2018
AOCD Fall Meeting
Program Review
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San Diego, CA
October 11 - 13, 2018
Program Attendance Summary

Program Evaluation Response
211 registration surveys returned, 56 speaker and learning objective evaluations returned, 56 mission statement surveys returned.

Meeting Attendance
228 Total Registrations (AOCD Members – 197; Non-Members – 31); 208 Total Attendance.

Member Breakdown
- Attending Physicians 170 (92%)
- Students/Interns 13 (7%)
- Residents 1 (1%)

Non-Member Breakdown
- DOs 13 (54%)
- PA-C 4 (17%)
- Students 3 (13%)
- Other 2 (8%)
- MDs 2 (8%)

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Program Evaluation Summary

What was your reason for enrollment? (More than one selection could be made)
- 65.88% - Needed CME hours
- 27.96% - Location of the program
- 35.07% - Desire to broaden knowledge
- 12.80% - Program topics
- 19.91% - Other

If you selected Other please state your reason for enrollment
- Board exam (6)
- Exhibitor and PR
- Networking with program directors, residents, residencies

What is the population of the city in which you practice?

- Over 100,000: 61%
- 50,000 - 100,000: 18%
- 30,000 - 50,000: 10%
- 10,000 - 30,000: 9%
- Under 10,000: 2%

What is your professional status?

- Practicing: 86%
- Retired: 5%
- Student/Intern: 7%
- Resident: 2%
In which type of practice are you engaged?

- Solo: 29%
- Hospital: 7%
- Not Practicing: 11%
- Retired: 3%
- Group: 50%

Have you previously attended an AOCD meeting?

- Yes: 88%
- No: 12%

Which items are important in helping you provide optimal care to your patients?
(More than one selection could be made)

- 27.49% - Peer reviewed journal articles
- 32.70% - Clinical practice guidelines
- 34.60% - CME Courses
- 9.00% - Pharmaceutical company sales representatives
- 28.44% - Opinions of nationally recognized experts
- 2.84% - Other
What would you like to learn from the conference?

- Treatment updates (4)
- Pediatric dermatology (3)
- Cosmetic dermatology (2)
- Hair loss strategies and work up (2)
- Practice updates (2)
- Acne update
- Atopic dermatitis treatment update
- Current practices in dermatology as well as to meet program directors and dermatology residents
- Dermoscopy
- How to maximize collection rate, business etc.
- I look forward to learning about everything within the field of dermatology - I am particularly interested in dermatopathology
- Itching strategies and work up
- Management of difficult medical dermatology conditions
- Melanoma review
- Mohs
- Nail conditions/Nail biopsy
- New biologics review
- New innovations
- Nothing in particular
- Off-label uses NB-UVB and Photodynamic therapy
- Opioid counseling based on state requirements
- Pearls
- Pigmented skin
- Politics
- Practical dermatology
- Protocols
- Psoriasis update
- Skin stuff
- Surgical dermatology
- We will see
Speaker Evaluation & Learning Objectives Summary

The following are overall learning objectives for the Fall 2018 Current Concepts in Dermatology meeting:

- Use of cartilage for nasal defect support, assessing naval valve compromise, staged flaps for construction.
- Identify different types of body contouring, assess limitations of treatment.
- Review relevant data in regards to treatment of skin cancer in the elderly population, and review relevant cases.
- Learn current concepts of diagnosis and treatment of dysplastic nevi, learn different ways of communicating the diagnosis and treatment of dysplastic nevi.
- The mindset of leadership in the way you approach your practice and patient care, create a shared vision in the way you run your day to day schedules and standards of patient care.
- Review the fundamentals of dermatopathology, discuss the key histological features of common and uncommon skin conditions, and demonstrate the relationship between the clinician and Dermatopathologist.
- Discuss the importance of responsible opioid prescribing to help prevent abuse and misuse of opioids, and determining when to initiate opioids for patients in pain.
- Integration of social media into practice, role of social media in dermatology, TBCD.
- An understanding of the basic HIPAA requirements applicable to your practice and how to identify potential business risks associated with HIPAA.
- Exploring state rules and regulations, discussion of compliance mechanisms, review medico-legal issues.
- Understand the need to remain current on tropical diseases which may be rare in the US.
- Define, update and review current comorbidities that impact therapeutic decisions in psoriasis management.
- Understand the studies showing associations between chronic inflammatory skin disease and cardiovascular disease risk factors.
- Evaluate and diagnose sports disorders with dermatologic symptoms, understanding the cutaneous manifestations and side effects of anabolic steroids.
- Increase awareness of essential oil usage, learn potential side effects, review and discuss escharotic agents.
- Implement new biopsy coding definitions and coding structure for 2019.
- Understand when to consider allergic contact dermatitis in both common and uncommon presentations.

