from practice management to patient care.
• I have already utilized information on warts, scabies, psoriasis, etc. from pediatric dermatology lecture.
• I picked up pearls in every lecture that will improve my daily practice.
• I will look into inefficiencies in my office practice and try to correct them.
• I will periodically review what Google and other sites may be posting regarding my practice.
• I will start incorporating some of the recently released eczema therapeutic agents into my practice.
• Identify and resolve ethical conflicts
• Identify and treat
• Implement and report MIPS
• Implement new treatments for pediatric dermatological conditions
• Improved approach to dermatomyositis
• Improvement overall
• In some cases, change approach to SCC on lower legs
• Integrate into management
• Integrate many of the therapeutics reviewed at the conference
• It will allow me to better serve my patients and their needs.
• Knowledge of updated coding and billing
• Less treatment of warts and molluscum contagiosum
• More accurate coding
• More effective up-to-date standards
• New knowledge and techniques will be utilized
• New techniques
• Patient care

• Pertinent practice information was effectively communicated. The communication will be utilized to enhance patient care.
• Prescribe wartpeel
• Recognize contact dermatitis patterns
• Recognize more clinical findings that are important
• Recognized new concepts to utilize
• Recognized new treatments to utilize
• Study from references given at talks
• Take home clinical pearls and utilize them in practice
• This meeting has given important updates for a general dermatology practice. Patient care and billing issues have been addressed.
• To improve clinical skills in my practice and implement treatment options
• Try new medications
• Unsure at this point
• Updated on current coding and MIPS programs
• Use current treatments for hidradenitis suppurativa and lymphadenitis
• Use new updates
• Use of probiotic, bacteria as it relates to eczema
• Use the info to increase awareness of treatment
• Use the new codes appropriately
• Use various tips on treatment
• Utilize information clinical and business
• Utilizing the new treatment options discussed with confidence
• Will consider adding Dovonex to 5-FU therapy to expedite treatment
• Will try to monitor that for quality improvement activities
• Will use
• Yes
• Yes, I am better able to take care of my patients due to current up-to-date information

The Powerpoints and/or handouts effectively supported the presentation.

Strongly Agree (76%)
Agree (24%)
Disagree (0%)
Strongly Disagree (0%)
The sessions assisted me in my professional development.

- Strongly Agree (76%)
- Agree (22%)
- Disagree (2%)
- Strongly Disagree (0%)

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

- Strongly Agree (78%)
- Agree (22%)
- Disagree (0%)
- Strongly Disagree (0%)

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

- Strongly Agree (80%)
- Agree (20%)
- Disagree (0%)
- Strongly Disagree (0%)
The presenters were knowledgeable, organized and effective in their presentations.

- Strongly Agree (80%)
- Agree (20%)
- Disagree (0%)
- Strongly Disagree (0%)

The conference remained commercially unbiased.

- Strongly Agree (74%)
- Agree (23%)
- Disagree (2%)
- Strongly Disagree (1%)

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

- Yes (100%)
- No (0%)
2017 Spring Meeting Outcomes Evaluation Results
51 Responses Received

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

- Added some pediatric tips
- Altering prescribing practices
- Better aware of the effect of antibiotics on our patients microbiome
- Better care due to new knowledge
- Better care for certain conditions
- Better management skills and improved billing
- Better patient care
- Better patient care through new concepts and refresher on pertinent topics for my dermatology practice
- Change in the way I manage urticaria
- Customer care
- Decrease in recurrence of melanoma with surgery
- Definitely, great updates on treatments and good info
- Expand treatment options win my daily practice.
- Expanded my knowledge on certain topics and lots of clinical pearls I will incorporate in my practice
- Expansion of treatment regimens
- Expect improved outcomes for chronic urticaria patients
- Gave more options to treat patients
- Good tips on alopecia
- I feel much more comfortable treating pediatric patients after the pediatric lecture
- I may change office practices to improve efficiency and timeliness on appointment
- I may try candida antigen in treating warts.
- I plan to treat more pediatric patients.
- I will increase the dose of over the counter Allegra for patients with pruritus.
- I will try to run on time more.
- Improve my performance
- Improved outcomes
- Improved patient diagnosis and treatment
- Improved patient outcomes due to information learned at conference
- Improved patient satisfaction scores (2)
- Improvement in chemotherapy related side effects
- Increase efficacy
- Increased ability to recognize pediatric conditions
- Increased diagnostic accuracy results in increased patient compliance and better outcomes
- Increasing efficiency (2)
- Injecting some skin cancers with 5-FU
- Institute medical changes in my practice
- Less antibiotic use
- Looking forward to new medications for conditions like atopic dermatitis and psoriasis
- More attention to certain patient types
- More efficiency in the office
- More efficient office flow
- None (6)
- Not a whole lot
- Not large ones but minor adjustments
- Review cases discussed allow other differential diagnosis considered when seeing patients
- Several good pediatric dermatology pearls that I can implement in my practice
- Up to date
- Will be more cognizant of skin manifestation from oral contact allergens

How will your treatment options change after attending this conference?

