

American Osteopathic College of Dermatology

Newsletter

WINTER, 1989

VOLUME 6, NO. ¹⁴13

MESSAGE FROM THE PRESIDENT...

Greetings in this new year. Hope the holiday season left every one in good spirits and in successful practices and training programs.

The 1988 Annual Meeting was quite a success. The quality of the presentations was exceedingly high. My personal thanks to all the speakers. I would also like to thank the winners of the annual Koprince Awards for trainees and doctors in training. As you will read in this Newsletter, Dr. Koprince has established another award, this time for doctors in practice. An award has also been established in honor of Dr. Albert Ulbrich, who died last year. We are fortunate to have (and have had) such fine people in our organization.

We are also very fortunate to have the support of a number of fine companies for our annual educational meeting. I urge you to post the enclosed list of companies in your office and thank representatives who call on you. Also, encourage them to provide support for the 1989 meeting in Anaheim, CA. Dr. Mahon will be handling contributions for that meeting and I'm sure he will do an excellent job.

We are especially appreciative to The Upjohn Company, Stiefel Labs, C&M Pharmaceuticals and Westwood Pharmaceuticals for their support.

If you were unable to attend the convention, you missed out on the manual of abstracts from many of the speakers that was distributed. This was very well received, and we hope to continue with a similar manual at future meetings. The manual is available to anyone who did not get one at the meeting; just write to the AOCD Central Office in Atlanta requesting a copy. Thanks to Hoechst-Roussel Pharmaceutical Company and The Kirksville College of Osteopathic Medicine for

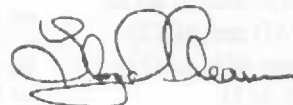
providing support for this project.

It appears the situation with membership in the AAD has been eased somewhat. I would like to thank Drs. Mike Mahon and Roger Byrd for their efforts in developing a letter-writing campaign. I would especially like to thank Dr. Mahon for attending the AAD meeting in Washington (held at the same time as the AOCD meeting.) That meeting along with your letters appears to have had a very positive effect on the AAD's decision to refer the matter of Affiliate membership back to their Bylaws Committee. I was at the AAD meeting prior to the AOCD meeting and I personally feel that the tenor is one of support. I have asked Dr. Mahon to continue his efforts by acting as the official liaison between AOCD and AAD.

Finally, as your new president, I would like to ask for your ideas, opinions and suggestions concerning the College. How can we better serve you and the field of dermatology? What specific talents can you lend to the AOCD? It is very important that we combine our resources to provide the best in training programs and the practice of dermatology. Please complete the enclosed AOCD Membership Survey and mail it to the AOCD office in Atlanta by April 1, 1989.

I look forward to a very productive 1989. Please don't hesitate to contact me or the AOCD office if we can be of any assistance to you.

Fraternally,



Lloyd J. Cleaver, D.O. President

**American Osteopathic
College of Dermatology**
1988-89 OFFICERS

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The AOCD Newsletter, published quarterly, is the official publication of the American Osteopathic College of Dermatology.

AAD DEFERS DECISION ON AFFILIATE MEMBERSHIP

The American Academy of Dermatology at its meeting in December deferred implementation of the Bylaw amendment concerning Affiliated non-members. A revised membership card reflecting Affiliate membership status will be mailed by the AAD and membership are asked to discard their old "Affiliated Non-member" card. In addition, the 1989-1990 Academy directory will reflect the Affiliate member designation rather than the Affiliated Non-member status.

The AOCD Executive Committee and other members of the College lobbied the AAD Board of Trustees for the past two years concerning this issue. New president Dr. Lloyd Cleaver has appointed Dr. Michael Mahon to act as liaison between the AAD and AOCD. Dr. Mahon's counterpart with AAD is Marshall Blankenship, M.D.

More information will be included in future mailings to AOCD members.

LETTERS

"December 9, 1988

Dear Dr. Roberts:

Thank you for your recent letter. The Board of the AAD met on September 25 and once again reviewed the By-law changes that had been previously recommended and sent to the membership for a vote on the subject of affiliate members. Many of the objections raised in your letter were also expressed by a number of Board members. Finally, the Board approved a motion to refer the entire subject of affiliate membership back to the By-laws committee for reconsideration regardless of the outcome of the current membership vote. I expect that substantial changes from the original recommendations will be forthcoming from that committee.

