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NEWSLETTER

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OSTEOPATHIC
COLLEGE OF
DERMATOLOGY**

*An Affiliate of the
American Osteopathic
Association*

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 COMPLYING WITH CLIA 88

– Cathy M. Garris, Executive Director

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



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 its 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.

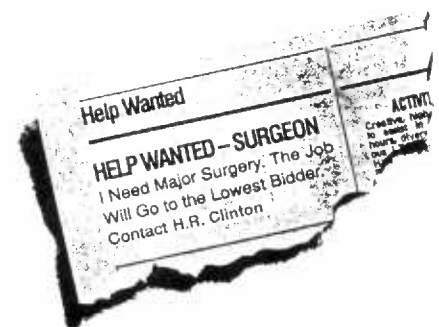
To participate, contact the AOA Department of Communications for a free "physician participation packet". The packet contains a program guide with suggestions and ideas on how to "Share the Care", a model news release for reporting your activities to the local media, and other advice on how to publicize 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.



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, geographical 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.

CALENDAR

1993		1994	
July 17-18	AOA House of Delegates Meeting, Chicago, Illinois	October 10	AOBD Board Certification Exams AOCD In-training Exams AOCD Executive Committee The Westin Hotel, Boston, Massachusetts
August 10	September AOCD Newsletter Deadline	October 12	AOCD Annual Membership Business Meeting, The Westin Hotel, Boston, Massachusetts
September 10-12	AOA Osteopathic Graduate Education Meeting, Chicago, Illinois	November 5	AOCD Annual Membership Directory & Yearbook Publication Deadline
September 11	AOCD Education Evaluating Committee Meeting, Atlanta, Georgia		1994
October 9	AOCD Committee Meetings, The Westin Hotel, Boston, Massachusetts	April 14-16	AOCD Midyear Conference, Disney Yacht Club Resort, Orlando, Florida
October 10-14	AOCD Annual Conference (in conjunction with the AOA), The Westin Hotel, Boston, Massachusetts	November 13-17	AOCD Annual Meeting (in conjunction with the AOA), San Francisco, California

1992-93 AOCD DIRECTORIES AVAILABLE . . .

just call the AOCD national office in Atlanta at 404/953-0802 for an extra copy.

COMMITTEE REPORTS

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 Westin Hotel and the didactic sessions will be held in 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 AOCD 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 HPB 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 Slone 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 his popular dermatopathology symposium on cutaneous tumors. Once again, Dr. Greg Brady and his esteemed faculty will be providing a "hands on" dermatologic surgery work-shop.

There will be seven early morning, smaller group sessions designed to be practical and interactive. The topics include radiation therapy, ambulatory phlebectomy and sclerotherapy pitfalls, phototherapy, hair replacement and others. Each of these sessions are 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 AOCD 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 table 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. Trainer'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)