MESSAGE FROM THE PRESIDENT

Greetings and Springtime wishes to all of our members and friends.

The Midyear AOCD meeting last April in Vail, Colorado was a wonderful success. Our Program Chairman, Dr. Steven Brenman, did an outstanding job in having a high caliber scientific program and a thoroughly enjoyable social environment for everyone. Judging from the many glowing reports including one from American Academy of Dermatology President, Dr. Mark Dahl, Colorado will be a favorite site for us to return. Our sincere appreciation to Dr. Steven Brenman, Dr. Lloyd Cleaver, KCOM, and the AOCD staff for their valuable assistance with this meeting.

Spring is a time for new growth and excitement and this includes the AOCD. We are now looking forward to an exciting Annual meeting this October in Boston, Massachusetts. Program Chairman, Dr. James DelRosso, has outlined in this newsletter another superb scientific session to stimulate our minds. There are social arrangements you will not want to miss and the Wednesday session has been expanded, so please plan to participate through Wednesday with your travel plans. Also, all AOCD Committee members are scheduled to meet on Saturday (see program scheduled enclosed in this newsletter).

Dr. Gene Graff is conducting an excellent campaign and continues to work hard on raising the needed educational grants to support our Annual meeting. We are pleased to report to you that Schering Corporation has pledged an increased educational grant of $20,000 for this year’s program. Please notice all the companies supporting us in this newsletter and please help Dr. Graff by thanking your individual representatives for their support.

Our AOCD Committees are working hard on some difficult tasks. Dr. William Chow is heading an effort to develop a practical histopathology course to be presented annually for both residents and attending physicians. Dr. Eric Seiger is putting together an expanded package of membership benefits, including a proposed logo for the College, to be presented at the upcoming Annual meeting.

AOCd President Dr. Michael J. Scott, III (center), AAD President Dr. Mark V. Dahl (right) and AOCD President-Elect, Dr. James Q. DelRosso take a moment to share some friendship and dinner at the recent AOCD Mid-Year Meeting in Vail, Colorado.

I am also pleased to share more exciting news with you. A liaison has been established between the American Academy of Dermatology and the American Osteopathic College of Dermatology that will enable both societies to communicate and work together on many issues of mutual concern.

Lastly, I can tell you we are seeing a new wave of energy, talent, and enthusiasm in our upcoming members of the AOCD. At the same time the wisdom and experience of all our "senior" members and founders are essential for us to blend the best position for our College into the future. This is truly a growing National College with a solid foundation and a tremendous potential in this day and age. This is exciting - exactly the thoughts that our past president, Dr. Shelly Friedman, and I envisioned just one year ago!

Sincerely,

Mike

Michael J. Scott III, D.O., FAOCD, President
THE COLA ALTERNATIVE FOR COMPLIING WITH CLIA 88

Physicians are experiencing "sticker shock" over recent bills from HCFA for the cost of the federally-required inspections of their clinical laboratories. Some have begun evaluating how to best comply with the new CLIA regulations, while keeping their cost as low as possible. Many are also concerned about the possible implications of the HCFA federal inspection process and sanctions.

Anticipating problems in this area, the American Osteopathic Association began investigating other alternatives and has recommended the Commission on Office Laboratory Accreditation (COLA) as a private sector, peer-review alternative to the federal program. By enrolling in the COLA program, your laboratory will not be subject to federal laboratory inspections, nor will you be required to pay the cost of the federal inspection.

What is COLA?:

COLA is a voluntary, non-profit accreditation and education program for physician office laboratories founded by the American Academy of Family Physicians, the American Medical Association, the American Society of Internal Medicine and the College of American Pathologists. COLA is endorsed by the American Osteopathic Association and has D.O. representation on its Board of Directors. COLA has applied to HCFA for "deeming authority" under the CLIA '88 regulations and is confident that the review process and approval will be complete in the very near future. Once approved by HCFA, a lab accredited by COLA is certified to meet CLIA '88 requirements and is subject to COLA's standards - not HCFA's.

The COLA Board recently received notification from HCFA that those laboratories currently enrolled in the COLA program or that indicate an intent to obtain a "certificate of accreditation" on the "CLIA Application Packet" will not be billed by HCFA for a federal inspection until a determination has been made about the COLA application for deeming authority - nor will they be required to pay the cost of the federal inspection. Laboratories intending to be accredited should follow through with COLA accreditation as quickly as possible.