Have the overall specified learning objectives been met?

- Yes (100.00%)
- No 0.00%

How will you utilize stated learning objectives within your practice?

- Apply to practice
- Better patient care
- Better treatment of ACD
- Better understanding of HIPAA rules and also identifying potential business risks associated with it; Medico-legal issues; New coding structure for 2019;
Overall increase in knowledge in various dermatological concepts

- Broaden treatment options to patients.
- Each conference I attend, I try and come away with a couple of pearls that I can use. This met my objective.
- Enhance social media to make patient interactions most efficient and more importantly, highly satisfying.
- Excellent updates on coding and practice management. New ideas and standards for the field were covered well.
- Fundamental changes in solo practice management and social media adjustments; Better prepared for patient questions about essential oils.
- Good info I thought regarding practice management. Promoting practice, making practice more efficient, etc.
- Great input for my practice and further practice development.
- I picked up some good suggestions to "clean up" reviews online and explore social media.
- I plan to switch our treatment of infantile hemangiomas to atenolol since listening to Dr. Tamburro's presentation. I will also expand on my conversations with patients about dysplastic nevi, how to treat surgical defects, and body contouring. Things change so quickly in that department, so it's nice to stay up-to-date.
- I plan to take information regarding treatments and incorporate clinical pearls of the treatments into my current practice to better serve my patients.
- I was encouraged to continue my political involvement locally in order to support the positive future direction of osteopathic dermatology.
- I will reference lecture notes to use them where indicated to strengthen my dermatology practice. Lectures were helpful and informative.
- I will start prescribing dupilixent. Great surgery, geriatric and atopic. I want a copy of Dr. G's book! Wonderful! Excellent team concept - empowerment of employees and team members!
- I will utilize them for patient care, office management and medico-legal issues.
- Implement some new ideas into daily practice.
- In the usual way.
- Keeps me up to date so I can practice evidence-based medicine.
- Learned a few pediatric/surgical pearls to use in my practice.
- More options for genetic testing on melanoma for prognosis/outcomes.
- N/A - retired.
- Numerous ideas and information were presented that I intend to use in my dermatology practice.
- Reanalyze HIPAA documentation and implementation; Enhance team/family approach to patient care; Define a structure/protocol follow-up for pigmented lesion management.
- Review practice forms and contracts; Ideas for better body checks and charting (i.e. documentation); Renewed my interest in dermatosis causes, not just the treatment!
- Social media changes. Several new talking points about patients. Increased understanding of dysplastic nevi.
- The conference reinforced my current practices. Helpful and reassuring.
- The pain management lecture was very practical and will help me, especially with regard to non-opioid prescriptions.
- There were a few pearls of wisdom.
- There were many topics presented, especially the presentation on diagnosis and management of dysplastic nevi by Reagan Anderson, DO. That has helped improve my management of suspicious nevi.
- They will aid in further refining my practice.
- Thinking of ACD with patients that are not reaching expected outcomes; Follow HIPAA as it applies to photos; Utilizing newer dermpath tests for pigmented lesions.
- To be a better dermatologist.
- To improve patient care.
- Utilize allergy assessments with children with atopic dermatitis. Utilize treatment protocols for hidradenitis.
- Utilize responsible opioid prescribing practices; Be aware of essential oils.
- Video information to provide patients; Dr. Grekin's tips - patients come second.
- Will expand the options I can offer my patients.
- Will try new products and procedures that were presented. Will attempt new and better techniques.
- Will use atenolol rather than propranolol.
The Powerpoints and/or handouts effectively supported the presentation.

- Strongly Agree (64%)
- Agree (34%)
- Disagree (2%)
- Strongly Disagree (0%)

The content of the topics were presented in a clear and understandable manner.

- Strongly Agree (64%)
- Agree (36%)
- Disagree (0%)
- Strongly Disagree (0%)

The sessions assisted me in my professional development.

