Realizing the Vision: Excellence in Dermatology

Ted Rosen, MD, FAAD
Vice-President
American Academy of Dermatology
Representing all of Dermatology

- 20,000 members
  - Representation in AMA House of Medicine
  - Media Representation and Messaging
  - Assistance Navigating Changing Practice Environment
  - Leadership on a Global Level
  - Public education on all dermatologic conditions (> 2 billion media impressions/yr)

* Aesthetic* Medical * Surgical
Guiding Principles

• To be proactive strengthening our specialty
• To act promptly on members’ concerns and on changes in health care environment
President’s Priority

To Enhance Our Standing in the House of Medicine
Topics discussed:

• Improving dermatology’s profile in the House of Medicine
• Role of specialty societies in improving access to care
• Demonstrating value across the specialty
AMA Dermatology Section Council (6/10-13/17)

- AMA House of Delegates: over 30 dermatologists
- The Dermatology Section Council Delegates have played a key role in passing resolutions:
  - **MACRA**: Led the effort to call for additional flexibility in implementation and to provide an exemption for small practices
  - **Compounding**: Called for the continuation of in-office compounding
  - **PAs**: Practice under supervision of physicians
  - **Anthem/Modifier 25**: helped coordinate response
President’s Priority

To Increase URM* in Dermatology

*URM = Under-represented minorities
AAD Diversity Conference — Aug 5, 2017

• AAD Leadership
• AAD Diversity TF
• Representatives from:
  – Association of Professors of Dermatology
  – Society for Investigative Dermatology
  – Skin of Color Society
  – ADA
  – Medical students
Action Steps

• Written report on Conference proceedings to be submitted to JAAD for publication = dissemination
• Prioritize recommendations from conference for further development
  – Collaboration with APD, SID, SOCS
  – AAD Diversity Champion program
  – Outreach via student organizations (eg, SNMA)
  – Expand mentorship program
AAD and the Media: 2017

- 8.8 BILLION media impressions (online, broadcast, print): Like reaching every American 26 times
- Responded to 600 media requests (acne, skin cancer)
- Media stories equivalent to >$300 million in paid advertising
- News releases and emails highlighting research in JAAD
- News release highlighting dermatologists’ expertise
- PSAs regarding early skin cancer detection and tanning
32,000,000 visits in 2017
>26,000,000 public education site visits
> 5,000,000 member visits
Guiding Principles

• To be proactive in strengthening our specialty

• To act promptly on members’ concerns and on changes in health care environment
“Bread and Butter” issues: AAD/A Cares
Acting promptly

Scope of Practice
Truth in Advertising
Advocacy Priority: Scope of Practice

<table>
<thead>
<tr>
<th>AMA SOPP*</th>
<th>Non-physician</th>
<th>Medical Spas</th>
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| • Steering Committee Member  
• $1.5 million grants awarded  
• Messaging and advocacy | • Nurses  
• Optometrists  
• Physician assistants  
• Aestheticians  
• Naturopaths | • Model legislation  
• AAD Position Statement on Medical Spa Standards of Practice |

*SOPP = Scope of Practice Partnership
14 national med societies, nearly every state med society and 34 osteopathic medical associations
## Advocacy Priority: Truth in Advertising

| Model TIA Legislation | • Enacted in 20 states  
|                       | • Introduced in 36 states |
| Board-Certification   | • Legislation restricts claims of “board-certification”  
|                       | • Partnership with ASDA, AMA and other specialties |
| AADA TIA Toolkit      | • Data, resolutions, model legislation  
<p>|                       | • Comment letters, media outreach template |</p>
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<tr>
<th>Henry W. Lim, MD</th>
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# SOP- TIA Triage Team

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Actions to Date

• Triage Team e-mail and intake form
• Completed review and plans of action to tackle more than 175 cases of potential SOP/TIA violations, including working with state dermatology societies
• New infographics:
  – “Why See a Dermatologist”
  – “What is a Board-Certified Dermatologist?”
Why see a board-certified dermatologist?

A dermatologist is a doctor who specializes in treating the:

- Skin
- Hair
- Nails
- Mucous Membranes (e.g., mouth, nose, and eyes)

Dermatologists diagnose and treat more than 3,000 different diseases and conditions. Some of the most common are:

- Acne
- Age spots
- Eczema
- Hair loss
- Melanoma
- Malaria
- Psoriasis
- Rash
- Rosacea
- Skin cancer
- Vitiligo
- Wrinkles

Dermatologists see patients of all ages — from newborns to people older than 100 years of age.