Physicians are rightly concerned about the costs of complying with the federal regulatory mandate says, Dr. Stephen Kroger, CEO of COLA, it is no longer an inexpensive or stress-free regulatory environment in the office laboratory since CLIA '88. The federal regulations are workable, provided you have access to the technical assistance you need to help you get started, said Kroger.

Seeking COLA-accreditation can be more cost-effective than the HCFA inspection program, Kroger noted. For example, a two physician practice, performing four specialties of testing for an estimated 12,000 tests per year will pay a COLA biennial (2 year) fee of $1,200. The additional HCFA biennial accreditation fees of $100 for a certificate of accreditation and the $82 validation fee come to a total biennial fee of $1,382. This compares to $1,645, for the HCFA inspection for a savings of $263 for the COLA program.

COLA's surveys are educationally focused, says Dr. Kroger. COLA surveyors are experienced in physician's office laboratory testing and are trained to make the survey helpful for the physician and staff. COLA also provides you with the opportunity to conduct a comprehensive self-survey to help prepare you for the COLA on-site survey. The checklist physicians use to complete the self-survey is the same as that used by the COLA surveyors during their on-site visit. According to Kroger, COLA will evaluate the self-survey and provide physicians with a report of deficiencies that can be corrected before the on-site survey. Also, COLA provides concise articles and fact sheets on various technical aspects of the office laboratory practice -- articles that are easily understood and that provide specific information to help solve any problems. These are key elements of our commitment to education, said Dr. Kroger.

The COLA program is not a proficiency testing program. Whether you decide to participate in COLA or in the federal program, you will need to purchase a proficiency testing package from an approved proficiency testing program, said Kroger. The cost of your proficiency testing package is not included in the COLA fee or the cost of the federal inspection.

For more information about the COLA alternative to the federal inspection process as well as information about the fee structure in your state, call COLA at (301) 588-5882.
Get Involved!

Members of the College who wish to communicate their interest in serving on any committee should contact president-elect James DelRosso, D.O. prior to the annual convention in October. The committees are listed in the AOCD Annual Membership Directory along with a brief description of their purpose.

SHARE THE CARE

AMERICA'S D.O.S

SHARE THE CARE

In an effort to gain a more positive public image for physicians and the healthcare industry in general (and as a follow-up to the very successful Care-A-Van project), the AOA has begun the "AMERICA'S D.O.s SHARE THE CARE" program. The program is designed to focus media attention on the various ways D.O.s are providing through their volunteer efforts for the healthcare needs of the medically underserved. Most of this free healthcare is provided with little or no documentation or public attention. In a recent gathering of D.O.s representing a number of different specialties at a state convention, many (when prompted) stated they never kept track of the free healthcare they gave to their community, their employees, the hospital staff, friends, relatives, or even patients, and had no idea how much of their time was consumed by such care.

We’ve done much to enhance the image of the osteopathic profession, said AOA President Edward A. Loniewski, D.O., but we’ve failed to promote ourselves.

D.O.s have quietly served the healthcare needs of the nation for more than a century, many practicing in small towns, rural communities, and medically underserved areas. They have done much to enhance the image of the osteopathic profession, said AOA President Edward A. Loniewski, D.O. But, continued Dr. Loniewski, perhaps it's time we shed a little light on the personal contributions made by these doctors. Most national polls show an alarming decline in the public's trust of physicians and the healthcare system, said Dr. Loniewski. I believe, through the "SHARE THE CARE" program, we can begin to turn this around.

Physicians should not view this as advertising, said Dr. Loniewski. The materials reflect the program's intent to increase the public's awareness to a caring, serving community of physicians, concerned for the public health and determined to do their part to provide for a healthier society.

To participate, contact the AOA Department of Communications for a free "physician participation packet". The packet contains a program guide with suggestions and ideas on how to "Share the Care", a model news release for reporting your activities to the local media, and other advice on how to publicize your involvement in "Share the Care". A reporting form for notifying the AOA of your efforts is also enclosed. Statistics from the program will be developed and shared with the general public, the Federal government, third-party payers and other medical and political organizations, said Dr. Loniewski.