Sincerely yours,
Frederick D. Malkinson, MD
Vice President - AAD"

"December 12, 1988

Dear Doctor Roberts:

Thank you for your letter of November 29th which I found when I returned from the academy meeting. . .

I have completed my term as Secretary-Treasurer of the Academy, but I can respond to your appropriate concern about the Affiliate members of the Academy. The Board of Directors has spent a good deal of time reviewing the bylaws amendment concerning the Affiliate members which was passed by a mail ballot of the members. This bylaw amendment was distributed to the members through the Advisory Council prior to the election, but no statements concerning opposition to the amendments were received in the Academy office, and therefore none were sent out with the mailing.

As I am sure you are aware, the following resolution was by the Board of Directors and read to the membership:

"Resolved, that pending further study of the organizational and legal issues involved, the Board of Directors will defer implementation of the bylaws amendment concerning Affiliate Non-member and Non-Resident Fellows. During this period, the provisions of the bylaws as they existed prior to the current amendment will remain in effect."

It was basically the intent of the Board of Directors to look carefully at this area, and I am sure appropriate alterations in the bylaws as they stand will be forthcoming.

We had the opportunity at an open forum of the Board of Directors to hear much input from the Affiliate members, and this has been very beneficial to the Board of Directors in their deliberations.

Doctor Paul Russell is now Secretary-Treasurer of the Academy, and Doctor Edgar "Ben" Smith is President. I am sure they would appreciate further input from you, and I will forward your letter to the Academy office.

Sincerely yours,
Stephen B. Webster, M.D.
Secretary-Treasurer, AAD"

"December 14, 1988

Dear Doctor Roberts:

Please let this letter inform you that the Board of Directors of the Academy have set aside the implementation of the bylaws pending re-evaluation during the course of this year.

My thanks and best wishes.

Sincerely yours,
G. Thomas Jansen, M.D.
Immediate Past President of AAD"

Editorial by Daniel Koprince, D.O.

Have you been listening to your inner voice lately? Everyday your inner voice tells you things you should be accomplishing. Put the focus of your energies on the important things in life.

The American Osteopathic College of Dermatology needs an Osteopathic Dermatologist to step forward and be the founder of the American Osteopathic Society of Cosmetic Surgery or the American Osteopathic College of Cosmetic Surgery. We need somebody to step forward and form the American Osteopathic Society of Chemosurgery. We need several Osteopathic Physicians in several different states to form Dermatology Residency Programs. (We are the only College in the A. O. A. that still has Preceptorship Programs.)

Since success is an inner concept, then as Thoreau said; When you advance confidently in the direction of your dreams, and you endeavor to live the life that you have imagined — your kind of life — the way you choose, making every day a miracle — then success will arrive in your life in amounts greater than you ever anticipated and will take care of all your needs.

Since happiness is the most important thing in life, listen to your inner voices.

DOCTORS REQUIRED TO OBTAIN CME IN SPECIALTY

Beginning with the 1989-91 AOA cme cycle, physicians who are board certified or board eligible must earn a minimum of 50 credit hours as may be mandated by the Board of their primary specialty in each three-year cme period. These hours may be credited in Category 1 or Category 2. Failure to maintain this requirement will result in loss of certification or board eligibility.

Life members and Honorary Life members are no longer exempt from the AOA cme program.

AOA members and Honorary Life members are no longer exempt from the 50 hours of specialty requirement when assigned to positions *other* than their specialty.

Credit may be granted in Category 1-B for audio and video taped programs when osteopathically sponsored. Credit will be awarded at the rate of one credit per hour of program playing time if an accompanying cme quiz is completed and mailed to the AOA Department of Education.

Credit may also be granted for computer assisted instruction. This credit will be awarded at the rate of one-half credit per hour of time spent in completion of the program, if sponsor generated documentation of the number of hours and the program's completion is received by the AOA.

Category 1-B may be granted for osteopathically sponsored quality assurance and risk management seminars.

Category 2-B will be awarded for audio and video taped programs, not osteopathically sponsored, at the rate of one credit per hour of program playing time if an accompanying cme quiz is completed and returned to the AOA Department of Education.

ANTITRUST ADVICE FROM JUSTICE DEPARTMENT

In a speech to the AMA in Dallas in December, Charles Rule, Chief of the Antitrust Division of the U.S. Justice Department was blunt about the possibility of criminal prosecutions against physicians under the antitrust laws.

