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NEWSLETTER

VOL. 10 NO. 23

JUNE, 1992

OFFICIAL  
PUBLICATION OF  
THE AMERICAN  
OSTEOPATHIC  
COLLEGE OF  
DERMATOLOGY

An Affiliate of the  
American Osteopathic  
Association

## MESSAGE FROM THE PRESIDENT

Greetings from the desert! If you think it was hot in Scottsdale in April during the Midyear Meeting, you should come back here in July. Speaking of the Midyear Meeting, it was a phenomenal success. We had 91 physicians attending the meeting with 53 of those doctors being AOCD members. The Midyear Meeting is now approaching the numbers we see at the Annual Meeting. For the very first time, we added an exhibit area and had an incredible 18 exhibitors. The speakers were all excellent, covering a myriad of topics from General Dermatology to Cosmetic Dermatology. I want to thank all of the speakers for their time and willingness to share their knowledge.

I would like to personally thank Program Chairman, Dr. Gene Graff, for his time and expertise in running this program which was informative as well as interesting. A special thanks goes to Exhibit Chairman, Dr. Steven Brenman, who had the difficult task of canvassing pharmaceutical companies to exhibit at our meeting. This was especially difficult since this was our first time exhibiting, and we had no experience or track record. I would also like to express my gratitude to Rita Harlow, CME Coordinator for KCOM, who coordinated the program and made it another successful CME experience. As always, our Executive Director, Cathy Garris, is owed our thanks for her dedication and knowledge for coordinating all aspects of the Midyear Meeting, especially the Executive Committee business meeting. For those of you who didn't attend our Midyear Meeting, you may want to make a note that next year's Midyear Meeting will be held April 1 - 5, 1993 at the Marriott Mark Resort Hotel in Vail, Colorado.

Our Annual Meeting is five months away but Dr. Michael Scott and Dr. James Del Rosso have been working diligently on putting together another innovative and informative program. Our meeting will be held November 1 - 5, 1992 in San Diego with the AOCD assigned to the San Diego Marriott Hotel and Marina. The program will be similar to last year's meeting with breakfast sessions, surgical workshops, and many other events. Again, thanks to the Schering Corporation, we plan to have a College Reception on Sunday evening in addition to our Annual Banquet on Monday evening. I hope you will all attend this meeting since it is an excellent forum to exchange ideas and to renew friendships.

I have been extremely pleased with the results of my pleas that the membership become more involved. We have had more members volunteering to sit on committees than the Executive Committee has ever experienced. We now have people

who want to participate and get involved. Our residents and their liaison representatives have made me especially pleased since there is a willingness to work and improve the AOCD. I feel confident that the future of the AOCD will be in good hands since the residents are generally dedicated to our College. We still have room on committees for anyone interested in giving their time and expertise to the betterment of the AOCD.

Don't forget, as of May 5, 1992, you must have a WRITTEN Exposure Control Plan. As of June 4, 1992, you must have implemented the record keeping requirements, trained employees, and provided employees with all the information required by the rule. I have spoken to several OSHA officials and when questions arise regarding the protocol the typical remark is that you must protect the employee from all contamination at whatever expense. There have been several reports that OSHA means business, in the fact that they have fined individual physicians up to \$70,000 for failing to implement all the provisions of the rule. It is my understanding that you can request an OSHA examination of your facility without penalty if any infractions are noted. Supposedly, OSHA

claims that it is not going to "spot check" individual physicians but will respond to any employee grievances and complaints. I would like to remind all of you that effective July 6, 1992, you must have offered Hepatitis B Vaccinations to employees, have hazardous material labels in place, have housekeeping procedures in place, have available and ensure the use of personal protective equipment, have procedures for handling contaminated sharps and other regulated waste, and have developed a protocol for post-exposure, evaluation, and follow-up.

Since I began practicing medicine, I have continually heard that medicine is changing, but it appears to me that within the past five years we have seen changes that we could never have imagined. One has to wonder what medicine will be like in another five years.