- Added wart peel to my daily treatment recommendation for warts
- Avoid hydroxyzine/ceterazine/levo in dermatitis patients in favor of loratadine/fexofenadine.
- Consider adding a few treatments discussed at the conference
- Dapsone for urticaria
- Decrease the use of antibiotics (2)
- Do and tx any underlying thyroid dysfunction and or H pylori in patients with recalcitrant urticaria
- Enhanced care by learning current treatment options/care
- Expanded options (4)
- For the better
• Good tips on how to treat certain conditions or how to get drug coverage
• I know there are more options for some debilitating diseases and this gives me better options for my patients.
• I now have more options in treating moderate to severe pediatric eczema: crisaborale and dupilumab.
• I will consider what other colleagues are currently doing.
• I will increase the dose of Allegra for pruritus.
• I will treat warts on children less aggressively.
• I will try new and different protocols for certain conditions.
• Implement some new advances in my practice
• Learned about new uses in different areas
• Level of care
• May open up some new ideas for me
• More effective therapies
• More likely to be willing to use holistic methods for conditions like acne and rosacea
• More options available when traditional options fail
• More refined choices for specific disease conditions

What is one new thing you learned from this conference?

• Always go with your gut.
• Antibiotic effects on normal gut flora
• Better management of pediatric dermatology
• Dependency vs. addiction to drugs in youth
• Dermpath is changing
• Diet may be playing a role in psoriasis
• Gained greater understanding of MACRA/MIPS (2)
• How to properly code for dermatology procedures
• I can inject a KA with 5-FU
• I learned about new treatments for atopic dermatitis on the horizon. (2)
• I learned about the benefits of incorporating probiotics into daily life.
• I will increase the dose of Allegra for pruritus.
• Info regarding drug problem and current trends and substances mixed with drugs
• Learned about Cosentyx
• Management of urticaria patients (3)
• Maternal antibiotic use may influence health of the newborn
• Need to check for MGUS in patients with NXG
• New coding updates
• New dermpath insights
• New dressings for colonized wounds
• New surgical techniques and less referral to plastics
• More topical based treatment for warts
• More treatment options
• New medications discussed
• New surgical techniques and less referral to plastics
• New techniques for Mohs closure
• New therapies for verruca
• None (4)
• Not very much (2)
• Offer alternative treatments with potential less side effects
• Offer more heroic doses of antihistamines for above mentioned patients
• Several good pediatric dermatology pearls that I can implement in my practice
• Stay mostly the same, however, I do plan to expand on treatments for certain conditions.
• Tips from other providers allow for other treatment considerations
• Try newer medications
• Wider margins for in-situ melanoma
• Wider range of treatment options (3)
• Will prescribe less oral antibiotics for acne patients

2017 Spring Meeting Program Review – Atlanta, GA
Who will you share this information with?

- All young patients
- APRN
- Attendings
- Colleagues (24)
- Family
- Fellow residents (2)
- Mid-Level Providers
- N/A
- NP (2)
- Nursing home
- Nursing staff
- PA
- Patients (12)
- Practice/Group (2)
- Residents
- Some patients
- Staff (9)
- Students

What information do you still need regarding the topics presented?

- Best prescription pricing for patients and access to prescription medications
- Coding - This was great but I still feel that I need more.
- Continued follow-up for changes
- Continued updates are helpful
- Continuing medical education
- Dosages, time to treat, etc.
- Drug rash
- Effects of sub therapeutic antibiosis
- I need more information radiation.
- I need to do some further reading on studies and trials.
- I’m reading the review article out of JAAD
- List of presenters emails
- MIPS/MACRA specifics (2)
- More detailed knowledge on billing for dermatology
- More information on patch testing and prednisone dosing
- More research-based guidelines
- More treatment options for urticaria
- Mostly just review information to reinforce learning
- Need contact info for the oncology lecturer, if available
- Newer melanoma treatments
- None (19)
- Pediatric dermatology
- Similar clinically relevant info
- The bullous disease lecture was great, but I still need to study more since I don’t see them they often.
- The updates are great. To implement new treatment modalities, consideration of adverse events and coverage by insurance companies will be important to know.
- Well we all need more information on it.
- What will happen to the AOA?

