The Annual Meeting of the American Osteopathic College of Dermatology is now just around the corner. President-elect and program chairman Dr. Lloyd Cleaver has been hard at work formulating a very exciting program for us. Our friends at Stiefel Laboratories, C & M Pharmaceutical and Westwood Pharmaceuticals will once again sponsor our social events. We are also grateful to Glaxo Pharmaceuticals for sponsoring our coffee breaks and to Dermik Laboratories for plaques.

As you know, the American Academy of Dermatology has proposed a bylaw amendment (Article V) which, if passed, will permit certified osteopathic dermatologists to become Affiliate NONMEMBERS of the Academy. This amendment will also strip CURRENT Affiliate members of their present status in the Academy and they will automatically become Affiliate NONMEMBERS with only the rights and obligations set forth in Article V. A copy of this bylaw amendment is enclosed with the Newsletter for your review. The members of the Executive Committee and the Board of Dermatology held a telephone conference in September to review this matter.

Dr. Michael Mahon and Dr. Roger Bryd have circulated a letter to the members of the AOCD regarding the change in Article V by AAD and requesting members to write to the AAD officers. I hope each of you responded. We will be discussing this at the Annual Business Meeting on Tuesday, December 6, 1988, in Las Vegas; it's very important that we have as many members present as possible.

Fraternally,

Steven C. Roberts, D.O. President
chairman of the Pharmacy Committee of the Ohio Dermatological Association.

ANGELO MANCUSO, DO, is the first Fellow of the newly established AOA Dermatologic/Cosmetic Surgery Fellowship. The program began in August, 1988 and is affiliated with Pontiac Osteopathic Hospital.

STEVEN BRENNMAN, DO, has become a founding board member of the Colorado Society for Dermatologic Surgery. He also just completed a 20-week series on KMDK health radio in Denver on various skin topics.

ROBERT A. NORMAN, DO, has been appointed clinical chairman, Department of Dermatology, University of New England College of Osteopathic Medicine beginning July 1989. He is currently clinical instructor in dermatology at UNECOM. He also had an article published in the AOA Journal and CUTIS.

The AOCN Newsletter, published quarterly, is the official publication of the American Osteopathic College of Dermatology. Production/layout by Dynamic Information Resources (DIR).

DO’S CELEBRATE NATIONAL OSTEOPATHIC MEDICINE WEEK


Although the theme for this annual event continued to be “HEALTH FOR THE WHOLE FAMILY,” this year’s observance focused on one segment of the family with a salute to older Americans - “OSTEOPATHIC HEALTH CARE SALUTES OLDER AMERICANS.”

(continued on page 6)
MORE AOA HOUSE
OF DELEGATES
NEWS . . .

The AOA, at its recent Delegates meeting in July, passed a resolution opposing the AMA's call for a new category of caregiver, the registered care technologist (RCT). The AOA plan is in response to the severe registered nurse shortage that exists throughout the U.S. The plan would allow RCTs to begin working after only two month's training, while receiving additional on-the-job training.

In opposing the creation of the RCT, Dr. Stella stated the AOA after researching the concept felt it would worsen the shortage of registered nurses by:

1. Diverting resources that might otherwise be used to address the causes of the RN shortage.

2. Adding an expensive and unnecessary layer of nursing care worker and eroding the quality of patient care.

The AOA believes the knowledge and skills of a registered nurse can no more be replaced by a paraprofessional than can the skills and knowledge of a physician, stated Dr. Stella. The AOA calls for appropriate changes in nursing compensation, professional incentives and augmented public and private funding for nursing education to address the principle root causes of the growing shortage of registered nurses.

Happy Holidays

AOCD ANNUAL MEETING PROGRAM SET

The didactic program for the 1988 Annual Convention of the American Osteopathic College of Dermatology to be held in Las Vegas, Nevada, December 4-8, 1988, has been completed reports Program Chairman Lloyd J. Cleaver.

"We have a very exciting program outlined for the meeting," said Dr. Cleaver. "Although I regret our meeting is being held at the same time as the American Academy of Dermatology, 1 believe this will be a very worthwhile experience for all who attend," continued Dr. Cleaver.

Scheduled to speak is the president-elect of the Academy of Cosmetic Surgery, Richard T. Caleel, D.O., who will be speaking on "Cosmetic Surgery: State of the Art." He is sponsored by Upjohn Pharmaceutical Company. Also scheduled is an expert in the area of alopecia, Robert L. Bardin, Pharm.D., whose topic will be "Innovations in the Treatment of Alopecia." Other areas to be covered are pathophysiology of hair loss, some new aspects of Minoxidil and a review of Minoxidil therapy. We have also scheduled a mycology update and workshop which will be very helpful for all practicing physicians to review current culture and laboratory diagnostic techniques. As you know, this is an important area and an area where some critical examination may be occurring in the future for those who accept federal reimbursement.