AOCD/AAD LIAISON FORMED

The American Academy of Dermatology has recognized and approved the appointment of Michael J. Scott III, D.O., FAOCD, as the official liaison with the American Osteopathic College of Dermatology to communicate and advance our mutual objectives and goals, to promote the specialty of dermatology, and education in medicine. We are very pleased to have this recognition and look forward to working together on many issues that concern both the AOCD and AAD.

Dermatology Practice For Sale

Well established, private dermatology practice in Largo, FL for sale. Will consider association or staying on, if desired. Negotiable terms. Located in the heart of Tampa Bay area near St. Petersburg and Clearwater beaches. Contact: Steven C. Roberts, D.O. at 813/585-4017 evenings or weekends.

Help Wanted

HELP WANTED - SURGEON

I Need Major Surgery. The Job Will Go to the Lowest Bidder.
Contact H.R. Clinton

June 1993

AOCD Newsletter
Practice Management...
- Submitted by Alvin M. Pressman, D.O.

On February 3, 1993, my staff and I attended a seminar presented by Howard Whittington & Associates of Dallas, Texas, and sponsored by Dermatology Services, Inc./AAD. It was specifically designed to target the problems and recent coding/payment reforms as they relate to the dermatology practice.

Although not structured as a Medicare-only course, the obvious influence HCFA has on other third-party payers was discussed in detail including the pros and cons of participating with third-party payers such as HMO's/PPO's and Blue Shield as well as Medicare. Highlights of Medicare Physician Payment Reform included establishment of a national fee schedule, RBRVS, geographically practice cost differences and code phase-in through January 1, 1996.

One of the most important changes affecting dermatology practices is the establishment of national payment policies for dermatologic surgery; 100% for first procedure; 50% for 2-4; and 5 or more submitted on a "By Report" basis. Exceptions to this rule are destructions, Mohs Surgery, biopsies, skin tags, debridement, nail avulsion and surgical pathology all of which have their own fee schedule and procedure codes.

E & M codes were reviewed at length with options for billing patient encounters including vignettes to show the importance of medical record documentation to support what was billed. Medical necessity as well as diagnosis must be documented in the patient record. To show medical necessity (such as with seborrheic keratosis), verify the procedure with sign/symptom codes (such as 782.0 tender, painful, itching) as well as final diagnosis. Excision, repair, shave and destruction codes were explained with some confusion still existing among attendees regarding the method of closure as it relates to surgical procedure. At this point my understanding is that the method used and the depth of excision dictate code choices used, not the method of closure. If layered closures are necessary they are coded and billed separately (see ICD-9 CM).

Understanding the use of modifiers is vital to correct payment of surgical procedures as well as E/M services. Electronic claims processing was cited as being especially advantageous for dermatology practices because there is less incidence of code changes by claims examiners.

The key to proper reimbursement is a fundamental understanding of coding: knowing what the carrier wants from you! Your primary coder needs to be well versed in interpreting the medical record so proper documentation is critical to proper reimbursement. You, as the physician, are ultimately responsible for every claim going out with your name on it -- so it pays to be accurate.

I heartily recommend that all dermatologists attend one of the courses given by Howard Whittingham & Associates.

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**CALENDAR**

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<th>1993</th>
<th>October 10</th>
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<td>July 17-18</td>
<td>AOAD Board Certification Exams</td>
<td>AOAD Annual Membership</td>
<td>AOAD Midyear Conference, Disney Yacht Club Resort, Orlando, Florida</td>
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<td>August 10</td>
<td>Aoad Executive Committee</td>
<td>Business Meeting, The Westin Hotel, Boston, Massachusetts</td>
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<td>September 10-12</td>
<td>Aoad Executive Committee</td>
<td>Directory &amp; Yearbook Publication Deadline</td>
<td>AOAD Annual Meeting (in conjunction with the AOA), San Francisco, California</td>
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<td>September 11</td>
<td>OAOB Board Certification Exams</td>
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<td>OAOB Annual Meeting (in conjunction with the AOA), San Francisco, California</td>
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<td>October 10-14</td>
<td>OAOB Board Certification Exams</td>
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*1992-93 AOAD DIRECTORIES AVAILABLE...* just call the AOAD national office in Atlanta at 404/953-0802 for an extra copy.
Annual Meeting Program
- James Q. Del Rosso, D.O.

