

American Osteopathic College of Dermatology

February, 1992
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Newsletter

MESSAGE FROM THE PRESIDENT . . .

Becoming President of the AOCD reminds me of a statement I made to my wife the day I graduated medical school. Having been President of my medical school class for three years, I told her I would never run for political office again since I was devastated that I couldn't please 100% of my constituency. My wife and best friend in medical school both laughed and said I was fooling myself since they knew I would one day become President of the College of Dermatology. I honestly wanted to stay in the background and give my life some peace for a change, but one day, my mentor, Dr. Daniel Koprince said something which changed my complacency to involvement. This man who has dedicated his life to training more osteopathic dermatologists than any individual and has been active for 30 years on every AOCD Committee as well as the osteopathic board of dermatology looked me in the eye and said, "If you don't get involved who will? Involvement is a sacrifice and all sacrifices are hard to live with. We're not the AAD which has 8,000 members, we're a small specialty college and we need each and every one of us to get involved and work together or the college will disappear. . . and so will we." Dr. Koprince knew how to push my buttons. In addition to being a great teacher, he became a great friend.

There should be no division between the "old guard and the new guard." We are too small an organization to survive hostilities and in-fighting.

Now, I am asking all of you to get involved and volunteer for a committee or of-

fice in which you have an interest. I thank those who have given years of work and have been so dedicated to the AOCD. I implore them to continue their work and stay involved, since we need their experience and their knowledge. There should be no division between the "old guard and the new guard". We are too small an organization to survive hostilities and in-fighting. We



Michael J. Mahon, D.O., immediate past president of the AOCD becomes the first member of the "Gavel Club" with the passing of the gavel to incoming president Shelly A. Friedman, D.O.

have established some lofty goals for the next five years, including recognition by the AAD and ABD, establishment of quality residencies and increasing our active membership. We are hoping to establish an active AOCD/AAD Liaison Committee with eventual acceptance of our Board Certification or allowing our residents to sit for their boards. Residencies which would include DO's and MD's working together in both a hospital and an office setting would give our residents the best of both the allopathic hospital residency and the osteopathic preceptorship. Experience in a hospital setting is critical but so is experience in an office

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BERNARD HONORED FOR YEARS OF SERVICE



Pictured above are James D. Bernard, D.O. and David Brooks Walker, D.O. Dr. Bernard was honored by the AOCD for more than 13 years of service to the College.

James D. Bernard, D.O. was honored at the November Annual Meeting of the AOCD for his many years of service to the College and the osteopathic medical profession. He currently serves as secretary-treasurer of the College and as chair of the Education Evaluating Committee, positions he has held since 1980, and served on the AOA Committee on Postdoctoral Training representing the AOCD from 1979 to 1991. Dr. Bernard served as president of the College in 1978 and was elected a Fellow in 1979.

A graduate of UHS/COM, Dr. Bernard trained with Dr. Dan Koprince. He is board certified by the American Osteopathic Board of Dermatology and is a member of the American Academy of Dermatology. He is in private practice in Decatur, GA. Dr. Bernard is also a member of the Georgia Osteopathic Medical Association and has served as president as well as chaired numerous committee of that organization.

*I challenge the younger members
... to take up the baton.*

- David Brooks Walker, D.O.

In introducing Dr. Bernard, Dr. David Brooks Walker expressed the appreciation of the College for the dedication and hard work by Dr. Bernard over the past twenty-plus years. I challenge the younger members to consider the progress we have made, said Dr. Walker, and, if we are to continue this progress, we will need more men and women like Jim to take up the baton.

COMMITTEE REPORTS

Convention - Midyear Program

- Gene E. Graff, D.O.

The program is complete and is presently being prepared for mailing. Please be sure to get your registration as soon as possible in order that we can plan appropriately. Look forward to seeing everyone April 26-29! (Don't forget, you can pick up some extra cme by attending the Arizona Osteopathic Medical Association which begins on the 30th.)

Convention - Midyear Exhibits and Program Fund

- Steven A. Brenman, D.O.

This is the first year we will have exhibits at our Midyear Conference. Exhibitor brochures have been mailed to all members and pharmaceutical and equipment companies. We hope to have at least 10 or 12 exhibits. Please plan to attend the Conference and support our exhibitors.

Convention - Annual Program

- Michael J. Scott, D.O.

A call for speakers for the 1992 AOCD Annual Meeting has been mailed to all members. We will be using a similar format to last year's very successful meeting, so be sure to get your request in early.

Convention - Educational Program Fund

- James Q. DelRosso, D.O.