A complete program will be mailed soon which will outline the excellent list of other speakers, both members and resident trainees. A new aspect this year will be written abstracts or presentations from all speakers for those attending.

There is still some time available on Wednesday afternoon for those of you who must present papers at this meeting. Please contact Dr. Cleaver at 1-800-626-5266.

Of course, in addition to the didactic session, there will be the annual business meeting and social events.

The AOCD is OUR specialty college, said Dr. Cleaver, and it is critical that everyone support the college by attending the annual meeting. Every effort was made to resolve the conflict with the Academy meeting, however, by written consensus of those responding to our survey, the request was to hold the AOCD meeting in conjunction with the AOA Annual Convention.

AOCD ANNUAL BANQUET TO FEATURE AOA PRESIDENT ELECT

The AOCD Annual Banquet will this year feature AOA President-elect, William H. Voss, Dr. Voss, who is an internist in Jefferson City, MO, is a strong advocate of developing more postdoctoral residency programs. Citing the recent report of the AOCD Task Force to Explore Alternate Approval Mechanisms for Postdoctoral Training, Dr. Voss expressed his concern in an interview by THE DO that many graduates today are finding it necessary to enter allopathic residencies because osteopathic opportunities are limited.

MARK YOUR CALENDAR FOR 1989 ANNUAL MEETING

1989 American Osteopathic College of Dermatology Annual Convention

November 12-16, 1989

Anaheim Hilton Hotel, Anaheim, California
MEDICARE CHANGES
DENIAL PROCEDURE

In response to objections from various medical organizations and physicians, the Health Care Financing Administration (HCFA) revised, effective September 1, 1988, the wording of the agreements patients must sign when they agree to pay for services which may be deemed unnecessary. HCFA suggests the following notice by the physician to patients:

Medicare will only pay for services that it determines to be "reasonable and necessary" under section 1862(a)(1) of the Medicare law. If Medicare determines that a particular service, although it would otherwise be covered, is not "reasonable and necessary" under Medicare program standards, Medicare will deny payment for the service. I believe that, in your case, Medicare is likely to deny payment for (specify particular service(s)) for the following reason(s): (the physician gives the reason for his or her belief.)

BENEFICIARY AGREEMENT

I have been notified by my physician that he or she believes that, in my case, Medicare is likely to deny payment for the services identified above, for the reasons stated. If Medicare denies payment, I agree to be personally and fully responsible for payment.

(Beneficiary Signature)

HCFA notes that the physician must give the beneficiary an idea of why he is predicting the likelihood of denial in order to allow the beneficiary to make an informed decision whether to receive the service and pay for it out of pocket.

The requirement for advance notice is not satisfied by a signed statement to the effect that should Medicare deny payment the patient agrees to pay for the service. Nor can routine notices to beneficiaries stating Medicare payment denial is possible be acceptable advance notice. Finally, giving notices for all claims or ser-

VICES IS NOT AN ACCEPTABLE PRACTICE. HCFA INTENDS THAT PHYSICIANS GIVE NOTICES ONLY WHERE THERE IS GENUINE DOUBT REGARDING THE LIKELIHOOD OF PAYMENT.

Although HCFA officials have indicated they are sensitive to the many objections still raised with the program, the AOA Washington office reports there are no guarantees that further changes will be made.

COMPLIMENTARY REPORT ON THE NON-DERMATOLOGICAL COMPlications OF EPIDERMOLySIS BULLOSA AVAIlABLE

IN September 1986, the National Institute of Arthritis and Musculoskeletal and Skin Diseases (NIAMS), and the National Institutes of Health, funded a workshop on the Non-dermatological Complications of Epidermolysis Bullosa (EB). After hearing presentations by a panel of scientific experts on such subjects as basic skin biology, wound healing, esophageal strictures and webbing, complications related to malnutrition, gastrointestinal manifestations, eye lesions, dental involvement, and orthopedic deformities, a comprehensive report was prepared and published.

FREE, SINGLE COPIES OF THIS REPORT ARE AVAILABLE FROM: Arlene Pessar, RN, DEBRA of America, Inc., 451 Clarkson Avenue, Room E6101, Brooklyn, NY 11203, (718) 774-8700.

(continued on page 6)
D.O. NEWS NOTES . . .

• The American Nurses Association (ANA) has agreed to fight a proposal by the AMA to develop a new category of health care worker, the registered care technologist (RCT), in response to the nurse shortage. ANA says RCT duties would duplicate those done now by RNS, LPNs or nurses’ aides. The AOA at the July House of Delegates meeting also opposed the AMA’s concept of RCTs. (See related article this issue.)