In his remarks, Mr Rule said that the antitrust law "should not be thought to create an inherently gray zone of danger," and offered three "basic, simple and easy to remember" rules:

1. Do not agree with competing independent doctors on any term of price, quantity, or quality - including fee schedules and relative value schedules;
2. Do not agree with competing independent doctors on the patients that you are willing to serve, the locations from which you are permitted to draw patients, or where you will locate your offices; and
3. Do not agree with competing independent doctors to refuse to offer your services to alternative delivery systems.

Mr. Rule acknowledged that there "can be exceptions to these general rules," and recommended that physicians consult their own counsel before undertaking actions that may have antitrust implications.

EDUCATION EVALUATING COMMITTEE

James D. Bernard, D.O.
Chairman

The next meeting of the AOA Board of Trustees will be March 20 and 24, in San Juan, Puerto Rico and the AOA Committee on Post Doctoral Training will meet in Chicago on April 26-28.

FOUNDING FATHER OF AOCD DIES

Albert P. Ulbrich, D.O., considered by many to be the "founding father" of the American Osteopathic College of Dermatology, died of a heart attack on November 23, 1988, at Detroit Osteopathic Hospital. He was 77 years old. Dr. Ulbrich practiced for more than fifty years in Royal Oak and Detroit before retiring in June, 1987.

In 1951, Dr. Ulbrich was asked by several AOA board members to form a new Board for the specialty of dermatology. With the help of Dr. Gardner and Dr. Scardino, Dr Ulbrich wrote standards and developed the constitution and bylaws for the American Osteopathic Board of Dermatology. A written exam based on the AMA Board of Dermatology exam was also developed. In 1953, the first meeting of the AOCD was held in Washington, D.C.

ULBRICH MEMORIAL AWARD ESTABLISHED

The American Osteopathic College of Dermatology at its annual meeting in Las Vegas in December, 1988, established the "Albert P. Ulbrich, D.O. Memorial Award" to honor Dr. Ulbrich who had recently died. The award will recognize an outstanding practicing D.O. dermatologist. Dr. Roberts appointed Drs. Eugene Conte, Dudley Goetz, David Horowitz and Daniel Koprince to establish a procedure for presenting this award.



D.O. DERMATOLOGY: The Beginning

Editors Note: The following is condensed and edited from notes submitted to AOCD by Dr. Albert Ulbrich, Sr. in 1987.

In 1944, the American Osteopathic Association felt that based on the fact that the AMA had an Academy of Dermatology and Syphilology, an osteopathic board of dermatology was in order. (AOA examining boards at that time were: orthopedics, surgery, proctology and internal medicine.) Dr. McCorkle and Dr. Cressman from California, Dr. Scardino, Sr. from Kansas City and Dr. Cressman from Philadelphia met to discuss establishment of such a Board.

After the 1946 AOA meeting in New York, Dr. Ulbrich sat for the exam, which consisted of 200 pictures and a discussion of cases, and was certified. In 1947, Dr. Stover from Detroit was certified; then D.O. Dermatology went dormant.

In about 1951, Dr. Ulbrich was asked by several AOA board members to form a new Board. With the help of Dr. Gardner and Dr. Scardino, Dr. Ulbrich rewrote the requirements, set up standards and developed the constitution and bylaws. A written exam based on the AMA Board of Dermatology exam was also developed. Dr. Gardner through his affiliation with the osteopathic school in California helped with verification of training programs.

Around 1953 the first meeting of the American Osteopathic College of Dermatology met in Washington, D.C.

As of March, 1989, the ACOD has 115 members (64 of whom are certified) with 36 D.O.'s in dermatology training programs. The programs consist of residencies and preceptorships, both osteopathic and allopathic.

NEWS ABOUT OUR MEMBERS . . .

DR. WILLIAM C. CHOW (San Antonio, TX) was recently accepted as a Hohns Surgery Fellow in Memphis, TN. Upon completion of his fellowship, he will be returning to Wilford Hall Medical Center as a staff member of the dermatology training program.

DR. DANIEL SEFF (Winter Park, FL) was recently elected secretary of the Central Florida Society of Dermatology. He is the first D.O. to be elected to an office in that society.