Members should have received a listing of companies that provided educational grants to the annual program last year. Please post the list in your offices and thank representatives from these companies as they call on you. If you have "derm specific" companies that you do business with, and they have not contributed to the AOCD program in the past . . . as WHY NOT? Encourage them to call me (904/474-8621) or get in touch with our National Office in Atlanta for how they can get involved in this year's meeting.

Editorial

- Elizabeth A. Langford, D.O.

Beginning with this issue of the AOCD Newsletter, we will be presenting a series entitled "Financial Management for Physicians" by Thomas G. Hill, M.D. (copyright, 1991, all rights reserved.)

This work was used in conjunction with Dr. Hill's forum "Financial Management: A Comprehensive Approach" at the December, 1991, meeting of the AAD. The article is divided into seven sections and will be printed over four issues as separate enclosures. Please begin a file with this issue . . . and watch for subsequent sections. I believe you will find the series to be extremely informative and helpful.

Education Evaluation Committee

-James D. Bernard, D.O.

The revised Basic Requirements for Residency Training have been recommended for approval by the AOA Committee on Postdoctoral Training (COPT). The next step is review and final approval by the Bureau of Professional Education. We expect to have this document available for our members by midyear.

The moratorium on new preceptorship programs is still in effect. This means that no NEW preceptors are being approved at this time. This does not, however, have any effect on trainers and programs previously approved by the AOA. The AOCD Education Evaluating Committee will meet February 22-23, 1992 in Chicago, and the COPT will meet April 10-12, 1992. The EEC will review current training program documents received by February 1. The EEC will make its recommendation for approval, denial, or deferral on each program reviewed. Their recommendation will be forwarded to the COPT which will conduct the same type of review and forward their recommendations to the AOA Board of Trustees which has final authority. The AOA Board of Trustees will meet March 23-26.

Ethics

- Eugene T. Conte, D.O.

The AOCD Executive Committee has approved a protocol for all matters of an ethical nature that come before the College. For a copy of the protocol, please contact the National Office in Atlanta.

Intraining Examinations Committee

- Eugene T. Conte, D.O.

We had a record number of residents/trainees take the intraining exams this year in New Orleans. A committee of residents has been formed to assist with next year's exam. The exam will once again be held on Sunday (11/1). All residents and trainees are required to take the exam.

Membership

- Daniel M. Stewart, D.O.

Our membership continues to grow with almost 100 percent of our residents and trainees joining the College after they complete their training. However, there are still a number of D.O. dermatologists that are not members. It takes strength in numbers and concerted action to accomplish all that the College would like to accomplish. Although we have made many positive changes in the last few years, there are still many worthwhile projects left to accomplish. Letters from the National Office can only go so far. We need each member urging a nonmember to join. Please help in this area if you can.

American Osteopathic Board of Dermatology

- Thomas H. Bonino D.O., Secretary/Treasurer

Listen up all third-year residents/trainees. If you would like to sit for your board exams in the same year you complete your program, you must request a "Board Certification Packet" from me immediately! All materials requested in the packet must be received in my office no later than April 1, 1992. Also, remember that membership in the AOA is a requirement for board certification.

RESIDENT'S CORNER

- Craig Ziering, D.O.

The Resident Liaison Committee functions as a direct line of communication between the residents/trainees and the attending doctors. President Dr. Friedman has assured us that this will be a two-way street.

Current responsibilities and undertakings by the Committee include:

1. Establishment of a Resident's Educational Fund;
2. Resident appointments to the Awards Committee to assist in the evaluation of lectures for the Koprince Awards;
3. Appointments to the Convention Committee to review topics and abstracts for the cme programs;
4. "Core curriculum" guidelines;
5. List of Texts and Journal references;
6. Organizing and distributing past AAD In-training Exams with referenced answers;
7. Revising the Annual Derm logs.

We represent the residents and trainees, so please feel free to contact me or any member of this committee at any time.



Michael J. Scott, D.O. of Seattle, WA, was elected president-elect of the American Osteopathic College of Dermatology at its annual meeting in November, 1991. Pictured above are: Shelly A. Friedman, D.O., president, Michael J. Mahon, D.O., immediate past president and Dr. Scott.

FDA AGGRESSIVELY MONITORING ADVERTISING

The Food and Drug Administration has undertaken a new and aggressive stance to monitor the advertising, marketing and promotion of health-care products. David A. Kessler, FDA Commissioner, has directed his agency to evaluate the various methods that the pharmaceutical industry utilizes to promote its products. Specifically, the FDA has expanded its focus by examining those activities which are either illegal or unethical in the manner of marketing and promoting drugs, biological, medical devices, and veterinary products. Both Congress and the FDA are concerned with the biases portrayed through the use of materials and industry supported programs employed by the pharmaceutical companies for the purposes of sales and marketing.