• Orthopedic surgeon Raymon Schlueter, D.O., from the Chicago College of Osteopathic Medicine was recently elected surgeon general of the 2.1 million member Veterans of Foreign Wars. Dr. Schlueter served a previous term as surgeon general of the VFW in 1984-85. His responsibilities include keeping the membership informed of medical research and of new medical policies and programs.

• The osteopathic profession has reclaimed its “fastest growing” title reports the US Public Health Service’s Health Resources and Services Administration. DOs will increase by nearly 80% between 1986 and 2000 and by 777% between 1986 and 2020.

• Professional Mutual Insurance Company/RRC announces “tail coverage” for policyholders of the old PMIC company. For more information contact PMIC/RRC at 1-800-821-3515.

EDUCATION EVALUATING COMMITTEE

James D. Bernard, DO

The Education Evaluating Committee met in September in Detroit to review requests for training programs. The Committee’s recommendations have been sent to the Committee on Postdoctoral Training which meets November 9-11, 1988, in Chicago. The COPT’s recommendations will be sent to the AOA Board of Trustees.

SURGEON GENERAL KOOP RECEIVES OSTEOPATHIC AWARD

U.S. Surgeon General C. Everett Koop, M.D. was presented with the American Osteopathic Hospital Association’s highest honor, the Award of Merit, at a September 7 ceremony. Koop, the first non-osteopathic leader to receive the 40-year-old award, was lauded by AOHA president Dick Strano for his outstanding leadership in the fight against AIDS and his ties to the osteopathic profession.

Dr. Koop began a residency program in pediatric surgery and an extern program for osteopathic physicians at Children’s Hospital in Philadelphia, and has received honorary degrees from the Philadelphia College of Osteopathic Medicine and the Kirksville College of Osteopathic Medicine.

AMERICAN OSTEOPATHIC BOARD OF DERMATOLOGY

Thomas H. Bonino, DO

The doctors listed below are scheduled to take the certification examination on Sunday, December 4, 1988, at the Las Vegas Hilton beginning at 9:00 a.m. in Conference Room 9:


Trainees (candidates) interested in taking the exam at the next meeting in Anaheim, California, November 12, 1989, must have met all requirements and all materials must be sent to Thomas H. Bonino, DO, secretary-treasurer, AOBD, by April 1, 1989. (Remember, don’t send originals in case they are lost in the mails - make copies.)

EDITORIAL

BY: DANIEL KOPRINCE, D.O.

The number of osteopathic hospitals nationwide is decreasing. In 1983, we had 200 hospitals; in 1986 we had 197 hospitals and in 1987 only 183. The number of osteopathic hospitals in Michigan decreased from 34 in 1983 to 30 in 1986 down to 29 in 1987 and by the end of 1988 a few more hospitals will have been closed.

Meanwhile, there has been an increase in osteopathic medicine graduates from 1,579 in 1987 to 1,658 in 1988, and it’s projected to increase to 1,715 by 1989.

Where are our increasing number of osteopathic graduates going to intern if there is a decreasing number of osteopathic hospitals? Where are future osteopathic residents going to obtain training if the number of osteopathic hospitals continue to decrease?

The growth in our graduate medical education (GME) and internship programs is not sufficient to meet the demand created by the number of graduating osteopathic students.

A survey by the MAOPS House of Delegates revealed that 32% of our interns are selecting allopathic residency programs, while 18% selected osteopathic programs. A project is currently being developed forming a consortium training program involving residencies under the umbrellas of the University at Michigan State College of Osteopathic Medicine.

Osteopathic graduates may have to be positioned into allopathic hospitals for internships and residencies and controlled through our osteopathic colleges and universities.

This problem is with us NOW . . . and it should be solved NOW if the osteopathic profession is to continue to move forward.

Fraternally,

Daniel Koprince, D.O.

(Abstracted from the Michigan Association of Osteopathic Physicians and Surgeons House of Delegates meeting.)
National Osteopathic Medical Week

(continued from page 2)

The theme appropriately affirmed the fact that this particular group of people is becoming increasingly important to our society. As consumers of health care, the over 65 group represents 12% of the population but uses 31% of total personal health expenditures. By the year 2000, one out of every eight persons will be 65 and over, an astounding large percentage of our population.

SECOND ANNUAL KOPRINCE AWARDS TO BE PRESENTED

The second annual "DANIEL KOPRINCE, D.O. EDUCATION AWARDS" will be presented at the AOCD Annual Meeting to be held in Las Vegas in December, 1988. Recipients will be D.O.'s in dermatology training programs who present the best papers. Awards of $150, $100 and $50 will be granted.

Daniel Koprince, D.O.

Dr. Koprince founded the awards in 1987 to encourage excellence in the papers presented at the AOCD Annual Meeting. AOCD trainees are required to present two papers at the Annual Meeting (these cannot be presented in the same year) during their training program.