I want to encourage all of you to make plans now to attend the Annual Meeting of the American Osteopathic College of Dermatology to be held in conjunction with the AOA Annual Convention in Boston, Massachusetts, October 10 - 14, 1993. The College business meetings, certification exams, and social events will be held at The Hynes Convention Center. In the words of our President, Dr. Scott, this meeting is developing into "one of the best educational programs that the AOCID has ever provided for its members". Enclosed in this newsletter for your review is a schedule of topics, lecturers, workshops and special sessions planned thus far which will provide 33 Category 1-A AOA-approved CME credits. I hope you will agree that this is an excellent educational opportunity.

The Opening Address will be given by Dr. Lynn Drake, president-elect of the American Academy of Dermatology. Dr. Drake will discuss how dermatologists will be interacting with the Federal government now and in the future. She has "her fingers on the pulse" of this important topic. Other highlights include a review of what is new in dermatologic therapy by Dr. Ken Tomecki, a discussion of management of HBV infection by Dr. Peter Lynch, nail pearls from Dr. Richard Scher, a discussion on antibiotic therapy by Dr. Howard Maibach, a presentation of interesting cases by Dr. Sam Moschella, a review of the Accutane Surveillance Project by Dr. Allen Mitchell of the Sloane Epidemiology Unit at Boston University and a presentation of "Great Cases from Osteopathic Dermatology Teaching Centers" by Dr. David Horowitz and his selected faculty of program directors.

This year, a total of twenty-one dermatology residents will be presenting papers reviewing a wide array of interesting topics. Please take a few minutes to look over the enclosed meeting program... and catch the excitement!

Several symposia and courses will also be available. Drs. Wally Clark and Terry Harris will be presenting a symposium on pigmented skin lesions. Dr. Angie Poulos will be presenting Part II of her popular dermatopathology symposium on cutaneous tumors. Once again, Dr. Greg Brady and his esteemed faculty will be providing a "hands on" dermatologic surgery workshop.

There will be seven early morning, smaller group sessions designed to be practical and interactive. The topics include radiation therapy, ambulatory phlebitectomy and sclerotherapy pitfalls, phototherapy, hair replacement and others. Each of these sessions is limited to the first 25 individuals who register on a "first come, first served" basis. The cost per session is $12.00 and will include a continental breakfast. Since Dr. Friedman began this concept two years ago, they have proven to be well received by the AOCID membership.

We are also in the process of planning some fun events for members and their spouses or guests. Once again, there will be a Gala Event on Sunday evening (10/10/93) and the reception and banquet on Monday evening (10/11/93). I have assigned a Social Committee (my wife) to look into entertainment for these events. We are also hoping to organize other activities if it is both logistically and economically feasible. See you in Boston!

Bylaws Committee
- Charles G. Hughes, D.O.

The results of the most recent survey regarding changing the name of the AOCD which included a 25% return from eligible voting members, 78% indicated they would like to see "surgery or surgical" in the name of the College. Twenty-seven percent indicated they did not want a change. (Further results of this survey are available from the AOCD office upon written request.) Based on these results and the vote at the last Membership Business meeting in November in San Diego, the Executive Committee voted to tabled further action on a name change at this time. If any group of members would like to pursue further action, the mechanism is outlined in the Constitution, Article V, Section 2, paragraph B -- Amendments to the Constitution Not Approved by the Executive Committee (page 37 of the 1992-93 membership directory).

Education Evaluating
- James D. Bernard, D.O.

All materials for residency programs, (i.e. Trainee's Reports, Candidate's Reports, and Scientific Papers, etc.) should be sent to the AOA Department of Education before August 1, 1993. Also, all requests for inspections should be made before August 1, 1993, as the EEC will meet in Atlanta in September, 1993 to evaluate these programs.

Residency programs directors should keep me advised of any events or changes in the their programs (i.e. new residents, transfers, withdrawals, etc.)

Education Research Fund
- Eugene T. Conte, D.O.

I am particularly pleased to announce that Oclassen

(continued on page 6)
Committee Reports
(continued from page 5)

Pharmaceuticals has generously provided the College with a grant for a Resident’s Paper Competition. Enclosed in this newsletter are the details. I encourage all residents to participate. Funds are also available for educational research grants through the College. Application and criteria for grants can be obtained from the AOCO office in Atlanta.

Educational Program Resource Fund
- Gene E. Graff, D.O.