Comments

- Although there are none-to-few handicapped individuals, it would be good to leave a space available with easy access by the tables of the lecture hall
- Another well-run program
- Enjoy attending meeting and my fellow D.O. dermatologists. Enjoy sharing updates on patient care to obtain excellent care for my patients.
- Great conference!
- Great location. Continue conferences in areas that have a major airport. Continue conference in the warmer areas. Avoid Chicago and the northeast.
- Great meeting!
- Great speakers, great lunches. Dr. Barron was awesome to listen to as well! Thank you for all the hard work! So appreciated, AOCDD.
- I enjoyed the 2 separate tracks: resident track and conventional track
- I would like all of the presenters to give copies of their Powerpoint slides.
- It seems that it’s the same speakers every year lately. There needs to be more variety and up-to-date lectures.
- It would be useful to have slides from all of the talks, not just half of them.
• Lectures should be 20-30 minutes in length to maximize number of lectures and maintain focus.
• Lectures were much better than AAD. Well worth the time.
• Make the dermatopathology course an entire day course on the first day, so everyone is engaged and attentive.
• Marshal! Great meeting!
• Nice change of pace with engaging speakers
• One of the best spring conferences I have attended. I would see increasing the number of reputable/high quality speakers. Encourage live demo aesthetics if possible and/or more aesthetic lectures.
• Overview of important articles coming out of the JAAD and/or New England Journal of Medicine. Resident lectures are always the same format, so it might beneficial for each program to do a JAAD CME review.
• Pediatric dermatology by Dr. Swanson: Excellent lecture and gave very practical use
• Really great meeting. Thank you for Dr. Barron, Dr. Swanson and all the great lectures! Thank you!
• Some had promotional items for their practice or practice management
• Some speakers seemed to be trying to "sell" the idea of working for Advanced Dermatology
• Thank you, John and Marsha, for all of your hard work! We appreciate you!!
• The pharmaceutical industry is having too much influence and are too close to our residents. This has become unhealthy and ethically questionable. Our residency programs need to distance themselves from this influence.
• The resident lectures are a waste of everyone's time and feels like complete busy work for people who are already exceptionally busy. We have AMPLE opportunity for board review every single week of residency, we do not need extra lectures to prepare, or to travel to distant cities to get it. Worst of all is that the lectures where I could learn something NEW and not written in every text book is MISSED to attend resident lectures because we want to support our friends' efforts. It makes what would be a very nice conference with interesting lectures, nice staff, and nice facilities a waste for the residents, not mention adding completely unnecessary stress. Not helpful in any way.
• The resident presentations were good but could be better if they were given more time. Too much data was presented in the time provided. Bullet points, tables to differentiate disease entities should be in handout form so presenters then could concentrate on major clinical differences. For instance, presenters on hair loss should separate scarring from non-scarring entities. Genodermatoses could have a table showing similar and frequently affected cutaneous findings - e.g. abnormal teeth. Too much data presented too fast!
• The resident presentations were nice reviews but I think they should have presented the interesting cases that their program directors presented. Perhaps a handout summarizing the key features of their subject topic could be given for board review and the students could present a case at the main convention with gross and microscopic features.
• There were some great lectures, but there were also some lectures that were not evidence based, more so experience based. I think emphasizing the importance of providing articles to support the content of a lecture is very important.
• This is one of the better AOCD meetings I've attended as far as content
• Very good meeting. Informative, enjoyable. Meeting often started late.
• Very good quality program this year, thank you for all of your work!
• Well done. Great location, speakers and material
• Well done. Looking forward to the next one.
• Well organized and run. Very pleasant people to work with. Thanks.
• Would prefer to meet in smaller venues like Santa Fe, Santa Barbara, Sedona, Winter Park, Vail, panhandle of Florida or Texas like Corpus Christy or smaller venues etc. I liked 1 year and the next cold and smaller not regular meeting cities. You also need to separate from the same time as the AAD.
Professional Practice Gap Survey
24 Responses Received