I wish you all a healthy and enjoyable Summer, and I look forward to seeing you all at our Annual Meeting in San Diego in November.

Fraternally,



Shelly A. Friedman, D.O.  
President

*AOCD Annual Meeting  
November 1 - 5, 1992  
Marriott Mark Resort Hotel  
San Diego, California*

## CLIA '88 Takes Shape

The federal government has released long-awaited rules to implement the Clinical Laboratory Improvement Act of 1988. The law expands the extent of federal laboratory regulation from the 13,000 labs now regulated to an estimated 200,000.

The bottom line, and the most encouraging news, is that physicians performing in-office tests will be able to continue with current personnel. But, standards will be most stringent for labs doing the most complicated tests.

In response to comments by the AOA and other physician groups, the test categories were changed to more accurately reflect how physicians use tests in caring for patients. Rules governing personnel were modified to allow doctors with one or two years of training or experience to head their own labs. Other personnel rules should be phased in over five years to provide help in rural areas.

Early analysis of the rules, published February 28 in the *Federal Register*, shows that problems remain. For example, it's not clear what kind of experience physicians are required to have to head an office lab in the future. Regulations requiring routine unannounced inspections are apt to disrupt patient care. HCFA's estimate that additional costs will only add 25 cents per test is in question.

Regulations won't be effective until September and then will be phased in over several years to give physicians time to learn and comply.

Here are the CLIA implementation timetables:

September 1, 1992: Quality standards go into effect. Labs will have to adhere to manufacturers' current instructions, and meet other specific interim quality control requirements. Also, a complete list of lab tests will be published. Enforcement regulations will go into effect.

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## Healthcare Industry Writes New Standards For Commercial Support Of CME Programs

Last fall the FDA proposed a set of CME guidelines designed to separate drug company promotion from continuing medical education activities. Reaction to the FDA's initiative drew more than 200 formal comments and complaints from CME directors, drug companies and various medical organizations stating that the rules would interfere with scientific debate and would cause drug companies to greatly reduce the more than \$1 billion contributed each year to CME.

As a result, FDA deputy commissioner Michael Taylor stated that though the government wanted to keep industry-funded CME indepen-

dent of the industry's promotional efforts, the FDA would allow the healthcare industry to develop its own system for reaching the FDA's goal.

Efforts by the AOA, the ACCME, and several other medical organizations have produced a draft document entitled, "Standards for Commercial Support of CME" with an accompanying plan, "System for Monitoring Adherence to Essentials, Guidelines and Standards." The draft will be reviewed by the FDA and is expected to meet with its guidelines. A copy of the standards is available from the AOCD national office in Atlanta.

## AOCD ELECTS 1991-92 OFFICERS



The AOCD elected new officers at its Annual Meeting in November, 1991, in New Orleans. Pictured above are President-elect Michael J. Scott, D.O.; Second Vice President Gene E. Graff, D.O.; Secretary-Treasurer James D. Bernard, D.O.; President Shelly A. Friedman, D.O.; Immediate Past President Michael J. Mahon, D.O.; AOA President-elect Edward A. Loniewski, D.O.; Past President Eugene T. Conte, D.O.; First Vice President James Q. DelRosso, D.O.; Trustee Matt L. Leavitt, D.O.; Past President Lloyd J. Cleaver, D.O. Not pictured are: Third Vice President Steven A. Brenman, D.O.; and Trustees William C. Chow, Daniel M. Stewart, D.O., and James W. Young, D.O.

## OSHA MODEL AVAILABLE FROM AAD

The American Academy of Dermatology has developed easy-to-use materials to help members comply with the OSHA requirements concerning occupational exposure to bloodborne pathogens. The materials include an *Infection Control Plan* and a *Training Manual*. For more information and a copy of the model, contact the AAD.

For those AOCD members who are not members of the AAD, similar materials are available from AOCD at a nominal charge.