We were very pleased with the outstanding corporate support the College received for April meeting. Dr. Brenman did an excellent job of securing exhibitors from his area and raised speaker and program support so essential to our providing quality continuing medical education programs. Thanks to Dr. Leavitt as well for his help. A list of all the companies that supported the meeting is enclosed in this issue of the newsletter. Please post it in your office and thank representatives from companies that call on you. Remind them of upcoming national meetings of the College and encourage them to continue to support.

The corporate support for the annual meeting is coming along very well. We will be providing you with up-to-date information in the next issue.

In-Training Examination
- Eugene T. Conte, D.O.

The AOCO In-Training Examination will be given on Sunday, October 10, 1993. The exam will follow the same format as it has followed in past years. Added this year will be glass dermatopathology slides in addition to kodachromes and a written part of the exam will be on dermatopathology. You will receive information and a registration card for the examination in August. If you have any questions, please don’t hesitate to call me.

Membership
- Eric Seiger, D.O.

The committee is still working on securing purchasing pools for members of the AOCO along with other benefits previously discussed. We are also working on a logo for the College.

Membership - Corporate
- Michael J. Mahon, D.O.

We are beginning our annual solicitation for corporate membership in the AOCO. We are very pleased with the past support we have received and hope to continue to add to this list. The 1993-94 corporate members will be included in the next issue of the newsletter.

Public Relations
- James W. Young, D.O.

The patient education and information brochures presented at last year’s annual meeting are still under revision. We are grateful to Dr. Cleaver and the KCOM for providing printing at a discounted price. We hope to have this material in your hands by the end of this year. Watch for more information in the very near future.

Subcommittee On Certification & Training In Mohs Micrographic Surgery
- James Q. Del Rosso, D.O.

Over the past two years, as chairman of the Subcommittee on Certification and Training in Mohs Micrographic Surgery, I have been working with the members and the AOBBD on the issue of certification in Mohs Micrographic surgery as well as the development of fellowship programs in Mohs Micrographic surgery in the osteopathic profession.

At the AOCO Executive Committee in Vail, Colorado this past April, I was informed that the AOA has given the AOBBD jurisdiction over examination for a certificate of special qualification in Mohs Micrographic Surgery. The subcommittee will now be working on specific criteria that will need to be met in order to qualify for such examination as well as develop the methods of board examination. One of my other goals is to utilize subcommittee members to provide education at our AOCO meetings, especially in laboratory aspects of the procedure. I will keep the AOCO membership informed as this situation develops. Anyone who has any questions, comments or suggestions, please contact me.

Last year, I submitted the document of Basic Standards for Training in Mohs Micrographic Surgery through AOA channels in hopes of getting the wheels turning for fellowship training programs. I was informed that the document has passed through the AOA Committee On Postdoctoral Training (COPT). This is very good news. I will keep you informed of developments in this area as the Basic Standards document continues to pass through the necessary channels. Onward and Upward!

AOBD
- Thomas H. Bonino, D.O.

Congratulations to the following doctors who passed their board certification exams in November, 1992, and have been approved by the AOA Board of Trustees. They are: Laura Benedetto, D.O., Marc Epstein, D.O., John Legere, D.O., Layne D. Nisenbaum, D.O., Bruce Paley, D.O., Warren Peterson, D.O., and Eric Seiger, D.O.

To assure a clear understanding of board eligibility and certification in dermatology, please review the following:

(continued on page 7)
Committee Reports
(continued from page 6)

I. A candidate for certification by the AOBD is eligible to take the Board exam as soon as approved training is completed and other requirements, as listed on page 23 of the 1993-93 membership directory, are documented.

II. In order to provide evidence of Board-eligibility for applications to medical staffs and third-party payers, a candidate may apply for an official statement of Board eligibility from the Secretary of the AOBD, Dr. Bonino. This may be done three months prior to completion of approved training if all other requirements have been met.

III. A candidate becomes Board-certified when all requirements have been met and properly documented, the Board exam has been passed, and the application for certification has been approved by the Board of Trustees of the AOA.

The 1993 board certification exams will be held on Sunday, October 10, at The Westin Hotel in Boston, MA. Questions about the exams should be directed to the Secretary-Treasurer of the AOBD Thomas H. Bonino, D.O., 25510 Plymouth Road, Detroit, MI 48239, 313/937-1200.

ORLANDO CHOSEN FOR 1994 MIDYEAR CONFERENCE

The Disney Yacht Club Resort located in the heart of the Disney Complex in Orlando, Florida, has been chosen as the site for the AOCD 1994 Midyear Conference. The dates will be April 14-16, 1994 (Thursday through Saturday).