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

- Billing (3)
- Changes to standard of care
- Coding (3)
- Complex atopic dermatitis
- Complex medical dermatology
- Complex psoriasis
- Cosmetic injections live sessions (3)
- Cosmetic laser (2)
- Dermatologic emergencies
- Dermatologic side effects of cancer and chemo therapy. This lecture was a good start.
- Dermoscopy programs
- Drug therapy coverage
- Expanding opportunities to meet component 4 of OCC
- Female pattern hair loss
- Government regulations
- How to deal with, prevent or reverse burnout
- I would like to limit OCC and CME to a minimum.
- Ideas on training office staff, novel, innovative
- Insurance updates
- MACRA/MIPS (3)
- Management and differential of adult onset eczema
- Management/Treatment of dysplastic nevi
- Maximizing reimbursements (2)
- Medical decision making
- New/changing treatments
- OCC
- Office/Practice management (3)
- “Old School” treatments (compounds or OTC) to dermatologic conditions
- Practice efficiency
- Streamlining competencies/requirements - Sorting through government regulations is a full-time job
- Surgical dermatology
- Therapeutic updates
- Time management and it was covered
- Tips for starting a practice
- Vitiligo
- What’s new in clinical dermatology

What questions in practice are you having that you are not getting answers to?

- Ability to connect easily with colleagues
- Coding lectures
- Conference has covered thing well
- Female pattern hair loss
- How to limit overhead costs from CME and regulating bodies.
- I still do not understand maintenance of certification. I’m uncertain if this is because requirements are changing or vague
- Management and differential of adult onset eczema
- Management/Treatment of dysplastic nevi (2)
- MIPS/MACRA/PQRS compliance rules and practical application (3)
- Navigating insurance/drug coverage (3)
- None (4)
- Psychological aspects of skin and cosmetics
- The true definition of a bilateral advancement flap, as some derms have billed side-to-side closures as a bilateral advancement flap.
- Updates on more recent cosmetic fillers
- Vitiligo

What patient problems or patient challenges do you feel that you’re not able to address appropriately or to your satisfaction?

- Access to medications/Drug coverage (3)
- Changing formularies and patient financial responsibility
- Coding lectures
- Conference has covered the issues
- Difficult patients
- Female pattern hair loss
- Insurance
- Itching, NOS
- Low cost, effective medications and insurance coverage issues
- Making and nurturing a caring physician/patient relationship while remaining efficient
• Management and differential of adult onset eczema
• Management of cutaneous manifestations of inflammatory bowel disease, i.e. Crohn's disease and ulcerative colitis
• Management/Treatment of dysplastic nevi
• No show rate
• Non-compliant patients (2)
• None (2)
• Patch testing
• Psychological aspects of skin and cosmetics
• Referrals to subspecialists limited (i.e. patch testing, pediatric dermatologist)
• The time wasted on useless government requirements
• Treating patients and giving them the understanding of payments or how their insurance works
• Updates on more recent cosmetic fillers
• Use of alternative medicine, herbs and other non-prescription options
• Use of steroid-sparing agents for treatment of bullous pemphigoid
• Using the desired medication because of insurance/pharmacy restrictions
• Vitiligo

What patient problems are your patients communicating to you needs more attention or more follow-up?

• Access to care
• Am I going to die?
• Billing
• Conference covers these things well
• Cost of care
• Cost of medications (5)
• High co-pays
• High deductibles
• How to limit PA and NP invasion.
• Increasing billing questions and understanding how insurance works, but policies are specific to the patient and impossible for the physician to know all the details
• Insurance/Coverage issues (2)
• Medication access/coverage issues (4)
• More time to spend addressing their needs
• Office communication
• PAs
• Phone call issues
• Simplify acne/eczema/psoriasis education for patients
• Skin problems with treatment that does not work (vitiligo, alopecia areata)
• What do I do with these creams?
• What do I have?

What are the most common cases seen in your area?

• Acne (16)
• Eczema (11)
• Skin cancer (11)
• Psoriasis (10)
• Warts (6)
• Alopecia (4)
• Rosacea (4)
• Atopic dermatitis (3)
• Seborrheic dermatitis (3)
• Actinic keratosis (2)
• Complete skin exams (2)
• Contact dermatitis (2)
• Fungal infections (2)
• Non-melanoma skin cancer (2)
• Asteototic dermatitis
• Bacterial infections
• BCC
• Decreasing reimbursements
• Dysplastic nevus
• Malignant Melanoma
• Medication reactions
• Melasma
• Molluscum
• Nummular dermatitis
• Pre-cancer
• Rashes
• SCC
• Vitiligo
What are the most prevalent and serious medical problems for your state? (Please provide state)