- Strongly Agree (58%)
- Agree (42%)
- Disagree (0%)
- Strongly Disagree (0%)
The sessions provided me with specific ideas that I intend to use.

- **Strongly Agree (62%)**
- **Agree (38%)**
- **Disagree (0%)**
- **Strongly Disagree (0%)**

The presenters were knowledgeable, organized and effective in their presentations.

- **Strongly Agree (65%)**
- **Agree (35%)**
- **Disagree (0%)**
- **Strongly Disagree (0%)**

The conference remained commercially unbiased.

- **Strongly Agree (65%)**
- **Agree (35%)**
- **Disagree (0%)**
- **Strongly Disagree (0%)**
Were disclosures made or conflicts of interest identified prior to the CME program?

- Yes (100%)
- No 0%

Additional Comments

- An excellent meeting!
- Encourage all speakers to use handouts/Powerpoints -- Great lectures
Mission Statement Survey

The overall mission of each AOCD CME Activity is to:
1. Inform the physician of advances in medical knowledge and technology.
2. Inform the physician of advances in diagnosis and treatments for better patient care and outcomes.
3. Inform the physician of advances in Practice-Based Learning and System-Based Practices.

AOCD CME activities are intended to enhance the knowledge and competence of its attendees, with the intended goal being improving patient care and their health outcomes. The impact of our educational meetings will provide a diversified CME program focusing on the art and science of Dermatology.

The AOCD has met its mission for this conference:

- Yes (100%)
- No (0%)

If you answered “no,” please describe how we did not meet the mission:

- N/A
Comments

- A lecture on drug cost would be of interest.
- Excellent conference
- Excellent selection of speakers and topics. Venue was perfect for our needs.
- Good conference - Actually better than resident lectures all day.
- Good program. Would prefer more topics, shorter lecture time. The Fall and Winter clinicals in Las Vegas and Hawaii have a lot of topics delivered at 20 minute time slots. Very effective to keep interest.
- Great conference (2)
- Great meeting (2)
- How about Austin, Portland, British Columbia for venues?
- I appreciate all staff efforts to make this a well thought out and coordinated endeavor.
- I feel one hour lectures - somewhat long - for critical remembrance. Constructive: Shorten to 30 minutes and increase speakers. Though all lectures educational and appreciate preparation for same. Thanks.
- I strongly believe all speakers should provide some Powerpoint slides for downloading purposes to the audience. Photos of patients are not necessary, but "take home points" or "pearls" should be created onto Powerpoint slides and be available to us for future reference and study.
- I think it would be a good idea to do a resident board review to keep residents involved and coming to AOCD!
- In the future, lectures should be a little more relevant: Skin of color, alopecia, psych derm, pearls, etc.
- It was a good meeting. Really liked the topics being presented.
- None
- Overall good conference. Love the location.
- Please continue current format of choosing practice-related topics, including practice management, billing and clinical management of skin diseases presented by practicing dermatologists.
- Several great informative lectures
- Such an excellent meeting/lectures. Content and quality presentations - really experts with passion and transparency. Only suggestion: Please have Powerpoints or handouts (Dr. G's book) available on the website. Thanks. I will attend more meetings.
- Thank you!
- Thanks for all the efforts with this conference, especially with the unforeseen picket.
- Thanks for all the free coffee.
- The lectures for the most part were informative and helpful.
- The meeting was informative and enjoyable! Thank you!
- The program and its presenters were very good. Some of the slides were difficult to see. Some of the slides were not very visually sharp.
- This meeting addressed a wide variety of dermatology issues: clinical, ethical, political, etc.
- Would be helpful if all presenters upload their Powerpoint presentation online so attendees can follow (rather than take notes).
- Would have liked to have a lecture about future advancements in systemic skin cancer treatments.
What changes in performance and/or patient outcomes do you anticipate to occur as a result of participating in this conference?