The FDA will be reviewing those activities which previously went unchecked, namely:

- Press conference and press releases;
- Company or privately supported journals, articles, letters, reports or special supplements;

Company sponsored educational and scientific seminars, conferences and grand rounds programs;

- Lecture tours by experts that promote a company's product or ridicule a competitor's;
- Distribution of videos or computer disks of promotional material disguised as news or educational information.

(Published by Pharmacy Department of Memorial Hospital, Dec. 1991.)

Question: Are we next?

Submitted by: Alvin M. Pressman, D.O.

AOCD/AOA ANNUAL CONVENTIONS

1992 AOCD/AOA Annual Convention
San Diego, California
November 1-5, 1992

1993 AOCD/AOA Annual Convention
Boston, Massachusetts
October 10-14, 1993

1994 AOCD/AOA Annual Convention
San Francisco, California
November 13-17, 1994

1995 AOCD/AOA Annual Convention
Orlando, Florida
October 15-19, 1995

1991-92 AOCD Membership Directory Published

The new 1991-92 Membership Directory and Yearbook has been published and mailed to all members. If you did not receive a copy or need an additional one, please contact the National Office in Atlanta.

A blank space where you're picture should be? Mail a picture TODAY, we'll use it for the next issue.

NEW RULES FOR DOCTORS MAKE CLINICAL LABS RISKIER INVESTMENTS

Clinical laboratories may be producing the wrong numbers for some doctors, according to new rules governing Medicare and Medicaid.

Although labs inside physicians' offices are exempt, dermatologists and other physicians are in legal and financial danger if they have major investments in laboratories to which they regularly refer patients enrolled in these federal programs. The two sets of regulations are:

1. The Medicare/Medicaid fraud and abuse anti-kickback regulations that establish the so-called "safe harbors" where investments and investors may, presumably, drop anchor with peace of mind.

2. The final rules implementing the 1989 law restricting physician referrals to clinical labs from which they profit either by ownership or by a compensation arrangement.

These regulations, governing the financial relations between physicians and facilities, are separate from the Clinical Laboratory Improvement Amendments (CLIA '88) which govern the operations of labs.

The safe harbors rules define the kinds of arrangements which pose no legal problems for practitioners participating in Medicare and Medicaid. These definitions, drawn by the Inspector General of the Department of Health and Human Services, attempt to specify conduct that stays on the right side of the Medicare fraud and abuse provisions. The IG's final regulations were published in the Federal Register dated July 29, 1991.

The other rules went into effect in January, putting teeth into a 1989 law prohibiting physicians from referring Medicare patients to medical facilities in which they have a financial interest.

The juxtaposition of the two sets of regulations poses a possible Catch-22 situation for some doctors. A clinical laboratory in which they have an investment may meet the qualifications of one of the safe harbor rules --- for instance, no more than 40 percent of the value of the investment is held by investors who are in a position to make or influence referrals and no more than 40 percent of the lab's revenues come from these investors --- but still be in violation of the self-referral regulations.

A legal opinion by Paul Gebhard of the Jenner & Block law firm in Chicago, notes that the final safe harbor rules "do not make anything unlawful; they only create an assurance of lawfulness if there is compliance with the safe harbor provisions. In deciding whether to prosecute, the OIG (Office of Inspector General) will take into account diligent good faith efforts to restructure to come into compliance with safe harbor provisions."

He also points out that "The failure to comply does not mean that current practices are necessarily illegal. However, the rules do provide guidance regarding the OIG's interpretation of the fraud and abuse statute and compliance with the regulations does virtually ensure immunity from prosecution."

Meanwhile, a prosecution winding its administrative way through the legal process may have additional impact on physician ownership of laboratories. In March, an HHS administrative law judge found that a group of California labs, known as the Hanlester Network, should not be barred from the Medicare program because its limited partnership arrangement did not make direct payments for referrals. Now, however, an appeals board has overruled that decision and sent the case back for a rehearing.

According to the appeals board decision, physicians who referred large numbers of patients were granted larger shares of the business, implying a kickback. However, the ruling did not define a kickback although it said that merely encouraging referrals might not fit the description.

Attorneys for both the government and the defendants are reported to have said the case is likely to go through several more hearings and appeals so that final determination is not likely soon.

Reprinted from Dermatology World/November 1991

In response to membership request: Looking for a way to sell your office equipment or supplies? Interested in buying same? Enclosed in this newsletter is a form to complete and return to the AOCD National Office in Atlanta. A list will be included in the next issue.