- Alabama – 1
  - Skin cancer – 4
    - Melanoma – 1
    - Squamous cell carcinoma – 1
  - High cost of medications – 1
  - Insurance – 1
  - Keratoacanthoma on lower extremities – 1
  - Melasma – 1
  - Rosacea – 1
- Florida – 6
  - Skin cancer – 4
    - Melanoma – 1
    - Squamous cell carcinoma – 1
  - High cost of medications – 1
  - Insurance – 1
  - Keratoacanthoma on lower extremities – 1
  - Melasma – 1
  - Rosacea – 1
- Michigan – 4
  - Heart disease – 1
  - Increased medication costs – 1
  - Increasing co-pay for medications and office visits – 1
  - Increasing premiums of insurance coverage – 1
  - Skin cancers – 1
  - The cancer that is CME costs – 1
- Mississippi – 1
  - Melanoma – 1
  - Skin cancer – 1
- New York – 2
  - Access to care – 1
  - Hepatitis C – 1
  - High deductibles – 1
  - HIV – 1
  - Lack of health Insurance – 1
- Pennsylvania – 4
  - Affordable insurance and medication – 1
  - Hyperlipidemia – 1
  - Hypertension – 1
  - Obesity – 1
  - Skin cancer – 2
- South Carolina – 1
  - Melanoma – 1
  - Psoriasis – 1
- Texas – 3
  - Obesity – 2
  - Obesity-related disorders (i.e. hypertension, diabetes mellitus, coronary heart disease, cardiovascular disease, asthma, congestive heart failure, chronic pain, substance abuse) – 1
  - Skin cancer – 1
- Virginia – 1
  - Diabetes mellitus – 1
  - High cholesterol – 1
  - Obesity – 1
  - Psoriasis – 1
  - Skin cancer – 1
- Wisconsin – 1
  - Compliance – 1
  - Medicaid access – 1

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

- Access - 1
- Affordability - 1
- Amount of Medicaid and the number of providers that take it - 1
- Cash grabbing organizations (AOA) - 1
- Changing medical formularies - 1
- Cost - patients do not want additional out of pocket expense beyond their office visit co-pay - 1
- Cost of medications - 3
- Expanding midlevels - 1
- Formularies change monthly - 1
- High cost of medications - 1
- High deductibles/co-pays - 3
- Insurance coverage - 4
- Insurance struggles - 1
- Lack of access to medications - 4
- Lack of insurance - 3
- Midlevels quality issues - 1
- No access to transportation - 1
- Not aware of what a dermatologist does or can do - 1
- Patients with insurance can afford to come to the doctor - 1
- Payment and reimbursement - 2
- Time - patients want access that is convenient to them (after hours) and they do not want to wait to see physician - 1
- Time to complete EMR reports and decreased patient interaction due to EMR - 2
- Too many government regulations - 1
- What goes through changes often monthly - 1
What kinds of clinical situations do you find difficult to manage or resolve?

- Access to medicine due to obstacles with prior authorizations, etc. For example, retinoids for acne. Something helpful may be pre-populated letters w/ attached articles.
- Alopecia
- Atopic dermatitis
- Autoimmune conditions
- Contact dermatitis
- Cost of care
- Cutting costs
- Delusions of parasitosis
- Demanding patients
- Dysplastic nevus
- Encouraging patients to be more responsible
- Female pattern hair loss
- Handling no-shows
- Increased government imposed rules and regulations
- Medicine and insurance cost/coverage
- Noncompliant patients
- Patient understanding
- Patients who know exactly what is wrong and how to care for it because they read it on the internet
- Patients who want to get better but do not want traditional medications. For example, acne - they don't want retinoids, antibiotic (either oral or topical) but ask about diet, apple cider vinegar.
- Patients will let conditions wait and worsen early in the year until they can afford to come in
- Patients with eczema who do not respond to topical steroids or calcineurin inhibitors (i.e. tacrolimus or pimecrolimus)
- Patients’ ability to get medications due to coverage, cost or no alternative
- Pediatric dermatologist
- People with fixed delusions
- Prescriptions for medicaid patients
- Psoriasis
- Skin cancers in elderly - when to treat and when to observe
- Social issues
- Unreasonable expectations of time
- Vitiligo

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

Articles in peer-reviewed journals
- 90.91% Agree
- 4.55% Neutral
- 4.55% Disagree

Opinions of nationally recognized experts
- 77.27% Agree
- 22.73% Neutral
- 0.00% Disagree

Continuing medical education courses
- 95.65% Agree
- 0.00% Neutral
- 4.35% Disagree

Clinical practice guidelines
- 90.91% Agree
- 4.55% Neutral
- 4.55% Disagree

Pharmaceutical company sales representatives
- 18.18% Agree
- 77.27% Neutral
- 4.55% Disagree