After reviewing several Florida vacation sites, the AOCD CME Meetings Site Committee chose Orlando for several reasons. Easy access for those traveling from different parts of the country was a primary consideration, said committee member and 1994 Midyear Conference program chair, Matt Leavitt, D.O. Also, the quality of the convention hotels in Orlando where convention business has been refined to a fine art is hard to beat. It's important, said Leavitt, that we have spacious meeting space with an adjacent exhibit room, quality audio visual equipment, and a well-trained staff.

The room rate was another consideration, and through our negotiations, said Dr. Leavitt, the Yacht Club has offered a $170 (single or double) room rate. This is an excellent rate considering the time of year.

There are also a variety of activities for the whole family at this complex, said Leavitt. A walkway runs from the Yacht Club to the entrance of Epcot and the MGM Studio's Theme Park is across the street. Within easy walking distance is Treasure Island for those who want a little adult "nite life", and each night we can view the Disney fireworks from the hotel - truly a spectacular event, said Leavitt.

As for the program, said Dr. Leavitt, we will begin the didactic portion at 7:00 am on Thursday morning and conclude on Saturday around noon for approximately 15 to 18 AOA Category 1Aacme credits. We may have some afternoon workshops for another five to ten "optional" credits as well. With this schedule, we have the option of leaving either Saturday afternoon or Sunday. More specific information on the program will be included in future issues of the AOCD Newsletter, said Dr. Leavitt.

Just A Reminder . . .
AOCD MEMBERSHIP RENEWALS DUE JULY 1

June, 1993
AOCD Newsletter
Surgery Pearls

REGARDING PUNCH BIOPSY
-Richard Diskin, D.O.

Though perfectly apparent when performing punch biopsy, the following suggestions are made: harvested tissue should never be grasped at the plug surface, but gingerly at the neck of the biopsy. That is almost at the subcutaneous portion of the plug. The reason is obvious but many times forgotten.

Preservation of the cutaneous architecture when oft times sought is damaged with direct grasp of the tissue thus obviating the diagnosis being sought. Fine tissue forceps (single beaked tooth such as zinatti 020-610) is excellent for the job.

Closure if desired can be accomplished with a 5-0 plain suture with P-3 needle.

This may not be classified as a surgical pearl, but it will certainly keep you out of trouble. One last note, always make sure your biopsy specimen is in the vessel you placed it in until it is capped.

Wishing all good surgery and punch biopsy diagnostic results.

KOPRINCE WINNERS ANNOUNCED

AOCD Midyear Conference Program chair Steve Brenman, D.O. has announced the recipients of this year's "Daniel Koprince, D.O. Awards" for excellence in presentations by residents at the Midyear Meeting in Vail in April, 1993. They are: Anand Bhupathy, D.O., Madeline Turner, D.O. and Sherrie Williamson, D.O. Each will receive a $100 award and be recognized and presented with a plaque at the Annual Banquet in October in Boston.

News

About Our Members

LLOYD J. CLEAVER, D.O., FAOCD, was selected with Robert J. Theobald, Ph.D. for the KCOM A.T. Still Staff Award for Excellence in Teaching during the 1991-92 school year.

CONGRATULATIONS… to DAVID BROOKS WALKER, D.O., FAOCD, on his marriage to Lisa Moehrole of St. Louis, MO on March 27.

JANET L. KOPRINCE, D.O. has been appointed by the AOCD Executive Committee as the official AOCD Meetings Photographer. Many of you are aware or have been "captured" by Dr. Koprince's enthusiastic "Photo Shoots", and NOW you may find yourself in our AOCD Newsletter with coverage of meetings and events of both the Midyear and Annual meetings. Congratulations Dr. Koprince!!

CRAIG ZIERING, D.O. will be joining Dr. Matt Leavitt and Dr. Jere Mammino in Lethbridge, Alberta, in July, 1993.

Twenty Thoughts For Your Consideration
- Daniel Koprince, D.O.