DR. IRVING TENNENBAUM (Cape May, N.J.) was recently appointed senior attending dermatologist at Burdette Tomlin Memorial Hospital in Cape May. Dr. Tennenbaum is also dermatology consultant in the United States Coast Guard Recruit Training center in Cape May.

Dr. KOPRINCE ESTABLISHES A SECOND AWARD

Dr. Daniel Koprince announced he was establishing a second educational fund for an annual award to two D.O.'s who present the best papers or lectures at the annual meeting. The award is for \$50 each and the recipients are judged equally.

Recipients of the 1988 "Daniel Koprince, D.O. Educational Award II" are: John G. Brady, D.O. Shelly A. Freidman, D.O.

HCFA ANNOUNCES MEDICARE SURVEY

The Health Care Finance Administration (HCFA) has announced a plan to survey 7,000 physicians nationwide about Medicare. The survey will touch on Physician payments, restrictions, regulations and the impact of malpractice insurance premiums. The responses are to be used as part of HCFA's Medicare recommendations to Congress.

WINNERS OF 1988 KOPRINCE AWARDS ANNOUNCED

Dr. Lloyd Cleaver, program chairman for the 1988 Annual Convention in Las Vegas, has announced his selection for recipients of the second annual "Daniel Koprince, D.O. Education Awards." The recipients are D.O.'s who are in dermatology training programs and presented papers at the convention.

First Place (\$150)

Jeff Mammino, D.O.

Second Place (\$100)

William Chow, D.O.

Third Place (\$50)

Matt Leavitt, D.O.

Dr. Cleaver reports that "choosing the award winners was extremely difficult as there were many outstanding presentations given. Thanks to all doctors who lectured; they really made this meeting a big success."

The "Koprince Award" was designated by Dr. Daniel Koprince in 1987 for the support of academic excellence from the resident's papers presented at the annual meeting.

The awards were presented in 1987 to Dr. William C. Chow (first place), Dr. Glenn I. Goldberg (second place) and Dr. Edward H. Yob (third place).

**HAVE CHANGES FROM
THE NEW MEMBERSHIP
DIRECTORY? SEND
THEM TO THE AOCD
CENTRAL OFFICE IN
ATLANTA. THEY WILL BE
INCLUDED IN THE NEXT
NEWSLETTER.**

Directory Addition Associate Member

Edward H. Yob, D.O.
7815 Lusby's Turn
Brandywine, MD 20613

OSTEOPATHIC HOSPITALS IN CRISIS

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 184. 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 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 to form a consortium training program involving residencies under the umbrella 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.

Continued on page 6 See CRISIS

PHYSICIAN PAYMENT REVIEW COMMISSION TO REVIEW HARVARD STUDY

The Physician Payment Review Commission which was established by Congress to address issues of payment reform has been reviewing the resource-based relative value scale (RVS) study performed by Harvard University. It appears that although they support the concept of a change in Medicare's reimbursement fees to physicians based on resource-based relative values, they will recommend extensive changes in their report to Congress due March 31, 1989.

The Commission has indicated it would like to conduct its own study into the somewhat exaggerated expected difference in payments to specialist and family practitioners outlined in the RVS study. The Commission's study will include changes such as a new practice cost index, visit code changes and a standard global package for invasive procedures. These all point negatively to the predictions of the Harvard study that Medicare income for family docs might leap by as much as 65% while the income of some specialists would decrease by 40% to 50%.

The Harvard study, which was conducted by William Hsiao, PhD, attempts to assign values to a host of physician services. It would weigh various treatments by comparing the work, costs, training and skills involved. The RVS study would place greater emphasis on the cognitive skills required by physicians in contrast to today's change-based payments that generally value surgical and technical procedures more highly than management and evaluation.

Dr. Hsiao told the PPRC that the system used to code physician services needs to reflect time spent on patient care. Hsiao noted that preliminary findings indicate that current coding procedures do not appropriately reflect the increased time that physicians spend with elderly patients. He stated the data

on practice costs, a key element in the proposed relative value scale, needs further work.

The AMA, which with Congress provided financing for the Harvard study, had been expected to be extremely critical of the Study at its recent House of Delegates meeting. However, although stopping short of endorsing the Study, they did release a statement stating "when sufficiently expanded, corrected and refined, the Study would provide an acceptable basis for a Medicare indemnity payment system."