- Prescribing new biologics - 4
- Improved patient care in prescribing and management of skin diseases - 3
- Improved patient outcomes - 2
- Improvement - 2
- None - 2
- Ability to better treat my patients
- Apply what I learned
- Ask about candles and diffusers with my patients with eyelid dermatitis
- Better body exams and history taking
- Better CLIA documentation
- Better communication techniques
- Better informed consents for my patients. Both for their benefit and for the medicolegal ramifications for the practice and providers.
- Better management and prognosis for patients with severe acne scarring, surgical scars, etc.
- Better patient treatment options
- Better results with newer biologics for psoriasis
- Better treat contact dermatitis
- Better understanding of medical legal issues. Also, I learned about new therapies for different dermatological diseases.
- Biopsy more moles because Dr. Anderson’s lecture frightened me
- Changes in the management of pediatric meningiomas
- Changes to how I treat hair loss and acne, also including CBD oil
- Changing my consent form for procedures to include “no treatment” is an option discussed. I will look into arbitration agreement.
- Dismissing problem patients
- Enhanced patient education
- Expect to offer scar relaxation and increase range of motion to appropriate patients
- Going to the conference reinvigorated my desire to study up to date articles since I took a bit of a break after residency.
- Greater ability to identify potential dysplastic nevi
- Greater efficiency and increase in treatment options
- Happier patients
- I am going to add to consents that no treatment is an option.
- I enjoyed the lecture on laser for scar. I would like to use more CO2 with secondary intention and non-healing
- I enjoyed the surgical lectures as well as the HIPAA lectures and making sure our practice and staff stay up to date. I enjoyed the pediatric lectures as well.
- I expect better patient outcomes
- I expect that the changes will be in the documentation of and e/m visit. More detail will be needed.
- I hope to have better results from treatments of vascular lesions and scar revision.
- I think I will biopsy more melanocytic lesions and probably will identify more atypical nevi or even melanomas at an earlier stage.
- I will register for the new requirements for prescribing an opioid medication and will make sure to abide by the new rules.
- Improve my social media reputation
- Improve practice management that focuses on patient’s need and collaboration to improve overall patient outcomes
- Improved coding and billing
- Improved therapeutic options in the management of wound care
- Increase work life balance
- Isotretinoin prescribing does not seem to need monthly follow up on lab work
- Keeping a balance b/t biopsies of atypical moles and clinical judgement
- Little change
- More attention to geriatric needs. Continue to biopsy even if not completely sure an MM. Dr. Anderson lecture.
- More efficiency
• More efficient because of the information learned and better outcomes with more options
• More use of evidence based practice
• New treatments for patients
• Patch testing on kids
• Pediatric atopic dermatitis E&M and essential oil discussions with patients
• Solidifying my practice protocols for different disease management. I found the pediatric session to be most useful.
• Solidifying that I practice standard of care
• The meeting affirmed my practice as evidence based and current with advancing technologies.

How will your treatment options change after attending this conference?

• Expanding laser use
• Expect to have more options to adjust treatments based on each individual patient need
• I can’t think of any currently.
• I don’t know yet
• I don’t think my treatment options will change.
• I have already started utilizing the decision dx for melanomas to further assess the risk for recurrence and metastasis through genetic testing.
• I intend to change how I treat pediatric vascular lesions, and hope to get a laser that can treat Mohs defects someday. I’d also like to try some Z plasty’s for scars
• I liked hearing different treatment options for molluscum and verruca. I also enjoyed the discussion about treatment for dysplastic nevi
• I will be more knowledgeable about oils when patients ask me.
• I will definitely prescribe more Dupixent and Eucrisa moving forward.
• I will expand my use of biologics for psoriasis
• I will have enhanced treatment options
• I will likely excise more moderately atypical nevi after hearing Dr. Anderson’s lecture
• I will provide more treatment options for patients.
• I’ll look at alternative treatment options like essential oils with just a little less skepticism (just a little though). There were some good articles that were shared about giving some benefit.
• I’m changing the way I treat geriatric patients.
• I’ll try new treatments or surgical techniques
• Implement different pearls from the attendings that shared
• Increase in treatment options and testing options for increased patient outcomes/satisfaction
• Increased awareness of off label uses in complicated cases.
• Increased use of spironolactone for hair loss
• It will not but it was insightful and I will research more what was presented
• Many new innovative ideas
• More knowledgeable
• More patch testing
• More specific
• More treatment options for atopic dermatitis
• Much improved
• My treatment options will not change, I will always put my patients first.
• Office will continue offering evidence based treatment modalities.
• Pearls from lecturers and audience comments help bring more treatment options for my patients practice.
• Possibly increasing the use of biologics in my practice.
• possibly trying elimination diets or considering more systemic causes of contact rash
• reevaluate how I treat dysplastic nevi
• Safer, more effective options
• Treatment armamentarium has broaden to include new biologics in atopic dermatitis and psoriasis
• Will give increased emphasis to second intention healing
• Will make adjustments

What is one new thing you learned from this conference?