Becoming a dermatologist requires many years of education.

A person must successfully complete:

- College, earning a bachelor's degree: 4 years
- Medical school, becoming a medical doctor (MD) or doctor of osteopathic medicine (DO): 4 years
- Internship: 1 year
- Dermatology residency program: 3 years

How do I know if my dermatologist is board-certified?

Look for FAAD after your dermatologist’s name.

* FAAD stands for Fellow of the American Academy of Dermatology.

Check your dermatologist’s website to verify that he or she has been certified by the American Board of Medical Specialties, the American Osteopathic Board of Dermatology, or the Royal College of Physicians and Surgeons of Canada.

Be wary of certifications from other organizations.
Do Your Homework. Know Your Provider.

While many health care providers offer dermatologic care and cosmetic procedures, the results depend on the provider's skill and experience. The American Academy of Dermatology recommends that you do your homework, know the qualifications of the provider you are considering.

<table>
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<th>Required Education and Training</th>
<th>Board-Certified Dermatologist</th>
<th>Nurse Practitioner</th>
<th>Physician Assistant</th>
</tr>
</thead>
<tbody>
<tr>
<td>College</td>
<td>☺</td>
<td>☺</td>
<td>☺</td>
</tr>
<tr>
<td>Schooling after College</td>
<td>☺ 4 years Medical Degree (MD or DO)</td>
<td>☺ 2-4 years Master's or Doctoral Degree</td>
<td>☺ 2-3 years Master's Degree</td>
</tr>
<tr>
<td>Internship</td>
<td>☺ 1 year</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Accreditation Council for Graduate Medical Education-accredited dermatology residency</td>
<td>☺ 3 years (Minimum)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Patient care hours</td>
<td>☺ 12,000-16,000 hours required</td>
<td>☺ 500-720 hours required</td>
<td>☺ 2,000 hours required</td>
</tr>
<tr>
<td>Board certification through the American Board of Dermatology, the American Osteopathic Board of Dermatology, or the Royal College of Physicians and Surgeons of Canada</td>
<td>☺</td>
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Acting promptly

The Practice Management Center
The Practice Management Center

Opened March, 2017
As of annual meeting: ~50% of members have visited at least once, and use is steadily increasing!
430,000 page views to date
Scope of Practice – Interactive Map

The map below from AAD Practice Management Center indicates what services an NPC is allowed to perform in each state.

See how the map works...
As of the annual meeting, >2500 members have downloaded >21,000 letters
MACRA Resource Center

MIPS reporting: A decision support tool

Is your practice prepared for MIPS reporting?

This tool will help you determine how to participate in MIPS reporting for 2017 in order to avoid a penalty or potentially earn an incentive in 2019. The highest performers will earn a 4% bonus; those who don’t report at all will face a 4% penalty.

Visit the MACRA tools to help you determine how to avoid a penalty and earn an incentive…
Acting promptly

DataDerm
DataDerm™: A Robust Clinical Data Registry

Created By Dermatologists, For Dermatologists

- Improves outcomes from registry feedback
- Informs advocacy efforts
- Provides opportunity for quality measures assessment
- Helps dermatologists with quality reporting requirements
- Validates guidelines
Dermatology Data: Interoperability is Critical for All Clinical Registries

Connects data on millions of patients from thousands of dermatologists

• Our dermatologists utilize over 60 EHR vendors, with varying levels of automatic integration with DataDerm
  – DataDerm specialists work directly with each practice individually for EHR integration
• Data is mapped and practices approve that the reports reflect their records

• *There is a manual (web portal) entry option for those on paper records*
DataDerm by the Numbers

965 active practices
2,700 providers submitted data in the last 12 months
5 million unique patients
11.7 million patient visits

“He who has the data, has the power!”
Acting promptly

Pulse of the Profession
Pulse of the Profession

MOC Poll

Poll Results: Released Oct 2017
Do you support a process that evaluates ongoing professional competence to maintain your dermatology board certification?

72% of those who have to participate in MOC support a process that evaluates professional competence to maintain board certification.