CONTRIBUTORS TO THE AMERICAN OSTEOPATHIC COLLEGE OF DERMATOLOGY ANNUAL MEETING
DECEMBER 4-8, 1988

C & M Pharmaceutical (for reception) $1,500
Dermatology Laboratory of Central States 100
Demikh Laboratories, Inc. 900
Demikh Labs plagues
Elder Pharmaceuticals 120
Fernside Laboratories, Inc. 50
Glasso Dermatology Products 900
Herbert Laboratories 200
Hermal Pharmaceutical Labs, Inc. 200
Janssen Pharmaceuticals 200
Lederle Laboratories 500
Merck Sharp & Dohme 417
Neutrogena 200
Ortho Pharmaceutical Corp. 200
Owen Laboratories 250
Penn & Company, Inc. 100
Pennline Pharmaceuticals 150
Professional Mutual Ins. Co./R.W.G. 200
Schering Corp. 500
Stiefel Laboratories, Inc. 1,100
Syntex Laboratories, Inc. 300
Syosset Laboratories, Inc. 100
The Upjohn Company 400
Westwood Pharmaceuticals, Inc. luncheon

WE ARE SINCEREELY APPRECIATIVE OF CONTRIBUTIONS FROM THE COMPANIES LISTED ABOVE.

HERBERT LABORATORIES PROVIDES BOOKS FOR AOCD TRAINEES

Herbert Laboratories will once again this year provide complimentary textbooks to trainees in AOCD approved training programs. First-year trainees will receive Dermatology and General Medicine by Fitzpatrick; second-year trainees will receive Textbook of Dermatology, by Rook and third-year trainees will receive Problems in Dermatologic Diagnosis and Management, published by the AAD and Physician as Manager, by Atulais.

The AOCD is grateful to Herbert Laboratories for their continued support.

President Reagan Signs Catastrophic...

(continued from page 4)

- eliminate the 210-day limit on hospice coverage, provided the beneficiary's physician continues to certify that the patient is terminally ill;
- increase home health care coverage to up to 38 days per illness; and
- include mammography screening.

The new benefits will be paid for through an increase in Medicare enrollees' monthly Part B premiums. Beneficiaries whose incomes are high enough that they pay federal income taxes will also pay a Medicare surcharge on those taxes.

THE KOPRINCE KORNER

The editors of THE KOPRINCE KORNER, named in honor of Dr. Daniel Koprince, are pleased to include in this issue the first Clinical "PEARLS" in Medical and Surgical Dermatology. We invite all members of AOCD to submit "pearls" based on your personal experiences in dermatology and cutaneous surgery. Such "pearls" may include clinical observations, diagnostic suggestions, positive or negative experiences with different types of equipment, anecdotal successes with the treatment of skin disorders, surgical tips or methods, etc.

We hope that by sharing ideas with one another, the results will be better care for our patients. Please submit your "pearls" to either Dr. Shelly Friedman or Dr. James Del Rosso.
Clinical "PEARLS" in Medical & Surgical Dermatology

1.1 WEN REMOVAL

While still in training years ago, Dr. Roger Byrd from Rochester, Michigan learned what he considers to be an invaluable procedure for removal of a pilar cyst (scalp wen).

Under local anesthesia, a small ellipse is made over the apex of the wen. Using a dissector or comedone extractor, the wen is then scooped out in one quick motion. There is minimal bleeding. The defect is closed primarily with one or two sutures. Hair does not need to be shaved in the area. The recurrence rate is low, infection is uncommon and the procedure well tolerated.

1.2 ACETIC ACID STAINING FOR RECOGNITION OF SMALL AND SUBCLINICAL PENILE CONDYLOMA

Recognition of both extremely small and subclinical penile condyloma may be enhanced by prior staining with topical application of 5% acetic acid. This procedure has been used with good success by Dr. James Del Rosso from Athens, Ohio.

Patients with clinically evident condyloma are initially placed supine followed by application of 5% acetic acid to the penile area using soaked gauze. After 10 minutes the gauze is removed and the area inspected closely for small, flat papules (sometimes in groups) which stain white ("acetowhite") when compared to surrounding tissue. Recognition of very small lesions is enhanced with the use of a head loupe, hand lens or better yet, a colposcope if available. Any lesions which are detected may then be treated successfully with light application of liquid nitrogen. This technique is an excellent means of monitoring patients periodically after therapy and also works effectively in females with vulvar condyloma.

***Please send any "pearls" that you have to Dr. Del Rosso or Dr. Friedman***

James Del Rosso, D.O., OUCOM, Grosvenor Hall, Athens, Ohio 45701

S. Friedman, D.O., 10603 N. Hayden Rd. Suite 112, Scottsdale, Arizona 85260
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