• Management of dysplastic nevi - 3
• Better listening - 2
• Most recent changes to coding - 2
• None - 2
• Social media - 2
• Use of struts in surgical repairs - 2
• A better understanding and what to consider when operating on and working with the elderly with tough surgical cases.
• Ablative laser directly onto a surgical defect
• Ask more questions about life style, family, mobility, diet, support groups, recent life changes.
• Being involved legally with my local board will help protect me
• Better identification of delayed hypersensitivity reaction
• Cartilage grafts
• Communication
• Compassion
• Dermoscopy for pigmented lesions
• Diagnosis of diseases
• Diagnostic skills
• Different approaches for scars and keloids
• Different genetic testing options for melanocytic lesions
• Discussion on liposuction and cryolipolysis
• Empowerment
• Fat transfer
• Geriatric considerations
• History taking additions
• How best to specify type of biopsy done to get reimbursed properly
• How to access patient past opioid prescriptions
• How to fire patients
• How to improve my HIPAA compliance
• Hypochlorous acid is good for cradle cap
• I didn't know all the uses for tea tree oil and that it comes from an Australian plant.
• I learned to tell patients that "they will" have a side effect such as a bruise from Botox. Patients will be happy when they do not bruise. A reminder to set expectations for these uncommon but real side effects.
• I will be using radiation therapy more in my over 60 year old skin cancer patients who are not agreeable or candidates for Mohs surgery.
• Improve practice management and patient communication
• Improved harvesting of tissue for skin grafting
• Improved patient relations
• Improving my surgical skills for closures
• Lab testing for dysplastic nevi
• Managing patients with severe scarring using multiple treatment modalities including CO2 lasers
• Managing pediatric patients
• More knowledge than skills
• None but it reinforced already learned skills
• Patch test more often, especially children
• Patch testing
• Patch testing websites for patients
• Practice management and staffing
• Purse string tie technique for deep suture closures
• Reinforcement of care considerations in the elderly population
• Surgical repairs
• Surgical skills using Duoderm for leg wounds
• The importance of documenting in more detail
• The use of ablative lasers regarding the treatment of skin cancer
• Treating eyelid dermatitis
• Treating hemangioma
• Treatment management

• Treatment of newborn congenital angiomas with propanolol
• Use of dermatoscope is a useful adjunctive tool
• Use of laser for scar treatment
• Using colleagues as resources via Facebook page
• Utilizing essential oils and natural, plant based therapies for my select patients who refuse evidence based medical therapies.
• Wound care management alternatives

Who will you share this information with?

- Colleagues - 35
- Patients - 15
- Staff - 13
- Physician Assistant - 7
- Co-workers - 5
- No one - 4
- Partners - 3
- Office manager - 2
- Residents - 2
- Nurse practitioner
- Parents of patients with cradle cap
- Potentially employer to buy a laser

What information do you still need regarding the topics presented?

- None - 24
- Political info - 3
- A lecture on body exams would be very useful.
- Additional information on the current trends in treating atopic dermatitis, especially difficult cases in pediatrics
- Annual updates provided at these meetings
- Better, larger, peer-reviewed research
- Continuous coding updates
- Evidence-based data on treatment options
- Further information of changes to coding as it becomes available
- I have the information I need.
- I need to check literature on everything I learned.
- I think evidence-based and clinically directed lecture topics and discussion are most useful going forward and that is what I got the most out of. A lecture would be nice on maintaining private practice in the new setting of healthcare.
- I want more conclusions from the speakers.
- I would like more presentations on coding. Also pediatric dermatology and women’s issues in dermatology.
- I would like more to options on vitiligo.
- I’m good
- It prompted me to look into non-liposuction fat reduction techniques such as Kybella and VASER.
- Lots, not enough time
- More about melanoma management
- More billing info
- More data on shave vs excisional biopsies for melanocytic lesions
- More evidenced-based medicine on atypical nevi
- More on cutaneous oncology
- More studies on the use of metoprolol for hemangiomas in children
- More treatment options
- Outcomes
- Pediatric dermatology
- Probably wouldn’t hurt to review HIPAA over and over again
- Systemic therapy for basal cell
- Use of atenolol on new born angiomas, unpublished data
- When to use which biologic when faced with insurance constraints
- Would love to see more on surgical technique