<table>
<thead>
<tr>
<th>Q2. Do you support a process that evaluates ongoing professional competence to maintain your derm board certification?</th>
<th>All Respondents</th>
<th>MOC required</th>
<th>MOC not required</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>N</td>
<td>%</td>
<td>n</td>
</tr>
<tr>
<td>Yes</td>
<td>1684</td>
<td>63.3%</td>
<td>1305</td>
</tr>
<tr>
<td>No</td>
<td>957</td>
<td>36.0%</td>
<td>501</td>
</tr>
<tr>
<td>NR</td>
<td>21</td>
<td>0.8%</td>
<td>6</td>
</tr>
<tr>
<td>Total</td>
<td>2662</td>
<td>100.0%</td>
<td>1812</td>
</tr>
</tbody>
</table>
The ABD/ABMS board certification should be…

Half of respondents who are required to participate in MOC said certification should be time-limited with CME only. Those not required to participate in MOC favored once in a lifetime milestone, followed by CME:
MOC Poll – Released Oct 2017

• Results have been shared with ABD and American Board of Medical Specialties (ABMS)
• ABMS has recently announced the formation of a Commission to critically examine the re-certification process *(Step in right direction)*
• AAD leaders met with ABD and vigorously advocated for new MOC processes which correspond to members’ desires
Acting promptly

Modifier 25 Reduction
Modifier 25 Reductions

When an Evaluation and Management (E&M) code with modifier 25 are billed by the same provider for the same date of service, plan will compensate the E&M service at a reduction of the otherwise allowed amount.

25% Reduction

50% Reduction

Anthem*

Blue Cross Blue Shield Rhode Island
Harvard Pilgrim Healthcare
Independence Blue Cross
Tufts Health Plan

*change in originally announced policy

https://www.surveymonkey.com/r/mod25
to sign up for more information
Modifier 25 Advocacy

- Led coordination and development of coalition bringing together state dermatology, state medical, and national medical societies impacted by a reduction

- Introduced and developed broad support for resolution at AMA House of Delegates urging action
  - AMA-AADA coordinated efforts led to amendment of Anthem reduction to E/M from 50% to 25%

- Advocacy continued and Anthem rescinded entire proposed Modifier 25 reduction.
February 23, 2018

Jack Resneck, Jr., MD
Chair-Elect, Board of Trustees
American Medical Association
330 N. Wabash Avenue, Suite 39300
Chicago, IL 60611

Dear Dr. Resneck:

I am writing regarding Anthem’s reimbursement policy relating to physician use of payment modifier 25, slated to take effect on March 1, 2018, across the company’s commercial health insurance businesses. Following several meetings and discussions with you, the American Medical Association (AMA) and other medical and medical specialty societies in recent months regarding the modifier 25 policy, **Anthem has decided to not proceed with the policy.**
Acting promptly

Advocacy
Federal Legislative Advocacy Wins

• IPAB repeal
• Stopped extension of misvalued “codes” policy
• MACRA Relief
  – MIPS adjustment
  – EHR standards
• Access to Care
  – Telehealth
  – Community Health Centers funding
“What we’re doing is taking a whole host of physicians who not only will have reduced reporting burdens but maybe none under the MIPS part of that program.”
Regulatory Relief Advocacy Successes

Months of advocacy with the HHS Secretary, CMS Administrator and House Ways and Means Committee

Fewer penalties and less Medicare paperwork in 2018

2,900 pages of jargon = we cut the red tape!
Advocating for Access to Compounding

Office-use compounded medications. The FDA has prohibited Section 503A traditional compounding pharmacies from distributing office-use compounded medications to physician practices without a patient-specific prescription.

In-office compounding. Dermatologists are under threat of being held to strict FDA guidelines for buffering lidocaine and reconstituting botox in the office.
Access to Compounding: Progress

Urging passage of HR 2871, the Preserving Patient Access to Compounded Medicines Act

Educate high level FDA officials on low-risk compounding in dermatology

Successfully place dermatologist on FDA Pharmacy Compounding Advisory Committee

Successfully place dermatologist on US Pharmacopeia (USP) Expert Committee on Compounding

Seemal Desai, MD

Allison Vidimos, MD
SAVE THE DATE!

2018 AADA LEGISLATIVE CONFERENCE

JULY 15-17, 2018 • WASHINGTON, D.C.

Grand Hyatt Washington
How to Get in Touch with the AAD

www.AAD.org
Member resource center: 866-503-7546
mrc@aad.org

2017 Officers and Directors
How to Get in Touch with the AAD

www.AAD.org
Member resource center: 866-503-7546
mrc@aad.org