The RVS study was mandated by Congress and subcontracted to Harvard. It is expected that the new value scale will be phased in over the next few years.

FREE MEDICAL BOOKS FOR RESIDENTS AND TRAINEES

The following is a list of pharmaceutical companies that support residents and preceptees with books and journals during their training. Trainees are to contact the companies and request their names be placed on the appropriate list to receive these publications.

Herbert Labs - books

Neutrogena Labs - books for first, second and third year

Syntex Labs - Journal of the American Academy of Dermatology

Roche Labs - Third year residents only: partial funding to the AAD Convention

Westwood Pharmaceuticals - Same as Roche

Glaxo Pharmaceuticals - International Journal of Dermatology

Schering Corporation - Journal of Dermatologic Surgery and Oncology

Upjohn Company - Shock Letter

Owen Pharmaceuticals - occasional books

The AOCD periodically mails a list of trainees to these companies. Included as an insert in this Newsletter is a listing of more companies that provide a variety of free information.

PUT A FACE WITH A NAME:

Future AOCD Membership Directories to include pictures of members.

The AOCD will begin collecting pictures of members for future issues of the AOCD Membership Directory. If you have a "head and shoulders" picture, please send it to the AOCD office in Atlanta. If not . . . there will be a photographer available at the next AOCD annual meeting in Anaheim, CA, to take your picture for the directory.

AOCD TO MEET IN CALIFORNIA IN '89

The Annual Meeting of the American Osteopathic College of Dermatology will be held in Anaheim, CA, November 12-16, 1989. The meeting is held in conjunction with the AOA Annual Convention and Scientific Seminar.

Program chairman for 1989 is Dr. Eugene Conte. Anyone interested in speaking at this meeting should contact Dr. Conte.

Convention chairman in charge of contributions for the 1989 Annual Meeting is Dr. Michael Mahon. Although letters requesting contributions are mailed to more than 100 companies, members are asked to help by requesting financial assistance in support of this educational meeting from suppliers to the profession.

FUTURE CONVENTIONS

1989 Anaheim, CA
1990 Las Vegas
1991 New Orleans
1992 San Diego
1993 Boston
1994 San Francisco
1995 Las Vegas

DOCTORS PASS BOARDS

Congratulations to the following doctors who successfully completed the AOBDD exams at the AOCD 1988 annual meeting to become board certified in dermatology.

John G. Brady, D.O.

Richard Diskin, D.O.

Gary J. Rothfeld, D.O.

Stanley E. Skopit, D.O.

John N. Stathakis, D.O.

AOCD ELECTS NEW OFFICERS



The American Osteopathic College of Dermatology elected new officers at its annual meeting held in Las Vegas in December, 1988. They are standing left to right; President Lloyd J. Cleaver, D.O., President-elect Eugene T. Conte, D.O. and Secretary-Treasurer James D. Bernard, D.O. Immediate past president Steven C. Roberts, D.O. is seated next to Dr. Bernard. Not present was vice-president, Michael J. Mahon, D.O.

Trustees for the coming year are: Drs. James Q. Del Resso, N. Fred Eglestein, Gene E. Graff, and Shelly A. Friedman.

CRISIS Continued from page 5

The American Osteopathic Hospital Association has been holding summit meetings with individuals from various state osteopathic medical associations, osteopathic hospitals and D.O.s. in an attempt to identify and develop solutions to the critical problems facing our osteopathic hospitals.

At this time they have identified the following ten most pressing problems facing osteopathic hospitals in the next three to five years:

1. The need to develop distinct marketing and identity.
2. Poor communication between colleges, hospitals, and DOs.
3. Inadequate knowledge of graduate medical education financing.
4. Inadequate quantity and quality of osteopathic hospital graduate medical education support along with allopathic competition.
5. Loss of referral base - DO unity.
6. Hospitals not exploiting opportunities with physicians and colleges.
7. Lack of data on what DOs think and want.
8. Disparity of the number of hospitals and physicians graduating and maldistribution of D.O.s.
9. Competition between hospitals and physicians.
10. Perception among the public and profession, especially GPs, of an inadequate range of specialties.

Another summit is being scheduled to begin developing solutions. The AOHA is open to your suggestions and ideas. Please direct your comments to Mr. Richard L. Sims, AOHA, 1454 Duke Street, Alexandria, VA 22314.