# Thoughts On Practice Marketing And Starting/Expanding A Dermatology Practice

By: Robert W. Stokes, D.O., Chair, AOCD Editorial Committee

In marketing my practice, I have found lecturing to be quite effective. I have given lectures to the entire hospital staff at one of the regular staff meetings, to the Department of Internal Medicine, the Department of Family Practice, and to the medical staffs at some of the outlying/rural hospitals. Additionally, your hospital may sponsor community education programs which are usually held in the auditorium of your hospital in the evenings and are open to the entire community. It is helpful to the community to obtain information on general topics of interest such as skin cancer, sunscreens, etc. I have also found it beneficial to lecture at the county and state osteopathic meetings and conferences.

It may be helpful to check with your hospital regarding a media liaison/contact person who knows people in the television, radio and newspaper media. I have done several features lasting fifteen to twenty minutes on such topics as sunscreen, skin cancer, etc. on the television and radio. Additionally, I have done several articles on similar topics in the newspaper as well as several interviews which are usually found in the "Feature Section" of the Sunday paper.

Additionally, your hospital and/or community may have a doctor referral service. Be sure your name, address, phone number and business hours are listed with that referral service. Other information the service will find helpful in making referrals to your office include a description in common language of the types of problems we handle as dermatologists, your office hours, insurance programs with which you participate, and methods you accept for payment of services, such as Visa, MasterCard, etc.

These various types of exposure are invaluable and do not cost anything but perhaps your time and preparation.

Another method of practice promotion are business cards, which are inexpensive, a very effective means of advertisement, and may be used in many ways. Always be sure to have business cards on your person to meet unexpected situations. When a new physician opens a new practice in my area, I send a short note of congratulations and a few business cards, regardless of his specialty. I also find it helpful to send business cards, including a map to my office, to several of the surrounding emergency rooms. Skin problems are a tough area for emergency room physicians to handle, and they would just as soon have you see the patient rather than handle them themselves. Make it known to the emergency room physicians that your office will accommodate referrals of those patients on an immediate basis.

Additional comments on marketing: Be sure your patients understand that they can call your office directly for appointments, unless they are a member of an HMO, etc. Many patients think they must be referred by their family doctor when seeing a specialist. Additionally, be sure your patients understand our abilities to handle all problems dealing with the hair, skin and nails. It is helpful for your front desk/reception persons to make sure each person is given a business card on their way out, even if no return appointment is to be scheduled. Also encourage your patients to have their family and friends call directly to schedule appointments for any dermatologic problems they may have.

**Surgical pearls:** In situations requiring undermining, such as flaps, epidermoid/sebaceous/pilar cysts, I have found a blunt-ended, semi-curved iris scissors to be invaluable. The size, curvature, etc. is much easier and safer to use than a semi-curved Metzenbaum scissor, especially in thin skinned areas such as the face and eyelids.

During scalp reduction, prior to suturing the galea, I have found it helpful to approximate the wound edges with a series of towel clamps, which can be removed as closure of the galea progresses. The longer these clamps can be left on, the easier the closure will be in terms of wound tension. Of course, wide, subgaleal undermining is always necessary, but galeal relaxing incisions can sometimes be avoided with the use of towel clamps.

# Rises In Health Expenses Allocated In HCFA Study

About 75 percent of the annual per capita increases in health expenditures between 1980 and 1990 can be attributed to price rises, according to a study published in a late year edition of the Health Care Finance Administration (HCFA) quarterly journal, *Health Care Financing Review*. General inflation in the economy accounted for half of the growth of these costs and medical inflation added another 25 percent, with the balance of the cost escalation caused by increases in the volume and intensity of services, HCFA says.

Overall, the statistics show that health care spending hit \$666.2 billion in 1990, 10.5 percent higher than in 1989. The rate of spending growth doubled the growth rate of the Gross National Product (GNP). Because the economy was slowing while health costs accelerated, the measurement of national health expenditures as a percentage of GNP leaped from 11.6 to 12.2 percent.