1. Michelangelo said: I saw the angel in the marble and I slowly chipped away until the angel appeared.

2. We all are spiritual beings having a human experience.

3. You are not your body. Your brain is who you are. Your body is just your outside packaging.

4. Your whole world is in your mind inside your brain!

5. Most people major in minor things.

6. The power of action -- The power of starting - Follow your own goals - Take action and it will become a reality.

7. Nothing happens until you take action. The only thing that will change your life is action!

8. Celebrate a new beginning. You can do anything you want - It is never too late.

9. If you don't risk anything - you risk more!

10. The best way to help the poor is not to be one of them.

11. Life is a total experiment of perception. Life is for living. Change your perceptions of life.

12. The person in the mirror is the one you need to love and care for -- Kids and husband/wife are just a bonus.

13. The reason angels can fly is because they take things lightly.

14. Success is not a single act -- not a lone event! Are you a 15 year overnight success?

15. Happiness is good for you. Happiness is a choice. Know how to be happy.

16. There is no way to happiness -- happiness, itself, is the only way.

17. Guilt is a useless, destructive, emotional opinion of yourself. Dismiss all guilt from your mind.

18. Try to die young, as late as possible.

19. About cardiac arrest -- Do you know of anyone who hasn't died of cardiac arrest?

20. The AOCD collectively has done more for us -- than any individual member has done separately.

AOCD Newsletter
June, 1993
DERMS MAY BE FIRST TO SPOT CHILD ABUSE

Dermatologists are in an especially advantageous position to spot child abuse, according to a recent article in DERMATOLOGY WORLD (January, 1993). Dermatologists are being urged to focus their efforts against family violence by being well-informed as to the visual indications of abuse. Because 90 percent of abused children display visible skin injuries, dermatologists should become aware of the differences between accidental injuries and those caused by abuse, stated the article. An injury does not have to be fresh to arouse suspicion of child abuse. Multiple injuries in various stages of healing are one of the hallmarks of abuse. By examining the skin, a dermatologist may also find indications of malnutrition or poor physical growth pointing to neglect. Dermatologists need to learn to recognize and report signs suggesting that abuse has taken place, concluded the article.

The rate at which children are being brutalized is alarming. It is estimated that over 12.5 million children become victims of child abuse every year. And, child abuse tends to spiral with each episode. Ten to twenty percent of those abused are sexually abused. Fifty percent are abused repeatedly.

Managed Health Care

Today, the health care industry is highly competitive. As more Americans enroll in managed care plans such as health maintenance organization, preferred provider organizations and other managed health care plans, physicians find it increasingly difficult to provide care and treatment within the financial constraints of the plan. Physicians who contract with plans to provide medical services, need to understand the professional liability exposure they bear when working within the cost saving constraints of the plan. It is important to have patients understand the provisions and payment restrictions of their particular plan. Complaints about treatment delays or denials due to the plan may be directed at the physician, thus triggering potential liability actions.

Some guidelines to follow when considering a contract with a managed care plan are:

- The plan should realistically state benefits and clearly inform potential policyholders of covered and excluded services.
- The plan should provide the physician with a brief summary of the coverage agreement that can be given to patients who question coverage terms when they arrive for treatment. The plan's representative should be listed, as well as a telephone number where s/he can be reached.
- Make sure the plan representative is willing to have an open dialogue regarding treatment. What is their idea of "quality care" for instance? Do their medical standards allow for physicians to exercise their best medical judgment when ordering tests, etc.? Do they agree that the patient's best interest must always be placed first?

Once in a plan, some tips to always follow:

- If a patient is referred or requested to follow-up, provide written instructions to the patient to ensure they are informed about and understand the urgency of the referral or follow-up, and to ensure you have documentation.
- DOCUMENT, DOCUMENT, DOCUMENT. Sufficient documentation in the medical record is necessary to support medical decisions. Documentation is often the key to prompt, undisputed reimbursement by a plan. Also, keep telephone messages and notes regarding discussions with plan representatives.

(Reprinted from the Osteopathic Mutual Insurance Company News Bulletin, April, 1993)
Practice Tip (continued from page 9)

- Keep some dedicated slots open for physician-referred patients. If the patient has to wait six weeks for an appointment, or suffer the annoyance of being "worked in" to an already full schedule, a poor impression is created that is sure to be reported back to the referring physician.
- Consider communicating occasionally with physicians who refer to you by means of a dedicated newsletter. This can provide specific information about your practice and tips for answering patients’ questions about problems that fall within your area of expertise.

(Reprinted from the ACOS News, Feb. 1993)

OFFICE MANAGEMENT TAPES

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