The government funded a record 42.4 percent of national health spending in 1990. Overall, health accounted for 15.3 percent of the federal budget, up from 14.7 percent in 1989. Spending for Medicare program rose 8.6 percent in 1990 from the previous year and Medicaid expenditures jumped 20.6 percent in the same period, HCFA reported.

## AOCD SKI-CME CONFERENCE

(cosponsored by KCOM)

### "Dermatology Update"

Vail, Colorado  
Friday, April 2, 1993 to  
Monday, April 5, 1993

20 1-A CME AOA Approved Credits

(Note: Residents/trainees may meet their requirement to present papers at the Midyear Meeting as well as the Annual Meeting.)

Steven A. Brenman, D.O.  
Program Chair

## WELCOME . . . 1992 Corporate Members

### GOLD CIRCLE

Dermik Laboratories  
Ortho Pharmaceuticals

### BRONZE CIRCLE

Glaxo Dermatology  
Roche Dermatologics

## SPLIT DECISION: *Consumers Like Their Health Care But Fear The Costs*

A Washington Post-ABC poll conducted in mid-December showed about three-quarters of Americans are satisfied with the health care they receive, but nearly two-thirds of them believe it costs too much and are fearful that future increases may leave them vulnerable. Similar numbers felt that access to care was good with 71 percent of those surveyed saying that they are satisfied.

The picture changed dramatically when the survey turned to cost of care, with 64 percent responding they are dissatisfied, including 37 percent who are "not satisfied at all." Among those surveyed, future costs, reduced employer-paid health benefits and raised portion of premiums that workers have to pay are of particular concern.

A national program, financed by taxpayers and run by the government was the most popular option when the survey was asked which financing mechanism for health care they preferred with 44 percent of the votes. Not far behind, with 32 percent, was a plan requiring employers to provide coverage for all employees or contribute to a fund that would buy insurance for non-covered workers. The present system was backed by 20 percent of the respondents.

*(continued from page 8)*

Answers: 1F; 2C; 3E; 4A; 5D; 6B; 7G

## AOCD SEEKING TO CHANGE NAME

The AOCD Executive Committee at its Midyear Meeting voted to seek the College membership's approval to change its name to:

### AMERICAN OSTEOPATHIC ACADEMY OF DERMATOLOGY & CUTANEOUS SURGERY

The idea of a name change has been discussed for several years and has generally met with a favorable response, said president Shelly Friedman, D.O. It is believed that the current use of "College" is outdated and can be misleading. The addition of "cutaneous surgery" also better defines the membership, said Friedman.

In a recent poll of the membership an overwhelming majority voted in favor of the name change. Therefore, Bylaws Chair Charles G. Hughes, D.O. will submit a Constitution and Bylaws amendment to the membership in accordance with the College's requirements ninety days prior to the Annual Meeting in November.

The name change will be officially voted on at the Annual Membership Business Meeting to be held Tuesday (11/3) in San Diego, California.

Eligible members who have not voted in the "straw poll" may mail their responses to the national office in Atlanta.

## DERMS ENJOY SUN AND CME IN ARIZONA

Close to 100 D.O.s including 53 dermatologists enjoyed an excellent educational program in Scottsdale, Arizona, April 26-29, 1992, for the AOCD's 3rd Midyear Conference. The variety of topics and expertise of the faculty was attributed to program chair Gene Graff, D.O. who did an outstanding job, said President Shelly Friedman, D.O.



Pictured above Dr. Shelly Friedman provides a demonstration on the treatment of varicose veins for attendees at the AOCD Midyear Meeting held in Scottsdale, Arizona in April, 1992.

Twenty scientific exhibits provided an added dimension to the Conference, said Steven Brenman, D.O. Exhibits Chair. The College is growing, said Brenman, and we are responding to the needs of our membership. Dr. Brenman will serve as program chair for the 4th Midyear Conference to be held in Vail, Colorado, April 2-5, 1993.